Department of Veterans Affairs
Office of Inspector General

Office of Healthcare Inspections

Report No. 14-00910-205

Community Based Outpatient Clinic and Primary Care Clinic Reviews at Jonathan M. Wainwright Memorial VA Medical Center Walla Walla, Washington

July 7, 2014

Washington, DC 20420

To Report Suspected Wrongdoing in VA Programs and Operations
Telephone: 1-800-488-8244
E-Mail: vaoighotline@va.gov
(Hotline Information: www.va.gov/oig/hotline)

Glossary

AUD	alcohol use disorder
CBOC	community based outpatient clinic
DWHP	designated women's health provider
EHR	electronic health record
EOC	environment of care
FY	fiscal year
MM	medication management
NA	not applicable
NM	not met
OIG	Office of Inspector General
PACT	Patient Aligned Care Teams
PCC	primary care clinic
PCP	primary care provider
RN	registered nurse
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
WH	women's health

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Executive Summary

Review Purpose: The purpose of the review was to evaluate selected patient care activities to determine whether the community based outpatient clinics (CBOCs) and primary care clinics (PCCs) provide safe, consistent, and high-quality health care for our veterans. We conducted a site visit during the week of April 21, 2014, at the following CBOC which is under the oversight of the Jonathan M. Wainwright Memorial VA Medical Center and Veterans Integrated Service Network 20:

- Yakima CBOC, Yakima, WA

Review Results: We conducted four focused reviews and made recommendations in all of the review areas:

Environment of Care. Ensure that:

- Staff can access the electronic version of the inventory of hazardous materials at the Yakima CBOC.
- Women veterans can access gender-specific restrooms without entering public areas at the Yakima CBOC.

Alcohol Use Disorder. Ensure that CBOC/PCC:

- Staff consistently document diagnostic assessments for patients with a positive alcohol screen.
- Staff provide education and counseling for patients with positive alcohol screens and drinking alcohol above National Institute on Alcohol Abuse and Alcoholism limits.
- Managers ensure that patients with excessive persistent alcohol use receive brief treatment or are evaluated by a specialty provider within 2 weeks of the screening.

Medication Management. Ensure that CBOC/PCC staff:

- Document that medication reconciliation was completed at each episode of care where the newly prescribed fluoroquinolone was administered, prescribed, or modified.
- Consistently provide written medication information that includes the fluoroquinolone.
- Document the evaluation of patient's level of understanding for the medication education.

Designated Women's Health Providers' Proficiency. Ensure that all Designated Women's Health Providers:

- Maintain proficiency as required for the provision of women's health care.

Comments

The VISN and Facility Directors agreed with the CBOC and PCC review findings and recommendations and provided acceptable improvement plans. (See Appendixes C and D, pages 16−21, for the full text of the Directors' comments). We will follow up on the planned actions for the open recommendations until they are completed.

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

Objectives, Scope, and Methodology

Objectives

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

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

Scope

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

- EOC
- AUD
- MM
- DWHP Proficiency

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

Methodology

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

[1] Includes 93 CBOCs in operation before March 31, 2013.

Table 1. CBOC/PCC Focused Reviews and Study Populations

Review Topic	Study Population
AUD	All CBOC and PCC patients screened within the study period of July 1, 2012, through June 30, 2013, and who had a positive AUDIT-C score[2] and all providers and RN Care Managers assigned to PACT prior to October 1, 2012.
MM	All outpatients with an original prescription ordered for one of the three selected fluoroquinolones from July 1, 2012, through June 30, 2013.
DWHP Proficiencies	All WH PCPs designated as DWHPs as of October 1, 2012, and who remained as DWHPs until September 30, 2013.

In this report, we make recommendations for improvement. Recommendations pertain to issues that are significant enough to be monitored by the OIG until corrective actions are implemented.

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

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

Results and Recommendations

EOC

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

We reviewed relevant documents and conducted a physical inspection of the Yakima CBOC. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement. Any items that did not apply to this facility are marked NA.

Table 2. EOC

NM	Areas Reviewed	Findings
	The CBOC's location is clearly identifiable from the street as a VA CBOC.	
NA	The CBOC has interior signage available that clearly identifies the route to and location of the clinic entrance.	
	The CBOC is Americans with Disabilities Act accessible.	
	The furnishings are clean and in good repair.	
	The CBOC is clean.	
X	The CBOC maintains a written, current inventory of hazardous materials and waste that it uses, stores, or generates.	The staff at the Yakima CBOC could not demonstrate how to access the electronic version of inventory without coaching.
	An alarm system and/or panic buttons are installed and tested in high-risk areas (e.g., MH clinic).	
	Alcohol hand wash or soap dispenser and sink are available in the examination rooms.	
	Sharps containers are secured.	
	Safety needle devices are available.	
	The CBOC has a separate storage room for storing medical (infectious) waste.	
	The CBOC conducts fire drills at least every 12 months.)	
	Means of egress from the building are unobstructed.	
	Access to fire alarm pull stations is unobstructed.	
	Access to fire extinguishers is unobstructed.	
	The CBOC has signs identifying the locations of fire extinguishers.	
	Exit signs are visible from any direction.	
	No expired medications were noted during the onsite visit.	

