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Office of Healthcare Inspections

VETERANS HEALTH ADMINISTRATION

Review of Generative Artificial Intelligence Chat Tools for Clinical Use

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Executive Summary

The VA Office of Inspector General (OIG) reviewed VA’s use of generative artificial intelligence (AI) chat tools in clinical care and documentation. The OIG initiated the review on October 14, 2025, conducted the last interview on February 2, 2026, and completed the analysis of evidence on February 5, 2026.¹ The OIG issued a preliminary result advisory memorandum identifying a patient safety risk with generative AI use on January 15, 2026.²

Background

VA’s AI efforts for health care were coordinated in 2025 by the Veterans Health Administration’s (VHA’s) National AI Institute (NAII) and VA’s Office of Information and Technology’s Chief AI Officer (CAIO) team without a formalized governance relationship.

The Office of Information and Technology defines generative AI as “systems that can rapidly create synthetic text, images, source code, and other forms of media.”³ VA provides two general-purpose chat tools for work that may involve patient information: VA GPT and Microsoft 365 Copilot Chat. (At the time of the OIG’s review, neither AI chat tool had access to web search; therefore, the chat tools’ knowledge base was not current. VHA has since reported that Copilot Chat web search is enabled.) Users supply a prompt (an instruction to the AI) along with clinical information and the AI creates output. In a sample of clinical prompts shared by VA staff, the OIG identified that drafting of clinical notes and summarization of patient care were most common.

Results

Availability and Clinical Use of AI Chat Tools

VA staff demonstrated broad engagement with the use of AI chat tools. AI-focused Microsoft Teams channels hosted by NAII and CAIO showed substantial engagement from VA staff. Over a 90-day period (October 9, 2025–January 6, 2026), CAIO’s AI Teams site had 10,997 active users, 1,303 posts/replies, and 1,933 reactions, while NAII’s site had 4,835 active users, 585 posts/replies, and 1,043 reactions.

While these chat tools are not designed specifically for clinical use, VA provides clinical users with general training and resources but does not centrally curate or evaluate prompts, nor their

¹ Due to a government shutdown and furlough, the review team ceased work from October 20 through November 12, 2025.

² VA OIG, [Review of VHA’s Use of Generative Artificial Intelligence](#), Report No. 26-00182-42, January 15, 2026.

³ VA Office of Information and Technology, *Joint Information Bulletin: Current Guidance for Generative AI Models at VA*, July 2023.

generative output that could be applied to clinical decision-making. During the review of an internal prompt-sharing application hosted by CAIO's Teams site, the OIG identified 135 prompts, 79 of which were clinical. Of note, studies of generative AI use for the medical domain have found prompt techniques can play a critical role in output errors that could influence patient diagnosis and management.⁴

Managing AI That Can Affect Patient Safety

Public and private entities have published external guidance on safe AI use. VA's *Joint Information Bulletin: Current Guidance for Generative AI Models at VA* states that generative AI "introduces new risks and unknown consequences that can have a significantly negative impact on the privacy and safety of Veterans."⁵ The American Medical Association noted, "patients and physicians will need assurances that it is providing safe, accurate, non-discriminatory answers."⁶

The Office of Management and Budget's 2025 memorandum, "Accelerating Federal Use of AI through Innovation, Governance, and Public Trust" requires agencies to identify high-impact AI use and implement requirements to manage risk.⁷ Office of Management and Budget guidance instructs agencies to reduce unnecessary barriers in AI implementation.⁸

VA did not identify VA GPT or Copilot Chat as use cases that required minimum risk management actions. During interviews, VA leaders described these tools as analogous to search engines and emphasized user-level responsibility.

In contrast to the VA GPT and Copilot Chat AI tools, VA identified Ambient AI Scribe, a targeted clinical documentation tool with functionality similar to clinical documentation prompts

⁴ Elham Asgari et al., "A Framework to Assess Clinical Safety and Hallucination Rates of LLMs for Medical Text Summarisation," *NPJ Digital Medicine* 8 (2025): 274, accessed December 10, 2025, <https://doi.org/10.1038/s41746-025-01670-7>.

⁵ VA Office of Information and Technology, *Joint Information Bulletin: Current Guidance for Generative AI Models at VA*.

⁶ "Augmented Intelligence in Medicine," American Medical Association, accessed January 7, 2026, <https://www.ama-assn.org/practice-management/digital-health/augmented-intelligence-medicine>.

