



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

Office of Healthcare Inspections

Report No. 15-00143-372

**Review of Community Based
Outpatient Clinics and Other
Outpatient Clinics of
North Florida/South Georgia
Veterans Health System
Gainesville, Florida**

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
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. Acting VISN 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 North Florida/South Georgia Veterans Health System and Veterans Integrated Service Network 8 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 Palatka, FL, Community Based Outpatient Clinic as a representative site and evaluated the environment of care on April 21, 2015.

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

Alcohol Use Disorder Care: Ensure that:

- Clinic staff provide education and counseling for patients with positive alcohol screens and alcohol consumption above National Institute on Alcohol Abuse and Alcoholism limits.
- Clinic staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.
- Managers ensure that patients with excessive persistent alcohol use receive brief treatment or are evaluated by a specialty provider within 2 weeks of the screening.
- Clinic Registered Nurse Care Managers receive motivational interviewing training within 12 months of appointment to Patient Aligned Care Teams.
- Registered Nurse Care Managers, providers, and clinical associates in the outpatient clinics receive health coach training within 12 months of appointment to Patient Aligned Care Teams.

Human Immunodeficiency Virus Screening: Ensure that:

- Clinicians provide human immunodeficiency virus testing as part of routine medical care for patients and that compliance is monitored.
- Clinicians consistently document informed consent for human immunodeficiency virus testing and that compliance is monitored.

Outpatient Lab Results Management: Ensure that:

- Clinicians consistently notify patients of their laboratory results within 14 days, per local and VHA policy.

Comments

The VISN and Facility Directors agreed with the Community Based Outpatient Clinic and other outpatient clinic review findings and recommendations and provided acceptable improvement 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 for the open recommendations 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 Fiscal Year 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 Palatka, FL, CBOC. The table below shows the areas reviewed for this topic. The facility generally met requirements. We made no recommendations.

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.		
	Fire extinguishers are located in large rooms or are obscured from view, and the CBOC has signs identifying the locations of the fire extinguishers.		
	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
	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 is 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 38 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.	Staff did not provide education and counseling for 3 of 23 patients who had positive alcohol use screens.	1 We recommended that clinic staff provide education and counseling for patients with positive alcohol screens and alcohol consumption above National Institute on Alcohol Abuse and Alcoholism limits.
X	Documentation reflects the offer of further treatment for patients diagnosed with alcohol dependence.	Documentation did not reflect the offer of further treatment for two of seven patients diagnosed with alcohol dependence.	2. We recommended that clinic staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.
	For patients with AUD who decline referral to specialty care, clinic staff monitored them and their alcohol use.		
X	Counseling, education, and brief treatments for AUD care are provided within 2 weeks of positive screening.	Counseling, education and brief treatment was not provided for 3 of 14 patients within 2 weeks of positive screening.	3. We recommended that managers ensure that patients with excessive persistent alcohol use receive brief treatment or are evaluated by a specialty provider within 2 weeks of the screening.
X	Clinic RN Care Managers have received motivational interviewing training within 12 months of appointment to PACT.	Sixteen of 91 RN Care Managers (18 percent) did not receive motivational interviewing training within 12 months of appointment to PACT.	4. We recommended that Clinic Registered Nurse Care Managers receive motivational interviewing training within 12 months of appointment to Patient Aligned Care Teams.

NM	Areas Reviewed (continued)	Findings	Recommendations
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.	Sixteen of 91 RN Care Managers (17 percent) did not receive health coaching training within 12 months of appointment to PACT.	5. We recommended that Registered Nurse Care Managers, providers, and clinical associates in the outpatient clinics receive health coach training within 12 months of appointment to Patient Aligned Care Teams.
X	Providers and 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.	Forty-four of 147 PACT providers and clinical associates (30 percent) did not receive health coaching training 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 40 EHRs and 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 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.	Four of 40 EHRs (10 percent) did not contain documentation of the clinician’s offer of HIV testing to the patient.	6. We recommended that clinicians provide human immunodeficiency virus testing as part of routine medical care for patients and that compliance is monitored.
X	When HIV testing occurred, clinicians consistently documented informed consent.	Five of 36 EHRs (14 percent) did not contain the clinician’s documentation of the patient’s informed consent for HIV testing.	7. We recommended that clinicians consistently document informed consent for human immunodeficiency virus testing and that compliance is monitored.
	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 42 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 50 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.	Twelve of 50 EHRs (24 percent) did not consistently notify patients of their lab results within 14 days from the date which the results were available to the ordering practitioner, as per local and VHA policy.	8. We recommended that clinicians consistently notify patients of their laboratory results within 14 days, per local and VHA policy.
	Clinicians documented in the electronic health record all attempts to communicate with the patients regarding their abnormal 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	
Jacksonville, FL	573BY	Urban	58,637	44,367	57,319	Amputation Clinic Cardiology Dental Dermatology Gastroenterology Gynecology Infectious Disease Nephrology Ophthalmology Optometry Orthopedics Podiatry Pulmonary Urology	Audiology Blind Rehabilitation Diabetes Care EKG EMG Imaging Services Laboratory Mammography MOVE! Program ¹⁰ Nuclear Medicine	Nutrition PFT Pharmacy Prosthetics/Orthotics Rehabilitation Services Respiratory Therapy Social Work Speech Pathology
Valdosta, GA	573GA	Urban	7,621	4,282	301	Dermatology	Audiology MOVE! Program Nutrition	Pharmacy Rehabilitation Services

