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OFFICE OF INSPECTOR GENERAL

Office of Special Reviews

ELECTRONIC HEALTH RECORD MODERNIZATION
INTEGRATION OFFICE

Senior Staff Gave Inaccurate
Information to OIG
Reviewers of Electronic
Health Record Training

ADMINISTRATIVE
INVESTIGATION

REPORT # 21-02201-200

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Executive Summary

In May 2018, VA awarded a multibillion-dollar contract to procure a new patient electronic health record (EHR) system developed by the Cerner Corporation. The EHR system is critical to VA providing prompt and continuous quality health care to veterans. The VA Office of Electronic Health Record Modernization (OEHRM) was established the month following the contract award to direct the program implementation.¹ The VA Office of Inspector General (OIG) has been conducting oversight of multiple aspects of this extensive and challenging implementation effort, which has drawn intense public scrutiny and congressional oversight since the project's inception. At a hearing shortly after the contract was awarded, the then chairman of the House Committee on Veterans Affairs announced the creation of the Subcommittee on Technology Modernization specifically to oversee VA's implementation of the new Cerner Millennium EHR software solution (new EHR). The then ranking member voiced his support for the chairman's establishment of the subcommittee, stating, "To get this done right is going to take transparency and oversight . . . [and the] IG must have access to [the] documents and information it needs to regularly monitor implementation and be ready to follow up, audit, and investigate when significant issues arise."²

Successful deployment of the new EHR is reliant on the adequate training of Veterans Health Administration (VHA) clinicians and staff. In February 2020, the OIG Office of Healthcare Inspections (OHI) initiated a review at the Mann-Grandstaff VA Medical Center in Spokane, Washington, to assess the efficacy of VHA staff training to prepare them for the transition to the new EHR.³

OHI requested documents and data from both Mann-Grandstaff and OEHRM in the course of its review. Between September 2020 through April 2021, OHI experienced significant challenges in receiving timely, complete, and accurate information with regard to two areas of EHR implementation: (1) VHA's plan for evaluating the training and (2) data capturing the results of the trainees' proficiency checks after course completion.⁴ These requests for information were routed to OEHRM's Change Management group (Change Management), which was responsible for evaluating the effectiveness of the new EHR training. Although OHI was able to complete its

¹ OEHRM was effectively dissolved on December 20, 2021, with its functions transferred to the newly formed Electronic Health Record Modernization Integration Office (EHRM IO). However, this report refers to the office as OEHRM because it was the name of the entity at the time of the events underlying this investigation.

² *Hearing on VA Electronic Health Record Modernization: The Beginning of the Beginning, Before the House Committee on Veterans' Affairs*, 115th Cong. (June 26, 2018) (opening statement of Rep. Tim Walz, Ranking Member).

³ At the time the OHI review began, Mann-Grandstaff was scheduled to be the first site to "go live" on the new system in March 2020, although deployment was later delayed until October 24, 2020.

⁴ Proficiency checks were tests that were assigned to VHA staff at the end of training modules to assess the trainees' competency and understanding of the new EHR. To begin using the new system, VHA staff were required to complete all assigned training modules and pass their proficiency checks with a score of 80 percent or higher.

work and prepare a detailed report of the findings, the inspectors had significant concerns regarding the completeness and accuracy of the information that Change Management provided.⁵

The Administrative Investigation of Change Management Responses

Because OHI's concerns raised the question of possible misconduct on the part of senior VA officials responsible for responding to requests for data, the OIG's Office of Special Reviews (OSR) initiated this administrative investigation in April 2021. OSR's review resulted in one finding and four recommendations, which are summarized below.

Finding: Two of OEHRM's Change Management Leaders Failed to Provide Timely, Complete, and Accurate Information and Data to the OIG, Which Impeded Oversight Efforts

OHI's requests had included a list of Change Management's training evaluation methods and a follow-up for related data, including the results of all trainees' proficiency checks.⁶ The OSR investigation found that Change Management's responses reflected a careless disregard for the accuracy and completeness of the information they provided. While the OIG did not find that the Change Management leaders (its executive director and the director for training strategy) had intentionally sought to mislead OHI staff, the leaders' lack of due care and diligence resulted in misinformation being submitted to OHI staff.

Specifically, Change Management's executive director and the director for training strategy did not provide responsive data and submitted incomplete and inaccurate summary information by

- presenting documentation to OIG staff that described a training evaluation plan without disclosing that the action items had not been fully implemented and that no training evaluation plan had actually been reviewed or approved;
- delaying production of underlying proficiency check data and instead providing one slide with three summary statistics with significant errors that resulted in *doubling* the reported proficiency check pass rate from 44 percent to 89 percent, and later inaccurately explaining the difference as the result of removing a relatively small number of data outliers;
- failing to recognize red flags and confirm accuracy prior to reporting the revised results to OHI staff, which likely would have revealed that the contractors assisting Change Management in the production of information to the OIG had removed *all failing*

⁵ VA OIG, [*Training Deficiencies with VA's New Electronic Health Record System at the Mann-Grandstaff VA Medical Center in Spokane, Washington*](#), Report No. 20-01930-183, July 8, 2021.

⁶ Change Management intended to use the results of proficiency checks to identify additional training needs of the user and determine if adjustments to the training content were required.

proficiency check scores from the calculations and not just outliers (which was unresponsive to OIG requests for *all* trainees' test results); and

- not disclosing that the training proficiency results reported to the OIG were calculated in response to OHI's request (instead of resulting from the submitted training evaluation plan when training was completed), and that they had excluded outliers due to concerns about data reliability.

The Purported Evaluation Plan

On September 23, 2020, OHI staff directed a request to OEHRM seeking, among other items, a "list of training evaluation methods." The request was routed to Change Management by a liaison within OEHRM's communication office who served as a conduit between oversight requestors (such as the OIG) and OEHRM subject matter experts. On October 21, 2020, in response to this request, Change Management submitted a single slide to the OIG (through the liaison) entitled "Training Evaluation Plan," which appeared to document Change Management's planned steps for evaluating the effectiveness of the training.

The plan consisted of three evaluation phases: immediately after training; 1–30 days after training; and 30–90 days after training. It identified various data sources, including two that became the focus of additional inquiry by OHI: trainees' proficiency check data, and participant surveys' numerical ratings and optional written comments collected at course completion. In the "immediately after training" phase, Change Management's submitted plan indicated it would be evaluating both.⁷

In December 2020—more than 40 days after all Cerner deployment training had concluded—OHI requested "any and all data collected by OEHRM Change Management as a part of the formal training evaluation plan outlined in documentation submitted to the OIG on October 21, 2020." The OSR team's subsequent analysis of available evidence indicated that Change Management's evaluation plan had not been previously completed or approved, and had not yet been implemented as described. The Change Management leaders conceded they should have admitted there was no approved plan and that the evaluation planning was in its infancy.

Trainees' Proficiency Check Data

In December 2020, OHI requested "any and all data collected by Change Management as a part of the formal training evaluation plan outlined in documentation submitted to the OIG on October 21, 2020." The plan referenced an analysis of proficiency check results. In January 2021, Change Management responded by providing a summary slide to OHI reporting that "89% of proficiency checks were passed with a score of 80% or higher in three attempts or less" and

⁷ OHI's concerns regarding Change Management's presentation of survey results were explored fully in its report and will not be addressed further here. See VA OIG, *Training Deficiencies with VA's New Electronic Health Record System at the Mann-Grandstaff VA Medical Center*.

the “average score on proficiency checks was 89.77% with an average of 1.88 attempts.” Although requested, there was no description of the methodology, information on calculations, or qualifications, and the underlying data were not provided to OHI at the time.

In March 2021, an OHI email review revealed that an earlier draft of the summary slide for proficiency check data stated that “44% of proficiency checks were passed with a score of 80% or higher in three attempts or less,” which was less than half of the pass rate reported in January to OHI. When questioned, the Change Management leaders said that the discrepancy could be explained by the removal of outliers: 30 individuals who had taken the same test more than 10 times, including an individual who had taken one test 29 times. Change Management had not disclosed to OHI that it had excluded any categories of underlying data from its calculations when it provided the statistics in January 2021. Email communications between Change Management staff and contractors indicated that, after seeing the low initial percentages, the director for training strategy instructed contractors to remove the outliers from the data and recalculate the numbers—expressing that the low numbers seemed inconsistent with the Change Management leaders’ “on the ground” observations of trainees.

Without ensuring that she understood the basis for the recalculated figures provided by the contractors, the director for training strategy performed additional summary calculations that ultimately resulted in delivering inaccurate information to the OIG inspectors. The fact that the removal of data associated with just two percent of the trainees (outliers) resulted in the doubling of the purported pass rate from 44 percent to 89 percent should have raised a red flag and prompted further inquiry to verify that accurate information was being provided, but this did not occur.

The emails also revealed that the Change Management leaders contemplated disclosing their removal of outliers to the OIG but then decided not to include this information. Specifically, the director for training strategy sent a final draft of the slide to the executive director and asked whether it was her preference that they disclose the omission to OHI or “let it ride and defend it if they ask.” The executive director approved the final slide without the disclosure to OHI.

Shortly after learning about the undisclosed removal of outliers, OHI staff again requested the full underlying proficiency check data and also sought details regarding the methodology used to calculate the 89 percent pass rate statistic. OHI was unable to replicate the calculation based on the information that Change Management provided and became concerned about possible misrepresentation of information to the OIG. OSR’s investigators subsequently engaged an OIG statistician to examine the data provided. The only way the statistician was able to approximate the 89 percent statistic was to exclude not only the outliers but also *all failure data*.⁸ The

⁸ The statistician was unable to replicate precisely some of underlying counts reported by the contractors to Change Management. For example, the statistician determined the outliers consisted of 25 end users (not 30 as Change Management asserted) and approximately 320 proficiency checks.

exclusion of all failed proficiency checks to achieve the 89 percent pass rate effectively changed the denominator from providing information about *all trainees* to an analysis of *just those who had passed*. The statistician's conclusion that all failure data were omitted was supported by testimony from one of the contractors who supervised the analysis of the data for Change Management in December 2020. In effect, the more favorable 89 percent figure was meaningless and unresponsive to the OIG request for overall training proficiency data—as anyone who failed to become proficient was excluded from Change Management's calculations. Had the OIG relied on the summary information provided by Change Management, the public would have been misled as to how trainees had performed in knowledge tests following the training, which was one measure of its effectiveness.

