



U.S. Department
of Veterans Affairs

Office of the General Counsel
Washington DC 20420

MAY 27 2014

In Reply Refer To:

The Honorable Carolyn Lerner
Special Counsel
U.S. Office of Special Counsel
1730 M. Street, NW, Suite 300
Washington, DC 20036-4505

RE: OSC File No. DI-13-2644

Dear Ms. Lerner:

Enclosed is the unredacted supplemental report for OSC File No. DI-13-2644. The redacted version was sent separately via email. We hereby request that your office publish the redacted version.

If you have any questions about this request, please contact Jennifer Gray in the Office of General Counsel at 202-461-7634.

Sincerely,

Renée L. Szybala
Acting Assistant General Counsel

Enclosures

Office of the Medical Inspector
Supplemental Report
To the
Office of Special Counsel
G.V. (Sonny) Montgomery VA Medical Center, Jackson, Mississippi
OSC File No. DI-13-2644

April 28, 2014

OMI TRIM # 2014-D-469

Background

The Under Secretary for Health (USH) requested that the Office of the Medical Inspector (OMI) investigate complaints lodged with the Office of Special Counsel (OSC) by a Veterans Affairs (VA) employee at the G.V. (Sonny) Montgomery VA Medical Center, Jackson, Mississippi (hereafter, the Medical Center). The anonymous whistleblower alleged that by relying on credentialing and privileging processes that were not in accordance with agency-wide and local facility policies, the Medical Center may have violated laws, rules, or regulations, engaged in gross mismanagement and an abuse of authority, and created a substantial and specific danger to public health and safety. The OMI conducted a site visit to the Medical Center on June 5–6, 2013. OMI's report was transmitted to OSC on August 13, 2013.

Based on its findings, OMI made three recommendations for the Medical Center, all endorsed by the USH. OMI then reviewed and concurred with the Medical Center's action plan in response to report recommendations. Two of these actions have been completed and one is ongoing as described below:

Recommendation 1: The Medical Center should revise its credentialing and privileging process to ensure that Clinical Executive Board (CEB) members all have equal access to the individual applicant's credentials and to the minutes of the Professional Standards Board (PSB) meetings, prior to the Director's approval. The future process must be compliant with Veterans Health Administration (VHA) policy, Medical Center bylaws, and local policy.

Resolution: The PSB's bi-weekly meeting agenda is shared with CEB members in advance so that they can review it, consider the credentials of the providers to be discussed, and decide whether to attend the meeting. The Medical Center is reviewing its current credentialing and privileging process as well as recent changes to bylaws and local policy for compliance with VHA Policy.

This action is ongoing.

Recommendation 2: The Medical Center should review the utilization and effectiveness of its electronic voting system within the privileging process and, if

retained, develop a policy that clearly describes the purpose and operation of this system.

Resolution: As of June 7, 2013, the CEB no longer uses the electronic voting system for privileging actions. Since that time, all voting has taken place at CEB meetings. **This action has been completed.**

Recommendation 3: The Medical Center should ensure that all signatures by the Director on privileging documents are dated.

Resolution: Since September 5, 2013, the Medical Director has been dating all privileging documents that require his signature. **This action has been completed.**

Other Issue

OSC's request for a supplemental report included reference to any recent changes in the status of two health care providers who had been identified in their referral letter to VA and addressed by OMI in its report.

VHA has taken no disciplinary action or other adverse action against these two providers. Currently, they are both privileged to practice at the Medical Center.