Department of Veterans Affairs
Office of Inspector General

Combined Assessment Program Review of the VA Medical Center Beckley, West Virginia

Report No. 06-03479-07 **October 19, 2006**

VA Office of Inspector General
Washington, DC 20420

Office of Inspector General

Combined Assessment Program Reviews

Combined Assessment Program (CAP) reviews are part of the Office of Inspector General's (OIG's) efforts to ensure that high quality health care is provided to our Nation's veterans. CAP reviews combine the knowledge and skills of the OIG's Offices of Healthcare Inspections and Investigations to provide collaborative assessments of VA medical on a cyclical basis. The purposes of CAP reviews are to:

- Evaluate how well VA facilities are accomplishing their missions of providing veterans convenient access to high quality medical services.
- Determine if management controls ensure compliance with regulations and VA policies, assist management in achieving program goals, and minimize vulnerability to fraud, waste, and abuse.
- Provide fraud and integrity awareness training to increase employee understanding of the potential for program fraud and the requirement to refer suspected criminal activity to the OIG.

In addition to this typical coverage, CAP reviews may examine issues or allegations referred by VA employees, patients, Members of Congress, or others.

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Executive Summary

Introduction

The Department of Veterans Affairs, Office of Inspector General (OIG), Office of Healthcare Inspections (OHI) conducted a program review of the VA Medical Center Beckley, WV, during the week of September 11–15, 2006. The purpose of the review was to evaluate selected system operations focusing on patient care administration, quality management, and administrative management controls. During the review, the Office of Investigations provided 5 fraud and integrity awareness briefings to 200 employees.

Results of Review

This review focused on seven areas. The system complied with selected standards in the following areas:

- Breast Cancer Management
- Diabetes and Atypical Antipsychotic Medications
- Quality Management (QM)
- Survey of Healthcare Experiences of Patients (SHEP)

We identified three areas that needed additional management attention. To improve operations we made the following recommendations:

- Strengthen Community Contract Nursing Home (CNH) program administrative controls and documentation practices.
- Increase Environment of Care monitoring and surveillance of construction areas for possible inclusion in the medical center's Interim Life Safety Measures.
- Improve Contracting Officer Technical Representative oversight of the Community Based Outpatient Clinic (CBOC).

This report was prepared under the direction of Mr. Randall Snow, JD, Associate Director, and Ms. Carol Torczon, RN, MSN, ACNP, Health Systems Specialist, Washington, DC, Office of Healthcare Inspections.

VISN and Medical Center Director Comments

The Veterans Integrated Service Network 6 and Medical Center Director agreed with the CAP review findings and recommendations and provided acceptable improvement plans. (See Appendixes A and B, pages 12–17, 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

Introduction

Facility Profile

Organization. The VA Medical Center Beckley, WV, is a general medical and surgical care facility that provides a broad range of inpatient and outpatient health care services. The medical center, along with VA Medical Center, Clarksburg, WV, share support of a CBOC in Gassaway, WV, to serve the needs of veterans from four counties in central West Virginia. The medical center is part of Veterans Integrated Service Network (VISN) 6 and serves a veteran population of about 35,474 in a primary service area that includes 11 counties in West Virginia and 1 in Virginia.

Programs. The medical center is a general medicine and surgical care facility, with 26 medical, 2 surgical, and 12 intermediate care beds. In addition, the medical center provides extended care and rehabilitation services for 50 residents. The medical center offers primary and secondary diagnostic and therapeutic health services in primary care; pulmonology; cardiology; gastroenterology; oncology; inpatient and outpatient general surgery; ear, nose, and throat; urology (including lithotripsy); orthopedics; and outpatient audiology, optometry, nephrology, and podiatry. Other programs include rehabilitative medicine, prosthetics and sensory aids, extended care rehabilitation, home oxygen, nurse telephone triage, spinal cord injury, palliative and respite care, intermediate care and observation beds, a women's health clinic, and Care Coordination and Home Telehealth. The outpatient mental health clinic encompasses general psychiatry, substance abuse, and post-traumatic stress disorder counseling. Diagnostic services include laboratory, radiology, computed tomography, ultrasound, Doppler studies, mobile magnetic resonance imaging, and a non-invasive cardio-pulmonary lab (including echocardiography). Telepathology and telemedicine services are available. A full range of services is provided by a dental clinic.

Affiliations: The medical center is affiliated with the West Virginia School of Osteopathic Medicine. Other training affiliations for nurses and allied healthcare providers include Bluefield State College, Marshall University, Mountain State University, Radford University, University of Delaware, and West Virginia University.

