

**OVERSIGHT REVIEW, REPORT PROCESSING AND FOLLOW-UP ACTIVITIES
FOR THE OFFICE OF THE MEDICAL INSPECTOR**

1. PURPOSE: This directive describes the policy, procedures, and reporting requirements for the review and processing of reports from the Office of the Medical Inspector (OMI). It outlines the responsibilities not specifically identified in previous directives of Veterans Health Administration (VHA) field, network, and Department of Veterans Affairs (VA) Central Office organizations.

2. BACKGROUND: The Office of the Medical Inspector is an internal VHA office providing the Under Secretary for Health with oversight of the quality of VHA medical care. Reports from OMI are submitted to the Under Secretary for Health; the Under Secretary for Health has overall responsibility for ensuring VHA responsiveness to approved reports. OMI is responsible for ensuring that its reports are reviewed and processed in VHA for approval by the Under Secretary for Health. OMI also provides oversight for the implementation of approved recommendations; this implementation is primarily the responsibility of the Assistant Deputy Under Secretary for Health (10N), the appropriate Veterans Integrated Service Networks (VISNs), and field facilities.

3. POLICY: It is VHA policy that the OMI is responsible for providing review and processing of reports submitted to the Under Secretary for Health.

4. ACTION: VHA organizations must adhere to the following procedures for review and processing of OMI reports and must provide responses to the Medical Inspector within appropriate time frames.

a. **Inquiries by OMI.** The following describes the processes regarding an inquiry made by OMI.

(1) An inquiry by OMI can, in general, begin in one of three ways:

(a) OMI may be asked by a beneficiary and/or family member, a United States Congressman, a representative of a Veterans Service Organization, a VA and/or VHA official, or other interested person, to investigate a medical issue or process;

(b) The Under Secretary for Health may ask the OMI to examine a particular issue in health care; or

(c) OMI can initiate an inquiry related to the quality of care within VHA. Inquiries by OMI may involve reviews or investigations of medical care issues.

(2) Upon initiating an inquiry, OMI must notify the Under Secretary for Health, the Deputy Under Secretary for Health, the Assistant Deputy Under Secretary for Health, and other VHA Offices or Directors, as appropriate.

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(3) The issue to be examined can be addressed using several methods including, but not limited to: medical chart reviews, document reviews, telephonic consultation, e-mail exchanges, literature reviews, consultation with experts, surveys, data gathering and analysis, and/or site visits.

(4) After an initial review of the issue, OMI will determine whether or not the inquiry will lead to a Final Report; if so, the processing of the Report follows a specific path (see subpar. 4b). If the issue involves one or more VHA facilities or VISNs, OMI decides whether or not to conduct a site visit(s).

(5) If the issue involves particular VHA facilities or VISNs and a site visit is deemed unnecessary, OMI engages in extensive dialogue with the involved parties in order to fully address the issue. At the conclusion of these discussions, a set of recommendations is developed in a joint manner; the site and VISN are informed of the outcome. OMI briefs the Under Secretary for Health, or designee, on the investigative findings, and requests approval of the recommendations. The Under Secretary for Health is responsible for resolving any differences of opinion regarding these recommendations.

(6) Once a final set of recommendations has been approved, OMI oversees the development and completion of an implementation plan to be carried out under the auspices of the Assistant Deputy Under Secretary for Health. The plan, when successfully completed, will lead to a recommendation of OMI's closure of the issue. Depending on the nature and extent of the review, a Final Report to the Under Secretary for Health may be generated (see subpar. 4b).

(7) A site visit is generally reserved for potentially more serious clinical issues where direct observation of the health care environment is required to assess the situation. During a site visit, OMI staff strive to work closely with facility personnel and/or VISN staff in investigating the problem and in developing recommendations for improvement. OMI shares preliminary findings, conclusions, and possible recommendations with local facility and VISN staff prior to leaving the site. Inquiries involving a site visit generally lead to a Final Report, depending on the findings (see subpar. 4b).

