



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

Office of Healthcare Inspections

Report No. 13-00026-213

**Community Based Outpatient
Clinic Reviews at
Central Texas Veterans
Health Care System
Temple, TX
and
VA Texas Valley Coastal Bend
Health Care System
Harlingen, TX**

June 13, 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
CDC	Centers for Disease Control and Prevention
EHR	electronic health record
EKG	electrocardiogram
EM	emergency management
EOC	environment of care
FPPE	Focused Professional Practice Evaluation
FY	fiscal year
HCS	Health Care System
LCSW	Licensed Clinical Social Worker
LIP	Licensed Independent Practitioner
LPC	Licensed Professional Counselor
MH	mental health
NC	noncompliant
NCP	National Center for Health Promotion and Disease Prevention
OI&T	Office of Information and Technology
OIG	Office of Inspector General
OPC	Outpatient Clinic
PCP	primary care provider
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 Central Texas Veterans HCS's CBOC during the week of March 4, 2013, and the VA Texas Valley Coastal Bend HCS's CBOCs during the week of April 1, 2013.

The review covered the following topic areas:

- WH
- Vaccinations
- C&P
- EOC
- EM

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 EM onsite inspections were only conducted at the randomly selected CBOCs (see Table 1).

VISN	Facility	CBOC Name	Location
17	Central Texas Veterans HCS	Cedar Park	Cedar Park, TX
	VA Texas Valley Coastal Bend HCS	Corpus Christi Satellite	Corpus Christi, TX
		Harlingen OPC	Harlingen, TX
		Laredo	Laredo, TX
		McAllen Satellite	McAllen, TX
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:

Central Texas Veterans HCS

- Ensure that patients with normal cervical cancer screening results are notified of results within the defined timeframe and that notification is documented in the EHR.
- Ensure that clinicians administer pneumococcal vaccinations when indicated.

- Ensure that clinicians document all required tetanus and pneumococcal vaccination administration elements and that compliance is monitored.
- Ensure that the service chief's documentation in VetPro reflects documents reviewed and the rationale for re-privileging at the Cedar Park CBOC.

VA Texas Valley Coastal Bend HCS

- Ensure that patients with normal cervical cancer screening results are notified of results within the defined timeframe and that notification is documented in the EHR.
- Ensure that clinicians administer pneumococcal vaccinations when indicated.
- Ensure that clinicians document all required pneumococcal vaccination administration elements and that compliance is monitored.
- Ensure that the service chief's documentation in VetPro reflects documents reviewed and the rationale for re-privileging at the Corpus Christi Satellite, Harlingen OPC, and Laredo CBOC.
- Ensure that signage is installed at the Corpus Christi Satellite, Harlingen OPC, and McAllen Satellite to clearly identify the location of fire extinguishers.
- Ensure that a panic alarm system is installed at the Laredo CBOC.
- Ensure that medications are reviewed for need, secured, and only accessible by those individuals who either dispense or administer medications and that compliance is monitored at the Laredo CBOC.
- Evaluate the placement of the telecommunications network and implement appropriate safety measures at the Corpus Christi Satellite.

Comments

The Acting VISN Director and Facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes A–C, pages 14–21, 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
- EM

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 (all ages) and 75 additional veterans (65 and older), unless fewer patients

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.

were available, for the tetanus and pneumococcal reviews, respectively. The study populations consisted of patients from all CBOCs assigned to the parent facility.³

The C&P, EOC, and EM onsite inspections were only conducted at the randomly selected CBOCs. Five 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 the 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 facilities' oversight.⁵ The table below provides information relative to each of the CBOCs under the oversight of the respective parent facility.

VISN	Parent Facility	CBOC Name	Locality ⁶	Uniques, FY 2012 ⁷	Visits, FY 2012 ⁸	CBOC Size ⁹
17	Central Texas Veterans HCS	Austin Satellite (Austin, TX)	Urban	23,770	268,109	Very Large
		Brownwood (Brownwood, TX)	Rural	3,028	29,594	Mid-Size
		Cedar Park (Cedar Park, TX)	Rural	6,598	38,817	Large
		College Station (Bryan) (College Station, TX)	Urban	4,317	27,443	Mid-Size
		Palestine (Palestine, TX)	Rural	2,864	22,014	Mid-Size
	VA Texas Valley Coastal Bend HCS	Corpus Christi Satellite (Corpus Christi, TX)	Urban	9,665	76,654	Large
		Harlingen OPC (Harlingen, TX)	Urban	9,644	57,062	Large
		Laredo (Laredo, TX)	Urban	2,676	16,416	Mid-Size
McAllen Satellite (McAllen, TX)		Urban	10,043	99,894	Very Large	

Table 2. CBOC Profiles

⁵ Includes all CBOCs in operation before October 1, 2011.