⁷ Director for Office of Management and Budget (OMB), "Accelerating Federal Use of AI through Innovation, Governance, and Public Trust," Memorandum for the Heads of Executive Departments and Agencies, No. M-25-21, April 3, 2025; Director for OMB, "Advancing Governance, Innovation, and Risk Management for Agency Use of Artificial Intelligence," Memorandum for the Heads of Executive Departments and Agencies, No. M-24-10, March 28, 2024. See the OMB memorandums for detailed definitions of rights- and safety-impacting (OMB Memorandum M-24-10) and high-impact (OMB Memorandum M-25-21).

⁸ Director for OMB, "Accelerating Federal Use of AI through Innovation, Governance, and Public Trust," memorandum.

VA staff used with the AI chat tools, as high-impact, triggering safety requirements such as ensuring pre-deployment testing of the AI tool and providing human oversight before use.⁹

Patient Safety Programs and Reporting

The inspection team found limited coordination between NAI/CAIO and the National Center for Patient Safety regarding clinical use of general-purpose AI chat tools. VHA relies on the Joint Patient Safety Reporting system to capture medical errors, close calls, and near misses. At present, there is no AI-specific reporting mechanism or labeling process to retrospectively identify AI-generated documentation.¹⁰

Without a way to tag or trace AI-generated documentation, VA cannot readily detect patterns, investigate AI-related safety events, or implement quality improvement processes that may lead to safer prompting.

OIG Impact

As a result of the OIG's preliminary result advisory memorandum, VA took steps to increase communication between the National Center for Patient Safety and NAI/CAIO. Additionally, VA engaged with the Defense Health Agency to enable patient safety reporting of AI-related events via the Joint Patient Safety Reporting system.

Recommendations

The OIG made three recommendations to the Under Secretary for Health related to addressing use and oversight of generative AI chat tools, evaluating AI chat tools as high impact and requiring safeguards, and integrating monitoring of AI-related risks into existing patient safety programs.

The OIG is aware of VA's transformation in VHA's management structure. The OIG will monitor implementation and focus its oversight efforts on the effectiveness and efficiencies of programs and services that improve the health and welfare of veterans and their families.

⁹ Director for OMB, "Accelerating Federal Use of AI through Innovation, Governance, and Public Trust," memorandum; "Minimum Risk Management Requirements," VA Office of Information and Technology, accessed December 9, 2025, [https://dvagov.sharepoint.com/sites/OIG54H/vaog_inspection/Nationals%20-%20National%20-%202025%20-%200000_8C09C8605224F0119989001DD803B4A4/Document%20Requests/Minimum%20Risk%20Management%20Practices%20Requirements%20\(1\).docx](https://dvagov.sharepoint.com/sites/OIG54H/vaog_inspection/Nationals%20-%20National%20-%202025%20-%200000_8C09C8605224F0119989001DD803B4A4/Document%20Requests/Minimum%20Risk%20Management%20Practices%20Requirements%20(1).docx). (This site is not publicly accessible.)

¹⁰ "Frequently Asked Questions," National Center for Patient Safety, accessed January 14, 2026, <https://www.patientsafety.va.gov/about/faqs.asp>.

VA Comments and OIG Response

The Under Secretary for Health concurred in principle with recommendation 1 and concurred with recommendations 2 and 3. The Under Secretary for Health provided action plans to develop guidance on requirements for clinical use of general-purpose AI chat tools and corresponding quality assurance processes, and described ongoing efforts to develop educational resources on AI governance and update patient safety reporting systems (see appendix B). The OIG will follow up on the planned and recently implemented actions to ensure that they have been effective and sustained.



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Abbreviations

AI	artificial intelligence
CAIO	Chief AI Officer
IT	Information technology
NAII	National AI Institute
NCPS	National Center for Patient Safety
OIG	Office of Inspector General
VHA	Veterans Health Administration



Introduction

The VA Office of Inspector General (OIG) conducted a national review to address VA’s use of generative artificial intelligence (AI) chat tools for clinical care and documentation. After initiating the review on October 14, 2025, the OIG completed the last interview on February 2, 2026, and the analysis of evidence on February 5, 2026.¹ The OIG published a preliminary result advisory memorandum, *Review of VHA’s [Veterans Health Administration’s] Use of Generative Artificial Intelligence*, identifying a patient safety risk with generative AI use, on January 15, 2026.²

Background

Generative AI

VA’s Office of Information and Technology defined generative AI in its *Joint Information Bulletin: Current Guidance for Generative AI Models at VA* as “systems that can rapidly create synthetic text, images, source code and other forms of media.”³ Chat tools are a form of generative AI that use customizable instructions from users, known as prompts, to create output. The output can vary significantly based on the quality of the prompt.

