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DEPARTMENT OF VETERANS AFFAIRS  
VA Gulf Coast Veterans Health Care System  
400 Veterans Avenue  
Biloxi, MS 39531-2410

January 25, 2010

In Reply Refer To: 520/136C

Dear Mr. Woodward:

This is in response to your Freedom of Information Act (FOIA) request to the VA Gulf Coast Veterans Health Care System. Please be advised that your request was assigned the following FOIA tracking number: **10-01451-FP**.

The information requested was:

- The VAOIG investigation conducted after being contact by the VA police in Biloxi on 21 April 2008.
- The Joint Commission (TJC) Office of Quality Monitoring inquiry initiated on 16 May, 2008.
- The Biloxi VAMC Quality and Performance Management service investigation initiated on 16 May, 2008.
- The EOC minutes from Jan 2008 to Aug 2009.
- The Biloxi VAMC's Medical Equipment Management Program annual reports from 2006 to 2008.

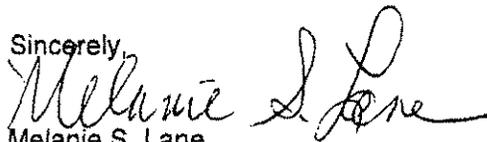
We have enclosed the information you requested. However, an estimated 2 pages were withheld in their entirety under FOIA Exemption 6 [5 U.S.C. § 552 (b) (6)] which, if disclosed, would constitute a clearly unwarranted invasion of an individual's personal privacy.

Your request was processed by the undersigned. You may appeal the determination made in this response to:

General Counsel (024)  
Department of Veterans Affairs  
810 Vermont Avenue, N.W.  
Washington, D.C. 20420

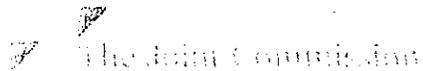
If you should choose to file an appeal, please include a copy of this letter with your appeal and clearly indicate why you disagree with the determination made herein.

Sincerely,

A handwritten signature in cursive script that reads "Melanie S. Lane". The signature is written in black ink and is positioned to the right of the typed name.

Melanie S. Lane  
Privacy/FOIA Officer

Enclosure



VA Gulf Coast Veterans Health Care System  
400 Veterans Avenue  
Biloxi, MS 39531

**Organization Identification Number: 2313**

**Date(s) of Survey: 6/23/2008 - 6/23/2008**

**PROGRAM(S)**

Hospital Accreditation Program

**SURVEYOR(S)**

Thomas L. Barton, MSN  
David F. Sladewski

**Executive Summary**

As a result of the accreditation activity conducted on the above date, your organization must submit Evidence of Standards Compliance (ESC) within 45 days from the day this report is posted to your organization's extranet site. If your organization does not make sufficient progress in the area(s) noted below, your accreditation may be negatively affected.

The results of this accreditation activity do not affect any other Requirement(s) for Improvement that may exist on your current accreditation decision.

The Joint Commission  
Accreditation Survey Findings  
**Requirement(s) for Improvement**

These are the Requirements for Improvement related to the Primary Priority Focus Area:

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**Credentialed Practitioners**

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**Standard:** MS.4.110

**Program:** HAP

**Standard Text:** The organization may grant disaster privileges to volunteers eligible to be licensed independent practitioners.

**Secondary Priority Focus Area(s):** N/A

**Element(s) of Performance**

Scoring Category : A

6. Primary source verification of licensure begins as soon as the immediate situation is under control, and is completed within 72 hours from the time the volunteer practitioner presents to the organization. Note: In the extraordinary circumstance that primary source verification cannot be completed in 72 hours (e.g., no means of communication or a lack of resources), it is expected that it be done as soon as possible. In this extraordinary circumstance, there must be documentation of the following: why primary source verification could not be performed in the required time frame; evidence of a demonstrated ability to continue to provide adequate care, treatment, and services; and an attempt to rectify the situation as soon as possible. Primary source verification of licensure would not be required if the volunteer practitioner has not provided care, treatment, and services under the disaster privileges.

**Surveyor Findings**

EP 6

Observed in MS credential review at VA Gulf Coast Veterans Health Care System site.

The current Medical Staff bylaws state that primary source verification should be accomplished within 7 days, not 72 hours.

The Joint Commission  
Accreditation Survey Findings  
**Requirement(s) for Improvement**

These are the Requirements for Improvement related to the Primary Priority Focus Area:

**N/A**

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**Standard:** EC.5.20

**Program:** HAP

**Standard Text:** Newly constructed and existing environments are designed and maintained to comply with the Life Safety Code®.

**Secondary Priority Focus Area(s):** N/A

**Element(s) of Performance**

Scoring Category : B

1. Each building in which patients are housed or receive care, treatment, and services complies with the LSC, NFPA 101® 2000: OREach building in which patients are housed or receive care, treatment, and services does not comply with the LSC, but the resolution of all deficiencies is evidenced through the following:

An equivalency approved by the Joint Commission Or

Continued progress in completing an acceptable Plan For Improvement (Statement of Conditions™, Part 4)

**Surveyor Findings**

See Life Safety Code Report

The Joint Commission  
Accreditation Survey Findings  
**Requirement(s) for Improvement**

These are the Requirements for Improvement related to the Primary Priority Focus Area:

**Physical Environment**

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Standard: EC.5.40

Program: HAP

Standard Text: The hospital maintains fire-safety equipment and building features.

Secondary Priority Focus Area(s): N/A

**Element(s) of Performance**

Scoring Category : C

1. Initiating devices and fire detection and alarm equipment are tested as follows:

All supervisory signal devices (except valve tamper switches) are tested at least quarterly

All valve tamper switches and water flow devices are tested at least semiannually

All duct detectors, electromechanical releasing devices, heat detectors, manual fire alarm boxes, and smoke detectors are tested at least annually.

\* For additional guidance, see NFPA 72-1999 edition (Table 7-3.2).

Scoring Category : C

7. For water-based automatic fire-extinguishing systems, main drain tests are conducted at least annually at all system risers.

**Surveyor Findings**

EP 1

Observed in Document Review at VA Gulf Coast Veterans Health Care System site.

There is no documentation to indicate the fire pump supervisory signals in Building 1 are checked each quarter.

Observed in Document Review at VA Gulf Coast Veterans Health Care System site.

There is no documentation to indicate the fire pump supervisory signals in Building 3 are checked each quarter.

Observed in Document Review at VA Gulf Coast Veterans Health Care System site.

There is no documentation to indicate the fire pump supervisory signals in Building 19 are checked each quarter.

EP 7

Observed in Document Review at VA Gulf Coast Veterans Health Care System site.

There are several buildings with annual main drain tests conducted. Testing shows static and residual pressures. There is no documentation showing the time it takes for the systems to return to normal or static pressures.

Observed in Document Review at VA Gulf Coast Veterans Health Care System site.

Main drain testing does not indicate if testing passed or failed.

Observed in Document Review at VA Gulf Coast Veterans Health Care System site.

There is no comparison between 2007 and 2006 main drain testing to indicate if testing passed or failed to previous years.



The Joint Commission  
Accreditation Survey Findings

The Joint Commission  
Accreditation Survey Findings  
Life Safety Code

Inpatient Occupancy Existing Healthcare Occupancies; Section I - Buildings

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**Requirement:** EC.A.1H

**Phrase:** Existing Health Care Occupancies When the following penetrate fire resistance rated wall assemblies, the spaces between the item and the wall are filled with an appropriate fire resistance rated material pipes, conduits, bus ducts, cables, wires, air ducts and pneumatic tubes. (EC.A.1H)

Penetrations were observed in the following areas. Additional fire rated resistive materials are needed to seal around conduits and wires.

Where Building 1 and Building 23 connect (next to room 1A124)

Where Building 1 and Building 23 connect (next to room 1C120)

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The Joint Commission  
Accreditation Survey Findings  
**Life Safety Code**

Inpatient Occupancy Existing Healthcare Occupancies; Section II - Rooms

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**Requirement:** EC.A.2K

**Phrase:** Existing Health Care Occupancies Hazardous areas are appropriately protected.  
(EC.A.2K)

The flammable gas storage room containing full O2 tanks had penetrations in walls sealed with foam insulating material. The container containing this material was reviewed. The label stated the material was combustible and should only be used for insulation. These type of materials contribute to the fire load and need to be removed and replaced with Fire Rated Resistive materials.

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The Joint Commission  
Accreditation Survey Findings  
**Life Safety Code**

Inpatient Occupancy Existing Healthcare Occupancies; Section III - Compartments

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**Requirement:** EC.A.3C.2

**Phrase:** Existing Health Care Occupancies. Smoke barriers are continuous from floor slab to the floor or roof slab above, through any concealed spaces, such as those above suspended ceilings and including interstitial spaces. (EC.A.3C)(EC.A.3C.2)

Penetrations caused by wires were observed in the following locations. Additional fire rated resistive materials are needed to seal these areas.

Smoke barrier next to room 3B127.  
Smoke barrier next to room 5B125.  
Smoke barrier next to room 1A117.

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The Joint Commission  
Accreditation Survey Findings  
**Life Safety Code**

Inpatient Occupancy Existing Healthcare Occupancies; Section V - Exits

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**Requirement:** EC.A.5K.1

**Phrase:** Existing Health Care Occupancies Exit signs are readily visible from any direction of access. (EC.A.5K.1)(EC.A.5K.1)

There are no exit signs in the Urology Clinic. The 2 exits need to have exit signs installed.

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The Joint Commission  
Accreditation Survey Findings  
Life Safety Code

Inpatient Occupancy Existing Healthcare Occupancies; Section VI - Operating Features

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**Requirement:** EC.A.6B.4

**Phrase:** Existing Health Care Occupancies For other than limited area sprinkler systems in accordance with 7.7.1.1.2, approved automatic sprinkler systems include, a clear space at least 18 inches below the sprinkler heads. (EC.A.6B)(EC.A.6B.4)

The Pharmacy had several areas with boxes stored within 18 inches of the sprinkler head.

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**Requirement:** EC.A.6F

**Phrase:** Existing Health Care Occupancies Furnishings, decorations, or other objects are placed to not obstruct access, egress, or visibility of exits. (EC.A.6F)

The hallways in the OR contained many carts used to store trays for surgery. They were on both sides of the hallway and only allowed about 4 feet of space to pass.

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The Joint Commission  
Accreditation Survey Findings

**Supplemental Findings**

These are the Supplemental Findings related to the Primary Priority Focus Area of:

**Assessment and Care/Services**

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Standard: PC.3.10

Program: HAP

Standard Text: Patients who may be victims of abuse or neglect are assessed. (See standard RI.2.150.)

Secondary Priority Focus Area(s): N/A

**Element(s) of Performance**

Scoring Category : B

4. Victims of abuse or neglect are identified using the criteria developed or adopted by the organization at entry into the system and on an ongoing basis.

**Surveyor Findings**

EP 4

Observed in OR at VA Gulf Coast Veterans Health Care System site.

There was not any evidence of abuse/neglect screening being performed for this patient.

Observed in Med/Surg at VA Gulf Coast Veterans Health Care System site.

There was not any documentation of a screen for abuse/neglect for this patient.

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The Joint Commission  
Accreditation Survey Findings

**Supplemental Findings**

These are the Supplemental Findings related to the Primary Priority Focus Area of:

**Equipment Use**

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Standard: EC.7.40

Program: HAP

Standard Text: The hospital maintains, tests, and inspects its emergency power systems.

Secondary Priority Focus Area(s): N/A

**Element(s) of Performance**

Scoring Category : C

3. The organization tests all battery-powered lights required for egress. Testing includes (a) a functional test at 30-day intervals for a minimum of 30 seconds; and (b) an annual test for a duration of 1.5 hours.

**Surveyor Findings**

EP 3

Observed in Document Review at VA Gulf Coast Veterans Health Care System site.

Documentation indicates monthly testing of all battery powered lights, however, there is no indication documenting that the test lasted at least 30 seconds.

Observed in Document Review at VA Gulf Coast Veterans Health Care System site.

The hospital documents an annual testing of all battery-powered lights, however, there is no documentation indicating the annual test lasted at least 1.5 hours

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JUN 13 2008

Director (2313)

Incident # 95251

The Joint Commission

1. Upon notification from The Joint Commission on May 16, 2008, an investigation into the allegation was initiated. The investigation was conducted through document review, equipment inspection, and staff interviews. In addition to the internal review of the allegation the VAGCVHCS requested members of the Biomedical Department located at Keesler Medical Center, Keesler Air Force Base, to conduct an external review and these are the findings.

a. The four pieces of testing equipment cited in the complaint were identified. Three of the four pieces of equipment were sent for calibration by Davis Inotek Instruments, LLC on April 21, 2008. Prior to that the calibration was completed through a comparison calibration method. The results of the three pieces of equipment show they were in compliance and left as found. The fourth piece of equipment purchased on February 28, 2008 was calibrated by the company and will not require calibration until 2009.

NOT TRUE

b. Three different types of stickers were being utilized by the Biomedical staff to verify completion of preventive maintenance. The process has been standardized to the utilization of one type of sticker. The Supervisor, Biomedical Engineering Staff completed training on utilization of the appropriate sticker with the assigned employees on May 23, 2008.

c. Preventive maintenance was scheduled by section and not by piece of equipment. As equipment moves from one area of the hospital to another there is an increased chance that its preventive maintenance could be overlooked. A process has been implemented to complete preventive maintenance by equipment identification number rather than by section.

NOT TRUE  
THIS NEEDS  
IMPROVEMENT

d. In addition, a review of patient incident reports for the past year was completed and there was no documentation involving malfunctioning equipment.

2. Based on the findings of our review, recommendations have been made and are being implemented to improve the Biomedical Equipment Management Program. A new supervisor was recently hired to oversee the process.

3. Copies of the requested preventive maintenance documentation have been sent to your office via Federal Express. Thank you for allowing us the opportunity to address this allegation. If you have any further questions please contact Peggy Givens at 228-523-4937.

  
Charles E. Secich, FACHE

Medical Equipment, Utilities Systems & Emergency Management  
Annual Review FY 2008

**Objectives**

1. **Medical Equipment:** Establish and provide support for equipment used by the VA health care system's clinical staff in treating, diagnosing, and providing care to the veterans and to provide technical support to Acquisition and Material Management in purchasing equipment or equipment upgrades. Assist users and Acquisition and Material Management in identifying and capturing equipment recalls and providing user training in cases where user error is determined to have occurred.

2. **Utilities Systems:** Provide plans for utility disruptions that assure continued operation during emergency situations and perform sufficient preventive maintenance, routine repairs, and inspections to assure that utilities are reliable and to assure that back-up systems will be available when required.

3. **Emergency Management:** The VA Gulf Coast Veterans Healthcare System emergency management program focuses on an "all hazards" approach to emergencies and providing care, treatment and services for an extended length of time during emergencies. Plan and prepare for the management of six critical areas or emergency management: communications, resources and assets, safety and security, staff responsibilities, utility management, and patient clinical and support activities.

**Scope**

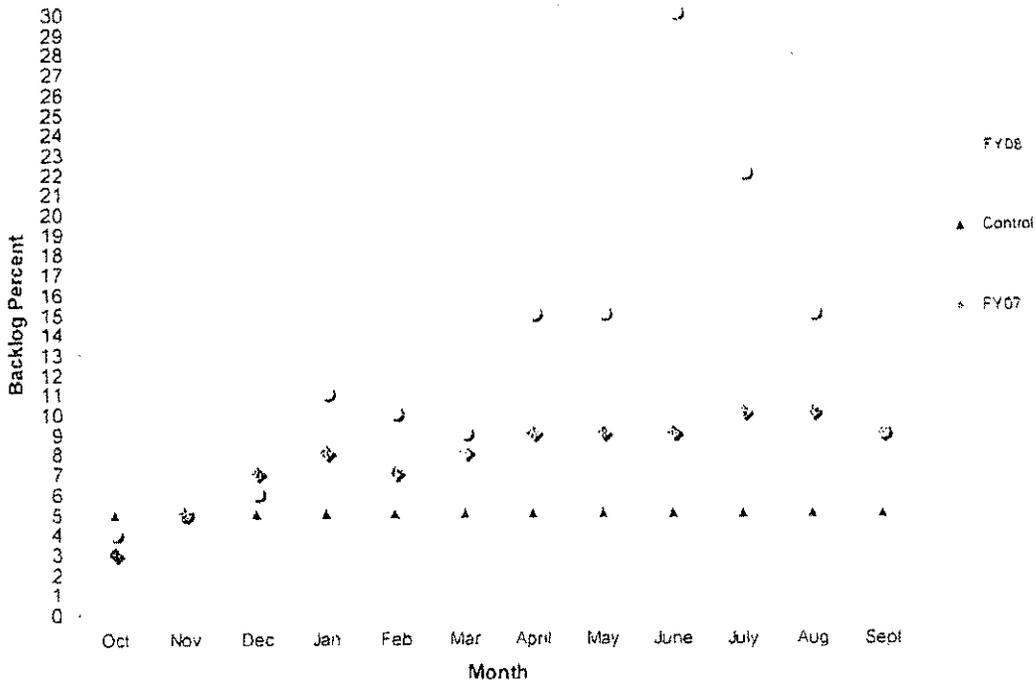
The areas of coverage for the Environment of Care Program includes all buildings at the Biloxi Division; Pensacola Joint Ambulatory Care Center; the Panama City Outpatient Clinic; and Mobile Outpatient Clinic. All data presented includes data compiled from all patient and non-patient care buildings, outpatient clinics, Long Term Care, Behavioral Health and Home Care programs unless specified otherwise.

Medical Equipment, Utilities Systems & Emergency Management  
Annual Review FY 2008

Performance/Effectiveness

1. Medical Equipment

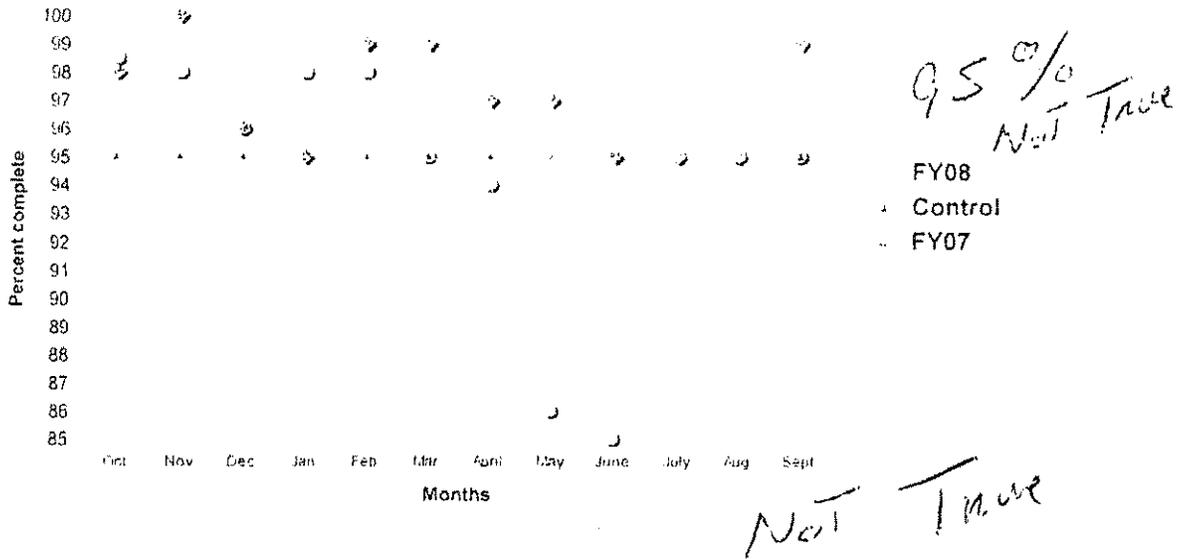
a. **Work order backlog:** During 2008 Biomedical hired two technicians which positively impacted work immediately. However, several concerns were raised regarding PM methodology and recordkeeping in early April. Consequently, the Biomedical Shop has undergone a comprehensive reorganization to ensure PMs are appropriately administered and recordkeeping is organized efficiently. Initially productivity was negatively impacted as the technicians reached back more than eight months validating prior work. In June the work order backlog reached 30. The graph below shows the number of work orders more than 30 days old for each month.



