

Walter Reed Army Medical Center  
Presentation for 09/01/10  
USNRC Predecisional Enforcement Conference

## **Walter Reed Army Medical Center**

### **USNRC Pre-Decisional Enforcement Conference Brief**

***COL Van Coots  
Commander  
Walter Reed Health Care System***

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## **Outline**

- Introduction to Walter Reed
- Historical Context
- Sequence of Events
- Visual Tour
- Immediate Response
- Systemic Corrective Actions
- Mitigating Considerations
- Corporate Lessons Learned
- Conclusion

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*We provide care to past, present and future Warriors  
and all those entrusted to our care*

## **Home of Warrior Care**

### **MISSION**

***We provide a World Class healthcare experience to past, present, and  
future Warriors, and all those entrusted to our care.  
We lead the Military Health System in education, research, and readiness.***

### **VISION**

***We are Walter Reed ..... America's Hospital .... The Home of Warrior Care  
..... We strive to exceed ALL expectations!***

- We value our patients and employees***
- We create the future of military healthcare***
- and We will carry the "Torch" of MAJ Walter Reed's legacy to Walter  
Reed National Military Medical Center***

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## **LEGACY of MAJOR WALTER REED**

***"MAJ Walter Reed was an Army Soldier,  
physician, teacher and investigator who was  
able to connect clinical science at the bedside  
through the laboratory to benefit all mankind."***

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## Commander's Intent

**POTUS:**

*"We have an obligation, we have a moral obligation to provide the best possible care and treatment to the men and women who have served our country. They deserve it, and they're going to get it."*

**SECDEF:**

*"Apart from the war itself, we have no higher priority!"*

**CSA:**

*"Taking care of wounded Warriors is the most important thing we can do."*

Walter Reed Army Medical Center  
"Home of Warrior Care"

**Walter Reed AMC:**

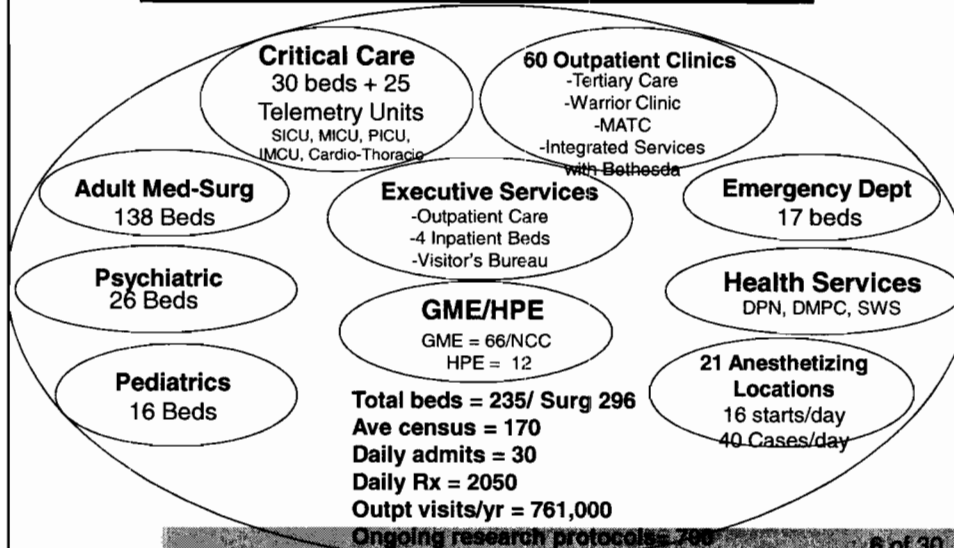
- > Honoring our past
- > Embracing emerging missions –  
Primary Care, Tertiary Greatness
- > Leader in Education  
(physicians, nurses, medics)
- > Ensuring we:  
"Never Leave a Fallen Comrade"

**Our Way Ahead:**

- > Strategic Asset for the Army, DoD
- > Forging the "Era of Opportunity"
- > Access to Care for All
- > Warrior-in-Transition (WT) Care
- > Supporting Families
- > Advocacy and Healthcare Hospitality
- > Integration/BRAC

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## Scope of WRAMC Operations



