



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

Office of Healthcare Inspections

Report No. 15-00163-01

**Review of Community Based
Outpatient Clinics and Other
Outpatient Clinics
of
VA New Jersey Health Care System,
East Orange, New Jersey**

October 21, 2015

Washington, DC 20420

To Report Suspected Wrongdoing in VA Programs and Operations

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(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
facility	VA New Jersey Health Care System
FY	fiscal year
HIV	human immunodeficiency virus
lab	laboratory
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

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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 VA New Jersey Health Care System and Veterans Integrated Service Network 3 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 laboratory results management. We also randomly selected the Morristown VA Clinic, Morristown, NJ, as a representative site and evaluated the environment of care on August 18, 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 at the Morristown VA Clinic that the:

- Environment of care is clean, safe, and well maintained.
- Hazardous materials inventory is reviewed according to recommended guidelines.
- Employees receive the required training on hazardous materials.
- Safety inspections on medical equipment are performed as required by facility policy.
- Risk of infection is minimized by storing clean supplies and equipment away from medical waste.
- Staff are trained to disinfect non-critical medical equipment.
- Staff protect patient-identifiable information on laboratory specimens during transport.
- Information technology server closet is maintained according to information technology safety and security standards.
- Staff are trained to safely evacuate using all exit routes from the building.

Alcohol Use Disorder Care: Ensure that:

- Clinic staff consistently complete diagnostic assessments for patients with a positive alcohol screen.
- Clinic Registered Nurse Care Managers receive motivational interviewing and health coaching training within 12 months of appointment to Patient Aligned Care Teams.

- 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 Laboratory Results Management:

- Ensure that clinicians consistently notify patients of their laboratory results within 14 days as required by VHA.

Comments

The 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 16–21, 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
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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 PC 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 AUDs. 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 Morristown VA Clinic. 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.		
X	The CBOC is clean, safe, and well maintained.	Areas used by patients at the Morristown VA Clinic were not safe, clean and well maintained.	1. We recommended that managers ensure a safe, clean, and well maintained environment of care at the Morristown VA Clinic.
X	The CBOC's inventory of hazardous materials was reviewed for accuracy twice within the prior 12 months.	The CBOC's inventory of hazardous materials and waste at the Morristown VA Clinic was not reviewed for accuracy twice within the prior 12 months.	2. We recommended that managers ensure review of the hazardous materials inventory occurs twice within a 12-month period at the Morristown VA Clinic.
	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.		
X	Employees received training on the new chemical label elements and safety data sheet format.	Training on the new chemical label elements and safety data sheet format had not been completed for all employees at the Morristown VA Clinic.	3. We recommended that all employees at the Morristown VA Clinic receive the required training on hazardous materials.
X	Clinic managers ensure that safety inspections of CBOC medical equipment are performed in accordance with Joint Commission standards.	Clinic managers did not ensure that safety inspections were performed on medical equipment as required by facility policy at the Morristown VA Clinic.	4. We recommended that managers ensure that all safety inspections on medical equipment are performed as required by facility policy at the Morristown VA Clinic.

NM	Areas Reviewed (continued)	Findings	Recommendations
	Hand hygiene is monitored for compliance.		
	Personal protective equipment is readily available.		
	Sterile commercial supplies are not expired.		
X	The CBOC staff members minimize the risk of infection when storing and disposing of medical (infectious) waste.	The Morristown VA Clinic did not have a separate secured storage room/area or an acceptable alternative process for storing and disposing of medical (infectious) waste.	5. We recommended that staff minimize the risk of infection when storing and disposing of medical (infectious waste) at the Morristown VA Clinic.
X	The CBOC has procedures to disinfect non-critical reusable medical equipment between patients.	The Morristown VA Clinic staff could not accurately articulate procedures to disinfect non-critical reusable medical equipment between patients.	6. We recommended that staff are trained to properly disinfect non-critical medical equipment as required at the Morristown VA Clinic.
	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.		
X	The staff protect patient-identifiable information on laboratory specimens during transport.	At the Morristown VA Clinic, staff did not protect patient-identifiable information on laboratory specimens during transport.	7. We recommended that Morristown VA Clinic staff protect 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.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	The women veterans' exam room is equipped with either an electronic or manual door lock.		
	The information technology network room/server closet is locked.		
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 Morristown VA Clinic was not restricted to personnel authorized by Office of Information and Technology.	8. We recommended that the information technology server closet at the Morristown VA Clinic is maintained according to information technology safety and security standards.
	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.		
X	CBOC staff receive regular information/updates on their responsibilities in emergency response operations.	Morristown VA Clinic CBOC staff receive regular information and updates on their responsibilities in emergency response operations.	9. We recommended that managers ensure that all staff at the Morristown VA Clinic are trained to safely evacuate using all exit routes from the building.
	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 39 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.	Staff did not complete diagnostic assessments for 8 of 39 patients (21 percent) who had positive alcohol use screens.	10. 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.		
	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.		

