Department of Veterans Affairs
Office of Inspector General

Office of Healthcare Inspections

Report No. 15-00144-426

Review of Community Based Outpatient Clinics and Other Outpatient Clinics of Iowa City VA Health Care System Iowa City, Iowa

July 23, 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
ER	emergency room
FY	fiscal year
HCS	health care system
HIV	human immunodeficiency virus
NA	not applicable
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

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 Iowa City VA Health Care System and Veterans Integrated Service Network 23 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 Decorah, IA, Community Based Outpatient Clinic as a representative site and evaluated the environment of care on June 3, 2015.

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

Alcohol Use Disorder Care: Ensure that:

- Clinic staff consistently complete diagnostic assessments for patients with a positive alcohol screen.
- Clinic staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.
- Registered Nurse Care Managers, providers, and clinical associates in the outpatient clinics receive health coaching 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.

Outpatient Lab Results Management: Ensure that:

- The facility has a written policy for the communication of lab results that includes all required elements.
- Clinicians notify patients of their lab results.
- Clinicians document in the electronic health record all attempts to communicate with the patients regarding their lab results.

Comments

The Acting Veterans Integrated Service Network 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 17–21, 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 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 heath 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 Decorah 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.		
	Sterile commercial supplies are not expired.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	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.		
	Access to the information technology network room/server closet is restricted to personnel authorized by Office of Information and Technology.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	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 40 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
X	Diagnostic assessments are completed for patients with a positive alcohol screen.	We found staff did not complete diagnostic assessments for 5 of 40 patients (13 percent) who had positive alcohol use screens.	**1**. We recommended that clinic staff consistently complete diagnostic assessments 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.		
X	Documentation reflects the offer of further treatment for patients diagnosed with alcohol dependence.	We did not find documentation of the offer of further treatment for two of three 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.		
	Counseling, education, and brief treatments for AUD care are provided within 2 weeks of positive screening.		
	Clinic RN Care Managers have received motivational interviewing training within 12 months of appointment to PACT.		

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.	We found that 6 of 43 RN Care Managers (14 percent) did not receive health coaching training within 12 months of appointment to PACT.	**3**. We recommended that Clinic Registered Nurse Care Managers, providers, and clinical associates in the outpatient clinics receive health coaching training within 12 months of appointment to Patient Aligned Care Teams.
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 16 of 49 providers (33 percent) did not receive health coaching training within 12 months of appointment to PACT.	
X	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.	We found that 11 of 52 clinical associates (21 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 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 Lead HIV 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 7 of 40 patients (18 percent).	**4**. 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 39 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 47 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 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.		
X	The facility has a written policy for the communication of lab results that included all required elements.	The facility's written policy for the communication of lab results did not establish the process for the communication of emergent test results to another practitioner who can take action; define critical tests, results, and values; define the acceptable length of time between the availability of critical tests, values, or results and receipt by the responsible provider; require the communication of lab results to patients no later than 14 days from the date on which the results are available to the ordering practitioner and require the documentation of treatment actions in response to abnormal test results in the patient's electronic health record.	**5**. We recommended that the facility director ensures that the facility's written policy for the communication of laboratory results include 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 laboratory results within 14 days as required by VHA.

NM	Areas Reviewed (continued)	Findings	Recommendations
X	Clinicians documented in the EHR all attempts to communicate with the patients regarding their lab results.	Clinicians did not document in the EHR all attempts to communicate with the patients regarding their results.	**7.** We recommended that clinicians consistently document in the electronic health record all attempts to communicate with the patients regarding their laboratory 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.

