



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

Office of Healthcare Inspections

Report No. 12-00579-268

**Community Based Outpatient
Clinic Reviews
Flint, MI
Toledo, OH
Appleton and Union Grove, WI**

September 14, 2012

Washington, DC 20420

Why We Did This Review

The VA OIG is undertaking a systematic review of the VHA's CBOCs to assess whether CBOCs are operated in a manner that provides veterans with consistent, safe, high-quality health care.

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.

To Report Suspected Wrongdoing in VA Programs and Operations

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Glossary

ADA	Americans with Disabilities Act
C&P	credentialing and privileging
CBOC	community based outpatient clinic
CCHT	care coordination/home telehealth
CPRS	Computerized Patient Record System
Consult & TX	Consult & Treatment
DM	Diabetes Mellitus
DX & TX Plan	Diagnosis & Treatment Plan
EKG	electrocardiogram
EOC	environment of care
FPPE	Focused Professional Practice Evaluation
FTE	full-time employee equivalents
FY	fiscal year
HCS	Health Care System
HF	heart failure
IT	information technology
LCSW	licensed clinical social worker
LIP	licensed independent practitioner
MedMgt	medication management
MH	mental health
MST	military sexual trauma
NP	nurse practitioner
OIG	Office of Inspector General
OPPE	Ongoing Professional Practice Evaluation
PA	physician assistant
PCP	primary care provider
PII	personally identifiable information
PSB	Professional Standards Board
PTSD	Post-Traumatic Stress Disorder
VAMC	VA Medical Center
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
VistA	Veterans Health Information Systems and Technology Architecture

Table of Contents

	Page
Executive Summary	i
Objectives and Scope	1
Objectives	1
Scope	1
CBOC Characteristics	2
MH Characteristics	3
Results and Recommendations	4
Management of DM–Lower Limb Peripheral Vascular Disease	4
Women’s Health	5
C&P	7
Environment and Emergency Management	9
HF Follow-Up	11
Appendixes	
A. HF Follow-Up Results	12
B. VISN 11 Director Comments	14
C. VA Ann Arbor HCS Director Comments	15
D. VISN 12 Director Comments	19
E. Clement J. Zablocki VAMC Director Comments	20
F. OIG Contact and Staff Acknowledgments	23
G. Report Distribution	24

Executive Summary

Purpose: We conducted an inspection of four CBOCs during the weeks of June 11 and 25, 2012. We evaluated select activities to assess whether the CBOCs operated in a manner that provides veterans with consistent, safe, high-quality health care. Table 1 lists the sites inspected.

VISN	Facility	CBOC
11	VA Ann Arbor HCS	Flint
		Toledo
12	Clement J. Zablocki VAMC	Appleton
		Union Grove
Table 1. Sites Inspected		

Recommendations: The VISN and Facility Directors, in conjunction with the respective CBOC managers, should take appropriate actions to:

VA Ann Arbor HCS

- Ensure that Toledo CBOC clinicians document education of foot care to diabetic patients in CPRS.
- Ensure that Flint and Toledo CBOC clinicians document a risk level for diabetic patients in CPRS in accordance with VHA policy.
- Ensure that Flint and Toledo CBOC managers establish a process to ensure that patients with normal mammograms are notified of results within the allotted timeframe and that notification is documented in the medical record.
- Ensure that the PSB grants clinical privileges that are consistent with the services provided at the Flint and Toledo CBOCs.
- Ensure that the PSB approves scopes of practice consistent with the services provided at the Flint and Toledo CBOCs.
- Ensure access for disabled veterans is improved at the Flint CBOC.
- Establish a process to ensure that Flint and Toledo CBOC managers develop sign-in/out logs in the IT server closets.
- Ensure that patient’s PII is protected and secured at the Toledo CBOC.
- Ensure that Toledo CBOC clinicians adhere to the VHA hand hygiene policy.

Clement J. Zablocki VAMC

- Ensure that Appleton and Union Grove CBOC clinicians document education of foot care to diabetic patients in CPRS.
- Ensure that Appleton and Union Grove CBOC clinicians document a risk level for diabetic patients in CPRS in accordance with VHA policy.
- Ensure that Appleton CBOC clinicians document a complete foot screening for diabetic patients in CPRS.
- Ensure that Appleton and Union Grove CBOC managers establish a process to ensure that patients with normal mammograms are notified of results within the allotted timeframe and that notification is documented in the medical record.
- Ensure that Appleton and Union Grove CBOC managers establish a process to ensure CPRS mammogram radiology orders are entered for all fee-basis and/or contract mammograms and that all breast imaging and mammography results are linked to the appropriate radiology or breast study order.

Comments

The VISN and Facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes B-E, pages 14-22, for full text of the Directors' comments.) We will follow up on the planned actions until they are completed.



