

**Recommendation 2:** The Medical Center should continue their program of providing SPS employees training on the importance of using PPE.

**Resolution #2:** Each employee will complete an annual competency on PPE. This year's annual competency assessment occurred between April 2 and April 30, 2014. Supervisors continue to educate, monitor, and address staff on the importance of appropriate PPE. Signs with photos of appropriate PPE are posted within each SPS section.

Action Ongoing

**Whistleblower:** Annual competencies?? As previously stated in the initial report a "kindergartner" can look at the pictures on the decontamination doors and see the required PPE needed to enter the decontamination area. Anyone will wear the proper PPE during their annual competencies, because they know it is a requirement. What about the rest of the year when management just happens to overlook the fact that staff chooses not to wear required PPE? I can't seem to understand what is "ongoing," either the PPE is worn or they should not be allowed to do the job. THIS IS A REQUIREMENT. Every piece of PPE MUST BE WORN before entry into the decontamination area. A simple jacket is required on the "clean" side. How much "ongoing" training does that take? I wonder if the Center of Disease Control have the same problems with PPE as SPS has at Buffalo VA, because the reason to wear PPE is exactly the same. The requirement of PPE is for safety. Simple as that.

**Recommendation 3:** In conjunction with Human Resources leadership, the Medical Center should develop an appropriate approach to deal with SPS employees who continue to be noncompliant with PPE use.

**Resolution:** In consultation with Human Resources, progressive discipline will be taken with employees who are noncompliant with PPE requirements.

Action Ongoing

**Whistleblower:** Progressive Discipline is something that was just recently implemented. However, management continues to be extremely inconsistent and only implements discipline on those they choose to. Certain employees are "overlooked." I have plenty of evidence of this.

**Recommendation 4:** The Medical Center should continue SPS' practice of two person sterile tray inspections and two-person signature sign-offs on sterile processing product inspections.

**Resolution:** All assignments that involve an item leaving the department (e.g., case carts, instrument trays, and loaner sets) require a verifier (i.e., second person) signature. This process began in August 2013. Re-education of staff on this practice and policy began on April 1, 2014, and was completed on April 3A, 2014.

Action Ongoing

**Whistleblower:** It has been evident that the two person signature is ineffective in Larry McCurdy's own admission in his very own emails.

**Recommendation 5:** The Medical Center should develop a systematic approach to analyzing SPS Close Call quality improvement data. Trending and tracking this information can be used to develop action items and to monitor changes.

**Resolution:** Close calls are tracked and reported to the SPS staff, as well as to the Reusable Medical Equipment and Infection Prevention Committees. To improve the systematic approach to analyzing close calls, the Medical Center will use a tool designed to address noncompliance and track corrective actions. Development and

implementation of the tool will be completed by September 2014. Close calls are reported monthly to the committees. SPS supervisors provide training, as needed.  
Action Ongoing

**Whistleblower:** Close calls are "reported" yet clearly they had/have no resolution.

### **Additional Issues Raised after the investigation was completed and report submitted to OSG**

The whistleblower provided additional documentation and requested that OMI interview Allyn Bates, a certified registered medical supply technician at the Medical Center pertaining to the concerns detailed below. Following Ms. Bates' interview, OMI re-interviewed Barbara Sion, R.N., Assistant Chief, SPS.

1. Time and attendance records of several SPS staff

**Resolution Issue 1:** Ms. Bates provided her concerns about the time and attendance records of several SPS staff. OMI does not investigate concerns pertaining to human resources; however, the Medical Center has been made aware of the concerns and is addressing them.

Action Completed

**Whistleblower:** Ms. Bates states she never had an issue with "time and attendance." Ms. Bates said she reported that not all the staff were on the on call list and not all had to work weekends. There is a special list which consists of only some staff required to be on call and work weekends.

2. The number of SPS competencies required

**Resolution Issue 2:** Ms. Bates said that she was hired as an SPS supervisor in March 2013. She reported that she was tasked with managing the competencies; however, initially, she was personally not signed off on all of them prior to taking on this role. At the time of our interview, Ms. Bates reported that all of her competencies had been signed off.

Action Completed

**Whistleblower:** Ms. Bates said she never said all her competencies were signed off, she said "only some." Simply false

3. Inadequate cleaning of dental cassettes

**Resolution Issue 3:** Ms. Bates reported that some staff members fail to remove and clean underneath the rubber mats that lie within the dental cassettes under the dental instruments. The Assistant Chief, SPS, has reviewed the standard operating procedure with SPS staff and has completed retraining where necessary. OMI is clarifying this issue.

Action Ongoing

**Whistleblower:** Actually Assistant Chief Barbara Sion told staff "Due to a whistleblower's complaint, I have to write an SOP for the dental cassettes."