Resources. In fiscal year (FY) 2005, medical care expenditures totaled $67,076,541. The FY 2006 medical care budget is $66,288,236. FY 2005 staffing totaled 542 full-time equivalent employees (FTE), including 34 physician and 89 nursing FTE.

Workload. In FY 2005, the medical center treated 13,824 unique patients. The medical center provided 10,289 inpatient days of care in the hospital and 13,784 inpatient days of care in the Nursing Home Care Unit. The inpatient care workload totaled 1,570 discharges; the average daily census for the hospital was 28.2 and for the nursing home was 37.8. The outpatient workload was 135,398 visits.

Objectives and Scope of the CAP Review

Objectives. CAP reviews are one element of the OIG's efforts to ensure that our Nation's veterans receive high quality VA health care. The objectives of the CAP review are to:

- Conduct recurring evaluations of selected health care facility operations focusing on patient care, quality management, and administrative controls.
- Provide fraud and integrity awareness training to increase employee understanding of the potential for program fraud and the requirement to refer suspected criminal activity to the OIG.

Scope. We reviewed selected clinical and administrative activities to evaluate the effectiveness of patient care administration and QM. Patient care administration is the process of planning and delivering patient care. QM is the process of monitoring the quality of care to identify and correct harmful and potentially harmful practices and conditions.

In performing the review, we inspected work areas, interviewed managers and employees, and reviewed clinical and administrative records. The review covered the following seven activities:

Breast Cancer Management	Environment of Care
Community Based Outpatient Clinics	Quality Management
Contract Nursing Home Program	Survey of Heathcare Experiences of Patients
Diabetes and Atypical Antipsychotic Medications	

The review covered facility operations for FY 2005 and FY 2006, and was done in accordance with OIG standard operating procedures for CAP reviews. We also followed up on selected recommendations from our prior CAP review of the medical center (*Combined Assessment Program Review of the VA Medical Center Beckley, West Virginia*, Report No. 04-00540-208, September 24, 2004).

During this review, we presented 5 fraud and integrity awareness briefings for 200 employees. These briefings covered procedures for reporting suspected criminal activity to the OIG and included case-specific examples illustrating procurement fraud, conflicts of interest, and bribery.

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. Activities in the section titled "Other Observations" have no reportable conditions.

Results of Review

Opportunities for Improvement

Contract Nursing Home Program

Conditions Needing Improvement. CNH Program Managers needed to improve documentation of monitoring and oversight of CNH activities and amend local policies to ensure that veterans receive quality care in safe environments.

Review Team. Veterans Health Administration (VHA) Handbook 1143.2, *VHA Community Nursing Home Oversight Procedures*, requires CNH Review Teams to document findings and recommendations for each CNH review conducted. These findings and recommendations (nursing home disposition report and certification report) are forwarded through the CNH Oversight Committee to the Medical Center Director and VA Central Office. Quarterly posting of Review Team reports on the VA CNH Website is also required. This report includes the dates each CNH was reviewed, how the reviews were conducted, if onsite surveys by the CNH Review Team were necessary, if consultation with the state survey agency was obtained, and other pertinent information and recommendations. The CNH Review Team did not conduct regularly scheduled meetings or document minutes of any other meetings, nor had any entries been posted on the VA CNH website.

Oversight Committee. Membership of the CNH Oversight Committee needed to include quality management and acquisition representation. Facilities with CNH programs must establish a multidisciplinary oversight committee with upper level management representation from social work, nursing, quality management, acquisition, and medical staff to effectively administer and monitor the program. The committee is established by the Medical Center Director and is responsible for completing and monitoring mandated CNH reviews. The CNH Oversight Committee also needed to conduct quarterly meetings with documented meeting minutes.

Reporting Events. VHA policy requires immediate reporting of sentinel events or adverse patient occurrences discovered in VA contracted nursing homes to the Medical Center Director, the Network Geriatrics and Extended Care Office, and the Geriatric and Extended Care Strategic Health Group via the Certification Report on the VA CNH Website. In one case, where a patient experienced an adverse event, the program manager did not report or document the incident as required.

Recommended Improvement Action 1. We recommend that the VISN Director ensure that the Medical Center Director requires: (a) that the CNH Review Team Coordinator document the findings and recommendations of each CNH review, (b) include quality management and acquisitions representation on the CNH Oversight Committee, (c) use

the VA CNH Web Site evaluation tools to report adverse events and improve communication between nursing homes and CNH program managers, and (d) amend local policy to incorporate recommended changes to the program and to meet VHA requirements.

