



Department of Veterans Affairs Office of Inspector General

Healthcare Inspection

Community Based Outpatient Clinic Reviews

Bangor and Portland, ME

Conway and Tilton, NH

Rutland and Colchester, VT

To Report Suspected Wrongdoing in VA Programs and Operations

**Telephone: 1-800-488-8244 between 8:30AM and 4PM Eastern Time,
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Executive Summary

Introduction

As requested in House Report 110-775, to accompany H.R. 6599, Military Construction, Veterans Affairs, and Related Agencies Appropriation Bill, fiscal year (FY) 2009, the VA Office of Inspector General (OIG) is beginning a systematic review of Veterans Health Administration (VHA) community based outpatient clinics (CBOCs).

The VA Office of Inspector General (OIG), Office of Healthcare Inspections conducted a review of six Community Based Outpatient Clinics (CBOCs) during the week of April 13–17, 2009. The CBOCs reviewed were Bangor and Portland, ME; Conway and Tilton, NH; and Rutland and Colchester, VT. The parent facilities of these CBOCs are Togus VAMC, Manchester VAMC, and White River Junction VAMC, respectively. The purpose of the review was to assess whether CBOCs are operated in a manner that provides veterans with consistent, safe, high-quality health care. The CBOCs and parent facilities are all part of Veterans Integrated Service Network (VISN) 1.

Results and Recommendations

The CBOC review covered five topics. In our review, we noted several opportunities for improvement and made recommendations to address all of these issues. The Director, VISN 1, in conjunction with the respective facility manager, should take appropriate actions on the following recommendations:

- Initiate providers' background checks according to policy.
- Maintain patients' privacy during the check-in process.
- Provide proper CBOC access to disabled patients.
- Conduct fire drills at least annually.
- Certify that all clinical staff hold current Basic Cardiac Life Support (BCLS) certification.
- Require that clinical managers review the privileges that have been granted to clinic staff and grant privileges that are consistent with providers' practices.
- Align contract requirements for licensed independent practitioners (LIP) with VHA requirements.
- Post signage to inform of unauthorized areas.
- Protect patient personally identifiable information in a secure fashion and monitor appropriate shredding practices.

Comments

The VISN and VAMC Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes A–D, pages 19–27, for the full text of the Directors’ comments.) We will follow up on the planned actions until they are completed.

(original signed by:)

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Part I. Introduction

Purpose

As requested in House Report 110-775, to accompany H.R. 6599, Military Construction, Veterans Affairs, and Related Agencies Appropriation Bill, fiscal year 2009 (FY09), the VA Office of Inspector General (OIG) is undertaking a systematic review of the Veterans Health Administration's (VHA's) community-based outpatient clinics (CBOCs) and Vet Centers.

Background

The Veterans' Health Care Eligibility Reform Act of 1996 was enacted to equip VA with ways to provide veterans with medically needed care in a more equitable and cost-effective manner. As a result, VHA expanded the Ambulatory and Primary Care Services to include CBOCs located throughout the United States. CBOCs were established to provide more convenient access to care for currently enrolled users and to improve access opportunities within existing resources for eligible veterans not currently served.

Veterans are required to receive one standard of care at all VHA health care facilities. Care at CBOCs needs to be consistent, safe, and of high quality, regardless of model (VA staffed or contract). CBOCs are expected to comply with all relevant VA policies and procedures, including those related to quality, patient safety, and performance. For additional background information, see the *Informational Report for the Community Based Outpatient Clinic Cyclical Reports*, 08-00623-169, issued July 16, 2009.

Scope and Methodology

Objectives. The purpose of this review is to assess whether CBOCs are operated in a manner that provides veterans with consistent, safe, high-quality health care in accordance with VA policies and procedures. The objectives of the review are to:

- Determine whether CBOC performance measure scores are comparable to the parent VAMC outpatient clinics.
- Determine whether CBOC providers are appropriately credentialed and privileged in accordance to VHA Handbook 1100.19.¹
- Determine whether CBOCs maintain the same standard of care as their parent facility to address the Mental Health (MH) needs of Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) era veterans.

¹ VHA Handbook 1100.19, *Credentialing and Privileging*, November 14, 2008.

- Determine whether CBOCs are in compliance with standards of operations according to VHA Handbook 1006.1² in the areas of environmental safety and emergency planning.
- Determine the effect of CBOCs on veteran perception of care.
- Determine whether CBOC contracts are administered in accordance with contract terms and conditions.

Scope. We reviewed CBOC policies, performance documents, provider credentialing and privileging (C&P) files, and nurses' training records. For each CBOC, random samples of 50 patients with a diagnosis of diabetes, 50 patients with a diagnosis of ischemic vascular disease, and 30 patients with a service date after September 11, 2001, without a diagnosis of post-traumatic stress disorder (PTSD), were selected, unless fewer patients were available. We reviewed the medical records of these selected patients to determine compliance with VHA performance measures.

We conducted environment of care (EOC) inspections to determine the CBOCs' cleanliness and conditions of the patient care areas; conditions of equipment, adherence to clinical standards for infection control and patient safety; and compliance with patient data security requirements.

We also reviewed fiscal year (FY) 2008 Survey of Healthcare Experiences of Patients (SHEP) data to determine patients' perceptions of the care they received at the CBOCs.

We conducted the inspection in accordance with *Quality Standards for Inspections* published by the President's Council on Integrity and Efficiency.

In this report, we make recommendations for improvement.

² VHA Handbook 1006.1, *Planning and Activating Community-Based Outpatient Clinics*, May 19, 2004.

Part II. CBOC Characteristics

Veterans Integrated Service Network (VISN) 1 has 8 VHA hospitals and 46 CBOCs. As part of our review, we inspected 6 CBOCs (4 leased and 2 contracted). There were 2 CBOCs each from 3 VA medical centers (VAMCs). The CBOCs reviewed were Bangor and Portland, ME; Conway and Tilton, NH; and Rutland and Colchester, VT. The parent facilities of these CBOCs are Togus VAMC, Manchester VAMC, and White River Junction (WRJ) VAMC, respectively.

We formulated a list of CBOC characteristics and developed a questionnaire for data collection. The characteristics included identifiers and descriptive information for the CBOC evaluation.

