



Administrative Closure
Alleged Safety Issues in Mobile Health Clinics
Northport VA Medical Center (632/00)
Northport, NY
MCI # 2013-01208-HI-0363

The VA Office of Inspector General Office of Healthcare Inspections received allegations from an anonymous source regarding safety issues with mobile health clinics operated by the Northport VA Medical Center (facility) in Northport, NY. The facility has a 2-year old (new) unit and a 15-year old (old) unit. These mobile units are used for non-invasive podiatry services, health education programs, outreach events, and health screenings. The new unit was deployed to the VA New York Harbor Health Care System after Hurricane Sandy during October 2012–March 2013.

The complainant alleged mobile unit concerns of:

- Inappropriate instrument cleaning between patients, especially podiatry instruments.
- Inadequate hand hygiene practices because there was no working wet sink with hot water, and alcohol-based hand rub (e.g., Purell®) is not adequate.
- No terminal cleaning of examination rooms between shifts.
- Excessive carbon monoxide fumes that caused staff and patients to feel faint.
- Noise that exceeded the allowable decibel limits for workplaces.

We interviewed key personnel knowledgeable about the process and medical care provided in the mobile health clinics. We made a site visit April 15–17; performed a physical inspection of both mobile health units; reviewed facility and Veterans Health Administration policies, directives, and handbooks; quality assurance reports; staff training records; meeting minutes; and other relevant documents.

We did not find inappropriate cleaning of instruments between patients. Sterile Processing Service (SPS) handled all mobile unit instrument sterilization. The mobile unit driver obtained podiatry instrument kits from SPS sufficient in number for the cases scheduled and extra to accommodate walk-in patients or dropped instruments. At day's end, the driver returned all kits, including unused kits, to SPS for reprocessing. Furthermore, all interviewed staff could describe the well-organized process and instrument status was tracked.

We did not find inadequate hand sanitization. Although the new unit had running water, the old unit was without since a pipe burst and could not be repaired. However, staff used alcohol-based hand rub to sanitize hands – a method which Centers for Disease Control and Prevention recommends for non-invasive healthcare activities and for activities that would not require a hand washing facility.¹ Furthermore, the mobile units were consistently located near a CBOC entrance such that staff could access a hand washing facility, if necessary.

We found that the mobile unit examination rooms were terminally cleaned. The mobile unit driver, who was trained and experienced in environmental management, described a series of steps taken each time a mobile unit was returned from deployment. These steps included terminal cleaning of the mobile unit. CBOC and other staff reported that the mobile units are consistently kept clean, and we found the mobile unit to be clean during our inspection.

¹ <http://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf>

We did not find evidence from documentation or interviews with patients and CBOC, employee health, engineering, industrial hygiene and patient safety staff, that the mobile unit produced excessive carbon monoxide fumes or noise. However, because of a community complaint regarding its diesel generator (power supply) noise, the facility was converting to use of an extension cord to supply electricity to the mobile unit from the CBOC.

During the inspection, we found opportunities for improvement outside of the allegations. Because there is no national guidance for mobile health units, we provided consultative suggestions for leadership to consider:

- Developing a local policy for the mobile health units.
- Realigning oversight of the mobile health units from an administrative to a clinical service.
- Limiting the number of and access to mobile unit keys to prevent a security breach or unauthorized entrance/use.
- Designating a coordinator for all aspects of the mobile units, such as scheduling, vehicle deployment, emergency management needs, and maintenance.



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