



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

**Office of Healthcare Inspections**

**Report No. 12-00577-273**

**Community Based Outpatient  
Clinic Reviews  
Wilmington, NC  
Columbus, GA  
Goose Creek, SC  
Savannah, GA**

**September 7, 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 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

ADA	Americans with Disabilities Act
CAVHCS	Central Alabama Veterans Health Care System
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
ED	emergency department
EKG	electrocardiogram
EOC	environment of care
FPPE	Focused Professional Practice Evaluation
FTE	full-time employee equivalents
FY	fiscal year
HF	heart failure
IT	information technology
LCSW	licensed clinical social worker
LIP	licensed independent practitioner
MedMgt	medication management
MH	mental health
MHICM	mental health intensive case management
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
PTSD	Post-Traumatic Stress Disorder
Qtr	quarter
TX	treatment
VAMC	VA Medical Center
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
VistA	Veterans Health Information Systems and Technology Architecture

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## Executive Summary

**Purpose:** We conducted an inspection of four CBOCs during the weeks of June 18 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
6	Fayetteville VAMC	Wilmington
7	Central Alabama Veterans Health Care System	Columbus
	Ralph H. Johnson VAMC	Goose Creek Savannah

**Table 1. Sites Inspected**

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

### Fayetteville VAMC

- Ensure that the doorbell at the entrance to the Wilmington CBOC is operational and routinely tested.
- Ensure that all pictures at the Wilmington CBOC are secured and have acceptable safety covering.
- Ensure that auditory privacy at the Wilmington CBOC is maintained during the check-in process.

### CAVHCS

- Ensure that Columbus CBOC clinicians document a risk level for diabetic patients in CPRS in accordance with VHA policy.
- Ensure that patients with normal mammogram results are notified of results within the allotted timeframe and that notification is documented in the medical record at the Columbus CBOC.
- Ensure providers are granted privileges that are consistent with the services provided at the Columbus CBOC.
- Ensure that Primary Care service-specific competency criteria is created, approved, and implemented.
- Ensure that Service Chief, Credentialing Board, and/or medical staff's Executive Committee list documents reviewed and the rationale for conclusions reached for privileging LIPs at the Columbus CBOC.

- Ensure that the sink faucet controls in the handicap accessible restrooms at the Columbus CBOC meet ADA Guidelines.
- Ensure that the security of PII on laboratory specimens is ensured when they are transported from the Columbus CBOC.
- Ensure that patient's PII is protected at the Columbus CBOC.

Ralph H. Johnson VAMC

- Ensure that the Goose Creek and Savannah CBOC clinicians document a risk level for diabetic patients in CPRS in accordance with VHA policy.
- Ensure that the Goose Creek and Savannah CBOC clinicians document education of foot care to diabetic patients in CPRS.
- Ensure that the Chief, Primary Care lists documents reviewed and the rationale for conclusions reached for privileging or re-privileging LIPs at the Goose Creek and Savannah CBOCs.
- Ensure that a panic alarm system is installed at the Goose Creek CBOC.
- Ensure that signage is installed at the Goose Creek CBOC to clearly identify the location of fire extinguishers.
- Ensure that the all pictures are secured at the Savannah CBOC.

**Comments**

The VISN and Facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes B-F, pages 15-25, for full text of the Directors' comments.) We will follow up on the planned actions until they are completed.



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## 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 to 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.** 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.

<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.

