Department of Veterans Affairs
Office of Inspector General

Healthcare Inspection

Community Based Outpatient Clinic Reviews
Cambridge and Fort Howard, MD
Alexandria, VA and Greenbelt, MD
Wilmington and Jacksonville, NC

Report No. 09-01446-233 **September 30, 2009**

VA Office of Inspector General
Washington, DC 20420

To Report Suspected Wrongdoing in VA Programs and Operations

Telephone: 1-800-488-8244 between 8:30AM and 4PM Eastern Time, Monday through Friday, excluding Federal holidays

E-Mail: vaoighotline@va.gov

Contents

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 six CBOCs during the week of August 10–14, 2009. The CBOCs reviewed in Veterans Integrated Service Network (VISN 5) were Cambridge and Fort Howard, MD; and Alexandria, VA and Greenbelt, MD, and, in VISN 6, Wilmington and Jacksonville, NC. The parent facilities of these CBOCs are VA Maryland Healthcare System (HCS), Washington DC VA Medical Center (VAMC), and Fayetteville 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 5 and 6, in conjunction with the respective facility manager, should take appropriate actions on the following recommendations:

- Require that physician privileges are appropriate to the procedures performed.
- Utilize performance improvement data during the reprivileging process.
- Consistently monitor collaborative practice of physician assistants.
- Maintain patients' auditory privacy during their check-in process.
- Apply appropriate protective screens to computer monitors.
- Determine the appropriateness of an internal panic alarm system.
- Install the approved panic alarm system.
- Properly identify the locations of all fire extinguishers.
- Revise standard operating procedures to reflect the current practices for medical emergencies and to include intervention for disruptive and violent behavior.
- Implement processes to secure and protect personally identifiable information.
- Examine the existing medication management processes to ensure quality and safety standards are met when dispensing the outpatient medications.

- Provide proper CBOC access to disabled patients.
- Provide contract oversight and enforcement in accordance with the contract terms and conditions.
- Take steps to recover overcharges on billings for enrollees who have not received services in the prior 12 months.

Comments

The VISN and VAMC Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes A–E, pages 21–30, for the full text of the Directors' comments.) We will follow up on the planned actions until they are completed.

(orignal 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 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 the 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) 5 has 4 VHA hospitals and 15 CBOCs, and VISN 6 has 8 VHA hospitals and 27 CBOCs. As part of our review, we inspected 6 CBOCs (5 VA leased and 1 contracted). The CBOCs reviewed were Cambridge and Fort Howard, MD; Alexandria, VA and Greenbelt, MD; and Wilmington and Jacksonville, NC. The parent facilities of these CBOCs are VA Maryland Healthcare System (HCS), Washington DC VA Medical Center (VAMC), and Fayetteville 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 6 CBOCs was 4,189 (range 1,435 to 7,234). Figure 1 shows characteristics of the 6 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
5	Cambridge, MD	Baltimore, MD	VA Staffed	Rural	6.9	4,812	19,020
5	Fort Howard, MD	Baltimore, MD	VA Staffed	Urban	4.3	7,234	17,135
5	Alexandria, VA	Washington, DC	VA Staffed	Urban	3.5	2,195	6,444
5	Greenbelt, MD	Washington, DC	VA Staffed	Urban	2.55	1,435	5,837
6	Wilmington, NC	Fayetteville, NC	Contract	Urban	5.0	6,806	20,990
6	Jacksonville, NC	Fayetteville, NC	VA Staffed	Urban	3.0	2,652	9,136

Figure 1 - CBOC Characteristics, FY 2008

Two out of the six CBOCs provide Specialty Care services onsite (Cambridge and Fort Howard), while the other four CBOCs refer patients to the parent facility. Cambridge provides occupational therapy, optometry, urology, and women's health. Fort Howard provides podiatry and rheumatology.

All six CBOCs have laboratory services and provide electrocardiograms (EKGs) onsite. Two of the six are able to provide basic blood tests onsite (Alexandria and Greenbelt). Veterans have access to social services at four CBOCs. Four CBOCs provide onsite dietary services. Three of the six CBOCs provide tele-medicine.

All six CBOCs provide MH services onsite. The type of provider varied among the CBOCs to include primary care physicians, psychologists, psychiatrists, nurse practioners, social workers, and addiction counselors. Tele-mental health is available at two CBOCs. Four CBOCs report that MH services are provided 5 days a week (Cambridge, Fort Howard, Wilmington, and Jacksonville); one CBOC provides MH 2 days per week, including 2 Saturdays per month (Alexandria); and one CBOC provides

MH 38 hours per week (Greenbelt). Additional CBOC characteristics are listed in Appendix F.

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 one CBOC contract (Wilmington) 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 5, VA Maryland HCS – Cambridge and Fort Howard

Quality of Care Measures

The Cambridge CBOC scores were higher than the parent facility for all measures. The Fort Howard CBOC scores were higher than the parent facility on diabetes mellitus (DM) foot inspection and pedal pulses and PTSD screening. The Fort Howard CBOC scored lower than the parent facility on hyperlipidemia, foot sensory exam, and renal testing. (See Appendix G.)

Credentialing and Privileging

We reviewed the C&P files of five providers and the personnel folders of four nurses at both the Cambridge and Fort Howard CBOCs. All providers and nurses possessed a full, active, current, and unrestricted license. C&P files and nurses' personnel folders were well organized and contained the required documentation.

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 EOC were clean and well maintained. The CBOCs met all standards, and the environment was clean and safe.

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) are handled. Our interviews revealed staff at each facility articulated responses that accurately reflected the local emergency response guidelines.

