



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

**Office of Healthcare Inspections**

**Report No. 12-03850-106**

**Community Based Outpatient  
Clinic Reviews at  
Salem VA Medical Center  
Salem, VA**

**February 12, 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.

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## Glossary

C&P	credentialing and privileging
CBOC	community based outpatient clinic
EHR	electronic health record
EOC	environment of care
FPPE	Focused Professional Practice Evaluation
FY	fiscal year
LIP	licensed independent practitioner
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 CBOCs during the week of November 12, 2012. The C&P, EOC, and emergency management onsite inspections were only conducted at the randomly selected CBOCs (see Table 1).

VISN	Facility	CBOC Name	Location
6	Salem VAMC	Lynchburg	Lynchburg, VA
		Wytheville	Wytheville, VA
<b>Table 1. Sites Inspected</b>			

**Review Results:** The review covered the following topic areas:

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

We made recommendations in two review areas.

**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 tetanus and pneumococcal vaccination administration elements and that compliance is monitored.
- Ensure that the Credentials Committee of the Executive Board for Clinical Affairs grants privileges consistent with the services provided at the Lynchburg and Wytheville CBOCs.

## Comments

The VISN and Facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes A–B, pages 10–13, 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 Centers for Disease Control and Prevention guidelines and VHA recommendations.
- Determine whether CBOC providers are appropriately credentialed and privileged in accordance with VHA Handbook 1100.19.<sup>1</sup>
- Determine whether CBOCs are in compliance with standards of operations according to VHA policy in the areas of environmental safety and emergency planning.<sup>2</sup>

### 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

<sup>1</sup> VHA Handbook 1100.19, *Credentialing and Privileging*, November 14, 2008.

<sup>2</sup> 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.<sup>3</sup>

The C&P, EOC, and emergency management onsite inspections were only conducted at the randomly selected CBOCs. Two CBOCs were 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.<sup>4</sup>

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.

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<sup>3</sup> Includes all CBOCs in operation before October 1, 2011.

<sup>4</sup> 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.<sup>5</sup> 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 <sup>6</sup>	Uniques, FY 2012 <sup>7</sup>	Visits, FY 2012 <sup>8</sup>	CBOC Size <sup>9</sup>
6	Salem VAMC	Danville	Urban	5,074	24,821	Large
		Lynchburg	Urban	3,774	20,195	Mid-Size
		Staunton	Rural	1,680	7,389	Mid-Size
		Tazewell	Rural	752	2,850	Small
		Wytheville	Rural	2,991	19,267	Mid-Size

**Table 2. CBOC Profiles**

<sup>5</sup> Includes all CBOCs in operation before October 1, 2011.

<sup>6</sup> <http://vaww.pssg.med.va.gov/>

<sup>7</sup> <http://vssc.med.va.gov>

<sup>8</sup> <http://vssc.med.va.gov>

<sup>9</sup> 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.<sup>10</sup> Each year, approximately 12,000 women in the United States are diagnosed with cervical cancer.<sup>11</sup> 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.<sup>12</sup> 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.
<b>Table 3. WH</b>	

There were 31 patients who received a cervical cancer screening at Salem VAMC’s CBOCs.

Generally, the CBOCs assigned to the Salem 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.<sup>13</sup> The NCP provides best practices guidance on the administration of vaccinations for veterans. The Centers for Disease Control and Prevention states that although vaccine-preventable disease levels are at or near record lows, many adults are

<sup>10</sup> World Health Organization. Cancer of the cervix. Retrieved from: <http://www.who.int/reproductivehealth/topics/cancer>

<sup>11</sup> U.S. Cancer Statistics Working Group, United States Cancer Statistics: 1999-2008 Incidence and Mortality Web-based report.

<sup>12</sup> VHA Handbook 1330.01, *Health Care Services for Women Veterans*, May 21, 2010.

<sup>13</sup> VHA Handbook 1120.05, *Coordination and Development of Clinical Preventive Services*, October 13, 2009.

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.
<b>Table 4. Vaccinations</b>	

Tetanus Vaccination Screening. Through clinical reminders, VHA requires that CBOC clinicians screen patients for tetanus vaccinations.<sup>14</sup> We reviewed 65 patient EHRs and did not find documentation of tetanus vaccination screening in 45 patient records.

Documentation of Vaccinations. Federal Law requires that documentation for administered vaccinations include specific elements, such as the vaccine manufacturer and lot number of the vaccine used.<sup>15</sup> We reviewed the EHRs of four patients who received a tetanus vaccine in the prior 24 months. We did not find the required documentation elements in any of the patient EHRs. We reviewed the EHRs of 34 patients who received a pneumococcal vaccine administration at the parent facility or its associated CBOCs and did not find the required documentation elements in any of the patient EHRs.

## 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 tetanus and pneumococcal vaccination administration elements and that compliance is monitored.

<sup>14</sup> VHA Handbook 1120.05, *Coordination and Development of Clinical Preventive Services*, October 13, 2009.

<sup>15</sup> Childhood Vaccine Injury Act of 1986 (PL 99 660) sub part C.