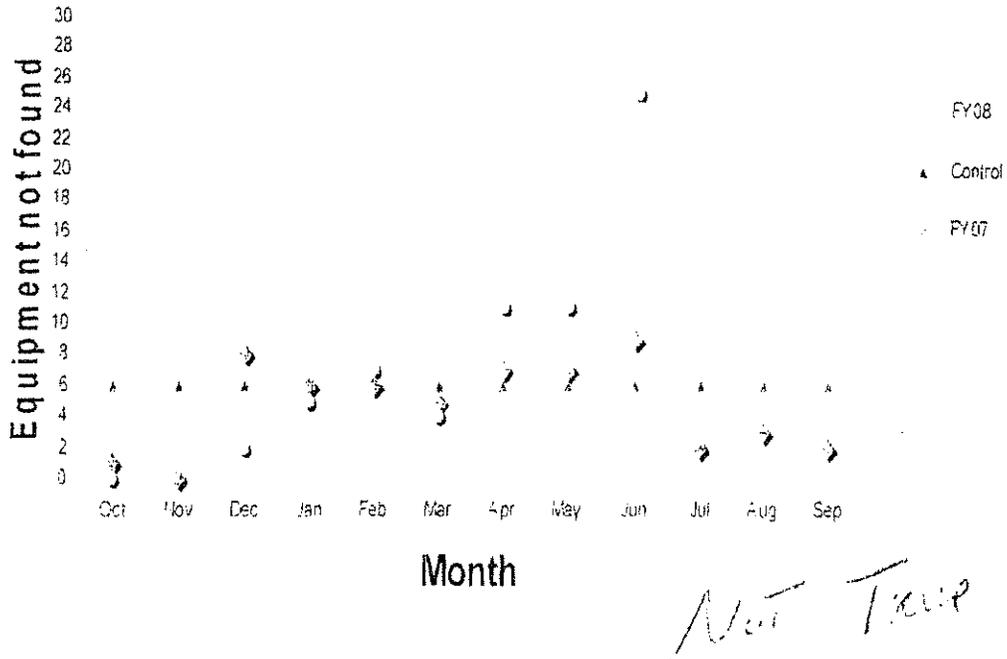
*New Trace*

Medical Equipment, Utilities Systems & Emergency Management  
Annual Review FY 2008

b. **Preventive Maintenance:** The reorganization of the Biomedical Shop also had negative affect on their ability to keep up with PMs. However, working a significant amount of overtime the team was able to get back to their goal of 95% by fourth quarter. The graph bellows shows percent of scheduled PMs completed for each month.



c. **Equipment Unaccounted For:** While in the process of reorganizing the Biomedical Shop, several issues were addressed concerning log-in, locating, and ownership of medical equipment leading to increased accountability by services. Consequently numerous pieces of equipment were determined to be unaccounted for but ultimately were located with increased participation of each service.

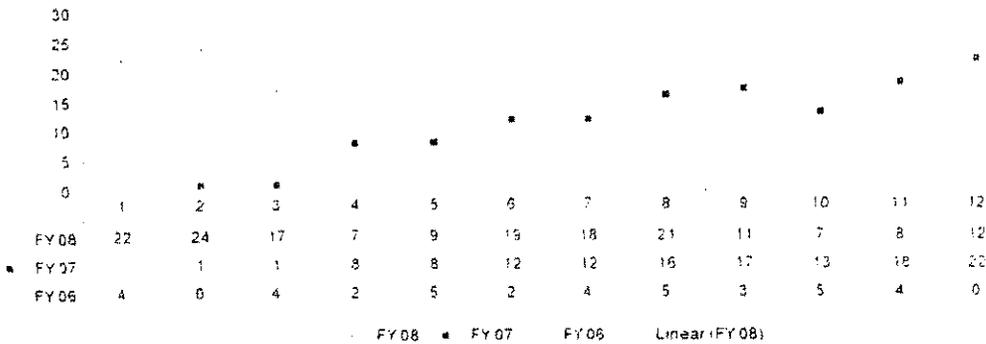


Medical Equipment, Utilities Systems & Emergency Management  
Annual Review FY 2008

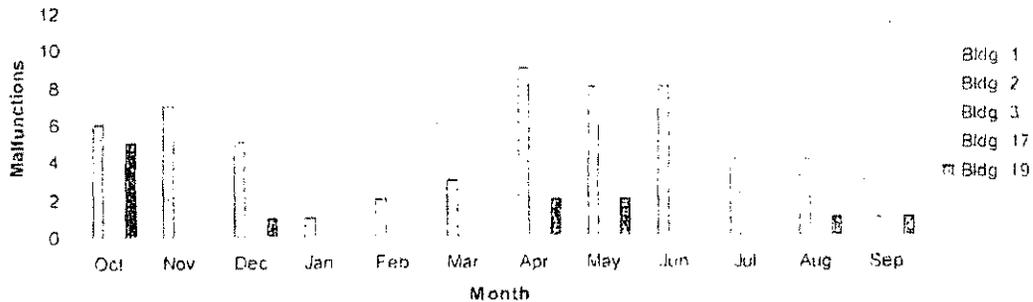
**2. Utility Systems**

a. **Elevator Malfunctions:** The number of elevator malfunctions declined over the year after ending FY07 and starting FY08 on the high side. The chart showing Elevator Malfunctions by Building indicate that Building 2 and Building 3 reported significantly more problems than Buildings 1, 17, and 19 accounting for spikes in Oct, Nov, Dec, Mar, Apr, and May. Building 3 has seven elevator systems which is considerably more equipment than is found in each of the other buildings. Conversely, there were far fewer dumbwaiter malfunctions contributing to the Building 3 numbers for FY08.

**Elevator Malfunctions**



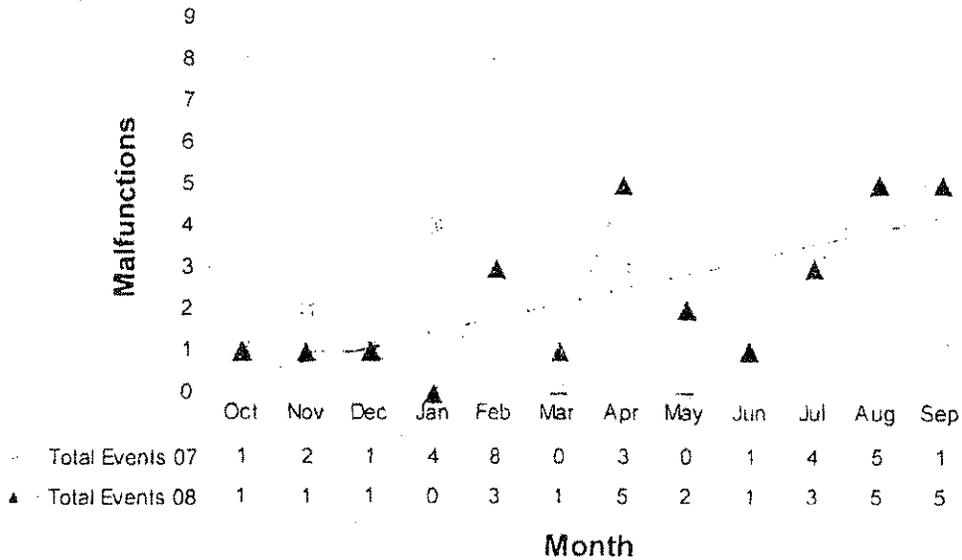
**Elevator Malfunction by Bldg.**



Medical Equipment, Utilities Systems & Emergency Management  
Annual Review FY 2008

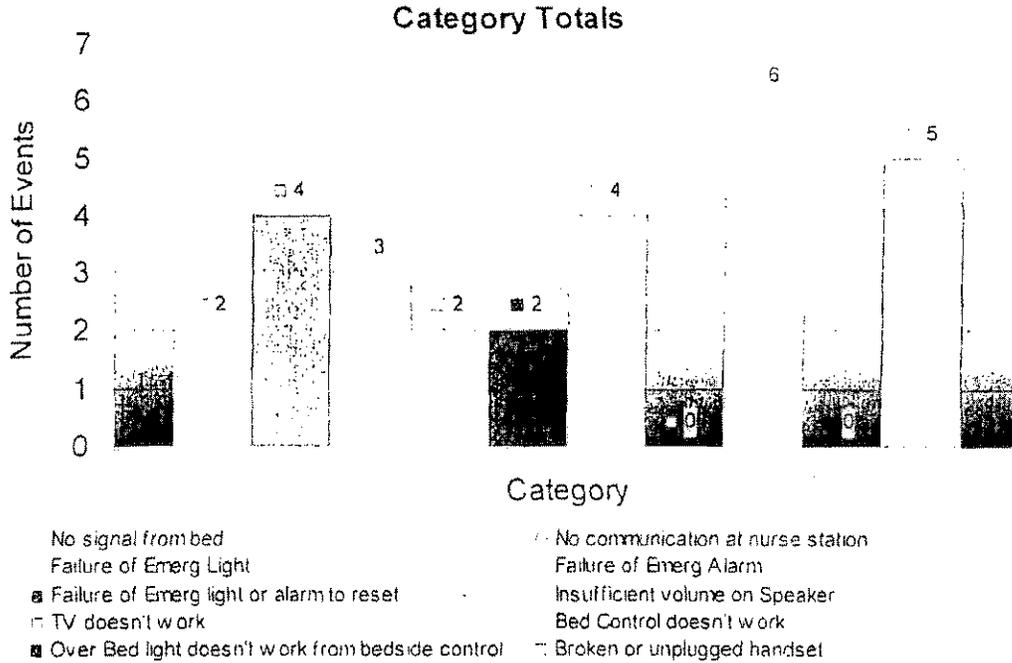
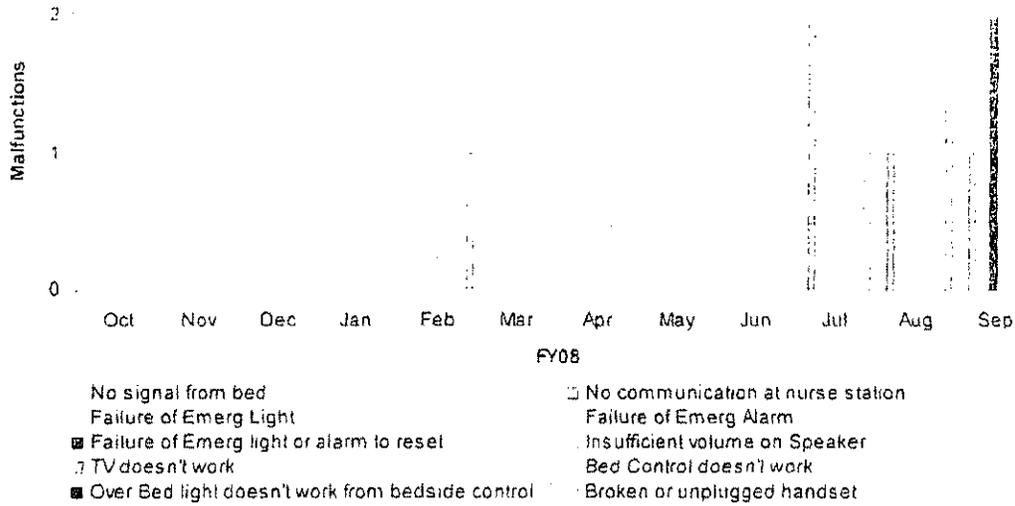
b. **Nurse Call Malfunctions:** The trend for FY08 shows an increase in issues with nurse call. The nurse call system in ICU was replaced during the year and may be evident by the decline in problems after April. However, fourth quarter monthly totals show a sharp increase in August and September. Total malfunctions reported for FY08 were 28 with April, August, and September reporting the highest monthly totals of five each (see Nurse Call Malfunctions). The first three quarters show no apparent pattern or specific problems but in the fourth quarter there was a noticeable increase in Loss of Communication at the Nurse's Station and Broken or Unplugged Handsets (see Nurse Call Malfunction by Category). Although these two categories of malfunction drove up the fourth quarter totals, Broken Bed Controls were the most problematic on the year.

Nurse Call Malfunctions



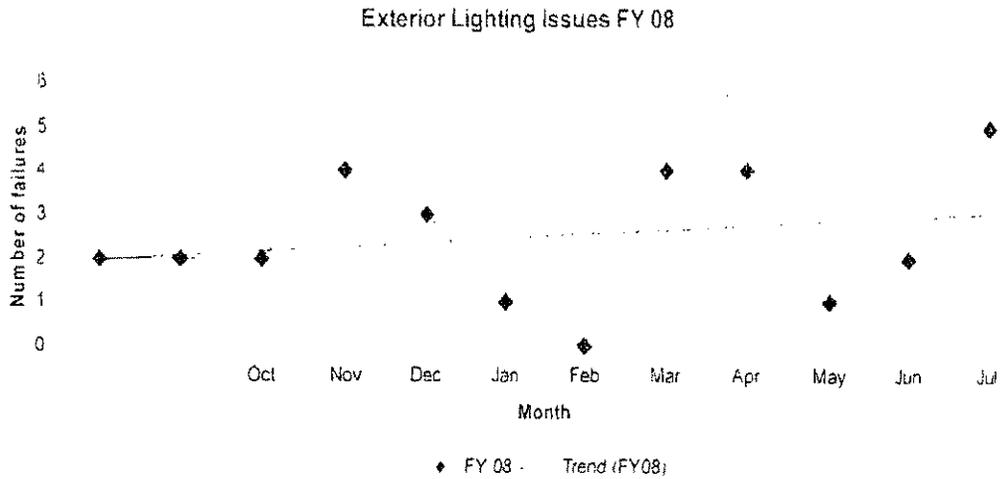
**Medical Equipment, Utilities Systems & Emergency Management  
Annual Review FY 2008**

**Nurse Call Malfunction by Category**



Medical Equipment, Utilities Systems & Emergency Management  
Annual Review FY 2008

c. **Exterior Light Malfunctions:** This monitor replaced the Emergency Lighting monitor. FY08 has established the baseline shown in the graph below. The trend for exterior lighting issues increased over the year. However, new lighting was implemented over the same period. The new lighting increases the total number of fixtures significantly which will likely increase the average number of lighting issues reported.



Medical Equipment, Utilities Systems & Emergency Management  
Annual Review FY 2008

3. Emergency Management

a. **Preparedness:** Adopted the Incident Command System and Command/General staff were identified and trained on Incident Command System (ICS). Additional ICS training is scheduled for January and March 2009 in compliance with the National Incident Management System (NIMS) and VHA requirements. There were two decontamination exercises when one is the only requirement per year.

b. **Mitigation:** The Pandemic Influenza funding provided by VCO and VISN 16 provided resources and assets for a potential epidemic and for any potential disaster affecting the VAGCVHCS. Training will commence with the identification of personnel to fill critical roles for the new Emergency Medical Response Team (EMRT) or "all hazards" team to operate the new Field Medical Unit, Mobile Health Clinic, portable and mobile decontamination units, and patient reception activities.

c. **Response:** Hurricane Gustav provided an opportunity to test our plans, shelter in place, ICS, and to identify opportunities for improvement. The VSAT satellite system team was deployment ready within hours for a Hurricane Ike response requirement.

d. **Recovery:** There are new renovation projects ongoing with CARES and the incorporation of hurricane standard codes for any new building projects.

Medical Equipment, Utilities Systems & Emergency Management  
Annual Review FY 2008

**FY 2008 Goals**

1. Fill two vacant Biomedical positions to enable us to reduce the work order back log.
  
2. Create projects to replace outdated elevators and reduce elevator call-outs by stepping up maintenance schedules.
  
3. Create a project to replace aging nurse call system.
  
4. Monitor and reduce the number of street lights that are found burned out.

**FY 2009 Goals**

1. Fill vacant biomedical position to enable us to reduce and maintain a low work order back log.
  
2. Continue to pursue funding to replace and refurbish elevators.
  
3. Continue to purchase emergency management resources and train personnel on ICS and available response systems.

Medical Equipment, Utilities Systems & Emergency Management  
Annual Review FY 2008

4. Monitors for FY 2008 will be as follows:
  - a. Biomedical Equipment Work Order Backlog.
  - b. Biomedical Equipment PM Completion
  - c. Biomedical Equipment Tracking
  - d. Elevator Malfunctions
  - e. Nurse Call Malfunctions
  - f. Street Light Function
  - g. Emergency Management Activities

Jay Tripp  
Chief Engineer

**Medical Equipment, Utilities Systems & Emergency Management**  
**Annual Review FY 2007**

**Objectives**

1. **Medical Equipment:** Establish and provide support for equipment used by the VA health care system's clinical staff in treating, diagnosing, and providing care to the veterans and to provide technical support to Acquisition and Material Management in purchasing equipment or equipment upgrades. Assist users and Acquisition and Material Management in identifying and capturing equipment recalls and providing user training in cases where user error is determined to have occurred.
2. **Utilities Systems:** Provide plans for utility disruptions that assure continued operation during emergency situations and perform sufficient preventive maintenance, routine repairs, and inspections to assure that utilities are reliable and to assure that back-up systems will be available when required.
3. **Emergency Management:** Establish and assure preparation of the health care system to cope with any situation which seriously over-taxes or threatens to over-tax routine capabilities and functions. Assign responsibilities and duties to key personnel for rapid utilization of all resources to meet essential needs.

