Department of Veterans Affairs
Office of Inspector General

Office of Healthcare Inspections

Report No. 13-00026-190

Community Based Outpatient Clinic Reviews at VA New Jersey Health Care System East Orange, NJ

May 7, 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
HCS	Health Care System
IT	Information technology
MH	mental health
MSEC	Medical Staff's Executive Committee
NCP	National Center for Health Promotion and Disease Prevention
NC	noncompliant
OI&T	Office of Information and Technology
OIG	Office of Inspector General
PSB	Professional Standards Board
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.

We conducted an onsite inspection of the CBOCs during the week of January 21, 2013.

The review covered the following topic areas:

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

For the WH and vaccinations topics, EHR reviews were performed for patients who were randomly selected from all CBOCs assigned to the respective parent facilities. 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
3	VA New Jersey HCS	Paterson	Paterson, NJ
		Piscataway	Piscataway, NJ

Table 1. Sites Inspected

Review Results: We made recommendations in four 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 administer tetanus vaccinations when indicated.
- Ensure that clinicians administer pneumococcal vaccinations when indicated.
- Ensure that clinicians document all required pneumococcal and tetanus vaccination administration elements and that compliance is monitored.
- Ensure that the MSEC grants privileges that are consistent with the services provided at the Paterson and Piscataway CBOCs.

- Ensure that signage is installed to direct patients to the handicapped parking and accessible entrance at the Paterson CBOC.

- Ensure that the Chief of OI&T implements, maintains, and reviews IT closet access logs at the Piscataway CBOC.

- Ensure that biohazardous waste containers at the Piscataway CBOC are stored appropriately.

- Ensure that Paterson and Piscataway CBOC staff are trained and knowledgeable of the CBOC's MH emergency policy.

Comments

The VISN and Facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes A and B, pages 12–16, 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 EOC. 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. 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.[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.

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[7]	CBOC Size[8]
3	VA New Jersey HCS	Hackensack (Hackensack, NJ)	Urban	6,267	30,206	Large
		Brick (Brick, NJ)	Urban	11,516	79,249	Very Large
		Elizabeth (Elizabeth, NJ)	Urban	1,341	5,227	Small
		Hamilton (Hamilton, NJ)	Urban	2,127	9,601	Mid-Size
		Jersey City (Jersey City, NJ)	Urban	1,346	5,493	Small
		Morristown (Morristown, NJ)	Urban	1,952	7,019	Mid-Size
		Newark (Newark, NJ)	Urban	101	6,502	Small
		Newark (Newark, NJ)	Urban	55	132	Small
		Paterson (Paterson, NJ)	Urban	1,661	6,516	Mid-Size
		Piscataway (Piscataway, NJ)	Urban	1,957	9,371	Mid-Size
		Tinton Falls (Tinton Falls, NJ)	Urban	2,733	11,645	Mid-Size

Table 2. 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] 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.[9] Each year, approximately 12,000 women in the United States are diagnosed with cervical cancer.[10] 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.[11] 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 26 patients who received a cervical cancer screening at the VA New Jersey HCS's CBOCs.

Generally the CBOCs assigned to the VA New Jersey HCS 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.[12] The NCP provides best practices guidance on the administration of vaccinations for veterans. The CDC states that although vaccine-preventable disease

[9] World Health Organization. Cancer of the cervix. Retrieved from: http://www.who.int/reproductivehealth/topics/cancers/en/index.html.
[10] U.S. Cancer Statistics Working Group, United States Cancer Statistics: 1999-2008 Incidence and Mortality Web-based report.
[11] VHA Handbook 1330.01, *Health Care Services for Women Veterans*, May 21, 2010.
[12] 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.
X	Staff administered the tetanus vaccination when indicated.
	Staff screened patients for the pneumococcal vaccination.
X	Staff administered the pneumococcal vaccination when indicated.
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.[13] We reviewed 75 patients' EHRs and did not find documentation of tetanus vaccination screening in 13 patient records.

Tetanus Vaccination Administration. The CDC recommends that, when indicated, clinicians administer the tetanus vaccination.[14] We reviewed four patients' EHRs and did not find documentation in four patient EHRs that the tetanus vaccination had been administered.

