



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

Office of Healthcare Inspections

Report No. 15-00180-538

**Review of Community Based
Outpatient Clinics and Other
Outpatient Clinics
of
VA Pacific Islands
Health Care System
Honolulu, Hawaii**

September 30, 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
FY	fiscal year
HCS	health care system
HIV	human immunodeficiency virus
lab	laboratory
MH	mental health
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

Table of Contents

	Page
Executive Summary	i
Objectives, Scope, and Methodology	1
Objectives	1
Scope.....	1
Methodology	2
Results and Recommendations	3
EOC	3
AUD Care	7
HIV Screening.....	9
Outpatient Documentation	10
Outpatient Lab Results Management.....	11
Appendixes	
A. Clinic Profiles.....	12
B. PACT Compass Metrics	13
C. Veterans Integrated Service Network Director Comments	16
D. Facility Director Comments	17
E. Office of Inspector General Contact and Staff Acknowledgments	23
F. Report Distribution	24
G. Endnotes	25

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 Pacific Islands Health Care System and Veterans Integrated Service Network 21 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 American Samoa VA Clinic, Pago Pago, AS, as a representative site and evaluated the environment of care on July 28, 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 American Samoa VA Clinic that:

- Managers maintain a clean and functioning environment of care.
- Review of the hazardous materials inventory occurs twice within a 12-month period.
- Safety data sheets are readily available to the staff.
- Hand hygiene compliance is monitored and reported to the Infection Control Committee.
- Staff minimize the risk of infection when storing and disposing of medical (infectious waste).
- Written procedures are available and staff are trained to properly disinfect non-critical medical equipment as required.
- The information technology server closet is maintained according to information technology safety and security standards.
- Panic alarms are installed and tested, and testing is documented in all high-risk areas at the American Samoa CBOC.
- Staff receive regular information/updates on their responsibilities in emergency response operations.

Alcohol Use Disorder Care: Ensure that:

- Clinic staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.
- Clinic Registered Nurse Care Managers receive motivational interviewing 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:

- 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 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 16–22, 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 American Samoa 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. 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.		
X	The CBOC is clean.	Corridors used by patients and other clinic areas at the American Samoa VA Clinic were not clean and well-maintained.	1. We recommended that managers maintain a clean and functioning environment of care at the American Samoa 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 American Samoa 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 American Samoa VA Clinic.
X	The CBOC's safety data sheets for chemicals are readily available to staff.	The American Samoa VA Clinic's safety data sheets for chemicals were not readily available to staff.	3. We recommended that managers ensure that safety data sheets are readily available to the staff at the American Samoa VA Clinic.
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.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	Clinic managers ensure that safety inspections of CBOC medical equipment are performed in accordance with Joint Commission standards.		
X	Hand hygiene is monitored for compliance.	Hand hygiene was not monitored for compliance at the American Samoa VA Clinic.	4. We recommended that hand hygiene compliance is monitored at the American Samoa VA Clinic and reported to the Infection Control Committee.
	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 American Samoa 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 American Samoa VA Clinic.
X	The CBOC has procedures to disinfect non-critical reusable medical equipment between patients.	The American Samoa 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 American Samoa 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.		
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.		

NM	Areas Reviewed (continued)	Findings	Recommendations
NA	The staff protect patient-identifiable information on lab 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.		
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 American Samoa VA Clinic was not restricted to personnel authorized by Office of Information and Technology.	7. We recommended that the information technology server closet at the American Samoa 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.		
X	There is an alarm system and/or panic buttons installed and tested in high-risk areas (for example, MH clinic), and the testing is documented.	The American Samoa VA Clinic provides MH services but did not have panic alarms in all high-risk areas identified by clinic managers. Panic alarms at the American Samoa VA Clinic were not tested.	8. We recommended that panic alarms are installed and tested, and testing is documented in all high-risk areas at the American Samoa VA Clinic.

NM	Areas Reviewed (continued)	Findings	Recommendations
X	CBOC staff receive regular information/updates on their responsibilities in emergency response operations.	The CBOC staff at the American Samoa VA Clinic did not receive regular information/updates on their responsibilities in emergency response operations.	9. We recommended that the staff at the American Samoa VA Clinic receive regular information/updates on their responsibilities in emergency response operations.
	The staff participates in scheduled emergency management training and exercises.		