Although the OIG found that the Change Management leaders appeared unaware that all failure data had been removed—and likely was the result of either miscommunication or misunderstanding with the contractors—verifying the content of the analysis delivered by the contractor likely would have revealed that the dataset excluded more than just the outliers that the director for training strategy had intended. Moreover, had they disclosed the actual underlying data to OHI as requested rather than providing the summary, OHI would have had an opportunity to evaluate the accuracy of the statistics. This would have allowed the OHI team to evaluate more fully the efficacy of training and likely obviated the need for an OIG administrative investigation into possible misstatements or data manipulation.

The Inspector General Act, as amended, authorizes inspectors general to have “timely access” to “all [VA] records.”⁹ Federal regulation also imposes an obligation on VA employees to “furnish information and testify freely and honestly,” including in connection with OIG administrative investigations and reviews.¹⁰ The requested information and access to underlying data were not promptly provided and the Change Management leaders were not candid or transparent in their responses to the OIG. This impeded the OIG's ability to efficiently meet its oversight obligations.

Conclusion and Recommendations

Since OHI's training review, VA Secretary McDonough has directed one-time mandatory training for all VA personnel on reporting to and engaging with OIG oversight staff. In addition, VA's deputy secretary reminded all employees in an email in December 2021 of their duty to cooperate fully in OIG inquiries. While the culture of accountability and engagement they are promoting is critical, this report underscores the need for the EHR program office to reinforce

⁹ 5 U.S.C. App. 3 § 6 (a)(1)(A).

¹⁰ 38 C.F.R. § 0.735-12(b). OHI and OSR are two of the OIG's five directorates. OHI inspects and reviews problems in the access, delivery, and quality of health care provided to veterans. OSR conducts reviews and administrative investigations of significant events and emergent issues of concern, such as allegations of serious violations of policies and procedures by high-ranking members of VA and other involved personnel.

the requirement for timeliness, completeness, and accuracy in all responses to OIG requests for information.

The OIG recommended that the executive director for the Electronic Health Record Modernization Integration Office (EHRM IO) issue clarifying communications to the office's personnel that all staff have a right to speak directly and openly with OIG staff and ensure that direct communication with OIG staff is not impeded when needed to clarify requests or responses. EHRM IO should also provide guidance to the office's staff to support timely, complete, and accurate responses to OIG requests. This direction on responding to requests for information or data also includes disclosing to the OIG the methodologies used, data limitations, or other relevant context. In addition, the EHRM IO executive director should consider whether administrative action is appropriate with respect to the conduct or performance of the Change Management executive director and the director for training strategy.

VA Comments and OIG Response

VA reviewed the draft report and responded by concurring with the finding and all four recommendations. VA's full response is published as appendix B. Because VA also provided suitable action plans, no OIG response is warranted. The OIG does acknowledge that the executive director for Change Management was reassigned to VHA (outside of EHRM IO) after this report was provided to VA for review. Accordingly, VA has indicated that the individual's new supervisor in VHA will be responsible for addressing recommendation three, which calls for a determination of whether administrative action is appropriate given the conduct and performance described in this report. The OIG will continue to monitor all recommendations until sufficient documentation has been received to close them as implemented.



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Abbreviations

BAH	Booz Allen Hamilton, Inc.
EHR	Electronic Health Record
EHRM IO	Electronic Health Record Modernization Integration Office
KDD	Knowledge Discovery in Databases
OEHRM	Office of Electronic Health Record Modernization
OHI	Office of Healthcare Inspections
OIG	Office of Inspector General
OSR	Office of Special Reviews
VHA	Veterans Health Administration



Introduction

In April 2021, the VA Office of Inspector General (OIG) initiated an administrative investigation in response to significant concerns about the completeness and accuracy of information provided by a group within the VA Office of Electronic Health Record Modernization (OEHRM) to the OIG's Office of Healthcare Inspections (OHI).¹¹ Between September 2020 and April 2021, OHI staff gathered documents, data, and information from OEHRM in a review of the effectiveness of the training provided to Veterans Health Administration (VHA) staff to operate VA's new electronic health record (EHR) system. While reviewing VA email records in late March 2021, OHI staff identified evidence that OEHRM's Change Management group (Change Management) had produced a misleading summary analysis in lieu of the requested data and failed to disclose other relevant information when responding to a December 2020 request for "any and all data collected . . . as a part of [its] formal training evaluation plan."

The OIG is authorized to have "timely access to all [VA] records," and VA employees must "furnish information and testify freely and honestly."¹² OHI was able to complete its review and issue a lengthy report of its findings in July 2021.¹³ However, delays in obtaining raw data from Change Management and the misleading summaries OHI received in the interim interfered with staff's ability to timely and comprehensively review the data on assessing the efficacy of the training.¹⁴ The report stated, "Because the OIG was not provided complete information as requested, [VHA staff's] training experience as outlined in the VA OEHRM training evaluation plan could not be fully evaluated."¹⁵

This report provides the results of the OIG Office of Special Reviews' (OSR) subsequent, more in-depth administrative investigation of Change Management's responses to specific OHI requests regarding the evaluation of new EHR training.¹⁶ This investigation necessarily included

¹¹ Effective December 20, 2021, OEHRM was reorganized and its functions transferred to the new Electronic Health Record Modernization Integration Office (EHRM IO), including the Change Management group. However, this report refers to the office as OEHRM because it was the name of the entity at the time of the events underlying this investigation. The OIG's OHI staff inspects individual healthcare issues, performs quality reviews of medical center operations and healthcare-related processes, evaluates nationwide healthcare programs, and provides clinical consultations.

¹² Inspector General Act of 1978 (IG Act), as amended, 5 U.S.C. App. 3 § 6(a)(1)(A); 38 C.F.R. § 0.735-12(b).

¹³ VA OIG, *Training Deficiencies with VA's New Electronic Health Record System at the Mann-Grandstaff VA Medical Center in Spokane, Washington*, Report No. 20-01930-183, July 8, 2021.

¹⁴ The term "raw data" refers to the complete dataset that was collected and maintained in the ordinary course of OEHRM's operations for the topic requested, without any undisclosed exclusions. It does not refer to the resulting output of data that have been summarized or otherwise analyzed in response to the OIG's requests.

¹⁵ VA OIG, *Training Deficiencies with VA's New Electronic Health Record System at the Mann-Grandstaff VA Medical Center*, at vi.

¹⁶ OSR conducts administrative investigations and other reviews, including those involving allegations of misconduct or gross mismanagement that implicate senior VA officials and other involved personnel. For more information, see www.va.gov/oig/about/special-reviews.asp.

a look at the actions taken by the Change Management leaders to handle OIG requests and responses, as well as the accuracy of the information they produced, including underlying calculations and methodologies that supported their representations to the OIG.

OEHRM and Change Management

On May 17, 2018, VA awarded a multibillion-dollar contract to Cerner Corporation to implement the Cerner Millennium software solution (new EHR) to modernize its electronic health records system in more than 1,200 VA healthcare facilities by 2028.¹⁷ VA's implementation of the new EHR was expected to take 10 years and require significant resources to prepare the necessary infrastructure and train VHA staff to navigate the platform.¹⁸

OEHRM was established in June 2018 to provide program management and oversight of the transition to the new EHR at VA medical centers nationwide. At the time the OHI review was initiated, OEHRM's executive director reported directly to the deputy secretary of VA, who had (and still has) overall responsibility for VA's EHR modernization efforts. Within OEHRM, Change Management was responsible for overseeing the preparation of medical practitioners and clinical staff to transition from VHA's legacy system to the new EHR. This included healthcare staff affected by the rollout on October 24, 2020, at the Mann-Grandstaff VA Medical Center in Spokane, Washington (Mann-Grandstaff). Mann-Grandstaff was the first site to "go live"—meaning facility providers and administrators began using the new EHR.

Change Management was led by an executive director and included four groups: training strategy, coordination, the VA innovative technology advancement lab, and stakeholder engagement/site communication. The executive director reported to OEHRM's deputy chief medical officer. She held this position since December 2018, serving initially in an acting capacity before becoming permanently assigned in October 2020, at which time the position became a Title 38 equivalent to a senior executive service position.

Led by a director, Change Management's training strategy group managed the overall approach to the new EHR training, which included overseeing Cerner's development and delivery of training content. The director for training strategy was a Title 38 nurse 5 position. She held this position since March 2020, and previously served in other management positions within VHA. The executive director and the director for training strategy worked with Cerner as it developed

¹⁷ The system is meant to be interoperable with the Department of Defense system to provide a continuous patient history and record of treatment. The total costs were initially estimated by VA to be \$16.1 billion, including an approximately \$10 billion contract to Cerner. Two recent OIG reports revealed approximately \$5 billion more was needed for physical and IT infrastructure that should have been included. See VA OIG, [*Deficiencies in Reporting Reliable Physical Infrastructure Cost Estimates for the Electronic Health Record Modernization Program*](#), Report No. 20-03178-116, May 25, 2021; VA OIG, [*Unreliable Information Technology Infrastructure Cost Estimates for the Electronic Health Record Modernization Program*](#), Report No. 20-03185-151, July 7, 2021.

