



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

**Office of Healthcare Inspections**

**Report No. 16-00007-206**

**Review of Community Based  
Outpatient Clinics and Other  
Outpatient Clinics  
of  
James A. Haley Veterans' Hospital  
Tampa, Florida**

**March 23, 2016**

**Washington, DC 20420**

**To Report Suspected Wrongdoing in VA Programs and Operations**

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## Glossary

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	primacy care
PTSD	post-traumatic stress disorder
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 James A. Haley Veterans' Hospital and Veterans Integrated Service Network 8 provide safe, consistent, and high-quality health care. The review evaluated the clinics' compliance with selected requirements for home telehealth enrollment documentation, outpatient lab results management, and post-traumatic stress disorder care. We also randomly selected the Forty Sixth Street South VA Mental Health and Eye Clinics, Tampa, FL, as a representative site and evaluated the environment of care on January 13, 2016.

**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 that:

- Managers monitor hand hygiene compliance at the Forty Sixth Street South VA Mental Health and Eye Clinics.
- The Facility Director ensures development and implementation of a policy for the management of clinical and mental health emergencies at the Forty Sixth Street South VA Eye Clinic.
- The Facility Director ensures documentation of a Hazard Vulnerability Assessment to identify potential emergencies at the Forty Sixth Street South VA Mental Health Clinic.
- Clinic managers ensure that sterile commercial supplies at the Forty Sixth Street South VA Eye Clinic are not expired.
- Clinic managers review the hazardous materials inventory twice within a 12-month period at the Forty Sixth Street South Mental Health Clinic.
- Clinic managers provide feminine hygiene disposal bins in women's public restrooms at the Forty Sixth Street South VA Mental Health Clinic.
- Clinic managers at the Forty Sixth Street South VA Mental Health and Eye Clinics ensure the information technology server closet is maintained according to information technology safety and security standards.

Home Telehealth Enrollment: Ensure that Clinic Providers:

- Sign Home Telehealth assessments and treatment plans.

Outpatient Lab Results Management. Ensure that:

- Clinicians consistently notify patients of their laboratory results within the timeframe set by local policy.

**Comments**

The Acting Veterans Integrated Service Network and Facility Directors agreed with the Community Based Outpatient Clinic and other outpatient clinic review findings and recommendations and provided acceptable improvement plans. (See Appendixes C and D, pages 17–21, for the full text of the Directors' comments.) We consider recommendation 6 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.<sup>1</sup> Details of the targeted study populations for the HT Enrollment Documentation, 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.

<sup>1</sup> 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 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.<sup>a</sup>

We reviewed relevant documents and conducted a physical inspection of the Forty Sixth Street South VA Mental Health and Eye Clinics. 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 these facilities are marked NA.

**Table 2. EOC**

NM	Areas Reviewed	Findings	Recommendations
<b>Document and Training Review</b>			
X	Managers monitored clinic staff's hand hygiene compliance.	Managers did not monitor hand hygiene compliance at the Forty Sixth Street South VA Mental Health and Eye Clinics.	<b>1.</b> We recommended that managers monitor hand hygiene compliance at the Forty Sixth Street VA Mental Health and Eye Clinics.
	Clinic managers provided training for employees on the Exposure Control Plan for Bloodborne Pathogens within the past 12 months for those newly hired and annually for others.		
	The clinic had a policy/procedure for life safety elements.		
X	The clinic had a policy for the management of clinical emergencies.	The Forty Sixth Street South VA Eye Clinic did not have a policy for the management of clinical emergencies.	<b>2.</b> We recommended that the Facility Director ensures the development and implementation of a policy for the management of clinical and mental health emergencies at the Forty Sixth Street South VA Eye Clinic.
X	The clinic had a policy for the management of mental health emergencies.	The Forty Sixth Street South VA Eye Clinic did not have a policy for the management of mental health emergencies.	