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## GME in the NCC: The Basics

- NCC - Residency programs at 4 institutions
  - WRAMC
  - MGMC
  - NNMC
  - USUHS
- Total number of programs: 66
  - 46% of all Army programs
  - 34% of all Navy programs
  - 57/66 are ACGME accredited, others by specialty boards
- Total number of trainees: ~715
  - #Army: ~410      28% of total Army trainees
  - #Navy: ~250      23% of total Navy trainees
  - #Air Force: <50

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## GME in the NCC

- Other relevant data
  - Numerous “support”/non-physician training:
    - Psychology
    - Neuropsychology
    - Social Work
    - Clinical Pastoral Care
    - Dietetics
    - Blood Bank
    - Pharmacy: Hem/Onc, Radiation/Nuclear
    - **Supports teamwork and training for GME programs**

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## GME in the NCC: Programs

- Specialty
  - Anesthesia
  - Dermatology
  - Family Medicine
  - General Surg
  - Internal Med
  - Neurology
  - Child Neurology\*
  - Neuro Surg\*
  - Ob/Gyn
  - Occ/Prev Med
  - Ophthalmology
- Specialty
  - Orthopaedics
  - Otolaryngology
  - Pathology
  - Pediatrics
  - PhysMed&Rehab\*
  - Psychiatry
  - Psych/IntMed\*
  - Rad Onclogy\*
  - Radiology
  - Urology
  - Transition Yr  
(Rotating Internship)

\* sole program in Army and/or Navy

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## GME in the NCC: Programs

- Subspecialty:
  - Anes: CritCareMed\*, Regional\*, Pain\*
  - Fam Med: Sports\*
  - Surg: Vascular\*
  - IM: Cardiology, CritCareMed\*, Endocrinology\*, Gastroenterology, GenIM\*, Hematology/Oncology, Infectious Disease, Nephrology\*, PulCCM, Rheumatology\*, Allergy/Immunology\*, Sleep Medicine
  - Neurology: Child Neuro\*, Clin Neurophys\*
  - Ob/Gyn: GynOnc\*, REI\*, UroGyn\*
  - Orthopaedics: Hand\*
  - Peds: Neonat, Endo\*, GI\*, Heme/Onc\*, ID\*
  - Psych: Child/Adol, Forensic\*, Geriatric\*, Prev\*

\* sole program in Army and/or Navy

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## Scope of Licensed Operations (2009)

- Over 5000 staff and ~ 520 radiation workers (on dosimetry)
- Training: 1282- Radiation Safety; 5788- Radiation Awareness
- ~10,000 licensed diagnostic procedures
- 1717 RAM packages received
- 10 brachytherapies
- 26 inpatient and 29 outpatient thyroid ablations
- WRAIR and AFIP conduct research with radioactive tracers

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## Historical Context (1 of 2)

- 16-18 Jan 2007, USNRC Inspection (no violations noted)
- 27-30 May 2008, Comprehensive audit conducted by USACHPPM reported the decommissioning file needed to be updated, but no other USNRC regulatory issues
- 14 Nov 2008, Ir-192 seed incident
  - Cited for loss of control of licensed material; failure to notify within required time
  - Corrective actions: targeted and general awareness training; updated SOPs
- 19 Dec 2008, USNRC Safety Inspection related to incident

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## Historical Context (1 of 2)

- 13 Jan and 17 Mar 2009, USNRC Inspection (no violations noted)
- 27-29 Jul 2009, USNRC Inspection (no violations noted; previous violation closed)
- 1-3 May 2010, Mo-99 generator package incident
  - Non-standard delivery of generator precipitated by severe worldwide shortage of Mo-99
  - Potential citations: loss of control of licensed material; dose in an unrestricted area exceeds 2 mrem in any one hour
- 26 May 2010, USNRC Safety Inspection related to incident

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## Sequence of Events (1 of 2)

- Prep: Administrative Officer of the Day (AOD-NCOIC, Nuc Med) posts signs on doors to Nuc Med clinic for delivery person to deliver to 1<sup>st</sup> FI Information Desk
- 1249, 1 May 2010 (Saturday)- Member of Concierge staff signs for RAM packages, places the packages under the counter at the Information desk, and fails to notify AOD

