Department of Veterans Affairs
Office of Inspector General

Healthcare Inspection

Community Based Outpatient Clinic Reviews
Lockport and Olean, NY
Monaca and Washington, PA
Berwick and Sayre, PA
Somerset, KY

Report No. 09-01446-226 **September 23, 2009**

VA Office of Inspector General
Washington, DC 20420

To Report Suspected Wrongdoing in VA Programs and Operations

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Executive Summary

Introduction

As requested in House Report 110-775, to accompany H.R. 6599, Military Construction, Veterans Affairs, and Related Agencies Appropriation Bill, fiscal year (FY) 2009, the VA Office of Inspector General (OIG) is beginning a systematic review of Veterans Health Administration (VHA) community based outpatient clinics (CBOCs).

The VA OIG, Office of Healthcare Inspections conducted a review of seven CBOCs during the week of July 13–17, 2009. The CBOCs reviewed in VISN 2 were Lockport and Olean, NY; in VISN 4, Monaca and Washington, PA; and Berwick and Sayre, PA; and, in VISN 9, Somerset KY. The parent facilities of these CBOCs are VA Western NY Healthcare System (HCS), VA Pittsburgh HCS, Wilkes-Barre VA Medical Center (VAMC), and Lexington VAMC, respectively. The purpose of the review was to assess whether CBOCs are operated in a manner that provides veterans with consistent, safe, high-quality health care.

Results and Recommendations

The CBOC review covered five topics. In our review, we noted several opportunities for improvement and made recommendations to address all of these issues. The Directors, VISN 2, 4 and 9, in conjunction with the respective facility manager, should take appropriate actions on the following recommendations:

- Require that contract providers are privileged according to VHA policy.
- Accomplish providers' background checks according to VHA policy.
- Require physician assistants are consistently monitored and evaluated by the collaborative physician and that results of the evaluations are used during the re-credentialing process.
- Ensure clinical competencies are monitored by the appropriate discipline.
- Ensure staff are trained, evaluated, and that the competencies are documented.
- Conduct a security risk assessment and evaluate the assessment to determine appropriate measures.
- Implement appropriate measures as described in the vulnerability review.
- Maintain patients' auditory privacy during their check-in process.
- Take appropriate actions to secure and protect health records.
- Provide proper CBOC access to disabled patients.

- Adhere to manufacturer's equipment maintenance requirements.
- Ensure pharmaceuticals are dispensed according to VHA policy.
- Properly reprocess reusable medical equipment.
- Develop and maintain an emergency management plan that includes emergency response to all mental health emergencies and reflects current practices.
- Recover overcharges from the contractor and ensure that future invoices are verified for compliance with contract provisions.
- Ensure information is accurate and complete on contractor billings.
- Formalize the contractual agreement with the contractor regarding the "Point of Care" addendum.

Comments

The VISN and VAMC Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes A–G, pages 25–38, for the full text of the Directors' comments.) We will follow up on the planned actions until they are completed.

(original signed by:)
JOHN D. DAIGH, JR., M.D.
Assistant Inspector General for
Healthcare Inspections

Part I. Introduction

Purpose

As requested in House Report 110-775, to accompany H.R. 6599, Military Construction, Veterans Affairs, and Related Agencies Appropriation Bill, fiscal year (FY) 2009, the VA Office of Inspector General (OIG) is undertaking a systematic review of the Veterans Health Administration's (VHA's) community-based outpatient clinics (CBOCs) and Vet Centers.

Background

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. For additional background information, see the *Informational Report for the Community Based Outpatient Clinic Cyclical Reports*, 08-00623-169, issued July 16, 2009.

Scope and Methodology

Objectives. The purpose of this review is to assess whether CBOCs are operated in a manner that provides veterans with consistent, safe, high-quality health care in accordance with VA policies and procedures. The objectives of the review are to:

- Determine whether CBOC performance measure scores are comparable to the parent VA medical center (VAMC) outpatient clinics.
- Determine whether CBOC providers are appropriately credentialed and privileged in accordance to VHA Handbook 1100.19.[1]
- Determine whether CBOCs maintain the same standard of care as their parent facility to address the Mental Health (MH) needs of Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) era veterans.

[1] VHA Handbook 1100.19, *Credentialing and Privileging*, November 14, 2008.

- Determine whether CBOCs are in compliance with standards of operations according to VHA Handbook 1006.1[2] in the areas of environmental safety and emergency planning.
- Determine the effect of CBOCs on veteran perception of care.
- Determine whether CBOC contracts are administered in accordance with contract terms and conditions.

Scope. We reviewed CBOC policies, performance documents, provider credentialing and privileging (C&P) files, and nurses' training records. For each CBOC, random samples of 50 patients with a diagnosis of diabetes, 50 patients with a diagnosis of ischemic vascular disease, and 30 patients with a service separation date after September 11, 2001, without a diagnosis of post-traumatic stress disorder (PTSD), were selected, unless fewer patients were available. We reviewed the medical records of these selected patients to determine compliance with VHA performance measures.

We conducted environment of care (EOC) inspections to determine the CBOCs' cleanliness and conditions of the patient care areas; conditions of equipment, adherence to clinical standards for infection control and patient safety; and compliance with patient data security requirements.

We also reviewed FY 2008 Survey of Healthcare Experiences of Patients (SHEP) data to determine patients' perceptions of the care they received at the CBOCs.

We conducted the inspection in accordance with *Quality Standards for Inspections* published by the President's Council on Integrity and Efficiency.

In this report, we make recommendations for improvement.

[2] VHA Handbook 1006.1, *Planning and Activating Community-Based Outpatient Clinics*, May 19, 2004.

Part II. CBOC Characteristics

Veterans Integrated Service Network (VISN) 2 has 6 VHA hospitals and 30 CBOCs, VISN 4 has 10 VHA hospitals and 45 CBOCs, and VISN 9 has 7 hospitals and 50 CBOCs. As part of our review, we inspected 7 CBOCs (3 VA staffed and 4 with contracted staff). The CBOCs reviewed in VISN 2 were Lockport and Olean, NY; in VISN 4, Monaca and Washington, PA; and Berwick and Sayre, PA; and, in VISN 9, Somerset KY. The parent facilities of these CBOCs are VA Western NY Healthcare System (HCS), VA Pittsburgh HCS, Wilkes-Barre VAMC, and Lexington VAMC, respectively.

We formulated a list of CBOC characteristics and developed an information request for data collection. The characteristics included identifiers and descriptive information for the CBOC evaluation.

In FY 2008, the average number of unique patients seen at the 3 VA-staffed CBOCs was 3,377 (range 2,104 to 4,363) and at the contract CBOCs was 3,108 (range 1,060 to 4,850). Figure 1 shows characteristics of the 7 CBOCs we reviewed to include type of CBOC, rurality, number of clinical full-time equivalent employees (FTE), number of unique veterans enrolled in the CBOC, and number of veteran visits.

VISN Number	CBOC Name	Parent VAMC	CBOC Type	Urban/ Rural	Number of Clinical Providers (FTE)	Uniques	Visits
2	Lockport, NY	Western NY HCS	Contract	Urban	1.0	1,060	2,689
2	Olean, NY	Western NY HCS	VA Staffed	Urban	2.0	2,104	4,790
4	Monaca, PA	Pittsburgh HCS	Contract	Urban	3.0	4,367	16,062
4	Washington, PA	Pittsburgh HCS	Contract	Urban	4.6	4,850	17,948
4	Berwick, PA	Wilkes-Barre VAMC	Contract	Rural	2.02	2,155	6,134
4	Sayre, PA	Wilkes-Barre VAMC	VA Staffed	Rural	4.0	3,663	31,099
9	Somerset, KY	Lexington VAMC	VA Staffed	Rural	3.65	4,363	17,556

Figure 1 - CBOC Characteristics, FY 2008

All seven CBOCs have laboratory services and perform electrocardiograms (EKGs) onsite. Two CBOCs have an onsite Pharmacy, and three CBOCs provided radiological services. Social Work services are also available at six CBOCs.

All seven CBOCs provide MH services onsite. The type of MH provider varied among the CBOCs to include, psychiatrists, social workers, and nurse practitioners. Tele-mental health is also available at five CBOCs. Five of the CBOCs provided MH services 5 days a week (Olean, Monaca, Washington, Sayre, and Somerset), 1 (Lockport) 2 days per week and every other Thursday, and 1 (Berwick) 4 days per week. Additional CBOC characteristics are listed in Appendix H.

Part III. Overview of Review Topics

The review topics discussed in this report include:

- Quality of Care Measures.
- C&P.
- EOC and Emergency Management.
- Patient Satisfaction.
- CBOC Contracts.

The criteria used for these reviews are discussed in detail in the *Informational Report for the Community Based Outpatient Cyclical Reports*, 08-00623-169, issued July 16, 2009.

We evaluated the quality of care measures by reviewing 50 patients with a diagnosis of diabetes, 50 patients with a diagnosis of ischemic vascular disease, and 30 patients with a service separation date after September 11, 2001 (without a diagnosis of PTSD), unless fewer patients were available. We reviewed the medical records of these selected patients to determine compliance with first (1st) quarter (Qtr), FY 2009 VHA performance measures.

We conducted an overall review to assess whether the medical center's C&P process complied with VHA Handbook 1100.19. We reviewed all CBOC providers' C&P files and all nursing staff personnel folders. In addition, we reviewed the background checks for the CBOC clinical staff.

