DEPARTMENT OF VETERANS AFFAIRS
Office of the General Counsel
Washington DC 20420

DEC 14 2009

In Reply Refer To:

Catherine McMullen
Chief, Disclosure Unit
U.S. Office of Special Counsel
1730 M Street, N.W., Suite 300
Washington, D.C 20036-4505

Dear Ms. McMullen:

This is in response to your November 10, 2009, e-mail requesting additional information concerning VA's investigation into allegations reported by a former employee of the Biloxi VA Medical Center in Biloxi, Mississippi (OSC File No. D1-09-1308). The enclosed document provides answers to each of your questions.

If you have any questions about this submission, please contact Chris Britt in the Office of General Counsel at 202-461-4915.

Sincerely yours,

Walter A. Hall
Assistant General Counsel

Enclosures

Office of Special Counsel Follow-up Questions
from VA Report Submitted October 26, 2009
in Response to OSC Letter DI-09-1308

1. **Medical equipment inventory inaccuracies**
   a. **What is the nature of these inaccuracies?**

   The review team systematically examined the inventory included in the open work orders list printed in May 2008 by Mr. Woodward and included in the OSC letter. The following were the findings of the equipment specifically cited in that list.

   1) **Ultrasound**: Incoming inspection assigned May 10, 2007, was closed August 24, 2009.
      - Incorrect and inconsistent scheduled preventive maintenance of device was identified. For example, the device history included documentation of preventive maintenance of this device 2 years before the incoming inspection was scheduled.
      - Substantiates that there is no documentation of this medical equipment item being inspected prior to being used on VA patients.
   2) **Electrocardiograph**: Incoming inspection assigned May 10, 2007, was closed January 21, 2009.
      - To date, there is no documented preventive maintenance work order in this equipment history.
      - Substantiates that there is no documentation of this medical equipment item being placed on a preventive maintenance schedule prior to being used on VA patients.
   3) **Digital X-ray Unit**: Incoming inspection assigned May 10, 2007, was closed October 22, 2008.
      - Missing at least one preventive maintenance work order, and there is a large time delay in the incoming inspection work order being closed out. Additionally, there was no documented maintenance on this medical equipment item except documentation for completion of an incoming inspection.
      - Substantiates that this medical equipment item has not been placed on a preventive maintenance schedule.
   4) **Anesthesia Unit**: Incoming inspection assigned May 10, 2007, was closed October 22, 2008; however, no documented preventive maintenance work order was generated for calendar year 2006.
      - Multiple erroneous preventive maintenance work orders generated, and hard copy records of vendor maintenance that do not match the medical equipment history recorded in the database.

5) **Portable X-ray Unit**: Incoming inspection assigned July 3, 2007, was closed August 19, 2008.
   - Multiple preventive maintenance work orders generated. For example, device is scheduled for annual preventive maintenance; however, the preventive maintenance work orders were generated more frequently than this.
   - Substantiates that this medical equipment item has not been placed on a preventive maintenance schedule.
6) **Endoscopy System**: Incoming inspection assigned October 2, 2006, was closed August 18, 2008.
   - Unit was documented as being turned in on May 19, 2009; however, there is additional documentation revealing maintenance from outside entities and preventive maintenance work orders generated after this date. This item is listed as "Could not locate" in the electronic medical equipment database system.
7) **Vital Signs Monitor**: Incoming inspection assigned October 18, 2006, closed November 28, 2008; however, no paper worksheet documenting completion of the incoming inspection.
   - A single preventive maintenance work order was closed on schedule.
   - Substantiates that there is not complete documentation of this medical equipment item being inspected prior to being used on VA patients.
8) **Ventilator**: Incoming inspection assigned October 1, 2007, was closed October 20, 2008.
   - One semi-annual preventive maintenance work order was generated in September 2008. The March 2009 preventive maintenance work order is missing.
   - Substantiates that there is no documentation of this medical equipment item being placed on a preventive maintenance schedule prior to being used on VA patients.
9) **Defibrillator 1**: Incoming inspection assigned January 12, 2007; however, this Automatic External Defibrillator cannot be located and the work order was closed on August 26, 2009.
10) **Defibrillator 2**: Incoming inspection assigned January 12, 2007; however, this Automatic External Defibrillator cannot be located and the work order was closed on August 26, 2009.

b. How widespread are the inaccuracies?