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.

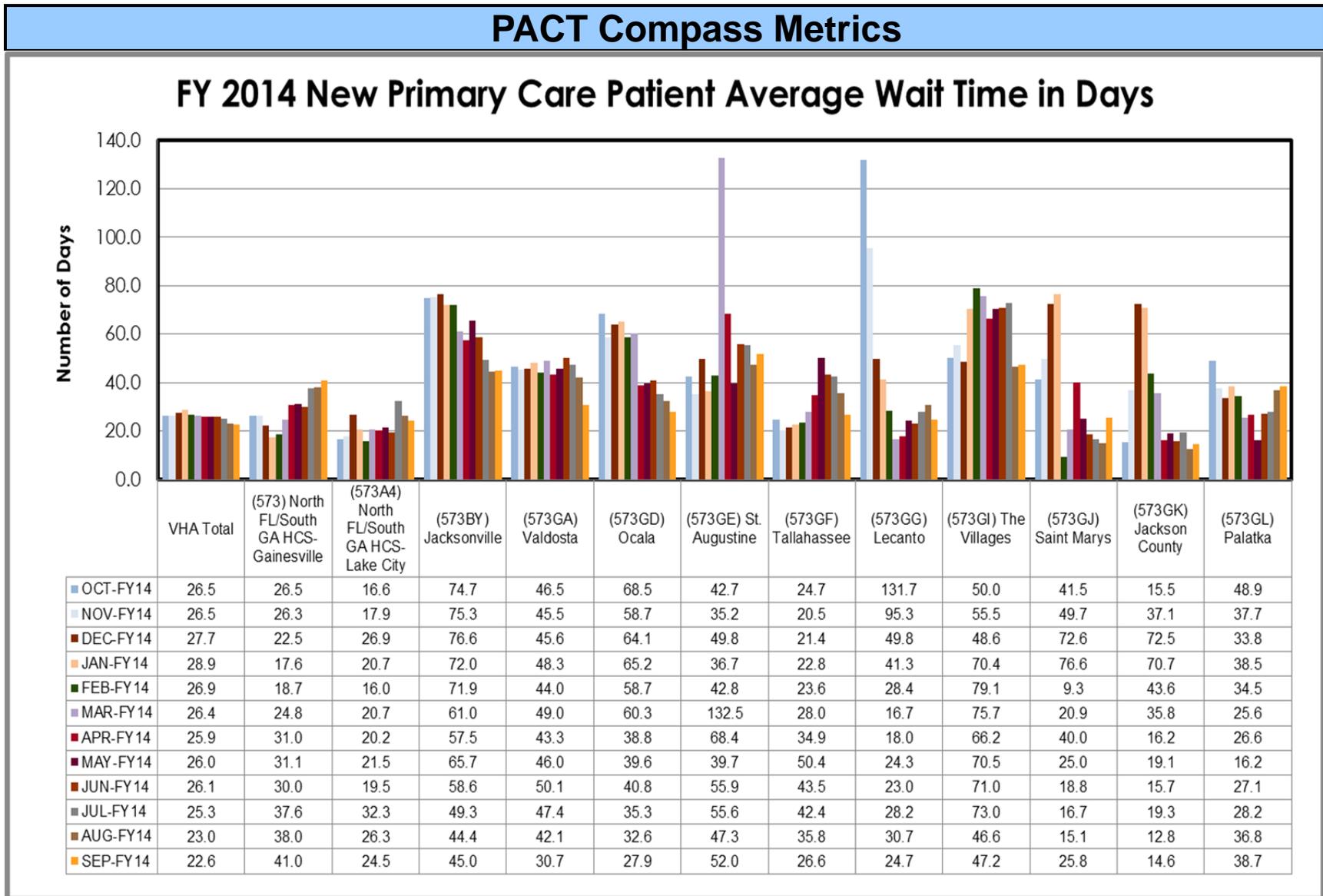
⁸ Specialty Care Services refer to non-Primary Care and non-Mental Health services provided by a physician.

