

**Office of Independent Oversight
and Performance Assurance
Follow-up Review of the
Oak Ridge National Laboratory
Health Services Division**



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Office of Independent Oversight and Performance Assurance

PREFACE

The follow-up review of the Oak Ridge National Laboratory Health Services Division was conducted under the aegis of the Office of Environment, Safety and Health (ES&H) Oversight on September 17-18, 2001. Since that time, authorities for the oversight of Department of Energy contractor occupational medical programs and the professional staff involved with this activity have been realigned under the Office of Independent Oversight and Performance Assurance, Office of ES&H Evaluations (OA-50). Any further actions related to this report should be directed to OA-50.

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ACRONYMS

AAAHC	Ambulatory Accreditation Association of Health Care
DOE	Department of Energy
DOE-ORO	DOE Oak Ridge Operations Office
ORNL	Oak Ridge National Laboratory
SBMS	Safety Based Management System

**OFFICE OF INDEPENDENT OVERSIGHT AND PERFORMANCE ASSURANCE
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OAK RIDGE NATIONAL LABORATORY
HEALTH SERVICES DIVISION**

1. INTRODUCTION

This report summarizes the Department of Energy (DOE) Office of Independent Oversight and Performance Assurance (Independent Oversight) follow-up of the occupational medicine program review that took place in September 1998, at the Oak Ridge National Laboratory (ORNL) Health Services Division. The follow-up review was performed on September 17-18, 2001.

The purpose of the 1998 review, which was conducted jointly with DOE and the Accreditation Association for Ambulatory Health Care (AAAHC), was twofold. First, DOE evaluated program performance and compliance with Departmental requirements. Second, AAAHC surveyed the health services program to determine its eligibility for accreditation. As a result of that review, six issues were identified requiring formal corrective action, and AAAHC deferred granting accreditation pending refinement and implementation of policies concerning quality management, occupational health, and emergency services.

As in 1998, Independent Oversight conducted a joint review with the AAAHC. The AAAHC is a non-profit accreditation organization committed to improving the delivery of health care through the establishment of nationally recognized standards and peer-based surveys of medical facilities and the services they provide. To preclude the appearance of any bias, the AAAHC supplied a different physician surveyor for the 2001 review.

Independent Oversight concentrated its efforts on reviewing the corrective action plans approved by the DOE Oak Ridge Operations Office (DOE-ORO) and implemented by ORNL in response to the 1998 issues. Plans were reviewed for completeness and communication of corrective actions by management and the medical director. Concurrently, the physician surveyor evaluated the occupational medicine program against AAAHC core and adjunct standards governing ambulatory health care and occupational medicine services.

2.0 RESULTS

Subsequent to this follow-up review, the AAAHC awarded the ORNL Health Services Division a three-year term of accreditation, the maximum number of years allowable. The AAAHC surveyor was complimentary of the quality and efficiency of the health services personnel. In addition, the surveyor considered the following to be exemplary practices: ORNL's medical record format, storage, and retrieval; its credential files of health care providers; and its documentation of notification to patients of laboratory and x-ray results.

Documentation verified that DOE-ORO had promptly reviewed and approved the corrective actions in response to the 1998 issues. However, several of the corrective action "closure" folders contained incomplete information and draft documents. It was not clear to Independent Oversight personnel how several of the issues were closed until the Health Services Division supplied corporate documents that verified completion of actions for five of the six 1998 issues.

However, the action taken by DOE-ORO and the contractor, UT-Battelle, LLC, does not adequately address finding ORNL-11/02/1998-10006-0001-A from the 1998 review. DOE-ORO and UT-Battelle management have not defined a system to address the effectiveness of the ORNL medical program. Consequently, Independent Oversight issues the following finding:

FINDING: ORNL-AAAHC-01-01: Important elements of integrated safety management, such as accountability for performance and feedback mechanisms, are not clearly defined as they relate to the ORNL occupational medical program. For example, the proposed DOE-ORO and UT-Battelle management appraisal plan focuses solely on regulatory requirements and does not address programmatic policy or system interfaces for occupational medicine. Medical program requirements related to exposure assessments, medical surveillance, and integrated work planning processes have not been the subject of appraisals by DOE-ORO and UT-Battelle management.

This finding will be formally tracked in accordance with DOE Order 414.1A, *Quality Assurance*, which addresses the follow-up of Independent Oversight findings. DOE-ORO and UT-Battelle Management need to specifically address this finding in a corrective action plan.

The following table summarizes the 1998 issues and Independent Oversight’s comments concerning the effectiveness of the DOE-ORO corrective actions.