¹⁸ VA OEHRM, *Congressionally Mandated Report on the Oversight of the Electronic Health Record Modernization Program*, January 2021, at 35.

and implemented a series of tiered training courses (100, 200, 300, and 400) that consisted of both computer-based and instructor-led training.¹⁹ After each of the 200- and 300-level courses, VHA staff were required to complete and pass proficiency checks by scoring 80 percent or higher. Change Management was also responsible for evaluating the effectiveness of Cerner's training and, in that capacity, collected data, including the results of proficiency checks and posttraining surveys.²⁰ Because Change Management was a small group, they relied on contracted technical, program management, and administrative support from Booz Allen Hamilton, Inc. (BAH), a public consulting firm that VA retained for IT-related support.

Soon after OEHRM was established, its leaders began receiving requests for information from the OIG. Responsibility for communicating with requestors and coordinating responses became an ancillary duty of one of its senior leaders. This individual primarily served as the director of OEHRM's Program Control Directorate group, which focused on contract oversight and performance. The director did not have any staff formally assigned to him to support these liaison responsibilities, but he tasked others to assist him with various inquiries, including an OEHRM communications specialist who acted as the liaison in this OIG matter. Neither the director nor those who worked with him assumed responsibility for the content of the information provided to the OIG.

The executive director of Change Management and the director for training strategy both told OIG investigators that it was not their office's general practice to contact OIG staff directly to discuss requests or ask questions, and that all queries were required to be made through the liaison. OIG investigators did not identify any written policies precluding Change Management staff from interacting directly with OHI inspectors, and identified some instances of direct communication despite most communications being funneled through the liaison.²¹

The OIG's Training Review

On February 27, 2020, in anticipation of the first deployment of the new EHR at the Mann-Grandstaff facility, OHI staff initiated a review.²² The scope encompassed the "planning, preparation, implementation, and assessment of facility employee training."²³

¹⁹ The 100-level courses taught introductory content, while the higher-level courses provided role-specific content.

²⁰ Change Management intended to use the results of proficiency checks to identify additional training needs and determine if adjustments to the training content were necessary.

²¹ All VA employees and contractors have a right to speak directly and openly with OIG staff without fear of retaliation. Office of Management and Budget Memo M-22-04, "Promoting Accountability through Cooperation among Agencies and Inspectors General," December 3, 2021.

²² The new system's deployment was initially scheduled for March 28, 2020. Six weeks before the scheduled go-live date, the rollout was delayed until October 24, 2020, due in part to the COVID-19 outbreak.

²³ VA OIG, Training Deficiencies with VA's New Electronic Health Record System at the Mann-Grandstaff VA Medical Center, at 9.

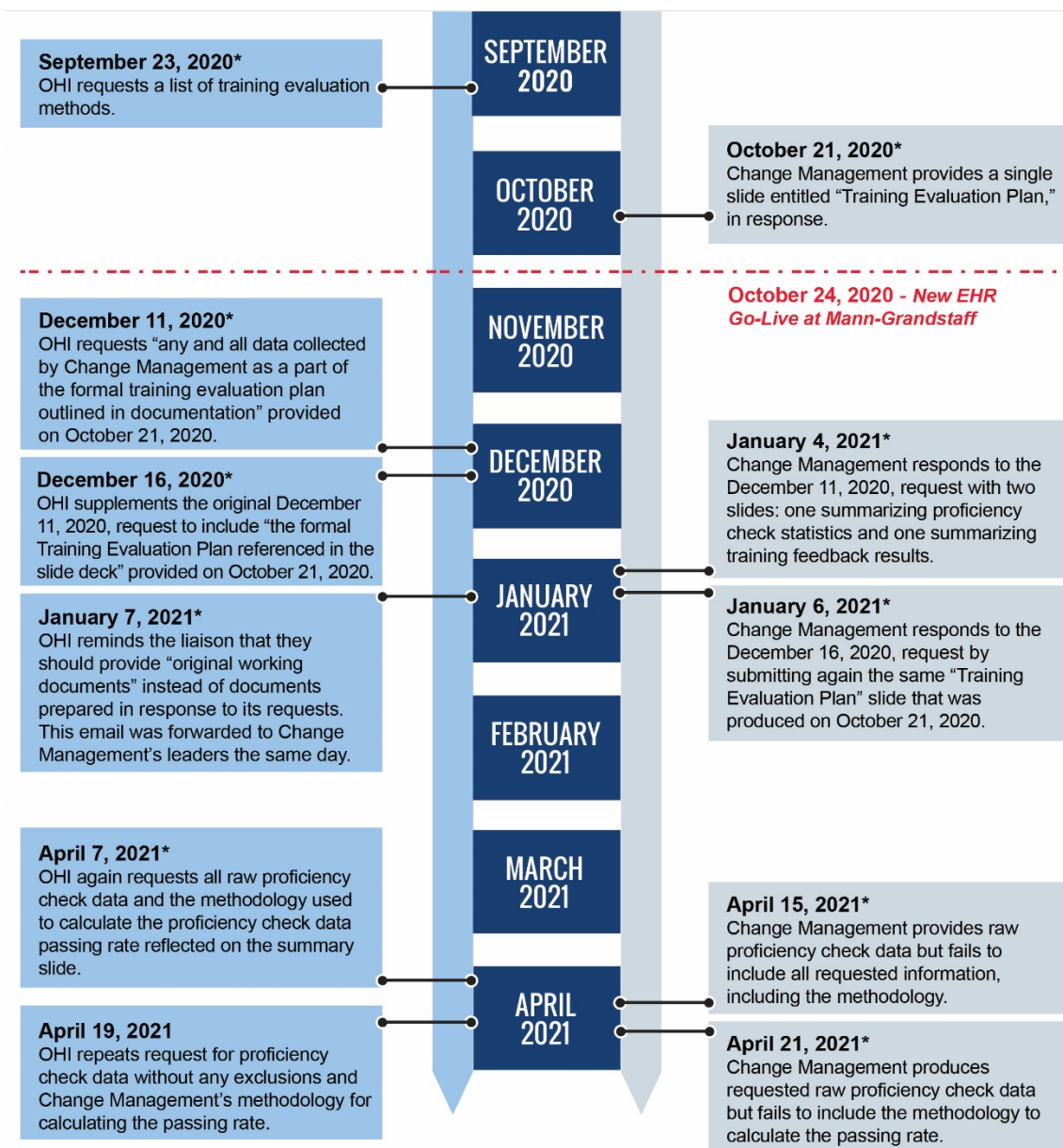
In connection with its review, OHI sought documents and data from both the facility and OEHRM. The initial request to OEHRM, which was sent to the director of the Program Control Directorate on September 23, 2020, contained multiple requests for documents and information. These requests primarily related to OHI's review of OEHRM's plan to evaluate the effectiveness of new EHR training at Mann-Grandstaff, which had been underway for about a month.²⁴ The director of the Program Control Directorate was on leave when the requests came in, and his liaison duties were delegated to a communications specialist in OEHRM (the liaison). On October 1, 2021, the liaison directed the requests to Change Management personnel, who agreed to respond to six of the requests and deferred the remaining five to other groups in OEHRM. This investigation focuses on one of these six requests (and subsequent follow-up) related to training evaluation. The responses to the other requests either did not raise concerns or were otherwise addressed in the OIG's July 2021 report of OHI's review.²⁵

Potential Misconduct Focus of OSR Administrative Investigation

The requests and responses outlined in figure 1 below (and then detailed in this section) raised concerns among OHI staff regarding the accuracy and completeness of Change Management's submissions. Those concerns warranted further examination, including extensive reviews of emails related to the production of information and data provided to OHI, resulting in this administrative investigation.

²⁴ Training for the new EHR began on August 10, 2020, starting with super-user training at Mann-Grandstaff. Super-user training ended on August 21, 2020. Training was then provided to VHA staff at the facility from August 24, 2020, to October 23, 2020. Sustainment training (after going live on October 24) began on October 26, 2020.

²⁵ VA OIG, *Training Deficiencies with VA's New Electronic Health Record System at the Mann-Grandstaff VA Medical Center*.



*Denotes communication facilitated through the designated OEHRM liaison.

Figure 1. Chronology of the one initial OHI request at issue in this report and related follow-up.
Source: OIG analysis.

This sequence of events during OHI's review led to this administrative investigation.

- On October 21, 2020, in response to the previous month's initial request for a "list of training evaluation methods," Change Management (through the liaison) submitted a single PowerPoint slide with the title, "Training Evaluation Plan." This plan appeared to describe evaluation methods (and data) that would be used to assess the efficacy of VHA staff training at various points in time beginning with immediately after training.
- On December 11, 2020, OHI staff followed up with a request for "*any and all data collected* by Change Management as a part of the formal training evaluation plan outlined in documentation submitted to the OIG on October 21, 2020" (emphasis added).
- On December 16, OHI staff sent a request for "the formal Training Evaluation Plan referenced in the slide deck" that was submitted on October 21, 2020. This request followed OHI's initial interview with the director for training strategy on December 15, 2020. She could not recall whether the slide represented the entirety of the plan or whether there was another more detailed document behind it, which led to this request.
- On January 4, 2021, Change Management (through the liaison) responded to the December 11, 2020, request with two PowerPoint slides, including one summarizing proficiency check statistics. This slide stated that "89% of proficiency checks were passed with a score of 80% or higher in three attempts or less" with no description of the methodology used to calculate this result. No data were produced despite the request for "any and all data collected."
- On January 6, the liaison sent OHI a response to the December 16 request, including another copy of the same Training Evaluation Plan slide that they produced on October 21, 2020.
- On January 7, an OHI staff member responded to the liaison's email and stated, "We've noted that frequently you've been provid[ing] documents that appear to have been prepared for our request." (Note that this was contrary to the request for all data, which could be analyzed by OIG staff without any prior repackaging or manipulation.) The OHI staff member further explained why original material was needed: "My hope is that by forwarding original versus prepared documents we will both lessen the effort involved in providing requested information and have a better understanding of OEHRM's significant efforts." The correspondence was forwarded to Change Management's executive director and director for training strategy.
- During March 2021, concerned about its unanswered request for raw data or lack of more detailed information regarding Change Management's training evaluation plan, OHI staff began to review emails of Change Management's executive director and director for training strategy and uncovered a December 17, 2020, draft of the proficiency check

PowerPoint slide. The draft disclosed that “44% of proficiency checks were passed with a score of 80% or higher in three attempts or less,” which was much lower than the 89 percent figure on the slide that was submitted to OHI.