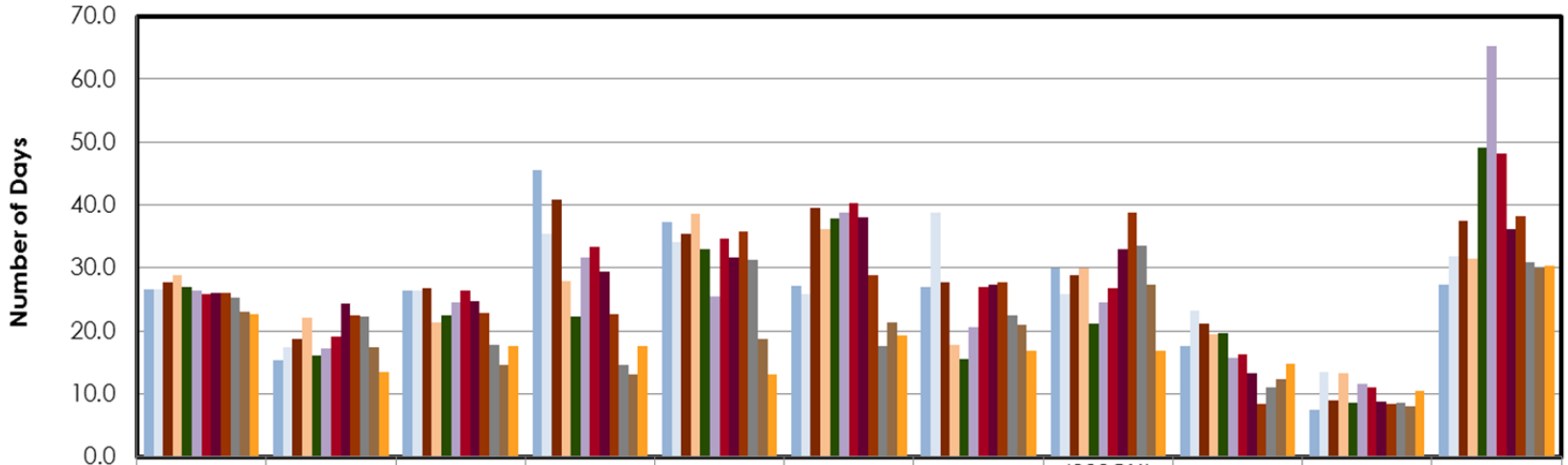
			Outpatient Workload / Encounters[4]			Services Provided[5]		
Location	**Station #**	**Rurality[6]**	**PC**	**MH**	**Specialty Clinics[7]**	**Specialty Care[8]**	**Ancillary Services[9]**	
Bettendorf, IA	636GF	Urban	13,214	8,332	101	NA	Diabetic Retinal Screening MOVE! Program[10]	Nutrition Social Work
Quincy, IL	636GG	Rural	5,177	1,658	24	NA	Electrocardiography MOVE! Program	Social Work
Waterloo, IA	636GH	Rural	7,525	2,860	34	NA	Audiology Diabetic Retinal Screening MOVE! Program Nutrition	Rehabilitation Services Social Work
Galesburg, IL	636GI	Rural	6,772	3,733	70	NA	Diabetic Retinal Screening MOVE! Program Nutrition	Rehabilitation Services Social Work
Dubuque, IA	636GJ	Urban	4,107	2,502	35	NA	Diabetic Retinal Screening Electrocardiography MOVE! Program	Nutrition Social Work

[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.

			Outpatient Workload / Encounters			Services Provided		
Location (continued)	**Station #**	**Rurality**	**PC**	**MH**	**Specialty Clinics**	**Specialty Care**	**Ancillary Services**	
Cedar Rapids, IA	636GN	Urban	8,060	5,861	54	NA	Diabetic Retinal Screening MOVE! Program Nutrition Pulmonary Function Test	Rehabilitation Services Social Work
Ottumwa, IA	636GS	Rural	4,057	1,055	24	NA	MOVE! Program Rehabilitation Services	Social Work
Sterling, IL	636GT	Rural	3,710	851	951	Podiatry	Diabetic Retinal Screening MOVE! Program	Social Work
Decorah, IA	636GU	Rural	2,107	921	25	NA	MOVE! Program	Social Work