NM	Areas Reviewed (continued)	Findings
	All medications are secured from unauthorized access.	
	Personally identifiable information is protected on laboratory specimens during transport so that patient privacy is maintained.	
	Adequate privacy is provided to patients in examination rooms.	
	Documents containing patient-identifiable information are not laying around, visible, or unsecured.	
	Window coverings provide privacy.	
	The CBOC has a designated examination room for women veterans.	
X	Adequate privacy is provided to women veterans in the examination room.	Gowned women veterans at the Yakima CBOC cannot access gender-specific restrooms without entering public areas.
	The information technology network room/server closet is locked.	
	All computer screens are locked when not in use.	
	Staff use privacy screens on monitors to prevent unauthorized viewing in high-traffic areas.	
	EOC rounds are conducted semi-annually (at least twice in a 12-month period) and deficiencies are reported to and tracked by the EOC Committee until resolution.	
	The CBOC has an automated external defibrillator.	
	Safety inspections are performed on the CBOC medical equipment in accordance with Joint Commission standards.	
	The parent facility includes the CBOC in required education, training, planning, and participation leading up to the annual disaster exercise.	
	The parent facility's Emergency Management Committee evaluates CBOC emergency preparedness activities, participation in annual disaster exercise, and staff training/education relating to emergency preparedness requirements.	

Recommendations

1. We recommended that managers ensure staff can access the electronic version of the inventory of hazardous materials at the Yakima CBOC.

2. We recommended that processes are strengthened to ensure women veterans can access gender-specific restrooms without entering public areas at the Yakima CBOC.

AUD

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

We reviewed relevant documents. We also reviewed 38 EHRs and validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

Table 3. AUD

NM	Areas Reviewed	Findings
	Alcohol use screenings are completed during new patient encounters, and at least annually.	
X	Diagnostic assessments are completed for patients with a positive alcohol screen.	Staff did not complete diagnostic assessments for 13 (34 percent) of 38 patients who had positive alcohol use screens.
X	Education and counseling about drinking levels and adverse consequences of heavy drinking are provided for patients with positive alcohol screens and drinking levels above National Institute on Alcohol Abuse and Alcoholism guidelines.	Staff did not provide education and counseling for 4 of 22 patients who had positive alcohol use screens.
	Documentation reflects the offer of further treatment for patients diagnosed with alcohol dependence.	
	For patients with AUD who decline referral to specialty care, CBOC/PCC staff monitored them and their alcohol use.	
X	Counseling, education, and brief treatments for AUD are provided within 2 weeks of positive screening.	Treatment was not provided within 2 weeks of positive screening for two of nine patients.
	CBOC/PCC RN Care Managers have received motivational interviewing training within 12 months of appointment to PACT.	
	CBOC/PCC RN Care Managers have received VHA National Center for Health Promotion and Disease Prevention-approved health coaching training (most likely TEACH for Success) within 12 months of appointment to PACT.	
	The facility complied with any additional elements required by VHA or local policy.	

Recommendations

3. We recommended that CBOC/Primary Care Clinic staff consistently complete diagnostic assessments for patients with a positive alcohol screen.

4. We recommended that CBOC/Primary Care Clinic staff provide education and counseling for patients with positive alcohol screens and drinking alcohol above National Institute on Alcohol Abuse and Alcoholism limits.

5. We recommended that managers ensure that patients with excessive persistent alcohol use receive brief treatment or are evaluated by a specialty provider within 2 weeks of the screening.

MM

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

We reviewed relevant documents. We also reviewed 38 EHRs and validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

Table 4. Fluoroquinolones

NM	Areas Reviewed	Findings
X	Clinicians documented the medication reconciliation process that included the fluoroquinolone.	We did not find documentation that medication reconciliation included the newly prescribed fluoroquinolone in 13 of 17 patient EHRs.
X	Written information on the patient's prescribed medications was provided at the end of the outpatient encounter.	We did not find documentation that 6 of 19 patients received written information that included the fluoroquinolone.
	Medication counseling/education for the fluoroquinolone was documented in the patients' EHRs.	
X	Clinicians documented the evaluation of each patient's level of understanding for the education provided.	Clinicians did not document the level of understanding for 18 of 19 patients.
	The facility complied with local policy.	

Recommendations

6. We recommended that staff document that medication reconciliation was completed at each episode of care where the newly prescribed fluoroquinolone was administered, prescribed or modified.

7. We recommended that staff consistently provide written medication information that includes the fluoroquinolone.

8. We recommended that staff document the evaluation of patient's level of understanding for the medication education.

DWHP Proficiency

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

We reviewed the facility self-assessment, VHA and local policies, Primary Care Management Module data, and supporting documentation for DWHPs' proficiencies. The table below shows the areas reviewed for this topic. The area marked as NM did not meet applicable requirements and needed improvement.