## CBOC Characteristics

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

	Wilmington	Columbus	Goose Creek	Savannah
<b>VISN</b>	6	7	7	7
<b>Parent Facility</b>	Fayetteville VAMC	CAVHCS	Ralph H. Johnson VAMC	Ralph H. Johnson VAMC
<b>Type of CBOC</b>	VA	VA	VA	VA
<b>Number of Uniques,<sup>3</sup> FY 2011</b>	6,529	7,761	8,768	11,026
<b>Number of Visits, FY 2011</b>	26,523	31,164	52,007	84,927
<b>CBOC Size<sup>4</sup></b>	Large	Large	Large	Very Large
<b>Locality<sup>5</sup></b>	Urban	Urban	Urban	Rural
<b>FTE PCP</b>	7	6.8	7.5	8.6
<b>FTE MH Providers</b>	5	4.4	4	6
<b>Types of Providers</b>	LCSW PA PCP Psychiatrist Psychologist Clinical Pharmacist	LCSW NP PCP Psychiatrist Psychologist	LCSW NP PCP Psychiatrist Psychologist	LCSW NP PA PCP Psychiatrist Psychologist
<b>Specialty Care Services Onsite</b>	No	Yes	No	Yes
<b>Tele-Health Services</b>	Tele-Retinal Imaging CCHT	None	Tele-Dermatology Tele-Mental Health Tele-Retinal Imaging CCHT	Tele-Dermatology Tele-Mental Health Tele-Retinal Imaging CCHT
<b>Ancillary Services Provided Onsite</b>	EKG Laboratory	Laboratory Pharmacy	EKG Laboratory Radiology	EKG Laboratory Physical Medicine Radiology

**Table 2. CBOC Characteristics**

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

<sup>4</sup> Based on the number of unique patients seen as defined by the 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).

<sup>5</sup> <http://vaww.pssg.med.va.gov/>



## Mental Health CBOC Characteristics

Table 3 displays the MH Characteristics for each CBOC reviewed.

	Wilmington	Columbus	Goose Creek	Savannah
<b>Provides MH Services</b>	Yes	Yes	Yes	Yes
<b>Number of MH Uniques, FY 2011</b>	1,652	2,617	997	2,249
<b>Number of MH Visits</b>	9,575	8,919	5,545	13,233
<b>General MH Services</b>	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
<b>Specialty MH Services</b>	Consult & TX Psychotherapy Peer Support PTSD Teams Homeless Program Substance Use Disorder	Consult & TX Psychotherapy MHICM Peer Support PTSD Teams Social Skills Training	Consult & TX Psychotherapy MHICM	Consult & TX Psychotherapy MHICM Homeless Program
<b>Tele-Mental Health</b>	No	No	Yes	Yes
<b>MH Referrals</b>	Another VA Facility	Another VA Facility	Another VA Facility	Another VA Facility

**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. <sup>6</sup>
	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.
Goose Creek Savannah	The CBOC documents education of foot care for patients with a diagnosis of DM. <sup>7</sup>
	There is documentation of foot screening in the patient's medical record.
Columbus Goose Creek Savannah	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.
<b>Table 4. DM</b>	

#### VISN 7, CAVHCS – Columbus

**Risk Level Assessment.** The Columbus CBOC clinicians did not document a risk level for all 28 diabetic patients reviewed in CPRS. VHA policy<sup>8</sup> requires identification of high-risk patients with a risk level, based upon foot risk factors that would determine appropriate care and/or referral. Managers reported adjustments were made to the clinical reminder that directs clinicians to assign a risk level. The adjustment should ensure that clinicians document diabetic patients' risk level.

**Recommendation 1.** We recommended that Columbus CBOC clinicians document a risk level for diabetic patients in CPRS in accordance with VHA policy.

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

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

<sup>8</sup> VHA Directive 2006-050.

**VISN 7, Ralph H. Johnson VAMC – Goose Creek and Savannah**

**Risk Level Assessment.** We reviewed 51 medical records of patients with a diagnosis of DM; 24 at the Goose Creek CBOC and 27 at the Savannah CBOC. None of the medical records had documentation of a risk assessment level to identify high-risk patients. VHA policy<sup>9</sup> 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 Education Documentation.** The Goose Creek CBOC clinicians did not document education of foot care for 24 of 24 diabetic patients in CPRS. The Savannah CBOC Clinician did not document education of foot care for 4 of 27 diabetic patients.

**Recommendation 2.** We recommended that Goose Creek and Savannah CBOC clinicians document a risk level for diabetic patients in CPRS in accordance with VHA policy.

