

Transcript of September 15, 2022, Pre-Decisional Enforcement Conference with
St. Vincent's Medical Center

0:0:0.0 --> 0:0:29.880

NRC Region I

This is a hybrid pre decisional enforcement conference with St. Vincent's Medical Center. The conference is being conducted both in person in the Region I office and via Microsoft Teams. We request that any remote participants using Teams please keep your camera off unless you're speaking just to help preserve the bandwidth. Also for remote participants using Teams that are calling in on your phones; please remain muted.

0:0:29.960 --> 0:0:31.230

NRC Region I

Unless you are speaking.

0:0:32.790 --> 0:0:43.750

NRC Region I

As a reminder to everyone here in the room and on Teams, please state your name and affiliation clearly when speaking for the benefit of the transcript and also for just awareness of people in the room and on Teams.

0:0:45.830 --> 0:0:46.350

NRC Region I

Next slide.

0:0:49.110 --> 0:1:15.540

NRC Region I

Now, this is our agenda for today. So, we'll begin with opening remarks, and I see opening remarks and introductions, and we'll ask that St. Vincent's also do the same. I will provide an overview of our enforcement process. Robin Elliot will talk about the violations and then St. Vincent's will present. Following that, we'll have a caucus. We'll go up to another room and we'll talk about if we have any other questions.

0:1:16.620 --> 0:1:18.630

NRC Region I

This is when we will close.

0:1:21.170 --> 0:1:23.530

NRC Region I

After comments, if we have any public comments and questions.

0:1:33.660 --> 0:1:40.320

NRC Region I

Right. So at this time, I'll turn it over to Tammy Bloomer;, she's our regional Deputy Director for the Division of Radiological Safety.

0:1:45.560 --> 0:2:12.870

NRC Region I

Good afternoon. I'm Tammy Bloomer. I'm the Deputy Division Director of the Division of Radiological Safety and Security in the Region I office. Welcome everybody to today's Predecisional Enforcement Conference which is being conducted at the request of NRC staff to address apparent violations identified during the inspection of Saint Vincent's that included follow up of an event involving the improper disposal of a cesium-137 source.

0:2:12.950 --> 0:2:34.880

NRC Region I

As well as routine inspection activities. Three of the apparent violations are related to the failure, failure to maintain control over the sealed source when on October 22nd, 2021, A St Vincent's contract employee inadvertently disposed of the sealed source as a biohazard waste.

0:2:35.630 --> 0:2:56.870

NRC Region I

Nine additional apparent violations are related to the failure to maintain, excuse me an effective radiation safety program and the failure to implement an adequate radiation exposure monitoring program. The apparent violations were described in the inspection report issued to Saint Vincent on August 8th, 2022.

0:2:57.970 --> 0:3:11.780

NRC Region I

Regarding today's meeting, there are two important things to know. The NRC has not made a final decision on this matter. The NRC's inspection report summarizes the NRC's current preliminary findings. This conference is your opportunity.

0:3:12.750 --> 0:3:29.970

NRC Region I

To give us your perspective on how and if the apparent violations occurred and your corrective actions both taken and planned as well as any other information you want us to consider before we make a final determination about the enforcement actions on this case.

0:3:31.340 --> 0:3:53.730

NRC Region I

At this time, I would like to ask other NRC participants to introduce themselves. We do have a number of new staff who are observing, both in the room and on Teams, this conference for training purposes. If you are observing, you do not need to introduce yourself, only those who are actively participating should introduce themselves.

0:3:54.930 --> 0:4:5.830

NRC Region I

Oops. First, let's hear from the participants from the Region 1 Division of Radiological Safety and Security. And please turn on your cameras when you are speaking. And I'll start with.

0:4:6.720 --> 0:4:7.50

NRC Region I

Yeah.

0:4:8.270 --> 0:4:18.830

NRC Region I

So, good afternoon, everyone. I'm Anne DeFrancisco. I'm the chief of the Medical and Licensing Assistance Branch, which is located here in Region I in the division of Radiological Safety and Security.

0:4:22.410 --> 0:4:31.960

NRC Region I

I'm Robin Elliott. I think you all know me because I was onsite. I was the lead inspector; Senior Health Physicist in the Medical Licensing and Assistance Branch.

0:4:33.900 --> 0:4:35.850

NRC Region I

And we can go to.

0:4:37.600 --> 0:4:39.690

NRC Region I

You're not participating. You're not participating.

0:4:40.460 --> 0:4:41.110

NRC Region I

And you are.