The VHA Biomedical Engineering site review team determined that records for the above 10 items contained inaccuracies. Records for other devices that we reviewed, however, were accurate. To ensure compliance, the facility is currently conducting a 100 percent inventory of the medical equipment, and as devices are found that require maintenance, appropriate maintenance is being conducted.

c. **How long have the inaccuracies existed?**

Since field "change functions" were not tracked at this site, there is no way to know how long the information has been in this state.

d. **Who was responsible for the inaccuracies?**

The Biomedical Engineering staff are responsible for the accuracy of this database.

e. **Were the inaccuracies the result of negligence or willful conduct?**

We believe that a lack of strong supervision allowed these inaccuracies to occur.

f. **How did each of the involved employees explain the existence of the inaccuracies?**

Local Biomedical Engineering staff did not believe they were responsible for inaccuracies since they did not know how to use their software. The fault of a lack of such knowledge is a lack of competent Biomedical Engineering section leadership.

g. **When will all of the inaccuracies be corrected?**

The facility is actively correcting these inaccuracies. The facility is working with a Biomedical Engineer from another facility to better organize the Work Order system. They are also conducting a 100 percent medical equipment inventory. There has been ongoing awareness communication and reminders to other Services of their responsibility to contact Biomedical Engineering when any equipment is brought into the medical center.

2. **Not all medical equipment was inspected prior to use:**

a. **Has equipment that may not have been given incoming inspections, preventive maintenance, or general maintenance, been segregated and removed from use until such inspections and maintenance are completed to ensure that patients are not being treated with potentially substandard equipment? If not, why not?**

The facility is currently conducting a 100 percent inventory of the medical equipment, and as devices are found that require maintenance, appropriate maintenance is being conducted. All life support equipment has been identified and received inspections and preventive maintenance. The facility is also working with the Biomedical Engineer from the Veterans Integrated Service Network ("VISN," which is the organizational level above the facility level) to better organize the Work Order system so that appropriate documentation, workload distribution, and overall accountability for maintenance of the medical equipment will be accomplished for all future work.

b. **By what date will every piece of medical equipment have been inspected and be properly documented?**

The facility is currently undergoing a 100 percent medical equipment inventory with a target completion date of June 30, 2010.

c. What was the cause of the lack of inspections?

The Biomedical Maintenance Section previously scheduled preventative maintenance by section. This allowed the potential for the Biomedical Engineering technicians to miss items due for maintenance recognizing that some medical equipment may be difficult to access ("in use" when the sweep of that area was made) or locate (on loan to another section) in its assigned month.

d. What were your findings regarding the allegation that employees placed stickers on equipment to conceal the fact that the equipment had not been inspected?

Evidence was provided that indicated that at least some employees placed stickers on equipment without performing an appropriate inspection of the medical device. Medical center leadership has proposed a three-day suspension for the [Supervisor Biomedical Engineer Technician] who ordered subordinates to improperly label equipment and reprimands for two employees—[Biomedical Engineer Technicians]—who inappropriately labeled equipment. Additionally, the facility is currently conducting a 100 percent inventory of the medical equipment, through which equipment will be properly inspected and labeled.

e. Is all new equipment being inspected within a reasonable amount of time and properly documented prior to use on patients?

Yes.

f. How did each of the involved employees explain the lack of inspections?

We believe that a lack of strong supervision cause the failure to properly inspect all equipment.

3. Limited follow-up after Keesler review:

a. Why was there limited follow-up following the Keesler review?

Our statement that there were limited follow-up actions taken after the Keelser review referred to the facility's failure to document follow-up actions. There was no formal mechanism in place for the items on this report to be reviewed. This process has now changed so that medical center leadership is part of the process.

b. What items are listed in the tracking document?

The items listed in the tracking document are the follow-up items that were included in the report that Keesler completed after conducting the site review of the Biloxi VAMC Biomedical Engineering section.

c. **What is the current status of each item on the tracking document?**

See attached spreadsheet.

d. **When will these items be completed?**

See attached spreadsheet.

e. **How did each of the involved employees explain the limited follow-up after the Keesler review?**

The lack of follow-up referred specifically to the lack of documentation of the follow-up being done. Although this was true, there were noted changes that the Biomedical Engineering department had made as a result of the Keesler review. Formal reporting of this follow-up, however, was not currently in place. This process has now changed so that medical center leadership is part of the reporting process.

