



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

**Office of Healthcare Inspections**

**Report No. 13-00026-316**

**Community Based Outpatient  
Clinic Reviews  
at  
Sheridan VA Healthcare System  
Sheridan, WY**

**September 19, 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
HCS	Health Care System
IT	information technology
MH	mental health
MSDS	material data safety sheets
NC	noncompliant
NCP	National Center for Health Promotion and Disease Prevention
OIG	Office of Inspector General
OI&T	Office of Information & Technology
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
WH	women's health

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## Executive Summary

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

We conducted an onsite inspection of the CBOCs during the week of July 22, 2013.

The review covered the following topic areas:

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

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

VISN	Facility	CBOC Name	Location
19	Sheridan VA HCS	Casper	Casper, WY
		Riverton	Riverton, WY
<b>Table 1. Sites Inspected</b>			

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

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

- Ensure that patients with normal cervical cancer screening results are notified of results within the required timeframe and that notification is documented in the EHR.
- Ensure MSDS are kept current at the Casper and Riverton CBOCs and that staff is trained in accessing MSDS for hazardous chemicals in the clinical area at the Casper CBOC.
- Require managers to ensure all exit routes are clearly identified at the Riverton CBOC.
- Ensure testing of the panic alarm system is documented at the Casper and Riverton CBOCs.

- Ensure the Chief of OI&T implements required measures at the Casper CBOC.
- Ensure EOC deficiencies are tracked, trended, and corrected at the Casper and Riverton CBOCs.

## Comments

VISN and Facility Directors concurred with our recommendations and provided an acceptable improvement plan. (See Appendixes A and B, pages 11-14, 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 CBOCs. Two CBOCs were randomly selected from the 56 sampled parent facilities, with sampling probabilities proportional to the numbers of CBOCs eligible to be inspected within each of the parent facilities.<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 facility's 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>7</sup>	CBOC Size <sup>8</sup>
19	Sheridan VA HCS	Casper (Casper, WY)	Urban	2,651	15,383	Mid-Size
		Gillette (Gillette, WY)	Rural	1,126	4,957	Small
		Powell (Powell, WY)	Highly Rural	1,366	5,032	Small
		Riverton (Riverton, WY)	Highly Rural	2,447	9,868	Mid-Size
		Rock Springs (Rock Springs, WY)	Highly Rural	1,586	8,874	Mid-Size

**Table 2. Profiles**

<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> 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>9</sup> Each year, approximately 12,000 women in the United States are diagnosed with cervical cancer.<sup>10</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>11</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 20 patients who received a cervical cancer screening at the Sheridan VA HCS's 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 19 EHRs of patients who had normal cervical cancer screening results and determined that 2 patients were not notified within the required 14 days from the date the pathology report became available.

<sup>9</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>10</sup> U.S. Cancer Statistics Working Group, *United States Cancer Statistics: 1999-2008 Incidence and Mortality* Web-based report.

<sup>11</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>12</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.

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

Generally the CBOCs assigned to the Sheridan VA HCS were compliant with the review areas; therefore, we made no recommendations.

<sup>12</sup> VHA Handbook 1120.05, *Coordination and Development of Clinical Preventive Services*, October 13, 2009.

## 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>Casper</b>	<b>Riverton</b>
<b>VISN</b>	19	19
<b>Parent Facility</b>	Sheridan VA HCS	Sheridan VA HCS
<b>Types of Providers</b>	Licensed Clinical Social Worker Physician Assistant Primary Care Physician Psychiatrist	Clinical Nurse Specialist Licensed Clinical Social Worker Primary Care Physician
<b>Number of MH Uniques, FY 2012</b>	605	288
<b>Number of MH Visits, FY 2012</b>	3,473	2,271
<b>MH Services Onsite</b>	Yes	Yes
<b>Specialty Care Services Onsite</b>	Cardiology	WH
<b>Ancillary Services Provided Onsite</b>	Electrocardiogram Laboratory	Electrocardiogram Laboratory
<b>Tele-Health Services</b>	Cardiology Dermatology MH Retinal Imaging	Dermatology MH Primary Care Retinal Imaging
<b>Table 5. Characteristics</b>		

## 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>13</sup> Table 6 shows the areas reviewed for this topic.

<b>NC</b>	<b>Areas Reviewed</b>
	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.

