



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

Office of Healthcare Inspections

Report No. 15-00170-517

**Review of Community Based
Outpatient Clinics and Other
Outpatient Clinics
of
Robley Rex VA Medical Center
Louisville, Kentucky**

September 14, 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
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
PC	primary care
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 Robley Rex VA Medical Center and Veterans Integrated Service Network 9 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 Newburg VA Clinic, Newburg, KY, as a representative site and evaluated the environment of care on August 4, 2015.

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

Environment of Care: Ensure that:

- Staff secure patient identifiable information on laboratory specimens during transport from the Newburg VA Clinic to the main facility.
- Staff secure patient-identifiable information on documents and laboratory specimens within the Newburg VA Clinic.

Alcohol Use Disorder Care: Ensure that:

- Clinic Registered Nurse Care Managers receive motivational interviewing within 12 months of appointment to Patient Aligned Care Teams.
- Clinic Registered Nurse Care Managers, providers, and clinical associates receive health coach training within 12 months of appointment to Patient Aligned Care Teams.

Human Immunodeficiency Virus Screening: Ensure that:

- 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 VHA and local policy.

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 16–19, 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 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 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 Newburg VA Clinic, Newburg, KY. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement. Any items that did not apply to this facility are marked NA.

Table 2. EOC

NM	Areas Reviewed	Findings	Recommendations
	The furnishings are clean and in good repair.		
	The CBOC is 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.		
NA	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.		
NA	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 lab specimens during transport.	At the Newburg VA Clinic, patient-identifiable information on lab specimens was not secured during transport.	1. We recommended that patient-identifiable information on laboratory specimens is secured during transport from the Newburg VA Clinic to the Robley Rex VA Medical Center.
X	Documents containing patient-identifiable information are not visible or unsecured.	Documents containing patient-identifiable information were left visible and unsecured in the lab at the Newburg VA Clinic.	2. We recommended that staff protect and secure patient-identifiable information at the Newburg VA Clinic.
	Adequate privacy is provided at all times.		
	The women veterans' exam room is equipped with either an electronic or manual door lock.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	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.		
	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 37 EHRs. We also validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

Table 3. AUD Care

NM	Areas Reviewed	Findings	Recommendations
	Diagnostic assessments are completed for patients with a positive alcohol screen.		
	Education and counseling about drinking levels and adverse consequences of heavy drinking are provided for patients with positive alcohol screens and drinking levels above National Institute on Alcohol Abuse and Alcoholism guidelines.		
	Documentation reflects the offer of further treatment for patients diagnosed with alcohol dependence.		
	For patients with AUD who decline referral to specialty care, clinic staff monitored them and their alcohol use.		
	Counseling, education, and brief treatments for AUD care are provided within 2 weeks of positive screening.		
X	Clinic RN Care Managers have received motivational interviewing training within 12 months of appointment to PACT.	We found that none of the 38 RN Care Managers (0 percent) received motivational interviewing training within 12 months of appointment to PACT.	3. We recommended that Clinic Registered Nurse Care Managers receive motivational interviewing 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.	We found that 16 of 38 RN Care Managers (42 percent) did not receive health coaching training within 12 months of appointment to PACT.	4. 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.
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 20 of 47 providers (43 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 12 of 31 clinical associates (39 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.		
	Clinicians offered HIV testing as part of routine medical care for patients.		
X	When HIV testing occurred, clinicians consistently documented informed consent.	Three of 13 EHRs did not contain documentation of the patient's informed consent for HIV testing.	5. 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 40 EHRs. We also validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The facility generally met the requirements and 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 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 10 of 47 patients (21 percent) of their lab results within the timeframe set by local policy.	6. We recommended that clinicians consistently notify patients of their laboratory results within the timeframe set by VHA and local policy and that compliance is monitored.
	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	
Ft Knox, KY	603GA	Urban	10,998	5,836	145	Dermatology	Diabetic Retinal Screening MOVE! Program ¹⁰	Social Work
New Albany, IN	603GB	Urban	15,441	8,548	420	Dermatology	Diabetic Retinal Screening Lab MOVE! Program	Nutrition Pharmacy Social Work
Louisville, KY	603GC	Urban	17,256	8,898	878	Dermatology Gynecology	Diabetic Retinal Screening Lab MOVE! Program	Nutrition Pharmacy Social Work
Louisville, KY	603GD	Urban	5,650	22,110	27	NA	Diabetic Retinal Screening	Lab MOVE! Program
Louisville, KY	603GE	Urban	17,799	6,667	589	Dermatology	Diabetic Retinal Screening Lab	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 PC 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.

