Department of Veterans Affairs
Office of Inspector General

Review of Community Based Outpatient Clinics and Other Outpatient Clinics of VA Butler Healthcare Butler, Pennsylvania

February 11, 2016

Glossary

BBP	bloodborne pathogen
CBOC	community based outpatient clinic
EHR	electronic health record
EOC	environment of care
FY	fiscal year
HT	home telehealth
lab	laboratory
NA	not applicable
NM	not met
OIG	Office of Inspector General
OOC	other outpatient clinic
PC	primary care
PTSD	post-traumatic stress disorder
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network

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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 Butler Healthcare and Veterans Integrated Service Network 4 provide safe, consistent, and high-quality health care. The review evaluated the clinics' compliance with selected requirements for home telehealth enrollment, outpatient lab results management, and post-traumatic stress disorder care. We also randomly selected the Cranberry Township VA Clinic, Cranberry Township, PA, as a representative site and evaluated the environment of care on December 3, 2015.

Review Results: We conducted four focused reviews and had no findings for the Post-Traumatic Stress Disorder Care review. However, we made recommendations for improvement in the following three review areas:

Environment of Care: Ensure at the Cranberry Township VA Clinic that:

- Employees receive annual training on the Exposure Control Plan for Bloodborne Pathogens.

- Staff participate in regular emergency management training and exercises.

- Employees receive the required hazardous communications training.

- Access to the information technology server closet is maintained according to information technology safety and security standards.

Home Telehealth Enrollment: Ensure that clinicians:

- Complete the Home Telehealth enrollment consults.

- Document the Home Telehealth enrollment process prior to the entry of monthly monitoring notes.

Outpatient Laboratory Results Management: Ensure that:

- Clinicians consistently notify patients of their laboratory results within 14 days as required by Veterans Health Administration.

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 17–21, for the full text of the Directors' comments.) We consider recommendations 1–3 closed. 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 documentation requirements for the enrollment, assessment, and monitoring of HT patients.

- The CBOCs/OOCs are compliant with VHA requirements for the patient notification and follow up of selected outpatient lab results.

- The CBOCs/OOCs are compliant with selected VHA requirements related to PTSD screening, diagnostic evaluation, and treatment.

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 four activities:

- EOC

- HT Enrollment

- Outpatient Lab Results Management

- PTSD Care

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 HT Enrollment, Outpatient Lab Results Management, and PTSD Care focused reviews are noted in Table 1.

Table 1. CBOC/OOC Focused Reviews and Study Populations

Review Topic	Study Population
HT Enrollment	All CBOC and OOC patients screened within the study period of July 1, 2014, through June 30, 2015, who have had at least one "683" Monthly Monitoring Note and did not have Monthly Monitoring Notes documented before July 1, 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 through December 31, 2014.
PTSD Care	All patients who had a positive PTSD screen at the parent facility's outpatient clinics during July 1, 2014, through June 30, 2015.

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.

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[1] Each outpatient site selected for physical inspection was randomized from all PC CBOCs, multi-specialty CBOCs, and heath care centers reporting to the parent facility and was operational and classified as such in VA's Site Tracking Database by August 15, 2015.

Results and Recommendations

EOC

The purpose of this review was to assess 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 Cranberry Township 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
Document and Training Review			
	Managers monitored hand hygiene compliance.		
	Managers had an Exposure Control Plan for BBP.		
	Managers reviewed the Exposure Control Plan annually.		
	Managers included an exposure determination for all job classifications in the Exposure Control Plan for BBPs.		
	Managers included the Hepatitis B vaccine in the Exposure Control Plan for BBP.		
	In the Exposure Control Plan for BBPs, managers provide the Hepatitis B vaccine to employees upon exposure to a BBP.		
	In the Exposure Control Plan for BBPs, managers provide the Hepatitis B vaccine to employees within 10 days of job assignment.		
	In the Exposure Control Plan for BBPs, managers document employees' declination statements for the Hepatitis B vaccine.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	In the Exposure Control Plan for BBPs, managers provide post exposure prophylaxis within 72 hours.		
	Managers documented their consideration and implementation of safety needle devices.		
	Managers documented their consideration and implementation of safety needle devices annually.		
X	Training for CBOC employees on the Exposure Control Plan for BBP has been provided within the past 12 months for those newly hired and annually for others.	At the Cranberry Township VA Clinic, 2 of 15 employees did not receive training on the Exposure Control Plan for BBP within the past 12 months.	**1.** We recommended that employees at the Cranberry Township VA Clinic receive annual training on the Exposure Control Plan for Bloodborne Pathogens.
	Managers have a policy/procedure for CBOC life safety elements.		
	Managers have a policy for the management of clinical emergencies.		
	CBOC managers have a policy for the management of mental health emergencies.		
	Managers have a documented Hazard Vulnerability Assessment to identify potential CBOC emergencies.		
	Managers reviewed the Hazard Vulnerability Assessment annually.		
	Managers have a policy that requires CBOC staff to receive regular information on their responsibilities in emergency response operations.		
X	CBOC staff participate in regular emergency management training and exercises.	Eight of 15 staff at the Cranberry Township VA Clinic did not participate in regular emergency management training and exercises.	**2.** We recommended that managers ensure that staff at the Cranberry Township VA Clinic participate in emergency management training and exercises.