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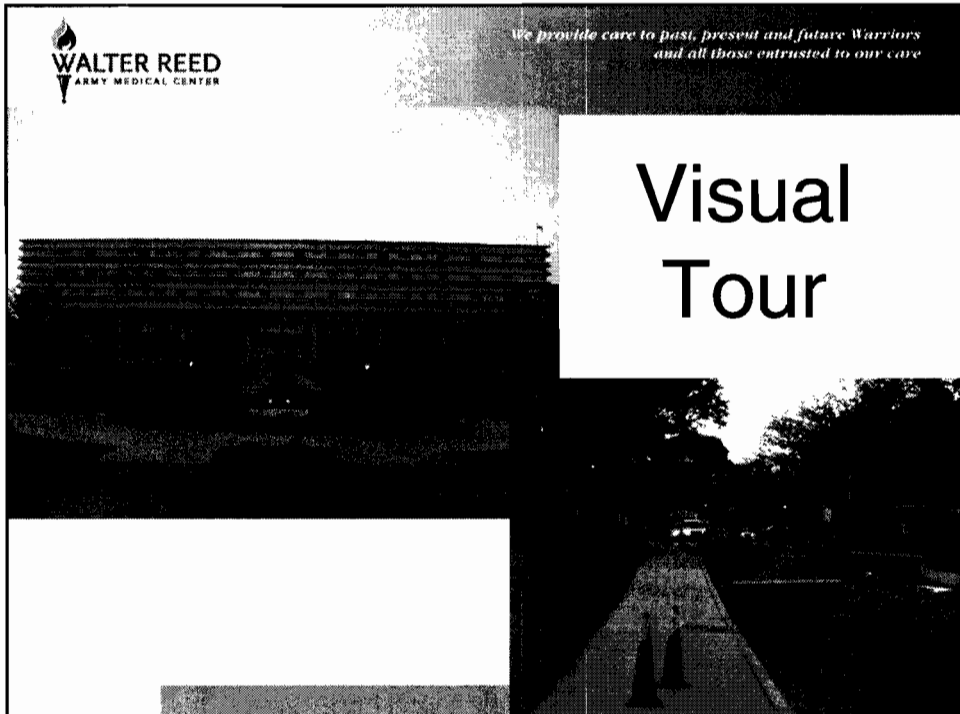