⁶ <http://vaww.pssg.med.va.gov/>

⁷ <http://vssc.med.va.gov>

⁸ <http://vssc.med.va.gov>

⁹ Based on the number of unique patients seen as defined by VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008, the size of the CBOC facility is categorized as very large (> 10,000), large (5,000-10,000), mid-size (1,500-5,000), or small (< 1,500).

WH and Vaccination EHR Reviews Results and Recommendations

WH

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

VHA policy outlines specific requirements that must be met by facilities that provide services for women veterans.¹² We reviewed EHRs, meeting minutes and other relevant documents, and interviewed key WH employees. Table 3 shows the areas reviewed for this topic. The review elements marked as NC needed improvement. Details regarding the findings follow the table.

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.
Central Texas Veterans HCS VA Texas Valley Coastal Bend HCS	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 23 patients who received a cervical cancer screening at the Central Texas Veterans HCS's CBOCs and 28 patients at VA Texas Valley Coastal Bend HCS's CBOCs.

Central Texas Veterans HCS

Patient Notification of Normal Cervical Cancer Screening Results. VHA requires that normal cervical cancer screening results must be communicated to the patient in terms easily understood by a layperson within 14 days from the date of the pathology report

¹⁰ World Health Organization, *Comprehensive Cervical Cancer Prevention and Control: A Healthier Future for Girls and Women*, Retrieved (4/25/2013): <http://www.who.int/reproductivehealth/topics/cancers/en/index.html>.

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

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

becoming available. We reviewed 23 EHRs of patients who had normal cervical cancer screening results and determined that 17 patients were not notified within the required 14 days from the date the pathology report became available.

Recommendation

1. We recommended that managers ensure that patients with normal cervical cancer screening results are notified of results within the defined timeframe and that notification is documented in the EHR.

VA Texas Valley Coastal Bend HCS

Patient Notification of Normal Cervical Cancer Screening Results. VHA requires that normal cervical cancer screening results must be communicated to the patient in terms easily understood by a layperson within 14 days from the date of the pathology report becoming available. We reviewed 28 EHRs of patients who had normal cervical cancer screening results and determined that 4 patients were not notified within the required 14 days from the date the pathology report became available.

Recommendation

2. We recommended that managers ensure that patients with normal cervical cancer screening results are notified of results within the defined timeframe and that notification is documented in the EHR.

Vaccinations

The VHA NCP was established in 1995. The NCP establishes and monitors the clinical preventive services offered to veterans, which includes the administration of vaccinations.¹³ The NCP provides best practices guidance on the administration of vaccinations for veterans. The CDC states that although vaccine-preventable disease levels are at or near record lows, many adults are under-immunized, missing opportunities to protect themselves against diseases such as tetanus and pneumococcal pneumonia.

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 NC needed improvement. Details regarding the findings follow the table.

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

NC	Areas Reviewed
	Staff screened patients for the tetanus vaccination.
	Staff administered the tetanus vaccination when indicated.
	Staff screened patients for the pneumococcal vaccination.
Central Texas Veterans HCS VA Texas Valley Coastal Bend HCS	Staff administered the pneumococcal vaccination when indicated.
Central Texas Veterans HCS VA Texas Valley Coastal Bend HCS	Staff properly documented vaccine administration.
	Managers developed a prioritization plan for the potential occurrence of vaccine shortages.
Table 4. Vaccinations	

Central Texas Veterans HCS

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.¹⁴ 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 the EHRs of eight patients with pre-existing conditions who received their first vaccine prior to the age of 65. We did not find documentation in any of the EHRs indicating that their second vaccinations had been administered.

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.¹⁵ We reviewed the EHRs of 17 patients 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 2 of the EHRs. We reviewed the EHRs of 36 patients 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 30 of the EHRs.

Recommendations

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

¹⁴ Centers for Disease Control and Prevention, <http://www.cdc.gov/vaccines/vpd-vac/>.

