

## ROLE OF THE OFFICE OF THE MEDICAL INSPECTOR

### 1. SUMMARY OF MAJOR CHANGES: This directive:

a. Removes responsibilities for the Deputy Under Secretary for Health for Organizational Excellence and adds responsibilities in paragraph 2 for the Associate Deputy Under Secretary for Health for Oversight, Risk and Ethics to reflect the Office of the Medical Inspector's (OMI) organizational realignment under the Office of Oversight, Risk and Ethics.

b. Updates language throughout to reflect that the Office of Accountability and Whistleblower Protection (OAWP) (formerly the Office of Accountability Review) no longer concurs on Office of Special Counsel (OSC)/Non-OSC reports of investigation.

c. Updates responsibilities assigned to the Medical Inspector to reflect that OMI no longer performs Internal Review or Blue Cover investigations. **NOTE:** *OMI now considers all referrals not received from OSC (e.g., referrals from the Secretary of the Department of Veterans Affairs (VA), Under Secretary for Health or OAWP) as Non-OSC referrals.*

d. Expands on Office of General Counsel responsibilities related to the review and concurrence process for OSC/Non-OSC reports. See paragraph 2.c.

e. Updates responsibilities assigned in paragraph 2 to reflect that final OSC/Non-OSC reports of investigation are no longer sent to the VA medical facility under investigation and to their Veterans Integrated Services Network for review and comment before Under Secretary for Health approval.

f. Removes responsibilities for the Freedom of Information Act Office; the Freedom of Information Act Office still redacts OSC reports received from the Office of the Executive Secretary.

g. Replaces the previous VA Intranet Quorum with Veterans Affairs Integrated Enterprise Workflows (VIEWS).

### 2. RELATED ISSUES: None.

3. **POLICY OWNER:** The Office of the Medical Inspector (10MI) is responsible for the content of this directive. Questions may be referred to [VHAOMIAdmin@va.gov](mailto:VHAOMIAdmin@va.gov).

4. **RESCISSIONS:** VHA Directive 1038, Role of the Office of the Medical Inspector, dated August 2, 2017, is rescinded.

5. **RECERTIFICATION:** This Veterans Health Administration (VHA) directive is

scheduled for recertification on or before the last working day of January 2028. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

**6. IMPLEMENTATION SCHEDULE:** This directive is effective upon publication.

**BY DIRECTION OF THE OFFICE OF THE  
UNDER SECRETARY FOR HEALTH:**

/s/ Alan J. Hirshberg, MD, MPH, FACEP  
Acting Associate Deputy Under Secretary  
for Health for Oversight, Risk and Ethics

**NOTE:** *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

**DISTRIBUTION:** Emailed to the VHA Publications Distribution List on February 7, 2023.

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## ROLE OF THE OFFICE OF THE MEDICAL INSPECTOR

### 1. POLICY

It is Veterans Health Administration (VHA) policy that the Office of the Medical Inspector (OMI) must investigate and report on concerns regarding Veteran health care raised by whistleblowers and other Department of Veterans Affairs (VA) stakeholders in order to monitor and improve the Veteran experience and quality of health care delivery. **AUTHORITY:** 38 U.S.C. §§ 7301(b), 7311.

### 2. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for:

(1) Ensuring overall VHA compliance with this directive.

(2) Ensuring the Medical Inspector assembles and leads a VA investigative team to investigate allegations of possible violations of law, rule or regulation that may pose a substantial and specific danger to public health and safety.

(3) Approving Office of Special Counsel (OSC)/Non-OSC reports and associated transmittal documents (e.g., memos, letters) submitted by the Medical Inspector. **NOTE:** *OSC/Non-OSC is the collective term for investigations referred by OSC or non-OSC stakeholders; for further details regarding referral sources, see paragraph 5.b. This directive notes where the process varies for OSC versus Non-OSC reports.*

b. **Assistant Secretary for Congressional and Legislative Affairs, VA Office of Congressional and Legislative Affairs.** The Assistant Secretary for Congressional and Legislative Affairs, VA Office of Congressional and Legislative Affairs has assumed responsibility for:

(1) Providing concurrence on final OSC/Non-OSC reports and transmittal documents through Veterans Affairs Integrated Enterprise Workflows (VIEWS) related to OSC/Non-OSC reports from the Secretary of VA to the Chairs of the Senate and House Committees on Veterans' Affairs.

