Department of Veterans Affairs

Office of Inspector General

Healthcare Inspection

Community Based Outpatient Clinic Reviews
Delray Beach and Stuart, FL
Portsmouth and Cambridge, OH
Canton and Painesville, OH
South Bend and Muncie, IN

Report No. 10-00627-209 **July 27, 2010**

VA Office of Inspector General
Washington, DC 20420

Contents

Executive Summary

Introduction

The VA OIG, Office of Healthcare Inspections conducted a review of eight community-based outpatient clinics (CBOCs) during the week of May 24−28, 2010. The CBOCs reviewed in Veterans Integrated Service Network (VISN) 8 were Delray Beach and Stuart, FL; in VISN 10, Portsmouth and Cambridge, OH; and Canton and Painesville, OH; and, in VISN 11, South Bend and Muncie, IN. The parent facilities of these CBOCs are West Palm Beach VA Medical Center (VAMC), Chillicothe VAMC, Louis Stokes (Cleveland) VAMC, and VA Northern Indiana Health Care System (HCS)-Marion, 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 8, 10, and 11, in conjunction with the respective facility managers, should take appropriate actions on the following recommendations:

West Palm Beach VAMC

- Ensure the Primary Care Management Module (PCMM) Coordinator performs in accordance with VHA Handbook 1101.02 to reduce the number of veterans assigned to more than one primary care provider (PCP).

Chillicothe VAMC

- Require an appropriate process be implemented to ensure compliance with the management of health care records at both the Portsmouth and Cambridge CBOCs.

Cleveland VAMC

- Develop safety plans for patients at high risk for suicide and ensure the patients receive a copy at both the Canton and Painesville CBOCs.

VA Northern Indiana HCS-Marion

- Ensure the Professional Standards Board grants privileges consistent with the services provided at both the South Bend and Muncie CBOCs.
- Require results of Focused Provider Practice Evaluations are documented in the practitioner's provider profile at both the South Bend and Muncie CBOCs.
- Require that all patient exam rooms meet safety criteria at the Muncie CBOC.

- Improve parking space aisle access for disabled veterans at the South Bend CBOC.
- Ensure the South Bend CBOC monitors and collects measurable data for hand hygiene.
- Provide administrative support to the Contracting Officer's Technical Representative to independently validate total billed enrollees in accordance with contract terms and conditions using VA data.
- Ensure the Contracting Officer prepares the necessary contract documents to reflect the agreement to compensate the contractor for additional services.
- Ensure the PCMM Coordinator performs in accordance with VHA Handbook 1101.02 to reduce the number of veterans assigned to more than one PCP.

Comments

The VISN and VAMC Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes A–G, pages 19–32 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

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) to assess whether CBOCs are operated in a manner that provides veterans with consistent, safe, high-quality health care.

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*, 10−00627−124, issued April 6, 2010.

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.
- Determine whether patients who are assessed to be high risk for suicide have safety plans that provide strategies that help mitigate or avert suicidal crises.

[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 whether the CBOC primary care and MH contracts were administered in accordance with contract terms and conditions.
- Determine whether primary care active panel management and reporting are in compliance with VHA Handbook 1101.02.[3]

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 mellitus (DM), 75 patients 50 years of age or older, 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 (IC) and patient safety; and compliance with patient data security requirements.

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.
[3] VHA Handbook 1101.02, *Primary Care Management Module (PCMM),* April 21, 2009.

Part II. CBOC Characteristics

Veterans Integrated Service Network (VISN) 8 has 7 VHA hospitals and 49 CBOCs, VISN 10 has 5 VHA hospitals and 31 CBOCs, and VISN 11 has 8 VHA hospitals and 21 CBOCs. As part of our review, we inspected 8 CBOCs. The CBOCs reviewed in VISN 8 were Delray Beach and Stuart, FL; in VISN 10, Portsmouth and Cambridge, OH; and Canton and Painesville, OH; and, in VISN 11, South Bend and Muncie, IN. The parent facilities of these CBOCs are West Palm Beach VA Medical Center (VAMC), Chillicothe VAMC, Louis Stokes (Cleveland) VAMC, and VA Northern Indiana Health Care System (HCS)-Marion, 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 2009, the average number of unique patients seen at the 5 VA-staffed CBOCs was 4,995 (range 1,196 to 12,347) and at the 3 contract CBOCs was 7,817 (range 6,282 to 8,874). Table 1 shows characteristics of the 8 CBOCs we reviewed to include size[4] and type of CBOC, rurality, number of full-time equivalent employees (FTE) primary care providers (PCPs), number of unique veterans enrolled in the CBOC, and number of veteran visits.

VISN Number	CBOC Name	Size of CBOC	CBOC Type	Urban/ Rural	Number of Clinical Providers (FTE)	Uniques	Visits
8	Delray Beach, FL	Large	Contract	Urban	4.0	8,874	21,333
8	Stuart, FL	Large	Contract	Urban	3.0	6,282	20,107
10	Portsmouth, OH	Mid-Size	VA-Staffed	Rural	2.0	2,142	18,823
10	Cambridge, OH	Small	VA-Staffed	Rural	1.6	1,196	10,965
10	Canton, OH	Very Large	VA-Staffed	Urban	9.4	12,347	81,744
10	Painesville, OH	Large	VA-Staffed	Urban	5.4	5,932	32,896
11	South Bend, IN	Large	Contract	Rural	7.7	8,296	18,494
11	Muncie, IN	Mid-Size	VA-Staffed	Rural	3.3	3,358	9,480

Table 1 - CBOC Characteristics, FY 2010

Four of the eight CBOCs provide specialty care services (Canton, Painesville, Cambridge, and Portsmouth), while the other four CBOCs refer patients to another geographically accessible VA facility. Muncie and South Bend CBOCs also refer patients to a non-VA fee-basis or contract facility. All four CBOCs that provide specialty care services offer optometry and podiatry. Canton also provides dermatology and women's health; Painesville provides dermatology; and Cambridge provides women's health. Veterans have access to tele-retinal services at Canton, Painesville, Muncie, and

[4] Based on the number of unique patients seen as defined by the VHA Handbook 1160.01, the size of the CBOC facility is categorized as very large (> 10,000), large (5,000-10,000), mid-size (1,500-5,000), or small (< 1,500).

South Bend; telemedicine services at Canton, Painesville, Cambridge, and Portsmouth; and tele-radiology services at South Bend.

All eight CBOCs provide MH services onsite. The MH services provided onsite at the CBOCs are displayed in Table 2.

CBOC Station Number	CBOC Name	CBOC Type	Substance Use Disorder	PTSD	MST	Homelessness	Psychosocial rehab
548GB	Delray Beach, FL	Contract	Yes	Yes	Yes	Yes	No
548GC	Stuart, FL	Contract	Yes	Yes	Yes	Yes	No
538GB	Portsmouth, OH	VA-Staffed	Yes	Yes	Yes	Yes	No
538GE	Cambridge, OH	VA-Staffed	Yes	Yes	Yes	Yes	Yes
541BY	Canton, OH	VA-Staffed	Yes	Yes	Yes	Yes	Yes
541GF	Painesville, OH	VA-Staffed	Yes	Yes	Yes	Yes	Yes
610GA	South Bend, IN	Contract	Yes	Yes	Yes	Yes	No
610GB	Muncie, IN	VA-Staffed	No	Yes	No	No	No

Table 2. Mental Health Services

The type of clinicians that provide MH services varied among the CBOCs to include PCPs, psychologists, psychiatrists, nurse practitioners (NPs), physician assistants (PAs), social workers, and addiction counselors. Canton CBOC has a suicide prevention coordinator onsite, as required by VHA policy.[5]

MH services are provided during evening hours (after normal business hours) at least one day per week and on weekends at Canton, Painesville, Muncie, and South Bend CBOCs. Two CBOCs (Muncie and South Bend) have plans for responding to MH emergencies outside hours of operation. The plans identify at least one assessable VA or community-based emergency department where veterans are directed to seek emergent care.