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)	512	Maryland HCS	Mean Score	**69.8**	**79.8**	**70.2**	**80**	**78.5**
			N=	56	55	61	1,153	**54,400**
	512GA	Cambridge		**77**	**88.1**	**89.1**		
			N=	75	71	74		
	512GF	Fort Howard		**88**	**79.6**	**72.2**		
			N=	56	77	67		

Figure 2. Outpatient Overall Quality

Both CBOCs scored equal or higher in "outpatient overall quality" than the parent facility in FY 2008. Both CBOCs met VHA target score of 77 with the exception of Fort Howard in the 2nd 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)	512	Maryland HCS	Mean Score	**62.2**	**69.8**	**72.1**	**72.9**	**77.3**
			N=	59	55	64	1,164	**55,407**
	512GA	Cambridge		**82.2**	**83**	**85.2**		
			N=	76	70	76		
	512GF	Fort Howard		**79.8**	**69.5**	**85.4**		
			N=	57	81	67		

Figure 3. Provider Wait Times

The parent facility failed to meet the VHA target score of 77 in FY 2008; however, both CBOCs met the VHA goal with the exception of Fort Howard in the 3rd Qtr. Fort Howard CBOC was able to improve "provider wait times" by 10 percent by the 4th Qtr.

The Cambridge and Fort Howard CBOCs were in compliance with local and VHA policies. We made no recommendations.

B. VISN 5, Washington DC VAMC – Alexandria and Greenbelt

Quality of Care Measures

Both CBOCs equaled or exceeded the parent facility with the following exceptions. Greenbelt scored less than the parent facility on the DM retinal assessment and the foot inspection measures. Alexandria scored less than the parent facility on the DM foot inspection, pedal pulse evaluation, and foot sensory exam measures. (See Appendix H.)

Credentialing and Privileging

We reviewed the C&P files of three providers and the personnel folders of three nurses at the Greenbelt CBOC and five providers and three nurses at the Alexandria CBOC. All providers possessed a full, active, current, and unrestricted license. All nursing licenses and educational requirements were verified and documented. We identified the following areas that needed improvement:

Privileging

We found that the medical center's Professional Standards Board (PSB) had granted clinical privileges to physicians at both CBOCs; however, these privileges were granted without documented evidence that the physician was competent to perform the procedures. Additionally, some procedures (lumbar puncture, paracentesis, and thoracentesis) were not provided or performed at either CBOC. According to VHA Handbook 1100.19, all health care professionals who are permitted by law and the facility to provide patient care services independently must be credentialed and privileged, and only privileges for procedures actually provided by the VA facility may be granted to a practitioner.

Performance Improvement

Neither CBOC utilized Performance Improvement (PI) provider-specific data in the reprivileging process. VHA Handbook 1100.19 requires that provider-specific PI data be used to determine if the provider is competent to perform the privileges being sought during the reprivileging process.

Declaration of Health

The medical center obtained the health declarations of Licensed Independent Practitioners (LIPs) during the reappraisal process as required by VHA Handbook 1100.19, but failed to scan the declarations into the VetPro system[3] as required. Failure to scan these documents into the VetPro system has the potential of decreasing the

[3] VetPro is a Web-based physician credentialing system. Its use allows for accurate and complete credentials to be obtained once, electronically banked, and retrieved for review and updating in a secure Web-based environment.

efficiency and accuracy of the credentialing process. Because hard copies of the health declarations were available for review during the reappraisal process and senior managers have agreed to scan the declarations into the VetPro system, we did not make a recommendation.

Recommendation 1. We recommended that the VISN 5 Director ensure that the Washington DC VAMC Director requires physician privileges are appropriate to the procedures performed at each CBOC.

The VISN and VAMC Directors concurred with our finding and recommendation. Privileging procedures have been revised and sent for approval to the Chief of Medicine Service. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 2. We recommended that the VISN 5 Director ensure that the Washington DC VAMC Director requires both CBOCs to utilize PI data during the reprivileging process.

The VISN and VAMC Directors concurred with our finding and recommendation. PI data has been incorporated into the quarterly provider reviews with the inclusion of three new indicators. 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 met most standards, and the environments were generally clean and safe with the following exceptions that needed improvement:

Personally Identifiable Information

Auditory Privacy. Auditory privacy was inadequate for patients during the check-in process at the Alexandria and the Greenbelt CBOCs. VHA Handbook 1605.1[4] requires auditory privacy when staff discuss sensitive patient issues. At both CBOCs, patients communicate with staff through a slide-open glass window located in the waiting area. Patients are asked to provide, at a minimum, their name and full social security number (SSN). There were no instructions to incoming patients to allow patients at the window a zone of audible privacy during the check-in process.

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

Patient Records. According to Health Insurance Portability and Accountability Act (HIPAA) regulations, control of the environment includes control of confidential patient information. At the Greenbelt CBOC, we found a patient's personally identifiable information (PII) could potentially be accessed by patients or visitors. During our tour, we observed the following:

- A patient intake data form that contained patient health information, the patient's name, and the patient's SSN was placed on an unsecured wall shelf outside an exam room. Although protective folders were readily available for staff to utilize, the form was not placed in such a folder. While PII was not visible, the placement of the document allowed passersby to view other information on the document. Additionally, staff were not in the immediate area to assure this information was secure.
- Computer monitors were equipped with protective screen covers; however, they were ineffective. While standing in a common hallway, we were able to easily view a patient's name, address, and telephone number.

Panic Alarms

Both CBOCs provide MH services, but neither has an internal panic alarm system to alert other staff if they need assistance with a disruptive/violent patient. The clinical staff indicated they would call out for help, dial 911, or have the administrative staff activate the external panic alarm if they felt threatened and needed assistance. Both CBOCs had external panic alarms located at the check-in desk. These alarms activated the local emergency response system (police, fire department, and ambulance). Staff reported that the emergency response time was approximately 3–4 minutes.

In 2007, the Washington DC VA police conducted a security alarm evaluation at the Alexandria CBOC to assess the need of installing a security system. The VA police recommended that panic alarms be installed in "all office areas where staff/patient consults are conducted." The recommendation was approved by the Acting Medical Center Associate Director (November 1, 2007). However, no action for the installation of panic alarms had been implemented at the time of our inspection.