Environment of Care

Conditions Needing Improvement. VHA regulations require that the hospital environment present minimal risk to patients, employees, and visitors, and that infection control practices are employed to reduce the risk of hospital-acquired infections. We inspected key patient care areas, including a sample of occupied and unoccupied patient rooms and restrooms. We reviewed a sample of biomedical equipment and determined that it was in working order and properly cleaned, maintained, and tested. The medical center was generally clean and effectively maintained; however, the Specialty Clinic patient waiting area required management attention.

Certain areas of the medical center were undergoing renovation and construction during our visit. Our review identified a contractor's storage room and threshold area of exposed brick and concrete located immediately adjacent to the clinic waiting room that was blocked by orange safety cones and yellow construction tape. The room was used by construction personnel on a daily basis to store tools and materials. Oftentimes, removal of tools and materials required moving all waiting room chairs and patients into the nearby hallway. This construction and patient safety issue was not identified in the medical center's Interim Life Safety Measures. While we were onsite, staff took steps to relocate the contractor's storage room and finish construction around the storage room door.

Recommended Improvement Action 2. We recommend that the VISN Director ensure that the Medical Center Director requires that (a) all construction areas are monitored for possible Interim Life Safety Measure inclusion and (b) that finishing work in the Specialty Clinic waiting area is completed to ensure a safe environment for patients.

Community Based Outpatient Clinic

Conditions Needing Improvement. A CBOC is a VA-operated, VA-funded, or VA-reimbursed health care facility or site geographically distinct or separate from a parent medical facility. The medical center shares the Braxton, WV, CBOC services with a sister VA medical center and is responsible for contract oversight. The contracting officer's technical representative (COTR) did not provide consistent oversight. The VHA expanded Ambulatory and Primary Care areas under federal legislation passed in 1996, including the creation of CBOCs throughout the United States, the enactment of which requires that VA maintain its capacity to provide for the specialized treatment and rehabilitation needs of disabled veterans (including those with spinal cord dysfunction, blindness, amputations, and mental illness) within distinct programs or facilities that are

dedicated to the specialized needs of those veterans in a manner that affords those veterans reasonable access to care and services. The following areas needed management attention:

Safety Inspection. The contract between the CBOC and the two VA medical centers requires the CBOC to meet all Federal, state and local fire and life safety codes and allows VA oversight, including periodic safety inspections. The COTR did not provide oversight to ensure that a safety inspection was completed in FY 2005.

Credentialing and Privileging. The medical center did not have complete primary source credentialing documentation for CBOC healthcare providers when requested (such as service chief reappraisals, National Practitioner Data Bank queries, and provider specific quality management data). VHA Handbook 1100.19, *Credentialing and Privileging*, mandates that all VHA healthcare providers who are permitted by law and the facility to provide patient care services independently to veterans will be credentialed and privileged as defined in the handbook. The CBOC contract requires credentialing information be provided to the VA.

Background Investigations. VA Directive 0710, *Personnel Suitability and Security Program*, directs federal agencies to conduct appropriate background screenings of individuals, both employees and non-employees, who have access to non-national security, sensitive information (including patient records). The medical center was unable to provide background investigations on selected CBOC providers.

Recommended Improvement Action 3: We recommend that the VISN Director ensure that the Medical Center Director ensures that: (a) COTR oversight of the CBOC contract includes verification that the required annual safety inspections are performed, (b) appropriate credentialing and privileging documents are maintained by coordinating and delineating responsibilities of the respective VA medical centers, and (c) human resources staff collect and maintain background investigations for CBOC providers.

