Department of Veterans Affairs
Office of Inspector General

Healthcare Inspection

Community Based Outpatient Clinic Reviews
Benton Harbor and Grand Rapids, MI
Terre Haute and Bloomington, IN
Yale and Pontiac, MI

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VA Office of Inspector General
Washington, DC 20420

To Report Suspected Wrongdoing in VA Programs and Operations

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

E-Mail: vaoighotline@va.gov

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Executive Summary

Introduction

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

The VA Office of Inspector General (OIG), Office of Healthcare Inspections conducted a review of six CBOCs during the week of May 18–22, 2009. The CBOCs reviewed were Benton Harbor and Grand Rapids, MI; Terre Haute and Bloomington, IN; and Yale and Pontiac, MI. The parent facilities of these CBOCs are Battle Creek VAMC, Richard L. Roudebush (Indianapolis) VAMC, and John D. Dingell (Detroit) VAMC, respectively. The purpose of the review was to assess whether CBOCs are operated in a manner that provides veterans with consistent, safe, high-quality health care. The CBOCs and parent facilities are all part of Veterans Integrated Service Network (VISN) 11.

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 Director, VISN 11, in conjunction with the respective facility manager, should take appropriate actions on the following recommendations:

- Accomplish providers' background checks in accordance with VHA policy.
- Maintain patients' auditory privacy during their check-in process.
- Implement appropriate measures as described in the security risk assessment.
- Maintain protected patient information in a secure fashion and monitor appropriate shredding practices.
- Require that clinicians order and provide emergency medications according to the terms of their contracts, appropriately document medications ordered for short-term use in computerized patient record system (CPRS), and monitor documentation of the appropriate process.
- Assess the need for an emergency box and maintain its contents appropriately if one is deemed necessary.
- Ensure all medications and instruments accessible to patients are secured when unattended.
- Maintain an emergency management policy relevant to the specific needs and resources of each CBOC.

- Provide proper CBOC access to disabled patients.
- Grant privileges that are consistent with providers' practices and ensure that the Professional Standards Board minutes appropriately reflect documents reviewed and actions taken.
- Ensure monitoring of prescriptive authority is consistently accomplished, reports are forwarded to the credentialing office, and results are used during the reprivileging processes.
- Include provider-specific performance measure data in the reprivileging process as required by VA policy.
- Require that all licensed independent providers are privileged for procedures provided at CBOCs as required by VHA.
- Recover the overcharges for the duplicate billings from the contractor.
- Include a provision for contractor billing on a monthly basis to reduce the charges to the VA when contracts are terminated.
- Provide a provision in contracts for disenrollment of veterans who have not received services at the CBOC within the prior 12 months.

Comments

The VISN and VAMC Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes A–D, pages 26–37, for the full text of the Directors' comments.) We will follow up on the planned actions until they are completed.

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

Part I. Introduction

Purpose

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

Background

The Veterans' Health Care Eligibility Reform Act of 1996 was enacted to equip VA with ways to provide veterans with medically needed care in a more equitable and cost-effective manner. As a result, the VHA expanded the Ambulatory and Primary Care Services to include CBOCs located throughout the United States. CBOCs were established to provide more convenient access to care for currently enrolled users and to improve access opportunities within existing resources for eligible veterans not currently served.

Veterans are required to receive one standard of care at all VHA health care facilities. Care at CBOCs needs to be consistent, safe, and of high quality, regardless of model (VA staffed or contract). CBOCs are expected to comply with all relevant VA policies and procedures, including those related to quality, patient safety, and performance. For additional background information, see the *Informational Report for the Community Based Outpatient Clinic Cyclical Reports*, 08-00623-169, issued July 16, 2009.

Scope and Methodology

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

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

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

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

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

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

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

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

In this report, we make recommendations for improvement.

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

Part II. CBOC Characteristics

Veterans Integrated Service Network (VISN) 11 has 8 VHA hospitals and 21 CBOCs. As part of our review, we inspected 6 CBOCs (1 VA leased and 5 contracted).[3] There were 2 CBOCs each from 3 VAMCs. The CBOCs reviewed were Benton Harbor and Grand Rapids, MI; Terre Haute and Bloomington, IN; and Yale and Pontiac, MI. The parent facilities of these CBOCs are Battle Creek VAMC, Richard L. Roudebush (Indianapolis) VAMC, and John D. Dingell (Detroit) VAMC, respectively.

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

In FY 2008, the average number of unique patients seen at the VA-staffed CBOCs was 8,807 (range 2,494 to 15,121), and the contract CBOCs averaged 8,611 (range 3,004 to 4,154). The overall average of unique patients was 5,343 (range 2,494 to 15,121). Figure 1 shows characteristics of the six CBOCs we reviewed to include type of CBOC, rurality, number of clinical full-time equivalent employees (FTE), number of unique veterans enrolled in the CBOC, and number of veteran visits.

VISN Number	CBOC Name	Parent VAMC	CBOC Type	Urban/ Rural	Number of Clinical Providers (FTE)	Uniques	Visits
11	Benton Harbor, MI	Battle Creek, MI	VA Staffed	Rural	3.00	2,494	9,145
11	Grand Rapids, MI	Battle Creek, MI	VA Staffed	Urban	12.35	15,121	94,939
11	Terre Haute, IN	Indianapolis, IN	Contract	Rural	4.00	4,154	8,309
11	Bloomington, IN	Indianapolis, IN	Contract	Rural	5.00	4,272	7,911
11	Yale, MI	Detroit, MI	Contract	Rural	2.2	3,015	7,634
11	Pontiac, MI	Detroit, MI	Contract	Urban	4.05	3,004	5,987

Figure 1 - CBOC Characteristics, FY 2008

Three of the six CBOCs provide Specialty Care services onsite (Grand Rapids, Terre Haute, Bloomington), while the other three CBOCs refer patients to the parent facility. Benton Harbor also refers patients to a contract or fee basis facility and VA hospitals in Ann Arbor and Detroit. The specialty services conducted at the Grand Rapids CBOC included dermatology, gastrointestinal, rheumatology, urology, endocrinology, optometry, infectious disease, women's wellness, podiatry, dental, ultrasound, speech pathology, audiology, wound program, and occupational and physical therapy. The specialty services offered at the Terre Haute and Bloomington CBOCs include nutrition and wheelchair clinics.

[3] Benton Harbor CBOC changed from a contract to a VA staffed facility in November 2008.

While four of the six CBOCs have laboratory services onsite, only two of the four (Grand Rapids and Benton Harbor) were able to provide basic blood analysis and only one CBOC (Grand Rapids) provided urine analysis onsite. All six CBOCs provide electrocardiograms (EKGs). Two CBOCs have an onsite pharmacy (Grand Rapids and Yale), and five CBOCs provided radiological services. Veterans have access to social services at two CBOCs.

All six CBOCs provide MH services onsite. The type of MH providers varied among the CBOCs to include psychologist, licensed clinical social workers, nurse practitioners, social services specialists, and psychiatrists. Tele-mental health is available at three CBOCs (Benton Harbor, Yale, and Pontiac). Four CBOCs reported that MH services are provided 5 days a week (Benton Harbor, Grand Rapids, Terre Haute, and Bloomington). Yale provides MH 2 days per week and Pontiac 3 days per week. Additional CBOC characteristics are listed in Appendix E.

Part III. Overview of Review Topics

The review topics discussed in this report include:

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

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

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

We conducted an overall review to assess whether the medical center's C&P process complied with VHA Handbook 1100.19 issued November 14, 2008. We reviewed all CBOC providers C&P files and all nursing staff personnel folders. In addition, we reviewed the background checks for the CBOC clinical staff.

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

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

We evaluated whether the five CBOC contracts provided guidelines that the contractor needed to follow in order to address quality of care issues. We also verified that the number of enrollees or visits reported was supported by collaborating documentation.

Part IV. Results and Recommendations

A. VISN 11, Battle Creek VAMC – Benton Harbor and Grand Rapids

Quality of Care Measures

The Benton Harbor CBOC equaled or exceeded the parent facility's quality measure scores for hyperlipidemia screening, diabetes mellitus (DM) foot inspections, pedal pulses, and foot sensory exams using monofilament. The Benton Harbor CBOC had slightly lower scores than the parent facility for the retinal eye exams. Both the Grand Rapids and Benton Harbor CBOCs equaled the parent facility's quality measure scores for renal testing. Grand Rapids CBOC had slightly lower scores than the parent facility in the following quality measures: DM foot inspections, pedal pulses, foot sensory exams using monofilament, retinal eye exams, and lipid profiles. (See Appendix F.)