In FY 2008, the average number of unique patients seen at the VA-staffed CBOCs was 3,244.5 (range 667 to 6,634) and at the contract CBOCs was 1,102 (range 811 to 1,393). Figure 1 shows characteristics of the six CBOCs we reviewed to include type of CBOC, rurality, number of clinical full-time equivalent employees (FTE), number of unique veterans enrolled in the CBOC, and number of veteran visits.

VISN Number	CBOC Name	Parent VAMC	CBOC Type	Urban/Rural	Number of Clinical Providers (FTE)	Uniques	Visits
1	Bangor, ME	Togus, ME	VA Staffed	Urban	10.5	6,634	15,565
1	Portland, ME	Togus, ME	VA Staffed	Urban	5.1	667	6,341
1	Conway, NH	Manchester, NH	Contract	Rural	0.7	811	3,964
1	Tilton, NH	Manchester, NH	VA Staffed	Rural	1.0	1,613	5,180
1	Rutland, VT	WRJ, VT	Mixed (VA Staffed & Contract)	Urban	1.1	1,393	4,762
1	Colchester, VT	WRJ, VT	VA Staffed	Rural	3.7	4,064	18,211

Figure 1 - CBOC Characteristics, FY 2008

Three out of the six CBOCs provide Specialty Care services onsite (Bangor, Tilton, Colchester), while the other three CBOCs must refer patients to the parent facility. Portland also refers patients to a contract or fee basis facility. The specialty services identified by the CBOCs included Cardiology, Optometry, and Traumatic Brain Injury (TBI) Polytrauma.

While five out of six CBOCs have laboratory services onsite, none performed blood or urine analysis. Five CBOCs provide electrocardiograms (EKGs). Only one CBOC had an onsite pharmacy (Bangor), and one CBOC (Rutland) provided radiological services.

All six CBOCs provide MH services onsite. The type of MH provider varied among the CBOCs. A psychiatrist provided MH services at four out of the six CBOCs, and a psychologist provided MH services at three CBOCs. Three of the CBOCs provided MH services 5 days a week (Bangor, Portland, Colchester), and one CBOC (Rutland)

provides MH services 4 days per week. MH services are available 2 days per week at the Conway and Tilton CBOCs. Additional CBOC characteristics are listed in Appendix E.

Part III. Overview of Review Topics

The review topics discussed in this report include:

- Quality of Care Measures.
- C&P.
- EOC and Emergency Management.
- Patient Satisfaction.
- CBOC Contracts.

The criteria used for these reviews are discussed in detail in the *Informational Report for the Community Based Outpatient Cyclical Reports*, 08-00623-169, issued July 16, 2009.

We evaluated the quality of care measures by reviewing 50 patients with a diagnosis of diabetes, 50 patients with a diagnosis of ischemic vascular disease, and 30 patients with a service date after September 11, 2001 (without a diagnosis of PTSD), unless fewer patients were available. We reviewed the medical records of these selected patients to determine compliance with first (1st) quarter (Qtr), FY 2009 VHA performance measures.

We conducted an overall review to assess whether the medical center's C&P process complied with VHA Handbook 1100.19 issued November 14, 2008. We reviewed all CBOC providers C&P files and all nursing staff personnel folders. In addition, we reviewed the background checks for the CBOC clinical staff.

We conducted EOC inspections at each CBOC, evaluating cleanliness, adherence to clinical standards for infection control and patient safety, and compliance with patient data security requirements. We evaluated whether the CBOCs had a local policy/guideline defining how health emergencies, including mental health emergencies, are handled.

We reviewed and discussed recent SHEP data (FY 2008) with the senior leaders. If the SHEP scores did not meet VHA's target goal of 77, we interviewed the senior managers to assess whether they had analyzed the data and taken action to improve their scores.

We evaluated whether the two CBOC contracts (Rutland and Conway) provided guidelines that the contractor needed to follow in order to address quality of care issues. We also verified that the number of enrollees or visits reported was supported by collaborating documentation.

Part IV. Results and Recommendations

A. VISN 1, Togus VAMC – Bangor and Portland

Quality of Care Measures

The Bangor CBOC equaled or exceeded their parent facility's quality measure scores and met the VHA target goals with the exception of diabetes mellitus (DM) retinal eye exam indicator. The Portland CBOC had slightly lower scores than the parent facility in the following quality measures: DM foot inspection and pedal pulses, retinal eye exam, and low-density lipoprotein cholesterol (LDL-C) screen. (See Appendix F.)

Credentialing and Privileging

We reviewed the C&P files of five providers and the personnel folders of four nurses at the Bangor CBOC and five providers and one nurse at the Portland CBOC. All providers possess a full, active, current, and unrestricted license. All nurses' license and education requirements were verified and documented.

We found one provider's background check was not initiated in a timely manner at the Bangor CBOC. According to VHA policy,³ all Federal appointments are subject to background checks. Background investigations must be initiated within 14 calendar days of an individual's appointment to a position. The provider's entry on duty date was 1993; however, a background check was not initiated until August 23, 2007. At the time of our visit, the background check had not been completed.

Recommendation 1. We recommended that the VISN 1 Director ensure that the Togus VA Medical Center Director requires all background checks are initiated according to policy for the Bangor and Portland CBOCs.

The VISN and Medical Center Directors concurred with our findings and recommendation. A screening checklist will be utilized for every applicant, and any delinquent or outstanding background checks will be tracked monthly by the Compliance & Business Integrity Committee until the checks have been completed. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

³ VHA Handbook 0710, *Personnel Suitability and Security Program*, September 10, 2004.

Environment and Emergency Management

Environment of Care

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, infection control, and general maintenance. The internal EOC was clean and well maintained at both sites. However, we found the following areas that needed improvement:

Auditory Privacy

There was no auditory privacy for patients during the check-in process at both CBOCs. Patients communicate with staff through a slide-open glass window at the Bangor CBOC and through a solid shatterproof window at the Portland CBOC. At both sites the check-in windows are located in the patient waiting room, where other patients sit within several feet of the windows.