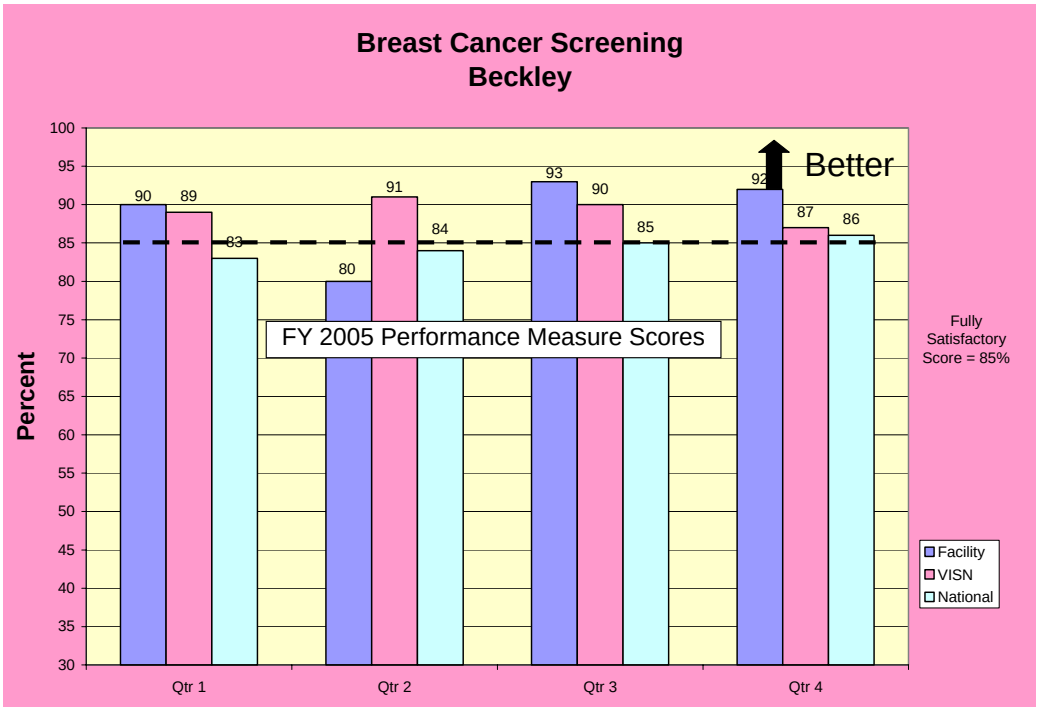
Other Observations

Breast Cancer Management

The medical center met the VHA performance measure for breast cancer screening, provided timely referrals for Radiology, Surgery, and Oncology consultative and treatment services.

VHA breast cancer screening performance measures assess the percent of patients screened according to prescribed timeframes. Timely screening, diagnosis, communication, interdisciplinary treatment planning, and treatment are essential to early detection, appropriate management, and optimal patient outcomes. The medical center

met or exceeded the VHA performance measure for breast cancer screening in 3 of the 4 quarters for FY 2005, as indicated in the following graph.



Survey of Healthcare Experiences of Patients

Veteran patient satisfaction surveying is designed to promote health care quality assessment and improvement strategies that address patients' needs and concerns, as defined by patients. In 1995, VHA began surveying its patients using a standardized instrument modeled from the Picker Institute, a non-profit health care surveying group. The Performance Analysis Center for Excellence of the Office of Quality & Performance is the analytical, methodological, and reporting staff for SHEP. To meet Measure 21 of the VHA Executive Career Field Performance Plan for FY 2006, the medical center must achieve patient satisfaction scores of very good or excellent in 77 percent of outpatients and 76 percent of inpatients surveyed. The following graphs show the medical center's SHEP results for inpatients and outpatients.

Beckley Inpatient SHEP Results
Q1 and Q2 FY 2006

Facility Name	Access	Coordination of Care	Courtesy	Education & Information	Emotional Support	Family Involvement	Physical Comfort	Preferences	Transition	Overall Quality
National	81.31	78.63	89.95	68.02	65.80	75.85	83.41	74.49	70.03	**
VISN	82.3+	80.2+	89.70	69.8+	67.3+	77.3+	82.6-	75.10	71.9+	**
Medical Center	86.8+	84.9+	90.50	74+	73.1+	80.3+	84.90	78.4+	76.9+	**

* Less than 30 respondents
+ Significantly better than national average
- Significantly worse than national average

Beckley Outpatient SHEP Results
Q2 FY 2006

	Access	Education & Information	Emotional Support	Overall Coordination	Pharmacy Mailed	Pharmacy Pick-up	Preferences	Specialist Care	Visit Coordination
National	80.70	72.60	83.30	75.8	81.5	65.5	81.7	80.8	84.7
VISN	77.7 -	69.80	79.4 -	75.2	79.9	58.1	79.6	81	82.9
Outpatient Clinics - Overall	82.50	68.80	79.30	74.2	70.5	34.4	79	85.4	82
_ BECKLEY OUTPATIENT CLINIC	82.4	68.7	79.2	74.1	70.5	34.4	79	85.4	81.9
_ GASSAWAY CBOC	*	*	*	*	*	*	*	*	*

* Less than 30 respondents
+ Significantly better than national average
- Significantly worse than national average

The medical center scored above the 76 percent threshold in 5 areas and significantly above the national average in 4 of the 5 standards for inpatient SHEP. While the medical center was below the threshold of 76 percent for "Education & Information" and "Emotional Support" standards, it still scored significantly above the national average in these areas.

The medical center scored above the 77 percent threshold in 7 of the 11 standards for outpatient SHEP. The medical center's low score was for "Pharmacy Pickup," at 34 percent. Aggressive actions, including hiring new staff and making changes in work flow, have been taken to improve this measure.

Ongoing medical center initiatives to maintain and improve current levels of customer service include a "Service Partners" program that permits resolution of patient complaints at the point of care and the use of "Quick Cards," which provide daily customer feedback for every service in the medical center.