Credentialing and Privileging

We reviewed the C&P files of five providers and the personnel folders for four nurses at the Grand Rapids CBOC and five providers and three nurses at the Benton Harbor CBOC. All providers possessed a full, active, current, and unrestricted license. All nurses' license and education requirements were verified and documented. Although the C&P and personnel folders were in compliance, we did find that the background checks process at both CBOCs needed improvement:

Background Checks

According to VHA policy,[4] all Federal appointments are subject to background checks. Background investigations must be initiated within 14 calendar days of an individual's appointment to a position. One provider at the Benton Harbor CBOC did not have a background check on file. This provider transferred from another VA facility on March 1, 2009. At the time of our inspection, Human Resources (HR) had not received the provider's personnel file from the transferring facility. One nurse at the Grand Rapids CBOC did not have a background check on file. HR initiated the background check within 14 days; however, the Office of Personnel Management (OPM) requested additional information over 1 year ago. At the time of our inspection, HR had not submitted the additional information to OPM.

Recommendation 1. We recommended that the VISN 11 Director ensure that the Battle Creek VA Medical Center Director requires all background checks be accomplished in accordance to VHA policy.

[4] VHA Handbook 0710, *Personnel Suitability and Security Program*, September 10, 2004.

The VISN and Medical Center Directors concurred with our finding and recommendation. A screening checklist will be utilized for every applicant, and any incomplete investigations will be tracked by the Human Resource Quality Management Specialist on a weekly basis. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Environment and Emergency Management

Environment of Care

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, infection control, and general maintenance. The internal EOC was clean and well maintained at both sites; however, we found that the following areas needed improvement:

Auditory Privacy

Auditory privacy was inadequate for patients during the check-in process at the Benton Harbor CBOC. VHA policy[5] requires auditory privacy when staff discuss sensitive patient issues. Patients communicate with staff through a slide-open glass window located in the waiting area. Waiting room seats are located next to the check-in window. During the check-in process, at a minimum, patients are asked their names, last four of the social security number (SSN), and the reason(s) for the visit.

Panic Alarms

The Benton Harbor CBOC provides MH services but did not have a panic alarm system for staff to activate in the event of threats of violence. According to the local policy, staff are to dial 911 to obtain assistance. The CBOC managers were aware of the need for a panic alarm system and had planned to purchase panic buttons for their staff.

Recommendation 2. We recommended that the VISN 11 Director ensure that the Battle Creek VA Medical Center Director requires auditory privacy be maintained during the check-in process.

The VISN and Medical Center Directors concurred with our finding and recommendation. The waiting room seating has been rearranged and seats are no longer located next to the check-in area, and the clinic has revised the check-in process to decrease the amount of patient information that is verbally shared. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

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

Recommendation 3. We recommended that the VISN 11 Director ensure that the Battle Creek VA Medical Center Director implements a panic alarm system at the Benton Harbor CBOC.

The VISN and Medical Center Directors concurred with our finding and recommendation. Personal alarm devices will be obtained for all staff members at the Benton Harbor CBOC. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Emergency Management

Both CBOCs had a local policy for handling medical and MH emergencies. Staff members interviewed at both sites described how they would handle both clinical and MH emergencies, and staff responses were in compliance with local policy. All clinical staff members at both CBOCs were certified in Basic Cardiac Life Support (BCLS).

Patient Satisfaction

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

Trip Pak Report - STA5 Level Patient Perceptions of Care 2008 SHEP Performance Measures YTD Through September 2008								
Performance Measure (SHEP question #)	**Station Number**	**Facility Name**	**Data Type**	**FY08 Qtr 4**	**FY08 Qtr 3**	**FY08 Qtr 2**	**VISN FY08, Qtr 4**	**National FY08, Qtr 4**
(Q56) - Outpatients (percent Very Good, Excellent)	515	Battle Creek	Mean Score	**85.8**	**83.3**	**69.3**	**78.3**	**78.5**
			N=	89	74	71	2,126	**54,400**
	515BY	Grand Rapids		**88.1**	**85.2**	**79.5**		
			N=	87	83	76		
	515GC	Benton Harbor		**67.6**	**64.3**	**69.9**		
			N=	54	68	75		

Figure 2. Outpatient Overall Quality

The Benton Harbor scores were below the VHA target score of 77, while the Grand Rapids scores were above the target score of 77 for all quarters for the "overall quality" indicator. SHEP results are discussed in monthly staff meetings and the Quality Assessment and Improvement Committee meetings at the Benton Harbor CBOC. In April 2009, staff developed an action plan to interview 15 patients daily to assess their healthcare experience during that visit.

Trip Pak Report - STA5 Level Patient Perceptions of Care 2008 SHEP Performance Measures YTD Through September 2008								
Performance Measure (SHEP question #)	**Station Number**	**Facility Name**	**Data Type**	**FY08 Qtr 4**	**FY08 Qtr 3**	**FY08 Qtr 2**	**VISN FY08, Qtr 4**	**National FY08, Qtr 4**
(Q6) - (percent Less than/equal to 20 minutes)	515	Battle Creek	Mean Score	**88**	**92**	**74.8**	**79.3**	**77.3**
			N=	87	73	74	2,210	**55,407**
	515BY Grand Rapids			**88.1**	**85.2**	**79.5**		
			N=	87	83	76		
	515GC Benton Harbor			**81.8**	**79.2**	**78.8**		
			N=	59	68	73		

Figure 3. Provider Wait Times

Both CBOCs exceeded the parent facility's 2nd Qtr score but scored below the parent facility during the 3rd Qtr. Both CBOCs met VHA's target goal of 77 percent for "provider wait times."

CBOC Contract

The contract for the Benton Harbor CBOC is administered through the Battle Creek VAMC for delivery and management of primary and preventative medical care and continuity of care for all eligible veterans in VISN 11. Contracted services with CR Associates, Inc. (CRA) began on November 1, 2003, with option years extending through October 31, 2008. Effective November 1, 2008, the VAMC terminated its contract with CRA and now operates a facility with VA employees. The contract terms state that the CBOC will operate this clinic with a clinic director, physician licensed in Michigan, and other primary care providers including physicians' assistants and nurse practitioners. The contractor was compensated by the number of enrollees at an annual capitated rate of $333.00 per enrollee. The CBOC had 2,494 unique primary medical care enrollees with 9,145 visits as reported on the VA Site Tracking (VAST) report for the period October 1, 2007, through September 30, 2008.

We reviewed the contract to determine the contract type, the services provided, the invoices submitted, and supporting information and performed inquiries of key VAMC and contractor personnel. Our review focused on documents and records for the 1st Qtr, FY 2009. We reviewed the methodology for tracking and reporting the number of enrollees and found them consistent with supporting documentation and the terms of the contract. We reviewed capitation rates for compliance with the contract; form and

substance of the contract invoices for ease of data analysis by the Contracting Officer's Technical Representative (COTR); and duplicate, missing or incomplete SSNs on the invoices.

Based upon our inspection of the contract, invoices, and other supporting documents, we noted the following:

A. The contractor over-billed the VAMC the annual capitated rate for three primary care enrollees during the period December 2007 through October 2008. This duplicate billing resulted in an overpayment of $999.00 for Primary Care Services. The Statement of Work, Section I–Primary Care Services, specifically precludes the contractor from billing for the same enrollee twice within any given 12-month period.

B. The contract contained a provision regarding the payment of an annual capitated rate of $333.00 (Primary Care) for new enrollees which was disadvantageous to the VAMC when the contract was terminated in November 2008. In October 2008, the contractor billed the VAMC $68,265 for 205 primary care enrollees while providing one month of service for the newly enrolled veterans.

C. The billings for prior months reflect a similar pattern; i.e., September enrollee billings totaled $63,270 (Primary Care) for providing two months of health care for the newly enrolled veterans.

Recommendation 4. We recommended that the VISN 11 Director ensure that the Battle Creek VA Medical Center Director recovers the overcharges for the duplicate billings from the vendor. Additionally, any future contracts should contain a provision for contractor billing on a monthly basis to reduce the charges to the VA when contracts are terminated.

