

March 28, 2008

INVESTIGATIVE REPORTS OF THE OFFICE OF THE MEDICAL INSPECTOR

1. PURPOSE: This Veterans Health Administration (VHA) Directive describes the policy, procedures, and reporting requirements for the review and processing of reports from the Office of the Medical Inspector (OMI).

2. BACKGROUND

a. Title 38 United States Code (U.S.C.) 4151; in Title II--Healthcare Administration and Personnel Matters, Part A--Administration, (a) (3) discusses the "Upgrading and expanding of the Office of the Medical Inspector...including increasing the number of employees assigned to such office on a full-time basis...to ensure the independence, objectivity, and accountability of that office." The intent of this legislation was directed at the improvement of the "quality assurance" programs of the Department of Medicine and Surgery (as VHA was then called) by adding staff to all the medical "quality assurance" functions of the Department of Medicine and Surgery (DM&S) and the Office of Inspector General (OIG). Congress increased the recurring base of the DM&S by approximately \$3 million for these purposes.

b. OMI, an internal office of VHA, provides oversight of the quality of medical care in VHA to the Under Secretary for Health. Under the direction of the Principal Deputy Under Secretary for Health (10A), OMI is responsible for ensuring that its reports are reviewed and processed in VHA for approval by the Under Secretary for Health. Once the Under Secretary for Health accepts these reports, the Deputy Under Secretary for Health for Operations and Management (10N) and the Veterans Integrated Service Network (VISN) that is the focus of the investigation are responsible for overseeing implementation of the recommendations. OMI monitors these actions.

c. OMI also conducts investigations of Department of Veterans Affairs (VA) health care at the national level. These investigations are broad in scope and involve examination of systemic issues within VHA. They usually require surveys, data gathering, and analysis or examination of various existing databases to resolve the issue and propose recommendations. Such investigations may result in a Final Report (see subpar. 4b) and, in some instances, lead to dissemination of information to all VA facilities on the quality of medical care.

3. POLICY: It is VHA policy that OMI is responsible for investigating the quality of VA health care and reporting its findings to the Under Secretary for Health.

4. ACTION: The following procedures, describing the steps for the investigation of quality of care issues and the processing of OMI reports, must be adhered to, and the responses must be provided to OMI within the appropriate timeframes.

THIS VHA DIRECTIVE EXPIRES MARCH 31, 2013

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a. **Investigations by OMI**

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

(a) OMI may be asked by a veteran or family member, a United States Congressman, a representative of a Veterans Service Organization, a VA official or another interested person to investigate a medical issue in response to a specific complaint.

(b) The Under Secretary for Health may ask OMI to examine a particular issue in VA health care.

(c) OMI can self-initiate an inquiry related to the quality of care within VHA.

(2) 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; or site visits.

(3) After an initial review of the issue, OMI determines whether or not the inquiry requires a site visit. *NOTE: Most site visits result in a report to the Under Secretary for Health (see subpar. 4b).*

(4) If the issue involves a particular VHA facility or VISN and a site visit is deemed unnecessary, OMI reviews the facts of the case, and engages in extensive dialogue with the involved parties in order to fully address the issue.

(5) At the conclusion of these discussions, OMI will make recommendations and inform the facility or VISN; and 10A will resolve any differences of opinion regarding these recommendations. Once all issues have been resolved to OMI's satisfaction, the case is closed.

(6) A site visit is necessary when direct observation of the medical center environment is required to assess the situation.

(a) During a site visit, OMI staff work closely with facility personnel or VISN staff to investigate the problem and to develop recommendations for resolution.

(b) OMI shares preliminary findings, conclusions, and possible recommendations with facility and VISN staff prior to leaving the site.

(c) OMI briefs 10A, or designee, within 5 business days of returning from the site visit.

b. **Investigative Reports**

(1) Within 30 days of returning from a site visit, the OMI produces a Draft Report which contains specific recommendations for improvement.

(a) Draft Reports are for official review and comment and subject to revision. For this reason, they are strictly controlled and shared only with select VHA and VA offices.

(b) The following offices must review and comment on OMI Draft Reports, and do so using an encrypted message in Microsoft Outlook: the Deputy Under Secretary for Health for Operations and Management (10N), which in turn disseminates the Draft Report to the subject VA medical center and VISN; the Office of Patient Care Services (11); the Office of Quality and Performance (10Q); the Office of Patient Safety (10X); the Office of Healthcare Inspections within the Inspector General's Office (54); and the Office of General Counsel (02). **NOTE:** *Other offices may be included in the review process on the basis of the issue(s) that prompted the investigation.*

(c) Comments or negative replies must be submitted using encrypted messages Microsoft Outlook, and are required to reach OMI within 14 calendar days of receipt of a Draft Report. The comments, as appropriate, are incorporated into the next iteration of the Report.