Quality Management

The QM program provided comprehensive oversight of the quality of care. To evaluate QM activities, we interviewed the Medical Center Director, Acting Chief of Staff, Acting Chief Nurse Executive, and QM personnel; and we evaluated plans, policies, and other relevant documents. For the purpose of this review, we defined a comprehensive QM program as including the following program areas:

- QM and Performance Improvement (PI) committees, activities, and teams.
- Patient safety functions (including healthcare failure mode and effects analyses, root cause analyses, aggregated reviews, and patient safety goals).
- Risk management (including disclosure of adverse events and administrative investigations related to patient care).
- Utilization management (including admission and continued stay appropriateness reviews).
- Patient complaints management.
- Medication management.
- Medical record documentation reviews.
- Blood and blood products usage reviews.
- Operative and other invasive procedures reviews.
- Reviews of patient outcomes of resuscitation efforts.
- Restraint and seclusion usage reviews.
- Staffing effectiveness analyses.

We evaluated monitoring and improvement efforts in each of the program areas through a series of data management process steps. These steps were consistent with Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) standards and included:

- Identifying problems or potential improvements.
- Gathering and critically analyzing the data.
- Comparing the data analysis results with established goals or benchmarks.

- Identifying specific corrective actions when results do not meet goals.

- Implementing and evaluating actions until problems are resolved or the improvements are achieved.

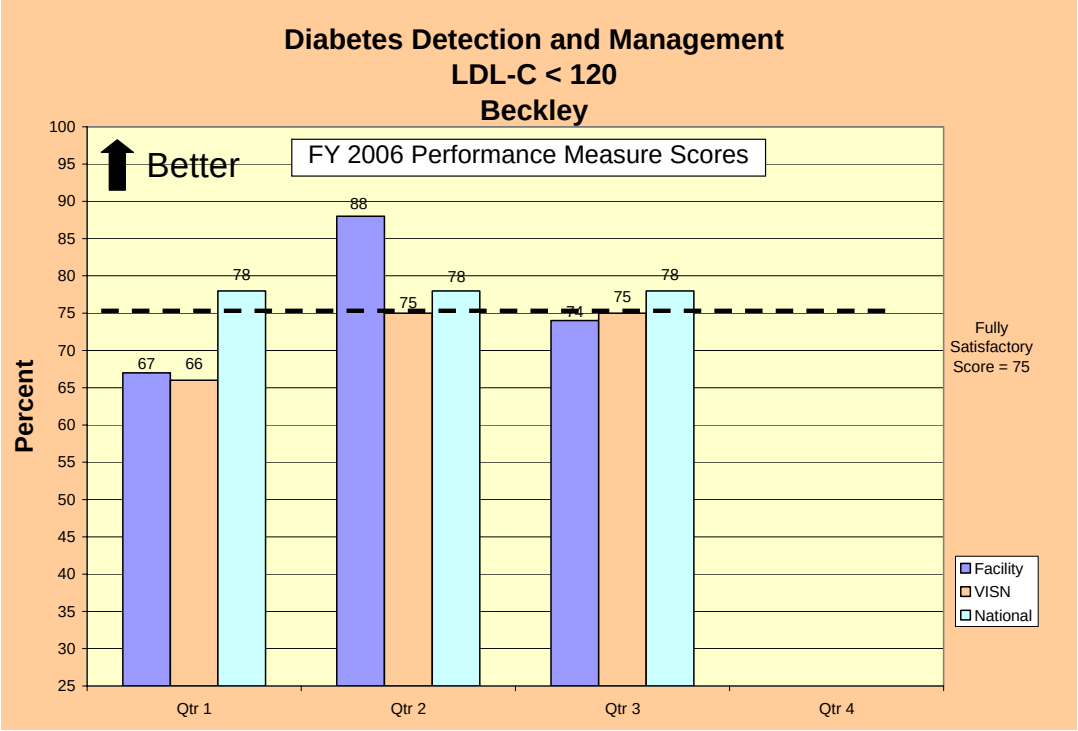
We also evaluated whether clinical managers appropriately used the results of quality monitoring in the medical staff reprivileging process. Also we reviewed mortality analyses to determine the level of facility compliance with VHA guidance.