(2) Providing unredacted Non-OSC reports to the Chairs of the Senate and House Committees on Veterans' Affairs.

c. **General Counsel, VA Office of General Counsel.** The General Counsel, VA Office of General Counsel (OGC) has assumed responsibility for:

(1) Providing a representative to participate in a Review Panel convened by the Medical Inspector for the purpose of discussing and providing comments and edits to final OSC/Non-OSC reports.

(2) Submitting any additional comments to final OSC/Non-OSC reports following the Review Panel to the Medical Inspector.

(3) Providing concurrence on final OSC/Non-OSC reports to indicate that the information contained within the final report is legally accurate and sound.

d. **Executive Secretary, VA Office of the Secretary.** The Executive Secretary, VA Office of the Secretary has assumed responsibility for:

(1) Uploading OSC referrals and creating an OMI case task in VIEWS.

(2) Reviewing and submitting the final OSC/Non-OSC report, transmittal documents and evidence of concurrence (e.g., signed VA Form 4265, Concurrence and Summary Sheet, saved email correspondence stating concurrence, VIEWS case task closure with concurrence stated in notes) to the Secretary of VA for signature.

(3) Notifying the Medical Inspector when an OSC/Non-OSC report has been signed by the Secretary of VA.

(4) Forwarding signed OSC reports to the VHA Freedom of Information Act Office for redaction.

(5) Forwarding signed OSC redacted and unredacted reports to OSC.

e. **Associate Deputy Under Secretary for Health Oversight, Risk and Ethics.** The Associate Deputy Under Secretary for Health for Oversight, Risk and Ethics is responsible for:

(1) Supporting OMI with implementation and oversight of this directive.

(2) Providing a representative from Oversight, Risk and Ethics to participate in a Review Panel convened by the Medical Inspector for the purpose of discussing and providing comments and edits to final OSC/Non-OSC reports.

(3) Submitting any additional comments to final OSC/Non-OSC reports following the Review Panel to the Medical Inspector.

(4) Providing concurrence on final OSC/Non-OSC reports and transmittal documents through VIEWS.

f. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Service Networks (VISNs).

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

(4) Providing concurrence on final OSC/Non-OSC reports and transmittal documents through VIEWS.

g. **Assistant Under Secretary for Health for Clinical Services.** The Assistant Under Secretary for Health for Clinical Services is responsible for:

(1) Providing a representative from Clinical Services to participate in a Review Panel convened by the Medical Inspector for the purpose of discussing and providing comments and edits to final OSC/Non-OSC reports.

(2) Submitting any additional comments to final OSC/Non-OSC reports following the Review Panel.

(3) Providing concurrence on final OSC/Non-OSC reports through VIEWS.

(4) Distributing the signed OSC/Non-OSC report and Action Plan template to the relevant VISN and VA medical facility that is the subject of the investigation within three business days of receipt from the Medical Inspector with a request for an Action Plan submission to the OMI LDRSHP email group at [omildrshpactionplan@va.gov](mailto:omildrshpactionplan@va.gov) within 30 calendar days of receipt.

h. **Assistant Under Secretary for Health for Patient Care Services.** The Assistant Under Secretary for Health for Patient Care Services is responsible for:

(1) Providing a representative from Patient Care Services to participate in a Review Panel convened by the Medical Inspector for the purpose of discussing and providing comments and edits to final OSC/Non-OSC reports.

(2) Submitting any additional comments to final OSC/Non-OSC reports following the Review Panel.

(3) Providing concurrence on final OSC/Non-OSC reports through VIEWS.

i. **Executive Secretary, VHA Office of Executive Correspondence.** The Executive Secretary, VHA Office of Executive Correspondence is responsible for:

(1) Concurring on the final OSC/Non-OSC report, transmittal documents and confirming evidence of concurrence.

(2) Submitting the final OSC/Non-OSC report, transmittal documents and evidence of concurrence to the Executive Secretary, VA Office of the Secretary for concurrence.

j. **Medical Inspector, Office of the Medical Inspector.** The Medical Inspector, OMI is responsible for:

(1) Providing oversight to ensure that VHA program offices, VISNs and VA medical facilities comply with OMI requests for information regarding investigations within the requested timeframe and ensuring appropriate corrective action is taken when there is

non-compliance.