Fire Extinguishers

The National Fire Protection Association Life Safety Code requires signage identifying the location of fire extinguishers. During the Greenbelt CBOC environmental tour, we noted one of two available fire extinguishers was located inside an ancillary room. There was no signage to alert staff or rescue personnel of the fire extinguisher's location.

Recommendation 3. We recommended that the VISN 5 Director ensure that the Washington DC VAMC Director requires auditory privacy be maintained during the check-in at both Alexandria and Greenbelt CBOCs.

The VISN and VAMC Directors concurred with our finding and recommendation. Respect patient privacy signage has been posted at the reception desks. A physical separation of queue from patient intake has been created. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 4. We recommended that the VISN 5 Director ensure that the Washington DC VAMC Director requires appropriate protective screens be applied to the monitors at the Greenbelt CBOC.

The VISN and VAMC Directors concurred with our finding and recommendation. Privacy screens have been added to monitors at the Grenbelt CBOC. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 5. We recommended that the VISN 5 Director ensure that the Washington DC VAMC Director determines the appropriateness of an internal panic alarm system at both Alexandria and Greenbelt CBOCs.

The VISN and VAMC Directors concurred with our finding and recommendation. Police/Security are conducting an evaluation for internal panic alarm options. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 6. We recommended that the VISN 5 Director ensure that the Washington DC VAMC Director requires that the locations of all fire extinguishers are properly identified at the Greenbelt CBOC.

The VISN and VAMC Directors concurred with our finding and recommendation. An assessment has been completed, and signage has been ordered. 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, including MH, are handled. Neither CBOC had a SOP developed for the management of medical and MH emergencies prior to July 2009. The SOP described the purpose of the medical emergency plan as "entails the procedures the CBOC staff takes in case of medical emergencies (cardiac arrest, seizures, etc.)." The plan described what events/conditions would promote staff to activate 911. The medical emergency SOP did not include:

- The use of an automated external defibrillator (AED) in the management of cardiac arrest at the CBOCs as required by VHA Directive 2008-015.[5]
- Medical management of seizures or severe hypoglycemia other than activating 911.

When questioned, staff at both CBOCs indicated they would give oral glucose to a patient to elevate the patient's blood sugar (hypoglycemia). However, we found Dextrose 50 (D50)[6] and intravenous (IV) fluids at the Greenbelt CBOC. Nursing staff stated they would administer D50 if instructed by a provider, but the emergency personnel would probably arrive before they could insert an IV line.

Both CBOCs had an SOP to address patients who present with suicidal behavior to the CBOCs, but management of disruptive and/or violent behavior was addressed in the parent facility's local policy.[7] The parent facility policy directs staff to call "7-BUY," which is the Washington DC VAMC police emergency line. This is not a viable option for either CBOC as they are not connected to the medical center's phone system or located within a close proximity of the parent facility.

Recommendation 7. We recommended that the VISN 5 Director ensure that the Washington DC VAMC Director requires both Alexandria and Greenbelt CBOCs revise the local SOP for medical emergencies to reflect the current practices and revise the mental health SOP to include intervention for disruptive and violent behavior.

The VISN and VAMC Directors concurred with our finding and recommendation. SOPs have been revised to include medical and psychiatric emergencies as well as appropriate interventions for disruptive/violent behaviors. 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.

[5] VHA Directive 2008-015, *Public Access to Automated External Defibrillators (AEDs): Deployment, Training, and Policies for Use in VHA Facilities,* March 12, 2008.
[6] High-dose sugar solution given intravenous to elevate low blood sugar.
[7] Medical Center Policy Memorandum No. 116A-10, *Prevention and Management of Disruptive and Violent Behavior*, January 2009.

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)	688	Washington DC VAMC	Mean Score	**74.6**	**84.2**	**70.6**	**80**	**78.5**
			N=	42	55	48	1,153	**54,400**
	688GA	Alexandria		**93.4**	**86.9**	**86.2**		
			N=	55	69	47		
	688GC	Greenbelt		**82.9**	**85.7**	**81**		
			N=	50	63	41		

Figure 4. Outpatient Overall Quality

Both CBOCs exceeded the parent facility's "overall quality" indicator and far exceeded the VHA target goal of 77.

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)	688	Washington DC VAMC	Mean Score	**65.2**	**69.3**	**70.7**	**72.9**	**77.3**
			N=	42	55	48	1164	**55,407**
	688GA	Alexandria		**94.2**	**87.9**	**92.9**		
			N=	56	69	46		
	688GC	Greenbelt		**91.8**	**95**	**93.7**		
			N=	47	62	44		

Figure 5. Provider Wait Times

Both CBOCs exceeded the parent facility's "provider wait times" SHEP scores. The parent facility scored below the VHA target goal of 77 while both CBOCs scored well above the goal.

C. VISN 6, Fayetteville VAMC – Wilmington and Jacksonville

Quality of Care Measures

The Jacksonville and Wilmington CBOCs scored lower than the parent facility in the following quality measure scores: DM foot inspection, foot pedal pulse evaluation, foot sensory exam, and renal testing. Jacksonville CBOC's renal testing score of 67 percent was far below the 93 percent target goal. Wilmington scored 83 percent on the DM retinal eye exam and LDL-C, which are below the target goal of 88 and 95, respectively. The CBOCs have undergone some staff turnover, to include the Wilmington CBOC transitioning from contract to VA staff, which has impacted on the continuity of services. Senior management anticipates that the quality measure results will improve with the stabilization of staff. (See Appendix I.)

Credentialing and Privileging

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

Clinical Privileges

The PSB had granted providers clinical privileges for procedures that were not performed at the CBOCs. For example, two primary care physicians were granted privileges to perform thoracenthesis and mechanical ventilation. VHA Handbook 1100.19 requires clinical privileges be granted based on the needs of the facility.