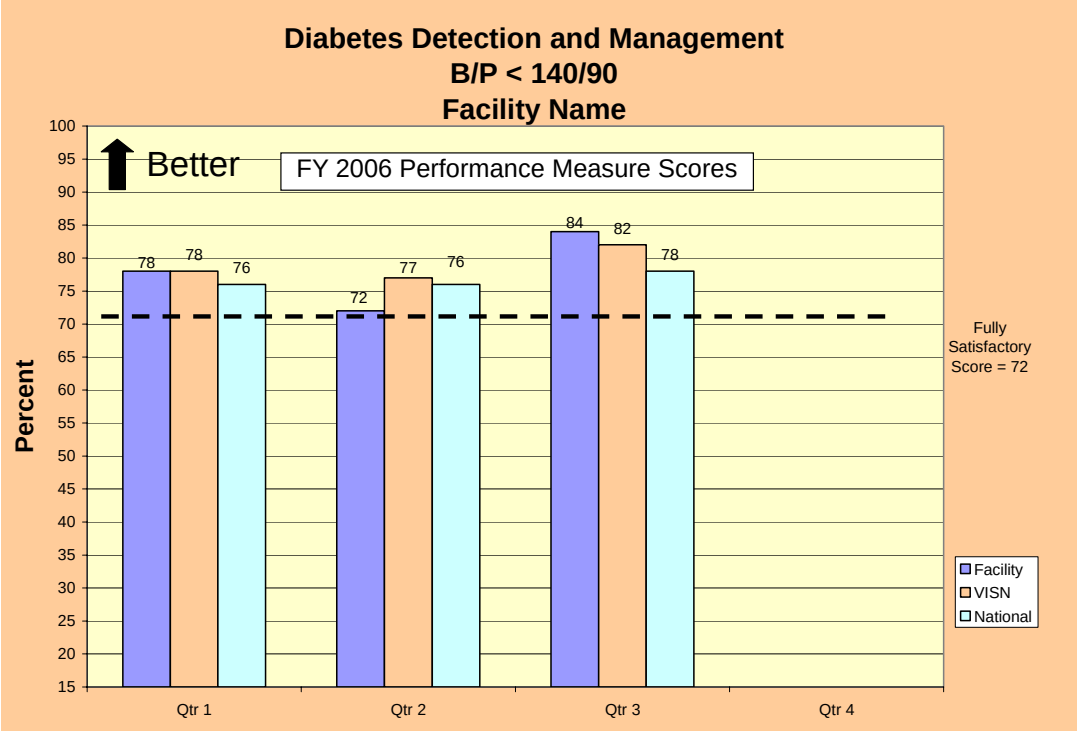
We found that the QM program provided comprehensive oversight of the quality of care. Generally, when problems were identified, actions were taken and adequately evaluated. We found excellent senior management support and clinician participation.

Diabetes and Atypical Antipsychotic Medications

Mental Health patients receiving atypical antipsychotic medications (medications that cause fewer neurological side effects but increase the patient's risk for the development of diabetes) require effective diabetes screening, monitoring, and treatment.

VHA clinical practice guidelines suggest that diabetic patients' blood glucose levels be at a therapeutically acceptable level (glucose, HbA1c, below 9 percent) to avoid symptoms of hyperglycemia; blood pressure should be less than or equal to 140/90; and low density lipoprotein cholesterol (LDL-C) should be less than 120. The medical center must meet these standards to receive fully satisfactory ratings for these performance measures. The medical center did not achieve fully satisfactory scores with VHA performance measures for LDL-C of less than 120 mg/dL in diabetic patients for 4 of the last 7 reporting quarters, however, the scores were much improved for the last 2 quarters. Blood pressure management scores were fully satisfactory for 3 quarters of FY 2006. The medical center had less than satisfactory scores for 2 of the last 3 reporting quarters for HbA1c, as demonstrated in the following charts:





