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VETERANS HEALTH ADMINISTRATION

Facilities Need to Fully Implement VHA's Strategic Planning and Request Process for Nonexpendable Medical Equipment

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Executive Summary

The Veterans Health Administration (VHA) has medical facilities across the United States that use nonexpendable medical equipment such as ventilators, radiology equipment, and vital sign monitors to deliver care to millions of veterans. Unlike medical equipment that is meant for temporary use, nonexpendable equipment typically has a useful life of two years or more and costs more than $300.[1]

Beginning in fiscal year (FY) 2017, VHA mandated that its medical facilities and the VA regional health networks they belong to use a comprehensive process to plan for, request, and approve purchases of nonexpendable equipment: VA calls this the Strategic Equipment Planning Guide (SEPG) and Enterprise Equipment Request (EER) process.[2] This process is intended to support streamlined planning and expedite approval of equipment orders.[3] In each of the last two fiscal years (FY 2023 and FY 2024), VHA staff entered requests into SEPG to buy about $2 billion in medical equipment. The VA Office of Inspector General (OIG) conducted this audit to determine whether VHA medical facilities effectively planned, requested, and approved nonexpendable medical equipment purchases.

VHA uses the SEPG—a VA web-based data entry and capture tool—to plan medical facilities' annual equipment procurements and to develop a five-year equipment replacement plan.[4] The EER is VHA's equipment request portal. It houses information and supporting documentation, including contract paperwork and details that medical facility committees responsible for equipment request reviews and approvals need to make informed decisions.[5] Under VHA policy, medical facility directors assign responsibility for reviewing equipment requests to a VA medical facility committee, which must implement the strategic planning and equipment request process.[6] At the regional level, supply chiefs for VHA's 18 Veterans Integrated Service Networks (VISNs) conduct annual quality control reviews of supply chain management and report the results to

[1] VHA Directive 1761, *Supply Chain Management Operations*, December 30, 2020.

[2] Special assistant to the deputy under secretary for health for operations management for supply chain; director, healthcare technology management, "Mandatory Use of the Strategic Equipment Planning Guide and Enterprise Equipment Request Portal," memorandum to VISN chief logistic officers and VISN chief biomedical engineers, July 8, 2016. The memo states, "The use of these tools is mandatory starting with the FY17 equipment planning cycle." In December 2020, VHA's supply management policy—Directive 1761—was updated and formally included the SEPG and EER requirements.

[3] VA, "Strategic Equipment Planning Guide and Enterprise Equipment Request" (undated fact sheet).

[4] VHA Directive 1761.

[5] VHA Directive 1761.

[6] VHA Directive 1761.

VISN directors, who are responsible for medical facilities' compliance.[7] As part of that annual review, VISN supply chiefs evaluate medical facilities' compliance with the SEPG and EER process.

What the Audit Found

The OIG determined that VHA facilities did not effectively plan for, request, or approve nonexpendable medical equipment purchases as required. This determination aligned with VISN supply chiefs' own finding that facilities did not use the SEPG and EER process during FY 2024.

Medical Facilities Did Not Use the Required Process for All Planning and Approval

Facilities purchased equipment—like machines that provide staff with clean scrubs—even though they did not have the necessary approval. The OIG audit team assessed a statistical sample of nonexpendable medical equipment added to VHA medical facility inventories from October 1, 2022, through May 15, 2024, and determined that VHA facility staff had acquired 138 of 165 sampled equipment items (about 84 percent) without fully using the required process and procedures.[8] Of those 138 items, the audit team found varying levels of noncompliance: 73 were included in both the SEPG and EER, but the EER portal did not show all necessary approvals; 56 lacked evidence in the SEPG tool *and* EER portal that staff properly planned and vetted the items; and nine were in SEPG but staff did not enter evidence into the EER portal showing the items were properly approved. The audit team identified or obtained sufficient evidence to support that 27 of the 165 items (16 percent) were properly planned for and approved.

A lack of proper planning and approval increases the risk that staff might (1) buy items that facility leaders are not aware of, (2) prioritize some items over the higher-priority needs of a facility, or (3) not have the space or infrastructure to accommodate the purchased items. Each of these three scenarios could result in equipment not being used. When equipment is bought and not used, it may become obsolete or take up space unnecessarily.

For example, the OIG received—and the audit team reviewed—an allegation that scrubEx machines purchased in June 2021 by the VA medical facility in Tampa, Florida, were not being used.[9] The complainant alleged that these cleaning machines arrived at the facility in January 2023 but were never used and instead were being stored there. The audit team confirmed

[7] VHA Directive 1761. VHA divides the United States into 18 regional networks of care, known as VISNs, which manage day-to-day functions of medical centers and provide administrative and clinical oversight. Each VISN comprises at least one medical center and other types of facilities such as outpatient clinics.

[8] See appendix A for more on the audit team's scope and methodology.

[9] The OIG received this allegation as an anonymous complaint to its hotline on August 9, 2024.

the allegation. After the facility purchased the scrubEx machines in FY 2021 for nearly $500,000 (without the required approvals from the facility engineering department, even though the audit team found that the request was routed to biomedical engineering), facility staff discovered no space was available in the desired location to properly use the machines. As a result, staff have stored and not used the equipment.

The audit team's overall finding was corroborated by VISN supply chiefs' FY 2024 quality control reviews. The OIG team analyzed 140 quality control reviews that VISN supply chiefs completed for FY 2024 and learned the supply chiefs concluded that 47 facilities either did not fully use the strategic planning and equipment request process for new and replacement equipment, or did not plan, request, review, and approve all equipment for the current year plus the next five years. After a quality review, facilities are required to respond with corrective action plans to address any identified deficiencies.[10]

Some VHA Facilities Had Still Not Fully Implemented the Strategic Planning and Equipment Request Process as of FY 2024

Although VHA has required the SEPG and EER process since FY 2017, facilities had not fully implemented the strategic planning and equipment process. Through interviews with staff, the OIG audit team learned some of the reasons:

- Two VISN supply chiefs told the audit team they thought the policy was initially only for high-dollar items and later all items.
- Two other supply chiefs said staff used their own internal systems to track purchases instead of the required SEPG and EER process.
- At least one facility had not implemented an equipment committee until FY 2024.

While VHA's strategic equipment planning and request process has been in place for over seven years, facility directors and VISNs collectively have not enforced this required policy.

VHA Developed Guidance but Lacked a Requirement for Staff to Use the Material

VHA policy requires facilities to assign responsibility for equipment request reviews to a facility committee as deemed appropriate by facility leaders.[11] While the policy lists the review responsibilities of the committee, the audit team found that the responsibilities varied by facility.

[10] VHA Supply Chain Management Quality Control Review Instructions, October 1, 2022.
[11] VHA Directive 1761.

VISNs and facilities created charters that identified the committee members and titles but did not always clarify their roles. This lack of clarity on roles and responsibilities can cause confusion among committee members and facility staff.