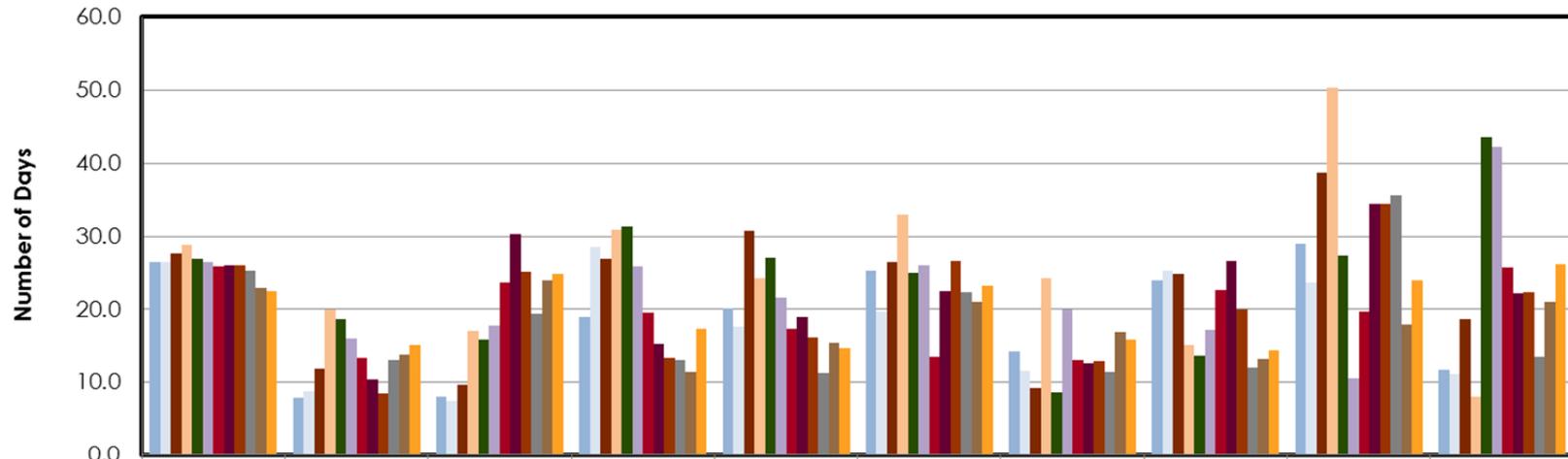
⁹ Ancillary Services refer to non-PC and non-Mental Health services that are not provided by a physician.

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	
Clarkson, KY	603GF	Rural	10,249	5,976	260	Dermatology	Diabetic Retinal Screening Lab MOVE! Program Nutrition	Pharmacy Rehabilitation Services Social Work
Scottsburg, IN	603GG	Rural	5,579	3,631	222	Dermatology	Diabetic Retinal Screening Lab MOVE! Program Nutrition	Pharmacy Rehabilitation Services Social Work
Carrollton, KY	603GH	Rural	2,826	1,588	49	NA	Diabetic Retinal Screening	Lab Pharmacy

PACT Compass Metrics

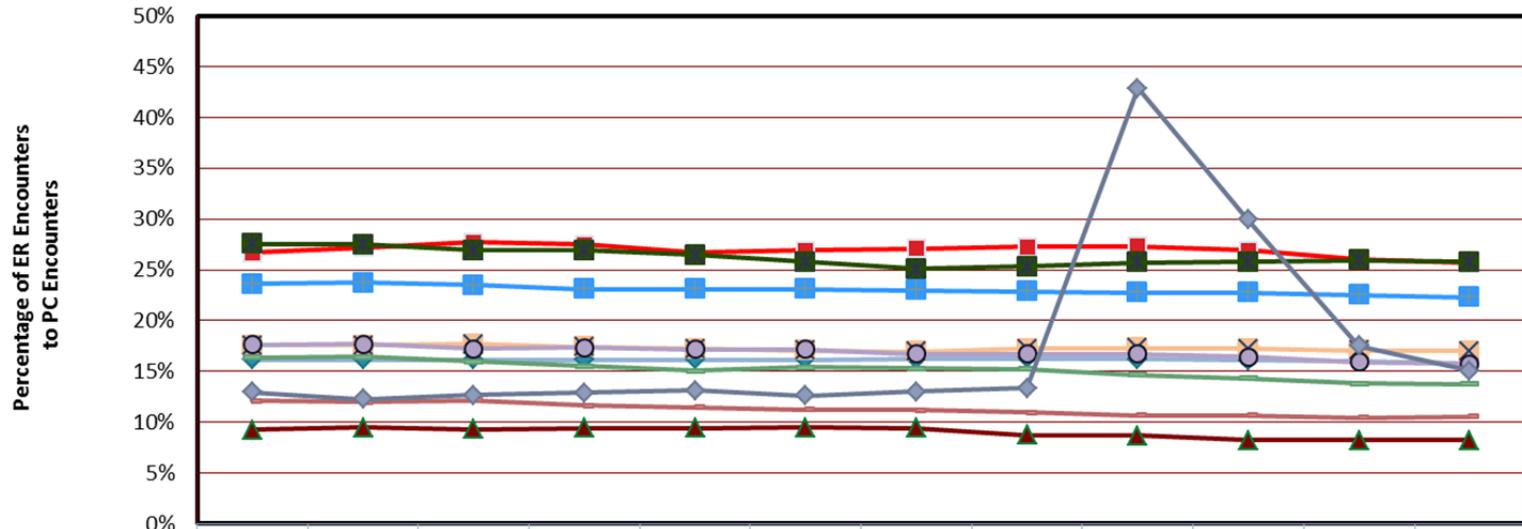
FY 2014 New Primary Care Patient Average Wait Time in Days



