



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

Office of Healthcare Inspections

Report No. 13-00026-177

**Community Based Outpatient
Clinic Reviews
at
Robley Rex VA Medical Center
Louisville, KY**

April 26, 2013

Washington, DC 20420

Why We Did This Review

The VA OIG is undertaking a systematic review of VHA's 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

C&P	credentialing and privileging
CBOC	community based outpatient clinic
CDC	Centers for Disease Control
EHR	electronic health record
EOC	environment of care
FPPE	Focused Professional Practice Evaluation
FY	fiscal year
MH	mental health
MOVE	Weight Management Program for Veterans
NCP	National Center for Health Promotion and Disease Prevention
NC	noncompliant
OIG	Office of Inspector General
VAMC	VA Medical Center
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
WH	women's health

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Executive Summary

Purpose: We evaluated select activities to assess whether the CBOCs operated in a manner that provides veterans with consistent, safe, high-quality health care.

We conducted an onsite inspection of the CBOCs during the week of February 25, 2013.

The review covered the following topic areas:

- WH
- Vaccinations
- C&P
- EOC
- Emergency Management

For the WH and vaccinations topics, EHR reviews were performed for patients who were randomly selected from all CBOCs assigned to the respective parent facilities. The C&P, EOC, and emergency management onsite inspections were only conducted at the randomly selected CBOCs (see Table 1).

VISN	Facility	CBOC Name	Location
9	Robley Rex VAMC	Carroll County	Carrollton, KY
		Scott County	Scottsburg, IN
Table 1. Sites Inspected			

Review Results: We made recommendations in four review areas.

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

- Ensure that the ordering provider or surrogate is notified of normal cervical cancer screening results within the allotted timeframe and that notification is documented in the EHR.
- Ensure that patients with cervical cancer screening results are notified of results within the defined timeframe and that notification is documented in the EHR.
- Ensure that pneumococcal vaccinations are administered when indicated.
- Ensure that clinicians document all required pneumococcal and tetanus vaccination administration elements and that compliance is monitored.

- Ensure that FPPEs are initiated when a provider requests new clinical privileges at the Scott County CBOC.
- Ensure fire drills are conducted annually at the Carroll County and Scott County CBOCs.
- Ensure that all identified EOC deficiencies at the Carroll County and Scott County CBOCs are tracked and trended until corrected.

Comments

The VISN and Facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes A and B, pages 12–16, for the full text of the Directors' comments.) We will follow up on the planned actions until they are completed.



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

Objectives and Scope

Objectives

- Evaluate whether CBOCs comply with selected VHA requirements regarding the provision of cervical cancer screening, results reporting, and WH liaisons.
- Evaluate whether CBOCs properly provided selected vaccinations to veterans according to CDC guidelines and VHA recommendations.
- Determine whether CBOC providers are appropriately credentialed and privileged in accordance with VHA Handbook 1100.19.¹
- Determine whether CBOCs are in compliance with standards of operations according to VHA policy in the areas of environmental safety and emergency planning.²

Scope and Methodology

Scope

We reviewed selected clinical and administrative activities to evaluate compliance with requirements related to patient care quality and the environment of care. In performing the reviews, we assessed clinical and administrative records as well as completed onsite inspections at randomly selected sites. Additionally, we interviewed managers and employees. The review covered the following five activities:

- WH
- Vaccinations
- C&P
- EOC
- Emergency Management

Methodology

To evaluate the quality of care provided to veterans at CBOCs, we conducted EHR reviews for the WH and vaccinations topic areas. For WH, the EHR reviews consisted of a random sample of 50 women veterans (23–64 years of age). For vaccinations, the EHR reviews consisted of random samples of 75 veterans (65 and older) and 75 additional veterans (all ages), unless fewer patients were available, for tetanus and

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.

pneumococcal, respectively. The study populations consisted of patients from all CBOCs assigned to the parent facility.³

The C&P, EOC, and emergency management onsite inspections were only conducted at the randomly selected CBOCs. Two CBOCs were randomly selected from the 56 sampled parent facilities, with sampling probabilities proportional to the numbers of CBOCs eligible to be inspected within each of the parent facilities.⁴

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.

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

³ Includes all CBOCs in operation before October 1, 2011.

⁴ Includes 96 CBOCs in operation before October 1, 2011, that had 500 or more unique enrollees.

CBOC Profiles

To evaluate the quality of care provided to veterans at CBOCs, we designed reviews with an EHR component to capture data for patients enrolled at all of the CBOCs under the parent facility's oversight.⁵ Table 2 below provides information relative to each of the CBOCs under the oversight of the respective parent facility.