AUD Care

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

We reviewed relevant documents and 38 EHRs. We also validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

Table 3. AUD Care

NM	Areas Reviewed	Findings	Recommendations
	Diagnostic assessments are completed for patients with a positive alcohol screen.		
	Education and counseling about drinking levels and adverse consequences of heavy drinking are provided for patients with positive alcohol screens and drinking levels above National Institute on Alcohol Abuse and Alcoholism guidelines.		
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 three of eight patients diagnosed with alcohol dependence.	10. 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.		
X	Clinic RN Care Managers have received MI training within 12 months of appointment to PACT.	We found that 2 of 11 RN Care Managers did not receive MI training within 12 months of appointment to PACT.	11. We recommended that Clinic Registered Nurse Care Managers receive motivational interviewing training within 12 months of appointment to Patient Aligned Care Teams.

NM	Areas Reviewed (continued)	Findings	Recommendations
	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.		
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 12 of 29 providers 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 3 of 19 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 38 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 provided HIV testing as part of routine medical care for patients.		
X	When HIV testing occurred, clinicians consistently documented informed consent.	Clinicians did not document informed consent for HIV testing for 4 of 16 patients.	13. 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 43 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 31 of 50 patients (62 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, MH, 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
Kahului, HI	459GA	Urban	5,699	5,322	1,066	Endocrinology Optometry	Orthopedics	Home-Based PC Social Work
Hilo, HI	459GB	Rural	5,906	5,288	1,416	Endocrinology Gastroenterology Nephrology Neurology	Optometry Orthopedics Rheumatology	Home-Based PC Pharmacy Social Work
Kailua-Kona, HI	459GC	Rural	3,785	3,567	1,183	Endocrinology Gastroenterology	Optometry Orthopedics	Home-Based PC
Lihue, HI	459GD	Rural	3,655	3,098	1,009	Endocrinology Optometry	Orthopedics	Home-Based PC Social Work
Agana Heights, GU	459GE	Rural	5,188	5,593	667	Endocrinology Gastroenterology	Podiatry	Home-Based PC Pharmacy Social Work
Pago Pago, AS	459GF	NA	3,752	1,489	403	Gastroenterology	Orthopedics	Pharmacy Social Work
Ewa Beach, HI	459GG	Urban	5,071	4,263	NA	NA		Pharmacy

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

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

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

⁶ <http://vssc.med.va.gov/>

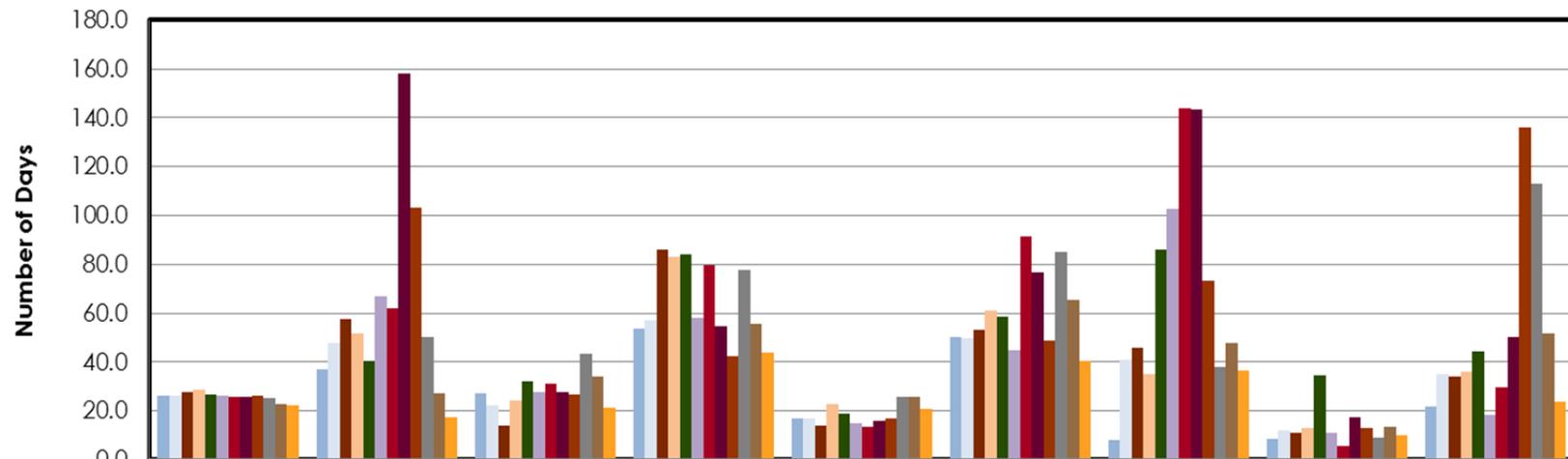
⁷ The total number of encounters for the services provided in the "Specialty Care" column.