- On April 7, 2021, OHI again sought the underlying data from Change Management. This time the request specifically referenced “all raw proficiency check data from Mann-Grandstaff.” OHI also asked for “the calculation used to determine the reasoning behind this statement: ‘89% of proficiency checks were passed with a score of 80% or higher in three attempts or less.’”
- On April 15, Change Management (via the liaison) provided proficiency check data. No further information on their calculations, such as the methodology used, was provided.
- On April 19, after reviewing OEHRM’s submission, OHI staff sent an email directly to the director for training strategy stating that the spreadsheet of raw proficiency check data they had produced contained no formulas. OHI staff did not have “any means for replicating the methodology used by OEHRM” for calculating the 89 percent statistic. OHI then repeated its earlier request for calculations by asking for the associated worksheet containing computations, as well as a description of the calculation methodology.
- On April 21, Change Management provided additional data and information, but they were incomplete. OHI still could not independently verify the proficiency check results contained on the slide submitted to OHI in January.²⁶

OHI’s analysis of Change Management’s responses to its requests raised concerns that they contained misleading and possibly intentionally false statements, particularly related to proficiency check data. OEHRM also had not provided the OHI team with prompt access to source data, although the OIG was entitled to all of it.²⁷ As stated earlier, OSR initiated this administrative investigation in April 2021 to determine whether Change Management’s executive director and director for training strategy had made misrepresentations to the OIG in their responses to OHI’s requests.

What OSR Did

In addition to reviewing relevant information gathered by OHI during its review, OSR also conducted numerous interviews and reviewed more than 20,000 email records collected from

²⁶ As detailed in the following sections, the difference between the initial 44 percent calculation and the 89 percent figure submitted to the OIG for the percentage of trainees that passed the proficiency checks in three or fewer attempts was later confirmed by an OIG statistician to be due to more than just the undisclosed removal of 30 outliers. In fact, that discrepancy was based on the exclusion of all failed proficiency checks—effectively changing the denominator from providing information about all trainees to an analysis of *just those who had passed*—without disclosing the exclusions to the OIG.

²⁷ IG Act, as amended, 5 U.S.C. App. 3 § 6(a)(1)(A).

VA and its contractor, BAH. OSR also engaged an OIG statistician to analyze the proficiency check results reported by Change Management in January 2021 along with the underlying raw data, which were provided to OHI in April 2021. (For more information on the administrative investigation's scope and methodology, see appendix A.) The sections that follow detail the results of OSR's investigation of the concerns arising out of OHI's review.

Finding and Analysis

Finding: Two of OEHRM Change Management's Leaders Failed to Provide Timely, Complete, and Accurate Information and Data in Response to OIG Requests, Which Impeded Oversight Efforts

The following determinations support the OIG's finding that Change Management did not provide timely, accurate, and complete data and information to OHI regarding its evaluation of VHA staff training for using the new EHR. Failures included

- presenting documentation to OIG staff that described a training evaluation plan without disclosing that the action items had not been fully implemented, and no training evaluation plan had actually been reviewed or approved;
- providing one slide with three summary statistics of average training proficiency scores instead of "any and all data collected" per the submitted training evaluation plan, and then failing to disclose either the removal of data outliers (individuals who appeared to have taken the same test more than 10 times) or that such removal had resulted in the doubling of the passing rate (from 44 percent to 89 percent);
- neglecting to take steps to fully understand and validate BAH's revised analysis of proficiency check statistics before relying on them to calculate a passing rate and failing to recognize red flags that should have led them to question the results prior to submission to OHI, including that the revised numbers resulted in trainees' pass rates *doubling* from BAH's initial calculations, which could not reasonably be attributed to excluding a relatively small percentage of outliers; and
- omitting important information from its initial OIG submission, including that the training proficiency check results were calculated only after they received OHI's request (instead of at the time they completed the training, as required per the evaluation plan) and that they excluded certain data outliers due to concerns about data reliability.

Although the OIG ultimately determined that Change Management's executive director and director for training strategy did not seek to mislead the OIG, these failures had consequences. They interfered with OHI's ability to independently assess (by looking at complete data) whether VHA physicians and clinical staff were being properly trained to use the new EHR, which is central to providing quality care to veterans. This training was a critical aspect of VA's deployment of one of its most extensive, costly, and high-profile programs. These failures also raised substantial concerns about the reliability of information provided to OHI, causing the OIG to divert significant resources during the OHI review and for this subsequent investigation.

The OIG found that the approach of the Change Management leaders (its executive director and the director for training strategy) to preparing these responses evidenced a careless disregard for the accuracy and completeness of the information they were providing. In the words of the director for training strategy, she understood that they were to “provide just the information that’s needed to answer the question. . . . don’t give more, don’t give less.” In this instance, they failed to provide information responsive to the requests.

Under Federal Law, the OIG Is Authorized to Have Prompt Access to All VA Records, and VA’s Employees Are Obligated to Be Truthful in OIG Inspections and Reviews

The Inspector General Act of 1978 (IG Act), as amended, defines one of the OIG’s primary duties as keeping

the head of such establishment [VA Secretary] and the Congress fully and currently informed . . . concerning fraud and other serious problems, abuses, and deficiencies relating to the administration of programs and operations administered or financed by [VA], to recommend corrective action . . . , and to report on the progress made in implementing such corrective action.²⁸

In carrying out its responsibilities under the IG Act, the OIG is authorized to have “timely access to all records, reports, audits, reviews, documents, papers, recommendations, or other materials” related to the agency’s programs and operations.²⁹ In addition, federal regulation requires VA employees to “furnish information and testify freely and honestly.”³⁰

At the time of the initial passage of the IG Act, the Senate Committee on Governmental Affairs stated that “access to all relevant documents . . . is obviously crucial” and the committee intended it to “be a broad mandate permitting the [IG] the access he needs to do an effective job.”³¹ In support of the Inspector General Empowerment Act of 2016 (Empowerment Act),³² which amended the act to strengthen the access of inspectors general to information in response to concerns that agencies were withholding information, the Senate Committee on Homeland Security and Governmental Affairs made this statement:

The Committee agrees . . . that “[r]efusing, restricting, or delaying an Inspector General’s access to documents leads to incomplete, inaccurate, or significantly delayed findings or recommendations, which in turn may prevent the agency from promptly correcting serious problems and deprive Congress of timely information

²⁸ IG Act, as amended, 5 U.S.C. App. 3 § 4(a)(5).

²⁹ IG Act, as amended, 5 U.S.C. App. 3 § 6(a)(1)(A).

³⁰ 38 C.F.R. § 0.735-12(b).

³¹ S. REP. NO. 95-1071, at 33 (1978).

³² Empowerment Act, Pub. L. No. 114-317 (2016).

regarding the agency’s performance. . . . [T]he Committee reaffirms its belief that IGs must be given prompt, unfettered access to agency documents for purposes of carrying out their responsibilities under the Act, and reaffirms its intent to ensure agencies follow the law.”³³

Without this access, it would not be possible for the OIG to carry out effective oversight and keep the VA Secretary and Congress “fully and currently informed.”

This oversight responsibility is particularly critical with respect to the costly and lengthy rollout of the new EHR. Indeed, shortly after Cerner was awarded the contract, the then chairman of the House Committee on Veterans Affairs (HVAC) established the Subcommittee on Technology Modernization specifically to oversee VA’s implementation, and the then ranking member voiced his support for the oversight efforts:

To get this done right is going to take transparency and oversight . . . There are going to need to be eyes on this all the way and every one of us up here, we own this now, . . . [and it] should be the responsibility of this Committee to take a look at it. . . . But to do that, we need to have the capacity, and that means . . . the IG must be given the access [it] need[s] to independently oversee progress on implementation . . . [and the] IG must have access to [the] documents and information it needs to regularly monitor implementation and be ready to follow up, audit, and investigate when significant issues arise.³⁴

Members of the HVAC, the Senate Committee on Veterans’ Affairs, and appropriations committees have continued to look to the OIG to monitor VA’s ongoing implementation, which requires access to the most current data and information.

VA employees also have an obligation to be truthful in their dealings with the OIG.³⁵ A December 2021 memorandum issued by the Office of Management and Budget further emphasized that agencies and their employees are expected not only to provide access to records and data but are also encouraged to seek the benefits of a “proactive and transparent engagement” in their exchanges with an inspector general and its staff.³⁶ Similarly, the VA deputy secretary stated in an email to all VA staff in December 2021—long after and independent of the events detailed in this report—that “to cooperate with OIG personnel, including providing information and assistance in a timely manner” is required by the IG Act, as

³³ S. REP. NO. 114-36, at 6 (2015).

³⁴ *Hearing on VA Electronic Health Record Modernization: The Beginning of the Beginning, Before the House Committee on Veterans’ Affairs*, 115th Cong. (June 26, 2018) (opening statement of Rep. Tim Walz, Ranking Member).

³⁵ 38 C.F.R. § 0.735-12.

³⁶ Office of Management and Budget Memo M-22-04, “Promoting Accountability through Cooperation among Agencies and Inspectors General,” December 3, 2021.

amended.³⁷ In the absence of such candor and cooperation, the OIG would not be able to fulfill its oversight mission effectively or efficiently, particularly with respect to its mandate to keep the VA Secretary and Congress “fully and currently informed” regarding an ongoing project of such scale and complexity as the new EHR implementation.³⁸ The OIG’s mission and values also include serving the veteran community and the public by conducting transparent oversight of VA programs and operations that affect both patient care and the effective use of taxpayer dollars.³⁹

Change Management Submitted a One-Page Training Evaluation Plan to OHI in October 2020 without Revealing It Was a Draft That Had Not Been Fully Implemented

One of the items requested in OHI’s September 23, 2020, email to OEHRM was a “list of training evaluation methods.” By this time, the new EHR training of super users was complete, and the pre-go-live training of VHA staff at Mann-Grandstaff was at its halfway point. On October 21, 2020, Change Management sent OHI a single PowerPoint slide entitled “Training Evaluation Plan,” which is shown in figure 2 below, in response to OHI’s request.