0:4:42.150 --> 0:4:42.680

NRC Region I

Personal.

0:4:50.930 --> 0:5:0.330

NRC Region I

Hi, my name is Shelby Lewman, and I'm actually Regional Counsel for Region 3, but my counterpart here in Region I is on a much-deserved vacation. So, I am here as the Regional Counsel.

0:5:3.230 --> 0:5:6.530

NRC Region I

Any other Region i participants on the.

0:5:7.810 --> 0:5:8.690

NRC Region I

Teams meeting?

0:5:13.290 --> 0:5:15.410

NRC Region I

OK, Office of Enforcement.

0:5:21.500 --> 0:5:24.170

Rivera Diaz, Carmen

I'm Carmen Rivera from Office of Enforcement.

0:5:26.460 --> 0:5:26.930

Rivera Diaz, Carmen

Ah.

0:5:25.40 --> 0:5:28.880

NRC Region I

If you would please turn on your camera, when you speak? We can hear you. See who you are.

0:5:34.420 --> 0:5:37.190

NRC Region I

Anyone else from Office of Enforcement?

0:5:39.90 --> 0:5:39.420

NRC Region I

Then it's

0:5:41.590 --> 0:5:43.790

NRC Region I

Office of Nuclear Materials Safety and Safeguards.

0:5:46.740 --> 0:5:50.740

Burgess, Michele

I am Michelle Burgess. I'm an enforcement coordinator in the Headquarters Program Office.

0:5:55.20 --> 0:5:56.680

NRC Region I

Anyone else from NMSS?

0:5:59.610 --> 0:6:1.20

NRC Region I

Office of the General Counsel.

0:6:5.580 --> 0:6:10.170

Steinfeldt, Thomas

Hello, I'm Thomas Steinfeld, attorney in the Office of General Counsel with the NRC.

0:6:14.40 --> 0:6:15.920

NRC Region I

Any other NRC participants?

0:6:20.370 --> 0:6:22.120

NRC Region I

OK. Thank you very much.

0:6:23.760 --> 0:6:28.840

NRC Region I

Next, I'll ask St Vincent's participants to introduce themselves and provide any opening remarks.

0:6:30.420 --> 0:6:42.190

NRC Region I

Hi, good morning, good afternoon. John Rossi, Vice President for Operations for St Francis Medical Center and for Hartford Healthcare, and I'm gonna then turn to Greg, and we'll introduce our team from Greg down.

0:6:43.130 --> 0:6:48.0

NRC Region I

My name is Gregory Hisel. I'm the Radiation Safety Officer via contract, please.

0:6:49.920 --> 0:6:52.210

NRC Region I

Curtis McCloggan, Director for Technology.

0:6:54.390 --> 0:6:58.480

NRC Region I

Mohammed Aljallad, Hartford Healthcare Radiation Safety Officer.

0:6:58.550 --> 0:6:58.930

NRC Region I

Office.

0:7:1.360 --> 0:7:4.320

NRC Region I

Kelli Hannan, Radiology Management, Saint Vincent's Medical Center.

0:7:5.480 --> 0:7:8.390

NRC Region I

I'm Jacqueline Hoell, Associate General Counsel for Hartford Healthcare.

0:7:11.850 --> 0:7:18.0

NRC Region I

Thank you. I'll now ask Cherie to go over the NRC's enforcement process.

0:7:19.620 --> 0:7:24.310

NRC Region I

Ohh, I was gonna say something briefly, but. Ohh, no, by all means. So,

0:7:25.360 --> 0:7:40.320

NRC Region I

Thank you, number one, for having us here. We have something at the heart of our culture at Hartford Healthcare called recognitions and celebrations. We start all our meetings with recognitions and celebrations, and I thought it was fitting. Two things; number one,

0:7:41.390 --> 0:7:43.730

NRC Region I

In March, when Robin came out,

0:7:45.100 --> 0:7:56.160

NRC Region I

We found the process to be very transparent, very thoughtful, very educational and which a partnership and that was really meaningful. Two,.

0:7:57.560 --> 0:8:15.270

NRC Region I

Let us say, you know, we are here to improve and we're here to learn and that's what this is about for us. So, recognize Robin for that great work back in March and for Anne and others that have helped us along the way to get to this point. And I want to recognize the team here because through this process

0:8:16.330 --> 0:8:26.420

NRC Region I

Six of us have become stronger as a team, and we've learned from each other and we've made improvements. We've all come here today to show.

0:8:28.0 --> 0:8:32.210

NRC Region I

That, you know, Hartford Healthcare. Since we're taking this matter very seriously.