NM	Areas Reviewed (continued)	Findings	Recommendations
	Managers conducted fire drills at the CBOC at least once every 12 months for the past 24 months and documented critiques of the fire drills.		
	Managers have a policy/procedure for the identification of individuals entering the CBOC.		
	Managers had a Workplace Behavioral Risk Assessment in place.		
	Managers tested the alarm system or panic buttons in high-risk areas during the past 12 months.		
	Managers had written procedures to follow in the event of a security incident.		
X	CBOC employees received training on the new chemical label elements and safety data sheet format.	Seven of 15 Cranberry Township VA Clinic employees did not receive any hazardous communications training on the new chemical label elements and safety data sheet format.	**3.** We recommended that managers ensure that Cranberry Township VA Clinic employees receive the required hazardous communications training.
	Managers have a policy/procedure for the cleaning and disinfection of telehealth equipment.		
Physical Inspection			
	The CBOC is clean.		
	The furnishings and equipment are safe and in good repair.		
	Hand hygiene facilities and product dispensers are working and readily accessible to employees.		
	Personal protective equipment is available.		
	Sharps containers are closable, easily accessible, and not overfilled.		
	Clinic staff do not store food and drinks in refrigerators or freezers or on countertops or other areas where there is blood or other potentially infectious materials.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	Managers ensured that sterile commercial supplies are not expired.		
	Managers minimize the risk of infection when storing and disposing of medical (infectious) waste.		
	Managers ensured unobstructed access to fire alarms/pull stations.		
	Access to fire extinguishers is unobstructed.		
	For fire extinguishers located in large rooms or are obscured from view, managers identified the locations of the fire extinguishers with signs.		
	Exit signs are visible from any direction.		
	Exit routes from the building are unobstructed.		
	Staff wear VA-issued identification badges.		
	Managers control access to and from areas identified as security sensitive.		
	Managers installed an alarm system or panic buttons in high-risk areas.		
	Managers reviewed the CBOC's inventory of hazardous materials for accuracy twice within the prior 12 months.		
	Managers had the CBOC's safety data sheets for chemicals readily available for the staff.		
	Managers provided visual and auditory privacy for veterans at check-in.		
	Managers provided visual and auditory privacy for patients in the interview areas.		
	Managers equipped examination room doors with either an electronic or a manual lock.		
	Managers ensured the availability and use of a privacy sign to indicate that a telehealth visit is in progress.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	Documents containing patient-identifiable information are not visible or unsecured.		
	All computer screens are locked when not in use.		
	Information is not viewable on monitors in public areas.		
	Window coverings, if present, provide privacy.		
	Patient-identifiable information is protected on laboratory specimens during transport so that patient privacy is maintained.		
	The examination room(s) for women veterans are located in a space where they do not open into a public waiting room or a high-traffic public corridor.		
	Adequate privacy for women veterans is provided in the examination rooms.		
	Feminine hygiene products are available in examination rooms where pelvic examinations are performed or in bathrooms within close proximity.		
	Women's public restrooms have feminine hygiene products and disposal bins available for use.		
	Multi-dose medication vials are not expired.		
	All medications are secured from unauthorized access.		
	The information technology network room/server closet is secured/locked.		
X	Access to the information technology network room/server closet is restricted to personnel authorized by Office of Information and Technology, as evidenced by a list of authorized individuals.	Access to the key, which secures the information technology network room/server closet at the Cranberry Township VA Clinic, was not restricted to personnel authorized by Office of Information and Technology.	**4**. We recommended that managers at the Cranberry Township VA Clinic ensure the information technology server closet is maintained according to information technology safety and security standards.

NM	Areas Reviewed (continued)	Findings	Recommendations
	Access to the information technology network room/server closet is documented, as evidenced by the presence of a sign-in/sign-out log.		