Table 5. DWHP Proficiency

NM	Areas Reviewed	Findings
X	CBOC and PCC DWHPs maintained proficiency requirements.	Five of 11 DWHPs with panels comprised of less than 10 percent women veterans at the CBOC and/or PCCs did not have evidence of implementation of alternative plans to ensure ongoing proficiency in WH care.
	CBOC and PCC DWHPs were designated with the WH indicator in the Primary Care Management Module.	

Recommendation

9. We recommended that clinical executive/primary care leaders ensure that CBOC/PCC Designated Women's Health Providers maintain proficiency as required for the provision of women's health care.

CBOC Profiles

This review evaluates the quality of care provided to veterans at all of the CBOCs under the parent facility's oversight.[3] The table below provides information relative to each of the CBOCs.

					Uniques[4]				Encounters[4]			
Location	**State**	**Station #**	**Locality[5]**	**CBOC Size[6]**	**MH[7]**	**PC[8]**	**Other[9]**	**All**	**MH[7]**	**PC[8]**	**Other[9]**	**All**
Richland	WA	687GA	Urban	Mid-Size	1,185	3,020	4,011	4,326	6,998	6,298	14,904	28,200
Yakima	WA	687HA	Urban	Mid-Size	949	3,194	3,686	3,911	4,247	4,696	24,478	33,421
Lewiston	ID	687GB	Urban	Mid-Size	626	2,693	2,508	3,180	2,945	6,973	12,867	22,785
La Grande	OR	687GC	Rural	Mid-Size	249	1,495	1,352	1,691	2,063	4,298	6,470	12,831

[3] Includes all CBOCs in operation before March 31, 2013.
[4] Unique patients and Total Encounters – Source: MedSAS outpatient files; completed outpatient appointments indicated by a valid stop code during the October 1, 2012, through September 30, 2013, timeframe at the specified CBOC.
[5] http://vaww.pssg.med.va.gov/PSSG/DVDC/FY2013_Q1_VAST.xlsx
[6] Based on the number of unique patients seen as defined by VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008, the size of the CBOC facility is categorized as very large (> 10,000), large (5,000-10,000), mid-size (1,500-5,000), or small (< 1,500).
[7] Mental Health includes stop codes in the 500 series, excluding 531 and 563, in the primary position.
[8] Primary Care includes the stop code list in the primary position: 323 – Primary Care; 322 – Women's Clinic; 348 – Primary Care Group; 350 – Geriatric Primary Care; 531 – MH Primary Care Team-Individual; 563 – MH Primary Care Team-Group; 170 – Home Based Primary Care (HBPC) Physician.
[9] All other non-Primary Care and non-MH stop codes in the primary position.

CBOC Services Provided

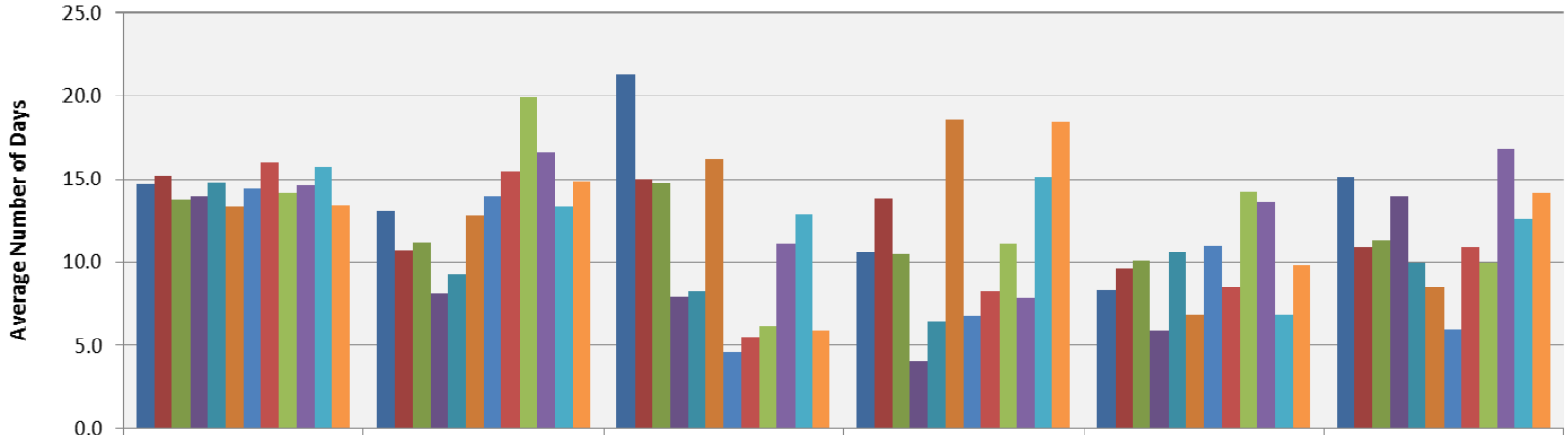
In addition to primary care integrated with WH and MH care, the CBOCs provide various specialty care, ancillary, and tele-health services. The following table lists the services provided at each CBOC.[10]

