Department of Veterans Affairs
Office of Inspector General

Office of Healthcare Inspections

Report No. 13-00026-07

Community Based Outpatient Clinic Reviews at VA Greater Los Angeles Healthcare System Los Angeles, CA

November 6, 2013

Washington, DC 20420

Why We Did This Review

The VA OIG is undertaking a systematic review of the VHA's CBOCs to assess whether CBOCs are operated in a manner that provides veterans with consistent, safe, high-quality health care.

The Veterans' Health Care Eligibility Reform Act of 1996 was enacted to equip VA with ways to provide veterans with medically needed care in a more equitable and cost-effective manner. As a result, VHA expanded the Ambulatory and Primary Care Services to include CBOCs located throughout the United States. CBOCs were established to provide more convenient access to care for currently enrolled users and to improve access opportunities within existing resources for eligible veterans not currently served.

Veterans are required to receive one standard of care at all VHA health care facilities. Care at CBOCs needs to be consistent, safe, and of high quality, regardless of model (VA-staffed or contract). CBOCs are expected to comply with all relevant VA policies and procedures, including those related to quality, patient safety, and performance.

Glossary

C&P	credentialing and privileging
CBOC	community based outpatient clinic
EHR	electronic health record
EM	emergency management
EOC	environment of care
FPPE	Focused Professional Practice Evaluation
FY	fiscal year
HS	Healthcare System
IT	information technology
MH	Mental Health
MSEC	Medical Staff Executive Committee
NC	noncompliant
NCP	National Center for Health Promotion and Disease Prevention
OIG	Office of Inspector General
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 August 19, 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 parent facility. The C&P, EOC, and EM onsite inspections were only conducted at the randomly selected CBOCs (see Table 1).

VISN	Facility	CBOC Name	Location
22	VA Greater Los Angeles HS	Antelope Valley	Lancaster, CA
		Bakersfield	Bakersfield, CA
		Santa Barbara	Santa Barbara, CA

Table 1. Sites Inspected

Review Results: We made recommendations in two review areas.

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

- Ensure that clinicians document all required tetanus and pneumococcal vaccine administration elements and that compliance is monitored.
- Ensure that the Antelope Valley CBOC IT closet is maintained according to IT security standards.

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 10–12, for the full text of the Directors' comments.) We will follow up on the planned actions until they are completed.

JOHN D. DAIGH, JR., M.D.
Assistant Inspector General for
Healthcare Inspections

Objectives and Scope

Objectives

- Evaluate whether CBOCs comply with selected VHA requirements regarding the provision of cervical cancer screening, results reporting, and WH liaisons.
- Evaluate whether CBOCs properly provided selected vaccinations to veterans according to Centers for Disease Control and Prevention guidelines and VHA recommendations.
- Determine whether CBOC providers are appropriately credentialed and privileged in accordance with VHA Handbook 1100.19.[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 were available, for the 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 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. Three CBOCs were randomly selected from the 56 sampled parent facilities, with sampling probabilities proportional to the number 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 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[6]	Locality[7]	Uniques FY 2012[8]	Visits FY 2012[8]	CBOC Size[9]
22	VA Greater Los Angeles HS	Antelope Valley (Lancaster, CA)	Urban	4,264	13,048	Mid-Size
		Bakersfield (Bakersfield, CA)	Urban	6,770	70,975	Large
		East Los Angeles Clinic (Commerce, CA)	Urban	1,972	15,111	Mid-Size
		Gardena (Gardena, CA)	Urban	2,981	9,334	Mid-Size
		Los Angeles (Los Angeles, CA)	Urban	13,513	151,724	Very Large
		Port Hueneme (Oxnard, CA)	Urban	6,081	20,882	Large
		San Luis Obispo (San Luis Obispo, CA)	Urban	3,918	18,174	Mid-Size
		Santa Barbara (Santa Barbara, CA)	Urban	2,803	18,629	Mid-Size
		Santa Maria (Santa Maria, CA)	Urban	6,142	36,358	Large
		Sepulveda (Sepulveda, CA)	Urban	32,666	310,608	Very Large

Table 2. Profiles

[5] Includes all CBOCs in operation before October 1, 2011.
[6] The Pasadena (San Gabriel, CA) CBOC was temporarily suspended and has been excluded from this list.
[7] http://vaww.pssg.med.va.gov/
[8] http://vssc.med.va.gov
[9] Based on the number of unique patients seen as defined by VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics,* September 11, 2008, the size of the CBOC facility is categorized as very large (> 10,000), large (5,000-10,000), mid-size (1,500-5,000), or small (< 1,500).

