Department of Veterans Affairs
Office of Inspector General

Office of Healthcare Inspections

Report No. 13-00026-189

Community Based Outpatient Clinic Reviews at Northport VA Medical Center Northport, NY

May 2, 2013

Washington, DC 20420

Why We Did This Review

The VA OIG is undertaking a systematic review of the 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 and Prevention
EHR	electronic health record
EOC	environment of care
FPPE	Focused Professional Practice Evaluation
FY	fiscal year
IT	information technology
MH	mental health
MSDS	medical safety data sheets
MSEC	Medical Staff's Executive Committee
NCP	National Center for Health Promotion and Disease Prevention
NC	noncompliant
OIG	Office of Inspector General
PII	personally identifiable information
VAMC	VA Medical Center
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
WH	women's health

Table of Contents

Page
Executive Summary i

Objectives and Scope 1
Objectives 1
Scope 1

CBOC Profiles 3

WH and Vaccination EHR Reviews – Results and Recommendations 4
WH 4
Vaccinations 4

Onsite Reviews – Results and Recommendations 7
CBOC Characteristics 7
C&P 8
EOC and Emergency Management 9

Appendixes
A. VISN 3 Director Comments 12
B. Northport VAMC Director Comments 13
C. OIG Contact and Staff Acknowledgments 17
D. Report Distribution 18

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 CBOC during the week of January 21, 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 CBOC (see Table 1).

VISN	Facility	CBOC Name	Location
3	Northport VAMC	Patchogue	Patchogue, NY

Table 1. Site Inspected

Review Results: We made recommendations in two review areas.

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

- Ensure that clinicians screen patients for tetanus vaccinations.
- Ensure that clinicians administer tetanus vaccinations when indicated.
- Ensure that clinicians administer pneumococcal vaccinations when indicated.
- Ensure that clinicians document all required pneumococcal vaccination administration elements and that compliance is monitored.
- Ensure that access is improved for disabled veterans.
- Ensure that staff are trained in accessing MSDS for hazardous chemicals in the clinical area.

- Ensure that computer screens are secured to eliminate viewing of PII by unauthorized individuals.
- Ensure that laboratory specimens are secured during transport from the CBOC to the parent facility.
- Ensure that the server closet is maintained according to IT safety and security standards.

Comments

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

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

Objectives 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 EOC. 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 CBOC. One CBOC was 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 facilities' oversight.[5] The table 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[7]	CBOC Size[8]
3	Northport VAMC	Islip[9] Islip, NY	Urban	155	490	Small
		East Meadow East Meadow, NY	Urban	6,383	16,048	Large
		Lindenhurst[9,10] Lindenhurst, NY	Urban	266	832	Small
		Lynbrook[9] Lynbrook, NY	Urban	324	765	Small
		Patchogue Patchogue, NY	Urban	2,840	8,252	Mid-Size
		Riverhead Riverhead, NY	Rural	2,096	5,224	Mid-Size

Table 2. 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] 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).
[9] Islip, Lindenhurst, and Lynbrook are Mental Health Clinics, according to Northport VAMC leadership.
[10] The Lindenhurst CBOC was deactivated on November 1, 2012 but EHR review was performed to evaluate care provided during FY11-FY12.

WH and Vaccination EHR Reviews Results and Recommendations

WH

Cervical cancer is the second most common cancer in women worldwide.[11] Each year, approximately 12,000 women in the United States are diagnosed with cervical cancer.[12] 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.[13] We reviewed EHRs, meeting minutes and other relevant documents, and interviewed key WH employees. Table 3 shows the areas reviewed for this topic.

NC	Areas Reviewed
	Cervical cancer screening results were entered into the patient's EHR.
	The ordering VHA provider or surrogate was notified of results within the defined timeframe.
	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 27 patients who received a cervical cancer screening at the Northport VAMC's CBOCs.

Generally, the CBOCs assigned to the Northport VAMC were compliant.

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

[11] World Health Organization. Cancer of the cervix. Retrieved from: http://www.who.int/reproductivehealth/topics/cancers/en/index.html.
[12] U.S. Cancer Statistics Working Group, United States Cancer Statistics: 1999-2008 Incidence and Mortality Web-based report.
[13] VHA Handbook 1330.01, *Health Care Services for Women Veterans,* May 21, 2010.
[14] VHA Handbook 1120.05, *Coordination and Development of Clinical Preventive Services*, October 13, 2009.

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.

NC	Areas Reviewed
X	Staff screened patients for the tetanus vaccination.
X	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

Tetanus Vaccination Screening. Through clinical reminders, VHA requires that CBOC clinicians screen patients for tetanus vaccinations.[15] We reviewed 75 patients' EHRs and did not find documentation of tetanus vaccination screening in 50 patient records.