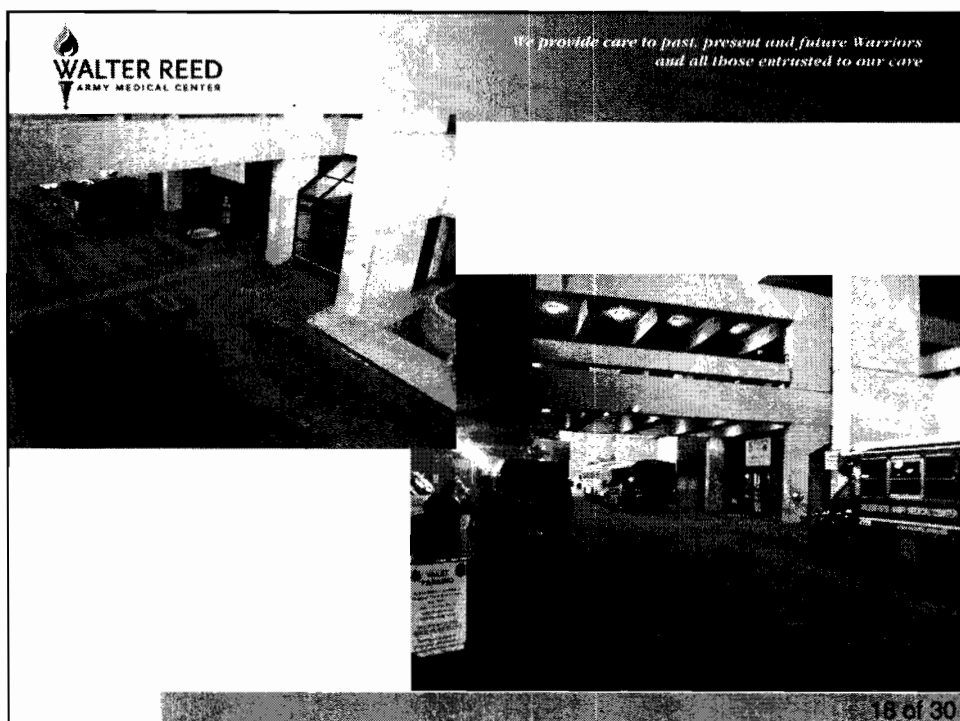
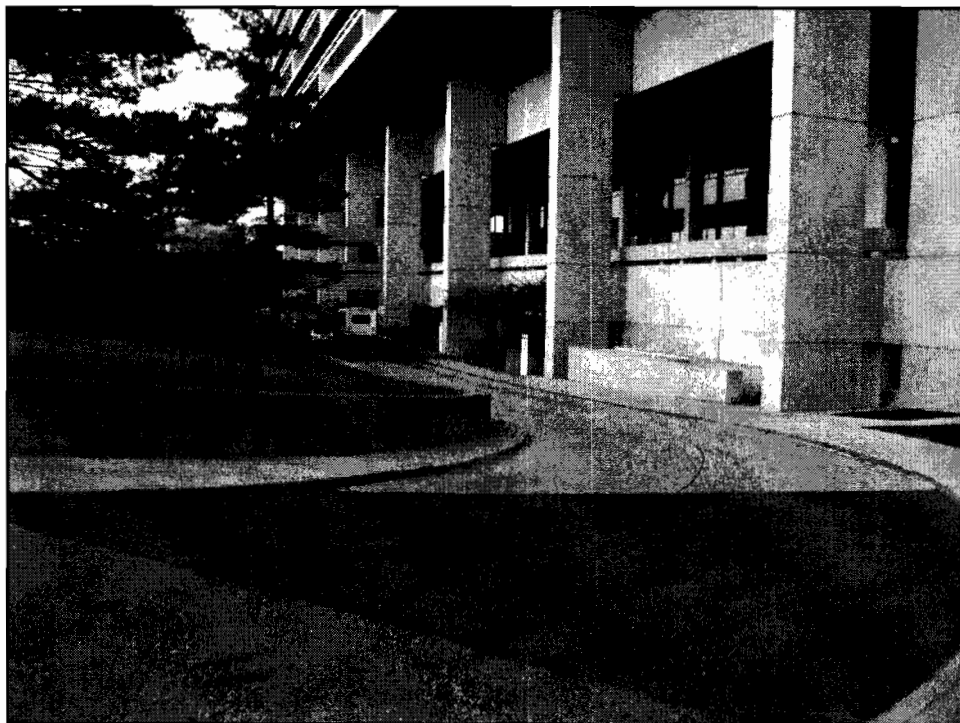
## Sequence of Events (2 of 2)