VA provides staff with access to multiple AI chat tools, including two general-purpose AI chat tools for use with patient health information: VA GPT and Microsoft 365 Copilot Chat. At the time of the OIG’s review, neither AI chat tool had access to web search; therefore, the chat tools’ knowledge base was not current.⁴ VHA has since reported that Copilot Chat web search is enabled.

To use the AI chat tools for clinical care and documentation, VHA users input clinical information along with a prompt, an application of generative AI referred to as *document-grounded generation*.⁵ (See figure 1.)

¹ Due to a US government shutdown and furlough, the review team ceased work from October 20 through November 12, 2025.

² VA OIG, [Review of VHA’s Use of Generative Artificial Intelligence](#), Report No. 26-00182-42, January 15, 2026.

³ VA Office of Information and Technology, *Joint Information Bulletin: Current Guidance for Generative AI Models at VA*, July 2023.

⁴ VA GPT is a general use AI chat tool created by VA. Microsoft 365 Copilot chat is a general use AI chat tool that the VA provides to all VA staff. VHA Digital Health Office, *VA GPT: Appropriate Use in Clinical Settings*, Draft/Pre-Decisional Guidance.

⁵ Shrimai Prabhumoye et al., “Focused Attention Improves Document-Grounded Generation,” *Proceedings of the 2021 Conference of the North American Chapter of the Association for Computational Linguistics: Human Language Technologies (NAACL-HLT 2021)*, June 2021, <https://doi.org/10.48550/arXiv.2104.12714>.

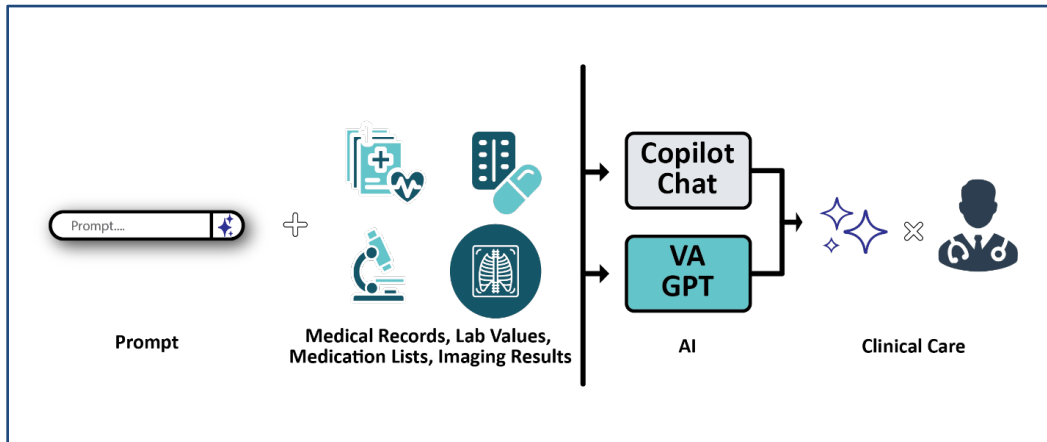


Figure 1. Process of document-grounded AI generation.
 Source: OIG analysis.

VA Entities Overseeing AI Efforts

VA’s AI efforts for health care were coordinated in 2025 between VHA’s National AI Institute (NAII) and VA’s Office of Information and Technology’s Chief AI Officer (CAIO) team without a formalized governance relationship.⁶ NAII describes its goal as “harnessing the potential of AI and emerging technologies to deliver safe, effective, and trustworthy solutions.”⁷ The CAIO team describes its mission as ensuring “that Veterans benefit from advancements in artificial intelligence.”⁸

NAII and CAIO support the use of general-purpose AI chat tools for clinical care and documentation through tip sheets, hosted storage of uncurated prompt libraries, presentations on generative AI use in health care, management of generative AI-focused Microsoft Teams sites, and Teams chat channel participation. VHA program office and field staff pursue independent AI development and acquisition efforts that may proceed in consultation with NAII and/or CAIO, but do not require formal approval.

The VHA IT [information technology] Committee is a separate body responsible for making recommendations to the Healthcare Operations Council, Governance Board, and GB [Governance Board] Executive Committee on all VHA strategy-related IT matters. The VHA IT Committee also announced the establishment of a VHA Artificial Intelligence in Healthcare Workgroup in January 2026 during the OIG’s inspection.

⁶ NAII functions under VHA’s Digital Health Office. The OIG acknowledges the dedication and expertise of the two small teams at NAII and CAIO that are advancing the use of generative AI for clinical purposes.

⁷ “National AI Institute,” VA Artificial Intelligence, accessed January 21, 2026, <https://department.va.gov/ai/naii/>.

⁸ “Our Mission,” Office of Information and Technology CAIO Team, accessed January 21, 2026, <https://dvagov.sharepoint.com/sites/oitchiefaiofficerteam/SitePages/Our-Mission.aspx>. (This site is not publicly accessible.)

