



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

Office of Healthcare Inspections

Report No. 13-03413-40

**Community Based Outpatient Clinic
and Primary Care Clinic Reviews
at
Syracuse VA Medical Center
Syracuse, NY**

January 13, 2014

Washington, DC 20420

To Report Suspected Wrongdoing in VA Programs and Operations

Telephone: 1-800-488-8244

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(Hotline Information: www.va.gov/oig/hotline)

Glossary

AUD	alcohol use disorder
CBOC	community based outpatient clinic
DWHP	designated women's health provider
EHR	electronic health record
EOC	environment of care
FY	fiscal year
IT	information technology
MM	Medication Management
MH	Mental Health
MI	motivational interviewing
NA	not applicable
NM	not met
OIG	Office of Inspector General
PACT	Patient Aligned Care Teams
PCC	primary care clinic
PCP	primary care provider
PII	personally identifiable information
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
WH	women's health

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Executive Summary

Review Purpose: The purpose of the review was to evaluate selected patient care activities to determine whether the community based outpatient clinics (CBOCs) and primary care clinics (PCCs) provide safe, consistent, and high-quality health care for our veterans. We conducted site visits during the week of November 18, 2013, at the following CBOCs, which are under the oversight of the Syracuse VA Medical Center, and Veterans Integrated Service Network 2:

- Oswego CBOC, Oswego, NY
- Watertown CBOC, Watertown, NY

Review Results: The review covered four activities. We made no recommendations in the Designated Women's Health Providers' Proficiency review. However, we made recommendations in the following review areas.

Environment of Care. Ensure that:

- Personally identifiable information is protected by appropriately securing laboratory specimens during transport from the Watertown CBOC to the Syracuse VA Medical Center.

Alcohol Use Disorder. Ensure that CBOC/PCC:

- Staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.
- Registered Nurse Care Managers receive motivational interviewing and health coaching training.

Medication Management. Ensure that all CBOC/PCC staff:

- Document that medication reconciliation was completed at each episode of care where medications were administered, prescribed, or modified.
- Consistently document that written medication information is provided to patients when fluoroquinolone antibiotics are prescribed.

Comments

The VISN and Facility Directors agreed with the CBOC and PCC review findings and recommendations and provided acceptable improvement plans. (See Appendixes C and D, pages 15–16, for the full text of the Directors' comments.) We consider recommendation 1 closed. We will follow up on the planned actions for the open recommendations until they are completed.



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

Objectives, Scope, and Methodology

Objectives

The CBOC and PCC reviews are one element of the OIG's efforts to ensure that our Nation's veterans receive high-quality VA health care services. As such, the CBOC and PCC reviews are recurring evaluations of selected primary care operations that focus on patient care quality and the EOC. In general, our objectives are to:

- Determine whether the CBOCs are compliant with EOC requirements.
- Determine whether CBOCs/PCCs are compliant with VHA requirements in the care of patients with AUD.
- Determine compliance with requirements for the clinical oversight and patient education of fluoroquinolones for outpatients.
- Evaluate if processes are in place for DWHPs to maintain proficiency in WH.

Scope

To evaluate for compliance with requirements related to patient care quality and the EOC, we conducted onsite inspections, reviewed clinical and administrative records, and discussed processes and validated findings with managers and employees. The review covered the following four activities:

- EOC
- AUD
- MM
- DWHP Proficiency

The scope of this review is limited to the established objectives. Issues and concerns that come to our attention that are outside the scope of this standardized inspection will be reviewed and referred accordingly.

Methodology

The onsite EOC inspections were only conducted at randomly selected CBOCs that had not been previously inspected.^a Details of the targeted study populations for the AUD, MM, and DWHP Proficiency focused reviews are noted in Table 1.

^a Includes 93 CBOCs in operation before March 31, 2013.

Table 1. CBOC/PCC Focused Reviews and Study Populations

Review Topic	Study Population
AUD	All CBOC and PCC patients screened within the study period of July 1, 2012, through June 30, 2013, and who had a positive AUDIT-C score ^b and all providers and Registered Nurse Care Managers assigned to PACT prior to October 1, 2012.
MM	All outpatients with an original prescription ordered for one of the three selected fluoroquinolones from July 1, 2012, through June 30, 2013.
DWHP Proficiencies	All WH PCPs designated as DWHPs as of October 1, 2012, and who remained as DWHPs until September 30, 2013.

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.

The review was done in accordance with OIG standard operating procedures for CBOC and PCC reviews.

^b The AUDIT-C is a brief alcohol screen that reliably identifies patients who are hazardous drinkers or have active alcohol use disorders. Scores range from 0-12.

Results and Recommendations

EOC

The purpose of this review was to evaluate whether CBOC managers have established and maintained a safe and clean EOC as required.¹

We reviewed relevant documents and conducted physical inspections of the Oswego and Watertown CBOCs. The table below shows the areas reviewed for this topic. The area marked as NM did not meet applicable requirements and needed improvement..