Tele-mental health is available at all CBOCs except Muncie. Tele-mental health is utilized for medication management at Painesville, Cambridge, Portsmouth, and South Bend. Stuart and Canton use tele-mental health for individual therapy, Delray Beach for patient orientation, and South Bend for consultation with other providers.

[5] VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008.

Part III. Overview of Review Topics

The review topics discussed in this report include:

- Quality of Care Measures.
- C&P.
- EOC and Emergency Management.
- Suicide Safety Plans.
- CBOC Contracts.

The criteria used for these reviews are discussed in detail in the *Informational Report for the Community Based Outpatient Cyclical Reports*, 10-00627-124, issued April 6, 2010.

We evaluated the quality of care measures by reviewing 50 patients with a diagnosis of DM, 75 patients 50 years of age or older, 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 2010 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 CBOC providers' C&P files and nursing staff personnel folders. We conducted EOC inspections at each CBOC, evaluating cleanliness, adherence to clinical standards for IC 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.

A previous OIG review of suicide prevention programs in VHA facilities[6] found a 74 percent compliance rate with safety plan development. The safety plan issues identified in the review were that plans were not comprehensive, not developed timely, or not developed at all. At the request of VHA, the OIG agreed to follow up on the prior findings. Therefore, we reviewed the records of 10 patients (unless fewer are available) assessed to be at high risk for suicide to determine if clinicians developed timely safety plans that included all required elements.

We evaluated whether the three CBOC contracts (Delray Beach, Stuart, and South Bend) 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.

[6] *Healthcare Inspection – Evaluation of Suicide Prevention Program Implementation in Veterans Health Administration Facilities January–June, 2009,* Report No. 09-00326-223, September 22, 2009.

Part IV. Results and Recommendations

A. VISN 8, West Palm Beach VAMC – Delray Beach and Stuart

Quality of Care Measures

The Delray Beach CBOC met or exceeded the parent facility's quality measure scores except for the DM foot sensory exam using monofilament and retinal eye exam. The Stuart CBOC met or exceeded the parent facility quality measure scores except for all DM foot exam indicators, glycosylated hemoglobin molecule (HbgA1c), and influenza, both age groups. (See Appendix I.)

Credentialing and Privileging

We reviewed the C&P files of five providers and four nurses at the Delray Beach CBOC and five providers and two nurses at the Stuart CBOC. All providers possess a full, active, current, and unrestricted license. All nurses' licenses and education requirements were verified and documented. Service-specific criteria for Ongoing Professional Practice Evaluations (OPPE) had been developed and approved. We found sufficient performance data to meet current requirements. Service-specific privilege forms included minimum and competency criteria for privileges.

Environment and Emergency Management

Environment of Care

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, IC, and general maintenance. We identified an environmental safety strength at the Delray Beach CBOC. The CBOC has a two-fold panic alarm system that staff activates for assistance for either urgent or emergent medical and/or behavioral patient conditions. The first system connects directly to the clinic's alarm company. When CBOC staff activate the system, the alarm company's staff calls the clinic to determine if it is necessary to notify local law enforcement. The second system is an internal clinic alarm system. When CBOC staff activate the alarm, staff respond to assist the staff member who activated the alarm. Staff may use either system, depending on the emergent needs of the patient. Both CBOCs met most standards, and the environments were generally 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 and MH emergencies are handled. Both CBOCs had a policy for emergency management that detailed how medical and MH emergencies would be handled. Our interviews revealed staff at each facility articulated responses that accurately reflected the local emergency response guidelines.

Suicide Safety Plans

Safety plans should have patient and/or family input, be behavior oriented, and identify warning signs preceding crisis and internal coping strategies. They should also identify when patients should seek non-professional support, such as from family and friends, and when patients need to seek professional help. Additionally, safety plans must include information about how patients can access professional help 24 hours a day, 7 days a week.[7]

We reviewed the medical records of 6 patients from the Delray Beach CBOC and 10 patients from the Stuart CBOC assessed to be at high risk for suicide. We found that clinicians developed safety plans that included all required elements.

CBOC Contract

Delray Beach and Stuart CBOCs

The contract for the Delray Beach and Stuart CBOCs is administered through the West Palm Beach VAMC for delivery and management of primary and preventative medical care and continuity of care for all eligible veterans in VISN 8. Contracted services with MedMark Services, Inc. began on December 1, 2006, with option years extending through September 30, 2011, and covering six locations: Okeechobee, Delray Beach, Fort Pierce, Stuart, Vero Beach, and Boca Raton. The contract terms state that each CBOC will have Florida-licensed, board-certified physicians. For the 1st Qtr, FY 2010, there were 4.0 FTE PCPs at the Delray Beach CBOC and 3.0 FTE PCPs at the Stuart CBOC. The contract also provides for office space for tele-mental health care services. The contractor was compensated by the number of enrollees at a monthly capitated rate per enrollee. The VA provided services for 1,975 and 1,732 MH encounters at Delray Beach and Stuart respectively, which included individual and telemedicine therapy sessions in 1st Qtr, FY 2010. The Delray Beach CBOC had 8,874 enrollees with 21,333 visits and the Stuart CBOC had 6,282 unique primary medical care enrollees with 20,107 visits as reported on the FY 2009 CBOC Characteristics report (see Table 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 West Palm Beach VAMC and contractor personnel. Our review focused on documents and records for the 1st Qtr, FY 2010. 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 Contracting Officer's Technical

[7] Deputy Under Secretary for Health for Operations and Management, *Patients at High-Risk for Suicide* Memorandum, April 24, 2008.

Representative (COTR); and duplicate, missing, or incomplete social security numbers (SSNs) on the invoices.

We commend West Palm Beach VAMC's level of contract oversight and implementation of business processes designed to more effectively manage VA healthcare resources. We particularly were impressed that the contractor and the West Palm Beach VAMC work from the same Veterans Health Information System and Technological Architecture (VistA) data to determine the number of eligible enrollees, which improves the accuracy of the number of veterans paid for at the capitated rate at the CBOCs.

The Primary Care Management Module (PCMM) Coordinator is responsible for maintaining currency of information in the PCMM database. The West Palm Beach VAMC has approximately 56,800 active patients. We reviewed PCMM data reported by the VHA Support Service Center (VSSC) and the West Palm Beach VAMC and analyzed select data for compliance with VHA Handbook 1101.02. We made inquiries about the number of patients assigned to more than one PCP, disenrolled, or potentially deceased patients.

In inquiries with the PCMM Coordinator, we noted that West Palm Beach VAMC PCMM panels had approximately 5,300 patients with two or more PCPs assigned. VHA Handbook 1101.02 states that each patient must have only one assigned PCP within the VA system unless approval has been obtained for more than one provider. The West Palm Beach VAMC has approximately 450 patients that have been approved for more than one PCP. The large number of patients with two or more PCPs assigned inflates primary care panel sizes and increases medical care costs for contracted care.

Recommendation 1. We recommend that the VISN 8 Director ensure that West Palm Beach VAMC Director ensures that the PCMM Coordinator performs in accordance with VHA Handbook 1101.02 to reduce the number of veterans assigned to more than one PCP.

The VISN and VAMC Directors concurred with our finding and recommendation. Procedures will be developed to reduce the number of patients assigned to more than one PCP. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

B. VISN 10, Chillicothe VAMC – Portsmouth and Cambridge

Quality of Care Measures

The Portsmouth and Cambridge CBOCs' quality measure scores equaled or exceeded the parent facility's quality measures scores with the following exceptions. The Portsmouth CBOC scored below the parent facility in the DM retinal eye exam. The Cambridge CBOC scored below the parent facility in the DM retinal eye exam, HbgA1c, and low-density lipoprotein-cholesterol (LDL-C) testing. (See Appendix J.)

Credentialing and Privileging

We reviewed the C&P files of five providers and the personnel folders for four nurses at Portsmouth CBOC and reviewed the files of four providers and four nurses at the Cambridge CBOC. All providers and nursing staff possess a full, active, current, and unrestricted license.