**Recommendation 3.** We recommended that the Goose Creek and Savannah CBOC clinicians document education of foot care to 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.<sup>10</sup> Each VHA facility must ensure that eligible women veterans have access to comprehensive medical care, including care for gender-specific conditions.<sup>11</sup> Timely screening, diagnosis, notification, interdisciplinary treatment planning, and treatment are essential to early detection, 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. <sup>12</sup>
Columbus	The ordering VHA provider or surrogate was notified of results within a defined timeframe.
Columbus	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.

<sup>9</sup> VHA Directive 2006-050.

<sup>10</sup> American Cancer Society, Cancer Facts & Figures 2009.

<sup>11</sup> VHA Handbook 1330.01, *Healthcare Services for Women Veterans*, May 21, 2010.

<sup>12</sup> 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.

Noncompliant	Areas Reviewed (continued)
	All screening and diagnostic mammograms were initiated via an order placed into the VistA radiology package. <sup>13</sup>
	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.
<b>Table 5. Mammography</b>	

There were a total of 11 patients who had mammograms done on or after June 1, 2010, at the Columbus CBOC.

**VISN 7, CAVHCS – Columbus**

Patient Notification of Normal Mammography Results. We reviewed medical records of patients at the Columbus CBOC who had normal mammography results and determined that 2 of 11 patients were not notified within the required timeframe of 14 days.

**Recommendation 4.** We recommended that the Columbus CBOC ensures that patients with normal mammogram results are notified of results within the allotted timeframe and that notification is documented in the medical record.

**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.<sup>14</sup> 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.

<sup>13</sup> VHA Handbook 1330.01.

<sup>14</sup> 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.
Columbus Goose Creek Savannah	(6) The Service Chief, Credentialing Board, and/or medical staff's Executive Committee list documents reviewed and the rationale for conclusions reached for granting LIP privileges.
Columbus	(7) Privileges granted to providers were facility, service, and provider specific. <sup>15</sup>
Columbus	(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.
	(11) Scopes of practice were facility specific.
<b>Table 6. C&amp;P</b>	

**VISN 7, CAVHCS – Columbus**

Clinical Privileges. The providers at the Columbus CBOC were granted Primary Care core privileges to perform cryotherapy of minor skin lesion. We found that cryotherapy procedures were not performed at the Columbus CBOC. VHA policy<sup>16</sup> requires that setting-specific privileges are granted based on services that can be performed or provided within the proposed setting.

Service-Specific Criteria. Although we found developed OPPEs, we did not find that written thresholds/criteria had been established. The criteria that would trigger a more

<sup>15</sup> VHA Handbook 1100.19.

<sup>16</sup> VHA Handbook 1100.19.

in-depth review must be defined in advance, and be objective, measurable, and uniformly applied to all practitioners with similar privileges. OPPEs allow the facility to identify professional practice trends that impact the quality of care and patient safety. OPPEs also serve as a mechanism for providers to assess their performance in relation to those with comparable privileges and seek avenues for improvement, if warranted. The facility's written OPPE plan did not include service-specific competency criteria. VHA policy<sup>17</sup> requires a written plan with service-specific competency criteria that were approved by the medical staff's Executive Committee.

Documentation of Privileging Decisions. We reviewed four LIPs at the Columbus CBOC and did not find documentation in the service chief's comments in VetPro that reflected the documents utilized to arrive at the decision to grant clinical privileges to the providers. In addition, we did not find adequate documentation in the Credentialing Committee or the Executive Committee minutes to support committee decisions for privileging two of the four physicians whose folders we reviewed. According to VHA policy, the list of documents reviewed and the rationale for conclusions reached by the service chief must be documented.

**Recommendation 5.** We recommended that providers are granted privileges that are consistent with the services provided at the Columbus CBOC.

**Recommendation 6.** We recommended that Primary Care service-specific competency criteria is created, approved, and implemented.

**Recommendation 7.** We recommended that Service Chief, Credentialing Board, and/or medical staff's Executive Committee list documents reviewed and the rationale for conclusions reached for privileging LIPs at the Columbus CBOC.