4. **Limited knowledge of maintenance processes by Biomedical Engineering staff:**

a. **How did the Biomedical Engineering staff come to possess such limited knowledge of maintenance processes?**

While this question was not specifically addressed by the review team during its visit, it was clear that management staff above the Biomedical Engineering Supervisor had limited knowledge and experience in the operation of Biomedical Engineering and its processes. Most of the Biomedical Engineering staff had been there for many years so their experience was probably assumed.

b. **What steps are being taken to ensure the Biomedical Engineering staff gains sufficient knowledge to run an effective maintenance program and ensure the safety of VA patients? When will these steps be complete?**

A key step in addressing these issues is having in place leadership knowledgeable in the practice and scope of Biomedical Engineering in a medical center. To this end, the Biloxi VAMC leadership has temporarily detailed a Biomedical Engineer from VISN 16 to begin to address these program concerns. Additionally, Biloxi VAMC has begun the recruitment process to hire a full-time Biomedical Engineer to oversee and improve overall management of the program. These supervisors will ensure that Biomedical Engineering technician employees are properly trained.

The first announcement and interviews to recruit a full-time Biomedical Engineer for this facility did not yield a qualified candidate. Additional efforts and increased advertising with recruitment and relocation incentives have been added.

c. **What steps are being taken to ensure the Biomedical Engineering staff gains sufficient knowledge to correctly, timely, and consistently document the work performed during medical equipment maintenance? When will these steps be complete?**

As noted above, providing leadership knowledgeable in the practice of Biomedical Engineering in a medical center will address this issue.

Additionally, the medical equipment maintenance program has been evaluated. Relevant staff has received training from a Biomedical Engineer detailed from New Orleans VAMC, and Biomedical Engineering staff attends training as new medical equipment is received. In addition, staff will continue to utilize manufacturer guidelines for maintenance and repair of equipment.

Training for existing equipment has been completed. Training for any new equipment received is incorporated in the purchase of the equipment and the staff is sent to the training as soon as possible. There are also numerous pieces of equipment which are under contract for maintenance and repair. The staff does not receive specific training for this equipment, but oversee execution of the contract.

d. How did each of the involved employees explain their limited knowledge of maintenance processes and documentation requirements?

While this question was not specifically addressed by the review team during its visit, Biomedical Engineering technicians do require constant training and leadership from a professional supervisory staff to maintain their competency to maintain medical equipment. This is necessary because medical equipment technology continues to change at a furious pace. Not only does medical equipment technology change so quickly, so does compliance from the various compliance agencies, like The Joint Commission ("TJC"). The reason that the technicians could not even explain their limited knowledge was because of a lack of professional leadership that should have been directing them in this knowledge.

5. Lack of competencies in maintenance of equipment:

a. How did the Biomedical Engineering staff come to possess such limited knowledge of medical equipment maintenance?

While this question was not specifically addressed by the review team during its visit, it was clear that management staff above the Biomedical Engineering Supervisor had limited knowledge and experience in the operation of Biomedical Engineering and its processes. The competency folders of the employees were not reviewed. However, most of the Biomedical Engineering staff had been there for many years so their experience was probably assumed.

b. What steps are being taken to ensure the Biomedical Engineering staff gains sufficient knowledge to effectively maintain medical equipment and ensure the safety of VA patients? When will these steps be complete?

As noted above, providing leadership knowledgeable in the practice of Biomedical Engineering in a medical center will address this issue.

c. How did each of the involved employees explain their limited competencies in maintenance of medical equipment?

They were not asked to explain this. The technicians were asked to demonstrate competency on a single type of device - a defibrillator. They were asked to produce a document detailing the preventive maintenance they would perform on

such a unit. The technicians produced a copy of the manufacturer's guidelines for such an inspection. However, manufacturer's guidelines are merely guidelines, and when asked to perform an inspection, the technicians did not follow these guidelines. Therefore, in terms of competency from an oversight group like TJC, they did not follow their own policy. Such a demonstration does not make them incompetent; but rather non-compliant with their own local policy. The inspection done would have been adequate if they would have verified the "R" wave trigger function and had a battery maintenance procedure in place.

