ADMINISTRATIVE SUMMARY OF INVESTIGATION BY THE VA OFFICE OF INSPECTOR GENERAL IN RESPONSE TO ALLEGATIONS REGARDING PATIENT WAIT TIMES

VA Medical Center in Wilmington, Delaware
March 1, 2016

1. Summary of Why the Investigation Was Initiated

This investigation started as a proactive initiative on the keeping of separate, non-electronic wait lists at VA medical centers nationwide. On May 13, 2014, a Department of Veterans Affairs (VA) Office of Inspector General (OIG) special agent received a call from an official at the VA Medical Center (VAMC) Wilmington, DE, who stated that issues pertaining to scheduling procedures at the VAMC were uncovered as a result of the recent Veterans Health Administration (VHA) Stand Down review at that facility.

2. Description of the Conduct of the Investigation

- **Interviews Conducted:** VA OIG interviewed approximately 35 employees from three different outpatient clinics, including employees with direct scheduling responsibilities and supervision over employees with scheduling responsibilities.

- **Records Reviewed:** VA OIG reviewed emails provided by VAMC employees.

3. Summary of the Evidence Obtained From the Investigation

Interviews Conducted

- On May 5, 2014, as part of a proactive initiative regarding the keeping of separate, non-electronic wait lists at VA medical centers following the scheduling issue being raised at the VAMC Phoenix[*], VA OIG special agents met with the chief of Health Information Management Service and several other managers. No information was reported that lists of patients were being maintained outside of VA's Veterans Health Information Systems and Technology Architecture (VistA).

- On May 13, 2014, a special agent received a call from a member of VAMC Wilmington leadership, who stated that issues pertaining to scheduling procedures at the VAMC were uncovered as a result of the recent VHA Stand Down review at that facility. She stated that supervisory VA employee(s) may have previously been aware of these issues, which pertained to both primary and specialty care areas. She relayed that schedulers had scheduled patients in a manner that was not consistent with VA policy and that certain veterans were not seen in a timely fashion. She also mentioned that staff members were not knowledgeable about how to perform certain job functions. She stated that she believes that clerks were told to make appointments for patients and subsequently cancel them. In addition, she mentioned that patients in the Oncology Department somehow got

[*] Any reference to Phoenix in this report refers to wait time allegations that surfaced at VAMC Phoenix in early 2014.

notes in their records for "no show" visits, which caused the patients to be inappropriately billed for co-payments. She stated that a specific VAMC Wilmington employee is familiar with the Stand Down findings and has information and documents that she would like to provide.

Wilmington, DE

- A program support clerk stated that she schedules for several clinics. She relayed concerns she had about a provider in one clinic, reporting the provider does not know how to use the computer system, and instead documents patient appointments on index cards. The clerk also stated that scheduling in Cardiology has always been an issue and that this clinic just caught up on consults dating as far back as January 2014. She did not identify issues in the Arthritis Clinic. She identified that timely scheduling is reflected in her performance measures, that bonuses are based on performance, and that she believes that high-level VAMC employees received bonuses based on wait time measures. Regarding "desired date," prior to the scheduling issues at VAMC Phoenix becoming public, schedulers were told to check a clinic's availability and document the desired date as the date the clinic was able to see the patient (that is, make the desired date and available appointment date the same). However, she was present at an emergency meeting with her supervisors, which occurred subsequent to Phoenix, whereby schedulers were told not to schedule in this fashion anymore. All appointments are documented in VistA in all of her clinics and there are no separate lists being maintained.

- A manager stated that the manager's job responsibilities consist of supervising support personnel. The manager advised that there was no scheduling done outside of VistA. Scheduling is based on provider preference instead of availability. When the manager first came on board, if a patient requested a date and that date was not available, the negotiated date may have been input in the system as the desired date. However, the manager was never specifically told that the patients' desired dates had to be recorded as the next available appointments. Appointments were negotiated with patients and therefore desired dates became a gray area in certain situations. Nothing in a medical support assistant (MSA) performance measure addresses scheduling timeliness as clinic wait times are not a reflection on the MSA; rather, they reflect on clinic availability. The manager stated that a discussion was held with VA staff pertaining to the scheduling issues occurring in Phoenix, but that desired date was not addressed during the discussion. Regarding consults, if a consult is sitting for an extended period of time, a program application specialist will review the consult, determine why it is pending, and address it.