Monitoring of Physician Assistants

VHA policy[8] requires that each clinical service chief ensures physician assistants' (PAs') clinical activities are monitored and evaluated. We found inconsistencies in the performance monitoring of a PA at the Wilmington CBOC. We reviewed the C&P file of the PA and did not find evidence that performance was monitored consistently by the designated collaborating physician identified in the PA's Scope of Practice.[9]

Recommendation 8. We recommended that the VISN 6 Director ensure that the Fayetteville VAMC Director requires that PSB grant privileges consistent with the services provided at both Wilmington and Jacksonville CBOCs.

[8] VHA Directive 2004-029, *Utilization of Physician Assistants*, July 2, 2004.
[9] "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.

The VISN and VAMC Directors concurred with our finding and recommendation. All privileges have been reviewed by the Chief, Primary Care Services. Adjustment to current privileges will be completed at the next scheduled PSB meeting. 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 6 Director ensure that the Fayetteville VAMC Director requires consistent monitoring of collaborative practice at the Wilmington CBOC.

The VISN and VAMC Directors concurred with our finding and recommendation. Monthly medical record reviews will be conducted, and the results will be reported to the Chief of Primary Care Service. 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 were generally clean and safe. However, we found the following areas that needed improvement:

Personally Identifiable Information

According to HIPAA regulations, control of the environment includes control of PII. At the Wilmington CBOC, we found clinic lists dated August 5–7, 2009, with patients' names and SSNs. We found patient diagnostic information written on slips of paper in an unsecured physician's and nurse's office space. We also found a completed Percocet® prescription unsecured in a physician's office. The CBOC manager told us the majority of staff were newly hired to the VA system and needed additional privacy training.

Medication Safety

The Jacksonville and Wilmington CBOCs had a stock of medications for onsite clinical intervention that included antibiotics and injectables such as atropine, epinephrine, and Solu-Medrol®. According to the local emergency management policies, if a patient requires an urgent clinical treatment, the provider can order medications from the stock supply located in the clinic. The providers place medication orders through the pharmacy package of the computerized physician order entry (CPOE) or nursing text orders.[10] CPOE software provides clinical information such as allergies, unusual dosages, and drug-to-drug interactions. We found that some providers were circumventing this

[10] Electronic order written to nursing staff by the LIP. Nursing text orders are not part of the pharmacy package.

process by utilizing the nursing text orders feature. This practice excludes the Pharmacy Service from the medication management review process and bypasses the automated patient safety features of CPOE. CBOC managers could not tell us how many medication orders were placed utilizing nursing text orders. VHA policy[11] refers to the use of CPOE as a resource available to improve medication safety.

Panic Alarms

Both CBOCs provide MH services. The staffs were able to describe several processes utilized to ensure a safe environment and a rapid response to a mental health emergency. Although the Wilmington CBOC did not have panic alarm system, the parent facility had identified the need prior to our visit and informed us they plan to install a system in 6 weeks.

Handicap Access

Ramps to the front doors of both clinics allowed patients in wheelchairs or with other assistive devices to independently maneuver to the clinic door. In the Jacksonville CBOC, there was a handicap assist button to open the clinic door; however, the button was non-functional. Additionally, the standard size door could impede the entrance of patients or visitors in an electric wheelchair.

Recommendation 10. We recommended that the VISN 6 Director ensure that the Fayetteville VAMC Director requires that processes be implemented to secure and protect personally identifiable information at the Wilmington CBOC.

The VISN and VAMC Directors concurred with our finding and recommendation. Staff privacy training is scheduled, and the effectiveness of the training will be measured through random rounds conducted by the Clinic Nurse Manager. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 11. We recommended that the VISN 6 Director ensure that the Fayetteville VAMC Director examines the existing medication management processes to ensure quality and safety standards are met when dispensing the outpatient medications at both Wilmington and Jacksonville CBOCs.

The VISN and VAMC Directors concurred with our finding and recommendation. All CBOC providers have been instructed to use the CPOE. A random sample of 10 orders per month per CBOC will be reviewed and reported to the Primary Care Service Line. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

[11] VHA Handbook 1108.05, *Outpatient Pharmacy Services Veterans Health Administration Transmittal Sheet,* May 30, 2006.

Recommendation 12. We recommended that the VISN 6 Director ensure that the Fayetteville VAMC Director requires a panic alarm system is installed at the Wilmington CBOC.

The VISN and VAMC Directors concurred with our finding and recommendation. A panic alarm system is being installed at the Wilmington CBOC. 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 6 Director ensure that the Fayetteville VAMC Director requires that patients in wheelchairs or with other assistive devices have proper access to the Jacksonville CBOC.

The VISN and VAMC Directors concurred with our finding and recommendation. The handicap assist buttons should soon be operational. 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 (including MH) are handled. Both CBOCs had policies that outlined management of medical and MH emergencies. Our interviews revealed staff at each facility articulated responses that accurately reflected the local emergency response guidelines.

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)	565	Fayetteville VAMC	Mean Score	**57.8**	**65.8**	**45.7**	**71.3**	**78.5**
			N=	67	68	66	1,689	**54,400**
	565GC	Wilmington		**49.4**	**57.5**	**64.2**		
			N=	68	57	70		
	565GA	Jacksonville		**54.9**	**66.8**	**70.1**		
			N=	54	56	68		

Figure 6. 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)	565	Fayetteville VAMC	Mean Score	**74.6**	**70.6**	**73.2**	**76**	**77.3**
			N=	71	66	64	1,703	**55,407**
	565GC	Wilmington		**70.7**	**65.9**	**72.6**		
			N=	69	58	68		
	565GA	Jacksonville		**76.1**	**85.8**	**83.6**		
			N=	59	57	69		

Figure 7. Provider Wait Times

The parent facility and Wilmington CBOC failed to meet the target measure of 77 for "outpatient overall quality" and "provider wait times." The Jacksonville CBOC failed "overall quality" for FY 2008; however, it exceeded "provider wait times" measures in the 2nd and 3rd Qtrs. The Jacksonville CBOC exceeded the target measure on the 2nd and 3rd quarters but failed to meet the target for the 4th Qtr for the "provider wait times."