### **VISN 7, Ralph H. Johnson VAMC – Goose Creek and Savannah**

Documentation of Privileging Decisions. We reviewed nine LIPs at the Goose Creek and Savannah CBOCs and did not find documentation in the Service Chief's comments in VetPro that reflected the documents utilized to arrive at the decision to grant clinical privileges to the providers. According to VHA policy, the list of documents reviewed and the rationale for conclusions reached by the service chief must be documented.

**Recommendation 8.** We recommended that the Chief, Primary Care lists documents reviewed and the rationale for conclusions reached for privileging LIPs at the Goose Creek and Savannah CBOCs.

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

## 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.
Wilmington	The entrance door to the CBOC meets ADA requirements.
Columbus	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).
Wilmington Savannah	The patient care area is safe.
	The CBOC has a process to identify expired medications.
	Medications are secured from unauthorized access.
Goose Creek	There is an alarm system or panic button installed in high-risk areas as identified by the vulnerability risk assessment.
Wilmington	Privacy is maintained.
	IT security rules are adhered to.
Columbus	Patients' PII is secured and protected.
	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.
Goose Creek	Fire extinguishers are easily identifiable.
	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.
<b>Table 7. EOC</b>	

### VISN 6, Fayetteville VAMC – Wilmington

Physical Access. The entrance to the Wilmington CBOC has a doorbell to alert staff that a veteran is in need of assistance to access the clinic. However, it was not operational at the time of our on-site review. The importance of the doorbell was noted when we witnessed a patient needing assistance to enter the clinic. If CBOC staff were not in the vicinity, the patient would have had substantial difficulty entering the clinic. Managers began taking corrective action while we were onsite and provided an updated

CBOC daily Charge Check sheet that includes ensuring that the front doorbell to the lobby is functioning properly.

Safety. We found unsecured pictures with glass covering on the walls of the clinic where patients receive MH services. These pictures could pose a risk to patient and staff safety.

Patient Privacy. Auditory privacy was inadequate for patients during the check-in process at the Wilmington CBOC. Even though there was signage for patients to take a ticket and be seated before being called to the window, there was no zone of audible privacy during the check-in process. Patients communicate with staff through a glass window and were asked to provide, at a minimum, their name and the last four digits of their social security number. VHA Handbook 1605.14 requires auditory privacy when staff discuss sensitive patient issues.

**Recommendation 9.** We recommended that the doorbell at the entrance to the Wilmington CBOC is operational and routinely tested.

**Recommendation 10.** We recommended that all pictures at the Wilmington CBOC are secured and have acceptable safety covering.

**Recommendation 11.** We recommended that auditory privacy at the Wilmington CBOC is maintained during the check-in process.

## **VISN 7, CAVHCS – Columbus**

Physical Access. We found that the handicap restrooms at the Columbus CBOC had twist motion knobs for the faucets at the sinks. The ADA Accessible Guidelines<sup>18</sup> require that faucet controls be operable with one hand and not require a twisting, tight grasping, or pinching action.

PII. We found that laboratory specimens labeled with PII were not secured at the Columbus CBOC. Specimens with clearly visible PII were transported by a contract courier in unlocked containers to the parent facility for processing. VHA policy<sup>19</sup> states the privacy and security of patient information stored in any media must be protected.

We also found that patients were required to place their full name on a sign-in sheet outside of the laboratory; therefore, PII was accessible to other patients and visitors.

**Recommendation 12.** We recommended that the sink faucet controls in the handicap accessible restrooms at the Columbus CBOC meet ADA Guidelines.

**Recommendation 13.** We recommended that the security of PII on laboratory specimens is ensured when they are transported from the Columbus CBOC.

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<sup>18</sup> ADAAG Provision A Guide to the New ADA-ABA Accessibility Guidelines.