  When interviewed a second time, the manager admitted to being untruthful when previously questioned about the discussions with MSAs concerning desired dates and knowledge of the process MSAs used to correct scheduling errors. During a second interview, the manager admitted that desired dates were discussed during a meeting with MSAs. The manager attributed the denial during the first interview and during the early part of the second interview to nervousness and anxiety. The manager eventually admitted familiarity with the process used by MSAs to correct scheduling errors. The manager stated that legitimate scheduling errors pertaining to desired date would be

corrected by having MSAs determine the true desired date of the patient and remake the appointment. During the second interview, the manager admitted that desired dates for patient appointments were discussed with MSAs as part of a large discussion on VAMC Phoenix issues. The manager stated that, although not the purpose of the discussion, desired dates were in fact covered during the discussion. Performance evaluations were also discussed during the interview. The manager stated that two evaluations referenced identified errors concerning the use of "same date" for creation of the appointment and "desired date" for the actual appointment. Also during the interview, the manager stated that a "[Program Application Specialist] would run the list of scheduled appointments and if the scheduling date and the desired date was the same day as the day the appointment was entered in, we would have the MSA to look at that."

- A program application specialist stated that, as part of her collateral duties, she reviews open consults and tries to close ones that have been completed. For Cardiology, the service is not deficient at addressing incomplete consults. Usually, consult issues pertaining to Cardiology occur because Cardiology has coded consults incorrectly or they are missed. She attempts to notify Cardiology if consults are missed. She stated that any consult pending over 30 days will get her attention and she will notify providers accordingly. There may be more than100 pending consults on any given day for multiple clinics. She further stated that the Pulmonary Clinic is particularly problematic with consults in that they do not respond to messages she sends to them and do not do much to address incomplete consults. However, once she contacts the interim chief of staff about issues in Pulmonary, action is usually taken. She is not aware of any patient harm caused by incomplete consults.

- A secretary stated that she is not aware of scheduling outside of VistA. She believes that her yearly evaluation does have a section on how fast she can schedule patients, but she was not sure if it relates to incentives. Regarding desired date, she tells a patient when the next available appointment date is and, if the patient agrees, that is documented as the desired date.

- An associate chief nurse stated that if a patient in the Oncology Clinic were a "no-show," the oncologist would review the patient's medical records, recent labs, and if necessary, call the patient directly to determine whether he/she can wait to be rescheduled or if he/she needs to be brought in immediately. After doing so, the oncologist was making a note in the chart concerning these reviews and decisions. Unfortunately, the oncologist was not charting the aforementioned as a telephone note or an amendment of another note, but charting it off the original appointment, which caused the automatic generation of a bill. She advised that she would address this with the Oncology team to avoid this in the future.

- A Radiology employee stated that the physician who issues the order would input the desired date to reflect when the order should be completed. She picks the date and time of the appointment, which is directed by the next available appointment on the schedule. Patients get into VA for an appointment usually within 1 to 2 weeks of desired date, but sometimes the next day. There is no wait list in Radiology. The employees' performance evaluations are not tied to how quickly a patient can be scheduled. The

employee does not have concerns about patient safety with regard to timeliness of appointments in her department.

- An Oncology Health technician stated that she schedules appointments in Oncology. Since she has scheduled for the Oncology Department, there has been no wait list there, and there are no other ways the Oncology Department is tracking appointments other than in VistA. In addition, she did not identify any instances in which patients were not able to obtain appointments. The desired date in Oncology is dictated on a slip provided by the physician. She is not aware of the criteria pertaining to performance evaluations as she has not received any as of yet.

- MSA1 stated that she has always scheduled the patient for the next available appointment and that has been recorded as the desired date. Her supervisors held a meeting in which they specifically discussed the desired date. She was late for this meeting so she did not hear that discussion; however, she asked what she missed and it was reiterated that desired date was discussed. She didn't know of any other lists other than those kept in VistA.

- The director confirmed that individuals at VAMC Wilmington received scheduling training on May 29, 2014. Also on this date, the director stated that a risk manager brought to her attention that there appears to be zero-day wait times in clinics at VAMC Wilmington as a result of desired dates being input into the system the same as if they were appointment dates. The director stated that this was occurring even after the scheduling training on May 29, 2014. The risk manager did not identify any other issues to the director.

