Department of Veterans Affairs
Office of Inspector General

Office of Healthcare Inspections

Report No. 12-03850-105

Community Based Outpatient Clinic Reviews at Durham VA Medical Center Durham, NC

February 6, 2013

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.

Glossary

C&P	credentialing and privileging
CBOC	community based outpatient clinic
CDC	Centers for Disease Control and Prevention
EHR	electronic health record
EOC	environment of care
FPPE	Focused Professional Practice Evaluation
FY	fiscal year
MH	mental health
NCP	National Center for Health Promotion and Disease Prevention
NC	noncompliant
OIG	Office of Inspector General
OPPE	Ongoing Professional Practice Evaluation
VAMC	VA Medical Center
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
WH	women's health

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Executive Summary

Purpose: We evaluated select activities to assess whether the CBOCs operated in a manner that provides veterans with consistent, safe, high-quality health care.

For the EHR review component of the WH and vaccinations topic areas, patients were randomly selected from all CBOCs assigned to the respective parent facilities.

We conducted an onsite inspection of the CBOC during the week of November 5, 2012. The C&P, EOC, and emergency management onsite inspections were only conducted at the randomly selected CBOC (see Table 1).

VISN	Facility	CBOC Name	Location
6	Durham VAMC	Greenville	Greenville, NC

Table 1. Sites Inspected

Review Results: The review covered the following topic areas:

- WH
- Vaccinations
- C&P
- EOC
- Emergency Management

We made recommendations in one review area.

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

- Ensure that clinicians screen patients for tetanus vaccinations.
- Ensure that clinicians document all required pneumococcal vaccination administration elements and that compliance is monitored.
- Ensure that clinicians administer pneumococcal vaccinations when indicated.

Comments

The VISN and Facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes A–B, pages 11–14, for the 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

- Evaluate whether CBOCs comply with selected VHA requirements regarding the provision of cervical cancer screening, results reporting, and WH liaisons.
- Evaluate whether CBOCs properly provided selected vaccinations to veterans according to CDC guidelines and VHA recommendations.
- 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 and Methodology

Scope

We reviewed selected clinical and administrative activities to evaluate compliance with requirements related to patient care quality and the environment of care. In performing the reviews, we assessed clinical and administrative records as well as completed onsite inspections at randomly selected sites. Additionally, we interviewed managers and employees. The review covered the following five activities:

- WH
- Vaccinations
- C&P
- EOC
- Emergency Management

Methodology

To evaluate the quality of care provided to veterans at CBOCs, we conducted EHR reviews for the WH and vaccinations topic areas. For WH, the EHR reviews consisted of a random sample of 50 women veterans (23–64 years of age). For vaccinations, the EHR reviews consisted of random samples of 75 veterans (65 and older) and 75 additional veterans (all ages), unless fewer patients were available, for tetanus and

[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.

pneumococcal, respectively. The study populations consisted of patients from all CBOCs assigned to the parent facility.[3]

The C&P, EOC, and emergency management onsite inspections were only conducted at the randomly selected CBOCs. One CBOC was randomly selected from the 56 sampled parent facilities, with sampling probabilities proportional to the numbers of CBOCs eligible to be inspected within each of the parent facilities.[4]

In this report, we make recommendations for improvement. Recommendations pertain to issues that are significant enough to be monitored by the OIG until corrective actions are implemented.

This report is available at http://www.va.gov/oig/publications/default.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.

[3] Includes all CBOCs in operation before October 1, 2011.
[4] Includes 96 CBOCs in operation before October 1, 2011, that had 500 or more unique enrollees.

CBOC Profiles

To evaluate the quality of care provided to veterans at CBOCs, we designed reviews with an EHR component to capture data for patients enrolled at all of the CBOCS under the parent facility's oversight.[5] The table below provides information relative to each of the CBOCs under the oversight of the respective parent facility.

VISN	Parent Facility	CBOC Name	Locality[6]	Uniques, FY 2012[7]	Visits, FY 2012[8]	CBOC Size[9]
6	Durham VAMC	Greenville	Urban	9,044	43,977	Large
		Morehead City	Rural	4,343	22,822	Mid-Size
		Raleigh	Urban	10,658	53,433	Very Large

Table 2. CBOC Profiles

[5] Includes all CBOCs in operation before October 1, 2011.
[6] http://vaww.pssg.med.va.gov/
[7] http://vssc.med.va.gov
[8] http://vssc.med.va.gov
[9] 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).