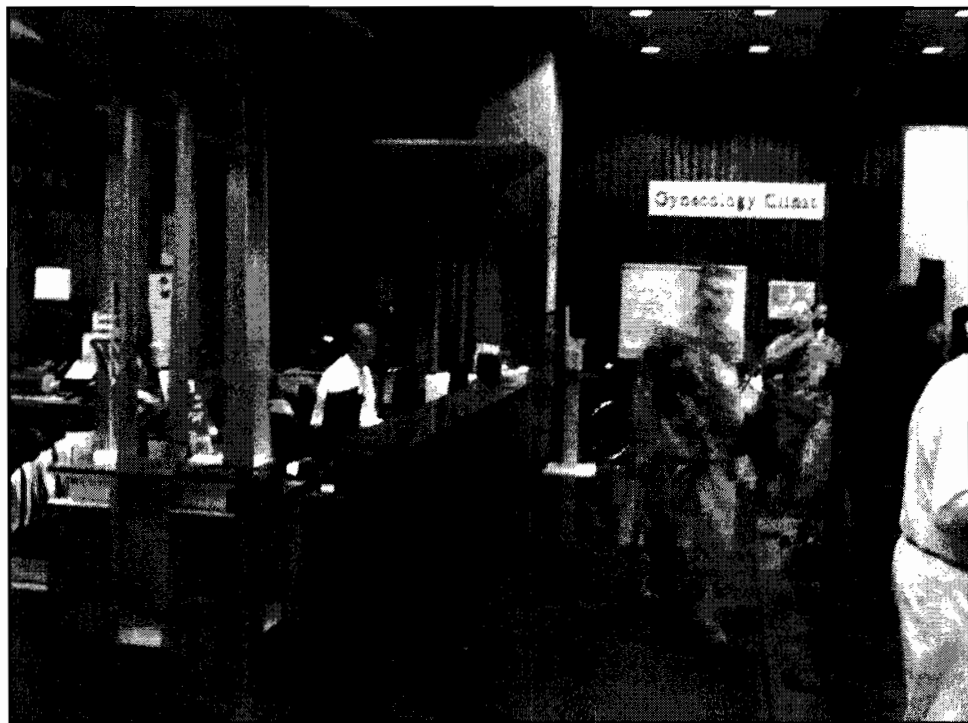
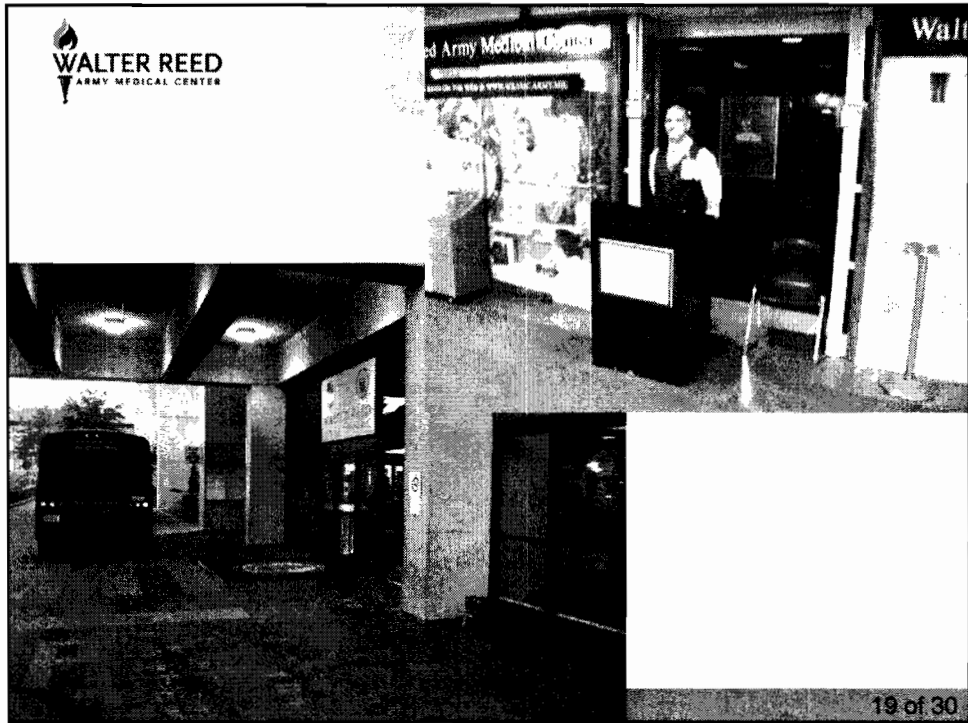
- AOD calls vendor, but contact attempt fails; concludes, after consultation with FedEx, that package will not be delivered until 3 May 2010
- Person who ordered material checks with vendor, obtains tracking number and verifies delivery; package secured at 0815, 3 May 2010; RSO notified