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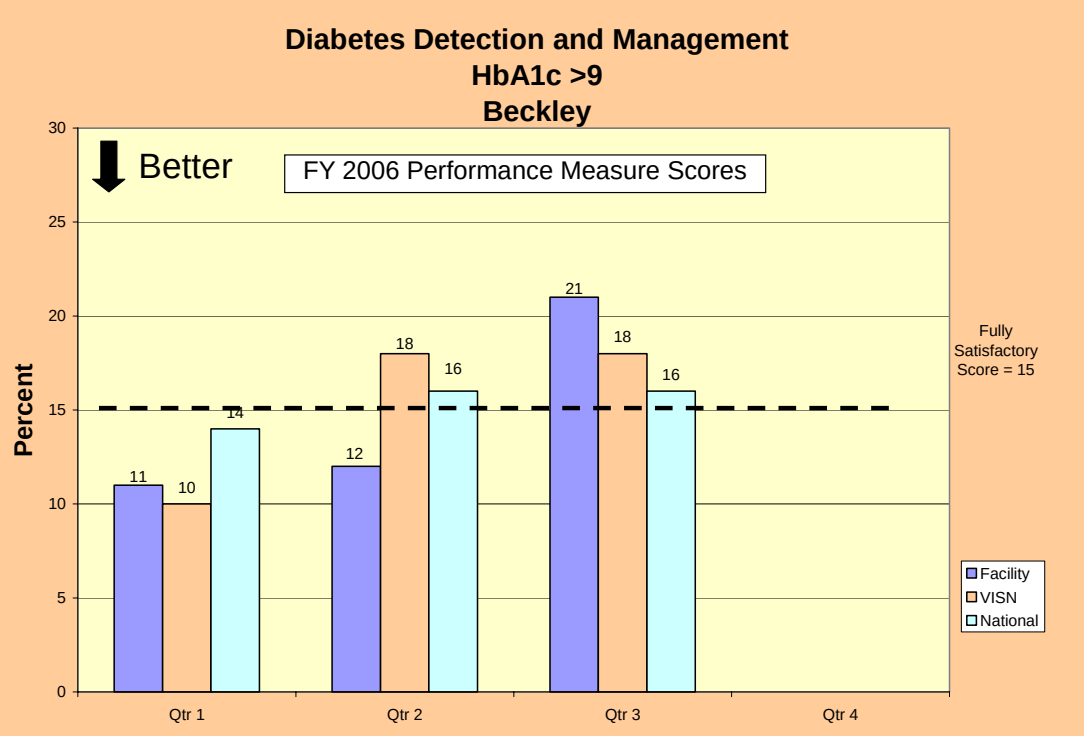

We reviewed a sample of 10 patients who were on one or more atypical antipsychotic medications for at least 90 days. Generally, the patients were screened and managed appropriately. Two of the 10 had diabetes, 1 case of which developed after the initiation of atypical antipsychotic medications. One patient has had a significant weight gain after the initiation of atypical antipsychotic medications. See the following table for a summary of results.

Diabetic patients with HbA1c > 9 percent	Diabetic patients with B/P > 140/90 mm/Hg	Diabetic patients with LDL-C > 120mg/dl	Non-diabetic patients appropriately screened
0/2	**0/2**	**1/2**	**8/8**

The medical center had identified that the less than satisfactory scores in HbA1c and LDL-C management as opportunities for improvement, and have recently established a Diabetes clinic and Hypertension clinic. There is statistical data that shows that patients seen in the existing Lipid clinic have better outcomes and providers are currently being educated to improve appropriateness of consults to the Lipid clinic. The medical center is encouraged to continue and sustain these efforts.

Appendix A

VISN Director Comments

Department of Veterans Affairs **Memorandum**

Date: October 3, 2006

From: Director, Veterans Integrated Service Network 6 (10N6)

Subject: **Combined Assessment Program Review of the Beckley VA Medical Center Beckley, West Virginia**

To: Assistant Inspector General, Office of Healthcare Inspections through: Director, Management Review Service (10B5)

1. I have reviewed and concur with the responses to recommendations.

2. If you have questions, please contact Sandra Mann, Beckley VA Medical Center, at (304) 255-2121, extension 4208.

(original signed by:)

DANIEL F. HOFFMANN, FACHE

Appendix B

Medical Center Director Comments

Department of Veterans Affairs **Memorandum**

Date: September 29, 2006

From: Director, VA Medical Center, Beckley, West Virginia (517/00)

Subject: **Combined Assessment Program Review of the Beckley VA Medical Center Beckley, West Virginia**

To: Assistant Inspector General, Office of Healthcare Inspections through: Director, Management Review Service (10B5)

1. I would like to express my appreciation to the Office of Inspector General (OIG) Survey Team for their professional and comprehensive review on September 11-14, 2006.

2. I have reviewed the draft report for the VA Medical Center, Beckley, WV, and concur with the findings and recommendations.

3. Please express my gratitude to the Survey Team for their professionalism and assistance to us in our continuing efforts to improve the care we provide to our veterans.

(original signed by:)

G. P. HUSSON

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

The following Director's comments are submitted in response to the recommendation and suggestions in the Office of Inspector General Report:

OIG Recommendation 1 The VISN Director ensures that the Medical Center Director:

a. Require that the CNH Review Team Coordinator document the findings and recommendations of each CNH review,

b. Include quality management and acquisitions representation on the CNH Oversight Committee,

c. Use the VA CNH Web Site evaluation tools to report adverse events and improve communication between nursing homes and CNH program managers, and

d. Amend local policy to incorporate recommended changes to the program and to meet VHA requirements.