- A Primary Care Module manager stated that she schedules first-time VAMC Wilmington and Community Based Outpatient Clinic (CBOC) patient appointments. Presently, there is an electronic wait list (EWL) for CBOC Dover because a former VA care provider retired and the CBOC was left with only one provider. Therefore, no new patients were able to be seen at CBOC Dover in June 2014. However, nurse practitioners from VAMC Wilmington were sent to "help see patients." All appointments that she handles are done electronically. She is not aware of any non-electronic wait lists. She enters the veteran's true desired date into the VA system regardless of appointment availability and has always documented desired date in this fashion. She didn't know if her performance evaluation metrics or measures are related to how quickly a patient can be seen.

- A Health technician stated that there were no wait lists for patients to be seen in Oncology. There are no non-electronic lists of patients being maintained in Oncology. Consults were addressed quickly in the Oncology Department and were monitored electronically. Her performance evaluations were not tied into how quickly a patient was seen in Oncology and she is not familiar with the term desired date. The date she inputs into the VA system is the date the patient is going to be seen.

- A Health Administration Services (HAS) employee stated that he is not aware of any non-electronic lists of patients waiting for appointments. He stated that requirements regarding appointments stem from establishing the proper desired date. An accurate

desired date is based on the veteran's preference and the clinical time frame involved and is an interactive process. The desired date is not based on clinic availability and he has personally told clerks and managers that they can't worry about wait time. He has done scheduling audits in the past, the purpose of which was to establish if the correct desired date was used since VistA defaults to a desired date, which may not truly be the veteran's preference. He stated that MSAs are not, and have not, been evaluated on how quickly a patient is able to get into the system. He said that errors pertaining to MSAs would have affected the accurate establishment of a patient's desired date.

- MSA2 stated that all patients are tracked electronically in Behavioral Health at VAMC Wilmington. He also stated that a patient's desired date is not based on clinic availability. However, a patient's desired date should be within 14 days of his/her appointment as that was a VA performance measure. He heard that other MSAs have received emails indicating they made errors by exceeding the 14-day performance measure. However, he has never received an email to that effect. He believes the 14-day measure was part of MSA performance reviews. He was not able to identify a specific individual who related the aforementioned to him. Currently, he does not believe that MSAs are evaluated on how quickly a patient is seen in a clinic. Additionally, he has never heard of individuals in Behavioral Health making an appointment for a patient and then subsequently canceling the appointment to satisfy the 14-day requirement.

- An interim associate chief of staff stated that she does not handle scheduling of patients at VAMC Wilmington or CBOC nor does she oversee individuals who do. She did not direct anyone to maintain a non-electronic tracking mechanism for patients. However, there was a handwritten list of individuals—which came from CBOC Dover—that may have consisted of patients of a former social worker; another social worker's name was mentioned as well. This list was provided to the executive assistant to the director. She is not aware of any other non-electronic means of tracking patients at VA and, to her knowledge, all patient appointments are tracked in VistA. Regarding desired date, she has not directed anyone to manipulate the way desired date is input into VistA to show a certain wait time, or lack thereof, nor is she aware of others doing that either.

- Another interim chief of staff stated that she heard of a list of Orthopedic patients that was kept on a spreadsheet and actively managed, but not input into VistA. This was a list of patients waiting for orthopedic surgery—specifically, joint replacements. To her knowledge, those patients who can't be completed in a timely fashion are being referred to the community for care and all patients on the list are being addressed. She also believes that the aforementioned patients are now being electronically monitored. She never advised anyone to maintain a list of patients non-electronically for any reason. She is not aware of any patient harm as a result of the way orthopedic joint replacement patients were being managed.

- A program support assistant stated that a few years ago she received emails from a program application specialist—which she believed were sent with supervisory approval—that advised her to correct appointments that exceeded either the 7- or 14-day performance measure. She did not have the emails available for review. She also stated that Behavioral Health does not use a wait list because the department has availability.

Additionally, she has not heard of Behavioral Health staff making appointments and then subsequently canceling them to satisfy some sort of wait time measures.

- A provider stated that she is not involved in the scheduling process pertaining to patients and that consults are given to her secretary immediately. There are no consults that she does not provide to her secretary and she is not aware of any lists of patients waiting to be seen who are not being monitored in VistA. Furthermore, all scheduling of appointments is handled by the secretary and not the doctor herself. She is not aware of any non-electronic wait list being maintained anywhere in VAMC Wilmington, nor is she aware of any patient harm resulting from the way scheduling is handled at the VAMC.

