Department of Veterans Affairs
Office of Inspector General

Report No. 14-00750-143

Healthcare Inspection

Documentation of Patient Enrollment Concerns in Home Telehealth John D. Dingell VA Medical Center Detroit, Michigan

February 9, 2017

To Report Suspected Wrongdoing in VA Programs and Operations:
Telephone: 1-800-488-8244
E-Mail: vaoighotline@va.gov
Web site: www.va.gov/oig

Table of Contents

Executive Summary

The VA Office of Inspector General (OIG) conducted a healthcare inspection in response to allegations concerning the documentation of patient enrollment in home telehealth (HT) at the John D. Dingell VA Medical Center, (facility) Detroit, MI. Specifically, the concerns were:

- Documentation of enrollment in HT monitoring services was entered in the electronic health records (EHRs) of over 900 patients without their knowledge or consent from September 14, 2013, until October 1, 2013. Specifically, notes were written in patients' EHRs stating they were enrolled in and monitored by HT when they were not.

- "In order to make her numbers for the end of the FY [fiscal year]," the Associate Chief of Nursing Service required staff to work overtime (OT) for several weeks to produce documentation on the enrollment of patients in HT, regardless of whether these patients wanted to be enrolled or even contacted.

We substantiated that from September 14, 2013, until October 1, 2013, HT program staff entered documentation of monthly HT monitoring for 836 patients. We found that 828 of the 836 patients were not properly enrolled in HT. Monthly monitor notes, which generate workload encounters for the HT program, should reflect monitoring that occurred in the 30 days prior to the entering of the note. The 828 patients who were not properly enrolled had not been issued HT monitoring equipment and had not received HT monitoring in the 30 days prior to the entering of the note.

We substantiated that HT staff worked overtime (OT) hours from September 14, 2013, until October 1, 2013, for the purpose of initiating the enrollment process for new HT patients. The documentation included screening notes and monthly monitor notes that met the criteria for patient care encounters (workload) that contributed to the ability of the Associate Chief of Nursing Service for Specialty Services (ACNS) to meet one of two FY 2013 performance measures for telehealth services. These HT performance goals were part of the facility's and the ACNS' individual performance goals. For FY 2013, the ACNS received an award of $5,000 for her performance rating. The rating was based, in part, on achieving the number of HT patient care encounters, in addition to over 30 other objectives.

We substantiated that during the OT hours that HT staff worked on Sunday, September 29, 2013, and after regular working hours on Monday, September 30, 2013, they entered a total of 634 monthly monitor notes. With the number of monthly monitor notes entered during OT on these 2 days, the facility was able to meet and surpass its performance goal of 11,724 HT encounters. However, we found that HT staff were not required to work OT for several weeks to produce documentation on the enrollment of patients in HT program. Rather, HT staff informed us that they voluntarily worked OT to complete patient enrollment and clean up missing notes. We found that without the use of OT during the last 2 days of FY 2013, the facility would not have reached or surpassed its performance goal of 11,724 HT encounters.

We recommended that the Facility Director:

- Ensure that home telehealth staff be retrained and follow the Veterans Health Administration home telehealth process of care and documentation requirements.

- Ensure that documentation accurately reflects patients' home telehealth enrollment status as described in this report.

- Review the circumstances surrounding the entry of Home Telehealth Program monthly monitor notes in electronic health records of patients as discussed in this report with the Office of Human Resources and the Office of General Counsel and take appropriate action as necessary.

Comments

The Veterans Integrated Service Network and Facility Directors concurred with our recommendations and provided an acceptable action plan. (See Appendixes A and B, pages 13–16 for the Directors' comments.) Based on information we received with the facility's responses, we consider Recommendation 1 closed. We will follow up on the planned actions for Recommendations 2 and 3 until they are completed.

JOHN D. DAIGH, JR., M.D.
Assistant Inspector General for
Healthcare Inspections

Purpose

The VA Office of Inspector General (OIG) conducted a healthcare inspection in response to allegations concerning the documentation of patient enrollment in home telehealth (HT) at the John D. Dingell VA Medical Center (facility), Detroit, MI.

Background

Facility Profile. The facility is part of Veterans Integrated Service Network (VISN) 10 and is affiliated with the Wayne State University School of Medicine. It is a 264-bed full-service medical center that provides primary, secondary, and tertiary care. The facility provides acute medical, surgical, psychiatric, neurological, and dermatological inpatient care, as well as outpatient care at its main campus and at two community based outpatient clinics.