Table 2. EOC

NM	Areas Reviewed	Findings
	The CBOC's location is clearly identifiable from the street as a VA CBOC.	
	The CBOC has interior signage available that clearly identifies the route to and location of the clinic entrance.	
	The CBOC is Americans with Disabilities Act accessible.	
	The furnishings are clean and in good repair.	
	The CBOC is clean.	
	The CBOC maintains a written, current inventory of hazardous materials and waste that it uses, stores, or generates.	
	An alarm system and/or panic buttons are installed in high-risk areas (e.g., MH clinic).	
	Alcohol hand wash or soap dispenser and sink are available in the examination rooms.	
	Sharps containers are secured.	
	Safety needle devices are available.	
	The CBOC has a separate storage room for storing medical (infectious) waste.	
	The CBOC conducts fire drills at least every 12 months.)	
	Means of egress from the building are unobstructed.	
	Access to fire alarm pull stations is unobstructed.	
	Access to fire extinguishers is unobstructed.	
	The CBOC has signs identifying the locations of fire extinguishers.	
	Exit signs are visible from any direction.	
	No expired medications were noted during the onsite visit.	
	All medications are secured from unauthorized access.	

X	PII is protected on laboratory specimens during transport so that patient privacy is maintained.	At the Watertown CBOC, PII was not protected on laboratory specimens during transport.
	Adequate privacy is provided to patients in examination rooms.	
	Documents containing patient-identifiable information are not laying around, visible, or unsecured.	
	Window coverings provide privacy.	
	The CBOC has a designated examination room for women veterans.	
	Adequate privacy is provided to women veterans in the examination room.	
	The IT network room/server closet is locked.	
	All computer screens are locked when not in use.	
	Staff use privacy screens on monitors to prevent unauthorized viewing in high-traffic areas.	
	EOC rounds are conducted semi-annually (at least twice in a 12-month period).	
	The CBOC has an automated external defibrillator.	
	Safety inspections are performed on the CBOC medical equipment in accordance with VA and Joint Commission standards.	
	The parent facility includes the CBOC in required education, training, planning, and participation leading up to the annual disaster exercise.	
	The parent facility's Emergency Management Committee evaluates CBOC emergency preparedness activities, participation in annual disaster exercise, and staff training/education relating to emergency preparedness requirements.	

Recommendation

1. We recommended that managers ensure that PII is protected by appropriately securing laboratory specimens during transport from the Watertown CBOC to the Syracuse VA Medical Center.

AUD

The purpose of this review was to determine whether the facility's CBOCs and PCCs complied with selected alcohol use screening and treatment requirements.²

We reviewed relevant documents. We also reviewed 40 EHRs and validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement. Any items that did not apply to this facility are marked NA.

Table 3. AUD

NM	Areas Reviewed	Findings
	Alcohol use screenings are completed during new patient encounters, and at least annually.	
	Diagnostic assessments are completed for patients with a positive alcohol screen.	
	Education and counseling about drinking levels and adverse consequences of heavy drinking are provided for patients with positive alcohol screens and drinking levels above National Institute on Alcohol Abuse and Alcoholism guidelines.	
X	Documentation reflects the offer of further treatment for patients diagnosed with alcohol dependence.	We did not find documentation of the offer of further treatment for four of six patients diagnosed with alcohol dependence.
	For patients with AUD who decline referral to specialty care, CBOC/PCC staff monitored them and their alcohol use.	
	Counseling, education, and brief treatments for AUD are provided within 2 weeks of positive screening.	
X	CBOC/PCC RN Care Managers have received MI training within 12 months of appointment to PACT.	We found that 10 of 16 RN Care Managers did not receive MI training within 12 months of appointment to PACT.
X	CBOC/PCC RN Care Managers have received National Center for Health Promotion and Disease Prevention approved health coaching training within 12 months of appointment to PACT.	We found that 8 of 16 RN Care Managers did not receive health coaching training within 12 months of appointment to PACT.
NA	The facility complied with any additional elements required by VHA or local policy.	

Recommendations

2. We recommended that CBOC/PCC staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.

- 3.** We recommended that CBOC/PCC RN Care Managers receive MI and health coaching training within 12 months of appointment to PACT.

Medication Management

The purpose of this review was to determine whether appropriate clinical oversight and education were provided to outpatients prescribed oral fluoroquinolone antibiotics.³

We reviewed relevant documents. We also reviewed 40 EHRs and validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

Table 4. Fluoroquinolones

NM	Areas Reviewed	Findings
X	Clinicians documented the medication reconciliation process that included the fluoroquinolone.	We did not find documentation that medication reconciliation included the newly prescribed fluoroquinolone in 15 (38 percent) of 40 patient EHRs.
X	Written information on the patient's prescribed medications was provided at the end of the outpatient encounter.	We did not find documentation that 6 (15 percent) of 40 patients received written information that included the fluoroquinolone when the antibiotic was dispensed at the CBOCs.
	Medication counseling/education for the fluoroquinolone was documented in the patients' EHRs.	
	Clinicians documented the evaluation of each patient's level of understanding for the education provided.	
	The facility complied with local policy.	