HT Enrollment

The purpose of this review was to determine whether the facility's CBOCs and OOCs are compliant with selected VHA documentation requirements for the enrollment, assessment, and monitoring of HT patients.[b]

We reviewed relevant documents and 49 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. HT Enrollment

NM	Areas Reviewed	Findings	Recommendations
	Clinicians entered a consult for HT services.		
X	Clinicians completed the HT enrollment requests or "consults."	Clinicians did not complete HT enrollment requests or "consults" in 49 of 49 EHRs (100 percent).	**5**. We recommended that clinicians complete Home Telehealth enrollment consults.
	Clinicians documented contact with the patient to evaluate suitability for HT services.		
	Providers signed HT assessments and treatment plans.		
	Monthly monitoring notes were documented for each month of HT program participation.		
X	Documentation of HT enrollment (consult, screening, and/or initial assessment notes) was completed prior to the entry of monthly monitoring notes.	Clinicians did not document the enrollment process prior to the entry of monthly monitoring notes in 13 of 47 applicable EHRs (28 percent).	**6.** We recommended that clinicians document the Home Telehealth enrollment process prior to the entry of monthly monitoring notes.

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.[c]

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 4. Outpatient Lab Results Management

NM	Areas Reviewed	Findings	Recommendation
	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 23 of 50 patients (46 percent) of their lab results within 14 days as required by VHA.	**7.** 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.		

PTSD Care

The purpose of this review was to assess whether CBOCs/OOCs are compliant with selected VHA requirements for PTSD follow up in the outpatient setting.[d]

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 facility generally met requirements. We made no recommendations.

Table 5. PTSD Care

NM	Areas Reviewed	Findings	Recommendations
	Each patient with a positive PTSD screen received a suicide risk assessment.		
	Suicide risk assessments for patients with positive PTSD screens are completed by acceptable providers.		
	Acceptable providers established plans of care and disposition for patients with positive PTSD screens.		
	Acceptable providers offered further diagnostic evaluations to patients with positive PTSD screens.		
	Providers completed diagnostic evaluations for patients with positive PTSD screens.		
	Patients, when applicable, received mental health treatment.		

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.[2] 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[5]	Outpatient Classification[6]	Outpatient Workload / Encounters[3]			Services Provided[4]	
				PC	MH	Specialty Clinics[7]	Specialty Care[8]	Ancillary Services[9]
Hermitage, PA	529GA	Urban	Multi-Specialty CBOC	4,520	992	862	Podiatry	Imaging Services MOVE! Program[10] Nutrition Pharmacy Rehabilitation Services
New Castle, PA	529GB	Rural	Primary Care CBOC	2,624	494	587	Podiatry	MOVE! Program Pharmacy
Ford City, PA	529GC	Rural	Primary Care CBOC	2,113	550	42	NA	MOVE! Program
Foxburg, PA	529GD	Highly Rural	Other Outpatient Services	1,867	215	19	NA	MOVE! Program
Cranberry Township, PA	529GF	Urban	Primary Care CBOC	3,247	210	85	NA	MOVE! Program Pharmacy

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[2] Includes all CBOCs in operation before August 15, 2015.

[3] 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.

[4] The denoted Specialty Care and Ancillary Services are limited to Primary Clinic Stops with a count ≥ 100 encounters during the October 1, 2014, through September 30, 2015, timeframe at the specified CBOC.

[5] http://vssc.med.va.gov/

[6] VHA Handbook 1006.02, *VHA Site Classifications and Definitions*, December 30, 2013.

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

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

[9] Ancillary Services refer to non-Primary Care and non-Mental Health services that are not provided by a physician.