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.

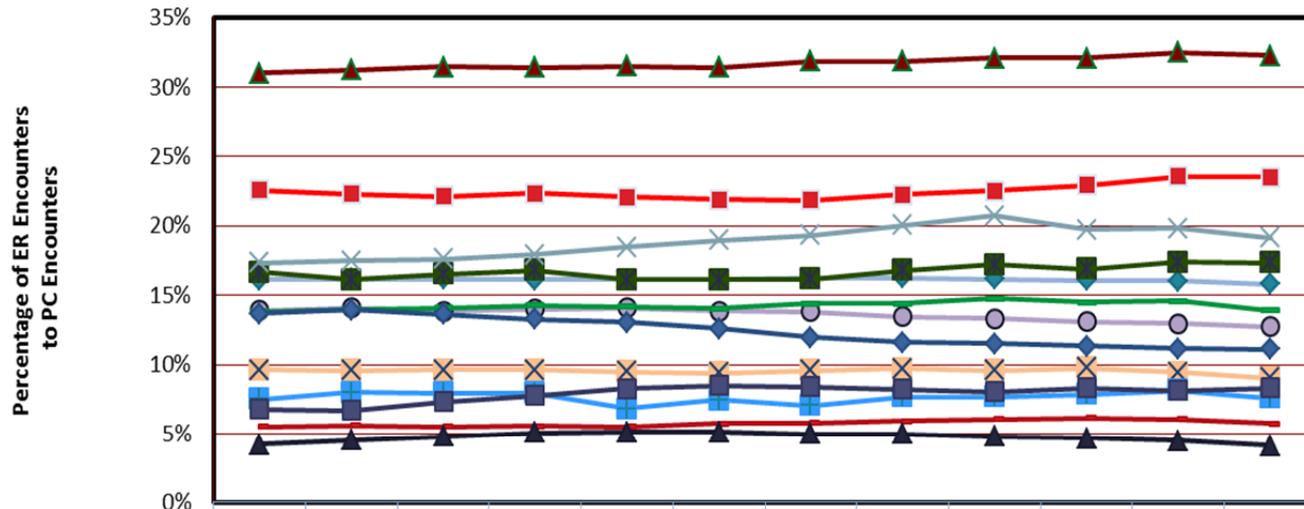
Location (continued)	Station #	Rurality	Outpatient Workload / Encounters			Services Provided		
			PC	MH	Specialty Clinics	Specialty Care	Ancillary Services	
Ocala, FL	573GD	Urban	20,008	7,510	6,091	Dermatology Ophthalmology Optometry	Audiology MOVE! Program Nutrition	Social Work VIST
St. Augustine, FL	573GE	Urban	8,614	8,789	3,204	Dermatology Podiatry	Diabetic Retinal Screening EKG MOVE! Program Nutrition	Pharmacy Rehabilitation Services Social Work
Tallahassee, FL	573GF	Urban	23,840	18,643	21,506	Cardiology Dental Dermatology Gynecology Optometry Plastic Surgery Podiatry Urology	Audiology Diabetic Retinal Screening EKG Enterostomal Wound/Skin Care Imaging Services	Laboratory MOVE! Program Nutrition Pharmacy Rehabilitation Services Social Work
Lecanto, FL	573GG	Urban	12,741	6,298	682	Cardiology Dermatology	Diabetic Retinal Screening MOVE! Program	Nutrition Pharmacy Social Work
The Villages, FL	573GI	Urban	24,222	11,204	16,026	Cardiology Dental Dermatology Gastroenterology Ophthalmology Optometry Podiatry Surgery	Audiology Diabetes Care Diabetic Retinal Screening EKG Imaging Services Laboratory MOVE! Program	Nutrition Pharmacy Rehabilitation Services Sleep Medicine Social Work VIST
St. Marys, GA	573GJ	Rural	5,766	3,764	297	Cardiology Dermatology	MOVE! Program	
Marianna, FL	573GK	Rural	5,616	2,889	156	Cardiology	MOVE! Program	Rehabilitation Services
Palatka, FL	573GL	Rural	5,960	1,410	64	NA	EKG MOVE! Program	Nutrition Pharmacy

EKG = Electrocardiography; EMG = Electromyography; PFT – Pulmonary Function Test; VIST = Visually Impaired Services Team



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.