Recommendations

4. We recommended that staff document that medication reconciliation was completed at each episode of care where medications were administered, prescribed, or modified.
5. We recommended that CBOC staff consistently document that written medication information is provided to patients when fluoroquinolone antibiotics are prescribed.

DWHP Proficiency

The purpose of this review was to determine whether the facility's CBOCs and PCCs complied with selected DWHP proficiency requirements.⁴

We reviewed the facility self-assessment, VHA and local policies, Primary Care Management Module data, and supporting documentation for DWHPs' proficiencies. The table below shows the areas reviewed for this topic. The facility generally met requirements. We made no recommendations.

Table 5. DWHP Proficiency

NM	Areas Reviewed	Findings
	CBOC and PCC DWHPs maintained proficiency requirements.	
	CBOC and PCC DWHPs were designated with the WH indicator in the Primary Care Management Model.	

CBOC Profiles

This review evaluates the quality of care provided to veterans at all of the CBOCs under the parent facility's oversight.^c The table below provides information relative to each of the CBOCs.

Location	State	Station #	Locality ^e	CBOC Size ^f	Uniques ^d				Encounters ^d			
					MH ^g	PC ^h	Other ⁱ	All	MH ^g	PC ^h	Other ⁱ	All
Rome	NY	528GM	Rural	Large	1,533	5,826	4,839	6,642	11,641	21,027	25,962	58,630
Binghamton	NY	528GN	Urban	Mid-Size	1,192	4,012	2,714	4,630	5,329	11,847	10,417	27,593
Watertown	NY	528GO	Urban	Mid-Size	919	3,791	1,892	4,560	5,847	9,125	3,221	18,193
Cortland	NY	528G9	Rural	Mid-Size	382	2,046	1,250	2,164	2,368	5,747	4,070	12,185
Oswego	NY	528GP	Rural	Mid-Size	356	1,987	894	2,043	1,733	4,677	2,443	8,853
Massena	NY	528GL	Rural	Mid-Size	611	1,737	669	1,876	4,032	4,730	1,049	9,811
Auburn	NY	528G5	Rural	Mid-Size	247	1,466	199	1,502	1,576	4,230	416	6,222

^c Includes all CBOCs in operation before March 31, 2013.

^d Unique patients and Total Encounters – Source: MedSAS outpatient files; completed outpatient appointments indicated by a valid stop code during the July 1, 2012, through June 30, 2013, timeframe at the specified CBOC.

^e http://vaww.pssg.med.va.gov/PSSG/DVDC/FY2013_Q1_VAST.xlsx

^f 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).

^g Mental Health includes stop codes in the 500 series, excluding 531 and 563, in the primary position.

^h Primary Care includes the stop code list in the primary position: 323 – Primary Care; 322 – Women's Clinic; 348 – Primary Care Group; 350 – Geriatric Primary Care; 531 – MH Primary Care Team-Individual; 563 – MH Primary care Team-Group; 170 – Home Based Primary Care (HBPC) Physician.

ⁱ All other non-Primary Care and non-MH stop codes in the primary position.

CBOC Services Provided

In addition to primary care integrated with WH and MH care, the CBOCs provide various specialty care, ancillary, and tele-health services. The following table lists the services provided at each CBOC.

CBOC	Specialty Care Services^j	Ancillary Services^k	Tele-Health Services^l
Rome	Optometry Podiatry Gastroenterology Urology	Rehabilitation Adult Day Health Care Radiology Pharmacy Prosthetics/Orthotics Nutrition Sleep Medicine MOVE! Program ^m	Tele Primary Care
Binghamton	Podiatry Optometry	Pharmacy Prosthetics/Orthotics Diabetes Care	Tele Primary Care
Watertown	Optometry	Audiology Nutrition	Tele Primary Care
Cortland	---	Pharmacy MOVE! Program Nutrition	Tele Primary Care
Oswego	---	MOVE! Program Nutrition	Tele Primary Care
Massena	---	---	Tele Primary Care
Auburn	---	Pharmacy	---

^j Specialty Care Services refer to non-Primary Care and non-Mental Health services provided by a physician.