The VISN and Medical Center Directors concurred with our finding and recommendation. The VAMC has issued a bill of collection to the vendor for overcharges. The contract CBOC has converted to a VA-staffed facility; therefore, no contract provision needs to be developed. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

B. VISN 11, Indianapolis VAMC – Terre Haute and Bloomington

Quality of Care Measures

The Terre Haute CBOC quality measure scores were slightly lower than the parent facility for the following indicators: DM foot inspection and DM foot pedal pulse screen. The Bloomington CBOC did not meet the target goal for PTSD screening, but the sample size was very small. (See Appendix G.)

Credentialing and Privileging

We reviewed the C&P files of four providers and the personnel folders for two nurses at the Bloomington CBOC and reviewed five providers and two nurses at Terre Haute. All providers possess a full, active, current, and unrestricted license. However, we identified the following areas which needed improvement:

Privileging

Professional Standards Review Board Minutes

The Professional Standards Board (PSB) had granted providers clinical privileges for procedures that had not been performed within the past reprivileging cycle. For example, two primary care physicians were granted privileges to perform suturing although suturing was not a procedure performed at the CBOCs.

The minutes of the PSB did not consistently reflect actions taken by the board. In two instances, the minutes did not include discussion of documents or evidence reviewed prior to forwarding recommendations for approval of privileges or Scopes of Practice.[6] In one instance, the Chief of Staff recommended that a provider be monitored for three months, but there was no further discussion in the PSB minutes about the monitoring or resolution of the monitoring. According to the staff we interviewed, the monitoring did not take place.

Monitoring of Advanced Practice Nurses

We found inconsistencies in the monitoring of the Advanced Practice Nurses' prescriptive authority. We examined the quarterly reports for 2007, 2008, and 2009 and found that one of the nurse practitioners had missing data for one quarter in 2007. Also, three of five nurse practitioners' quarterly monitoring reports were not forwarded to the

[6] "Scope of practice" is a term used to describe activities that may be performed by health care workers, regardless of whether they are licensed independent health care providers. The scope of practice is specific to the individual and the facility involved.

credentialing office as required. Staff told us that reports were not always available for the PSB to review prior to granting privileges.

The Indiana Board of Nursing and local Scope of Practice require that the collaborating physician conduct a weekly review of a minimum of 5 percent of patient documentation encounters. The charts should be reviewed for clinical pertinence and the weekly reports forwarded to the credentialing office for use during the re-privileging evaluation. This was not consistently documented in the PSB minutes.

Recommendation 5. We recommended that the VISN 11 Director ensure that the Indianapolis VA Medical Center Director requires that clinical managers grant privileges that are consistent with providers' practices and ensure that the minutes of the PSB appropriately reflect documents reviewed and actions taken.

The VISN and Medical Center Directors concurred with our finding and recommendation. A revised clinical privilege form for the CBOC will be presented at the next Executive Committee of the Medical Staff for approval. Separate PSB meeting minutes will be developed to document the actions for the CBOC Advanced Practice Nurses. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 6. We recommended that the VISN 11 Director ensure that the Indianapolis VA Medical Center Director requires that the monitoring of prescriptive authority is consistently accomplished, reports are forwarded to the credentialing office, and results are used during the re-privileging processes.

The VISN and Medical Center Directors concurred with our finding and recommendation. A process has been instituted to contact any Nurse Practitioner who is delinquent in submitting quarterly medical record review reports. 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

VHA regulations require that health care facilities provide clean, safe environments in all patient care areas and establish comprehensive EOC programs that fully meet all VHA, OSHA, and Joint Commission standards. To evaluate the EOC, we inspected patient care areas for cleanliness, safety, infection control, and general maintenance. The clinics met most standards, and the environments were generally clean and safe. However, we found the following areas that needed improvement:

Personally Identifiable Information

Control of the environment includes control of confidential patient personally identifiable (PII) information according to Health Insurance Portability and Accountability Act (HIPAA) regulations. In the Bloomington clinic, we found a folder with patient information on a provider's desk in an office that was unlocked and unattended. In the same office, we also found pages from a patient's medical record in the wastebasket. The pages had been torn into several pieces, but the information on the torn pieces was still readable and was not in a bin designated for shredding. In both clinics, we found boxes of medical records with protected patient information stored in closets. The closets were locked; but, at one of the clinics, the closet with the PII was also in the biohazard storage closet and regularly accessed by cleaning crews.

Patient Safety Medication Management

Both the Bloomington and Terre Haute clinics are contract clinics. According to the contracts, if a patient requires a medication immediately, "the CBOC provider shall issue a prescription for a 10-day supply (or less) to the patient from a pre-approved list of emergency medications, to be filled by a local pharmacy at no expense to the VAMC or the veteran." We found that a list of pre-approved medications did not exist nor did the clinics routinely use local pharmacies to dispense emergency medications. The clinics had a stock of medications and would provide the veteran with the ordered medication from their in-clinic stock for short-term management of "immediate" medical conditions.

We reviewed the computerized patient record system (CPRS) progress notes of two veterans who received medications in this manner. In one record, the medication did not appear on the medication list as having been ordered and filled at the clinic. The other record did not include a note by the provider who ordered the medication. This record included a note by the nurse and a "receipt acknowledged" of the nurse's note by the provider.

Panic Alarms

Both CBOCs provide MH services, but neither clinic had panic alarms for either the administrative or the clinical staff. The staff indicated that if they felt threatened and in need for assistance, they would call out for help.

Accessible Approach/Entrance

Ramps to the front doors of the clinics allowed patients in wheelchairs or with other assistive devices to independently maneuver to the clinic door. However, there was no doorbell or handicap assist button to help the patient open the front door. The staff indicated that patients who required assistance opening the door were usually escorted to their appointments, and the escorts would open the door so the patient could gain entry.

Recommendation 7. We recommended that the VISN 11 Director ensure that the Indianapolis VA Medical Center Director requires clinical managers maintain protected patient information in a secure fashion and monitor appropriate shredding practices.

The VISN and Medical Center Directors concurred with our finding and recommendation. CBOC staff will receive training on maintaining protected patient information, and EOC rounds will be conducted to include inspection for appropriate storage and disposal of the information. 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 Indianapolis VA Medical Center Director requires that clinicians order and provide emergency medications according to the terms of their contracts, appropriately document medications ordered for short-term use in CPRS, and monitor documentation of the appropriate process.

The VISN and Medical Center Directors concurred with our finding and recommendation. The facility has discontinued the dispensing of outpatient medications, and short-term prescriptions will be written to be filled at an outside pharmacy as per the contract. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 9. We recommended that the VISN 11 Director ensure that the Indianapolis VA Medical Center Director conduct a security risk assessment and evaluate the assessment to determine appropriate measures to take at both CBOCs.

The VISN and Medical Center Directors concurred with our findings and recommendation. VA Police Service will conduct a security risk assessment, and the medical center will evaluate the assessment to determine appropriate measures. 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 Indianapolis VA Medical Center Director requires that patients in wheelchairs or with other assistive devices have proper access to the Terre Haute and Bloomington CBOCs.

The VISN and Medical Center Directors concurred with our findings and recommendation. Door bells will be installed at the entrances for accessibility by patients in wheelchairs or with other assistive devices. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Emergency Management

VHA Handbook 1006.1 requires each CBOC to have a local policy or standard operating procedure defining how medical emergencies are handled, including MH emergencies.

The Terre Haute and Bloomington CBOCs had policies that outlined management of medical and MH emergencies. Staff members were able to articulate the principles underlying the policies. However, we found the following areas needed improvement.

Medications in Emergency Boxes

Despite the fact that the Terre Haute and Bloomington CBOCs are 911 facilities, emergency boxes were present in both CBOCs. Per staff interview, during an evacuation for fire or weather, the boxes were retrieved and the contents used for emergencies arising during an evacuation. A list of the contents was not attached to the outside of the box although a list was provided upon request. Two of the medications in the Bloomington CBOC's emergency box were expired.

Recommendation 11. We recommended that the VISN 11 Director ensure that the Indianapolis Medical VA Director requires clinic managers to assess the need for an emergency box and to maintain its contents appropriately if one is deemed necessary.

