



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

**Office of Healthcare Inspections**

**Report No. 13-00026-302**

**Community Based Outpatient  
Clinic Reviews  
at  
Chillicothe VA Medical Center  
Chillicothe, OH**

**August 29, 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
MH	mental health
NC	noncompliant
NCP	National Center for Health Promotion and Disease Prevention
OIG	Office of Inspector General
VAMC	VA Medical Center
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
WH	women's health

<b>Table of Contents</b>
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	Page
<b>Executive Summary</b> .....	i
<b>Objectives and Scope</b> .....	1
Objectives .....	1
Scope and Methodology .....	1
<b>CBOC Profiles</b> .....	3
<b>WH and Vaccination EHR Reviews – Results and Recommendations</b> .....	4
WH .....	4
Vaccinations .....	5
<b>Onsite Reviews – Results and Recommendations</b> .....	7
CBOC Characteristics .....	7
C&P .....	8
EOC and Emergency Management .....	9
<b>Appendixes</b>	
A. VISN 10 Director Comments .....	12
B. Chillicothe VAMC Director Comments .....	13
C. OIG Contact and Staff Acknowledgments .....	16
D. Report Distribution .....	17

## 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 Portsmouth CBOC during the week of March 18, 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 parent facility. The C&P, EOC, and emergency management onsite inspections were only conducted at the randomly selected CBOC listed in Table 1.

VISN	Facility	CBOC Name	Location
10	Chillicothe VAMC	Portsmouth	Portsmouth, OH

**Table 1. Sites Inspected**

**Review Results:** We made recommendations in three review areas.

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

- Ensure that patients with normal cervical cancer screening results are notified of results within the required timeframe and that notification is documented in the EHR.
- Ensure that clinicians administer pneumococcal vaccinations when indicated.
- Ensure that clinicians document all required tetanus vaccine administration elements and that compliance is monitored.
- Ensure that a written inventory of hazardous materials is maintained.
- Ensure that all identified EOC deficiencies are tracked, trended, and corrected.

## Comments

The VISN and Facility Directors concurred with our recommendations and provided acceptable improvement plans. (See Appendixes A and B, pages 12–15, for 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.<sup>1</sup>
- Determine whether CBOCs are in compliance with standards of operations according to VHA policy in the areas of environmental safety and emergency planning.<sup>2</sup>

## 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 (all ages) and 75 additional veterans (65 and older), unless fewer patients were available, for the tetanus and

<sup>1</sup> VHA Handbook 1100.19, *Credentialing and Privileging*, November 14, 2008.

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

pneumococcal reviews, respectively. The study populations consisted of patients from all CBOCs assigned to the parent facility.<sup>3</sup>

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.<sup>4</sup>

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 the Inspectors General on Integrity and Efficiency.

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<sup>3</sup> Includes all CBOCs in operation before October 1, 2011.

<sup>4</sup> 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.<sup>5</sup> 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 <sup>6</sup>	Uniques FY 2012 <sup>7</sup>	Visits FY 2012 <sup>8</sup>	CBOC Size <sup>9</sup>
10	Chillicothe VAMC	Athens (Athens, OH)	Rural	2,192	20,811	Mid-Size
		Cambridge (Cambridge, OH)	Rural	1,556	11,770	Mid-Size
		Lancaster (Lancaster, OH)	Rural	3,058	23,740	Mid-Size
		Marietta (Marietta, OH)	Urban	1,592	11,420	Mid-Size
		Portsmouth (Portsmouth, OH)	Rural	2,673	21,946	Mid-Size
<b>Table 2. Profiles</b>						

<sup>5</sup> Includes all CBOCs in operation before October 1, 2011.

<sup>6</sup> <http://vaww.pssg.med.va.gov/>

<sup>7</sup> <http://vssc.med.va.gov>

<sup>8</sup> <http://vssc.med.va.gov>

<sup>9</sup> 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.<sup>10</sup> Each year, approximately 12,000 women in the United States are diagnosed with cervical cancer.<sup>11</sup> 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.<sup>12</sup> 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 element marked as NC needed improvement. Details regarding the finding follow the table.

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.
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.
<b>Table 3. WH</b>	

There were 22 patients who received a cervical cancer screening at the Chillicothe VAMC and its CBOCs.

Patient Notification of Normal Cervical Cancer Screening Results. VHA requires that normal cervical cancer screening results must be communicated to the patient in terms easily understood by a layperson within 14 days from the date of the pathology report becoming available. We reviewed 22 EHRs of patients who had normal cervical cancer screening results and determined that 8 patients were not notified within the required 14 days from the date the pathology report became available.