NM	Areas Reviewed (continued)	Findings	Recommendations
X	The clinic had a documented Hazard Vulnerability Assessment to identify potential emergencies.	The Forty Sixth Street South VA Mental Health Clinic did not have a documented Hazard Vulnerability Assessment that identified potential emergencies.	<b>3.</b> We recommended that the Facility Director ensures documentation of a Hazard Vulnerability Assessment to identify potential emergencies at the Forty Sixth Street South VA Mental Health Clinic.
	The Hazard Vulnerability Assessment was reviewed annually.		
	The clinic had a policy that requires clinic staff to receive regular information on their responsibilities in emergency response operations.		
	Clinic staff participated in regular emergency management training and exercises.		
	The clinic conducted fire drills at least once every 12 months for the past 24 months with documented critiques of the fire drills.		
	The clinic had a policy/procedure for the identification of individuals entering the clinic.		
	The clinic had a Workplace Behavioral Risk Assessment in place.		
	The alarm system or panic buttons in high-risk areas were tested during the past 12 months.		
	The clinic had written procedures to follow in the event of a security incident.		
	Clinic employees received training on the new chemical label elements and safety data sheet format.		
NA	The clinic had a policy/procedure for the cleaning and disinfection of telehealth equipment.		
<b>Physical Inspection</b>			
	The CBOC was clean.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	The furnishings and equipment were safe and in good repair.		
	Hand hygiene facilities and product dispensers were working and readily accessible to employees.		
	Personal protective equipment was available.		
	Sharps containers were closable, easily accessible, and not overfilled.		
	Clinic staff did not store food and drinks in refrigerators or freezers or on countertops or other areas where there is blood or other potentially infectious materials.		
X	Sterile commercial supplies were not expired.	Three bottles of sterile water irrigation were labeled with expired dates at the Forty Sixth Street South VA Eye Clinic.	<b>4.</b> We recommended that clinic managers ensure that sterile commercial supplies at the Forty Sixth Street South VA Eye Clinic are not expired.
	The clinic minimized the risk of infection when storing and disposing of medical waste.		
	The clinic had unobstructed access to fire alarms/pull stations.		
	The clinic had unobstructed access to fire extinguishers.		
	For fire extinguishers located in large rooms or are obscured from view, the clinic identified the locations of the fire extinguishers with signs.		
	The exit signs were visible from every direction.		
	Exit routes from the building were unobstructed.		
	Staff wore VA-issued identification badges.		
	The clinic controlled access to and from areas identified as security sensitive.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	The clinic had an alarm system or panic buttons in high-risk areas.		
X	The clinic's inventory of hazardous materials was reviewed for accuracy twice within the prior 12 months.	Managers did not review the CBOC's inventory of hazardous materials and waste at the Forty Sixth Street South VA Mental Health Clinic for accuracy twice within the prior 12 months.	5. We recommended that clinic managers review the Forty Sixth Street South VA Mental Health Clinic's hazardous materials inventory twice within a 12-month period.
	The clinic's safety data sheets for chemicals were readily available for the staff.		
	The clinic provided visual and auditory privacy for veterans at check-in.		
	The clinic provided visual and auditory privacy for patients in the interview areas.		
	Examination room doors were equipped with either an electronic or manual lock.		
	A privacy sign was available for use to indicate that a telehealth visit was in progress.		
	Documents containing patient-identifiable information were not visible or unsecured.		
	Clinic staff locked computer screens when they were not in use.		
	Information was not viewable on monitors in public areas.		
	Window coverings, if present, provided privacy.		
	Clinic staff protected patient-identifiable information to maintain patient privacy on laboratory specimens during transport.		
	The clinic had examination room(s) for women veterans which were located in a space where they did not open into a public waiting room or a high-traffic public corridor.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	The clinic provided adequate privacy for women veterans in the examination rooms.		
NA	The clinic provided feminine hygiene products in examination rooms where pelvic examinations were performed or in bathrooms within close proximity.		
X	Women's public restrooms had feminine hygiene products and disposal bins available for use.	The Forty Sixth Street South VA Mental Health Clinic did not provide feminine hygiene disposal bins for use in women's public restrooms.	<b>6.</b> We recommended that clinic managers provide feminine hygiene disposal bins in women's public restrooms at the Forty Sixth Street South VA Mental Health Clinic.
	Multi-dose medication vials were not expired.		
	All medications were secured from unauthorized access.		
	The information technology network room/server closet was secured/locked.		
X	Access to the information technology network room/server closet was restricted to personnel authorized by Office of Information and Technology, as evidenced by a list of authorized individuals.	Access to the information technology network room/server closet at the Forty Sixth Street South VA Mental Health and Eye Clinics was not restricted to personnel authorized by Office of Information and Technology.	<b>7.</b> We recommended that clinic managers at the Forty Sixth Street South VA Mental Health and Eye Clinics ensure the information technology server closet is maintained according to information technology safety and security standards.
X	Access to the information technology network room/server closet was documented, as evidenced by the presence of a sign-in/sign-out log.	The Forty Sixth Street South VA Eye Clinic did not document access to the information technology network room/server closet.	