We conducted EOC inspections at each CBOC, evaluating cleanliness, adherence to clinical standards for infection control and patient safety, and compliance with patient data security requirements. We evaluated whether the CBOCs had a local policy/guideline defining how health emergencies, including MH emergencies, are handled.

We reviewed and discussed recent SHEP data (FY 2008) with the senior leaders. If the SHEP scores did not meet VHA's target goal of 77, we interviewed the senior managers to assess whether they had analyzed the data and taken action to improve their scores.

We evaluated whether the four CBOC contracts (Lockport, Monaca, Washington, and Berwick) provided guidelines that the contractor needed to follow in order to address quality of care issues. We also verified that the number of enrollees or visits reported was supported by collaborating documentation.

Part IV. Results and Recommendations

A. VISN 2, VA Western New York HCS – Lockport and Olean

Quality of Care Measures

The Olean CBOC scores exceeded the parent facility for hyperlipidemia screening while the Lockport CBOC's scores were lower. Both CBOCs scored higher than the parent facility for the following measures: diabetes mellitus (DM) foot inspections, pedal pulses, foot sensory exams using monofilament, retinal eye examinations, and PTSD screening. Lockport CBOC's renal testing score was lower than the parent facility while the Olean CBOC scored higher, scoring 100 percent. (See Appendix I.)

Credentialing and Privileging

We reviewed the C&P files of three providers and the personnel folders of four nurses at the Olean CBOC and two providers and three nurses at the Lockport CBOC. All providers possess a full, active, current, and unrestricted license. All nurses' license and education requirements were verified and documented. However, we identified the following area that needed improvement:

Privileging of Contract Providers

VHA Handbook 1100.19 states that clinical privileges granted to contractors may not extend beyond the contract period. The contract providers at the Lockport CBOC were privileged for a 2-year period while the contract was granted for only 1 year.

Recommendation 1. We recommended that the VISN 2 Director ensure that the VA Western New York HCS Director requires that contract providers at the Lockport CBOC are privileged according to policy.

The VISN and HCS Directors concurred with our finding and recommendation. Contract providers' C&P will reflect the contract period. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Environment and Emergency Management

Environment of Care

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, infection control, and general maintenance. Both CBOCs' internal EOCs were clean and well maintained. However, we found the following area that needed improvement:

Panic Alarms

The Olean CBOC provides MH services but did not have panic alarms for either the administrative or the clinical staff. The staff indicated that if they felt threatened and needed assistance, they would call out for help and try to leave the room. The parent facility conducted a vulnerability review in May 2009 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.

Recommendation 2. We recommended that the VISN 2 Director ensure that the VA Western New York HCS Director implements the recommendation to install a panic alarm system at the Olean CBOC.

The VISN and HCS Directors concurred with our finding and recommendation. A mechanism will be installed to alert staff members at the Olean CBOC that a crisis situation is occurring. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Emergency Management

VHA Handbook 1006.1 requires each CBOC to have a local policy or standard operating procedure (SOP) defining how medical emergencies, including MH emergencies, are handled. The Olean CBOC had a local policy during FY 2008 that addressed MH emergencies; however, the plan did not address medical emergencies. The policy was revised in June 2009 to include medical emergencies. Our interviews revealed that staff responses were in compliance to the revised policy. Because the CBOC revised the policy prior to this review, we made no recommendation.

Automated External Defibrillator

The Lockport CBOC's contract states that an Automated External Defibrillator (AED) will be provided and maintained by the HCS. We found that the AED stationed at the CBOC was provided by the contractor and not the HCS. Staff received training on VA purchased equipment; however, the equipment was not provided to the CBOC. We were told that a VA-purchased AED was on order for this CBOC; and, during the time of our visit, the equipment was delivered. Because the HCS delivered the AED during this review, we made no recommendation.

Patient Satisfaction

SHEP results for FY 2008 are displayed in Figures 2 and 3.

Trip Pak Report - STA5 Level Patient Perceptions of Care 2008 SHEP Performance Measures YTD Through September 2008								
Performance Measure (SHEP question #)	**Station Number**	**Facility Name**	**Data Type**	**FY08 Qtr 4**	**FY08 Qtr 3**	**FY08 Qtr 2**	**VISN FY08, Qtr 4**	**National FY08, Qtr 4**
(Q56) - Outpatients (percent Very Good, Excellent)	528	Buffalo	Mean Score	**82.1**	**84.2**	**82.4**	**84.1**	**78.5**
			N=	86	79	77	2,288	**54,400**
	528GK	Lockport		**81.6**	**91.5**	**91.8**		
			N=	84	83	91		
	528GR	Olean		**79.6**	**89.6**	**88.3**		
			N=	85	72	80		

Figure 2. Outpatient Overall Quality

Both CBOCs' "overall quality" indicator scored higher than the parent facility, VISN, and national for the 2nd and 3rd Qtrs. However, both CBOCs were slightly lower than the parent facility during the 4th Qtr.

Trip Pak Report - STA5 Level Patient Perceptions of Care 2008 SHEP Performance Measures YTD Through September 2008								
Performance Measure (SHEP question #)	**Station Number**	**Facility Name**	**Data Type**	**FY08 Qtr 4**	**FY08 Qtr 3**	**FY08 Qtr 2**	**VISN FY08, Qtr 4**	**National FY08, Qtr 4**
(Q6) - (percent less than/equal to 20 minutes)	528	Buffalo	Mean Score	**83.2**	**92.8**	**90.4**	**88.6**	**77.3**
			N=	87	80	79	2,353	**55,407**
	528GK	Lockport		**93.9**	**98.7**	**98.3**		
			N=	81	84	89		
	528GR	Olean		**91.8**	**99.8**	**96.4**		
			N=	92	74	79		

Figure 3. Provider Wait Times

Both CBOCs" "provider wait time" indicator scored higher than the parent facility, VISN, and national during the 2nd, 3rd, and 4th Qtrs.

CBOC Contract

Lockport CBOC

The contract for the Lockport CBOC is administered through the VA Western New York HCS for delivery and management of primary and preventative medical care and continuity of care for all eligible veterans in VISN 2. Contracted services with CR Associates, Inc. began on July 1, 2008, with option years extending through June 30, 2013. Their current contract was administered under the base year for the period July 1, 2008, through June 30, 2009. The contract terms state that the CBOC will have (1) a New York licensed physician to serve as medical director and (2) other primary care providers to include physicians' assistants (PAs) and nurse practitioners. There was one FTE primary care provider for the 1st Qtr, FY 2009. The contractor was compensated by the number of enrollees at a monthly capitated rate per enrollee. The CBOC had 1,060 unique primary medical care enrollees with 2,689 visits as reported on the FY 2008 CBOC Characteristics report (see Figure 1).

We reviewed the contract to determine the contract type, the services provided, the invoices submitted, and supporting information. We also performed inquiries of key HCS and contractor personnel. Our review focused on documents and records for the 1st Qtr, FY 2009. We reviewed the methodology for tracking and reporting the number of enrollees and found them consistent with supporting documentation and the terms of the contract. We reviewed capitation rates for compliance with the contract; form and substance of the contract invoices for ease of data analysis by the Contracting Officer's Technical Representative (COTR); and duplicate, missing, or incomplete social security numbers (SSNs) on the invoices.

Based upon our inspection of the contract, invoices, and other supporting documents for Lockport, there were no findings or recommendations noted for the period October 1 through December 31, 2008.

B. VISN 4, VA Pittsburgh HCS – Monaca and Washington

Quality of Care Measures

Both the Monaca and the Washington CBOCs equaled or exceeded the parent facility with the following exceptions. Washington scored less than the parent facility in the following measures: DM retinal assessment, DM lipid profile, and PTSD screening. (See Appendix J.)

Credentialing and Privileging

We reviewed the C&P files of five providers and personnel folders of four nurses at the Monaca CBOC and five providers and three nurses at the Washington CBOC. All providers possess a full, active, current, and unrestricted license. Additionally, the parent facility had a system in place to monitor the quality of care provided by licensed independent practitioners to veterans. The parent facility had a plan in place to remediate and improve performance when reviews did not reveal provider adherence to expected performance. The nurses' personnel folders were well organized and contained the required documentation. However, we identified the following area that needed improvement:

Background Checks

According to VHA Directive 0710,[3] all Federal appointments are subject to background checks. The Office of Personnel Management (OPM) conducts the background checks. The HCS was unable to provide evidence that OPM had conducted a background check for one of five providers reviewed at the Washington CBOC. At the time of this review, the HCS did not keep copies of contracted provider background checks on file and did not have a system in place to assure these background checks had been completed.

Recommendation 3. We recommended that the VISN 4 Director ensure that the Pittsburgh VA HCS Director requires that Washington CBOC background checks are completed in accordance with VHA requirements.

The VISN and HCS Directors concurred with our finding and recommendation. A new system has been created to ensure background checks are completed in accordance with VHA requirements. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

[3] VHA Directive 0710, *Personnel Security and Suitability Program*, May 18, 2007.

