



**Department of Veterans Affairs
Office of Inspector General**

Office of Healthcare Inspections

Report No. 11-00841-122

**Community Based Outpatient
Clinic Reviews
Stamford and Waterbury, CT
North Charleston (Goose Creek), SC
and Savannah, GA
Nephi, UT and Pocatello, ID**

March 16, 2011

Washington, DC 20420

Why We Did This Review

The VA Office of Inspector General (OIG) is undertaking a systematic review of the Veterans Health Administration's (VHA's) community-based outpatient clinics (CBOCs) to assess whether CBOCs are operated in a manner that provides veterans with consistent, safe, high-quality health care.

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

Veterans are required to receive one standard of care at all VHA health care facilities. Care at CBOCs needs to be consistent, safe, and of high quality, regardless of model (VA-staffed or contract). CBOCs are expected to comply with all relevant VA policies and procedures, including those related to quality, patient safety, and performance.

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Glossary

A1c	glycated hemoglobin
C&P	credentialing and privileging
CBOC	community based outpatient clinic
COTR	Contracting Officer's Technical Representative
CVMC	Central Valley Medical Center
DM	Diabetes Mellitus
EKG	electrocardiogram
EOC	environment of care
FY	fiscal year
FTE	full-time employee equivalents
HCS	Health Care System
IC	infection control
LCSW	Licensed Clinical Social Worker
LPN	Licensed Practical Nurse
MH	mental health
MST	military sexual trauma
NFPA	National Fire Protection Association
NP	nurse practitioner
OEF/OIF	Operation Enduring Freedom/Operation Iraqi Freedom
OIG	Office of Inspector General
OPPE	Ongoing Professional Practice Evaluation
PA	physician assistant
PCMM	Primary Care Management Model
PCP	primary care provider
PTSD	Post-Traumatic Stress Disorder
Qtr	quarter
RN	registered nurse
SSN	social security number
SOP	standard operating procedure
VAMC	VA Medical Center
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network

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Executive Summary

Purpose: We conducted the review of six CBOCs during the weeks of December 6, 2010. CBOCs were reviewed in VISN 1 at Stamford and Waterbury, CT; in VISN 7 at North Charleston (Goose Creek), SC, and Savannah, GA; and, in VISN 19 at Nephi, UT and Pocatello, ID. The parent facilities of these CBOCs are VA Connecticut HCS, Ralph H. Johnson VAMC, and VA Salt Lake City HCS, respectively. The purpose was to evaluate selected activities, assessing whether the CBOCs are operated in a manner that provides veterans with consistent, safe, high-quality health care.

Recommendations: The VISN and Facility Directors, in conjunction with the respective CBOC manager, should take appropriate actions to:

VA Connecticut HCS

- Ensure facility managers fully implement the improvement plan to communicate normal test results at the Stamford and Waterbury CBOCs.
- Conduct monthly visual inspections of all portable fire extinguishers at the Waterbury CBOC.

Ralph H. Johnson VAMC

- Align exit signage to identify the correct pathway of egress at the Goose Creek CBOC.

VA Salt Lake City HCS

- Require that provider privileges are consistent with the services provided at the Pocatello CBOC.
- Require that ordering providers document patient notification and treatment actions in response to critical laboratory test results at the Pocatello CBOC.
- Ensure that the Contracting Officer makes provisions to award contracts within a timeframe in accordance with VA policies, procedures, and directives to avoid the need for sole source emergency purchase orders at the Nephi CBOC.
- Assess the collectability of \$119,000 in overpayments to the vendor with the assistance of the Regional Counsel.
- Initiate the necessary contract modifications for the satellite clinic.
- Ensure the contract provision includes a prorated reduction of an annual capitated rate payment for services provided less than 12 months.

Comments

The VISN and facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes A–F, pages 20–30 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. Objectives and Scope

Objectives. The purposes of this review are to:

- Determine whether CBOC performance measure scores are comparable to the parent VAMC or HCS outpatient clinics.
- Determine whether CBOC providers are appropriately credentialed and privileged in accordance to VHA Handbook 1100.19.¹
- Determine whether appropriate notification and follow-up action are documented in the medical record when critical laboratory test results are generated.
- Determine the extent patients are notified of normal laboratory test results.
- Determine whether CBOCs are in compliance with standards of operations according to VHA Handbook 1006.1² in the areas of environmental safety and emergency planning.
- Determine whether the CBOC primary care and mental health contracts were administered in accordance with contract terms and conditions.
- Determine whether primary care active panel management and reporting are in compliance with VHA Handbook 1101.02.³

Scope. The topics discussed in this report include:

- Quality of Care Measures
- C P
- Management of Laboratory Results
- EOC and Emergency Management
- CBOC Contracts

We formulated a list of CBOC characteristics and developed an online survey for data collection. The surveys were completed by the respective CBOC managers. The characteristics included identifiers and descriptive information for CBOC evaluation.

We reviewed CBOC policies, performance documents, provider C P files, and nurses' personnel records. For each CBOC, we evaluated the quality of care measures by reviewing 50 randomly selected patients with a diagnosis of DM and 30 female patients between the ages of 52 and 69 years of age who had mammograms, unless fewer patients were available. We reviewed the medical records of these selected patients to

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

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

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

determine compliance with VHA performance measures.

We also reviewed medical records for 10 patients who had critical laboratory results and 10 patients with normal laboratory results or fewer if 10 were not available. We used the term *critical value or result* as defined in VHA Directive 2009-019.⁴ A critical test result is defined as those values or interpretations that, if left untreated, could be life threatening or place the patient at serious risk. All emergent test results and some abnormal test results constitute critical values or results. Although not defined in the directive, we used the term *normal results* to describe test or procedure results that are neither emergent nor abnormal, or results that are within or marginally outside the expected or therapeutic range.

We conducted EOC inspections to determine the CBOCs' cleanliness and condition of the patient care areas, condition of equipment, adherence to clinical standards for IC and patient safety, and compliance with patient data security requirements. We evaluated whether the CBOCs had a local policy/guideline defining how health emergencies, including MH emergencies, are handled.