<sup>19</sup> VHA Handbook 1970.01



**Recommendation 14.** We recommended that patients’ PII is protected at the Columbus CBOC.

**VISN 7, Ralph H. Johnson VAMC – Goose Creek and Savannah**

Panic Alarms. The Goose Creek CBOC provides MH services but did not have panic alarms for either the administrative or the clinical staff. The staff indicated that if they felt threatened and needed assistance, they would call out for help and try to leave the room. The parent facility conducted a vulnerability review in November 2011 and recommended the installation of a panic alarm system. Management took corrective action to order personal alarms during our inspection.

Fire Extinguishers. The Goose Creek CBOC had no signage identifying the location of fire extinguishers. All fire extinguishers were recessed in the wall and obscured from view. The National Fire Protection Association Life Safety Code requires identification of fire extinguisher locations when they are obscured from view.<sup>20</sup>

Safety. The Savannah CBOC provides MH services. We found unsecured pictures on the walls of the clinic that could pose a risk to patient/staff safety.

**Recommendation 15.** We recommended that a panic alarm system is installed at the Goose Creek CBOC.

**Recommendation 16.** We recommended that signage is installed at the Goose Creek CBOC to clearly identify the location of fire extinguishers.

**Recommendation 17.** We recommended that all pictures are secured at the Savannah CBOC.

Emergency Management

VHA policy requires each CBOC to have a local policy or standard operating procedure defining how medical emergencies, including MH, are handled.<sup>21</sup> 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.

<sup>20</sup> National Fire Protection Association, Standard for Portable Fire Extinguishers, 10 6.1.3.3.1.

<sup>21</sup> VHA Handbook 1006.1.

Noncompliant	Areas Reviewed (continued)
	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.

## 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.

## 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.	<b>Fayetteville VAMC</b>		
	Wilmington	X	
	<b>CAVHCS</b>		
	Columbus		X
	<b>Ralph H. Johnson VAMC</b>		
	Goose Creek		X
	Savannah		X
The CBOC has a process to identify enrolled patients that have been admitted to the parent facility with a HF diagnosis.	<b>Fayetteville VAMC</b>		
	Wilmington	X	
	<b>CAVHCS</b>		
	Columbus	X	
	<b>Ralph H. Johnson VAMC</b>		
	Goose Creek	X	
	Savannah	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.	<b>Fayetteville VAMC</b>		
	Wilmington	1	1
	<b>CAVHCS</b>		
	Columbus	NA*	NA
	<b>Ralph H. Johnson VAMC</b>		
	Goose Creek	12	18
	Savannah	4	4
A clinician documented a review of the patients' medications during the first follow-up primary care or cardiology visit.	<b>Fayetteville VAMC</b>		
	Wilmington	1	1
	<b>CAVHCS</b>		
	Columbus	NA	NA
	<b>Ralph H. Johnson VAMC</b>		
	Goose Creek	16	16
	Savannah	4	4

## 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' weights during the first follow-up primary care or cardiology visit.	<b>Fayetteville VAMC</b>		
	Wilmington	1	1
	<b>CAVHCS</b>		
	Columbus	NA	NA
	<b>Ralph H. Johnson VAMC</b>		
	Goose Creek	14	16
	Savannah	4	4
A clinician documented a review of the patients' restricted sodium diet during the first follow-up primary care or cardiology visit.	<b>Fayetteville VAMC</b>		
	Wilmington	1	1
	<b>CAVHCS</b>		
	Columbus	NA	NA
	<b>Ralph H. Johnson VAMC</b>		
	Goose Creek	7	16
	Savannah	4	4
A clinician documented a review of the patients' fluid intakes during the first follow-up primary care or cardiology visit.	<b>Fayetteville VAMC</b>		
	Wilmington	0	1
	<b>CAVHCS</b>		
	Columbus	NA	NA
	<b>Ralph H. Johnson VAMC</b>		
	Goose Creek	2	16
	Savannah	4	4
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.	<b>Fayetteville VAMC</b>		
	Wilmington	0	1
	<b>CAVHCS</b>		
	Columbus	NA	NA
	<b>Ralph H. Johnson VAMC</b>		
	Goose Creek	3	16
	Savannah	4	4

\*There were no patients at the Columbus CBOC that met the criteria for this informational topic review.