Environment and Emergency Management

Environment of Care

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, IC, and general maintenance. Both CBOCs met most standards, and the environments were generally clean and safe. However, we identified the following areas that needed improvement:

Medical Records

We found at both the Portsmouth and Cambridge CBOCs the use of shadow medical records[8] in addition to the computerized patient record system (CPRS). These shadow records contain documents such as the test results and hospitalization summaries from the private sector and also several administrative documents. We interviewed a clinical staff who affirmed that the Licensed Independent Practitioners (LIPs) summarized diagnostic tests and consults' results completed by an outside provider in the CPRS. Under further examination of the process, we learned that two copies of the documents are made; the first copy is sent to the parent facility for scanning into CPRS and the second copy becomes the shadow medical record.

According to VHA Handbook 1907.1:[9]

> CPRS is the primary electronic health record where patient information is documented….The record must be standardized with regard to content,

[8] A shadow medical record is a duplicate hard copy medical record.
[9] VHA Handbook 1907.01, *Health Management and Health Records,* August 25, 2006.

> creation, maintenance, management, processing, and expected quality measures. Electronic capture and storage of patient health information will be implemented to enhance access to patient data by health care practitioners and other authorized users. Electronically stored and/or printed patient information is subject to the same medical and legal requirements as handwritten information in the health record.

Recommendation 2. We recommended that the VISN 10 Director ensure that the Chillicothe VAMC Director requires that an appropriate process be implemented to ensure compliance with the management of health care records at both the Portsmouth and Cambridge CBOCs.

The VISN and VAMC Directors concurred with our finding and recommendation. Paper health care records have been discontinued, and necessary documents for a medical record are being scanned into CPRS. 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 the management of medical and MH emergencies. Our interviews revealed staff at each facility articulated responses that accurately reflected the local emergency response guidelines.

Suicide Safety Plans

Safety plans should have patient and/or family input, be behavior oriented, and identify warning signs preceding crisis and internal coping strategies. They should also identify when patients should seek non-professional support, such as from family and friends, and when patients need to seek professional help. Additionally, safety plans must include information about how patients can access professional help 24 hours a day, 7 days a week.

We reviewed the medical records of 12 patients (4 at Cambridge and 8 at Portsmouth) assessed to be at high risk for suicide. We found that all records had evidence to support that safety plans were developed and a copy had been provided to the patients.

C. VISN 10, Cleveland VAMC – Canton and Painesville

Quality of Care Measures

The Canton and Painesville CBOCs met or exceeded the parent facility's quality measure scores with the following exceptions. The Canton and Painesville CBOCs scored slightly below the parent facility in the DM HbgA1c measure. (See Appendix K.)

Credentialing and Privileging

We reviewed the C&P files of five providers and the personnel folders for four nurses at each CBOC. All providers possess a full, active, current, and unrestricted license privileges were appropriate for services rendered. All nurses' licenses and education requirements were verified and documented.

Environment and Emergency Management

Environment of Care

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, IC, and general maintenance. Both clinics met standards, and the environments were generally clean and well maintained.

Emergency Management

VHA Handbook 1006.1 requires each CBOC to have a local policy or SOP defining how medical and MH emergencies 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.

Suicide Safety Plans

Safety plans should have patient and/or family input, be behavior oriented, and identify warning signs preceding crisis and internal coping strategies. Safety plans should also identify when patients should seek non-professional support, such as from family and friends, and when patients need to seek professional help. Additionally, safety plans must include information about how patients can access professional help 24 hours a day, 7 days a week.

VHA requires clinicians ensure high-risk suicide patients receive copies of their safety plans. We reviewed the medical records of 10 patients from the Canton CBOC and 7 patients from the Painesville CBOC. For all 17 records reviewed, we found no documentation indicating that the patients received a copy of the safety plan. In addition, one patient did not have a safety plan developed. The sole act of developing and

providing a safety plan does not guarantee that the patient will not engage in self-injurious acts; however, a safety plan provides a pre-determined list of potential coping strategies to help a patient lower his imminent risk of suicidal behavior. While we were onsite, the facility modified the template to include affirmation that the patient received a copy of the safety plan.

Recommendation 3. We recommended that the VISN 10 Director ensure that the Cleveland VAMC Director requires that safety plans are developed for patients at high risk for suicide and patients receive a copy at both the Canton and Painesville CBOCs.

The VISN and VAMC Directors concurred with our finding and recommendation. The Suicide Prevention Plan template has been amended. This action ensures that a Safety Plan is documented and completed for every veteran who is deemed high risk for suicide. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

D. VISN 11, VA Northern Indiana HCS-Marion – South Bend and Muncie

Quality of Care Measures

The South Bend and Muncie CBOCs' quality measure scores equaled or exceeded the parent facility's quality measures scores with the exception of the following: influenza, both age groups; DM LDL-C; and PTSD screening (failed to meet VHA target goal, scoring 88 and 73 percent, respectively). Muncie CBOC also scored lower than the parent facility for DM foot sensory exam by monofilament. (See Appendix L.)

During FY 2009, the VA Northern Indiana HCS hired a Clinical Reminder Specialist and a Clinical Practice Guidelines Coordinator who work closely with the CBOCs to increase the CBOCs' performance measure scores. The corrective action has enabled both CBOCs to achieve and maintain 100 percent compliance (PTSD screening).

Credentialing and Privileging

We reviewed the C&P files of five providers and four nurses at both the South Bend and Muncie CBOCs. 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 areas that needed improvement:

Clinical Privileges

Providers at the Muncie and South Bend CBOCs were granted privileges by the Professional Standards Board (PSB) for procedures that are not performed at the CBOCs. The PCPs were granted privileges based on a category system. Each category described the activity the provider was qualified to perform. Providers at both CBOCs were privileged for such procedures as lumbar punctures and thoracenthesis,[10] which are not performed at the CBOCs. According to Handbook 1100.19, providers may only be granted privileges that are actually performed at the VA-specific facility.

Additionally, we found two providers at the Muncie CBOC who received training and were performing pap smears. Upon review of their C&P folders, we did not find evidence the providers had been granted this privilege.

Performance Improvement Data

At the South Bend and Muncie CBOCs, we found variable evidence that the facility compared practitioner data either to those practitioners doing similar procedures or to aggregated data of those privileged practitioners with the same or comparable privileges.

[10] Thoracenthesis is a procedure to remove fluid from the space between the lungs and the chest wall called the pleural space.

We found aggregated data available for OPPEs; however, we did not find results available for seven of eight practitioners who were on a Focused Provider Practice Evaluation (FPPE).[11]

According to VHA Handbook 1100.19:

> The Focused Professional Practice Evaluation … clarifies information … compiled in the provider profile and evaluated as part of the facility's ongoing monitoring of practitioner health care practice, as well as for the reappraisal and privileging process.

Senior managers acknowledged that FPPEs had not consistently been prepared. However, processes have been developed to ensure that FPPEs are initiated as required.

Recommendation 4. We recommended that the VISN 11 Director ensure that the VA Northern Indiana HCS-Marion Director requires the PSB grant privileges consistent with the services provided at both the South Bend and Muncie CBOCs.

The VISN and VAMC Directors concurred with our finding and recommendation. All privilege forms are being standardized so privileges can be granted by site and by care setting. 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 11 Director ensure that the VA Northern Indiana HCS-Marion Director requires results of FPPEs are documented in the practitioner's provider profile at both the South Bend and Muncie CBOCs.

The VISN and VAMC Directors concurred with our finding and recommendation. The FPPE policy has been revised to specify that all FPPE documents will be provided to the C&P office for inclusion in all provider profiles. 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, IC, and general maintenance. The CBOCs met most standards, and the environments were generally clean and safe. However, we identified the following areas that needed improvement:

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

Safety

We found sharp needles and chemicals unlocked in all patient exam rooms at the Muncie CBOC in which MH and primary care services are provided. The JC requires that all medications and sharps are secured.

Handicap Access

The South Bend CBOC provided parking for individuals with disabilities as required by the Americans with Disabilities Act (ADA).[12] However, since one of the parking spaces was against a curb and did not provide adequate space on the driver's side for the removal and setup of handicap assistive devices such as wheelchairs, safe access could not be ensured.

