



**Department of Veterans Affairs
Office of Inspector General**

Office of Healthcare Inspections

Report No. 15-00131-373

**Review of Community Based
Outpatient Clinics and Other
Outpatient Clinics
of
Chillicothe VA Medical Center
Chillicothe, Ohio**

June 11, 2015

Washington, DC 20420

To Report Suspected Wrongdoing in VA Programs and Operations

Telephone: 1-800-488-8244

E-Mail: vaoighotline@va.gov

(Hotline Information: www.va.gov/oig/hotline)

Glossary

AUD	alcohol use disorder
CBOC	community based outpatient clinic
EHR	electronic health record
EOC	environment of care
FY	fiscal year
HIV	human immunodeficiency virus
NM	not met
OIG	Office of Inspector General
OOC	other outpatient clinic
PACT	Patient Aligned Care Teams
RN	registered nurse
VHA	Veterans Health Administration

Table of Contents

	Page
Executive Summary	i
Objectives, Scope, and Methodology	1
Objectives	1
Scope.....	1
Methodology	2
Results and Recommendations	3
EOC	3
AUD Care	6
HIV Screening.....	8
Outpatient Documentation	9
Outpatient Lab Results Management.....	10
Appendixes	
A. Clinic Profiles.....	11
B. PACT Compass Metrics	13
C. Veterans Integrated Service Network Director Comments	16
D. Facility Director Comments	17
E. Office of Inspector General Contact and Staff Acknowledgments	21
F. Report Distribution	22
G. Endnotes	23

Executive Summary

Review Purpose: The purpose of the review was to evaluate selected patient care activities to determine whether the Community Based Outpatient Clinics and other outpatient clinics under the oversight of the Chillicothe VA Medical Center and Veterans Integrated Service Network 10 provide safe, consistent, and high-quality health care. The review evaluated the clinics' compliance with selected requirements for alcohol use disorder care, human immunodeficiency virus screening, outpatient documentation, and outpatient lab results management. We also randomly selected the Marietta, OH, CBOC as a representative site and evaluated the environment of care on April 7, 2015.

Review Results: We conducted five focused reviews and had no findings for the Outpatient Documentation review. However, we made recommendations for improvement in the following four review areas:

Environment of Care: Ensure that at the Marietta Community Based Outpatient Clinic:

- Signage is installed to clearly identify the location of fire extinguishers obscured from view.
- The information technology server closet is maintained according to information technology safety and security standards.

Alcohol Use Disorder Care: Ensure that:

- Clinic Registered Nurse Care Managers receive motivational interviewing and health coaching training within the timeframe specified by VHA policy.
- Providers and clinical associates in the outpatient clinics receive health coaching training within the time frame specified by VHA policy.

Human Immunodeficiency Virus Screening: Ensure that:

- Clinicians consistently provide human immunodeficiency virus testing as part of routine medical care for patients.

Outpatient Lab Results Management: Ensure that:

- Clinicians consistently notify patients of their laboratory test results within the timeframe specified by VHA policy.

Comments

The Veterans Integrated Service Network and Facility Directors concurred with the Community Based Outpatient Clinic and other outpatient clinic review findings and recommendations and provided acceptable action plans. (See Appendixes C and D, pages 16–20, for the full text of the Directors’ comments.) We will follow up on the planned actions until they are completed.



JOHN D. DAIGH, JR., M.D.
Assistant Inspector General for
Healthcare Inspections

Objectives, Scope, and Methodology

Objectives

The CBOC and OOC reviews are an element of the OIG's efforts to ensure that our Nation's veterans receive high-quality VA health care services. As such, the CBOC and OOC reviews are recurring evaluations of selected outpatient care activities that focus on patient care quality and the EOC. In general, our objectives are to determine whether:

- The selected CBOC is compliant with EOC requirements.
- The CBOCs/OOCs are compliant with selected VHA requirements for AUD care.
- The CBOCs/OOCs are compliant with selected VHA requirements for HIV Screening.
- Healthcare practitioners at the CBOCs/OOCs comply with the requirements for outpatient documentation.
- The CBOCs/OOCs are compliant with VHA requirements for the patient notification and follow up of selected outpatient lab results.

Scope

To evaluate for compliance with requirements related to patient care quality and the EOC, we conducted an onsite inspection, reviewed clinical and administrative records, and discussed processes and validated findings with managers and employees. The review covered the following five activities:

- EOC
- AUD Care
- HIV Screening
- Outpatient Documentation
- Outpatient Lab Results Management

The scope of this review is limited to the established objectives. Issues and concerns that come to our attention but are outside the scope of this standardized inspection will be reviewed and referred accordingly.

Methodology

The onsite EOC inspection was conducted at a randomly selected outpatient site of care that had not been previously inspected.¹ Details of the targeted study populations for the AUD Care, HIV Screening, Outpatient Documentation, and Outpatient Lab Results Management focused reviews are noted in Table 1.