Staff Were Unclear on What Equipment Needed to Be Entered and Approved in the Strategic Equipment Tool and the Request Portal

VHA policy states that the SEPG and the EER process should be used for *all* equipment needs, but VHA staff interpreted the policy differently. Staff from VISNs understood there to be exceptions for using the SEPG tool and EER portal, while some VISN supply chiefs told the OIG team that every item needed to go through the required process. Also, neither VHA policy nor the SEPG tool user guide elaborated on reviews by other departments.

Staff also had varying interpretations of the expectations for departmental reviews. The SEPG and EER tool's user guide states that staff from biomedical engineering need to review equipment requests and indicate whether other departments must also review the requests.[12] In the EER Portal, biomedical engineering staff are supposed to check the applicable boxes to route equipment requests for further review and approval by personnel from sterile processing services, biomedical engineering, information and technology, or information security. If these departments are selected, the relevant staff receive an email saying they need to review the request. Without formal guidance, biomedical engineering staff did not always assign proper additional reviews for equipment.

What the OIG Recommended

The OIG made five recommendations to the under secretary for health.[13] The recommendations are for VHA to reiterate the requirement that facilities fully implement the SEPG and the EER process for equipment planning and approval, and develop a system to monitor compliance and verify facilities are using the process as required; ensure relevant staff complete training on the SEPG and EER that explains user roles and responsibilities; ensure facilities define and assign user roles and responsibilities as applicable; reiterate that the process is required for all equipment planning and approval, and clearly define whether there are any exceptions; and specify when and which equipment purchases require review and approval by additional subject matter experts.

[12] VHA Procurement and Logistics Office, "Strategic Equipment Planning Guide-Enterprise Equipment Request Cloud Portal (SEPG-EER Cloud) User Guide," ver. 1.08, April 2023.

[13] The recommendations addressed to the under secretary for health are directed to anyone in an acting status or performing the delegable duties of the position.

VA Management Comments and OIG Response

The acting under secretary for health concurred with all recommendations, submitted corrective action plans to address issues identified in the report, and requested closure of recommendations 2, 4, and 5. Corrective actions included VHA distributing a memorandum to the facilities and VISNs on April 21, 2025, to reiterate guidance, ensure compliance is monitored monthly, and specify that reports are available to track and monitor compliance. The memo requires facilities and VISNs to fully implement and use the SEPG and EER process, complete training, and clarify roles and responsibilities. The memo also provides guidance for all items required in the SEPG and EER process, with exceptions and examples, and provides guidance on which equipment requires EER subject matter expert review and approval.

The OIG agreed to close recommendations 2, 4, and 5 based on the actions taken, and will close recommendations 1 and 3 when VHA provides sufficient evidence that the action plans have been completed to address identified issues. The full text of the acting under secretary's comments can be found in appendix B.

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Abbreviations

EER	Enterprise Equipment Request
FY	fiscal year
OIG	Office of Inspector General
P&LO	Procurement and Logistics Office
SEPG	Strategic Equipment Planning Guide
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network

Introduction

The medical facilities run by the Veterans Health Administration (VHA) use nonexpendable medical equipment like ventilators, microscopes, and vital sign monitors to deliver patient care to millions of veterans. Nonexpendable medical equipment typically has a useful life of two years or more and costs more than $300.[14]

Beginning in fiscal year (FY) 2017, VHA mandated that medical facilities and VA regional health networks use a comprehensive process to plan for, request, and approve nonexpendable equipment purchases: the Strategic Equipment Planning Guide (SEPG) and Enterprise Equipment Request (EER) process.[15] In each of the last two fiscal years, VHA staff entered requests into SEPG to buy about $2 billion in medical equipment. The SEPG is a VA web-based data entry and capture tool. As the name implies, the EER is VHA's equipment request portal. The EER includes information and supporting documentation, including contract paperwork and details that medical facility committees responsible for equipment request reviews and approvals need to make informed decisions.[16]

The VA Office of Inspector General (OIG) conducted this audit to determine whether VHA facilities effectively planned, requested, and approved nonexpendable medical equipment purchases.

Procurement and Logistics Office

VHA's Procurement and Logistics Office (P&LO) is responsible for maintaining a supply chain management program within VHA by establishing policy and procedures for inventory and asset management, including developing and managing both strategic equipment planning and the equipment request process.[17]

Supply chiefs from each of VHA's regional Veteran Integrated Service Networks (VISNs) are required to conduct quality control reviews of supply chain management for each facility once a year.[18] VHA's P&LO publishes the quality control checklist and instructions for VISN supply

[14] VHA Directive 1761, *Supply Chain Management Operations*, December 30, 2020.

[15] Special assistant to the deputy under secretary for health for operations management for supply chain; director, healthcare technology management, "Mandatory Use of the Strategic Equipment Planning Guide and Enterprise Equipment Request Portal," memorandum to VISN chief logistics officers and VISN chief biomedical engineers, July 8, 2016. The memo states, "The use of these tools is mandatory starting with the FY17 equipment planning cycle."

[16] VHA Directive 1761.

[17] VHA Directive 1761.

[18] VHA divides the United States into 18 regional networks of care, known as VISNs, which manage day-to-day functions of medical centers and provide administrative and clinical oversight. Each VISN comprises at least one medical center and other types of facilities such as outpatient clinics.

chiefs on an internal VA website. These comprehensive reviews include assessing whether each facility has fully implemented the SEPG and EER process to plan for, request, review, and approve all equipment needs for the current fiscal year and the next five fiscal years, as required by VHA policy.[19]

Strategic Equipment Planning Process

According to VHA's directive on supply chain management, VA medical facility committees should establish mechanisms and structures to make key decisions about equipment purchases.[20] In this case, the strategic equipment tool (SEPG) and request portal (EER) serve as the mechanism. The structure is the facility equipment committees, appointed by each facility director and charged with implementing "the use of the SEPG [process] and EER tools at their VA medical facility to request, review and approve all equipment needs for the VA medical facility."[21]

The strategic equipment planning process is used to forecast all equipment procurements for VHA medical facilities.[22] The SEPG tool is also where facility staff submit item requests for the equipment plan and where the facility director approves requests before equipment is entered into the EER portal.

Clinical and administrative staff review the SEPG tool and update it with their anticipated equipment needs.[23] The facility equipment committee then reviews and validates the planned items for that year and submits a list to the facility director for approval. Each facility director (or designee) must review all planned items after they have been approved by the facility equipment committee.[24] Then, the facility director or designee provides the final sign-off on the annual VA medical facility equipment plan.

[19] VHA Directive 1761.

[20] VHA Directive 1761.

[21] VHA Directive 1761. The directive states the committee should at least comprise the supply chief; designees from medical, surgical, radiology, nursing, and sterile processing services; and designees from facility management, biomedical engineering, and fiscal services.

[22] VA, "Strategic Equipment Planning Guide and Enterprise Equipment Request" (undated fact sheet).

[23] VA, "Strategic Equipment Planning Guide and Enterprise Equipment Request."

[24] According to facility equipment committee charters obtained from the VISNs, these committees are generally led by the facility director or associate director, the chief supply chain officer (supply chief), or the biomedical engineering chief.