	VHA Total	(603) Louisville	(603GA) Fort Knox	(603GB) New Albany (Southern IN)	(603GC) Shively (Louisville-Jefferson Co)	(603GD) Dupont	(603GE) Newburg	(603GF) Grayson Co	(603GG) Scott Co	(603GH) Carroll Co
■ OCT-FY14	26.5	7.9	8.1	19.0	20.1	25.3	14.3	24.0	28.9	11.7
■ NOV-FY14	26.5	8.9	7.5	28.6	17.6	19.7	11.6	25.2	23.7	11.2
■ DEC-FY14	27.7	11.9	9.6	26.9	30.8	26.5	9.3	24.9	38.7	18.6
■ JAN-FY14	28.9	19.9	17.1	30.9	24.3	33.0	24.3	15.2	50.3	8.0
■ FEB-FY14	26.9	18.7	15.9	31.3	27.0	25.0	8.7	13.6	27.4	43.5
■ MAR-FY14	26.4	16.0	17.8	25.9	21.6	26.0	19.9	17.3	10.5	42.2
■ APR-FY14	25.9	13.4	23.7	19.5	17.4	13.5	13.1	22.6	19.7	25.8
■ MAY-FY14	26.0	10.5	30.3	15.4	18.9	22.5	12.7	26.6	34.4	22.3
■ JUN-FY14	26.1	8.5	25.1	13.3	16.2	26.6	12.9	20.0	34.5	22.3
■ JUL-FY14	25.3	13.1	19.4	13.0	11.3	22.3	11.5	12.0	35.7	13.5
■ AUG-FY14	23.0	13.8	23.9	11.4	15.5	21.0	16.8	13.3	17.9	21.0
■ SEP-FY14	22.6	15.1	24.9	17.4	14.7	23.2	15.9	14.3	24.0	26.2

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.

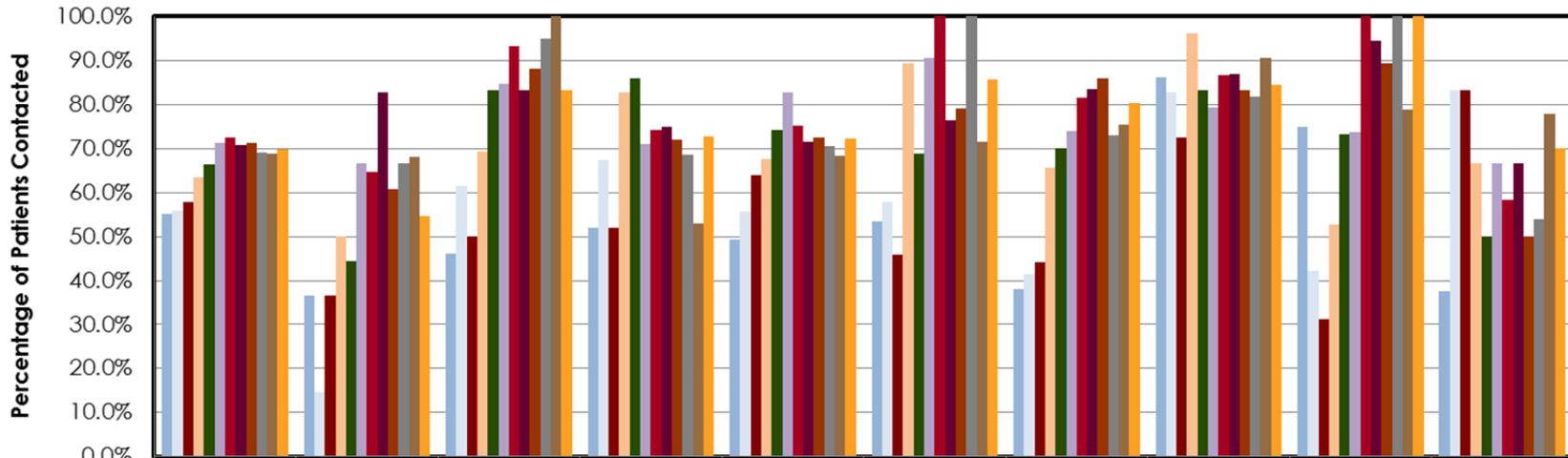
FY 2014 Ratio of ER Encounters While on Panel to PC Encounters While on Panel (FEE ER Included)