Table 1. CBOC/OOC Focused Reviews and Study Populations

Review Topic	Study Population
AUD Care	All CBOC and OOC patients screened within the study period of July 1, 2013, through June 30, 2014, and who had a positive AUDIT-C score; ² and all licensed independent providers, RN Care Managers, and clinical associates assigned to PACT prior to October 1, 2013.
HIV Screening	All outpatients who had a visit in FY 2012 and had at least one visit at the parent facility's CBOCs and/or OOCs within a 12-month period during April 1, 2013, through March 31, 2014.
Outpatient Documentation	All patients new to VHA who had at least three outpatient encounters (face-to-face visits, telephonic/telehealth care, and telephonic communications) during April 1, 2013, through March 31, 2014.
Outpatient Lab Results Management	All patients who had outpatient (excluding emergency department, urgent care, or same day surgery orders) potassium and sodium serum lab test results during January 1, 2014, through December 31, 2014.

In this report, we make recommendations for improvement. Recommendations pertain to issues that are significant enough to be monitored by the OIG until corrective actions are implemented.

The review was performed in accordance with OIG standard operating procedures for CBOC and OOC reviews.

¹ Each outpatient site selected for physical inspection was randomized from all primary care CBOCs, multi-specialty CBOCs, and health care centers reporting to the parent facility and was operational and classified as such in VA's Site Tracking Database by October 1, 2014.

² The AUDIT-C is a brief alcohol screen that reliably identifies patients who are hazardous drinkers or have active alcohol use disorders. Scores range from 0–12.

Results and Recommendations

EOC

The purpose of this review was to evaluate whether CBOC managers have established and maintained a safe and clean EOC as required.^a

We reviewed relevant documents and conducted a physical inspection of the Marietta CBOC. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

Table 2. EOC

NM	Areas Reviewed	Findings	Recommendations
	The furnishings are clean and in good repair.		
	The CBOC is clean (walls, floors, and equipment are clean).		
	The CBOC's inventory of hazardous materials was reviewed for accuracy twice within the prior 12 months.		
	The CBOC's safety data sheets for chemicals are readily available to staff.		
	If safety data sheets are in electronic form, the staff can demonstrate ability to access the electronic version without coaching.		
	Employees received training on the new chemical label elements and safety data sheet format.		
	Clinic managers ensure that safety inspections of CBOC medical equipment are performed in accordance with Joint Commission standards.		
	Hand hygiene is monitored for compliance.		
	Personal protective equipment is readily available.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	Sterile commercial supplies are not expired.		
	The CBOC staff members minimize the risk of infection when storing and disposing of medical (infectious) waste.		
	The CBOC has procedures to disinfect non-critical reusable medical equipment between patients.		
	There is evidence of fire drills occurring at least every 12 months.		
	Means of egress from the building are unobstructed.		
	Access to fire extinguishers is unobstructed.		
X	Fire extinguishers are located in large rooms or are obscured from view, and the CBOC has signs identifying the locations of the fire extinguishers.	There were no signs identifying the location of fire extinguishers obscured from view at the Marietta CBOC.	1. We recommended that signage is installed at the Marietta CBOC to clearly identify the location of fire extinguishers obscured from view.
	Exit signs are visible from any direction.		
	Multi-dose medication vials are not expired.		
	All medications are secured from unauthorized access.		
	The staff protects patient-identifiable information on laboratory specimens during transport.		
	Documents containing patient-identifiable information are not visible or unsecured.		
	Adequate privacy is provided at all times.		
	The women veterans' exam room is equipped with either an electronic or manual door lock.		
	The information technology network room/server closet is locked.		

NM	Areas Reviewed (continued)	Findings	Recommendations
X	Access to the information technology network room/server closet is restricted to personnel authorized by Office of Information and Technology.	Access to the information technology network room/server closet at the Marietta CBOC was not restricted to personnel authorized by Office of Information and Technology.	2. We recommended that the information technology server closet at the Marietta CBOC is maintained according to information technology safety and security standards.
X	Access to the information technology network room/server closet is documented.	Access to the information technology network room/server closet at the Marietta CBOC was not consistently documented.	
	All computer screens are locked when not in use.		
	Information is not viewable on monitors in public areas.		
	The CBOC has an automated external defibrillator.		
	There is an alarm system and/or panic buttons installed and tested in high-risk areas (for example, mental health clinic), and the testing is documented.		
	CBOC staff receive regular information/updates on their responsibilities in emergency response operations.		
	The staff participates in scheduled emergency management training and exercises.		

AUD Care

The purpose of this review was to determine whether the facility’s CBOCs and OOCs complied with selected alcohol use screening and treatment requirements.^b

We reviewed relevant documents and 30 EHRs. We also validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

Table 3. AUD Care

NM	Areas Reviewed	Findings	Recommendations
	Diagnostic assessments are completed for patients with a positive alcohol screen.		
	Education and counseling about drinking levels and adverse consequences of heavy drinking are provided for patients with positive alcohol screens and drinking levels above National Institute on Alcohol Abuse and Alcoholism guidelines.		
	Documentation reflects the offer of further treatment for patients diagnosed with alcohol dependence.		
	For patients with AUD who decline referral to specialty care, clinic staff monitored them and their alcohol use.		
	Counseling, education, and brief treatments for AUD are provided within 2 weeks of positive screening.		
X	Clinic RN Care Managers have received motivational interviewing training within 12 months of appointment to PACT.	We found that 5 of 11 RN Care Managers did not receive MI training within 12 months of appointment to PACT.	3. We recommended that Clinic Registered Nurse Managers receive motivational interviewing and health coaching training within the time frame specified by VHA policy.
X	Clinic RN Care Managers have received VHA National Center for Health Promotion and Disease Prevention-approved health coaching training (most likely TEACH for Success) within 12 months of appointment to PACT.	We found that 2 of 11 RN Care Managers did not receive health coaching training within 12 months of appointment to PACT.	