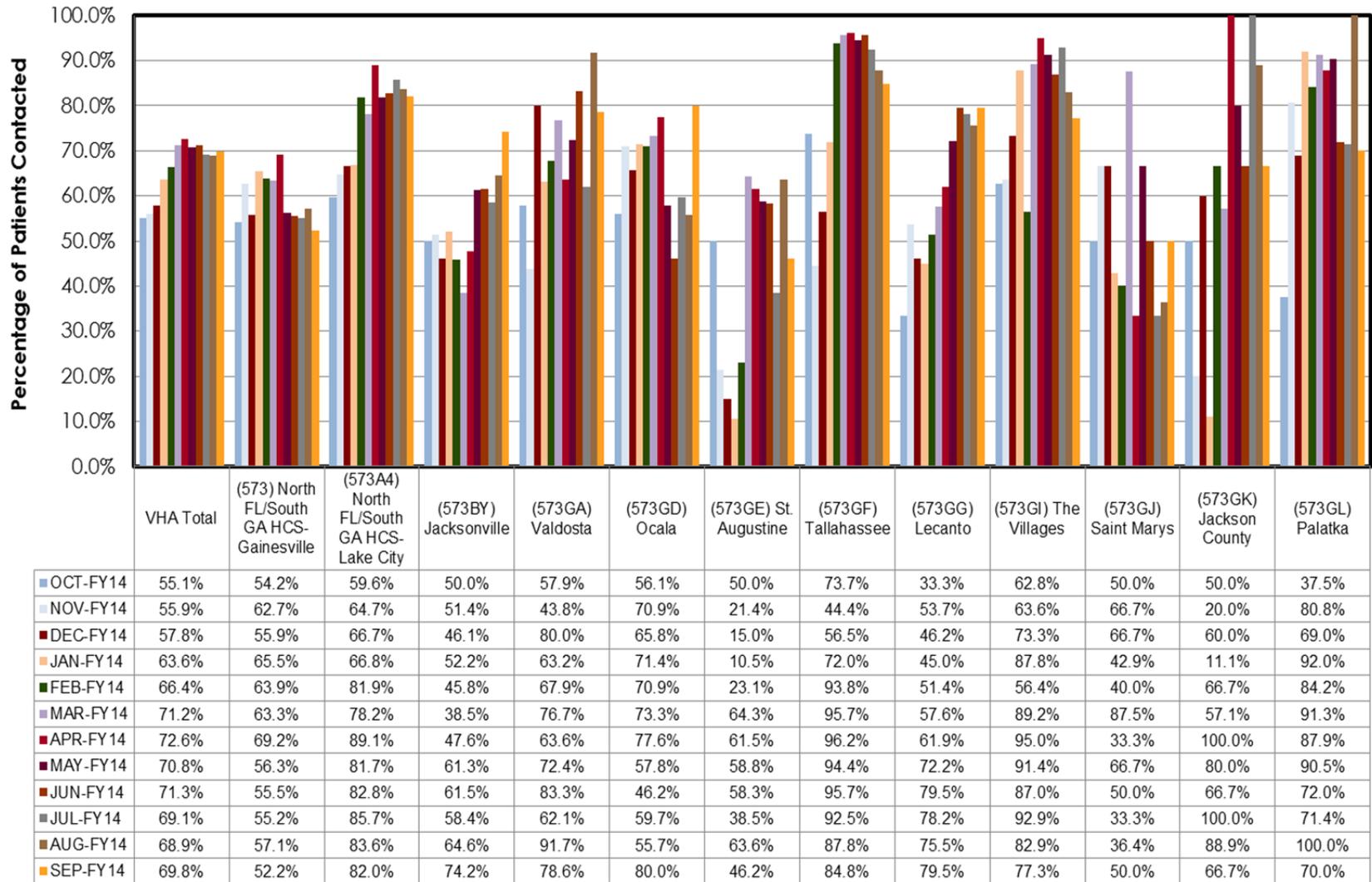
FY 2014 Ratio of ER Encounters While on Panel to PC Encounters While on Panel (FEE ER Included)