Accessible Approach/Entrance

Patients in wheelchairs would require assistance to enter the Portland CBOC. The door was extremely heavy, opens to an outside public sidewalk, and was not equipped with an automatic door opener or door bell to assist patients in wheelchairs. Therefore, the door was not in compliance with the Americans with Disabilities Act (ADA).

Fire Drills

We found no documentation of fire drills at the Portland CBOC. According to medical center policy,⁴ fire drills will be conducted by the Togus VAMC Fire Department. Without documented evidence of fire drills/strategies, management is not able to determine whether staff is competent to carry out fire emergencies.

Emergency Management

Both CBOCs had a local policy for handling medical and mental health emergencies. According to VHA policy,⁵ all clinical staff must be certified in basic cardiac life support (BCLS). We found a provider's BCLS certification at the Portland CBOC was not current. The provider's BCLS certification expired in 1993.

Recommendation 2. We recommended that the VISN 1 Director ensure that the Togus VA Medical Center Director requires patients' privacy be maintained during the check-in process at the Bangor and Portland CBOCs.

⁴Togus VA Medical Center Policy, *Environment of Care Life Safety Management*, Section IV, Chapter 2, June 2, 2008.

⁵ VHA Directive 2008-008, *Cardiopulmonary Resuscitation (CPR) and Advanced Cardiac Life Support (ACLS) Training for Staff*, February 6, 2008.

The VISN and Medical Center Directors concurred with our findings and recommendation. The staff member will conduct a visual check of the Veteran Identification Card; and if there are additional questions or concerns, the veteran will be asked to step into a private area away from the waiting area. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 3. We recommended that the VISN 1 Director ensure that the Togus VA Medical Center Director requires patients in wheelchairs have proper access to the Portland CBOC.

The VISN and Medical Center Directors concurred with our finding and recommendation. Staff members have been directed to assist any wheelchair or other disabled patients through the entrance door. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 4. We recommended that the VISN 1 Director ensure that the Togus VA Medical Center Director requires fire drills be conducted at the Portland CBOC.

The VISN and Medical Center Directors concurred with our finding and recommendation. The Togus Fire Department will conduct annual fire drills at the Portland CBOC. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 5. We recommended that the VISN 1 Director ensure that the Togus VA Medical Center Director requires all clinical staff be certified in BCLS at the Bangor and Portland CBOCs.

The VISN and Medical Center Directors concurred with our finding and recommendation. BCLS training has been conducted, and all clinical staff are certified at both CBOCs. Service Chiefs and Service Line Managers will be accountable to maintain 100 percent compliance. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Patient Satisfaction

SHEP results for FY 2008 are displayed in Figures 2 and 3. The CBOCs did not receive enough responses to assess the established or new patient “appointment as soon as wanted” indicators.

Trip Pak Report - STA5 Level Patient Perceptions of Care 2008 SHEP Performance Measures YTD Through September 2008								
Performance Measure (SHEP question #)	Station Number	Facility Name	Data Type	FY08 Qtr 4	FY08 Qtr 3	FY08 Qtr 2	VISN FY08, Qtr 4	National FY08, Qtr 4
(Q56) - Outpatients (percent Very Good, Excellent)	402	Togus	Mean Score	68.3	86.1	77.8	84	78.5
			N=	88	79	79	3246	54,400
	402HB	Bangor		90.4	89.3	77.6		
			N=	65	72	73		
	402HC	Portland		M	81.8	80.6		
			N=	15	44	52		

Please note that M = Mean not reported because N [number] was less than 30.

Figure 2. Outpatient Overall Quality

Trip Pak Report - STA5 Level Patient Perceptions of Care 2008 SHEP Performance Measures YTD Through September 2008								
Performance Measure (SHEP question #)	Station Number	Facility Name	Data Type	FY08 Qtr 4	FY08 Qtr 3	FY08 Qtr 2	VISN FY08, Qtr 4	National FY08, Qtr 4
(Q6) - (percent less than/equal to 20 minutes)	402	Togus	Mean Score	93.6	76.4	83.8	85.3	77.3
			N=	84	82	85	3,346	55,407
	402HB	Bangor		92	82.7	88.3		
			N=	66	77	78		
	402HC	Portland		M	92.8	91.8		
			N=	16	44	50		

Figure 3. Provider Wait Times

Both CBOCs usually met or exceeded their parent facility's SHEP scores. The CBOCs met the target goal of 77 for all quarters. Bangor CBOC made continual improvement each quarter. By the 4th Qtr their "overall quality" score improved from 77.6 to 90.4 percent. Togus VAMC was below target goal for 4th Qtr, with a score of 68.3 percent.

B. VISN 1, Manchester VAMC – Conway and Tilton

Quality of Care Measures

The CBOCs quality measure scores were slightly lower than the parent facility for the following indicators: DM foot pedal pulses, foot sensory exam using monofilament, retinal eye exam, and LDL-C screen. The Conway CBOC did not meet the target goal for DM retinal eye exam and LDL-C screen. (See Appendix G.)

Credentialing and Privileging

We reviewed the C&P files of four providers and the personnel folders for three nurses at the Conway CBOC and reviewed the files of three providers and two nurses at the Tilton CBOC. All providers possess a full, active, current, and unrestricted license. The C&P files were well organized and contained the required documentation. However, we identified the following area that needed improvement:

Privileging

We found that the Manchester VAMC Professional Standards Board had granted providers at each CBOC clinical privileges for procedures that had not been performed within the past reprivileging cycle. For example, nurse practitioners were granted clinical privileges to perform anoscopies,⁶ and a primary care physician was granted privileges to perform cardioversion and therapeutic dermatological procedures. However, these procedures were not provided or performed at either CBOC.

Board Certification

We found that although VHA does not require Family Care Practitioners to be board certified, the terms of the Conway contract mandated the physician provider at the Conway CBOC be board certified. Review of the physician provider's credentials revealed the physician was not board certified. The facility planned to amend the contract to be consistent with VHA practices.

Recommendation 6. We recommended that the VISN 1 Director ensure that the Manchester VA Medical Center Director requires that clinical managers review the privileges that have been granted to clinic staff and grant privileges that are consistent with providers' practices at the Conway and Tilton CBOCs.