We evaluated whether the Nephi CBOC contract 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.

We conducted the inspection in accordance with *Quality Standards for Inspection and Evaluation* published by the Council of the Inspectors General on Integrity and Efficiency.

⁴ VHA Directive 2009-019, *Ordering and Reporting Test Results*, March 24, 2009.

Part II. Results and Recommendations

A. VISN 1, VA Connecticut HCS – Stamford and Waterbury

CBOC Characteristics

Table 1 shows the characteristics of the Stamford and Waterbury CBOCs.

CBOC Characteristics	Stamford	Waterbury
Type of CBOC	VA Staffed	VA Staffed
Number of Uniques, FY 2010	1,885	2,609
Number of Visits, FY 2010	3,981	6,669
CBOC Size ⁵	Mid-Size	Mid-Size
Locality	Urban	Urban
FTE	2	1.6
Type Providers Assigned	Internal Medicine Physician PCP Psychiatrist Psychologist	Internal Medicine Physician PCP NP Psychiatrist Psychologist
Ancillary Staff Assigned	RN Health/Medical Technician or Assistant	RN Pharmacist Health/Medical Technician or Assistant
Type of MH Providers	Psychologist Psychiatrist	Psychologist Psychiatrist
Provides MH Services	Yes	Yes
• Evening Hours	No	No
• Weekends	No	No
• Plan for Emergencies Outside of Business Hours	No	No
• Provided Onsite	PTSD General MH	Homelessness
• Referrals	Another VA facility	Another VA facility
• Tele-Mental Health Services	Yes (Medication management, individual therapy, and pain management)	No
Specialty Care Services Onsite	No	No
• Referrals	Another VA facility Non-VA fee-basis or contract	Another VA facility Non-VA fee-basis or contract
Ancillary Services Provided Onsite	EKG	EKG
Miles to Parent Facility	38	27

Table 1. CBOC Characteristics

⁵ Based on the number of unique patients seen as defined by the VHA Handbook 1160.01.

Quality of Care Measures⁶**DM**

Diabetes is the leading cause of new cases of blindness among adults age 20–74 and diabetic retinopathy causes 12,000 to 24,000 new cases of blindness each year. Detection and treatment of diabetic eye disease with laser therapy can reduce the development of severe vision loss by an estimated 50–60 percent. Table 2 displays the parent facility and the Stamford and Waterbury CBOCs' compliance in screening for retinopathy.

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 3 Numerator</i>	<i>Qtr 3 Denominator</i>	<i>Qtr 3 (%)</i>
<i>DM – Retinal Eye Exam</i>	70%	689 VA Connecticut HCS	44	48	91
		689GB Stamford CBOC	8	8	100
		689GA Waterbury CBOC	10	11	91

Table 2. Retinal Exam, FY 2010

A1c is a blood test that measures average blood glucose (sugar) levels. Research studies in the United States and abroad have found that improved glycemic control benefits people with either type I or type II diabetes. In general, for every 1 percent reduction in A1c, the relative risk of developing microvascular diabetic complications (eye, kidney, and nerve disease) is reduced by 40 percent. The American Diabetes Association recommends an A1c of less than 7 percent. Patients with poorly controlled diabetes (A1c greater than 9 percent) are at higher risk of developing diabetic complications. Measuring A1c assesses the effectiveness of therapy. For this indicator, low scores indicate better compliance. Table 3 displays the scores of the parent facility and the Stamford and Waterbury CBOCs.

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 3 Numerator</i>	<i>Qtr 3 Denominator</i>	<i>Qtr 3 (%)</i>
<i>DM – A1c > 9 or not done in past year</i>	16%	689 VA Connecticut HCS	11	48	32
		689GB Stamford CBOC	0	8	0
		689GA Waterbury CBOC	0	11	0

Table 3. A1c Testing, FY 2010

⁶ Parent facility scores were obtained from <http://vaww.pdw.med.va.gov/MeasureMaster/MMReport.asp> Note: Scores are weighted. The purpose of weighting is to correct for the over-representation of cases from small sites and the under-representation of cases from large sites. It corrects for the unequal number of available cases within each organizational level (i.e., CBOC, facility) and protects against the calculation of biased or inaccurate scores. Weighting can alter the raw measure score (numerator/denominator). Raw scores can go up or down depending on which cases pass or fail a measure. Sometimes the adjustment can be quite significant.

Women's Health

Breast cancer is the second most common type of cancer among American women, with approximately 207,000 new cases reported each year.⁷ It is most common in women over 50. Women whose breast cancer is detected early have more treatment choices and better chances for survival. Screening by mammography (an x-ray of the breast) has been shown to reduce mortality by 20–30 percent among women 40 and older. The patients at the Stamford CBOC did not meet the criteria for our review; therefore, we were unable to compare this CBOC to the parent facility. Comparison of the Waterbury CBOC to the parent facility's breast cancer screening is listed in Table 4.

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 3 Numerator</i>	<i>Qtr 3 Denominator</i>	<i>Qtr 3 (%)</i>
<i>Mammography, 50-69 years old</i>	77%	689 VA Connecticut HCS	18	26	63
		689GB Stamford CBOC	NA	NA	NA
		689GA Waterbury CBOC	8	11	73

Table 4. Women's Health, FY 2010

Three of the 11 patient records reviewed did not have mammography reports within the study period. Although the Waterbury CBOC did not meet the target score of 77 percent, we found documentation that CBOC managers attempted to provide the mammography service for two of the three patients. One patient rescheduled and completed the mammography after the study period,⁸ and the other patient declined the mammography. Therefore, we did not request an action plan to improve the measure score.

C&P

We reviewed the C & P files of five providers and the personnel folder of one nurse at the Stamford CBOC and five providers and one nurse at the Waterbury CBOC. All providers possessed full, active, current, and unrestricted licenses; and privileges were appropriate for services rendered. All nurses' license and education requirements were verified and documented. Service-specific criteria for OPPE had been developed and approved. We found sufficient performance data to meet current requirements.