<sup>10</sup> World Health Organization, *Comprehensive Cervical Cancer Prevention and Control: A Healthier Future for Girls and Women*, Retrieved (4/25/2013): <http://www.who.int/reproductivehealth/topics/cancers/en/index.html>.

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

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

## Recommendation

1. We recommended that managers ensure that patients with normal cervical cancer screening results are notified of results within the required 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 vaccines.<sup>13</sup> The NCP provides best practices guidance on the administration of vaccines 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 tetanus and pneumococcal diseases.

Adults should receive a tetanus vaccine every 10 years. At the age of 65, individuals who 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 NC needed improvement. Details regarding the findings follow the table.

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

**Table 4. Vaccinations**

### 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.<sup>14</sup> 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 two patients with pre-existing conditions who received their first vaccine prior to the age of 65. We did not find documentation in either of the EHRs indicating that their second vaccinations had been administered.

<sup>13</sup> VHA Handbook 1120.05, *Coordination and Development of Clinical Preventive Services*, October 13, 2009.

<sup>14</sup> Centers for Disease Control and Prevention, <http://www.cdc.gov/vaccines/vpd-vac/>.

Documentation of Tetanus Vaccination. Federal Law requires that documentation for administered vaccinations include specific elements, such as the vaccine manufacturer and lot number of the vaccine used.<sup>15</sup> We reviewed the EHRs of 6 patients who received a tetanus vaccine administration at the parent facility or its associated CBOCs and did not find documentation of all the required information related to tetanus vaccine administration in any of the EHRs.

**Recommendation**

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

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<sup>15</sup> 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).

	<b>Portsmouth</b>
<b>VISN</b>	10
<b>Parent Facility</b>	Chillicothe VAMC
<b>Types of Providers</b>	Clinical Pharmacist Licensed Clinical Social Worker Nurse Practitioner Optometrist Physician Assistant Podiatrist Primary Care Physician Psychologist
<b>Number of MH Uniques, FY 2012</b>	1,006
<b>Number of MH Visits, FY 2012</b>	3,719
<b>MH Services Onsite</b>	Yes
<b>Specialty Care Services Onsite</b>	Optometry Podiatry WH
<b>Ancillary Services Provided Onsite</b>	Laboratory Nutrition Physical Medicine
<b>Tele-Health Services</b>	Dermatology Endocrinology MH MOVE <sup>16</sup> Pain Management Retinal Imaging Speech Pathology Spinal Cord Injury Surgery
<b>Table 5. Characteristics</b>	

<sup>16</sup> VHA 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.<sup>17</sup> Table 6 shows the areas reviewed for this topic.

NC	Areas Reviewed
	Each provider's license was unrestricted.
<b>New Provider</b>	
	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.
<b>Additional New Privilege</b>	
	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.
<b>FPPE for Performance</b>	
	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.
<b>Privileges and Scopes of Practice</b>	
	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.
	The determination to continue current privileges was based in part on results of Ongoing Professional Practice Evaluation activities.
<b>Table 6. C&amp;P</b>	

<sup>17</sup> VHA Handbook 1100.19.

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

## 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 review elements marked as NC needed improvement. Details regarding the findings follow the table.

NC	Areas Reviewed
	The CBOC was Americans 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).
	Material safety data sheets were readily available to staff.
X	There is a written, current inventory of hazardous materials.
	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.
	Patients' personally identifiable information was secured and protected.
	Laboratory specimens were transported securely to prevent unauthorized access.
	There was proper storage of equipment and supplies to minimize infection.
	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.

NC	Areas Reviewed (continued)
	Safety needle devices were available for staff use (e.g., lancets, injection needles, phlebotomy needles).
X	The CBOC was included in facility-wide EOC activities.
<b>Table 7. EOC</b>	

Inventory of Hazardous Materials. The Joint Commission requires a written, current inventory of hazardous materials that are used, stored, or generated.<sup>18</sup> We observed that material safety data sheets were available for all possible hazardous materials; however, we did not find a written, current inventory of the hazardous materials that are used or stored.

EOC Rounds. EOC rounds have been conducted according to facility policy.<sup>19</sup> However, the deficiencies identified have not been tracked and trended as required by facility policy; therefore, we were unable to ensure that the identified deficiencies were corrected.

### Recommendations

4. We recommended that a written inventory of hazardous materials is maintained.
5. We recommended that all identified EOC deficiencies are tracked, trended, and corrected.

