



U.S. Department
of Veterans Affairs

Office of the General Counsel
Washington DC 20420

MAY 27 2014

In Reply Refer To:

The Honorable Carolyn Lerner
Special Counsel
U.S. Office of Special Counsel
1730 M. Street, NW, Suite 300
Washington, DC 20036-4505

RE: OSC File No. DI-13-3728

Dear Ms. Lerner:

Enclosed is the unredacted supplemental report for OSC File No. DI-13-3728. The redacted version was sent separately via email. We hereby request that your office publish the redacted version.

If you have any questions about this request, please contact Jennifer Gray in the Office of General Counsel at 202-461-7634.

Sincerely,

Renée L. Szybala
Acting Assistant General Counsel

Enclosures

**Office of the Medical Inspector
Supplemental Report
to the
Office of Special Counsel
Phoenix VA Health Care System
Phoenix, Arizona
OSC File No. DI-13-3728
May 1, 2014**

TRIM 2014-D-505

Background:

The Under Secretary for Health (USH) requested that the Office of the Medical Inspector (OMI) investigate allegations lodged with the Office of Special Counsel (OSC) concerning the Phoenix Veterans Affairs (VA) Health Care System (hereafter, the Medical Center) by an anonymous whistleblower. The whistleblower alleged that an employee regularly fails to properly clean reusable medical equipment (RME), fails to wear personal protective equipment (PPE), and that Medical Center management has not taken sufficient action to address such behaviors. The whistleblower alleged that employees are engaging in conduct that may constitute violations of laws, rules or regulations and gross mismanagement, which may lead to substantial and specific danger to public health. OMI conducted a site visit to the Medical Center on August 26-28, 2013, and transmitted its report to OSC on November 6, 2013.

Based on its findings, OMI made three recommendations for the Medical Center, all endorsed by the USH. OMI and the Office of the Deputy Under Secretary for Operations and Management reviewed and concurred with the Medical Center's action plan in response to report recommendations. Two of these actions have been completed and one is ongoing as described below:

Recommendation 1: The Medical Center should ensure that Sterile Processing Service (SPS) personnel are aware of the policies regarding the use of electronic (both cameras and telephones) devices within the decontamination area.

Resolution: The Medical Center provided each SPS employee with a copy of Policy Memorandum 132-03, *Security and Law Enforcement*, which prohibits the use of audio, video, and photographic recording devices at the facility without written permission from the Public Affairs Officer. It also states that employees are not to overtly or covertly make audio, video, or photographic recordings or records by any means including cell phones, recording devices, and all other data storage devices. The information in this policy was reviewed with all SPS staff during a training session and staff meeting. Posters indicating that cell phone use is prohibited in the SPS area were also placed in visible areas within SPS. No incidents of noncompliance have been reported.

Action Completed

Recommendation 2: The Medical Center should monitor compliance related to the required PPE in the decontamination area and address noncompliance as indicated.

Resolution: The Medical Center developed a Sterile Processing Tracer tool and used this tool to conduct biweekly tracers to assess compliance with the use of PPE in the decontamination area of SPS. Tracers conducted in December, January, February and March assessed compliance at 100 percent.

Action Completed

Recommendation 3: The Medical Center should continue monitoring end-product delivery of sterilized equipment as part of the ongoing quality assurance program.

Resolution: The Medical Center reviewed the Immediate Use Steam Sterilization (IUSS) data from January 2013 through January 2014 to determine the number of instances in which flash sterilization was performed. If issues with instrument cleanliness or sterility occurred, the instrument would be flashed sterilized at the procedure site and an IUSS report would be generated. These occurrences are reported by the Operating Room (OR) Nurse Manager and Chief, SPS to the Infection Control Committee. Five documented occurrences of IUSS usage were found between January 2013 and September 2013, three of which occurred after the OR received improperly cleaned instruments from SPS. No occurrences were found between October 2013 and January 2014. Monthly staff meetings include discussion about the previous month's IUSS data and the importance of proper instrument cleaning. The Medical Center will continue to monitor IUSS usage for the remainder of fiscal year 2014 and take action as indicated.

Action Ongoing