Environment and Emergency Management

Environment of Care

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, infection control, and general maintenance. Both CBOCs were generally clean and safe. However, we found the following area that needed improvement:

Auditory Privacy

Auditory privacy was inadequate for patients during the check-in process at the Washington CBOC. The VA requires auditory privacy when staff discuss sensitive patient issues.[4] At the Washington CBOC, patients communicate with staff through a slide-open glass window located in the waiting area. Waiting room seats are located next to the check-in window. During our observations, patients were asked their names, the last four numbers of their SSN, and the reason for their visit. Patient conversations were easily heard by others in the waiting room area.

Recommendation 4. We recommended that the VISN 4 Director ensure that the VA Pittsburgh HCS Director requires auditory privacy be maintained during the check-in process at the Washington CBOC.

The VISN and HCS Directors concurred with our finding and recommendation. The waiting area at the Washington CBOC has been reconfigured to maintain auditory privacy during the check-in process. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Emergency Management

During interviews, the Monaca CBOC staff indicated they would call the local emergency response system (911) if an actively suicidal or homicidal person presented to the CBOC. However, the CBOC did not have a local policy in effect that directed staff to call 911 in these circumstances. We did learn the CBOC was in the process of developing a MH emergency management plan that included calling 911 in MH emergency situations where there is an immediate threat to life.

Recommendation 5. We recommended that the VISN 4 Director ensure that the VA Pittsburgh HCS Director requires that Monaca CBOC have an emergency management plan that includes emergency response to all MH emergencies.

The VISN and HCS Directors concurred with our finding and recommendation. The emergency plan for the Monaca CBOC has been revised to include procedures for MH

[4] VHA Handbook 1605.1, *Privacy and Release of Information*, May 17, 2006.

emergencies, and orientation has been provided to all staff. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Patient Satisfaction

SHEP results for FY 2008 are displayed in Figures 4 and 5.

Trip Pak Report - STA5 Level Patient Perceptions of Care 2008 SHEP Performance Measures YTD Through September 2008								
Performance Measure (SHEP question #)	**Station Number**	**Facility Name**	**Data Type**	**FY08 Qtr 4**	**FY08 Qtr 3**	**FY08 Qtr 2**	**VISN FY08, Qtr 4**	**National FY08, Qtr 4**
(Q56) - Outpatients (percent Very Good, Excellent)	646	Pittsburgh	Mean Score	**95.3**	**65.3**	**86.6**	**83.3**	**78.5**
			N=	86	71	70	4,078	**54,400**
	646GC	Monaca		**88.1**	**78.3**	**85.9**		
			N=	76	82	77		
	646GD	Washington		**76.9**	**81.5**	**84.7**		
			N=	79	79	88		

Figure 4. Outpatient Overall Quality

Both Monaca and Washington CBOC scores were below the parent facility for "overall quality" for the 2nd and 4th Qtrs; however, both CBOCs equaled or exceeded the VHA target score of 77 percent.

Trip Pak Report - STA5 Level Patient Perceptions of Care 2008 SHEP Performance Measures YTD Through September 2008								
Performance Measure (SHEP question #)	**Station Number**	**Facility Name**	**Data Type**	**FY08 Qtr 4**	**FY08 Qtr 3**	**FY08 Qtr 2**	**VISN FY08, Qtr 4**	**National FY08, Qtr 4**
(Q6) - (percent less than/equal to 20 minutes)	646	Pittsburgh	Mean Score	**77.3**	**72.5**	**77.6**	**85**	**77.3**
			N=	86	76	72	4,217	**55,407**
	646GC	Monaca		**94.4**	**95.2**	**94.3**		
			N=	81	89	85		
	646GD	Washington		**95.3**	**85**	**89.2**		
			N=	83	79	94		

Figure 5. Provider Wait Times

Both CBOCs' "provider wait times" indicator exceeded the parent facility in all quarters and met the VHA's target score of 77 percent.

CBOC Contract

Monaca CBOC

The contract for the Monaca CBOC is administered through the VA Pittsburgh HCS for delivery and management of primary and preventative medical care and continuity of care for all eligible veterans in VISN 4. Contracted services with Valor Healthcare Inc. began on November 1, 2007, and with option years extending through October 31, 2012. Their current contract was administered under option year 1 for the period November 1, 2008, through October 31, 2009. The contract terms state that the CBOC will have (1) a Pennsylvania licensed physician to serve as medical director and (2) other primary care providers to include PAs and nurse practitioners. There were 3.0 FTE primary care providers for the1st Qtr, FY 2009. The contractor was compensated by the number of enrollees at a monthly capitated rate per enrollee. The CBOC had 4,367 unique primary medical care enrollees with 16,062 visits as reported on the FY 2008 CBOC Characteristics report (see Figure 1).

We reviewed the contract to determine the contract type, the services provided, the invoices submitted, and supporting information. We also performed inquiries of key VA HCS and contractor personnel. Our review focused on documents and records for the 1st Qtr, FY 2009. We reviewed the methodology for tracking and reporting the number of enrollees and found them consistent with supporting documentation and the terms of the contract. We reviewed capitation rates for compliance with the contract; form and substance of the contract invoices for ease of data analysis by the COTR; and duplicate, missing, or incomplete SSNs on the invoices.

Analytical tests were performed to determine the contractor's compliance with contractual terms regarding billing of enrollees based upon services received at the clinic.

We noted the following:

- The list of 4,735 enrollees billed on the December 2008 invoice was compared to dates of services rendered as reported in the Veterans Health Information Systems and Technology Architecture (VistA) system.
- The tests resulted in identifying 457 enrollees billed to the VA who had not received any services at the CBOC for the period December 1, 2007, through December 31, 2008.
- The contract with this CBOC specifically states under the clause, "Disenrollment," that disenrollment occurs when the enrollee receives no further care from the CBOC within 1 year of last visit.
- A more detailed analysis of 25 of the 457 enrollees noted the following:
    - 9 of 25 enrollees were deceased, one as early as February 2007.

  - Some enrollees appeared to have transferred to the HCS but continued to be billed by the contractor.

- The overcharges for December 2008 are approximately $15,000. The HCS must analyze prior month billings to determine the total scope of overcharges attributable to contractor billings for enrollees who had not received services within the last 12 months.
- The invoiced monthly capitated rate per enrollee (effective November 1, 2008) was $1.04 greater than the originally contracted rate. The $1.04 per enrollee was added for additional services which was agreed to by Valor Healthcare Inc. and the HCS. As of the date of this report, there has been no formal signed contract or addendum to reflect this agreement.

Recommendation 6: We recommended that the VISN 4 Director ensure that the VA Pittsburgh HCS Director recovers the overcharges from the contractor for the Monaca CBOC and that future invoices are verified for compliance with contract provisions. Additionally, the VA Pittsburgh VA HCS Director should formalize the contractual agreement with the contractor regarding the "Point of Care" addendum.

The VISN and HCS Directors concurred with our finding and recommendation. A bill of collection has been initiated to recover overcharges from the contractor. A prospective automated query has been developed which validates 100 percent of the invoices submitted by all CBOC vendors. The contractual agreement for the Monaca CBOC is being modified to address the "Point of Care" amendment. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Washington CBOC

The contract for the Washington CBOC is administered through the VA Pittsburgh HCS for delivery and management of primary and preventative medical care and continuity of care for all eligible veterans in VISN 4. Contracted services with Magnum Medical Joint Venture began on March 1, 2005, with option years extending through February 28, 2010. Their current contract was administered under option year 3 for the period March 1, 2008, through February 28, 2009. The contract terms state that the CBOC will have (1) a Pennsylvania licensed physician to serve as medical director and (2) other primary care providers to include PAs and nurse practitioners. There were 4.6 FTE primary care providers for the 1st Qtr, FY 2009. The contractor was compensated by the number of enrollees at a monthly capitated rate per enrollee. The CBOC had 4,850 unique primary medical care enrollees with 17,948 visits as reported on the FY 2008 CBOC Characteristics report (see Figure 1).

We reviewed the contract to determine the contract type, the services provided, the invoices submitted, and supporting information. We also performed inquiries of key VA HCS and contractor personnel. Our review focused on documents and records for the

1st Qtr, FY 2009. We reviewed the methodology for tracking and reporting the number of enrollees and found them consistent with supporting documentation and the terms of the contract. We reviewed capitation rates for compliance with the contract; form and substance of the contract invoices for ease of data analysis by the COTR; and duplicate, missing, or incomplete SSNs on the invoices.

We noted the following:

- Our review of the contractor invoices for the period October through December 2008 disclosed that no enrollees were removed from the invoices due to death or transfers to other facilities. Inquiries with the COTR revealed that the HCS failed to notify the contractor of deaths and disenrollments since April 2008 which resulted in overcharges to the HCS.
- The estimated overcharges for the period May 2008 through June 2009 cannot be quantified as of the date of this report. Subsequent to our inquiries, the COTR has completed credit memos for 2 of 14 months which resulted in approximately $1,000 in credits being issued to the contractor.

Recommendation 7: We recommended that the VISN 4 Director ensure that the VA Pittsburgh HCS Director recovers the overcharges from the Washington CBOC contractor and that future invoices are verified for compliance with contract provisions.

The VISN and HCS Directors concurred with our finding and recommendation. A prospective automated query has been developed which validates 100 percent of the invoices submitted by all of the CBOC vendors. Bill of collection actions will be taken for overcharges. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

C. VISN 4, Wilkes-Barre VAMC – Berwick and Sayre

Quality of Care Measures

The Berwick and Sayre CBOC's quality measures scores equaled or exceeded their parent facility's quality measures scores and the VHA target goals with the exception of the following indicator: DM lipid profile. The Berwick CBOC scored slightly lower on the DM lipid profile than Sayre CBOC and did not meet the VHA target goal. (See Appendix K.)