VISN	Parent Facility	CBOC Name	Locality ⁶	Uniques, FY 2012 ⁷	Visits, FY 2012 ⁸	CBOC Size ⁹
9	Robley Rex VAMC	Carroll County (Carrollton, KY)	Rural	1,327	7,556	Small
		Dupont (Louisville, KY)	Urban	5,781	34,177	Large
		Fort Knox (Fort Knox, KY)	Rural	5,383	20,523	Large
		Grayson County (Clarkson, KY)	Rural	3,623	24,553	Mid-Size
		New Albany (New Albany, IN)	Urban	6,945	45,098	Large
		Newburg (Louisville, KY)	Urban	8,508	44,272	Large
		Scott County (Scottsburg, IN)	Rural	2,629	17,655	Mid-Size
		Shively (Louisville, KY)	Urban	9,759	44,885	Large

Table 2. CBOC Profiles

⁵ Includes all CBOCs in operation before October 1, 2011.

⁶ <http://vaww.pssg.med.va.gov/>.

⁷ <http://vssc.med.va.gov/>.

⁸ <http://vssc.med.va.gov/>.

⁹ Based on the number of unique patients seen as defined by VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008, the size of the CBOC facility is categorized as very large (> 10,000), large (5,000-10,000), mid-size (1,500-5,000), or small (< 1,500).

WH and Vaccination EHR Reviews Results and Recommendations

WH

Cervical cancer is the second most common cancer in women worldwide.¹⁰ Each year, approximately 12,000 women in the United States are diagnosed with cervical cancer.¹¹ The first step of care is screening women for cervical cancer with the Papanicolaou test or “Pap” test. With timely screening, diagnosis, notification, and treatment, the cancer is highly preventable and associated with long survival and good quality of life.

VHA policy outlines specific requirements that must be met by facilities that provide services for women veterans.¹² We reviewed EHRs, meeting minutes and other relevant documents, and interviewed key WH employees. Table 3 shows the areas reviewed for this topic. The review elements marked as noncompliant needed improvement. Details regarding the findings follow the table.

NC	Areas Reviewed
	Cervical cancer screening results were entered into the patient's EHR.
X	The ordering VHA provider or surrogate was notified of results within the defined timeframe.
X	Patients were notified of results within the defined timeframe.
	Each CBOC has an appointed WH Liaison.
	There is evidence that the CBOC has processes in place to ensure that WH care needs are addressed.
Table 3. WH	

There were 23 patients who received a cervical cancer screening at the Robley Rex VAMC's CBOCs.

Provider Notification. VHA requires that normal cervical cancer screening results must be reported to the ordering provider or surrogate within 30 calendar days of the report being issued and the notification is documented in the EHR.¹³ We reviewed the EHRs of 23 patients who had normal cervical cancer screening results and did not find documentation in any records that the ordering provider or surrogate was notified of the results within 30 calendar days.

¹⁰ World Health Organization. Cancer of the cervix. Retrieved from: <http://www.who.int/reproductivehealth/topics/cancers/en/index.html>.

¹¹ U.S. Cancer Statistics Working Group, United States Cancer Statistics: 1999-2008 Incidence and Mortality Web-based report.

¹² VHA Handbook 1330.01, *Health Care Services for Women Veterans*, May 21, 2010.

¹³ VHA Handbook 1330.01, *Health Care Services for Women Veterans*, May 21, 2010.

Patient Notification of Normal Cervical Cancer Screening Results. We reviewed 23 EHRs of patients who had normal cervical cancer screening results and determined that 3 patients were not notified of results within the required 14 days from the date the pathology report became available.

Recommendations

1. We recommended that a process is established to ensure that the ordering provider or surrogate is notified of normal cervical cancer screening results within the allotted timeframe and that notification is documented in the EHR.
2. We recommended that managers ensure that patients with cervical cancer screening results are notified of results within the defined timeframe and that notification is documented in the EHR.

Vaccinations

The VHA NCP was established in 1995. The NCP establishes and monitors the clinical preventive services offered to veterans, which includes the administration of vaccinations.¹⁴ The NCP provides best practices guidance on the administration of vaccinations for veterans. The CDC states that although vaccine-preventable disease levels are at or near record lows, many adults are under-immunized, missing opportunities to protect themselves against diseases such as tetanus and pneumococcal.

Adults should receive a tetanus vaccine every 10 years. At the age of 65, individuals that have never had a pneumococcal vaccination should receive one. For individuals 65 and older who have received a prior pneumococcal vaccination, one-time revaccination is recommended if they were vaccinated 5 or more years previously and were less than 65 years of age at the time of the first vaccination.