	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%
(603) Louisville	26.7%	27.2%	27.7%	27.5%	26.7%	26.9%	27.1%	27.3%	27.3%	26.9%	26.0%	25.6%
(603GA) Fort Knox	9.2%	9.5%	9.3%	9.4%	9.4%	9.5%	9.4%	8.7%	8.6%	8.2%	8.2%	8.2%
(603GB) New Albany (Southern IN)	17.6%	17.6%	17.7%	17.4%	17.2%	17.0%	17.0%	17.2%	17.3%	17.2%	17.0%	17.0%
(603GC) Shively (Louisville-Jefferson Co)	27.5%	27.5%	26.9%	26.9%	26.4%	25.8%	25.1%	25.3%	25.7%	25.8%	25.9%	25.8%
(603GD) Dupont	17.6%	17.7%	17.2%	17.3%	17.1%	17.2%	16.7%	16.7%	16.7%	16.4%	15.9%	15.7%
(603GE) Newburg	23.6%	23.7%	23.5%	23.1%	23.1%	23.1%	23.0%	22.9%	22.8%	22.7%	22.5%	22.3%
(603GF) Grayson Co	12.1%	12.0%	12.1%	11.6%	11.4%	11.3%	11.2%	11.0%	10.7%	10.7%	10.4%	10.6%
(603GG) Scott Co	16.4%	16.4%	16.0%	15.5%	15.1%	15.4%	15.3%	15.2%	14.7%	14.3%	13.8%	13.7%
(603GH) Carroll Co	12.9%	12.3%	12.7%	12.9%	13.1%	12.6%	13.0%	13.4%	42.9%	29.9%	17.5%	15.1%

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 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	(603) Louisville	(603GA) Fort Knox	(603GB) New Albany (Southern IN)	(603GC) Shively (Louisville-Jefferson Co)	(603GD) Dupont	(603GE) Newburg	(603GF) Grayson Co	(603GG) Scott Co	(603GH) Carroll Co
■ OCT-FY14	55.1%	36.7%	46.2%	52.1%	49.3%	53.3%	38.1%	86.2%	75.0%	37.5%
■ NOV-FY14	55.9%	14.7%	61.5%	67.3%	55.6%	57.9%	41.6%	82.8%	42.1%	83.3%
■ DEC-FY14	57.8%	36.7%	50.0%	52.1%	64.0%	45.8%	44.2%	72.5%	31.3%	83.3%
■ JAN-FY14	63.6%	50.0%	69.2%	82.8%	67.7%	89.3%	65.8%	96.2%	52.6%	66.7%
■ FEB-FY14	66.4%	44.4%	83.3%	86.0%	74.2%	68.8%	70.1%	83.3%	73.3%	50.0%
■ MAR-FY14	71.2%	66.7%	84.6%	71.1%	82.7%	90.5%	73.9%	79.3%	73.7%	66.7%
■ APR-FY14	72.6%	64.7%	93.3%	74.1%	75.3%	100.0%	81.6%	86.7%	100.0%	58.3%
■ MAY-FY14	70.8%	82.9%	83.3%	75.0%	71.4%	76.5%	83.5%	87.0%	94.4%	66.7%
■ JUN-FY14	71.3%	60.7%	88.2%	72.1%	72.5%	79.2%	85.9%	83.3%	89.5%	50.0%
■ JUL-FY14	69.1%	66.7%	95.0%	68.5%	70.5%	100.0%	73.0%	81.8%	100.0%	53.8%
■ AUG-FY14	68.9%	68.0%	100.0%	53.1%	68.2%	71.4%	75.5%	90.6%	78.9%	77.8%
■ SEP-FY14	69.8%	54.5%	83.3%	72.7%	72.2%	85.7%	80.3%	84.4%	100.0%	70.0%

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.