Hand Hygiene

The South Bend CBOC initiated hand hygiene monitors and data collection three weeks prior to our onsite visit. The JC, National Patient Safety Goals, Center for Disease Control and Prevention,[13] and/or the World Health Organization[14] recommend that healthcare facilities develop a comprehensive IC program with a hand hygiene component, which includes monitors, data analysis, and provider feedback. The intent is to foster a culture of hand hygiene compliance that ensures the control of infectious diseases.

Recommendation 6. We recommended that the VISN 11 Director ensure that the VA Northern Indiana HCS-Marion Director requires that all patient exam rooms meet safety criteria at the Muncie CBOC.

The VISN and VAMC Directors concurred with our finding and recommendation. A work order has been submitted to install locks on identified cabinets and drawers in all exam rooms. This will provide proper storage of all medications and sharps in accordance with JC requirements. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 7. We recommended that the VISN 11 Director ensure that the VA Northern Indiana HCS-Marion Director improves parking space aisle access for disabled veterans at the South Bend CBOC.

The VISN and VAMC Directors concurred with our finding and recommendation. Modifications to the South Bend CBOC parking lot will improve parking space aisle

[12] ADA Accessibility Guidelines for Building and Facilities (ADAAG). http://www.access-board.gov/adaag/html/adaag.htm.
[13] CDC is one of the components of the Department of Health and Human Services that is responsible for health promotion; prevention of disease, injury and disability; and preparedness for new health threats.
[14] WHO is the directing and coordinating authority for health within the United Nations System.

access for disabled veterans. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 8. We recommended that the VISN 11 Director ensure that the VA Northern Indiana HCS-Marion Director requires the South Bend CBOC monitor and collect measurable data for hand hygiene.

The VISN and VAMC Directors concurred with our finding and recommendation. Hand hygiene monitors and data collections have been initiated and are ongoing. The data is reported through the Patient Care Safety Board and included in the facility's hand hygiene monitoring program. 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, including MH, emergencies 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.

Suicide Safety Plans

Safety plans should have patient and/or family input, be behavior oriented, and identify warning signs preceding crisis and internal coping strategies. They should also identify when patients should seek non-professional support, such as from family and friends, and when patients need to seek professional help. Additionally, safety plans must include information about how patients can access professional help 24 hours a day, 7 days a week.

We reviewed medical records of 20 patients (10 patients for each CBOC) assessed to be at high risk for suicide and found that clinicians had developed timely safety plans that included all required elements. We also found evidence to support that the patients and/or their families participated in the development of the plans. However, we did not find documented evidence that a copy of the safety plan was given to the patient. While we were onsite, the facility modified the template to include affirmation that the patient received a copy of the safety plan. Since the staff provided us evidence that the patient did receive a copy of the plan and revised their template, we made no recommendations.

CBOC Contract

South Bend CBOC

The contract for the South Bend CBOC is administered through Northern Indiana HCS-Marion campus for delivery and management of primary and preventative medical care

for all eligible veterans in VISN 11. Contracted services with Ambulatory Care Solutions (ACS), Limited Liability Corporation, began on August 5, 2004, with option years and extensions extending the contract through November 4, 2010. The contract terms state that the CBOC will have (1) a physician licensed in the State of Indiana to serve as medical director and (2) other PCPs to include PAs and NPs. There were 7.7 FTE PCPs for the 1st Qtr, FY 2010. The contract for MH services was discontinued in February 2008 and has since been provided by VA staff utilizing contractor facilities. The VA provided services for 2,439 MH encounters at the CBOC, which included individual and telemedicine therapy sessions in 1st Qtr, FY 2010. The contractor was compensated by the number of enrollees at monthly capitated rate per enrollee. The CBOC had 8,296 unique primary medical care enrollees with 18,494 visits as reported on the FY 2009 CBOC Characteristics report (see Table 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 Northern Indiana HCS and contractor personnel. Our review focused on documents and records for the 1st Qtr, FY 2010. 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.

The PCMM Coordinator is responsible for maintaining currency of information in the PCMM database. Northern Indiana HCS has approximately 37,500 active patients with approximately 8,200 being assigned to the South Bend CBOC. We reviewed PCMM data reported by VSSC and the Northern Indiana HCS and analyzed select data for compliance with VHA policies. We made inquiries about the number of patients assigned to more than one PCP, disenrolled, or potentially deceased patients.

We were impressed with the contractor's internal controls that identified and billed only eligible enrollees. However, we feel that the most effective internal controls use VA patient data from VistA for the tracking of billable employees.

We noted the following regarding contract administration and oversight:

1. We reviewed the invoices and supporting information for the 1st Qtr of FY 2010 and found no discrepancies. However, the COTR's invoice review process could be improved by relying on VA and not contractor provided data when validating the accuracy of total enrollees billed monthly to the VA. The COTR does review contractor invoices to ensure enrollee transfers and deaths are reflected. The COTR then samples approximately 3 percent of the billed enrollees to validate vesting visits. The majority of the approximately 8,000 billed enrollees received from the contractor monthly are not validated.

2. The VAMC was compensating the contractor for use of modular facilities, utilities usage, and other ancillary costs of approximately $700 or more per month (since April 2009) that were not included in the contract with ACS.

3. In inquiries with the PCMM Coordinator, we noted that Northern Indiana HCS' PCMM panels had 929 patients with two or more PCPs assigned. Of the 929 patients, 135 had not had a visit since December 2008. VHA Handbook 1101.02 states that each patient must have only one assigned PCP within the VA system unless approval has been obtained for more than one provider. Patients with two or more PCPs assigned inflate primary care panel sizes and increase medical care costs for contracted care.

Recommendation 9. We recommended that the VISN 11 Director ensure that the VA Northern Indiana HCS-Marion Director provides administrative support to the COTR to independently validate total billed enrollees in accordance with contract terms and conditions using VA data.

The VISN and VAMC Directors concurred with our finding and recommendation. A Program Support Assistant position has been approved to assist the COTR with independently validating total billed enrollees. 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 11 Director ensure that the VA Northern Indiana HCS-Marion Director ensure that the Contracting Officer prepare the necessary contract documents to reflect the agreement to compensate the contractor for additional services.

The VISN and VAMC Directors concurred with our finding and recommendation. A contract amendment has been completed to outline the contractor's provision of modular space for use by VA Northern Indiana HCS personnel. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 11. We recommend that the VISN 11 Director ensure that the VA Northern Indiana HCS-Marion Director ensures that the PCMM Coordinator performs in accordance with VHA Handbook 1101.02 to reduce the number of veterans assigned to more than one PCP.

The VISN and VAMC Directors concurred with our finding and recommendation. The PCMM Coordinator has reviewed the PCMM panels and has updated the panels as appropriate. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

VISN 8 Director Comments

Department of Veterans Affairs **Memorandum**

Date: July 1, 2010

From: Director, VISN 8 (10N8)

Subject: **Healthcare Inspection – CBOC Reviews: Delray Beach and Stuart, FL**

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

1. I have reviewed and concur with the recommendations in the Healthcare Inspection – CBOC Reviews: Delray Beach and Stuart, FL

2. The implementation date for compliance is September 30, 2010.

Nevin M. Weaver

Nevin M. Weaver, FACHE

West Palm Beach VAMC Director Comments

Department of Veterans Affairs **Memorandum**

Date: June 30, 2010

From: Director, West Palm Beach VAMC (548/00)

Subject: **Healthcare Inspection – CBOC Reviews: Delray Beach and Stuart, FL**

To: Director, VISN 8 (10N8)

West Palm Beach VA Medical Center agrees with the OIG's recommendation and will be in compliance by September 30, 2010.

(original signed by:)

Charleen R. Szabo, FACHE

West Palm Beach 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 8 Director ensure that the West Palm Beach VAMC Director ensures that the PCMM Coordinator performs in accordance with VHA Handbook 1101.02 to reduce the number of veterans assigned to more than one PCP.