[10] VHA Handbook 1120.01, *MOVE! Weight Management Program for Veterans*, March 31, 2011.
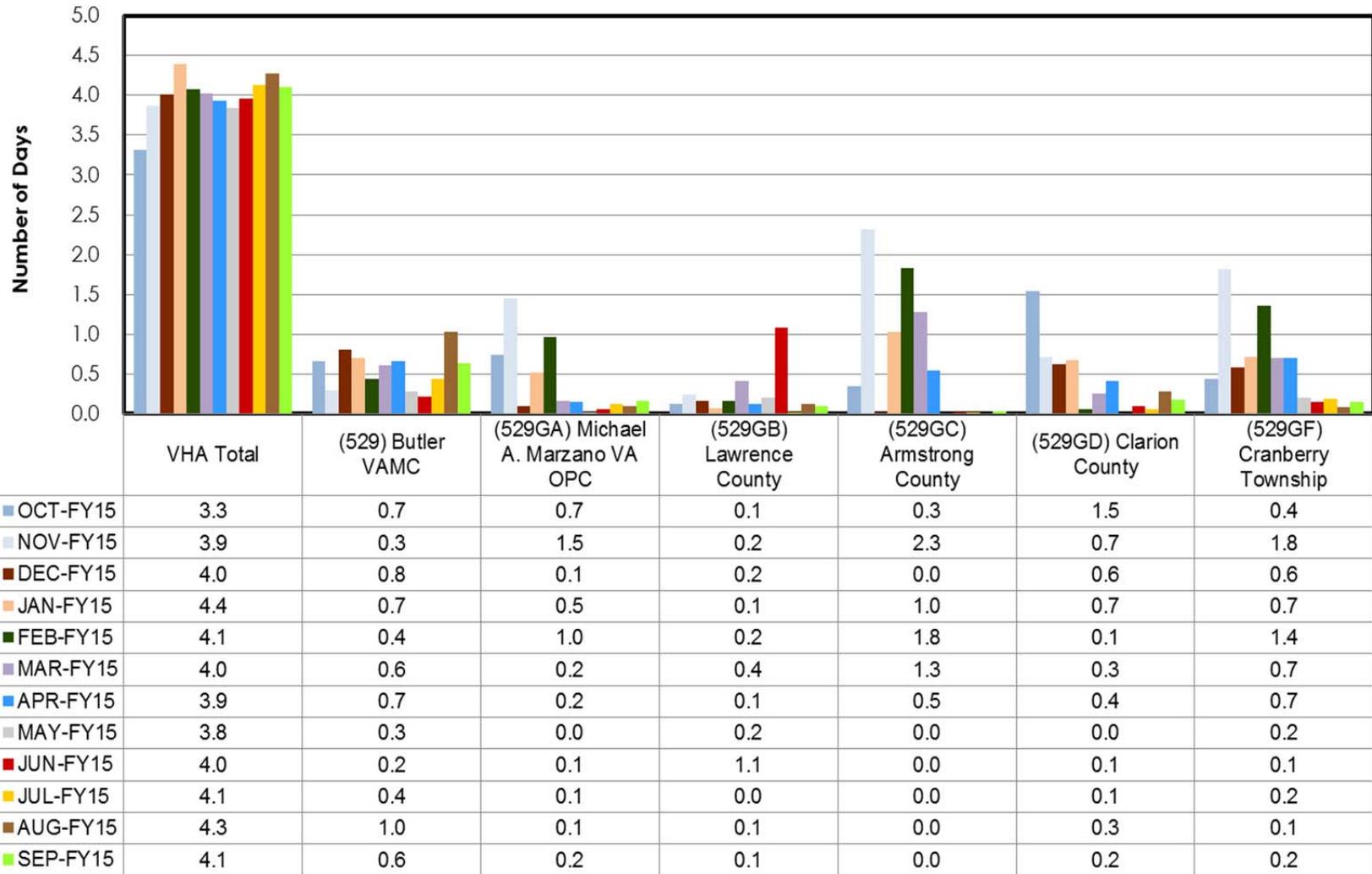
Patient Aligned Care Team Compass Metrics

FY 2015 New PC Patient Average Wait Time in Days
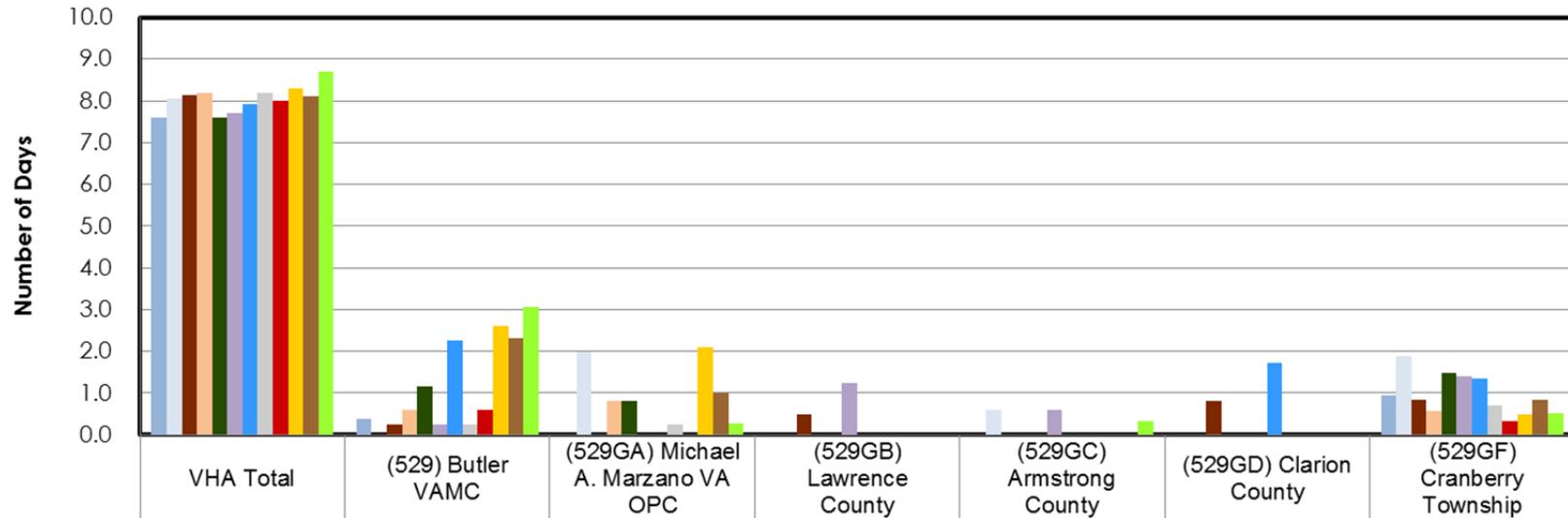
	VHA Total	(529) Butler VAMC	(529GA) Michael A. Marzano VA OPC	(529GB) Lawrence County	(529GC) Armstrong County	(529GD) Clarion County	(529GF) Cranberry Township
■ OCT-FY15	7.6	0.4	0.0	0.0	0.0	0.0	1.0
■ NOV-FY15	8.1	0.0	2.0	0.0	0.6	0.0	1.9
■ DEC-FY15	8.1	0.2	0.0	0.5	0.0	0.8	0.8
■ JAN-FY15	8.2	0.6	0.8	0.0	0.0	0.0	0.6
■ FEB-FY15	7.6	1.2	0.8	0.0	0.0	0.0	1.5
■ MAR-FY15	7.7	0.2	0.0	1.2	0.6	0.0	1.4
■ APR-FY15	7.9	2.3	0.0	0.0	0.0	1.7	1.3
■ MAY-FY15	8.2	0.2	0.3	0.0	0.0	0.0	0.7
■ JUN-FY15	8.0	0.6	0.0	0.0	0.0	0.0	0.3
■ JUL-FY15	8.3	2.6	2.1	0.0	0.0	0.0	0.5
■ AUG-FY15	8.1	2.3	1.0	0.0	0.0	0.0	0.8
■ SEP-FY15	8.7	3.1	0.3	0.0	0.3	0.0	0.5