- MSA3 stated that she is not aware of any wait lists not being maintained on VA's system. She identified issues pertaining to how MSAs were being told to schedule appointments and stated that individuals don't get trained properly all of the time. Additionally, she stated that she previously did not pay attention to multiple dates in the system while scheduling (that is, she just made the desired date match the appointment date), whereas presently she is getting different direction. She also addressed matters pertaining to scheduling errors, in that the VistA default of "today" for a patient's desired date could not be used; rather, the date the patient was returning to VA was used, which lessened the amount of wait time shown prior to the visit.

- A nurse practitioner stated that, as part of her duties, she schedules individuals for consults including those in need of joint replacement. Joint replacement surgeries are conducted at VAMC Lebanon due to the nature of the procedure. Until recently, she would attach an addendum to her consultation note and identify the patient care coordinator as an additional signer. The patient care coordinator would have a list of names of patients and she would send four patients per month to VAMC Lebanon for the surgery, which is according to their capacity. Presently, instead of sending a note to the patient care coordinator, she creates an Orthopedic consult indicating the patient's need for a joint replacement. The Patient Transfer office will then create a separate consult to Lebanon, which can be tracked. To the best of her knowledge, the individuals who were previously sent to the patient care coordinator have all been addressed. She has received alerts on her computer from someone who has been identifying VA patients who have not been seen for 30 days. Those patients are being given the option to receive care outside of VA. The emails started approximately 2 weeks prior to the interview and were not just for joint replacement patients.

CBOCs Dover and Georgetown

- A licensed practical nurse (LPN) at CBOC Dover stated that she schedules patients in VistA and nowhere else. However, she identified a paper list being kept by MSAs at the CBOC Dover of patients previously seen by a specific doctor; this list is not in VistA. In addition to the doctor's patients, the list may also contain new patients and patients trying to transfer from VAMC Wilmington to CBOC Dover. Patients on the list were not acute care patients but rather patients calling for routine exams after having received a letter from VA indicating that they were due for an exam. She also stated that, unlike her MSAs' evaluations, her performance evaluation is not based on scheduling issues.

- MSA4 stated that there is a list of patients kept in a book by the MSAs working the front desk at the CBOC and that this list consists of new patients only. She stated that in July 2013, a CBOC provider left the CBOC Dover. Some of the provider's patients were reassigned to other CBOC providers, some chose to leave and be reassigned to the VAMC, and some had not yet been reassigned. Also, an MSA's job performance is rated based upon their job responsibilities. The timeliness of scheduling is not a part of their responsibilities and therefore is not part of their performance appraisals. Regarding desired date, the desired date that is input into the system for appointments is generally the date that the provider requests to see the patient again. It is rare when a provider's desired date is not available. If that date is unavailable, the clinic can be overbooked with the permission of the provider. All patient scheduling is done through VistA, and no one has told her to input the date of a patient visit into VistA and then cancel it immediately thereafter.

- MSA5 stated that the book maintained at CBOC Dover primarily represents CBOC Dover transfer patients who want a Primary Care provider, although there may also be new patients and current patients in the book as well. He provided a copy of the book. He also stated that the book is maintained at CBOC Dover and is not stored electronically. The book is something he created 3 to 4 months ago as a way to help the veterans and make sure that they would not get lost in the shuffle. None of the patients in the book were patients who needed urgent care; rather, they were veterans who wanted a Primary Care doctor. All three CBOC Dover MSAs wrote in the book. He had not had a performance evaluation yet and therefore was not able to comment on the criteria of one. The list of patients from the book was faxed to his supervisor. The supervisor advised him that she would take care of it and tasked one of the VAMC Wilmington MSAs to get individuals on the list scheduled. The VAMC currently has a Primary Care doctor calling patients who were assigned to currently retired primaries at CBOCs. These calls are being placed in order to find outpatient complaints. He did not identify issues pertaining to the desired date, and he has not been told to call a veteran, make an appointment in the VA system, and then cancel the appointment immediately thereafter.

  In a second interview, he confirmed that the notebook previously addressed is the only book CBOC Dover has regarding patients needing appointments and stated that a blue notebook/binder maintained at CBOC Dover contains medical documents of patients already seen. He also stated that he did not have a copy of the fax that was sent to his supervisor pertaining to the list of individuals needing appointments at the CBOC Dover.

- A doctor stated that a list of patients wanting appointments at the CBOC Dover existed because they were understaffed by physicians and because VA staff may have wanted good ratings.