Credentialing and Privileging

We reviewed the C&P files of five providers and the personnel folders of four nurses at the Berwick CBOC and five providers and four nurses at the Sayre CBOC. All providers possessed a full, active, current, and unrestricted license. However, we identified the following areas that needed improvement:

Credentialing

VHA policy[5] requires that the chief of the clinical service assign a collaborating physician to monitor and evaluate the clinical activities of PAs. We found inconsistencies in the monitoring of two PAs' performance at the Berwick CBOC. We reviewed the C&P files of the PAs and did not find evidence that their performance was monitored consistently by the designated collaborating physician identified in their Scopes of Practice.[6]

Staff Competencies

Nursing Staff. The establishment of competencies is the assurance that an individual has received the appropriate training and has demonstrated the skill level required to independently and appropriately perform an assigned task. At the Berwick CBOC, the nursing competencies are examined and approved by an administrator, who is not a clinician.

At the Sayre CBOC, nurses routinely dispensed prosthetic adaptive devices such as crutches and walkers to patients and trained the patients in the use of the devices. At the time of our visit, we found no evidence of training and/or competency evaluation to perform this task.

[5] VHA Directive 2004-029 *Utilization of Physician Assistants*, July 2, 2004.
[6] "Scope of Practice" is a term used to describe activities that may be performed by health care workers, regardless of whether they are licensed independent healthcare providers. The scope of practice is specific to the individual and the facility involved.

Radiology Technologist. The radiology technologist assigned to the Sayre CBOC, in addition to radiograph studies, performed other assigned duties which included, accessioning[7] laboratory specimens and Holter Monitor[8] application. We reviewed the training folder of the radiology technologist and did not find evidence of demonstrated competency related to Holter Monitor application.

Recommendation 8. We recommended that the VISN 4 Director ensure that the Wilkes-Barre VAMC Director requires that the Berwick CBOC PAs are consistently monitored and evaluated by the collaborative physician and that the results of the evaluations are used during the re-credentialing process.

The VISN and VAMC Directors concurred with our finding and recommendation. The administrative officer at Berwick will track collaborating physician's monitoring of PAs performance and contact the Associate Chief of Staff when chart reviews are not completed as required. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 9. We recommended that the VISN 4 Director ensure that the Wilkes-Barre VAMC Director requires that clinical competencies of Berwick and Sayre CBOC staff are monitored by the appropriate discipline.

The VISN and VAMC Directors concurred with our finding and recommendation. The clinical competencies will be monitored by the nurse supervisor. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 10. We recommended that the VISN 4 Director ensure that the Wilkes-Barre VAMC Director requires that Berwick and Sayre CBOC staff are trained and evaluated and that the competencies are documented.

The VISN and VAMC Directors concurred with our finding and recommendation. The service chief of each specialty will be responsible for the proficiency and competency of CBOC staff members. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Environment and Emergency Management

Environment of Care

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, infection control, and general maintenance. The clinics met most standards, and the environments

[7] Preparing specimens for analysis such as placing blood tube in a centrifuge or packing specimens for transport to parent facility.
[8] A portable continuous electrocardiographic recorder.

were generally clean and safe. However, we found the following areas that needed improvement:

Personally Identifiable Information

According to Health Insurance Portability and Accountability Act (HIPAA)[9] regulations, control of the environment includes control of confidential patient information. The Berwick CBOC physician's room had built-in wall-to-wall open shelves that contained radiological exams (x-rays), dated from 1999 to 2007.

The x-ray jackets contained personally identifiable information (PII) such as the veteran's name and SSN and procedure performed. In some cases, the folders contained the x-ray reports. The reports and films must be maintained according to the provisions of *Records Control Schedule 10-1* (RCS 10-1) and the National Archives and Records Administration. Reports are part of the patient's medical record, and as such must be kept for 75 years. X-ray films should be destroyed 5 years after the date of last exposure or 10 years after separation from the military, whichever is later.

Across the room from the built-in shelves is a wall-to-wall window. The window was covered with conventional mini-blinds. When the blinds are open, the files were visible to the parking area; and the building did not have an intruder alarm. Hard copy PII should be maintained in a locked desk, cabinet, or container when no security is present.

Panic Alarms

The Berwick CBOC provides MH services but did not have panic alarms. The staff described several processes utilized to ensure a safe environment and a rapid response to a MH emergency. These processes included arranging office furniture for easy access to the clinic corridors, ongoing monitoring of the flow of patients during the clinic hours, and placing all items that could be potentially used as a weapon in closed drawers.

Handicap Access

Ramps to the front doors at both CBOCs allowed patients in wheelchairs or with other assistive devices to independently maneuver to the CBOC doors. However, the Berwick CBOC was not equipped with an automatic door opener or door bell to assist patients to access the building. The staff indicated that patients who required assistance were usually escorted to their appointments, and the escorts would open the door so the patient could gain entry.

[9] *The Health Insurance Portability and Accountability Act of 1996*, privacy rule's protection of the privacy of individually identifiable health information.

Equipment Maintenance

The Berwick CBOC staff performs radiological examinations using a bladder scanner. We found documentation (preventive maintenance label) that the bladder scanner had not undergone preventive maintenance since 2006.

When we inquired about the maintenance history, we were told that a manual calibration was completed onsite and this met the intent of manufacturer's preventive maintenance guidelines. We requested that staff obtain written verification of this information from the manufacturer. The manufacturer did not confirm the process used at the CBOC but agreed to forward the appropriate guidelines. The preventive maintenance is the responsibility of the contractor.

Recommendation 11. We recommended that the VISN 4 Director ensure that the Wilkes-Barre VAMC Director requires that appropriate actions be taken to secure and protect health records at the Berwick CBOC.

The VISN and VAMC Directors concurred with our finding and recommendation. All radiology films from the Berwick CBOC are now stored at the VAMC. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 12. We recommended that the VISN 4 Director ensure that the Wilkes-Barre VAMC Director has a security risk assessment conducted and evaluates the assessment to determine appropriate measures to take at the Berwick CBOC.

The VISN and VAMC Directors concurred with our finding and recommendation. The Wilkes-Barre VAMC is requiring installation of panic alarms at the Berwick CBOC, and the COTR has begun the negotiation process for the contract modification changes. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 13. We recommended that the VISN 4 Director ensure that the Wilkes-Barre VAMC Director requires that modifications to the entrance doors be made at the Berwick CBOC in order to improve access for disabled veterans.

The VISN and VAMC Directors concurred with our finding and recommendation. The Berwick CBOC is developing a plan to install an automated door, and the COTR will monitor the project until completion. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 14. We recommended that the VISN 4 Director ensure that the Wilkes-Barre VAMC Director requires that the Berwick CBOC adheres to the manufacturer's equipment (Bladder Scanner) maintenance requirement.

The VISN and HCS Directors concurred with our finding and recommendation. A maintenance log has been established, and the COTR will continue to monitor for compliance. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Emergency Management

VHA Handbook 1006.1 requires each CBOC to have a local policy or SOP defining how medical emergencies are handled, including MH emergencies. Both CBOCs had policies that outlined management of medical and MH emergencies, and staff were able to articulate the principles underlying the policies. However, we found the following areas that needed improvement:

Medication Management

The Sayre CBOC had a stock of medications located in a locked cabinet. The CBOC nurses and a pharmacy technician dispense medications for short-term management of "immediate" medical conditions from the locked cabinet. This process did not include the direct control of a clinical pharmacist as required by VHA policy.[10] The managers told us that a licensed pharmacist reviews the prescriptions and medication orders within 48 hours.

Reusable Medical Equipment

The Berwick CBOC performs suturing, removal of foreign objects, cast application, and other urgent non-operative procedures using reusable medical equipment (RME). The staff reported that the RME, such as basins, tweezers, nail clippers, and speculums, were manually scrubbed with a copper brush. The equipment was cleaned with soapy water and alcohol prior to flash[11] sterilization. Our examination of the brush used to clean the instruments revealed the brush bristles were worn out and the wooden handle was stained (residual from copper bristles). The disinfectant container was also dirty.

The safe performance of procedures involving reprocessing[12] of RME requires a systematic process including initial training of personnel; proper setup, use, and reprocessing for each occurrence; annual validation of competencies; and quality oversight. At the time of our visit, Berwick CBOC did not have written guidelines for reprocessing RME.

[10] VHA Handbook 1108.05, *Outpatient Pharmacy Services, M*ay 30, 2006.
[11] A steam process to sterilize instruments. Time for sterilization is dependent upon the instrument to be sterilized.
[12] Reprocessing is the cleaning, disinfection, sterilization, and preparation of equipment to full readiness for its subsequent use.

Recommendation 15. We recommended that the VISN 4 Director ensure that the Wilkes-Barre VAMC Director examines the existing processes to ensure that pharmaceuticals at the Sayre CBOC are dispensed according to VHA policy.

The VISN and VAMC Directors concurred with our finding and recommendation. A process has been established that only providers will dispense medications to the patients at the Sayre CBOC. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 16. We recommended that the VISN 4 Director ensure that the Wilkes-Barre VAMC Director have the Berwick CBOC properly reprocess RME.