### Emergency Management

VHA policy requires each CBOC to have a local policy or standard operating procedure defining how medical and MH emergencies are handled.<sup>20</sup> 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.
<b>Table 8. Emergency Management</b>	

<sup>18</sup> The Joint Commission Hospital Accreditation Program Manual 2009 Addition, Standard EC 02.02.01.

<sup>19</sup> Memorandum 001-25, *Environmental Rounds*, August 31, 2012.

<sup>20</sup> VHA Handbook 1006.1.



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

**VISN 10 Director Comments****Department of  
Veterans Affairs****Memorandum****Date:** July 29, 2013**From:** Director, VISN 10 (10N10)**Subject: CBOC Reviews at Chillicothe VAMC****To:** Director, 54DC Healthcare Inspections Division (54DC)Acting Director, Management Review Service (VHA 10AR MRS  
OIG CAP CBOC)

Thank you for the opportunity to review the draft report of the Community Based Outpatient Clinic Review at Chillicothe Veterans Affairs Medical Center. I have reviewed the document and concur with the recommendations.

I have reviewed the corrective action plans and appreciate the opportunity to continuously improve the services and care we provide. If additional information is needed, please contact Ms. Jane Johnson, Deputy Quality Management Officer at (513) 247-4631.

*(original signed by:)*

Jack G. Hetrick, FACHE

## Chillicothe VAMC Director Comments

**Department of  
Veterans Affairs**

**Memorandum**

**Date:** July 25, 2013

**From:** Wendy J. Hepker, FACHE, Director, Chillicothe VAMC (538/00)

**Subject: CBOC Reviews at Chillicothe VAMC**

**To:** Director, VISN 10 (10N10)

Thank you for the opportunity to review the draft report of the Community Based Outpatient Clinic Reviews at Chillicothe Veterans Affairs Medical Center. 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. If additional information is needed, please contact my office at 740-773-1141.

*(original signed by:)*

WENDY J. HEPKER, FACHE

Medical Center Director

## 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 patients with normal cervical cancer screening results are notified of results within the required timeframe and that notification is documented in the EHR.

Concur

Target date for completion: November 1, 2013

The CBOC has strengthened their process to ensure that patients with normal cervical cancer screening results are notified of the results within the required 14 days from the time the pathology report is available. A tracking sheet has been developed to track any cervical cancer screening procedure done at the CBOC. The Women's Health Liaison will follow the tracking grid and ensure that the patients are notified of the results within the defined timeframe. Compliance with this strengthened process will be monitored for three months for reporting results to the patient within 14 days and the documentation of those results.

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

Concur

Target date for completion: November 1, 2013

A plan will be developed to reinforce education on the Center for Disease Control (CDC) guidelines on administration of pneumococcal vaccines. This education will be directed to providers and nursing staff emphasizing the requirement to reassess those patients that received the vaccine prior to age 65. The compliance with this process will be monitored for three months and any deficiencies will be addressed with the clinical staff.

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

Concur

Target date for completion: November 1, 2013

The Medical Center has strengthened the process to ensure that all required elements of the tetanus vaccination administration are included in the documentation. Information has been added to the tetanus vaccination template in the EHR that triggers the most

recent vaccine information statement (VIS) released from the Center for Disease Control on January 24, 2012. The VIS is given to the patient prior to the administration of the vaccine. Compliance with this strengthened process will be monitored for 3 months to ensure all required elements of the vaccination administration are documented in the EHR.

4. We recommended that a written inventory of hazardous materials is maintained.

Concur

Target date for completion: August 31, 2013

The CBOC will develop an updated chemical inventory with assistance from the Industrial Hygienist. The CBOC managers and Department Level Safety Officers will receive training on updating and managing the inventory onsite.

5. We recommended that all identified EOC deficiencies are tracked, trended, and corrected.

Concur

Target date for completion: November 1, 2013

The Medical Center does track the corrective actions associated with identified deficiencies and corrections are consistently completed within the defined timeframes. Monthly reporting of these actions has been inconsistent. The Medical Center will strengthen the reporting process of all data related to the deficiencies identified during Environment of Care rounds. A report of the deficiencies will be presented monthly to the Environment of Care Committee. A report of the trended data will be given to the EOC Committee quarterly. Minutes will be audited for a period of three months to ensure compliance with this strengthened process.

## OIG Contact and Staff Acknowledgments

<b>Contact</b>	For more information about this report, please contact the OIG at (202) 461-4720.
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