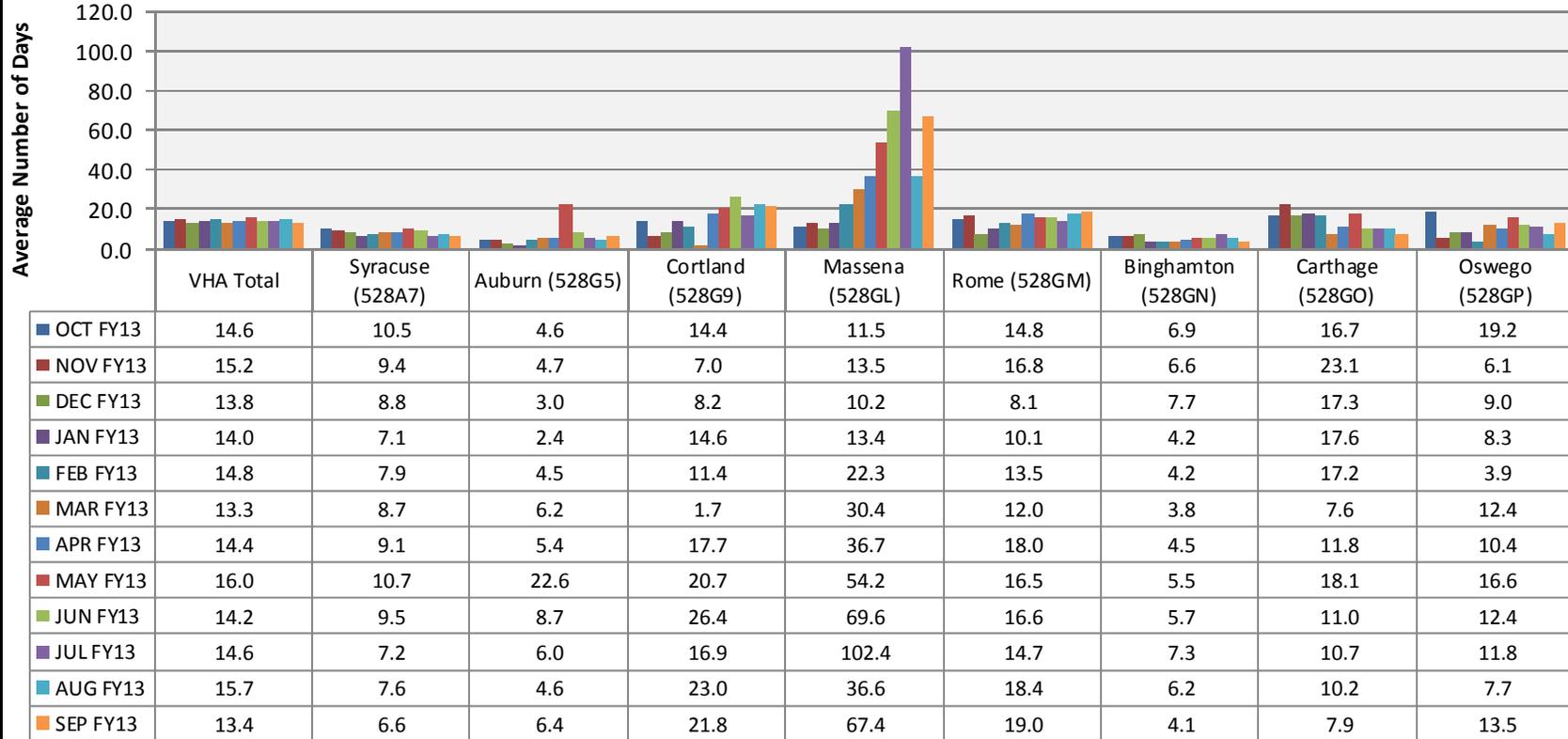
^k Ancillary Services refer to non-Primary Care and non-Mental Health services that are not provided by a physician.

^l Tele-Health Services refer to services provided under the VA Telehealth program (<http://www.telehealth.va.gov/>)

^m VHA Handbook 1120.01, *MOVE! Weight Management Program for Veterans*, March 31, 2011.