The VISN and VAMC Directors concurred with our finding and recommendation. The Berwick CBOC has discontinued use of RME and is now using only disposable equipment. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Patient Satisfaction

The SHEP results for FY 2008 are displayed in Figures 6 and 7.

Trip Pak Report - STA5 Level Patient Perceptions of Care 2008 SHEP Performance Measures YTD Through September 2008								
Performance Measure (SHEP question #)	**Station Number**	**Facility Name**	**Data Type**	**FY08 Qtr 4**	**FY08 Qtr 3**	**FY08 Qtr 2**	**VISN FY08, Qtr 4**	**National FY08, Qtr 4**
(Q56) - Outpatients (percent Very Good, Excellent)	693	Wilkes-Barre	Mean Score	**74.3**	**78.8**	**74.8**	**83.3**	**78.5**
			N=	84	86	82	4,078	**54,400**
	693GF	Berwick		**66.1**	**75.7**	**60**		
			N=	89	79	75		
	693GA	Sayre		**80.6**	**79**	**82.4**		
			N=	59	69	75		

Figure 6. Outpatient Overall Quality

The Sayre CBOC exceeded the parent facility's SHEP scores, while the Berwick CBOC failed to meet VHA target goal of 77 percent for all three quarters. We were told the low scores were attributed to staffing and parking. To address the issues, the contractor hired new providers; and the parent facility assigned an Associate Chief, Ambulatory Care, to provide additional oversight. Managers stated the staff were making efforts to improve customer relations. Parking spaces were also enhanced.

Trip Pak Report - STA5 Level Patient Perceptions of Care 2008 SHEP Performance Measures YTD Through September 2008								
Performance Measure (SHEP question #)	**Station Number**	**Facility Name**	**Data Type**	**FY08 Qtr 4**	**FY08 Qtr 3**	**FY08 Qtr 2**	**VISN FY08, Qtr 4**	**National FY08, Qtr 4**
(Q6) - (percent less than/equal to 20 minutes)	693	Wilkes-Barre	Mean Score	**90.1**	**86.8**	**83.6**	**85**	**77.3**
			N=	88	86	81	4,217	**55,407**
	693GF	Berwick		**79.9**	**76.8**	**66.9**		
			N=	94	82	74		
	693GA	Sayre		**81**	**88.1**	**86.9**		
			N=	64	76	76		

Figure 7. Provider Wait Times

The Berwick CBOC failed to meet the VHA target goal of 77 in the 2nd Qtr but made significant improvements during the 3rd and 4th Qtrs.

CBOC Contract

Berwick CBOC

The contract for the Berwick CBOC is administered through the Wilkes-Barre VAMC for delivery and management of primary and preventative medical care and continuity of care for all eligible veterans in VISN 4. Contracted services with Valor Healthcare Inc. began on November 1, 2007, and with option years extended through October 31, 2012. Their current contract was administered under option year 1 for the period November 1, 2008, through October 31, 2009. The contract terms state that the CBOC will have (1) a Pennsylvania-licensed physician to serve as medical director, and (2) other primary care providers to include PAs and nurse practitioners. There were 2.02 FTE primary care providers for the 1st Qtr, FY 2009. The contractor was compensated by the number of enrollees at a monthly capitated rate per enrollee. The CBOC had 2,155 unique primary medical care enrollees with 6,134 visits as reported on the FY 2008 CBOC Characteristics report (see Figure 1).

We reviewed the contract to determine the contract type, the services provided, the invoices submitted, and supporting information. We also performed inquiries of key Wilkes-Barre VAMC and contractor personnel. Our review focused on documents and records for the 1st Qtr, FY 2009. We reviewed the methodology for tracking and reporting the number of enrollees and found them consistent with supporting documentation and the terms of the contract. We reviewed capitation rates for compliance with the contract; form and substance of the contract invoices for ease of data analysis by the COTR; and duplicate, missing, or incomplete SSNs on the invoices.

We noted the following:

- Analytical tests performed on the December 2008 invoice resulted in identifying 16 errors in enrollee SSNs. The SSNs reported on the invoice did not match the SSN of the enrollee's data in VistA by one or more digits.
- These discrepancies may impact the COTR's ability to reconcile invoices with patient records in VistA.

Recommendation 17: We recommended that the VISN 4 Director ensure that the Wilkes-Barre VAMC Director discuss these issues with the contractor to ensure that the VAMC is receiving accurate and complete information on Berwick CBOC contractor billings.

The VISN and VAMC Directors concurred with our finding and recommendation. A review has been implemented to ensure there is accurate and complete information on Berwick CBOC contractor invoices. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

D. VISN 9, Lexington VAMC – Somerset

Quality of Care Measures

The Somerset CBOC scored equally or exceeded the parent facility's quality measure scores with the exception of screening for PTSD. Both the Somerset CBOC and parent facility met the VHA target goals. (See Appendix L.)

Credentialing and Privileging

We reviewed the C&P folders for five providers and the personnel folders for four nurses at the Somerset CBOC. All providers and nurses possessed a full, active, current and unrestricted license; and education verification and background checks were completed in accordance to policy. Performance Improvement provider-specific data was maintained on all providers and included in the reprivileging process. Overall, we found that the C&P process, including background checks, for providers and nurses at the CBOCs is done in accordance to VHA policies.

Environment and Emergency Management

Environment of Care

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, infection control, and general maintenance. Somerset CBOC met all standards, and the environment was clean and safe.

Emergency Management

The local Emergency Operation Plan described management of cardiac arrest at the CBOC; however, the guidelines did not include the use of an AED. Additionally, the plan did not include management of medical emergencies such as seizures or severe hypoglycemic events or MH emergencies. The management of MH emergencies was addressed in the parent facility's local policies. Staff articulated responses that accurately reflected the local emergency response guidelines; however, they did not know where the written documents for managing MH emergencies were located.

Recommendation 18. We recommended that the VISN 9 Director ensure that the Lexington VAMC Director requires that the Somerset CBOC develop a local policy for medical and MH emergencies that reflects the current practices at the CBOC.

The VISN and VAMC Directors concurred with our finding and recommendation. The Emergency Operation Procedure Manual has been amended to include the use of an AED, and the Service Emergency Contingency plan has been updated to include

management of medical emergencies. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Patient Satisfaction

SHEP results for FY 2008 are displayed in Figures 8 and 9.

Trip Pak Report - STA5 Level Patient Perceptions of Care 2008 SHEP Performance Measures YTD Through September 2008								
Performance Measure (SHEP question #)	**Station Number**	**Facility Name**	**Data Type**	**FY08 Qtr 4**	**FY08 Qtr 3**	**FY08 Qtr 2**	**VISN FY08, Qtr 4**	**National FY08, Qtr 4**
(Q56) - Outpatients (percent Very Good, Excellent)	596	Lexington	Mean Score	**76.8**	**72.6**	**68.9**	**78.8**	**78.5**
			N=	79	82	84	2,650	**54,400**
	596GA-Somerset			**79.2**	**75.7**	**77.5**		
			N=	75	90	77		

Figure 8. Outpatient Overall Quality

Trip Pak Report - STA5 Level Patient Perceptions of Care 2008 SHEP Performance Measures YTD Through September 2008								
Performance Measure (SHEP question #)	**Station Number**	**Facility Name**	**Data Type**	**FY08 Qtr 4**	**FY08 Qtr 3**	**FY08 Qtr 2**	**VISN FY08, Qtr 4**	**National FY08, Qtr 4**
(Q6) - (percent Less than/equal to 20 minutes)	596	Lexington	Mean Score	**80.9**	**83.1**	**76.4**	**70.2**	**77.3**
			N=	77	81	83	2,682	**55,407**
	596GA-Somerset			**90**	**81.3**	**80**		
			N=	77	89	78		

Figure 9. Provider Wait Times

The Somerset CBOC exceeded its parent facility's "overall quality" SHEP scores. The CBOC met the target goal of 77 for all quarters. The Somerset CBOC made continual improvement each quarter. By the 4th Qtr, their "provider wait times" score improved from 80 to 90 percent.

Appendix A

VISN 2 Director Comments

Department of Veterans Affairs **Memorandum**

Date: September 1, 2009

From: Director, Veterans Integrated Service Network (10N2)

Subject: **Healthcare Inspection – CBOC Reviews: Lockport and Olean, NY**

To: Director, CBOC/Vet Center Program Review, Office of Healthcare Inspections (54F)

VISN 2 concurs with the Inspection findings and recommendations.

Linda M. Weiss, MS, FACHE
for STEPHEN L. LEMONS, Ed.D., FACHE

Appendix B

VA Western New York HCS Director Comments

Department of Veterans Affairs **Memorandum**

Date: September 1, 2009

From: Director, VA Western New York HCS (528/00)

Subject: **Healthcare Inspection – CBOC Reviews: Lockport and Olean, NY**

To: Director, Veterans Integrated Service Network (10N2)

We concur with your findings and recommendations.

William F. Feeley

WILLIAM F. FEELEY, MSW, FACHE

VA Western New York HCS Director's Comments to Office of Inspector General's Report

The following Director's comments are submitted in response to the recommendations in the Office of Inspector General's report:

OIG Recommendations

Recommendation 1. We recommended that the VISN 2 Director ensure that the VA Western New York HCS Director requires that contract providers at the Lockport CBOC are privileged according to policy.