Veterans Health Administration Telehealth Services. In July 2003, the Veterans Health Administration (VHA) established Telehealth Services within the Office of Patient Care Services to support the development of new models of care in VA using health information technologies to address patient needs. The goal was to improve quality, convenience, and access to care for patients via health informatics, telehealth, and disease management technologies that enhance and extend care and case management.[1] The Office of VHA Telehealth Services is responsible for implementing telehealth throughout VA.[2]

According to the Office of VHA Telehealth Services' Home Telehealth Operations Manual (HT Operations Manual), the term *Home Telehealth* "applies to the use of telecommunication technologies to provide clinical care and promote patient self-management as an adjunct to traditional face-to-face care."[3] The exchange of health information between the veteran's home or other location to the VA care setting alleviates the constraints of time and distance.[4]

The definitions of HT from the HT Operations Manual are as follows:

> *Professional Definition: a program that applies care and case management principles to coordinate care using health informatics, disease management, and telehealth technologies to facilitate access to care and to improve the health of designated individuals and populations with the specific intent to provide the right care in the right place at the right time.[5]*

---

[1] *VHA Telehealth Services Home Telehealth Operations Manual*, April 15, 2013.
[2] Ibid.
[3] Ibid.
[4] Ibid.
[5] Ibid.

> *Patient Definition: a service that includes the use of new information technologies that connect people to healthcare services that help ensure the right care happens in the right place at the right time.*[6]

Steps in the HT Enrollment Process. The enrollment process begins with a consult referring a patient for an HT screening followed by a series of steps that involve contacting the patient, initiating dialogue to screen, assessing, and then monitoring for specific disease states under designated protocols. Although the patient's primary care provider (PCP) typically enters this consult, occasionally it is entered by an HT clinician who has identified a patient who would benefit from HT services. The PCP must sign the consult, regardless of who initiated the consult.[7]

The consult is to be completed within 7 days with an HT screening consult response note (screening note) that is linked to the consult. The screening note must include documentation indicating that the patient's EHRs was reviewed; whether the patient met the HT program criteria; and that the patient was contacted and evaluated for suitability, including willingness to fully participate in the program.[8]

For patients who meet the program criteria and agree to participate in the program during the screening, the next step is to complete the initial assessment and treatment plan with the patient over the telephone or during a face-to-face visit. The initial assessment must include documentation of the informed verbal consent of the patient and/or caregiver indicating willingness to participate fully in the HT program. The PCP must sign the initial assessment and HT treatment plan.[9]

If a patient is to be enrolled in HT, a number of additional steps are taken. The patient and/or caregiver must be educated on the type of technology that has been selected, and a technology education note must be completed. If the patient has a home caregiver, the Caregiver Burden Assessment must be completed. The patient must be enrolled/activated in the Veterans Health Information Systems and Technology Architecture (VistA) integration and the vendor site. In the vendor site, patients must be linked to the protocol for management of the disease for which they were enrolled in HT. The initial monthly note, often referred to as the monthly monitor note (MMN) or 683 note, must be entered. The Continuum of Care Form is completed upon enrollment for all HT patients.[10]

---

[6] *VHA Telehealth Services Home Telehealth Operations Manual*, April 15, 2013.
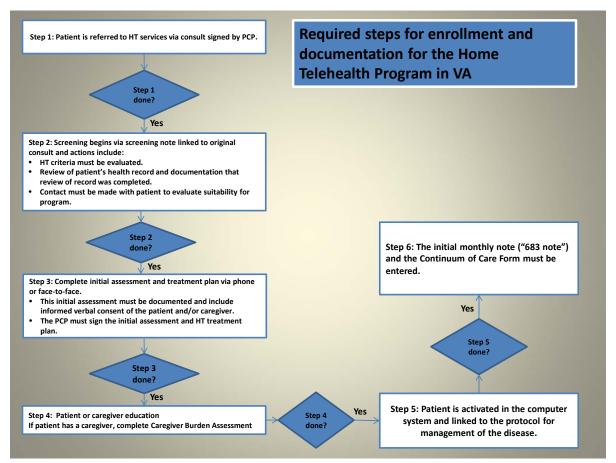[7] Ibid.
[8] Ibid.
[9] Ibid.
[10] Ibid.