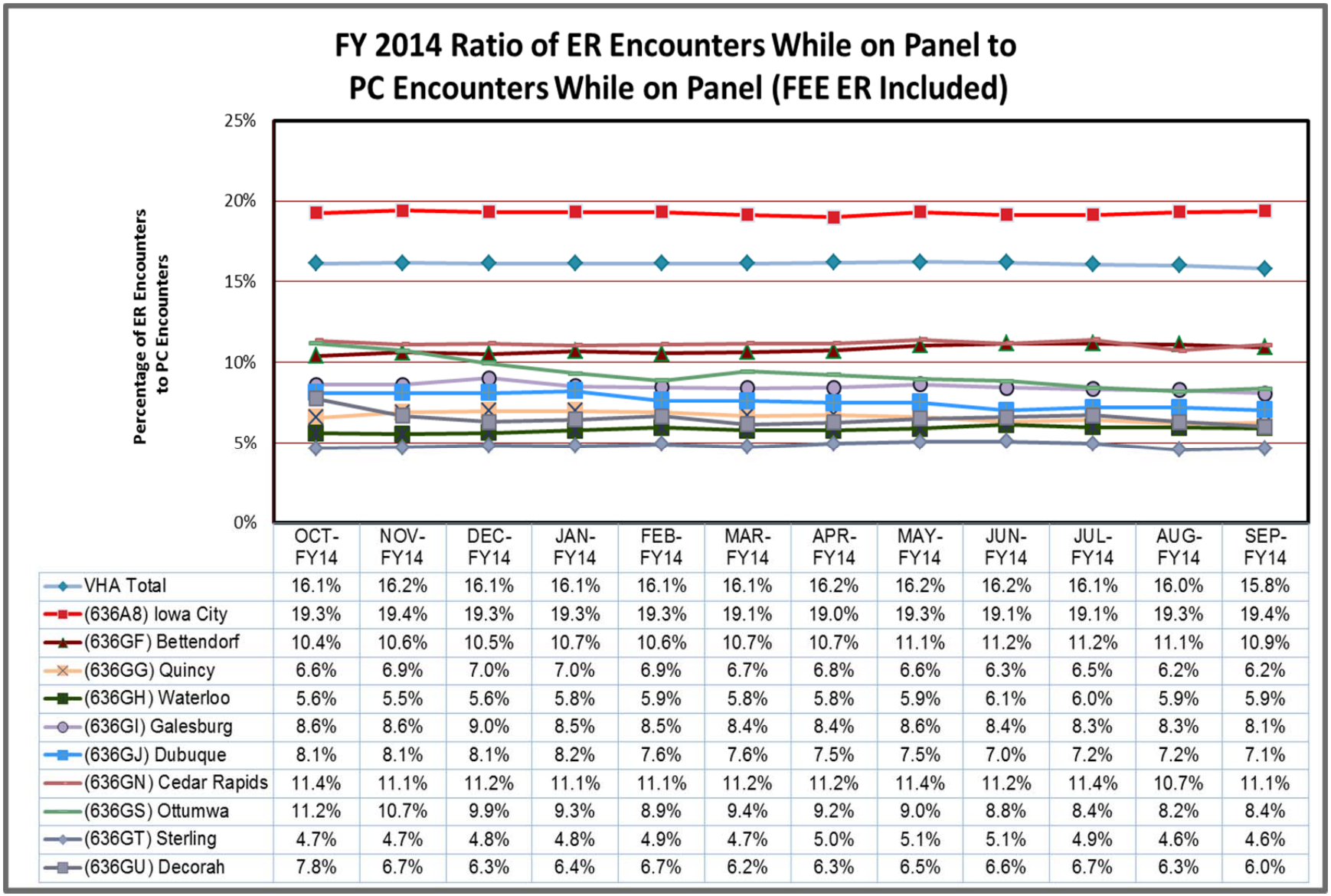
PACT Compass Metrics

FY 2014 New Primary Care Patient Average Wait Time in Days



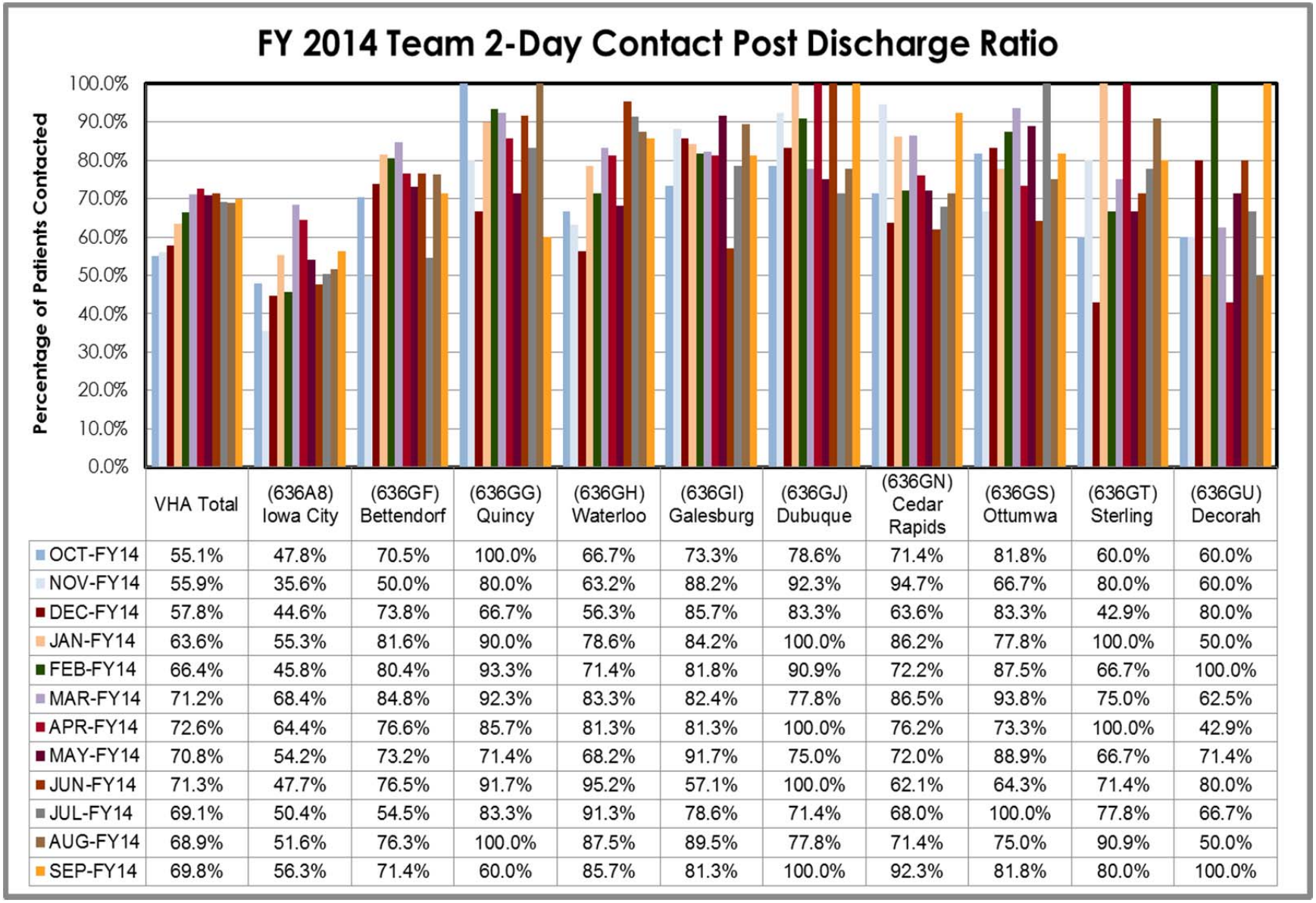
	VHA Total	(636A8) Iowa City	(636GF) Bettendorf	(636GG) Quincy	(636GH) Waterloo	(636GI) Galesburg	(636GJ) Dubuque	(636GN) Cedar Rapids	(636GS) Ottumwa	(636GT) Sterling	(636GU) Decorah
OCT-FY14	26.5	15.3	26.5	45.5	37.2	27.2	27.0	30.0	17.5	7.4	27.3
NOV-FY14	26.5	17.3	26.5	35.4	34.0	25.8	38.7	25.8	23.2	13.5	31.8
DEC-FY14	27.7	18.8	26.8	40.9	35.5	39.6	27.6	28.8	21.1	9.0	37.5
JAN-FY14	28.9	22.0	21.4	27.8	38.6	36.1	17.8	30.0	19.5	13.3	31.5
FEB-FY14	26.9	16.1	22.5	22.2	32.9	37.8	15.4	21.1	19.7	8.5	49.1
MAR-FY14	26.4	17.2	24.4	31.7	25.4	38.8	20.6	24.5	15.7	11.7	65.3
APR-FY14	25.9	19.2	26.4	33.3	34.6	40.2	27.0	26.8	16.2	11.0	48.1
MAY-FY14	26.0	24.3	24.8	29.4	31.6	38.0	27.4	33.0	13.3	8.8	36.2
JUN-FY14	26.1	22.4	22.8	22.7	35.8	28.8	27.7	38.8	8.4	8.4	38.2
JUL-FY14	25.3	22.2	17.8	14.5	31.3	17.6	22.5	33.6	11.0	8.6	30.8
AUG-FY14	23.0	17.5	14.5	13.0	18.7	21.4	21.0	27.3	12.4	7.9	29.9
SEP-FY14	22.6	13.4	17.6	17.5	13.1	19.3	16.8	16.8	14.7	10.5	30.3