**Scope**

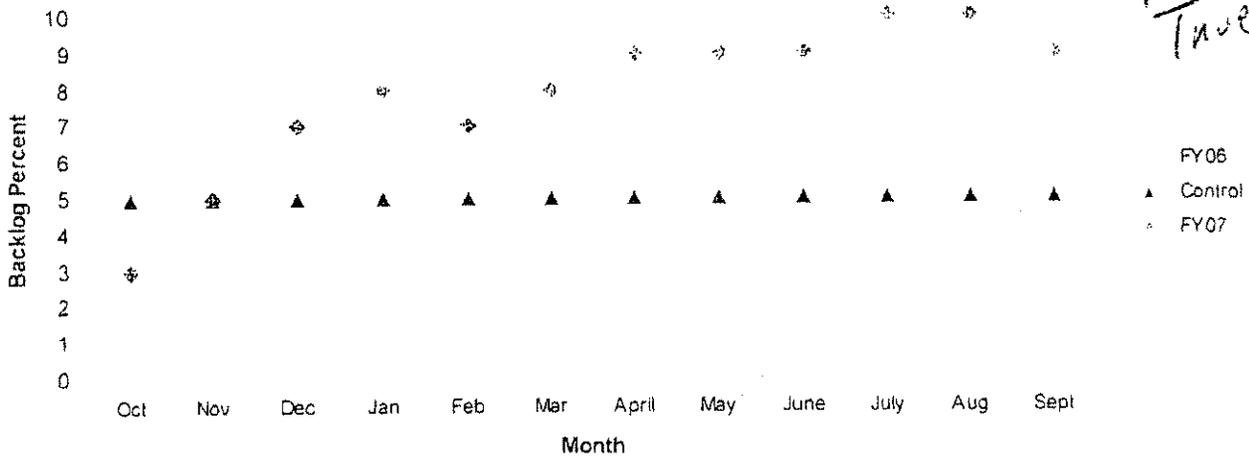
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Medical Equipment, Utilities Systems & Emergency Management  
Annual Review FY 2007

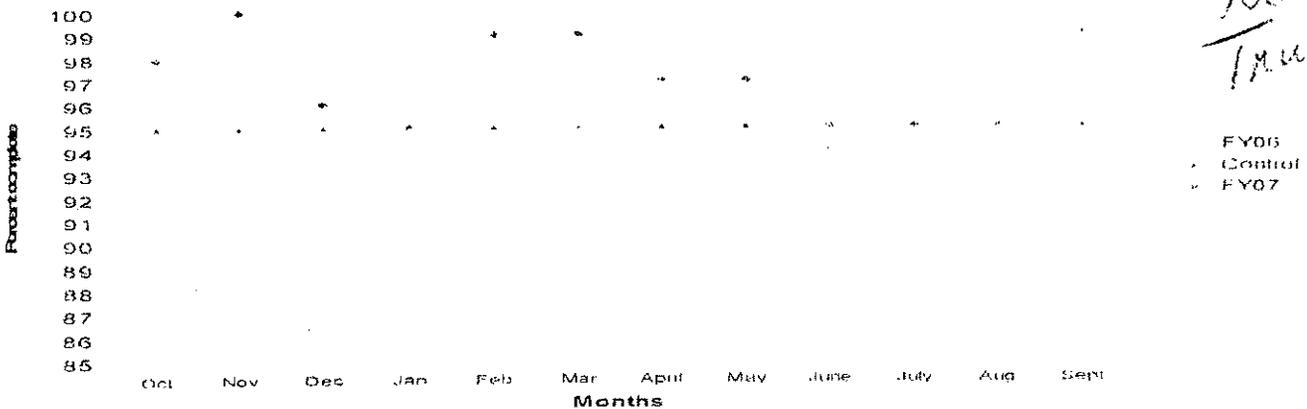
Performance/Effectiveness

1. Medical Equipment

a. **Work order backlog:** During 2007 Biomedical lost two employees which significantly affected the work process. We anticipate filling those positions by early February which should put us back on track with our goal of five or less. The graph below shows the number of work orders more than 30 days old for each month.

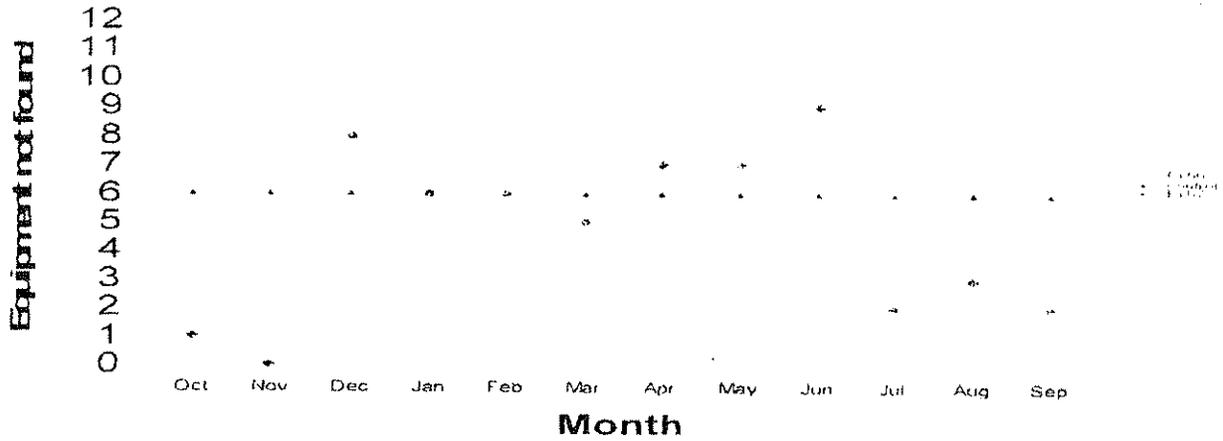


b. **Preventive Maintenance:** Although understaffed, Biomedical managed to meet their PM goals of 95% completion rate or more as the graph below shows.



Medical Equipment, Utilities Systems & Emergency Management  
Annual Review FY 2007

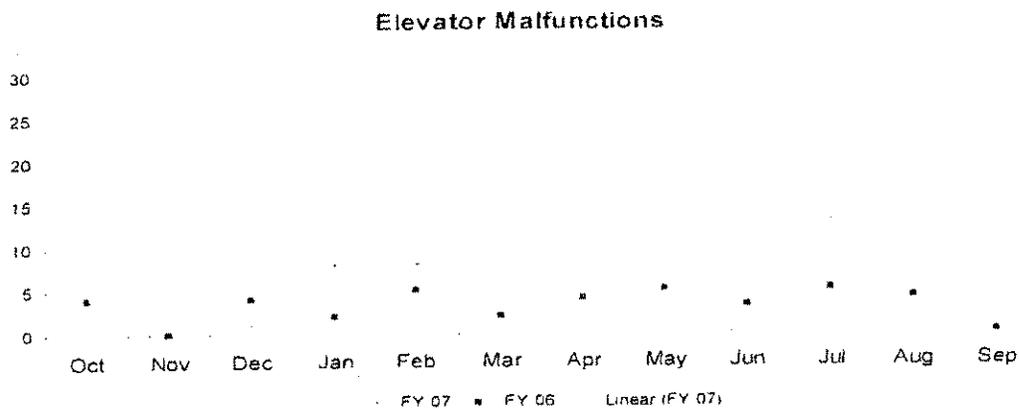
c. **Equipment Unaccounted For:** The graph indicates the number of pieces of equipment that did not receive regular maintenance because it was not in the assigned location. In addition, the equipment was not located during regular maintenance rounds.



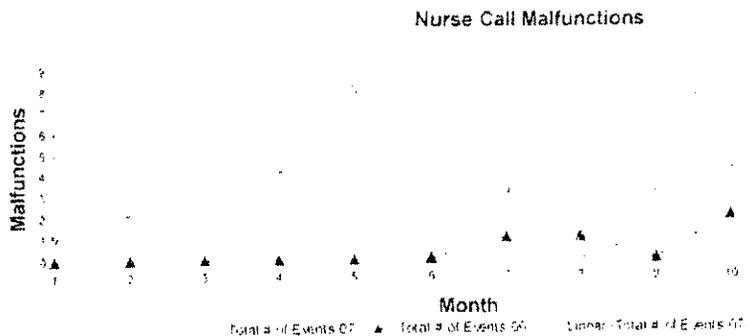
**Medical Equipment, Utilities Systems & Emergency Management**  
**Annual Review FY 2007**

**2. Utility Systems**

a. **Elevators Malfunctions:** Malfunctions included 13 in July, 18 in August, and 23 in September. Of the 54 incidents 13 were for the dumbwaiters, 10 were for Building 2 elevators, and 15 were for the 4 elevators in Building 3. The only elevators of note were the dirty dumbwaiter with 10 malfunctions and P2 in Building 3 where there were 6 malfunctions.



b. **Nurse Call Malfunctions:** Of the 10 malfunctions encountered for Nurse Call, 2 were user errors (bed not plugged in), 1 was the TV not working, and 2 were bad bulbs.





Medical Equipment, Utilities Systems & Emergency Management  
Annual Review FY 2007

3. **Emergency Management:** An Emergency Management Specialist was hired May 13, 2007 as a fulltime FTE (Scott Thresher) to address the four phases of emergency management: Preparedness, Mitigation, Response, and Recovery.
  - a. **Preparedness:** Training has been a top priority with hundreds of new employees introduced to the latest Bio-terrorism and Hurricane Preparedness information during orientation. 150 people received NIMS (National Incident Management System) and ICS (Incident Command System) training with additional courses scheduled for March 2008. Quarterly decontamination exercises were carried out along with joint exercises with Keesler Air Force Base and Pensacola Naval Hospital.
  - b. **Mitigation:** Provided Comprehensive Emergency Management Plan for coordination with the NIMS and ICS. Updated emergency equipment and supplies. Initiated requests for HAM radio equipment, dedicated air conditioned storage trailer, and incorporation of a FIXED decontamination room in conjunction with the design of the Clinical Addition (part of the CARES project).
  - c. **Response:** Three Real World Events provided an opportunity to implement, carry-out, and monitor emergency procedures for Water Interruption/Contamination, Severe Weather, and Maintenance Repair.
  - d. **Recovery:** This facility remains in recovery mode from hurricane Katrina. We continue to protect patients, employees, and assets using interim measures while massive construction contracts gain ground. Currently envelop hardening is under way for most patient care buildings. Most of these contracts will be complete this fiscal year.

Medical Equipment, Utilities Systems & Emergency Management  
Annual Review FY 2007

**FY 2008 Goals**

1. Fill two vacant Biomedical positions to enable us to reduce the work order back log.
2. Create projects to replace outdated elevators and reduce elevator call-outs by stepping up maintenance schedules.
3. Create a project to replace aging nurse call system.
4. Monitor and reduce the number of street lights that are found burned out.
5. Monitors for FY 2008 will be as follows:
  - a. Biomedical Equipment Work Order Backlog.
  - b. Biomedical Equipment PM Completion
  - c. Biomedical Equipment Tracking
  - d. Elevator Malfunctions
  - e. Nurse Call Malfunctions
  - f. Street Light Function
  - g. Bulk Oxygen Work Orders
  - h. Emergency Management Activity

May 21, 2009

## MEDICAL EQUIPMENT MANAGEMENT PROGRAM

1. **PURPOSE:** The purpose of this memorandum is to define the procedure by which medical equipment shall be evaluated for inclusion in the Medical Equipment Management Program (MEMP).

2. **POLICY:** The MEMP shall be used as a method to assess and control the clinical and physical risks of medical equipment used at this health care system. Equipment shall be included in this program based upon function, risks, maintenance requirements, and equipment incident history. All equipment categories shall be evaluated for inclusion in the program using the attached "Medical Equipment Management Program Scoring Sheet". Facilities Management Service (FMS), Biomedical Engineering (BME) staff shall maintain evaluation process documentation of items included in the MEMP. Equipment included in the MEMP:

- a. shall have periodic inspections (preventive maintenance at intervals not to exceed one year);
- b. shall have written preventive maintenance procedures;
- c. shall have documented evidence of inspections being performed;
- d. shall be designated in the Automated Engineering Management Service (AEMS)/Medical Equipment Reporting System (MERS) computer inventory;
- e. shall be evaluated for inclusion in the user-training program;
- f. shall have all work orders against the equipment documented in the AEMS/MERS computer system. (This documentation may be used for identifying equipment failures and user errors, which have or may have an adverse effect on patient safety or quality of care); and
- g. shall have service requirements entered by the using service upon medical equipment malfunction, with the request being sent via electronic work request.

### 3. ACTION:

- a. BME staff shall inspect all medical equipment, regardless of ownership, brought into the health care system.

✓ b. At the time of incoming inspection, medical equipment shall be evaluated for inclusion in the MEMP. Such evaluation shall be documented using the Medical Equipment Management Program Scoring Sheet (Attachment A).

✓ (1) If this category of medical equipment has been previously evaluated and accepted for inclusion in the program, the item shall be included in the program. If this type of medical equipment was previously excluded, the item shall be excluded.

✗ (2) If this category of medical equipment was not previously evaluated, the Biomedical Supervisor shall be responsible for evaluating the equipment for inclusion, using the Medical Equipment Management Program Scoring Sheet. The completed scoring sheet will be maintained in the BME Shop.

✓ c. Medical equipment items, which are included in the MEMP, shall have preventive maintenance (PM) assigned and a procedure for inspection of the item shall be adopted or drafted prior to the first scheduled PM inspection. Such procedure shall be based upon recommendations from manufacturers, published guidelines from the American Hospital Association, Association for the Advancement of Medical Instrumentation, Emergency Care Research Institution, etc., or drafted by qualified technicians. PM schedules may be adjusted upward or downward depending on usage of equipment, changing codes, and standards or equipment history. PM results shall be recorded in AEMS/MERS via a PM work order and become part of the recorded equipment history.

✓ d. A current, accurate, and unique inventory will be kept of all medical equipment included in the MEMP, regardless of ownership or purpose. Such inventory is indicated by a "yes" in The Joint Commission field and MEMP under the Management Program Type Fields of the Equipment Inventory Program of AEMS/MERS.

#### 4. RESPONSIBILITIES:

✗ a. The **Facilities Management Officer (FMO)**, and/or his designee, shall be responsible for:

✗ (1) ensuring the medical equipment management inventory is accurate and currently maintained;

✗ (2) ensuring all new medical equipment evaluations for inclusion/exclusion to the MEMP are kept on file and accurately completed; and

✗ (3) ensuring corrections to the AEMS/MERS fields for program inclusions, equipment data, and PM programs are accomplished in a timely manner.

b. The **Biomedical Supervisor** shall be responsible for:

Not  
Hyp

MEMORANDUM NO. 18F-04-09

(1) reviewing and evaluating incoming medical equipment for inclusion/exclusion into the MEMP;

X (2) forwarding documentation of medical equipment evaluation to the individual responsible for maintaining entries in the AEMS/MERS program;

*Not happening*

(3) tracking device recalls, equipment service reports, PM completion, work requests, incident reports, etc., which may have an adverse effect on patient safety and the quality of care. All relevant information will be forwarded to the Patient Safety and Environment of Care Committee;

(4) ensuring that corrective actions to alleviate these problems are sufficient and that such actions are monitored and reported to the Patient Safety and Environment of Care Committee; and

(5) assisting in the procurement of backup equipment by means of spare equipment in alternate locations or manufacturer loaners.

(6) The Biomedical department will search for medical equipment on scheduled inspections for two PM cycles along with initiating a lost letter generated to the Service Chiefs and on the third cycle will contact VA Police to initiate a report of survey.

*Not happening*

(7) The Biomedical department will collaborate with all health care providers through the AEMS-MERS Biomedical work order system to manage all aspects of physician and patient-owned medical equipment.

c. The **Service Chief of the owning service** shall be responsible for:

(1) the familiarity of this program and for cooperating with BME staff and Acquisition & Materiel Management (A&MM) Service to keep the Medical Equipment Management and PM programs current;

(2) ensuring the FMO/BME and/or VA Police staff is notified immediately upon receipt of new/replacement/lost non-expendable, patient-owned, physician-owned, and vendor-owned medical equipment for inclusion/exclusion in the MEMP Inventory and to meet the requirements of acceptance testing;

(3) reporting all medical equipment malfunctions with a work order. In the event the malfunction involves a medical emergency, the using service shall seek immediate, appropriate medical assistance then notify BME staff via telephone at ext. 5720, or the FMS, Customer Service Help Desk at ext. 5721; and

(4) ensuring that all medical equipment has been properly cleaned and decontaminated prior to servicing by BME staff.

d. The **caregiver** is responsible for ensuring patient safety is not compromised. When medical equipment fails and emergency clinical intervention is necessary, the caregiver shall initiate the code process (referenced in Memorandum No. 11-46, Medical Emergencies/Codes and Maintenance of Emergency Crash Carts) and conduct all appropriate measures.

e. The **Patient Safety and Environment of Care Committee** shall be responsible for verifying the effectiveness of corrective actions, as well as continued monitoring of problem areas within this program.

f. The **Chief, Acquisition & Materiel Management Service**, shall be responsible for ensuring that the FMO, and/or the BME staff is notified upon receipt of new/replacement, non-expendable, leased, or rented medical equipment to facilitate evaluation for inclusion in the MEMP Inventory and to meet the requirements of acceptance testing. All capital non-expendable, leased, or rented equipment data shall be entered into the AEMS/MERS equipment inventory accurately and input in a timely manner.

5. **DEFINITION:** Medical equipment shall be defined as any equipment that is used in the therapy, diagnosis, or analysis of patient care.

6. **REFERENCES:** Memorandum No. 11-46, Medical Emergencies/Codes and Maintenance of Emergency Crash Carts; Memorandum No. 18A-05, Equipment Inventory Management Module (AEMS-MERS); Memorandum No. 18A-09, Defibrillator Maintenance, Calibration, and Certification Procedures; Memorandum No. 18F-02, Acceptance Testing of New Medical Equipment.

7. **RESCISSION:** Memorandum No. 18A-11-07, dated June 15, 2007

8. **RECERTIFICATION:** The Facilities Management Officer (18) is responsible for recertification of this memorandum on or before the last working day of April 2012.

Kathleen R. Fogarty  
Interim Director

Attachment

Medical Equipment Management Program Scoring Sheet

EQUIPMENT FUNCTION:

<u>Therapeutic</u>	
Life Support .....	10
Surgical and Intensive Care .....	9
Physical Therapy and Treatment .....	8
<u>Diagnostic</u>	
Surgical and Intensive Care Monitoring .....	7
Additional Physiological Monitoring and Diagnostic .....	6
<u>Analytical</u>	
Analytical Laboratory .....	5
Laboratory Accessories .....	4
Computer and Related .....	3
<u>Miscellaneous</u>	
Patient Related and Other .....	2
Research and Office Equipment .....	1

PHYSICAL RISKS ASSOCIATED WITH CLINICAL APPLICATION

*A device malfunction could result in:*

Patient Death .....	5
Patient or Operator Injury .....	4
Inappropriate Therapy or Misdiagnosis .....	3 or 2
No Significant Risk .....	1

MAINTENANCE REQUIREMENTS

Extensive .....	5 or 4
Average .....	3
Minimal .....	2 or 1

EQUIPMENT CATEGORY: \_\_\_\_\_

1. Equipment Function Score .....
  2. Physical Risk Associated with Clinical Application Score .....
  3. Maintenance Requirements Score .....
- Total Score \_\_\_\_\_

IF TOTAL SCORE IS LESS THAN 12:

4. Does history warrant inclusion? ..... Yes \_\_\_\_\_ No \_\_\_\_\_
5. Should equipment be included for required electrical safety inspections? ..... Yes \_\_\_\_\_ No \_\_\_\_\_
6. Is score critical for any of the criteria?  
(Function 9/10; Risk 4/5; Maintenance 4/5) ..... Yes \_\_\_\_\_ No \_\_\_\_\_

INCLUDE/EXCLUDE      Scored By: \_\_\_\_\_      Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## MEDICAL EQUIPMENT MANAGEMENT PROGRAM

1. **PURPOSE:** The purpose of this memorandum is to define the procedure by which medical equipment shall be evaluated for inclusion in the Medical Equipment Management Program (MEMP).

2. **POLICY:** The MEMP shall be used as a method to assess and control the clinical and physical risks of medical equipment used at this health care system. Equipment shall be included in this program based upon function, risks, maintenance requirements, and equipment incident history. All equipment categories shall be evaluated for inclusion in the program using the attached Medical Equipment Management Program Scoring Sheet. Information Management Service shall maintain evaluation process documentation of items included in the MEMP. Equipment included in the MEMP:

- \* a. shall have periodic inspections (preventive maintenance at intervals not to exceed one year);
- \* b. shall have written preventive maintenance procedures;
- \* c. shall have documented evidence of inspections being performed;
- \* d. shall be designated in the Automated Engineering Management Service (AEMS)/Medical Equipment Reporting System (MERS) computer inventory;
- \* e. shall be evaluated for inclusion in the user training program; and
- \* f. shall have all work orders against the equipment documented in the AEMS/MERS computer system. (This documentation may be used for identifying equipment failures and user errors, which have or may have an adverse effect on patient safety or quality of care).

g. shall have service requirements entered by the using service upon medical equipment malfunction, with the request being sent via electronic work request.