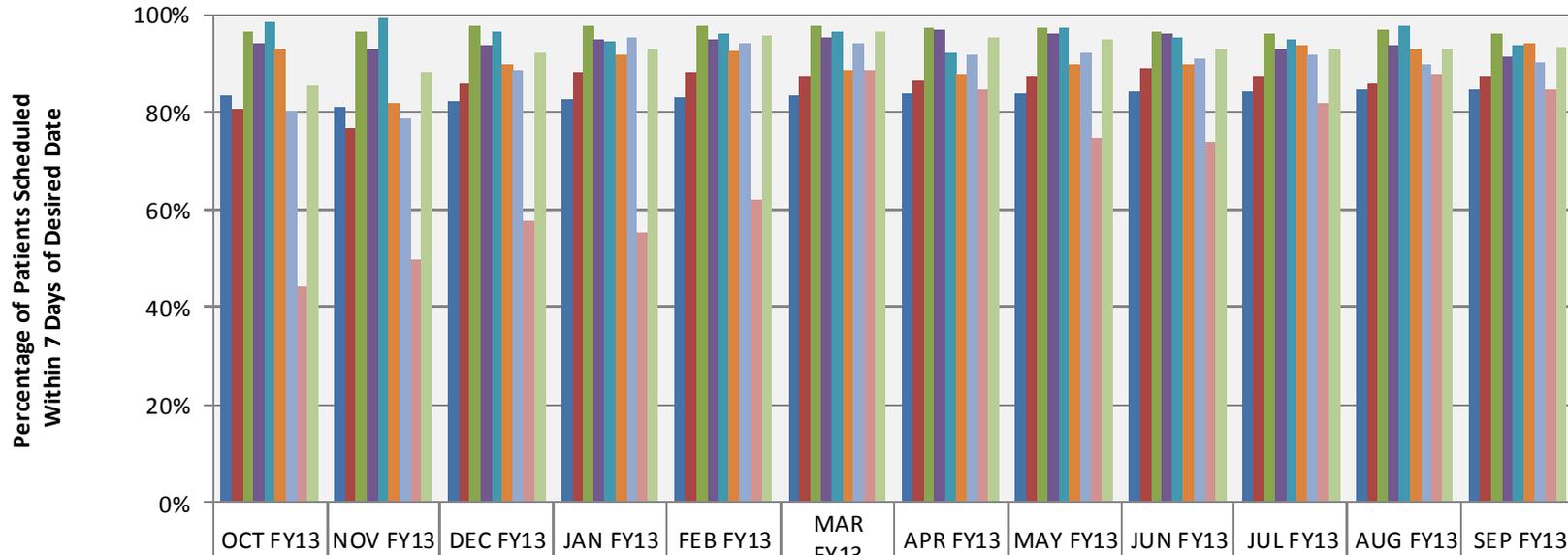
PACT Compass Metrics

FY 2013 Average 3rd Next Available in PC Clinics



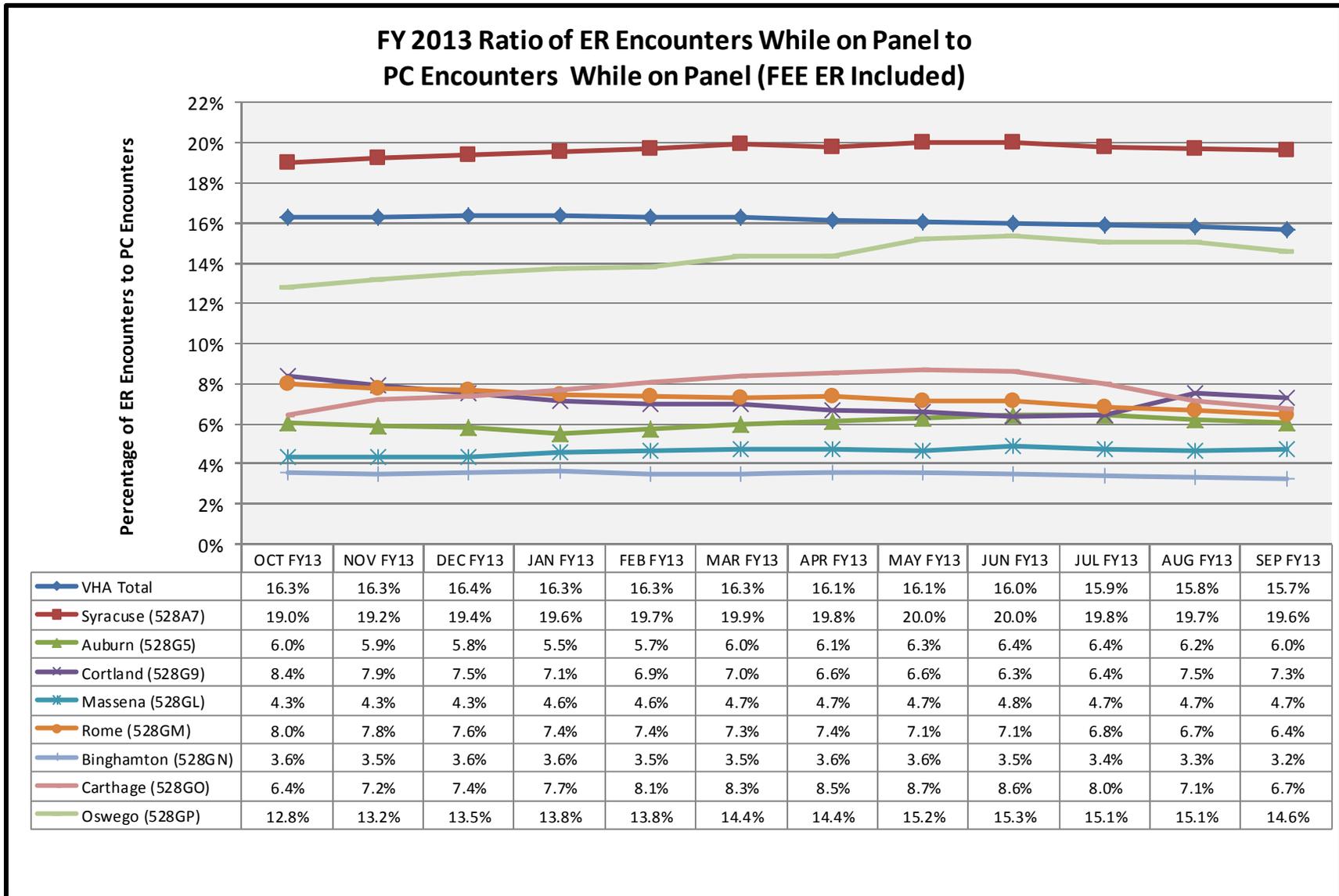
Data Definition.⁵ The average waiting time in days until the next third open appointment slot for completed primary care appointments in stop code 350. Completed appointments in stop code 350 for this metric include completed appointments where a 350 stop code is in the primary position on the appointment or one of the telephone stop codes is in the primary position, and 350 stop code is in the secondary position. The data is averaged from the national to the division level.