According to the management staff interviewed, there have been several endeavors launched to improve the patients' perception of clinical services at the CBOCs. These efforts included staff training on customer service, establishing a group orientation program for all patients, and developing a "quick cards" system that provides concurrent feedback of patients' perceptions. These processes enabled staff to address patient dissatisfaction prior to the patient leaving the CBOC. The results of these efforts have shown improvement in the recent patient satisfaction scores.

CBOC Contract

Wilmington CBOC

The contract for the Wilmington CBOC is administered through the Fayetteville VAMC for delivery and management of primary and preventative medical care and continuity of care for all eligible veterans in VISN 6. Contracted services with Magnum Medical Joint Venture (Magnum) began on November 28, 2005, with option years extending through November 27, 2008. Their current contract was administered under a 6-month contract extension for the period December 1, 2008, through May 31, 2009. A VA operated and staffed clinic was established effective June 1, 2009. The contract terms state that the CBOC will have (1) a North Carolina licensed physician to serve as medical director and (2) other primary care providers to include PAs and nurse practitioners. There were 5.0 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 6,806 unique primary medical care enrollees with 20,990 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 Fayetteville 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 in compliance with 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 regarding contract administration and oversight:

A. The format of the invoices was not in accordance with the contract provisions in section G, "Rates and Payments," bullet (b). This provision states that the invoice will have the following three separate categories: (1) patients on prior month's invoice, (2) newly enrolled patients since the previous month's invoice, and (3) disenrolled since the previous month's invoice. Magnum's invoices reported only a total of enrolled patients based on a list of enrollees provided by the VAMC. Magnum incorporated the VAMC prepared list of enrollees as part of the invoice. This list prepared by VAMC and provided to the contractor was compared to the list of patients from the Veterans Health Information Systems and Technology Architecture (VistA) seen by the CBOC within the last year. There were issues with this list that are discussed below.

B. We noted that 642 out of 6,871 enrollees reported on Magnum's December 2008 invoice had not received any services in the prior 12 months. Monthly, the VAMC generated enrollee data which became the basis for Magnum's invoices. That enrollee data was based upon patients assigned to a panel for 24 months and does not account for veterans who did not receive an annual "qualifying visit" as cited in the contract.

   The contract specifically states under the provisions, Clinical Procedures and Requirements, section (A) Primary Care, bullet (e), that each CBOC patient will have at least one qualifying visit annually. Additionally, if the enrollee did not receive a qualifying visit, then the VAMC must be provided with documentation of the CBOC's attempts to contact the patient at the end of each fiscal year.

   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 6,871 enrollees billed on the December 2008 invoice was compared to dates of services rendered as reported in the VistA system.

- The tests resulted in identifying 642 enrollees billed to the VA who had not received any services at the CBOC for the period January 1, 2008, through December 31, 2008.

C. We noted that 75 out of 6,871 enrollees reported on the December 2008 invoice had "last appointment dates" ranging from February 2005 to November 2006. These 75 enrollees should have been considered as inactive and disenrolled in accordance with the 24-month parameters cited in VHA Handbook 1101.02,[12] paragraph 12.

D. The contract required that the contractor notify VAMC regarding patients who do not respond to disenrollment notifications or were "No Shows" for two consecutive appointments.[13] There was no evidence that this notification took place.

E. The contract required that the contractor notify VAMC annually regarding patients who do not receive any annual "qualifying visit."[14] There was no evidence that this notification took place.

By not adhering to these provisions in the contract, VAMC could be overpaying the contractor for these services.

Recommendation 14. We recommended that the VISN 6 Director ensure that Fayetteville VAMC Director provides contract oversight and enforcement in accordance with the terms and conditions as stated in the contract for the Wilmington CBOC.

The VISN and VAMC Directors concurred with our finding and recommendation. The contract with Magnum Joint Venture/Sterling Medical was not renewed. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 15. We recommended that the VISN 6 Director ensure that the Fayetteville VAMC Director takes steps to recover overcharges on billings for Wilmington CBOC enrollees who have not received services in the prior 12 months.

The VISN and VAMC Directors concurred with our finding and recommendation. Plans are underway to initiate a bill of collection to the former contractor. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

[12] VHA Handbook 1101.02, *Primary Care Management Module*, April 21, 2009.
[13] See Contract provision: (3) Clinical Procedures and Requirements (I) Enrollment and Dis-enrollment of Patients (5) l and (6).
[14] See Contract provision: (3) Clinical Procedures and Requirements (A) Primary Care (e).

Appendix A

VISN 5 Director Comments

Department of Veterans Affairs **Memorandum**

Date: September 15, 2009

From: Director, VISN 5 (10N5)

Subject: **Healthcare Inspection – CBOC Reviews: Cambridge and Fort Howard, MD; Alexandria, VA; and Greenbelt, MD**

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

1. I concur with the findings and recommendations of the Office of Inspector General Community Based Outpatient Clinic Review of the Cambridge and Fort Howard, MD and Alexandria, VA and Greenbelt, MD clinics, as well as the action plan developed by the Washington, DC VAMC.

2. We appreciate the opportunity for this review as a continuing process to improve the care to our veterans.

3. If further information is required, please contact Ruthanne Burris, MBA, RN, Director of Quality Management, DC VA Medical Center, at (202) 745-8564.

on behalf of
SANFORD M. GARFUNKEL, FACHE

Appendix B

VA Maryland HCS Director Comments

Department of Veterans Affairs **Memorandum**

Date: September 11, 2009

From: Director, VA Maryland HCS (512/00)

Subject: **Healthcare Inspection – CBOC Reviews: Cambridge and Fort Howard, MD**

To: Director, VISN 5 (10N5)

1. The VAMHCS concurs with the results of the review of two of our CBOCs. We are pleased with the results and will use them as motivation across the VAMHCS.

2. The professionalism and cooperative manner demonstrated by the team was appreciated by all involved.

3. The experience, in an area that had not previously been reviewed individually, not only reinforced positive work practices but encouraged staff to continue to improve the quality of care to our veterans.