Biomedical Tracking Log
Keesler Medical Center Review

Observation	Recommendation	POC	Action	Target Date	Updated 12/04/2009
1. Equipment purchased went directly to the sections to use the equipment without going through the Biomedical Maintenance Department. Many of these items have not been identified or added to the equipment inventory list.	100% sweep of entire campus to ensure accurate equipment inventory, as well as add items not on the inventory to this list	Service Chiefs	Service Chiefs will conduct a 100% review of equipment within their areas and identify equipment not currently on the equipment inventory list.	12/18/2009	Inventory is 94% complete. Biomed will remain engaged throughout the process including correcting the inventory. Acquisition & Material Management will take on the roll in making corrections to the inventory database.
		Al Murray, Chief of Acquisition and Material Management	A&MM to correct medical equipment entries in the EIL.	TBD	Acquisition & Material Management will work with Services to correct Medical Equipment inventories.
		Jay Tripp, Acting Biomedical Engineering Supervisor	Perform incoming inspections.	TBD	For each piece of medical equipment added to the EIL, an incoming inspection work order will be generated. Biomed will perform the inspections and determine whether the equipment belongs on the PM program and schedule it accordingly.
2. The Biomedical Maintenance Section schedules preventative maintenance by section. This opens the door to miss items due for maintenance, because they might not be in that section during the month the technicians are present. Equipment items move easily from place to place.	The Biomedical Maintenance sections should schedule preventive maintenance by equipment identification number rather than by section. This is why the inventory list must be accurate. Equipment will not be overlooked if scheduled by identification number.	Jay Tripp, Acting Biomedical Engineering Supervisor	Preventive maintenance is now being conducted by equipment identification number. As preventive maintenance is completed, workload is being redistributed for better balance.	10/11/2009	CLOSED
3. Ventilators are life support equipment. At one point they were on contract, but the contract has expired. VA Biomedical Technicians are unsure if all ventilators have up to date maintenance performed.	Check all ventilators to ensure they are not overdue. Either place them under a new contract or complete the calibration verifications in house immediately.	Jay Tripp, Acting Biomedical Engineering Supervisor	Ventilator maintenance is done in-house by the Biomed Section. All ventilators are maintained 100%.	9/15/2009	CLOSED
4. After Hurricane Katrina, the VA had very few Biomedical Maintenance technicians. Those that remained also had to consider the needs of their families. Due to this lack of manning/circumstances, a substantial backlog of items due maintenance formed.	Hire more staff to ensure Joint Commission compliance can be maintained.	Jay Tripp, Acting Biomedical Engineering Supervisor	After review from Central Office, the staffing is adequate based on the medical center complexity and total dollar inventory. A Biomedical Engineer will be recruited and hired to ensure the technical oversight of the program.	1/4/2010	No experienced, qualified candidates forthcoming. Solicitation went back out on November 2nd and will be open until December 7th. Sent the solicitation to CEOSH, VHA Biomedical, AAMI, ACCE, and USAJobs. Interviews will be scheduled as soon as the Certification is received from Human Resources.