## VISN 6 Director Comments

**Department of  
Veterans Affairs**

**Memorandum**

**Date:** August 9, 2012  
**From:** Director, VISN 6 (10N6)  
**Subject:** **CBOC Review: Wilmington, NC**  
**To:** Director, 54AT Healthcare Inspections Division (54AT)  
Director, Management Review Service (VHA 10AR MRS)

1. The attached subject report is forwarded for your review and further action. I have reviewed the responses and concur with the facility's findings.
2. Please contact Elizabeth Goolsby, Director, Fayetteville VA Medical Center, at (910) 822-7059.

/es/  
DANIEL F. HOFFMANN, FACHE

## Fayetteville VAMC Director Comments

**Department of  
Veterans Affairs**

**Memorandum**

**Date:** August 3, 2012  
**From:** Director, Fayetteville VAMC (565/00)  
**Subject:** **CBOC Review: Wilmington, NC**  
**To:** Director, VISN 6 (10N6)

Fayetteville VA Medical Center concurs with the findings brought forth in this report. Specific corrective actions have been provided for recommendations (9) through (11).

Should you have any questions, please contact Damaris Reyes, Chief, Performance Improvement, at 910-822-7091.

*(original signed by:)*  
ELIZABETH GOOLSBY

## 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 9.** We recommended that the doorbell at the entrance to the Wilmington CBOC is operational and routinely tested.

Concur

**Target date for completion:** June 20, 2012

Corrected during review. Batteries were replaced and doorbell is fully operational. To ensure ongoing compliance, this has been added to the clinic's daily operational checklist. The Nurse Manager will complete random observations to ensure compliance.

**Recommendation 10.** We recommended that all pictures are secured and have acceptable safety covering.

Concur

**Target date for completion:** June 20, 2012

The pictures were removed as they were identified during the review. In anticipation of a pending facility move to a new location, pictures will not be replaced at this time. Any future pictures will be appropriately secured and with acceptable safety covering.

**Recommendation 11.** We recommended that auditory privacy is maintained during the check-in process.

Concur

**Target date for completion:** August 3, 2012.

Staff will be trained on using low voice tone and offering patients a private area to discuss sensitive concerns. Patients will also be provided a small hand held calculator to key in their social security number if needed. The Nurse Manager will complete random observations to ensure compliance.

## VISN 7 Director Comments

**Department of  
Veterans Affairs**

**Memorandum**

**Date:** August 22, 2012

**From:** Interim, Network Director, VISN 7 (10N7)

**Subject:** **CBOC Reviews: Columbus, GA; Goose Creek, SC; and Savannah, GA**

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

I fully concur with the Central Alabama Veterans Health Care System and the Ralph H. Johnson VAMC Directors' recommendations and action plans for the respective CBOC reviews.

//es// James A. Clark, MPA



## CAVHCS Director Comments

**Department of  
Veterans Affairs**

**Memorandum**

**Date:** August 21, 2012  
**From:** Director, CAVHCS (619/00)  
**Subject:** **CBOC Reviews: Columbus, GA**  
**To:** Director, VISN 7 (10N7)

1. Based upon my review of the Office of the Inspector General Report for the Columbus, Georgia Community Based Clinic, I agree with all of the recommendations.
2. We are diligently working to improve processes in the delivery of care to our Veterans.
3. For questions or concerns, please contact Dr. Cliff Robinson, Chief of Staff, at (334) 272-4670, extension 4097.

/es/James R. Talton, PAC, MBA, M.S., 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 1.** We recommended that Columbus CBOC clinicians document a risk level for diabetic patients in CPRS in accordance with VHA policy.