Management of Laboratory Results

VHA Directive 2009-019 requires critical test results to be communicated to the ordering provider or surrogate provider within a timeframe that allows for prompt attention and appropriate clinical action to be taken. VHA also requires that the ordering provider communicate test results to patients so that they may participate in health care decisions. Each parent facility is required to develop a written policy for

⁷ American Cancer Society, Cancer Facts & Figures 2009.

⁸ The study period is April 1, 2008, through June 30, 2010.

communicating test results to providers and documenting communications in the medical record, to include a system for surrogate providers to receive results when the ordering provider is not available. In addition, ordering providers are required to communicate outpatient test results (those not requiring immediate attention) to patients no later than 14 calendar days from the date on which the results are available to the ordering provider.

We reviewed the parent facility's policies and procedures and the medical records of patients who had tests resulting in critical values and normal values. We determined that the facility had developed a written policy and had implemented a reporting process for test results.

Critical Laboratory Results

We found that the Stamford and Waterbury CBOCs had effective processes in place to communicate critical laboratory test results to ordering providers and patients. We reviewed the medical records of 8 patients (5 at the Stamford CBOC and 3 at the Waterbury CBOC) who had critical laboratory results and found that all records contained documented evidence of patient notification and follow-up actions.

Normal Laboratory Results

We reviewed the medical records of 20 patients (10 at the Stamford CBOC and 10 at the Waterbury CBOC) who had normal test results. We found documentation that providers communicated the normal results to 7 (70 percent) patients at the Stamford CBOC and 4 (40 percent) at the Waterbury CBOC, within 14 calendar days from the date the results were available to the ordering provider.

Recommendation 1: We recommended that facility managers fully implement a plan for improvement in communication of normal test results to patients at the Stamford and Waterbury CBOCs and monitor compliance.

Environment and Emergency Management

EOC

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, IC, and general maintenance. Both CBOCs met most standards, and the environments were generally clean and safe. We found that the IC program monitored data and appropriately reported data to relevant committees. Safety guidelines were generally met, and risk assessments were in compliance with VHA standards. However, one area at the Waterbury CBOC needed improvement.

Fire Extinguishers

We found that two of three portable fire extinguishers did not have monthly visual inspections. NFPA Code 10⁹ requires that fire extinguishers be inspected monthly. Routine visual inspections help to ensure that extinguishers are accessible and that the pressure gauge indicator is in the operable range, indicating that the fire suppressant is sufficiently pressurized for use in the event of a fire.

Recommendation 2: We recommended that managers require monthly visual inspections of all portable fire extinguishers at the Waterbury CBOC.

Emergency Management

VHA Handbook 1006.1 requires each CBOC to have a local policy or SOP defining how medical emergencies, including MH emergencies, are handled. Both CBOCs had policies that outlined management of medical and MH emergencies, and staff articulated responses that accurately reflected local emergency response guidelines.

⁹ NFPA, *Code 10, Chapter 7*, 2010 Edition.

B. VISN 7, Ralph H. Johnson VAMC – Goose Creek and Savannah**CBOC Characteristics**

Table 5 shows the characteristics of the Goose Creek and Savannah CBOCs.

CBOC Characteristics	Goose Creek	Savannah
Type of CBOC	VA Staffed	VA Staffed
Number of Uniques, FY 2010	8,742	10,430
Number of Visits, FY 2010	52,713	64,967
CBOC Size	Large	Very Large
Locality	Urban	Rural
FTE	8.5	9.9
Type Providers Assigned	PCP NP Psychiatrist LCSW	Internal Medicine Physician PCP NP PA Psychiatrist Psychologist LCSW
Ancillary Staff Assigned	RN LPN Pharmacist Technician/Technologists Health/Medical Technician or Assistant	RN LPN Pharmacist Technician/Technologists Health/Medical Technician or Assistant
Type of MH Providers	Psychiatrist NP/Clinical Nurse Specialist LCSW	Psychologist Psychiatrist PA NP/Clinical Nurse Specialist LCSW
Provides MH Services	Yes	Yes
• Evening Hours	No	No
• Weekends	No	Yes
• Plan for Emergencies Outside of Business Hours	No	No
• Provided Onsite	PTSD OEF/OIF Groups	Substance Use Disorder PTSD MST Homelessness General MH Counseling MH Intensive Case Management
• Referrals	Another VA facility	Another VA facility Non-VA fee-basis or contract
• Tele-Mental Health Services	No	Yes (Medication Management and Individual Therapy)
Remote Services	Tele-Retinal	Tele-Medicine Tele-Radiology

CBOC Characteristics (con'd)	Goose Creek	Savannah
Specialty Care Services Onsite	No	Yes
• Type	NA	Optometry Podiatry Women's Health
• Referrals	Another VA facility	Another VA facility
Ancillary Services Provided Onsite	Laboratory (blood drawn onsite)	Physical Medicine Radiology EKG
Miles to Parent Facility	18	116

Table 5. CBOC Characteristics**Quality of Care Measures****DM**

Diabetes is the leading cause of new cases of blindness among adults age 20–74 and diabetic retinopathy causes 12,000 to 24,000 new cases of blindness each year. Detection and treatment of diabetic eye disease with laser therapy can reduce the development of severe vision loss by an estimated 50–60 percent. Table 6 displays the parent facility and the Goose Creek and Savannah CBOCs' compliance in screening for retinopathy.

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 3 Numerator</i>	<i>Qtr 3 Denominator</i>	<i>Qtr 3 (%)</i>
DM – Retinal Eye Exam	70%	534 Ralph H. Johnson VAMC	54	66	83
		534GD Goose Creek CBOC	46	49	94
		534BY Savannah CBOC	44	48	92

Table 6. Retinal Exam, FY 2010

A1c is a blood test that measures average blood glucose (sugar) levels. Research studies in the United States and abroad have found that improved glycemic control benefits people with either type I or type II diabetes. In general, for every 1 percent reduction in A1c, the relative risk of developing microvascular diabetic complications (eye, kidney, and nerve disease) is reduced by 40 percent. The American Diabetes Association recommends an A1c of less than 7 percent. Patients with poorly controlled diabetes (A1c greater than 9 percent) are at higher risk of developing diabetic complications. Measuring A1c assesses the effectiveness of therapy. For this indicator, low scores indicate better compliance. Table 7 displays the scores of the parent facility and the Goose Creek and Savannah CBOCs.