CBOC	Specialty Care Services[11]	Ancillary Services[12]	Tele-Health Services[13]
Richland	Dermatology	Laboratory VIST[14] Social Work MOVE! Program[15] Diabetic Retinal Screening Nutrition	Tele Primary Care
Yakima	Dermatology	Laboratory MOVE! Program Pharmacy Nutrition Diabetic Retinal Screening	Tele Primary Care
Lewiston	Dermatology	Pharmacy MOVE! Program Nutrition Diabetic Retinal Screening	Tele Primary Care
La Grande	Dermatology	Social Work MOVE! Program	Tele Primary Care

[10] Source: MedSAS outpatient files; the denoted Specialty Care and Ancillary Services are limited to Primary Clinic Stops with a count ≥ 100 encounters during the October 1, 2012, through September 30, 2013, timeframe at the specified CBOC.
[11] Specialty Care Services refer to non-Primary Care and non-MH services provided by a physician.
[12] Ancillary Services refer to non-Primary Care and non-MH services that are not provided by a physician.
[13] Tele-Health Services refer to services provided under the VA Telehealth program (http://www.telehealth.va.gov/)
[14] The Visual Impairment Services Team (VIST) is a group of case managers that coordinate services for severely disabled and visually impaired Veterans and active duty service members.
[15] VHA Handbook 1120.01, *MOVE! Weight Management Program for Veterans*, March 31, 2011.