The VISN and Medical Center Directors concurred with our finding and recommendation. The Chief of Staff will review providers' privileges to ensure their

⁶ A tube called an anoscope is used to look at the inside of your anus and rectum. Doctors use anoscopy to diagnose hemorrhoids, anal fissures (tears in the lining of the anus), and some cancers.

privileges correspond to the procedures performed at the CBOCs. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 7. We recommended that the VISN 1 Director ensure that the Manchester VA Medical Center Director requires that the contract requirements for LIPs are aligned with VHA requirements at the Conway and Tilton CBOCs.

The VISN and Medical Center Directors concurred with our finding and recommendation. The contract will be modified to be aligned with VHA requirements for LIPs. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Environment and Emergency Management

Environment of Care

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, infection control, and general maintenance. The clinics met most standards, and the environments were generally clean and safe. However, we found the following areas that needed improvement.

Accessible Approach/Entrance

The CBOC at Tilton is located on the basement floor of the State Veteran Home facility. The exterior door is readily accessible and leads into a stairwell. A second interior door is a power-assisted door. The power-assisted door did not have signage indicating it was power assisted and did not operate properly when tested. Additionally, the door had a turn knob. The ADA requires that accessible doors are equipped with handles that are easy to grasp with one hand and do not require tight grasping, pinching, or twisting of the wrist to operate. The facility has made plans to install a push button activation device on either side of the door and to replace the door hardware with a lever handle system.

An elevator was located at the end of the corridor of the Tilton CBOC. The elevator connected the ground floor with the first floor of the State Veteran Home's nursing unit where patients resided. The nursing staff on the first floor indicated that their patients were end-of-life patients who required total assistance and would not use the elevator. However, the elevator is not locked at night, and the nursing staff on the first floor does not closely monitor its use. The State Veteran Home security staff provided evidence that they conduct rounds to the ground floor via the elevator every 2 hours on a 24-hour basis but confirmed that the elevator is not and could not be locked at night.

Personally Identifiable Information

Control of the environment includes control of confidential patient information according to Health Insurance Portability and Accountability Act (HIPAA) regulations. General practice at the Conway CBOC for the shredding of documents containing personally identifiable information involved retrieving documents from trash receptacles or a cardboard box located in the providers' offices either daily or less frequently and shredding the documents at the central nursing station. The receptacle/box in the providers' offices was not secured; and, while not located directly in patient rooms, the offices were located in patient areas and were not continuously monitored for unauthorized access. While on site, clinical managers removed the unsecured receptacle/box and purchased individual cross-cut shredders for the providers' offices.

Emergency Management Plan

As part of emergency management, both the Conway contract and the VHA require that practitioners providing care to veterans be certified in BCLS. We found that one of the seven clinic staff in Conway did not hold a current BCLS certification. The provider's BCLS certification expired in 2007.

Recommendation 8. We recommended that the VISN 1 Director ensure that the Manchester VA Medical Director requires that modifications to the interior door at the Tilton clinic be made as planned in order to improve access for disabled veterans.

The VISN and Medical Center Directors concurred with our findings and recommendation. The door will be modified as a power assist door to meet the Uniform Federal Accessibility Standards (UFAS). The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 9. We recommended that the VISN 1 Director ensure that the Manchester VA Medical Director requires clinical managers to place signs by the elevator in the Tilton CBOC to notify unauthorized persons that entry to the ground floor during hours that the clinic is closed is not permitted.

The VISN and Medical Center Directors concurred with our finding and recommendation. Signage has been placed at the elevators to identify no entry after hours. We will follow up on the planned actions until they are completed and will explore other possible alternatives to resolve this problem.

Recommendation 10. We recommended that the VISN 1 Director ensure that the Manchester VA Medical Director requires clinical managers at the Conway CBOC maintain protected patient information in a secure fashion and monitor appropriate shredding practices.

The VISN and Medical Center Directors concurred with our finding and recommendation. Staff have been educated on VA HIPAA requirements, and compliance will be monitored by the CBOC Coordinator. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 11. We recommended that the VISN 1 Director ensure that the Manchester VA Medical Director requires that all staff providing care to the veteran patient hold current certification in BCLS at the Conway and Tilton CBOCs.

The VISN and Medical Center Directors concurred with our finding and recommendation. All CBOC providers are now BCLS certified, and Employee Education will maintain a tracking sheet to prevent future occurrences. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Patient Satisfaction

SHEP results for FY 2008 are displayed in Figures 4 through 6. We found no significant difference between the SHEP scores for the CBOCs and the parent facility.

Trip Pak Report - STA5 Level Patient Perceptions of Care 2008 SHEP Performance Measures YTD Through September 2008								
Performance Measure (SHEP question #)	Station Number	Facility Name	Data Type	FY08 Qtr 4	FY08 Qtr 3	FY08 Qtr 2	VISN FY08, Qtr 4	National FY08, Qtr 4
(Q56) - Outpatients (percent Very Good, Excellent)	608	Manchester	Mean Score	86.1	84.9	82.8	84	78.5
			N=	82	78	73	3,246	54,400
	608GD	Conway		92.9	86.4	86.1		
			N=	44	69	77		
	608HA	Tilton		85.5	84.1	88.7		
			N=	87	73	70		

Figure 4. Outpatient Overall Quality

Trip Pak Report - STA5 Level Patient Perceptions of Care 2008 SHEP Performance Measures YTD Through September 2008								
Performance Measure (SHEP question #)	Station Number	Facility Name	Data Type	FY08 Qtr 4	FY08 Qtr 3	FY08 Qtr 2	VISN FY08, Qtr 4	National FY08, Qtr 4
(Q6) - (percent less than/equal to 20 minutes)	608	Manchester	Mean Score	95	91.6	93.9	85.3	77.3
			N=	82	80	76	3,346	55,407
	608GD	Conway		91.3	95.3	94.1		
	.		N=	42	76	82		
	608HA	Tilton		86.6	80.4	92.4		
			N=	84	80	73		

Figure 5. Provider Wait Times

The Tilton CBOC’s “provider wait time” indicators scored below their parent facility. However, both CBOCs met the target goal of 77 for all quarters.