3. **ACTION**

*Not  
Applicable*

a. Information Management Service shall inspect all medical equipment, \* regardless of ownership, brought into the health care system.

b. At the time of incoming inspection, medical equipment shall be evaluated for inclusion in the MEMP. Such evaluation shall be documented using the attached Medical Equipment Management Program Scoring Sheet. \*

(1) If this category of medical equipment has been previously evaluated and accepted for inclusion in the program, the item shall be included in the program. If this type of medical equipment was previously excluded, the item shall be excluded.

(2) If this category of medical equipment was not previously evaluated, the Biomedical Program Manager shall be responsible for evaluating the equipment for \* inclusion, using the attached scoring sheet. The completed scoring sheet will be maintained in the Biomedical Engineering Section.

c. Medical equipment items, which are included in the MEMP, shall have preventive maintenance (PM) assigned and a procedure for inspection of the item shall be adopted or drafted prior to the first scheduled (PM) inspection. Such procedure shall be based upon recommendations from manufacturers, published guidelines from American Hospital Association, Association for the Advancement of Medical Instrumentation, Emergency Care Research Institution, etc., or drafted by qualified technicians. PM schedules may be adjusted upward or downward depending on usage of equipment, changing codes, and standards or equipment history. PM results shall be recorded in AEMS/MERS via a PM work order and become part of the recorded equipment history. \*

d. A current, accurate, and unique inventory will be kept of all medical equipment included in the MEMP, regardless of ownership or purpose. Such inventory is indicated by a "yes" in the JCAHO field and MEMP under the Management Program Type Fields of the Equipment Inventory Program of AEMS/MERS. \*

#### 4. RESPONSIBILITIES

a. The Chief Information Officer (CIO) shall be responsible for:

(1) ensuring the medical equipment management inventory is accurate and currently maintained; \*

(2) ensuring all new medical equipment evaluations for inclusion/exclusion to the MEMP are kept on file and accurately completed; and \*

(3) ensuring corrections to the AEMS/MERS fields for program inclusions, equipment data, and PM programs, are accomplished in a timely manner. \*

\* = Not Happening

MEMORANDUM NO. 19-05-05

b. The **Biomedical Program Manager** will review and evaluate incoming medical equipment for inclusion/exclusion into the MEMP. The Biomedical Program Manager shall forward documentation of medical equipment evaluation to the individual responsible for maintaining entries in the AEMS/MERS program. \*

c. The **Biomedical Program Manager** will track device recalls, equipment service reports, PM completion, work requests, incident reports, etc., which may have an adverse effect on patient safety and the quality of care. All relevant information will be forwarded to the Patient Safety and Environment of Care Committee. The Biomedical Program Manager will further ensure that corrective actions to alleviate these problems are sufficient, and that such actions are monitored and reported to the Patient Safety and Environment of Care Committee. \*

d. The **Biomedical Program Manager** shall assist in the procurement of backup equipment by means of spare equipment in alternate locations or manufacturer loaners. \*

e. The **owning services** shall be responsible for:

(1) the familiarity of this program and for cooperating with Information Management Service and Acquisition & Materiel Management Service to keep the Medical Equipment Management and PM programs current;

(2) ensuring the CIO is notified immediately upon receipt of new/replacement expendable medical equipment for inclusion/exclusion in the MEMP Inventory and to meet the requirements of acceptance testing;

(3) reporting all medical equipment malfunctions with a work order. In the event the malfunction involves a medical emergency, the using service shall seek immediate appropriate medical assistance then notify Biomedical Engineering via telephone at ext. 5720, or the Information Management Service Help Desk at ext. 5161;

(4) ensuring that all medical equipment has been properly cleaned and decontaminated prior to servicing by Biomedical Engineering.

f. The **caregiver** is responsible to ensure patient safety is not compromised. When medical equipment fails and emergency clinical intervention is necessary, the caregiver shall initiate the code process and conduct all appropriate measures.

g. The **Patient Safety and Environment of Care Committee** shall be responsible for verifying the effectiveness of corrective actions, as well as continued monitoring of problem areas within this program.

h. The **Chief, Acquisition & Materiel Management Service** shall be responsible for ensuring that the CIO is notified immediately upon receipt of

\* = Not Happening

MEMORANDUM NO. 19-05-05

new/replacement non-expendable, leased, or rented medical equipment to facilitate evaluation for inclusion in the MEMP Inventory and to meet the requirements of acceptance testing.

i. The Chief, Material Management Division shall ensure all capital non-expendable, leased, or rented equipment data entered into the AEMS/MERS equipment inventory is accurate and input in a timely manner. \*

5. **DEFINITIONS:** The following definition applies to this medical center.

a. Medical equipment shall be defined as any equipment that is used in the therapy, diagnosis, or analysis of patient care.

6. **RESCISSION:** Memorandum No. 19-05-04, dated June 4, 2004

7. **RECERTIFICATION:** The Chief Information Officer (19) is responsible for recertification of this memorandum on or before the last working day of May 2008.

Richard J. Baltz  
Acting Director

Attachment

Medical Equipment Management Program Scoring Sheet

EQUIPMENT FUNCTION

Therapeutic

Life Support	10
Surgical and Intensive Care	9
Physical Therapy and Treatment	6

Diagnostic

Surgical and Intensive Care Monitoring	7
Additional Physiological Monitoring and Diagnostic	6

Analytical

Analytical Laboratory	5
Laboratory Accessories	4
Computer and Related	3

Miscellaneous

Patient Related and Other	2
Research and Office Equipment	1

PHYSICAL RISKS ASSOCIATED WITH CLINICAL APPLICATION

A device malfunction could result in:

Patient Death	5
Patient or Operator Injury	4
Inappropriate Therapy or Misdiagnosis	3 or 2
No Significant Risk	1

MAINTENANCE REQUIREMENTS

Extensive	5 or 4
Average	3
Minimal	2 or 1

EQUIPMENT CATEGORY

1. Equipment Function Score	_____
2. Physical Risk Associated with Clinical Application Score	_____
3. Maintenance Requirements Score	_____
<b>Total Score</b>	_____

IF TOTAL SCORE IS LESS THAN 10:

4. Does history warrant inclusion? Yes  No
5. Should equipment be included for required electrical safety inspections? Yes  No
6. Is score critical for any of the criteria?  
(Function 0/10, Risk 4/5, Maintenance 4/5) Yes  No

INCLUDE/EXCLUDE Scored By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Environment of Care (EOC) Committee Meeting  
 A&MM Conference Room, T-102, Room F-109

Date: March 23, 2009  
 2:30 p.m.

AGENDA ITEMS	DISCUSSION/HIGHLIGHTS/ISSUE STATUS/DECISIONS:	ACTION	RESPONSIBLE PARTY	TARGET DATE
<b>OLD BUSINESS</b>				
1. Review and Approval of Minutes	The February 25, 2009 minutes have been approved and placed on the intranet for review.	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Deferred		Closed
2. OLD BUSINESS	<p>a. <b>The Safe Patient Handling &amp; Movement (SPHM) Committee - No Lift Program</b></p> <p>Funds for the Safe Patient Handling and Movement Program (SPHM) in the amount of \$103,000.00 have been received. An order has been submitted for ceiling lifts and a digital scale for the Radiology Suite at the Joint Ambulatory Care Clinic (JACC).</p> <p>Funds have been received from the VISN for the 0.5 FTEE SPMH Champion which will be funded by the Central Office for three years. A draft Position Description for the FTEE has been forwarded to Nursing Service's executive staff.</p> <p>Katie Gift, RN, Nurse Educator is scheduled to attend the 9<sup>th</sup> Annual SPHM Conference in Orlando in late March.</p>	<p>The SPHM Program has received funds for new equipment and the 0.5 FTEE.</p> <p>The Interim Champion for the SPHM will continue to inform the EOC Committee of the program's progress.</p>	Interim Champion. (SPHM)	4/27/09

AGENDA ITEMS	DISCUSSION/HIGHLIGHTS/ISSUE STATUS/DECISIONS:	ACTION	RESPONSIBLE PARTY	TARGET DATE
	<p>Arrangements are being made to install a trial ceiling lift system in the Morgue.</p> <p>Patient privacy issues related to curtain placement in residents' rooms in the CLC on 1-3 with ceiling lifts are being addressed by the Interior Design Team and EMS.</p>			
	<p><b>b Utility Management</b></p> <p>(1) Elevator Malfunction</p> <p>Reported elevator malfunctions remain high as indicated on the embedded chart. Engineering will try to coordinate with Nursing Services when to report that an elevator is turned off rather than malfunctioning. This will likely show a decrease in the number of Elevator Malfunctions</p> <p>Funds have been allocated to replace or repair the majority of the elevators in Buildings 1, 2, 3, and 17.</p> <p>This project is expected to decrease the number of Elevator Malfunctions significantly.</p>	<p>There is an ongoing project to repair or replace the majority of elevators.</p> <p>The Chief Engineer will continue to monitor the number of Elevator Malfunctions and report to the EOC Committee quarterly.</p>	Chief Engineer	Closed

AGENDA ITEMS	DISCUSSION/HIGHLIGHTS/ISSUE STATUS/DECISIONS:	ACTION	RESPONSIBLE PARTY	TARGET DATE
	<p>C:\Documents and Settings\WHABILCHAF</p> <p>(2) Exterior Lighting Issues</p> <p>The baseline for this Monitor was established in FY 08. The Chief Engineer reported that there are now more lights on campus and it is expected that there will be more outages reported.</p>	<p>Engineering will continue to track lighting outages and submit work orders as appropriate.</p>	<p>Chief Engineer</p>	<p>Closed</p>
	<p>C:\Documents and Settings\WHABILCHAF</p> <p>(3) Nurse Call Malfunctions</p> <p>As indicated on the embedded graph, Nurse Call Malfunctions remain about the same as this time FY 08.</p>	<p>The Chief Engineer will continue to track Nurse Call Malfunctions and report to the EOC Committee quarterly.</p>	<p>Chief Engineer</p>	<p>Closed</p>
	<p>C:\Documents and Settings\WHABILCHAF</p> <p>c. Machine Guards for Elevator Equipment</p>	<p>The fabrication of Elevator Machine Guards for Buildings 1 and 3 is still pending.</p>	<p>Safety Specialist</p>	<p>4/27/09</p>

AGENDA ITEMS	DISCUSSION/HIGHLIGHTS/ISSUE STATUS/DECISIONS:	ACTION	RESPONSIBLE PARTY	TARGET DATE
	<p>It was reported at the February 25<sup>th</sup> EOC Committee meeting that Machine Guards for elevator equipment in Buildings 19 and 2 were resolved and Buildings 1 and 3 were pending fabrication of guards.</p> <p>The issues with Buildings 1 and 3 are still pending completion.</p>			
	<p><b>d. Accident Review and Ergonomic Committee</b></p> <p>The Ergonomics Policy is currently being updated. The Occupational Health Nurse Practitioner is proposing that this policy be changed to a 118 Policy following the realignment of Employee Health with Nursing Service.</p> <p>The Occupational Health Nurse Practitioner recently sent out a survey to get opinions on where the Ergonomics Program falls. There were 30 responses and most participants stated that the Ergonomics Policy should be under Safety.</p> <p>During the last Accident Review and Ergonomic Committee meeting, Safety presented data and slides on Trends and</p>	<p>The Accident Review and Ergonomic Policy is being updated, and the decision on which Service it should be placed under is pending.</p>	Occupational Health NP	4/27/09

AGENDA ITEMS	DISCUSSION/HIGHLIGHTS/ISSUE STATUS/DECISIONS:	ACTION	RESPONSIBLE PARTY	TARGET DATE
	<p>Corrective Action</p> <p>Based on the Type of Incidents reported during the month of February, Struck by/Against was the leading category resulting in 35% of all incidents reported.</p> <p>Nursing Service continues to report the highest number of injuries.</p> <p>There were no Lost Time Claims in February.</p> <p>As a result of the Union Safety Officer's concern of injuries or near injuries at exit doors in some of the modular buildings, a light has been placed at each door and the exterior doors have been replaced with doors containing a window.</p> <p>    </p> <p>C:\Documents and Settings\HABILCHA\Settings\HABILCHA\ C:\Documents and Settings\HABILCHA\Settings\HABILCHA\Settings\HABILCHA\</p> <p>    </p> <p>C:\Documents and Settings\HABILCHA\Settings\HABILCHA\Settings\HABILCHA\ C:\Documents and Settings\HABILCHA\Settings\HABILCHA\Settings\HABILCHA\</p> <p>    </p> <p>C:\Documents and Settings\HABILCHA\Settings\HABILCHA\Settings\HABILCHA\ C:\Documents and Settings\HABILCHA\Settings\HABILCHA\Settings\HABILCHA\</p>			

AGENDA ITEMS	DISCUSSION/HIGHLIGHTS/ISSUE STATUS/DECISIONS:	ACTION	RESPONSIBLE PARTY	TARGET DATE
<p><i>Not Done</i></p>	<p>              C:\Documents and Settings\WHABILCHAI         </p> <p><b>e. Equipment Management</b></p> <p>(1) Backlog of Work Orders Over 30 Days</p> <p>The Biomedical Technical Supervisor reported that there was a total of seven unscheduled work orders for the Biloxi facility during the Second Quarter.</p>	<p>Facilities Management Service, Biomed will continue to track Work Orders over 30 days old and report to the EOC Committee quarterly.</p>	<p>Chief Engineer</p>	<p>Closed</p>
<p><i>Not Done</i></p>	<p>              C:\Documents and Settings\WHABILCHAI         </p> <p>(2) Biomed Preventive Maintenance Completion Rate</p> <p>The Preventive Maintenance (PM) Completion Rate for the month of January was at 95% and in February it was at 100%. The significant improvement in this area is attributed to the return of one full time employee and staff working overtime.</p>	<p>The PM Completion Rate has increased to 100% at the end of February. The complete numbers for the March are still pending.</p> <p>Biomed will continue to track PM Completion Rates and report to the EOC Committee quarterly.</p>	<p>Chief Engineer</p>	<p>Closed</p>

AGENDA ITEMS	DISCUSSION/HIGHLIGHTS/ISSUE STATUS/DECISIONS:	ACTION	RESPONSIBLE PARTY	TARGET DATE
	<p><b>f. Secure Environment</b></p> <p>(1) Call Boxes</p> <p>As indicated on the embedded graph below, there were no false Call Alarms or justified Call Alarms during the first quarter of FY 09.</p> <p>Police Services continues to conduct a monthly check of all Call Boxes. All are currently working properly.</p> <p>C:\Documents and Settings\VHABILCHAI</p>	<p>Police Service will begin tracking Call Box Alarms at the JACC and at Eglin.</p> <p>Police Service will also continue to conduct a monthly check of all Call Boxes whether there have been alarms or not and report to the EOC Committee quarterly.</p>	Chief Police Service	Closed
	<p>(2) Panic Alarms</p> <p>A total of 14 false Panic Alarms occurred during the first quarter of FY 09; none resulted in any adverse event.</p> <p>C:\Documents and Settings\VHABILCHAI</p>	<p>Police Service will continue to monitor Panic Alarms and report to the EOC Committee quarterly.</p>	Chief, Police Service	Closed
	<p>(3) Missing Patients</p> <p>As reported in the February 25<sup>th</sup> Committee, one missing patient had been reported and was unaccounted for. That</p>	<p>Police Service will continue to track missing patient reports and report to the EOC Committee quarterly.</p>	Chief, Police Service	Closed



AGENDA ITEMS	DISCUSSION/HIGHLIGHTS/ISSUE STATUS/DECISIONS:	ACTION	RESPONSIBLE PARTY	TARGET DATE
	<p>(2) Fire Events</p> <p>There have been four Fire Events so far in FY 09. The local Fire Department responded three of the four times when a Fire Event occurred. The fourth Fire Event was due to an employee overheating a food item in the microwave and activated the smoke detector.</p> <p>  C:\Documents and Settings\VHABILCHAF\Settings\VHABILCHAF</p>	<p>Safety will continue to track Fire Events and report to the EOC Committee quarterly.</p>	<p>Safety Officer</p>	<p>Closed</p>
	<p>(3) Hands-on Fire Extinguisher Training</p> <p>All Lab employees received Hands-on Fire Extinguisher training.</p> <p> C:\Documents and Settings\VHABILCHAF</p>	<p>Lab Employees received Hands-on Fire Extinguisher training.</p>	<p>Safety Specialist</p>	<p>Closed</p>
	<p>(4) Construction Activities</p> <p>The roadway around the West end of Building 19 has been blocked due to construction activity. The local Fire Department has been notified.</p> <p>Building 54 is scheduled for demolition on</p>	<p>Interim Life Safety Assessments were conducted at construction sites as necessary. The Safety staff will continue to monitor all construction activities at this facilities and report changes as appropriate.</p>	<p>Safety Specialist</p>	<p>Closed</p>

AGENDA ITEMS	DISCUSSION/HIGHLIGHTS/ISSUE STATUS/DECISIONS:	ACTION	RESPONSIBLE PARTY	TARGET DATE
	<p>March 25, 2009. The Construction fencing has been erected.</p> <p>The Safety Office has conducted 30 Interim Life Safety Assessments on projects this quarter.</p>			
	<p><b>b. Hazardous Materials Waste Management</b></p> <p>(1) Pounds of Recycled Cardboard Per Month</p> <p>The amount of Recycled Cardboard continues to increase.</p>	<p>The GEMS Coordinator will continue to track the Pounds of Recycled Cardboard per month and report to the EOC Committee quarterly.</p>	<p>Safety Officer</p>	<p>Closed</p>
	<p>This monitor was implemented in FY 08 and is being used as the baseline.</p> <p>5 1 1</p> <p>C:\Documents and Settings\WHABIL\CHAF</p>			
	<p>(2) Needlesticks Incidents</p> <p>Overall, Needlesticks Incidents decreased during the Second Quarter of FY 09. There was a slight increase in the month of March.</p>	<p>Needlesticks Incidents decreased during the Second Quarter. Safety will continue to track Needlesticks Incidents and report to the EOC Committee quarterly.</p>	<p>Safety Officer</p>	<p>Closed</p>

AGENDA ITEMS	DISCUSSION/HIGHLIGHTS/ISSUE STATUS/DECISIONS:	ACTION	RESPONSIBLE PARTY	TARGET DATE
	<p>C:\Documents and Settings\WHABILCHAI</p> <p>(3) Hazardous Waste Pounds Cumulative</p> <p>There has been no disposal this fiscal year. We attribute the decrease to the implementation of the recycling program</p> <p>C:\Documents and Settings\WHABILCHAI</p>	<p>The GEMS Coordinator will continue to monitor Hazardous Waste and report to the EOC quarterly.</p>	<p>GEMS Coordinator</p>	<p>Closed</p>
	<p>(4) Monthly Negative Pressure Readings</p> <p>All Negative Pressure Readings for FY 09 to date have been acceptable.</p> <p>C:\Documents and Settings\WHABILCHAI</p>	<p>Safety will begin collecting data for Negative Pressure Readings at the JACC and report to the EOC Committee quarterly</p>	<p>Safety Officer</p>	<p>Closed</p>
	<p><b>c. Emergency Management</b></p> <p>(1) Incident Command Systems (ICS) Training</p> <p>The Incident Command Systems (ICS) 300 and 400 Training were conducted in</p>	<p>The goal for training 50 personnel in ICS 300 and 400 has been exceeded. The Emergency Management Specialist will continue to report Emergency</p>	<p>Emergency Management Specialist</p>	<p>7/27/09</p>

AGENDA ITEMS	DISCUSSION/HIGHLIGHTS/ISSUE STATUS/DECISIONS:	ACTION	RESPONSIBLE PARTY	TARGET DATE
	<p>January and March 2009. There are 25 personnel in mandatory command and general staff positions with two people in each position.</p> <p>C:\Documents and Settings\VFHABILCHAF</p>	<p>Management training issues to the EOC Committee quarterly.</p>		
	<p>(2) Annual Emergency Management Review</p> <p>Data for the Annual required training obtained from Work Force Development shows that the personnel is completing mandatory training.</p> <p>A baseline for this monitor has been established.</p> <p>C:\Documents and Settings\VFHABILCHAF</p>	<p>The goal for this monitor is reach or exceeds last year's total number of personnel trained.</p>	<p>Emergency Management Specialist</p>	<p>Closed</p>
	<p>(3) Decontamination Training</p> <p>Decontamination Training is required annually. The next training is scheduled for April 14, 2009. This training will be sponsored CSX Trains. CEU's will be awarded for qualified personnel.</p>	<p>The next Decontamination Training is scheduled for April 14, 2009 from 0800 to 1630.</p>	<p>Emergency Management Specialist</p>	<p>7/27/09</p>

AGENDA ITEMS	DISCUSSION/HIGHLIGHTS/ISSUE STATUS/DECISIONS:	ACTION	RESPONSIBLE PARTY	TARGET DATE
	<p>C:\Documents and Settings\WHABILCHA\</p>			
	<p><b>d. Construction Safety</b>  The Chairman, Construction Safety Committee presented the 2008 Annual Report.  Risk Assessments were completed on approximately 18 projects during the calendar year.  The OSHA 10-Hour Construction Safety Training was conducted on station for new Construction Safety Committee members as well as invited Federal Safety Council members. Other personnel attended a class held in the local community.  Actions Taken during the calendar year included: Additional fire protection provided for construction areas, VA construction barrier requirements added to new construction contracts, a new electronic ICRA form requirement which requires that the ICRA be posted in all construction</p>	<p>The Safety Officer will continue to tack the OSHA 10-Hour Construction Safety Training to ensure training requirements are followed according to policy.</p>	<p>Chair, Construction Safety Sub-Committee</p>	<p>Closed</p>

AGENDA ITEMS	DISCUSSION/HIGHLIGHTS/ISSUE STATUS/DECISIONS:	ACTION	RESPONSIBLE PARTY	TARGET DATE
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	<p>areas.</p> <p>4 ]</p> <p>C:\Documents and Settings\VHABILCHAF</p>			
4. Adjournment	The meeting was adjourned at 3:20 p.m.	The next Environment of Care Committee meeting will be held April 27, 2009 at 2:30 p.m., in the A&MM Conference Room.		Open

Chairperson: \_\_\_\_\_ Date: \_\_\_\_\_

Accepted by Chair of Committee/Board/Council: \_\_\_\_\_ Date: \_\_\_\_\_

Environment of Care (EOC) Committee Meetings  
 A&MM Conference Room T-102, Room F-109  
 Date: April 28, 2009  
 7:30 a.m.