Concur **Target Completion Date: September 30, 2010**

To reduce the number of patients assigned to more than on Primary Care provider, the following actions will be implemented:

1. We will develop procedures to optimize the enrollment process to identify patients who are currently assigned to another VHA Primary Care location. Once the patient is identified as being assigned at another facility, MAS will determine the reason for seeking care at West Palm Beach. For those patients who are only planning to be in the area for a short time, staff in Enrollment and at the CBOCs will be educated to ensure that local addresses for these veterans are always entered in the temporary address field.

2. Those patients identified with temporary addresses will be referred to the Interfacility Transfer Coordinator to assess whether that unit can meet the medical needs of the patient. If not, the Interfacility Transfer Coordinator will recommend to the PCMM Coordinator that the patient be enrolled as a dual care patient. If the patient needs can be met by the Interfacility Transfer Coordinator, the patient will not be dually assigned.

3. A template is being developed and will be submitted to Medical Records Committee for review. The template will identify all Primary Care providers the patient is seeing whether VA or non-VA. This information will show up in the medical record as a posting.

4. MAS medical support clerks will be responsible for maintaining accuracy of the above mentioned posting of the Primary Care VA and Non-VA provider information.

Initial implementation will be completed by 9/30/10. Full implementation may take longer as we determine the whole impact of this plan. We will begin with existing staff. As more patients are identified as unassigned, increased staffing may be needed to fully accommodate them.

Appendix C

VISN 10 Director Comments

Department of Veterans Affairs **Memorandum**

Date: June 30, 2010

From: Network Director, VA Healthcare System of Ohio, VISN 10 (10N10)

Subject: **Healthcare Inspection – CBOC Reviews: Portsmouth and Cambridge, OH; and Canton and Painesville, OH**

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

1. I have reviewed the recommendations made during the Office of Inspector General Review at the CBOCs in VISN 10. I concur with the responses to the recommendations of the Medical Center Director at Chillicothe and the Acting Medical Center Director at Cleveland.

2. We greatly appreciate the opportunity to work with the Office of Inspector General. If you have any questions relative to responses provided, please do not hesitate to contact me at (513) 247-4621. We would be more than happy to assist.

(original signed by:)

JACK G. HETRICK, FACHE

Network Director

Appendix D

Chillicothe VAMC Director Comments

Department of Veterans Affairs **Memorandum**

Date: June 18, 2010

From: Director, Chillicothe VAMC (538/00)

Subject: **Healthcare Inspection – CBOC Review: Portsmouth and Cambridge, OH**

To: Director, VISN 10 (10N10)

1. Attached is the response from the VA Medical Center, Chillicothe, Ohio, to the Healthcare Inspection CBOC Review in May 2010. We found the review educational and helpful in preparation for our upcoming Joint Commission Survey. We also appreciated the professionalism of the review team.

2. If you have any questions about the response imbedded in the report above, please feel free to contact me.

(*original signed by:)*

JEFFEREY T. GERING, FACHE

Medical Center Director

Chillicothe 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 2. We recommended that the VISN 10 Director ensure that the Chillicothe VAMC Director requires that an appropriate process be implemented to ensure compliance with the management of health care records at both the Portsmouth and Cambridge CBOCs.

Concur **Target Completion Date: June 14, 2010**

Effective June 14, 2010, all use of paper health care records at the Portsmouth and Cambridge CBOCs were discontinued. No new records are being compiled and there are no additions being made to the existing paper health care record. Pertinent documents necessary for the medical record are being scanned into CPRS. Once the hard copy of a non-VA medical record is scanned into CPRS, it is transported to the medical records department at the Medical Center and not retained at the CBOC.

Appendix E

Cleveland VAMC Director Comments

Department of Veterans Affairs **Memorandum**

Date: June 23, 2010

From: Director, Cleveland VAMC (541/00)

Subject: **Healthcare Inspection – CBOC Review: Canton and Painesville, OH**

To: Director, VISN 10 (10N10)

1. Enclosed is the response from the Louis Stokes VA Medical Center, Cleveland, Ohio, to the Healthcare Inspection CBOC Review in May 24, 2010. We found the review productive, educational and helpful, as we continue to improve our efforts to provide America's Veterans with best quality of healthcare. We would be remised if we do not recognize the professionalism of the review team.

2. If you have any questions about this response attached in the report, please feel free to contact me.

(original signed by:)

Walter V. Banko

Acting Medical Center Director

Cleveland 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 3. We recommended that the VISN 10 Director ensure that the Cleveland VAMC Director requires that safety plans are developed for patients at high risk for suicide and patients receive a copy at both the Canton and Painesville CBOCs.

Concur **Target Completion Date: Completed**

We concur that the patients at both the Canton and Painesville CBOCs need to receive a copy of the safety plans that are developed for patients at high risk for suicide. While it has been common practice for the Suicide Prevention Team to provide Veterans with a copy of their safety plans, our team was unable to demonstrate to the OIG reviewer team proper documentation, that the patients actually did receive a copy of the Safety Plan. We remediated this issue by amending the existing Suicide Prevention Plan Template while OIG team was still on site. This action documents that the Suicide Prevention Team ensures that a Safety Plan is completed for every Veteran deemed high risk for suicide.

Appendix F

VISN 11 Director Comments

Department of Veterans Affairs **Memorandum**

Date: July 2, 2010

From: Director, VISN 11 (10N11)

Subject: **Healthcare Inspection – CBOC Reviews: South Bend and Muncie, IN**

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

Per your request, attached is the report from NIHCS. If you have any questions; please contact James Rice, VISN 11 QMO, at (734) 222-4314.

Michael S. Finegan

Appendix G

VA Northern Indiana HCS-Marion Director Comments

Department of Veterans Affairs **Memorandum**

Date: July 2, 2010

From: Director, VA Northern Indiana HCS-Marion (610/00)

Subject: **Healthcare Inspection – CBOC Review: South Bend and Muncie, IN**

To: Director, VISN 11 (10N11)

Per your request, attached is the report from NIHCS. If you have any questions; please contact Steve Sheets, VANIHCS Quality Manager, at (800) 360-8387 ext. 76116.

Daniel D. Hendee, FACHE

Director

VA Northern Indiana HCS-Marion 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 4. We recommended that the VISN 11 Director ensure that the VA Northern Indiana HCS-Marion Director requires the PSB grant privileges consistent with the services provided at both the South Bend and Muncie CBOCs.

Concur **Target Completion Date: July 30, 2010**

VANIHCS Response: All privilege forms for VANIHCS are being standardized so that privileges can be granted by site and by care setting. They are pending formal approval by the PSB and will be presented at the July 21, 2010 meeting. All procedures previously included in the category system have been broken out individually so that privileges may be granted consistent with the services provided at specific locations. Pap smears have been added as a line item on the privilege forms so that qualified providers can have documentation of having been granted privileges to perform that procedure.

Recommendation 5. We recommended that the VISN 11 Director ensure that the VA Northern Indiana HCS-Marion Director requires results of FPPEs are documented in the practitioner's provider profile at both the South Bend and Muncie CBOCs.

Concur **Target Completion Date: July 30, 2010**

VANIHCS Response: Revisions to the FPPE procedure were discussed and approved at the June 15, 2010 meeting of the PSB. These revisions better define the acceptable timeframes for initiating, and completing FPPEs. They also specify that all FPPE documents will be maintained at the department level with final documents provided to the credentialing and privileging office for inclusion in all provider profiles. The FPPE policy is being revised to reflect the changes approved by the PSB and the revised policy is to be presented at the July 21, 2010 meeting for approval.

Recommendation 6. We recommended that the VISN 11 Director ensure that the VA Northern Indiana HCS-Marion Director requires that all patient exam rooms meet safety criteria at the Muncie CBOC.

Concur **Target Completion Date: July 30, 2010**

VANIHCS Response: While the team was onsite, a work order was entered requesting installation of locks on identified cabinets and drawers in all exam rooms. This will provide proper storage of all medications and sharps in accordance with JC requirements. The installation has not been completed, but is expected to be completed by July 30, 2010.

Recommendation 7. We recommended that the VISN 11 Director ensure that the VA Northern Indiana HCS-Marion Director improves parking space aisle access for disabled veterans at the South Bend CBOC.