NM	Areas Reviewed (continued)	Findings	Recommendations
X	Providers in the outpatient clinics have received VHA National Center for Health Promotion and Disease Prevention-approved health coaching training (most likely TEACH for Success) within 12 months of appointment to PACT.	We found that two of eight providers did not receive health coaching training within 12 months of appointment to PACT.	4. We recommended that providers in the outpatient clinics receive health coaching training within the timeframe specified by VHA policy.
	Clinical associates in the outpatient clinics have received VHA National Center for Health Promotion and Disease Prevention-approved health coaching training (most likely TEACH for Success) within 12 months of appointment to PACT.		
	The facility complied with any additional elements required by VHA or local policy.		

HIV Screening

The purpose of this review was to determine whether CBOCs/OOCs are compliant with selected VHA requirements for HIV Screening.^c

We reviewed the facility’s self-assessment, VHA and local policies, and guidelines to assess administrative controls over the HIV screening process. We also reviewed 34 EHRs and validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The area marked as NM did not meet applicable requirements and needed improvement.

Table 4. HIV Screening

NM	Areas Reviewed	Findings	Recommendations
	The facility has a HIV Lead Clinician to carry out responsibilities as required.		
	The facility has policies and procedures to facilitate HIV testing.		
	The facility had developed policies and procedures that include requirements for the communication of HIV test results.		
	Written patient educational materials utilized prior to or at the time of consent for HIV testing include all required elements.		
X	Clinicians provided HIV testing as part of routine medical care for patients.	Clinicians did not provide HIV testing to 17 of 34 patients (50 percent).	5. We recommended that clinicians provide human immunodeficiency virus testing as part of routine medical care for patients and that compliance is monitored.
	When HIV testing occurred, clinicians consistently documented informed consent.		
	The facility complied with additional elements as required by local policy.		

Outpatient Documentation

The purpose of this review was to determine whether healthcare practitioners at the CBOCs/OOCs comply with selected requirements for outpatient documentation.^d

We reviewed relevant documents and 45 EHRs. We also validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The facility generally met requirements. We made no recommendations.

Table 5. Outpatient Documentation

NM	Areas Reviewed	Findings	Recommendations
	A relevant history of the illness or injury and physical findings are documented when the patient is first admitted for VA medical care on an outpatient level.		
	Randomly selected progress notes contain the required documentation components in the EHR.		

Outpatient Lab Results Management

The purpose of this review was to determine whether CBOCs/OOCs are compliant with VHA requirements for the patient notification and follow up of selected outpatient lab results.^e

We reviewed relevant documents and 35 EHRs. We also validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The area marked as NM did not meet applicable requirements and needed improvement.

Table 6. Outpatient Lab Results Management

NM	Areas Reviewed	Findings	Recommendations
	The facility has a written policy regarding communication of lab results from diagnostic practitioner to ordering practitioner.		
	The facility has a written policy for the communication of lab results that included all required elements.		
X	Clinicians notified patients of their lab results.	Clinicians did not consistently notify patients of their lab results within 14 days as required by VHA.	6. We recommended that clinicians consistently notify patients of their lab results within 14 days as required by VHA.
	Clinicians documented in the electronic health record all attempts to communicate with the patients regarding their lab results.		
	Clinicians provided interventions for clinically significant abnormal lab results.		

Clinic Profiles

The CBOC/OOC review evaluates the quality of care provided to veterans at all of the outpatient clinics under the parent facility's oversight.³ In addition to primary care integrated with women's health, mental health, and tele-health services, the CBOCs provide various specialty care and ancillary services. The following table provides information relative to each of the outpatient clinics and lists the additional specialty care and ancillary services provided at each location.

Location	Station #	Rurality ⁶	Outpatient Workload / Encounters ⁴			Services Provided ⁵	
			PC	MH	Specialty Clinics ⁷	Specialty Care ⁸	Ancillary Services ⁹
Athens, OH	538GA	Rural	4,575	4,622	2,795	Dermatology Optometry Podiatry	Diabetic Retinal Screening Kinesiotherapy Home Based Primary Care MOVE! Program ¹⁰
Portsmouth, OH	538GB	Rural	5,284	3,208	2,466	Dermatology Optometry Podiatry	Diabetic Retinal Screening Home Based Primary Care MOVE! Program Pharmacy Rehabilitation Services
Marietta, OH	538GC	Rural	2,999	1,199	1,602	Optometry Podiatry	MOVE! Program
Lancaster, OH	538GD	Rural	6,580	3,070	3,535	Dermatology Optometry Podiatry	Diabetic Retinal Screening Home Based Primary Care MOVE! Program Nutrition Pharmacy

³ Includes all CBOCs in operation before April 1, 2014.