## 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.<sup>b</sup>

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 3. HT Enrollment**

NM	Areas Reviewed	Findings	Recommendations
	Clinicians entered a consult for HT services.		
	Clinicians completed the HT enrollment requests or "consults."		
	Clinicians documented contact with the patient to evaluate suitability for HT services.		
	Clinicians documented the patient or caregiver's verbal informed consent for HT services.		
	Clinicians documented assessments and treatment plans for HT patients.		
X	Providers signed HT assessments and treatment plans.	Providers did not sign 12 of 50 patients' HT assessments and treatment plans (24 percent).	<b>8.</b> We recommended that providers sign Home Telehealth assessments and treatment plans.
	Monthly monitoring notes were documented for each month of HT program participation.		
	Documentation of HT enrollment (consult, screening, and/or initial assessment notes) was completed 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.<sup>c</sup>

We reviewed relevant documents and 44 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	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 11 of 44 patients (25 percent) of their lab results within the timeframe set by local policy.	<b>9.</b> We recommended that clinicians consistently notify patients of their laboratory results within the timeframe set by local policy.
	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.<sup>d</sup>

We reviewed relevant documents and 41 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.<sup>2</sup> 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.<sup>3</sup>

Location	Station #	Rurality	Outpatient Classification <sup>6</sup>	Outpatient Workload / Encounters <sup>4</sup>			Services Provided <sup>5</sup>		
				PC	MH	Specialty Clinics <sup>7</sup>	Specialty Care <sup>8</sup>	Ancillary Services <sup>9</sup>	
New Port Richey, FL	673BZ	Urban	Multi-Specialty CBOC	38,079	19,344	16,906	Cardiology Dental Dermatology GI Nephrology Optometry Podiatry Surgery	Audiology Diabetes Care Diabetic Retinal Screening EKG HBPC Imaging Services	Laboratory MOVE! Program <sup>10</sup> Pharmacy Prosthetics/Orthotics PFT Social Work VIST
Lakeland, FL	673GB	Urban	Multi-Specialty CBOC	14,487	10,524	4,277	Nephrology Podiatry Rheumatology	Anti-Coagulation Clinic Audiology Diabetes Care EKG HBPC	Imaging Services MOVE! Program Nutrition Pharmacy Prosthetics/Orthotics Respiratory Therapy

<sup>2</sup> Includes all CBOCs in operation before August 15, 2015. We have omitted 673QA (Tampa), 673QB (Tampa), 673QC (Lakeland), 673QD (New Port Richey), 673QE (New Port Richey), 673QF (Tampa), 673QG (New Port Richey), 673QH (Tampa), 673QI (Zephyrhills), and 673QJ (Tampa), as no workload/encounters or services were reported.

<sup>3</sup> <http://vssc.med.va.gov/>

<sup>4</sup> 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.

<sup>5</sup> The denoted Specialty Care and Ancillary Services are limited to Primary Clinic Stops with a count  $\geq 100$  encounters during the October 1, 2014, through September 30, 2015, timeframe at the specified CBOC.

<sup>6</sup> VHA Handbook 1006.02, *VHA Site Classifications and Definitions*, December 30, 2013.

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

<sup>8</sup> Specialty Care Services refer to non-Primary Care and non-Mental Health services provided by a physician.

<sup>9</sup> Ancillary Services refer to non-Primary Care and non-Mental Health services that are not provided by a physician.