Trip Pak Report - STA5 Level Patient Perceptions of Care 2008 SHEP Performance Measures YTD Through September 2008								
Performance Measure (SHEP question #)	Station Number	Facility Name	Data Type	FY08 Qtr 4	FY08 Qtr 3	FY08 Qtr 2	VISN FY08, Qtr 4	National FY08, Qtr 4
(Q3) - (percent able to get their appointment as soon as they wanted)	608	Manchester	Mean Score	M	M	M	91.7	86.1
			N=	<30	<30	<30	1,605	24,612
	608GD	Conway		100	93.3	96.2		
	.		N=	31	54	57		
	608HA	Tilton		98.6	100	100		
			N=	60	39	44		

Figure 6. Established Patient-Appointment As Soon As Wanted

The parent facility could not be evaluated due to minimal responses. The CBOCs scored similarly or better than the VISN and National results. The CBOCs met the target goal of 77 for all quarters.

CBOC Contract

The contract for the Conway CBOC is administered through the Manchester VAMC. The veterans served at this CBOC represent approximately 10 percent of the patients seen

at this clinic. The VA has had a contract with this contractor since 2001. We reviewed the contract to determine the contract type, the services provided, the invoices submitted, and supporting information. The contractor was under contract to provide Primary Health Care and was compensated at a capitated rate.⁷ The capitated rate was set at \$30.55 per enrollee. Conway CBOC had 811 enrollees with 3,964 visits. There were incentives in the contract up to 3 percent of the capitated rate to promote quality management. This incentive was calculated and applied on a quarterly basis. There were three providers (two physicians and one nurse practitioner), which equaled a FTE of 0.7.

This review focused on documents and records for Qtr 1, FY 2009. We reviewed the methodology for tracking and reporting the number of enrollees and found them consistent with supporting documentation and the terms of the contract. Veterans were enrolled through the VAMC and tracked through the Primary Care Management Module. The contractor was not compensated for veterans who were enrolled but not seen in the previous 12 months.

⁷ Capitated rate is a fixed rate per enrollee.

C. VISN 1, White River Junction VAMC – Rutland and Colchester

Quality of Care Measures

Both CBOCs far exceeded the quality measure scores of their parent facility. The CBOCs met the target goal established by Office of Quality and Performance for DM retinal eye exam and DM renal testing even though the parent facility did not meet the target goal. (See Appendix H.)

Credentialing and Privileging

We reviewed the C&P files of nine providers and the personnel folders of five nurses at both CBOCs. All providers and nurses possess a full, active, current, and unrestricted license. C&P files and nurses' personnel folders were well organized and contained the required documentation.

Environment and Emergency Management

Environment of Care

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, infection control, and general maintenance. Both CBOCs met all standards, and the environments were clean and safe.

Emergency Management

To evaluate the Emergency Management Plan, we reviewed local policies and interviewed clinical and support staff. Both facilities had local policies, which were relevant to the specific needs and resources of each CBOC, to address environmental and medical emergencies. Our interviews revealed staff at each facility easily articulated responses that accurately reflected the local emergency response guidelines.

Patient Satisfaction

The SHEP results for FY 2008 are displayed in Figures 7 and 8.

Trip Pak Report - STA5 Level Patient Perceptions of Care 2008 SHEP Performance Measures YTD Through September 2008								
Performance Measure (SHEP question #)	Station Number	Facility Name	Data Type	FY08 Qtr 4	FY08 Qtr 3	FY08 Qtr 2	VISN FY08, Qtr 4	National FY08, Qtr 4
(Q56) - Outpatients (percent Very Good, Excellent)	405	WRJ	Mean Score	84.7	89.5	91.9	84	78.5
			N=	74	60	69	3,246	54,400
	405HF	Rutland		72.9	79.1	81.8		
			N=	64	69	74		
	405HA	Colchester		85.7	92.4	91.5		
			N=	76	61	74		

Figure 7. Outpatient Overall Quality

Trip Pak Report - STA5 Level Patient Perceptions of Care 2008 SHEP Performance Measures YTD Through September 2008								
Performance Measure (SHEP question #)	Station Number	Facility Name	Data Type	FY08 Qtr 4	FY08 Qtr 3	FY08 Qtr 2	VISN FY08, Qtr 4	National FY08, Qtr 4
(Q6) - (percent less than/equal to 20 minutes)	405	WRJ	Mean Score	90.6	90.4	91.6	85.3	77.3
			N=	76	62	77	3346	55,407
	405HF	Rutland		89.2	89.8	83.2		
			N=	66	69	74		
	405HA	Colchester		91.5	87.8	88.4		
			N=	79	65	76		

Figure 8. Provider Wait Times

We found that both CBOCs met the target goal of 77 percent for most quarters. However, Rutland CBOC’s “overall quality” indicator was 72.9 percent for Qtr 4, FY 2008. We were told that a decline in outpatient scores from the 2nd through 4th Qtrs of FY 2008 were related to shared services with a private contract clinic. The facility acknowledged the decline in scores, and in September 2008 the Rutland CBOC was opened for VA services only. Since opening the new clinic, improvements in FY 2009 “overall satisfaction” scores were evident.

CBOC Contract

The contract for the Rutland CBOC is administered through the WRJ VAMC for leased space and nurse and administrative staff. The current contract was agreed to in 2008, and the terms stated the CBOC will operate with VA-employed physicians and contracted

nursing and administrative staff. Previously, the Rutland CBOC was entirely contract services. The contractor was under contract to provide support for Primary Health Care and is compensated by the number of enrollees at a capitated rate, but with a guaranteed minimum of 1,300 enrollees. The capitated rate was set at \$29.98 per enrollee. Rutland CBOC had 1,393 enrollees with 4,762 visits. There are no incentives in the contract. There were two providers (two physicians), which equaled a FTE of 1.1.

We reviewed the contract to determine the contract type, the services provided, the invoices submitted, and supporting information. Our review focused on documents and records for the first quarter of FY 2009. We reviewed the methodology for tracking and reporting the number of enrollees and found them consistent with supporting documentation and the terms of the contract. Veterans were enrolled through the VAMC and tracked through the Primary Care Management Module. The contractor is not compensated for veterans who were enrolled, but not seen, in the previous 12 months. Over the period of this study, the number of eligible enrollees has maintained below the guaranteed minimum.