Concur

Target date for completion: 6/20/12

The new diabetic exam clinical reminder was implemented June 20, 2012. On the initial follow up concerning the effectiveness of the new reminder, it was determined that it does not capture the risk level when the information is transferred to the clinical note. This requires the provider to manually type in the risk level as part of the assessment in the progress note. The Preservation-Amputation Care and Treatment Program (PACT) Coordinator is currently working with Clinical Informatics on this issue. Communication has been shared with providers regarding the assignment of risk levels. Further modifications to the reminder are in progress to hard wire the transfer of the risk level into the patient's record. A monthly report will be obtained by the PACT Coordinator from a random sample of the total number of patients reviewed against the number of those with the diabetic reminder and assigned risk assessment number beginning September 15, 2012.

**Recommendation 4.** We recommended that the Columbus CBOC ensures that patients with normal mammogram results are notified of results within the allotted timeframe and that notification is documented in the medical record.

Concur

Target date for completion: 8/6/12

On August 6, 2012, the Associate Chief of Staff of Primary Care sent out a reminder by e-mail to all providers/Patient Aligned Care Team-Lets (PACT) informing them of the requirement to notify patients within 14 days of receipt of all mammograms results. The providers were also advised to document the notification in the medical record. The Mammogram Coordination Team, PACT, and the Women Health Program will work together for continuous improvement in the mammogram screening, and notification process. The Mammogram Coordination Team met to discuss providers' communication of normal mammogram results to Veterans within 14 days. A Standard Operating Procedure (SOP) for tracking normal mammogram results, a tracking tool and a control plan were developed for monitoring, tracking, and trending this data over time. Quality Management will also monitor performance and compliance.

**Recommendation 5.** We recommended that providers are granted privileges that are consistent with the services provided at the Columbus CBOC.

Concur

Target date for completion: 8/31/12

CAVHCS will remove cryotherapy of minor skin lesions from the Primary Care core privileges for providers at the Columbus CBOC. This will be completed by August 31, 2012.

**Recommendation 6.** We recommended that Primary Care service-specific competency criteria is created, approved, and implemented.

Concur

Target date for completion: 8/31/12

Primary Care is currently adding some specific performance criteria to its Ongoing Professional Practice Evaluation (OPPE) for Primary Care providers. This will be approved and implemented by August 31, 2012.

**Recommendation 7.** We recommended that Service Chief, Credentialing Board, and/or medical staff's Executive Committee list documents reviewed and the rationale for conclusions reached for privileging LIPs at the Columbus CBOC.

Concur

Target date for completion: 8/6/12

The Credentialing and Privileging minutes will explicitly state that OPPE's were reviewed and specified data/information used to assess competency will be clearly identified. This has commenced as of August 6, 2012. The Medical Staff Coordinators will track that all minutes contain the reference to Focused Professional Practice Evaluations (FPPE) and OPPE's and other information as applicable for privileging. Compliance will also be monitored by Quality Management.

**Recommendation 12.** We recommended that the sink faucet controls in the handicap accessible restrooms at the Columbus CBOC meet ADA Guidelines.

Concur

Target date for completion: 10/5/12

Sinks and faucets will be replaced in all handicap accessible restrooms to meet American Disabilities Act (ADA) requirements. Work orders were submitted to Engineering Service June 19, 2012.

**Recommendation 13.** We recommended that the security of PII on laboratory specimens is ensured when they are transported from the Columbus CBOC.

Concur

Target date for completion: 8/20/12

The contract courier (Stat Courier) was notified on August 2, 2012 of the requirement for all specimen transport containers to be locked. The new transport containers have been ordered by the courier and will be delivered on or before August 17<sup>th</sup>. Laboratory personnel will possess sole access to the keys. The Specimen Collection, Preservation and Transport procedure has been updated to include the new requirement. Additionally, a supervisor must be notified immediately if the containers are received unlocked. The supervisors will investigate and implement corrective action. Appropriate staff members are being trained. Training is expected to be completed on or before August 10, 2012.

**Recommendation 14.** We recommended that patients' PII is protected at the Columbus CBOC.

Concur

Target date for completion: 7/17/12

Currently, CAVHCS has a privacy policy in place. In addition, the laboratory has a departmental privacy policy that is reviewed annually by staff. Staff members were re-educated on July 17, 2012. Supervisor will monitor compliance.