Concur **Target Completion Date: July 30, 2010**

VANIHCS Response: Modifications to the South Bend CBOC parking lot are being completed that will ensure proper and adequate aisle access for disabled Veterans.

Recommendation 8. We recommended that the VISN 11 Director ensure that the VA Northern Indiana HCS-Marion Director requires the South Bend CBOC monitor and collect measurable data for hand hygiene.

Concur **Target Completion Date: Completed/Ongoing**

VANIHCS Response: The South Bend CBOC initiated hand hygiene monitors and data collection three weeks prior to the onsite visit. The monitoring and data collection continues and is included in the overall VANIHCS hand hygiene monitoring program that is reported through the Patient Care Safety Board.

Recommendation 9. We recommended that the VISN 11 Director ensure that the VA Northern Indiana HCS-Marion Director provides administrative support to the COTR to independently validate total billed enrollees in accordance with contract terms and conditions using VA data.

Concur **Target Completion Date: August 31, 2010**

VANIHCS Response: A Program Support Assistant position has been approved to assist the COTR to independently validate total billed enrollees

in accordance with contract terms and conditions using VA data. It is expected this position will be filled by August 31, 2010.

Recommendation 10. We recommended that the VISN 11 Director ensure that the VA Northern Indiana HCS-Marion Director ensure that the Contracting Officer prepare the necessary contract documents to reflect the agreement to compensate the contractor for additional services.

Concur **Target Completion Date: Complete**

VANIHCS Response: A contract amendment was initiated prior to the OIG Team visit and was completed on May 26, 2010. This amendment outlines the provision by the contractor of modular space for use by VANIHCS personnel.

Recommendation 11. We recommended that the VISN 11 Director ensure that the VA Northern Indiana HCS-Marion Director ensures that the PCMM Coordinator performs in accordance with VHA Handbook 1101.02 to reduce the number of veterans assigned to more than one PCP.

Concur **Target Completion Date: Completed/Ongoing**

VANIHCS Response: The 929 national duplicates identified were for VANIHCS as a whole not specifically for the CBOCs. Of those 929, 169 were specific to the South Bend CBOC. Of the 169 South Bend patients, three were identified as not having been seen since 2008. The PCMM coordinator has reviewed the PCMM panels and has removed those as appropriate. All VANIHCS Veterans scheduled for inactivation are reviewed twice monthly by the PCMM coordinator and are removed or updated as appropriate. In addition, all duplicates within the VISN are reviewed twice monthly and are removed as appropriate. Ongoing review of transferring Veterans from outside of VISN 11 are updated as the PCMM coordinator is notified of Veterans wishing to transfer their care.

CBOC Characteristics

CBOC Station Number	CBOC Name	Parent VA	Specialty Care	Women's Health	Podiatry	Optometry	Dermatology
548GB	Delray Beach, FL	West Palm Beach VAMC	No	No	No	No	No
548GC	Stuart, FL	West Palm Beach VAMC	No	No	No	No	No
538GB	Portsmouth, OH	Chillicothe VAMC	Yes	No	Yes	Yes	No
538GE	Cambridge, OH	Chillicothe VAMC	Yes	Yes	Yes	Yes	No
541BY	Canton, OH	Cleveland VAMC	Yes	Yes	Yes	Yes	Yes
541GF	Painesville, OH	Cleveland VAMC	Yes	No	Yes	Yes	Yes
610GA	South Bend, IN	Northern Indiana HCS	No	No	No	No	No
610GB	Muncie, IN	Northern Indiana HCS	No	No	No	No	No

Specialty Care Services

CBOC Station Number	CBOC Name	Parent VA	Laboratory (draw blood)	Radiology	Onsite Pharmacy	EKG
548GB	Delray Beach, FL	West Palm Beach VAMC	Yes	No	No	Yes
548GC	Stuart, FL	West Palm Beach VAMC	Yes	No	No	Yes
538GB	Portsmouth, OH	Chillicothe VAMC	Yes	No	Yes	Yes
538GE	Cambridge, OH	Chillicothe VAMC	Yes	No	Yes	Yes
541BY	Canton, OH	Cleveland VAMC	Yes	Yes	Yes	Yes
541GF	Painesville, OH	Cleveland VAMC	Yes	No	No	Yes
610GA	South Bend, IN	Northern Indiana HCS	Yes	Yes	No	Yes
610GB	Muncie, IN	Northern Indiana HCS	Yes	Yes	No	Yes

Onsite Ancillary Services

CBOC Station Number	CBOC Name	Internal Medicine Physician	Primary Care Physician	Nurse Practitioner	Physician Assistant	Psychiatrist	Psychologist	Licensed Clinical Social Worker	Others
548GB	Delray Beach, FL	No	Yes	Yes	Yes	Yes	Yes	Yes	No
548GC	Stuart, FL	No	Yes	Yes	No	Yes	Yes	Yes	No
538GB	Portsmouth, OH	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
538GE	Cambridge, OH	No	Yes	No	No	Yes	Yes	Yes	Yes
541BY	Canton, OH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
541GF	Painesville, OH	No	Yes	Yes	No	Yes	No	Yes	Yes
610GA	South Bend, IN	No	Yes	Yes	No	Yes	Yes	Yes	No
610GB	Muncie, IN	Yes	No	Yes	No	Yes	Yes	Yes	No

Providers Assigned to the CBOC

CBOC Station Number	CBOC Name	Parent VAs	Mental Health Care Services	Primary Care Physicians	Psychologist	Psychiatrist	Nurse Practitioner	Licensed Clinical Social Worker	Addiction Counselor	Physician Assistant
548GB	Delray Beach, FL	West Palm Beach VAMC	Yes	No	Yes	Yes	No	Yes	No	No
548GC	Stuart, FL	West Palm Beach VAMC	Yes	No	Yes	Yes	No	Yes	No	No
538GB	Portsmouth, OH	Chillicothe VAMC	Yes	No	Yes	Yes	No	Yes	No	Yes
538GE	Cambridge, OH	Chillicothe VAMC	Yes	No	Yes	Yes	No	Yes	No	Yes
541BY	Canton, OH	Cleveland VAMC	Yes	No	Yes	Yes	No	Yes	Yes	No
541GF	Painesville, OH	Cleveland VAMC	Yes	No	No	Yes	Yes	Yes	Yes	No
610GA	South Bend, IN	Northern Indiana HCS	Yes	Yes	Yes	Yes	No	Yes	Yes	No
610GB	Muncie, IN	Northern Indiana HCS	Yes	Yes	Yes	Yes	No	Yes	No	No

Mental Health Clinicians

CBOC Station Number	CBOC Name	Parent VA	Miles to Parent Facility
548GB	Delray Beach, FL	West Palm Beach VAMC	27
548GC	Stuart, FL	West Palm Beach VAMC	30
538GB	Portsmouth, OH	Chillicothe VAMC	50
538GE	Cambridge, OH	Chillicothe VAMC	116
541BY	Canton, OH	Cleveland VAMC	45
541GF	Painesville, OH	Cleveland VAMC	27
610GA	South Bend, IN	Northern Indiana HCS	100
610GB	Muncie, IN	Northern Indiana HCS	36

Miles to Parent Facility

Quality of Care Measures
West Palm Beach VAMC[15] – Delray Beach and Stuart

Measure	*Meets Target*	*Facility*	*Qtr 4 Numerator*	*Qtr 4 Denominator*	*Qtr 4 Percentage*
Influenza Vaccination, 50−64	**66**	**National**	**4,843**	**6,973**	**69**
	66	548 West Palm Beach VAMC	28	38	**74**
		548GB Delray Beach	9	10	**90**
		548GC Stuart	14	24	**58**

Influenza Vaccination, 50−64 Years of Age, 4th Qtr, FY 2009

Measure	*Meets Target*	*Facility*	*Qtr 4 Numerator*	*Qtr 4 Denominator*	*Qtr 4 Percentage*
Influenza Vaccination, 65 or older	**83**	**National**	**5,460**	**6,499**	**84**
	83	548 West Palm Beach VAMC	56	67	**84**
		548GB Delray Beach	54	62	**87**
		548GC Stuart	32	50	**64**