¹⁵ Childhood Vaccine Injury Act of 1986 (PL 99 660) sub part C, November 16, 2010.

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

VA Texas Valley Coastal Bend HCS

Pneumococcal Vaccination Administration for Patients with Pre-Existing Conditions.

The CDC recommends that at the age of 65, individuals that have never had a pneumococcal vaccination should receive one.¹⁶ For individuals 65 and older who have received a prior pneumococcal vaccination, a one-time revaccination is recommended if they were vaccinated 5 or more years previously and were less than 65 years of age at the time of the first vaccination. We reviewed the EHRs of two patients with pre-existing conditions who received their first vaccine prior to the age of 65. We did not find documentation any of the EHRs indicating that their second vaccinations had been administered.

Documentation of Pneumococcal Vaccination. Federal Law requires that documentation for administered vaccinations include specific elements, such as the vaccine manufacturer and lot number of the vaccine used.¹⁷ We reviewed the EHRs of 32 patients 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 21 of the EHRs.

Recommendations

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

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

¹⁶ Centers for Disease Control and Prevention, <http://www.cdc.gov/vaccines/vpd-vac/>.

¹⁷ 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).

	Cedar Park	Corpus Christi Satellite	Harlingen OPC	Laredo	McAllen Satellite
VISN	17	17	17	17	17
Parent Facility	Central Texas Veterans HCS	VA Texas Valley Coastal Bend HCS	VA Texas Valley Coastal Bend HCS	VA Texas Valley Coastal Bend HCS	VA Texas Valley Coastal Bend HCS
Types of Providers	LCSW PCP Psychiatrist Psychologist	LCSW LPC Nurse Practitioner PCP Psychiatrist Psychologist	Audiologist Dentist LCSW LPC PCP Pharmacist Psychiatrist Psychologist	LCSW LPC Nurse Practitioner PCP Psychiatrist Psychologist	LCSW Physician Assistant PCP Psychiatrist Psychologist
Number of MH Uniques, FY 2012	930	2,542	1,850	806	2,118
Number of MH Visits, FY 2012	4,398	18,787	9,264	2,261	23,907
MH Services Onsite	Yes	Yes	Yes	Yes	Yes
Specialty Care Services Onsite	WH	WH	Audiology Dental WH	Podiatry WH	Podiatry WH
Ancillary Services Provided Onsite	EKG Laboratory Radiology	EKG Nutrition Radiology	EKG Nutrition Pharmacy Physical Medicine Radiology	EKG	EKG Pharmacy Radiology
Tele-Health Services	Care Coordination Home Telehealth MH	MH MOVE! ¹⁸ Retinal Imaging	MH Retinal Imaging	MH Retinal Imaging	MH MOVE! Retinal Imaging
Table 5. Characteristics					

¹⁸ 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.¹⁹ Table 6 shows the areas reviewed for this topic. The CBOCs identified as NC 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 medical staff's Executive Committee.
Additional New Privilege	
	Prior to the start of a new privilege, criteria for the FPPE were developed.
	There was evidence that the provider was educated about FPPE prior to its initiation.
	FPPE results were reported to the medical staff's Executive Committee.
FPPE for Performance	
	The FPPE included criteria developed for evaluation of the practitioners when issues affecting the provision of safe, high-quality care were identified.
	A timeframe for the FPPE was clearly documented.
	There was evidence that the provider was educated about FPPE prior to its initiation.
	FPPE results were reported to the medical staff's Executive Committee.
Privileges and Scopes of Practice	
Cedar Park Corpus Christi Satellite Harlingen OPC Laredo	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.
	Privileges granted to providers were setting, service, and provider specific.

¹⁹ VHA Handbook 1100.19.

NC	Areas Reviewed (continued)
	The determination to continue current privileges was based in part on results of the Ongoing Professional Practice Evaluation activities.
Table 6. C&P	

Central Texas Veterans HCS – Cedar Park

Documentation of Re-Privileging Decisions. According to VHA, the list of documents reviewed and the rationale for conclusions reached by the service chief must be documented. We reviewed four LIPs at the Cedar Park 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 any of the providers.

Recommendation

7. We recommended that the service chief’s documentation in VetPro reflects documents reviewed and the rationale for re-privileging at the Cedar Park CBOC.