4. If you have any additional questions, please contact Iris E. Pettigrew, Director Performance Improvement and Accreditation.

DENNIS H. SMITH

Appendix C

Washington DC VAMC Director Comments

Department of Veterans Affairs **Memorandum**

Date: September 11, 2009

From: Fernando O. Rivera, FACHE
Director, Washington DC VAMC (688/00)

Subject: **Healthcare Inspection – CBOC Reviews: Alexandria, VA and Greenbelt, MD**

To: Sanford Garfunkel
Director, VISN 5 (10N5)

Washington DC 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 1. We recommended that the VISN 5 Director ensure that the Washington DC VAMC Director requires physician privileges are appropriate to the procedures performed at each CBOC.

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

Privileging procedures have been revised and sent for approval to the Chief of Medicine service.

Recommendation 2. We recommended that the VISN 5 Director ensure that the Washington DC VAMC Director requires both CBOCs to utilize PI data during the reprivileging process.

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

Performance improvement data has been incorporated into the quarterly provider reviews, with the inclusion of three new indicators.

Recommendation 3. We recommended that the VISN 5 Director ensure that the Washington DC VAMC Director requires auditory privacy be maintained during the check-in at both Alexandria and Greenbelt CBOCs.

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

Evaluation of both CBOCs has been completed. While structural constraints exist that prevent physical relocation of the reception desks at either CBOC, alternative measures have been implemented through posted signage regarding respect for privacy, physical separation of queue from patient in process, and insertion of patient information sheets within folders outside provider offices.

Recommendation 4. We recommended that the VISN 5 Director ensure that the Washington DC VAMC Director requires appropriate protective screens be applied to the monitors at the Greenbelt CBOC.

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

Privacy screens have been added to monitors at Greenbelt.

Recommendation 5. We recommended that the VISN 5 Director ensure that the Washington DC VAMC Director determines the appropriateness of an internal panic alarm system at both Alexandria and Greenbelt CBOCs.

Concur **Target Completion Date: November 30, 2009**

An evaluation for internal panic alarm options is currently being conducted by Police/Security, with quotes requested from the alarm vendor. A final determination will be completed once all assessment information has been received.

Recommendation 6. We recommended that the VISN 5 Director ensure that the Washington DC VAMC Director requires that the locations of all fire extinguishers are properly identified at the Greenbelt CBOC.

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

An assessment has been completed and signage has been ordered.

Recommendation 7. We recommended that the VISN 5 Director ensure that the Washington DC VAMC Director requires both Alexandria and Greenbelt CBOCs revise the local SOP for medical emergencies to reflect the current practices and revise the mental health SOP to include intervention for disruptive and violent behavior.

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

SOPs have been revised to include medical and psychiatric emergencies that address use of medications, as well as appropriate interventions for disruptive/violent behaviors, to reflect current practices within the CBOCs. Final draft has been approved. SOP distribution and education is underway.

Appendix D

VISN 6 Director Comments

Department of Veterans Affairs **Memorandum**

Date: September 16, 2009

From: Director, VISN 6 (10N6)

Subject: **Healthcare Inspection – CBOC Review: Wilmington and Jacksonville, NC**

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

I concur with the findings, and with the specific corrective actions planned for each recommendation by the Fayetteville VAMC Director.

(original signed by:)

DANIEL F. HOFFMANN, FACHE

Appendix E

Fayetteville VAMC Comments

Department of Veterans Affairs **Memorandum**

Date: September 15, 2009

From: Director, Fayetteville VAMC (565/00)

Subject: **Healthcare Inspection – CBOC Review: Wilmington and Jacksonville, NC**

To: Director, VISN 6 (10N6)

Fayetteville VA Medical Center concurs with findings. We have provided the specific corrective actions planned for each recommendation.

(original signed by:)

Bruce C. Triplett

Fayetteville 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 6 Director ensure that the Fayetteville VAMC Director requires that PSB grant privileges consistent with the services provided at both Wilmington and Jacksonville CBOCs.

Concur **Target Completion Date: 10/30/09**

The Chief, Primary Care Service has reviewed all privileges to ensure these are consistent with the services provided at both Wilmington and Jacksonville CBOCs. Adjustment to current privileges is planned to be completed at the next scheduled Professional Standards Board currently planned in the month of September, 2009.

Recommendation 9. We recommended that the VISN 6 Director ensure that the Fayetteville VAMC Director requires consistent monitoring of collaborative practice at the Wilmington CBOC.

Concur **Target Completion Date: 10/30/09**

The Chief, Primary Care has identified the collaborative practice physician for oversight of the Physician's Assistant scope of practice at the Wilmington CBOC. Monthly monitoring is consistently ensured by reviewing the required minimum of ten medical records per month as part of our ongoing provider evaluation. Results will be reported to the Chief of Primary Care Service Line.

Recommendation 10. We recommended that the VISN 6 Director ensure that the Fayetteville VAMC Director requires that processes be implemented to secure and protect personally identifiable information at the Wilmington CBOC.

Concur **Target Completion Date: 10/30/09**

Training is currently scheduled with the Information Security Officer (ISO) and the Privacy Officer (PO) of the Fayetteville VAMC, September 16, 2009 and on October 7, 2009. Written information has already been provided to all the staff. Compliance with the effectiveness of the training will be measured via random rounds by the Clinic Nurse Manager and the results will be reported to the Nurse Executive Council and the Medical Executive Board.

Recommendation 11. We recommended that the VISN 6 Director ensure that the Fayetteville VAMC Director examines the existing medication management processes to ensure quality and safety standards are met when dispensing the outpatient medications at both Wilmington and Jacksonville CBOCs.

Concur **Target Completion Date: 9/14/09**

Written instructions on the physician order entry in the computerized medical records has been communicated to all CBOC providers. Additionally, a test order entry was completed by each provider to ensure competency in the computerized physician order entry and to ensure that quality and safety standards are met. A random sample of 10 orders per month per CBOC will be reviewed and the results will be reported to the Primary Care Service Line.