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr3 Numerator</i>	<i>Qtr 3 Denominator</i>	<i>Qtr 3 (%)</i>
DM – A1c > 9 or not done in past year	22%	534 Ralph H. Johnson VAMC	13	66	19
		534GD Goose Creek CBOC	13	49	27
		534BY Savannah CBOC	10	48	21

Table 7. A1c Testing, FY 2010

To improve compliance, managers have assigned staff to complete concurrent medical record reviews and notify providers of variances. This process allows providers the opportunity to adjust their treatment plans during the patient's encounter.

Women's Health

Breast cancer is the second most common type of cancer among American women, with approximately 207,000 new cases reported each year. It is most common in women over 50. Women whose breast cancer is detected early have more treatment choices and better chances for survival. Screening by mammography (an x-ray of the breast) has been shown to reduce mortality by 20–30 percent among women 40 and older. Comparison of the Goose Creek and Savannah CBOCs to the parent facility's breast cancer screening compliance is listed in Table 8.

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 3 Numerator</i>	<i>Qtr 3 Denominator</i>	<i>Qtr 3 (%)</i>
<i>Mammography, 50-69 years old</i>	77%	534 Ralph H. Johnson VAMC	11	11	100
		534GD Goose Creek CBOC	29	30	97
		534BY Savannah CBOC	21	26	81

Table 8. Women's Health, FY 2010

C&P

We reviewed the C & P files of five providers and the personnel folders of four nurses at the Goose Creek CBOC and five providers and four nurses at the Savannah CBOC. All providers possessed a full, active, current, and unrestricted license; and privileges were appropriate for services rendered. All nurses' license and education requirements were verified and documented. Service-specific criteria for OPPE had been developed and approved. We found sufficient performance data to meet current requirements. OPPE included competency criteria for privileges.

Management of Laboratory Results

VHA Directive 2009-019 requires critical test results to be communicated to the ordering provider or surrogate provider within a timeframe that allows for prompt attention and appropriate clinical action to be taken. VHA also requires that the ordering provider communicate test results to patients so that they may participate in health care decisions. Each parent facility is required to develop a written policy for communicating test results to providers and documenting communications in the medical record, to include a system for surrogate providers to receive results when the ordering provider is not available. In addition, ordering providers are required to communicate outpatient test results (those not requiring immediate attention) to patients no later than 14 calendar days from the date on which the results are available to the ordering provider.

We reviewed the parent facility's policies and procedures and the medical records of patients who had tests resulting in critical values and normal values. We determined

that the facility had developed a written policy and had implemented an effective reporting process for test results.

Critical Laboratory Results

We found that the Goose Creek and Savannah CBOCs had effective processes in place to communicate critical laboratory test results to ordering providers and patients. We reviewed the medical records of 20 patients (10 at the Goose Creek CBOC and 10 at the Savannah CBOC) who had critical laboratory results and found that all records contained documented evidence of patient notification and follow-up actions.

Normal Laboratory Results

We found that the Goose Creek and Savannah CBOCs had effective processes in place to communicate normal laboratory test results to patients. We reviewed the medical records of 20 patients (10 at the Goose Creek CBOC and 10 at the Savannah CBOC) and determined that the CBOCs had communicated normal results to all patients within 14 calendar days from the date the results were available to the ordering provider.

Environment and Emergency Management

EOC

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, IC, and general maintenance. Both CBOCs met most standards, and the environments were generally clean and safe. We found that the IC program monitored data and appropriately reported that data to relevant committees. Safety guidelines were generally met, and risk assessments were in compliance with VHA standards. We found the following area needed improvements.

Fire Exit Signage

The escape pathway to a designated means of egress was not readily apparent at the Goose Creek CBOC. Signage throughout the CBOC led to mistaken means of egress. The NFPA¹⁰ requires that means of egress be obvious and directional to ensure safety.

Recommendation 3: We recommended that exit signage be aligned to identify the correct pathway of egress at the Goose Creek CBOC.

Emergency Management

VHA Handbook 1006.1 requires each CBOC to have a local policy or SOP defining how medical and MH emergencies are handled. Both CBOCs had policies that outlined management of medical and MH emergencies, and staff at each facility articulated responses that accurately reflected the local emergency response guidelines.

¹⁰ NFPA, *Standard 101 Safety Code*, 2009 edition.

C. VISN 19, VA Salt Lake City HCS – Nephi and Pocatello**CBOC Characteristics**

Table 9 shows the characteristics of the Nephi and Pocatello CBOCs.

CBOC Characteristics	Nephi	Pocatello
Type of CBOC	Contract	VA Staffed
Number of Uniques, FY 2010	699	4,799
Number of Visits, FY 2010	1,353	23,948
CBOC Size	Small	Mid-Size
Locality	Highly Rural	Urban
FTE	0.45	4.6
Type Providers Assigned	NP	Internal Medicine Physician PCP NP PA Psychiatrist Psychologist LCSW
Ancillary Staff Assigned	Patient Service Assistant	RN LPN Pharmacist Health/Medical Technician or Assistant
Type of MH Providers	Psychiatrist	Psychologist Psychiatrist PA NP/Clinical Nurse Specialist LCSW PCP
Provides MH Services	Yes	Yes
• Evening Hours	No	No
• Weekends	No	No
• Plan for Emergencies Outside of Business Hours	No	No
• Provided Onsite	Psychosocial Rehabilitation	PTSD MST Psychosocial Rehabilitation
• Referrals	Another VA facility	Another VA facility
• Tele-Mental Health Services	Yes (Medication Management)	Yes (Medication Management)
Remote Services	Tele-Audiology Tele-Speech Pathology	Tele-Retinal
Specialty Care Services Onsite	No	No
• Referrals	Another VA facility Non-VA fee-basis or contract	Another VA facility
Ancillary Services Provided Onsite	Laboratory (blood drawn onsite)	Laboratory (blood drawn onsite) Onsite Pharmacy EKG
Miles to Parent Facility	85	168
Affiliated Clinic	Fountain Green Clinic	None

Table 9. CBOC Characteristics

Quality of Care Measures

DM

Diabetes is the leading cause of new cases of blindness among adults age 20–74, and diabetic retinopathy causes 12,000 to 24,000 new cases of blindness each year. Detection and treatment of diabetic eye disease with laser therapy can reduce the development of severe vision loss by an estimated 50–60 percent. Table 10 displays the parent facility and the Nephi and Pocatello CBOCs' compliance in screening for retinopathy.