<sup>13</sup> VHA Handbook 1100.19.

NC	Areas Reviewed (continued)
	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>	

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 CBOCs identified as NC needed improvement. Details regarding the findings follow the table.

NC	Areas Reviewed
	The CBOC was Americans with Disabilities Act-compliant, including: parking, ramps, door widths, door hardware, restrooms, and counters.
	The CBOC was well maintained (e.g., ceiling tiles clean and in good repair, walls without holes, etc.).
	The CBOC was clean (walls, floors, and equipment are clean).
Casper Riverton	MSDS were readily available to staff.
	The patient care area was safe.
	Access to fire alarms and fire extinguishers was unobstructed.
	Fire extinguishers were visually inspected monthly.
Riverton	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.
Casper Riverton	Panic alarms were maintained and tested to ensure operation.
	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.
	Staff used two patient identifiers for blood drawing procedures.

NC	Areas Reviewed (continued)
Casper	IT security rules were adhered to.
	There was alcohol hand wash or a soap dispenser and sink available in each examination room.
	Sharps containers were less than 3/4 full.
	Safety needle devices were available for staff use (e.g., lancets, injection needles, phlebotomy needles).
Casper Riverton	The CBOC was included in facility-wide EOC activities.
<b>Table 7. EOC</b>	

**MSDS.** The Occupational Safety and Health Administration<sup>14</sup> require that facilities maintain current MSDS for each hazardous chemical used in the clinical area and that this information is available to staff in their work area. We found that the hard copy information at the Casper and Riverton CBOCs was not current and staff could not access the online information at the Casper CBOC.

**Exit Signs.** VHA requires that every exit be clearly visible or the route to reach every exit be conspicuously indicated.<sup>15</sup> The Riverton CBOC had hallways that lead to an exit; however, the exit was not visible from all vantage points, and the routes to the exits were not identified.

**Panic Alarms.** The Casper and Riverton CBOCs provide MH services and have panic alarms.<sup>16</sup> CBOC staff indicated that panic alarm testing does not occur at the Casper and Riverton CBOCs.

**IT Security.** According to VA, an access log for the IT closet must be maintained that includes name and organization of the person visiting, signature of the visitor, form of identification, date of access, time of entry and departure, purpose of visit, and name and organization of person visited. Lack of oversight for IT space access could lead to potential loss of secure information. At the Casper CBOC all staff had unrestricted access to the key to the IT closet. Additionally, an access log to this area was not maintained.

**EOC Deficiencies.** While there is evidence that EOC rounds are conducted at the CBOCs, identified deficiencies did not have a target date for completion and remained unresolved. We found an examination table with torn fabric at the Casper CBOC and non-functioning exit and emergency lights at the Riverton CBOC.

<sup>14</sup> Occupational Safety and Health Administration 1910.1200(g)(8)(10).

<sup>15</sup> NFPA 1, Fire Code, 2012 Edition, General Requirements, Chapter 4.

<sup>16</sup> VHA Directive 2012-026, *Sexual Assaults & Other Defined Public Safety Incidents in VHA Facilities*, September 27, 2012.

**Recommendations**

2. We recommended that MSDS are kept current at the Casper and Riverton CBOCs and that staff is trained in accessing MSDS for hazardous chemicals in the clinical area at the Casper CBOC.
3. We recommended that managers ensure all exit routes are clearly identified at the Riverton CBOC.
4. We recommended that testing of the panic alarm system is documented at the Casper and Riverton CBOCs.
5. We recommended that the Chief of OI&T implements required measures at the Casper CBOC.
6. We recommended that EOC deficiencies are tracked, trended, and corrected at the Casper and Riverton CBOCs.

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>17</sup> Table 8 shows the areas reviewed for this topic.

<b>NC</b>	<b>Areas Reviewed</b>
	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>	

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

<sup>17</sup> VHA Handbook 1006.1.