Biomedical Tracking Log
Keesler Medical Center Review

Observation	Recommendation	Responsible Person	Action Taken	Target Date	Updated 12/04/2009
5. In-service training for new equipment must be provided to the VA providers and staff upon receipt of new equipment. With minimal manning in the Biomedical Maintenance Department this becomes a challenge.	Video tape manufactures in-service training or purchase in-service training materials from the manufacture. Create a video library. This way when the different providers need recurrent training on equipment, you can sign out one of the videos instead of assigning one of the few Biomedical Maintenance technicians you have.	Jay Tripp, Acting Biomedical Engineering Supervisor	Contact all vendors to secure available training materials. Develop tracking sheet of vendors and available materials.	2/26/2010	Process has begun including video by Medical Media Service of in-services for future use. Working with the Contracting Office and Acquisition & Material Management Office to ensure training and training materials are included with all medical equipment purchases. We currently have training materials for about 65% of our medical equipment inventory. A list has been generated in EXCEL with links to the software for easy retrieval. The list consolidates technician and user library information. This information will also be available to users through a share point that has been set up on the intranet.
6. Equipment incidents: Poor documentation for what to do in the event of an equipment incident. That is any medical equipment item suspected of causing serious illness, injury or death.	Establish strict guidance for compliance with Safe Medical Device Act. Providers and staff should know what to do and who to contact in the event of an equipment incident that is suspected of causing serious illness, injury, or death. Add this to every VA employee initial orientation training and annual recurrent training.	Loretta Eleuterius, Patient Safety Manager	Patient Safety addresses the completion of the 2633 Incident Report during new employee orientation. It is also incorporated in the medical center's annual employee training.	10/2/2009	CLOSED
7. A quick walkthrough of your inpatient ward identified a problem with documentation stickers on medical equipment. We identified 3 different kinds of stickers that supposedly meant the same thing. This makes it difficult for your providers and staff to determine if the equipment is safe to use. Some stickers were outdated. Specifically one for a defibrillator ID # EE39348. It shows expiration date of December 07. We identified this within the first 5 minutes of our walk through. this leads me to believe the problem is throughout the campus grounds.	Standardize and use one equipment sticker. Make sure enough are on-hand so you don't run out. Perform comprehensive sweep of all equipment to ensure each item requiring preventive maintenance/calibration verification has up-to-date sticker identification regardless of the cost of the item. Train your providers and staff to look for this sticker to ensure equipment they are using has been calibrated and is not overdue.	Jay Tripp, Acting Biomedical Engineering Supervisor	One standard sticker is utilized for preventive maintenance. Stickers are color coded by year. Education provided at Thursday Leadership Sessions on January 9, 2009 and will be repeated September 2009.	10/1/2009	A review was provided to all Service Chiefs, Administrative Assistants, and Staff Assistants at the September 24 and October 15, 2009 Thursday Leadership meetings. As of October, new stickers using the number of the month have been implemented. As equipment becomes due for maintenance, stickers are replaced with the new type. In one year all stickers will be updated. ONGOING
8. Documentation ensuring complete preventive maintenance and calibration verification is poor.	Use a different tracking system such as Defense Logistics Standard Support System or equivalent. There should be documentation of actual parameters completed. Such as defibrillator output, vital signs monitor to include O2 saturation, ECG, and blood pressure readings, etc.	Jay Tripp, Acting Biomedical Engineering Supervisor	The suggested program cannot be implemented. Paper files have been reorganized to improve the tracking. In-depth training of the Work Order System for more efficient and accurate management of the equipment inventory.	4/2/2010	Working with Biomedical Engineer from New Orleans to better organize the Work Order System. Currently reorganizing CATEGORY list as agreed with New Orleans VA Medical Center Biomedical Engineer. Working with Information Security Officer and Director for sufficient access to implement the information. Access to additional equipment fields has been provided and this will assist in making corrections to the equipment file.

Biomedical Tracking Log
Keesler Medical Center Review

Observation	Recommendation	[illegible]	[illegible]	[illegible]	Response 11/04/2009
9. Technical literature library needs work. Missing more than half the technical reference documentation to ensure correct preventive maintenance/calibration verifications are performed. Each medical equipment item has preventive maintenance checklists and calibration tolerances for 20 pieces of medical equipment let alone over 5000 you have on campus.	Identify and purchase all Technical Literature for equipment on hand.	Jay Tripp, Acting Biomedical Engineering Supervisor	Literature has been aggressively updated since February 2008. A dedicated server was established in June 2008 to electronically house much of this information. Continue to maintain and update library as necessary.	CLOSED	CLOSED
10. Leased, loaned, or cosigned equipment not on record. Even though Biomedical Maintenance is not responsible to perform maintenance on these item, they are responsible to ensure it is completed by the manufacturer. With all the new equipment purchased after Hurricane Katrina not on record and leased, loaned, or consigned equipment not on record; how do you know what belongs to you?	Complete sweep of your campus to identify all medical equipment. Add all medical equipment to your inventory and maintenance management plan. Work orders should be produced to ensure maintenance is completed on leased, loaned, or cosigned equipment.	Service Chiefs Jay Tripp, Acting Biomedical Engineering Supervisor	Service Chiefs will conduct a 100% review of equipment within their areas and identify equipment not currently on the equipment inventory list. The equipment will include leased, loaned or consigned . As equipment is brought into the facility Service Chiefs will notify Biomed of any equipment present in their department without a sticker. A phone call and work order must be placed to the Biomedical Department once identified.	12/18/2009	Medical equipment inventory including leased, loaned, or cosigned equipment is 94% complete. Ongoing awareness communication and reminders to Services of their responsibility to contact Biomedical Section when any equipment is brought into the Medical Center. Chief of Acquisition & Material Management to provide training about the responsibilities of services having leased, loaned, or cosigned equipment and the need for that equipment to be accounted for in the inventory. ONGOING
11. Biomedical Maintenance is not involved with approval process of new equipment. Biomedical maintenance should know what equipment is used throughout the campus. They also should receive Health Device Alerts and manufacturers recall information. They can use this information to recommend or not recommend purchase of defective equipment.	Biomedical Maintenance should be involved in the review process for the purchase of any new medical equipment.	Jay Tripp, Acting Biomedical Engineering Supervisor	A Biomedical Engineer or designee was added to the Capital Asset Management Committee Memorandum as a voting member. The Capital Asset Management Committee is where medical equipment requests and purchases are determined.	10/1/2009	CLOSED
12. Multiple different equipment models for same type of equipment identified.	Medical equipment should be standardized as much as possible. This will help your facility in many ways. Such as: providers and staff will only have to learn how to use one type of vital sign monitor, when your staff moves from one department to the next, they will already be trained on most of the equipment in the new area because it was in their old one. Biomedical Maintenance will only have to maintain literature, test equipment and repair parts for one type. This will ensure cost and time savings for your facility.	Service Chiefs Jay Tripp, Acting Biomedical Engineering Supervisor	All requests for medical equipment must be presented to the Capital Asset Management Committee. The Biomedical Section is now represented on the Capital Asset Management Committee. Update Center Memorandum to reflect changes (90-14-08) in equipment requests. Biomedical has been provided access to all equipment requests. Purchase of medical equipment will require sign-off from the Biomed Section.	10/1/2009	CLOSED