Guidance and Implementation Considerations for Generative AI

VA's *Joint Information Bulletin: Current Guidance for Generative AI Models at VA* identifies that generative AI “introduces new risks and unknown consequences that can have a significantly negative impact on the privacy and safety of Veterans.”⁹ Although not specific to healthcare settings, a recommendation in the bulletin identifies a need to offer “clear guidance and guardrails” to ensure AI is safely deployed.¹⁰

Other public and private entities have published external guidance on safe AI use. The Office of the National Coordinator for Health Information Technology in the Department of Health and Human Services published the 2025 SAFER guides, which include details on organizational responsibilities for the use of generative AI. The guides call for “real-world testing and monitoring with local data” and inclusion of AI experts, such as data scientists, on oversight committees.¹¹

The Joint Commission (an organization that sets healthcare quality and safety standards and partners with VHA to accredit and certify its medical facilities) and Coalition for Health AI issued a 2025 publication outlining seven core elements for the responsible use of AI in health care.¹² These include:

- Establishing formal AI governance structures
- Ensuring patient privacy and transparency
- Implementing data security and use protections
- Conducting ongoing quality monitoring
- Enabling voluntary, blinded reporting of AI-related safety events
- Performing risk and bias assessments
- Providing education and training for healthcare staff

⁹ VA Office of Information and Technology, *Joint Information Bulletin: Current Guidance for Generative AI Models at VA*, July 2023.

¹⁰ Kimberly McManus and Varoon Mathur, “Consideration for Using Large Language Models at VA,” VA Office of Information and Technology, Office of the Chief Technology Officer Position Paper, May 30, 2023.

¹¹ The Office of the National Coordinator for Health Information Technology in the Department of Health and Human Services identifies itself as “the principal federal entity charged with coordination of nationwide efforts to implement and use the most advanced health information technology and the electronic exchange of health information.” The 2025 SAFER Guides include eight guides that enable healthcare organizations to address safety of electronic health records in multiple areas; “About ASTP/ONC,” Office of the National Coordinator for Health Information Technology, accessed January 28, 2026, <https://healthit.gov/about/>; “SAFER Guides,” Office of the National Coordinator for Health Information Technology, accessed January 28, 2026, <https://healthit.gov/clinical-quality-and-safety/safer-guides/#safer-guide-measures>.

¹² The Joint Commission and Coalition for Health AI, *Responsible Use of AI in Healthcare*, September 17, 2025.

The guidance emphasizes that AI tools must be integrated into healthcare settings with clear oversight and safeguards to mitigate risks. It also highlights the importance of aligning AI use with ethical standards, regulatory frameworks, and patient safety goals.

Additionally, the American Medical Association identified the “many regulatory gaps” in overseeing the use of generative AI. Recognizing the expected growth of its use, the American Medical Association noted, “patients and physicians will need assurances that it is providing safe, accurate, non-discriminatory answers.”¹³

Results

1. Generative AI Tools for VHA Clinical Care and Documentation

*VA provides VHA staff with two general-purpose AI chat tools and facilitates their clinical use.*¹⁴ VA GPT and Copilot are available to VA staff. However, there is no means to measure their breadth of use for clinical care and documentation. AI-focused Teams sites hosted by the National AI Institute (NAII) and the Chief AI Officer (CAIO) provide an indicator of the popularity of AI chat tool use (see table 1). In addition to hosting AI-focused Teams sites, VA facilitates staff use of general-purpose AI chat tools for clinical care through regular online presentations and trainings on generative AI use for health care as well as drafting and sharing instructions for prompt authoring, large language model use, and clinical documentation using VA GPT.

Table 1. Sample of NAII and CAIO AI Teams Site Use

VA Entity and Teams Site	Active Users	Posts and Replies	Reactions
CAIO: VA GPT feedback & discussion	10,997	1,303	1,933
NAII: AI@VA	4,835	585	1,043

Source: VA Microsoft Teams analytics.

Note: 90-day use, October 9, 2025, through January 6, 2026.

VA does not curate AI chat tool prompts used by VHA staff for clinical care and documentation. However, the NAII and CAIO Teams sites serve as forums for sharing prompts. For example, two VHA staff created an application hosted on the CAIO AI Teams site that enables users to upload and share their prompts for use with VA GPT and Copilot Chat. Of the 135 prompts uploaded and shared in the app—which the OIG considers to be a sample of all VA

¹³ “Augmented Intelligence in Medicine,” American Medical Association, <https://www.ama-assn.org/practice-management/digital-health/augmented-intelligence-medicine>.