VISN 1 Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: June 18, 2009

From: Director, Veterans Integrated Service Network (10N1)

Subject: **Healthcare Inspection – CBOC Reviews: Bangor and Portland, ME; Conway and Tilton, NH; Rutland and Colchester, VT**

To: Director, CBOC/Vet Center Program Review, Office of Healthcare Inspections (54F)

The following Director's comments are submitted in response to the recommendations in the Office of Inspector General's report:

OIG Recommendations

I concur with the findings and Recommendations contained in this Review. Responses to the Recommendations: Corrective actions are attached.

For any questions, please contact Allan Shirks, MD, VISN 1 QMO, 781 687 4850.

(original signed by:)

Michael Mayo-Smith, MD, MPH
Network Director

Togus Medical Center Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: June 10, 2009

From: Director, Togus VA Medical Center, Togus, ME (402/00)

Subject: **Healthcare Inspection – CBOC Reviews: Bangor and Portland, ME**

To: Director, Veterans Integrated Service Network (10N1)

Please find comments for the Togus VA Medical Center's OIG review on the following pages. The time and collegial attitude of the inspectors was most appreciated. We concur with the findings and recommendation in the draft report.

Concurrence with the five recommendations is noted with specific corrective actions that have been implemented and/or will be in the specified time frames.

Questions or further comments regarding our response can be directly to me with the anticipation of a complete and timely reply. Thank you.



BRIAN G. STILLER

Director, Togus VA Medical Center

Togus Medical Center Director's Comments to Office of Inspector General's Report

The following Director's comments are submitted in response to the recommendations in the Office of Inspector General's report:

OIG Recommendations

Recommendation 1. We recommended that the VISN 1 Director ensure that the Togus VA Medical Center Director requires all background checks are initiated according to policy for the Bangor and Portland CBOCs.

Concur **Completion Date: June 8, 2009**

The Chief, Human Resource Management Service (HRMS) directed her staff to issue a date for Entered on Duty (EOD) for a new employee only if background investigations have been completed. The VA Form 10-0453 "Screening Checklist" must be utilized for every applicant.

The Compliance & Business Integrity Officer changed the parameters required in HRMS' monthly "Background Check Report". The report will now show the number of new employees and the number of completed background checks. Any delinquent or outstanding background checks will be tracked monthly by the CBI Committee until such time they are completed and closed.

Recommendation 2. We recommended that the VISN 1 Director ensure that the Togus VA Medical Center Director requires patients' privacy be maintained during the check-in process at the Bangor and Portland CBOCs.

Concur **Completion Date: June 15, 2009**

The following corrective actions have been distributed by the Primary Care and Mental Health Service Chiefs to their respective staff: A visual check one-by-one at the window of a Veteran Identification Card (VIC) by the staff member has replaced the verbal statement currently required in patient check-in. If there are additional questions or concerns the veteran is asked to step into a private area away from the waiting area allowing for a confidential interchange.

Although both sites currently meet the requirements set forth in the VA Design Guide Leased-Based Outpatient Clinic, the Project Engineer has

been informed of the importance of privacy for future designs for both Bangor and Portland relocations.

Recommendation 3. We recommended that the VISN 1 Director ensure that the Togus VA Medical Center Director requires patients in wheelchairs have proper access to the Portland CBOC.

Concur **Completion Date: June 8, 2009**

The Chief, Mental Health Services has directed the staff at the Portland Mental Health Clinic to assist any patients in wheelchairs or otherwise disabled to enter through the existing door. By ringing the door bell at the front door (which was present at time of inspection), staff are alerted to the veteran's need for assistance.

Recommendation 4. We recommended that the VISN 1 Director ensure that the Togus VA Medical Center Director requires fire drills be conducted at the Portland CBOC.

Concur **Completion Date: May 31, 2009**

An annual fire drill was conducted post-survey in May. The Chief, Togus Fire Department will ensure that a member of the fire department conducts all future fire drills. The results of each drill will be reviewed, the competency of the staff to carry out fire emergencies documented, and any deficiencies immediately addressed. The Portland Mental Health Clinic drill will be added to the Chief's report submitted to the EOC Committee and to the Chief Mental Health Services.

Recommendation 5. We recommended that the VISN 1 Director ensure that the Togus VA Medical Center Director requires all clinical staff be certified in BCLS at the Bangor and Portland CBOCs.

Concur **Completion Date: June 5, 2009**

Upon receipt of the draft report, discrepancies with documentation in TEMPO and LMS were reviewed. Three persons at the Portland Mental Health Clinic (MHC) and four at the Bangor MHC who were found to not be up to date underwent BCLS training on 6/4/09 and 6/5/09 respectively. All Primary Care staff were current. Thus, compliance with certification at both locations was brought to 100%. The process to ensure all clinical staff will be up to date, the Education Service Line will send out monthly notification to the Service Chiefs and Service Line Managers so that attendance at training can be scheduled for any individuals needing

recertification. The cycle will then continue through monitoring by the Education Service Line. The facility's Executive Committee of the Governing Body (ECGB) will hold the Service Chiefs and Service Line Managers accountable to maintain 100% compliance.

Manchester Medical Center Director Comments

**Department of
Veterans Affairs**

Memorandum

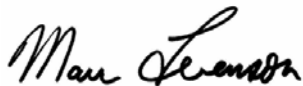
Date: June 8, 2009

From: Director, Manchester VA Medical Center, Manchester,
NH (608/00)

Subject: **Healthcare Inspection – CBOC Reviews: Conway and Tilton,
NH**

To: Director, Veterans Integrated Service Network (10N1)

I concur with the findings/recommendations presented in the Conway CBOC and Tilton CBOC OIG Healthcare Inspection. Actions taken as a result of these findings are attached.



MARC F. LEVENSON, MD, MBA

Medical Center Director

Manchester Medical Center Director's Comments to Office of Inspector General's Report

The following Director's comments are submitted in response to the recommendations in the Office of Inspector General's report:

OIG Recommendations

Recommendation 6. We recommended that the VISN 1 Director ensure that the Manchester VA Medical Center Director requires that clinical managers review the privileges that have been granted to clinic staff and grant privileges that are consistent with providers' practices at the Conway and Tilton CBOCs.