Tetanus Vaccination Administration. The CDC recommends that, when indicated, clinicians administer the tetanus vaccination.[16] We reviewed nine patients' EHRs and did not find documentation in any of the EHRs that the tetanus vaccination had been administered.

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.[17] 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 three 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 vaccination had been administered.

Documentation of Pneumococcal Vaccination. Federal Law requires that documentation for administered vaccinations include specific elements, such as the

[15] VHA Handbook 1120.05, *Coordination and Development of Clinical Preventive Services*, October 13, 2009.
[16] CDC, http://www.cdc.gov/vaccines/vpd-vac/.
[17] CDC, http://www.cdc.gov/vaccines/vpd-vac/.

vaccine manufacturer and lot number of the vaccine used.[18] We reviewed the EHRs of 26 patients who received a pneumococcal vaccine administration 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 26 EHRs.

Recommendations

1. We recommended that managers ensure that clinicians screen patients for tetanus vaccinations.

2. We recommended that managers ensure that clinicians administer tetanus vaccinations when indicated.

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 vaccination administration elements and that compliance is monitored.

[18] 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).

	Patchogue
VISN	3
Parent Facility	Northport VAMC
Types of Providers	Licensed Clinical Social Worker Nurse Practitioner Primary Care Physician Psychiatrist Psychologist
Number of MH Uniques, FY 2012	717
Number of MH Visits, FY 2012	2,489
MH Services Onsite	Yes
Specialty Care Services Onsite	WH
Ancillary Services Provided Onsite	Electrocardiogram Laboratory
Tele-Health Services	None

Table 5. Characteristics

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.

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 MSEC.
Additional New Privilege	
	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 MSEC.
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 MSEC.
Privileges and Scopes of Practice	
	The Service Chief, Credentialing Board, and/or MSEC 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.
	The determination to continue current privileges were based in part on results of ongoing professional practice evaluation activities.

Table 6. C&P

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

[19] VHA Handbook 1100.19.

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 area identified as noncompliant need improvement. Details regarding the findings follow the table.

NC	Areas Reviewed
X	The CBOC was Americans with Disabilities Act 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).
X	MSDS 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.
	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.
	Medications were secured from unauthorized access.
	Privacy was maintained.
X	Patients' PII was secured and protected.
X	Laboratory specimens were transported securely to prevent unauthorized access.
	Staff used two patient identifiers for blood drawing procedures.
X	IT 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).
	The CBOC was included in facility-wide EOC activities.

Table 7. EOC

Physical Access. The Americans with Disabilities Act requires that facility doors are equipped with handles that are easy to grasp with one hand and do not require tight

grasping, pinching, or twisting of the wrist to operate. The CBOC entrance door handle required a tight grasp to open.

MSDS. The Occupational Safety and Health Administration[20] require that facilities maintain current MSDS for each hazardous chemical used in the clinical area and that this information is available to staff in their work area. We found that staff could not access the information.

PII. VHA Handbook 6500[21] requires that computer screens be positioned to eliminate viewing of PII by unauthorized individuals, or are deployed with privacy screens. We found a computer in the waiting room used by patients to access their personal MyHealtheVet information. The computer did not have a privacy screen and the waiting room layout allowed the information to be viewed by other individuals.

Additionally, the Health Insurance Portability and Accountability Act requires that PII be kept secure.[22] We found that the CBOC staff placed specimens and documents with PII into unsecured containers that a courier later transported to the parent facility for processing. Because the containers were unsecured, staff could not ensure the security of patients' PII.

IT Security. According to VA, the IT closet is a locked location that contains equipment or information critical to the information infrastructure.[23] Also, an access log must be maintained that includes name and organization of the person visiting, signature of the visitor, form of identification, date of access, time of entry and departure, purpose of visit, and name and organization of person visited. Lack of oversight for IT space access and sharing of allocated IT space could lead to potential loss of secure information. We inspected the IT closet and found that an access log to the IT closet was not maintained.

Recommendations

5. We recommended that access is improved for disabled veterans.

6. We recommended that staff are trained in accessing MSDS for hazardous chemicals in the clinical area.

7. We recommended that computer screens are secured to eliminate viewing of PII by unauthorized individuals.

8. We recommended that laboratory specimens are secured during transport from the CBOC to the parent facility.

[20] Occupational Safety and Health Administration 1910.1200(g)(8)(10).
[21] VHA Handbook 6500.06, *Information Security Program*, September 18, 2007.
[22] The Health Insurance Portability and Accountability Act (HIPAA), 1996.
[23] VA Handbook 6500, *Information Security Program*, August 4, 2006.

9. We recommended that the server closet is maintained according to IT safety and security standards.

Emergency Management

VHA policy requires each CBOC to have a local policy or standard operating procedure defining how medical and MH emergencies are handled.[24] Table 8 shows the areas reviewed for this topic.