Figure 1. Steps of HT Enrollment

Source: VA OIG Graphical Representation of the Enrollment Process from the VHA Telehealth Services Home Telehealth Operations Manual.[11]

The HT Operations Manual provides standard operational guidance and resources to implement, operate, and monitor the quality of HT services. Documentation and Patient Care Encounters are interrelated and explained by the excerpts from the manual.[12]

Documentation. As with any healthcare visit, intervention, or encounter, the clinical documentation of the event is very important. VHA Telehealth Services developed a comprehensive, user friendly, and accurate delivery model for documentation in the Computerized Record System (CPRS) for use by all Home Telehealth staff. It is vitally important to have documentation standardized for appropriate delivery of care to the Veterans, effective communications with other healthcare providers, ability to pull accurate data, and ease of Quality Management and chart reviewing.[13]

Patient Care Encounters. Encounters occur in the outpatient setting and are captured via Patient Care Encounter (PCE) Software. An encounter is a professional contact between a patient and a health care provider vested with responsibility for diagnosing, evaluating,

---

[11] *VHA Telehealth Services Home Telehealth Operations Manual*, April 15, 2013.
[12] Ibid.
[13] Ibid.

and treating the patient's condition. Contact can include face-to-face interactions or those accomplished via telecommunications technology.[14]

*A telephone contact between a health care provider and a patient is only considered an encounter if the telephone contact is documented and that documentation includes the appropriate elements of a face-to-face encounter, namely history and clinical decision-making. Telephone encounters must be associated with a clinic, that is assigned one of the DSS Identifier telephone codes and are to be designated as count clinics. Notes in CPRS that do not meet the criteria for an encounter should be marked as **historical notes [bold in original text].**[15]*

Performance Goals. Each fiscal year (FY), VHA establishes performance goals and measures and tracks achievement of each performance goal by facility. For FY 2013 one of the performance goals for the facility was to enroll a total of 6,778 or more unique patients into telehealth-based services.[16] Another performance goal for this facility was to increase the total number of telehealth encounters to 11,724 or more. The facility's telehealth programs provided telehealth services to 3,317 unique patients during FY 2013 and did not meet the performance goal for enrollment of unique patients. However, the facility managers documented 12,295.5 telehealth encounters during FY 2013 and exceeded the performance goal for encounters.

Allegations. In October 2013, the OIG received allegations regarding inappropriate documentation of patient enrollment in the HT program at the facility. Specifically, the concerns were:

- Documentation of enrollment in HT monitoring services was entered in the electronic health records (EHRs) of over 900 patients without their knowledge or consent from September 14, 2013, until October 1, 2013. Specifically, notes were written in patients' health records stating they were enrolled in and monitored by HT when they were not.

- "In order to make her numbers for the end of the FY," the Associate Chief of Nursing Service required staff to work overtime (OT)[17] for several weeks to produce documentation on the enrollment of patients in HT, regardless of whether these patients wanted to be enrolled or even contacted.

Scope and Methodology

We conducted our review from January 2014 through March 2016. We made an initial site visit June 25–26, 2014. We interviewed the complainant to clarify the allegations. We interviewed the Associate Director for Patient Care Services, Associate Chief, Nursing Service for Specialty Services (ACNS), the HT Clinical Nurse Manager, and

---

[14] *VHA Telehealth Services Home Telehealth Operations Manual*, April 15, 2013.
[15] Ibid.
[16] Besides HT, telehealth-based services include Clinical Video Telehealth (CVT), which is the use of real-time interactive videoconferencing to assess, treat, and provide care to patients remotely and Store and Forward Telehealth (SFT), which is the use of technologies to acquire and store clinical data that is forwarded to or retrieved by a provider at a another location for evaluation, *VA Telehealth Services, Fact Sheet.*
[17] VA Handbook 5011/23, *Hours of Duty and Leave*, Chapter 11–32, November 20, 2012.

HT Care Coordinators. We also interviewed the Chief of Primary Care Services, the Chief of Clinical Operations, the Chief of Quality and Performance Improvement, and others with knowledge of these allegations.

We interviewed the VISN 11 Virtual Care Manager and Rural Health Consultant and the Deputy Chief Consultant from VA Central Office Telehealth Services. From the National Telehealth Training Center, we interviewed the Director for Home Telehealth Training and two Training Specialists.