JOHN D. DAIGH, JR., M.D.
Assistant Inspector General for
Healthcare Inspections

Objectives and Scope

Objectives. The purposes of this review are to:

- Evaluate the extent CBOCs have implemented the management of DM–Lower Limb Peripheral Vascular Disease in order to prevent lower limb amputation.
- Evaluate whether CBOCs comply with selected VHA requirements regarding the provision of mammography services for women veterans.
- Evaluate the continuity of care for enrolled CBOC patients discharged from the parent facility in FY 2011 with a primary discharge diagnosis of HF.
- Determine whether CBOC providers are appropriately credentialed and privileged in accordance with VHA Handbook 1100.19.¹
- Determine whether CBOCs are in compliance with standards of operations according to VHA policy in the areas of environmental safety and emergency planning.²

Scope. The review topics discussed in this report include:

- Management of DM–Lower Limb Peripheral Vascular Disease
- Women's Health
- HF Follow-up
- C&P
- Environment and Emergency Management

For detailed information regarding the scope and methodology of the focused topic areas conducted during this inspection, please refer to Report No. 11-03653-283 *Informational Report Community Based Outpatient Clinic Cyclical Report FY 2012*, September 20, 2011. This report is available at <http://www.va.gov/oig/publications/reports-list.asp>.

We conducted the inspection in accordance with *Quality Standards for Inspection and Evaluation* published by the Council of Inspectors General on Integrity and Efficiency.

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

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

CBOC Characteristics

We formulated a list of CBOC characteristics that includes identifiers and descriptive information. Table 2 displays the inspected CBOCs and specific characteristics.

	Flint	Toledo	Appleton	Union Grove
VISN	11	11	12	12
Parent Facility	VA Ann Arbor HCS	VA Ann Arbor HCS	Clement J. Zablocki VAMC	Clement J. Zablocki VAMC
Type of CBOC	VA	VA	VA	VA
Number of Uniques,³ FY 2011	2,290	11,474	15,418	3,320
Number of Visits, FY 2011	12,350	104,020	115,704	16,663
CBOC Size⁴	Mid-size	Very Large	Very Large	Mid-size
Locality⁵	Urban	Urban	Urban	Rural
FTE PCP	2	8	13.3	3.5
FTE MH	2.25	10.4	5	3
Types of Providers	LCSW PA PCP Psychiatrist Psychologist	LCSW NP PA PCP Psychiatrist Psychologist Audiologist Clinical Pharmacist Optometrist	LCSW NP PA PCP Psychiatrist Psychologist Clinical Pharmacist Optometrist Podiatrist	LCSW NP PCP Psychiatrist Psychologist Clinical Pharmacist
Specialty Care Services Onsite	Yes	Yes	Yes	No
Tele-Health Services	Tele-Dermatology Tele-Mental Health Tele-Ophthalmology Tele-MOVE CCHT	Tele-Mental Health Tele-MOVE Tele-Retinal Imaging CCHT	CCHT	CCHT
Ancillary Services Provided Onsite	Laboratory	EKG Laboratory Pharmacy Physical Medicine Radiology	EKG Laboratory Pharmacy Physical Medicine Radiology	EKG Laboratory

Table 2. CBOC Characteristics

³ <http://vssc.med.va.gov>

⁴ Based on the number of unique patients seen as defined by VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008, the size of the CBOC facility is categorized as very large (> 10,000), large (5,000-10,000), mid-size (1,500-5,000), or small (< 1,500).

⁵ <http://vaww.pssg.med.va.gov/>

Mental Health CBOC Characteristics

Table 3 displays the MH Characteristics for each CBOC reviewed.

	Flint	Toledo	Appleton	Union Grove
Provides MH Services	Yes	Yes	Yes	Yes
Number of MH Uniques, FY 2011	761	2,718	2,853	652
Number of MH Visits	3,216	19,222	14,551	2,977
General MH Services	DX & TX Plan MedMgt Psychotherapy PTSD MST	DX & TX Plan MedMgt Psychotherapy PTSD MST	DX & TX Plan MedMgt Psychotherapy PTSD MST	DX & TX Plan MedMgt Psychotherapy PTSD MST
Specialty MH Services	Consult & TX Psychotherapy Homeless Program Substance Use Disorder	Consult & TX Psychotherapy Peer Support Homeless Program Substance Use Disorder	Consult & TX Psychotherapy Social Skills Training Peer Support Homeless Program Substance Use Disorder	Psychotherapy
Tele-Mental Health	Yes	Yes	No	No
MH Referrals	Another VA Facility	Another VA Facility	Another VA Facility Fee-Basis	Another VA Facility Fee-Basis Contract
Table 3. MH Characteristics for CBOCs				

Results and Recommendations

Management of DM—Lower Limb Peripheral Vascular Disease

VHA established its Preservation-Amputation Care and Treatment Program in 1993 to prevent and treat lower extremity complications that can lead to amputation. An important component of this program is the screening of at-risk populations, which includes veterans with diabetes. Table 4 shows the areas reviewed for this topic. The facilities identified as noncompliant needed improvement. Details regarding the findings follow the table.