¹⁴ The OIG’s use of the present tense in the report reflects activities current as of the time of the national review.

user-generated prompts—the OIG categorized 79 as clinical (56 for clinical notes, 17 for summarization, and 6 for another purpose).

General use AI chat tools introduce opportunities for error and risk to patient safety in VA.

Authoring a prompt for clinical care or documentation using VA GPT or Copilot Chat presents opportunities for error. While CAIO and NAII have authored tips and suggestions for prompts, their resources are not prescriptive. As one VA AI leader shared, “VAGPT and Copilot Chat are not purpose-built as clinical solutions.”

Studies of generative AI use for the medical domain have found prompt techniques play a critical role in output errors such as hallucinations (when an AI system creates output that it presents as factually correct even though it is false or fabricated). A study of AI chat for clinical documentation generated a hallucination rate of 1.5 percent, with 44 percent of those considered major—meaning they may have had an impact on patient diagnosis and management if left uncorrected. Further, the output omission rate of sentences with relevant clinical information was 3.5 percent, with 17 percent considered major.¹⁵ VA’s limited oversight of VA GPT and Copilot clinical use could lead to significant and preventable patient safety errors. Implementation of an organized approach to refining, optimizing, and testing prompts for error rates could improve chat tool output and reduce patient safety risks.¹⁶

2. Identification and Management of High-Impact AI

VA identifies and manages high-impact AI use cases. AI use is considered high-impact when it serves as “a principal basis for decisions or actions with legal, material, binding or significant effect on ... human health and safety.” The Office of Management and Budget also includes “patient diagnosis, risk assessment, or treatment” as examples of high-impact healthcare uses.¹⁷

As an example, VHA is piloting a tool, Ambient AI Scribe, which listens to clinical visits and drafts medical record notes. VA considers Ambient AI Scribe a high-impact use case and implements corresponding safeguards.¹⁸ Following the Office of Management and Budget’s

¹⁵ Elham Asgari et al., “A Framework to Assess Clinical Safety and Hallucination Rates of LLMs for Medical Text Summarisation,” *NPJ Digital Medicine* 8 (2025): 274, accessed December 10, 2025, <https://doi.org/10.1038/s41746-025-01670-7>.

¹⁶ Asgari et al., “A Framework to Assess Clinical Safety and Hallucination Rates of LLMs for Medical Text Summarisation.”

¹⁷ Director for Office of Management and Budget (OMB), “Advancing Governance, Innovation, and Risk Management for Agency Use of Artificial Intelligence,” Memorandum for the Heads of Executive Departments and Agencies, No. M-24-10, March 28, 2024; Director for OMB, “Accelerating Federal Use of AI through Innovation, Governance, and Public Trust,” Memorandum for the Heads of Executive Departments and Agencies, No. M-25-21, April 3, 2025. See the OMB memorandums for detailed definitions of rights- and safety-impacting (OMB Memorandum M-24-10), which was superseded by high-impact (OMB Memorandum M-25-21).

¹⁸ VA identified Ambient AI Scribe as rights- and safety-impacting in 2024 and high-impact in 2025, requiring safeguards. “2024 VA AI Use Case Inventory,” VA, accessed December 10, 2025, <https://department.va.gov/ai/ai-use-case-inventory/>.

2025 memo, “Accelerating Federal Use of AI through Innovation, Governance, and Public Trust,” which instructs agencies to implement minimum risk management actions for high-impact AI use, VA’s actions include:

- Conducting pre-deployment testing
- Completing AI impact assessment
- Conducting ongoing monitoring for performance and potential adverse impacts
- Ensuring adequate human training and assessment
- Providing additional human oversight, intervention, and accountability
- Offering consistent remedies or appeals
- Consulting and incorporating feedback from end users and the public¹⁹

VA did not identify VA GPT or Copilot Chat as high-impact use cases. This determination precluded the implementation of risk management actions, despite a majority of chat tool clinical prompts shared in the National AI Institute and Chief AI Officer AI Teams site having a similar function to that of Ambient AI Scribe. The OIG found that VA AI leaders equated use of AI chat tools to using a search engine. However, the OIG determined that this analogy is flawed. Unlike a search engine that finds links to websites, generative AI tools like VA GPT and Microsoft Copilot synthesize and transform sources to produce novel content, like drafting patient visit medical record entries from a transcript of a patient visit.

The Office of Management and Budget’s 2025 memo, “Accelerating Federal Use of AI through Innovation, Governance, and Public Trust” requires agencies to develop risk management practices for AI “proportionate to the anticipated risks from its use.” AI chat tools are not currently considered high-impact by VA. The OIG is concerned about VHA’s ability to promote and safeguard patient safety when these chat tools are used in clinical work without the same protocols implemented for Ambient AI Scribe—such as a feedback loop and a means to detect patterns, which could improve clinical use and prevent future patient safety events.