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.[15] 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 six EHRs for patients with pre-existing conditions who received their first vaccine prior to the age of 65. In six patients' EHRs we did not find documentation indicating that their second vaccinations had been administered.

[13] VHA Handbook 1120.05.
[14] Centers for Disease Control and Prevention, http://www.cdc.gov/vaccines/vpd-vac/.
[15] Centers for Disease Control and Prevention, http://www.cdc.gov/vaccines/vpd-vac/.

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.[16] We reviewed 34 patients' EHRs who received a pneumococcal vaccine administration at the parent facility or its associated CBOCs and did not find documentation of all the required information related to pneumococcal vaccine administration in 4 patient EHRs. We reviewed six patients' EHRs who received a tetanus vaccine administration at the parent facility or its associated CBOCs and did not find documentation of all the required information related to tetanus vaccine administration in six patient EHRs.

Recommendations

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

2. We recommended that managers ensure that clinicians administer tetanus vaccinations when indicated.

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

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

[16] Childhood Vaccine Injury Act of 1986 (PL 99 660) sub part C, November 16, 2010.

Onsite Reviews
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).

	Paterson	Piscataway
VISN	3	3
Parent Facility	VA New Jersey HCS	VA New Jersey HCS
Types of Providers	Licensed Clinical Social Worker Primary Care Physician Psychiatrist	Licensed Clinical Social Worker Nurse Practitioner Primary Care Physician Psychiatrist
Number of MH Uniques, FY 2012	273	239
Number of MH Visits, FY 2012	857	648
MH Services Onsite	Yes	Yes
Specialty Care Services Onsite	WH	WH
Ancillary Services Provided Onsite	Electrocardiogram Laboratory	Electrocardiogram Laboratory
Tele-Health Services	MH MOVE[17] Care Coordination Home Telehealth	MH MOVE Retinal Imaging Care Coordination Home Telehealth

Table 5. Characteristics

[17] VHA Handbook 1120.01, *MOVE! Weight Management Program for Veterans*, March 31, 2011.

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. The CBOCs identified as noncompliant needed improvement. Details regarding the findings follow the table.

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 MSEC.
	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 MSEC.
	Privileges and Scopes of Practice
	The Service Chief, Credentialing Board, and/or MSEC list documents reviewed and the rationale for conclusions reached for granting licensed independent practitioner privileges.
Paterson Piscataway	Privileges granted to providers were setting, service, and provider specific.
	The determination to continue current privileges were based in part on results of Ongoing Professional Practice Evaluation activities.

Table 6. C&P

[18] VHA Handbook 1100.19.

Clinical Privileges. VHA policy requires that privileges granted to an applicant must be facility specific and based on the procedures and types of services that are provided within the health care facility.[19] We found privileges granted for a service not performed at the Paterson CBOC for three providers and at the Piscataway CBOC for four providers. For example, MSEC granted privileges to these providers to admit patients; however, the CBOCs are outpatient clinics that do not provide this service.

Recommendation

5. We recommended that the MSEC grants privileges that are consistent with the services provided at the Paterson and Piscataway 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. The CBOC identified as noncompliant needed improvement. Details regarding the findings follow the table.

NC	Areas Reviewed
	The CBOC was Americans with Disabilities Act compliant, including: parking, ramps, door widths, door hardware, restrooms, and counters.
Paterson	Signage and wayfinding is adequate.
	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.

[19] VHA Handbook 1100.19.

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.
Piscataway	IT 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.
Piscataway	Biohazardous waste was stored appropriately.
	The CBOC was included in facility-wide EOC activities.

Table 7. EOC

Physical Access. VHA's Signage Design Guide prescribes the use of signs to identify the location of the building entrances, the configuration of the corridors, and the desired path of travel within a building.[20] This system is known as "wayfinding." The Paterson CBOC is located in leased space within a large multi-office building complex. The main entrance of the building is inaccessible to handicapped patients. We observed no signage in the parking lot or inside the building to direct patients to the CBOC's parking and accessible entrance. Staff reported that the CBOC's accessible entrance was at the opposite side of the building and down two unmarked corridors. The absence of wayfinding signage to the handicap CBOC entrance encumbers physical access to the Paterson CBOC.