WH and Vaccination EHR Reviews Results and Recommendations

WH

Cervical cancer is the second most common cancer in women worldwide.[10] Each year, approximately 12,000 women in the United States are diagnosed with cervical cancer.[11] The first step of care is screening women for cervical cancer with the Papanicolaou test or "Pap" test. With timely screening, diagnosis, notification, and treatment, the cancer is highly preventable and associated with long survival and good quality of life.

VHA policy outlines specific requirements that must be met by facilities that provide services for women veterans.[12] We reviewed EHRs, meeting minutes and other relevant documents, and interviewed key WH employees. Table 3 shows the areas reviewed for this topic.

NC	Areas Reviewed
	Cervical cancer screening results were entered into the patient's EHR.
	The ordering VHA provider or surrogate was notified of results within the defined timeframe.
	Patients were notified of results within the defined timeframe.
	Each CBOC has an appointed WH Liaison.
	There is evidence that the CBOC has processes in place to ensure that WH care needs are addressed.

Table 3. WH

There were 27 patients who received a cervical cancer screening at the Durham VAMC's CBOCs.

Generally the CBOCs assigned to the Durham VAMC were compliant with the review areas; therefore, we made no recommendations.

Vaccinations

The VHA NCP was established in 1995. The NCP establishes and monitors the clinical preventive services offered to veterans, which includes the administration of vaccinations.[13] The NCP provides best practices guidance on the administration of vaccinations for veterans. The CDC states that although vaccine-preventable disease

[10] World Health Organization. Cancer of the cervix. Retrieved from: http://www.who.int/reproductivehealth/topics/cancer
[11] U.S. Cancer Statistics Working Group, United States Cancer Statistics: 1999-2008 Incidence and Mortality Web-based report.
[12] VHA Handbook 1330.01, *Health Care Services for Women Veterans*, May 21, 2010.
[13] VHA Handbook 1120.05, *Coordination and Development of Clinical Preventive Services*, October 13, 2009.

levels are at or near record lows, many adults are under-immunized, missing opportunities to protect themselves against diseases such as tetanus and pneumococcal.

Adults should receive a tetanus vaccine every 10 years. At the age of 65, individuals that have never had a pneumococcal vaccination should receive one. For individuals 65 and older who have received a prior pneumococcal vaccination, one-time revaccination is recommended if they were vaccinated 5 or more years previously and were less than 65 years of age at the time of the first vaccination.

We reviewed documentation of selected vaccine administrations and interviewed key personnel. Table 4 shows the areas reviewed for this topic. The review elements marked as noncompliant needed improvement.

NC	Areas Reviewed
X	Staff screened patients for the tetanus vaccination.
	Staff screened patients for the pneumococcal vaccination.
X	Staff properly documented vaccine administration.
	Managers developed a prioritization plan for the potential occurrence of vaccine shortages.

Table 4. Vaccinations

Tetanus Vaccination Screening. Through clinical reminders, VHA requires that CBOC clinicians screen patients for tetanus vaccinations.[14] We reviewed 74 patient EHRs and did not find documentation of tetanus vaccination screening in 30 patient records.

Documentation of Pneumococcal Vaccination. Federal Law requires that documentation for administered vaccinations includes specific elements, such as the vaccine manufacturer and lot number of the vaccine used.[15] We reviewed the EHRs of 43 patients who received a pneumococcal vaccine administration at the parent facility or its associated CBOCs. We did not find the required documentation elements in 28 of the EHRs.

Pneumococcal Vaccination Administration for Patients with Pre-Existing Conditions. The CDC recommends that at the age of 65, individuals that have never had a pneumococcal vaccination should receive one.[16] For individuals 65 and older who have received a prior pneumococcal vaccination, a one-time revaccination is recommended if they were vaccinated 5 or more years previously and were less than 65 years of age at the time of the first vaccination. We reviewed three EHRs for patients with pre-existing conditions who received their first vaccine prior to the age of 65. We did not find documentation indicating that both vaccinations had been administered in any of the patient records.

[14] VHA Handbook 1120.05, *Coordination and Development of Clinical Preventive Services*, October 13, 2009.
[15] Childhood Vaccine Injury Act of 1986 (PL 99 660) sub part C.
[16] Centers for Disease Control and Prevention, http://www.cdc.gov/vaccines/vpd-vac/.

Recommendations

1. We recommended that managers ensure that clinicians screen patients for tetanus vaccinations.

2. We recommended that managers ensure that clinicians document all required pneumococcal vaccination administration elements and that compliance is monitored.