## Onsite Inspections Results and Recommendations

### CBOC Characteristics

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

	Lynchburg	Wytheville
<b>VISN</b>	6	6
<b>Parent Facility</b>	Salem VAMC	Salem VAMC
<b>Types of Providers</b>	licensed clinical social worker nurse practitioner primary care provider psychiatrist psychologist	licensed clinical social worker primary care provider psychiatrist psychologist
<b>Number of MH Uniques,<sup>16</sup> FY 2012</b>	865	672
<b>Number of MH Visits, FY 2012</b>	4,729	3,606
<b>MH Services Onsite</b>	Yes	Yes
<b>Specialty Care Services Onsite</b>	Podiatry Women's Health	Podiatry Women's Health
<b>Ancillary Services Provided Onsite</b>	Electrocardiogram Laboratory	Electrocardiogram Laboratory
<b>Tele-Health Services</b>	MH MOVE Care Coordination Home Telehealth	MH MOVE Care Coordination Home Telehealth
<b>Table 5. Characteristics</b>		

<sup>16</sup> <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.<sup>17</sup> Table 6 shows the areas reviewed for this topic. The CBOCs identified as noncompliant needed improvement. Details regarding the findings follow the table.

NC	Areas Reviewed
	Each provider's license was unrestricted.
<b>New Provider</b>	
	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.
<b>Additional New Privilege</b>	
	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.
<b>FPPE for Performance</b>	
	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.
<b>Privileges and Scopes of Practice</b>	
	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.
Lynchburg Wytheville	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.

<sup>17</sup> VHA Handbook 1100.19.

NC	Areas Reviewed (continued)
	Scopes of practice were setting specific.
<b>Table 6. C&amp;P</b>	

Clinical Privileges. The Credentials Committee of the Executive Board for Clinical Affairs granted clinical privileges for procedures that were not performed at the Lynchburg and Wytheville CBOCs. We reviewed the privileges of four LIPs at the Lynchburg CBOC and found that two providers were granted privileges that included gastric tube insertion and lumbar puncture. We also reviewed the privileges of four LIPs at the Wytheville CBOC and found that three were granted privileges for those same procedures.

**Recommendation**

3. We recommended that the Credentials Committee of the Executive Board for Clinical Affairs grants privileges consistent with the services provided at the Lynchburg and Wytheville CBOCs.

**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.

NC	Areas Reviewed (continued)
	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.
<b>Table 7. EOC</b>	

All CBOCs were 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.<sup>18</sup> 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.
<b>Table 8. Emergency Management</b>	

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

<sup>18</sup> VHA Handbook 1006.1.

**VISN 6 Director Comments****Department of  
Veterans Affairs****Memorandum**

**Date:** January 22, 2013

**From:** Director, VISN 6 (10N6)

**Subject:** **CBOC Reviews at Salem VAMC**

**To:** Director, 54AT Healthcare Inspections Division (54AT)  
Director, Management Review (VHA 10AR MRS OIG CAP  
CBOC)

1. Thank you for the opportunity to a status report on the draft finding from the CBOC Reviews of the Salem VA Medical Center, Lynchburg and Wytheville CBOCs.
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.

(original signed by:)  
DANIEL F. HOFFMANN, FACHE



## Salem VAMC Director Comments

**Department of  
Veterans Affairs**

**Memorandum**

**Date:** January 22, 2013  
**From:** Director, Salem VAMC (658/00)  
**Subject:** **CBOC Reviews at Salem VAMC**  
**To:** Director, VISN 6 (10N6)

1. Thank you for the opportunity to review the OIG report on the CBOC Review of the Salem VA Medical Center, Lynchburg and Wytheville CBOCs. We concur with the recommendations, and will ensure completion as described in the implementation plan.
2. Attached please find our concurrence and response to the findings from the review.
3. If you have any questions regarding the response to the recommendations, feel free to call me at (540) 982-2463 extension 2100.

(original signed by:)  
MIGUEL H. LaPUZ, MD, MBA

## 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: March 30, 2013

Facility response: A Tetanus Clinical Reminder (CR) with vaccination administration elements was developed (December 5, 2012) to ensure staff screen patients for tetanus vaccinations. The use of the Tetanus CR will be reviewed monthly by the Chief, Primary Care Service Line (PCSL) until 90 percent compliance is reached consistently for three months, then quarterly after that as part of PCSL Performance Improvement activities. The review data will be reported twice annually as scheduled to the Executive Leadership Board for oversight and monitoring.

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

Concur

Target date for completion: March 30, 2013

Facility response: Vaccination administration elements were added (December 5, 2012) to the existing Pneumococcal CR. The Tetanus CR was developed with the required vaccination administration elements. The use of the updated Pneumococcal CR and Tetanus CR will be reviewed monthly by the Chief, Primary Care Service Line until 90 percent compliance is reached consistently for three months, then quarterly after that as part of PCSL Performance Improvement activities. The review data will be reported twice annually as scheduled to the Executive Leadership Board for oversight and monitoring.

3. We recommended that the Credentials Committee of the Executive Board for Clinical Affairs grants privileges consistent with the services provided at the Lynchburg and Wytheville CBOCs.

Concur

Target date for completion: March 1, 2013

Facility response: We have implemented a comprehensive evaluation of primary care physician core privileges for the CBOC facilities to determine which procedures can be performed in each clinical setting considering among other things the providers' proficiency, nursing support, and supplies available in the specific clinic. Revised privileges for the CBOC physicians will be submitted to the Credentialing Committee by the second week in February 2013 for its consideration and approval.

Additionally, the PCSL Scope of Practice for nurse practitioners has been updated to reflect provider practice/site of practice, and approved by the Credentialing Committee on November 30, 2012.

## **OIG Contact and Staff Acknowledgments**

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<b>Contact</b>	For more information about this report, please contact the OIG at (202) 461-4720.
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<b>Contributors</b>	Tishanna McCutchen, ARNP, MSN, Team Leader Charles Cook, MHA Toni Woodard, BS
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