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.



	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%
(636A8) Iowa City	19.3%	19.4%	19.3%	19.3%	19.3%	19.1%	19.0%	19.3%	19.1%	19.1%	19.3%	19.4%
(636GF) Bettendorf	10.4%	10.6%	10.5%	10.7%	10.6%	10.7%	10.7%	11.1%	11.2%	11.2%	11.1%	10.9%
(636GG) Quincy	6.6%	6.9%	7.0%	7.0%	6.9%	6.7%	6.8%	6.6%	6.3%	6.5%	6.2%	6.2%
(636GH) Waterloo	5.6%	5.5%	5.6%	5.8%	5.9%	5.8%	5.8%	5.9%	6.1%	6.0%	5.9%	5.9%
(636GI) Galesburg	8.6%	8.6%	9.0%	8.5%	8.5%	8.4%	8.4%	8.6%	8.4%	8.3%	8.3%	8.1%
(636GJ) Dubuque	8.1%	8.1%	8.1%	8.2%	7.6%	7.6%	7.5%	7.5%	7.0%	7.2%	7.2%	7.1%
(636GN) Cedar Rapids	11.4%	11.1%	11.2%	11.1%	11.1%	11.2%	11.2%	11.4%	11.2%	11.4%	10.7%	11.1%
(636GS) Ottumwa	11.2%	10.7%	9.9%	9.3%	8.9%	9.4%	9.2%	9.0%	8.8%	8.4%	8.2%	8.4%
(636GT) Sterling	4.7%	4.7%	4.8%	4.8%	4.9%	4.7%	5.0%	5.1%	5.1%	4.9%	4.6%	4.6%
(636GU) Decorah	7.8%	6.7%	6.3%	6.4%	6.7%	6.2%	6.3%	6.5%	6.6%	6.7%	6.3%	6.0%

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.



	VHA Total	(636A8) Iowa City	(636GF) Bettendorf	(636GG) Quincy	(636GH) Waterloo	(636GI) Galesburg	(636GJ) Dubuque	(636GN) Cedar Rapids	(636GS) Ottumwa	(636GT) Sterling	(636GU) Decorah
OCT-FY14	55.1%	47.8%	70.5%	100.0%	66.7%	73.3%	78.6%	71.4%	81.8%	60.0%	60.0%
NOV-FY14	55.9%	35.6%	50.0%	80.0%	63.2%	88.2%	92.3%	94.7%	66.7%	80.0%	60.0%
DEC-FY14	57.8%	44.6%	73.8%	66.7%	56.3%	85.7%	83.3%	63.6%	83.3%	42.9%	80.0%
JAN-FY14	63.6%	55.3%	81.6%	90.0%	78.6%	84.2%	100.0%	86.2%	77.8%	100.0%	50.0%
FEB-FY14	66.4%	45.8%	80.4%	93.3%	71.4%	81.8%	90.9%	72.2%	87.5%	66.7%	100.0%
MAR-FY14	71.2%	68.4%	84.8%	92.3%	83.3%	82.4%	77.8%	86.5%	93.8%	75.0%	62.5%
APR-FY14	72.6%	64.4%	76.6%	85.7%	81.3%	81.3%	100.0%	76.2%	73.3%	100.0%	42.9%
MAY-FY14	70.8%	54.2%	73.2%	71.4%	68.2%	91.7%	75.0%	72.0%	88.9%	66.7%	71.4%
JUN-FY14	71.3%	47.7%	76.5%	91.7%	95.2%	57.1%	100.0%	62.1%	64.3%	71.4%	80.0%
JUL-FY14	69.1%	50.4%	54.5%	83.3%	91.3%	78.6%	71.4%	68.0%	100.0%	77.8%	66.7%
AUG-FY14	68.9%	51.6%	76.3%	100.0%	87.5%	89.5%	77.8%	71.4%	75.0%	90.9%	50.0%
SEP-FY14	69.8%	56.3%	71.4%	60.0%	85.7%	81.3%	100.0%	92.3%	81.8%	80.0%	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.