Concur **Target Completion Date: 11/15/09**

According to VHA Handbook 1100.19; C&P will re-credential & privilege all VAWNYHS contract CBOC providers to reflect one year renewal intervals in coordination with contract renewal. This process will be done upon the next renewal of each individual provider's C&P expiration and then expiration of contract dates.

Recommendation 2. We recommended that the VISN 2 Director ensure that the VA Western New York HCS Director implements the recommendation to install a panic alarm system at the Olean CBOC.

Concur **Target Completion Date: 11/15/09**

A mechanism will be installed in the Olean CBOC that will be used to alert employees that a crisis situation is occuring and that action needs to be taken. Additionally, a standard operating procedure will be developed to specify what actions should be taken in response to an alert.

Appendix C

VISN 4 Director Comments

Department of Veterans Affairs **Memorandum**

Date: September 8, 2009

From: Director, Veterans Integrated Service Network (10N4)

Subject: **Healthcare Inspection – CBOC Reviews: Monaca and Washington, PA; and Berwick and Sayre, PA**

To: Director, CBOC/Vet Center Program Review, Office of Healthcare Inspections (54F)

THRU: Director, VHA Management Review Service (10B5)

1. I have reviewed the response to the draft Healthcare Inspection-CBOC Review report provided by the Pittsburgh VA Healthcare System and Wilkes-Barre VA Medical Center and concur with their responses. I am submitting the action plans to your office as requested.

2. If you have any questions or require additional information, please contact Barbara Forsha, VISN QMO at 412-822-3290.

(original signed by:)

MICHAEL E. MORELAND, FACHE

Attachment

Appendix D

VA Pittsburgh HCS Director Comments

Department of Veterans Affairs **Memorandum**

Date: September 3, 2009

From: Director, VA Pittsburgh HCS (646/00)

Subject: **Healthcare Inspection – CBOC Reviews: Monaca and Washington, PA**

To: Director, Veterans Integrated Service Network (10N4)

1. The following Director's comments are submitted in response to the recommendations in the Office of the Inspector General report of the CBOC review for Monaca and Washington, Pennsylvania.

2. Please do not hesitate to contact the Quality Management Director at 412-360-1858 if there are any questions.

Terry Gerigk Wolf, FACHE

VA Pittsburgh HCS Director's Comments to Office of Inspector General's Report

The following Director's comments are submitted in response to the recommendations in the Office of Inspector General's report:

OIG Recommendations

Recommendation 3. We recommended that the VISN 4 Director ensure that the VA Pittsburgh HCS Director requires that the Washington CBOC background checks are completed in accordance with VHA requirements.

Concur **Target Completion Date:** Completion of SIC Relocation

Since May, 2008 a new system was created to insure that background checks were completed in accordance with VHA requirements. No deficiencies were identified since that time. The Washington CBOC provider was adjudicated in 2007. Due to the relocation of the Security Investigation Center (SIC) all efforts to date have been unsuccessful in obtaining a copy of the initial results. As soon as the relocation has been completed the required copies will be obtained and filed.

Recommendation 4. We recommended that the VISN 4 Director ensure that the VA Pittsburgh HCS Director requires auditory privacy be maintained during the check-in process at the Washington CBOC.

Concur **Target Completion Date:** Completed

The waiting area at the Washington CBOC has been reconfigured which moved the seating area to the farthest part of the room away from the check- in window. The statement of work for all future CBOC contracts will contain an auditory privacy requirement for the registration area.

Recommendation 5. We recommended that the VISN 4 Director ensure that the VA Pittsburgh HCS Director requires that Monaca CBOC have an emergency management plan that includes emergency response to all MH emergencies.

Concur **Target Completion Date:** Completed

The Emergency Plan for the Monaca CBOC has been revised to include the procedure for when veterans are assessed as being at harm to self or others

to include suicide and violent behavior. All staff at the CBOC was oriented to the changes in the plan and was provided a copy of the revised document.

Recommendation 6. We recommended that the VISN 4 Director ensure that the VA Pittsburgh HCS Director recovers the overcharges from the contractor for the Monaca CBOC and that future invoices are verified for compliance with contract provisions. Additionally, the VA Pittsburgh VA HCS Director should formalize the contractual agreement with the contractor regarding the "Point of Care" addendum.

Concur **Target Completion Date:** Completed

A prospective automated query has been developed which validates 100% of the invoices submitted by all CBOC vendors. A Standard Operating Procedure has been developed which details the process for validating and certifying CBOC contractor invoices. Bill of collection, to the contractor, initiated September 2, 2009 for the overcharges to the contractor. In addition, a 100% retrospective review of Monaca invoices since the contract was awarded was initiated. A twelve month retrospective review of the invoices for the other CBOC vendors was initiated. Bill of collection actions will be taken as might be warranted by the outcomes of these reviews. The contractual agreement for the Monaca CBOC is being modified to address the point of care amendment.

Recommendation 7. We recommended that the VISN 4 Director ensure that the VA Pittsburgh HCS Director recovers the overcharges from the Washington CBOC contractor and that future invoices are verified for compliance with contract provisions.

Concur **Target Completion Date:** September 11, 2009

A prospective automated query has been developed which validates 100% of the invoices submitted by all of the CBOC vendors. Since the Washington CBOC vendor does not have an automated invoicing system medical center staff are applying the automated query in a retrospective review of the last twelve months of Washington CBOC invoices. Bill of collection actions will be taken for any amount of overcharges as identified through this review.

Appendix E

Wilkes-Barre VAMC Director Comments

Department of Veterans Affairs **Memorandum**

Date: August 31, 2009

From: Director, Wilkes-Barre VAMC (693/00)

Subject: **Healthcare Inspection – CBOC Reviews: Berwick and Sayre, PA**

To: Director, Veterans Integrated Service Network (10N4)

1. After reviewing the report, I concur with the findings identified.

2. The Wilkes-Barre VA Medical Center has developed and implemented the following action plans with designated anticipated completion dates.

3. Please contact Yvonne Bohlander at 570.824.3521, extension 7974, or myself at 570.821.7204 with any questions or concerns regarding the following action plans.

(original signed by:)

JANICE M. BOSS, MS, CHE

Wilkes-Barre VAMC Director's Comments to Office of Inspector General's Report

The following Director's comments are submitted in response to the recommendations in the Office of Inspector General's report:

OIG Recommendations

Recommendation 8. We recommended that the VISN 4 Director ensure that the Wilkes-Barre VAMC Director requires that the Berwick CBOC PAs are consistently monitored and evaluated by the collaborative physician and that the results of the evaluations are used during the re-credentialing process.

Concur **Target Completion Date: August 1, 2009 (completed)**

Administrative Officer for Berwick will track this and if chart reviews are not returned she will contact the supervising providers to assure that they are completed. Associate Chief of Staff for Primary Care will be notified if this is not completed after reminder call from Administrative Officer.

Recommendation 9. We recommended that the VISN 4 Director ensure that the Wilkes-Barre VAMC Director requires that clinical competencies of Berwick and Sayre CBOC staff are monitored by the appropriate discipline.

Concur **Target Completion Date: October 1, 2009**

Organization charts have been adjusted so that service chief for each specialty is responsible for the proficiency and competency of the employee. These have been submitted and are in the approval stage. Berwick nursing is to be monitored by nurse supervisor as designated by Nurse Executive.

Recommendation 10. We recommended that the VISN 4 Director ensure that the Wilkes-Barre VAMC Director requires that Berwick and Sayre CBOC staff are trained and evaluated and that the competencies are documented.

Concur **Target Completion Date: October 1, 2009**

Organization charts have been adjusted so that the service chief of that specialty is responsible for the proficiency and competency. These have been submitted and are in the approval stage. The primary care providers currently have the same ongoing professional evaluations and competencies at both Wilkes Barre and all CBOCs (including Berwick). Berwick nursing is to be monitored by nurse supervisor as designated by Nurse Executive.

Recommendation 11. We recommended that the VISN 4 Director ensure that the Wilkes-Barre VAMC Director requires that appropriate actions be taken to secure and protect health records at the Berwick CBOC.

Concur **Target Completion Date: August 27, 2009 (completed)**

All radiology films from the Berwick CBOC are now stored at the Medical Center.

Recommendation 12. We recommended that the VISN 4 Director ensure that the Wilkes-Barre VAMC Director has a security risk assessment conducted and evaluates the assessment to determine appropriate measures to take at the Berwick CBOC.

Concur **Target Completion Date: October 1, 2009, for the receipt of quotes**

VA is requiring installation of panic alarm(s) at the Berwick CBOC. The Contracting Officer has begun the negotiation process for the contract modification changes. The COTR will continue to monitor for full completion.

Recommendation 13. We recommended that the VISN 4 Director ensure that the Wilkes-Barre VAMC Director requires that modifications to the entrance doors be made at the Berwick CBOC in order to improve access for disabled veterans.

Concur **Target Completion Date: October 1, 2009 (After ELT approval and receipt of quotes)**

The Berwick CBOC is developing a plan to install automated doors. The Contracting Officer has begun the negotiation process for this VA-directed and VA-paid modification to the contract. The Contracting Officer recommends the Berwick Clinic be allowed to choose the vendor to complete the work. This ultimately relieves the VA from any subsequent

problems that may be incurred as a result of the modification. The COTR will continue to monitor for full completion.