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

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

PACT Compass Metrics

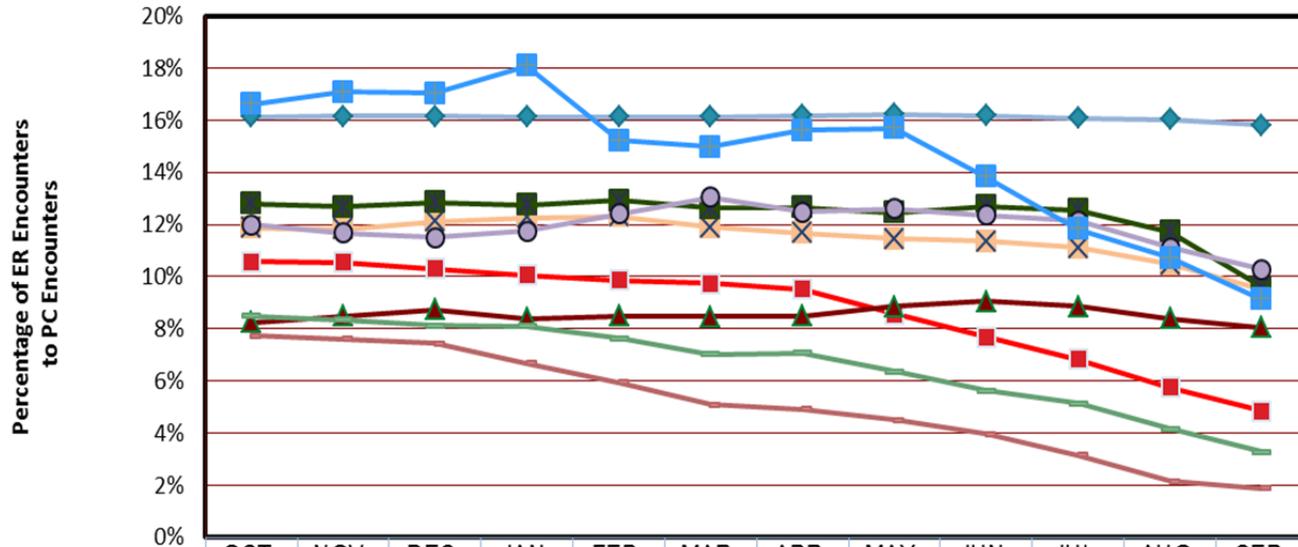
FY 2014 New PC Patient Average Wait Time in Days



	VHA Total	(459) Pacific Islands HCS (Honolulu)	(459GA) Maui	(459GB) Hilo	(459GC) Kona	(459GD) Kauai	(459GE) Guam	(459GF) American Samoa	(459GG) Leeward Oahu
OCT-FY14	26.5	36.8	27.0	53.5	16.8	50.4	8.2	8.6	22.0
NOV-FY14	26.5	47.6	22.6	57.2	17.0	49.6	41.2	12.1	35.3
DEC-FY14	27.7	57.5	14.2	85.9	14.1	53.3	46.0	10.9	34.0
JAN-FY14	28.9	51.8	24.2	83.3	22.6	61.2	35.2	13.0	36.0
FEB-FY14	26.9	40.6	31.9	84.2	19.1	58.6	86.3	34.7	44.3
MAR-FY14	26.4	66.8	28.0	58.0	14.8	44.8	102.6	11.2	18.2
APR-FY14	25.9	62.1	31.3	79.7	13.6	91.3	143.7	5.6	29.6
MAY-FY14	26.0	158.3	27.8	54.5	16.1	76.9	143.1	17.3	50.1
JUN-FY14	26.1	103.2	27.0	42.5	17.1	49.0	73.4	13.0	136.2
JUL-FY14	25.3	50.1	43.3	77.9	25.8	84.9	38.1	9.3	113.0
AUG-FY14	23.0	27.2	33.9	55.7	25.9	65.5	47.7	13.4	52.0
SEP-FY14	22.6	17.3	21.5	44.0	21.0	40.3	36.4	10.2	23.8

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.