⁴ An encounter is a professional contact between a patient and a practitioner vested with responsibility for diagnosing, evaluating, and treating the patient's condition. Encounters occur in both the outpatient and inpatient setting.

⁵ The denoted Specialty Care and Ancillary Services are limited to Primary Clinic Stops with a count ≥ 100 encounters during the October 1, 2013, through September 30, 2014, timeframe at the specified CBOC.

⁶ <http://vssc.med.va.gov/>

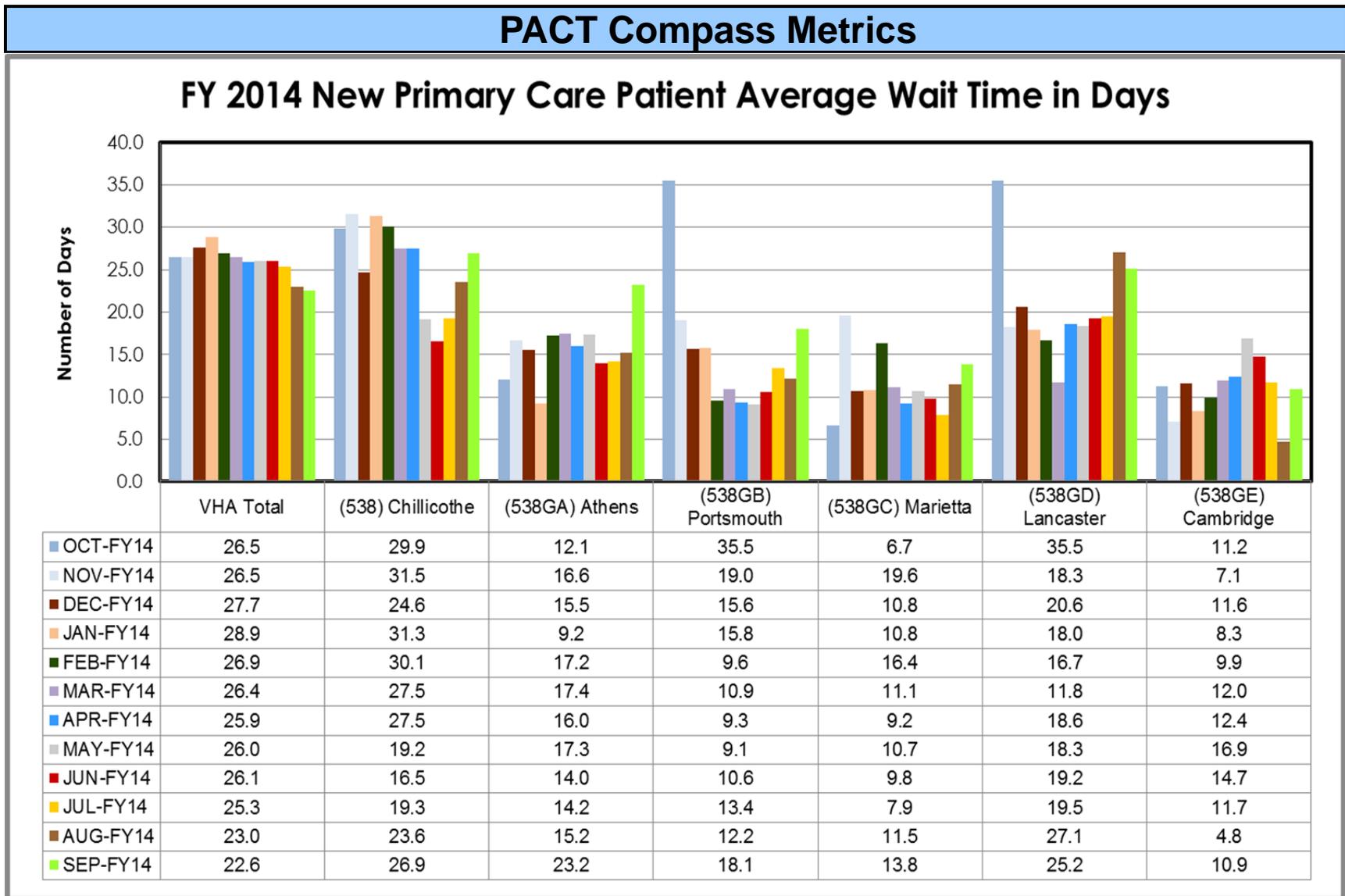
⁷ The total number of encounters for the services provided in the "Specialty Care" column.

⁸ Specialty Care Services refer to non-Primary Care and non-Mental Health services provided by a physician.

⁹ Ancillary Services refer to non-Primary Care and non-Mental Health services that are not provided by a physician.