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 3 Numerator</i>	<i>Qtr 3 Denominator</i>	<i>Qtr 3 (%)</i>
DM – Retinal Eye Exam	70%	660 VA Salt Lake City HCS	76	84	93
		660GI Nephi CBOC	31	37	84
		660GA Pocatello CBOC	46	50	92

Table 10. Retinal Exam, FY 2010

A1c is a blood test that measures average blood glucose (sugar) levels. Research studies in the United States and abroad have found that improved glycemic control benefits people with either type I or type II diabetes. In general, for every 1 percent reduction in A1c, the relative risk of developing microvascular diabetic complications (eye, kidney, and nerve disease) is reduced by 40 percent. The American Diabetes Association recommends an A1c of less than 7 percent. Patients with poorly controlled diabetes (A1c greater than 9 percent) are at higher risk of developing diabetic complications. Measuring A1c assesses the effectiveness of therapy. For this indicator, low scores indicate better compliance. Table 11 displays the scores of the parent facility and the Nephi and Pocatello CBOCs.

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr3 Numerator</i>	<i>Qtr 3 Denominator</i>	<i>Qtr 3 (%)</i>
DM – A1c > 9 or not done in past year	20%	660 VA Salt Lake City HCS	19	84	23
		660GI Nephi CBOC	5	37	14
		660GA Pocatello CBOC	4	50	8

Table 11. A1c Testing, FY 2010

Women's Health

Breast cancer is the second most common type of cancer among American women, with approximately 207,000 new cases reported each year. It is most common in women over 50. Women whose breast cancer is detected early have more treatment choices and better chances for survival. Screening by mammography (an x-ray of the breast) has been shown to reduce mortality by 20–30 percent among women 40 and older. Comparisons of the Nephi and Pocatello CBOCs to the parent facility's breast cancer screening are listed in Table 12.

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 3 Numerator</i>	<i>Qtr 3 Denominator</i>	<i>Qtr 3 (%)</i>
<i>Mammography, 50-69 years old</i>	77%	660 VA Salt Lake City HCS	31	38	87
		660GI Nephi CBOC	4	7	57
		660GA Pocatello CBOC	14	21	67

Table 12. Women's Health, FY 2010

To support quality improvement efforts, the Nephi CBOC has implemented a new system to improve feedback of the performance measure findings to the contractor. The mammography performance measure will be a focused area. Additionally, the VA Salt Lake City HCS has drafted a new contract that specifically discusses contractor responsibilities regarding performance measure standards. The Pocatello CBOC will audit records to identify patients due for gender-specific screening, including appropriate scheduling for screening of those patients.

C&P

We reviewed the C P files of three providers at the Nephi CBOC and five providers and the personnel folders of four nurses at the Pocatello CBOC. All providers possessed a full, active, current, and unrestricted license; and privileges were appropriate for services rendered. All nurses' license and education requirements were verified and documented. Service-specific criteria for OPPE had been developed and approved. We found sufficient performance data to meet current requirements. OPPE included competency criteria for privileges. However, we found the following area that needed improvement.

Clinical Privileges

The PSB granted clinical privileges to providers for procedures that were not performed at the Pocatello CBOC. For example, a provider was granted the privilege to perform thoracentesis procedures, which is not a service provided at the CBOC. According to VHA Handbook 1100.19, providers may only be granted privileges that are actually performed at the VA-specific facility.

Recommendation 4: We recommended that the provider privileges are consistent with the services provided at the Pocatello CBOC.

Management of Laboratory Results

VHA Directive 2009-019 requires critical test results to be communicated to the ordering provider or surrogate provider within a timeframe that allows for prompt attention and appropriate clinical action to be taken. VHA also requires that the ordering provider communicate test results to patients so that they may participate in health care decisions. Each parent facility is required to develop a written policy for communicating test results to providers and documenting communications in the medical record, to include a system for surrogate providers to receive results when the ordering provider is not available. In addition, ordering providers are required to communicate outpatient

test results (those not requiring immediate attention) to patients no later than 14 calendar days from the date on which the results are available to the ordering provider.

We reviewed the parent facility's policies and procedures and the medical records of patients who had tests resulting in critical values and normal values. We found the following, with one process that needed improvement.

Critical Laboratory Results

We found that the Pocatello CBOC did not have effective processes in place to communicate critical laboratory test results to patients. We reviewed the medical records of 10 patients at the Pocatello CBOC who had critical laboratory results. We found that 8 (80 percent) of the records contained documented evidence of patient notification and follow-up actions. There were no patients at the Nephi CBOC who had critical laboratory results for our review.

Recommendation 5: We recommended that ordering providers document patient notification and treatment actions in response to critical laboratory test results at the Pocatello CBOC.

Normal Laboratory Results

We found that both CBOCs had effective processes in place to communicate normal laboratory test results to patients. We reviewed the medical records of 20 patients (10 at the Nephi CBOC and 10 at the Pocatello CBOC) and determined that the CBOCs had communicated normal results to all patients within 14 calendar days from the date the results were available to the ordering provider.

Environment and Emergency Management

EOC

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, IC, and general maintenance. Both CBOCs met most standards, and the environments were generally clean and safe. We found that the IC program monitored data and appropriately reported that data to relevant committees. Safety guidelines were generally met, and risk assessments were in compliance with VHA standards.