3. Generative AI Oversight and Implications for Patient Safety

VA AI leaders had not effectively coordinated with VHA’s National Center for Patient Safety. The OIG found limited coordination between the Chief AI Officer (CAIO)/National AI Institute

¹⁹ Director for OMB, “Accelerating Federal Use of AI through Innovation, Governance, and Public Trust,” memorandum; “Minimum Risk Management Requirements,” VA Office of Information and Technology, accessed December 9, 2025, [https://dvagov.sharepoint.com/sites/OIG54H/vaoig_inspection/Nationals%20-%20National%20-%202025%20-%200000_8C09C8605224F0119989001DD803B4A4/Document%20Requests/Minimum%20Risk%20Management%20Practices%20Requirements%20\(1\).docx](https://dvagov.sharepoint.com/sites/OIG54H/vaoig_inspection/Nationals%20-%20National%20-%202025%20-%200000_8C09C8605224F0119989001DD803B4A4/Document%20Requests/Minimum%20Risk%20Management%20Practices%20Requirements%20(1).docx). (This site is not publicly accessible.)

(NAII) and VHA’s National Center for Patient Safety (NCPS). CAIO and NAII leaders did not coordinate with NCPS in the fielding of AI chat tools for clinical use. The NCPS AI lead shared with the OIG that “patient safety should be involved ... even for awareness” but reported having only one meeting with VHA’s Digital Health Office regarding AI and “reach out attempts ... to connect in some capacity” that did not result in a joint work group.

In response to the OIG’s concerns, VA AI leaders initiated coordination with VHA’s National Center for Patient Safety. The OIG’s preliminary result advisory memorandum, *Review of VHA’s Use of Generative Artificial Intelligence*, published on January 15, 2026, led to initial actions. VA AI leaders added NCPS representation to the VHA AI Assessment Subcommittee, which is chartered separately from the VHA Artificial Intelligence in Healthcare Workgroup under the VHA IT Committee. Planned efforts include ongoing patient safety representation in AI governance and collaborative creation of a standardized definition of AI patient safety errors and patient safety education for reporting of AI-related events.

VA does not have processes or infrastructure to ensure AI patient safety communication and monitoring. VHA uses the Joint Patient Safety Reporting system, which standardizes the capture and data management of medical errors, close calls, and near misses.²⁰ The NCPS AI lead shared that the system is a joint platform between the Defense Health Agency in the Department of Defense and VHA. The NCPS AI lead shared that, in 2025, NCPS submitted a request to the Defense Health Agency to add AI to the Joint Patient Safety Reporting system drop-down list of patient safety issue causes, but no formal decision on tracking within the system was reached.

However, in response to the OIG’s concerns, VHA’s National Center for Patient Safety plans to update patient safety reporting to include AI-related errors. NCPS will coordinate with the Defense Health Agency to add an AI-specific category to a forthcoming Joint Patient Safety Reporting system update. Additionally, NCPS identified the need to recognize when AI is a contributing factor during root cause analysis. NCPS will develop an education campaign to encourage recognition of, and reporting on, AI-related patient safety events.

VA does not have a means of identifying records created with AI to retroactively identify potential patient safety concerns. The OIG completed a search of the Joint Patient Safety Reporting system—which receives approximately 180,000 submissions per year, according to the NCPS AI lead—for any mentions of AI and found none. The NCPS AI lead shared that a patient safety manager may enter a joint patient safety report with a different category based on a patient’s outcome and not identify the role of a generative AI tool in a patient safety incident, confirming “It’s very tricky. We don’t have the best answer yet.” The OIG is concerned with VHA’s ability to promote and safeguard patient safety without a standardized process for managing AI-related risks.

²⁰ “Frequently Asked Questions,” NCPS, accessed January 14, 2026, <https://www.patientsafety.va.gov/about/faqs.asp>.