IT Security. According to VA, the IT closet is a locked location that contains equipment or information critical to the information infrastructure. Also, an access log must be maintained that includes name and organization of the person visiting, signature of the visitor, form of identification, date of access, time of entry and departure, purpose of visit, and name and organization of person visited. [21] Lack of oversight for IT space access and sharing of allocated IT space could lead to potential loss of secure information. We inspected the IT closet at the Piscataway CBOC and found no access log.

Infection Control. The Joint Commission requires proper storage of equipment and supplies to minimize infection.[22] Additionally, VA requires physical separation of soiled and clean areas to include patient care supplies and equipment.[23] We found biohazardous waste containers stored in the IT closet at the Piscataway CBOC.

[20] VHA Handbook 1805.05, *Interior Design Operations and Signage*, July 1, 2011.
[21] VA Handbook 6500, *Information Security Program*, August 4, 2006.
[22] The JC Hospital Accreditation Program Manual 2009 Addition, Standard IC 02.02.01.
[23] VHA Handbook 7176, *Supply, Processing, and Distribution (SPD) Operational Requirements*, Washington, DC, August 16, 2002.

Recommendations

6. We recommended that managers ensure that signage is installed to direct patients to handicapped parking and accessible entrance at the Paterson CBOC.

7. We recommended that the Chief of OI&T implements, maintains, and reviews IT closet access logs at the Piscataway CBOC.

8. We recommended that biohazardous waste containers at the Piscataway CBOC are stored appropriately.

Emergency Management

VHA policy requires each CBOC to have a local policy or standard operating procedure defining how medical and MH emergencies are handled.[24] Table 8 shows the areas reviewed for this topic. The CBOCs identified as noncompliant needed improvement. Details regarding the findings follow the table.

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.
Paterson Piscataway	The staff articulated the procedural steps of the MH emergency plan.

Table 8. Emergency Management

Staff Training. We interviewed several staff at both the Paterson and Piscataway CBOCs, and none could articulate the CBOC MH emergency plan that was consistent with the local policy.

Recommendation

9. We recommended that managers ensure that Paterson and Piscataway CBOC staff are trained and knowledgeable of the CBOC's MH emergency policy.

[24] VHA Handbook 1006.1.

New Jersey VISN Director Comments

Department of Veterans Affairs **Memorandum**

Date: April 8, 2013

From: Director, VISN 3 (10N3)

Subject: **CBOC Reviews at VA New Jersey HCS**

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

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

I have reviewed the OIG Community Based Outpatient Clinics (CBOCs) Review for the VA New Jersey Health Care System Paterson and Piscataway CBOC's. I concur with the responses submitted from the VANJHCS Director, Mr. Kenneth H. Mizrach.

If you have any questions or require additional information, please contact the VISN QMO, Pam Wright, RN MSN, at 718-741-4135.

Michael A. Sabo, FACHE
VISN 3 Network Director

New Jersey VISN Director Comments

Department of Veterans Affairs **Memorandum**

Date: April 5, 2013

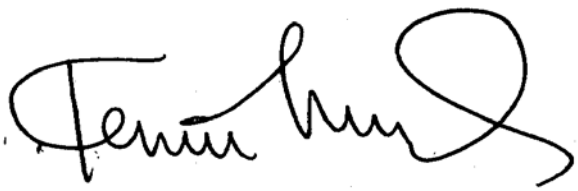
From: Director, VA New Jersey Health Care System (561/00)

Subject: **CBOC Reviews at VA New Jersey HCS**

To: Director, VISN 3 (10N3)

Thank you for the opportunity to review the draft report of the OIG Community Based Outpatient Clinics (CBOCs) Review for our VA New Jersey Health Care System Paterson and Piscataway CBOC's. I have reviewed the document and concur with the recommendations noted.

The VA New Jersey Health Care System has established corrective action plans with designated dates of completion, as detailed in the attached report. If additional information or assistance is needed, please do not hesitate to contact our Lead Accreditation Specialist, Pamela J Brooks RN-BC, at 973 676 1000, x1215.