Data Definition.[e] The average number of calendar days between a New Patient's PC completed appointment (clinic stops 322, 323, and 350, excluding Compensation and Pension appointments) and the earliest of three possible preferred (desired) dates (Electronic Wait List (EWL), Cancelled by Clinic Appointment, Completed Appointment) from the completed appointment date. *Note that prior to FY15, this metric was calculated using the earliest possible create date.*

FY 2015 Established PC Patient Average Wait Time in Days

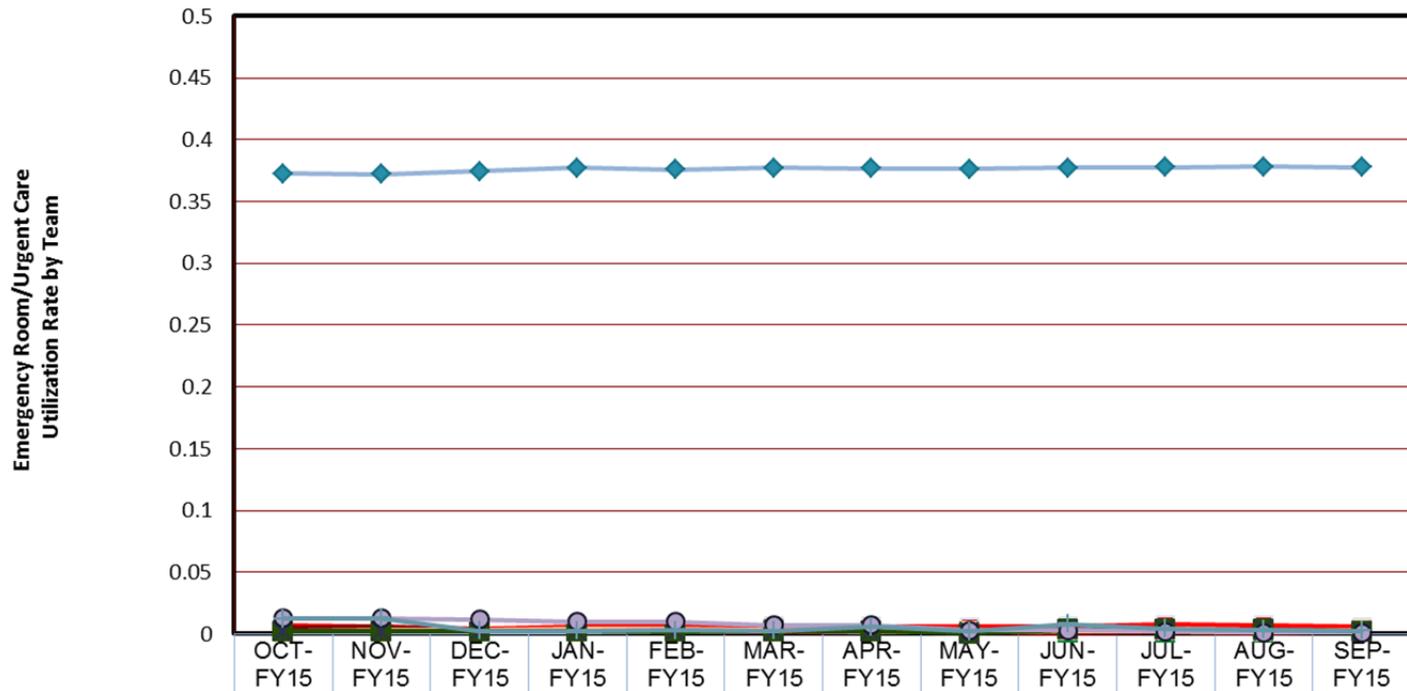|	VHA Total	(529) Butler VAMC	(529GA) Michael A. Marzano VA OPC	(529GB) Lawrence County	(529GC) Armstrong County	(529GD) Clarion County	(529GF) Cranberry Township
OCT-FY15	3.3	0.7	0.7	0.1	0.3	1.5	0.4
NOV-FY15	3.9	0.3	1.5	0.2	2.3	0.7	1.8
DEC-FY15	4.0	0.8	0.1	0.2	0.0	0.6	0.6
JAN-FY15	4.4	0.7	0.5	0.1	1.0	0.7	0.7
FEB-FY15	4.1	0.4	1.0	0.2	1.8	0.1	1.4
MAR-FY15	4.0	0.6	0.2	0.4	1.3	0.3	0.7
APR-FY15	3.9	0.7	0.2	0.1	0.5	0.4	0.7
MAY-FY15	3.8	0.3	0.0	0.2	0.0	0.0	0.2
JUN-FY15	4.0	0.2	0.1	1.1	0.0	0.1	0.1
JUL-FY15	4.1	0.4	0.1	0.0	0.0	0.1	0.2
AUG-FY15	4.3	1.0	0.1	0.1	0.0	0.3	0.1
SEP-FY15	4.1	0.6	0.2	0.1	0.0	0.2	0.2