Acting Veterans Integrated Service Network Director Comments

Department of Veterans Affairs

Memorandum

Date: June 23, 2015

From: Acting Director, VA Midwest Health Care Network (10N23)

Subject: **Review of CBOCs and OOCs of Iowa City VA Health Care System, Iowa City, IA**

To: Director**,** Denver Office of Healthcare Inspections (54DV)

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

1. The purpose of this Memorandum is to submit the Director's Comments to Denver Office of Healthcare Inspections' Draft Report of Community Based Outpatient Clinics and Other Outpatient Clinics of Iowa City VA Health Care System, Iowa City, Iowa.

2. I have reviewed the Draft Report and concur with the recommendations. Relevant action plans have been established as detailed in the attached report.

3. We appreciate the professionalism and consultative attitude demonstrated by the OIG Team during the review process.

4. If you have any questions, please contact Natalie Good, Chief Quality Management, at 319-339-7173.

Steven C. Julius, MD
Acting Network Director, VA Midwest Health Care Network (10N23)

Facility Director Comments

Department of Veterans Affairs

Memorandum

Date: June 23 2015

From: Director, Iowa City VA Health Care System (636A8/00)

Subject: **Review of CBOCs and OOCs of Iowa City VA Health Care System, Iowa City, IA**

To: Acting Director, VA Midwest Health Care Network (10N23)

1. The purpose of this Memorandum is to submit the Director's Comments to Denver Office of Healthcare Inspections' Draft Report of Community Based Outpatient Clinics and Other Outpatient Clinics of Iowa City VA Health Care System, Iowa City, Iowa.

2. I have reviewed the Draft Report and concur with the recommendations. Relevant action plans have been established as detailed in the attached report.

3. We appreciate the professionalism and consultative attitude demonstrated by the OIG Team during the review process.

4. If you have any questions, please contact Natalie Good, Chief Quality Management, at 319-339-7173.

Judith L. Johnson-Mekota, FACHE
Director, Iowa City VA Health Care System

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 consistently complete diagnostic assessments for patients with a positive alcohol screen.

Concur

Target date for completion: January 15, 2016

Facility response: Four of the five patients with diagnostic assessments for patients with a positive alcohol not completed were from 2013 and one was from 2014. Since 2013, the process for completion of diagnostic assessments for patients with a positive alcohol screen was modified as follows. The LPN notifies the provider if a patient screens positive and the provider addresses the positive screen at the clinic visit. In addition, to ensure patients are offered a diagnostic assessment, clinical reminder reports are run weekly to identify patients screening positive but not given the diagnostic assessment (brief alcohol counseling). These patients are given to the assigned PACT RN who then calls them within 14 days of the screening date to complete the diagnostic assessment over the phone utilizing the IC/Outpatient ETOH Follow-up CPRS note template. Staff have been re-educated on the Alcohol Screening process. Target - Three months monitoring Clinical Reminder reports at 90% compliance.

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: January 15, 2016

Facility response: Of the two patients diagnosed with alcohol dependence and not offered further treatment, one was from 2013 and the other from 2014. Since 2013, the Clinical Reminder field of offering further treatment was made mandatory and the process for completion of diagnostic assessments was modified as follows. The LPN notifies the provider if a patient screens positive and the provider addresses the positive screen at the clinic visit. In addition, to ensure patients are offered a diagnostic assessment, clinical reminder reports are run weekly to identify patients screening positive but not given the diagnostic assessment (brief alcohol counseling). These patients are given to the assigned PACT RN who then calls them within 14 days of the screening date to complete the diagnostic assessment over the phone utilizing the IC/Outpatient ETOH Follow-up CPRS note template. Staff has been re-educated on the Alcohol Screening process. Target - Three months monitoring Clinical Reminder reports have 90% compliance.