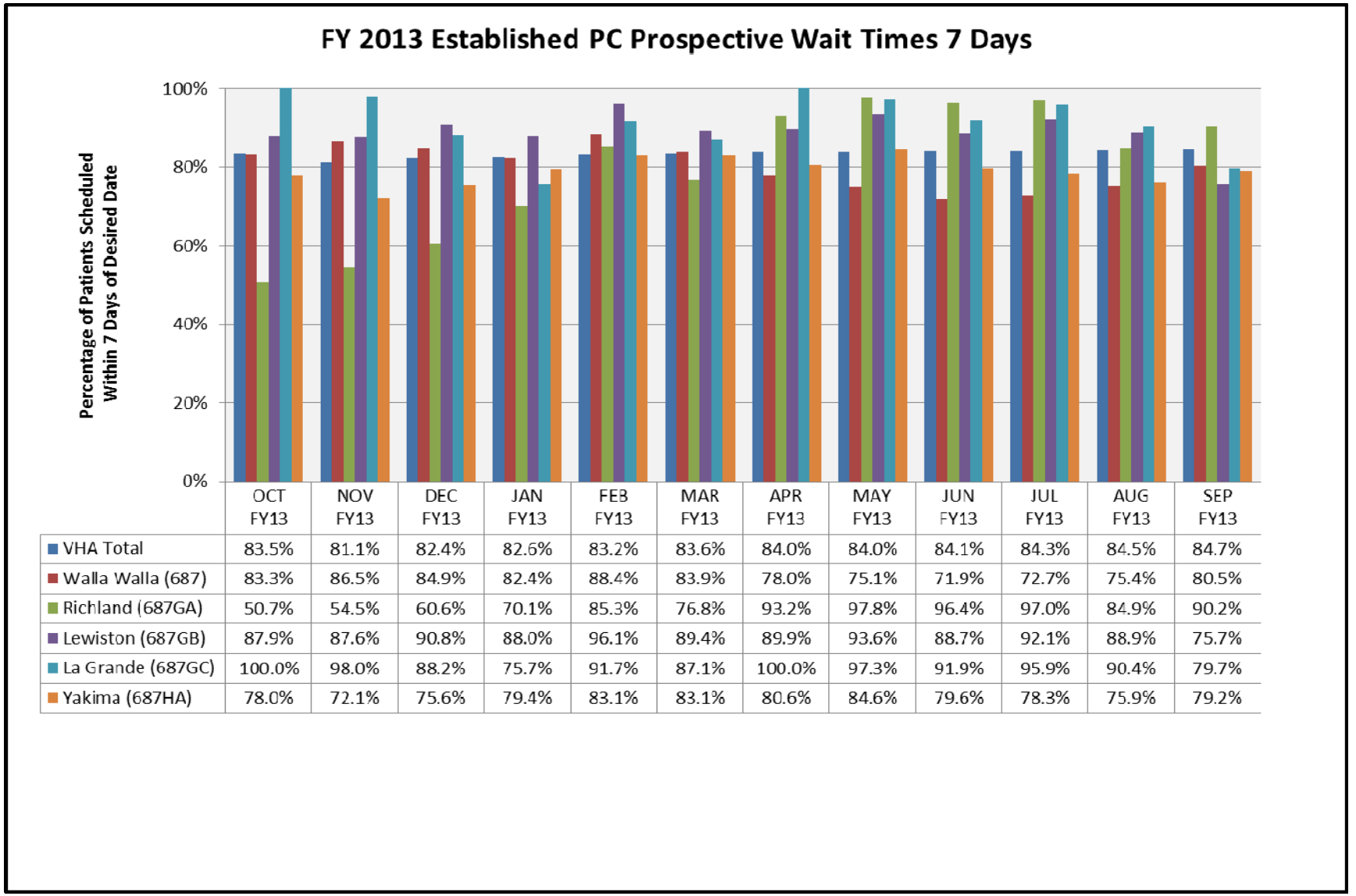
PACT Compass Metrics

FY 2013 Average 3rd Next Available in PC Clinics



	VHA Total	Walla Walla (687)	Richland (687GA)	Lewiston (687GB)	La Grande (687GC)	Yakima (687HA)
OCT FY13	14.6	13.1	21.3	10.6	8.3	15.1
NOV FY13	15.2	10.7	15.0	13.9	9.6	10.9
DEC FY13	13.8	11.2	14.7	10.5	10.1	11.3
JAN FY13	14.0	8.1	7.9	4.0	5.9	14.0
FEB FY13	14.8	9.3	8.3	6.5	10.7	10.0
MAR FY13	13.3	12.8	16.2	18.6	6.8	8.5
APR FY13	14.4	14.0	4.6	6.8	11.0	6.0
MAY FY13	16.0	15.5	5.5	8.3	8.5	10.9
JUN FY13	14.2	19.9	6.1	11.1	14.2	10.0
JUL FY13	14.6	16.6	11.1	7.8	13.6	16.8
AUG FY13	15.7	13.3	12.9	15.1	6.9	12.6
SEP FY13	13.4	14.9	5.9	18.4	9.8	14.2

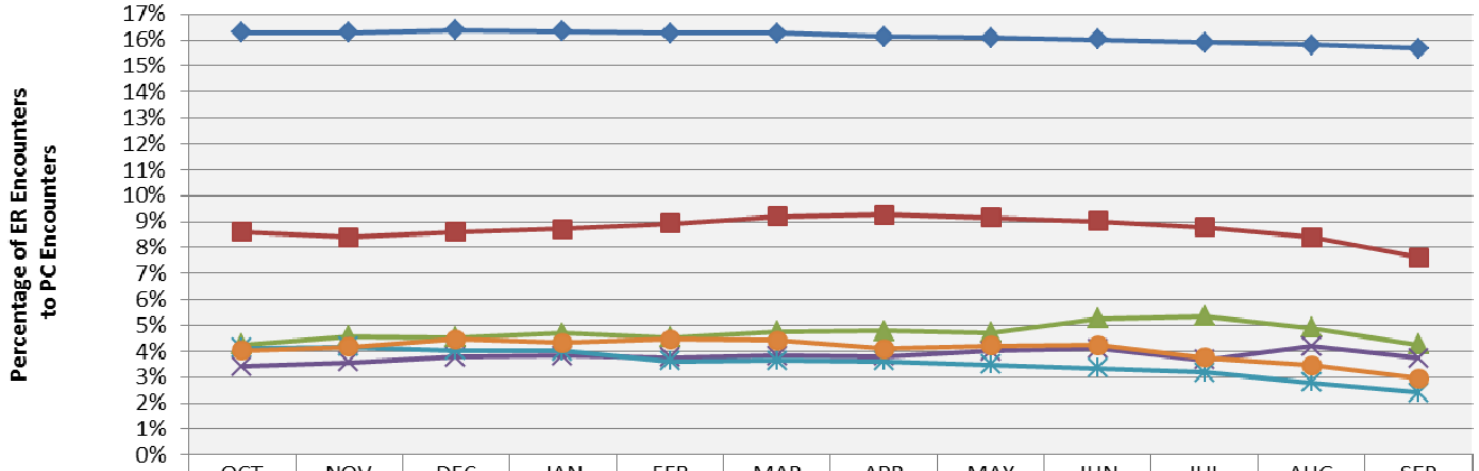
Data Definition.[e] The average waiting time in days until the next third open appointment slot for completed primary care appointments in stop code 350. Completed appointments in stop code 350 for this metric include completed appointments where a 350 stop code is in the primary position on the appointment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



	OCT FY13	NOV FY13	DEC FY13	JAN FY13	FEB FY13	MAR FY13	APR FY13	MAY FY13	JUN FY13	JUL FY13	AUG FY13	SEP FY13
VHA Total	83.5%	81.1%	82.4%	82.6%	83.2%	83.6%	84.0%	84.0%	84.1%	84.3%	84.5%	84.7%
Walla Walla (687)	83.3%	86.5%	84.9%	82.4%	88.4%	83.9%	78.0%	75.1%	71.9%	72.7%	75.4%	80.5%
Richland (687GA)	50.7%	54.5%	60.6%	70.1%	85.3%	76.8%	93.2%	97.8%	96.4%	97.0%	84.9%	90.2%
Lewiston (687GB)	87.9%	87.6%	90.8%	88.0%	96.1%	89.4%	89.9%	93.6%	88.7%	92.1%	88.9%	75.7%
La Grande (687GC)	100.0%	98.0%	88.2%	75.7%	91.7%	87.1%	100.0%	97.3%	91.9%	95.9%	90.4%	79.7%
Yakima (687HA)	78.0%	72.1%	75.6%	79.4%	83.1%	83.1%	80.6%	84.6%	79.6%	78.3%	75.9%	79.2%