0:8:33.200 --> 0:8:50.510

NRC Region I

We're committed to improving and we really appreciate the partnership that the NRC has offered to this process. You know this is gonna be an opportunity for us to share again our perspective and to show what we've done since March to improve.

0:8:51.990 --> 0:9:1.740

NRC Region I

On our processes and and our thinking around how we can best, you know, run a radiation safety program at St Vincent's across our faculty.

0:9:2.410 --> 0:9:15.620

NRC Region I

So you know, that's what today is about for us. We are committed to making improvements. We've made a fair amount of improvements already and I feel so much better about a radiation safety program today than

0:9:16.580 --> 0:9:25.130

NRC Region I

Than back in 2021 and in October and November, when we learned of what happened. So I'm very thankful.

0:9:26.320 --> 0:9:40.200

NRC Region I

It's all about progress, you know, that's another part of our culture is we have a saying, you know, it's pretty popular these days. It's about progress, not perfection. And we're here to, you know, obviously improve upon the things that we're doing and appreciate your partnership.

0:9:41.790 --> 0:9:42.220

NRC Region I

Thank you.

0:9:46.840 --> 0:9:48.190

NRC

Alright, so thank you.

0:9:49.420 --> 0:10:2.140

NRC

Be forewarned, I have a lot to say for a few minutes, so if you have questions you can pull me to the side later or send me an e-mail or something like that, so.

0:10:3.300 --> 0:10:8.80

NRC

I wanna talk a little bit about the NRC enforcement process as it pertains to escalated enforcement.

0:10:8.880 --> 0:10:10.360

NRC

So exactly.

0:10:15.480 --> 0:10:15.920

NRC

There you go.

0:10:16.750 --> 0:10:21.660

NRC Region I

And so this you can also go to our NRC Enforcement Policy on our

0:10:21.820 --> 0:10:22.320

NRC Region I

website.

0:10:23.910 --> 0:10:44.340

NRC Region I

But so, after violations identified then we assess the significance by assigning severity levels, right? So, there are four levels severity level, 1 being the most significant and severity Level 4 being the least significant. So, violations assessed as either 1, 2, or 3 are what we consider it escalated enforcement.

0:10:45.710 --> 0:11:2.750

NRC Region I

Factors we consider when determining severity level include actual safety and security consequences, potential safety and security consequences, potential for impacting the NRC's ability to perform its regulatory function, and any willful aspect of the violation.

0:11:5.100 --> 0:11:5.720

NRC Region I

Next slide.

0:11:10.940 --> 0:11:35.150

NRC Region I

All violations that are potentially escalated are considered for civil penalties and the intention of a civil penalty is to emphasize compliance in a way that prevents future violations and that focuses the licensee's attention on identifying and correcting significant violations. The NRC's civil penalty assessment process covers considers the following elements.

0:11:36.290 --> 0:11:54.570

NRC Region I

So, severity level, willfulness, and enforcement history, so these are the entry criteria for determining whether or not we need to assess how the violation was identified. So that's to say whether it was identified by the licensee, identified by the NRC, or if it was something that would self reveal.

0:11:55.230 --> 0:12:1.50

NRC Region I

So generally speaking, for a non-willful violation, if a licensee has.

0:12:2.60 --> 0:12:20.40

NRC Region I

Not had any escalated enforcement action in previous two years or two inspections, we'll skip the identification questions and we go right to considering corrective actions. So specifically, we're looking at whether corrective actions are prompt and comprehensive.

0:12:22.0 --> 0:12:42.950

NRC Region I

So although each case is different, the civil penalty assessment process for Severity Level 3 violations for a licensee without prior escalated enforcement in the past two years or two inspections will result in either no civil penalty if corrective action credit is warranted, or a base civil penalty if corrective action credit is not warranted.

0:12:44.190 --> 0:13:6.290

NRC Region I

So the base civil penalty, that amount, depends on the type of licensee and the severity level of the violation. So currently civil penalty for medical licensees like St Vincent's range from \$8000 for severity level 3, \$12,800 for Severity Level 2, or \$16,000 for a Severity Level 1 violation.

0:13:6.990 --> 0:13:10.200

NRC Region I

So these amounts are outlined also in our Enforcement Policy.

0:13:11.470 --> 0:13:30.620

NRC Region I

So that really the main take away is that the decision to assess a civil penalty will normally depend on

whether the licensee is deserving the correct action credit. So in this case, we are interested in hearing from you today about any corrective actions that you have taken or planned to seek to address the apparent violations. So that will be.