NM	Areas Reviewed (continued)	Findings	Recommendations
X	Clinic RN Care Managers have received motivational interviewing training within 12 months of appointment to PACT.	We found that 16 of 49 Clinic RN Care Managers (33 percent) did not receive MI training within 12 months of appointment to PACT.	11. We recommended that Clinic Registered Nurse Care Managers receive motivational interviewing and health coaching training within 12 months of appointment to Patient Aligned Care Teams.
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 34 of 49 Clinic RN Care Managers (69 percent) did not receive health coaching training within 12 months of appointment to PACT.	
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 37 of 56 providers (66 percent) did not receive health coaching training within 12 months of appointment to PACT.	12. We recommended that providers and clinical associates in the outpatient clinics receive health coaching training within 12 months of appointment to Patient Aligned Care Teams.
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 20 of 28 clinical associates 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).	13. 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 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.	Clinicians did not consistently notify 20 of 50 patients (40 percent) of their lab results within 14 days as required by VHA.	14. We recommended that clinicians consistently notify patients of their laboratory results within 14 days as required by VHA.
	Clinicians documented in the EHR 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 PC 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	
Brick, NJ	561BZ	Urban	21,387	12,112	12,333	Dental Ear, Nose, and Throat General Surgery Gynecology Immunology Optometry Podiatry Urology	Audiology Diabetes Care Diabetic Retinal Screening EKG Imaging Services Lab MOVE! Program ¹⁰	Nutrition Pharmacy Rehabilitation Services Social Work VIST VISOR & Advanced Blind Rehab
Hamilton, NJ	561GA	Urban	5,210	788	9	NA	EKG	Pharmacy
Elizabeth, NJ	561GB	Urban	2,484	627	NA	NA	EKG	
Hackensack, NJ	561GD	Urban	12,957	8,306	1,969	Optometry	EKG Nutrition	Social Work
Jersey City, NJ	561GE	Urban	2,946	794	NA	NA	MOVE! Program	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.