- A staff physician stated that there is a lack of patient care providers at CBOC and that she is the only provider. She currently has approximately 3,000 patients on her panel. Approximately 10 months ago, another doctor retired from the CBOC and his patients were not tracked specifically after he left. If there is no Primary Care provider assigned to a patient and he/she wants an appointment, an MSA will identify that individual in a notebook. Names in the notebook are not documented electronically. Some individuals

in the notebook are brand new patients recently discharged from the military. This notebook at the CBOC has been maintained since the doctor left. Urgent care patients are addressed and are not in the notebook; the notebook contains patients for routine matters. Regarding desired date, the staff physician stated that she believes the desired date for appointments are being input into VistA accurately.

- MSA6 stated that CBOC was getting so many new and transfer patients that they began to lose track and as a result were told by the MSA supervisor sometime in 2014 to start a book. The book contained new and transfer patients of those patients who didn't have a provider and wanted an appointment. The understanding of the book was that when the CBOC hired a new provider or openings became available, MSAs would schedule patients from the book. She did not know if the book was maintained electronically; however, a copy of the book was faxed to an MSA supervisor by another MSA in or around April or May 2014. She stated that MSAs' evaluations are based on how timely a patient is seen at CBOC Dover. If MSAs record the desired date as the date the veteran wants to be seen, that is calculated as an error if there is no clinic availability on that date. She has not been told to make an appointment for a patient and then cancel it to satisfy some sort of metric.

- A licensed social worker stated that her role is to assist returning combat veterans transitioning from Department of Defense into the VA health care system. She also stated that there are patients who used to receive care from a retired doctor who are now without a care provider. She added that there are thousands of patients that can't be seen. She stated that she saw the list of patients identified as "PT WANTING APPTS" and also stated that there may be several additional books of patients who want appointments. She saw a blue three-ring binder, which, she believes, consisted of patients who needed assistance, in that they needed to be triaged to a provider when a provider was made available to CBOC Dover. She does not believe the names were stored electronically. She later advised that an EWL is currently being maintained at the CBOC Dover.

- An MSA supervisor stated that the negotiated date is input into the system as the desired date. She said that the desired date had to be input into the system based on availability, even if this is not the veteran's requested date. Scheduling errors, which were identified when the patient's desired date and date the appointment was made were the same, had to be corrected and were done so by making the appointment date and the desired date the same. Regarding patients still assigned to a doctor who retired, when those patients call, they are scheduled with whoever is covering at CBOC Dover. If there is no one available, she sends the names to whoever is in charge, either the executive assistant to the director or a physician for resolution. She believes that all patients whose names she sent up were addressed. CBOC Doverwas not accepting transfer patients at the time of the interview because there was no one to transfer them to. She was shown the list of patients obtained from CBOC Dover, which she believed to be primarily the retired doctor's patients, as transfer patients would, at some point, be identified to her.

- An executive assistant stated that the EWL is being used by CBOC Kent County [Dover] and CBOC Georgetown. CBOC Georgetown patients have not been monitored in a non-electronic fashion. Regarding desired date, she has not directed anyone to have a

patient's desired date be based upon clinic availability. There are Patient Aligned Care Team measures for same-day access, but large wait times between appointments shouldn't really affect the MSA supervisor's performance rating as that would be more of a reflection on the clinic and not on scheduling. Regarding other evaluations, Executive Career Field performance plans are handed down from VA Central Office each year.

- The chief of social work stated that one employee at CBOC Dover was leaving the mental health position and another employee was transitioning in. The patients needed to be switched to the new social worker's Mental Health Clinics and somewhere during that transition, the schedulers began keeping a list of veterans who still needed to be scheduled. She stated this was a list of individuals who had to be properly scheduled into the new provider's clinic. All of the patients on this list have been scheduled. She did not direct anyone to maintain this list. She was not aware of MSAs being advised that their performance evaluations were affected based on how quickly an individual can be scheduled for an appointment nor is she aware of any manipulation of wait times being performed by schedulers.

- The chief of Psychiatry stated that he became aware of a paper list, which was being maintained at CBOC Dover that may have consisted of a former social worker's patients who had not yet been scheduled. He did not direct anyone, nor is he aware of anyone directing anyone else, to maintain this list. He was not aware of any other non-electronic forms of tracking patients. He is not well versed on the topic of desired date.

- An administrative officer stated that there was a new provider that came onboard at the CBOC and that there were issues with the way the clinic was set up. She believed that the list consisted of patients who needed to be input into the new provider's clinic, which has since been completed. The list was created no earlier than April 2014. She was also made aware of a list pertaining to Primary Care at CBOC Dover. She does not personally have anything to do with scheduling and she has not heard anyone direct another to maintain a paper list. She is not aware of anyone in Behavioral Health making an appointment and then canceling it immediately thereafter to satisfy a wait time metric. She provided agents with a copy of the Behavioral Health list.