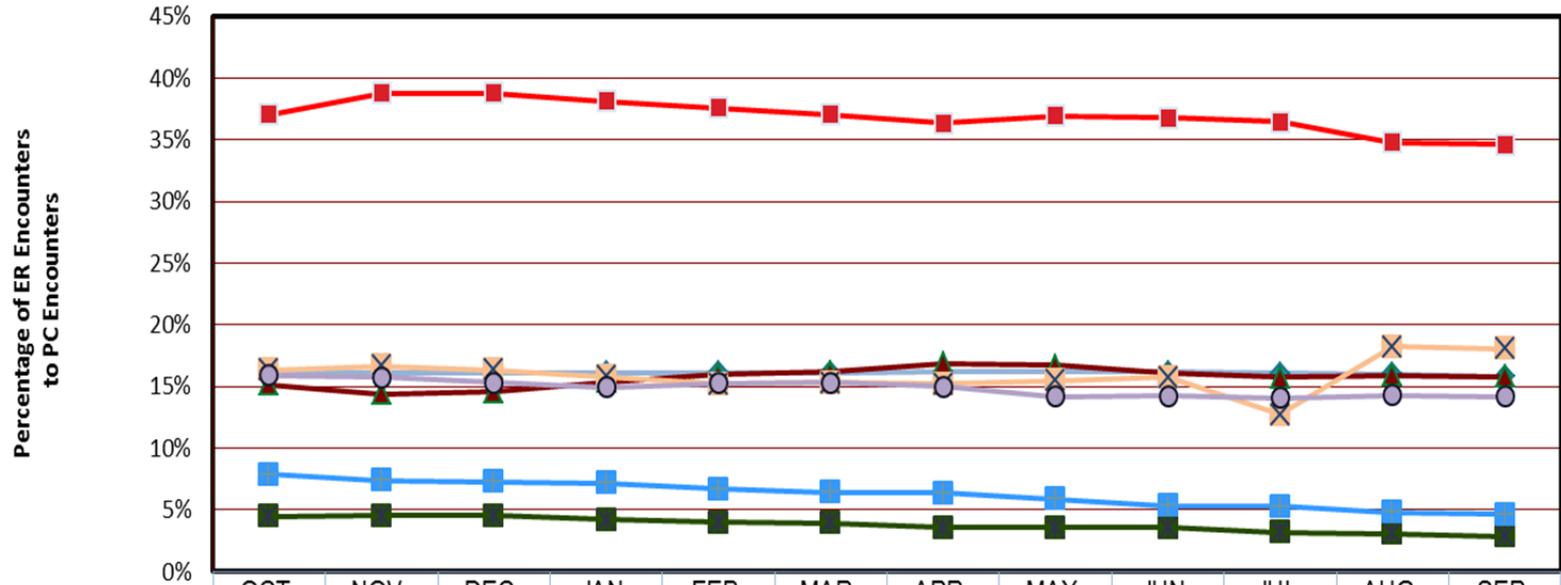
¹⁰ VHA Handbook 1120.01, *MOVE! Weight Management Program for Veterans*, March 31, 2011.

Location (continued)	Station #	Rurality	Outpatient Workload / Encounters			Services Provided	
			PC	MH	Specialty Clinics	Specialty Care	Ancillary Services
Cambridge, OH	538GE	Rural	3,276	2,525	1,759	Optometry Podiatry	Diabetic Retinal Screening MOVE! Program



Data Definition.^f The average number of calendar days between a new patient’s Primary Care appointment (clinic stops 322, 323, and 350), excluding compensation and pension appointments, and the earliest creation date.

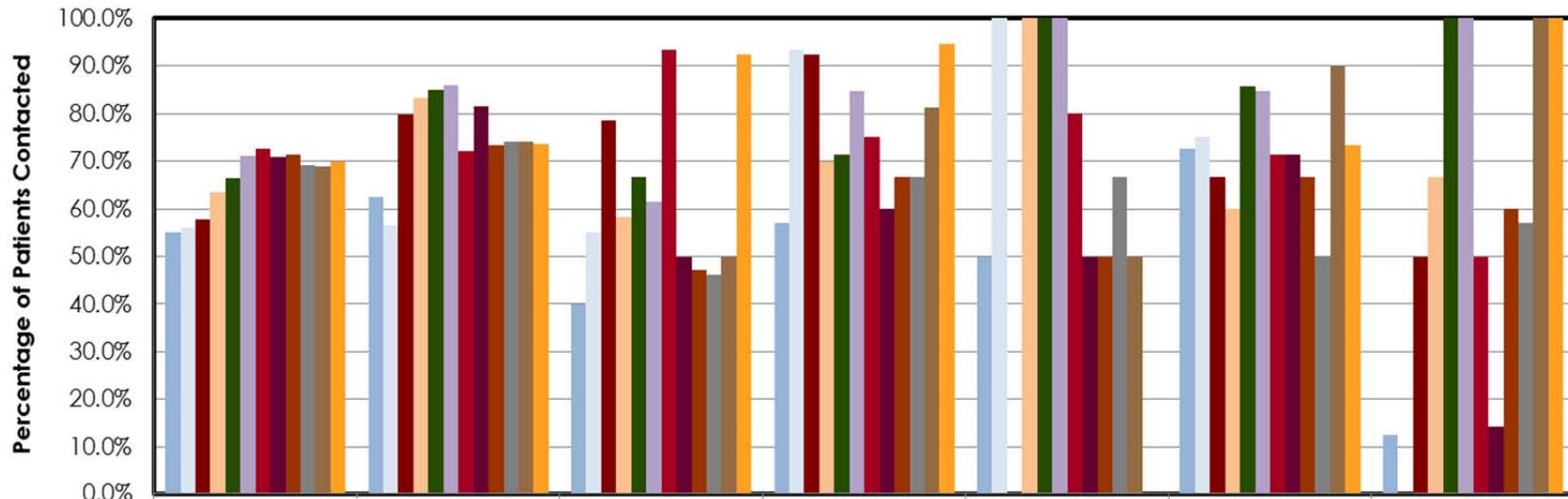
FY 2014 Ratio of ER Encounters While on Panel to PC Encounters While on Panel (FEE ER Included)