VA Texas Valley Coastal Bend HCS – Corpus Christi Satellite, Harlingen OPC, and Laredo

Documentation of Re-Privileging Decisions. According to VHA, the list of documents reviewed and the rationale for conclusions reached by the service chief must be documented. We reviewed four LIPs at the Corpus Christi Satellite, four LIPs at the Harlingen OPC, and two LIPs at the Laredo CBOC. We 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 two of four LIPs at the Corpus Christi Satellite, any of the four LIPs at the Harlingen OPC, and either of the two LIPs at the Laredo CBOC.

Recommendation

8. We recommended that the service chief’s documentation in VetPro reflects documents reviewed and the rationale for re-privileging at the Corpus Christi Satellite, Harlingen OPC, and Laredo CBOC.

EOC and EM

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 CBOCs identified as NC 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.
	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.
Corpus Christi Satellite Harlingen OPC McAllen Satellite	Fire extinguishers were easily identifiable.
	There was evidence of an annual fire and safety inspection.
Laredo	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.
Laredo	Medications were secured from unauthorized access.
	Privacy was maintained.
	Patients' personally identifiable information was secured and protected.
	Laboratory specimens were transported securely to prevent unauthorized access.
	Staff used two patient identifiers for blood drawing procedures.
Corpus Christi Satellite	Information Technology security rules were adhered to.
	There was alcohol hand wash or a soap dispenser and sink available in each examination room.
	Sharps containers were less than 3/4 full.
	Safety needle devices were available for staff use (e.g., lancets, injection needles, phlebotomy needles).
	The CBOC was included in facility-wide EOC activities.
Table 7. EOC	

VA Texas Valley Coastal Bend HCS – Corpus Christi Satellite, Harlingen OPC, Laredo, and McAllen Satellite

Fire Extinguishers. The National Fire Protection Association Life Safety Code requires identification of fire extinguisher locations when they are obscured from view.²⁰ The Corpus Christi Satellite, Harlingen OPC, and McAllen Satellite had no signage identifying the location of fire extinguishers. All fire extinguishers were recessed in the wall and obscured from view.

Panic Alarms. The Laredo CBOC provides MH services but did not have panic alarms for either the administrative or the clinical staff. The parent facility conducted a vulnerability review in November 2010 and recommended the installation of a panic alarm system; however, no action for the installation of an alarm system had been implemented at the time of our inspection.

Medication Security. The Joint Commission requires that all medications are secured, and VA policy has specific requirements for the security of controlled substances.^{21,22} The Laredo CBOC had injectable vials of medications, including controlled substances, which were not secured and only accessible by those individuals who dispense or administer the medications.

Information Technology Security and Safety. VA policy requires managers to position information system components within the facility to minimize potential damage from physical and environmental hazards and to minimize the opportunity for unauthorized access.²³ Additionally, VA policy defines an electrical room as an area in a building or structure which contains a panel board, and water service shall not be provided in this area.²⁴ A closet at the Corpus Christi Satellite had functioning water access piping with telephone lines and electrical breaker boxes, thus exposing the telecommunications infrastructure to potential water damage and fire safety issues.

Recommendations

- 9.** We recommended that signage is installed at the Corpus Christi Satellite, Harlingen OPC, and McAllen Satellite to clearly identify the location of fire extinguishers.
- 10.** We recommended that a panic alarm system is installed at the Laredo CBOC.
- 11.** We recommended that medications are reviewed for need, secured, and only accessible by those individuals who either dispense or administer medications at the Laredo CBOC and that compliance is monitored.

²⁰ National Fire Protection Association, Standard for Portable Fire Extinguishers, 10 6.1.3.3.1.

²¹ VA Handbook 0730/2, *Security and Law Enforcement*, May 27, 2010.

²² The Joint Commission, *Medication Management 03.01.01*, September 2010.

²³ VA Handbook 6500, *Information Security Program*, September 18, 2007.

²⁴ VA Office of Construction and Facilities Management, *Electrical Design Manual 5.5 Electrical Rooms and Closets*, December 2010.

12. We recommended that the placement of the telecommunications network be evaluated and that appropriate safety measures are implemented at the Corpus Christi Satellite.

EM

VHA policy requires each CBOC to have a local policy or standard operating procedure defining how medical and MH emergencies are handled.²⁵ Table 8 shows the areas reviewed for this topic.

NC	Areas Reviewed
	There was a local medical EM 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 EM plan for this CBOC.
	The staff articulated the procedural steps of the MH emergency plan.
Table 8. EM	

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

²⁵ VHA Handbook 1006.1.