	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%
(573) North FL/South GA HCS-Gainesville	22.6%	22.3%	22.1%	22.3%	22.1%	21.9%	21.9%	22.3%	22.5%	22.9%	23.6%	23.5%
(573A4) North FL/South GA HCS-Lake City	31.0%	31.2%	31.5%	31.4%	31.5%	31.4%	31.8%	31.9%	32.1%	32.1%	32.5%	32.3%
(573BY) Jacksonville	9.6%	9.6%	9.6%	9.6%	9.5%	9.4%	9.6%	9.7%	9.6%	9.7%	9.5%	9.0%
(573GA) Valdosta	16.7%	16.1%	16.5%	16.8%	16.1%	16.1%	16.2%	16.8%	17.2%	16.9%	17.4%	17.3%
(573GD) Ocala	13.9%	14.1%	13.9%	14.0%	14.1%	13.9%	13.8%	13.5%	13.3%	13.1%	13.0%	12.7%
(573GE) St. Augustine	7.5%	8.0%	8.0%	8.0%	6.8%	7.5%	7.0%	7.7%	7.7%	7.9%	8.1%	7.6%
(573GF) Tallahassee	5.5%	5.6%	5.5%	5.6%	5.5%	5.7%	5.8%	5.9%	6.1%	6.1%	6.1%	5.7%
(573GG) Lecanto	13.8%	14.0%	14.1%	14.3%	14.2%	14.0%	14.4%	14.4%	14.8%	14.5%	14.6%	13.9%
(573GI) The Villages	13.7%	14.0%	13.6%	13.3%	13.1%	12.6%	12.0%	11.6%	11.5%	11.4%	11.2%	11.1%
(573GJ) Saint Marys	6.8%	6.7%	7.3%	7.8%	8.3%	8.5%	8.4%	8.2%	8.1%	8.3%	8.1%	8.3%
(573GK) Jackson County	4.2%	4.5%	4.8%	5.1%	5.1%	5.1%	5.0%	5.0%	4.8%	4.7%	4.5%	4.1%
(573GL) Palatka	17.3%	17.5%	17.6%	17.9%	18.5%	18.9%	19.3%	20.0%	20.7%	19.7%	19.8%	19.1%

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



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.

Acting VISN Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: May 21, 2015

From: Acting Director, VA Sunshine Healthcare Network (10N8)

Subject: **Review of CBOCs and OOCs of North Florida/South Georgia Veterans Health System, Gainesville, FL**

To: Director, Bay Pines Regional Office of Healthcare Inspections (54SP)
Director, Management Review Service (VHA 10AR MRS OIG CAP CBOC)

1. I have reviewed and concur with the Review of CBOCs and OOCs of North Florida/South Georgia Veterans Health System conducted the week of April 20, 2015.
2. Appropriate action has been initiated and/or completed as detailed in the attached response. Thank you!



Dave Whitmere, /for

Paul Bockelman, MBA, FACHE

Facility Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: May 20, 2015

From: Director, North Florida/South Georgia Veterans Health System
(573/00)

Subject: **Review of CBOCs and OOCs of North Florida/South Georgia
Veterans Health System, Gainesville, FL**

To: Director, VA Sunshine Healthcare Network (10N8)

1. I have reviewed and concur with the findings and recommendations in the report of the CBOC Review.
2. Corrective action plans have been established with planned completion dates, as detailed in the attached report.



Thomas Wisneski, MPA, FACHE

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 clinic staff provide education and counseling for patients with positive alcohol screens and alcohol consumption above National Institute on Alcohol Abuse and Alcoholism limits.

Concur

Target date for completion: August 31, 2015

Facility response: Primary care providers were missing positive screens due to starting notes prior to veteran nursing intake completed, and if charts were not refreshed, the reminders were missed. Education regarding these screens has been completed. A clinical reminder has been created reminding providers to refresh the chart prior to completing note. Staff education and targeted feedback will continue. Sustainment will be a facility overall compliance score of 90 percent or higher for 3 consecutive months.

Recommendation 2. We recommended that clinic staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.

Concur

Target date for completion: August 31, 2015

Facility response: Primary care providers were missing positive screens due to starting notes prior to veteran nursing intake completed, and if charts were not refreshed, the reminders were missed. Education regarding these screens has been completed. A clinical reminder has been created reminding providers to refresh the chart prior to completing note. Staff education and targeted feedback will continue. Sustainment will be a facility overall compliance score of 90 percent or higher for 3 consecutive months.

Recommendation 3. We recommended that managers ensure that patients with excessive persistent alcohol use receive brief treatment or are evaluated by a specialty provider within 2 weeks of the screening.