Noncompliant	Areas Reviewed
	The parent facility has established a Preservation-Amputation Care and Treatment Program. ⁶
	The CBOC has developed screening guidelines regarding universal foot checks.
	The CBOC has developed a tracking system to identify and follow patients at risk for lower limb amputations.
	The CBOC has referral guidelines for at-risk patients.
Toledo Appleton Union Grove	The CBOC documents education of foot care for patients with a diagnosis of DM. ⁷
Appleton	There is documentation of foot screening in the patient’s medical record.
Flint Toledo Appleton Union Grove	There is documentation of a foot risk score in the patient’s medical record.
	There is documentation that patients with a risk assessment Level 2 or 3 received therapeutic footwear and/or orthotics.
Table 4. DM	

VISN 11, VA Ann Arbor HCS – Flint and Toledo

Foot Care Education Documentation. The Toledo CBOC clinicians did not document education of foot care for 4 of 30 diabetic patients in CPRS.

Risk Level Assessment. The Flint CBOC clinicians did not document a risk level for 20 of 23 diabetic patients in CPRS. The Toledo CBOC clinicians did not document a risk level for 26 of 30 diabetic patients in CPRS. VHA policy⁸ requires identification of

⁶ VHA Directive 2006-050, *Preservation Amputation Care and Treatment (PACT) Program*, September 14, 2006.

⁷ VA/DoD Clinical Practice Guideline, *Management of Diabetes Mellitus (DM)*, August 2010.

⁸ VHA Directive 2006-050.

high-risk patients with a risk level, based upon foot risk factors that would determine appropriate care and/or referral.

Recommendation 1. We recommended that Toledo CBOC clinicians document education of foot care to diabetic patients in CPRS.

Recommendation 2. We recommended that Flint and Toledo CBOC clinicians document a risk level for diabetic patients in CPRS in accordance with VHA policy.

VISN 12, Clement J. Zablocki VAMC – Appleton and Union Grove

Foot Care Education Documentation. The Appleton CBOC clinicians did not document education of foot care for 23 of 25 diabetic patients in CPRS. The Union Grove CBOC clinicians did not document education of foot care for 25 of 30 diabetic patients in CPRS.

Risk Level Assessment. The Appleton CBOC clinicians did not document a risk level for 25 of 25 diabetic patients in CPRS. The Union Grove CBOC clinicians did not document a risk level for 30 of 30 diabetic patients in CPRS. VHA policy⁹ requires identification of high-risk patients with a risk level, based upon foot risk factors that would determine appropriate care and/or referral.

Foot Care Screening. We did not find a complete foot screening (foot inspection, circulation check, and sensory testing) for 3 of 25 diabetic patients at the Appleton CBOC.

Recommendation 3. We recommended that Appleton and Union Grove CBOC clinicians document education of foot care to diabetic patients in CPRS.

Recommendation 4. We recommended that Appleton and Union Grove CBOC clinicians document a risk level for diabetic patients in CPRS in accordance with VHA policy.

Recommendation 5. We recommended that Appleton CBOC clinicians document a complete foot screening for diabetic patients in CPRS.

Women's Health Review

Breast cancer is the second most common type of cancer among American women, with approximately 207,000 new cases reported each year.¹⁰ Each VHA facility must ensure that eligible women veterans have access to comprehensive medical care, including care for gender-specific conditions.¹¹ Timely screening, diagnosis, notification, interdisciplinary treatment planning, and treatment are essential to early detection,

⁹ VHA Directive 2006-050.

¹⁰ American Cancer Society, Cancer Facts & Figures 2009.

¹¹ VHA Handbook 1330.01, *Healthcare Services for Women Veterans*, May 21, 2010.

appropriate management, and optimal patient outcomes. Table 5 shows the areas reviewed for this topic. The facilities identified as noncompliant needed improvement. Details regarding the findings follow the table.