Influenza Vaccination, Age 65 or Older, 4th Qtr, FY 2009

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM - Outpatient Foot Inspection	**National**	**4,321**	**4,651**	**93**
	548 West Palm Beach VAMC	18	18	**100**
	548GB Delray Beach	48	48	**100**
	548GC Stuart	49	50	**98**

DM Foot Inspection, FY 2010

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr1 Percentage*
DM - Outpatient - Foot Pedal Pulses	**National**	**4,208**	**4,651**	**90**
	548 West Palm Beach VAMC	18	18	**100**
	548GB Delray Beach	48	48	**100**
	548GC Stuart	49	50	**98**

Foot Pedal Pulse, FY 2010

[15] http://vaww.pdw.med.va.gov/MeasureMaster/MMReport.asp Note: Scores are weighted. The purpose of weighting is to correct for the over-representation of cases from small sites and the under-representation of cases from large sites. It corrects for the unequal number of available cases within each organizational level (i.e., CBOC, facility) and protects against the calculation of biased or inaccurate scores. Weighting can alter the raw measure score (numerator/denominator) in different ways, particularly measures with small "N"(s). Raw scores can go up or down depending on which cases pass or fail a measure. Sometimes the adjustment can be quite significant.

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM – Outpatient Foot Sensory Exam Using Monofilament	**National**	**4,126**	**4,630**	**89**
	548 West Palm Beach VAMC	18	18	**100**
	548GB Delray Beach	43	48	**90**
	548GC Stuart	48	50	**96**

Foot Sensory, FY 2010

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM – Retinal Eye Exam	**70**	**National**	**3,181**	**3,510**	**91**
	70	548 West Palm Beach VAMC	8	8	**100**
		548GB Delray Beach	42	48	**88**
		548GC Stuart	50	50	**100**

Retinal Exam, FY 2010

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM – LDL-C	**88**	**National**	**3,413**	**3,511**	**97**
	88	548 West Palm Beach VAMC	8	8	**100**
		548GB Delray Beach	48	48	**100**
		548GC Stuart	50	50	**100**

Lipid Profile, FY 2010

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM – HbgA1c	**93**	**National**	**3,452**	**3,512**	**98**
	93	548 West Palm Beach VAMC	8	8	**100**
		548GB Delray Beach	48	48	**100**
		548GC Stuart	49	50	**98**

HbgA1c Testing, FY 2010

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM - Renal Testing	**88**	**National**	**3,371**	**3,512**	**95**
	88	548 West Palm Beach VAMC	8	8	**100**
		548GB Delray Beach	48	48	**100**
		548GC Stuart	50	50	**100**

Renal Testing, FY 2010

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
Patient Screen with PC-PTSD	**95**	**National**	**9,761**	**10,006**	**98**
	95	548 West Palm Beach VAMC	131	131	**100**
		548GB Delray Beach	3	3	**100**
		548GC Stuart	5	5	**100**

PTSD Screening, FY 2010

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
***Patient Screen with PC-PTSD with* timely Suicide Ideation/Behavior Evaluation**	**75**	**National**	**239**	**379**	**64**
	75	548 West Palm Beach VAMC	4	6	**86**
		548GB Delray Beach	*	*	*
		548GC Stuart	1	1	**100**

PTSD Screening with Timely Suicide Ideation/Behavior Evaluation, FY 2010

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

Quality of Care Measures
Chillicothe VAMC[16] – Portsmouth and Cambridge

Measure	*Meets Target*	*Facility*	*Qtr 4 Numerator*	*Qtr 4 Denominator*	*Qtr4 Percentage*
Influenza Vaccination, 50−64	**66**	**National**	**4,843**	**6,973**	**69**
	66	538 Chillicothe VAMC	38	58	**66**
		538GB Portsmouth	24	30	**80**
		538GE Cambridge	32	40	**80**

Influenza Vaccination, 50−64 Years of Age, 4th Qtr, FY 2009

Measure	*Meets Target*	*Facility*	*Qtr 4 Numerator*	*Qtr 4 Denominator*	*Qtr 4 Percentage*
Influenza Vaccination, 65 or older	**83**	**National**	**5,460**	**6,499**	**84**
	83	538 Chillicothe VAMC	39	45	**87**
		538GB Portsmouth	40	45	**89**
		538GE Cambridge	26	32	**81**

Influenza Vaccination, Age 65 or Older, 4th Qtr, FY 2009

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM - Outpatient Foot Inspection	**National**	**4,321**	**4,651**	**93**
	538 Chillicothe VAMC	44	48	**93**
	538GB Portsmouth	46	46	**100**
	538GE Cambridge	50	50	**100**

DM Foot Inspection, FY 2010

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr1 Percentage*
DM - Outpatient - Foot Pedal Pulses	**National**	**4,208**	**4,651**	**90**
	538 Chillicothe VAMC	42	48	**85**
	538GB Portsmouth	46	46	**100**
	538GE Cambridge	50	50	**100**

Foot Pedal Pulse, FY 2010

[16] http://vaww.pdw.med.va.gov/MeasureMaster/MMReport.asp Note: Scores are weighted. The purpose of weighting is to correct for the over-representation of cases from small sites and the under-representation of cases from large sites. It corrects for the unequal number of available cases within each organizational level (i.e., CBOC, facility) and protects against the calculation of biased or inaccurate scores. Weighting can alter the raw measure score (numerator/denominator) in different ways, particularly measures with small "N"(s). Raw scores can go up or down depending on which cases pass or fail a measure. Sometimes the adjustment can be quite significant.

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM – Outpatient Foot Sensory Exam Using Monofilament	**National**	**4,126**	**4,630**	**89**
	538 Chillicothe VAMC	43	48	**89**
	538GB Portsmouth	45	46	**98**
	538GE Cambridge	49	50	**98**

Foot Sensory, FY 2010

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM – Retinal Eye Exam	**70**	**National**	**3,181**	**3,510**	**91**
	70	538 Chillicothe VAMC	36	37	**100**
		538GB Portsmouth	43	46	**93**
		538GE Cambridge	48	50	**96**

Retinal Exam, FY 2010

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM – LDL-C	**88**	**National**	**3,413**	**3,511**	**97**
	88	538 Chillicothe VAMC	35	37	**100**
		538GB Portsmouth	46	46	**100**
		538GE Cambridge	49	50	**98**

Lipid Profile, FY 2010

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM – HbgA1c	**93**	**National**	**3,452**	**3,512**	**98**
	93	538 Chillicothe VAMC	37	37	**100**
		538GB Portsmouth	46	46	**100**
		538GE Cambridge	49	50	**98**

HbgA1c Testing, FY 2010

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM - Renal Testing	**88**	**National**	**3,371**	**3,512**	**95**
	88	538 Chillicothe VAMC	36	37	**93**
		538GB Portsmouth	46	46	**100**
		538GE Cambridge	50	50	**100**

Renal Testing, FY 2010

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
Patient Screen with PC-PTSD	**95**	**National**	**9,761**	**10,006**	**98**
	95	538 Chillicothe VAMC	56	58	**95**
		538GB Portsmouth	20	21	**95**
		538GE Cambridge	13	13	**100**

PTSD Screening, FY 2010

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
***Patient Screen with PC-PTSD with* timely Suicide Ideation/Behavior Evaluation**	**75**	**National**	**239**	**379**	**64**
	75	538 Chillicothe VAMC	*	*	*
		538GB Portsmouth	2	2	**100**
		538GE Cambridge	0	1	**0**

PTSD Screening with Timely Suicide Ideation/Behavior Evaluation, FY 2010

Null values are represented by *, indicating no eligible cases

Quality of Care Measures
Cleveland VAMC[17] – Canton and Painesville

Measure	*Meets Target*	*Facility*	*Qtr 4 Numerator*	*Qtr 4 Denominator*	*Qtr 4 Percentage*
Influenza Vaccination, 50−64	**66**	**National**	**4,843**	**6,973**	**69**
	66	541 Cleveland VAMC	23	45	**51**
		541BY Canton	20	30	**67**
		541GF Painesville	14	23	**61**