We reviewed VHA, VISN, and facility policies and procedures. We also reviewed organizational charts; data from the Care Coordination Home Telehealth Visit Cube;[18] metrics for the FY 2013 telehealth performance measures; proficiency reports, performance appraisals, and the facility Director's FY 2013 performance plan; and timecards and OT records. Facility managers submitted a response based on a similar complaint to The Joint Commission; we reviewed the facility's response, system improvements, and follow-up actions.

We conducted a follow-up visit with Detroit leadership and Home Telehealth coordinators March 23, 2016. We interviewed the facility Director, Associate Director, Chief of Staff, Associate Director for Patient Care Services, and Associate Director Nursing Service for Specialty Services (ACNS). We also interviewed three Home Telehealth coordinators.

We conducted a follow-up interview March 29, 2016 with VISN 10 Virtual Care Managers and VHA Home Telehealth Training staff.[19] At the request of the VISN 10 Acting Network Director, we conducted a briefing of our findings on April 11, 2016.

Specific records for review were selected as follows.

1. We received the names of 17 patients on February 27, 2014. On June 26, 2014, we received the names of an additional eight patients.

2. Using the VA Corporate Data Warehouse, we identified 836 patients with new HT encounters entered from September 14, 2013 until October 1, 2013. Our patient list included 19 of 25 patients from the list of names we received. Six of the 25 patients did not meet criteria for analysis (one patient was not newly enrolled in HT, and 5 patients had no MMNs entered during our review period).

3. For comparison purposes, using the VA Corporate Data Warehouse, we reviewed HT new encounters from September 14, 2015 until October 1, 2015.

4. Using the VA Corporate Data Warehouse, we identified HT screening, assessment, and MMNs entered from September 14, 2013 until October 1, 2013,

---

[18] The Care Coordination Home Telehealth Visit Cube captures home telehealth visit data.
[19] While we continued to conduct our inspection, VISN 10 integrated with VISN 11 as part of VA's MyVA Transformation plan.

for patients not new to the HT program during this period to determine the workload unrelated to enrolling new patients in the HT program.

We understood the HT Operations Manual to indicate, and VHA officials agreed, that enrollment of a patient into the HT program does not occur until after completion of all steps outlined in the Operations Manual. (See Figure 1 on page 3.) We evaluated the sequence of the steps of enrollment. The evaluation of the timing of notes entered was critical as the final step to HT enrollment requires that all preceding steps have been completed. For example, if consent was not obtained in an earlier step, the patient could not be monitored in HT.

In the absence of current VA/VHA policy, we considered previous guidance to be in effect until superseded by an updated or re-certified Directive, Handbook, or other policy document on the same or similar issue(s).

We **substantiate** allegations when the facts and findings support that the alleged events or actions took place. We **do not substantiate** allegations when the facts show the allegations are unfounded. We **cannot substantiate** allegations when there is no conclusive evidence to either sustain or refute the allegation.

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.

Inspection Results

Issue 1: Documentation of Home Telehealth Monitoring Services

We substantiated that from September 14, 2013 until October 1, 2013, HT program staff entered documentation of monthly HT monitoring for 836 patients. We found that 828 of 836 patients had not received HT monitoring at the time initial MMNs were entered in the EHRs and were not properly enrolled in HT.[20]

MMN Documentation

An MMN is a progress note written by HT program staff to document a patient's progress in the HT program. According to VHA's HT Operations Manual, the note is "not intended for use as a clinical summary note. It should be entered once and only once every calendar month the patient is enrolled in the HT program."[21] An initial MMN should be the last note written in the HT steps of enrollment.

We extracted a list consisting of 836 patients with an MMN who were new to the HT program from September 14, 2013 until October 1, 2013. For properly enrolled patients, we expected to find 836 consults, screening notes, and assessment notes in the sequence delineated by the HT operations manual. Our evaluation noted that not all MMNs had a corresponding consult, screening note, or assessment note nor were they the last notes written. We found that the majority of the MMNs were entered September 29, 2013 until October 1, 2013.