Noncompliant	Areas Reviewed
	Patients were referred to mammography facilities that have current Food and Drug Administration or State-approved certifications.
	Mammogram results are documented using the American College of Radiology's BI-RADS code categories. ¹²
	The ordering VHA provider or surrogate was notified of results within a defined timeframe.
Flint Toledo Appleton Union Grove	Patients were notified of results within a defined timeframe.
	The facility has an established process for tracking results of mammograms performed off-site.
	Fee Basis mammography reports are scanned into VistA.
Appleton Union Grove	All screening and diagnostic mammograms were initiated via an order placed into the VistA radiology package. ¹³
	Each CBOC has an appointed Women's Health Liaison.
	There is evidence that the Women's Health Liaison collaborates with the parent facility's Women Veterans Program Manager on women's health issues.
Table 5. Mammography	

There were a total of 54 patients who had mammograms done on or after June 1, 2010. There were 10 patients at the Flint CBOC, 15 at the Toledo CBOC, 17 at the Appleton CBOC, and 12 at the Union Grove CBOC who received mammograms.

VISN 11, VA Ann Arbor HCS – Flint and Toledo

Patient Notification of Normal Mammography Results. We reviewed medical records of patients at the Flint and Toledo CBOCs who had normal mammography results and determined that 6 of 10 patients at Flint and 12 of 14 patients at Toledo were not notified within the required timeframe of 14 days.

Recommendation 6. We recommended that Flint and Toledo CBOC managers establish a process to ensure that patients with normal mammograms are notified of results within the allotted timeframe and that notification is documented in the medical record.

¹² The American College of Radiology's Breast Imaging Reporting and Database System is a quality assurance guide designated to standardize breast imaging reporting and facilitate outcomes monitoring.

¹³ VHA Handbook 1330.01.

VISN 12, Clement J. Zablock VAMC – Appleton and Union Grove

Patient Notification of Normal Mammography Results. We reviewed medical records of patients at the Appleton and Union Grove CBOCs who had normal mammography results and determined that 9 of 17 patients at Appleton and 10 of 12 patients at Union Grove were not notified within the required timeframe of 14 days.

Mammography Orders and Access. Providers at the Appleton and Union Grove CBOCs did not enter CPRS mammogram radiology orders for 17 of 17 patients at Appleton and 12 of 12 patients at Union Grove. Fee basis or contract agreements must be electronically entered as a CPRS radiology order. All breast imaging and radiology results must be linked to the appropriate radiology mammogram or breast study order.

Recommendation 7. We recommended that Appleton and Union Grove CBOC managers establish a process to ensure that patients with normal mammograms are notified of results within the allotted timeframe and that notification is documented in the medical record.

Recommendation 8. We recommended that Appleton and Union Grove CBOC managers establish a process to ensure CPRS mammogram radiology orders are entered for all fee-basis and/or contract mammograms and that all breast imaging and mammography results are linked to the appropriate radiology mammogram or breast study order.

C&P

We reviewed C&P folders to determine whether facilities had consistent processes to ensure that providers complied with applicable requirements as defined by VHA policy.¹⁴ Table 6 shows the areas reviewed for this topic. The facilities identified as noncompliant needed improvement. Details regarding the findings follow the table.

Noncompliant	Areas Reviewed
	(1) There was evidence of primary source verification for each provider’s license.
	(2) Each provider’s license was unrestricted.
	(3) New Provider:
	a. Efforts were made to obtain verification of clinical privileges currently or most recently held at other institutions.
	b. FPPE was initiated.
	c. Timeframe for the FPPE was clearly documented.
	d. The FPPE outlined the criteria monitored.
	e. The FPPE was implemented on first clinical start day.
	f. The FPPE results were reported to the medical staff’s Executive Committee.

¹⁴ VHA Handbook 1100.19.

Noncompliant	Areas Reviewed (continued)
	(4) Additional New Privilege:
	a. Prior to the start of a new privilege, criteria for the FPPE were developed.
	b. There was evidence that the provider was educated about FPPE prior to its initiation.
	c. FPPE results were reported to the medical staff's Executive Committee.
	(5) FPPE for Performance:
	a. The FPPE included criteria developed for evaluation of the practitioners when issues affecting the provision of safe, high-quality care were identified.
	b. A timeframe for the FPPE was clearly documented.
	c. There was evidence that the provider was educated about FPPE prior to its initiation.
	d. FPPE results were reported to the medical staff's Executive Committee.
	(6) The Service Chief, Credentialing Board, and/or medical staff's Executive Committee list documents reviewed and the rationale for conclusions reached for granting licensed independent practitioner privileges.
Flint Toledo	(7) Privileges granted to providers were facility, service, and provider specific. ¹⁵
	(8) The determination to continue current privileges were based in part on results of OPPE activities.
	(9) The OPPE and reappraisal process included consideration of such factors as clinical pertinence reviews and/or performance measure compliance.
	(10) Relevant provider-specific data was compared to aggregated data of other providers holding the same or comparable privileges.
Flint Toledo	(11) Scopes of practice were facility specific.
Table 6. C&P	

VISN 11, VA Ann Arbor HCS – Flint and Toledo

Facility-Specific Clinical Privileges. We found that the PSB granted privileges to four Flint CBOC LIPs and three Toledo CBOC LIPs for procedures that were not performed at the CBOCs. For example, the LIPs at both CBOCs were granted privileges to admit patients and treat patients with acute myocardial infarction (heart attack), cerebral vascular disease (stroke), and comas. In addition, one LIP at the Flint CBOC was

¹⁵ VHA Handbook 1100.19.

granted privileges to perform thoracentesis,¹⁶ while another provider at the Toledo CBOC was granted privileges for acute alcohol detoxification.