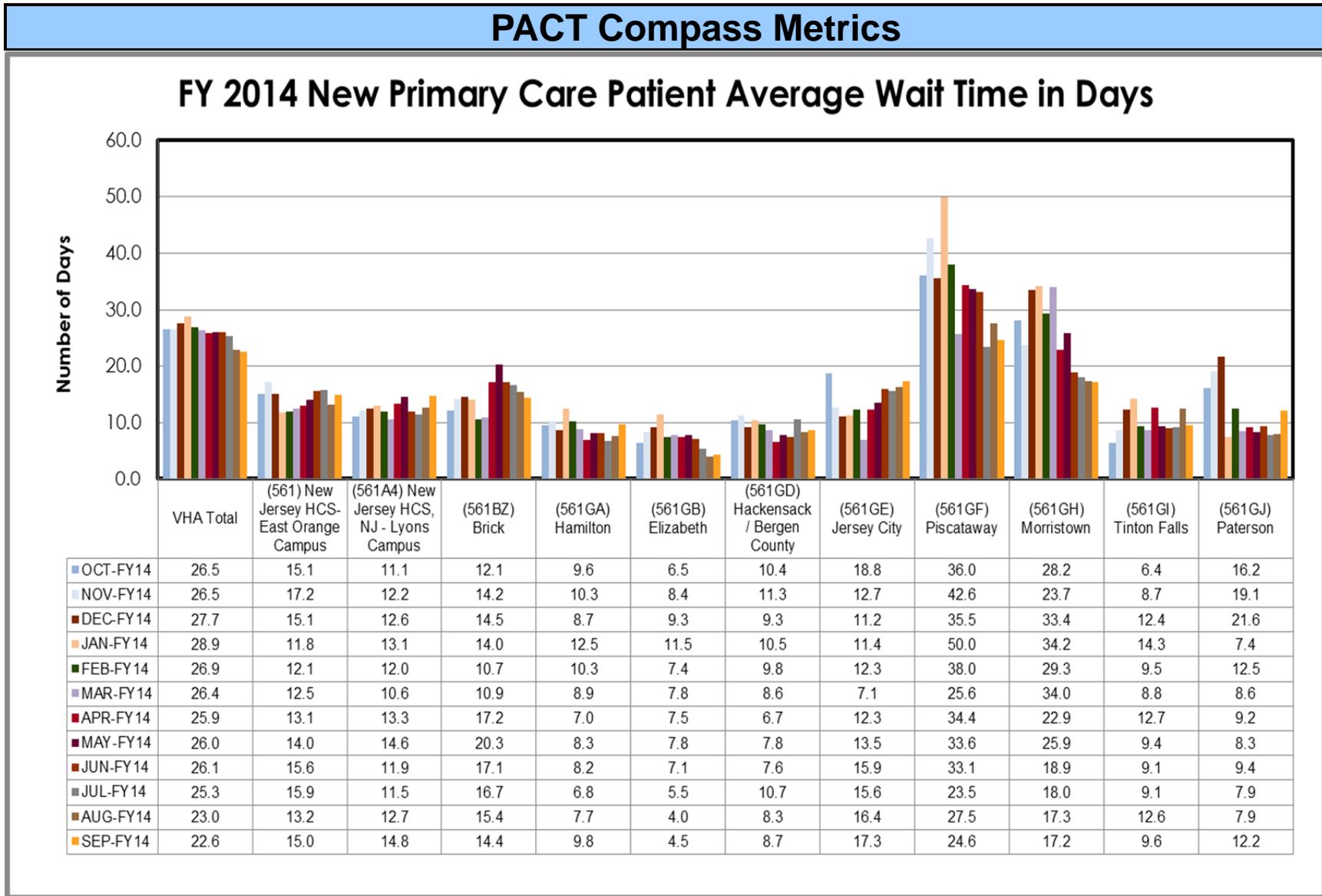
⁸ Specialty Care Services refer to non-PC and non-Mental Health services provided by a physician.

⁹ Ancillary Services refer to non-PC 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.

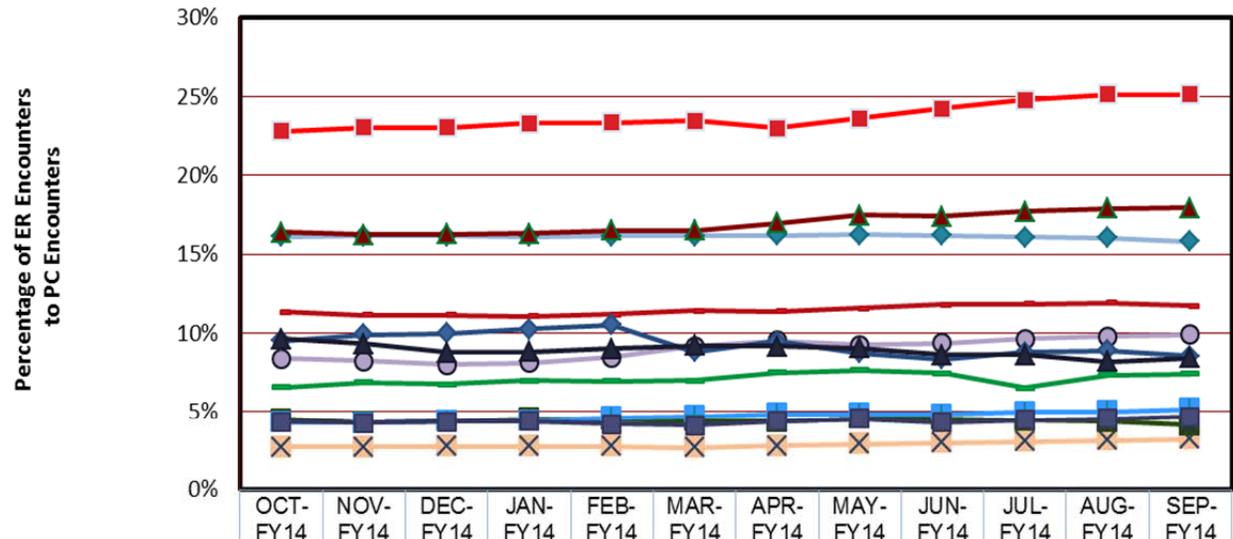
Location (continued)	Station #	Rurality	Outpatient Workload / Encounters			Services Provided		
			PC	MH	Specialty Clinics	Specialty Care	Ancillary Services	
Piscataway, NJ	561GF	Urban	4,337	653	2	NA	Diabetic Retinal Screening EKG	MOVE! Program Social Work
Morristown, NJ	561GH	Urban	3,866	647	NA	NA	Nutrition	
Tinton Falls, NJ	561GI	Urban	4,716	2,706	1,341	Optometry	Diabetic Retinal Screening	Social Work
Paterson, NJ	561GJ	Urban	2,954	729	NA	NA	EKG	