AGENDA ITEMS	DISCUSSION/HIGHLIGHTS/ISSUE STATUS/DECISIONS:	ACTION	RESPONSIBLE PARTY	TARGET DATE
<b>OLD BUSINESS</b> 1. Review and Approval of Minutes	The March 30, 2009 minutes have been approved and placed on the intranet for review.	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Deferred		Closed
2. OLD BUSINESS	<b>a. The Safe Patient Handling &amp; Movement (SPHM) Committee - No Lift Program</b>  The U.S. FTE has been funded by the VISN. The position has been realigned under Patient Safety.		Ingram-Chester (COP/HR)	Ongoing
	<b>b. Machine Guards for Elevator Equipment</b>  Safety reported receiving confirmation from other VA's that there was a problem with the moving parts being properly guarded in the elevator control room.	The Guards have been installed in Buildings 2 and 19. No shops will fabricate several covers for the equipment in the elevator room for Buildings 1 and 2.	Safety Specialist	Ongoing
	<b>c. Accident Review and Ergonomics Committee</b>	A number of the Accident Review and Ergonomics	Accident Review Specialist	Ongoing



AGENDA ITEMS	DISCUSSION/HIGHLIGHTS/ISSUE STATUS/DECISIONS:	ACTION	RESPONSIBLE PARTY	TARGET DATE
3. New Business	<p>The Chief Engineer reported that there has been several routine water line breaks on campus. In each case, the water was tested and no significant findings were noted. Engineering has met with Infection Control to discuss piping systems in areas affected by the water outage.</p>	<p>Items will be put into place by Infection Control to try to avoid future breaks.</p> <p>Micro Methods took water samples and all results were within the required margin.</p>	Safety Specialist	1/20/00
a. Kidde recalls to Replace Fire Extinguishers	<p>As the result of an action item, a survey was conducted at all VA facilities of the fire extinguishers. No fire extinguishers on the recall list are located at this facility or any of the CBOCs.</p>	<p>No fire extinguishers identified were found at this campus or the CBOCs.</p>	Safety Specialist	1/20/00
b. Hazardous Waste Pounds Cumulative	<p>There were 21,000 pounds of hazardous waste (paint chips containing lead and asbestos) removed from Building 27.</p>	<p>Waste created from future projects will be disposed of by the VA.</p>	GEMS Campus Admin	1/20/00
c. Monthly Negative Pressure Readings	<p>During the monthly testing of the Negative Pressure rooms, it was discovered that Room 1F131 was not functioning properly.</p>	<p>Project Section notified of the situation with Room 1F131. They will contact the contractor to come out and correct the problem.</p>	Safety Office	1/20/00

AGENDA ITEMS	DISCUSSION/HIGHLIGHTS/ISSUE STATUS/DECISIONS:	ACTION	RESPONSIBLE PARTY	TARGET DATE
	<p>The facility has portable HI-PA machines if needed while the rooms down.</p> <p>CONDUITS and SPLITTERS W/ HUBS C/ W/</p>	<p>ER staff and Infection Control were briefed on the problem with Room 1F131.</p>		
	<p>d. Egin Disaster Incident</p> <p>This issue was deferred.</p>	<p>This report is deferred until the May 18, 2009 Environment of Care (EOC) Committee meeting.</p>	<p>Emergency Management Specialist</p>	<p>5/20/09</p>
	<p>e. Annual Work Place Evaluation (AWE)</p>	<p>Information</p>	<p>Safety Officer</p>	<p>7/10/09</p>
	<p>The VISM Safety Officer and Fire Protection Specialist are scheduled to be here June 8-12 to conduct the Annual Workplace Evaluation (AWE).</p>			
<p>d. Standing Items</p>	<p>a. Utility Management</p> <p>This item was deferred.</p>	<p>This report is deferred until the May 18, 2009 Environment of Care (EOC) Committee meeting.</p>	<p>Chief Engineer</p>	<p>07/20/09</p>
	<p>b. Smoking Management</p> <p>This item was deferred.</p>	<p>This report is deferred until the May 18, 2009 Environment of Care (EOC) Committee meeting.</p>	<p>Chief, Procurement Services</p>	<p>07/20/09</p>
	<p>c. Bulk Oxygen</p> <p>There were no oxygen alarms reported during the second quarter of FY 08. The</p>	<p>A &amp; M Service will continue to monitor the Bulk Oxygen System and report to the EOC Committee quarterly.</p>	<p>Chief, Procurement Services</p>	<p>07/20/09</p>

AGENDA ITEMS	DISCUSSION/HIGHLIGHTS/ISSUE STATUS/DECISIONS	ACTION	RESPONSIBLE PARTY	TARGET DATE
	<p>Bulk Oxygen System is working appropriately.</p> <p>Commitments and Action Items:</p> <p>d. <b>Construction Safety</b></p> <p>The lead/asbestos paint chips from Building 21 have been removed from the property. Disposal of hazardous waste from future projects of this kind will be handled by Facilities Management Service (FMS). FMS is continuing to work on sealing the lead/smoke barrier penetrations in Buildings 1, 2 and 3.</p> <p>e. <b>Environmental Rounds Quarterly</b></p> <p>The Acting Safety Officer reported that there was a total of 738 Environmental Rounds deficiencies noted during inspections in the second quarter of FY 09. Of the 738 deficiencies, a total of 539 are complete and 199 remain open.</p> <p>It is strongly urged that each responsible individual should make sure deficiencies are corrected within the required number of days. If corrections cannot be done by Service staff, a work order must be submitted or, state a Plan of Action.</p>	<p>Facilities Management Service will handle the disposal of hazardous waste from future building projects containing lead and asbestos.</p> <p>A Work Order or Plan of Action has been submitted for Environmental Rounds deficiencies that cannot be completed within the required fourteen-day period.</p>	<p>Chair, Construction Safety Subcommittee</p> <p>Safety Officer</p>	<p>Ongoing</p> <p>Ongoing</p>

AGENDA ITEMS	DISCUSSION/HIGHLIGHTS/ISSUE STATUS/DECISIONS:	ACTION	RESPONSIBLE PARTY	TARGET DATE
1. Adjournment	<p>Chairpersons and Selling/VIABIC/CMR</p> <p>The meeting was adjourned at 3:10 p.m.</p>	<p>The next Environment of Care Committee meeting will be held: May 28, 2009 at 2:30 p.m. in the A&amp;MM Conference Room.</p>		L/2009

Chairperson: *[Signature]*

Date: *[Signature]*

Accepted by Chair of Committee/Board/Council: *[Signature]*

Date: *[Signature]*

## Monthly Negative Pressure Testing Safety Office

Room# PM# or Equipment	Bldg Floor	Monitor Working? Yes or No	Room Negative Pressure? Yes or No	Work Underway (Priority) Required
3A118/31068	1-5	Yes	Yes	Y
3A118/31066	1-5	Yes	Yes	N/A
3A120/31066	1-5	Yes	Yes	N/A
3A127/31067	1-5	Yes	Yes	N/A
3B119/31061	1-5	Yes	Yes	N/A
3B127/31065	1-5	Yes	Yes	N/A
4B103A/31050	3-4	Yes	Yes	N/A
4B104A/31059	3-4	Yes	Yes	N/A
4B118	1-4	Currently No In Use		
4B120	1-4	Currently No In Use		
4D103D/6685-S010	3-4	Yes	Yes	N/A
4F111	3-1 (ER)	No Monitor Installed	No	07/04

Date Tested: \_\_\_\_\_

Tested by: \_\_\_\_\_

New Business - 5c

NOV. DEC. JAN. FEB. MAR. APR. MAY JUN. JUL. AUG. SEPT.

OXYGEN USE IN INCHES

	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	
1											1000
2											1000
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											

NOV. DEC. JAN. FEB. MAR. APR. MAY JUN. JUL. AUG. SEPT.

BULK OXYGEN ALARMS

	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	
1											1000
2											1000
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											

Facility Name: **Wheat, 018** Beginning Date: **01/01/2005** Ending Date: **02/01/2005**  
 Category and Element Total abated within specified time Total abated but not within the specified time Percent abated after specified time

Total abated within specified time Total abated but not within the specified time Percent abated after specified time

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Total abated within specified time Total abated but not within the specified time Percent abated after specified time

**Engineering Survey**

Category and Element	Total abated within specified time	Total abated but not within the specified time	Percent abated after specified time
1. Equipment stored in appropriate location	4	0	100%
2. No out of date equipment or supplies	2	0	100%
3. Labels present	4	0	100%
<b>Total for Survey</b>	<b>4</b>	<b>0</b>	<b>100%</b>
1. Cleanliness in place maintained	21	0	100%
2. No evidence of leaks	1	0	100%
3. Building service equipment operational	77	12	86.42%
4. Windows/doors operational as required	6	2	75%
5. Appropriate lighting	6	6	50%
6. Smoke fire partitions sealed	3	0	100%
7. Electrical cabinets and panels secured	12	0	100%
8. Medical equipment approached and pushed	4	0	100%
9. Broken equipment	5	0	100%
10. Unlabeled issues	5	0	100%

Total for Survey:

141

122

86.52%

19

13.47%

### Environmental Management Survey

1. Waste receptacles not overflowing

2. Floors clean

3. Bathrooms clean

4. Shirts & curtains clean

5. Ventilation clean

6. Vents clean

7. Vents clean

8. Vents clean

9. Vents clean

10. Vents clean

11. Vents clean

12. Vents clean

13. Vents clean

14. Vents clean

15. Vents clean

16. Vents clean

17. Vents clean

18. Vents clean

19. Vents clean

20. Vents clean

21. Vents clean

22. Vents clean

23. Vents clean

24. Vents clean

25. Vents clean

26. Vents clean

27. Vents clean

28. Vents clean

29. Vents clean

30. Vents clean

31. Vents clean

32. Vents clean

33. Vents clean

34. Vents clean

35. Vents clean

Total for Survey:

83

53

63.86%

24

28.90%

### Infection Control Food Preparation Survey

1. Hands clean

2. Hands clean

3. Hands clean

4. Hands clean

5. Hands clean

6. Hands clean

7. Hands clean

8. Hands clean

9. Hands clean

10. Hands clean

11. Hands clean

12. Hands clean

13. Hands clean

14. Hands clean

15. Hands clean

16. Hands clean

17. Hands clean

18. Hands clean

62.50%

1

1.60%

63.86%

24

28.90%

63.86%

24

28.90%

63.86%

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28.90%

63.86%

24

28.90%

1. Handwritten notes	1	2	66.67%	1	33.33%
2. [unclear] [unclear] [unclear]	1	1	100%	0	0%
<b>Total for Survey:</b>	<b>15</b>	<b>14</b>	<b>93.33%</b>	<b>1</b>	<b>6.67%</b>

**Infection Control Patient Care Survey**

1. Bed linen checked found in appropriate a	15	13	86.67%	1	6.67%
2. Patient care items stored appropriately	25	50	50.01%	4	15.77%
3. Linen available if appropriate change	2	2	100%	0	0%
4. Refrigerator clean and patient is clean	18	43	97.96%	1	2.04%
5. Marquage clean	12	29	91.67%	3	12.50%
6. Temperature of patient refrigerator sur	2	3	100%	0	0%
7. Appropriate handling of linen	2	4	20%	0	0%
8. Linen housekeeping supplies under sinks	11	11	100%	0	0%
9. Staff follow appropriate hand washing p	53	51	96.23%	2	3.77%
10. [unclear] [unclear] [unclear]	2	2	100%	0	0%
11. [unclear] [unclear] [unclear]	1	1	100%	0	0%
12. [unclear] [unclear] [unclear]	8	7	87.5%	1	12.5%
13. [unclear] [unclear] [unclear]	13	10	76.92%	3	23.08%
14. [unclear] [unclear] [unclear]	1	2	200%	0	0%
15. [unclear] [unclear] [unclear]	2	3	150%	1	50%
<b>Total for Survey:</b>	<b>284</b>	<b>239</b>	<b>91.20%</b>	<b>17</b>	<b>5.99%</b>

**Department Survey and Results**

1. [unclear] [unclear] [unclear]	2	2	100%	0	0%
2. [unclear] [unclear] [unclear]	1	1	100%	0	0%
3. [unclear] [unclear] [unclear]	1	1	100%	0	0%
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Item	Count	Percentage	Count	Percentage	Count	Percentage
1. Employees understand "SAFETY" signage	2	100%	0	0%	0	0%
2. All employees use to date	8	87.50%	1	12.50%	1	12.50%
3. Employees know how to access MSDS	4	75%	1	100%	1	100%
4. Employees know how to access MSDS	1	100%	0	0%	0	0%
5. Adequate signage	7	71.43%	5	58.57%	1	12.5%
6. Adequate signage of hazardous materials	3	56.57%	2	33.33%	1	12.5%
7. Adequate signage of hazardous materials	1	100%	1	100%	0	0%
8. Labels locked zone required	2	100%	2	100%	0	0%
9. Labels locked zone required	1	100%	1	100%	0	0%
10. Labels locked zone required	2	100%	0	0%	0	0%
11. Labels locked zone required	2	100%	0	0%	0	0%
12. Labels locked zone required	5	90%	4	80%	1	20%
13. Labels locked zone required	11	64.56%	6	34.56%	2	11.11%
14. Labels locked zone required	4	75%	0	0%	2	33.33%
<b>Total for Survey:</b>	<b>63</b>	<b>76.19%</b>	<b>46</b>	<b>73.17%</b>	<b>19</b>	<b>45.87%</b>

**Patient Safety Survey**

Item	Count	Percentage	Count	Percentage	Count	Percentage
1. Emergency and ambulance maintained	53	94.12%	48	88.52%	2	3.7%
2. Emergency and ambulance maintained	52	92.46%	43	82.69%	4	7.85%
3. Emergency and ambulance maintained	53	94.12%	48	88.52%	2	3.7%
4. Emergency and ambulance maintained	52	92.46%	43	82.69%	4	7.85%
<b>Total for Survey:</b>	<b>53</b>	<b>94.12%</b>	<b>48</b>	<b>88.52%</b>	<b>2</b>	<b>3.7%</b>

and are known and Patient Safety Team

9. Did you finish with the (radio) button

Yes (radio) button  
No (radio) button

Total for Survey:

143

135

94.41%

7

4.90%

**Unanswered Survey**

10. Did you finish with the (radio) button

Yes (radio) button  
No (radio) button

Total for Survey:

5

4

80%

1

20%

11. Did you finish with the (radio) button

Yes (radio) button  
No (radio) button

Total for Survey:

5

4

80%

1

20%

12. Did you finish with the (radio) button

Yes (radio) button  
No (radio) button

Total for Survey:

5

4

80%

1

20%

Standing Item Ac

Grand Total:

738

639

86.59%

77

10.43%

Agenda Topics ----- EOC Meeting, April 28, 2009 at 2:30 p.m. in Bldg. T-102, A&MM  
Conference Room, F-109

Topics	Reporting Responsibility
<p>1. Minutes</p> <p>The March 30, 2009 EOC Committee minutes have been signed and placed on the Intranet for your review</p>	<p><input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved  <input type="checkbox"/> Deferred</p>
<p>2. Old Business</p> <p>a) The Safe Patient Handling &amp; Movement Committee (SPHM)-No Lift Program  b) Machine Guards for Elevator Equipment  c) Accident Review and Ergonomic Committee  d) Issue brief-Ruptured Water Line</p>	<p>Interim Champion (SPHM)  Safety Specialist  Occupational Health NP  Chief Engineer</p>
<p>3. New Business</p> <p>(a) Kidde Recalls to Replace Fire Extinguishers  (b) Negative Pressure Rooms  (c) Hazardous Waste Disposal  (d) Eglin Disaster Incident</p>	<p>Safety Officer  Safety Officer  GEMS Coordinator  Emergency Management Specialist</p>
<p>4. Standing Items</p> <p>a) Utility Management  b) Smoking Management  c) Bulk Oxygen  d) Construction Safety  e) Environmental Rounds Quarterly Trending</p>	<p>Chief Engineer  Chief, Police Service  Chief, A&amp;MM Service  Chair, Construction Safety Sub-Committee  Safety Officer</p>

**ENVIRONMENT OF CARE COMMITTEE (EOC) MEMBERS ATTENDANCE SHEET**

MEMBERS	SIGNATURE	SERVICE
Al Murray Chief A&MM Patient Safety Manager	<i>[Signature]</i>	
Phyllis Ogletree Chair ARB Roderic Smith (Union Representative)		
Ronald Hines Chief Police Service		
Jennifer Hamner Safety Officer		
Scott Thresher Emergency Management Specialist		
Robert Esher GEMS Coordinator		
Jay Tripp Chief Engineer		
Amy Lesniewski ANE Acute Care Saron Beasley Nurse Manager, HBPC	<i>[Signature]</i>	NSG
Oculus Nance Chair, Construction Safety Sub-Comtee		
Mark Reyes, Biomec Technical Supervisory		
Christina Poison Infection Control Coordinator Supervisory Project Engineer	<i>[Signature]</i>	<i>[Signature]</i>
Bob Mosley Hospital Housekeeping Officer	<i>[Signature]</i>	FMS/GMS
Bili Jordan		
GUEST(S)		

Meeting 4/28/09

Environment of Care (EOC) Committee Meeting  
 Adjunct Conference Room, 1-102, Room E-109  
 Date: June 22, 2009  
 2:30 p.m.