For equipment requests valued over a certain amount, additional approvals are needed beyond a facility's director.[25] Specifically, approvals are necessary in the following situations:

- For items above $250,000, the facility must also receive approval from the VISN equipment committee. VISNs can set a lower dollar threshold if they want to review and approve more of their facilities' equipment purchases.
- Equipment requests of $1 million or above require approval from the VHA healthcare technology program office.

The items on the plan (current and future years) should be regularly reviewed by the facility and the VISN to ensure they are still required. Facilities and VISNs are supposed to use the SEPG tool to forecast and develop a five-year plan for equipment needs based on factors such as replacement, new equipment needs, equipment age, and life expectancy.[26] Including items on the five-year strategic equipment plan does not guarantee that the items will be bought.

In addition to each medical facility having a formal process, VHA policy states that each VISN director is responsible for maintaining a VISN-level supply chain program that meets VHA policy.[27] This includes each VISN establishing an equipment committee comprising subject matter experts, the VISN chief logistics officer, the VISN chief biomedical engineer/healthcare technology manager, and other staff as requested by the VISN director.

Overall, the annual strategic equipment planning cycle is intended to provide VHA with cost savings; more effective and efficient procurement; and quicker, more efficient use of funds—reducing the likelihood of emergency equipment purchases.[28] This process supports streamlined planning and expedites the approval of equipment orders.[29] The fiscal year (from October 1 through September 30) is the standard cycle to plan for and request equipment purchases. Figure 1 recaps key milestones in that annual cycle.

[25] VHA Directive 1761.
[26] VA, "Strategic Equipment Planning Guide and Enterprise Equipment Request."
[27] VHA Directive 1761.
[28] VA, "Annual Planning Cycle" (undated fact sheet).
[29] VA, "Strategic Equipment Planning Guide and Enterprise Equipment Request."

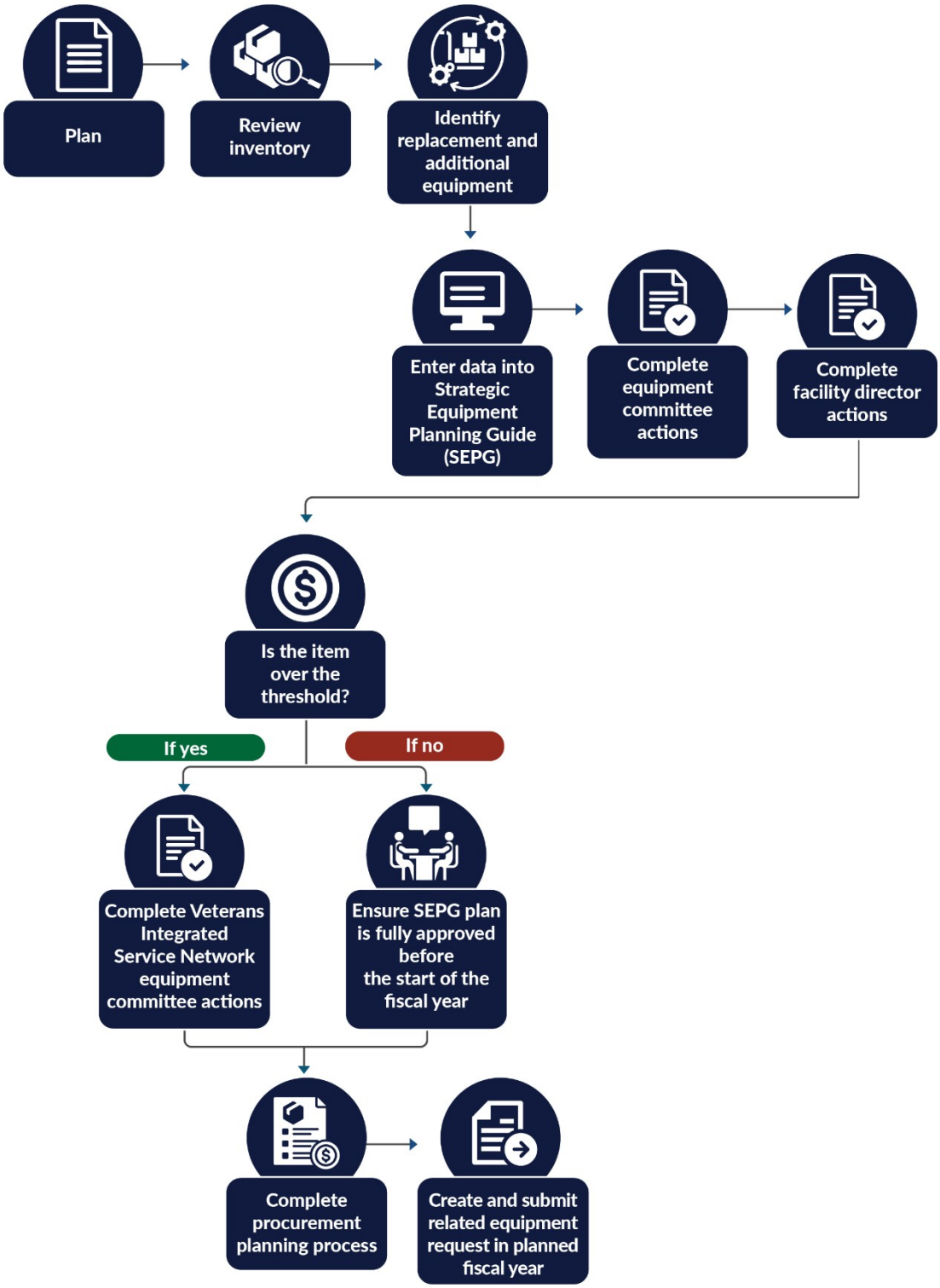

Figure 1. *Strategic equipment planning and request process.*
Source: Derived from VA's "Non-expendable (NX) Inventory Management" web page. This web page is not publicly accessible.

Enterprise Equipment Requests

Items from the SEPG tool are moved into the EER, an internal VHA portal where staff review and approve new equipment purchases. Each request is submitted to the relevant service chief for approval.[30]

According to the user guide, facility logistics personnel conduct a review of the item, then facility biomedical engineers review each item and determine whether it needs approval from any of the four services that provide subject matter expert reviews: the Office of Information and Technology, information security, sterile processing services, and engineering.[31] Approval from these services *before* purchasing equipment is important to ensure each item can be used appropriately at a facility. For instance, the deputy director of P&LO's nonexpendable program told the audit team that approvals from information and technology staff and information security officers are generally required for items connecting to VA's network. Approval from sterile processing services is generally required for items that come in direct contact with patients. Last, engineering approval is required for items that may need customized space or require access to power or water.[32]

After an item is reviewed by biomedical engineers and additional experts (as required), the facility equipment committee votes on whether to buy the item.[33] Some equipment requests may be rejected based on compatibility and infrastructural design. If a request is approved, it goes to purchase reviewers before the submitter (that is, the facility) is notified of the decision. Figure 2 shows how a planned item goes from the SEPG tool to being processed as a request in the EER portal.

[30] VHA Directive 1761; VA, "Strategic Equipment Planning Guide and Enterprise Equipment Request."