EKG = Electrocardiography; VIST = Visual Impairment Services Team



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

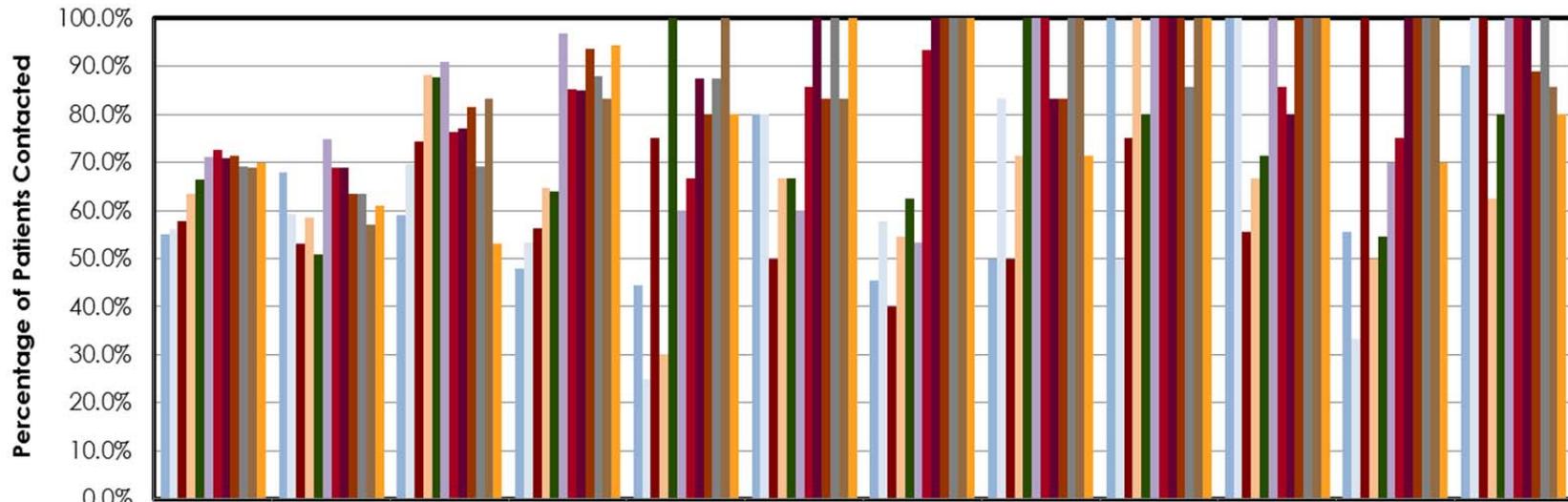
FY 2014 Ratio of ER Encounters While on Panel to PC Encounters While on Panel (FEE ER Included)