The VISN and Medical Center Directors concurred with our finding and recommendation. The emergency box will be maintained, and medication expiration dates and inventory will be conducted according to Joint Commission standards. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Patient Satisfaction

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

Trip Pak Report - STA5 Level Patient Perceptions of Care 2008 SHEP Performance Measures YTD Through September 2008								
Performance Measure (SHEP question #)	**Station Number**	**Facility Name**	**Data Type**	**FY08 Qtr 4**	**FY08 Qtr 3**	**FY08 Qtr 2**	**VISN FY08, Qtr 4**	**National FY08, Qtr 4**
(Q56) - Outpatients (percent Very Good, Excellent)	583	Indianapolis	Mean Score	**66**	**66.1**	**74.1**	**78.3**	**78.5**
			N=	78	61	61	2,126	**54,400**
	583GA	Terre Haute		**90.4**	**86.4**	**82.3**		
	.		N=	66	65	75		
	583GB	Bloomington		**88**	**69.1**	**74.6**		
			N=	78	66	72		

Figure 4. Outpatient Overall Quality

The Bloomington CBOC scored below the target of 77 percent for Qtrs 2 and 3 for "overall quality" but improved its performance considerably in the last quarter. Both CBOCs equaled or outperformed the parent facility despite the two low quarters.

Trip Pak Report - STA5 Level Patient Perceptions of Care 2008 SHEP Performance Measures YTD Through September 2008								
Performance Measure (SHEP question #)	**Station Number**	**Facility Name**	**Data Type**	**FY08 Qtr 4**	**FY08 Qtr 3**	**FY08 Qtr 2**	**VISN FY08, Qtr4**	**National FY08, Qtr 4**
(Q6) - (percent Less than/equal to 20 minutes)	583	Indianapolis	Mean Score	**69.3**	**73.4**	**83.2**	**79.3**	**77.3**
			N=	75	59	63	2,210	**55,407**
	583GA	Terre Haute		**96.9**	**90.7**	**94.1**		
			N=	69	67	77		
	583GB	Bloomington		**91**	**90.7**	**87.9**		
			N=	83	67	75		

Figure 5. Provider Wait Times

The CBOCs scored above the parent facility and met the target goal of 77 for "provider wait times" for all quarters.

CBOC Contract

The contracts for the Terre Haute and Bloomington CBOCs are administered through the Indianapolis VAMC for delivery and management of primary and preventative medical care and continuity of care for all eligible veterans in VISN 11. Both of the CBOCs have contracted services with Ambulatory Care Solutions, LLC.

Terre Haute CBOC

Contracted services with Ambulatory Care Solutions, LLC began on February 1, 2006, with option years extending through January 31, 2009. Their current contract was administered under a 6-month extension for the period February 1, 2009, through July 31, 2009. The contract terms state that the CBOC will operate this clinic with a clinic director, physician licensed in Indiana, and other primary care providers including physicians' assistants and nurse practitioners. The contractor is compensated by the number of enrollees at a current capitated rate of $36.75 per month, per enrollee. The contractor is limited to a total of 4,400 assigned veterans at any given time. The CBOC had 4,154 unique enrollees with 8,309 visits as reported on the VAST report for the period October 1, 2007, through September 30, 2008. The contract contained performance incentives and penalties dependent upon contractor performance levels. The

contractor's performance did not meet the criteria for either incentives or penalties during the 1st Qtr, FY 2009.

The contractor has the authority to enroll and verify eligibility of patients for VA benefits and care. Veterans were enrolled and tracked through the Primary Care Management Module (PCMM). For the period October 1 through December 31, 2008, the number of invoiced enrollees did not exceed the contractor limitation of 4,400 enrollees.

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

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

Bloomington CBOC

Contracted services with Ambulatory Care Solutions, LLC began on March 1, 2006, with options years extending through February 28, 2009. The current contract is administered under a 6-month extension for the period March 1 through August 31, 2009. The contract terms state that the CBOC will operate this clinic with a clinic director; physician licensed in Indiana, and other primary care providers including physicians' assistants and nurse practitioners. The contractor is compensated by the number of enrollees at a current capitated rate of $37.35 per month, per enrollee. The contractor is limited to a total of 4,400 assigned veterans at any given time. The CBOC had 4,272 unique enrollees with 7,911 visits as reported on the VAST report for the period October 1, 2007, through September 30, 2008. The contract contained performance incentives and penalties dependent upon contractor performance levels.

The contractor has the authority to enroll and verify eligibility of patients for VA benefits and care. Veterans were enrolled and tracked through the PCMM. For the period October 1 through December 31, 2008, the number of invoiced enrollees did not exceed the contractor limitation of 4,400 enrollees.

We reviewed the contract to determine the contract type, the services provided, the invoices submitted, and supporting information and performed inquiries of key VAMC and contractor personnel. Our review focused on documents and records for the 1st Qtr, FY 2009. We reviewed the methodology for tracking and reporting the number of

enrollees and found them consistent with supporting documentation and the terms of the contract. We reviewed capitation rates for compliance with the contract; form and substance of the contract invoices for ease of data analysis by the COTR; and duplicate, missing or incomplete SSNs on the invoices.

Based upon our inspection of the contract, invoices, and other supporting documents we noted the following:

The contractor billed the VAMC at a capitated rate of $37.75/month/enrollee instead of the contracted rate of $37.35/month/enrollee for the period June 2008 through April 2009. This error in billing resulted in the VAMC disbursing $15,127 more than the contracted amount.

Recommendation 12. We recommended that the VISN 11 Director ensure that the Indianapolis VA Medical Director recovers the overcharges from the vendor and that future invoices are verified for compliance with contract provisions.

The VISN and Medical Center Directors concurred with our finding and recommendation. The overcharges have been brought to the attention of the contractor who has initiated repayment. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

C. VISN 11, Detroit VAMC – Yale and Pontiac

Quality of Care Measures

Overall both CBOCs equaled or exceeded their parent facility's quality measure scores. However, upon comparison of quality of care measures between the parent facility and the CBOCs, we found that the VAMC and Pontiac CBOC did not meet the target scores in DM retinal exam and DM lipid screening. The Yale CBOC was below the quality of care measures in PTSD screening. (See Appendix H.)

Credentialing and Privileging

We reviewed the C&P files of five providers at each CBOC. The VAMC conducted credentialing of all licensed independent providers (LIPs). All providers possess a full, active, current, and unrestricted license. Additionally, the VAMC had a system in place to monitor the quality of care provided by LIPs to veterans and had a plan in place to remediate and improve performance when reviews did not reveal provider adherence to expected performance. However, we identified the following areas that needed improvement:

Privileging

Although, we found the nurse practitioners and physician assistants' Scopes of Practice were defined in each C&P file, there was no evidence that licensed physicians at either CBOC were privileged. According to VHA Handbook 1100.19, all health care professionals who are permitted by law and the facility to provide patient care services independently must be credentialed and privileged, and only privileges for procedures actually provided by the VA facility may be granted to a practitioner.

Yale CBOC

The Yale CBOC was fully contracted through the Port Huron Hospital. The contract provision did not require that providers be privileged through the parent VAMC; instead, the provision provided an option of membership to an accredited healthcare organization or adherence to VA policy. The language of the contract read, "The licensed independent practitioners providing care to veteran patients under the contract must be members of an OFFICIAL Accredited health care organization or satisfy the rules and regulations of the Department of Veterans Affairs, Veterans Health Administration for credentialing and privileging (VHA Handbook 1100.19)."

Pontiac CBOC

We found that the Pontiac CBOC was fully contracted through the Pontiac Osteopathic Hospital. The CBOC contract provision required that the contract physician be a board-certified internist and must be credentialed and privileged by VAMC in accordance with

Medical Center by-laws, rules, and regulations. Upon review of the C&P files and discussion with the C&P coordinators, we found that providers' privileges were for the contracting hospital and not for the Pontiac CBOC. Privileges are setting specific; therefore, privileges must be facility specific and based on the procedures and types of services that are provided within the health care facility.

Performance Improvement Activities

We did not find provider-specific results of performance measure data were used during the reprivileging process of LIPs at the Pontiac and Yale CBOCs. The Primary Care Service Chief must document that the results of quality of care activities have been considered in recommending individual privileges. Upon completion of this assessment, the service chief makes a recommendation as to the practitioner's request for clinical privileges. VA policy requires that reprivileging must occur every 2 years and that provider-specific performance improvement data is used to determine if the provider is competent to perform the privileges he is seeking. Detroit VAMC did not start utilizing the provider-specific performance improvement data until October 2008.