5. Concerns regarding infection control related to the location of the SPS housekeeping closet and the condition of the flooring

**Resolution Issue 5:** The SPS housekeeping closet is currently located within the clean preparation area, which Ms. Bates reported as a concern to SPS leadership. SPS leadership has submitted a proposal to Medical Center leadership to relocate the housekeeping closet to a location outside of the clean preparation area.

Action Ongoing

**Whistleblower:** Mr. Brian Stiller (Director) told Ms. Bates the closet would be moved and in fact was the following day. However, the SPS Housekeeper was upset about it

and it was moved back the following day. Mr. Stiller was in the smoke room when he yelled across to the SPS housekeeper "Did they put your closet back?" I can provide an eye witness to this if need be. Again, accommodate the housekeeper, despite the risk of dirt and debris that flies around the clean area.

**Additional items to be addressed in the supplemental report:**

**Allegation 1:** Management has failed to properly train SPS employees and provide cleaning instructions from the manufacturer.

**OSC Questions:** It is indicated in the report that there are 131 individual SOPs.

- a. What percentage of devices and instruments processed in SPS are covered by those 131 SOPs?
- b. Is the Medical Center developing, or required to develop, SOPs for any devices and instruments not currently covered by an SOP?

**Response:**

- a. SPS has a minimum of 100 SOPs to cover individual pieces or like categories of equipment. Each piece of equipment processed by SPS has a current SOP. The SOPs are catalogued and stored on a Sharepoint site containing a link to oneSOURCE@. OneSOURCE maintains updated manufacturers' instructions for any and all SPS items, and this information is shared with employees. OneSOURCE sends weekly updates, and SOPs are revised, as needed.
- b. As new equipment is received by SPS, it is not released for use until the manufacturer's instructions are converted to an SOP and placed on the Sharepoint site. Employee training and competencies are updated, as necessary, for new equipment or modification of manufacturer's instructions.

**Whistleblower:** **A.** Seems difficult to get a straight answer with all due respect. **B.** Simply not true. Please see Resolution 3 on page 3.

**Allegation 2A: Employees' failure to properly clean dental hand pieces, washing them only with water rather than using the required enzyme cleaning solution.**

**OSC Questions:**

- a. Are the cleaning and sterilization SOPs for drill parts and low speed hand pieces the same as the other dental hand instruments discussed? If not, what are the SOPs for drill parts and low speed hand pieces?
- b. There is no discussion of how SPS employees are cleaning the dental hand pieces. Please provide a description of how SPS employees are cleaning dental hand pieces and whether it complies with the SOP.

**Response:**

- a. Dental drill parts are contained within the appropriate dental tray or cassette. The SOP (C-4) for cleaning drill parts is attached (Attachment A). Dental hand pieces are the handles that attach to drill parts. The SOP (D-5) for cleaning hand pieces is attached (Attachment A).
- b. SPS employees were not observed cleaning dental equipment during the OMI site visit, although a demonstration of the correct SOP process was provided by an SPS employee.

**Whistleblower:** **A.** The attachment D-5 is **NOT** a SOP for dental handpieces. It is a SOP for the **case** the dental handpieces are "housed" in. No where on there does it even mention how to clean the dental handpieces. Attachment C-4 is an SOP for dental cassettes (completely different from the dental handpieces). Notice Steps 6-8 on the Attachment C-4, in which there is mention of "removing the equipment from the cassette." The cassette is the actual "housing" of the dental equipment. D-5 is just an

SOP for the housing of the dental handpieces. Two completely different things. **B.** I was very specific about the dental handpieces during the conference call. They should have questioned and observed the staff in regards to the way the dental handpieces are cleaned.

**Allegation 2B:** Employees' failure to adequately stock essential supplies on cardiac crash carts.

**OSC Questions:**

- a. Were the 30 cardiac arrest carts required by the SOP in place at the medical center?
- b. The report states that OMI viewed multiple backup carts in the SPS-Logistics area - did OMI view five backup crash carts in the SPS-Logistics area, as required by the SOP?
- c. The whistleblower alleged the carts were not all properly stocked with respiratory boxes, consisting of a bi-pap and ventilator. This was not addressed in the report; please make a determination on this allegation.

**Response:**

- a. SOP No. 140, Pharmacy Service, Cardiopulmonary resuscitation medication kit and IV solution kit replacement procedure, states that there are 30 cardiac arrest carts maintained by SPS. It lists 25 locations where carts will be placed. The remaining 5 carts are reserve carts and may be in logistics for processing or in the logistics hallway, fully stocked and available for replacement. There is no mandate that all five replacement carts be stocked and available in logistics. Cardiac arrest carts can be pulled from other sites or logistics, as needed, to replenish the supply on a weekend or holiday.
- b. OMI reported viewing four back up carts in the logistics area.
- c. Cardiac arrest carts are used for immediate resuscitation. During resuscitation, airways are managed with manual ventilation; if a patient needed an advanced ventilator device, respiratory therapy would bring the device to the patient after the resuscitation. There is no requirement to stock cardiac arrest carts with a bipap machine and/or ventilator.