We reviewed documentation of selected vaccine administrations and interviewed key personnel. Table 4 shows the areas reviewed for this topic. The review elements marked as noncompliant needed improvement. Details regarding the findings follow the table.

NC	Areas Reviewed
	Staff screened patients for the tetanus vaccination.
	Staff administered the tetanus vaccination when indicated.
	Staff screened patients for the pneumococcal vaccination.
X	Staff administered the pneumococcal vaccination when indicated.
X	Staff properly documented vaccine administration.
	Managers developed a prioritization plan for the potential occurrence of vaccine shortages.
Table 4. Vaccinations	

¹⁴ VHA Handbook 1120.05, *Coordination and Development of Clinical Preventive Services*, October 13, 2009.

Pneumococcal Vaccination Administration for Patients with Pre-Existing Conditions. The CDC recommends that at the age of 65, individuals that have never had a pneumococcal vaccination should receive one.¹⁵ For individuals 65 and older who have received a prior pneumococcal vaccination, a one-time revaccination is recommended if they were vaccinated 5 or more years previously and were less than 65 years of age at the time of the first vaccination. We reviewed the EHRs of four patients with pre-existing conditions who received their first vaccine prior to the age of 65. We did not find documentation in any of the EHRs indicating that their second vaccinations had been administered.

Documentation of Vaccinations. Federal law requires that documentation for administered vaccinations include specific elements, such as the name of the vaccine manufacturer and the edition date of the Vaccine Information Sheet (VIS) provided to the patient.¹⁶ We reviewed the EHRs of 45 patients who received a pneumococcal vaccination at the parent facility or its associated CBOCs and did not find documentation of all the required information related to pneumococcal vaccine administration in any of the EHRs. We reviewed the EHRs of 15 patients who received a tetanus vaccination at the parent facility or its associated CBOCs and did not find all required documentation related to tetanus vaccine administration in any of the EHRs.

Recommendations

3. We recommended that managers ensure that clinicians administer pneumococcal vaccinations when indicated.
4. We recommended that managers ensure that clinicians document all required pneumococcal and tetanus vaccination administration elements and that compliance is monitored.

¹⁵ Centers for Disease Control and Prevention, <http://www.cdc.gov/vaccines/vpd-vac/>.

¹⁶ Childhood Vaccine Injury Act of 1986 (PL 99 660), sub part C, November 16, 2010.

Onsite Reviews Results and Recommendations

CBOC Characteristics

We formulated a list of CBOC characteristics that includes identifiers and descriptive information for the randomly selected CBOCs (see Table 5).

	Carroll County CBOC	Scott County CBOC
VISN	9	9
Parent Facility	Robley Rex VAMC	Robley Rex VAMC
Types of Providers	Licensed Clinical Social Worker Primary Care Physician	Licensed Clinical Social Worker Primary Care Physician Psychiatrist Psychologist Pharmacists
Number of MH Uniques,¹⁷ FY 2012	161	665
Number of MH Visits, FY 2012	1,115	5,420
MH Services Onsite	Yes	Yes
Specialty Care Services Onsite	No	No
Ancillary Services Provided Onsite	Electrocardiogram Laboratory	Electrocardiogram Laboratory Physical Medicine
Tele-Health Services	Care Coordination Home Telehealth Mental Health MOVE ¹⁸ Neurology Retinal Imaging	Care Coordination Home Telehealth Dermatology Mental Health MOVE Neurology Polytrauma Retinal Imaging
Table 5 – CBOC Characteristics		

¹⁷ <http://vssc.med.va.gov>.

¹⁸ VAH Handbook 1120.01, MOVE! Weight Management Program for Veterans, March 31, 2011

C&P

We reviewed C&P folders, scopes of practice, meeting minutes, and VetPro information and interviewed senior managers to determine whether facilities had consistent processes to ensure that providers complied with applicable requirements as defined by VHA policy.¹⁹ Table 6 shows the areas reviewed for this topic. The CBOC identified as noncompliant needed improvement. Details regarding the findings follow the table.