Biomedical Tracking Log
Keesler Medical Center Review

Observation	Recommendation	Point of Contact	Action	Target Date	Updated 12/04/2009
13. Code (crash) carts on your inpatient ward are stored in a locked room. Everyone doesn't have a key to that room. During a code you don't have time to search for a key to gain access to the crash cart.	We identified space along the wall in the patient ward. This recessed space is where the crash carts should be stored. It is equipped with emergency power outlet to continuously charge the equipment. This space should also be easily identified to ensure providers down the hall know exactly where the crash cart is located.	Nurse Managers	Crash carts are stored according to the Joint Commission Standards. Staff are provided a PC1 key upon orientation to the unit.	CLOSED	CLOSED
14. Identified the need for Biomedical expertise onsite.	Other than the Biomedical Technicians, there are no other experienced Biomedical personnel onsite. It is clear that having staff familiar with Biomedical Engineering and/or the VHA Biomedical Engineering Program would significantly strengthen the program.	Jay Tripp, Acting Biomedical Engineering Supervisor	Recruit a Biomedical Engineer preferably with VHA experience.	1/4/2010	No experienced, qualified candidates interviewed. Solicitation went back out on November 2nd and closes December 7th. Interviews will be scheduled as soon as the Certification is recieved from Human Resources. Sent the solicitation to CEOSH, VHA Biomedical, AAMI, ACCE, and USAJobs.
15. Interim measures needed to ensure program stability.	Detail Biomedical Engineer from within the VISN to help with oversight of the Biomedical Program.	Director/Jay Tripp, Acting Biomedical Engineering Supervisor	Contact the network and VA Medical Centers within the system for support.	9/30/2009	New Orleans has offered and provided a Biomedical Engineer. The Engineer was onsite by September 10, 2009. She participates in the weekly Biomed Shop meetings and as the Biomed Shop progresses in carrying out improvement actions, she makes site visits to review the progress and the plan ahead. Current efforts are focused on the wall-to-wall medical equipment inventory and the equipment lists, reorganization of the category list, and access to menus and equipment files.
16. Lack of knowledge within the Biomedical Department	Detail Biomedical Engineer from within the VISN to help with oversight of the Biomedical Program.	Director/Jay Tripp, Acting Biomedical Engineering Supervisor	Contact the network and VA Medical Centers within the system for support.	9/10/2009	The Biomedical Engineer from the South East Louisiana Health Care System has worked with the Chief Engineer and Biomedical staff to organize and develop a systematic approach for strengthening the Biomedical Program; while ensuring continuity of service at the VA GCVHCS. The Biomedical Engineer has worked with the Chief Engineer to develop realistic timelines to address the issues identified in the original Keesler report.
17. Supervisory Biomedical Engineer is vacant.	Recruit and fill the supervisory position with a Biomedical Engineer.	Director/Jay Tripp, Acting Biomedical Engineering Supervisor	The position was advertised and interviews conducted on 10/28/09. The advertisement offered guaranteed home buy-out.	1/4/2010	No experienced, qualified candidates interviewed. Solicitation went back out on November 2nd and closes December 7th. Interviews will be scheduled as soon as the Certification is recieved from Human Resources. Sent the solicitation to CEOSH, VHA Biomedical, AAMI, ACCE, and USAJobs. Chief Engineer detailed to the Supervisory Biomedical Engineer position effective November 8th to concentrate efforts on improving the Biomedical Equipment Program.