---

[20] We did not specifically address whether patients' consents were obtained. We noted that since the MMNs were entered as the initial documentation, any consent post MMN would not be relevant to the inspection as the procedures delineated in the HT Operations Manual require that consent be obtained prior to HT services.
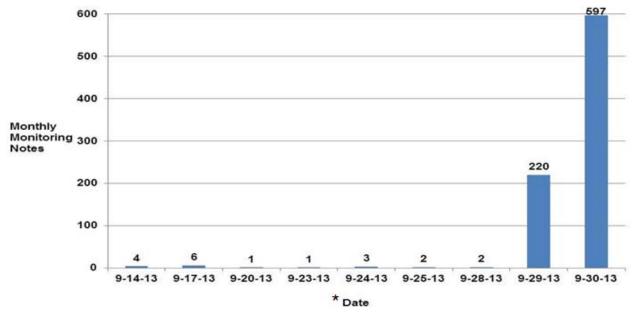[21] *VHA Telehealth Services Home Telehealth Operations Manual*, April 15, 2013, pg. 46.

Figure 2. Number of MMNs for New HT Patients Entered From September 14 through October 1, 2013

Only the dates with MMNs are included
Source: VA OIG Analysis of CDW Monthly Monitor Notes in HT

Of the 836 MMNs we found:

- A total of 818 consults were ordered for HT, 18 consults were not ordered and 658 consults were ordered after the MMN.

- A total of 815 screening notes were entered for HT, 21 screening notes were not entered, and 699 screening notes were entered after the MMN.

- A total of 117 assessment notes were entered for HT, 719 assessment notes were not entered, and 109 assessment notes were entered after the MMN.

HT staff informed us that their practice was to enter the MMN first to capture workload and that VISN managers had directed them to use the MMN as the first note. However, the ACNS and HT staff were unable to provide written documentation from the VISN with instructions to enter the MMN first. VISN managers we interviewed did not indicate that a MMN could be used as the first note for HT enrollment. The VISN managers stated that they did not direct facility HT staff to use the MMN as the first note in order to capture workload. The ACNS stated that they "clean up" (enter missing notes for established patients enrolled and monitored in the HT program) at the end of every FY.

Patients Not Properly Enrolled

As described in the Background section of this report, HT enrollment involves a 6-step process: (1) a referral or consult to the HT program; (2) screening for eligibility and suitability; (3) an initial assessment and treatment plan; (4) patient or caregiver education; (5) activation in VA and vendor computer systems; and (6) the initial MMN.

Of the 836 new patients to the HT program, we found 828 patients who did not have the proper enrollment sequence as outlined in the HT Operations Manual. The data for September 14, 2013 until October 1, 2013 showed that MMNs were entered in patients' EHRs regardless of proper enrollment sequence, missing consults, screening notes, and assessment notes.

In order to compare HT documentation for a similar time frame (end of FY), we reviewed HT data for September 14, 2015 until October 1, 2015 and found 12 newly enrolled patients in the HT program. We identified that all 12 patients were enrolled in the proper sequence according to the HT Operations Manual.

Issue 2: Meeting End of FY Telehealth Performance Measures Through Overtime

Staff Worked Overtime To Document the Enrollment Process

We substantiated that HT staff worked OT from September 14, 2013 until October 1, 2013 for the purpose of initiating the enrollment process for new HT patients. The documentation included entering MMNs in patients' EHRs which captured workload that contributed to the ACNS' ability to meet one of two FY 2013 performance measures for telehealth services. These HT performance goals were part of the facility's and the ACNS's individual performance goal. For FY 2013, the ACNS received an award of $5,000 for her performance rating. The rating was based, in part, on achieving the number of HT patient care encounters, in addition to over 30 other objectives.

We reviewed the timecards of HT staff who worked OT. The ACNS stated she approved OT for HT staff near the end of FY 2013 to start HT patients' enrollment process. The ACNS also described a documentation "clean-up" process during which staff would enter missing HT notes prior to the end of the FY 2013. We requested that the ACNS clarify this clean-up process in the context of entering 828 new MMNs for patients who had no previous HT care during the year. The ACNS reported that the entry of missing MMNs at the end of the FY was for enrolled patients.

We noted inconsistencies with the entering of MMNs and the use of OT approved, specifically:

- The start of the patients' HT enrollment process was not consistent with the process outlined in the HT Operations Manual. For example, MMNs should not be written as the first note for enrollment. (See Figure 1.)