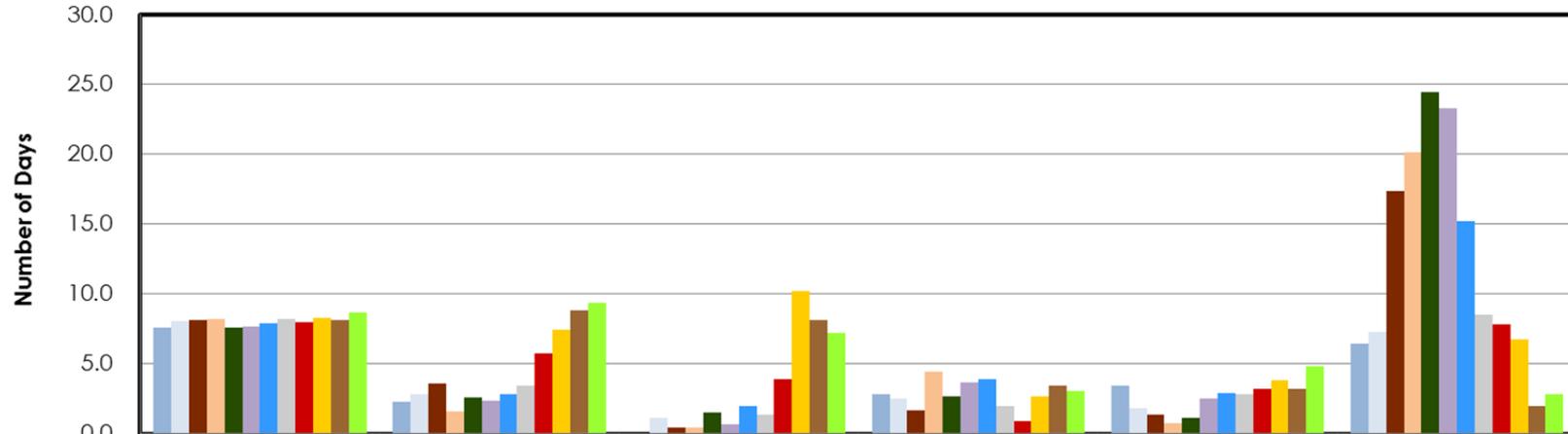
<sup>10</sup> VHA Handbook 1120.01, *MOVE! Weight Management Program for Veterans*, March 31, 2011.

Location (continued)	Station #	Rurality	Outpatient Classification	Outpatient Workload / Encounters			Services Provided		
				PC	MH	Specialty Clinics	Specialty Care	Ancillary Services	
Brooksville, FL	673GC	Urban	Multi-Specialty CBOC	12,407	8,010	2,932	Dermatology Nephrology Podiatry	Audiology Diabetes Care EKG MOVE! Program Nutrition	Pharmacy Prosthetics/Orthotics Respiratory Therapy Social Work
Zephyrhills, FL	673GF	Urban	Primary Care CBOC	8,353	3,738	113	Dermatology	EKG MOVE! Program	Pharmacy

EKG=Electrocardiography; GI=Gastroenterology; HBPC=Home Based Primary Care; PFT=Pulmonary Function Test; VIST=Visual Impairment Services Team