[31] VHA Procurement and Logistics Office, "Strategic Equipment Planning Guide-Enterprise Equipment Request Cloud Portal (SEPG-EER Cloud) User Guide," ver. 1.08, April 2023.

[32] VHA Procurement and Logistics Office, SEPG-EER Cloud User Guide.

[33] VHA Procurement and Logistics Office, SEPG-EER Cloud User Guide.

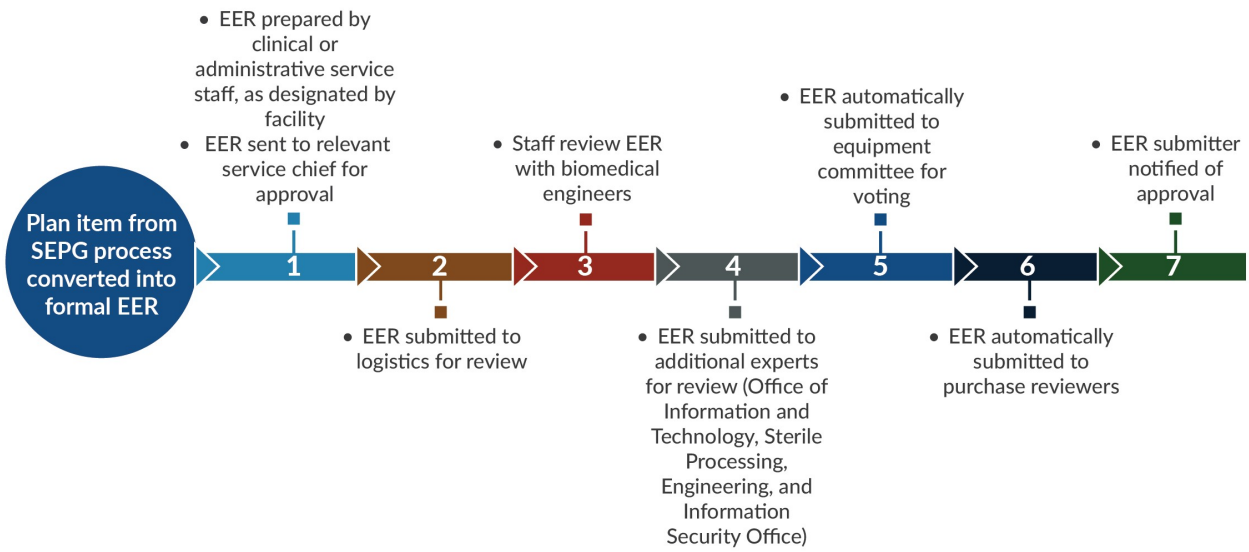

Figure 2. *Preparation of an EER.*
Source: Derived from the "Strategic Equipment Planning Guide and Enterprise Equipment Request."

Results and Recommendations

Finding: VHA Facilities Have Not Adequately Implemented Required Strategic Planning Processes for Nonexpendable Medical Equipment

VHA policy requires medical facilities to assign responsibility for equipment request reviews to a local committee, and the committee must implement the SEPG and EER process to request, review, and approve all equipment needs at its VA medical facility.[34] The OIG determined that facilities did not effectively plan for, request, review, or approve nonexpendable medical equipment purchases as required.

The audit team assessed a statistically random sample of nonexpendable medical equipment that was added to VHA medical facility inventories from October 1, 2022, through May 15, 2024, and found that 138 of the 165 sampled items (about 84 percent) were acquired without staff fully using the required procedures. These items were either not included in the planning tool or the request portal or they were planned for but missing required approvals. As a result, VHA facilities spent money on unapproved equipment. This increased the risk that equipment would not be used, and VHA leaders also risked not being aware of costly purchases made by facility staff. The lack of proper approval also increases the risk of items being purchased over higher-priority items or a facility not having the needed space or infrastructure to accommodate the purchased items.

Facilities did not meet policy requirements for a number of reasons. Some facilities had not fully implemented the strategic equipment planning and request process. Although this process was first required in FY 2017 to improve VHA's supply chain management, some facilities continued to use their own internal systems to track equipment needs and purchases. Furthermore, VHA had no training requirement for the SEPG and EER process, and VISN supply chiefs said the parameters for what equipment needs to be entered into the SEPG tool were not clear, even though VHA policy states that *all* equipment needs should go through this process.[35]

The finding is based on the following determinations:

- Medical facilities did not use the required process for all planning and approval.
- Some VHA facilities had still not implemented the strategic planning and equipment request process as of FY 2024.

[34] VHA Directive 1761.
[35] VHA Directive 1761.

- VHA developed guidance but lacked a requirement for staff to use the material.
- Staff were unclear on what equipment needed to be entered and approved in the strategic equipment tool and the request portal.

What the OIG Did

The audit team identified a universe of 213,101 nonexpendable medical equipment items that were added to VA medical facilities' inventories from October 1, 2022, through May 15, 2024, valued at about $2.1 billion.[36] The team selected and assessed a statistical sample of 165 nonexpendable items across all 18 VISNs to determine whether VHA effectively planned for and approved these equipment purchases. In addition, the team communicated with all 18 VISN supply chiefs to verify the sample analysis or request further documentation and obtain evidence of equipment planning activity. During the audit, the OIG received—and the audit team reviewed—a hotline allegation that equipment purchased in June 2021 by the VA medical facility in Tampa, Florida, was not being used.

The audit team interviewed staff from P&LO, VISNs, and facilities. This included interviews with supply chain staff from all 18 VISNs. The team conducted site visits at VA medical facilities in Tampa, Florida, and Boston, Massachusetts, to assess the sample items, interview staff, and observe the equipment planning process. The team interviewed supervisory and logistics management specialists, chief supply chain officers, and other pertinent personnel to discuss their roles and responsibilities related to strategic equipment purchase planning for nonexpendable medical items. In addition, the audit team observed the process from when a nonexpendable medical item is planned to be purchased through the SEPG and EER processes to when it is received at a facility.

Finally, the team reviewed the results of the VISN supply chiefs' FY 2024 quality control reviews—specifically, the two questions in the review that assessed a facility's use of the SEPG and EER process. VISN supply chiefs used these questions from the quality reviews to determine whether facilities fully implemented the SEPG and EER process to plan for, request, review, and approve all equipment needs for the current fiscal year and next five fiscal years, as required by VHA policy.[37]

Medical Facilities Did Not Use the Required Process for All Planning and Approval

Some facilities purchased equipment without having the necessary approvals. The audit team assessed a statistical sample of nonexpendable medical equipment that was added to VHA

[36] See appendix A for more on the audit team's scope and methodology.
[37] VHA Directive 1761.

medical facility inventories from October 1, 2022, through May 15, 2024, and determined that 138 of 165 sampled equipment items (about 84 percent) were acquired without staff fully using the required planning and request procedures. The remaining 27 items (16 percent) were properly planned for and approved.