3. We recommended that managers ensure that clinicians administer pneumococcal vaccinations when indicated.

Onsite Inspections
Results and Recommendations

CBOC Characteristics

We formulated a list of CBOC characteristics that includes identifiers and descriptive information for the randomly selected CBOC (see Table 5).

	Greenville
VISN	6
Parent Facility	Durham VAMC
Types of Providers	licensed clinical social worker nurse practitioner physician assistant primary care provider psychiatrist psychologist
Number of MH Uniques,[17] FY 2012	2,727
Number of MH Visits, FY 2012	15,493
MH Services Onsite	Yes
Specialty Care Services Onsite	Women's Health
Ancillary Services Provided Onsite	Electrocardiogram Laboratory Physical Medicine
Tele-Health Services	Audiology Dermatology MH Retinal Imaging Care Coordination Home Telehealth

Table 5. Characteristics

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

C&P

We reviewed C&P folders, scopes of practice, meeting minutes, and VetPro information and interviewed senior managers to determine whether facilities had consistent processes to ensure that providers complied with applicable requirements as defined by VHA policy.[18] Table 6 shows the areas reviewed for this topic.

NC	Areas Reviewed
	Each provider's license was unrestricted.
New Provider	
	Efforts were made to obtain verification of clinical privileges currently or most recently held at other institutions.
	FPPE was initiated.
	Timeframe for the FPPE was clearly documented.
	The FPPE outlined the criteria monitored.
	The FPPE was implemented on first clinical start day.
	The FPPE results were reported to the medical staff's Executive Committee.
Additional New Privilege	
	Prior to the start of a new privilege, criteria for the FPPE were developed.
	There was evidence that the provider was educated about FPPE prior to its initiation.
	FPPE results were reported to the medical staff's Executive Committee.
FPPE for Performance	
	The FPPE included criteria developed for evaluation of the practitioners when issues affecting the provision of safe, high-quality care were identified.
	A timeframe for the FPPE was clearly documented.
	There was evidence that the provider was educated about FPPE prior to its initiation.
	FPPE results were reported to the medical staff's Executive Committee.
Privileges and Scopes of Practice	
	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.
	Privileges granted to providers were setting, service, and provider specific.
	The determination to continue current privileges were based in part on results of OPPE activities.

[18] VHA Handbook 1100.19.

NC	Areas Reviewed (continued)
	Scopes of practice were setting specific.
Table 6. C&P	

EOC and Emergency Management

EOC

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, infection control, and general maintenance. We reviewed relevant documents and interviewed key employees and managers. Table 7 shows the areas reviewed for this topic.

NC	Areas Reviewed
	The CBOC was Americans with Disabilities Act compliant, including: parking, ramps, door widths, door hardware, restrooms, and counters.
	The CBOC was well maintained (e.g., ceiling tiles clean and in good repair, walls without holes, etc.).
	The CBOC was clean (walls, floors, and equipment are clean).
	Material safety data sheets were readily available to staff.
	The patient care area was safe.
	Access to fire alarms and fire extinguishers was unobstructed.
	Fire extinguishers were visually inspected monthly.
	Exit signs were visible from any direction.
	There was evidence of fire drills occurring at least annually.
	Fire extinguishers were easily identifiable.
	There was evidence of an annual fire and safety inspection.
	There was an alarm system or panic button installed in high-risk areas as identified by the vulnerability risk assessment.
	The CBOC had a process to identify expired medications.
	Medications were secured from unauthorized access.
	Privacy was maintained.
	Patients' personally identifiable information was secured and protected.
	Laboratory specimens were transported securely to prevent unauthorized access.
	Staff used two patient identifiers for blood drawing procedures.
	Information Technology security rules were adhered to.
	There was alcohol hand wash or a soap dispenser and sink available in each examination room.
	Sharps containers were less than 3/4 full.
	Safety needle devices were available for staff use (e.g., lancets, injection needles, phlebotomy needles).
	The CBOC was included in facility-wide EOC activities.
Table 7. EOC	

The CBOC was compliant with the review areas; therefore, we made no recommendations.

Emergency Management

VHA policy requires each CBOC to have a local policy or standard operating procedure defining how medical and MH emergencies are handled.[19] Table 8 shows the areas reviewed for this topic.