NC	Areas Reviewed
	Each provider's license was unrestricted.
New Provider	
	Efforts were made to obtain verification of clinical privileges currently or most recently held at other institutions.
	FPPE was initiated.
	Timeframe for the FPPE was clearly documented.
	The FPPE outlined the criteria monitored.
	The FPPE was implemented on first clinical start day.
	The FPPE results were reported to the medical staff's Executive Committee.
Additional New Privilege	
Scott County	Prior to the start of a new privilege, criteria for the FPPE were developed.
	There was evidence that the provider was educated about FPPE prior to its initiation.
	FPPE results were reported to the medical staff's Executive Committee.
FPPE for Performance	
	The FPPE included criteria developed for evaluation of the practitioners when issues affecting the provision of safe, high-quality care were identified.
	A timeframe for the FPPE was clearly documented.
	There was evidence that the provider was educated about FPPE prior to its initiation.
	FPPE results were reported to the medical staff's Executive Committee.
Privileges and Scopes of Practice	
	The Service Chief, Credentialing Board, and/or medical staff's Executive Committee list documents reviewed and the rationale for conclusions reached for granting licensed independent practitioner privileges.
	Privileges granted to providers were setting, service, and provider specific.

¹⁹ VHA Handbook 1100.19.

NC	Areas Reviewed (continued)
	The determination to continue current privileges were based in part on results of OPPE activities.
Table 6. C&P	

FPPE. VHA requires that a FPPE with defined criteria is initiated for all physicians who have requested new privileges.²⁰ We found that one physician at the Scott County CBOC did not have an FPPE for a requested additional privilege.

Recommendation

5. We recommended that FPPEs are initiated for all providers who request new privileges at the Scott County CBOC.

EOC and Emergency Management

EOC

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, infection control, and general maintenance. We reviewed relevant documents and interviewed key employees and managers. Table 7 shows the areas reviewed for this topic. The CBOCs identified as noncompliant needed improvement. Details regarding the findings follow the table.

NC	Areas Reviewed
	The CBOC was ADA-compliant, including: parking, ramps, door widths, door hardware, restrooms, and counters.
	The CBOC was well maintained (e.g., ceiling tiles clean and in good repair, walls without holes, etc.).
	The CBOC was clean (walls, floors, and equipment are clean).
	Material safety data sheets were readily available to staff.
	The patient care area was safe.
	Access to fire alarms and fire extinguishers was unobstructed.
	Fire extinguishers were visually inspected monthly.
	Exit signs were visible from any direction.
Carroll County Scott County	There was evidence of fire drills occurring at least annually.
	Fire extinguishers were easily identifiable.
	There was evidence of an annual fire and safety inspection.
	There was an alarm system or panic button installed in high-risk areas as identified by the vulnerability risk assessment.
	The CBOC had a process to identify expired medications.

²⁰ VHA Handbook 1100.19.

NC	Areas Reviewed (continued)
	Medications were secured from unauthorized access.
	Privacy was maintained.
	Patients' personally identifiable information was secured and protected.
	Laboratory specimens were transported securely to prevent unauthorized access.
	Staff used two patient identifiers for blood drawing procedures.
	Information Technology security rules were adhered to.
	There was alcohol hand wash or a soap dispenser and sink available in each examination room.
	Sharps containers were less than 3/4 full.
	Safety needle devices were available for staff use (e.g., lancets, injection needles, phlebotomy needles)
Carroll County Scott County	The CBOC was included in facility-wide EOC activities.
Table 7. EOC	

Annual Fire Drills. For life safety standards, VHA requires that fire drills occur annually for CBOCs or business occupancies where patients are seen or treated.²¹ We found that fire drills were not conducted annually at the Carroll County and Scott County CBOCs as required.

EOC Deficiencies. Local and VHA policy and the Joint Commission require that representatives from clinical, administrative, and support services participate in the analysis of environment of care data, and that the organization uses the results of data analysis to identify opportunities to resolve environmental safety issues.²² EOC deficiencies identified at the Carroll County and Scott County CBOCs were not tracked and trended to correction; therefore, we were unable to ensure that the identified deficiencies were corrected.

Recommendations

6. We recommended that the facility ensure annual fire drills are completed at the Carroll County and Scott County CBOCs.
7. We recommended that all identified EOC deficiencies at the Carroll County and Scott County CBOCs are tracked and trended until corrected.

²¹ VA CEOSH Fire Drill Requirement Matrix 2012.

²² Joint Commission Standards EC 04.01.03.

Emergency Management

VHA policy requires each CBOC to have a local policy or standard operating procedure defining how medical and MH emergencies are handled.²³ Table 8 shows the areas reviewed for this topic.

NC	Areas Reviewed
	There was a local medical emergency management plan.
	The staff articulated procedural steps of the medical emergency plan.
	The CBOC had an automated external defibrillator onsite for cardiac emergencies.
	There was a local MH emergency management plan for this CBOC.
	The staff articulated the procedural steps of the MH emergency plan.
Table 8. Emergency Management	

All CBOCs were compliant with the review areas; therefore, we made no recommendations.

²³ VHA Handbook 1006.1.