IDENTIFIER	1998 ISSUE STATEMENT AND INDEPENDENT OVERSIGHT COMMENTS
ORNL-11/02/1998 - 10001-0001-A	<p>Weaknesses were evident in occupational health practices and records. The audit of employee medical records identified a lack of specific documentation in the individual medical records in the areas of exposure data, occupational history, work demands, personal protective equipment, and preventive counsel related to occupational health.</p> <p>Following the 1998 medical program review, the ORNL medical director issued a memorandum directing all medical examiners to document employee exposure histories on the patient summary sheet. Documenting this information on the patient summary sheet provides the medical examiner with a quick reference and ensures that this information is taken into account during all health evaluations. In addition, the occupational medical record at ORNL is now automated. It includes specific medical surveillance modules and prompts the user (medical examiner) to review an employee’s occupational exposure history, monitoring results, and other medical parameters. The comprehensiveness and easy accessibility of data afforded by computer automation, in combination with the quick reference of the patient summary sheet, allows the medical examiner to more accurately assess employee health risk from real and potential hazards.</p>
ORNL-11/02/1998- 10002-0001-A	<p>The ORNL medical quality management program is not well developed. ORNL does not have a formal quality management peer review process or clinical review process to direct or monitor important elements of an occupational medical program.</p> <p>The ORNL Health Services Division developed a quality management and improvement program for the purposes of both AAAHC accreditation and integrated safety management. The AAAHC survey found ORNL to be substantially compliant (highest award rating) in the areas of quality management and improvement, peer</p>

	<p>review, quality studies, and evaluation of risk. A formalized, well-defined quality management and improvement plan was present in both the corporate UT-Battelle Management Safety Based Management System (SBMS) and Health Services Division documents.</p>
ORNL-11/02/1998-10003-0002-A	<p>The occupational medical program is not adequately defined by site requirements. The requirements detailing a comprehensive occupational medical program that are contained in DOE Order 440.1A, Section 19, <i>Occupational Medical</i>, were not included by ORNL in their work smart standards process.</p> <p>UT-Battelle Management included DOE Order 440.1A, Section 19, <i>Occupational Medical</i>, in their current contract agreement with the Department. This action is documented in a June 30, 1999, memorandum announcing a change request to allow inclusion of Section 19 in the DE-AC05-96OR22464 contract modification.</p>
ORNL-11/02/1998-10004-0001-A	<p>Roles and responsibilities for important occupational medical program functions have not been adequately defined and communicated.</p> <p>Clearly defined roles and responsibilities for the Health Services Division and its corporate function have been defined and communicated by UT-Battelle Management through SBMS documents.</p>
ORNL-11/02/1998-10005-0001-A	<p>Effective coordination and integration have not been achieved. The ability to fully integrate occupational medicine into safety management has been constrained by the allocation of resources and the reductions in funding.</p> <p>Although resources at UT-Battelle management have been limited with some reductions in force instituted, the ORNL Health Services Division has maintained sufficient support to maintain its current needs. Several enhancements since 1998, including the addition of a physician assistant, physical therapy personnel, and medical record automation, have helped to reduce the medical director's clinic workload and increased the efficiency of the health services personnel. These enhancements, as well as the clear communication of the health services function within UT-Battelle management, have improved and strengthened the ability of the medical director to interface with safety and emergency management.</p>
ORNL-11/02/1998-10006-0001-A	<p>Occupational medicine programs are not addressed under the auspices of ORNL integrated safety management efforts. Division-level implementation plans do not contain any reference to occupational health interfaces, describe how line management will identify and track workers potentially exposed to hazards, or how performance of health services will be evaluated.</p> <p>Although occupational health roles, responsibilities, and program interface with line management are more clearly defined now than in 1998, a formalized plan to self-assess their performance has not been established. DOE and UT-Battelle management have not defined a system that would adequately provide feedback on ORNL's performance concerning the collection and communication of employee exposure data, supervisory reporting of workplace hazards, appropriateness of abatement and mitigation activities in reducing/eliminating employee health risks, and the comprehensiveness of medical surveillance rosters. Although DOE-ORO has closed this corrective action, it is not apparent how the present and future effectiveness of the activities implemented in response to this issue is or will be determined. The deficiencies are identified as new finding ORNL-AAAHC-01-01.</p>

3.0 CONCLUSIONS

The follow-up review found the ORNL Health Services Division to be substantially compliant with all of the AAAHC core and adjunct standards. As a result, ORNL was awarded a three-year term of accreditation, the highest award granted. It was apparent to Independent Oversight personnel and the

AAAHC surveyor that ORNL has worked hard to improve the quality of their medical program and to meet the requirements of the external accreditation association. In addition to achieving this accreditation, the AAAHC surveyor recognized several exemplary ORNL practices that could serve as a benchmark for other DOE contractors.

In evaluating the corrective actions implemented in response to the 1998 issues, Independent Oversight found that DOE-ORO considered all corrective actions to be completed. The closure folders contained evidence (e.g., memoranda, interoffice mail, and others) of actions put into effect or actions under consideration to resolve individual issues. Although several of the folders did not contain adequate documentation, Independent Oversight was able to verify through additional documents that actions concerning five of the six issues were completed. However, Independent Oversight determined that corrective action ORNL-11/02/1998-10006-0001 did not adequately address the health services program involvement in DOE-ORO performance and feedback activities. Therefore, a new finding (ORNL-AAAHC-01-01) was issued and will be formally tracked in accordance with DOE Order 414.1A.

The ORNL Health Services Division now joins eight other DOE contractor occupational medical programs that have achieved accreditation. These programs are assets to DOE because the work they perform is directly related to protecting the most important resource any company or facility has: the people who work there. The future of these programs is dependent on management commitment and their full integration into corporate safety and health initiatives, and their benefit can be sustained only if DOE-ORO and contractor management attends to their needs through self-assessment and continuous feedback activities. These activities will determine the real “value” of the ORNL health services program and serve to guard its integrity and maintain its quality and effectiveness.