(2) Convening a Review Panel of representatives from the Office of the Associate Deputy Under Secretary for Health for Oversight, Risk and Ethics, the Office of the Assistant Under Secretary for Health for Clinical Services, the Office of the Assistant Under Secretary for Health for Patient Care Services, the National Center for Ethics in Health Care, Subject Matter Experts (SMEs) and OGC, as needed, for the purpose of discussing and providing comments and edits to final OSC/Non-OSC reports.

(3) Conducting quality of VA health care investigations. **NOTE:** *Sources of investigation are described in paragraph 5.b.*

(4) Assembling and leading VA investigative teams of OMI clinicians, VHA Human Resources specialists and SMEs to investigate allegations.

(5) Conducting a site visit out brief with VA medical facility and VISN leadership on preliminary findings and recommendations after site visits.

(6) Briefing the Under Secretary for Health and other members of VHA Executive Leadership on preliminary findings and recommendations after site visits.

(7) Preparing a final OSC/Non-OSC report containing the VA investigative team's findings, conclusions and recommendations and entering the final OSC/Non-OSC report into VIEWS for concurrence.

(8) Submitting the final OSC/Non-OSC report, transmittal documents and evidence of concurrence to the Executive Secretary, VHA Office of Executive Correspondence for concurrence.

(9) Distributing the signed final OSC/Non-OSC report and an Action Plan template (internal to OMI) to the Office of Clinical Services for distribution. See paragraph 2.g.(4).

(10) Distributing the signed final OSC/Non-OSC report and an Action Plan template that has been approved by the Secretary of VA to the VA or VHA program office that is responsible for addressing the recommendation.

(11) For non-OSC investigations, submitting a closure package to the Under Secretary for Health when VA medical facilities or VA or VHA program offices have completed all action items in their Action Plans in response to report recommendations. **NOTE:** *In the case of an OSC investigation, this package is prepared after OSC notifies the Executive Secretary, VA Office of the Secretary that an investigation is closed. The closure package consists of:*

(a) A transmittal document recommending closure of the investigations; and

(b) An acceptance memorandum from the Under Secretary for Health to the Assistant Under Secretary for Health for Operations.

(12) Requesting information from VA or VHA program offices, VISNs or VA medical facilities regarding investigations, as needed, and setting a deadline to respond.

k. **VHA Program Office Director.** The VHA program office Director (or equivalent), is responsible for:

(1) Ensuring requests for information to the VHA program office in support of an OMI investigation (whether oral or in writing) are completely answered within any requested timeframes. **NOTE:** *OMI, as a component of VHA, has legal authority under applicable Federal privacy laws and regulations to access and use any information, including health information, maintained in VHA records for the purposes of health care operations and health care oversight. OMI's requests for information must be honored. If any problems in responding are anticipated, OMI must be contacted immediately to review issues and to determine how they will be handled. OMI's decision in this regard is final.*

(2) Providing, when requested, SMEs from the VHA program office to augment the skills of the VA investigative team that OMI has assembled to conduct investigations.

(3) Ensuring SMEs from the VHA program office participate in on-site and virtual investigations, witness interviews and Review Panels.

(4) Ensuring SMEs from the VHA program office provide expert advice, contribute written material to the draft report and support other investigation-related activities as requested.

(5) Cooperating with investigations and providing support and assistance when requested. **NOTE:** *If additional time is required to respond to an OMI request, the program office leadership may request an extension by emailing the Medical Inspector.*

(6) Submitting an Action Plan based on recommendations detailed in the OSC/Non-OSC report within 30 calendar days of receipt and responding to subsequent requests for updates at a minimum of every 90 days to the OMI LDRSHP Action Plan mail group at [omildrshpactionplan@va.gov](mailto:omildrshpactionplan@va.gov).

l. **Veterans Integrated Services Network Director.** The VISN Director is responsible for:

(1) Ensuring that all VA medical facilities within the VISN comply with this directive and informing leadership when barriers to compliance are identified.

(2) Ensuring requests for information to the VISN in support of an OMI investigation (whether oral or in writing) are completely answered within any requested timeframes.