Concur **Target Completion Date: July 31, 2009**

The Chief of Staff will review Privileges for all CBOC providers to assure that they are consistent with providers' practice. This review will be completed by June 16, 2009. Recommendations will be forwarded to the Medical Executive Committee for review and approval at the July 2009 meeting.

Recommendation 7. We recommended that the VISN 1 Director ensure that the Manchester VA Medical Center Director requires that the contract requirements for LIPs are aligned with VHA requirements at the Conway and Tilton CBOCs.

Concur **Target Completion Date: June 12, 2009**

The contract will be modified to be aligned with VHA requirements for licensed independent practitioners.

Recommendation 8. We recommended that the VISN 1 Director ensure that the Manchester VA Medical Director requires that modifications to the interior door at the Tilton clinic be made as planned in order to improve access for disabled veterans.

Concur **Target Completion Date: June 4, 2009**

The existing passage set will be replaced with a lever style and a sign will be placed on the door identifying the door as a power assist door. This will bring the door in question into UFAS requirements.

Recommendation 9. We recommended that the VISN 1 Director ensure that the Manchester VA Medical Director requires clinical managers to place signs by the elevator in the Tilton CBOC to notify unauthorized persons that entry to the ground floor during hours that the clinic is closed is not permitted.

Concur **Target Completion Date: June 2, 2009**

Signage has been placed at the elevators by the New Hampshire Veterans Home identifying no entry after hours.

Recommendation 10. We recommended that the VISN 1 Director ensure that the Manchester VA Medical Director requires clinical managers at the Conway CBOC maintain protected patient information in a secure fashion and monitor appropriate shredding practices.

Concur **Target Completion Date: July 10, 2009**

Staff has been educated in VA HIPPA requirements. The monitoring of compliance will be added to the contract Monitoring Matrix as a weekly monitor with reporting monthly of findings to the CBOC Coordinator.

Recommendation 11. We recommended that the VISN 1 Director ensure that the Manchester VA Medical Director requires that all staff providing care to the veteran patient hold current certification in BCLS at the Conway and Tilton CBOCs.

Concur **Target Completion Date: June 3, 2009**

The contract provider whose BCLS certification was not up to date was recertified on June 3, 2009. All CBOC providers have current certification in BCLS and have been added to the tracking sheet maintained by employee education. To prevent future occurrences contract providers will be added to tracking sheet at the time that privileges are granted.

White River Junction Medical Center Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: May 29, 2009

From: Director, White River Junction VA Medical Center, White River Junction, VT (405/00)

Subject: **Healthcare Inspection – CBOC Reviews: Rutland and Colchester, VT**

To: Director, Veterans Integrated Service Network (10N1)

1. We fully concur with the OIG Site Visit team report for the visit occurring April 14-16, 2009 and appreciate the input and guidance provided.
2. The White River Junction staff is dedicated to providing quality health care to our Veterans and this review is further evidence that our efforts are being sustained. It also serves to encourage additional and continuous improvement.
3. Thank you for this opportunity to provide positive feedback to a caring and dedicated staff.

(original signed by:)

Robert M. Walton

Director

CBOC Characteristics

CBOC Station Number	CBOC Name	Parent VA	Specialty Care	Cardiology	Nutrition Clinic	Advance Directive	Optometry	TBI Polytrauma
402HB	Bangor	Togus	Yes	Yes	No	No	No	No
402HC	Portland	Togus	No	No	No	No	No	No
608GD	Conway	Manchester	No	No	No	No	No	No
608GD	Tilton	Manchester	Yes	No	Yes	Yes	No	No
405HF	Rutland	WRJ	No	No	No	No	No	No
405HA	Colchester	WRJ	Yes	Yes	No	No	Yes	Yes

Specialty Care Services

CBOC Station Number	CBOC Name	Parent VA	Laboratory (draw blood)	Onsite Radiology	Onsite Pharmacy	EKG	Social Services	Tele-medicine
402HB	Bangor	Togus	Yes	No	Yes	Yes	Yes	No
402HC	Portland	Togus	No	No	No	No	Yes	No
608GD	Conway	Manchester	Yes	No	No	Yes	No	No
608GD	Tilton	Manchester	Yes	No	No	Yes	No	No
405HF	Rutland	WRJ	Yes	Yes	No	Yes	No	No
405HA	Colchester	WRJ	Yes	No	No	Yes	Yes	Yes

Onsite Services

CBOC Station Number	CBOC Name	Parent VA	Mental Health Care	Psychologist	Psychiatrist	Nurse Practitioner	Social Worker	Social Services Specialist
402HB	Bangor	Togus	Yes	Yes	Yes	No	Yes	No
402HC	Portland	Togus	Yes	Yes	Yes	Yes	Yes	No
608GD	Conway	Manchester	Yes	No	No	Yes	No	No
608GD	Tilton	Manchester	Yes	No	No	Yes	No	No
405HF	Rutland	WRJ	Yes	No	Yes	No	No	No
405HA	Colchester	WRJ	Yes	Yes	Yes	No	Yes	Yes

Mental Health Services

CBOC Station Number	CBOC Name	Internal Medicine	Primary Care Physician	Nurse Practitioner	Physician Assistant	Registered Nurse	LPN	Psychologist	Pharmacist	Social Worker	Dietary	Technician/Technologists	Administrative/Clerical	Other
402HB	Bangor	No	Yes	No	Yes	Yes	Yes	No	Yes	No	Yes	Yes	Yes	No
402HC	Portland	No	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	Yes	Yes
608GD	Conway	No	Yes	Yes	No	Yes	Yes	No	No	No	Yes	No	Yes	Yes
608GD	Tilton	No	Yes	Yes	No	Yes	Yes	No	No	No	Yes	No	No	Yes
405HF	Rutland	Yes	No	Yes	No	Yes	Yes	No	No	No	No	No	Yes	No
405HA	Colchester	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	No	Yes	Yes