WH and Vaccination EHR Reviews Results and Recommendations

WH

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

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

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

Table 3. WH

There were 37 patients who received a cervical cancer screening at VA Greater Los Angeles HS's CBOCs.

Generally, the CBOCs assigned to the VA Greater Los Angeles HS 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 vaccines.[13] The NCP provides best practices guidance on the administration of vaccines for veterans. The Centers for Disease Control and Prevention states that although

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

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

Adults should receive a tetanus vaccine every 10 years. At the age of 65, individuals who 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 element marked as NC needed improvement. Details regarding the finding follow the table.

NC	Areas Reviewed
	Staff screened patients for the tetanus vaccination.
	Staff administered the tetanus vaccine when indicated.
	Staff screened patients for the pneumococcal vaccination.
	Staff administered the pneumococcal vaccine when indicated.
X	Staff properly documented vaccine administration.

Table 4. Vaccinations

Documentation of Vaccinations. Federal Law requires that documentation for administered vaccines include specific elements, such as the vaccine manufacturer and lot number of the vaccine used.[14] We reviewed the EHRs of 31 patients who received a tetanus vaccine at the parent facility or its associated CBOCs and did not find documentation of all the required information related to tetanus vaccine administration in 28 of the EHRs. We reviewed the EHRs of 38 patients who received a pneumococcal vaccination at the parent facility or its associated CBOCs and did not find documentation of all the required information related to pneumococcal vaccine administration in 22 of the EHRs.

Recommendation

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

[14] VHA Handbook 1006.1.

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).

	Antelope Valley	Bakersfield	Santa Barbara
VISN	22	22	22
Parent Facility	VA Greater Los Angeles HS	VA Greater Los Angeles HS	VA Greater Los Angeles HS
Types of Providers	Audiologist Nurse Practitioner Physician Assistant Primary Care Physician Registered Dietician	Audiologist Dentist Kinesiotherapist Licensed Clinical Social Worker Nurse Practitioner Optician Optometrist Pharmacist Primary Care Physician Podiatrist Psychiatrist Psychologist Registered Dietician	Dietician Licensed Clinical Social Worker Nurse Practitioner Primary Care Physician Psychiatrist Psychologist
Number of MH Uniques, FY 2012	149	2,174	1,155
Number of MH Visits, FY 2012	558	20,923	5,640
MH Services Onsite	Yes	Yes	Yes
Specialty Care Services Onsite	Audiology	Audiology Dental Optometry Podiatry WH	WH
Ancillary Services Provided Onsite	Electrocardiogram Laboratory Nutrition Radiology	Electrocardiogram Laboratory Optician Care Pharmacy Physical Medicine	Electrocardiogram Laboratory
Tele-Health Services	MH	Retinal Imaging MH Care Coordination Home Telehealth	Dermatology MH

Table 5. Characteristics

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.[15] Table 6 shows the areas reviewed for this topic.

NC	Areas Reviewed
	Each provider's license was unrestricted.
New Provider	
	Efforts were made to obtain verification of clinical privileges currently or most recently held at other institutions.
	FPPE was initiated.
	Timeframe for the FPPE was clearly documented.
	The FPPE outlined the criteria monitored.
	The FPPE was implemented on first clinical start day.
	The FPPE results were reported to the 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 MSEC.
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.
	Privileges granted to providers were setting, service, and provider specific.
	The determination to continue current privileges was based in part on results of Ongoing Professional Practice Evaluation activities.

Table 6. C&P

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

[15] VHA Handbook 1100.19.