Scopes of Practice. We reviewed the files of one non-LIP at the Flint CBOC and two non-LIPs at the Toledo CBOC and found that the scopes of practice were not setting specific for one non-LIP at the Flint CBOC and one non-LIP at the Toledo CBOC. For example, at the Flint CBOC, the non-LIP could start and administer intravenous fluids and medications as well as draw arterial blood gases. One non-LIP at the Toledo CBOC could admit patients and perform admission history and physical examinations.

Recommendation 9. We recommended that the PSB grants clinical privileges that are consistent with the services provided at the Flint and Toledo CBOCs.

Recommendation 10. We recommended that the PSB approves scopes of practice consistent with the services provided at the Flint and Toledo CBOCs.

Environment and Emergency Management

EOC

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, infection control, and general maintenance. Table 7 shows the areas reviewed for this topic. The facilities identified as noncompliant needed improvement. Details regarding the findings follow the table.

Noncompliant	Areas Reviewed
	There is handicap parking, which meets the ADA requirements.
	The CBOC entrance ramp meets ADA requirements.
	The entrance door to the CBOC meets ADA requirements.
Flint	The CBOC restrooms meet ADA requirements.
	The CBOC is well maintained (e.g., ceiling tiles clean and in good repair, walls without holes, etc.).
	The CBOC is clean (walls, floors, and equipment are clean).
	The patient care area is safe.
	The CBOC has a process to identify expired medications.
	Medications are secured from unauthorized access.
	There is an alarm system or panic button installed in high-risk areas as identified by the vulnerability risk assessment.
	Privacy is maintained.
Flint Toledo	IT security rules are adhered to.
Toledo	Patients' PII is secured and protected.

¹⁶ A procedure to remove fluid from the space between the lining of the outside of the lungs (pleura) and the wall of the chest.

Noncompliant	Areas Reviewed (continued)
	There is alcohol hand wash or a soap dispenser and sink available in each examination room.
	The sharps containers are less than ¾ full.
	There is evidence of fire drills occurring at least annually.
	There is evidence of an annual fire and safety inspection.
	Fire extinguishers are easily identifiable.
Toledo	The CBOC collects, monitors, and analyzes hand hygiene data.
	Staff use two patient identifiers for blood drawing procedures.
	The CBOC is included in facility-wide EOC activities.
Table 7. EOC	

VISN 11, VA Ann Arbor HCS – Flint and Toledo

Physical Access. The Flint CBOC handicap patient restroom sink faucet handles required tight grasping, pinching, or twisting of the wrist to operate. The ADA¹⁷ requires that faucet handles are easy to grasp with one hand and do not require tight grasping, pinching, or twisting to operate.

IT Security. The Flint and Toledo CBOCs had a secured room for IT equipment; however, there were no sign-in/out logs. VHA policy¹⁸ requires that access to areas that contain equipment or information critical to IT infrastructure be limited to authorized personnel and that entrances to these areas will have a sign-in/out log for tracking individuals who enter.

PII. At the Toledo CBOC, we found patients’ personal information in a clear plastic sleeve folder outside of the three examination room doors. VHA policy¹⁹ requires that all patient confidential information is secured.

Hand Hygiene. The Toledo CBOC did not adhere to the VHA hand hygiene policy. During a patient’s blood draw, we observed a laboratory technician place the blood specimens in his/her laboratory coat pocket; apply hand sanitizing gelatin to his/her gloved hands; and leave the area to access the computer to register the patient. VHA policy²⁰ requires that gloves be removed and not washed before leaving the laboratory.

Recommendation 11. We recommend that access for disabled veterans is improved at the Flint CBOC.

Recommendation 12. We recommended that Flint and Toledo CBOC managers develop sign-in/out logs for the IT server closets.

¹⁷ Americans with Disabilities Act.

¹⁸ VHA Handbook 6500, *Information Security Program*, September 18, 2007.

¹⁹ VHA Handbook 1605.1, *Privacy and Release of Information*, May 17, 2006.

²⁰ VHA Directive 2011-007, *Required Hand Hygiene Practices*, February 16, 2011.