As discussed, VHA policy states that all equipment requests need to be submitted to the SEPG tool and EER portal for review and approval by a medical facility committee.[38] For the 138 equipment items that VHA improperly acquired, the audit team found varying levels of noncompliance:

- Seventy-three items were included in both the SEPG and EER, but the EER portal did not show all necessary approvals. The deputy director of P&LO's nonexpendable program told the audit team if proper approvals are not completed in the EER portal, the system is not being used properly. Of the 73 items without EER approvals, 21 were not in use, according to the inventory management system.[39]
- Fifty-six items lacked evidence in the SEPG *and* EER to support they were properly planned for or approved, and 19 of these were not in use.
- Nine items were included in the SEPG tool but did not have an entry in the EER portal—meaning these items lacked evidence of approval. Of these nine items, two were not in use.

The following example illustrates a case the audit team identified from its sample analysis.

Example

The Central Virginia Healthcare System in Richmond, Virginia, bought a $277,600 radiology system in May 2024. This request was entered in the SEPG tool, but there were no approvals recorded in the EER portal. The VISN 6 supply chief told the audit team that the facility supply chain staff asked the service chief several times for approval in the request portal. But the service chief did not respond to these requests. In the EER portal, the service chief is the first to approve an item, followed by biomedical engineers and any other specialty reviewers required.[40] Yet this purchase was made without approvals in the portal. However, the inventory management system indicated this item is in use at the facility. Without approvals in the EER portal, the facility has no assurance that the purchase was properly vetted before being installed at the facility.

[38] VHA Directive 1761.

[39] Usage status of items was obtained from VHA inventory system data.

[40] VHA Procurement and Logistics Office, SEPG-EER Cloud User Guide.

The lack of proper planning and approvals increases the risk that staff are purchasing items that facility leaders are not aware of, prioritizing items over higher-priority needs of the facility, or not having the needed space or infrastructure to accommodate the items. Each of these three scenarios could result in equipment not being used. When equipment is purchased and not used, it could become obsolete or take up space unnecessarily. Of the 138 items that were acquired without staff fully using the required SEPG and EER processes and procedures, 42 had a status of not being in use, according to VHA's inventory system. VISN supply chiefs said some items may not be in use because they are awaiting construction projects, being returned, or undergoing repairs.

In addition to issues identified in the audit team's sample assessment, the following sections describe an allegation received by the OIG hotline and the VISN supply chiefs' own quality reviews that demonstrated purchases by facility staff were not fully vetted through the strategic equipment planning and request process.

Substantiated Hotline Allegation Reveals Lack of Required Approvals at Tampa Facility

During this audit, the OIG team reviewed a hotline allegation from August 9, 2024, that scrubEx machines purchased in June 2021 by the VA medical facility in Tampa, Florida, were not being used. These cleaning machines are meant to provide staff with clean scrubs. The complainant alleged that the machines arrived at the facility in January 2023, but the machines were never used and were instead being stored at the facility.

The audit team visited the facility, interviewed staff, and reviewed the SEPG and EER records. Records showed that the facility staff requested the scrubEx machines to

- improve time management by minimizing employees' wait time for scrubs,
- reduce the cost of replacing scrubs,
- provide real-time inventory for planning purposes and overall efficiency, and
- reduce cross-contamination because employees are not authorized to remove scrubs from the facility but often do.

Facility staff gave the OIG team a drawing that was created around the time of the equipment request showing the intended layout and placement for the scrubEx machines. Staff did not know who completed the drawing. According to facility documents, the former environmental management service chief identified several utility rooms as locations for the scrubEx machines and provided that information to contracting staff.

The audit team confirmed the allegation and determined that the facility purchased the scrubEx machines in FY 2021 for nearly $500,000. However, the purchase was missing the required approvals from the engineering department, even though the audit team found that the request

was routed to biomedical engineering. When the machines were received, facility staff discovered there was not enough space in the desired location to properly use the equipment. As a result, they have stored the machines and not used them, as shown in figure 3.

Figure 3. *scrubEx cleaning machines remained unused in a storage area at the James A. Haley VA Medical Center in Tampa, Florida, on September 18, 2024.*
Source: VA OIG.

In October 2024, the chief of environmental services at the Tampa medical facility told the audit team that the plan was to identify space, go through appropriate services, and get approval for a location. On April 2, 2025, the chief of material management at the Tampa medical facility confirmed that the scrubEx machines were not in use and were still being stored at the facility.

VISN Quality Reviews Also Documented Noncompliance

In addition to the audit team's findings, the VISN supply chiefs also identified noncompliance with VHA facilities implementing and using the strategic equipment planning and request process during FY 2024. The team analyzed 140 quality control reviews the VISN supply chiefs

completed for that fiscal year and learned the supply chiefs found that 47 of 140 facilities did not comply with at least one of the two following questions included on the VISNs' quality reviews for FY 2024:

- "Is SEPG and EER used for strategic planning of new and replacement equipment?"[41]
- "Does the facility fully implement SEPG and EER tools to plan, request, review, and approve all equipment needs for the current year plus the next five years?"[42]

After a quality review, facilities are required to respond with corrective action plans to address identified deficiencies.[43] But the OIG found that some corrective action plans lacked detail or generally only reiterated preexisting requirements. For example, the plans included the following details:

- Working through supply chain management to ensure proper future planning and being more proactive in inputting their SEPG entries for future years.
- Monitoring and developing strategic equipment plans five years out and continuously reviewing the plans for compliance and timely entries.
- Supply chain management partnering with healthcare management to build a strategic plan for replacement equipment.

Other corrective action plans included positive progress. In one example, six facilities specifically identified training as part of their action plans to ensure staff are educated on the correct process and that service chiefs receive training on requests.

Some VHA Facilities Had Still Not Fully Implemented the Strategic Planning and Equipment Request Process as of FY 2024

Although VHA required facilities and VISNs to use the SEPG tool and EER portal starting in FY 2017, not all facilities had fully implemented them as of FY 2024—as the VISN supply chiefs' own quality reviews confirmed.

According to the VISN 1 supply chief, when the SEPG and EER process was introduced in 2017, P&LO held a nationwide call with VISN supply chiefs to discuss its release and then sent out a memorandum. However, the VISN 1 supply chief informed the OIG team that the VISN's medical facilities were at different levels of progression in their use of SEPG and EER. In

[41] VISN supply chiefs determined that 37 facilities were noncompliant.

[42] VISN supply chiefs determined that 33 facilities were noncompliant.

[43] VHA Supply Chain Management Quality Control Review Instructions, October 1, 2022.

December 2020, VHA's supply management policy—Directive 1761—was updated and formally included the SEPG and EER requirements. Supply chiefs from two VISNs said that P&LO provided initial training on the new process and provided additional training when requested.

Two different VISN supply chiefs told the audit team they thought the rollout of the SEPG tool and EER portal was only for high-dollar items, and that, later, all items were required to be entered. Two other supply chiefs said staff initially used their own internal systems—instead of the newly required ones—to track purchases. Additional supply chiefs told the audit team that the SEPG and EER were not user-friendly and frequently had glitches when staff retrieved data. And finally, during a site visit to the Boston medical facility, the VISN 1 assistant chief of logistics informed the audit team the facility had not implemented an equipment committee until FY 2024.