³⁷ VA Deputy Secretary Donald E. Remy email message to all VA staff, “Cooperation with the Department of Veterans Affairs (VA) Office of Inspector General,” December 23, 2021. See also IG Act, as amended, 5 U.S.C. App. 3 § 6(a)(1)(A).

³⁸ IG Act, as amended, 5 U.S.C. App. 3 § 4(a)(5).

³⁹ “Office of Inspector General Mission, Vision, and Values,” OIG website, accessed July 12, 2022, <https://www.va.gov/oig/pubs/VA-OIG-Mission-Vision-Values.pdf>.

Training Evaluation Plan

Stage	Proficiency Checks	Performance/Support	Success/Error Rates
Timing	Immediately after training	1-30 days after training	30-90 days after training
Description and Actions	<ul style="list-style-type: none"> Identify number of attempts needed to pass proficiency checks with 80% correct answers Use surveys to identify areas of challenge self-identified by users Identify trends in incorrect answers, flag as predictor of future challenge areas 	<ul style="list-style-type: none"> Identify what questions users ask and what mistakes they need to have fixed Number of EHRM Support Desk calls Data on nature calls (topic and volume) Data on EHRM Coaching sessions (topics, frequency, comprehension level) 	<ul style="list-style-type: none"> Identify error rate, main areas of success and challenge Identify EHRM data points corrected over 90 days Identify trends in data corrections and helpdesk/super-user requests Recommend system changes, maintenance/refresher training, adjustments to training in sustainment phase
Inputs	<ul style="list-style-type: none"> Proficiency Check Performance Data by individual, training program, VA Role Post Training Surveys 	<ul style="list-style-type: none"> EHRM Helpdesk and MS Teams Channel call data (number, duration, topic) by individual, training program, VA Role EHRM Coach feedback – number of questions, nature of questions by individual, training program, VA Role Super user and Adoption Coach feedback – weekly data call with questions and answers recorded in a provided template 	<ul style="list-style-type: none"> Changes to EHRM data after initial input Help desk call topic data compared to 30-day EHRM Support desk call types Teams Channel topic data evaluation after 30 days Super user and Adoption Coach feedback – biweekly data call with questions and answers recorded in a provided template
Deliverables	<ul style="list-style-type: none"> Maintenance Training Recommendations 	<ul style="list-style-type: none"> Maintenance Training Recommendations Follow-on coaching recommendations System Change recommendations 	<ul style="list-style-type: none"> Maintenance Training Recommendations System Change recommendations

Figure 2. Image of slide entitled “Training Evaluation Plan.”

Source: Provided by Change Management on October 21, 2020.

In their response, Change Management did not provide OHI with any additional context or information about the status of this plan other than what is contained on the slide. As depicted in figure 2, the plan states that “immediately after training” action will be taken to “identify [the] number of attempts needed to pass proficiency checks with 80% correct answers,” and “use surveys to identify areas of challenge self-identified by users.” At the time the training evaluation plan slide was provided to OHI, the VHA staff training was nearly complete and the new system was only three days away from going live at Mann-Grandstaff.

On December 15, 2020, OHI staff interviewed Change Management’s director for training strategy and asked whether the training evaluation plan was “an actual plan that’s written down as opposed to one slide.” The director for training strategy responded, “I would have to look back and see what the source document contains.” She confirmed that Cerner had not been required to prepare an evaluation plan. On December 16, 2020, OHI sought to verify that Change Management had developed an adequate training evaluation plan beyond the single slide depicted in figure 2, and requested the source documents associated with that plan, as well as

Cerner's training strategy. On January 6, 2021, through the liaison, the director for training strategy and executive director resubmitted the same slide (figure 2) that OEHRM had provided in October 2020, along with Cerner's training strategy, indicating that the slide in figure 2 "represents the overall evaluation approach" while Cerner's training strategy outlines a "formally documented continuous improvement ('evaluation') approach." The training strategy document, which is over 60 pages, contains only a brief discussion of training improvement over one-and-a-half pages. It notes that the relevant metrics and data are the responsibility of VA, along with "VA OEHRM Training Director engagement and feedback regarding continuous improvement."

Because the Cerner training strategy did not represent a plan to evaluate the effectiveness of Cerner's training and no additional details beyond the summary slide in figure 2 were provided, OHI staff began to suspect that Change Management's plan to evaluate training had not been fully developed, finalized, or implemented even in its early stages. However, Change Management did not disclose this in either the December 2020 interview or the subsequent January 2021 written response. In March 2021, five months after submitting the slide in figure 2, Change Management's executive director told OHI staff that the plan was "immature" and "in its infancy," and that "in terms of having an actual well-thought out, designed plan at this point, no, we don't." Similarly, the director for training strategy said in a May 2021 interview with OIG investigators that Change Management did not have a "nice, neat, tidy plan" at the time they received the OIG's September 23, 2020, request.

Both blamed the lack of a formal training evaluation plan in part on the fact that Cerner was not contractually required to provide one, which the executive director characterized as an "oversight." Emails from October 2020 among contractors and staff involved in preparing Change Management's response to OHI's September 2020 request are consistent with the executive director's later characterization that the plan was not yet mature. For example, the executive director wrote in an October 2020 email that the training evaluation plan slide provided to the OIG should not include references to trend analyses and other reports that had been proposed for inclusion because "we will be asked for them and I'm not convinced that we have a solid process in place for this level of evaluation at this time."

When asked why they did not inform OHI staff earlier of the actual status of the plan, Change Management's executive director and director for training strategy both told OSR investigators that they felt it was more appropriate at the time to revise a draft "Training Evaluation Plan" matrix that had not been finalized or fully implemented and provide that instead:

- **Change Management's executive director:** "This was our best work at the time. . . . This is what we [had] at the time, what we said at the time, and it's where we were in our evolution of the program."
- **Change Management's director for training strategy:** "I think at this point in time, . . . knowing that there were elements in the [Cerner] contract that we would be overseeing that did amount to an evaluation, and given the fact that we were in

the process of discussing what our evaluation plan would be, we made the decision to put that into a formal response to outline those things and to submit that with the September response.”

The matrix provided to OHI was based on a draft prepared several months before OHI’s request by a BAH contractor, who, according to the executive director, “didn’t have . . . subject matter expertise.” The executive director noted that, while it contained some good ideas, it was not based on research or literature, and “we shouldn’t have put things on paper without going to the literature” or confirming that the things on the list are possible and that the data were available.⁴⁰

The director for training strategy subsequently told OSR staff that “I think in hindsight, we likely should have just said we didn’t have an evaluation plan written out, and let the response be that.” If Change Management had told OHI that they did not have a formal training evaluation plan at the time of the initial request, or when responding to the subsequent request for a more detailed plan, “OHI would just have reported that,” according to OHI staff. Instead, OHI staff spent seven months making requests and reviewing insufficient responses, many of which were delayed, only to find that “given the deficits in both planning and execution of training evaluation by VA OEHRM, [there was] an absence of evidence that VA OEHRM has a current means of measuring actionable results of training.”⁴¹

In Response to OHI’s Request for “Any and All Data Collected” under the Training Evaluation Plan, Change Management Submitted Inaccurate Summary Proficiency Check Statistics with Errors That OHI Staff Could Have Detected If the Actual Data Had Been Provided

OHI sent a supplemental request to the OEHRM liaison on December 11, 2020, seeking “any and all data collected by OEHRM Change Management as a part of the formal training evaluation plan outlined in documentation submitted to the OIG on October 21, 2020.” The training evaluation plan slide shown in figure 2 referenced certain data inputs, including proficiency checks and surveys, that would be analyzed “immediately after training.” By this point in time, it had been nearly 50 days since the training ended at Mann-Grandstaff that would prepare staff to begin using the new EHR. OHI should have been able to reasonably expect that many of the data points stated as collected immediately after training in the evaluation plan would be available, if the plan had been implemented as described in the Change Management submission to OHI.

⁴⁰ She explained that, as of June 2021, they were in the process of revising the plan and “ensuring that [the] model is steeped in the literature [and] . . . industry standard.”

⁴¹ VA OIG, *Training Deficiencies with VA’s New Electronic Health Record System at the Mann-Grandstaff VA Medical Center*, at 37.

The director for training strategy conceded months later that at the time they received this follow-up request, they “had not gotten to the point where we had done our formal evaluation yet of that training.” In responding to this request, Change Management had yet another opportunity to disclose that this plan had not been implemented fully and that it was not actually a formal plan. Instead of explaining the status of the plan to OHI staff or simply providing the requested underlying data, Change Management’s director for training strategy attempted to complete the analysis of proficiency check data that had been described in that training evaluation plan slide in order to provide a summary to OHI.

Between December 15, 2020, and December 18, 2020, the director for training strategy directed its contractor BAH to pull proficiency check data and calculate various statistics, including the number of passing proficiency checks (score of 80 percent or higher), the number of attempts required to pass, and the average scores. On December 18, 2020, after this analysis was completed, the director for training strategy sent a draft slide containing three bullets to the executive director, who approved it on December 21, 2020. The slide, which was submitted by the liaison to OHI staff on January 4, 2021, is reprinted below in figure 3.⁴²

Review of proficiency check data revealed:

- 89% of proficiency checks were passed with a score of 80% or higher in three attempts or less
- Average score on proficiency checks was 89.77% with an average of 1.88 attempts
- Individual users who required more than three attempts to pass a proficiency check were provided remediation and support by the classroom Trainer or Super User

Figure 3. Proficiency check results submitted by Change Management.