VA leaders' emphasis on reducing barriers to innovation influenced oversight decisions. In OIG interviews, VA leaders described prioritizing rapid access to general-purpose AI chat tools over implementing safeguards deemed impractical. A VA AI leader shared with the OIG, “The guidance is to minimize unnecessary levels of bureaucratic oversight and ... push risk management down to the lowest reasonable level.” This leader’s view is consistent with the Office of Management and Budget memorandum, “Accelerating Federal Use of AI through Innovation, Governance, and Public Trust,” which directed the removal of “unnecessary and bureaucratic requirements that inhibit innovation.”²¹ However, as described above, the OIG is concerned this viewpoint does not acknowledge the high-impact use of AI chat tools by VA staff, resulting in insufficient risk management practices as prescribed by the same memo for “anticipated risks from [AI’s] use.”²²

Conclusion

VA has provided clinical staff with generative AI chat tools for clinical use without implementing oversight or safeguards, creating risks for patient safety and limiting the ability to monitor AI chat tool-related errors. The OIG found that VHA staff actively use these tools, but VA has not initially established governance structures or coordinated with NCPS to address potential risks. These gaps hinder VA’s ability to ensure safe and effective deployment of AI technologies in clinical settings. The OIG made recommendations to strengthen oversight, involve patient safety programs, and adopt risk management practices consistent with VA’s approach for other high-impact AI tools.

As a result of the OIG’s preliminary result advisory memorandum, VA took steps to increase communication between NCPS and the NAI/CAIO. Additionally, VA engaged with the Defense Health Agency to enable patient safety reporting of AI-related events via the Joint Patient Safety Reporting system. In response to the recommendations in this report, the Under Secretary for Health provided action plans to develop guidance on requirements for clinical use of general-purpose AI chat tools and corresponding quality assurance processes. The Under Secretary for Health also described ongoing efforts to develop educational resources on AI governance and update patient safety reporting systems.

The OIG is aware of VA’s transformation in VHA’s management structure. The OIG will monitor implementation and focus its oversight efforts on the effectiveness and efficiencies of programs and services that improve the health and welfare of veterans and their families.

²¹ Director for OMB, “Accelerating Federal Use of AI through Innovation, Governance, and Public Trust,” memorandum.

²² Director for OMB, “Accelerating Federal Use of AI through Innovation, Governance, and Public Trust,” memorandum.

Recommendations 1–3

1. The Under Secretary for Health reviews the Veterans Health Administration’s current use of generative AI chat tools, defines permissible clinical uses for general-purpose AI chat tools, oversight responsibilities, and risk mitigation, and outlines a plan for implementation.
2. The Under Secretary for Health evaluates whether safeguards applied to other high-impact AI tools, such as Ambient AI Scribe, should be adapted for generative AI chat tools used for clinical care and documentation.
3. The Under Secretary for Health oversees integration of AI-related risk monitoring into existing patient safety programs and ensures staff are trained to identify and report AI-related safety events.

Appendix A: Scope and Methodology

The OIG initiated the review on October 14, 2025, and completed the last interview on February 2, 2026.²³ The OIG completed evidence collection on February 4, 2026, and evidence analysis on February 5, 2026. The OIG published a preliminary result advisory memorandum on patient safety risks with generative AI on January 15, 2026.²⁴

The OIG reviewed relevant VA and federal policies and procedures, VA internal documents, internal communication, and meeting minutes. The OIG team interviewed leaders in VHA and the Office of Information and Technology.

The inspection team’s analyses relied on inspectors identifying significant information from evidence based on professional judgment, as supported by the Council of Inspectors General on Integrity and Efficiency’s standards.²⁵ During the preparation of this report, the inspection team used peer-reviewed standardized, structured, and evaluated prompts in Copilot Chat (Microsoft) to review inspection data such as interview transcripts, documents, questionnaire responses, and physical observations. After using this tool, the team confirmed fidelity of the generated output to the source material, edited the report, and took full responsibility for the content of the publication. All references are for original source material, not AI-generated content. Office of Healthcare Inspections teams do not use AI as the principal basis for decision-making or actions; therefore, the usage does not meet the definition of high-impact as laid out by Section 4(a) of the Office of Management and Budget Memorandum M-25-21, “Accelerating Federal Use of AI through Innovation, Governance, and Public Trust.”²⁶

Oversight authority to review the programs and operations of VA medical facilities is authorized by the Inspector General Act of 1978, as amended, 5 U.S.C. §§ 401–424. The OIG reviews available evidence within a specified scope and methodology and makes recommendations to VA leaders, if warranted. Findings and recommendations do not define a standard of care or establish legal liability.

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

²³ Due to the government shutdown and furlough, the review team ceased work from October 20 through November 12, 2025.

²⁴ VA OIG, *Review of VHA’s Use of Generative Artificial Intelligence*.

²⁵ Council of the Inspectors General on Integrity and Efficiency, *Quality Standards for Inspection and Evaluation*, December 2020.

²⁶ Director for the Office of Management and Budget, “Accelerating Federal Use of AI through Innovation, Governance, and Public Trust,” Memorandum for the Heads of Executive Departments and Agencies, M-25-21, April 3, 2025.