**VISN 19 Director Comments****Department of  
Veterans Affairs****Memorandum**

**Date:** August 26, 2013

**From:** Director, VISN 19 (10N19)

**Subject:** **CBOC Reviews at Sheridan VA HCS**

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

1. I have reviewed the OIG Community Based Outpatient Clinic Reviews at the Sheridan VA Healthcare System and concur with the responses as provided by the Medical Center Director.
2. If you have any questions or would like to discuss this response, please contact Ms. Susan Curtis, VISN 19 HSS at 303-639-6995.



Ralph T. Gigliotti, FACHE

## Sheridan VA HCS Director Comments

Department of  
Veterans Affairs

Memorandum

**Date:** August 26, 2013  
**From:** Director, Sheridan VA HCS (666/00)  
**Subject:** **CBOC Reviews at Sheridan VA HCS**  
**To:** Director, VISN 19 (10N19)

1. After reviewing this report, I concur with the identified findings.
2. The Sheridan VA Healthcare System has developed and implemented the following action plans with designated anticipated completion dates.
3. If you have any questions or would like to discuss this response, please contact me at 307-675-3675.



Debra L. Hirschman

## 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 26, 2013

The Women's Health (WH) primary care providers at the Sheridan VA Healthcare System (SVAHCS) are responsible for notifying their patients of normal cervical cancer screening results no later than 14 calendar days from the date on which the results are available to the ordering practitioner and documenting notification in CPRS. MCM 11-46, Cervical Cancer Screening, describes the process for quality assurance of monitoring cervical cancer screening results. In addition, the Women Veterans Program Manager or her designee receives a view alert message for all cervical cancer screens performed in the SVAHCS catchment area for tracking of compliance by WH Providers to relay test results to their patients and document notification in CPRS. Monitoring of cervical cancer screening results notification and documentation will be reported quarterly to the Medical Executive Board.

2. We recommended that MSDS are kept current at the Casper and Riverton CBOCs and that staff is trained in accessing MSDS for hazardous chemicals in the clinical area at the Casper CBOC.

Concur

Target date for completion: October 31, 2013

MSDS inventory lists for the Casper and Riverton CBOCs have been updated. A point of contact at each CBOC has been designated to be responsible for review and update of the MSDS binders. Current Material Safety Data Sheets for products located at both clinics are available. Staff education for accessing MSDS for hazardous chemicals at the Casper CBOC is underway and will be completed by October 31, 2013.

3. We recommended that managers ensure all exit routes are clearly identified at the Riverton CBOC.

Concur

Target date for completion: October 31, 2013

All exit routes at the Riverton CBOC have been identified. CBOC management is working with the building owner to install two additional exit signs. Monitoring of exit signs will occur through the semi-annual EOC rounds at the Riverton CBOC.

**4.** We recommended that testing of the panic alarm system is documented at the Casper and Riverton CBOCs.

Concur

Target date for completion: October 31, 2013

The CBOC Security Plan Service Letter is being revised to reflect testing of the panic alarm systems at the Casper and Riverton CBOCs. Staff from each CBOC, in conjunction with the SVAHCS Safety Office, will conduct testing of the panic alarms a minimum of twice yearly. Documentation of CBOC panic alarm testing will be noted in the EOC Committee Meeting Minutes.

**5.** We recommended that the Chief of OI&T implements required measures at the Casper CBOC.

Concur

Target date for completion: October 31, 2013

The key to the IT closet at the Casper CBOC will be located in a secure area with access restricted to only a limited number of staff members. The access log for the IT closet will be maintained with name and organization of the person visiting the area, signature of the visitor, form of ID, date of access, time of entry and departure, purpose of visit and name of CBOC staff member who allowed access to the IT closet. Monitoring of IT closet access and log will occur at the semi-annual EOC rounds and randomly by CBOC management staff.

**6.** We recommended that EOC deficiencies are tracked, trended, and corrected at the Casper and Riverton CBOCs.

Concur

Target date for completion: November 29, 2013

Environment of Care deficiencies are identified through EOC rounds at the Casper and Riverton CBOCs as well as through work orders initiated by clinic management. Tracking of EOC deficiencies is done by the SVAHCS Safety Manager and documented through EOC Surveys and EOC Committee meeting minutes. A target date for completion with follow-up documentation that deficiencies have been corrected will be included in the EOC meeting minutes.

## 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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