Recommendation 13. We recommended that the VISN 11 Director ensure that the Detroit VA Medical Center Director requires that all LIPs are privileged for procedures provided at CBOCs as required by VHA.

The VISN and Medical Center Directors concurred with our findings and recommendation. The PSB has recommended approval of requested privileges and reviewed scope of practices for both CBOCs. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 14. We recommended that the VISN 11 Director ensure that the Detroit VA Medical Center Director requires that provider-specific performance measure data is included in the reprivileging process for both CBOCs as required by VA policy.

The VISN and Medical Center Directors concurred with our findings and recommendation. The medical center has developed a process to ensure that provider-specific performance measure data is used during the re-privileging process at both CBOCs. 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

VHA regulations require that health care facilities provide clean, safe environments in all patient care areas and establish comprehensive EOC programs that fully meet all VHA, OSHA, and Joint Commission standards. To evaluate the EOC, we inspected patient care areas for cleanliness, safety, infection control, and general maintenance. The Pontiac

CBOC met all standards, and the environment was generally clean and safe. The Yale CBOC met most standards, and the environment was generally clean and safe. However, we found the following areas at the Yale CBOC that needed improvement:

Patient Safety and Infection Control

During the Yale CBOC environmental tour, an injectable prescription medication and uncovered medical instruments were observed on a counter in an unattended, unlocked procedure room. CBOCs are expected to comply with all relevant VHA policies and procedures, including those related to patient safety. Unattended medications could pose a hazard to patients, and medical instruments must be kept covered and secured when unattended to avoid possible contamination.

Recommendation 15. We recommended that the VISN 11 Director ensure that the Detroit VA Medical Center Director requires that all medications accessible to patients receiving care at CBOCs are secured when unattended.

The VISN and Medical Center Directors concurred with our finding and recommendation. The facility took appropriate measures to ensure medications are stored when not in used and disposed of after use in the proper receptacle. Follow-up action is acceptable; therefore, no further action is required.

Recommendation 16. We recommended that the VISN 11 Director ensure that the Detroit VA Medical Center Director requires that all instruments accessible to CBOC staff and patients receiving care at CBOCs are covered and secured when not in use or unattended.

The VISN and Medical Center Directors concurred with our finding and recommendation. The facility took appropriate measures to ensure medical instruments are properly stored. Follow-up action is acceptable; therefore, no further action is required.

Emergency Management

To evaluate the Emergency Management Plan, we reviewed local medical (including MH) and environmental emergency policies. We also interviewed clinical and support staff. Both facilities had local environmental and MH emergency policies that were relevant to the specific needs and resources of each CBOC. Staff at each facility easily articulated responses that accurately reflected those local policies. However, we identified the following area that needed improvement:

Medical Emergency Response

Both CBOCs had an on-site automated external defibrillator (AED)[7] and medications to respond to a medical emergency. Staff at the Yale and Pontiac CBOCs indicated the response to a medical emergency would include summoning the local emergency response system (911) and administering emergency medications, along with utilizing the AED as necessary. These responses did not reflect the local medical emergency response policies, which did not include the use of emergency medications as a part of either facility's medical emergency response plan.

Recommendation 17. We recommended that the VISN 11 Director ensure that the Detroit VA Medical Center Director requires that each CBOC have an emergency management policy relevant to the specific needs and resources of each CBOC.

The VISN and Medical Center Directors concurred with our findings and recommendation. Both CBOCs revised their emergency management policy to include the use of AED and administration of emergency medications. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Patient Satisfaction

The SHEP results for FY 2008 are displayed in Figures 6 and 7. We found significant difference between the SHEP scores for the CBOCs and the parent facility in the "overall quality" and "provider wait time" indicators.

Trip Pak Report - STA5 Level
Patient Perceptions of Care
2008 SHEP Performance Measures
YTD Through September 2008

Performance Measure (SHEP question #)	Station Number	Facility Name	Data Type	FY08 Qtr 4	FY08 Qtr 3	FY08 Qtr 2	VISN FY08, Qtr 4	National FY08, Qtr 4
(Q56) - Outpatients (percent Very Good, Excellent)	553	Detroit	Mean Score	**65.7**	**60.5**	**77.2**	**78.3**	**78.5**
			N=	87	66	68	2,126	**54,400**
	553GA	Yale		**91.3**	**83**	**86.8**		
			N=	83	72	71		
	553GB	Pontiac		**94.6**	**81.4**	**94.9**		
	.		N=	77	74	78		

Figure 6. Outpatient Overall Quality

[7] Used to restore normal heart rhythm to patients in cardiac arrest.

Trip Pak Report - STA5 Level Patient Perceptions of Care 2008 SHEP Performance Measures YTD Through September 2008								
Performance Measure (SHEP question #)	**Station Number**	**Facility Name**	**Data Type**	**FY08 Qtr 4**	**FY08 Qtr 3**	**FY08 Qtr 2**	**VISN FY08, Qtr 4**	**National FY08, Qtr 4**
(Q6) - (percent less than/equal to 20 minutes)	553	Detroit	Mean Score	**66.5**	**57**	**72**	**79.3**	**77.3**
			N=	92	68	65	2,210	**55,407**
	553GA	Yale		**92.3**	**84.3**	**93.7**		
			N=	87	77	77		
	553GB	Pontiac		**86.6**	**89**	**93.7**		
	.		N=	83	81	83		

Figure 7. Provider Wait Times

Both CBOCs exceeded the parent facility's target scores for "overall quality" and "provider wait times," scoring greater than 77 percent for all quarters.

CBOC Contract

The contracts for the Yale and Pontiac CBOCs are administered through the Detroit VAMC for delivery and management of primary and preventative medical care and continuity of care for all eligible veterans in VISN 11.

Yale CBOC

Contracted services with the Port Huron Hospital began on October 1, 2007, with option years extending through September 30, 2012. The current contract is administered under the provisions of Option Year 1 for the period October 1, 2008, through September 30, 2009. The contract terms state that the CBOC will operate this clinic with a project director, physician licensed in Michigan, and other primary care providers including physicians' assistants and nurse practitioners. The contractor is compensated by the number of enrollees at a current capitated rate of $41.88 per month, per enrollee. The CBOC had 3,015 unique enrollees with 7,634 visits as for the period October 1, 2007, through September 30, 2008.

We reviewed the contract to determine the contract type, the services provided, the invoices submitted, and supporting information and performed inquiries of key VAMC and contractor personnel. Our review focused on documents and records for the first quarter of FY 2009. We reviewed the methodology for tracking and reporting the number of enrollees and found them consistent with supporting documentation and the terms of the contract. Veterans were enrolled through the VAMC and tracked through the PCMM. For the period October 1 through December 31, 2008, the number of

invoiced enrollees exceeded the contract estimate of 3,250 by approximately 90 to 149 enrollees.

We also 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.

Pontiac CBOC

Contracted services with the Pontiac Osteopathic Hospital began on July 1, 2004, with option years extending through June 30, 2009. The current contract is administered under the provisions of contract modification number 8 for the period July 1, 2008, through June 30, 2009. The contract terms state that the CBOC will operate this clinic with a project director, physician licensed in Michigan, and other primary care providers including physicians' assistants and nurse practitioners. The contractor is compensated by the number of enrollees at a current capitated rate of $41.53 per month, per enrollee. The CBOC had 3,004 unique enrollees with 5,987 visits for the period October 1, 2007, through September 30, 2008.

We reviewed the contract to determine the contract type, the services provided, the invoices submitted, and supporting information and performed inquiries of key VAMC and contractor personnel. Our review focused on documents and records for the 1st Qtr, FY 2009. We reviewed the methodology for tracking and reporting the number of enrollees and found them consistent with supporting documentation and the terms of the contract. Veterans were enrolled through the VAMC and tracked through the PCMM. For the period October 1 through December 31, 2008, the number of invoiced enrollees exceeded the contract estimate of 2,750 enrollees by 922 to 947 enrollees.

We also 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.

Pontiac and Yale CBOCs

We noted the following:

A. The Pontiac contractor over-billed the VAMC the annual capitated rate for an enrollee for the period October through December 2008. This duplicate billing resulted in an overpayment of $124.59 for Primary Care Services.