FY 2013 Established PC Prospective Wait Times 7 Days

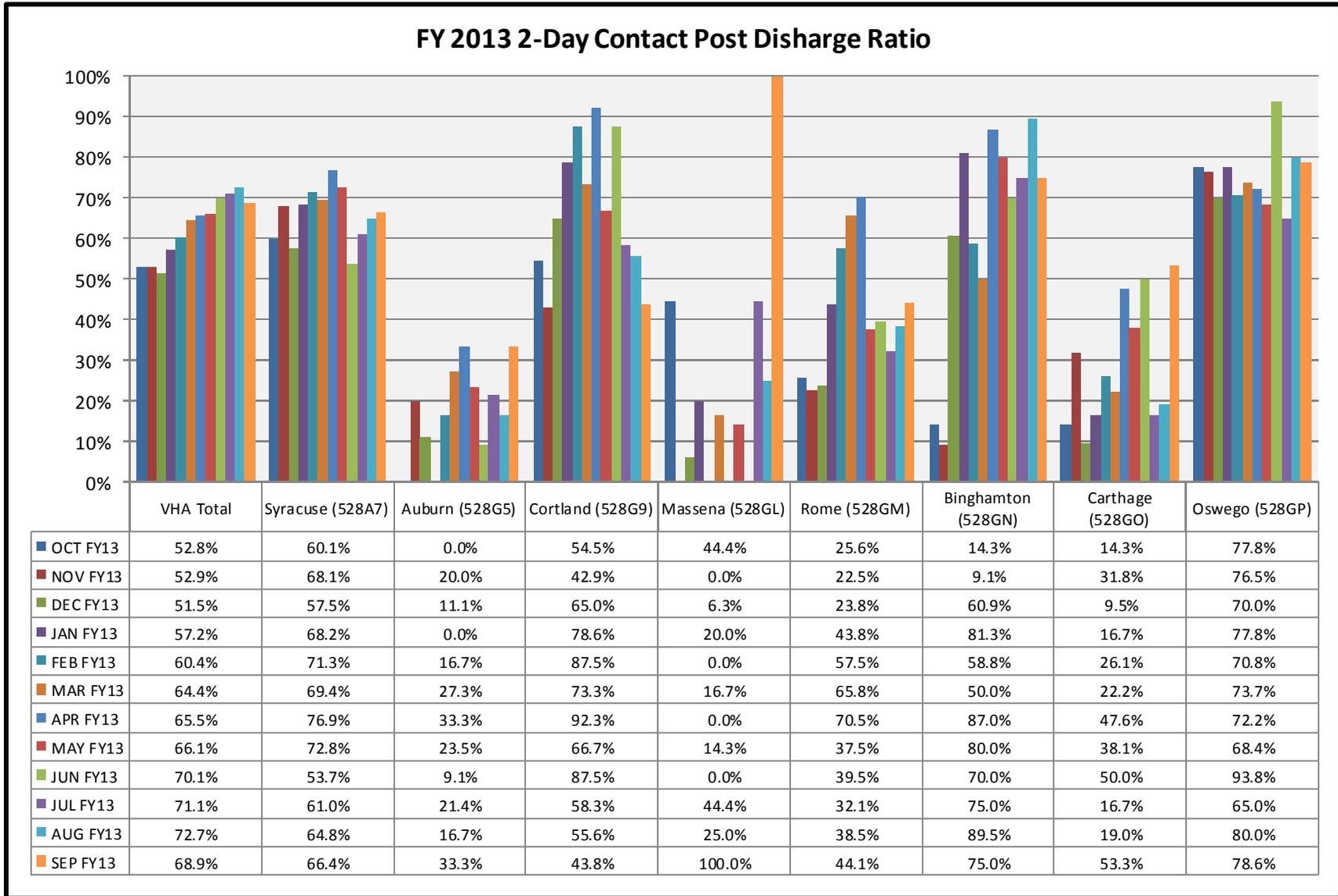


	OCT FY13	NOV FY13	DEC FY13	JAN FY13	FEB FY13	MAR FY13	APR FY13	MAY FY13	JUN FY13	JUL FY13	AUG FY13	SEP FY13
■ VHA Total	83.5%	81.1%	82.4%	82.6%	83.2%	83.6%	84.0%	84.0%	84.1%	84.3%	84.5%	84.7%
■ Syracuse (528A7)	80.7%	76.5%	85.7%	88.0%	88.2%	87.3%	86.7%	87.4%	88.9%	87.2%	85.9%	87.5%
■ Auburn (528G5)	96.5%	96.5%	97.5%	97.8%	97.7%	97.5%	97.3%	97.1%	96.6%	95.9%	96.8%	96.1%
■ Cortland (528G9)	94.2%	92.8%	93.7%	94.7%	95.1%	95.3%	96.9%	95.9%	96.1%	93.0%	93.7%	91.2%
■ Massena (528GL)	98.6%	99.2%	96.6%	94.6%	96.0%	96.4%	92.3%	97.4%	95.2%	94.8%	97.6%	93.7%
■ Rome (528GM)	92.8%	81.8%	89.7%	91.7%	92.4%	88.8%	88.0%	89.8%	89.8%	93.7%	92.8%	94.0%
■ Binghamton (528GN)	80.4%	78.8%	88.6%	95.2%	94.0%	94.1%	91.8%	92.1%	91.0%	91.8%	89.7%	90.0%
■ Carthage (528GO)	44.3%	49.8%	57.9%	55.3%	62.0%	88.5%	84.7%	74.9%	74.0%	81.9%	87.9%	84.5%
■ Oswego (528GP)	85.4%	88.2%	92.1%	92.9%	95.8%	96.6%	95.4%	94.8%	93.0%	92.8%	93.0%	93.4%

Data Definition.⁵ The percent of patients scheduled within 7 days of the desired date. Data source is the Wait Times Prospective Wait Times measures. The total number of scheduled appointments for primary care-assigned patients in primary care clinics 322, 323 and 350. Data is collected twice a month on the 1st and the 15th. Data reported is for the data pulled on the 15th of the month. There is no FY to date score for this measure.



Data Definition.⁵ This is a measure of where the patient receives his or her primary care and by whom. A low percentage is better. The formula is the total VHA ER/Urgent Care/FEE ER Encounters WOP (including FEE ER visits) *divided by* the number of primary care encounters WOP with the patient's assigned primary care (or associate) provider plus the total VHA ER/Urgent Care/FEE ER Encounters (including FEE ER visits) WOP plus the number of primary care encounters WOP with a provider other than the patient's PCP/AP.



Data Definition.⁵ Total Discharges Included in 2-day Contact Post Discharge Ratio: The total VHA and FEE Inpatient Discharges for assigned primary care patients for the reporting timeframe. Discharges resulting in death and discharges where a patient is readmitted within 2 days of discharge are excluded from this metric.

VISN Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: December 23, 2013

From: Interim Network Director, VA Health Care Upstate New York,
VISN 2 (10N2)

Subject: **CBOC and PCC Reviews of the Syracuse VA Medical
Center, Syracuse, NY**