Recommendation 14. We recommended that the VISN 4 Director ensure that the Wilkes-Barre VAMC Director requires that the Berwick CBOC adheres to the manufacturer's equipment maintenance requirement.

Concur **Target Completion Date: August 31, 2009 (completed)**

A maintenance check log has been established on an ongoing basis. The COTR will continue to monitor for compliance.

Recommendation 15. We recommended that the VISN 4 Director ensure that the Wilkes-Barre VAMC Director examines the existing processes to ensure that pharmaceuticals at the Sayre CBOC are dispensed according to VHA policy.

Concur **Target Completion Date: July 31, 2009 (completed)**

There are small amounts of a few medications that would be needed by patients urgently. The new process is the provider, and only the provider, accesses medications and dispenses to the patients at Sayre.

Recommendation 16. We recommended that the VISN 4 Director ensure that the Wilkes-Barre VAMC Director have the Berwick CBOC properly reprocess RME.

Concur **Target Completion Date: August 24, 2009 (completed)**

Berwick has discontinued use of the reusable equipment and is now using disposable equipment only.

Recommendation 17. We recommended that the VISN 4 Director ensure that the Wilkes-Barre VAMC Director discuss these issues with the contractor to ensure that the VAMC is receiving accurate and complete information on Berwick CBOC contractor billings.

Concur **Target Completion Date: August 24, 2009 (completed)**

All invoices are now being reviewed to validate correct Social Security numbers. The review will also ascertain if any patients were not seen within one year and if any patients are deceased.

Appendix F

VISN 9 Director Comments

Department of Veterans Affairs **Memorandum**

Date: September 1, 2009

From: Director, Veterans Integrated Service Network (10N9)

Subject: **Healthcare Inspection – CBOC Review: Somerset, KY**

To: Director, CBOC/Vet Center Program Review, Office of Healthcare Inspections (54F)

1. I concur with the Office of Inspector General finding regarding our Somerset Community Based Outpatient Clinic as well as the action plan developed by the facility.

2. If you have questions or require additional information from the Network, please do not hesitate to contact Pamela Kelly, Staff Assistant to the Network Director at 615-695-2205 or me at 615-695-2206.

(original signed by:)

John Dandridge, Jr.

Appendix G

Lexington VAMC Director Comments

Department of Veterans Affairs **Memorandum**

Date: August 25, 2009

From: Director, Lexington VAMC (596/00)

Subject: **Healthcare Inspection – CBOC Review: Somerset, KY**

To: Director, Veterans Integrated Service Network (10N9)

We concur with the Office of Inspector General finding regarding our Somerset Community Based Outpatient Clinic and are taking the necessary action to enhance our patient management policies and procedures to more clearly outline our approaches to managing medical and mental health emergencies in the clinic. We appreciate the manner in which the review was conducted as well as the very positive feedback about the clinic made by the reviewers while they were on site.

(original signed by:)

Sandy J. Nielsen, FACHE

Lexington VAMC Director's Comments to Office of Inspector General's Report

The following Director's comments are submitted in response to the recommendations in the Office of Inspector General's report:

OIG Recommendations

Recommendation 18. We recommended that the VISN 9 Director ensure that the Lexington VAMC Director requires that the Somerset CBOC develop a local policy for medical and MH emergencies that reflects the current practices at the CBOC.

Concur **Target Completion Date:** 9/30/09

In concert with the OIG reviewers' on site guidance, three key actions are being taken in response to this recommendation:

(1) The section on cardiac arrest in the Emergency Operation Procedure Manual has been amended to include the provision that the Automatic External Defibrillator (AED) will be retrieved and used by staff performing CPR.
STATUS: Complete

(2) The section on cardiac arrest in the Service Emergency Contingency plan has been updated to include the following provisions: (a) if a medical emergency situation arises at the clinic, the clinical staff are to be alerted immediately; (b) if a Code Blue is called, the administrative staff will call 911; (c) the AED will be retrieved and used by trained clinical staff performing CPR; (d) clinical management of medical emergencies other than cardiac arrest will be addressed following standard operating procedures for specific higher risk conditions.
STATUS: Complete

(3) Standard operating procedures are being developed at the CBOC to address clinical management of those higher risk conditions identified by the OIG reviewer (seizures, hypoglycemia, and mental health emergencies).
STATUS: In progress **Target Completion Date:** 9/30/09

CBOC Characteristics

CBOC Station Number	CBOC Name	Parent VA	Specialty Care	Cardiology	Dermatology	Gastrointestinal	Occupational Therapy	Optometry	Orthopedics	Physical Therapy	Podiatry
528GK	Lockport, NY	Western NY HCS	No	No	No	No	No	No	No	No	No
528GR	Olean, NY	Western NY HCS	No	No	No	No	No	No	No	No	No
646GC	Monaca, PA	Pittsburgh HCS	Yes	No	No	No	No	No	No	No	Yes
646GD	Washington, PA	Pittsburgh HCS	Yes	No	No	No	No	No	No	No	Yes
693GF	Berwick, PA	Wilkes-Barre VAMC	No	No	No	No	No	No	No	No	No
693GA	Sayre, PA	Wilkes-Barre VAMC	Yes	No	No	No	No	No	No	No	Yes
596GA	Somerset, KY	Lexington VAMC	No	No	No	No	No	No	No	No	No

Specialty Care Services

CBOC Station Number	CBOC Name	Parent VA	Laboratory (draw blood)	Onsite Radiology	Onsite Pharmacy	EKG	Social Services	Dietary Services	Tele-medicine
528GK	Lockport, NY	Western NY HCS	Yes	No	Yes	Yes	Yes	Yes	No
528GR	Olean, NY	Western NY HCS	Yes	No	Yes	Yes	Yes	Yes	No
646GC	Monaca, PA	Pittsburgh HCS	Yes	Yes	No	Yes	Yes	Yes	No
646GD	Washington, PA	Pittsburgh HCS	Yes	Yes	No	Yes	Yes	Yes	No
693GF	Berwick, PA	Wilkes-Barre VAMC	Yes	No	No	Yes	Yes	No	No
693GA	Sayre, PA	Wilkes-Barre VAMC	Yes	Yes	No	Yes	Yes	Yes	No
596GA	Somerset, KY	Lexington VAMC	Yes	No	No	Yes	Yes	No	No

Note: Tele-nutrition is provided from another CBOC site to the Berwick, PA CBOC.

Onsite Services

CBOC Station Number	CBOC Name	Parent VA	Mental Health Care	Primary Care Physicians	Psychologist	Psychiatrist	Nurse Practitioner	Social Worker	Tele-mental Health
528GK	Lockport, NY	Western NY HCS	Yes	No	Yes	No	No	No	No
528GR	Olean, NY	Western NY HCS	Yes	No	No	No	No	Yes	Yes
646GC	Monaca, PA	Pittsburgh HCS	Yes	No	No	No	No	Yes	Yes
646GD	Washington, PA	Pittsburgh HCS	Yes	No	No	No	No	Yes	Yes
693GF	Berwick, PA	Wilkes-Barre VAMC	Yes	No	No	Yes	No	Yes	Yes
693GA	Sayre, PA	Wilkes-Barre VAMC	Yes	No	No	Yes	No	Yes	No
596GA	Somerset, KY	Lexington VAMC	Yes	Yes	No	Yes	Yes	Yes	Yes

Mental Health Services

CBOC Station Number	CBOC Name	Internal Medicine	Primary Care Physician	Nurse Practitioner	Physician Assistant	Registered Nurse	LPN	Psychologist	Pharmacist	Social Worker	Dietary	Technician/ Technologists	Administrative/ Clerical	Other
528GK	Lockport, NY	No	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No
528GR	Olean, NY	No	Yes	Yes	No	Yes	Yes	No	Yes	Yes	Yes	No	Yes	No
646GC	Monaca, PA	No	Yes	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No
646GD	Washington, PA	No	Yes	Yes	No	No	Yes	No	No	Yes	Yes	Yes	Yes	No
693GF	Berwick, PA	No	Yes	No	Yes	Yes	Yes	No	No	Yes	No	Yes	Yes	No
693GA	Sayre, PA	No	Yes	No	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes
596GA	Somerset, KY	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	No	No	Yes	No

Note: Sayre, PA also has a Psychiatrist.