## Ralph H. Johnson VAMC Director Comments

**Department of  
Veterans Affairs**

**Memorandum**

**Date:** 8/17/12

**From:** Director, Ralph H. Johnson VAMC (534/00)

**Subject:** **CBOC Reviews: Goose Creek, SC and Savannah, GA**

**To:** Acting Director, VISN 7 (10N7)

1. I have reviewed the OIG CBOC draft report for the Ralph H. Johnson VA Medical Center.
2. I concurred with 6 of the recommendations, and we have completed or are in the process of completing the actions to resolve the issues.
3. I appreciate the opportunity for this review as a continuing process to improve the care to our veterans.

e/s CAROLYN L. ADAMS

## 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 2.** We recommended that Goose Creek and Savannah CBOC clinicians document a risk level for diabetic patients in CPRS in accordance with VHA policy.

Concur

Target date for completion: September 30, 2012

A clinical reminder has been developed to alert the provider to document the required risk level. Clarification of the definition did include the nurse, so the documentation will be done either by the primary care provider or nurse. The Associate Nurse Executive for Primary Care will run weekly clinical reminder reports to ensure documentation has been completed.

**Recommendation 3.** We recommended that the Goose Creek and Savannah CBOC clinicians document education of foot care to diabetic patients in CPRS.

Concur

Target date for completion: September 30, 2012

A clinical reminder has been developed to alert the provider to document the required education. Clarification of the definition did include the nurse, so the documentation will be done either by the primary care provider or nurse. The Associate Nurse Executive for Primary Care will run weekly clinical reminder reports to ensure documentation has been completed.

**Recommendation 8.** We recommended that the Chief, Primary Care lists documents reviewed and the rationale for conclusions reached for privileging LIPs at the Goose Creek and Savannah CBOCs.

Concur

Target date for completion: Service Chief education and notifications will be completed by August 15, 2012. Audits will begin with all VetPro approvals after August 20, 2012.

Service chiefs will be educated in the requirements of the Handbook with expectations for immediate improvement. Post education and notification, VetPro audits will be conducted by Quality Management. Corrective actions will be taken as needed until the process has been fully implemented and audits reveal  $\geq 90\%$  compliance.

**Recommendation 15.** We recommended that a panic alarm system is installed at the Goose Creek CBOC.

Concur

Target date for completion: August 31, 2012

The Goose Creek CBOC is currently meeting all security requirements of both the VA and the Naval Health Clinic. As an outpatient clinic, there are no “mandatory” physical security requirements as outlined in VA Handbook 0730/2. The vulnerability review completed in November 2011 did not recommend that panic alarms be installed at the present time but recommended the installation internal panic alarm systems in **future lease agreements**. However, in response to the OIG recommendation, personal panic alarms (Lanyards) are being acquired and will be distributed to the Mental Health staff at the Goose Creek Clinic. This personal alarm, when activated, will elicit a very loud noise which will be audible to surrounding staff in the clinic who can respond for assistance.

The Goose Creek CBOC is part of a joint venture (shared) facility located on the Naval Weapons Station. The Navy maintains the facility. In order to install a new PA/panic alarm system, permission must be obtained from the Navy which would then require the Naval Police to respond to all incidents. This is not a feasible solution for either the VA or the Navy at the present time.

**Recommendation 16.** We recommended that signage is installed at the Goose Creek CBOC to clearly identify the location of fire extinguishers.

Concur

Target date for completion: September 30, 2012

The Naval Health Clinic has agreed to order and install Fire Extinguisher signs above the fire extinguisher boxes.

**Recommendation 17.** We recommended that all pictures are secured at the Savannah CBOC.

Concur

Target date for completion: Completed.

The pictures at the Savannah CBOC were rehung with security hardware which requires a special tool to remove them from the wall.

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## OIG Contact and Staff Acknowledgments

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