Concur

Target date for completion: August 31, 2015

Facility response: Primary care providers were missing positive screens due to starting notes prior to veteran nursing intake completed, and if charts were not refreshed, the reminders were missed. Education regarding these screens has been completed. A

clinical reminder has been created reminding providers to refresh the chart prior to completing note. Staff education and targeted feedback will continue. Sustainment will be a facility overall compliance score of 90 percent or higher for 3 consecutive months.

Recommendation 4. We recommended that Clinic Registered Nurse Care Managers receive motivational interviewing training within 12 months of appointment to Patient Aligned Care Teams.

Concur

Target date for completion: December 31, 2015

Facility response: Appropriate Chief Nurses will ensure all RN Care Managers currently employed have completed MI and Health Coaching training and all newly hired staff will complete the afore mentioned training within 12 months of appointment to Patient Aligned Care Teams (PACT). The Health Promotion Disease Prevention coordinator will report training data monthly to the Primary Care Council until all PACT RN Care Managers reach 100 percent of the required Health Coaching and MI training.

Recommendation 5. We recommended that Registered Nurse Care Managers, providers, and clinical associates in the outpatient clinics receive health coach training within 12 months of appointment to Patient Aligned Care Teams.

Concur

Target date for completion: December 31, 2015

Facility response: Appropriate Chief Nurses will ensure all RN Care Managers, providers, and clinical associates currently employed have completed MI and Health Coaching training and all newly hired staff will complete the afore mentioned training within 12 months of appointment to Patient Aligned Care Teams (PACT). The Health Promotion Disease Prevention coordinator will report training data monthly to the Primary Care Council until all PACT RN Care Managers reach 100 percent of the required Health Coaching and MI training.

Recommendation 6. 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: August 31, 2015

Facility response: Clinical Reminder for HIV Screening implemented to facilitate HIV screening as part of routine medical care in 2011. Systemwide education and full use of the clinical reminder did not occur until 2012. Majority of the missed cases were prior to full implementation. NF/SGVHS developed a CPRS clinical reminder report to evaluate facility compliance. Staff education and targeted feedback will continue. This will be

monitored via monthly clinical reminder report. Sustainment will be a facility overall compliance score of 90 percent or higher for 3 consecutive months.

Recommendation 7. We recommended that clinicians consistently document informed consent for human immunodeficiency virus testing and that compliance is monitored.

Concur

Target date for completion: August 31, 2015

Facility response: HIV test order processes were changed so test can only be ordered via CPRS main menu prompting with use of the HIV test note title documenting informed consent (implemented in May 2014). The test cannot be ordered outside of these 2 options (note title or clinical reminder as referenced in recommendation 6). A report was developed to evaluate facility compliance with documentation of patient's informed consent. Staff education and targeted feedback will continue. This will be monitored via monthly clinical reminder report. Sustainment will be a facility overall compliance score of 90 percent or higher for 3 consecutive months.

Recommendation 8. We recommended that clinicians consistently notify patients of their laboratory results within 14 days, per local and VHA policy.

Concur

Target date for completion: August 31, 2015

Facility response: A CPRS clinical reminder has been deployed to document discussion of lab results when patient is present in clinic. A CPRS results notification letter has been developed to notify patients of test results when patient is not present in clinic. Lab only appointments prior to a clinic visit will be scheduled within 14 days of clinic visit. Staff education and targeted feedback will continue. Sustainment will be a facility overall compliance score of 90 percent or higher for 3 consecutive months.

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	Martha Kearns, MSN, FNP, Team Leader Darlene Conde-Nadeau, MSN, ARNP
Other Contributors	Shirley Carlile, BA Lin Clegg, PhD Marnette Dhooghe, MS Anita Pendleton Jennifer Reed, RN, MSHI Patrick Smith, M. Stat Marilyn Stones, BS Carol Torczon, MSN, ACNP Mary Toy, RN, MSN Jarvis Yu, MS

Report Distribution

VA Distribution

Office of the Secretary
Veterans Health Administration
Assistant Secretaries
General Counsel
Director, VA Sunshine Healthcare Network (10N8)
Director, North Florida/ South Georgia Veterans Health System (573/00)

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: Johnny Isakson, Bill Nelson, David Perdue, Marco Rubio
U.S. House of Representatives: Corrine Brown, Buddy Carter, Ander Crenshaw,
Ron DeSantis, Gwen Graham, Richard Nugent, Austin Scott, Ted S. Yoho

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.