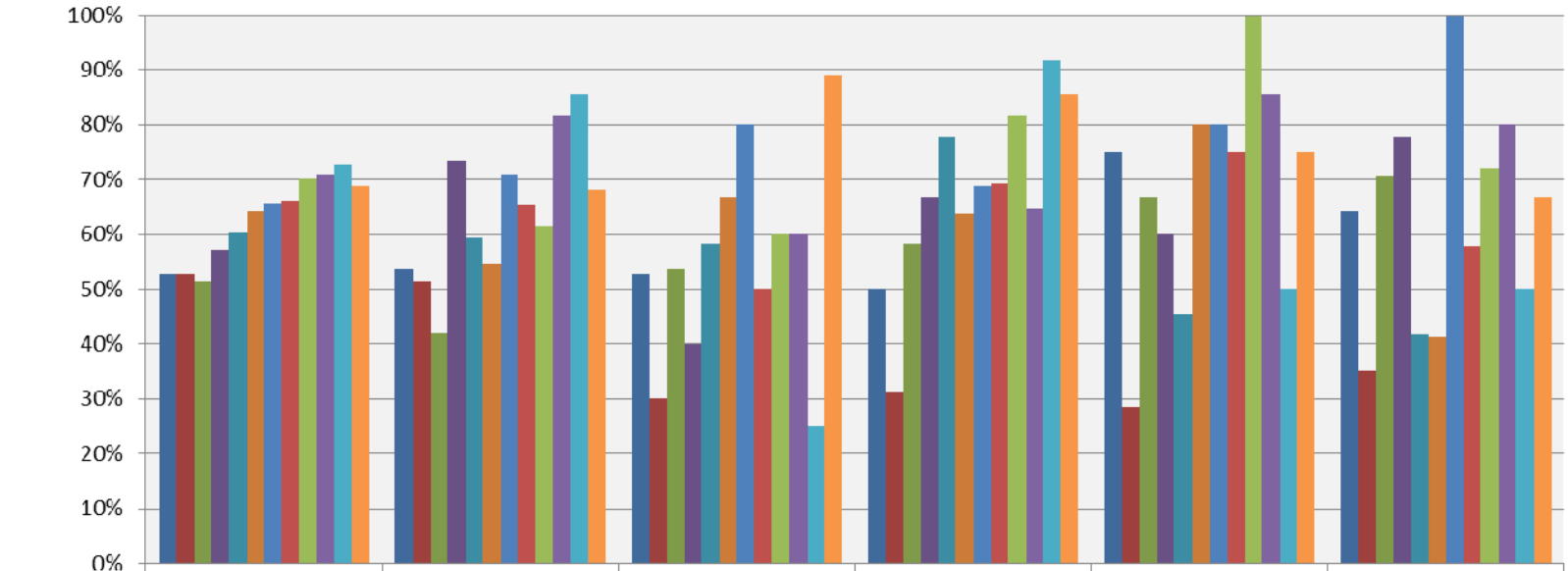
Data Definition.[e] The percent of patients scheduled within 7 days of the desired date. Data source is the Wait Times Prospective Wait Times measures. The total number of scheduled appointments for primary care-assigned patients in primary care clinics 322, 323 and 350. Data is collected twice a month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

FY 2013 Ratio of ER Encounters While on Panel to PC Encounters While on Panel (FEE ER Included)



	OCT FY13	NOV FY13	DEC FY13	JAN FY13	FEB FY13	MAR FY13	APR FY13	MAY FY13	JUN FY13	JUL FY13	AUG FY13	SEP FY13
VHA Total	16.3%	16.3%	16.4%	16.3%	16.3%	16.3%	16.1%	16.1%	16.0%	15.9%	15.8%	15.7%
Walla Walla (687)	8.6%	8.4%	8.6%	8.7%	8.9%	9.2%	9.3%	9.2%	9.0%	8.8%	8.4%	7.6%
Richland (687GA)	4.3%	4.6%	4.5%	4.7%	4.5%	4.8%	4.8%	4.7%	5.3%	5.4%	4.9%	4.3%
Lewiston (687GB)	3.4%	3.6%	3.8%	3.8%	3.8%	3.8%	3.8%	4.0%	4.1%	3.7%	4.2%	3.7%
La Grande (687GC)	4.1%	4.2%	4.0%	4.0%	3.6%	3.6%	3.6%	3.5%	3.3%	3.2%	2.8%	2.4%
Yakima (687HA)	4.0%	4.2%	4.5%	4.3%	4.5%	4.4%	4.1%	4.2%	4.2%	3.8%	3.4%	3.0%