Recommendation 13. We recommended that PII is protected and secured at the Toledo CBOC.

Recommendation 14. We recommended that Toledo CBOC clinicians adhere to the VHA hand hygiene policy.

Emergency Management

VHA policy²¹ requires each CBOC to have a local policy or standard operating procedure defining how medical emergencies, including MH, are handled. Table 8 shows the areas reviewed for this topic.

Noncompliant	Areas Reviewed
	There is a local medical emergency management plan for this CBOC.
	The staff articulated the procedural steps of the medical emergency plan.
	The CBOC has an automated external defibrillator onsite for cardiac emergencies.
	There is a local MH emergency management plan for this CBOC.
	The staff articulated the procedural steps of the MH emergency plan.
Table 8. Emergency Management	

All CBOCs were compliant with the review areas; therefore, we made no recommendations

HF Follow Up

The VA provides care for over 212,000 patients with HF. Nearly 24,500 of these patients were hospitalized during a 12-month period during FYs 2010 and 2011. The purpose of this review is to evaluate the continuity of care for enrolled CBOC patients discharged from the parent facility in FY 2011 with a primary discharge diagnosis of HF. The results of this topic review are reported for informational purposes only. After the completion of the FY 2012 inspection cycle, a national report will be issued detailing cumulative and comparative results for all CBOCs inspected during FY 2012. The results of our review of the selected CBOCs discussed in this report are found in Appendix A.

²¹ VHA Handbook 1006.1.

HF Follow-Up Results

Areas Reviewed			
CBOC Processes			
<i>Guidance</i>	<i>Facility</i>	<i>Yes</i>	<i>No</i>
The CBOC monitors HF readmission rates.	VA Ann Arbor HCS		
	Flint		X
	Toledo		X
	Clement J. Zablocki VAMC		
	Appleton	X	
	Union Grove	X	
The CBOC has a process to identify enrolled patients that have been admitted to the parent facility with a HF diagnosis.	VA Ann Arbor HCS		
	Flint		X
	Toledo		X
	Clement J. Zablocki VAMC		
	Appleton	X	
	Union Grove	X	
Medical Record Review Results			
<i>Guidance</i>	<i>Facility</i>	<i>Numerator</i>	<i>Denominator</i>
There is documentation in the patients' medical records that communication occurred between the inpatient and CBOC providers regarding the HF admission.	VA Ann Arbor HCS		
	Flint	0	2
	Toledo	2	10
	Clement J. Zablocki VAMC		
	Appleton	0	7
	Union Grove	0	9
A clinician documented a review of the patients' medications during the first follow-up primary care or cardiology visit.	VA Ann Arbor HCS		
	Flint	2	2
	Toledo	10	10
	Clement J. Zablocki VAMC		
	Appleton	7	7
	Union Grove	8	8
A clinician documented a review of the patients' weights during the first follow-up primary care or cardiology visit.	VA Ann Arbor HCS		
	Flint	2	2
	Toledo	4	10
	Clement J. Zablocki VAMC		
	Appleton	6	7
	Union Grove	3	8

HF Follow-Up Results

Medical Record Review Results (continued)			
<i>Guidance</i>	<i>Facility</i>	<i>Numerator</i>	<i>Denominator</i>
A clinician documented a review of the patients' restricted sodium diet during the first follow-up primary care or cardiology visit.	VA Ann Arbor HCS		
	Flint	1	2
	Toledo	5	10
	Clement J. Zablocki VAMC		
	Appleton	2	7
	Union Grove	3	8
A clinician documented a review of the patients' fluid intakes during the first follow-up primary care or cardiology visit.	VA Ann Arbor HCS		
	Flint	1	1
	Toledo	2	2
	Clement J. Zablocki VAMC		
	Appleton	0	7
	Union Grove	0	8
A clinician educated the patient, during the first follow-up primary care or cardiology visit, on key components that would trigger the patients to notify their providers.	VA Ann Arbor HCS		
	Flint	0	2
	Toledo	4	10
	Clement J. Zablocki VAMC		
	Appleton	0	7
	Union Grove	3	8

VISN 11 Director Comments

Department of
Veterans Affairs

Memorandum

Date: August 21, 2012

From: Director, Veterans In Partnership (10N11)

Subject: **CBOC Reviews: Flint, MI and Toledo, OH**

To: Director, 54CH Healthcare Inspections Division (54CH)

Director, Management Review Service (VHA 10AR MRS)

1. Attached is the response to the draft report on the CBOC review of Flint, MI and Toledo, OH.
2. If you have any questions, please contact Kelley Sermak, Quality Management Officer, at 734-222-4302.