Emergency Management

VHA Handbook 1006.1 requires each CBOC to have a local policy or SOP defining how medical emergencies, including MH, are handled. Both CBOCs had policies that outlined management of medical and MH emergencies, and staff at each facility articulated responses that accurately reflected the local emergency response guidelines.

CBOC Contract

Nephi CBOC

The contract for the Nephi CBOC is administered through the VA Salt Lake City HCS for primary medical care for all eligible veterans in VISN 19. The Nephi CBOC occupies space shared with private practice patients at the CVMC. The services were originally purchased via a contract, V259P-4929, that was effective on December 1, 2004. The contract, which was for a base year plus four 1-year options, was due to expire on November 30, 2009. However, the contract was extended for 6 months through March 31, 2010, pursuant to the provisions in the contract.

During our focused period, 3rd Qtr, FY 2010, CVMC was providing primary care services on a sole source purchase order that was issued for April 1 through September 30, 2010. At the time of our review, the CBOC was operating under a second purchase order. Central Office approval was obtained for a 6-month period from October 2010 until March 31, 2011. Additionally, the CVMC utilized a satellite outpatient clinic in Fountain Green, UT for veterans in that area. There were 2.0 FTE PCPs shared between the Nephi CBOC and Fountain Green clinic. The contractor was compensated at an annual capitated rate per enrollee. The CBOC had 699 unique primary medical care enrollees with 1,353 visits as reported on the FY 2010 CBOC Characteristics report (see Table 9).

MH services are provided by VA staff utilizing tele-mental health equipment located at the Nephi CBOC. During the period October 1, 2009, through June 30, 2010, VA MH practitioners provided services to 23 veterans for 46 MH visits.

We reviewed the contract to determine the contract type, the services provided, the invoices submitted, and supporting information. We also performed inquiries of key VA Salt Lake City HCS and contractor personnel. Our review focused on documents and records for 3rd Qtr, FY 2010. We reviewed the methodology for tracking and reporting the number of enrollees in compliance with the terms of the contract. We reviewed paid capitation rates for compliance with the contract; form and substance of the contract invoices for ease of data analysis by the COTR; and duplicate, missing, or incomplete SSNs on the invoices.

The PCMM Coordinator is responsible for maintaining currency of information in the PCMM database. VA Salt Lake City HCS has approximately 35,000 active patients with approximately 700 assigned to the Nephi CBOC. We reviewed PCMM data reported by VHA Support Service Center and the VA Salt Lake City HCS for compliance with VHA policies. We made inquiries about the number of patients who were unassigned, assigned to more than one PCP, or potentially deceased.

We noted the following:

- 1.&Contracted services with CVMC were improperly continued under a sole source emergency purchase order for April 1, 2010, through September 30, 2010. It

appears that the failure to compete and award a follow-on contract for the services was due to poor acquisition planning. Under FAR Part 6,¹¹ failure to plan is not an acceptable basis for a sole-source contract. A long-term contract should have been awarded competitively as required by law. The annual capitated rate under the purchase order was increased 83 percent from the prior contract. There was no documentation to support whether the 83 percent increase in cost was fair and reasonable. Additionally, the purchase order improperly included a provision for a 6-month extension. Delays in the contracting process were attributed to a high turnover of contracting officers involved in this case (three contracting officers within the 6-month period ending September 30, 2010).

- 2.&Although the second purchase order stated that it had an effective period of October 1, 2010, through March 31, 2011, the attached Statement of Work stated it was for a 1-year base period with four 1-year option periods. This provision was not only inconsistent with the term of the contract indicated on the purchase order, it also exceeded the 180-day authority provided under the Interim Contract Authority¹² signed on October 25, 2010, after the second purchase order was issued.

The “Schedule” section of the second purchase order identified the services to be provided as “Primary Medical Care Services for vested patients seen in Nephi,” with a specific quantity of patients at a unit price per patient. There is no explanation to support the number of patients, or is there any documentation to support the price as fair and reasonable. Notwithstanding that the quantity of patients should have been an estimate, not a definitive quantity, because this was identified as a 6-month contract, the quantity should have been half of the enrolled patients. Even assuming that the intent was for the entire year, the number was inaccurate. As for the price per unit, the price should have been lower per patient since this was a 6-month contract and the price was an annual capitated rate.

- 3.&VA Salt Lake City HCS overpaid the contractor by approximately \$119,000 by making more than one annual capitated payment for the patients. We analyzed billing data for April 1, 2009, through June 30, 2010. We found that additional payments were made for each of the shortened periods during the purchase order and extensions and not on an annual basis. Due to the time periods (6 months or less) for the contract extension and emergency purchase order, the VA Salt Lake City HCS compensated the contractor for some veterans three times in a 12-month period.
- 4.&Contract provisions should include a prorated reduction of an annual capitated rate payment for services provided less than 12 months. Without this provision, the VA is paying for 12 months of care when the contract could be ending in a month.

¹¹ Federal Acquisition Regulations, *Part 6*, March 2005.

¹² VA Directive 1663, *Health Care Resources Contracting – Buying*, Title 38 U.S.C. 8153, August 10, 2006.

5.&We noted that CVMC was paid approximately \$38,000 (July 1, 2009, through June 30, 2010) for vaccination fees for the veterans who received influenza or pneumococcal vaccines at the CBOC. Vaccination services for eligible enrollees were added in January 2007 to the contract as an incremental fee to the annual capitated rate. The Medicare reimbursement rate for influenza and pneumococcal vaccines are \$13.21 and \$37.61, respectively.

6.&VA Salt Lake City HCS continues to pay for space for tele-mental health services from CVMC on a lease agreement that expired in April 2009.

7.&CVMC provides services to VA patients at a satellite clinic (Fountain Green), which was not covered under the contract. This facility does not have direct access to the VA's electronic medical record system and is not reported as a primary care facility in VA systems. VA Salt Lake City HCS was aware that patients were being seen at this alternative location.

Recommendation 6. We recommended that the Contracting Officer make provisions to ensure contracts are awarded within a timeframe in accordance with VA policies, procedures, and directives to avoid the need for sole source emergency purchase orders at the Nephi CBOC.