NC	Areas Reviewed
	There was a local medical emergency management plan for this CBOC.
	The staff articulated the 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

The CBOC was compliant with the review areas; therefore, we made no recommendations.

[24] VHA Handbook 1006.1.

Appendix A

VISN 3 Director Comments

Department of Veterans Affairs **Memorandum**

Date: March 29, 2013

From: Director, VISN 3 (10N3)

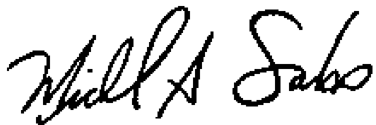
Subject: **CBOC Reviews at Northport VAMC**

To: Director, 54BA Healthcare Inspections Division (54BA)

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

I have reviewed and concur with the Northport Outpatient CBOC findings and the facility's planned corrective actions.

If you have any questions regarding the information provided, please contact Pam Wright, RN MSN, Quality Management Officer, at 718-741-4143.



Michael A. Sabo, FACHE
Network Director

Northport VAMC Director Comments

Department of Veterans Affairs **Memorandum**

Date: March 29, 2013

From: Director, Northport VA Medical Center (632/00)

Subject: **CBOC Reviews at Northport VAMC**

To: Director, VISN 3 (10N3)

1. CBOC Reviews at Northport VA Medical Center, Northport, NY.
2. Should you have any questions, please do not hesitate to contact Jennifer Newburger, Chief Quality Management at 631-261-4400 extension 2768.

Philip C. Moschitta

PHILIP C. MOSCHITTA

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 managers ensure that clinicians screen patients for tetanus vaccinations.

Concur - Yes

Target date for completion: 7/10/2013

Facility response: At the time of survey, the tetanus clinical reminder was not functioning. Facility clinical applications coordinator fixed clinic reminder on February 1st. Primary Care staff will conduct chart reviews; 5 charts per month per provider (12) for 90 days to ensure the patients are screened for tetanus vaccinations. Education will be provided through e-mail and the PACT staff meeting on 3/22/13. If the target of 90% is not reached, the staff will be re-educated.

2. We recommended that managers ensure that clinicians administer tetanus vaccinations when indicated.

Concur - Yes

Target date for completion: 7/10/2013

Facility response: At the time of survey, the tetanus clinical reminder was not functioning. Facility clinical applications coordinator fixed clinic reminder on February 1st. Primary Care staff will conduct chart reviews; 5 charts per month per provider (12) for 90 days to ensure the patients receive tetanus vaccinations. Education will be provided through e-mail and reviewed at the PACT staff meeting on 3/22/13. If the target of 90% is not reached, the staff will be re-educated.

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

Concur - Yes

Target date for completion: 7/10/2013

Facility response: Primary Care will conduct chart reviews to ensure the clinicians administer pneumococcal vaccinations. 5 charts per month per provider (12) for 90 days to ensure the patients have received pneumococcal vaccinations for veterans over 65 years old. Education will be provided through e-mail PACT staff meeting on 3/22/13. If the target of 90% is not reached, the staff will be re-educated.

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

Concur - Yes

Target date for completion: 7/10/2013

Facility response: Primary Care will conduct chart reviews to ensure the clinician's document the required elements of pneumococcal vaccinations. 5 charts per month per provider (12) for 90 days to ensure proper documentation is present for patients receiving pneumococcal vaccinations for veterans over 65 years old. Education will be provided through e-mail PACT staff meeting on 3/22/13. If the target of 90% is not reached, the staff will be re-educated.

5. We recommended that access is improved for disabled veterans.

Concur - Yes

Target date for completion: 3/19/2013

Facility response: ADA compliant door handles have been installed as of 3/19/13

6. We recommended that staff are trained in accessing MSDS for hazardous chemicals in the clinical area.

Concur - Yes

Target date for completion: 3/19/2013

Facility response: MSDS have been updated and staff instructed on the location and use of MSDS information as of 3/19/13

7. We recommended that computer screens are secured to eliminate viewing of PII by unauthorized individuals.

Concur - Yes

Target date for completion: 3/22/2013

Facility response: The computer requiring a privacy screen was the MyHealtheVet computer in the patient waiting room. A privacy screen is now placed on the MyHealtheVet computer.

8. We recommended that laboratory specimens are secured during transport from the CBOC to the parent facility.

Concur - Yes

Target date for completion: 3/20/2013

Facility response: Formal training and competency plan developed by Laboratory Manager. Five EMS transporters in service and all 5 completed training on 3/20/2013.

9. We recommended that the server closet is maintained according to IT safety and security standards.

Concur - Yes

Target date for completion: 4/15/2013

Facility response: All closets at all Northport VAMC CBOCs now have both a sign in sheet as well as a copy of the memo identifying who from the IT community can access the communication closets without the need to sign in.

OIG Contact and Staff Acknowledgments

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