	OCT-FY14	NOV-FY14	DEC-FY14	JAN-FY14	FEB-FY14	MAR-FY14	APR-FY14	MAY-FY14	JUN-FY14	JUL-FY14	AUG-FY14	SEP-FY14
◆ VHA Total	16.1%	16.2%	16.1%	16.1%	16.1%	16.1%	16.2%	16.2%	16.2%	16.1%	16.0%	15.8%
■ (538) Chillicothe	37.1%	38.8%	38.8%	38.1%	37.6%	37.1%	36.4%	37.0%	36.8%	36.5%	34.8%	34.6%
▲ (538GA) Athens	15.2%	14.4%	14.6%	15.4%	16.0%	16.2%	16.9%	16.7%	16.1%	15.8%	15.9%	15.8%
× (538GB) Portsmouth	16.4%	16.7%	16.3%	15.8%	15.2%	15.3%	15.2%	15.5%	15.8%	12.7%	18.2%	18.1%
■ (538GC) Marietta	4.5%	4.5%	4.5%	4.2%	4.0%	3.9%	3.6%	3.5%	3.6%	3.2%	3.1%	2.9%
● (538GD) Lancaster	15.9%	15.8%	15.3%	15.0%	15.3%	15.3%	15.0%	14.2%	14.2%	14.1%	14.3%	14.2%
■ (538GE) Cambridge	7.9%	7.4%	7.3%	7.2%	6.7%	6.4%	6.4%	5.9%	5.3%	5.3%	4.8%	4.6%

Data Definition.^f This is a measure of where the patient receives his primary care and by whom. A low percentage is better. The formula is the total VHA ER/Urgent Care/FEE ER encounters while on panel (including FEE ER visits) divided by the number of Primary Care encounters while on panel with the patient’s assigned primary care (or associate) provider plus the total VHA ER/Urgent Care/FEE ER encounters (including FEE ER visits) while on panel plus the number of Primary Care encounters while on panel with a provider other than the patient’s Primary Care Provider/Associate Provider.

FY 2014 Team 2-Day Contact Post Discharge Ratio



	VHA Total	(538) Chillicothe	(538GA) Athens	(538GB) Portsmouth	(538GC) Marietta	(538GD) Lancaster	(538GE) Cambridge
■ OCT-FY14	55.1%	62.4%	40.0%	57.1%	50.0%	72.7%	12.5%
■ NOV-FY14	55.9%	56.7%	55.0%	93.3%	100.0%	75.0%	0.0%
■ DEC-FY14	57.8%	79.9%	78.6%	92.3%	0.0%	66.7%	50.0%
■ JAN-FY14	63.6%	83.3%	58.3%	70.0%	100.0%	60.0%	66.7%
■ FEB-FY14	66.4%	85.0%	66.7%	71.4%	100.0%	85.7%	100.0%
■ MAR-FY14	71.2%	86.0%	61.5%	84.6%	100.0%	84.6%	100.0%
■ APR-FY14	72.6%	72.2%	93.3%	75.0%	80.0%	71.4%	50.0%
■ MAY-FY14	70.8%	81.4%	50.0%	60.0%	50.0%	71.4%	14.3%
■ JUN-FY14	71.3%	73.3%	47.1%	66.7%	50.0%	66.7%	60.0%
■ JUL-FY14	69.1%	74.1%	46.2%	66.7%	66.7%	50.0%	57.1%
■ AUG-FY14	68.9%	74.2%	50.0%	81.3%	50.0%	90.0%	100.0%
■ SEP-FY14	69.8%	73.5%	92.3%	94.7%	0.0%	73.3%	100.0%

Data Definition.^f The percent of discharges (VHA inpatient discharges) for the reporting timeframe for assigned Primary Care patients where the patient was contacted by a member of the Patient Aligned Care Team the patient is assigned to within 2 business days post discharge. Discharges resulting in death and discharges where a patient is readmitted within 2 days of discharge are excluded from this metric.