VISN 9 Director Comments**Department of
Veterans Affairs****Memorandum**

Date: April 5, 2013

From: Interim Director, VISN 9 (10N9)

Subject: **CBOC Reviews at Robley Rex VAMC**

To: Director (054SP) Healthcare Inspections Division (54SP)
Acting Director, Management Review Service (VHA 10AR
MRS OIG CAP CBOC)

1. I concur with the findings and recommendations of the draft report on the Community Based Outpatient Clinic Review at the Robley Rex VA Medical Center, Louisville, KY (Carroll County and Scott County). I have reviewed the action plan as established by the facility.
2. If you have any questions or need additional information from the Network, please do not hesitate to contact Joseph Schoeck, Staff Assistant to the Network Director at 615-695-2205 or me at 615-695-2206.

(original signed by:)

Vicki Kendrick

Robley Rex VAMC Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: 04/02/2013
From: Medical Center Director (603/00), Robley Rex VAMC
Subject: CBOC Reviews at Robley Rex VAMC
To: Director, VISN 9 (10N9)

1. Thank you for the opportunity to review the draft report on the Community Based Outpatient Clinic Reviews at Robley Rex VA Medical Center, Louisville, KY (Carroll County. & Scott County).
2. I have reviewed the document and concur with the recommendations. Corrective action plans have been established with planned completion dates, as detailed in the attached report.
3. I would like to express my appreciation to the OIG review team. The review team members were professional, helpful and courteous.

(original signed by:)

Wayne L. Pfeffer, MHSA, FACHE

Comments to OIG's Report

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

OIG Recommendations

1. We recommended that a process is established to ensure that the ordering provider or surrogate is notified of normal cervical cancer screening results within the allotted timeframe and that notification is documented in the EHR.

Concur

Target date for completion: 04/01/2013

Lab personnel will document normal cervical cancer screenings in a CPRS template note. The note is required to be cosigned by the ordering provider and the Women's Health Coordinator. This will be monitored for compliance and reported to the Clinical Executive Board monthly.

2. We recommended that managers ensure that patients with cervical cancer screening results are notified of results within the defined timeframe and that notification is documented in the EHR.

Concur

Target date for completion: 04/01/2013

A cervical cancer notification template note has been created. The note will alert the ordering provider of the cervical cancer screening results. Both normal and abnormal results will require the ordering provider to sign the note acknowledging notification. This will be monitored for compliance and reported to the Clinical Executive Board monthly.

3. We recommended that managers ensure that clinicians administer pneumococcal vaccinations when indicated.

Concur

Target date for completion: 03/27/2013

A clinical reminder is in place and reminds clinical staff at each patient visit if it is due to be given. A note is then entered into CPRS stating the vaccination was given or refused. The EPRP target for pneumococcal vaccinations is 93 percent. This will be monitored for compliance and reported to the Patient Care Executive Board monthly.

4. We recommended that managers ensure that clinicians document all required pneumococcal and tetanus vaccination administration elements and that compliance is monitored.

Concur

Target date for completion: 03/27/2013

The clinical reminder was updated to include all required elements to ensure necessary documentation is completed. This will be monitored for compliance and reported to the Patient Care Executive Board monthly.

5. We recommended that FPPEs are initiated for all providers who request new privileges at the Scott County CBOC.

Concur

Target date for completion: 03/04/2013

The Medical Staff Office (MSO) tracks due dates for all OPPE and FPPE data and this is documented on an Access spreadsheet. When a new provider starts, a 3 month FPPE data form is completed. The MSO notifies the service one month in advance when the data will be due, and sends a reminder email two weeks later. The same process takes place when a modification of privileges is requested, or a new privilege is added. This is tracked by the MSO and follow up with the services is done to ensure completion. This will be monitored for compliance by the Credentialing Board and reported to the Clinical Executive Board monthly.

6. We recommended that the facility ensure annual fire drills are completed at the Carroll County and Scott County CBOCs.

Concur

Target date for completion: 03/11/2013

The fire drills were late in 2012, but were completed. The next inspections are due in August and September 2013. To ensure there are not any future issues, an SOP has been developed along with a new schedule of fire drills.

7. We recommended that all identified EOC deficiencies at the Carroll County and Scott County CBOCs are tracked and trended until corrected.

Concur

Target date for completion: 03/26/2013

Currently there are no work orders pending for either CBOC. Environment of Care Rounds (EOC) are conducted twice per year at each CBOC and work orders entered. Between EOC rounds other work orders are entered as needed by management and/or staff. Once new work orders are entered they will be tracked and trended until corrected. This will be monitored by the EOC Committee and reported monthly to Administrative Executive Board.

OIG Contact and Staff Acknowledgments

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