Data Definition.[e] The average number of calendar days between an Established Patient's PC completed appointment (clinic stops 322, 323, and 350, excluding Compensation and Pension appointments) and the earliest of three possible preferred (desired) dates (Electronic Wait List (EWL), Cancelled by Clinic Appointment, Completed Appointment) from the completed appointment date.

FY 2015 Emergency Room/Urgent Care Utilization Rate for Assigned PC Patients

	OCT-FY15	NOV-FY15	DEC-FY15	JAN-FY15	FEB-FY15	MAR-FY15	APR-FY15	MAY-FY15	JUN-FY15	JUL-FY15	AUG-FY15	SEP-FY15
VHA Total	0.37	0.37	0.37	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38
(529) Butler VAMC	0.01	0.01	0.00	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01
(529GA) Michael A. Marzano VA OPC	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
(529GB) Lawrence County	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
(529GC) Armstrong County	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
(529GD) Clarion County	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.00	0.00	0.00	0.00	0.00
(529GF) Cranberry Township	0.01	0.01	0.00	0.00	0.00	0.00	0.01	0.00	0.01	0.00	0.00	0.00

Data Definition.[e] The total Emergency Room/Urgent Care encounters for assigned PC patients in the last 12 months divided by the Team Assignments. VHA Emergency Room/Urgent Care encounters are defined as encounters with a Primary Stop Code of 130 or 131 in either the primary or secondary position, excluding encounters with a Secondary Stop Code of 107, 115, 152, 311, 333, 334, 999, 474, 103, 430, 328, 321, 329, or 435 and the encounter was with a licensed independent practitioner (MD, DO, RNP, PA).