AGENDA ITEMS	DISCUSSION/HIGHLIGHTS/ISSUE STATUS/DECISIONS	ACTION	RESPONSIBLE PARTY	TARGET DATE
<p>OLD BUSINESS</p> <p>1. Review and Approval of Minutes</p> <p>2. OLD BUSINESS</p>	<p>The May 26, 2009 minutes have been approved and placed on the intranet for review.</p> <p>a. Machine Guards For Elevator Equipment</p> <p>All Guards that were removed from elevators in Buildings 1 and 3 have been reinstalled. A couple of guards are still being fabricated for moving parts on the elevators in Buildings 1 and 3.</p>	<p><input checked="" type="checkbox"/> Approved  <input type="checkbox"/> Disapproved  <input type="checkbox"/> Deferred</p> <p>Completion of the fabricated guards is expected in July.</p>	Safety Specialists	7/17/09
	<p>b. Egitir Disaster Incident</p> <p>This report is deferred.</p>	<p>This report is deferred until the July 27, 2009 Environment of Care (EOC) Committee meeting.</p>	Emergency Management Specialist	7/27/09
	<p>c. Utility Management</p> <p>(1) Elevator Malfunctions</p>	<p>Projects to replace elevators are pending completion.</p> <p>The Chief Engineer will</p>	Chief Engineer	Closed

MILESTONE	ACHIEVING/HIGHLIGHT/ISSUE/STATUS/DECISIONS	ACTION	RESPONSIBLE PARTY	STATUS DATE
	<p>The Chief Engineer reported that elevator malfunctions have decreased significantly (two projects have been approved to replace elevators) except the elevator in Building 501.</p> <p>elevator malfunctions</p>	<p>continue to monitor and track elevator malfunctions and report to the FOC Committee quarterly.</p>	Chief Engineer	Closed
	<p>(2) Exterior Lighting</p> <p>The Chief Engineer reported on data from the first and second quarters of FY 08. As indicated on the embedded graph below, exterior lights were operating at about the same rate as in FY 08 at the same time.</p> <p>exterior lighting</p>	<p>Engineering will continue to monitor exterior lighting for this facility and the Chief Engineer will report findings to the FOC Committee quarterly.</p>	Chief Engineer	Closed
	<p>(3) Nurse Call Malfunctions</p> <p>The total number of Nurse Call Malfunctions for the second quarter of FY 09 is 16 as compared to three (3) at the same time in FY 08.</p> <p>The Chief Engineer reported that data looks better for the third quarter as compared to</p>	<p>The Chief Engineer will look at tracking Nurse Call Malfunctions by areas.</p>	Chief Engineer	Closed

AGENDA ITEMS	DISCUSSION/HIGHLIGHTS/ISSUE STATUS/DECISIONS:	ACTION	RESPONSIBLE PARTY	TAKEN DATE
	<p>the second quarter.</p> <p>source call.doc</p>			
	<p>a. <b>Smoking Management</b></p> <p>The Chief of Police Service reported that there have been a total of 1,020 Foot Patrols so far during the Third Quarter of FY 09 as compared to 1,137 at the same time in FY 08.</p> <p>There have been three Violation Notices issued during the month of June. One was a patient smoking in his room and two were from individuals smoking near the Emergency Room ramp.</p> <p>There have been no Citations issued during the Third Quarter.</p> <p>font.yenros.doc      violation notices issued.doc      violators.doc</p>	<p>Police Service will continue to monitor smoking in unauthorized locations and report to the FCC Committee quarterly.</p>	<p>Chief of Police</p>	<p>Cleared</p>
	<p>a. <b>Secure Environment</b></p> <p>( ) Missing Patients</p>		<p>Chief of Police</p>	

CONCERN HEADLINES	DESCRIPTION/HIGHLIGHTS/ISSUE STATUS/DECISIONS	ACTION	RESPONSIBILITY	STATUS
	<p>Police Service reported that there were no missing patrol units reported during the months of May and June of FY 09.</p> <p>no missing patrol units.</p>			
	<p>(2) Panic Alarms</p> <p>A total of 14 false alarms occurred in the months of April and nine (9) justified alarms. There were no false alarms in the month of May and three (3) justified alarms. None of the alarms resulted in an adverse event. There have been no Panic Alarms in the month of June.</p> <p>panic alarms table.</p>	<p>Police Service will continue to monitor Panic Alarms and report to the EOC Committee quarterly.</p>	<p>Chief of Police</p>	<p>Closed</p>
	<p>(3) Call Boxes</p> <p>Police Service conducts a monthly check of all Call Boxes. All are working properly.</p> <p>As indicated on the embedded graph below, there were no false Call Alarms or justified Call Alarms during the third quarter of FY 09.</p>	<p>Police Service will continue to conduct a monthly check of all Call Boxes and report alarms to the EOC Committee quarterly.</p>	<p>Chief of Police</p>	<p>Closed</p>

Discussion Leader	DISCUSSION/HIGHLIGHTS/ISSUE STATUS/DECISIONS	ACTION	RESPONSIBLE PARTY	REPORT DATE
	<p>Call for meeting</p> <p>1. GEIMS Committee</p> <p>The quarterly GEIMS Committee meeting will take place June 25, 2009. Any required issues will be forwarded to the EOC Committee meeting on July 27, 2009.</p>	<p>The GEIMS Committee will meet June 25, 2009.</p>	<p>GEIMS Coordinator</p>	<p>Flowen</p>
3. New Business	<p>a. The Annual Workplace Evaluation (AWE)</p> <p>The Annual Workplace Evaluation took place the week of June 8<sup>th</sup>. As a result of findings during the evaluation, a number of Work Orders were submitted for corrective action. The Safety Officer sent an electronic message to various Services pertaining to issues that are not Work Order related.</p>	<p>The final report from the AWE is anticipated sometime in July. The Safety Officer will share findings at the July 27, 2009 EOC Committee meeting.</p>	<p>Safety Officer</p>	<p>7/27/09</p>
	<p>b. VISN 16 Safety Conference</p> <p>The Network Safety staff is hosting a VISN 16 Safety Staff Conference the week of June 29<sup>th</sup> at the Imperial Palace in Biloxi.</p> <p>Although this conference is geared mostly</p>	<p>Information</p>	<p>Safety Officer</p>	<p>7/27/09</p>

ACT NUMBER	DISCUSSION/HIGHLIGHTS/ISSUE STATUS/DECISIONS	ACTION	RESPONSIBLE PARTY	STATUS/DATE
2. Attending Alarms	<p>Forward Safety, the Safety Officer encourages staff that has a Joint Commission Chapter on Environment of Care to attend.</p> <p>a. Fire Prevention ( ) False Alarms</p> <p>There were nine False Alarms during the second quarter, FY 09. The local Fire Department responded to all False Alarms. As indicated on the embedded graph below, False Alarms are about the same through the third quarter as at this time in FY 09.</p> <p>fake_alarm2.doc; fake_alarm3.pdf; doc; fy08s09.doc</p> <p>(2) Fire Events</p> <p>There were a total of three Fire Events in the second quarter. As indicated on the embedded graph below, we are below the total number of Fire Events for last year at this time.</p> <p>fire_event.doc; (b).doc</p>	<p>Safety will continue to monitor False Alarms and report to the EOC Committee quarterly.</p> <p>Safety will continue to track Fire Events and report to the EOC Committee quarterly.</p>	<p>Safety Officer</p>	<p>Closed</p>

ISSUE NUMBER	DISCUSSION/RIGHT TO RESISTANCE STATUS/DECISIONS	ACTIONS	RESPONSIBLE PARTY	TARGET DATE
	<p>(3) Construction Activities:</p> <p>As of this date, the roadway around the West end of Building 19 has been re-opened.</p>	<p>The roadway at the west end of Building 19 has been re-opened.</p>	Safety Specialist	None
6.	<p><u>Interim Life Safety Measures</u></p> <p>Interim Life Safety Measures are in place for Buildings 2, 3 and 19. In Building 2, the north side exit leading into the construction area has been blocked. Staff has been notified and the Fire Department agrees there are sufficient exits available in case of a fire.</p>	<p>The Safety staff will continue to monitor ILSM's and document as required by The Joint Commission. Safety will provide training and fire drills to staff as required.</p> <p>Engineering will make sure signage is posted at all appropriate locations pertaining to closed roadways and alternate routes.</p>	Safety Officer	Ongoing
	<p>The ramp that leads from Building 2 to Building 5 is blocked off and will be demolished. A temporary wooden ramp has been installed at the Southeast exit of Building 2.</p>			
	<p>Though there is much construction going on in and around Building 19, an elevator continues to work and two stairwell fire exits remain in use.</p>			
6.	<p><u>Hazardous Materials/Waste</u></p> <p>Interim life safety measures are in place.</p>		Safety Officer	Ongoing

SECTION NUMBER	DISCUSSION/HIGHLIGHTS/ISSUE STATUS/DECISIONS	ACTION	RESPONSIBLE PARTY	PRIORITY DATE
Management	<p>(1) Pounds of Recycled Cardboard Per Month</p> <p>The amount of Recycled Cardboard Per Month continues to increase. As indicated on the embedded graph below, we are overall above where we were at this time in FY 08.</p>	<p>The GEMS Coordinator will continue to track the Pounds of Recycled Cardboard per month and report to the FOC Committee quarterly.</p>	GEMS Coordinator	Ongoing
	<p>(2) Needle Stick Incidents</p> <p>There has been an overall increase in the number of Needle Stick Incidents in FY 09</p> <p>The Safety Officer has separated the Needle Stick Incidents by Services. Four occurred in Medical Service, two in Acute Care Nursing, two in Extended Care Nursing, one in Diagnostic Medicine Service, two in Surgery, one in Nursing Service at Persico, and two in Facilities Management Service.</p> <p>There are several new devices being recommended by SPD that may make a reduction in Needle Sticks.</p>	<p>Safety will continue to track Needle Stick Incidents and report to the FOC Committee quarterly on any identified trends.</p> <p>The Safety Officer will work with SPD on procurement of new devices.</p>	Safety Office	2/23/09

AGENDA ITEM	DISCUSSION/ HIGHLIGHTS/ ISSUE STATUS/ DECISIONS	ACTION	RESPONSIBLE PARTY	CLOSURE DATE
	<p>Additional drums of Cumulative Hazardous Waste are pending scheduled pickup.</p> <p>The GEMS Coordinator will continue to monitor the Cumulative Hazardous Waste and report to the EOC Committee quarterly.</p> <p>The GEMS Coordinator is working with the Lab to increase the use of the "recycle" as to reduce the volume.</p>	Safety Officer	Closed	
<p>Needle sharps</p> <p>(3) Hazardous Waste Pounds Cumulative Calendar Year 2008 vs. 2009</p> <p>Hazardous Waste has been shipped out at a much higher rate this far in FY 09 as we reported to FY 08. For the entire year of FY 08 the VA sent out 27 drums of Hazardous Waste and six months into this year approximately 21 drums have been shipped out with additional drums pending shipment.</p> <p>Cumulative waste per pound day</p>	<p>(4) Monthly Negative Air Pressure Readings</p> <p>The Safety Officer reported that several work orders were submitted for Negative Air Pressure Readings. It was determined that the rooms did have negative pressure, but the monitor was not operating properly.</p> <p>The JACC has four negative pressure rooms, all of which are reported to be working</p>	Safety Officer	Closed	

AGE NDATIONS	DISCUSSION/HIGHLIGHTS/ISSUE STATUS/DECISIONS:	ACTION	RESPONSIBLE PARTY	TARGET DATE
<p>piece by:</p> <p>negative all proposed all IACC dir</p>	<p>d. Emergency Management</p>	<p>This report is deferred until the July 27, 2009 EOC Committee meeting.</p>	<p>Emergency Management Specialist</p>	<p>7/27/09</p>
	<p>This report is deferred.</p> <p>a. Construction Safety</p>	<p>The next Construction Safety Committee meeting will take place.</p> <p>The Safety Officer will facilitate the OSHA 30Hour Construction Safety Course. The course will be held in the A&amp;MM Conference Room, located in Building 1-102.</p>	<p>Safety Specialist</p>	<p>Closed</p>
	<p>The Chair for the Construction Safety Sub-Committee reported that the June meeting was postponed due to the Annual Workload Evaluation.</p> <p>The Safety Officer informed the Committee that the OSHA 30-Hour Construction Safety Course is being offered September 21-25 and September 28-29, 2009 for members of the Construction Safety Committee and those who are required to do so.</p>	<p>The Safety Officer will be soliciting information from his facility's Construction Safety Committee to share with the Central Office Tag Work Group in developing a database to track construction inspections.</p>		
	<p>The Safety Officer is part of the Central Office Work Group that has been tasked with reviewing and updating the VHA Constructive Safety Directive and developing an electronic database internet software program that will allow us to track construction inspections as we conduct Environmental Rounds.</p>			

AGENDA ITEMS	DISCUSSION/HIGHLIGHTS/ISSUE STATUS/DECISIONS	ACTION	RESPONSIBLE PARTY	TARGET DATE
4. Adjournment	The meeting was adjourned at 3:30 p.m.	The next Environment of Care Committee meeting will be held July 27, 2009 at 2:30 p.m., in the A&MM Conference Room, located in T-102.	ECC Committee	7/27/09

Chairperson: *[Signature]* Date: *7/27/09*

Accepted by Chair of Committee/Board/Council: *[Signature]* Date: *7/27/09*

Agenda Topics - EOC Meeting, June 22, 2009 at 2:30 p.m. in Bldg. T-102, A&MW  
 Conference Room, F-109

Topics	Reporting Responsibility
<p>1. Minutes</p> <p>The May 28, 2009 EOC Comm. Ittee minutes are pending approval by Mr. Johnson</p>	<p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Disapproved</p> <p><input type="checkbox"/> Deferred</p>
<p>2. Old Business</p> <p>a) Machine Guards for Elevator Equipment</p> <p>b) Fg in Disaster Incident (deferred from April)</p> <p>c) Utility Management (deferred from May)</p> <p>d) Smoking Management (deferred from May)</p> <p>e) Secure Environment</p> <p>f) GEMS Committee</p>	<p>Safety Specialist:</p> <p>Emergency Management Specialist</p> <p>Chief Engineer</p> <p>Chief of Police</p> <p>Chief of Police</p> <p>GFMS Coordinator</p>
<p>3. New Business</p> <p>a) The Annual Workplace Evaluation (AWE)</p> <p>b) VISA #6 Safety Conference</p>	<p>Safety Officer</p>
<p>4. Standing Items</p> <p>a) Fire Prevention</p> <p>b) Hazardous Materials/Waste Management</p> <p>c) Emergency Management</p> <p>d) Construction Safety</p> <p>1) OSHA 30-Hour Construction Safety Course</p> <p>2) Central Office Tag Work Group</p>	<p>Safety Officer</p> <p>Safety Officer</p> <p>Chief Engineer</p> <p>Safety Specialist</p>

### Elevator Malfunctions

	1	2	3	4	5	6	7	8	9	10	11	12
	24	30	32	19	14							
	21	28	19	33	14	77	32	18	24	20	17	
			3	5	12	12	16	17	12	16		

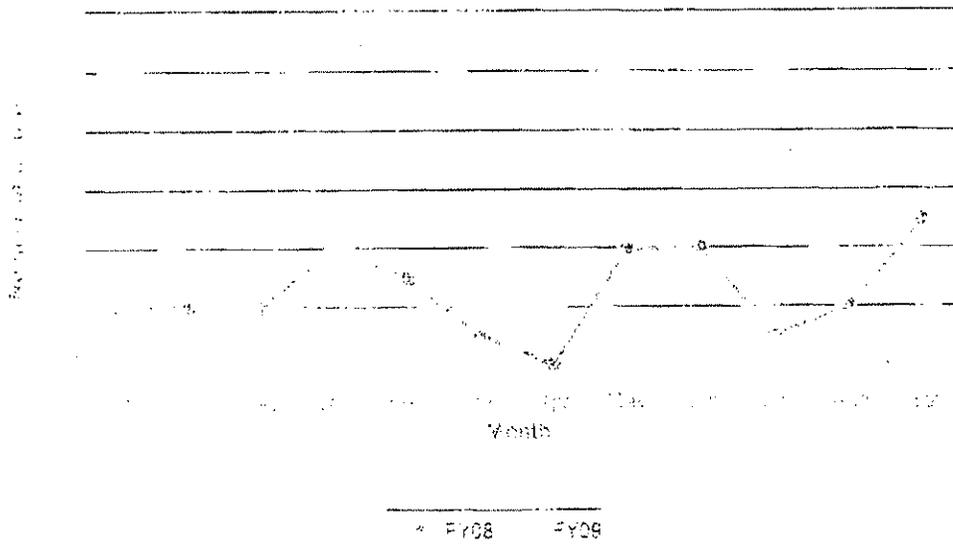
PM09

PM08

PM07

Linear (PM09)

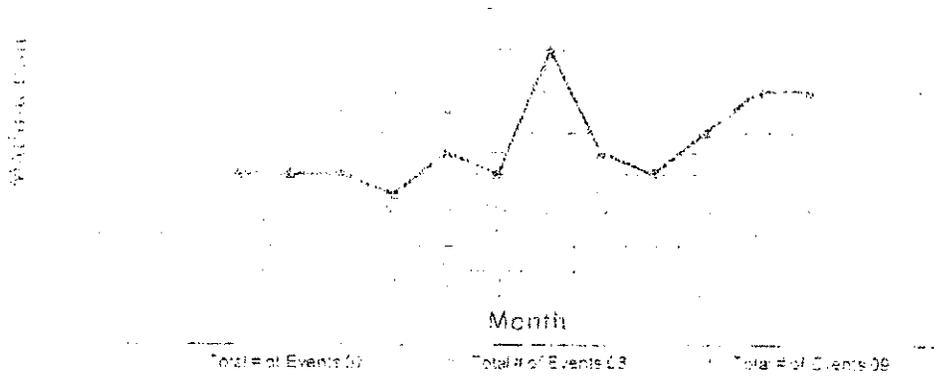
### Exterior Lighting Issues FY 09



Old Business: Item c(2)

Old Business: Item 3

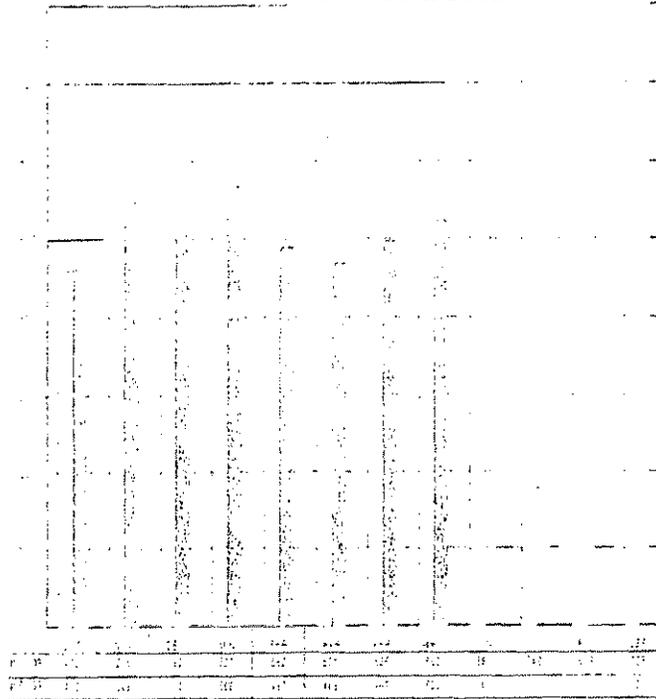
### Nurse Call Malfunctions



Old Business: Rem d.