Veterans Integrated Service Network Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: May 27, 2015

From: Director, VA Healthcare System of Ohio (10N10)

Subject: **Review of CBOCs and OOCs of Chillicothe VA Medical Center,
Chillicothe, OH**

To: Director, Washington DC Regional Office of Healthcare Inspections
(54DC)

Director, Management Review Service (VHA 10AR MRS OIG CAP
CBOC)

1. Attached, please find the comments and corrective action plan for the draft report of the Review of the Community Based Outpatient Clinics and Other Outpatient Clinics of the Chillicothe VA Medical Center.
2. I have reviewed and concur with the responses submitted by the Medical Center.
3. If you have any questions or require additional information, please contact Jane Johnson, VISN 10 Deputy Quality Management Officer at 513-247-4631

(original signed by:)

Jack G. Hetrick, FACHE
VA Healthcare System of Ohio (10N10)

Facility Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: May 25, 2015

From: Director, Chillicothe VA Medical Center, Chillicothe, OH (538/00)

Subject: **Review of CBOCs and OOCs of Chillicothe VA Medical Center,
Chillicothe, OH**

To: Director, VA Healthcare System of Ohio (10N10)

1. Thank you for the opportunity to review the draft of the Review of the Community Based Outpatient Clinics and Other Outpatient Clinics of the Chillicothe VA Medical Center, Chillicothe, OH.
2. I have reviewed the document and concur with the recommendations. Relevant action plans have been established as detailed in the attached report.
3. If you have any questions regarding our responses or planned corrective action, please feel free to contact me at 740-772-7002.

(original signed by:)

Wendy J. Hepker, FACHE
Medical Center Director

Comments to OIG's Report

The following Director's comments are submitted in response to the recommendations in the OIG report:

OIG Recommendations

Recommendation 1. We recommended that signage is installed at the Marietta CBOC to clearly identify the location of fire extinguishers obscured from view.

Concur

Target date for completion: July 1, 2015

Facility response: Additional signage regarding the location of the fire extinguishers in the Marietta CBOC will be posted to ensure patient safety. The existing signage does meet the requirements of NFPA, Joint Commission, and VHA directives. The requirements of NFPA 10 and the interpretation from VHACO Fire Protection Engineers state that hallways do not require signage directing travel from all/other parts of the building to fire extinguishers. There are no visual obstructions to the signs or the fire extinguishers which are visible in the normal path of travel.

Recommendation 2. We recommended that the information technology server closet at the Marietta CBOC is maintained according to information technology safety and security standards.

Concur

Target date for completion: December 30, 2015

Facility response: The information technology service closet access sign-in sheets have been updated in all CBOC locations. The Marietta CBOC communication access has been restricted to only the appointed staff members listed on the access sheet. The Nurse Managers will be provided the access codes which will be changed as required. Quarterly audits will be implemented by Information Technology demonstrating three consecutive months of 90% compliance.

Recommendation 3. We recommended that Clinic Registered Nurse Care Managers receive motivational interviewing and health coaching training within the time frame specified by VHA policy.

Concur

Target date for completion: December 30, 2015

Facility response: The Associate Chief Nurse for Primary Care will ensure that all Clinic Registered Nurse Care Managers will receive motivational interviewing (MI) and health

coach training within in 12 months of appointment to Patient Aligned Care Team. Current Nurse Managers who have not received MI training and health coach training within 12 months of appointment will be trained by December 30, 2015. Completed training sessions will be recorded in Talent Management System (TMS). Also, the orientation checklists will be modified to reflect the scheduled date of motivational interview training and health coach training attended by the Nurse Manager. The Health Behavior Coordinator will monitor and audit each CBOC quarterly, to ensure staff receive time for training and time to follow through with informal coaching. Additionally, the Chillicothe RN Care Managers will attend MI training on site. The MI training sessions will be documented in TMS.

Recommendation 4. We recommended that providers in the outpatient clinics receive health coaching training within the timeframe specified by VHA policy.

Concur

Target date for completion: December 30, 2015

Facility response: The Chief of the Primary Care Line ensures that providers attend TEACH training within 12 months of PACT appointment. Current CBOC providers who have not completed TEACH training within the 12 months of appointment to PACT will be trained by December 30, 2015. Orientation checklist for providers have been modified to reflect the schedule date of provider attendance for TEACH training. The training sessions will be documented in TMS for tracking purposes. The Associate Chief of Primary Care will complete a monthly audit to track the provider TEACH training completion.

Recommendation 5. We recommended that clinicians provide human immunodeficiency virus testing as part of routine medical care for patients and that compliance is monitored.

Concur

Target date for completion: October 1, 2015

Facility response: In March 2014, an electronic HIV clinical reminder was implemented and is currently available to all clinicians. This establishes a foundation for HIV testing to be part of routine medical care. Compliance will be monitored through a random audit of twenty charts monthly beginning in June 2015 to continue until three consecutive months of at least 90% compliance demonstrates practice adherence.

Recommendation 6. We recommended that clinicians consistently notify patients of their lab results and/or ensure patients are notified within 14 days as required by VHA.

Concur

Target date for completion: September 30, 2015

Facility response: On June 4, 2015, a review of the test result notification process will be presented to all CBOC staff members. A Test Result Notification template will be standardized and in CPRS test by May 15, 2015 with full implementation anticipated to be in effect by July 1, 2015. Compliance will be monitored through a random audit of twenty charts monthly beginning in June 2015 to continue until three consecutive months of at least 90% compliance demonstrates practice adherence.