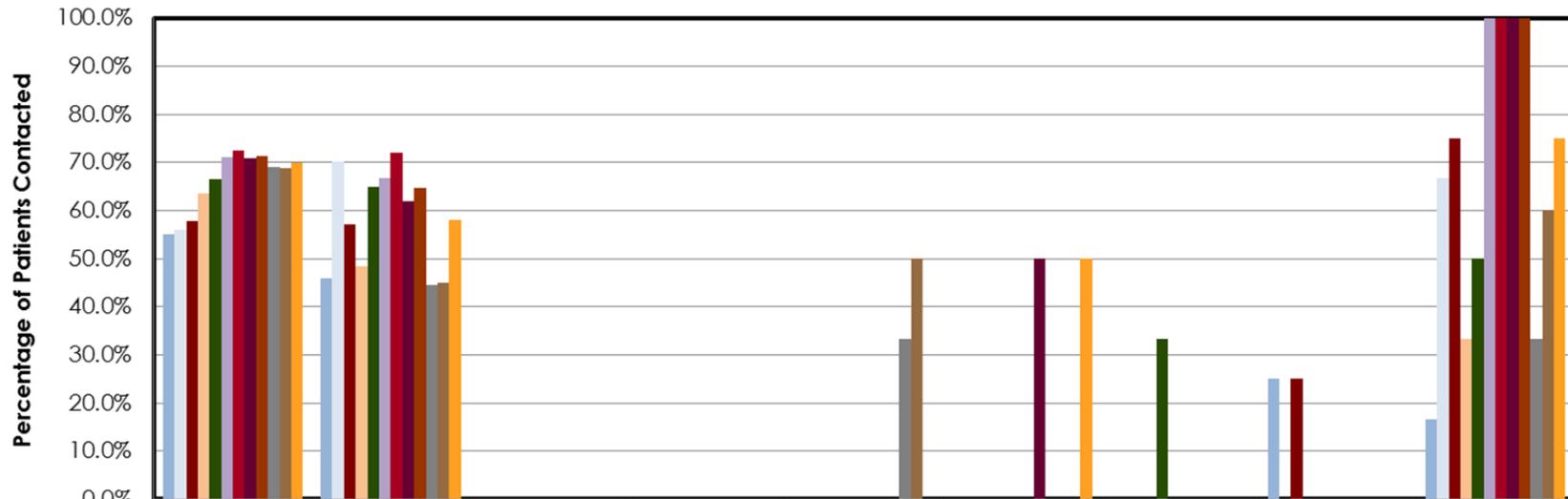
FY 2014 Ratio of ER Encounters While on Panel to PC Encounters While on Panel (FEE ER Included)



	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%
■ (459) Pacific Islands HCS (Honolulu)	10.6%	10.6%	10.3%	10.1%	9.9%	9.7%	9.5%	8.6%	7.7%	6.8%	5.7%	4.8%
▲ (459GA) Maui	8.3%	8.5%	8.7%	8.4%	8.5%	8.5%	8.5%	8.9%	9.0%	8.9%	8.4%	8.0%
× (459GB) Hilo	11.9%	11.8%	12.1%	12.3%	12.3%	11.9%	11.7%	11.5%	11.4%	11.1%	10.5%	9.5%
■ (459GC) Kona	12.8%	12.7%	12.9%	12.7%	12.9%	12.6%	12.7%	12.5%	12.7%	12.5%	11.7%	9.6%
○ (459GD) Kauai	12.0%	11.7%	11.5%	11.8%	12.4%	13.0%	12.5%	12.6%	12.4%	12.1%	11.1%	10.3%
■ (459GE) Guam	16.6%	17.1%	17.0%	18.1%	15.2%	15.0%	15.6%	15.7%	13.8%	11.8%	10.7%	9.1%
— (459GF) American Samoa	7.7%	7.6%	7.4%	6.7%	5.9%	5.1%	4.9%	4.5%	4.0%	3.2%	2.2%	1.9%
— (459GG) Leeward Oahu	8.5%	8.3%	8.1%	8.1%	7.6%	7.0%	7.1%	6.4%	5.6%	5.1%	4.2%	3.3%