## SMOKING MANAGEMENT

Foot Patrols







Old Business Name

## MISSING PATIENTS

Total Number of Reports

Report No.	Old Business Name	Total Number of Reports
1		
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# PANIC ALARMS

(Total Number of Alarms)

	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
Office Alarms	7	4	1	1	1	12	0	0	2	0	0
Residential Alarms	0	0	0	0	0	0	0	0	0	0	0

Business: Item e(2)

Old

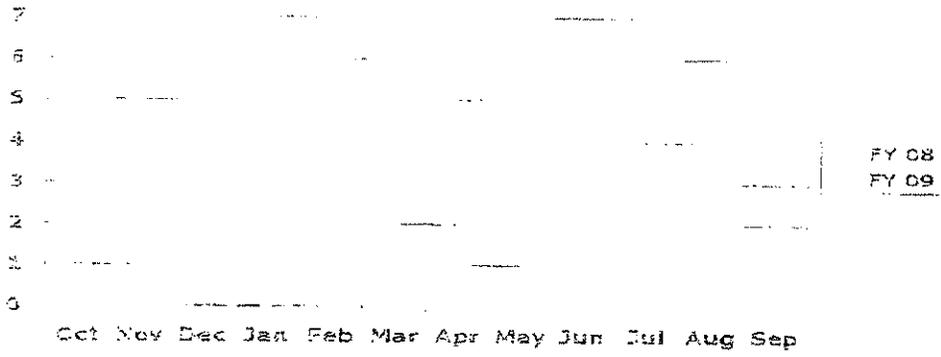
standing name (a)

4-8-09 4:20 p.m.	Bld 1	Received Fire Alarm Steam from Boiler plant-Fire department responded
4-06-09 7:55 a.m.	Bld 3 2 <sup>nd</sup> floor	EMS called said it was a false alarm- Fire department responded
5-21-09 7:07 p.m.	Bld 19 rm 1A119	Received Fire Alarm Smoke detector Microwave-Employee cooking-Fire department responded
5-07-09 1:30 p.m.	Bld 53 2 <sup>nd</sup> floor	Employee activated Pull station due to smoke from possible burnt food Fire Department responded and gave the a'l clear.

Standing Item #1:

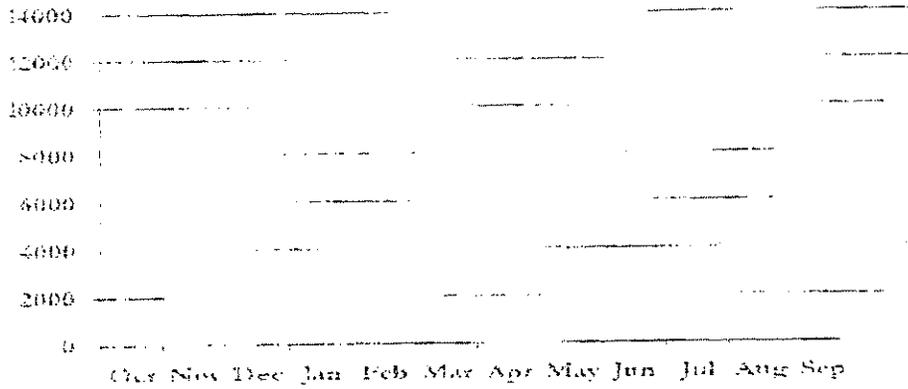
8-14-09 12:10 a.m.	Bld 1937 Elev Rm 2A122	Received Fire Alarm Microwave-Employee cooking-Fire department responded.
8-17-09 12:15 p.m.	Bld T103	Received Fire Alarm Microwave-Employee cooking-Fire department responded.
8-20-09 7:42 a.m.	Bld 3rd 2D134 and 2D132.	Received Fire Alarm Microwave- Employee cooking-Fire department responded
8-23-09 8:00 a.m.	Bld 54	Received Fire Alarm Water flow switch-Fire department responded
8-23-09 8:00 a.m.	Bld 54	Received Fire Alarm Water flow switch-Fire department responded

Standing Items (2)





Reading term: 3 1/2'



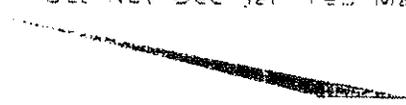
PS 08  
PS 08

Standing Item (2)

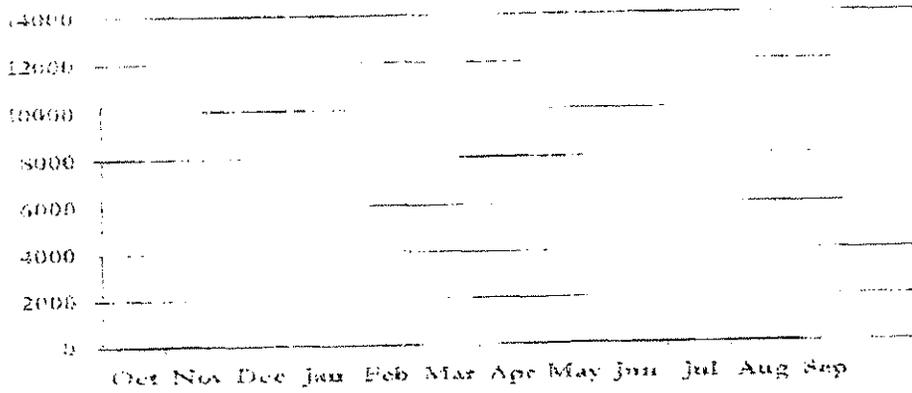
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FY08  
FY09

Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep

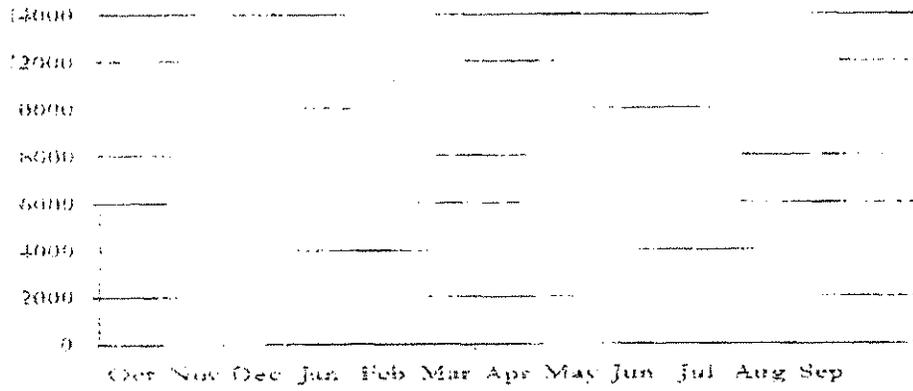


Shading Item: 0(2)



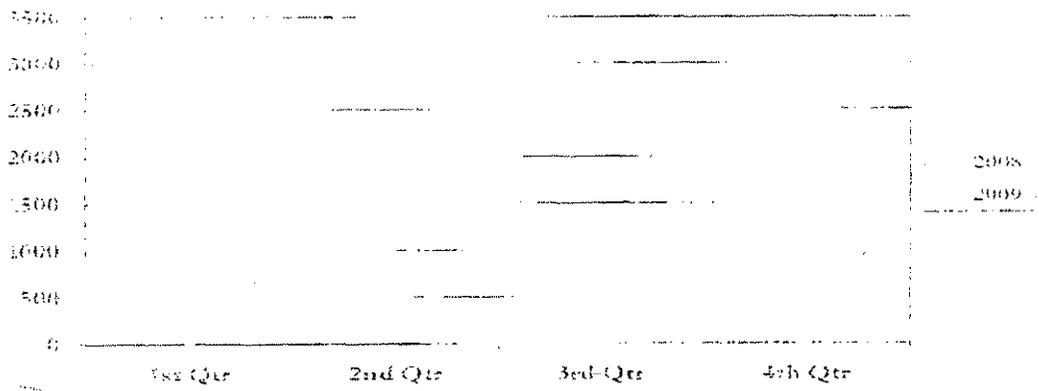
FY 08  
FY 09

Standing term: 1(1)



1951 08  
1951 09

standing reserve (\$)



Reading terminal

Month	SA118	SA120	SA122	SA119	SA121	SA123	SA124	SA125	SA126	SA127
Sept	1	1	2	1	3	3	3	3	3	3
Oct	A	A	A	A	A	A	A	A	A	NA
Nov	A	A	A	A	A	A	A	A	A	A
Dec	A	A	A	A	A	A	A	A	A	A
Jan	A	A	A	A	A	A	A	A	A	A
Feb	A	A	A	A	A	A	A	A	A	A
Mar	A	A	A	A	A	A	A	A	A	A
Apr	A	A	A	A	A	A	A	A	A	U
May	A	A	A	A	A	A	A	A	A	A
Jun	A	A	A	A	A	A	A	A	A	A
Jul										
Aug										
Sept										
Unacceptable										

U = Unacceptable

Branding item (4)

Month	3A11	3A120	3A121	3A122	3A123	3B127	4B103A	4B103B	4B103C	4B103D	4B103E
July	1	1	1	1	1	1	1	1	1	1	1
Aug	A	A	A	A	A	A	A	A	A	A	21A
Nov	A	A	A	A	A	A	A	A	A	A	
Dec	A	A	A	A	A	A	A	A	A	A	
Jan	A	A	A	A	A	A	A	A	A	A	
Feb	A	A	A	A	A	A	A	A	A	A	
Mar	A	A	A	A	A	A	A	A	A	A	
Apr	A	A	A	A	A	A	A	A	A	A	U
May	A	A	A	A	A	A	A	A	A	A	A
Jun	A	A	A	A	A	A	A	A	A	A	A
Jul											
Aug											
Sep											

U = Unacceptable

Francing (a) 4(c)

Month	2F103	2F100	2F119	2F189
May	JACC	JACC	JACC	JACC
Mar	A	A	A	A
Apr	A	A	A	A
July	A	A	A	A
June				
Aug				
Sept				
A = Acceptable		U = Unacceptable		

May 10, 2006

## ACCEPTANCE TESTING OF NEW EQUIPMENT

1. **PURPOSE:** The purpose of this memorandum is to provide policy and procedures for ensuring that acceptance testing has been conducted prior to the initial use of newly acquired equipment at this health care system.
2. **POLICY:** All newly acquired patient care equipment and all electrically powered non-patient care equipment, regardless of ownership, will be inspected for compliance with VA standards prior to initial use. This policy also includes equipment obtained for VA use via rental agreements, leases, loaners, or personally owned equipment. The use of any such equipment is prohibited until it has passed acceptance testing.
3. **ACTION:**
  - a. Acquisition and Materiel Management (A&MM) will ensure all non-expendable, non-patient care equipment is made available to Engineering for inspection. If non-expendable equipment must be delivered to the using service, A&MM will notify Engineering to ensure subject testing. Notification of receipt of all non-expendable, non-patient care equipment will be provided to Engineering through mailman alert messages.
  - b. A&MM will ensure all non-expendable, patient care equipment is made available to Information Management Service (IMS) for inspection. If non-expendable equipment must be delivered to the using service, A&MM will notify IMS to ensure subject testing. Notification of receipt of all non-expendable, patient care equipment will be provided to IMS through Mailman alert messages.
  - c. For the receipt of all equipment, a responsible official of the receiving service will notify Engineering for non-patient care equipment or IMS for patient care equipment of the need for acceptance testing. Such testing must be performed *prior to use* by the service.
4. **RESPONSIBILITIES:**
  - a. Engineering will perform subject inspections upon notification by A&MM of non-expendable, non-patient care equipment and the responsible official for expendable, non-patient care equipment. The results of such testing will be documented on a New Equipment Check-in Sheet (Attachment A) and will consist of the following:

MEMORANDUM NO. 18A-01-06

(1) Service manuals will be reviewed to determine if the technical specifications provided by the manufacturer and service documentation are complete.

(2) The equipment will be inspected for compliance with the technical specifications provided by the manufacturer. Electrical safety testing will be performed to ensure compliance with VA safety standards (current edition of NFPA 99.)

(3) For portable, non-expendable equipment the acceptance will be conducted prior to delivery to the owning service.

(4) For VA installed, non-expendable equipment the acceptance testing will be conducted during/following installation.

(5) For all expendable equipment acceptance testing will be performed prior to use by the owning service.

(6) For vendor or contractor installed equipment, Engineering will inspect the equipment following installation and prior to acceptance of the equipment and initial use.

b. **The Bio-Medical Section of IMS** will perform subject inspections upon notification by A&MM of non-expendable, patient care equipment and the responsible official for expendable, patient care equipment. The results of such testing will be documented on a New Equipment Check-in Sheet (Attachment A) and the following will occur:

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(5) For all expendable equipment, acceptance testing will be performed prior to use by the owning service.

(6) For vendor or contractor installed equipment, IMS will inspect the equipment following installation and prior to acceptance of the equipment and initial use.

c. **Engineering** will document all non-patient care equipment information and test results and **IMS** will document all patient care equipment information and test

results. New Equipment Check-In Sheets, which pass inspection, will be forwarded to the using service. New Equipment Check-In Sheets, which fail inspection, will be forwarded by Engineering or IMS to both the using service and A&MM. This will ensure that adequate information is passed on to the potential user to prevent unsafe operation and that A&MM will have information to correspond with the suppliers of the failed equipment. Accepted equipment will be labeled with an inspection sticker for identification, as required. Special limitations on the use of the equipment, such as restrictions from patient care areas, will be noted on the equipment as well as documented with test results.

d. A&MM will:

(1) coordinate appropriate action with vendors resulting from inspection discrepancies as well as other appropriate contractual procurement requirements. Such recommendations are derived from the results of the test, as well as examination for complete documentation, warranty coverage, and the presence of parts and accessories. All efforts will be made to cooperate with the vendor to bring the equipment into compliance with health care system policies and contractual requirements; and

(2) make all necessary arrangements with the vendor for the delivery of complete equipment items and documentation, as specified in the purchase order. A&MM may request Engineering or IMS to contact the Engineering Service Center to provide needed documentation if the documentation cannot be acquired from the manufacturer/vendor.

e. The using service will ensure that new equipment is not used until Engineering or IMS has been contacted for an acceptance test directly delivered to them by A&MM.

5. REFERENCES:

- a. DM&S Supplement, MP-3.
- b. VHA Directive 2002-030, dated May 29, 2002.
- c. NFPA-99, "Health Care Facilities."
- d. JCAHO Accreditation Manual for Hospitals.
- e. National Electrical Code.

MEMORANDUM NO. 18A-01-06

6. **RESCISSION:** Memorandum No. 18A-01-03, dated June 23, 2003

7. **RECERTIFICATION:** The Facilities Management Officer (18) is responsible for recertification of this memorandum on or before the last working day of May 2009.

Charles E. Sepich, FACHE  
Director

Attachment

NEW EQUIPMENT CHECK-IN SHEET

**Equipment Identification:**

Generic Name: \_\_\_\_\_ PM #: \_\_\_\_\_  
 Mfg: \_\_\_\_\_  
 Model: \_\_\_\_\_ Serial #: \_\_\_\_\_  
 Owning Service: \_\_\_\_\_ CMR #: \_\_\_\_\_  
 Location: Room #: \_\_\_\_\_ Bldg #: \_\_\_\_\_ Division: \_\_\_\_\_  
 Purchase Order #: \_\_\_\_\_ Cost: \$ \_\_\_\_\_ Vendor: \_\_\_\_\_

**Safety & Operational Inspection:**

Ground Resistance: \_\_\_\_\_ Ohms: \_\_\_\_\_ Electrical Leakage: \_\_\_\_\_  
 Operational/Functional Check (Patient Equipment): \_\_\_\_\_  
 Manuals: \_\_\_\_\_ User: \_\_\_\_\_ Service: \_\_\_\_\_  
 Schematics/Parts Lists/Diagrams: \_\_\_\_\_  
 Set Up/Assembled By:  BME Shop  Vendor: \_\_\_\_\_  
 Comments: \_\_\_\_\_

**PM Program Evaluation/Assignment:**

Equipment Category: \_\_\_\_\_  
 Is this a New Equipment Category?  Yes  No  
 If no, should this be assigned the "Standard" PM?  Yes  No  
 If yes, complete the score sheet and list PM below:

**PM Assignment:** Responsible Shop: \_\_\_\_\_

Starting Month: 1 2 3 4 5 6 7 8 9 10 11 12 Frequency: M Q S A W BW BM  
 Estimated Hours: \_\_\_\_\_ PM Procedure: \_\_\_\_\_

**Accepted/Not Accepted By:** \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for not accepting: \_\_\_\_\_

May 10, 2006

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c. For the receipt of all equipment, a responsible official of the receiving service will notify Engineering for non-patient care equipment or IMS for patient care equipment of the need for acceptance testing. Such testing must be performed *prior to use* by the service.

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Charles E. Sepich, FACHE  
Director

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**Equipment Identification:**

Generic Name: \_\_\_\_\_ PM #: \_\_\_\_\_

Mfg: \_\_\_\_\_

Model: \_\_\_\_\_ Serial #: \_\_\_\_\_

Owning Service: \_\_\_\_\_ CMR #: \_\_\_\_\_

Location: Room #: \_\_\_\_\_ Bldg #: \_\_\_\_\_ Division: \_\_\_\_\_

Purchase Order #: \_\_\_\_\_ Cost: \$ \_\_\_\_\_ Vendor: \_\_\_\_\_

**Safety & Operational Inspection:**

Ground Resistance: \_\_\_\_\_ Ohms: \_\_\_\_\_ Electrical Leakage: \_\_\_\_\_

Operational/Functional Check (Patient Equipment): \_\_\_\_\_

Manuals: \_\_\_\_\_ User: \_\_\_\_\_ Service: \_\_\_\_\_

Schematics/Parts Lists/Diagrams: \_\_\_\_\_

Set Up/Assembled By:  BME Shop  Vendor: \_\_\_\_\_

Comments: \_\_\_\_\_

**PM Program Evaluation/Assignment:**

Equipment Category: \_\_\_\_\_

Is this a New Equipment Category?  Yes  No  
 If no, should this be assigned the "Standard" PM?  Yes  No  
 If yes, complete the score sheet and list PM below:

**PM Assignment:** Responsible Shop: \_\_\_\_\_

Starting Month: 1 2 3 4 5 6 7 8 9 10 11 12 Frequency: M Q S A W BW BM  
 Estimated Hours: \_\_\_\_\_ PM Procedure: \_\_\_\_\_

**Accepted/Not Accepted By:** \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for not accepting: \_\_\_\_\_



**4**



This is a list of Dental equipment that was sent to the VA Depot for our small hospital. It shows every month how many were sent in, what the VA depot charged the Hospital and it also identifies the SN of the equipment.

I reported this to the VA police as I think the Biomedical Manager (Marc Reyes) was sending in dental equipment to be repaired that belonged to private dental offices in Biloxi and near by areas as this was his private business he ran according to Brian and Ray. I noticed after I reported them for all the other charges, this seemed to stop as well.

I do think some of it belonged to the Hospital but some did not.

Marc's wife is one of the people that work in the Dental Department and if the dental department ever needed anything, they got it with out question.

The entire Dental Department was refurbished at the expense to the tax payer two times in just a few short years. The equipment they removed was still like new and in very good condition and was not past its life expectancy per VA rules and policy. Marc condition coded the entire department just so they could get all new equipment two times costing the tax payer and the VA in the hundreds of thousands of dollars.