To: Director, Bedford Office of Healthcare Inspections (54BN)

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

1. I concur with the findings and recommendations of the Office of Inspector General Community Based Outpatient Clinic and Primary Care Clinic Reviews and have attached the facility action plan to resolve the identified recommendations. We believe these changes will further enhance key systems and processes at the VA Medical Center, Syracuse, NY.
2. If you have any questions or need additional information, please feel free to contact James Cody, Medical Center Director at 315-425-4892.

(original signed by:)

Joanne M. Krumberger, FACHE

Facility Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: December 20, 2013
From: Director, Syracuse VA Medical Center (528A7)
Subject: **CBOC and PCC Reviews of the Syracuse VA Medical Center, Syracuse, NY**
To: Interim Network Director, VA Health Care Upstate New York, VISN 2 (10N2)

1. I concur with the findings and recommendations of the Office of Inspector General Community Based Outpatient Clinic Review and have attached the facility action plan to resolve the identified recommendations. We believe these changes will further enhance key systems and processes at our Medical Center.
2. If you have any questions or need additional information, please feel free to contact Eric Yeager, Quality Manager at 315-425-4395.

(original signed by:)
James Cody
Medical Center Director

Comments to OIG's Report

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

OIG Recommendations

Recommendation 1. We recommended that managers ensure that PII is protected by appropriately securing laboratory specimens during transport from the Watertown CBOC to the Syracuse VA Medical Center.

Concur

Target date for completion: December 5, 2013

Facility response: The Watertown CBOC manager implemented the use of coded laboratory specimen delivery zip ties on December 5, 2013 to ensure patient health information (PII) and laboratory specimens were secure and un-tampered during shipping transport.

Recommendation 2. We recommended that CBOC/PCC staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.

Concur

Target date for completion: December 20, 2013

Facility response: The CBOC Primary Care staff is utilizing a clinical reminder to identify patients that have a long history of alcohol dependence to ensure that the offer of substance abuse disorder (SUD) treatment and the patient's response to the treatment offer are documented in the medical record.

