



DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration
Washington DC 20420

USO SC HQ DC '11 JUN

MAY 31 2011

In Reply Refer To:

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The Honorable William E. Reukauf
Associate Special Counsel
U.S. Office of Special Counsel 1730 M Street,
NW Washington, DC 20036-4505
RE: OSC File No. 01-10-1669 Supplemental Report

Dear Mr. Reukauf:

The Office of Special Counsel (OSC) requested additional information on the Department of Veterans Affairs (VA) Final Report that was submitted on February 24, 2011. VA's Office of the Medical Inspector (OMI) provides the following information in response to the OSC's request.

OSC Request for Supplemental Information #1- As followup to Secretary Shinseki's cover letter, the OSC requested more information regarding how VA is responding to the OMI's report recommendations.

OMI Response- Based on the OMI's report recommendations, the VA Medical Center provided the OMI a detailed action plan addressing each recommendation. The OMI discussed the plan with the Medical Center to ensure that the actions fully addressed each of the recommendations. The Medical Center will provide periodic updates on the status of its actions and the OMI will monitor these actions until all are fully implemented.

OSC Request for Supplemental Information #2- The OSC requested clarification in paragraph 2 of page 7 regarding whether the 2009 competencies were completed.

OMI Response- After the CAP inspection in 2009, the section supervisor restructured the template used to document employee competencies and wrote specific assessments of competencies for the staff. However, she did not record staff competencies in 2009; they were not recorded until 2010, after the complainant had left the facility.

OSC Request for Supplemental Information #3- The OSC requested clarification in response to allegation 3 on the top of page 8, that the 2009 competencies were not complete.

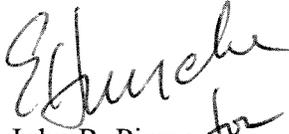
OMI Response- There were no competencies completed in 2009; therefore, the need for remedial training in 2009 is unknown. However, review of employee competency folders for January 2010 showed that remedial training was necessary in one case.

OSC Request for Supplemental Information #4- The OSC requested more information in allegation 9 regarding assumptions about the 72-hour compliance period for *Campylobacter jejuni*.

OMI Response- The procedures and quality control policies and records presented by the Medical Center indicate that stool samples were being tested for *Campylobacter* and that the culture media in use would support this organism's growth without a preservative. The literature reviewed supports that this organism remains viable for up to 3 days in an unpreserved stool sample.¹ Because the Medical Center staff did not date and time stamp the stool samples when collected it is not possible to know the exact length of time between collection and testing. The OMI did not specifically look at whether or not the stool samples were tested within 72 hours of collection; however, it is logical that they were, because, once collected, stool samples might possibly sit for a few hours before being taken to the laboratory. They would not sit for more than 4-6 hours.

OSC Request for Supplemental Information #5- The OSC requested that the response to allegation 10 on page 13 include timeliness as an item that should be monitored.

OMI Response- In addition to other items, the Medical Center should monitor for 6 months the timeliness in which stool samples are collected, the type of packaging used, and the time they arrive in the central receiving section, thus ensuring that samples are appropriate for processing.


John R. Pierce
Medical Inspector

¹ Third Edition, *Clinical Microbiology Procedures Handbook*, Washington, DC: ASM Press, 2010, p 3.8.2.4n.