Recommendation 7. We recommended that the Facility Director assesses the collectability of \$119,000 in overpayments to the vendor with the assistance of the Regional Counsel.

Recommendation 8. We recommended that the Facility Director initiates with the Contracting Officer the necessary contract modifications for the satellite clinic.

Recommendation 9. We recommended that contract provision include a prorated reduction of an annual capitated rate payment for services provided less than 12 months.

VISN 1 Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: February 8, 2011

From: Director, VISN 1 (10N1)

Subject: **CBOC Review: Stamford and Waterbury, CT**

To: Director, Bedford Regional Office of Healthcare Inspections
(54BN)

Director, Management Review Service (VHA CO 10B5 Staff)

I concur with the findings submitted to the VA office of the Inspector General (OIG) regarding the systematic review of the Veteran's Health Administration's (VHA's) community based outpatient care clinics located in Stamford and Waterbury, Connecticut.



Michael Mayo-Smith, MD

Director, VISN 1

VA Connecticut HCS Director Comments

**Department of
Veterans Affairs**

Memorandum

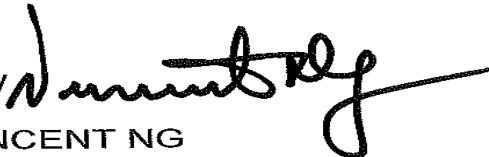
Date: 2/3/11

From: Acting Director, VA Connecticut HCS (689/00)

Subject: CBOC Review: Stamford and Waterbury, CT

To: Director, VISN 1 (10N1)

This memorandum serves as our concurrence with the recommendations found in this CBOC Review of VA Connecticut Healthcare System Stamford and Waterbury sites which was conducted the week of December 6, 2010. The implementation plan, showing specific corrective actions and target completion dates, is attached.

//s// 
VINCENT NG

Acting Director, VA Connecticut Healthcare System

Comments to Office of Inspector General's Report

The following Director's comments are submitted in response to the recommendations to the Office of Inspector General's report:

OIG Recommendations

Recommendation 1. We recommended that facility managers fully implement a plan for improvement in communication of normal test results to patients at the Stamford and Waterbury CBOCs and monitor compliance.

Concur

Target date for completion: May 26, 2011 (3 data points to assure sustainment)

IMPLEMENTATION PLAN: VA Connecticut Healthcare System immediately discussed this issue with the CBOC providers and staff and has educated them on documentation requirements in the chart regarding the communication of normal lab results. The CBOC providers will communicate to staff that a letter must be generated for the notification of patient's normal test results.

Monitoring of compliance with notification of normal test results at the CBOCs will be conducted for no less than a period of three months and provider specific feedback will be provided through Primary Care leadership.

Aggregate results of notification of normal test results will be reported to the Chief, Quality Management on a regular basis for a period no less than 3 months. Documentation will be available through the CQI Council meeting.

Recommendation 2. We recommended that managers require monthly visual inspections of all portable fire extinguishers at the Waterbury CBOC.

Concur

Target date for completion: April 28, 2011 (3 data points to assure sustainment)

IMPLEMENTATION PLAN: All fire extinguishers in the Waterbury CBOC will be visually inspected monthly by the CBOC Nurse Manager. The documentation of this inspection will be found on the tag located on each extinguisher. This process will take place on all of the fire extinguishers in the building on a monthly basis during the Nurse Manager's onsite review. Should a fire extinguisher be found to be outdated the Nurse Manager will alert the Waterbury Building Maintenance.

VISN 7 Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: February 14, 2011

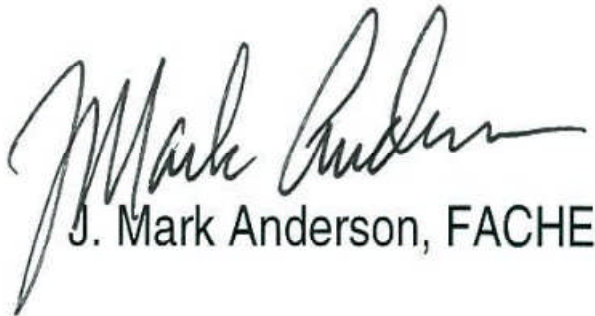
From: Acting Director, VA Southeast Network, VISN 7 (10N7)

Subject: **CBOC Reviews: Goose Creek, SC and Savannah, GA**

To: Director, Atlanta Office of Healthcare Inspections Division
(54AT)

Director, Management Review Service (VHA CO 10B5 Staff)

I fully concur with the Medical Center Director's response to
this report.



J. Mark Anderson, FACHE

Ralph H. Johnson VAMC Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: February 10, 2011

From: Director, Ralph H. Johnson (534/00)

Subject: **CBOC Reviews: Goose Creek, SC and Savannah, GA**

To: Acting Director, VA Southeast Network (10N7)

1. I have reviewed the draft report of the Inspector General's Community Based Outpatient Clinic (CBOC) of the Goose Creek, SC and Savannah, GA CBOCs. There was one finding with a recommendation.

2. I concurred with the finding regarding exit signage, and we have completed the action to resolve the issue.

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

(original signed by:)

CAROLYN L. ADAMS

Comments to Office of Inspector General's Report

The following Director's comments are submitted in response to the recommendations to the Office of Inspector General's report:

OIG Recommendations

Recommendation 3. We recommended that exit signage be aligned to identify the correct pathway of egress at the Goose Creek CBOC.

Concur

Target date for completion: **Completed 2/2/11**

The building is actually the responsibility of the Naval Health Clinic (NHC). Our safety staff collaborated with the staff at the NHC to have these corrections completed so that the egress pathways are accurately identified.

VISN 19 Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: February 8, 2011

From: Director, Rocky Mountain Network (10N19)

Subject: **CBOC Reviews: Nephi, UT and Pocatello, ID**

To: Director, Denver Office of Healthcare Inspections (54DV)
Director, Management Review Service (VHA CO 10B5 Staff)

I have reviewed the response to the draft OIG CBOC report provided by the George E. Wahlen VA Salt Lake City Health Care System and concur with the response. I am submitting it to your office as requested. If you have any questions or require additional information, please contact Susan Curtis, VISN 19 Health System Specialist at (303) 639-6995.