Source: Document provided by Change Management to OHI on January 4, 2021.

Change Management did not produce the underlying data to OHI that were analyzed by BAH staff until late April 2021 in response to a follow-up request, even though the data were readily available months earlier (attached to emails from BAH) when the director for training strategy prepared the proficiency check slide for submission. In addition, the Change Management

⁴² The other PowerPoint slide in Change Management’s response summarized numerical survey responses and did not relate to proficiency checks. OHI’s concerns regarding Change Management’s presentation of survey results were explored fully in its previous report and will not be addressed further here. See VA OIG, *Training Deficiencies with VA’s New Electronic Health Record System at the Mann-Grandstaff VA Medical Center*.

leaders also disclosed for the first time in April that certain outliers (end users who had taken proficiency checks 10 or more times) had been excluded from their calculations. They also provided a description of the purported methodology used to calculate the 89 percent passing rate referenced in figure 3, but, as discussed below, the OIG could not replicate Change Management’s submitted passing rate using the steps provided.

Explanations to OIG staff from the Change Management leaders suggest that they were insufficiently aware of the OIG’s right to obtain existing materials, rather than specially prepared summary responses. When asked why they did not provide raw data in response to requests for “any and all data collected” in December 2020—specifically, the survey data—Change Management’s executive director explained to the OHI team,

I guess it’s an interpretation of what any and all data is . . . And I apologize . . . I wasn’t thinking in terms of any and all data because I’m sure there [were] 85 other data points that we could be sharing with you all that wouldn’t necessarily occur to me . . .

She also explained later in an interview with OIG investigators that, at the time of the responses to OHI, she was not “aware of the duty to disclose any or all information, and what that meant.”⁴³ In addition, at least with respect to requests from other oversight organizations, she said that they always provided summaries of analyzed data and not raw data. The director for training strategy testified that she did not consider providing the underlying data because they had prepared summaries in response to prior OIG requests, which she claimed was OEHRM’s general practice.

The Passage Rate of 89 Percent in Three Attempts or Less Was Incorrectly Calculated on a Dataset That Excluded All Staff Who Failed the Proficiency Checks

Once OHI staff had access to the actual data in April 2021, they were able to test the numbers and attempted to repeat the methodology for calculating the 89 percent passing rate by following the steps provided by Change Management. They were unable to replicate the calculation using those steps. OHI staff became increasingly concerned that the Change Management leaders had manipulated the data in order to reach a more favorable result, which led to OSR’s subsequent administrative investigation that is the subject of this report.

⁴³ As discussed in the conclusion, the OIG acknowledges that VA leaders have been working on better informing employees of their duties in engaging with OIG staff. The conduct addressed by this report predates these actions. On September 22, 2021, the VA Secretary directed all employees to complete training on how to report wrongdoing to the OIG and on the importance of cooperating fully and providing all requested materials. In addition, on December 23, 2021, VA’s deputy secretary followed up with an email reminder to all employees reiterating the Department’s commitment to cooperating with the OIG.

OSR worked with one of the OIG’s statisticians, who reviewed the raw data and information regarding the methodology provided by Change Management in April 2021 to determine whether the results they reported to the OIG in January 2021 appeared accurate. The statistician concluded that removing only the outliers as described by Change Management could not have resulted in the calculation of an 89 percent passing rate. After multiple attempts, the statistician finally computed 89 percent, but only after eliminating *all failure data*. In other words, the statistician calculated that, looking *only* at *passing* proficiency checks (scores of 80 percent or higher), 89 percent of them were passed in three attempts or less. The result of the exclusion of all failed proficiency check data was that it effectively changed the denominator from providing information about all trainees to an analysis of *just those who had passed*—and all exclusions were not disclosed to the OIG. This statistic reveals nothing about how effective the training was overall, and was misleading and unresponsive to the OIG request.

The statistician further determined that even by limiting the passing rate calculation to proficiency checks with passing scores that included all completed checks (passed or failed) in “three attempts or less” (as stated in the first bullet on figure 3, which by definition excludes outliers), the passing rate was 65 percent.⁴⁴ This statistic is far below the more favorable 89 percent passing rate reported by Change Management to the OIG.⁴⁵

The statistician’s finding that the 89 percent passing rate excluded all failure data confirmed what OIG staff had been told by a BAH contractor earlier in the investigation. The contractor testified in an interview that BAH had removed all failure data and that this was according to instructions from the director for training strategy. The director for training strategy made requests regarding the proficiency check analysis to the BAH team through a series of communications over several days. The OIG found, however, that the language used by BAH to confirm the parameters with the director for training strategy was vague, at one point stating that they would “determine average passing rate at 80% and above.” The director for training strategy did not interpret this as meaning that BAH planned to exclude all proficiency checks with a score lower than 80 percent. Neither Change Management’s executive director nor the director for training strategy understood that all failure data had been excluded by BAH. Instead there likely was some sort of misunderstanding or miscommunication between the director for training strategy and the BAH team, many of whom were new to the Change Management team at the time this analysis was completed.

⁴⁴ The OIG statistician determined that the “outliers” as defined by Change Management (and based on the raw data they provided) consisted of 25 end users and approximately 320 proficiency checks.

⁴⁵ The OIG’s statistician also found that, based on the spreadsheet Change Management produced and their definition of a passed proficiency test, the overall passing rate (out of all proficiency checks prior to excluding outliers or others) was 42 percent, which was close to the 44 percent passing rate in Change Management’s December 17, 2020, draft response that was never submitted to OHI but was discovered by the OIG during a review of Change Management staff emails. He calculated that, if the passing rate was further refined to exclude only outliers, then the rate would be 51 percent, i.e., 51 percent of proficiency checks were passed in 10 attempts or less.

Change Management’s Approach to Analyzing and Reporting the Summary Proficiency Check Statistics Reflected a Careless Disregard for Accuracy and Failed to Recognize Red Flags

Soon after OEHRM received the December 11, 2020, request from OHI, the director for training strategy asked BAH contractors to analyze the proficiency check data in order to prepare a response.

The Initial Results

BAH sent initial results to the director for training strategy on December 15, 2020, and December 17, 2020, based on an analysis of 5,846 proficiency checks completed from the start of Mann-Grandstaff training on August 24, 2020, through October 23, 2020.⁴⁶ These results led to the calculation that, among other data points, *44 percent of all proficiency checks were passed in three attempts or less*. The director for training strategy asked the contractor whether there were “any trends that would make us think there was a problem with the proficiency check itself.” The BAH contractor replied,

My review of the data . . . does imply that the 30 users who took the test more than 10 times may have had technical difficulties with [the Talent Management System].⁴⁷ For instance, one individual took the same test 29 times. However, based upon quantitative numbers alone I cannot make that judgement.

The director for training strategy did not request more details regarding this data, including how many proficiency checks were associated with these 30 users. She then instructed the contractor to recalculate the proficiency check statistics by removing these “outliers.”

On December 17, the director for training strategy emailed a draft PowerPoint slide summarizing these initial results to the executive director, which contained the following text:

- 5846 Proficiency Checks were completed by end users. Proficiency check data was analyzed to determine trends
- Average score on all proficiency checks (pass or fail) was 69%

⁴⁶ The statistics were based on BAH’s review of raw proficiency check data from VA’s Talent Management System for training VA employees and staff for the period extending from the beginning of training through October 23, 2020, which BAH had attached to the email to the director for training strategy.

⁴⁷ As noted earlier, the OIG statistician identified 25 outliers based on the definition of individuals taking the proficiency check more than 10 times. It is unclear how the contractor arrived at the 30 outliers reported to Change Management. The difference does not significantly affect the finding.

- 44% of proficiency checks were passed with a score of 80% or higher in three attempts or less⁴⁸

The executive director replied the following day: “Wow do I have questions. I put them in the PPT but happy to discuss as well. Thanks.”

The director for training strategy replied, “The answer to pretty much all of your questions is, yes, that’s what the numbers show. *I’ve asked the [BAH contractors] to go back and remove the outliers, take another look at how the 5800+ is distributed across all users and take a new stab at it.*” (emphasis added)

The Executive Director and Director for Training Strategy’s Review of the Initial Results

In the comments on the draft slide, the executive director asked, “So 56% (or 3273) of end users didn’t pass the proficiency check in three attempts and required remediation?! ”⁴⁹

By the time that the director for training strategy responded to the question, BAH had completed their analysis. She explained,

Yes. That is the raw data and straight analysis. However, 30 individuals were extreme outliers—with some listed as taking a single proficiency check as many as 29 times. We are unable to validate if it was a user error, did the user start the [proficiency check] and get called away, etc. We felt it was appropriate to remove these extreme outliers from the data

We removed the outliers . . . (2% of the [Mann-Grandstaff] users) and reanalyzed the data. Updated statistics reflect the pass rates of those remaining. Of those remaining, the majority of staff passed the [proficiency checks] in three attempts or less.

Both the executive director and the director for training strategy testified that the initial results of a 44 percent passing rate, which were based on the raw data, differed from what they had seen while observing training. The executive director told OIG investigators that the initial numbers were “not consistent with my experiences in the classroom.” The director for training strategy stated, “Those initial numbers just didn’t make sense [with] what I was seeing on the ground.”

The OIG acknowledges that it can be appropriate to exclude outliers associated with system errors or other validated “bad data.” Moreover, such data may be removed in the earlier stages of

⁴⁸ Several of the earlier iterations of the proficiency check summary data were discovered by OHI staff in their review of VA emails in March 2021, as detailed in the next section, which led to additional interviews and document requests by OHI staff and, ultimately, OSR’s subsequent investigation.

⁴⁹ The OIG assumes this reference relates to the executive director inferring that if 44 percent of proficiency checks were passed in three attempts or less, 56 percent were failing scores.

a data-mining exercise consistent with best practices in data analysis.⁵⁰ It is not appropriate, however, to complete the data-mining and interpretation phases of the process and then decide to exclude a subset of data in order to arrive at a predetermined or more favorable outcome, particularly where, as here, concerns about reliability and any exclusions identified later in the process were not disclosed.