## Patient Aligned Care Team Compass Metrics

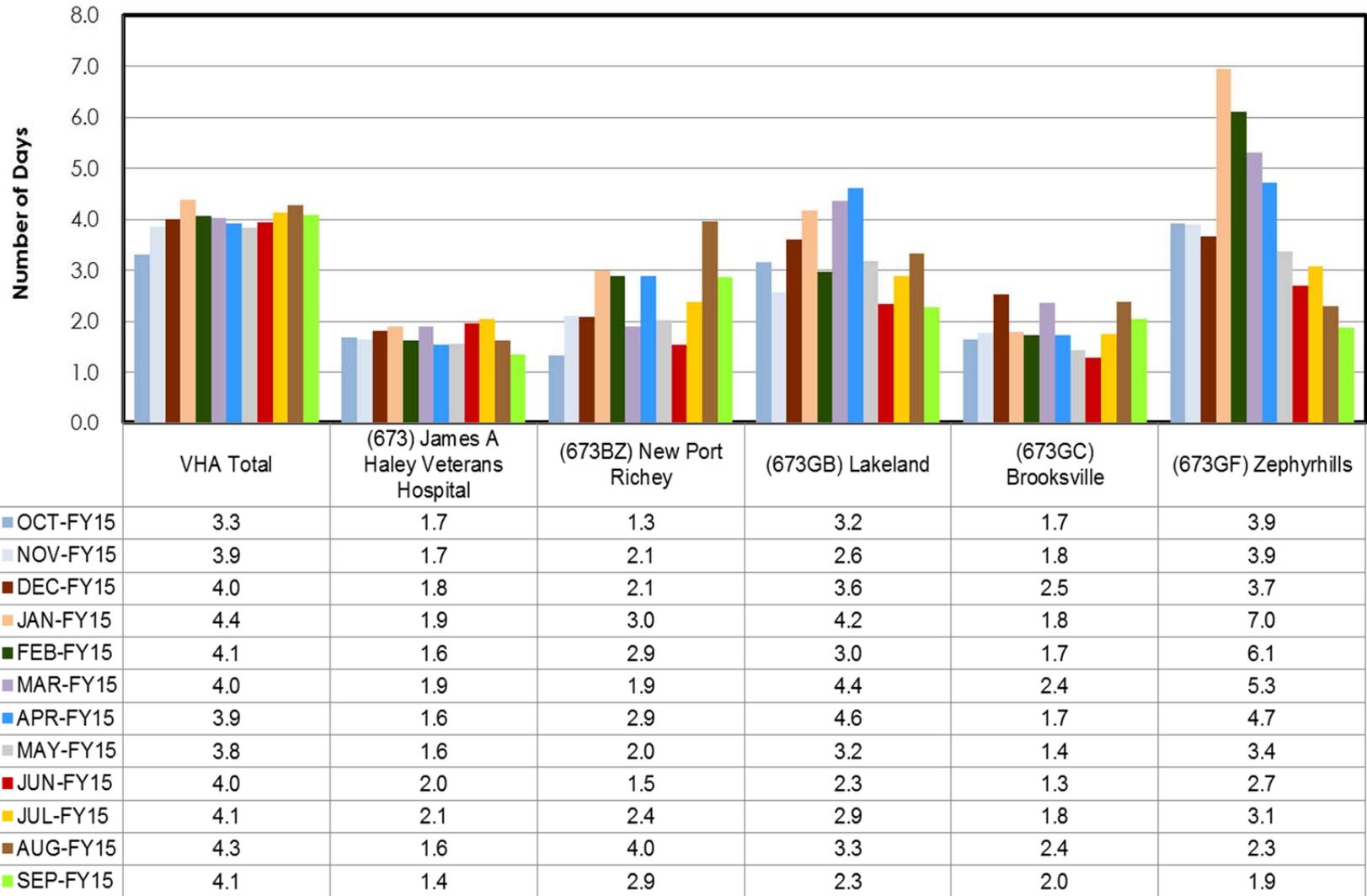
### FY 2015 New PC Patient Average Wait Time in Days



	VHA Total	(673) James A Haley Veterans Hospital	(673BZ) New Port Richey	(673GB) Lakeland	(673GC) Brooksville	(673GF) Zephyrhills
■ OCT-FY15	7.6	2.3	0.1	2.8	3.4	6.4
■ NOV-FY15	8.1	2.8	1.1	2.5	1.9	7.3
■ DEC-FY15	8.1	3.6	0.4	1.6	1.4	17.4
■ JAN-FY15	8.2	1.6	0.4	4.4	0.8	20.1
■ FEB-FY15	7.6	2.6	1.5	2.7	1.1	24.4
■ MAR-FY15	7.7	2.3	0.7	3.6	2.5	23.3
■ APR-FY15	7.9	2.8	1.9	3.9	2.9	15.2
■ MAY-FY15	8.2	3.5	1.3	2.0	2.8	8.5
■ JUN-FY15	8.0	5.7	3.9	0.9	3.2	7.8
■ JUL-FY15	8.3	7.4	10.2	2.7	3.8	6.8
■ AUG-FY15	8.1	8.8	8.1	3.4	3.2	2.0
■ SEP-FY15	8.7	9.4	7.2	3.0	4.8	2.8