KENNETH H. MIZRACH
Director, VANJHCS

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: July 2013

The VANJHCS is working with CBOC managers to ensure that clinicians screen patients for tetanus vaccinations. We are strengthening the clinical reminder functions, and will inservice clinicians on the screening and documentation requirements. The EHR will be monitored to ensure compliance. These discussions and corrective actions will be documented in the organization's Medical Records Committee meeting minutes.

2. We recommended that managers ensure that clinicians administer tetanus vaccinations when indicated.

Concur

Target date for completion: July 2013

The VANJHCS is working with CBOC managers to ensure that clinicians administer tetanus vaccinations when indicated. We are strengthening the clinical reminder functions, and will inservice clinicians on the administration and documentation requirements. The EHR will be monitored to ensure compliance. These discussions and corrective actions will be documented in the organization's Medical Records Committee meeting minutes.

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

Concur

Target date for completion: July 2013

The VANJHCS is working with CBOC managers to ensure that clinicians administer pneumococcal vaccinations when indicated. We are strengthening the clinical reminder functions, and will inservice clinicians on the administration and documentation requirements. The EHR will be monitored to ensure compliance. These discussions and corrective actions will be documented in the organization's Medical Records Committee meeting minutes.

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

Concur

Target date for completion: July 2013

The VANJHCS is working with CBOC managers to ensure that clinicians document all required tetanus and pneumococcal vaccination administration elements. We are strengthening the clinical reminder functions, and will inservice clinicians on the screening, administration, and documentation requirements. The organization's dialog reminder template will be revised to ensure that required elements such as manufacturer's name, lot #, and dated CDC education are mandatory. The EHR will be monitored to ensure compliance. These discussions and corrective actions will be documented in the organization's Medical Records Committee meeting minutes.

5. We recommended that the MSEC grants privileges that are consistent with the services provided at the Paterson and Piscataway CBOCs.

Concur

Target date for completion: September 2013

The VANJHCS's Credentialing Coordinator will work with the Executive Committee of the Medical Staff (ECMS) to review and revise the privileges granted to ensure they are consistent with the services provided at the Paterson and Piscataway CBOC. The Director will approve these revisions and the Credentialing Office will initiate conversion of these providers to the new form. The privileges for these providers will be updated to reflect this.

6. We recommended that managers ensure that signage is installed to direct patient to handicapped parking and accessible entrance at the Paterson CBOC.

Concur

Target date for completion: June 2013

The VANJHCS Paterson CBOC Manager is working with the property owner to ensure the signage is installed to direct patients to the handicapped parking area and to the handicapped accessible entrance at the Paterson CBOC. Outdoor signage will be made and installed by the property owner. VANJHCS will install internal signage and the VA ensign on the Paterson CBOC door.

7. We recommended that the Chief of OI&T implements, maintains, and reviews IT closet access logs at the Piscataway CBOC.

Concur

Target date for completion: May 2013

The VANJHCS Piscataway CBOC Manager and the OIT Chief will implement, maintain, and review the IT security and IT closet access logs in Piscataway CBOC. IT key security will be reviewed and a log will be maintained as required. CBOC Manager will ensure sustained compliance by adding this to their monthly EOC Rounds.

8. We recommended that biohazardous waste containers at the Piscataway CBOC are stored appropriately.

Concur

Target date for completion: April 2013

The VANJHCS CBOC Manager removed the biohazardous waste containers that were inappropriately stored and they are now stored correctly. The closet is secured which will prevent recurrence of this storage issue.

9. We recommended that managers ensure that Paterson and Piscataway CBOC staff are trained and knowledgeable of the CBOC's MH emergency policy.

Concur

Target date for completion: May 2013

The VANJHCS CBOC Manager will ensure that the Paterson and Piscataway CBOC staff are inserviced and knowledgeable in the MH Emergency Response. All CBOC staff will receive an inservice on the Prevention and Management of Disruptive Behavior. CBOC Manager will ensure sustained compliance by adding this to their monthly EOC Rounds.

OIG Contact and Staff Acknowledgments

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