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



	VHA Total	Walla Walla (687)	Richland (687GA)	Lewiston (687GB)	La Grande (687GC)	Yakima (687HA)
OCT FY13	52.8%	53.8%	52.9%	50.0%	75.0%	64.3%
NOV FY13	52.9%	51.4%	30.0%	31.3%	28.6%	35.3%
DEC FY13	51.5%	42.1%	53.8%	58.3%	66.7%	70.6%
JAN FY13	57.2%	73.3%	40.0%	66.7%	60.0%	77.8%
FEB FY13	60.4%	59.4%	58.3%	77.8%	45.5%	41.7%
MAR FY13	64.4%	54.5%	66.7%	63.6%	80.0%	41.2%
APR FY13	65.5%	70.9%	80.0%	68.8%	80.0%	100.0%
MAY FY13	66.1%	65.3%	50.0%	69.2%	75.0%	57.9%
JUN FY13	70.1%	61.5%	60.0%	81.8%	100.0%	72.0%
JUL FY13	71.1%	81.8%	60.0%	64.7%	85.7%	80.0%
AUG FY13	72.7%	85.7%	25.0%	91.7%	50.0%	50.0%
SEP FY13	68.9%	68.2%	88.9%	85.7%	75.0%	66.7%

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

VISN Director Comments

Department of Veterans Affairs **Memorandum**

Date: June 12, 2014

From: Director, Northwest Network (10N20)

Subject: **CBOC and PCC Reviews of the Jonathan M. Wainwright Memorial VA Medical Center, Walla Walla, WA**

To: Director, Seattle Office of Healthcare Inspections (54SE)

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

1. Thank you for the opportunity to respond to the proposed recommendations from the Community Based Outpatient Clinic and Primary Care Clinic Reviews of the Jonathan M. Wainwright Memorial VA Medical Center, Walla Walla, Washington.

2. Attached please find the facility concurrences and responses to each of the findings from the review.

3. If you have additional questions or need further information, please contact Susan Green, Survey Coordinator, VISN 20 at (360) 567-4678.

(original signed by:)
Lawrence H. Carroll

Appendix D

Facility Director Comments

Department of Veterans Affairs **Memorandum**

Date: June 6, 2014

From: Director, Jonathan M. Wainwright Memorial VAMC (687/00)

Subject: **CBOC and PCC Reviews of the Jonathan M. Wainwright Memorial VA Medical Center, Walla Walla, WA**

To: Director, Northwest Network (10N20)

I have reviewed the attached action plans for the areas of improvement recommended by the CBOC and PCC Reviews of the Jonathan M. Wainwright Memorial VA Medical Center, Walla Walla, WA and I concur with all recommended improvement actions.

(original signed by:)
Brian Westfield, MSN
Director

Comments to OIG's Report

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

OIG Recommendations

Recommendation 1. We recommended that managers ensure staff can access the electronic version of the inventory of hazardous materials at the Yakima CBOC.

Concur

Target date for completion: October 1, 2014

Facility response: The Green Environmental Management Systems (GEMS) coordinator will conduct refresher training for Yakima CBOC staff that will include how to access the electronic version of the inventory of hazardous materials. All staff will demonstrate to the Clinic Manager knowledge of how to access the electronic version of the hazardous inventory.

The Clinic Manager will document the training and the proficiency of each individual staff member to ensure 100% of current staff is able to access the inventory. The Clinic Manager will ensure that any new employee receives similar training and will document for each individual. The Clinic Manager will reassess the staff again in three months (September 2014) to determine level of continued compliance.

Recommendation 2. We recommended that processes are strengthened to ensure women veterans can access gender-specific restrooms without entering public areas at the Yakima CBOC.

Concur

Target date for completion: October 1, 2014

Facility response: The Outpatient Clinic Rooming Standard Operating Procedure (SOP) will be modified to include instructions that the staff rooming the patient shall ask female patients if they need to use the restroom before donning an examination gown. Women veterans should be directed to use the restroom near the Laboratory at the Yakima CBOC as it offers more privacy than the main public restroom. All clinic staff will be trained on the procedure. The Clinic Manager will document the training for each individual. The Clinic Manager will monitor via observation and report compliance monthly to the Executive Committee of the Medical Staff (ECMS). The ECMS will ensure at least 90% compliance for three consecutive months.

Recommendation 3. We recommended that CBOC/Primary Care Clinic staff consistently complete diagnostic assessments for patients with a positive alcohol screen.

Concur

Target date for completion: October 1, 2014

Facility response: The clinical reminder to ensure monitoring of alcohol use will be updated and implemented. CBOC/Primary Care clinic staff caring for outpatients will be educated on the revised Audit C clinical reminder template, education and training to be conducted by the Clinical Applications Coordinator. The Chief of Staff and Nurse Manager will conduct training for warm handoffs and document for each individual.

Compliance will be monitored and reported monthly to the Executive Committee of the Medical Staff. The Executive Committee of the Medical Staff will ensure at least 90% compliance for three consecutive months.

Recommendation 4. We recommended that CBOC/Primary Care Clinic staff provide education and counseling for patients with positive alcohol screens and drinking alcohol above National Institute on Alcohol Abuse and Alcoholism limits.