FY 2015 Team 2-Day Post Discharge Contact Ratio
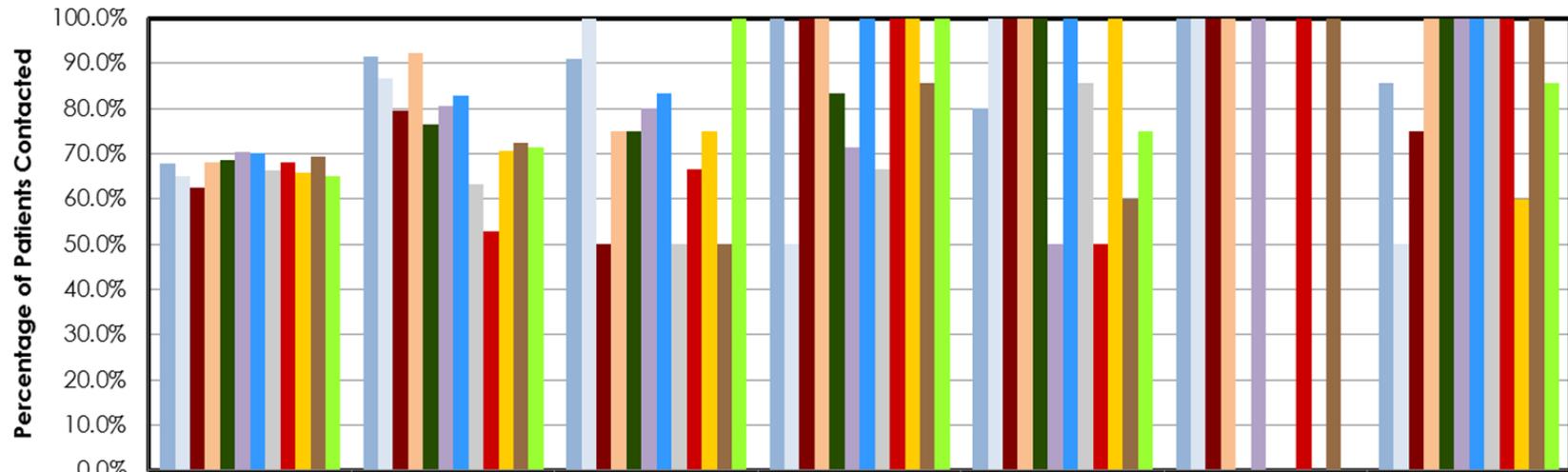
	VHA Total	(529) Butler VAMC	(529GA) Michael A. Marzano VA OPC	(529GB) Lawrence County	(529GC) Armstrong County	(529GD) Clarion County	(529GF) Cranberry Township
OCT-FY15	67.9%	91.4%	90.9%	100.0%	80.0%	100.0%	85.7%
NOV-FY15	64.9%	86.7%	100.0%	50.0%	100.0%	100.0%	50.0%
DEC-FY15	62.6%	79.6%	50.0%	100.0%	100.0%	100.0%	75.0%
JAN-FY15	68.0%	92.3%	75.0%	100.0%	100.0%	100.0%	100.0%
FEB-FY15	68.6%	76.5%	75.0%	83.3%	100.0%		100.0%
MAR-FY15	70.4%	80.5%	80.0%	71.4%	50.0%	100.0%	100.0%
APR-FY15	70.1%	82.9%	83.3%	100.0%	100.0%	0.0%	100.0%
MAY-FY15	66.3%	63.2%	50.0%	66.7%	85.7%	0.0%	100.0%
JUN-FY15	68.2%	52.9%	66.7%	100.0%	50.0%	100.0%	100.0%
JUL-FY15	65.9%	70.7%	75.0%	100.0%	100.0%	0.0%	60.0%
AUG-FY15	69.4%	72.4%	50.0%	85.7%	60.0%	100.0%	100.0%
SEP-FY15	65.1%	71.4%	100.0%	100.0%	75.0%	0.0%	85.7%

Data Definition.[e] The percent of assigned PC patients discharged from any VA facility who have been contacted by a PC team member within 2 business days during the reporting period. Patients are excluded if they are discharged from an observation specialty and/or readmitted within 2 business days to any VA facility. Team members must have been assigned to the patient's team at the time of the patient's discharge. Blank cells indicate the absence of reported data.

VISN Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: January 12, 2016

From: Network Director, VA Healthcare - VISN 4 (10N4)

Subject: Draft Report—Review of Community Based Outpatient Clinics and Other Outpatient Clinics at VA Butler Healthcare, Butler, Pennsylvania

To: Director, Management Review Service (VHA 10AR MRS OIG CAP CBOC)
Director, Baltimore Office of Healthcare Inspections (54BA)

1. I have reviewed the responses provided by VA Butler Healthcare and I am submitting to your office as requested. I concur with all responses.

2. If you have any questions or require additional informaiton, please contact Moira Hughes, VISN 4 Quality Management Officer at 412-822-3294.

1/12/2016

X *Michael D. Adelman, md.*

Michael D. Adelman, MD
Network Director - VISN 4
Signed by: Adelman, Michael

Facility Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: January 4, 2016

From: Director, VA Butler Healthcare (529/00)

Subject: **Review of CBOCs and OOCs of VA Butler Healthcare, Butler, PA**

To: Interim Director, VA Healthcare (10N4)

The findings from the Review of CBOCs and OOCs of VA Butler Healthcare, conducted during the week of November 30, 2015, have been reviewed.

Attached is the facility's response addressing all recommendations that are in progress and those that have been completed.

DAVID P. CORD

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 employees at the Cranberry Township VA Clinic receive annual training on the Exposure Control Plan for Bloodborne Pathogens.

Concur

Target date for completion: December 31, 2015

Facility response: All Cranberry CBOC Staff completed Blood-Borne Pathogen Training in December, 2015. This training requirement has been added to New Employee Orientation and Mandatory Annual training for contract staff and will automatically alert staff on the annual due date. The CBOC Nurse Manager is responsible for assuring all mandatory training is completed annually.