Office of Inspector General Contact and Staff Acknowledgments

Contact	For more information about this report, please contact the OIG at (202) 461-4720.
Inspection Team	Gail Bozzelli, RN, Team Leader
Other Contributors	Shirley Carlile, BA Lin Clegg, PhD Marnette Dhooghe, MS Donna Giroux, RN Jennifer Reed, RN, MSHI Natalie Sadow, MBA Patrick Smith, M. Stat Randall Snow, JD Marilyn Stones, BS Mary Toy, RN, MSN Jarvis Yu, MS

Report Distribution

VA Distribution

Office of the Secretary
Veterans Health Administration
Assistant Secretaries
General Counsel
Director, VA Healthcare System of Ohio (10N10)
Director, Chillicothe VA Medical Center (538/00)

Non-VA Distribution

House Committee on Veterans' Affairs
House Appropriations Subcommittee on Military Construction, Veterans Affairs, and
Related Agencies
House Committee on Oversight and Government Reform
Senate Committee on Veterans' Affairs
Senate Appropriations Subcommittee on Military Construction, Veterans Affairs, and
Related Agencies
Senate Committee on Homeland Security and Governmental Affairs
National Veterans Service Organizations
Government Accountability Office
Office of Management and Budget
U.S. Senate: Sherrod Brown, Rob Portman
U.S. House of Representatives: Steve Chabot, Bill Johnson, Steve Stivers,
Michael Turner, Brad Wenstrup

This report is available at www.va.gov/oig.

Endnotes

^a References used for the EOC review included:

- International Association of Healthcare Central Services Materiel Management, *Central Service Technical Manual*, 7th ed.
- Joint Commission, *Joint Commission Comprehensive Accreditation and Certification Manual*, July 1, 2014.
- US Department of Health and Human Services, Health Insurance Portability and Accountability Act, *The Privacy Rule*, February 16, 2006.
- US Department of Labor, Occupational Safety and Health Administration, *Laws and Regulations, 1910 General Industry Standards*.
- US Department of Labor, Occupational Safety and Health Administration, *Guidelines for Preventing Workplace Violence*, 2004.
- VA Directive 0059, *VA Chemicals Management and Pollution Prevention*, May 25, 2012.
- VA Handbook 6500, *Risk Management Framework for VA Information System*, September 20, 2012.
- VHA Center for Engineering, Occupational Safety, and Health, *Online National Fire Protection Association Codes, Standards, Handbooks, and Annotated Editions of Select Codes and Standards*, July 9, 2013.
- VHA Directive 2011-007, *Required Hand Hygiene Practices*, February 16, 2011.
- VHA Directive 2012-026, *Sexual Assaults & Other Defined Public Safety Incidents in VHA Facilities*, September 27, 2012.
- VHA Handbook 1006.1, *Planning and Activating Community-Based Outpatient Clinics*, May 19, 2004.
- VHA Handbook 1330.01, *Health Care Services for Women Veterans*, May 21, 2010.

^b References used for the AUD Care review included:

- VHA Handbook 1101.10, *Patient Aligned Care Teams (PACT)*, February 5, 2014.
- VHA Handbook 1120.02, *Health Promotion Disease Prevention (HPDP) Program*, July 5, 2012.
- VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008.
- VHA National Center for Health Promotion and Disease Prevention (NCP), *HealthPOWER Prevention News, Motivational Interviewing*, Summer 2011. Accessed from:
- http://www.prevention.va.gov/Publications/Newsletters/2011/HealthPOWER_Prevention_News_Summer_2011.asp
- VHA National Center for Prevention (NCP). *NCP Training Resources*. Accessed from: http://vaww.infoshare.va.gov/sites/prevention/NCP_Training_Resources/Shared%20Documents/Forms/AllItems.aspx

^c References used for the HIV Screening review included:

- Centers for Disease Control and Prevention, *Testing in Clinical Settings*, June 25, 2014. <http://www.cdc.gov/hiv/testing/clinical/> Accessed July 18, 2014.
- VHA Assistant Deputy Under Secretary for Health for Clinical Operations Memorandum, *VAIQ #741734 – Documentation of Oral Consent for Human Immunodeficiency Virus (HIV) Testing*, January 10, 2014.
- VHA Directive 2008-082, *National HIV Program*, December 5, 2008.
- VHA Directive 2009-019, *Ordering and Reporting Test Results*, March 24, 2009.
- VHA Directive 2009-036, *Testing for Human Immunodeficiency Virus in Veterans Health Administration Facilities*, August 14, 2009.
- VHA Handbook 1004.01, *Informed Consent for Clinical Treatments and Procedures*, August 14, 2009.
- VHA National Center for Health Promotion and Disease Prevention (NCP), *Screening for HIV*, June 23, 2014. http://vaww.prevention.va.gov/Screening_for_HIV.asp Accessed July 18, 2014.
- VHA Under Secretary for Health Information, *Letter IL 10-2010-006, Use of Rapid Tests for Routine Human Immunodeficiency Virus Screening*, February 16, 2010.

^d References used for the Outpatient Documentation review included:

- VHA Handbook 1907.01, *Health Information Management and Health Records*, September 19, 2012.
- VHA Handbook 1907.01, *Health Information Management and Health Records*, July 22, 2014.

^e References used for the Outpatient Lab Results Management review included:

- VHA Handbook 2009-019, *Ordering and Reporting Test Results*, March 24, 2009.
- VHA, *Communication of Test Results Toolkit*, April 2012.

^f Reference used for PACT Compass data graphs:

- Department of Veterans' Affairs, *Patient Aligned Care Teams Compass Data Definitions*, June 24, 2014.