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	(459) Pacific Islands HCS (Honolulu)	(459GA) Maui Clinic	(459GB) Hilo Clinic	(459GC) Kona Clinic	(459GD) Kauai Clinic	(459GE) Guam Clinic	(459GF) American Samoa Clinic	(459GG) Leeward Oahu
■ OCT-FY14	55.1%	45.9%	0.0%	0.0%	0.0%	0.0%	0.0%	25.0%	16.7%
■ NOV-FY14	55.9%	70.3%		0.0%	0.0%	0.0%	0.0%		66.7%
■ DEC-FY14	57.8%	57.1%	0.0%	0.0%	0.0%	0.0%	0.0%	25.0%	75.0%
■ JAN-FY14	63.6%	48.4%	0.0%	0.0%			0.0%		33.3%
■ FEB-FY14	66.4%	65.0%	0.0%	0.0%	0.0%	0.0%	33.3%	0.0%	50.0%
■ MAR-FY14	71.2%	66.7%	0.0%		0.0%	0.0%	0.0%	0.0%	100.0%
■ APR-FY14	72.6%	72.0%	0.0%	0.0%			0.0%	0.0%	100.0%
■ MAY-FY14	70.8%	61.9%	0.0%	0.0%	0.0%	50.0%	0.0%	0.0%	100.0%
■ JUN-FY14	71.3%	64.7%	0.0%	0.0%	0.0%	0.0%		0.0%	100.0%
■ JUL-FY14	69.1%	44.4%	0.0%	0.0%	33.3%		0.0%	0.0%	33.3%
■ AUG-FY14	68.9%	45.0%	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%	60.0%
■ SEP-FY14	69.8%	58.1%	0.0%	0.0%	0.0%	50.0%	0.0%	0.0%	75.0%

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 PACT 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. Blank cells indicate the absence of reported data.

Veterans Integrated Service Network Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: September 14, 2015

From: Director, VA Sierra Pacific Network (10N21)

Subject: **Review of CBOCs and OOCs of VA Pacific Islands Health Care System, Honolulu, HI**

To: Director, San Diego Office of Healthcare Inspections (54SD)

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

1. Thank you for providing the draft report for review to Leadership at the Pacific Islands Health Care System and to the VISN.
2. Attached is the plan developed by the facility in response to the recommendations received.
3. Should you have any questions, please contact Terry Sanders, Associate Quality Manager for VISN 21 at (707) 562-8370.



Sheila M. Cullen

Attachments

Facility Director Comments

**Department of
Veterans Affairs**

Memorandum

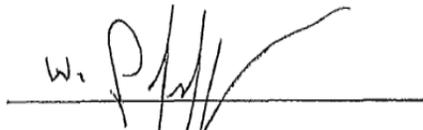
Date: September 11, 2015

From: Director, VA Pacific Islands Health Care System (459/00)

Subject: **Review of CBOCs and OOCs of VA Pacific Islands Health Care System, Honolulu, HI**

To: Director, VA Sierra Pacific Network (10N21)

I have reviewed and concur with the action plan regarding the Community Based Outpatient Clinic (CBOC) and other Outpatient Clinics Review conducted at the VA Pacific Islands Health Care System, Honolulu, Hawaii.



Wayne L. Pfeffer, MHA, FACHE
Facility Director, VA Pacific Islands Health Care System (459/00)

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 maintain a clean and functioning environment of care at the American Samoa VA Clinic.

Concur

Target date for completion: December 1, 2015

Facility response: Beginning the week of September 1, 2015 the American Samoa (AS) CBOC Nurse Manager (NM) using an EOC check list will conduct weekly CBOC environment of care (EOC) rounds x 3 months (target of 90%), monthly thereafter. These EOC check list reports will be forwarded to the Chief FMES, CBOC Coordinator and ACOS PC for assistance until all elements are closed. Chief, QMS will be provided copies of these reports.