GLEN GRIPPEN, FACHE

VISN 19 Network Director

Salt Lake City HCS Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: January 31, 2011

From: Director, VA Salt Lake City HCS (660/00)

Subject: **CBOC Reviews: Nephi, UT and Pocatello, ID**

To: Director, Rocky Mountain Network (10N19)

1.&I would like to express my sincere appreciation to the OIG CBOC review team for their professionalism and consultative feedback to our staff during the review, which was conducted December 6–9, 2010. We appreciate their thorough review and the opportunity to further improve the quality care we provide Veterans every day.

2.&I have reviewed the recommendations and concur with the findings. Our comments and planned actions are outlined below.

3.&If you have questions or require additional information, please do not hesitate to contact Nena Saunders, Chief, Quality Management, at (801) 582-1565, ext. 4608.



STEVEN W. YOUNG, FACHE

Director, George E. Wahlen VA Salt Lake City Health Care System

Comments to Office of Inspector General's Report

The following Director's comments are submitted in response to the recommendations to the Office of Inspector General's report:

OIG Recommendations

Recommendation 4. We recommended that the provider privileges are consistent with the services provided at the Pocatello CBOC.

Concur

Target date for completion: March 1, 2011

Facility's response. While the OIG was on-site, the Professional Standards Board met and revised the privileges for the provider who was identified by the OIG. His privileges are now consistent with services provided at that CBOC. Credentialing and Privileging staff also conducted a 100 percent review of other providers' privileges in the CBOCs and found no other discrepancies.

Recommendation 5. We recommended that ordering providers document patient notification and treatment actions in response to critical laboratory test results at the Pocatello CBOC.

Concur

Target date for completion: Ongoing monitoring completion target date May 1, 2011

Facility's response. Policy existed which require that critical test results be consistently communicated to patients within 14 days; however, this was not being adhered to by medical providers. The Chief of Staff conducted staff education and reinforced the policy in the Clinical Executive Committee. The Chief of Staff also plans to reinforce education in all Provider-Service Chief meetings and through electronic messages. The Medical Records Committee will conduct an audit of 100 medical records of veterans served in the CBOCs per month during the months of February, March, and April 2011 to validate 90 percent compliance with VHA Directive and local policy.

Recommendation 6. We recommended that the Contracting Officer make provisions to ensure contracts are awarded within a timeframe in accordance with VA policies, procedures, and directives to avoid the need for sole source emergency purchase orders at the Nephi CBOC.

Concur

Target date for completion: April 1, 2011

Facility's response. The VISN19 Contracting Office developed a procurement checklist which is being sent to all COTR by the Contracting Officer at least 90–120 days prior to the end of an option year and or expiration of a contract. This checklist identifies the documents that are required by the COTR to ensure the Contracting Officer has sufficient time to process these documents to exercise an option or award a new contract.

A new interim contract has been approved by the medical sharing office for a 6-month period (April 1, 2011 through September 30, 2011) with an option for an additional 6 months until the new long-term Nephi contract is awarded.

The Contracting Officer has completed the long-term Nephi solicitation and it is going through internal contract review. The anticipated issuance date of the solicitation is February 15, 2011. This solicitation will be advertised "competitively" with a base year and four 1-year options. The award of this solicitation will ensure we have a long-term plan to ensure Veterans receive treatment without interruption of services.

Recommendation 7. We recommended that the Facility Director assesses the collectability of \$119,000 in overpayments to the vendor with the assistance of the Regional Counsel.

Concur

Target date for completion: April 1, 2011

Facility's response. We have had discussions with Regional Counsel concerning the potential overpayment and the Government's course of action.

We are gathering further documentation to review with Regional Counsel to explore potential legal avenues to recoup potential overpayment.

Recommendation 8. We recommended that the Facility Director initiates with the Contracting Officer the necessary contract modifications for the satellite clinic.

Concur

Target date for completion: May 1, 2011

Facility's response. The VISN 19 Contracting Office will work closely with the Facility Director to ensure the necessary contract modifications are executed for the satellite clinic, as appropriate.

Contract modifications are dependent on the final course of action in recommendation 4.

Recommendation 9. We recommended that contract provision include a prorated reduction of an annual capitated rate payment for services provided less than 12 months.

Concur

Target date for completion: Completed January 31, 2011, and will be included in all future contracts

Facility's response. For the short and long-term Primary Care Services in the Nephi contract, the Contracting Office will ensure that the following contract provision is incorporated into the contract:

"Veterans who complete the enrollment process for care through the VA and who choose to receive primary care at the CBOC will be covered under this contract. Active numbers for reimbursement are tracked through the PCMM system maintained by the clinic/VA clerks. The PCMM is reviewed monthly to adjust for patient deaths, new patients not assigned, and removal of patients not seen in a 12-month period. All new Active members receiving services under this agreement shall be added to the PCMM panel after the initial visit." The Capitated Rate payment shall be based on per member per month.

OIG Contact and Staff Acknowledgments

Contact for Stamford and Waterbury (VISN 1)	Claire McDonald, MPA Director, Bedford Regional Office of Healthcare Inspections
Contact for Goose Creek and Savannah (VISN 7)	Nancy Albaladejo, RN Atlanta Office of Healthcare Inspections
Contact for Nephi and Pocatello (VISN 19)	Virginia L. Solana, RN Denver Office of Healthcare Inspections
Contributors	Annette Acosta, RN Shirley Carlile, BA Lin Clegg, Ph.D. Marnette Dhooghe, MS Laura L. Dulcie, BS Stephanie B. Hensel, RN, JD Elaine Kahigian, RN, JD Jeanne Martin, PharmD Roxanna Osegueda Clarissa B. Reynolds, MBA Thomas J. Seluzicki, CPA Barry L. Simon, VMD Lynn Sweeney, MD Ann Ver Linden, RN Cheryl A. Walker, NP Susan Zarter, RN

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