**Whistleblower:** **A.** With no mandate as to how many code carts there should be, could be one reason why often there weren't enough appropriately stocked code carts available. If there are not appropriately stocked code carts, the cart is useless to keep a patient's life viable. **B.** Clearly they don't seem to care the SOP isn't being followed. **C.** The carts were **not** properly stocked with Advanced Airway Intubation Equipment, simple face mask and AMBU bag requirements to keep a patient's airway patent; without it, a patient's life cannot possibly be viable. A patient cannot be manually ventilated if they do not have any equipment to push air into the patient's lungs. If there is no face mask available, manual ventilations cannot be preformed. Again, these are all Nurses and Doctors and are fully aware how to save a patient's life and the equipment required in doing so.

**Additional issue 2:** The whistleblower alleges that SPS employees frequently fail to place sterilization indicators in peel pouches and sterilization locks on OR trays, and are mislabeling the number of instruments in sets, which requires those items to be reprocessed. On one occasion in 2011, the missing sterilization lock on an OR tray was not discovered until it was about to be opened in the OR.

**OSC questions:**

- a. How have employees been held accountable for mistakes made in labeling and packaging? If so, how?

- b. The whistleblower alleges that many mistakes are made because SPS employees are talking on or looking at personal cell phones while processing RMI; please address this allegation.
- c. Please clarify whether "44 incidents where a surgical procedure was delayed or cancelled because of a problem originating with SPS" is statistically significant as compared to other similarly-sized VA facilities.
- d. The whistleblower questions why OMI only reviewed the Medical Center's postoperative sepsis rate, but not the rate for communicable diseases or death, which could potentially result from negligence in SPS. Please provide clarification on why only the sepsis rate was reviewed.

**Response:**

- a. Employees are held accountable for mistakes made in labeling and packaging. Efforts are made to improve performance and modify behaviors through reeducation, verbal counseling, temporary reassignment, and remedial education.
- b. OMI did not observe SPS employees using their personal cell phones while processing RME.
- c. OMI reviewed 154 Close Call reports, involving SPS that were submitted to the Patient Safety Manager from March 2010 through September 2013. OMI found 44 incidents where the surgical procedure was either delayed or cancelled because of a problem originating within SPS. By comparison, the Medical Center reports that between October 2011 and December 2013, there were 18,242 surgical procedures performed; many of these procedures involving SPS processed supplies. OMI is not aware of national data for comparison of surgical delays or cancellations due to problems originating in SPS.
- d. Close call reports did not reveal any events where improperly processed instruments were used on a patient during a surgical procedure. Postoperative infection rates are an acceptable way to track or discover problems with surgical technique or sterile processing. OMI requested information from the Medical Center for any incidents reported in the ORs from 2010 through 2013, that involved blood borne pathogen exposure related to dirty SPS instruments. Blood borne pathogen exposure includes communicable diseases. There were no patient incidents reported in the operating room from 2010 through 2013 that involved blood borne pathogen exposure related to dirty SPS instruments

**Whistleblower:** **A.** This is something very recently implemented in SPS. However, not all employees get disciplined, some employees get "overlooked." **B.** No one is going to do wrong when the "big wigs" are around. **C.** Not all dirty instruments get "caught," by the clinics that use them. SPS cleans equipment for the entire hospital not just the OR. I can't even believe they would even try and "justify" 44 close calls. **D.** Why didn't OMI submit to OSC the "requested information?" Again SPS cleans medical equipment used throughout the entire hospital in Batavia and Buffalo VA. SPS doesn't just deal with the OR. So clearly those reports are just as vital as the sepsis report. OMI should've did a thorough investigation and questioned various clinics not only the OR.

**Again, There is no mention of the Close Call, Report of Contact dated 3/5/14 regarding dried fecal matter. The dirty scope button was from the Endoscopy Clinic. This is a perfect example of the reason why OMI should've went throughout the hospital and not just to the OR. There was no mention from OMI about all the complaints from my documentation from 2010 to 2012 or the**

**emails from SPS Chief Larry McCurdy given to OMI 12/6/13. They did not address job abandonment from both my documentation and Larry McCurdy's emails. They never addressed goldbricking from my documentation or the delays in patient care from Larry McCurdy's emails.**

**This report is respectfully submitted by myself, the whistleblower Lisa M. Magin  
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