(3) Providing, when requested, SMEs from the VISN to augment the skills of the VA investigative team that OMI has assembled to conduct investigations.

(4) Ensuring SMEs from the VISN participate in on-site and virtual investigations,



witness interviews and Review Panels.

(5) Ensuring SMEs from the VISN provide expert advice, contribute written material to the draft report and support other investigation-related activities as requested.

(6) Cooperating with investigations and providing support and assistance when requested. **NOTE:** *If additional time is required to respond to an OMI request, the VISN Director may request an extension by emailing the Medical Inspector.*

(7) Submitting an Action Plan based on recommendations detailed in the OSC/Non-OSC report within 30 calendar days of receipt and responding to subsequent requests for updates at a minimum of every 90 days to the OMI LDRSHP Action Plan mail group at [omildirshpactionplan@va.gov](mailto:omildirshpactionplan@va.gov).

m. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring overall VA medical facility compliance with this directive and appropriate corrective action is taken if non-compliance is identified.

(2) Ensuring requests for information to the VA medical facility in support of an OMI investigation (whether oral or in writing) are completely answered within any requested timeframes.

(3) Providing, when requested, SMEs from the VA medical facility to augment the skills of the VA investigative team that OMI has assembled to conduct investigations.

(4) Ensuring SMEs from the VA medical facility participate in on-site and virtual investigations, witness interviews and Review Panels.

(5) Ensuring SMEs from the VA medical facility provide expert advice, contribute written material to the draft report and support other investigation-related activities as requested.

(6) Cooperating with investigations and providing support and assistance when requested. **NOTE:** *If additional time is required to respond to an OMI request, the VA medical facility Director may request an extension by emailing the Medical Inspector.*

(7) Submitting an Action Plan based on recommendations detailed in the OSC/Non-OSC report within 30 calendar days of receipt and responding to subsequent requests for updates at a minimum of every 90 days to the OMI LDRSHP Action Plan mail group at [omildirshpactionplan@va.gov](mailto:omildirshpactionplan@va.gov).

### 3. TRAINING

There are no formal training requirements associated with this directive.

#### 4. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Officer.

#### 5. BACKGROUND

a. OMI assesses and reports on quality-of-care issues within VHA directly to the Under Secretary for Health, with the VA Office of the Inspector General (OIG) in an oversight role.

b. **Sources of Office of the Medical Inspector Investigations.** OMI investigates concerns at the direction of the Under Secretary for Health about VA health care to improve the quality of care provided to Veterans. Concerns can be raised by the Under Secretary for Health, the Secretary of VA, Office of Accountability and Whistleblower Protection (OAWP), OSC, OIG, the Senate or Congress.

(1) **Non-Office of Special Counsel Referral Sources.**

(a) Under Secretary for Health. When the Under Secretary for Health has identified concerns at a VA medical facility, a VISN or a VHA program office, they direct OMI to investigate the matter and recommend actions to resolve the problems.

(b) Secretary of Veterans Affairs. The Secretary of VA receives requests from members of Congress acting on behalf of constituents, Veterans Service Organizations or in response to media reports of problems at VA medical facilities. The Secretary of VA charges the Under Secretary for Health to direct OMI to assemble and lead a VA team to investigate the allegations.

(c) Office of Accountability and Whistleblower Protection. Under 38 U.S.C. § 323, OAWP refers whistleblower disclosures related to VHA, received from OSC or developed independently to OMI, for investigation where there is evidence of a violation of a provision of law, mismanagement, gross waste of funds, abuse of authority or a substantial and specific danger to public health or safety.

(2) **Office of Special Counsel.** OSC refers whistleblower allegations regarding VA to the Secretary of VA who assigns them to the appropriate VA administration for investigation. Within VHA, the Under Secretary for Health typically directs OMI to assemble and lead a VA team to investigate the allegations.

#### 6. REFERENCES

a. 38 U.S.C. §§ 323, 7301(b), 7311.

b. 5 U.S.C § 2302 (b)(8)-(9).

c. VA Directive 0500, Office of Accountability and Whistleblower Protection: Investigation of Whistleblower Disclosures and Allegations Involving Seniors Leaders or Whistleblower Retaliation, dated September 10, 2019.

d. VA Form 4265, Concurrence and Summary Sheet.