Michael S. Finegan

Attachment

VA Ann Arbor HCS Director Comments

Department of
Veterans Affairs

Memorandum

Date: August 20, 2012
From: Director, VA Ann Arbor HCS (506/00)
Subject: **CBOC Reviews: Flint, MI and Toledo, OH**
To: Director, Veterans In Partnership (10N11)

1. We appreciate the opportunity to review the draft report of recommendations from the OIG CBOC Review conducted at the VA Ann Arbor Healthcare System Flint, MI and Toledo, OH CBOCs.
2. Please find the attached responses to each recommendation provided in the report for your review. I concur with the recommendations and we have already initiated corrective actions.
3. If you have questions regarding the responses to the recommendations in the report feel free to call me at 734-845-5458.



Robert P. McDivitt, FACHEA/HA-CM

Comments to Office of Inspector General's Report

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

OIG Recommendations

Recommendation 1. We recommended that Toledo CBOC clinicians document education of foot care to diabetic patients in CPRS.

Concur

Target date for completion: August 30, 2012

The PACT N-foot screening template in CPRS for diabetic education will be updated to allow for documentation of education of diabetic patients using Krames educational tools for Diabetes: "Keeping Feet Healthy" and "Inspecting Your Feet." Completion of educational components will be monitored until sustained compliance.

Recommendation 2. We recommended that Flint and Toledo CBOC clinicians document a risk level for diabetic patients in CPRS in accordance with VHA policy.

Concur

Target date for completion: September 30, 2012

Changes will be made to the PACT N-foot screening template in CPRS to include documentation of risk level for diabetic patients in accordance with VHA policy. Completion of documentation will be monitored until sustained compliance.

Recommendation 6. We recommended that Flint and Toledo CBOC managers establish a process to ensure that patients with normal mammograms are notified of results within the allotted timeframe and that notification is documented in the medical record.

Concur

Target date for completion: August 24, 2012

The Women's Health Coordinator and liaison will establish a database for tracking Flint and Toledo Veterans to assure follow-up of normal mammograms is documented in the medical record. The database will be reviewed weekly to monitor until compliance is sustained.

Recommendation 9. We recommended that the PSB grants clinical privileges that are consistent with the services provided at the Flint and Toledo CBOCs.

Concur

Target date for completion: October 31, 2012

A privileges template is under construction and will be revised so that it is consistent with the services provided at the Flint and Toledo CBOCs.

Recommendation 10. We recommended that the PSB approves scopes of practice consistent with the services provided at the Flint and Toledo CBOCs.

Concur

Target date for completion: October 31, 2012

Revised scopes of practice will be presented for approval at Professional Standards Board that will assure practices are consistent with services provided at the Flint and Toledo CBOCs.

Recommendation 11. We recommended that access for disabled veterans is improved at the Flint CBOC.

Concur

Target date for completion: August 30, 2012

The signage at the time of the OIG visit was placed on an incorrect restroom (one that was not ADA accessible). There is an available handicapped accessible restroom at the Flint CBOC. Signage will be placed that directs the Veteran to the new location.

Recommendation 12. We recommended that Flint and Toledo CBOC managers develop sign-in/out logs for the IT server closets.

Concur

Target date for completion: June 13, 2012

A sign in and/ out log was developed and placed in the IT server closets at the Flint and Toledo CBOCs.

Recommendation 13. We recommended that PII is protected and secured at the Toledo CBOC.

Concur

Target date for completion: June 13, 2012

The Toledo CBOC staff place enclosed folders on doors with patient information awaiting disposition. Compliance with protecting and securing PII will be monitored monthly as part of EOC rounds until compliance is sustained.

Recommendation 14. We recommended that Toledo CBOC clinicians adhere to the VHA hand hygiene policy.

Concur

Target date for completion: August 30, 2012

Toledo CBOC staff will be re-educated regarding policy for hand hygiene. Hand hygiene will be monitored monthly at the Toledo CBOC until sustained compliance.

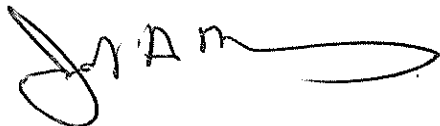
VISN 12 Director Comments

Department of
Veterans Affairs

Memorandum

Date: August 21, 2012
From: Director, VA Great Lakes Health Care System (10N12)
Subject: **CBOC Reviews: Appleton and Union Grove, WI**
To: Director, 54CH Healthcare Inspections Division (54CH)
Director, Management Review Service (VHA 10AR MRS)

1. Thank you for the opportunity to review the draft report of the Milwaukee CBOC Reviews: Appleton and Union Grove, WI. I have reviewed the document and concur with the recommendations.
2. Corrective action plans have been established with planned completion dates, as detailed in the attached report. If additional information is needed please contact the Milwaukee VAMC Director's office at 414-384-20000 extension 41025.