B. The Yale contractor over-billed the VAMC $17,230 for the period November 1, 2008, through April 30, 2009 due to use of an incorrect monthly capitated rate. The contractor incorrectly billed the monthly capitated rate of $42.72/enrollee applicable for the period October 1, 2009 through September 30, 2010, instead of

using the correct rate of $41.88/enrollee for the period October 1, 2008, through September 30, 2009.

C. The Yale contractor over-billed the VA for duplications in primary care enrollees on invoices for the period October, 2008 through December 2008. The number of duplicate enrollees is as follows: October (13), November (13) and December (16). The approximate amount of the overpayment for the period October, 2008 through December, 2008 is 42 months times $41.88, totaling $1,759. The COTR should determine if there were overbillings in prior periods.

D. The contracts do not contain a provision for disenrollment of veterans who had not received services at the CBOC within the prior 12 months. The absence of this contract provision could result in the VAMC compensating contractors even though no services were provided to enrollees.

E. The VAMC COTR for the Pontiac and Yale CBOCs had initiated a project to identify enrollees who were being invoiced to VAMC but had not received service within the last 24 months or who were deceased. As of the date of this report, this project was ongoing and results cannot be quantified at this time.

F. Tools were not available to the COTR to adequately review the invoices on a timely basis and verify that the number of enrollees was accurate.

Recommendation 18. We recommended that the VISN 11 Director ensure that the Detroit VA Medical Director recovers the overcharges for the duplicate billings from the vendor. Additionally, any future contracts should contain a provision for disenrollment of veterans who have not received services at the CBOC within the prior 12 months.

The VISN and Medical Center Directors concurred with our finding and recommendation. The medical center has initiated recovery of overcharges from the contractor and has made the appropriate provisions to the contract as addressed in our recommendation. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Appendix A

VISN 11 Director Comments

Department of Veterans Affairs **Memorandum**

Date: July 28, 2009

From: Director, Veterans Integrated Service Network (10N11)

Subject: **Healthcare Inspection – CBOC Reviews: Benton Harbor and Grand Rapids, MI; Terre Haute and Bloomington, IN; and Yale and Pontiac, MI**

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

Battle Creek, Detroit and Indianapolis' responses to the recommendations are included in this report. If you have any questions, please contact Kelley Sermak, Acting QMO at (734) 222-4302.

Michael S. Finegan

Appendix B

Battle Creek Medical Center Director Comments

Department of Veterans Affairs **Memorandum**

Date: July 24, 2009

From: Director, Battle Creek VA Medical Center, Battle Creek, MI (515/00)

Subject: **Healthcare Inspection – CBOC Reviews: Benton Harbor and Grand Rapids, MI**

To: Director, Veterans Integrated Service Network (10N11)

Attached are the Battle Creek Medical Center Director's comments to the Office of Inspector General's report on Healthcare Inspection, Community Based Outpatient Clinic reviews.

(original signed by:)

SUZANNE M. KLINKER

Battle Creek Medical Center 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 11 Director ensure that the Battle Creek VA Medical Center Director requires all background checks be accomplished in accordance to VHA policy.

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

Proof of Background Investigation for Transfer Employees. A process has been implemented that all employees who transfer to the Battle Creek VA Medical Center or its Community Based Outpatient Clinics (CBOC) will require proof of background investigation (ie receipt of Certificate of Investigation from losing station) during the pre-employment stages. If one cannot be provided by the losing station, Battle Creek will initiate on the employee's first day. This item has been added to the local Screening Checklist form, which is completed on all boarding employees. This process will be written into Medical Center Memorandum 05-1035, Employee Suitability and Security Investigations, due for republication September 2009.

Investigative Cases Closed Incomplete by OPM. A process has been implemented that when notification of closed case is received by Human Resources Management Service, the date received is recorded in the Suitability Worksheet by the Human Resource Quality Management Specialist. If necessary, OPM is contacted to inquire on specific reason for return. The case is then forwarded to Human Resource Processing and Records to contact the employee to obtain missing information (i.e., personal data, fingerprint resubmission, etc.). Once obtained, the information is returned to the Human Resource Quality Management Specialist, recorded into the Suitability Worksheet and returned to OPM to reopen/continue the investigation. Review of dates for incomplete investigations in Suitability Tracker is accomplished by the Human Resource Quality Management Specialist on a weekly basis.

Recommendation 2. We recommended that the VISN 11 Director ensure that the Battle Creek VA Medical Center Director requires auditory privacy be maintained during the check-in process.

Concur **Target Completion Date: 7-23-09**

The following actions have been implemented at the Benton Harbor CBOC to increase the auditory privacy of veterans during the check-in process: 1) The waiting room seating has been rearranged and seats are no longer located next to the check-in area, 2) The clinic has revised the check-in process to decrease the amount of patient information that is verbally shared.

Recommendation 3. We recommended that the VISN 11 Director ensure that the Battle Creek VA Medical Center Director implements a panic alarm system at the Benton Harbor CBOC.

Concur **Target Completion Date: 8-6-09**

The Battle Creek VA Medical Center will be obtaining personal alarm devices for all staff members at the Benton Harbor CBOC. The Loud-Key Safety Alarm has a 110+ decibel alarm, safety light beam, key ring, chain and attaching clip. These devices can be used and heard throughout the clinic and immediate outside area. These devices will provide staff an additional emergency system in addition to the use of the local 911 emergency system.

Recommendation 4. We recommended that the VISN 11 Director ensure that the Battle Creek VA Medical Center Director recovers the overcharges for the duplicate billings from the vendor. Additionally, any future contracts should contain a provision for contractor billing on a monthly basis to reduce the charges to the VA when contracts are terminated.

Concur **Target Completion Date: 7-23-09**

The Battle Creek VA Medical Center CBOC Coordinator has contacted CR Associates, the contractor, about the three over-billed primary care enrollees. The Battle Creek VAMC has issued a bill of collection to CR Associates in the amount of $999.00. Additionally, one mental health patient was identified as an overbill. CR Associates has been issued a bill of collection in the amount of $721.08.

Appendix C

Indianapolis Medical Center Director Comments

Department of Veterans Affairs **Memorandum**

Date: July 27, 2009

From: Director, Richard L. Roudebush VA Medical Center, Indianapolis, IN (583/00)

Subject: **Healthcare Inspection – CBOC Reviews: Terre Haute and Bloomington, IN**

To: Director, Veterans Integrated Service Network (10N11)

The medical center has reviewed the draft report and concurs with all but one recommendation related to the review of the Terre Haute and Bloomington CBOCs. Corrective action plans have been developed and in the process of being implemented with completion by September 30, 2009. Explanation for the recommendation not in concurrence has been provided.

Thomas Mattice

Indianapolis Medical Center 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 5. We recommended that the VISN 11 Director ensure that the Indianapolis VA Medical Center Director requires that clinical managers grant privileges that are consistent with providers' practices and ensure that the minutes of the PSB appropriately reflect documents reviewed and actions taken.

Concur **Target Completion Date: August 28, 2009**

Review with the CBOC providers confirmed that none were performing clinical procedures that required privileges not currently granted. A revised clinical privilege form for the CBOC will be presented at the next Executive Committee of the Medical Staff for approval. The medical center will administratively remove the suturing of lacerations privilege from the current providers privilege delineation and send them notice of this action. Regarding documentation in the meeting minutes, the medical center will be developing separate Professional Standards Board meeting minutes documenting the actions for the CBOC Advanced Practice Nurses.

Recommendation 6. We recommended that the VISN 11 Director ensure that the Indianapolis VA Medical Center Director requires that the monitoring of prescriptive authority is consistently accomplished, reports are forwarded to the credentialing office, and results are used during the re-privileging processes.

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

The Credentialing Office has instituted a process to contact any Nurse Practitioner, prior to their renewal date, who are delinquent in submitting quarterly reports of collaborator medical record reviews. If non-compliant, the Credentialing Office will notify the Service Chief for action.

Recommendation 7. We recommended that the VISN 11 Director ensure that the Indianapolis VA Medical Director requires clinical managers

maintain protected patient information in a secure fashion and monitor appropriate shredding practices.

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

CBOC staff will receive training on maintaining protected patient information. Orientation to the number and location of shredders will be conducted with education for staff to utilize for all documents containing patient information. Environment of Care Rounds (EOC) will be conducted in a similar manner as in the parent facility including inspection for appropriate storage and disposal of patient confidential information.