COMBINATION REQUISITION AND SHIPPING TICKET Page No. 1 of 1 Page

From Rept. of Veterans Affairs  
 368 Division 1st Ave. Bldg. 37  
 P.O. Box 69  
 Hines, IL. 60141

Ship To VAMC BILOXI  
 400 VETERANS BLVD. BLDG 9  
 JUDY WATTS  
 BILOXI MS 39201

Date Shipped 04-15-02 Shipping From 103591

LINE	DESCRIPTION	Nomenclature	Serial No.	UNIT	QUANTITY	UNIT PRICE	AMOUNT
1	KAYE HIGHSPEED TURBINE REPAIR		N348658	EA	1		
2	KAYE HIGHSPEED TURBINE REPAIR		N479865	EA	1		
3	KAYE HIGHSPEED MECHANICAL TO REPAIR		N479868	EA	1		
4	KAYE HIGHSPEED HEAD REPAIR		N205539	EA	1		
				EA			
				EA			
				EA			
				EA			
				EA			
				EA			
				EA			
				EA			
				EA			

EX ESTIMATED COST TOTAL EA \$

Requisition No. Purchase Order No. Contact Name: Phone No.

Approval Signature and Title Date Contact Name: JUDY WATTS Phone No. 228 523-5717

Phone No. 708-736-7670 Invoice #

Accountable Officer





















Select EQUIPMENT CLERK'S MENU (Biomed) Option: 7 Inquire to Inventory File

Select EQUIPMENT INV. ENTRY NUMBER: kavo

1	KAVO AMERICA	Hoffman Estates			
2	KAVO /KAVO AMERICA CORP.	HOFFMAN ESTATES			
CHOOSE 1-2: 1 KAVO AMERICA Hoffman Estates					
1	KAVO AMERICA 18467	17636	ZZ/HANDPIECE-FIBRE-OPTIC	IN USE	
6520-X024	POP DENTAL				
2	KAVO AMERICA 18468	44652	ZZ/HANDPIECE-HI-SPEED	IN USE	
6520-X025	BXD DENTAL				
3	KAVO AMERICA 18469	44659	ZZ/HANDPIECE-HI-SPEED	IN USE	
6520-X026	BXD DENTAL				
4	KAVO AMERICA 18470	44660	ZZ/HANDPIECE-HI-SPEED	IN USE	
6520-X027	BXD DENTAL				
5	KAVO AMERICA 18471	16872	ZZ/HANDPIECE-FIBRE-OPTIC	TURNED	
N	6520-X028	REMOVED			
Press <RETURN> to see more, '^' to exit this list, OR					
CHOOSE 1-5:					
6	KAVO AMERICA 18472	58471	ZZ/HANDPIECE-FIBRE-OPTIC	TURNED	
N	6520-X029	removed			
7	KAVO AMERICA 18473	16871	ZZ/HANDPIECE-FIBRE-OPTIC	IN USE	
6520-X030	POP DENTAL				
8	KAVO AMERICA 18474	16875	ZZ/HANDPIECE-FIBRE-OPTIC	LOST OR	
STOLEN	6520-X031	KATRINA			
9	KAVO AMERICA 18475	08559	ZZ/HANDPIECE-HI-SPEED	LOST OR ST	
LEN	6520-X032	KATRINA			
10	KAVO AMERICA 18476	44204	ZZ/HANDPIECE-HI-SPEED	LOST OR ST	
LEN	6520-X033	KATRINA			
Press <RETURN> to see more, '^' to exit this list, OR					
CHOOSE 1-10:					
11	KAVO AMERICA 18477	44203	ZZ/HANDPIECE-HI-SPEED	LOST OR ST	
LEN	6520-X034	KATRINA			
12	KAVO AMERICA 18478	44205	ZZ/HANDPIECE-HI-SPEED	LOST OR ST	
LEN	6520-X035	KATRINA			
13	KAVO AMERICA 18479	56096	ZZ/HANDPIECE-FIBRE-OPTIC	TURNED	
N	6520-X036	removed			
14	KAVO AMERICA 18480	54426	ZZ/HANDPIECE-FIBRE-OPTIC	TURNED	
N	6520-X037	REMOVED			
15	KAVO AMERICA 18481	44649	ZZ/HANDPIECE-HI-SPEED	IN USE	
6520-X038	BXD DENTAL				
Press <RETURN> to see more, '^' to exit this list, OR					
CHOOSE 1-15:					
16	KAVO AMERICA 18482	44208	ZZ/HANDPIECE-HI-SPEED	LOST OR ST	
LEN	6520-X039	KATRINA			
17	KAVO AMERICA 18483	44114	ZZ/HANDPIECE-HI-SPEED	LOST OR ST	
LEN	6520-X040	KATRINA			
18	KAVO AMERICA 18484	12353	ZZ/HANDPIECE-HI-SPEED	IN USE	
6520-X041	POP DENTAL				
19	KAVO AMERICA 18485	A36138	ZZ/HANDPIECE-HI-SPEED	IN USE	
6520-X042	POP DENTAL				
20	KAVO AMERICA 18486	A36052	ZZ/HANDPIECE-HI-SPEED	IN USE	
6520-X043	POP DENTAL				
Press <RETURN> to see more, '^' to exit this list, OR					
CHOOSE 1-20:					
21	KAVO AMERICA 18487	A36139	ZZ/HANDPIECE-HI-SPEED	IN USE	
6520-X044	POP DENTAL				
22	KAVO AMERICA 18488	A07234	ZZ/HANDPIECE-HI-SPEED	IN USE	
6520-X045	POP DENTAL				
23	KAVO AMERICA 18489	45512	ZZ/HANDPIECE-HI-SPEED	IN USE	
6520-X046	POP DENTAL				
24	KAVO AMERICA 18490	46416	ZZ/HANDPIECE-HI-SPEED	IN USE	
6520-X047	POP DENTAL				
25	KAVO AMERICA 18491	46418	ZZ/HANDPIECE-HI-SPEED	IN USE	

6520-X048 POP DENTAL

Press <RETURN> to see more, '^' to exit this list, OR

CHOOSE 1-25:

26	KAVO AMERICA	18492	46401	ZZ/HANDPIECE-HI-SPEED	IN USE
6520-X049	POP DENTAL				
27	KAVO AMERICA	18493	46403	ZZ/HANDPIECE-HI-SPEED	IN USE
6520-X050	POP DENTAL				
28	KAVO AMERICA	18494	46404	ZZ/HANDPIECE-HI-SPEED	IN USE
6520-X051	POP DENTAL				
29	KAVO AMERICA	18495	46405	ZZ/HANDPIECE-HI-SPEED	IN USE
6520-X052	POP DENTAL				
30	KAVO AMERICA	18496	46428	ZZ/HANDPIECE-HI-SPEED	IN USE
6520-X053	POP DENTAL				

Press <RETURN> to see more, '^' to exit this list, OR

CHOOSE 1-30:

31	KAVO AMERICA	18497	46424	ZZ/HANDPIECE-HI-SPEED	IN USE
6520-X054	POP DENTAL				
32	KAVO AMERICA	18498	46419	ZZ/HANDPIECE-HI-SPEED	IN USE
6520-X055	POP DENTAL				
33	KAVO AMERICA	18499	46420	ZZ/HANDPIECE-HI-SPEED	IN USE
6520-X056	POP DENTAL				
34	KAVO AMERICA	18500	46427	ZZ/HANDPIECE-HI-SPEED	IN USE
6520-X057	POP DENTAL				
35	KAVO AMERICA	18501	46423	ZZ/HANDPIECE-HI-SPEED	IN USE
6520-X058	POP DENTAL				

Press <RETURN> to see more, '^' to exit this list, OR

CHOOSE 1-35:

36	KAVO AMERICA	18502	46422	ZZ/HANDPIECE-HI-SPEED	IN USE
6520-X059	POP DENTAL				
37	KAVO AMERICA	18503	46421	ZZ/HANDPIECE-HI-SPEED	IN USE
6520-X060	POP DENTAL				
38	KAVO AMERICA	18504	17637	ZZ/HANDPIECE-FIBRE-OPTIC	IN USE
6520-X061	POP DENTAL				
39	KAVO AMERICA	18505	17635	ZZ/HANDPIECE-FIBRE-OPTIC	IN USE
6520-X062	POP DENTAL				
40	KAVO AMERICA	18506	17641	ZZ/HANDPIECE-FIBRE-OPTIC	IN USE
6520-X063	POP DENTAL				

Press <RETURN> to see more, '^' to exit this list, OR

CHOOSE 1-40:

41	KAVO AMERICA	18507	46425	ZZ/HANDPIECE-HI-SPEED	IN USE
6520-X064	POP DENTAL				
42	KAVO AMERICA	18508	7602	ZZ/HANDPIECE-HI-SPEED	IN USE
6520-X065	POP DENTAL				
43	KAVO AMERICA	18509	45513	ZZ/HANDPIECE-HI-SPEED	IN USE
6520-X066	POP DENTAL				
44	KAVO AMERICA	18510	46426	ZZ/HANDPIECE-HI-SPEED	IN USE
6520-X067	POP DENTAL				
45	KAVO AMERICA	18511	41914	ZZ/HANDPIECE-HI-SPEED	IN USE
6520-X068	POP DENTAL				

Press <RETURN> to see more, '^' to exit this list, OR

CHOOSE 1-45:

46	KAVO AMERICA	18512	24611	ZZ/HANDPIECE-HI-SPEED	IN USE
6520-X069	POP DENTAL				
47	KAVO AMERICA	18513	08690	ZZ/HANDPIECE-HI-SPEED	IN USE
6520-X070	POP DENTAL				
48	KAVO AMERICA	18514	17640	ZZ/HANDPIECE-FIBRE-OPTIC	IN USE
6520-X071	POP DENTAL				
49	KAVO AMERICA	18515	17634	ZZ/HANDPIECE-FIBRE-OPTIC	IN USE
6520-X072	POP DENTAL				
50	KAVO AMERICA	18516	17638	ZZ/HANDPIECE-FIBRE-OPTIC	IN USE
6520-X073	POP DENTAL				

Press <RETURN> to see more, '^' to exit this list, OR

CHOOSE 1-50:

51	KAVO AMERICA	18517	7630	ZZ/HANDPIECE-FIBRE-OPTIC	IN USE
6520-X074	POP DENTAL				
52	KAVO AMERICA	18518	7634	ZZ/HANDPIECE-FIBRE-OPTIC	IN USE
6520-X075	POP DENTAL				
53	KAVO AMERICA	18857	BB01023	ZZ/STERILIZER-OFFICE	TURNED IN
6520-6249	TURNED IN				
54	KAVO AMERICA	18858	BB01022	ZZ/STERILIZER-OFFICE	LOST OR S
OLEN 6520-7608	KATRINA				
55	KAVO AMERICA	18859	BB01021	ZZ/STERILIZER-OFFICE	TURNED IN
6520-5203	TURNED IN				
Press <RETURN> to see more, '^' to exit this list, OR					
CHOOSE 1-55:					
56	KAVO AMERICA	19065	58427	ZZ/HANDPIECE-FIBRE-OPTIC	IN USE
6520-X078	BXD DENTAL				
57	KAVO AMERICA	19125	46402	ZZ/HANDPIECE-HI-SPEED	IN USE
6520-X079	POP DENTAL				
58	KAVO AMERICA	19128	44201	ZZ/HANDPIECE-HI-SPEED	TURNED IN
6520-X080	REMOVED				
59	KAVO AMERICA	19129	44206	ZZ/HANDPIECE-HI-SPEED	TURNED IN
6520-X081	REMOVED				
60	KAVO AMERICA	19130	44210	ZZ/HANDPIECE-HI-SPEED	TURNED IN
6520-X082	REMOVED				
Press <RETURN> to see more, '^' to exit this list, OR					
CHOOSE 1-60:					
61	KAVO AMERICA	19131	44664	ZZ/HANDPIECE-HI-SPEED	TURNED IN
6520-X083	REMOVED				
62	KAVO AMERICA	19132	08660	ZZ/HANDPIECE-HI-SPEED	TURNED IN
6520-X084	REMOVED				
63	KAVO AMERICA	19692	N318820	ZZ/HANDPIECE-HI-SPEED	TURNED I
6520-X085	TURNED IN				
64	KAVO AMERICA	19741	13292	ZZ/HANDPIECE-HI-SPEED	TURNED IN
6520-X086	BXD				
65	KAVO AMERICA	19892	17602	ZZ/HANDPIECE-HI-SPEED	TURNED IN
6520-X087	TURNED IN				
Press <RETURN> to see more, '^' to exit this list, OR					
CHOOSE 1-65:					
66	KAVO AMERICA	20052	A35133	ZZ/HANDPIECE-HI-SPEED	TURNED IN
6520-X088	TURNED IN				
67	KAVO AMERICA	20176	M177419	ZZ/HANDPIECE-HI-SPEED	TURNED II
6520-X089	TURNED IN				
68	KAVO AMERICA	20206	44666	ZZ/HANDPIECE-HI-SPEED	TURNED IN
6520-X090	TURNED IN				
69	KAVO AMERICA	20368	N318813	ZZ/HANDPIECE-HI-SPEED	IN USE
6520-X091	POP DENTAL				
70	KAVO AMERICA	20369	N318820	ZZ/HANDPIECE-HI-SPEED	IN USE
6520-X092	POP DENTAL				
Press <RETURN> to see more, '^' to exit this list, OR					
CHOOSE 1-70:					
71	KAVO AMERICA	20572	N318819	ZZ/HANDPIECE-HI-SPEED	IN USE
6520-X094	POPC DENTAL				
72	KAVO AMERICA	20875	56097	ZZ/HANDPIECE-FIBRE-OPTIC	IN USE
6520-X095	DENTAL BXD				
73	KAVO AMERICA	21039	56098	ZZ/HANDPIECE-HI-SPEED	IN USE
6520-X096	BXD DENTAL				
74	KAVO AMERICA	21263	26223	ZZ/HANDPIECE-HI-SPEED	IN USE
6520-X097	POPC DENTAL				
75	KAVO AMERICA	21421	N348655	ZZ/HANDPIECE-HI-SPEED	IN USE
6520-X098	POPC DENTAL				
Press <RETURN> to see more, '^' to exit this list, OR					
CHOOSE 1-75:					
76	KAVO AMERICA	21542	58470	ZZ/HANDPIECE-HI-SPEED	IN USE
6520-X099	BXD DENTAL				
77	KAVO AMERICA	21544	08689	ZZ/HANDPIECE-HI-SPEED	IN USE

6520-X100	BXD DENTAL					
78	KAVO AMERICA 21545	08694	ZZ/HANDPIECE-HI-SPEED	TURNED IN		
6520-X101	TURNED IN					
79	KAVO AMERICA 21546	44676	ZZ/HANDPIECE-HI-SPEED	IN USE		
6520-X102	BXD DENTAL					
80	KAVO AMERICA 21547	08699	ZZ/HANDPIECE-HI-SPEED	IN USE		
6520-X103	BXD DENTAL					
Press <RETURN> to see more, '^' to exit this list, OR						
CHOOSE 1-80:						
81	KAVO AMERICA 21549	58469	ZZ/HANDPIECE-HI-SPEED	IN USE		
6520-x104	BXD DENTAL					
82	KAVO AMERICA 21611	56100	ZZ/HANDPIECE-HI-SPEED	IN USE		
6520-X105	BXD DENTAL					
83	KAVO AMERICA 21621	17615	ZZ/HANDPIECE-HI-SPEED	IN USE		
6520-X106	BXD DENTAL					
84	KAVO AMERICA 21623	08692	ZZ/HANDPIECE-HI-SPEED	IN USE		
6520-X107	BXD DENTAL					
85	KAVO AMERICA 21790	N479873	ZZ/HANDPIECE-HI-SPEED	IN USE		
6520-X109	BXD DENTAL					
Press <RETURN> to see more, '^' to exit this list, OR						
CHOOSE 1-85:						
86	KAVO AMERICA 21804	58472	ZZ/HANDPIECE-HI-SPEED	IN USE		
6520-X110	DENTAL					
87	KAVO AMERICA 22182	52595	ZZ/HANDPIECE-HI-SPEED	IN USE		
6520-X111	POPC DENTAL					
88	KAVO AMERICA 22331	N348657	ZZ/HANDPIECE-HI-SPEED	IN USE		
6520-X112	POPC					
89	KAVO AMERICA 23660	529276	ZZ/CURING UNIT-DENTURE	IN USE		
	BXD DENTAL					
90	KAVO AMERICA 24559	N479863	ZZ/HANDPIECE-HI-SPEED	IN USE		
6520-X113	BXD DENTAL					
CHOOSE 1-90:						
1	KAVO 19892	17602	ZZ/HANDPIECE-HI-SPEED	TURNED IN	6520-	
X087	TURNED IN					
2	KAVO 20176	M177419	ZZ/HANDPIECE-HI-SPEED	TURNED IN	6520-	
0-X089	TURNED IN					
3	KAVO 21544	08689	ZZ/HANDPIECE-HI-SPEED	IN USE	6520-X10	
0	BXD DENTAL					
CHOOSE 1-3: ??						

Select EQUIPMENT INV. ENTRY NUMBER:

















































These are the work-orders that were still open when I printed them off.

Also I found another report I had ran showing all open work orders.

Tank note of the work order number: PM=Preventive Maintenance work orders with the first two digits being the year, the next to the month it was due in. PM-B0805M-001 would be fy08, May is the month and 001 is the first work order that day.

Some of these were still open as far back as FY 03. You can also see that some say they are incoming inspection work orders that were never done or closed and the work order number shows the year and month it should have been done but was just put in use at the hospital with out safety checks being done or any other checks being done putting the safety of anyone that this equipment was exposed to at risk.

Look for the work order number starting with PM and the year as well and you will see how many Preventive Maintenance work orders were never done but looking at the numbers given to the Environment of Care and Patient Safety Committees you will see the numbers were just made up. Most of the 95% numbers were never completed at all. The numbers were false so that they would look good to the Joint Commission Inspectors. Getting caught by the Joint Commission would have shown the Biomedical Department Leader did not have good integrity.

Many initial inspection work orders that go back many years that were never done and the equipment was never put on maintenance schedule.

Many of these are entire months of preventive maintenance work orders where the entire month was not done. They did not even try to cover them self's by closing out the work orders to make it seem like the work was done. They just did not do anything.

These are also the work orders Jay Tripp told the guys to close out.

Ray sat at his work bench and closed most all of these with out getting up to find the equipment just so the report to the safety committee and the environment of care committee would look right if checked in the computer system.

Ray said to me, now that most of these work orders are all closed, we need to go back and do all the paperwork. Ray was worried if the Joint Commission were to come in and want to see initial inspection paperwork we would be in big trouble because he had just closed many initial inspection work orders with out doing a single thing to the equipment that was already in the hospital being used on patients.

The orders to close out the work orders came from Jay Tripp, Chief of Engineering. He also knew the guys were just putting stickers on equipment with out checking the equipment out. I was told he said this in a meeting by John Mechanic the Union

President. John was in the meeting when Jay Tripp said he knew the guys were just putting stickers on the equipment.

I had also discussed this with Mark Jenkins the Investigator and the Biloxi VA Hospital and he said this is considered falsification of government documentation.

I tried many, many times to get Jay Tripp to understand what was at risk and I have many saved emails I sent to him but he kept backing the guys that were breaking VA rules, Joint Commission rules, NAFFA 99 rules, and many more. I tried to help but he only turned it around as if I were trying to hurt the hospital and not seeing how I was trying to help prevent a patient from being injured.



**5**