VHA's strategic equipment planning and request process has been in place for over seven years, but collectively, facility directors and VISNs have not enforced this required policy. The OIG's first recommendation is for VHA to reiterate through formal communication that facilities and VISNs are required to fully implement the SEPG and EER process for equipment planning and approval and develop a system for monitoring compliance and verifying facilities are using the process as required.

VHA Developed Guidance but Lacked a Requirement for Staff to Use the Material

As noted, VHA policy requires medical facilities to assign responsibility for reviewing equipment requests to a facility committee as deemed appropriate by facility leaders.[44] At a minimum, the committee should comprise the supply chief; designees from medical, surgical, radiology, nursing, and sterile processing services; and designees from facility management, biomedical engineering, and fiscal services.[45] While the VHA policy prescribes the committee's review responsibilities, the audit team found that committee members' responsibilities varied by facility because roles are not clearly defined. Additionally, the deputy director of P&LO's nonexpendable equipment program said that training is not mandatory. These gaps cause confusion about who is responsible for what steps in the process and who needs to approve an item to move it forward.

During interviews, some VISN supply chiefs said they were not aware of guidance that defines each user's role and responsibilities related to the strategic equipment planning and request process. Additional VHA staff said that while the policy had a broad overview of roles and

[44] VHA Directive 1761.
[45] VHA Directive 1761.

responsibilities, it is up to each facility to assign the roles. To that end, the VISNs and facilities created charters that identified committee members. Charters obtained from VISNs 5, 15, and 21 did not clarify members' specific roles in the process. This lack of clarity on roles and responsibilities contributes to the confusion among committee members and facility staff.

Various supply chiefs told the audit team that training for roles and responsibilities would be helpful, especially for new users, and that training and direction from P&LO were lacking. The supply chief from VISN 23 created a local policy to define user roles and responsibilities.

For its part, P&LO created a SEPG user guide that details users' roles in the overall review process; the guide has training tutorials for specific planning and request tasks.[46] The user guide and training tutorials are linked in the help bar in the SEPG tool or the EER portal. According to the deputy director of P&LO's nonexpendable equipment program, facility staff can review these tutorials to understand how to create entries, what their responsibility is for approvals, what equipment items must be entered in either the SEPG tool or the EER portal, and how to accomplish tasks for specific roles. The deputy director also said training videos are available on the office's internal SharePoint site; these videos provide guidance for proper use and oversight of the SEPG tool. Yet staff are not required to view these training materials, and it is not clear to what extent users viewed these materials. The deputy director said that beyond the training materials provided, each facility should determine which staff need to approve equipment requests.

Recommendation 2 is for VHA to ensure relevant staff complete training on the SEPG and EER process that explains user roles and responsibilities. Recommendation 3 is for VHA to ensure facilities define and assign user roles and responsibilities as applicable.

Staff Were Unclear on What Equipment Needed to Be Entered and Approved in the Strategic Equipment Tool and the Request Portal

VHA policy states that the SEPG and EER process will be used for *all* equipment needs.[47] No exceptions are cited. Yet VHA staff interpreted the policy differently. The audit team determined through interviews that the deputy director of P&LO's nonexpendable program, and staff from the VISNs all understood there to be exceptions for using the SEPG tool and the EER portal for equipment entries, such as when they obtain items for research, VISN purchases, or when transferring an item from one VA medical facility to another. As some VISN supply chiefs told the audit team, it is important for each item—regardless of how it is acquired—to go through the required process so the proper staff can ensure each item can be installed and used at its respective facility.

[46] VHA Procurement and Logistics Office, SEPG-EER Cloud User Guide.
[47] VHA Directive 1761.

Meanwhile, for approvals, VHA policy does not clearly define when subject matter experts (such as those in information and technology or engineering) are required to approve an equipment purchase. The user guide provides general direction for how the roles should approve items but does not specify which type of equipment would require further reviews. Given the equipment is for medical use, the SEPG and EER portal user guide states that staff from biomedical engineering need to review equipment requests and indicate whether other departments should provide further review.[48] In the EER portal, biomedical engineering staff should check applicable boxes to route a planned item for review and approval by staff from sterile processing services, biomedical engineering, information and technology, or information security. If any of these departments are selected, the relevant staff receive an email saying they need to review the request. Neither VHA policy nor the SEPG user guide states which types of equipment require review by other departments—and without formal guidance, biomedical engineering staff did not always correctly assign additional reviews for equipment. The audit team found multiple sampled items requiring a network connection that were not reviewed by the Office of Information and Technology, as well as items requiring sterilization that were not reviewed by sterile processing services because biomedical engineering did not assign the proper reviews in the EER portal. The deputy director of P&LO's nonexpendable equipment program verified the equipment should have been approved by those subject matter experts.

Recommendation 4 is for VHA to reiterate through the formal communication advised in recommendation 1 that the SEPG tool and EER process are required for all equipment planning and approval—and clearly define whether there are any exceptions. Recommendation 5 is for VHA to specify when and which equipment purchases require review and approval by additional subject matter experts.

Conclusion

VHA medical facilities and VISNs did not effectively plan for, request, review, or approve nonexpendable medical equipment purchases as VHA policy required them to. The OIG found that 138 of 165 sampled equipment items were acquired without staff fully following required equipment planning and request procedures. Additionally, although VHA developed training tutorials for specific planning and request tasks, no training requirement outlines the process or users' roles and responsibilities. Meanwhile, VHA policy states that *all* equipment must be entered into the SEPG tool and the EER portal—but VHA staff had varying interpretations of what equipment was required to be entered and what equipment requests required review by other departments. VHA needs to ensure employees clearly understand the required process and are using it in compliance with policy so that all purchases of nonexpendable equipment go through necessary review and approval before acquisition.

[48] VHA Procurement and Logistics Office, SEPG-EER Cloud User Guide.

Recommendations 1–5

The OIG made the following recommendations to the under secretary for health:[49]

1. Reiterate through formal communication that facilities and regional Veterans Integrated Service Networks are required to fully implement and use the Strategic Equipment Planning Guide and Enterprise Equipment Request process for equipment planning and approval and develop a system to monitor compliance and verifying facilities are using the process as required.
2. Ensure relevant staff complete training on the Strategic Equipment Planning Guide and Enterprise Equipment Request process that explains user roles and responsibilities.
3. Ensure facilities define and assign Strategic Equipment Planning Guide and Enterprise Equipment Request user roles and responsibilities as applicable.
4. Reiterate through the formal communication advised in recommendation 1 that the Strategic Equipment Planning Guide and Enterprise Equipment Request process are required for all equipment planning and approval—and clearly define whether there are any exceptions.
5. Specify when and which equipment purchases require review and approval by additional subject matter experts.

VA Management Comments

The acting under secretary for health concurred with all recommendations and submitted corrective action plans to address the issues identified in the report. Appendix B includes the full text of the comments, which are summarized here.