Recommendation 8. We recommended that the VISN 11 Director ensure that the Indianapolis VA Medical Director requires that clinicians order and provide emergency medications according to the terms of their contracts, appropriately document medications ordered for short-term use in CPRS, and monitor documentation of the appropriate process.

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

The dispensing of all outpatient medications has been halted in the CBOCs. Short term prescriptions will be written to be filled at an outside pharmacy as per the current contract. Staff has been educated on entering these prescriptions under the outside VA medication option in CPRS. A list of medications only to be dispensed in clinic for urgent needs has been developed. These medications will be monitored as per Joint Commission standards with administration to be documented in CPRS.

Recommendation 9. We recommended that the VISN 11 Director ensure that the Indianapolis VA Medical Director conduct a security risk assessment and evaluate the assessment to determine appropriate measures to take at both CBOCs.

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

Police Service will conduct a security risk assessment, and the medical center will evaluate the assessment to determine appropriate measures.

Recommendation 10. We recommended that the VISN 11 Director ensure that the Indianapolis VA Medical Director requires that patients in wheelchairs or with other assistive devices have proper access to the Terre Haute and Bloomington CBOCs.

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

Door bells will be installed that are accessible to wheel chair patients at the entrances. The current contract for the existing site will be expiring within the next 3 months with probability of new space being leased. Automatic door openers would be cost prohibitive; however the addition of the door bells will allow the contractor staff to provide prompt assistance to handicapped patients. Language will be considered for the next iteration of the CBOC contract.

Recommendation 11. We recommended that the VISN 11 Director ensure that the Indianapolis Medical VA Director requires clinic managers to assess the need for an emergency box and to maintain its contents appropriately if one is deemed necessary.

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

The need for emergency boxes was discussed with the CBOC clinic managers and it was agreed that the boxes should be maintained for emergency treatment pending transportation to the closest emergency room. Medication expiration dates and inventory will be conducted according to Joint Commission standards on a regular basis. This will be documented in a log on the cart with initials of person conducting the inventory.

Recommendation 12. We recommended that the VISN 11 Director ensure that the Indianapolis VA Medical Director recovers the overcharges from the vendor and that future invoices are verified for compliance with contract provisions.

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

The overcharges have been brought to the attention of the contractor who has initiated repayment. To date 66% of the overcharges have been recovered with the remaining to be recovered before 9/30/2009.

Appendix D

Detroit Medical Center Director Comments

Department of Veterans Affairs **Memorandum**

Date: July 27, 2009

From: Director, John D. Dingell VA Medical Center, Detroit, MI (553/00)

Subject: **Healthcare Inspection – CBOC Reviews: Yale and Pontiac, MI**

To: Director, Veterans Integrated Service Network (10N11)

1. I would like to take the opportunity to thank the OIG team for their insight in reviewing our CBOCs in Yale and Pontiac, Michigan.

2. We have reviewed each recommendation and developed a plan of action that will meet the intent of the associated recommendation. Each plan will be implemented expeditiously and thoroughly monitored to satisfactory completion.

Pamela Reeves

Pamela Reeves, M.D.

Detroit Medical Center 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 13. We recommended that the VISN 11 Director ensure that the Detroit VA Medical Center Director requires that all LIPs are privileged for procedures provided at CBOCs as required by VHA.

Concur **Target Completion Date: 7/13/09**

The privileging forms for both CBOC's were approved at a special PSB meeting on June 18, 2009 and then forwarded to all LIP's in the CBOC's for completion. The Professional Standards Board met on July 13, 2009 to recommend approval of requested privileges and review of scope of practices for both Yale and Pontiac CBOC's. Provider specific data (measures) was used in the granting of privileges and scope of practices. For those that were not placed on a FPPE (Focus Professional Practice Evaluation), an Ongoing Professional Practice Evaluation (OPPE) will be conducted every 6 months as it is being done for all active practitioners credentialed to meet The Joint Commission regulations and VHA policies.

Recommendation 14. We recommended that the VISN 11 Director ensure that the Detroit VA Medical Center Director requires that provider-specific performance measure data is included in the reprivileging process for both CBOCs as required by VA policy.

Concur **Target Completion Date: 7/13/09**

Provider specific data (measures) was used in the granting of privileges and scope of practices. For those that were not placed on a Focus Professional Practice Evaluation (FPPE), an Ongoing Professional Practice Evaluation (OPPE) will be conducted every 6 months as it is being done for all active practitioners credentialed to meet The Joint Commission regulations and VHA policies.

Recommendation 15. We recommended that the VISN 11 Director ensure that the Detroit VA Medical Center Director requires that all medications

accessible to patients receiving care at CBOCs are secured when unattended.

Concur **Target Completion Date: 6/3/09**

The Podiatrist rents space, as part of the Family Practice Clinic, and had completed seeing a patient at time of OIG visit. This action was resolved by the Manager, who spoke to the Podiatrist to assure medication is stored when not in use and disposed of after use in proper receptacle.

Recommendation 16. We recommended that the VISN 11 Director ensure that the Detroit VA Medical Center Director requires that all instruments accessible to CBOC staff and patients receiving care at CBOCs are covered and secured when not in use or unattended.

Concur **Target Completion Date: 6/3/09**

This action was resolved. The Podiatrist was instructed to properly store medical instruments after use to ensure a safe clinical environment for all clinic patients.

Recommendation 17. We recommended that the VISN 11 Director ensure that the Detroit VA Medical Center Director requires that each CBOC have an emergency management policy relevant to the specific needs and resources of each CBOC.

Concur **Target Completion Date: 5/27/09 for Yale and 7/22/09 for Pontiac**

Both CBOC's site did revise their emergency management policy to include the AED's and medication guidelines.

Recommendation 18. We recommended that the VISN 11 Director ensure that the Detroit VA Medical Center Director recovers the overcharges for the duplicate billings from the vendor. Additionally, any future contracts should contain a provision for disenrollment of veterans who have not received services at the CBOC within the prior 12 months.

Concur **Target Completion Date: 7/27/2009**

Fiscal and the COTR prepared bill of collections for the overcharges for duplicate billings by the Yale CBOC for 13 patients for October and November of 2008 and 16 patients for December 2008. Pontiac CBOC overbilled for one patient at 41.53 per month for 3 months. The bill of collections is being sent out by Fiscal 7/27/09 to both CBOC's.

Concur **Target Completion Date: 7/6/09**

Overpayment of $17,230.92 to Yale CBOC, due to contractor using the incorrect capitation for the months of December 2008 to April 2009, was received 7/6/09. The contractor incorrectly applied the capitated rate applicable for the period of 10/1/09 – 9/30/10 option year for the billings during the period 11/09-4/30/09.

Concur **Target Completion Date: 8/21/09**

The Contract Officer will modify the current contract for both the Pontiac and Yale CBOC's to include the requirement that established patients who were not seen by their PCP or Associate Provider within 12 months of the last visit will not be invoiced until they are seen by a provider.

Appendix E

CBOC Characteristics

CBOC Station Number	CBOC Name	Parent VA	Laboratory (draw blood)	Onsite Radiology	Onsite Pharmacy	EKG	Social Services	Tele-medicine
515GC	Benton Harbor	Battle Creek	Yes	No	No	Yes	Yes	No
515BY	Grand Rapids	Battle Creek	Yes	Yes	Yes	Yes	Yes	No
583GA	Terre Haute	Indianapolis	No	Yes	No	Yes	No	No
583GB	Bloomington	Indianapolis	No	Yes	No	Yes	No	No
553GA	Yale	Detroit	Yes	Yes	Yes	Yes	No	No
553GB	Pontiac	Detroit	Yes	Yes	No	Yes	No	No

Onsite Services

CBOC Station Number	CBOC Name	Parent VA	Mental Health Care	Psychologist	Psychiatrist	Nurse Practitioner	Social Worker	Social Services Specialist	Tele-mental Health
515GC	Benton Harbor	Battle Creek	Yes	No	Yes	No	Yes	No	Yes
515BY	Grand Rapids	Battle Creek	Yes	Yes	Yes	Yes	Yes	No	No
583GA	Terre Haute	Indianapolis	Yes	No	No	No	Yes	Yes	No
583GB	Bloomington	Indianapolis	Yes	No	No	No	Yes	Yes	No
553GA	Yale	Detroit	Yes	No	No	Yes	No	No	Yes
553GB	Pontiac	Detroit	Yes	No	No	Yes	No	No	Yes