- A social worker stated that when she was transitioning to VAMC Wilmington the new provider had not yet arrived at the CBOC. She stated, "Each time I had a veteran that should have been scheduled on, it would have been my schedule but now it became her schedule." MSAs weren't sure how to schedule appointments for veterans who had been seen by her knowing that she was transferring out, and so instead of them getting an appointment in the VA system "it went into a folder." The folder may have been maintained for approximately 8 weeks as MSAs knew the other provider was coming on board. She stated that she saw many of the veterans with urgent issues up until the time she left. No one discussed with her that her evaluation would be affected if she did not see veterans within a certain amount of time and she stated that keeping a list of veterans outside of the VA system would not benefit her in any way.

- MSA7 stated that there were scheduling issues pertaining to recalls at CBOC Dover, which have since been addressed. He also stated that he was aware that people at CBOC

Dover had been writing names in a book, which he believed consisted of patients waiting to be seen by incoming doctors as there was a lack of primary care physicians at that facility. He also identified issues regarding desired date and MSA training as it pertained to it. He stated that he would receive emails pertaining to wait times and certain appointments would have to be corrected as they would be considered errors; he thought appointments should have zero and one day wait times. No one told him that his performance evaluation is directly related to patient wait times and he did not receive poor performance evaluations because of how long patients waited. He did not identify non-electronic means of tracking patients at that facility. He provided an email from the MSA supervisor, which addressed scheduling. The email specifically included same day access and other attached lists, and stated, "I need everyone to make an exerted effort to keep these to 0 or 1 day. If you are scheduling and you know the next available – this should be no problem. So please make those efforts – so we can staff off these lists."

CBOC Northfield

- A Registered Nurse identified several concerns, including the way recall reminder delinquencies are handled, or not handled, at VA. She also provided emails pertaining to scheduling appointments and errors as it relates to that process.

- MSA8 stated that scheduling of patients is recorded in VistA and that there is no list of patients waiting to be seen maintained outside of VistA. Regarding desired date, the desired date is input into the system based on a negotiated date. She was told to schedule in this fashion when she was hired. She stated this shows a zero-day wait time; if an appointment is scheduled without a zero-day wait time, her supervisor advises her to correct it. Zero-day wait times have not been brought up in her performance evaluations. She is not aware of any patients being harmed because of the way scheduling is handled at CBOC Northfield.

- An administrative officer stated that at no point would individuals who have not been seen by VA have their delinquency status for recall reminder removed. Delinquency recall status stays in VA's system until the patient is seen.

Records Reviewed

Review of emails provided by VAMC Wilmington and CBOC staff substantiated certain information provided by staff during interviews.

4. Conclusion

The investigation revealed that the identified scheduling errors by MSAs were primarily those in which a patient's desired date and the appointment creation date were shown to be the same. This error, which resulted from not changing the scheduling application's desired date default, had the potential to create inaccurate wait time information if in fact the desired date had not been recorded appropriately by the MSA.

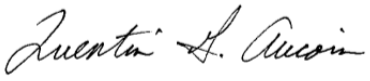
The investigation also identified that it was not uncommon for MSAs to negotiate desired dates with patients based on clinic availability (a process, which resulted in zero-day wait times); in fact, one supervisor stated that negotiated desired dates had to be input into the system based on clinic availability even if this was not the veteran's requested date, while another stated that there are certain scenarios whereby the desired date is uncertain/a "gray area." Upper-level management stated that the aforementioned practice of inputting a patient's desired date based on clinic availability was not mandated.

The investigation also identified the following "lists," which had not been specifically tracked by VA's scheduling system:

- A paper list of patients requesting appointments at CBOC Dover
- A separate list of Behavioral Health patients at CBOC Dover, a folder of return-to-clinic routing slips regarding the recall list at CBOC Dover, and a list of Orthopedic patients requesting joint replacement surgery, which originated from VAMC Wilmington.

None of the aforementioned lists were identified as having been maintained as a result of wait time manipulation or other malevolent purposes. In addition, all identified lists have been addressed by VAMC Wilmington and no specific patient harm was identified as a result of keeping the aforementioned.

The OIG referred the Report of Investigation to VA's Office of Accountability Review on September 29, 2014.



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