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

Concur

Target date for completion: January 2016

Facility response: The AS CBOC NM conducted a hazardous materials inventory during the month of July 2015 and provided this listing to the Organization's Industrial Hygienist (IH). The AS CBOC Samoa NM has been instructed to redo the hazardous material inventory anytime new chemical products are purchased and brought into the CBOC. At a minimum, the hazardous materials inventory listing maintained by the AS CBOC NM will be reviewed and revised, as needed, twice within a 12-month period (July and January) and filed in the AS CBOC hazardous material inventory binder kept at the nurses' station. A copy of these inventories will also be provided to the Environment of Care Committee. The AS CBOC NM will do monthly audits of the AS CBOC hazardous inventory x 3 months (target 90%) to assure compliance (October, November and December), semi-annually thereafter and report findings to the Safety Office and Chief, QMS for tracking.

Recommendation 3. We recommended that managers ensure that safety data sheets are readily available to staff at the American Samoa VA Clinic.

Concur

Target date for completion: December 1, 2015

Facility response: The Safety Specialist trained the AS CBOC NM and the AO on how to access MSDS sheets utilizing the MSDS SharePoint under Emergency Management and Safety link on the VAPIHCS intranet web page on July 28, 2015. The AS CBOC NM will conduct an inventory of all chemicals and when new chemicals are brought in will include them in the inventory and during EOC rounds, as applicable. Applicable MSDS sheets will be maintained in an MSDS binder located at the nurses' station. This will be monitored during EOC rounds x 3 months (target 90%), quarterly thereafter.

Recommendation 4. We recommended that hand hygiene compliance is monitored at the American Samoa VA Clinic and reported to the Infection Control Committee.

Concur

Target date for completion: December 1, 2015

Facility response: The AS CBOC NM will conduct random hand hygiene inspections weekly x 3 months (target 90%) then monthly thereafter of CBOC staff and report findings to the Infection Prevention Nurse and Chief QMS. A standardized hand hygiene monitoring tool will be utilized. In addition, the Organization's Infection Prevention Nurse will conduct infection control rounds including hand hygiene monitoring and education of American Samoa staff quarterly beginning October 2015. Findings from these quarterly rounds will be reported to Infection Control Committee quarterly upon completion of inspection.

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

Concur

Target date for completion: December 1, 2015

Facility response: A red biohazard container was ordered by the Organization's GEMS Officer on September 2, 2015. This biohazardous container will be transported by the AS CBOC Administration Officer (AO) to the Lyndon B. Johnson (LBJ) plasma incinerator weekly for disposal. A disposal receipt form has been created for AS CBOC AO and LBJ plasma incinerator staff to sign off acknowledging transfer of biohazardous waste for disposal. On a monthly basis x 3 months (target 90%) the receipt sheets will be submitted to Safety Office for EOC committee report and a copy of this report provided to the Chief, QMS.

Recommendation 6. We recommended that written procedures are available and staff are trained to properly disinfect non-critical medical equipment as required at the American Samoa VA Clinic.

Concur

Target date for completion: October 31, 2015.

Facility response: By October 31, 2015, the Re-usable Medical Equipment (RME) coordinator will conduct training and check competencies for AS CBOC staff regarding the standard operating procedures, according to the manufacturer's guidelines, on proper cleaning and disinfection of non-critical reusable medical equipment. This will be done annually thereafter. These competencies will be filed in all applicable AS CBOC staff competency folders. Upon completion of training AM CBOC NM will monitor staff compliance with RME SOP's monthly x 3 months (target 90%) then annually re-evaluate staff compliance and knowledge in appropriately performing the cleaning and disinfection of RME.

Recommendation 7. We recommended that the information technology server closet at the American Samoa VA Clinic is maintained according to information technology safety and security standards.

Concur

Target date for completion: October 31, 2015

Facility response: The IT access poster was faxed to the AS CBOC CMO and NM for posting outside of the IT closet on September 4, 2015. The Chief of IT will send a technician out to the American Samoa CBOC in October 2015 and again in March 2016 (twice every twelve months) to assure that the information technology server closet is maintain according to the information technology and security standards:

- Staff allowed access to IT closet will be posted outside of the IT closet.
- IT access punch lock working properly.
- All IT equipment and supplies will be stored neatly on shelving with the IT closet.
- No IT equipment/supplies will be stored on the floor or in cardboard boxes.
- IT room will be neat and clean, free of any dust, pest debris, etc.