- The majority of notes written from September 14, 2013 until October 1, 2013 were MMNs for new HT patients. (See Figure 3.)
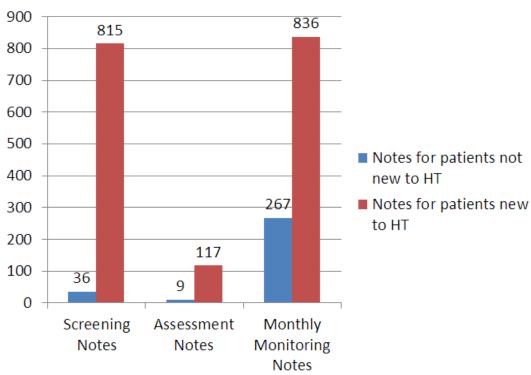
Figure 3. Number of Notes by Type Entered from September 14, 2013 until October 1, 2013 for Not New versus New Patients

Source: VA OIG Analysis of CDW Data

Producing Documentation of Patient Care Encounters in Order To Meet Performance Measures

We substantiated that HT staff worked OT on Sunday, September 29, 2013 and after regular working hours on Monday, September 30, 2013, and entered a total of 634 MMNs during OT. With the number of MMNs entered during OT on these 2 days, the performance goal of 11,724 HT encounters was met. However, we found that HT staff were not required to work OT for several weeks to produce documentation on the enrollment of patients in HT program. Rather, HT staff informed us that they voluntarily worked OT to complete patient enrollment and clean up missing notes during this timeframe. Additionally, the ACNS denied that staff worked OT in order to meet the HT performance goal.

The facility exceeded its FY 2013 performance goal for HT encounters by 571 for a total of 12,295. Of the 817 MMNs that HT staff entered on the last 2 days of FY 2013, 220 MMNs were entered on Sunday during OT. A total of 597 MMNs was entered on Monday: 183 MMNs were completed during regular working hours, and 414 MMNs were completed after regular working hours. Without the use of OT during the last

2 days of FY 2013, which allowed the entry and completion of 634 MMNs, the facility would not have reached or surpassed its performance goal of 11,724 HT encounters.[22]

Conclusions

We substantiated that from September 14, 2013 until October 1, 2013, HT program staff entered documentation of monthly HT monitoring for 836 patients. We found that 828 of 836 patients were not properly enrolled in HT. MMNs, which generate workload encounters for the HT program, should reflect monitoring that occurred in the 30 days prior to the entering of the note. The 828 patients who were not properly enrolled had not been issued HT monitoring equipment and had not received HT monitoring in the 30 days prior to the entering of the note. We reviewed HT data for September 14, 2015 until October 1, 2015 and found 12 newly enrolled patients in the HT program. We identified that all 12 patients were enrolled in the proper sequence according to the HT Operations Manual.

We substantiated that HT staff worked OT from September 14, 2013 until October 1, 2013 for the purpose of initiating the enrollment process for new HT patients. The documentation included screening notes and MMNs that met the criteria for patient care encounters (workload) that contributed to the ACNS' ability to meet one of two FY 2013 performance measures for telehealth services. These HT performance goals were part of the facility's and the ACNS's individual performance goal. For FY 2013, the ACNS received an award of $5,000 for her performance rating. The rating was based, in part, on achieving the number of HT patient care encounters, in addition to over 30 other objectives.

We substantiated that HT staff worked OT on Sunday, September 29, 2013 and after regular working hours on Monday, September 30, 2013 and entered a total of 634 MMNs. With the number of MMNs entered during OT on these 2 days, the facility was able to meet and surpass its performance goal of 11,724 HT encounters. However, we found that HT staff were not required to work OT for several weeks to produce documentation on the enrollment of patients in HT program. Without the use of OT during the last 2 days of FY 2013, the facility would not have reached or surpassed its performance goal of 11,724 HT encounters.

---

[22] HT staff worked OT on September 14–28, 2013, but only a total of six MMNs were entered during this period of OT.

Recommendations

1. We recommended that the Facility Director ensure that home telehealth staff be retrained and follow the Veterans Health Administration home telehealth process of care and documentation requirements.

2. We recommended that the Facility Director ensure that documentation accurately reflects patients' home telehealth enrollment status as described in this report.

3. We recommended that the Facility Director review the circumstances surrounding the entry of Home Telehealth Program monthly monitor notes in electronic health records of patients discussed in this report with the Office of Human Resources and the Office of General Counsel and take appropriate action as necessary.