Disciplines Present at the CBOC

CBOC Station Number	CBOC Name	Parent VA	Urban/Rural	Miles to Parent Facility	Bus	Taxi	Voluntary Services	Tele-medicine
528GK	Lockport, NY	Western NY HCS	Urban	15	Yes	Yes	No	No
528GR	Olean, NY	Western NY HCS	Urban	76	Yes	Yes	No	No
646GC	Monaca, PA	Pittsburgh HCS	Urban	35	Yes	Yes	No	No
646GD	Washington, PA	Pittsburgh HCS	Urban	33	Yes	Yes	No	No
693GF	Berwick, PA	Wilkes-Barre VAMC	Rural	33	No	Yes	Yes	No
693GA	Sayre, PA	Wilkes-Barre VAMC	Rural	83	Yes	Yes	No	No
596GA	Somerset, KY	Lexington VAMC	Rural	74	No	Yes	Yes	No

Type of Location, Availability of Public Transportation, and Participation in Tele-medicine

Appendix I

Quality of Care Measures
VA Western New York HCS – Lockport and Olean

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
Hyperlipidemia Screen	**National**	**13,148**	**13,587**	**97**
	528 Buffalo	100	107	**93**
	528GK Lockport	28	30	**93**
	528GR Olean	34	35	**97**

Hyperlipidemia Screening, FY 2009

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM – Outpatient Foot Inspection	**National**	**5,523**	**5,971**	**92**
	528 Buffalo	43	46	**93**
	528GK Lockport	50	50	**100**
	528GR Olean	45	45	**100**

DM Foot Inspection, FY 2009

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM - Outpatient Foot Pedal Pulses	**National**	**5,395**	**5,971**	**90**
	528 Buffalo	43	46	**93**
	528GK Lockport	50	50	**100**
	528GR Olean	45	45	**100**

Foot Pedal Pulses, FY 2009

Sensory Exam				
DM - Outpatient - Foot Sensory Exam Using Monofilament	**National**	**5,266**	**5,951**	**88**
	528 Buffalo	41	45	**91**
	528GK Lockport	50	50	**100**
	528GR Olean	44	45	**98**

Foot Sensory, FY 2009

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM – Retinal Eye Exam	**88**	**National**	**4,599**	**5,258**	**87**
	88	528 Buffalo	35	39	**90**
		528GK Lockport	48	50	**96**
		528GR Olean	42	45	**93**

Retinal Exam, FY 2009

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM - LDL-C	**95**	**National**	**4,990**	**5,209**	**96**
	95	528 Buffalo	38	39	**97**
		528GK Lockport	45	50	**90**
		528GR Olean	45	45	**100**

Lipid Profile

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM - Renal Testing	**93**	**National**	**4,976**	**5,263**	**95**
	93	528 Buffalo	37	39	**95**
		528GK Lockport	46	50	**92**
		528GR Olean	45	45	**100**

Renal Testing, FY 2009

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
Patient Screen with PC-PTSD	**90**	**National**	**4,751**	**4,987**	**95**
	90	528 Buffalo	6	7	**86**
		528GK Lockport	8	8	**100**
		528GR Olean	4	4	**100**

PTSD Screening, FY 2009

Quality of Care Measures
VA Pittsburgh HCS – Monaca and Washington

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
Hyperlipidemia Screen	**National**	**13,148**	**13,587**	**97**
	646 Pittsburgh HCS	103	106	**97**
	646GC Monaca	49	49	**100**
	646GD Washington	49	50	**98**

Hyperlipidemia Screening, FY 2009

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM – Outpatient Foot Inspection	**National**	**5,523**	**5,971**	**92**
	646 Pittsburgh HCS	42	43	**98**
	646GC Monaca	44	44	**100**
	646GD Washington	44	45	**98**

DM Foot Inspection, FY 2009

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM - Outpatient Foot Pedal Pulses	**National**	**5,395**	**5,971**	**90**
	646 Pittsburgh HCS	41	43	**95**
	646GC Monaca	44	44	**100**
	646GD Washington	44	45	**98**

Foot Pedal Pulses, FY 2009

Sensory Exam				
DM - Outpatient - Foot sensory exam using monofilament	**National**	**5,266**	**5,951**	**88**
	646 Pittsburgh HCS	40	42	**95**
	646GC Monaca	44	44	**100**
	646GD Washington	44	45	**98**

Foot Sensory, FY 2009

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM – Retinal Eye Exam	**88**	**National**	**4,599**	**5,258**	**87**
	88	646 Pittsburgh HCS	31	36	**86**
		646GC Monaca	40	44	**91**
		646GD Washington	38	45	**84**

Retinal Exam, FY 2009

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM - LDL-C	**95**	**National**	**4,990**	**5,209**	**96**
	95	646 Pittsburgh HCS	25	25	**100**
		646GC Monaca	44	44	**100**
		646GD Washington	44	45	**98**

Lipid Profile

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM - Renal Testing	**93**	**National**	**4,976**	**5,263**	**95**
	93	646 Pittsburgh HCS	35	36	**97**
		646GC Monaca	44	44	**100**
		646GD Washington	45	45	**100**

Renal Testing, FY 2009

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
Patient Screen with PC-PTSD	**90**	**National**	**4,751**	**4,987**	**95**
	90	646 Pittsburgh HCS	64	66	**97**
		646GC Monaca	29	29	**100**
		646GD Washington	16	20	**80**

PTSD Screening, FY 2009

Quality of Care Measures
Wilkes-Barre VAMC – Berwick and Sayre

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
Hyperlipidemia Screen	**National**	**13,148**	**13,587**	**97**
	693 Wilkes-Barre	100	105	**95**
	693GF Berwick	8	9	**89**
	693GA Sayre	9	9	**100**

Hyperlipidemia Screening, FY 2009

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM – Outpatient Foot Inspection	**National**	**5,523**	**5,971**	**92**
	693 Wilkes-Barre	46	46	**100**
	693GF Berwick	46	50	**92**
	693GA Sayre	50	50	**100**

DM Foot Inspection, FY 2009

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM - Outpatient Foot pedal pulses	**National**	**5,395**	**5,971**	**90**
	693 Wilkes-Barre	45	46	**98**
	693GF Berwick	44	50	**88**
	693GA Sayre	49	50	**98**

Foot Pedal Pulses, FY 2009

Sensory Exam				
DM - Outpatient - Foot Sensory Exam Using Monofilament	**National**	**5,266**	**5,951**	**88**
	693 Wilkes-Barre	41	46	**89**
	693GF Berwick	46	50	**92**
	693GA Sayre	49	50	**98**

Foot Sensory, FY 2009

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM – Retinal Eye Exam	**88**	**National**	**4,599**	**5,258**	**87**
	88	693 Wilkes-Barre	31	38	**82**
		693GF Berwick	41	50	**82**
		693GA Sayre	43	50	**86**

Retinal Exam, FY 2009

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM - LDL-C	**95**	**National**	**4,990**	**5,209**	**96**
	95	693 Wilkes-Barre	38	38	**100**
		693GF Berwick	39	50	**78**
		693GA Sayre	50	50	**100**

Lipid Profile, FY 2009

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM - Renal Testing	**93**	**National**	**4,976**	**5,263**	**95**
	93	693 Wilkes-Barre	37	38	**97**
		693GF Berwick	47	50	**94**
		693GA Sayre	48	49	**98**

Renal Testing, FY 2009

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
Patient Screen with PC-PTSD	**90**	**National**	**4,751**	**4,987**	**95**
	90	693 Wilkes-Barre	25	26	**96**
		693GF Berwick	12	12	**100**
		693GA Sayre	8	9	**89**

PTSD Screening, FY 2009

Appendix L

Quality of Care Measures
Lexington VAMC – Somerset

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
Hyperlipidemia Screen	**National**	**13,148**	**13,587**	**97**
	596 Lexington	102	104	**98**
	596GA Somerset	50	50	**100**

Hyperlipidemia Screening, FY 2009

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM – Outpatient Foot Inspection	**National**	**5,523**	**5,971**	**92**
	596 Lexington	46	46	**100**
	596GA Somerset	42	42	**100**

DM Foot Inspection, FY 2009

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM - Outpatient Foot pedal pulses	**National**	**5,395**	**5,971**	**90**
	596 Lexington	46	46	**100**
	596GA Somerset	42	42	**100**

Foot Pedal Pulses, FY 2009

Sensory Exam				
DM - Outpatient - Foot Sensory Exam Using Monofilament	**National**	**5,266**	**5,951**	**88**
	596 Lexington	46	46	**100**
	596GA Somerset	42	42	**100**

Foot Sensory, FY 2009

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM – Retinal Eye Exam	**88**	**National**	**4,599**	**5,258**	**87**
	88	596 Lexington	31	38	**82**
		596GA Somerset	39	42	**93**

Retinal Exam, FY 2009

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM - LDL-C	**95**	**National**	**4,990**	**5,209**	**96**
	95	596 Lexington	35	38	**92**
		596GA Somerset	40	42	**95**

Lipid Profile

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM - Renal Testing	**93**	**National**	**4,976**	**5,263**	**95**
	93	596 Lexington	37	38	**97**
		596GA Somerset	42	42	**100**

Renal Testing, FY 2009

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
Patient Screen with PC-PTSD	**90**	**National**	**4,751**	**4,987**	**95**
	90	596 Lexington	5	5	**100**
		596GA Somerset	19	21	**90**

PTSD Screening, FY 2009

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
***Patient Screen with PC-PTSD with* timely Suicide Ideation/Behavior Evaluation**	**60**	**National**	**32**	**55**	**62**
	60	596 Lexington	*	*	*
		596GA Somerset	1	1	**100**

PTSD Screening with Timely Suicide Ideation/Behavior Evaluation, FY 2009

Null values are represented by *, indicating no eligible cases

Appendix M

OIG Contact and Staff Acknowledgments

OIG Contact	Marisa Casado, Director CBOC Program Review (727) 395-2416
Acknowledgments	Wachita Haywood, Associate Director Nancy Albaladejo, RN, MSA Jennifer Christensen, DPM Lin Clegg, Ph.D. Marnette Dhooghe, MS Stephanie Hensel, RN, JD Anthony M. Leigh, CPA, CFE Jennifer Reed, RN Annette Robinson, MSN, MBA, HCM Thomas J. Seluzicki, CPA, CFE Marilyn Stones

Appendix N

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