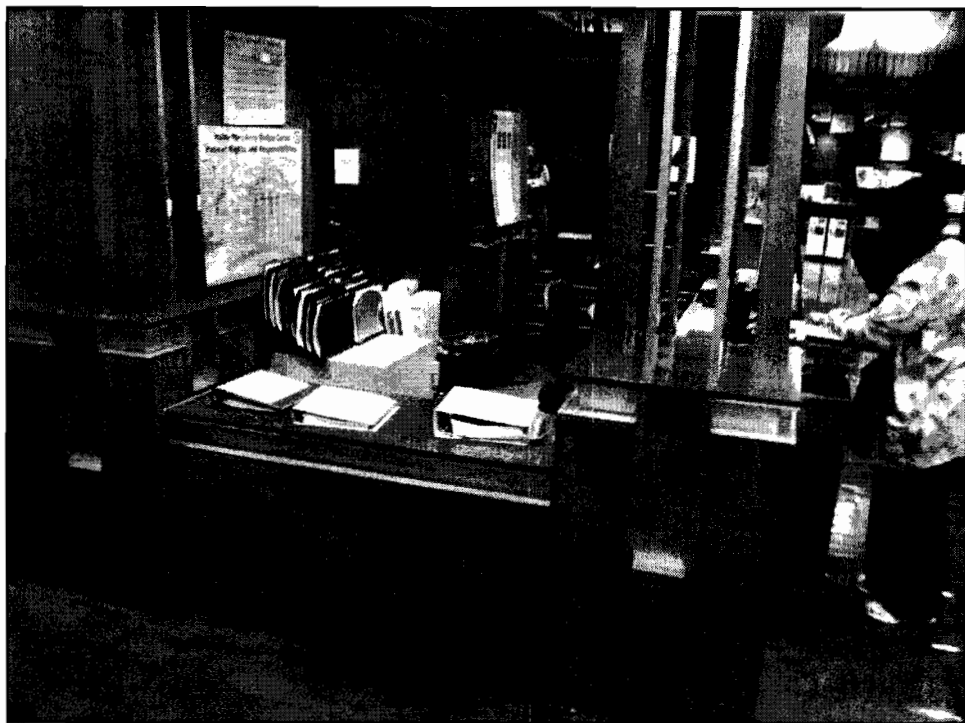
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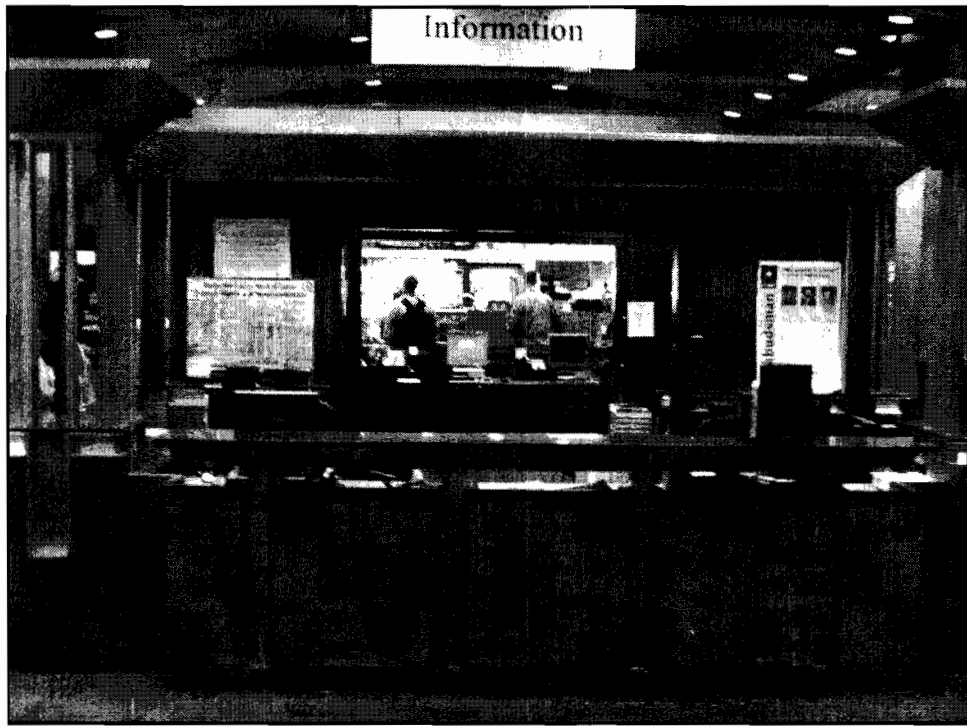
## Visual Tour