	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%
■ (561) New Jersey HCS-East Orange Campus	22.8%	23.0%	23.0%	23.3%	23.3%	23.4%	23.0%	23.6%	24.2%	24.8%	25.1%	25.1%
▲ (561A4) New Jersey HCS, NJ - Lyons Campus	16.4%	16.2%	16.3%	16.3%	16.5%	16.5%	17.0%	17.5%	17.4%	17.7%	17.9%	17.9%
× (561BZ) Brick	2.7%	2.7%	2.7%	2.7%	2.7%	2.7%	2.8%	2.9%	3.0%	3.1%	3.1%	3.2%
■ (561GA) Hamilton	4.5%	4.3%	4.4%	4.5%	4.5%	4.4%	4.3%	4.5%	4.5%	4.4%	4.3%	4.1%
○ (561GB) Elizabeth	8.4%	8.2%	8.0%	8.1%	8.4%	9.2%	9.5%	9.2%	9.4%	9.6%	9.8%	9.9%
■ (561GD) Hackensack / Bergen County	4.3%	4.3%	4.4%	4.4%	4.6%	4.7%	4.8%	4.8%	4.8%	4.9%	5.0%	5.1%
■ (561GE) Jersey City	11.3%	11.1%	11.1%	11.1%	11.2%	11.4%	11.4%	11.6%	11.8%	11.9%	11.9%	11.7%
■ (561GF) Piscataway	6.6%	6.8%	6.7%	7.0%	6.9%	7.0%	7.5%	7.6%	7.5%	6.5%	7.3%	7.4%
◆ (561GH) Morristown	9.5%	9.9%	10.0%	10.3%	10.5%	8.8%	9.5%	8.7%	8.3%	8.8%	8.9%	8.5%
■ (561GI) Tinton Falls	4.3%	4.3%	4.3%	4.4%	4.2%	4.1%	4.4%	4.5%	4.3%	4.4%	4.5%	4.7%
▲ (561GJ) Paterson	9.6%	9.3%	8.8%	8.8%	9.0%	9.2%	9.1%	9.1%	8.6%	8.6%	8.2%	8.4%

Data Definition.^f This is a measure of where the patient receives his PC 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 PC encounters while on panel with the patient’s assigned PC (or associate) provider plus the total VHA ER/Urgent Care/FEE ER encounters (including FEE ER visits) while on panel plus the number of PC encounters while on panel with a provider other than the patient’s PC Provider/Associate Provider.

FY 2014 Team 2-Day Contact Post Discharge Ratio



	VHA Total	(561) New Jersey HCS-East Orange Campus	(561A4) New Jersey HCS, NJ - Lyons Campus	(561BZ) Brick	(561GA) Hamilton	(561GB) Elizabeth	(561GD) Hackensack / Bergen County	(561GE) Jersey City	(561GF) Piscataway	(561GH) Morristown	(561GI) Tinton Falls	(561GJ) Paterson
■ OCT-FY14	55.1%	67.8%	59.1%	47.8%	44.4%	80.0%	45.5%	50.0%	100.0%	100.0%	55.6%	90.0%
■ NOV-FY14	55.9%	59.2%	69.7%	53.3%	25.0%	80.0%	57.9%	83.3%	50.0%	100.0%	33.3%	100.0%
■ DEC-FY14	57.8%	53.1%	74.3%	56.3%	75.0%	50.0%	40.0%	50.0%	75.0%	55.6%	100.0%	100.0%
■ JAN-FY14	63.6%	58.6%	88.2%	64.7%	30.0%	66.7%	54.5%	71.4%	100.0%	66.7%	50.0%	62.5%
■ FEB-FY14	66.4%	50.9%	87.8%	64.0%	100.0%	66.7%	62.5%	100.0%	80.0%	71.4%	54.5%	80.0%
■ MAR-FY14	71.2%	74.8%	90.9%	96.8%	60.0%	60.0%	53.3%	100.0%	100.0%	100.0%	70.0%	100.0%
■ APR-FY14	72.6%	68.9%	76.3%	85.2%	66.7%	85.7%	93.3%	100.0%	100.0%	85.7%	75.0%	100.0%
■ MAY-FY14	70.8%	69.0%	77.1%	85.0%	87.5%	100.0%	100.0%	83.3%	100.0%	80.0%	100.0%	100.0%
■ JUN-FY14	71.3%	63.4%	81.6%	93.8%	80.0%	83.3%	100.0%	83.3%	100.0%	100.0%	100.0%	88.9%
■ JUL-FY14	69.1%	63.4%	69.0%	88.0%	87.5%	100.0%	100.0%	100.0%	85.7%	100.0%	100.0%	100.0%
■ AUG-FY14	68.9%	56.9%	83.3%	83.3%	100.0%	83.3%	100.0%	100.0%	100.0%	100.0%	100.0%	85.7%
■ SEP-FY14	69.8%	61.0%	53.1%	94.4%	80.0%	100.0%	100.0%	71.4%	100.0%	100.0%	70.0%	80.0%