A check list will be used during each IT inspection of the American Samoa CBOC. The completed checklist will be provided along with pictures of the posted access sign and interior of the IT closet to the Chief, QMS for tracking purposes for both visits. If compliance is sustained, this will be discontinued. This will be monitored on a regular basis by the AM CBOC NM during EOC rounds x 3 months.

Recommendation 8. We recommended that panic alarms are installed and tested, and testing is documented in all high-risk areas at the American Samoa VA Clinic.

Concur

Target date for completion: December 1, 2015

Facility response: Panic alarms were re-installed during the OIG-CBOC survey on July 28, 2015. Testing of panic alarms will be conducted monthly x 3 months (target 90%), and quarterly thereafter. These reports will be sent to the Safety Office who will provide updates monthly to the EOC committee and Chief, QMS for tracking purposes.

Recommendation 9. We recommended that the staff at the American Samoa VA Clinic receive regular information/updates on their responsibilities in emergency response operations.

Concur

Target date for completion: November 15, 2015

Facility response: The Safety Office electronically provides routine and “Just in Time” emergency preparedness educational materials. The AS CBOC has its own emergency operations plan, last reviewed March 2014. This EOP document will be reviewed and revised by the AS CBOC CMO and AS CBOC NM by September 30, 2015, and annually thereafter. All AS CBOC staff will review this plan by November 15, 2015. During November, December and January monthly EOC rounds AS CBOC NM will check the staff’s ability to accurately verbalize this plan. Additionally, the Safety Office will assess staff knowledge during the annual CBOC inspection. Emergency/Disaster preparedness training is available to American Samoa Staff via SharePoint on Incident Command (ICS 100, 200, 700, and 800). This training will be completed by the American Samoa CMO and AS CBOC NM by November 15, 2015.

Recommendation 10. We recommended that clinic staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.

Concur

Target date for completion: December 1, 2015

Facility response: A recent comprehensive review of charts that did not have appropriate documentation indicated that the VA National clinical reminder currently in use did not include all elements needed to meet the measure, as required fields. The Clinical applications coordinator will revamp the reminder to insure compliance with offering and documenting brief counselling and treatment. Monthly Clinic and provider specific reports will be run by Quality Management to monitor compliance x 3 months (target 90%), quarterly thereafter.

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

Concur

Target date for completion: December 1, 2015

Facility response: A collaborative plan has been developed to assure that all Primary Care RN Care Managers assigned to PACT teams receive Motivational Interviewing training within 12 months of assignment, and that this training is documented in TMS. A monthly compliance report will be provided by the Health Behavior Coordinator and TMS Coordinator to Chief, QMS x 3 months (target 90%), quarterly thereafter.

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 1, 2015

Facility response: A collaborative plan has been developed to assure that the following staff assigned to PACT team members (RN care manager, clinical Associates, and Providers) receive Teach for Success training or similar Health Coaching training within 12 months of assignment to PACT. The work group that developed the plan will assure that this training is documented in TMS. A monthly compliance report will be provided by the HPDP Coordinator and TMS Coordinator to this work group and Chief, QMS x 3 months (target 90%), quarterly thereafter.

Recommendation 13. We recommended that clinicians consistently document informed consent for human immunodeficiency virus testing and that compliance is monitored.

Concur

Target date for completion: December 1, 2015

Facility response: The clinical reminder for HIV screening has been revised to include documentation of verbal consent. Chart audits for compliance will be conducted in Primary Care x 3 months with a target of 90% compliance, then quarterly thereafter. These monthly audits will be reported to the Infection Control Committee and Chief, QMS for tracking purposes.

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 1, 2015

Facility response: Leadership in Specialty Care, Mental Health, and Primary Care will re-educate all ordering providers in the requirements outlined in VHA Handbook 2009-019, Ordering and Reporting Test Results and VHA Communication of Test Results toolkit by discussion in staff meetings and via email. Specialty Care, Mental Health and Primary Section ACOS's will assure monitoring for compliance (target 90%) monthly x 3, then quarterly thereafter. These reports will be provided to the Chief, QMS and QEB monthly.

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Endnotes

^a References used for the EOC review included:

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

^b References used for the AUD Care review included:

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

^c References used for the HIV Screening review included:

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

^d References used for the Outpatient Documentation review included:

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

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

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

^f Reference used for PACT Compass data graphs:

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