Veterans Integrated Service Network Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: August 28, 2015

From: Director, VA Mid South Healthcare Network (10N9)

Subject: **Review of CBOCs and OOCs of Robley Rex VA Medical Center,
Louisville, KY**

To: Director, Bay Pines Office of Healthcare Inspections (54SP)

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

1. Attached, please find the comments and corrective action plan for the review of the CBOCs and OOCs of the Robley Rex VA Medical Center, Louisville, Kentucky.
2. I have reviewed and concur with the responses and action plan submitted by the medical center.
3. If you have any questions or require additional information, please contact Ms. Cynthia L. Johnson, VISN 9 Quality Management Officer at 615-695-2143.

(original signed by:)

John E. Patrick
VISN 9 Network Director

Facility Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: August 28, 2015

From: Director, Robley Rex VA Medical Center (603/00)

Subject: **Review of CBOCs and OOCs of Robley Rex VA Medical Center,
Louisville, KY**

To: Director, VA Mid South Healthcare Network (10N9)

1. I want to express my appreciation to the Office of the Inspector General (OIG) survey team for their comprehensive review of the Robley Rex VAMC Clinics. We appreciated the professional and consultative nature of the review.
2. I have reviewed the report for the Robley Rex VAMC Clinics and I concur with the findings and recommendations.
3. Should you have any questions, please do not hesitate to contact Randy Johnson, Chief, Quality Management at 502-287-5331.

(original signed by:)

Martin Traxler
Medical Center Director

Comments to OIG's Report

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

OIG Recommendations

Recommendation 1. We recommended that patient-identifiable information on laboratory specimens is secured during transport from the Newburg VA Clinic to the Robley Rex VA Medical Center.

Concur-Yes

Target date for completion: September 30, 2015

Facility response: Laboratory specimen transport containers will be fitted with locking mechanisms sufficient to prevent unauthorized access to PHI/PII. Couriers, laboratory staff and CBOC staff will be educated on the requirement for locked transport containers.

Recommendation 2. We recommended that staff protect and secure patient-identifiable information at the Newburg VA Clinic.

Concur

Target date for completion: December 31, 2015

Facility response: A lockable door will be installed to protect PII contained in this room. CBOC staff will be educated on the need to keep this room locked and remedial training will be provided on information security. Monitoring will be added to EOC rounds.

Recommendation 3. We recommended that clinic Registered Nurse Care Managers receive motivational interviewing within 12 months of appointment to Patient Aligned Care Teams.

Concur-Yes

Target date for completion: November 30, 2015

Facility response: We are currently at 100 percent compliance for motivational interviewing (MI) training with RNs as the HPDP Program Manager & Health Behavior Coordinator positions were filled in 2015. Moving forward, the required MI training will be added to TMS learning plans for all incoming PACT staff.

Recommendation 4. 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-Yes

Target date for completion: November 30, 2015

Facility response: We are currently at 100 percent compliance for health coach (TEACH) training for those outside the 1-year timeline as the HPDP Program Manager & Health Behavior Coordinator positions were filled in 2015. Moving forward, the required training will be added to TMS learning plans for all incoming PACT staff.

Recommendation 5. We recommended that clinicians consistently document informed consent for human immunodeficiency virus testing and that compliance is monitored.

Concur-Yes

Target date for completion: Completed

Facility response: A new process for documentation of verbal consent/ordering HIV Screen Tests was implemented on July 28, 2014, per Bulletin 14-104. After the implementation of the new process, documentation of verbal consent soared to 90 percent in August and has remained at 95 percent or higher since January, 2015.

Recommendation 6. We recommended that clinicians consistently notify patients of their laboratory results within the timeframe set by VHA and local policy and that compliance is monitored.

Concur-Yes

Target date for completion: April 30, 2016

Facility response: Ambulatory Care will educate all PACT team members on the mandated 14-day notification of results. Monitoring will consist of chart reviews of a random sampling from each PACT. This metric is subject to EPRP review and the data will also be monitored. Best practices will be identified and shared with all PACTs. The Medical Center Informaticist will be consulted for possible creation and implementation of a clinical support tool or process to optimize performance.

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Endnotes

^a References used for the EOC review included:

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^d References used for the Outpatient Documentation review included:

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

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^f Reference used for PACT Compass data graphs:

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