Beckley VAMC Concurs – Corrective Actions Follow:

a. The recommendations from each review will now be documented in the oversight committees meeting minutes. The oversight committee met on September 27, 2006 and reviewed the functions and purpose of the committee. The current facilities that are on contract were reviewed at this meeting. All results of the CNH reviews have been posted on the VA CNH website as of September 27, 2006.

b. The membership of the CNH Oversight Committee was revised on September 13th to include the QM Coordinator and the Supervisor, AM&M.

c. The VA CNH website was updated on September 27, 2006, to include all reviews of the current facilities on contract. The adverse event has also been reported utilizing the

website, as well as to the MCD, and VISN leadership per VA directive. A letter has been sent to all administrators and directors of nursing to remind/reinforce to them the types of events that should be reported to the VA facility immediately.

d. The local policy was revised and presented in draft form to the IG team prior to their departure. Their additional comments are being incorporated into the policy.

Target Completion Date 11/01/06

OIG Recommendation 2 The VISN Director ensures that the Medical Center Director:

a. Require that all construction areas are monitored for possible Interim Life Safety Measure inclusion, and

b. Ensure that finishing work in the Specialty clinic waiting area is completed to provide a safe environment for patients in the Specialty clinic waiting area.

Beckley VAMC Concurs – Corrective Actions Follow:

a. The facility has a current policy on Interim Life Safety Measures (ILSM) and Construction Hazard Recognition and Control. A requirement is being added to the Construction Hazard Recognition and Control policy stating the FMSL Chief is to conduct a walk-thru of all contractor occupied areas at least monthly. The Contracting Officer and the Contracting Officer's Technical Representative (COTR) visit sites almost daily, and the safety manager makes frequent rounds so the additional visit and review should eliminate any confusion on what is acceptable and what is not. Any issues found which result in a significant impact on life safety requirements will be addressed.

b. Storage in the room was inappropriate, very cluttered, and was removed before the inspection out brief. The threshold patching was completed on September 28, 2006, and the remaining wall patching around the door will be completed by October 6, 2006. The area that posed a risk to patients is now repaired and no contractors are entering that area at all,

so patients in the waiting area are not being asked to move. The Facilities Management Service Line (FMSL) will work with the Acute Care Service Line (ACSL) to ensure work required to finish the project is done at times when impact on patients in the waiting room is minimal.

OIG Recommendation 3 The VISN Director ensures that the Medical Center Director:

a. Require that COTR oversight of the CBOC contract includes verification that the required annual safety inspections are performed,

b. Maintain appropriate credentialing and privileging documents by coordinating and delineating responsibilities of the respective VA medical centers, and

c. Collect and maintain human resources staff background investigations for CBOC providers.

Beckley VAMC Concurs – Corrective Actions Follow:

a. The contracting officer's technical representative (COTR) did not provide consistent oversight.

Safety Inspection

The COTR will ensure completion of annual safety inspections by the Clarksburg VA Medical Center. The COTR will collaboratively establish and monitor safety inspection completion dates and will promptly take action in the event that inspections are not completed as scheduled. The COTR will ensure that copies of the completed inspections are maintained at the Beckley VA Medical Center, the COTR's parent medical center.

Target Completion Date 10/15/06

b. Credentialing and Privileging

Healthcare provider credentialing will remain the responsibility of the Clarksburg VA Medical Center. The COTR will monitor completion of the credentialing and privileging process and will ensure that credentialing files for

each contract healthcare practitioner are maintained at the COTR's parent medical center. The COTR will also provide a copy of credentialing files to the contracting officer (CO) at the Hampton VA Medical Center.

Target Completion Date 11/30/06

c. Background investigations on contract employees were initiated but were not completed. The CO for the CBOC contract has been notified that follow-through on background investigations has not been completed. The CO has accepted responsibility for initiating new background investigations and has contacted the contractor to obtain all information necessary to complete background investigations on each relevant contract employee. The COTR will monitor the background investigation process and will maintain records of requested and completed background investigations at the COTR's parent medical center. Additionally, the COTR will ensure that copies of completed background investigations are maintained at the Clarksburg VA Medical Center and by the CO at the Hampton VA Medical Center.

Target Completion Date 12/31/06

General:

The COTR will increase contract oversight. For the purpose of facilitating completion of all contract requirements, the COTR will establish and maintain close communication with the Clarksburg VA Medical Center and with the contracting officer at the Hampton VA Medical Center. The COTR will prepare and submit for review and endorsement a new Memorandum of Understanding (MOU) that delineates contract requirements as they relate to the division of responsibilities between the Beckley VA Medical Center and the Clarksburg VA Medical Center.

Target Completion Date 12/31/06

Appendix C

OIG Contact and Staff Acknowledgments

OIG Contact	Randall Snow, Associate Director Office of Healthcare Inspections, Washington, DC 202-565-8452
Acknowledgments	Carol Torczon Gail Bozzelli Donna Giroux Nelson Miranda Darren Petri

Appendix D

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