Mental Health Services

CBOC Station Number	CBOC Name	Internal Medicine Physician	Primary Care Physician	Nurse Practitioner	Physician Assistant	Registered Nurse	LPN	Psychologist	Pharmacist	Social Worker	Dietary	Technician/ Technologists	Administrative/ Clerical	Other
515GC	Benton Harbor	No	Yes	Yes	No	Yes	Yes	No	No	Yes	No	No	Yes	Yes
515BY	Grand Rapids	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
583GA	Terre Haute	Yes	No	Yes	No	Yes	Yes	No	No	Yes	No	No	Yes	No
583GB	Bloomington	Yes	No	Yes	No	Yes	Yes	No	No	No	No	No	Yes	No
553GA	Yale	No	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	Yes
553GB	Pontiac	No	Yes	Yes	Yes	No	No	No	No	No	No	No	No	Yes

Disciplines Present at the CBOC

Appendix E

CBOC Station Number	CBOC Name	Parent VA	Urban/Rural	Miles to Parent Facility	Bus	Taxi	Voluntary Services	Tele-Medicine
515GC	Benton Harbor	Battle Creek	Rural	68	No	Yes	Yes	No
515BY	Grand Rapids	Battle Creek	Urban	66	Yes	Yes	Yes	No
583GA	Terre Haute	Indianapolis	Rural	80	No	Yes	Yes	No
583GB	Bloomington	Indianapolis	Rural	60	No	Yes	Yes	No
553GA	Yale	Detroit	Rural	70	Yes	Yes	No	No
553GB	Pontiac	Detroit	Urban	30	Yes	Yes	No	No

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

Appendix F

Quality of Care Measures
Battle Creek VAMC – Benton Harbor and Grand Rapids

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
Hyperlipidemia Screen	**National**	**13,148**	**13,587**	**97**
	515 Battle Creek	105	105	**100**
	515BY Grand Rapids	40	41	**98**
	515GC Benton Harbor	15	15	**100**

Hyperlipidemia Screening, FY 2009

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM – Outpatient Foot Inspection	**National**	**5,523**	**5,971**	**92**
	515 Battle Creek	38	41	**93**
	515BY Grand Rapids	43	47	**91**
	515GC Benton Harbor	6	6	**100**

DM Foot Inspection, FY 2009

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM - Outpatient Foot Pedal Pulses	**National**	**5,395**	**5,971**	**90**
	515 Battle Creek	38	41	**93**
	515BY Grand Rapids	43	47	**91**
	515GC Benton Harbor	6	6	**100**

Foot Pedal Pulses, FY 2009

Sensory Exam				
DM - Outpatient - Foot Sensory Exam Using Monofilament	**National**	**5,266**	**5,951**	**88**
	515 Battle Creek	38	41	**93**
	515BY Grand Rapids	43	47	**91**
	515GC Benton Harbor	6	6	**100**

Foot Sensory, FY 2009

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM – Retinal Eye Exam	**88**	**National**	**4,599**	**5,258**	**87**
	88	515 Battle Creek	34	39	**87**
		515BY Grand Rapids	42	48	**86**
		515GC Benton Harbor	5	6	**83**

Retinal Exam, FY 2009

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM - LDL-C	**95**	**National**	**4,990**	**5,209**	**96**
	95	515 Battle Creek	20	20	**100**
		515BY Grand Rapids	47	48	**98**
		515GC Benton Harbor	6	6	**100**

Lipid Profile

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM - Renal Testing	**93**	**National**	**4,976**	**5,263**	**95**
	93	515 Battle Creek	39	39	**100**
		515BY Grand Rapids	48	48	**100**
		515GC Benton Harbor	6	6	**100**

Renal Testing, FY 2009

Appendix G

Quality of Care Measures
Indianapolis VAMC – Terre Haute and Bloomington

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
Hyperlipidemia Screen	**National**	**13,148**	**13,587**	**97**
	583 Indianapolis	97	100	**97**
	608GA Terre Haute	42	42	**100**
	608GB Bloomington	39	40	**98**

Hyperlipidemia Screening, FY 2009

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM – Outpatient Foot Inspection	**National**	**5,523**	**5,971**	**92**
	583 Indianapolis	49	49	**100**
	583GA Terre Haute	43	45	**95**
	583GB Bloomington	41	42	**98**

DM Foot Inspection, FY 2009

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM - Outpatient Foot Pedal Pulses	**National**	**5,395**	**5,971**	**90**
	583 Indianapolis	48	49	**98**
	5838GA Terre Haute	42	45	**93**
	583GB Bloomington	42	42	**100**

Foot Pedal Pulses, FY 2009

Sensory Exam				
DM - Outpatient - Foot sensory exam using monofilament	**National**	**5,266**	**5,951**	**88**
	583 Indianapolis	48	48	**100**
	583GA Terre Haute	44	45	**97**
	583GB Bloomington	41	42	**98**

Foot Sensory, FY 2009

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM – Retinal Eye Exam	**88**	**National**	**4,599**	**5,258**	**87**
	88	583 Indianapolis	33	36	92
		583 GA Terre Haute	42	45	93
		583 GB Bloomington	39	42	93

Retinal Exam, FY 2009

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM - LDL-C	**95**	**National**	**4,990**	**5,209**	**96**
	95	583 Indianapolis	36	36	**100**
		583 GA Terre Haute	44	45	**98**
		583 GB Bloomington	42	42	**100**

Lipid Profile

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM - Renal Testing	**93**	**National**	**4,976**	**5,263**	**95**
	93	583 Indianapolis	36	36	**100**
		583GA Terre Haute	45	45	**100**
		583GB Bloomington	42	42	**100**

Renal Testing, FY 2009

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
Patient Screen with PC-PTSD	**90**	**National**	**4,751**	**4,987**	**95**
	90	583 Indianapolis	12	12	**100**
		583 GA Terre Haute	14	14	**100**
		583GA Bloomington	4	5	**80**

PTSD Screening, FY 2009

Appendix H

Quality of Care Measures
Detroit VAMC – Yale and Pontiac

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
Hyperlipidemia Screen	**National**	**13,148**	**13,587**	**97**
	553 Detroit	100	103	**97**
	553GA Yale	47	47	**100**
	553GB Pontiac	48	48	**100**

Hyperlipidemia Screening, FY 2009

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM – Outpatient Foot Inspection	**National**	**5,523**	**5,971**	**92**
	553 Detroit	52	54	**96**
	553GA Yale	44	45	**98**
	553GB Pontiac	46	48	**96**

DM Foot Inspection, FY 2009

Measure	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM - Outpatient Foot pedal pulses	**National**	**5,395**	**5971**	**90**
	553 Detroit	52	54	**96**
	553GA Yale	44	45	**98**
	553GB Pontiac	47	48	**98**

Foot Pedal Pulses, FY 2009

Sensory Exam				
DM - Outpatient - Foot Sensory Exam Using Monofilament	**National**	**5266**	**5951**	**88**
	553 Detroit	51	54	**94**
	553GA Yale	44	45	**98**
	553GB Pontiac	47	48	**98**

Foot Sensory, FY 2009

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM – Retinal Eye Exam	**88**	**National**	**4,599**	**5,258**	**87**
		553 Detroit	41	48	**85**
		553GA Yale	44	45	**98**
		553GB Pontiac	35	48	**73**

Retinal Exam, FY 2009

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM - LDL-C	***95***	***National***	***4,990***	***5,209***	***96***
		553 Detroit	44	48	**92**
		553GA Yale	45	45	**100**
		553GB Pontiac	45	48	**94**

Lipid Profile

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
DM - Renal Testing	**93**	**National**	**4,976**	**5,263**	**95**
		553 Detroit	46	48	**96**
		553GA Yale	44	45	**98**
		553GB Pontiac	46	48	**96**

Renal Testing, FY 2009

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 Percentage*
Patient Screen with PC-PTSD	**90**	**National**	**4,751**	**4,987**	**95**
		553 Detroit	24	25	**96**
		553GA Yale	15	17	**88**
		553GB Pontiac	9	9	**100**

PTSD Screening, FY 2009

Appendix I

OIG Contact and Staff Acknowledgments

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

Appendix J

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