Acting VISN 17 Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: May 17, 2013
From: Acting Director, VISN 17 (10N17)
Subject: **CBOC Reviews at Central Texas Veterans HCS and
VA Texas Valley Coastal Bend HCS**
To: Director, 54DA Healthcare Inspections Division (54DA)
Acting Director, Management Review Service (VHA 10AR
MRS OIG CAP CBOC)

1. Thank you for allowing me to respond to this Community Based Outpatient Clinic (CBOC) Review of Cedar Park CBOC, TX, Corpus Christi Satellite, Harlingen Outpatient Clinic, Laredo CBOC, and McAllen Satellite, TX facilities.
2. I concur with the recommendations and have ensured that action plans with target dates for completion were developed.
3. If you have further questions regarding these CBOC reviews, please contact Denise B. Elliott, Quality Management Officer at (817) 385-3734.

(original signed by:)

Joleen Clark, MBA, FACHE
Acting Director, VA Heart of Texas Health Care Network (10N17)

Central Texas Veterans HCS Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: May 16, 2013
From: Director, Central Texas Veterans HCS (674/00)
Subject: **CBOC Reviews at Central Texas Veterans HCS**
To: Acting Director, VISN 17 (10N17)

1. I would like to express our sincere appreciation of the Office of Inspector General (OIG) Community Based Outpatient Clinic (CBOC) review team for their professionalism, consultative approach, and feedback provided during the review conducted on March 6, 2013.
2. The recommendations were reviewed and our concurrence is delineated below. Corrective action plans have been developed and executed for continuous monitoring. CTVHCS welcomes the external perspective provided, which we will use to further strengthen the quality of care provided to our Veterans.
3. Should you have questions or require additional information, please do not hesitate to contact Sylvia Tennent, Chief Quality Management and Improvement Service at (254) 743-0719.

(original signed by:)

Thomas C. Smith, III, FACHE
Director, Central Texas Veterans HCS (674/00)

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 patients with normal cervical cancer screening results are notified of results within the defined timeframe and that notification is documented in the EHR.

Concur

Target date for completion: June 30, 2013

CTVHCS adopted a policy that requires normal screening results be communicated within three business days with a notation in the electronic record. Monitoring will be conducted monthly and reports will be submitted to the Medical Staff Executive Council (MSEC) and the Executive Leadership Board (ELB) starting June 30, 2013.

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

Concur

Target date for completion: June 30, 2013

The National Office for Health Promotion and Disease Prevention (NCP) is creating a national clinical reminder to incorporate the need for re-vaccination. The target date is not yet established. During the interim a reporting strategy was created in VISN 17 Data Mart in May 2013 which identifies by Primary Care Provider Veterans requiring Pneumococcal Vaccine and/or re-vaccination. The report includes Veteran telephone numbers that Central Texas will use to generate an automated telephone call to Veterans who require revaccination. The PACT Teamlets will also use this report to identify patients requiring revaccination. Monitoring will be conducted monthly and reports will be submitted to the Medical Staff Executive Council (MSEC) and the Executive Leadership Board (ELB) starting June 30, 2013.

4. 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: Completed May 14, 2013

The process has been strengthened in which the required items, including the VIS, manufacturer, lot number, and expiration date were made mandatory in the Medication Administration/Immunization note template of the Computerized Patient Record System (CPRS) for all immunizations at CTVHCS, including influenza, pneumococcal, tetanus/TDAP, shingles, hepatitis, and meningococcal. Monthly monitoring will be conducted by Nursing Service to ensure compliance and reports will be submitted to the Nursing Executive Council (NEC) and the ELB starting June 1, 2013.

7. We recommended that the service chief's documentation in VetPro reflects documents reviewed and the rationale for re-privileging at the Cedar Park CBOC.

Concur

Target date for completion: Completed, March 7, 2013

The process has been strengthened to ensure the service chief's documentation in VetPro reflects documents reviewed and the rationale for privileging at the Cedar Park CBOC and system-wide. Monitoring is conducted weekly by Credentialing service and monthly reports will be submitted to the Professional Standards Board (PSB) and the Medical Staff Executive Council starting June 4, 2013.