Recommendation 3. We recommended that Registered Nurse Care Managers, providers, and clinical associates in the outpatient clinics receive health coaching training within 12 months of appointment to Patient Aligned Care Teams.

Concur

Target date for completion: January 15, 2016

Facility response: All required staff have received TEACH for Success training. TEACH for Success is scheduled and will be offered quarterly allowing new PACT staff ample times to attend training. A tracking spreadsheet has been established and all TEACH for Success training will be documented in the Talent Management System (TMS) by September 1, 2015. Compliance for TEACH for Success will be monitor monthly through TMS. Target - Three months of 95% compliance with TEACH for Success completion.

Recommendation 4. 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: February 15, 2016

Facility response: No trends were identified in the seven patients not receiving HIV testing. The process of offering HIV testing as part of routine medical care will be reviewed with primary care staff. Primary staff have been educated on HIV Testing. Clinical Reminder reports will be run by provider and site to identify low use providers monthly. Leadership will then work with their PACT Team and providers to improve performance. Target - Three months monitoring Clinical Reminder reports at 90% compliance

Recommendation 5. We recommended that the facility director ensures that the facility's written policy for the communication of laboratory results include all required elements.

Concur

Target date for completion: February 15, 2016

Facility response: Iowa City VA Health Care System will be finalizing policy/Medical Center Memorandum (MCM) that incorporates all required elements for Directive 2009-19, Ordering and Reporting Test Results. MCM to be reviewed and approved by Clinical Executive Board (CEB). Staff will be re-educated on this process and the updated policy. Communication of Laboratory results have been added to the monthly documentation review for Primary Care and CBOCs. Target - Random selection of 30 records will be reviewed each month for evidence of communications for laboratory results. Three months of 90% compliance with communications of laboratory tests.

Recommendation 6. We recommended that clinicians consistently notify patients of their laboratory results within 14 days as required by VHA.

Concur

Target date for completion: February 15, 2016

Facility response: Iowa City VA Health Care System is customizing the notes template in CPRS for laboratory results that automatically print off and are then mailed out. Education will be provided to all Primary Care Providers for consistency of laboratory results within 14 days by September 1, 2015. Communication of Laboratory results have been added to the monthly documentation review for Primary Care and CBOCs. Target - Random selection of 30 records will be reviewed each month for evidence of communications for laboratory results. Three months of 90% compliance for evidence of communications of laboratory tests.

Recommendation 7. We recommended that clinicians consistently document in the electronic health record all attempts to communicate with the patients regarding their laboratory results.

Concur

Target date for completion: February 15 2016

Facility response: Existing results template is to be updated in CPRS by September 1, 2015, to ensure laboratory results are being discussed with patients. Telephone communication that is unsuccessful will also be documented. Staff will be re-educated on this process. Communication of Laboratory results have been added to the monthly documentation review for Primary Care and CBOCs. Target - Random selection of 30 records will be reviewed each month for evidence of communications for laboratory results. Three months of 90% compliance with evidence of communications of laboratory tests.

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	Glen P. Trupp, MHSM, RN, Team Leader Michael Bishop, MSW Laura Dulcie, BSEE Ann Ver Linden, RN, MBA Cheryl Walker, APNP, MBA
Other Contributors	Shirley Carlile, BA Lin Clegg, PhD Marnette Dhooghe, MS Jennifer Reed, RN, MSHI Patrick Smith, M. Stat 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
Acting Director, VA Midwest Health Care Network (10N23)
Director, Iowa City VA Health Care System (636A8/00)

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: Richard J. Durbin, Joni Ernst, Charles Grassley, Mark Kirk
U.S. House of Representatives: Rod Blum, Cheri Bustos, Steve King, Adam Kinzinger, David Loebsack, David Young

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 Manua*l, 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.