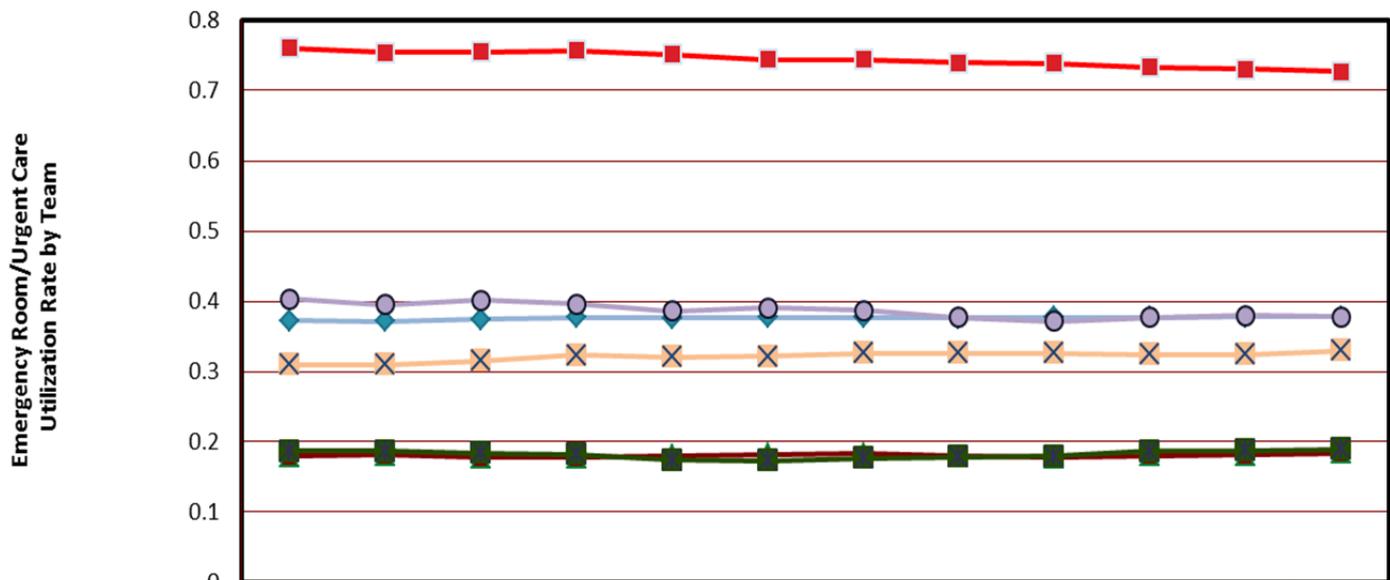
**Data Definition.<sup>e</sup>** The average number of calendar days between a New Patient’s PC completed appointment (clinic stops 322, 323, and 350, excluding Compensation and Pension appointments) and the earliest of three possible preferred (desired) dates (Electronic Wait List (EWL), Cancelled by 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



**Data Definition.**<sup>e</sup> 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.

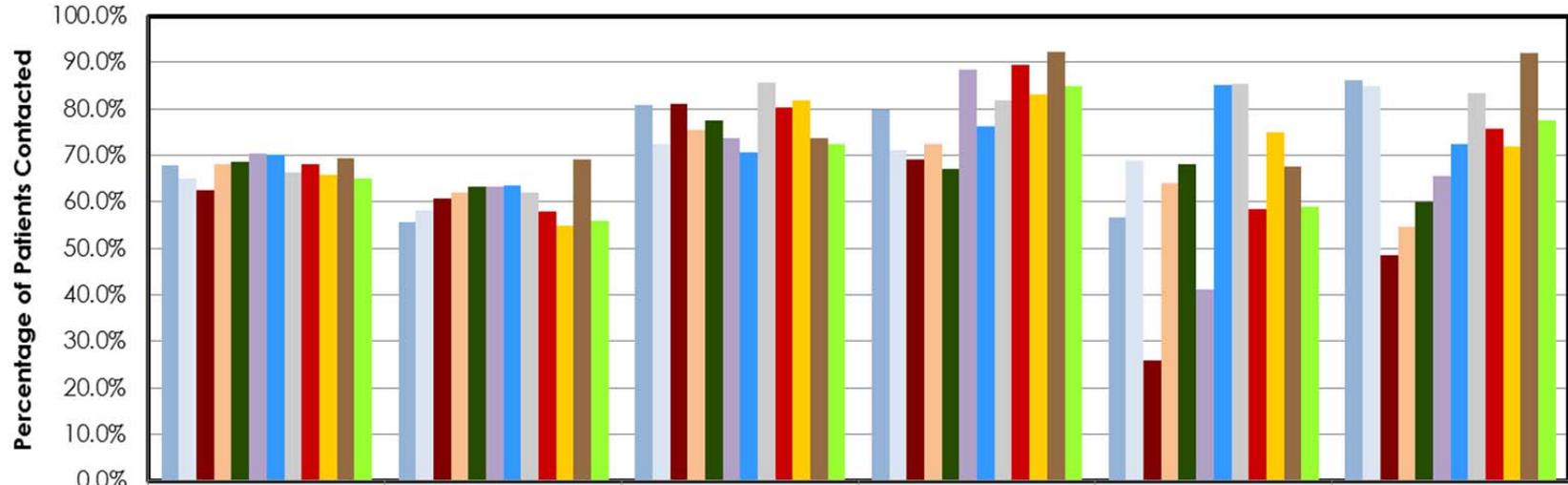
### FY 2015 Emergency Room/Urgent Care Utilization Rate for Assigned PC Patients