For recommendation 1, the Office of Supply Chain sent a memorandum on April 21, 2025, to the facilities and VISNs, requiring them to fully implement and use the Strategic Equipment Planning Guide and Enterprise Equipment Request process for equipment planning and approval and develop a system to monitor compliance. Additionally, compliance will be monitored monthly by the local supply chain, Healthcare Technology Management, and VISN supply chain staff until 90 percent compliance has been achieved.

For recommendation 2, the acting under secretary for health stated that an updated version of the SEPG/EER application went live in June 2025 and noted that this release included a training attestation requirement with links to relevant training materials in which users can attest to

[49] The recommendations addressed to the under secretary for health are directed to anyone in an acting status or performing the delegable duties of the position.

completing the training or be routed to the appropriate training materials if training has not been completed. VHA requested that the OIG close this recommendation.

Regarding recommendation 3, the acting under secretary for health stated that the April 2025 memorandum defined roles and responsibilities and provided direction for assignment. Additionally, he stated that VISN quality control review teams will rely on the equipment life cycle management dashboard and other reports to ensure assigned roles are being used and assigned appropriately.

To address recommendation 4, the acting under secretary for health stated that the April 2025 memorandum also provided guidance for all items required, with exceptions and examples, and noted that additional detailed responsibilities are documented. VHA requested that the OIG close this recommendation.

In response to recommendation 5, the acting under secretary for health reported that the April 2025 memorandum provides guidance on which equipment requires EER subject matter expert review and the approval process. There are reports available on the equipment life cycle management dashboard to track and monitor compliance. VHA requested that the OIG close this recommendation.

OIG Response

The acting under secretary for health submitted corrective action plans responsive to each recommendation and requested closure of recommendations 2, 4, and 5. The OIG agreed to close recommendations 2, 4, and 5 based on the evidence provided. The OIG will close recommendations 1 and 3 when VHA provides evidence that the action plans have been completed to address identified issues.

Appendix A: Scope and Methodology

Scope

The audit team conducted its work from June 2024 through May 2025. The review focused on whether the Veterans Health Administration (VHA) was conducting required equipment planning using the Strategic Equipment Planning Guide (SEPG) tool, obtaining required approvals through the Enterprise Equipment Request (EER) portal, and putting purchased equipment into use.[50] The team reviewed nonexpendable medical equipment added to inventories of VHA medical facilities from October 1, 2022, through May 15, 2024.

Methodology

The team identified and assessed applicable laws, regulations, VA policies, operating procedures, and guidelines related to VHA supply chain management and equipment requests. To accomplish the objective, the audit team identified a population of 213,101 nonexpendable medical items—valued at about $2.1 billion—added to medical facilities' inventory during the scope period reviewed. The items were cataloged in two systems: the Automated Engineering Management System/Medical Equipment Reporting System and Maximo. These systems manage nonexpendable equipment throughout its life cycle and can be used for equipment management, work orders, preventive maintenance, and project planning and tracking.

The team extracted a statistical sample of 165 pieces of nonexpendable medical equipment from the total population. As shown in table A.1, the sample was stratified by both the dollar value and status—such as whether the item was labeled in the inventory system as in use or had some other use description.

Table A.1. Sample Strata and Size

Strata	Strata description	Sample size
1	In Use – 0. Unknown	5
2	In Use – 1. $0–$249,999.99	45
3	In Use – 2. $250,000–$999,999.99	35
4	In Use – 3. $1,000,000 or more	30
5	Other – 0. Unknown	5
6	Other – 1. $0–$249,999.99	20

[50] The SEPG is a VA web-based data entry and capture tool; the EER is VHA's equipment request portal that includes information and supporting documentation, including contract paperwork and details on who is responsible for decision-making.

Strata	Strata description	Sample size
7	Other – 2. $250,000–$999,999	15
8	Other – 3. $1,000,000 or more	10
Total	**All**	**165**

Source: VA OIG statistical analysis.

The team assessed the sample of nonexpendable items to determine whether VHA effectively planned for and approved the equipment purchases. The team then communicated with supply chain staff from all 18 Veteran Integrated Service Networks (VISNs) to verify the sample analysis or request further documentation and obtain evidence of equipment planning activity.[51] The audit team compared data fields in the SEPG tool and EER portal to inventory records that included a purchase order number (when available), and the team also analyzed the approval process for the SEPG item numbers that were provided by each VISN.

During this audit, the OIG received a hotline allegation that equipment purchased in June 2021 by the VA medical facility in Tampa, Florida, was not being used. The complainant alleged the machines arrived at the facility in January 2023, but the machines were never used and were instead being stored at the facility. The audit team assessed the allegations as part of this audit.

The audit team interviewed staff from VHA's Procurement and Logistics Office, VISNs, and facilities. This included interviews with supply chain staff from the 18 VISNs. Some interviews also included facility supply chain staff. The team conducted site visits at VA medical facilities in Tampa, Florida, and Boston, Massachusetts, to assess the sampled items, interview staff, and observe the equipment planning process. During the site visits, the team interviewed logistics management specialists, supervisory logistics management specialists, chief supply chain officers, and other staff to discuss their roles and responsibilities related to planning for medical equipment purchases of nonexpendable items. Additionally, the team observed sampled items and storage locations and observed the process from when a nonexpendable medical item is planned to be purchased through the SEPG and EER processes to when it is received for use at the facility.

Finally, the team assessed the results of two questions from the FY 2024 quality control reviews when VISN supply chiefs assessed facilities' use of the SEPG and EER process.

Internal Controls

The audit team determined that internal controls were significant to the review objective. This included an assessment of the five internal control components: control environment, risk

[51] VHA divides the United States into 18 regional networks of care, known as VISNs, which manage day-to-day functions of medical centers and provide administrative and clinical oversight. Each VISN comprises at least one medical center and other types of facilities such as outpatient clinics.

assessment, control activities, information and communication, and monitoring.[52] In addition, the team reviewed the principles of internal controls associated with the objective. The team identified internal control weaknesses in the following three components and four principles and made recommendations to address those weaknesses:

- Component: Control Environment
    - Principle: Exercise Oversight Responsibility
    - Principle: Enforce Accountability
- Component: Information and Communication
    - Principle: Communicate Internally
- Component: Monitoring
    - Principle: Perform Monitoring Activities

Data Reliability

The team obtained data from various sources and assessed the reliability of the data used to support findings, conclusions, or recommendations related to the audit objective. The data included inventory management system records obtained from VA's Corporate Data Warehouse, data stored in VHA's SEPG tool and EER portal, and quality control reviews retrieved from VHA's internal SharePoint sites.

To test the accuracy, reliability, and completeness of the data, the audit team assessed a random sample of 165 nonexpendable items added to facility inventory management systems during the period reviewed. First, the team requested supporting documentation from VISN supply chiefs for each sampled item, and VHA staff provided the SEPG and EER item numbers for the items included in the portal. VISN supply chain staff informed the audit team that 56 sampled items did not have information in the SEPG tool or the EER portal. Using the provided SEPG and EER item numbers, the team accessed the SEPG tool and EER portal and identified 57 items from the Corporate Data Warehouse in the portal that had a matching purchase order number. For these items, the team found that the sampled items from the Corporate Data Warehouse matched the SEPG tool and the EER portal, allowing the team to determine whether they were appropriately approved.