Data Definition.^f The percent of discharges (VHA inpatient discharges) for the reporting timeframe for assigned PC 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.

Interim Veterans Integrated Service Network Director Comments

Department of
Veterans Affairs

Memorandum

Date: September 29, 2015

From: Interim Director, VA NY/NJ Veterans Healthcare Network (10N3)

Subject: Review of CBOCs and OOCs of VA New Jersey Health Care System, East Orange, NJ

To: Director, Baltimore Office of Healthcare Inspections (54BA)

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

Thank you for the opportunity to review the draft report of the Community Based Outpatient Clinic (CBOC) and Other Outpatient Clinics at the VA New Jersey HCS. I concur with the OIG recommendations and the New Jersey HCS Director's planned corrective actions.

If additional information or assistance is needed, please contact the VISN3 Quality Management Officer, Pam Wright, RN MSN, at 718-741-4143.



Dr. Joan McInerney, MD
Acting Network Director

Facility Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: September 29, 2015

From: Director, VA New Jersey Health Care System, East Orange, NJ
(561/00)

Subject: Review of CBOCs and OOCs of VA New Jersey Health Care System, East Orange, NJ

To: Interim Director, VA NY/NJ Veterans Healthcare Network (10N3)

Thank you for the opportunity to review the draft report of the OIG Review for our CBOC's and OOC at VA New Jersey Health Care System. I have reviewed the document and concur with the recommendations noted

The VA New Jersey Health Care System has established corrective action plans with designated dates of completion, as detailed in the attached report. If additional information or assistance is needed, please do not hesitate to contact our Quality Coordinator, Gloria Ross, MS, PT or our Lead Accreditation Specialist, Pamela J Brooks, RN-BC, at 973 676 1000, x1215.



Kenneth H. Mizrach
Director, VANJHCS

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 managers ensure a safe, clean, and well maintained environment of care at the Morristown VA Clinic.

Concur

Target date for completion: December 31, 2015

Facility response: VANJHCS acknowledges the importance of a safe, clean, and well maintained environment for our veterans at the Morristown CBOC, and will work with the County to improve cleaning at this CBOC. The County will complete a thorough cleaning in October 2015; and EOC Rounds will be increased to monthly at this CBOC effective immediately to ensure cleanliness is maintained and concerns can be promptly identified and corrected.

Recommendation 2. We recommended that managers ensure review of the hazardous materials inventory occurs twice within a 12-month period at the Morristown VA Clinic.

Concur

Target date for completion: December 31, 2015

Facility response: VANJHCS acknowledges the importance of ensuring a review of hazardous material inventory occurs twice a year. The FMS Safety Manager who is serving as the Acting GEMS Coordinator will conduct a review at the Morristown CBOC within the next 90 days and twice a year thereafter.

Recommendation 3. We recommended that all employees at the Morristown VA Clinic receive the required training on hazardous materials.

Concur

Target date for completion: October 31, 2015

Facility response: The FMS Safety Manager and the CBOC Chief will ensure all Morristown CBOC staff complete the required training on hazardous materials.

Recommendation 4. We recommended that managers ensure that all safety inspections on medical equipment are performed as required by facility policy at the Morristown VA Clinic.

Concur

Target date for completion: December 31, 2015

Facility response: Chief of FMS and Bio-Medical will review organization policy (MCM # EC-47) to clarify the process for safety inspections of medical equipment and will ensure that all the medical equipment in Morristown CBOC has the appropriate safety inspection completed.

Recommendation 5. We recommended that staff minimize the risk of infection when storing and disposing of medical (infectious waste) at the Morristown VA Clinic.