Recommendation 12. We recommended that the VISN 6 Director ensure that the Fayetteville VAMC Director requires a panic alarm system is installed at the Wilmington CBOC.

Concur **Target Completion Date: 10/30/09**

Installation of the Panic Alarm system commenced on August 31, 2009. Completion is expected during the last week of September.

Recommendation 13. We recommended that the VISN 6 Director ensure that the Fayetteville VAMC Director requires that patients in wheelchairs or with other assistive devices have proper access to the Jacksonville CBOC.

Concur **Target Completion Date: 10/30/09**

Wiring for the handicap assist buttons was started the week of September 9, 2009. Assist buttons on doors are expected to be operational by the last week of September.

Recommendation 14. We recommended that the VISN 6 Director ensure that Fayetteville VAMC Director provides contract oversight and enforcement in accordance with the terms and conditions as stated in the contract for the Wilmington CBOC.

Concur **Target Completion Date: 9/11/09**

Contract with Magnum Joint Venture/Sterling Medical was not renewed and ended on May 30, 2009.

Recommendation 15. We recommended that the VISN 6 Director ensure that the Fayetteville VAMC Director takes steps to recover overcharges on billings for Wilmington CBOC enrollees who have not received services in the prior 12 months.

Concur **Target Completion Date: 10/30/09**

Plans are underway to initiate a bill of collection to the former contractor, Magnum Joint Venture/Sterling Medical.

Appendix F

CBOC Characteristics

CBOC Station Number	CBOC Name	Parent VA	Specialty Care	Cardiology	Gastrointestinal	Occupational Therapy	Optometry	Rheumatology	Physical Therapy	Podiatry	Urology
512GA	Cambridge, MD	Maryland HCS	Yes	No	No	Yes	Yes	No	No	No	Yes
512GF	Fort Howard, MD	Maryland HCS	Yes	No	No	No	No	Yes	No	Yes	No
688GA	Alexandria, VA	Washington DC VAMC	No	No	No	No	No	No	No	No	Yes
688GC	Greenbelt, MD	Washington DC VAMC	No	No	No	No	No	No	No	No	Yes
565GC	Wilmington, NC	Fayetteville VAMC	No	No	No	No	No	No	No	No	No
565GA	Jacksonville, NC	Fayetteville 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
512GA	Cambridge, MD	Maryland HCS	Yes	No	No	Yes	Yes	No	Yes
512GF	Fort Howard, MD	Maryland HCS	Yes	No	No	Yes	Yes	Yes	No
688GA	Alexandria, VA	Washington DC VAMC	Yes	No	No	Yes	No	Yes	Yes
688GC	Greenbelt, MD	Washington DC VAMC	Yes	No	No	Yes	No	Yes	Yes
565GC	Wilmington, NC	Fayetteville VAMC	Yes	No	No	Yes	Yes	Yes	No
565GA	Jacksonville, NC	Fayetteville VAMC	Yes	No	No	Yes	Yes	No	No

Onsite Services

CBOC Station Number	CBOC Name	Parent VA	Mental Health Care	Primary Care Physicians	Psychologist	Psychiatrist	Nurse Practitioner	Social Worker	Tele-mental Health
512GA	Cambridge, MD	Maryland HCS	Yes	Yes	Yes	Yes	Yes	Yes	Yes
512GF	Fort Howard, MD	Maryland HCS	Yes	Yes	Yes	No	Yes	Yes	Yes
688GA	Alexandria, VA	Washington DC VAMC	Yes	No	No	Yes	Yes	No	No
688GC	Greenbelt, MD	Washington DC VAMC	Yes	No	Yes	Yes	No	No	No
565GC	Wilmington, NC	Fayetteville VAMC	Yes	No	Yes	Yes	No	Yes	No
565GA	Jacksonville, NC	Fayetteville VAMC	Yes	No	Yes	Yes	No	Yes	No

Mental Health Services

CBOC Station Number	CBOC Name	Internal Medicine Physician	Primary Care Physician	Nurse Practitioner	Physician Assistant	Registered Nurse	LPN	Psychologist	Pharmacist	Social Worker	Dietary	Technician/ Technologists	Administrative/ Clerical	Other
512GA	Cambridge, MD	Yes	Yes	Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	No
512GF	Fort Howard, MD	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	Yes	No
688GA	Alexandria, VA	No	Yes	Yes	No	Yes	No	No	No	No	Yes	No	Yes	No
688GC	Greenbelt, MD	No	Yes	Yes	No	Yes	No	Yes	No	No	Yes	No	Yes	No
565GC	Wilmington, NC	No	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
565GA	Jacksonville, NC	No	Yes	No	No	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes

Disciplines Present at the CBOC

CBOC Station Number	CBOC Name	Parent VA	Urban/Rural	Miles to Parent Facility	Bus	Taxi	Voluntary Services	Tele-medicine
512GA	Cambridge, MD	Maryland HCS	Rural	124	Yes	No	Yes	Yes
512GF	Fort Howard, MD	Maryland HCS	Urban	18.4	No	No	Yes	No
688GA	Alexandria, VA	Washington DC VAMC	Urban	17.46	Yes	Yes	No	Yes
688GC	Greenbelt, MD	Washington DC VAMC	Urban	11.56	Yes	Yes	No	Yes
565GC	Wilmington, NC	Fayetteville VAMC	Urban	94.26	Yes	Yes	No	No
565GA	Jacksonville, NC	Fayetteville VAMC	Urban	104.87	Yes	Yes	No	No

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

Appendix G

Quality of Care Measures
VA Maryland HCS – Cambridge and Fort Howard

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
Hyperlipidemia Screen	**National**	**13,148**	**13,587**	**97**
	512 Maryland HCS	92	98	**94**
	512GA Cambridge	40	41	**98**
	512GF Fort Howard	41	44	**93**