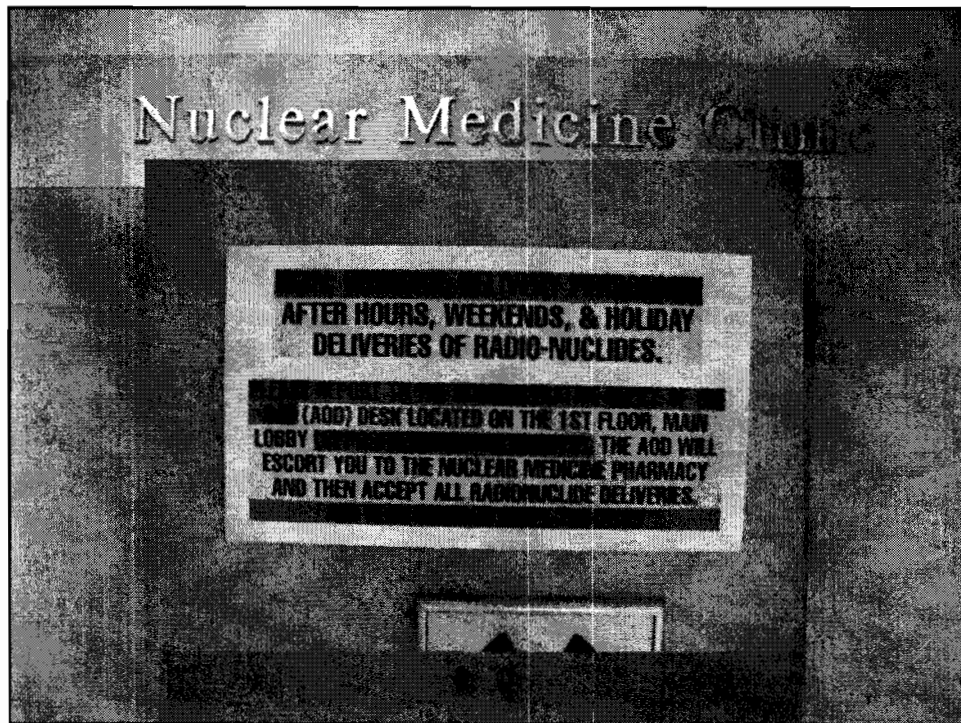












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## Immediate Response

- RSO assesses situation, determines loss of positive control and requirement to notify USNRC (0815-1130, 3 May 2010)
- Notify USNRC (1137, 3 May 2010)
- Gather additional information
- Write up incident report (6 May 2010)
- Perform dose assessment (6 May rev 14 Jun 2010)
- Inform those on duty 1-3 May regarding their potential dose.
- Perform root cause analysis (6 May 2010)
- Institute corrective actions (15 Jun 2010)

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## Systemic Corrective Actions

- Targeted training for Concierge and AOD personnel
- Updated RAM package identification and handling SOP for AOD and Concierge
  - Active process, AOD verbally briefed daily
- Vendors and couriers provided detailed delivery instructions
- Nuc Med RAM ordering, delivery and receipt procedures reviewed and updated
- Formal written radiation safety program review and audit policy established

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## Mitigating Considerations

- USNRC Inspections, both before and after the Ir-192 incident noted no deficiencies (implies no systemic problems that impair our ability to safely conduct licensed activities)
- We do have an annual radiation program review and inspection program; the NRC fulfilled the inspection requirement for the past two years
- In both incidents, a non-radiation worker bypassed otherwise effective controls, precipitating the respective incident
- Timely reporting, good faith effort and transparency in response evident
- USA Public Health Command (Prov.) audit, 30-31 Aug 2010

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## Corporate Lessons Learned

- Quick, effective response is key to limiting hazard
- Timely notification helps everyone
- Coordinated response effort is required to address issues (Management in conjunction with subject matter experts)
- Constant evaluation (internal and external) of programs and their effectiveness is necessary
- Vigilance and proactive stance limits the probability of violations

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## Conclusion

- The Command takes responsibility for everything that occurs at Walter Reed Army Medical Center
- The Command and the RSO take our USNRC license obligations very seriously
- We all appreciate the professionalism and fairness of the USNRC staff with whom we have had the opportunity to work

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