VISN Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: November 29, 2016

From: Director, VA Healthcare System (10N10)

Subj: **Healthcare Inspection—**Documentation of Patient Enrollment Concerns in Home Telehealth, John D. Dingell VAMC, Detroit, Michigan

To: Director, Chicago Office of Healthcare Inspections (54CH)
Director, Management Review Service (VHA 10E1D MRS Action)

1. Attached is John D. Dingell VA Medical Center's response to the draft report.

2. If you have any questions please contact Rose Birkmeier, VISN 10 Acting Quality Management Officer, at (734) 222-4293.

(original signed by:)

Robert P. McDivitt, FACHE

Facility Director Comments

Department of Veterans Affairs   # Memorandum

Date: November 29, 2016

From: Director, John D. Dingell VA Medical Center (553/00)

Subj: **Healthcare Inspection—**Documentation of Patient Enrollment Concerns in Home Telehealth, John D. Dingell VAMC, Detroit, Michigan

To: Network Director, VA Healthcare System (10N10)

1. Attached is John D. Dingell VA Medical Center's response to the draft report.

2. If you have any questions please contact Frank Veltri, Health Systems Specialist, at (313) 576-3008.

(original signed by:)

Pamela Reeves, MD

Comments to OIG's Report

The following Director's comments are submitted in response to the recommendations in the OIG report:

OIG Recommendations

Recommendation 1. We recommended that the Facility Director ensure that home telehealth staff be retrained and follow the Veterans Health Administration home telehealth process of care and documentation requirements.

Concur

Action completed – July 2014

Facility response: In July 2014 the Office of Telehealth Services delivered comprehensive training to telehealth staff at Detroit. The training covered the following areas: consultation, screening, enrollment process, documentation – review of health systems, care planning, smart goals and VA's Remote Order Entry System/Denver Acquisition & Logistics Center (ROES/DALC) – equipment ordering processes. Staff continues to receive ongoing training annually by the Office of Telehealth services virtually with competency verification via Training Management System (TMS) module.

Recommendation 2. We recommended that the Facility Director ensure that documentation accurately reflects patients' home telehealth enrollment status as described in this report.

Concur

Target date for completion: June 30, 2017

Facility response: An initial 12 month retroactive review was performed for patients enrolled into the Home Telehealth (HT) program during the months of October 2014–October 2015, consisting of a random sample of 50 patient records. Results revealed a 98 percent accuracy rate. Ongoing reviews are conducted monthly. The HT enrollment process audit results are submitted to Quality Management and reported to Medical Center leadership, quarterly.

Ongoing audits will continue to be monitored and discussed at the Nursing Performance Improvement Committee quarterly and then reported to the facility Director through the Quality Leadership Committee.

Recommendation 3. We recommended that the Facility Director review the circumstances surrounding the entry of Home Telehealth Program monthly monitor notes in electronic health records of patients discussed in this report with the Office of Human Resources and the Office of General Counsel and take appropriate action as necessary.

Concur

Target date for completion: February 28, 2017, based on receipt of evidence file from the Office of General Counsel.

Facility response: On November 1, 2016, met with the Office of General Counsel and The Office of Human Resources and the appropriate disciplinary action will be taken.

OIG Contact and Staff Acknowledgments

Contact	For more information about this report, please contact the OIG at (202) 461-4720.
Contributors	Thomas Wong, DO Alan Mallinger, MD Sheila Cooley, GNP, MSN Alicia Castillo-Flores, MBA, MPH Larry Ross, Jr., MS Roberta Thompson, LCSW Judy Brown, Management and Program Analyst

Report Distribution

VA Distribution

Office of the Secretary
Veterans Health Administration
Assistant Secretaries
General Counsel
Director, VA Healthcare System (10N10)
Director, John D. Dingell VA Medical Center (553/00)

Non-VA Distribution

House Committee on Veterans' Affairs
House Appropriations Subcommittee on Military Construction, Veterans Affairs, and
  Related Agencies
House Committee on Oversight and Government Reform
Senate Committee on Veterans' Affairs
Senate Appropriations Subcommittee on Military Construction, Veterans Affairs, and
  Related Agencies
Senate Committee on Homeland Security and Governmental Affairs
National Veterans Service Organizations
Government Accountability Office
Office of Management and Budget
U.S. Senate: Gary C. Peters, Debbie Stabenow
U.S. House of Representatives: John Conyers, Jr., Debbie Dingell, Brenda Lawrence,
  Sander Levin, Paul Mitchell, Dave Trott

This report is available on our web site at **www.va.gov/oig.**