Concur

Target date for completion: October 1, 2014

Facility response: The clinical reminder on positive alcohol screens and drinking above National Institute on Alcohol Abuse and Alcoholism limits has been updated. The Chief of Staff and/or Nurse Managers will conduct training for the CBOC and Primary Care Clinics on updated clinical reminder and expectations.

The Clinical Application Coordinators will monitor and report compliance monthly to the ECMS. The ECMS will ensure 90% compliance for three consecutive months.

Recommendation 5. We recommended that managers ensure that patients with excessive persistent alcohol use receive brief treatment or are evaluated by a specialty provider within 2 weeks of the screening.

Concur

Target date for completion: October 1, 2014

Facility response: The clinical reminder to ensure staff offer and document further treatment to patients diagnosed with alcohol dependence will be updated and implemented. The Chief of Staff and/or Nurse Managers will conduct training for the CBOC and Primary Care Clinics, on updated clinical reminder and expectations.

The Clinic Application Coordinators will monitor and report compliance monthly to the ECMS. The ECMS will ensure 90% compliance for three consecutive months.

Recommendation 6. We recommended that staff document that medication reconciliation was completed at each episode of care where the newly prescribed fluoroquinolone was administered, prescribed, or modified.

Concur

Target date for completion: October 1, 2014

Facility response: The Chief of Staff will conduct training for the CBOC and Primary Care providers on the need for documentation of medication reconciliation with patients including fluoroquinolones. Providers will be instructed to add medication reconciliation of newly prescribed medications to their templates. The Chief of Staff will validate the templates are in compliance with expectations.

Compliance with documentation of reconciliation will be monitored monthly and reported to the ECMS. The ECMS will ensure 90% compliance for three consecutive months.

Recommendation 7. We recommended that staff consistently provide written medication information that includes the fluoroquinolone.

Concur

Target date for completion: October 1, 2014

Facility response: The Chief of Staff will conduct training for the CBOC and Primary Care providers on the need to provide written information to patients that include fluoroquinolone. Providers will add documentation of information given to their templates. Printouts of the provider's plan, or a trifold handout on fluoroquinolones, will be given to all patients prior to checkout.

Compliance will be monitored monthly by the Chief of Staff and reported to the ECMS. The ECMS will ensure compliance of 90% for three consecutive months.

Recommendation 8. We recommended that staff document the evaluation of patient's level of understanding for the medication education.

Concur

Target date for completion: October 1, 2014

Facility response: The Chief of Staff will conduct training for the CBOC and Primary Care providers on provision and documentation of the evaluation of patient's and/or caregivers' understanding of medication education. The Clinical Application Coordinators will add patient's level of understanding of education to templates.

Compliance will be monitored monthly by the Chief of Staff and reported to the ECMS. The ECMS will ensure 90% compliance for three consecutive months.

Recommendation 9. We recommended that clinical executive/primary care leaders ensure that CBOC/PCC Designated Women's Health Providers maintain proficiency as required for the provision of women's health care.

Concur

Target date for completion: September 1, 2014

Facility response: All Designated Women Health Providers who did not have documented training for proficiency of women's health care will complete mini-residency/training to be able to demonstrate women's health care proficiency. All providers without documented training have been registered and been accepted into training programs.

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Endnotes

[a] References used for the EOC review included:
- US Access Board, *Americans with Disabilities Act Accessibility Guidelines (ADAAG)*, September 2, 2002.
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- VHA Directive 2012-026, *Sexual Assaults & Other Defined Public Safety Incidents in VHA Facilities,* September 27, 2012.
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- VHA Handbook 1330.01, *Health Care Services for Women Veterans,* May 21, 2010.
- VHA Handbook 1850.05, *Interior Design Operations and Signage,* July 1, 2011.

[b] References used for the AUD review included:
- National Center for Health Promotion and Disease Prevention (NCP), Veteran Health Education and Information (NVEI) Program, *Patient Education: TEACH for Success.* Retrieved from http://www.prevention.va.gov/Publications/Newsletters/2013/HealthPOWER_Prevention_News_Winter_2012_2013_FY12_TEACH_MI_Facilitator_Training.asp on January 17, 2014.
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- VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics,* September 11, 2008.

[c] References used for the Medication Management review included:
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- VHA Directive 2012-011, *Primary Care Standards*, April 11, 2012.
- VHA Handbook 1108.05, *Outpatient Pharmacy Services*, May 30, 2006.
- VHA Handbook 1108.07, *Pharmacy General Requirements*, April 17, 2008.
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[d] References used for the DWHP review included:
- VHA Deputy Under Secretary for Health for Operations and Management, Memorandum: *Health Care Services for Women Veterans*, Veterans Health Administration (VHA) Handbook 1330.01; Women's Health (WH) Primary Care Provider (PCP) Proficiency, July 8, 2013.
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[e] Reference used for PACT Compass data graphs:
- Department of Veterans' Affairs, *Patient Aligned Care Teams Compass Data Definitions*, August 29, 2013.