Recommendation 3. We recommended that CBOC/PCC RN Care Managers receive MI and health coaching training within 12 months of appointment to PACT.

Concur

Target date for completion: December 20, 2013

Facility response: As of December 20, 2013, the Primary Care Manager has scheduled all the CBOC/PCC RN Care Managers who had not received motivational interviewing and TEACH education within 12 months of appointment to PACT for training in TMS.

Recommendation 4. We recommended that staff document that medication reconciliation was completed at each episode of care where medications were administered, prescribed, or modified.

Concur

Target date for completion: February 1, 2014

Facility response: The Pharmacy Manager partnered with the Physician Lead in Primary care and CBOC staff to implement CBOC system changes that will include: CBOC staff education regarding medication reconciliation; support for medication reconciliation documentation; and a process for medical record auditing of CBOC medication reconciliation to ensure compliance. Auditing results will be provided to performance management, CBOC staff, and Medical Center leadership and will be utilized to develop and implement system changes as indicated.

Recommendation 5. We recommended that CBOC staff consistently document that written medication information is provided to patients when fluoroquinolone antibiotics are prescribed.

Concur

Target date for completion: February 1, 2014

Facility response: The Pharmacy Manager partnered with the Physician Lead in Primary care and CBOC staff to implement CBOC system changes that will assure CBOCs have uniform process for providing and documenting patient medication information sheets were provided to patients. CBOC Stock Medication Quick orders will be updated to include a written statement that will document the provision of the patient medication information sheets to the patient and the patients understanding of the medication education that was discussed. In addition, Pharmacy will reinforce the process of providing education sheets with medications from CBOC stock medication supply.

OIG Contact and Staff Acknowledgments

Contact	For more information about this report, please contact the OIG at (202) 461-4720.
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U.S. Senate: Kirsten E. Gillibrand, Charles E. Schumer
U.S. House of Representatives: Daniel Maffei, William Owens

This report is available at www.va.gov/oig.

Endnotes

¹ References used for the EOC review included:

- United States Access Board, *Americans with Disabilities Act Accessibility Guidelines (ADAAG)*, September 2, 2002.
- VHA Center for Engineering, Occupational Safety, and Health, *Emergency Management Program Guidebook*, March 2011.
- US Department of Health and Human Services, Health Insurance Portability and Accountability Act, *The Privacy Rule*, August 14, 2002.
- VHA Center for Engineering, Occupational Safety, and Health, *Online National Fire Protection Association Codes, Standards, Handbooks, and Annotated Editions of Select Codes and Standards*, July 9, 2013.
- US Department of Labor, Occupational Safety and Health Administration, *Laws and Regulations*.
- US Department of Labor, Occupational Safety and Health Administration, *Guidelines for Preventing Workplace Violence*, 2004.
- The Joint Commission, *Joint Commission Comprehensive Accreditation and Certification Manual*, July 1, 2013.
- VA Directive 324, *Test, Training, Exercise, and Evaluation Program*, April 5, 2012.
- VHA Directive 0059, *VA Chemicals Management and Pollution Prevention*, May 25, 2012.
- VHA Directive 2011-007, *Required Hand Hygiene Practices*, February 16, 2011.
- VHA Directive 2012-026, *Sexual Assaults & Other Defined Public Safety Incidents in VHA Facilities*, September 27, 2012.
- VHA Handbook 1006.1, *Planning and Activating Community-Based Outpatient Clinics*, May 19, 2004.
- VHA Handbook 1250.05, *Interior Design Operations and Signage*, July 1, 2011.
- VHA Handbook 1330.01, *Health Care Services for Women Veterans*, May 21, 2010.
- VHA Handbook 6500, *Risk Management Framework for VA Information System*, September 20, 2012.

² References used for the AUD review included:

- VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008.
- VHA Handbook 1120.02, *Health Promotion Disease Prevention (HPDP) Program*, July 5, 2012.

³ References used for the Medication Management review included:

- VHA Handbook 1108.05, *Outpatient Pharmacy Services*, May 30, 2006.
- VHA Handbook 1108.07, *Pharmacy General Requirements*, April 17, 2008.
- VHA Directive 2011-012, *Medication Reconciliation*, March 9, 2011.
- The Joint Commission Standards for Acute Care Hospitals, Medication Management (MM.05.01.01).
- VHA Directive 2012-011 *Primary Care Standards*, April 11, 2012.
- The Joint Commission Standards for Acute Care Hospitals, Medication Management (MM.06.01.01)

⁴ References used for the DWHP review included:

- VHA Handbook 1330.01 *Health Care Services for Women Veterans*, May 21, 2010.
- VHA Handbook 1100.19, *Credentialing and Privileging*, November 14, 2008.

⁵ Reference used for PACT Compass data graphs:

- Department of Veterans' Affairs, *Patient Aligned Care Teams Compass Data Definitions*, August 29, 2013.