In this case, neither the executive director nor the director for training strategy verified that the outliers in fact reflected inaccurate or bad data.⁵¹ In addition, the Change Management leaders decided to exclude this data *after* calculating a less favorable result rather than identifying and excluding outliers prior to running the calculations.⁵²

Recalculation “without Outliers”

When the results were recalculated, a BAH contractor sent an email on December 18, 2020, to the director for training strategy stating, “When all outliers are removed (those who took the test more than 10x) the average passing score is 89.77 with an average of 1.88 attempts.” The contractor included a table (figure 4 below) showing the average scores based on number of attempts along with the count of proficiency checks.

Note, however, that the table is simply the average score associated with the number of attempts it took trainees who passed to score 80 percent or higher on the proficiency check. That is, it only focused on the tests of those who passed, how quickly they did so, and with what score. It did not provide numbers that could be used to calculate the overall pass rate of all trainees that *included those who failed*. Yet Change Management’s director for training strategy used these numbers to calculate the pass rate. The total number of trainees’ tests on the recalculation (2,821) was less than half that of the total trainees’ tests (5,846) that were the subject of BAH’s analysis, which

⁵⁰ Usama M. Fayyad, Gregory Piatetsky-Shapiro, and Padhraic Smyth, “From Data Mining to Knowledge Discovery: An Overview,” in *Advances in Knowledge Discovery in Data Mining*, eds. Usama M. Fayyad, Gregory Piatetsky-Shapiro, Padhraic Smyth, and Ramasamy Uthurusamy (Cambridge, MA: AAAI Press, 1996), 1–34.

⁵¹ When OIG investigators asked what analysis was performed to verify that the data removed were, in fact, outliers, and that their removal resulted in a more accurate depiction, the director for training strategy testified that there had not been any scientific study or statistical analysis performed. OIG investigators also asked the executive director whether the outliers were contacted to assess whether they had failed their proficiency checks due to technical issues. The executive director testified that she did not know whether any were contacted or whether this was just “a subject matter expert looking at the data set and . . . drawing conclusions from that data.”

⁵² The executive director defended the approach by stating that the revised calculation of 89 percent had resulted from handling the data “properly through the KDD [Knowledge Discovery in Databases] process,” and defining outliers consistent with the group’s standard operating procedures. The OIG found, however, that the standard operating procedures only address data-cleaning procedures in the context of survey data—not proficiency checks or other data types. In addition, according to sources referenced by the executive director to the OIG team, the KDD process contemplates data cleaning, including “removal of noise or outliers,” several stages *before* running searches within data; or, in other words, outliers are to be defined before data are mined, and well before data are interpreted. “Overview of the KDD process,” University of Regina CS831: Knowledge Discovery in Databases, accessed July 23, 2021, http://www2.cs.uregina.ca/~dbd/cs831/notes/kdd/1_kdd.html; Fayyad, “From Data Mining to Knowledge Discovery: An Overview,” at 10.

led to the initial calculation of a 44 percent pass rate that the director for training strategy sent to the executive director of Change Management on December 17, 2020 (see pages 19 and 20). That means more than half of the proficiency checks had been excluded from the calculations.

Per your request please see the information below for request 1. When all outliers are removed (those who took the test more than 10x) the average passing score is 89.77 with an average of 1.88 attempts. The average number of attempts for all users is 2.86. The specific breakdown can be seen below for the time period August 2020 to October 23 2020. PCD data was utilized to complete the analysis. The raw data is attached for your reference.

Attempts	Count of Iterations	Average of Score(%)
1	1549	90.0522918
2	674	89.67062315
3	301	89.10631229
4	142	88.27464789
5	77	89.03896104
6	28	90.5
7	23	92.47826087
8	16	91.3125
9	11	90.36363636
Grand Total	2821	89.77561149

Figure 4. BAH contractor recalculations noting the exclusion of outliers.

Source: Email from BAH contractor to the director for training strategy, December 18, 2020.

The Director for Training Strategy’s Lack of Review of the Recalculated Figures

The director for training strategy did not “dig deeper” into the underlying data attached, statistics, or methodology with BAH to confirm she understood what their calculations represented. Instead, the director for training strategy incorrectly used the count of only trainees who passed in the table provided by BAH to calculate a new percentage of all trainees that passed in three attempts or less at 89 percent, which was more than double the initial 44 percent statistic and so should have signaled a problem with the calculations (particularly as she had previously responded to a question from the executive director that outliers accounted for only two percent of trainees).⁵³ She then revised the PowerPoint slide and emailed it to the executive director for review stating, “We removed the outliers and were left with results *that more*

⁵³ The director for training strategy initially did not recall whether she prepared the slide or whether a BAH contractor did, but when she reviewed the table during her interview with OIG staff, she realized that she had simply added up the BAH-provided “count of iterations” for attempts 1, 2, and 3 (2,524), and divided by the total (2,821), to arrive at 89 percent passing within three attempts.

accurately reflect what I saw happening in the training room when observing classes.”

(emphasis added) The director for training strategy told OIG investigators, however, that she is “not a statistician” or a “data analyst,” and has “very little actual personal experience . . . crunching the statistics and [analyzing data] on a broad scale.”

The director for training strategy did not attempt to validate BAH’s methodology or results before using the data on all students who passed to calculate a new all-trainee passing rate. Such a substantial increase in the passing rate from the initial calculation (more than double) should have been a red flag given the relatively small number of outliers. The table sent with the BAH contractor’s email also indicated that a total of 2,821 proficiency checks were included in the updated analysis, while the original total was 5,846—a difference of more than 3,000 tests. As stated above, this too should have prompted Change Management leaders to question whether the numbers they were reporting were accurate, as it is extremely unlikely that the proficiency checks taken by 30 trainees they identified as outliers could have accounted for such a large number of excluded tests.

The director for training strategy testified in this investigation that she was not aware at the time she prepared the slide for production to OHI that BAH’s analysis did not include trainees who had failed. The OIG also has no evidence of an intent to mislead. Nonetheless, her approach to providing the information to OHI’s staff—missing the red flags and failing to seek validation or quality controls—was extremely careless and resulted in inaccurate data being reported to the OIG that portrayed the success of the training in a far more favorable light than the data actually supports. Had she or the executive director taken steps to validate the statistics calculated by BAH and the approach to calculating a passing rate, it is likely that the removal of all failure data would have come to light.

When the Proficiency Check Slide Was Provided, Change Management Did Not Disclose That “Outliers” Had Been Removed or Their Concerns about the Reliability of the Proficiency Check Data

A review of email correspondence by OIG staff and subsequent interviews revealed that Change Management leaders considered disclosing the removal of outliers but decided not to do so, stating that it was standard practice to clean data and not to disclose that action. On December 18, 2020, the director for training strategy sent an email to the executive director, attaching a revised PowerPoint slide for review. She stated in her cover email,

A new slide has been added to reflect the analysis done after outliers were removed. *(Do we need to add a bullet discussing the outliers or let it ride and defend it if they ask? I’m assuming the latter but wanted to double-check.)*
(emphasis added)

On December 21, the executive director responded, “I’m good with slide 2, thanks.” The slide was produced without a corresponding explanatory bullet. When OIG investigators later asked

the director for training strategy why this explanatory bullet had not been added, she responded, “I had taken it off the presentation . . . on one of the iterations, and [the executive director] said . . . I’m okay with that slide, which meant to me that she was good with having removed it.” The executive director said, “I don’t know if . . . somebody answered the question . . . But again . . . it’s just not been my experience for a footnote or asterisk when you do data cleaning because you do data cleaning. That’s just part of the standard process.” The executive director told OIG investigators that “there is no asterisk or footnote to say, ‘Hey, data was removed.’ It’s just expected to be—it’s standard practice.” The executive director explained further that OEHRM staff do not disclose the process or methodology they use to clean data nor do they reference source material used to generate summaries.

The Change Management leaders also did not disclose their underlying concerns regarding the data’s reliability—concerns that led them to instruct BAH to remove outliers. The director for training strategy told OIG investigators that she knew “there were problems with the proficiency checks” at the time they received the December 11, 2020, request from OHI. The OIG investigative team also found documentary evidence that she met with BAH contractors in early December 2020 and that the conversation focused on concerns about the reliability of the proficiency check data.

They also did not divulge that they had substantial difficulty in identifying the original steps taken by BAH contractors or replicating them to calculate some of the statistics supporting the results provided to OHI on January 4, 2021, in figure 3. When responding to the April 2021 request for the methodology used in calculating that 89 percent of trainees passed in three or fewer attempts, the director for training strategy instructed BAH to go back and pull the information and emails that had been used to create Change Management’s response to OHI’s December 2020 request. A contractor employee stated in an email to other BAH staff that he did not have the original files used to create the proficiency check data summary for OHI because the individual who had done the original work was no longer employed with BAH. Because of this, a BAH employee attempted to re-create the requested pivot table for proficiency check statistics and initially experienced challenges in replicating the data to support the reported results.

Nonetheless, Change Management provided raw proficiency check data to OHI in April 2021 in support of their January summary analysis without disclosing the obstacles that they faced in re-creating data consistent with the original files. Doing so would have revealed flaws in their processes or data.

Conclusion

The OIG found that Change Management’s executive director and director for training strategy did not intentionally deceive or mislead OHI staff, but the summary analysis of proficiency check pass rates prepared in lieu of what the OIG inspectors requested reflected carelessness for the accuracy or completeness of the information they were providing. The request was for “any and all data collected by OEHRM Change Management as part of the formal training evaluation plan.” Instead of reporting unfavorable results that did not mesh with their perceptions of the training’s success, the data were reworked without disclosure. In the end, the results only focused on the group of proficiency checks that trainees had passed. The result of the exclusion of all failed proficiency check data was that it effectively changed the calculation from providing information about *all trainees* to an analysis of *just those who had passed* in three attempts or less. That information was not what the OIG needed or requested to assess the effectiveness of training for medical facility staff using a new electronic health record system to help meet veterans’ healthcare needs.