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**
	512 Maryland HCS	37	44	**84**
	512GA Cambridge	38	38	**100**
	512GF Fort Howard	30	33	**91**

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**
	512 Maryland HCS	37	44	**84**
	512GA Cambridge	38	38	**100**
	512GF Fort Howard	30	33	**91**

Foot Pedal Pulses, FY 2009

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM - Outpatient - Foot Sensory Exam Using Monofilament	**National**	**5,266**	**5,951**	**88**
	512 Maryland HCS	41	45	**91**
	512GA Cambridge	36	38	**95**
	512GF Fort Howard	28	33	**85**

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	512 Maryland HCS	28	34	**82**
		512GA Cambridge	36	38	**95**
		512GF Fort Howard	27	33	**82**

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	512 Maryland HCS	32	34	**94**
		512GA Cambridge	37	38	**97**
		512GF Fort Howard	31	33	**94**

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	512 Maryland HCS	30	34	**88**
		512GA Cambridge	35	38	**92**
		512GF Fort Howard	28	33	**84**

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	512 Maryland HCS	57	59	**97**
		512GA Cambridge	16	16	**100**
		512GF Fort Howard	4	4	**100**

PTSD Screening, FY 2009

Appendix H

Quality of Care Measures
Washington DC VAMC – Alexandria and Greenbelt

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
Hyperlipidemia Screen	**National**	**13,148**	**13,587**	**97**
	688 Washington DC VAMC	100	100	**100**
	688GA Alexandria	10	10	**100**
	688GC Greenbelt	11	11	**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**
	688 Washington DC VAMC	49	51	**96**
	688GA Alexandria	40	43	**93**
	688GC Greenbelt	45	48	**94**

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**
	688 Washington DC VAMC	49	51	**96**
	688GA Alexandria	40	43	**93**
	688GC Greenbelt	46	48	**96**

Foot Pedal Pulses, FY 2009

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM - Outpatient - Foot sensory exam using monofilament	**National**	**5,266**	**5,951**	**88**
	688 Washington DC VAMC	49	51	**96**
	688GA Alexandria	40	43	**93**
	688GC Greenbelt	46	48	**96**

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	688 Washington DC VAMC	42	46	**91**
		688GA Alexandria	42	43	**98**
		688GC Greenbelt	40	48	**83**

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	688 Washington DC VAMC	41	44	**93**
		688GA Alexandria	43	43	**100**
		688GC Greenbelt	47	48	**98**

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	688 Washington DC VAMC	41	46	**89**
		688GA Alexandria	42	43	**98**
		688GC Greenbelt	47	48	**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	688 Washington DC VAMC	62	63	**98**
		688GA Alexandria	23	23	**100**
		688GC Greenbelt	17	17	**100**

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	688 Washington DC VAMC	*	*	*
		688GC Greenbelt	1	1	**100**

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

Null values are represented by *, indicating no eligible cases.

Appendix I

Quality of Care Measures
Fayetteville VAMC – Wilmington and Jacksonville

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
Hyperlipidemia Screen	**National**	**13,148**	**13,587**	**97**
	565 Fayetteville VAMC	91	96	**95**
	565GC Wilmington	50	50	**100**
	565GA Jacksonville	29	29	**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**
	565 Fayetteville VAMC	37	38	**97**
	565GC Wilmington	43	47	**91**
	565GA Jacksonville	10	11	**91**

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**
	565 Fayetteville VAMC	37	38	**97**
	565GC Wilmington	43	47	**91**
	565GA Jacksonville	9	11	**82**

Foot Pedal Pulses, FY 2009

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM - Outpatient - Foot Sensory Exam Using Monofilament	**National**	**5,266**	**5,951**	**88**
	565 Fayetteville VAMC	37	38	**97**
	565GC Wilmington	43	47	**91**
	565GA Jacksonville	9	11	**82**

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	565 Fayetteville VAMC	30	33	**91**
		565GC Wilmington	39	47	**83**
		565GA Jacksonville	11	12	**92**

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	565 Fayetteville VAMC	32	33	**97**
		565GC Wilmington	39	47	**83**
		565GA Jacksonville	12	12	**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	565 Fayetteville VAMC	32	33	**97**
		565GC Wilmington	43	47	**91**
		565GA Jacksonville	8	12	**67**

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	565 Fayetteville VAMC	32	33	**97**
		565GC Wilmington	21	21	**100**
		565GA Jacksonville	17	17	**100**

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**
	90	565 Fayetteville	1	1	**100**
		565GC Wilmington	*	*	
		565GA Jacksonville	*	*	

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

Null values are represented by *, indicating no eligible cases.

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 Zhana Johnson, CPA Anthony M. Leigh, CPA, CFE Jennifer Reed, RN Annette Robinson, MSN, MBA, HCM Thomas J. Seluzicki, CPA, CFE Marilyn Stones

Appendix K

Report Distribution

VA Distribution

Office of the Secretary
Veterans Health Administration
Assistant Secretaries
General Counsel
Director, VISN 5 (10N5)
Director, VISN 6 (10N6)
Director, VA Maryland HCS (512/00)
Director, Washington DC VAMC (688/00)
Director, Fayetteville VAMC (565/00)

Non-VA Distribution

House Committee on Veterans' Affairs
House Appropriations Subcommittee on Military Construction, Veterans Affairs, and Related Agencies
House Committee on Oversight and Government Reform
Senate Committee on Veterans' Affairs
Senate Appropriations Subcommittee on Military Construction, Veterans Affairs, and Related Agencies
Senate Committee on Homeland Security and Governmental Affairs
National Veterans Service Organizations
Government Accountability Office
Office of Management and Budget
U.S. Senate: Richard Burr, Benjamin L. Cardin, Kay R. Hagan, Barbara A. Mikulski, Mark R. Warner, Jim Webb
U.S. House of Representatives: Steny Hoyer, Frank Kratovil, Walter Jones, Mike McIntyre, Jim Moran, Dutch Ruppersberger

This report is available at http://www.va.gov/oig/publications/reports-list.asp.