	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
■ (673) James A Haley Veterans Hospital	0.76	0.75	0.76	0.76	0.75	0.74	0.74	0.74	0.74	0.73	0.73	0.73
▲ (673BZ) New Port Richey	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18
× (673GB) Lakeland	0.31	0.31	0.32	0.32	0.32	0.32	0.33	0.33	0.33	0.33	0.32	0.33
■ (673GC) Brooksville	0.19	0.19	0.18	0.18	0.17	0.17	0.18	0.18	0.18	0.19	0.19	0.19
● (673GF) Zephyrhills	0.40	0.40	0.40	0.40	0.39	0.39	0.39	0.38	0.37	0.38	0.38	0.38

**Data Definition.**<sup>e</sup> 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	(673) James A Haley Veterans Hospital	(673BZ) New Port Richey	(673GB) Lakeland	(673GC) Brooksville	(673GF) Zephyrhills
OCT-FY15	67.9%	55.6%	80.9%	79.7%	56.7%	86.1%
NOV-FY15	64.9%	58.1%	72.5%	71.2%	69.0%	85.0%
DEC-FY15	62.6%	60.8%	81.0%	69.2%	25.8%	48.6%
JAN-FY15	68.0%	62.0%	75.5%	72.3%	64.0%	54.5%
FEB-FY15	68.6%	63.2%	77.5%	67.1%	68.0%	60.0%
MAR-FY15	70.4%	63.2%	73.6%	88.3%	41.2%	65.5%
APR-FY15	70.1%	63.6%	70.5%	76.1%	85.2%	72.4%
MAY-FY15	66.3%	61.9%	85.6%	81.9%	85.3%	83.3%
JUN-FY15	68.2%	57.9%	80.4%	89.4%	58.5%	75.8%
JUL-FY15	65.9%	54.9%	81.9%	83.1%	75.0%	71.9%
AUG-FY15	69.4%	69.1%	73.7%	92.2%	67.6%	91.9%
SEP-FY15	65.1%	56.0%	72.3%	84.8%	58.8%	77.4%

**Data Definition.<sup>e</sup>** 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.

## Acting Veterans Integrated Service Network Director Comments

**Department of  
Veterans Affairs**

# Memorandum

**Date:** February 25, 2016

**From:** Acting Director, VA Sunshine Healthcare Network (10N8)

**Subject:** **Review of CBOCs and OOCs of James A. Haley Veterans' Hospital, Tampa, FL**

**To:** Director, Washington, DC Regional Office of Healthcare Inspections (54DC)

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

1. I have reviewed and concur with the response from the James A. Haley Veterans' Hospital.
2. If you have any questions or require additional information, please contact Jodi Johnson, VISN 8 Deputy Quality Management Officer at 727-575-8068.

*(original signed by:)*  
Miguel H. LaPuz, MD, MBA

Attachment

## Facility Director Comments

**Department of  
Veterans Affairs**

# Memorandum

**Date:** February 17, 2016

**From:** Director, James A. Haley Veterans' Hospital (673/00)

**Subject:** **Review of CBOCs and OOCs of James A. Haley Veterans' Hospital, Tampa, FL**

**To:** Acting Director, VA Sunshine Healthcare Network (10N8)

1. We appreciate the opportunity to work with the Office of Inspector General as we continuously strive to improve the quality of healthcare for America's Veterans.
2. I concur with the findings and recommendations of the OIG CBOC and OOCs Survey Team. The importance of this review is acknowledged as we continually strive to provide the best possible care.
3. If you have any questions, please contact Debra DellaRatta, Chief, Quality Management Service at (813) 972-2000, extension 6604.

*(original signed by:)*  
Joe D. Battle

## 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 monitor hand hygiene compliance at the 46th Street VA Mental Health and Eye Clinics.

Concur

Target date for completion: June 30, 2016

Facility response: MH and Eye Clinic will participate in the facility hand hygiene program and report monitoring to the Infection Control Coordinator beginning in February 2016. The hand hygiene data is reported to the Infection Control Committee on a monthly basis.

