

Office of the Medical Inspector
Supplemental Report to the Office of Special Counsel
OSC File Number DI-13-2584
Update on the Status of Recommendations

Department of Veterans Affairs
G.V. (Sonny) Montgomery Veterans Affairs Medical Center
Jackson, Mississippi
TRIM 2014-D-628

Background

The Under Secretary for Health (USH) requested that the Office of the Medical Inspector (OMI) investigate complaints lodged with the Office of Special Counsel (OSC) by an anonymous complainant (hereafter, the whistleblower) at the G.V. (Sonny) Montgomery Veterans Affairs (VA) Medical Center, Jackson, Mississippi (hereafter, the Medical Center). The whistleblower alleged that the Medical Center engaged in conduct that may constitute a violation of law, rule or regulation, an abuse of authority, and a substantial and specific danger to public health in regard to the use of pharmacy Laminar Air Flow Workstations (hoods) after these were found, in March 2013, to be noncompliant with required standards. The OMI learned that the type of hood used is actually the Baker ChemoSHIELD® Glovebox, a compounding aseptic containment isolator (hereafter, the containment glovebox). The whistleblower also alleged that pharmacy technicians were improperly providing drug counseling to Veterans. The OMI conducted a site visit to the Medical Center on June 25–27, 2013.

Based on its investigation, OMI made seven recommendations for the Medical Center. These recommendations were endorsed by the Secretary of Veterans Affairs and the USH. OMI and the Veterans Health Administration's (VHA) Office of the Deputy Under Secretary for Operations and Management reviewed the Medical Center's action plan in response to the report recommendations; these actions are currently being followed. OMI's investigative report was submitted to OSC on August 26, 2013. An update on the status of the recommendations is included here.

Recommendation 1: The Medical Center should ensure compliance with its Policy Memorandum L-119-06, *Environmental and Employee Protection from Hazardous Drugs*.

Resolution: The Medical Center distributed the policy via email to pharmacy staff for their annual review. All employees acknowledged review of the policy and the opportunity to ask questions.

Action: Closed

Recommendation 2: The Medical Center should review the decision to continue use of the containment glovebox in spite of failed certification, and take appropriate administrative action.

Resolution: The Acting Pharmacy Chief was counseled and returned to his previously held position.

Action: Closed

Recommendation 3: The Medical Center should develop a plan to address the need for intravenous admixture and chemotherapy drug preparations in the event of containment glovebox failure, clean room failure, or other emergencies; and ensure that this information is shared with Medical Center pharmacists.

Resolution: A memorandum of understanding was developed and signed on December 10, 2013, with the local university hospital to obtain emergent intravenous admixture and chemotherapy services, should the need arise.

Action: Closed

Recommendation 4: The Medical Center should continue to provide surveillance to employees working with hazardous drugs, per local policy.

Resolution: Per local policy, 12 pharmacy staff members are in a surveillance program designed to monitor potential exposure to hazardous substances encountered in the workplace.

Action: Closed

Recommendation 5: The Medical Center should continue to monitor any exposures reported by pharmacy staff, per local policy.

Resolution: The Medical Center monitors any and all exposures reported by pharmacy staff, per local policy.

Action: Closed

Recommendation 6: The Medical Center should develop a call schedule for clinical pharmacist support to the pharmacy technicians working in the Medical Center Advice Line Call Center.

Resolution: Effective October 25, 2013, pharmacy technicians were relocated to the Pharmacy Service where they are under the direct supervision of a pharmacist.

Action: Closed

Recommendation 7: The Medical Center should develop and implement a plan to create a break room separate from clean pharmacy supplies, and consider non-carpeted flooring for the new break room.

Resolution: Flooring has been replaced in the existing break room area, carpet removed and replaced with standard flooring for improved cleaning and appearance. Purchase request for necessary furniture to allow relocation of the break room function to the other side of the pharmacy (away from clean supplies) was submitted to contracting on March 10, 2014. Contracting anticipates award by May 27, 2014. Anticipated delivery date will be 8 weeks after award.

Action: Ongoing