VA Texas Valley Coastal Bend HCS Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: May 10, 2013

From: Director, VA Texas Valley Coastal Bend HCS (740/00)

Subject: **CBOC Reviews at VA Texas Valley Coastal Bend HCS**

To: Acting Director, VISN 17 (10N17)

1. I concur with the findings noted in this report. Action plans have been developed and monitoring will be conducted on a regular basis.
2. Should you require additional information, please contact Cathy Mezmar, Chief, Quality Management, (956) 430-9343.

(original signed by:)

Robert M. Walton
Director, VA Texas Valley Coastal Bend HCS (740/00)

Comments to OIG's Report

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

OIG Recommendations

2. We recommended that managers ensure that patients with normal cervical cancer screening results are notified of results within the defined timeframe and that notification is documented in the EHR.

Concur

Target date for completion: July 1, 2013

Re-education will be given to all providers on the defined time frame for patient notification of normal cervical cancer screening results. Lab will also provide alerts for cervical cancer screening results to both the ordering provider and the Women Veterans Program Manager. To ensure compliance, the Women Veterans Program Manager will conduct monthly chart audits for patient notification of normal cervical cancer screening results and documentation of the notification in the EHR.

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

Concur

Target date for completion: June 1, 2013

Nursing staff will be educated on the CDC guidelines regarding pneumococcal vaccination. Monitoring compliance with the CDC guidelines will occur on a monthly basis.

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

Concur

Target date for completion: June 1, 2013

The template for vaccination administration has been revised to ensure that all the elements of vaccination administration are now in mandatory fields. Education on the revised template will be provided for all nurses. Nurse Managers will monitor compliance each month by reviewing the records of 30 patients who are due to receive pneumococcal vaccine.

8. We recommended that the service chief's documentation in VetPro reflects documents reviewed and the rationale for re-privileging at the Corpus Christi Satellite, Harlingen OPC, and Laredo CBOC.

Concur

Target date for completion: June 1, 2013

The Chief Medical Officers (CMO'S) will be re-educated on the documentation process in VetPro. The Supervisor of Credentialing and Privileging will review all VetPro CMO documentation to ensure that this documentation reflects the documents reviewed and the rationale for re-privileging. All incomplete documentation will be returned to the CMO for review and revision.

9. We recommended that signage is installed at the Corpus Christi Satellite, Harlingen OPC, and McAllen Satellite to clearly identify the location of fire extinguishers.

Concur

Target date for completion: Completed

Signage was installed at the Corpus Christi Satellite, Harlingen OPC, and McAllen Satellite to clearly identify the location of fire extinguishers.

10. We recommended that a panic alarm system is installed at the Laredo CBOC.

Concur

Target date for completion: July 1, 2013

The Lynx Panic Button system will be installed on every computer in our health system.

11. We recommended that medications are reviewed for need, secured, and only accessible by those individuals who either dispense or administer medications at the Laredo CBOC and that compliance is monitored.

Concur

Target date for completion: September 1, 2013

A Pharmacist was sent to the Laredo CBOC on April 11, 2013 to review and determine current medication needs for the clinic. This review resulted in the removal of excess and unnecessary medications. The master key in the current clinic is now only available to those individuals who either dispense or administer medications. The Police Service will provide a security report on the current clinic key status as an interim measure until the new clinic is in use.

12. We recommended that the placement of the telecommunications network be evaluated and that appropriate safety measures are implemented at the Corpus Christi Satellite.

Concur

Target date for completion: July 1, 2013

The placement of the telecommunications network was evaluated by the Chief of Facilities Management. The telephone patch panel will be secured or relocated and the binder holders will be moved away from the electrical panels. It was confirmed that the electrical conduit, fittings, and panels near the floor sink are sealed for water resistance; therefore there is no imminent danger or code violation.

OIG Contact and Staff Acknowledgments

Contact	For more information about this report, please contact the OIG at (202) 461-4720.
Onsite Contributors	Rose Griggs, MSW, LCSW, Team Leader Cathleen King, MHA, CRRN Larry Ross, MS
Other Contributors	Shirley Carlile, BA Lin Clegg, PhD Marnette Dhooghe, MS Matt Frazier, MPH Gayle Karamanos, MS, PA-C Misti Kincaid, BS, Management and Program Analyst Jennifer Reed, RN, MSHI Victor Rhee, MHS Trina Rollins, MS, PA-C Patrick Smith, M. Stat Marilyn Stones, BS Mary Toy, RN, MSN Jarvis Yu, MS

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