**Recommendation 2.** We recommended that the Facility Director ensures the development and implementation of a policy for the management of clinical and mental health emergencies at the 46th Street South VA Eye Clinic.

Concur

Target date for completion: March 4, 2016

Facility response: The Eye Clinic will develop and implement a service specific Standard Operating Procedure (SOP) for the management of clinical and mental health emergencies. All staff will be educated on the SOP with documentation submitted to Quality Management Service (QMS) by March 4, 2016.

**Recommendation 3.** We recommended that the Facility Director ensures documentation of a Hazard Vulnerability Assessment to identify potential emergencies at the Forty Sixth Street South VA Mental Health Clinic.

Concur

Target date for completion: Closed

Facility response: A Hazard Vulnerability Assessment (HVA) was completed on February 5, 2016 for the 46<sup>th</sup> Street South VA Mental Health Clinic. This was documented via the Emergency Management annual evaluation and paper copies are kept onsite at both the 46<sup>th</sup> Street South VA Mental Health Clinic and the Emergency Management office located at the main hospital. Additionally, electronic copies of all HVAs can be accessed via the JAHVH Emergency Management homepage.

**Recommendation 4.** We recommended that clinic managers ensure that sterile commercial supplies at the 46<sup>th</sup> Street South VA Eye Clinic are not expired.

Concur

Target date for completion: Closed

Facility response: Expired sterile supplies discarded at time of inspection. Policy on clean supply room communicated to staff on January 19, 2016. Clinical staff monitor supplies weekly and facility EOC team conducts inspection at clinical locations twice a year.

**Recommendation 5.** We recommended that clinic managers review the Forty Sixth Street South VA Mental Health Clinic's hazardous materials inventory twice within a 12-month period.

Concur

Target date for completion: Closed

Facility response: MH&BS Administrative Officer completed a review of the hazardous materials and uploaded the inventory list to the SharePoint site on 2/16/2016. The Administrative Officer will ensure all hazardous materials are reviewed and the inventory list is updated on a semi-annual basis. The inventory list will be placed in the Green MSDS binder. A copy of this list will be uploaded on the GEMS folder of the Share Point site.

**Recommendation 6.** We recommended that clinic managers provide feminine hygiene disposal bins in women's public restrooms at the 46th Street South VA Mental Health Clinic.

Concur

Target date for completion: February 18, 2016

Facility response: Eight feminine disposal bins were purchased and are scheduled to be installed on February 18, 2016 on site at the 46th Street South VA Mental Health Clinic.

**Recommendation 7.** We recommended that clinic managers at the 46th Street South VA Mental Health and Eye Clinics ensure the information technology server closet is maintained according to information technology safety and security standards.

Concur

Target date for completion: Closed

Facility response: On January 22, 2016, a posted list of individuals authorized to access the IT network rooms were posted in the IT network rooms. Additionally, a sign in/sign out log was posted for authorized individuals to document access to the IT network rooms.

**Recommendation 8.** We recommended that providers sign Home Telehealth assessments and treatment plans.

Concur

Target date for completion: May 30, 2016

Facility response: The Home Telehealth (HT) Nurse Manager will submit 10 audits each month for the months of February, March and April 2016 to assess compliance with providers signing the Home Telehealth assessment and treatment plans using an audit tool. The target for this review is 90%. Monthly audits will be reported to the Patient Care Executive Board (PCEB).

**Recommendation 9.** We recommended that clinicians consistently notify patients of their laboratory results within the timeframe set by local policy.

Concur

Target date for completion: May 30, 2016

Facility response: The new guidance for communication of test results per VHA Directive 1088 was presented to the organized Medical and Dental staff at the annual Medical Staff meeting. The ACOS Ambulatory Care and designee will monitor that clinicians have notified patients within 14 days for normal Sodium and Potassium results as required. A random selection of 20 patients per month for February, March and April will be audited for 90% compliance. Results will be reported monthly to the Performance Improvement Council (PIC).

## Office of Inspector General Contact and Staff Acknowledgments

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## Endnotes

<sup>a</sup> References used for the EOC review included:

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- Joint Commission, *Joint Commission Comprehensive Accreditation and Certification Manual*, July 1, 2015.
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<sup>b</sup> 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>.

<sup>c</sup> 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.

<sup>d</sup> 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.
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<sup>e</sup> 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.