(2) Once OMI modifies the Draft Report, it becomes a Final Draft Report which is then sent to 10N and 02 for official concurrence in WebCIMS, VA's electronic data tracking system. Upon 02's and 10N's concurrence, the Office of Executive Correspondence (101B) obtains 10A's concurrence then presents the Final Draft Report to the Under Secretary for Health for approval.

(3) The Under Secretary for Health conducts a review of the report and resolves any outstanding issues. The Under Secretary for Health approves the report recommendations by issuing an Acceptance Memorandum to be inserted into the Final Draft Report, at which point the document becomes the Final Report. This Acceptance Memorandum may direct appropriate VA medical centers or VISNs (through 10N) or program offices (through 10A), to take certain actions and to develop an action plan for improvement based on the approved recommendations.

(4) When the VA medical center or program office receives OMI's Draft Report, they can begin developing an action plan to address the recommendations contained in the Report. The action plan can be submitted to 10N or 10A as soon as it is completed; however, it may need to be modified if, on the basis of comments received, OMI's recommendations change between the Draft Report and the Final Report. An official action plan must be submitted by the VA medical center or program office to OMI within 14 business days of receipt of the Final Report. OMI is responsible for providing advice, assistance, and oversight during the development of this action plan.

(5) In consultation with 10N or 10A, OMI reviews the facility's or program office's action plan. If the action plan adequately addresses all the recommendations, it is accepted and the facility or program office is informed of this action.

(6) OMI then prepares an Issue Brief for the Secretary of Veterans Affairs that summarizes the action plan and communicates OMI's position on each item in the plan. This Issue Brief must be completed and entered into WebCIMS within 14 calendar days of OMI's acceptance of the action plan.

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(7) Upon completion of the Issue Brief, OMI prepares a package for the Under Secretary for Health's signature that is forwarded to the Secretary of Veterans Affairs. This package consists of the following:

- (a) The Final Report,
- (b) Transmittal letters from the Under Secretary for Health to the Chair and members of the Congressional oversight committees,
- (c) A transmittal memorandum from the Under Secretary for Health to the Secretary of Veterans Affairs, and
- (d) An Issue Brief for the Secretary of Veterans Affairs.

(8) Once the Final Report is approved by the Secretary of Veterans Affairs, OMI coordinates distribution of the Report. The following offices receive an un-redacted copy of the Final Report:

- (a) The Under Secretary for Health (10).
- (b) The Principal Deputy Under Secretary for Health (10A).
- (c) The Deputy Under Secretary for Health for Operations and Management (10N).
- (d) Chief, Office of Patient Care Services (11).
- (e) Freedom of Information Act (FOIA) or Privacy Act (PA) Officer (193B2), who redacts the Final Report.
- (f) Chief, Quality and Performance Office (10Q).
- (g) Director, National Center for Patient Safety (10X).
- (h) The VA Office of Congressional and Legislative Affairs, which distributes copies of the Final Report to the Chairpersons and members of both the House and Senate Veterans Affairs Committees.
- (i) Office of Healthcare Inspections, VA Inspector General.
- (j) Other offices having the responsibility for any policy that was the subject of the report, or having the responsibility for carrying out any part of the action plan.

(9) All other requests for OMI Final Reports must be submitted to the VHA FOIA Officer who makes a legal determination as to what the requestor is entitled to receive, and who redacts the Final Report, as appropriate.

(10) Following distribution of the Final Report, 10N or 10A, as appropriate, has the responsibility for tracking action plans and, when indicated, for providing status updates to OMI.

(a) At the discretion of OMI or at the request of an appropriate official, OMI may elect to conduct a follow-up site visit to a VA medical center to ensure that all report recommendations have been fully implemented.

(b) When the intent of the recommendations have been completed and accepted, the OMI, with concurrence from 10N and 10A, initiates closure of the investigation by preparing a closure package that lists all of the recommendations and describes how they have been accomplished. This package is transmitted through 10N in the case of a VA medical center, or through 10A in the case of a Program Office, to the Under Secretary for Health for approval. If the Under Secretary for Health agrees that all recommendations have been met, the investigation is closed and all parties notified.

5. REFERENCES: Public Law 100-322, Veterans Benefits and Services Act of 1988 dated May 20, 1988.

6. FOLLOW-UP RESPONSIBILITY: The Medical Inspector (10MI) is responsible for the content of this Directive. Questions may be addressed to (202) 501-2000.

7. RESCISSION: VHA Directive 2002-017, dated March 29, 2002 is rescinded. This VHA Directive expires on March 31, 2013.

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Under Secretary for Health

DISTRIBUTION: CO: E-mailed 4/1/2008
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