Recommendation 2. We recommended that managers ensure that staff at the Cranberry Township VA Clinic participate in emergency management training and exercises.

Concur

Target date for completion: December 31, 2015

Facility response: All Cranberry CBOC Staff completed Emergency Management Training in December, 2015. This training requirement has been added to New Employee Orientation and Mandatory Annual training for contract staff and will automatically alert staff on the annual due date. The CBOC Nurse Manager is responsible for assuring all mandatory training is completed annually.

Recommendation 3. We recommended that managers ensure that Cranberry Township VA Clinic employees receive the required hazardous communications training.

Concur

Target date for completion: December 31, 2015

Facility response: All Cranberry CBOC Staff completed Hazardous Communications Training in December, 2015. This training requirement has been added to New Employee Orientation and Mandatory Annual training for contract staff and will automatically alert staff on the annual due date. The CBOC Nurse Manager is responsible for assuring all mandatory training is completed annually.

Recommendation 4. We recommended that managers at the Cranberry Township VA Clinic ensure the information technology server closet is maintained according to information technology safety and security standards.

Concur

Target date for completion: April 10, 2016

Facility response: One key is maintained at the Cranberry CBOC in a locked cabinet separate from all other keys. The Lead Registered Nurse at the Cranberry CBOC has sole access to the key. The Lead RN will ensure that the visitor log is completed each time the IT closet is accessed. The CBOC Manager/designee will monitor the security of the key weekly until 90% compliance is achieved for three consecutive months. Compliance will then be monitored by the Information Security Officer as part of semi-annual Environment of Care Rounds.

Recommendation 5. We recommended that clinicians complete Home Telehealth enrollment consults.

Concur

Target date for completion: April 10, 2016

Facility response: A new consult note (attached) was created on November 25, 2015, and is utilized for all newly enrolled Home Telehealth Patients. All Home Telehealth Staff participated in a face to face training on the use of the new form. The Lead Care Coordinator will monitor that the template is utilized. This monitor will continue until 90% compliance is achieved for three consecutive months.

Recommendation 6. We recommended that clinicians document the Home Telehealth enrollment process prior to the entry of monthly monitoring notes.

Concur

Target date for completion: April 10, 2016

Facility response: All Home Telehealth Staff participated in a face to face training to review the requirements of the enrollment process including the timeliness of entering monthly notes. The Lead Care Coordinator will monitor the completion of the Home Telehealth Monthly Notes until 90% compliance is achieved for three consecutive months.

Recommendation 7. We recommended that clinicians consistently notify patients of their laboratory results within 14 days as required by VHA.

Concur

Target date for completion: April 10, 2016

Facility response: All clinicians participated in a face to face training to review the requirements of VA Butler Medical Center Memorandum PC-46, Reporting Test Results to Patients. The Associate Chief of Staff/Ambulatory Care/designee will monitor that clinicians have notified patients of laboratory results within 14 days as required. Ten records per week will be monitored until 90% compliance is achieved for three consecutive months.

Office of Inspector General
Contact and Staff Acknowledgments

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Endnotes

[a] References used for the EOC review included:
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- 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 1101.10, *Patient Aligned Care Team (PACT) Handbook*, February 5, 2014.
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- VHA Handbook 1330.01, *Health Care Services for Women Veterans,* May 21, 2010.
- VHA Handbook 1605.1, *Privacy and Release of Information*, May 17, 2006.
- VHA Handbook 1907.01, *Health Information Management*, July 22, 2014.
- VHA Telehealth Services, *Clinic Based Telehealth Operations Manual,* July 2014.

[b] References used for the HT Enrollment review included:
- *VHA Office of VHA Telehealth Services Home Telehealth Operations Manual*, April 13, 2015. Accessed from: http://vaww.telehealth.va.gov/pgm/ht/index.asp.

[c] References used for the Outpatient Lab Results Management review included:
- VHA, *Communication of Test Results Toolkit*, April 2012.
- VHA Handbook 2009-019, *Ordering and Reporting Test Results,* March 24, 2009.

[d] References used for the PTSD Care review included:
- Department of Veterans Affairs Memorandum, *Information Bulletin: Clarification of Posttraumatic Stress Disorder Screening Requirements*, August 2015.
- *VA/DoD Clinical Practice Guideline for Management of Post-Traumatic Stress*, Version 2.0, October 2010.
- VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008.
- VHA Handbook 1160.03, *Programs for Veterans with Post-Traumatic Stress Disorder (PTSD)*, March 12, 2010.
- *VHA Technical Manual – PTSD*, VA Measurement Manual PTSD-51.

[e] Reference used for Patient Aligned Care Team Compass data graphs:
- Department of Veterans' Affairs, *Patient Aligned Care Teams Compass Data Definitions*, accessed: June 25, 2015.