The 89 percent proficiency check pass rate reported to the OIG was double that of the 44 percent pass rate initially calculated (and discovered by OHI in an email search), which should have raised red flags that proficiency checks that trainees had failed had been omitted. The missteps also included failure to disclose the following: (1) the underlying data when requested; (2) the methodology to verify findings; (3) information that the numbers had been calculated *in response to* OHI’s request (instead of in carrying out the training evaluation plan); (4) known concerns about the reliability of the underlying data; and (5) that these numbers had been calculated by excluding outliers.

This was all set in motion by Change Management presenting a one-page matrix as if it was the summary of an approved training evaluation plan that was being implemented, when it was really the repackaging of preliminary thinking that had not yet been fully considered and had not been formulated into an actual plan. By their own admission, the Change Management leaders were not forthcoming in their submission about the training evaluation plan’s development and status.

Together these actions misrepresented the true state of Change Management’s plan to evaluate training, which its leaders later described as “in its infancy,” obfuscated potential issues with proficiency check data, and impeded the OIG staff’s efforts to properly assess in real time how OEHRM was evaluating the new EHR training to ensure patient care and safety risks were minimized while meeting user needs. It also interfered with OHI’s oversight of early training metrics, which was a critical task as the training results were to inform future user preparation across VHA for the EHR rollout.

The IG Act, as amended, authorizes the OIG to have timely access to all VA records and information relevant to the OIG's oversight requests.⁵⁴ In addition, VA regulation requires employees to "furnish information and testify freely and honestly."⁵⁵ Without access to information and data, as well as candor and cooperation from VA employees who are providing such access, the OIG cannot satisfy its congressional mandate to exercise proper oversight over VA's programs. At minimum, VA must ensure that information and data response processes do not impede oversight and create unnecessary delays to accessing data and original documentation, or preclude direct communication between the OIG and VA staff with subject matter or data expertise.⁵⁶ Information provided should be accurate and disclose related concerns or relevant context.

Since OHI's training review, VA Secretary McDonough has directed one-time mandatory training for all VA personnel on reporting to and engaging with OIG oversight staff. In addition, VA's deputy secretary reminded all employees in an email in December 2021 of their duty to cooperate fully in OIG inquiries. While the culture of accountability and engagement they are promoting is critical, this report underscores the need for other VA leaders to integrate these values throughout their offices, including within the Electronic Health Record Modernization Integration Office (EHRM IO) as it assumes VA's program oversight role going forward.

⁵⁴ IG Act, as amended, 5 U.S.C. App. 3 § 6 (a)(1)(A).

⁵⁵ 38 C.F.R. § 0.735-12(b).

⁵⁶ The issues raised with Change Management leaders are not new. Earlier exchanges with OEHRM resulted in the deputy inspector general writing in May 2019 to underscore that the OIG was not seeking the creation or alteration of documents. His communication stated, "*We do not request the creation of any documents.* In other words, we do not want you to create documents and certainly do not want you to alter information for our benefit. We simply want access to what exists and in the form that exists, including ongoing access. No effort is required other than the simple steps of providing access."

Recommendations

The OIG recommends that the executive director for the Electronic Health Record Modernization Integration Office take the following actions:

1. Issue a clarifying communication to the office's personnel that all staff have a right to speak directly and openly with Office of Inspector General staff without fear of retaliation, and that, irrespective of any processes established to facilitate the flow of information, Electronic Health Record Modernization Integration Office personnel are encouraged to communicate directly with OIG staff when needed to proactively clarify requests and avoid confusion.
2. Provide clear guidance that the office's personnel must provide timely, complete, and accurate responses to requests for all data or information without alteration, unless other formats are requested, with full disclosure of the methodology, any data limitations, or other relevant context. This includes prompt OIG access to entire datasets consistent with the Inspector General Act of 1978, as amended.
3. Determine whether any administrative action should be taken with respect to the conduct or performance of the executive director of Change Management.
4. Determine whether any administrative action should be taken with respect to the conduct or performance of Change Management's director for training strategy.

VA Comments and OIG Response

The EHRM IO executive director concurred with the OIG's finding and its four recommendations and submitted acceptable action plans. Accordingly, an OIG response is not warranted. The VA response is published in full as appendix B. The OIG does acknowledge that the executive director for Change Management was reassigned to VHA (outside of EHRM IO) after this report was provided to VA for review. Accordingly, VA has indicated that the individual's new supervisor in VHA will be responsible for addressing recommendation three, which calls for a determination of whether administrative action is appropriate given the conduct and performance described in this report. The OIG will continue to monitor all recommendations until sufficient documentation has been received to close them as implemented.

Appendix A: Scope and Methodology

Scope

The OIG conducted this administrative investigation from April 2021 through March 2022. (See scope limitations below pertaining to obtaining evidence from a third-party contractor and its current and former employees.) The investigation focused on the conduct of VA employees between September 2020 and April 2021 in responding to OHI's requests during its training review.

Methodology

To accomplish the objectives of this review, OIG staff conducted more than 20 interviews; examined thousands of documents; performed a statistical review of proficiency check data; and considered relevant laws, regulations, policies, and guidelines pertaining to the obligations of agencies, employees, and contractors to respond to inspector general requests.

Within Change Management, OIG interviewed the executive director and the director for training strategy, along with other personnel. The OIG also interviewed OEHRM's then chief medical officer and then deputy chief medical officer, the then director of the Program Control Directorate, a government information specialist from OEHRM's Office of Communications, and a contracting officer's representative for OEHRM's Program Management Office support contract. The OIG also interviewed three employees of BAH.

The OSR team reviewed thousands of documents, including more than 20,000 emails. They initially reviewed relevant documents, information, and interviews from OHI's training review, and subsequently obtained and reviewed thousands of additional documents from VA and BAH. An OIG statistician also assessed the proficiency check raw data and methodology provided by Change Management to OHI on April 21, 2021, to determine whether they supported the proficiency check data analysis submitted in response to OHI's December 11, 2020, request.

In this report, the OIG removed identifiers for individuals when appropriate to protect their privacy interests.

Scope Limitation

The OIG based its conclusions on available evidence. In addition to VA employees, the OIG also interviewed three contractors still employed by BAH. Four contractors involved in the relevant events were no longer employed by BAH. They declined to participate voluntarily in interviews, and the OIG lacked the legal authority to issue subpoenas to compel their testimony at the time of this investigation. Despite the challenges in obtaining testimonial evidence from BAH contractors, the OIG had sufficient information to make its findings.

Government Standards

The OIG conducted this review in accordance with the Council of the Inspectors General on Integrity and Efficiency's *Quality Standards for Investigations*.

Appendix B: VA Management Comments

Department of Veterans Affairs Memorandum

Date: July 5, 2022

From: Program Executive Director, Electronic Health Record Modernization Integration Office (00EHRM)

Subj: OIG Draft Report, Senior Staff Gave Inaccurate Information to OIG Reviewers of Electronic Health Record Training

To: R. James Mitchell, Acting Assistant Inspector General for Special Reviews (56)

1. Thank you for the opportunity to review and comment on the Office of the Inspector General (OIG) draft report Senior Staff Gave Inaccurate Information to OIG Reviewers of Electronic Health Record Training. The report contains one finding and four recommendations for the Principal Executive Director.
2. I concur with the finding and with the four recommendations in this report. I have included as an attachment to this memorandum an action plan response to address the recommendations.

<i>The OIG removed point of contact information prior to publication.</i>

(Original signed by)

Terry A. Adirim, M.D.

Attachment

Recommendation 1. Issue a clarifying communication to the office's personnel that all staff have a right to speak directly and openly with Office of Inspector General staff without fear of retaliation, and that, irrespective of any processes established to facilitate the flow of information, Electronic Health Record Modernization Integration Office personnel are encouraged to communicate directly with OIG staff when needed to proactively clarify requests and avoid confusion.

EHRM Response: Concur. The Program Executive Director of the Electronic Health Record Modernization Integration Office (EHRM IO) will issue a communication to all EHRM IO staff (Federal and contract employees) to make clear the expectation of their right to speak directly and openly with the Office of the Inspector General staff without fear of retaliation and to communicate directly with the OIG staff as needed to respond completely and accurately to their requests.

Target Date for Completion: July 2022

Recommendation 2. Provide clear guidance that the office's personnel must provide timely, complete, and accurate responses to requests for all data or information without alteration, unless other formats are requested, with full disclosure of the methodology, any data limitations, or other relevant context. This includes prompt OIG access to entire datasets consistent with the Inspector General Act of 1978, as amended.

EHRM Response: Concur. The Program Executive Director of the Electronic Health Record Modernization Integration Office (EHRM IO) will reiterate and reinforce to all EHRM IO staff (Federal and contract employees) the Deputy Secretary's memo from December 2021 of their duty to cooperate fully in OIG inquiries and the expectation to fulfill the requirement for timeliness, completeness, and accuracy in all responses to OIG requests for information, without alteration and with full disclosure.

Target Date for Completion: July 2022

Recommendation 3. Determine whether any administrative action should be taken with respect to the conduct or performance of the executive director of Change Management.

EHRM Response: Concur. On June 5, 2022, the executive director of Change Management accepted a new position with the Office of Health Technology within the Veterans Health Administration. EHRM IO has advised the gaining supervisor of this report and is referring it there for their review and appropriate action.

Target Date for Completion: July 2022

Recommendation 4. Determine whether any administrative action should be taken with respect to the conduct or performance of Change Management's director for training strategy.

EHRM Response: Concur. The Chief of Staff will review the record, conduct an analysis of the facts of the case and determine the appropriate action or other remedy to correct the behaviors discovered and reported in this finding.

Target Date for Completion: September 2022

OIG Contact and Staff Acknowledgments

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