Concur

Target date for completion: October 31, 2015

Facility response: The Chief of CBOCs removed the waste noted in the multipurpose nurse treatment room prior to the end of the Survey. A room (closet) has been designated as a dirty storage area for storing and disposing of medical (infectious) waste to ensure ongoing compliance.

Recommendation 6. We recommended that staff are trained to properly disinfect non-critical medical equipment as required at the Morristown VA Clinic.

Concur

Target date for completion: November 30, 2015

Facility response: The Chief of the CBOC and Lead Nurse will review and educate the Morristown CBOC staff on MCM # IC-31, titled "CLEANING and DISINFECTION of NONCRITICAL REUSABLE MEDICAL EQUIPMENT (RME) and PATIENT CARE ITEMS (PCI)", to ensure all staff are trained on cleaning and disinfecting of non-critical reusable medical equipment.

Recommendation 7. We recommended that Morristown VA Clinic staff protect patient-identifiable information on laboratory specimens during transport.

Concur

Target date for completion: October 31, 2015

Facility response: VANJHCS acknowledges the importance of ensuring the security and privacy of our patient-identifiable information; and are working with VISN3 Contract Specialist to amend the contract with Cross Town Courier Service. In the interim, the VANJHCS will purchase locks for the specimen transport containers that will be locked on pick up and unlocked only by Pathology & Lab Service upon receipt.

Recommendation 8. We recommended that the information technology server closet at the Morristown VA Clinic is maintained according to information technology safety and security standards.

Concur

Target date for completion: October 31, 2015

Facility response: The Chief of IT will review information technology safety and security standards and revise their service procedures and memorandum. The memorandum and sign in sheet will be posted at the Morristown IT Server Closet.

Recommendation 9. We recommended that managers ensure that all staff at the Morristown VA Clinic are trained to safely evacuate using all exit routes from the building.

Concur

Target date for completion: December 31, 2015

Facility response: The VANJHCS Emergency Management Coordinator will educate all the Morristown CBOC staff on safe evacuation procedures.

Recommendation 10. We recommended that clinic staff consistently complete diagnostic assessments for patients with a positive alcohol screen.

Concur

Target date for completion: December 31, 2015

Facility response: VANJHCS acknowledges the importance of completing diagnostic assessments for veterans with a positive alcohol screening. The ACOS for Ambulatory Care Service will review the requirements for assessments for positive AUDIT C screening results with PACT Providers. Amb Care Service will monitor documentation of compliance with this requirement.

Recommendation 11. We recommended that Clinic Registered Nurse Care Managers receive motivational interviewing and health coaching training within 12 months of appointment to Patient Aligned Care Teams.

Concur

Target date for completion: December 31, 2015

Facility response: VANJHCS acknowledges the importance of motivational interviewing and health coach training for our clinic Registered Nurse Care Managers within 12 months of assignment to PACT. The ACOS for Ambulatory Care Service will ensure this is added as mandatory training and completion documented in TMS. All current

staff who have exceeded the 12 months and have not had this training will complete it by December 31.

Recommendation 12. We recommended that 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: December 31, 2015

Facility response: VANJHCS acknowledges the importance of motivational interviewing and health coach training for our clinic Providers and Clinical Associates within 12 months of assignment to PACT and the ACOS for Ambulatory Care Service will ensure this is added as mandatory training and completion documented in TMS. All current staff who have exceeded the 12 months and have not had this training will complete it by December 31.

Recommendation 13. 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: December 31, 2015

Facility response: VANJHCS acknowledges the importance of providing HIV testing as part of routine medical care for our veterans. The ACOS for Ambulatory Care Service will review this with the PACT Providers, and Amb Care Service will monitor documentation of this requirement.

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

Concur

Target date for completion: December 31, 2015

Facility response: VANJHCS acknowledges the importance of consistently notifying our veterans of their lab results within 14 days. The ACOS for Ambulatory Care Service will review this with the PACT Providers, and Amb Care Service will monitor for compliance.

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Endnotes

^a References used for the EOC review included:

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- 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.
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- http://www.prevention.va.gov/Publications/Newsletters/2011/HealthPOWER_Prevention_News_Summer_2011.asp
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^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.