Disciplines Present at the CBOC

CBOC Station Number	CBOC Name	Parent VA	Urban/Rural	Miles to Parent Facility	Bus	Taxi	Voluntary Services	Tele-medicine
402HB	Bangor	Togus	Urban	80	Yes	Yes	Yes	No
402HC	Portland	Togus	Urban	55	Yes	Yes	No	No
608GD	Conway	Manchester	Rural	95	No	Yes	No	No
608GD	Tilton	Manchester	Rural	24	No	Yes	No	No
405HF	Rutland	WRJ	Urban	45	No	Yes	No	No
405HA	Colchester	WRJ	Rural	92	Yes	Yes	Yes	Yes

Type of Location, Availability of Public Transportation, and Participation in Tele-medicine

Quality of Care Measures
Togus VAMC – Bangor and Portland

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
Hyperlipidemia Screen	National	13,148	13,587	97
	402 Togus	98	101	97
	402HB Bangor	46	47	98
	402HC Portland	6	6	100

Hyperlipidemia Screening, FY 2009

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM – Outpatient Foot Inspection	National	5,523	5,971	92
	402 Togus	40	45	89
	402HB Bangor	41	45	91
	402HC Portland	12	14	86

DM Foot Inspection, FY 2009

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM - Outpatient Foot Pedal Pulses	National	5,395	5971	90
	402 Togus	40	45	89
	402HB Bangor	40	45	89
	402HC Portland	12	14	86

Foot Pedal Pulses, FY 2009

Sensory Exam				
DM - Outpatient - Foot Sensory Exam Using Monofilament	National	5266	5951	88
	402 Togus	38	44	86
	402HB Bangor	40	45	89
	402HC Portland	12	14	86

Foot Sensory, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM – Retinal Eye Exam	88	National	4,599	5,258	87
	88	402 Togus	30	37	81
		402HB Bangor	35	43	81
		402HC Portland	11	14	79

Retinal Exam, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM - LDL-C	95	National	4,990	5,209	96
	95	402 Togus	34	36	94
		402HB Bangor	44	45	98
		402HC Portland	13	14	93

Lipid Profile

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM - Renal Testing	93	National	4,976	5,263	95
	93	402 Togus	32	37	86
		402HB Bangor	42	45	93
		402HC Portland	14	14	100

Renal Testing, FY 2009

Quality of Care Measures
Manchester VAMC – Conway and Tilton

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
Hyperlipidemia Screen	National	13,148	13,587	97
	608 Manchester	104	107	97
	608GD Conway	30	31	97
	608HA Tilton	48	48	100

Hyperlipidemia Screening, FY 2009

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM – Outpatient Foot Inspection	National	5,523	5,971	92
	608 Manchester	43	45	96
	608GD Conway	39	40	98
	608HA Tilton	41	44	93

DM Foot Inspection, FY 2009

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM - Outpatient Foot Pedal Pulses	National	5,395	5,971	90
	608 Manchester	43	45	96
	608GD Conway	38	40	95
	608HA Tilton	41	44	93

Foot Pedal Pulses, FY 2009

Sensory Exam				
DM - Outpatient - Foot sensory exam using monofilament	National	5,266	5,951	88
	608 Manchester	43	45	96
	608GD Conway	37	40	93
	608HA Tilton	41	44	93

Foot Sensory, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM - Retinal Eye Exam	88	National	4,599	5,258	87
	88	608 Manchester	37	39	95
		608GD Conway	34	40	85
		608HA Tilton	40	44	91

Retinal Exam, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM - LDL-C	95	National	4,990	5,209	96
	95	608 Manchester	37	39	95
		608GD Conway	37	40	93
		608HA Tilton	40	44	91

Lipid Profile

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM - Renal Testing	93	National	4,976	5,263	95
	93	608 Manchester	37	39	95
		608GD Conway	39	40	98
		608HA Tilton	43	44	98

Renal Testing, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
Patient Screen with PC-PTSD	90	National	4,751	4,987	95
	90	608 Manchester	5	5	100
		608GD Conway	9	9	100
		608HA Tilton	13	13	100

PTSD Screening, FY 2009

Quality of Care Measures
White River Junction VAMC – Rutland and Colchester

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
Hyperlipidemia Screen	National	13,148	13,587	97
	405 WRJ	93	100	93
	402HF Rutland	50	50	100
	402HA Colchester	50	50	100

Hyperlipidemia Screening, FY 2009

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM – Outpatient Foot Inspection	National	5,523	5,971	92
	405 WRJ	37	41	90
	405HF Rutland	47	47	100
	405HA Colchester	44	46	96

DM Foot Inspection, FY 2009

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM - Outpatient Foot pedal pulses	National	5,395	5,971	90
	405 WRJ	36	41	88
	405HF Rutland	45	47	96
	405HA Colchester	44	46	96

Foot Pedal Pulses, FY 2009

Sensory Exam				
DM - Outpatient - Foot Sensory Exam Using Monofilament	National	5,266	5,951	88
	405 WRJ	34	41	83
	405HF Rutland	42	47	89
	405HA Colchester	42	46	91

Foot Sensory, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM – Retinal Eye Exam	88	National	4,599	5,258	87
	88	405 WRJ	31	39	79
		405HF Rutland	42	47	89
		405HA Colchester	46	46	100

Retinal Exam, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM - LDL-C	95	National	4,990	5,209	96
	95	405 WRJ	34	39	87
		405HF Rutland	45	47	96
		405HA Colchester	43	46	93

Lipid Profile

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM - Renal Testing	93	National	4,976	5,263	95
	93	405 WRJ	36	39	92
		405HF Rutland	46	47	98
		405HA Colchester	46	46	100

Renal Testing, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
Patient Screen with PC-PTSD	90	National	4,751	4,987	95
	90	405 WRJ	7	7	100
		405HF Rutland	8	8	100
		405HA Colchester	15	15	100

PTSD Screening, FY 2009

OIG Contact and Staff Acknowledgments

OIG Contact	Marisa Casado, Director CBOC Program Review (727) 395-2416
Acknowledgments	Wachita Haywood, Associate Director Nancy Albaladejo Lin Clegg, Ph.D. Marnette Dhooghe Kathy Gudgell Stephanie Hensel Anthony M. Leigh Annette Robinson Marilyn Stones Marilyn Walls

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