Influenza Vaccination, 50−64 Years of Age, 4th Qtr, FY 2009

Measure	*Meets Target*	*Facility*	*Qtr 4 Numerator*	*Qtr 4 Denominator*	*Qtr 4 Percentage*
Influenza Vaccination, 65 or older	**83**	**National**	**5,460**	**6,499**	**84**
	83	541 Cleveland VAMC	48	56	**86**
		541BY Canton	35	41	**85**
		541GF Painesville	36	42	**86**

Influenza Vaccination, Age 65 or Older, 4th Qtr, FY 2009

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM - Outpatient Foot Inspection	**National**	**4,321**	**4,651**	**93**
	541 Cleveland VAMC	63	69	**88**
	541BY Canton	43	47	**91**
	541GF Painesville	45	46	**98**

DM Foot Inspection, FY 2010

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr1 Percentage*
DM - Outpatient - Foot Pedal Pulses	**National**	**4,208**	**4,651**	**90**
	541 Cleveland VAMC	63	69	**88**
	541BY Canton	42	47	**89**
	541GF Painesville	44	46	**96**

Foot Pedal Pulse, FY 2010

[17] http://vaww.pdw.med.va.gov/MeasureMaster/MMReport.asp Note: Scores are weighted. The purpose of weighting is to correct for the over-representation of cases from small sites and the under-representation of cases from large sites. It corrects for the unequal number of available cases within each organizational level (i.e., CBOC, facility) and protects against the calculation of biased or inaccurate scores. Weighting can alter the raw measure score (numerator/denominator) in different ways, particularly measures with small "N"(s). Raw scores can go up or down depending on which cases pass or fail a measure. Sometimes the adjustment can be quite significant.

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM – Outpatient Foot Sensory Exam Using Monofilament	**National**	**4,126**	**4,630**	**89**
	541 Cleveland VAMC	63	69	**88**
	541BY Canton	41	47	**87**
	541GF Painesville	43	46	**93**

Foot Sensory, FY 2010

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM – Retinal Eye Exam	**70**	**National**	**3,181**	**3,510**	**91**
	70	541 Cleveland VAMC	49	53	**94**
		541BY Canton	47	47	**100**
		541GF Painesville	44	46	**96**

Retinal Exam, FY 2010

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM – LDL-C	**88**	**National**	**3,413**	**3,511**	**97**
	88	541 Cleveland VAMC	51	53	**96**
		541BY Canton	47	47	**100**
		541GF Painesville	45	46	**98**

Lipid Profile, FY 2010

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM – HbgA1c	**93**	**National**	**3,452**	**3,512**	**98**
	93	541 Cleveland VAMC	53	53	**100**
		541BY Canton	46	47	**98**
		541GF Painesville	45	46	**98**

HbgA1c Testing, FY 2010

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM - Renal Testing	**88**	**National**	**3,371**	**3,512**	**95**
	88	541 Cleveland VAMC	52	53	**100**
		541BY Canton	47	47	**100**
		541GF Painesville	46	46	**100**

Renal Testing, FY 2010

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
Patient Screen with PC-PTSD	**95**	**National**	**9,761**	**10,006**	**98**
	95	541 Cleveland VAMC	106	108	**98**
		541BY Canton	5	5	**100**
		541GF Painesville	23	23	**100**

PTSD Screening, FY 2010

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
***Patient Screen with PC-PTSD with* timely Suicide Ideation/Behavior Evaluation**	**75**	**National**	**239**	**379**	**64**
	75	541 Cleveland VAMC	4	6	**78**
		541BY Canton	*	*	*
		541GF Painesville	*	*	*

PTSD Screening with Timely Suicide Ideation/Behavior Evaluation, FY 2010

Null values are represented by *, indicating no eligible cases

Quality of Care Measures
VA Northern Indiana HCS-Marion[18] – South Bend and Muncie

Measure	*Meets Target*	*Facility*	*Qtr 4 Numerator*	*Qtr 4 Denominator*	*Qtr 4 Percentage*
Influenza Vaccination, 50−64	**66**	**National**	**4,843**	**6,973**	**69**
	66	610 VA Northern Indiana HCS	29	42	**69**
		610GA South Bend	16	28	**55**
		610GB Muncie	17	29	**59**

Influenza Vaccination, 50−64 Years of Age, 4th Qtr, FY 2009

Measure	*Meets Target*	*Facility*	*Qtr 4 Numerator*	*Qtr 4 Denominator*	*Qtr 4 Percentage*
Influenza Vaccination, 65 or older	**83**	**National**	**5,460**	**6,499**	**84**
	83	610 VA Northern Indiana HCS	53	62	**85**
		610GA South Bend	34	42	**74**
		610GB Muncie	35	43	**81**

Influenza Vaccination, Age 65 or Older, 4th Qtr, FY 2009

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM - Outpatient Foot Inspection	**National**	**4,321**	**4,651**	**93**
	610 VA Northern Indiana HCS	36	38	**95**
	610GA South Bend	43	43	**100**
	610GB Muncie	45	45	**100**

DM Foot Inspection, FY 2010

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr1 Percentage*
DM - Outpatient - Foot Pedal Pulses	**National**	**4,208**	**4,651**	**90**
	610 VA Northern Indiana HCS	36	38	**95**
	610GA South Bend	42	43	**98**
	610GB Muncie	44	45	**98**

Foot Pedal Pulse, FY 2010

[18] http://vaww.pdw.med.va.gov/MeasureMaster/MMReport.asp Note: Scores are weighted. The purpose of weighting is to correct for the over-representation of cases from small sites and the under-representation of cases from large sites. It corrects for the unequal number of available cases within each organizational level (i.e., CBOC, facility) and protects against the calculation of biased or inaccurate scores. Weighting can alter the raw measure score (numerator/denominator) in different ways, particularly measures with small "N"(s). Raw scores can go up or down depending on which cases pass or fail a measure. Sometimes the adjustment can be quite significant.

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM – Outpatient Foot Sensory Exam Using Monofilament	**National**	**4,126**	**4,630**	**89**
	610 VA Northern Indiana HCS	36	38	**95**
	610GA South Bend	42	43	**98**
	610GB Muncie	42	45	**93**

Foot Sensory, FY 2010

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM – Retinal Eye Exam	**70**	**National**	**3,181**	**3,510**	**91**
	70	610 VA Northern Indiana HCS	22	26	**69**
		610GA South Bend	40	43	**93**
		610GB Muncie	40	45	**89**

Retinal Exam, FY 2010

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM – LDL-C	**88**	**National**	**3,413**	**3,511**	**97**
	88	610 VA Northern Indiana HCS	26	26	**100**
		610GA South Bend	42	43	**98**
		610GB Muncie	44	45	**98**

Lipid Profile, FY 2010

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM – HbgA1c	**93**	**National**	**3,452**	**3,512**	**98**
	93	610 VA Northern Indiana HCS	26	26	**100**
		610GA South Bend	43	43	**100**
		610GB Muncie	45	45	**100**

HbgA1c Testing, FY 2010

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM - Renal Testing	**88**	**National**	**3,371**	**3,512**	**95**
	88	610 VA Northern Indiana HCS	24	26	**90**
		610GA South Bend	42	43	**98**
		610GB Muncie	45	45	**100**

Renal Testing, FY 2010

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
Patient Screen with PC-PTSD	**95**	**National**	**9,761**	**10,006**	**98**
	95	610 VA Northern Indiana HCS	76	76	**100**
		610GA South Bend	15	17	**88**
		610GB Muncie	8	11	**73**

PTSD Screening, FY 2010

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
***Patient Screen with PC-PTSD with* timely Suicide Ideation/Behavior Evaluation**	**75**	**National**	**239**	**379**	**64**
	75	610 VA Northern Indiana HCS	*	*	*
		610GA South Bend	2	2	**100**
		610GB Muncie	1	1	**100**

PTSD Screening with Timely Suicide Ideation/Behavior Evaluation, FY 2010

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

OIG Contact and Staff Acknowledgments

OIG Contact	Marisa Casado, Director CBOC/Vet Center Program Review (727) 395-2416
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