Jeffrey A. Murawsky, M.D.

Clement J. Zablocki VAMC Director Comments

Department of
Veterans Affairs

Memorandum

Date: August 20, 2012

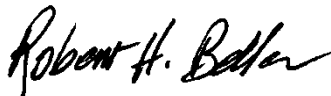
From: Director, Clement J. Zablocki VAMC (695/00)

Subject: **CBOC Reviews: Appleton and Union Grove, WI**

To: Director, VA Great Lakes Health Care System (10N12)

1. Enclosed are the responses to the recommendations in the draft Office of Inspector General's report of the Milwaukee CBOC Reviews: Appleton and Union Grove, WI.

2. If you have any questions or wish to discuss the report, please contact me at (414) 384-2000 extension 41025.



Robert H. Beller, FACHE

Comments to Office of Inspector General's Report

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

OIG Recommendations

Recommendation 3. We recommended that Appleton and Union Grove CBOC clinicians document education of foot care to diabetic patients in CPRS.

Concur

Target date for completion: November 30, 2012

The Diabetic/PACT Foot Exam reminder developed and implemented on June 4, 2012 will facilitate documentation of foot care education to diabetic patients in CPRS. The reminder is triggered/due to screen for neurovascular complications in patients with Diabetes, Peripheral Vascular Disease and End Stage Renal Disease.

Recommendation 4. We recommended that Appleton and Union Grove CBOC clinicians document a risk level for diabetic patients in CPRS in accordance with VHA policy.

Concur

Target date for completion: November 30, 2012

The Diabetic/PACT Foot Exam reminder developed and implemented on June 4, 2012 will facilitate documentation of a risk level for diabetic patients in CPRS. The reminder is triggered/due to screen for neurovascular complications in patients with Diabetes, Peripheral Vascular Disease and End Stage Renal Disease. Performance will be considered satisfactory if 90 percent or greater compliance is obtained for 3 consecutive months. Results will be reported to the Information and Improvement Council (I & I) and on to the Medical Executive Committee (MEC).

Recommendation 5. We recommended that Appleton CBOC clinicians document a complete foot screening for diabetic patients in CPRS.

Concur

Target date for completion: November 30, 2012

The Diabetic/PACT Foot Exam reminder developed and implemented on June 4, 2012 will facilitate documentation of a complete foot screening for diabetic patients in CPRS. The reminder is triggered/due to screen for neurovascular complications in patients with Diabetes, Peripheral Vascular Disease and End Stage Renal Disease. Performance will be considered satisfactory if 90 percent or greater compliance is obtained for

3 consecutive months. Results will be reported to the Information and Improvement Council (I & I) and on to the Medical Executive Committee (MEC).

Recommendation 7. We recommended that Appleton and Union Grove CBOC managers establish a process to ensure that patients with normal mammograms are notified of results within the allotted timeframe and that notification is documented in the medical record.

Concur

Target date for completion: November 30, 2012

Beginning in March 2012, the Milwaukee VAMC formalized the process for ensuring that the primary care provider communicates a summary of the normal mammogram results to the patient in either a letter or telephone call. The letter or telephone call to the patient will occur within 14 days of receipt of the mammogram results. This communication is then documented in CPRS. Performance will be considered satisfactory if 90 percent or greater compliance is obtained for 3 consecutive months. Results will be reported to the Information and Improvement Council (I & I) and on to the Medical Executive Committee (MEC).

Recommendation 8. We recommended that Appleton and Union Grove CBOCs establish a process to ensure CPRS mammogram radiology orders are entered for all fee-basis and/or contract mammograms and that all breast imaging and mammography results are linked to the appropriate radiology mammograms or breast study order.

Concur

Target date for completion: November 30, 2012

Beginning in March 2012, the Milwaukee VAMC began a process for ensuring CPRS mammogram radiology orders and results are linked to the appropriate order. After the off-station mammogram is completed, the Milwaukee VA Medical Center radiology department supervisor receives a CPRS 'view alert' indicating that the mammography report has been scanned into VISTA Imaging. The Milwaukee VAMC radiology department then enters the order in the VISTA Radiology package and composes an abbreviated radiology report indicating the date the mammogram was performed, the facility performing the mammogram, and the Bi-RAD determination. This radiology report also states that the full report is available in VISTA Imaging display. Through this process the mammogram result become easily searchable within CPRS. Performance will be considered satisfactory if 90 percent or greater compliance is obtained for 3 consecutive months. Results will be reported to the Information and Improvement Council (I & I) and on to the Medical Executive Committee (MEC).

OIG Contact and Staff Acknowledgments

OIG Contact	For more information about this report, please contact the Office of Inspector General at (202) 461-4720.
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