(8) Other OMI inquiries may involve examination of systemic issues within VHA that usually require surveys, data gathering and analysis, or examination of various existing databases to resolve the issue and propose recommendations. These inquiries may also result in a Final Report (see subpar. 4b). In some instances, whether or not there is a Final Report, these inquiries may lead to periodic dissemination of information to VHA on the quality of medical care.

b. **Final Reports.** The following procedures result in a Final Report.

(1) When OMI decides upon a Final Report, several steps are followed. First is the production of a Draft Report with specific recommendations for improvement. A Draft Report is for official review, comment, and revision. *NOTE: For this reason, draft reports are not to be released outside VHA.*

(2) The Draft Report is distributed for comment to appropriate facilities, VISNs, and VHA offices selected by the OMI after discussion with the Under Secretary for Health, or designee. Comments are requested within 10 working days of receipt of the Draft Report. Comments are to include a statement of concurrence or non-concurrence for each recommendation. If there is non-concurrence on a recommendation, specific reason(s) for the non-concurrence must be provided. OMI then incorporates the comments into the Draft Report, as appropriate, and produces a Final Report for submission to the Under Secretary for Health.

(3) The Under Secretary for Health reviews the Final Report and resolves any issues with the recommendations. Upon approval by the Under Secretary for Health, the recommendations are summarized in an Acceptance Memorandum which is signed by the Under Secretary for Health and included in the Final Report. The Final Report then is complete and official.

(4) The Final Report is then transmitted as follows:

(a) The Under Secretary for Health provides copies of the Final Report to the Secretary of Veterans Affairs and VA's Inspector General.

(b) OMI must send copies of the report to the following offices:

1. Deputy Under Secretary for Health (10A1).
2. Assistant Deputy Under Secretary for Health (10N).
3. Chief Policy and Planning Officer (105).
4. Patient Care Services Officer (11).
5. VHA Freedom of Information Act (FOIA) Officer (193B2), who redacts the Final Report.
6. Appropriate facility, VISN, and VHA officials.

(5) If indicated, the Acceptance Memorandum may direct appropriate VHA facilities or VISNs (through the Assistant Deputy Under Secretary for Health, and/or VHA offices, through the Deputy Under Secretary for Health) to take certain actions or to develop an action plan for improvement based on the approved recommendations. In this instance, the signed Acceptance Memorandum is then sent to the Assistant Deputy Under Secretary for Health, or to other VHA office(s) for appropriate action. If an action plan is in order, it should be submitted within 15 working days of receipt of the Acceptance Memorandum. In such cases, OMI is responsible for providing advice, assistance, and oversight during the various phases of development and implementation of the plan.

(6) In those instances where there is an action plan for improvement, and the plan has been implemented, the facility, VISN, and/or VHA office determines whether sufficient progress has been made to satisfy the plan. The Assistant Deputy Under Secretary for Health (10N), or responsible VHA office, has the responsibility for tracking the action plan, and, when indicated, for providing status updates to OMI. When there has been sufficient progress to satisfy the

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intent of the recommendations, a request for closure will be generated. The closure document lists all of the recommendations and describes how they have been accomplished. This closure document is transmitted through the Assistant Deputy Under Secretary for Health in the case of a facility or VISN, or through the Deputy Under Secretary for Health in the case of a VHA Office, to the OMI for concurrence; and then transmitted to the Under Secretary for Health for approval. If the Under Secretary for Health agrees that all recommendations have been met, the inquiry is closed and all parties notified.

5. REFERENCES: None.

6. FOLLOW-UP RESPONSIBILITY: The Medical Inspector (10MI) is responsible for the content of this Directive.

7. RESCISSIONS: This VHA Directive rescinds all references to the Office of the Medical Inspector in VHA Directive 98-041, dated September 14, 1998, including Attachment F. This Directive expires March 31, 2007.

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