NC	Areas Reviewed
	There was a local medical emergency management plan for this CBOC.
	The staff articulated the procedural steps of the medical emergency plan.
	The CBOC had an automated external defibrillator onsite for cardiac emergencies.
	There was a local MH emergency management plan for this CBOC.
	The staff articulated the procedural steps of the MH emergency plan.

Table 8. Emergency Management

The CBOC was compliant with the review areas; therefore, we made no recommendations.

[19] VHA Handbook 1006.1.

VISN 6 Director Comments

Department of Veterans Affairs **Memorandum**

Date: **January 24, 2013**

From: Director, VISN 6 (10N6)

Subject: **CBOC Reviews at Durham VAMC**

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

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

1. Thank you for the opportunity to provide a status report on the draft findings from the CBOC Reviews at the Durham VA Medical Center.

2. Attached please find the facility concurrence and response to the findings from the review.

3. If you have questions or need further information, please contact Lisa Shear, QMO, VISN 6, at (919) 956-5541.

//s//

DANIEL F. HOFFMANN, FACHE

Durham VAMC Director Comments

Department of Veterans Affairs **Memorandum**

Date: 1/22/2013

From: Director, Durham VAMC (558/00)

Subject: **CBOC Reviews at Durham VAMC**

To: Director, VA Mid-Atlantic Health Care Network (10N6)

1. Thank you for the opportunity to review the OIG report on the Community Based Outpatient Clinics Review of the Durham VA Medical Center. We concur with the recommendations, and will ensure completion as described in the implementation plan.

2. Please find attached our responses to each recommendation provided in the attached plan.

3. If you have any questions regarding the response to the recommendations, feel free to call me at (919) 416-8098.

(Original signed by :)
DeAnne M. Seekins, MBA, VHA-CM

Comments to OIG's Report

The following Director's comments are submitted in response to the recommendations in the OIG report:

OIG Recommendations

1. We recommended that managers ensure that clinicians screen patients for tetanus vaccinations.

Concur

Target date for completion: 2/1/2013

This finding was shared and discussed among Durham and CBOC Leadership, appropriate clinical staff, and Informatics and the findings were documented in the 11/19/2012 Quality Council minutes. A new Td/Tdap clinical reminder was developed by Informatics and testing on the new reminder was completed in 3 clinics. The new reminder was presented at the Ambulatory Care Service provider meeting on 10/16/2012. The clinical reminder was turned on facility wide 11/1/2012 and notification of this clinical reminder and instructions were sent out by Informatics via MS Outlook to Ambulatory Care provider and nursing staff. All Ambulatory Care providers were further reminded and directed to follow the adult vaccination schedule as recommended by the CDC on 1/14/2013 by the Ambulatory Care Service Chief. The Ambulatory Care Quality Representative will monitor compliance with this and report results monthly to the Quality Council beginning 1/28/2013.

2. We recommended that managers ensure that clinicians document all required pneumococcal vaccination administration elements and that compliance is monitored.

Concur

Target date for completion: 2/1/2013

This finding was shared and discussed among Durham and CBOC Leadership, appropriate clinical staff, and Informatics and the findings are documented in the 11/19/2012 Quality Council minutes. The Pneumococcal clinical reminder was reviewed by Informatics who discovered there was a place for the Vaccine Information Sheet (VIS) sheet to be documented, but it was not required. Informatics made both the VIS sheet and the Lot # required on 11/8/2012. This programming now requires nursing and provider staff to complete this section before they can proceed with charting. The Ambulatory Care Quality Representative began monitoring this and reported compliance at 96 percent for November, 2012. This was reported at the 12/17/2012 Quality Council Meeting and will continue to be reported monthly.

3. We recommended that managers ensure that clinicians administer pneumococcal vaccinations when indicated.

Concur

Target date for completion: 4/1/2013

This finding was shared and discussed among Durham and the CBOC Leadership, appropriate clinical staff, and Informatics and the finding will be documented in the 1/28/2013 Quality Council minutes. Informatics has begun collaborating with other VA Facilities to revise the pneumococcal reminder to identify veterans by age and risk factors as per current CDC recommendations. Additionally, Ambulatory Care Providers were directed by the Ambulatory Care Service Chief to follow the adult vaccination schedule as recommended by the CDC on 1/14/2013, and providers were given the Pneumococcal Immunization table which identifies the pneumococcal vaccination recommendation by age and risk factors. The Ambulatory Care Quality Representative will monitor compliance with this and report results monthly to the Quality Council beginning 1/28/2013.

OIG Contact and Staff Acknowledgments

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