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 NC needed improvement. Details regarding the finding 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.
	Fire extinguishers were easily identifiable.
	There was evidence of an annual fire and safety inspection.
	There was an alarm system or panic button installed in high-risk areas as identified by the vulnerability risk assessment.
	The CBOC had a process to identify expired medications.
	Medications were secured from unauthorized access.
	Privacy was maintained.
	Patients' personally identifiable information was secured and protected.
	Laboratory specimens were transported securely to prevent unauthorized access.
	Staff used two patient identifiers for blood drawing procedures.
Antelope Valley	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.
	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

IT Security. VA requires that IT closets that contain equipment or information critical to the information infrastructure be secured and that an access log must be maintained.[16] Lack of oversight for IT space access and sharing of allocated IT space could lead to potential loss of secure information. We found the IT closet door open with the padlock unlatched at the Antelope Valley CBOC. We also found a bedside table and two duffle bags with disaster supplies in the IT closet at the Santa Barbara CBOC and noted that the access log was just initiated the week prior to the site visit. The bedside table and duffle bags were removed immediately.

Recommendation

2. We recommended that the Antelope Valley CBOC IT closet is maintained according to IT security standards.

Emergency Management

VHA policy requires each CBOC to have a local policy or standard operating procedure defining how medical and MH emergencies are handled.[17] Table 8 shows the areas reviewed for this topic.

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

Table 8. Emergency Management

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

[16] VA Handbook 6500, *Information Security Program*, September 18, 2007.
[17] VHA Handbook 1006.1.

VISN 22 Director Comments

Department of Veterans Affairs **Memorandum**

Date: **October 15, 2013**

From: Director, VISN 22 (10N22)

Subject: **CBOC Reviews at VA Greater Los Angeles HS**

To: Director, Los Angeles Regional Office of Healthcare Inspections (54LA)

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

1. I concur with the findings and recommendations in the report of the Community Based Outpatient Clinic Reviews at VA Greater Los Angeles Healthcare System, Los Angeles, CA (Report No. not yet assigned), Recommendations 1 and 2.

2. If you have any questions regarding our responses and actions to the recommendations in the draft report, please contact me at (562) 826-5963.

(original signed by:)
Stan Johnson, MHA, FACHE

Attachment

VA Greater Los Angeles HS Director Comments

Department of Veterans Affairs **Memorandum**

Date: **October 3, 2013**

From: Director, VA Greater Los Angeles HS (691/00)

Subject: **CBOC Reviews at VA Greater Los Angeles HS**

To: Director, VISN 22 (10N22)

1. I have reviewed and concur with the findings and recommendations in the report of the Community-Based Outpatient Clinics (CBOC) Review.

2. Should you have further questions or comments, please contact Ms. Joan Lopes, Chief, Quality Management, at (310) 268-3585.

Sincerely,

Donna M. Beiter, R.N., M.S.N.

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 document all required tetanus and pneumococcal vaccine administration elements and that compliance is monitored.

Concur

Target date for completion: March 31, 2014

Facility's response: Tetanus and pneumococcal vaccinations will be documented as required. Evidence of compliance will be available.

2. We recommended that the Antelope Valley CBOC IT closet is maintained according to IT security standards.

Concur

Target date for completion: November 30, 2013

Facility's response: Antelope Valley CBOC IT closet will be maintained according to IT security standards. Documented evidence of compliance will be available.

OIG Contact and Staff Acknowledgments

Contact	For more information about this report, please contact the OIG at (202) 461-4720.
Onsite Contributors	Mary Toy, RN, MSN Julie Watrous, RN, MSN
Other Contributors	Daisy Arugay, MT Shirley Carlile, BA Lin Clegg, PhD Marnette Dhooghe, MS Matt Frazier, MPH Keyla Gammarano, MPH Yoonhee Kim, PharmD Jackelinne Melendez, MPA Jennifer Reed, RN, MSHI Simonette Reyes, RN Victor Rhee, MHS Kathleen Shimoda, RN Patrick Smith, M. Stat Marilyn Stones, BS Jarvis Yu, MS

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