Appendix B: Office of the Under Secretary for Health Memorandum

Department of Veterans Affairs Memorandum

Date: May 19, 2026

From: Under Secretary for Health (10)

Subj: Department of Veterans Affairs (VA) Office of Inspector General (OIG) Draft Report, Review of Generative Artificial Intelligence Chat Tools for Clinical Use

To: Assistant Inspector General for Healthcare Inspections (54)

1. Thank you for the opportunity to review and comment on OIG's draft report, Review of Generative Artificial Intelligence Chat Tools for Clinical Use. The Veterans Health Administration (VHA) concurs in principle with recommendation 1 and concurs with recommendations 2 and 3 made to the Under Secretary for Health. The associated action plan is attached.
2. VHA greatly values the OIG's assistance in ensuring that all stakeholders are unified in supporting VHA's vision of providing all Veterans with access to the highest quality care. Your collaboration is instrumental in helping us achieve our commitment to excellence in health care services for Veterans.
3. Comments regarding the contents of this memorandum may be directed to the GAO OIG Accountability Liaison Office at vacovha10oicoig@va.gov.

(Original signed by:)

John J. Bartrum, JD, MBA

[OIG comment: The OIG received the above memorandum from VHA on May 19, 2026.]

Office of the Under Secretary for Health Response

Recommendation 1

The Under Secretary for Health reviews the Veterans Health Administration’s current use of generative AI chat tools, defines permissible clinical uses for general-purpose AI chat tools, oversight responsibilities, and risk mitigation, and outlines a plan for implementation.

Concur in Principle

Nonconcur

Target date for completion: April 2027

Under Secretary for Health Comments

Veterans Health Administration’s (VHA) Artificial Intelligence (AI) in Healthcare Workgroup, co-chaired by the VHA National AI Institute and Department of Veterans Affairs (VA) Chief AI Office, will develop guidance in collaboration with VHA’s AI Assessment Subcommittee and Veterans Integrated Service Network (VISN)-level AI leadership to determine requirements for staff use of general-purpose generative AI tools in clinical contexts as well as technical and procedural controls needed to enforce appropriate use guidance. This guidance will establish quality assurance regimes and staff responsibilities for specified applications of generative AI tools, including prerequisites for deployment such as pre-deployment performance assessments, impact assessment development, ongoing monitoring, use case-specific education and upskilling, and transparency mechanisms, as well as penalties for inappropriate use of generative AI tools. Progress will be reported to the Undersecretary for Health through AI in Healthcare Workgroup reports to the Information Technology Committee (ITC).

Recommendation 2

The Under Secretary for Health evaluates whether safeguards applied to other high-impact AI tools, such as Ambient AI Scribe, should be adapted for generative AI chat tools used for clinical care and documentation.

Concur

Nonconcur

Target date for completion: April 2027

Under Secretary for Health Comments

VHA’s AI in Healthcare Workgroup, co-chaired by the VHA National AI Institute and VA Chief AI Office, will develop guidance to ensure that general-purpose generative AI tools undergo appropriate initial and ongoing quality assurance activities (including pre-deployment

performance assessments, impact assessment development, ongoing monitoring, end user training and support, and transparency mechanisms) when used in clinical contexts. The agency list of such AI tools will be regularly updated as new capabilities become available to staff.

Recommendation 3

The Under Secretary for Health oversees integration of AI-related risk monitoring into existing patient safety programs and ensures staff are trained to identify and report AI-related safety events.

Concur

Nonconcur

Target date for completion: April 2027

Under Secretary for Health Comments

VHA's National AI Institute has engaged VHA's National Center for Patient Safety (NCPS) through formal governance channels (VHA's AI Assessment Subcommittee under the ITC) to develop educational resources for incorporating patient safety processes into AI governance activities. Through this collaboration, NCPS has provided VA's Chief AI Office with informational content to include in enterprise generative AI tool rollouts; this content has already been incorporated into support materials for upcoming generative AI product releases. Additionally, NCPS is leading efforts to update patient safety reporting systems to track AI-specific risks and incidents and will report progress to the Undersecretary for Health through the AI Assessment Subcommittee. Developments will also be reported to VHA field and program office leadership as well as Office of Information and Technology partners through VHA's AI in Healthcare Workgroup.

OIG Contact and Staff Acknowledgments

Contact	For more information about this report, please contact the Office of Inspector General at (202) 461-4720.
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Pursuant to Pub. L. 117-263, section 5274, codified at 5 U.S.C. § 405(g)(6), nongovernmental organizations and business entities identified in this report have the opportunity to submit a written response for the purpose of clarifying or providing additional context to any specific reference to the organization or entity. Comments received consistent with the statute will be posted on the summary page for this report on the VA OIG website.

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