The team determined that staff were not required to complete the purchase order number field in the SEPG tool or the EER portal, so additional steps were needed to test and assess the data. Next, the team used the provided SEPG or EER item numbers or documentation and determined

[52] Government Accountability Office, *Standards for Internal Control in the Federal Government*, GAO-14-704G, September 2014.

whether the remaining 52 items were planned for and approved using the SEPG and EER processes. After performing these steps, the OIG team determined that the data obtained and collected were sufficiently reliable for the purposes of this audit. The OIG team reported on the findings of items without documentation in the SEPG tool and EER portal in this report and made recommendations for corrective action.

The audit team also used the results of facility quality control reviews to determine whether VISN supply chiefs found noncompliance with SEPG and EER requirements at their facilities. The team obtained results of the quality reviews from various SharePoint sites administered by VHA staff. The audit team then interviewed each VISN supply chief and ensured the data retrieved accurately reflected their assessment of facility compliance. The team concluded that the data were reliable to determine the number of facilities the VISN supply chiefs identified as noncompliant with SEPG and EER process requirements.

Government Standards

The VA Office of Inspector General (OIG) conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that the OIG plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for the findings and conclusions based on audit objectives. The OIG believes the evidence obtained provides a reasonable basis for the findings and conclusions based on the audit objectives.

Appendix B: VA Management Comments

Department of Veterans Affairs Memorandum

Date: July 11, 2025

From: Acting Under Secretary for Health (10)

Subj: Office of Inspector General (OIG) Draft Report, Audit of VHA's Strategic Equipment Planning and Request Process for Nonexpendable Medical Equipment.

To: Assistant Inspector General for Audits and Evaluations (52)

1. Thank you for the opportunity to review and comment on OIG's draft report on Audit of VHA's Strategic Equipment Planning and Request Process for Nonexpendable Medical Equipment. The Veterans Health Administration (VHA) concurs with the recommendations made to the Under Secretary for Health and provides an action plan in the attachment.
2. VHA values OIG's assistance in recognizing an opportunity to enhance our procedures through the creation, documentation, and execution of standard operating procedures.

The OIG removed point of contact information prior to publication.

(Original signed by)

Steven Lieberman, MD, MBA, FACHE

Attachments

Attachment

VETERANS HEALTH ADMINISTRATION (VHA) Action Plan

OIG Draft Report–Facilities Need to Fully Implement VHA's Strategic Planning and Request Process for Nonexpendable Medical Equipment

(OIG Project Number 2024-02295-AE-0087)

Recommendation 1: Reiterate through formal communication that facilities and regional Veteran Integrated Service Networks are required to fully implement and use the Strategic Equipment Planning Guide and Enterprise Equipment Request process for equipment planning and approval and develop a system to monitor compliance and verifying facilities are using the process as required.

VHA Comments: Concur. On April 21, 2025, the Office of Supply Chain (OSC) distributed a memorandum titled Strategic Equipment Planning Guide/ Enterprise Equipment Request (SEPG/EER) Information. The memo was sent to the facilities and Veteran Integrated Service Networks (VISNs) explaining that they are required to fully implement and use the Strategic Equipment Planning Guide and Enterprise Equipment Request process for equipment planning and approval and develop a system to monitor compliance. The current VISN Quality Control Reviews annually review, monitor, and document SEPG/EER usage. Compliance will be monitored monthly by the local supply chain, Healthcare Technology Management (HTM), and VISN supply chain until 90% compliance has been achieved. Attached is the memorandum titled Strategic Equipment Planning Guide/ Enterprise Equipment Request Information. This was sent to the field and provides the directive citation and links to the policy.

Status: In-progress **Target Completion Date:** December 2025

Recommendation 2: Ensure relevant staff complete training on the Strategic Equipment Planning Guide and Enterprise Equipment Request process that explains user roles and responsibilities.

VHA Comments: Concur. An updated version of the SEPG/EER application went live in June 2025. In this release the product includes an attestation requirement for all users with links to relevant training materials.

Users can attest to completing the training, or they can select "No, I have not completed all required training," and the system will route the user to the appropriate training materials. Once a user attests to completing all necessary training, the information will be logged and the pop-up will no longer appear at login.

VHA requests closure of this recommendation and the supporting document is attached. Please see attachment #1 Memorandum titled Strategic Equipment Planning Guide/ Enterprise Equipment Request Information, for more information.

Status: Completed **Completion Date: June 2025**

Recommendation 3: Ensure facilities define and assign Strategic Equipment Planning Guide and Enterprise Equipment Request user roles and responsibilities as applicable.

VHA Comments: Concur. The memorandum titled Strategic Equipment Planning Guide/ Enterprise Equipment Request Information, was sent to the field and provides roles and responsibility definitions and provides direction for assignment. The current VISN Quality Control Reviews (QCR) annually review, monitor, and document SEPG/EER roles/proper usage. QCR teams will utilize the Equipment Life Cycle Management (ELCM) Dashboard reports QCR, SEPG Approval, and EER Review reports to ensure assigned roles are being utilized and assigned appropriately.

QCR annual action reports are submitted and monitored to completion by the VISN Network Directors to ensure compliance and completion of any failed questions.

Please see attachment #3 document titled: ELCM QCR SEPG EER REPORT

Status: In-progress **Target Completion Date: April 2026**

Recommendation 4: Reiterate through the formal communication advised in recommendation 1 that the Strategic Equipment Planning Guide and Enterprise Equipment Request process are required for all equipment planning and approval—and clearly define whether there are any exceptions.

VHA Comments: Concur. The memorandum titled Strategic Equipment Planning Guide/ Enterprise Equipment Request Information, was sent to the field and provides guidance for all items required, with exceptions and examples. In the memo, within the VHA directive citation for SEPG/EER, it states that VHA Directive 1761 requires the following: Requires VISN to establish an Equipment Committee and implement the use of the SEPG and EER portals. Requires VA medical facilities to assign equipment request review responsibilities to a VA medical facility committee and implement the use of the SEPG and EER portals. Additional detailed responsibilities are documented within the VISN Equipment Committee and VA Medical Facility Equipment Request Reviews section. VHA requests closure of this recommendation and the supporting document is attached.

Status: Completed **Completion Date: April 2025**

Recommendation 5: Specify when and which equipment purchases require review and approval by additional subject matter experts.

VHA Comments: Concur. The memorandum titled Strategic Equipment Planning Guide/ Enterprise Equipment Request Information, was sent to the field. The memorandum provides guidance on which equipment requires EER Subject Matter Expert review and the approval process. Reports are available on the ELCM Dashboard to track and monitor compliance.

QCR annual action reports are submitted and monitored to completion by the VISN Network Directors to ensure compliance and completion of any failed questions.

VHA requests closure of this recommendation and the supporting document is attached.

Status: Completed **Completion Date: April 2025**

For accessibility, the original format of this appendix has been modified to comply with Section 508 of the Rehabilitation Act of 1973, as amended.

OIG Note: The attachments were not included in this report.

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