0:13:31.800 --> 0:13:36.970

NRC Region I

One of the things we look at when we consider the civil penalty. So, you can kind of highlight those things today.

0:13:39.650 --> 0:13:40.200

NRC Region I

Next slide.

0:13:43.990 --> 0:14:3.90

NRC Region I

So it's important to note that the NRC also considers violations involving loss of regulatory material to be of significant regulatory and security concern because of the potential for unauthorized possession or use of the material, and because of the potential for overexposure to members of the public from its misuse.

0:14:3.960 --> 0:14:19.660

NRC Region I

And as such, these violations and violations involving the loss, abandonment, improper transfer, improper disposal of regulating material, are typically dispositioned as escalated enforcement actions with a civil penalty

0:14:21.0 --> 0:14:26.880

NRC Region I

Regardless of the outcome of the normal civil penalty assessment process. So, what we just talked about was the normal process. But, when you have a loss?

0:14:27.650 --> 0:14:30.660

NRC Region I

We automatically see this.

0:14:32.820 --> 0:14:45.810

NRC Region I

The intention of the civil penalty for these is to emphasize material accountability and control and provide sufficient deterrence and economic incentive for licensees to expend the necessary resources to ensure compliance.

0:14:47.600 --> 0:14:58.960

NRC Region I

For these violations, the civil penalty amount depends on the type and amount of regulated material. These amounts are outlined again in our Enforcement Policy, and they range from \$7000 to \$54,000.

0:15:0.440 --> 0:15:20.300

NRC Region I

However, in determining whether a civil penalty should be applied and in what amount, the NRC can assess whether a licensee took immediate action to recover the lost material and if it was subsequently recovered in a timely manner and with little to no risk to the public while the material was not in control.

0:15:21.350 --> 0:15:23.250

NRC Region I

Information related to these factors

0:15:24.320 --> 0:15:29.70

NRC Region I

Is what we hope to hear from you today..

0:15:33.180 --> 0:15:34.0

NRC Region I

Yeah, yeah.

0:15:34.990 --> 0:15:36.360

NRC Region I

So we wanna know.

0:15:37.630 --> 0:15:41.200

NRC Region I

If you took immediate action to recover the lost material.

0:15:42.330 --> 0:15:44.440

NRC Region I

And then whether it was recovered in a timely manner.

0:15:45.220 --> 0:15:48.730

NRC Region I

And then with little to no risk to the public, when it was not in their.

0:15:49.990 --> 0:15:50.950

NRC Region I

control.

0:15:54.670 --> 0:15:55.150

NRC Region I

Excellent.

0:16:0.510 --> 0:16:24.300

NRC Region I

And as a result of this conference, one of the following outcomes will occur. The NRC will take no enforcement action if we learn information that causes us to determine the violation did not occur, or a violation will be issued and the notice will either include a civil penalty or not, depending on the information we hear today regarding corrective actions and the circumstances related to the improper disposal of the cesium source.

0:16:26.560 --> 0:16:37.100

NRC Region I

It's important to know that any violation will be a public document and will be published on our web page. And, also, if a civil penalty's proposed, our Office of Public Affairs will issue a press release

0:16:37.790 --> 0:16:46.330

NRC Region I

Within a day or so after we issue it. That piece of the process is not in our control. They do that on their own.

0:16:48.680 --> 0:17:10.860

NRC Region I

So however, the purpose of this conference is not to negotiate what the enforcement will be. Rather, a conference ensures that we have all the information we need to make a final decision. So, this conference is referred to as "pre-decisional" because it takes place before we've made any final decisions on whether a violation occurred.

0:17:13.680 --> 0:17:43.530

NRC Region I

So today we are, we are all in the listening mode. They're listening to you. All the staff will listen to the information you provide today and the information that you have to say. And then we'll take, you know, in full, apply that to our enforcement decision. I want to emphasize that any statements or opinions expressed by the NRC at this conference should not be viewed as our final position. Additionally, you should not view a lack of response by our staff to any of your statements as acceptance.

0:17:43.830 --> 0:17:51.840

NRC Region I

of those statements. We will likely ask questions to better understand your position, but we will not communicate our final position to you today.

0:17:54.190 --> 0:17:59.600

NRC Region I

After the conference, we use the information obtained during our inspection as well as information from.

0:18:0.280 --> 0:18:9.50

NRC Region I

You today and will coordinate with our headquarters offices, some of the ones that that popped up on the screen over there, and we'll work with them to come up with the final enforcement decision.

0:18:9.750 --> 0:18:13.100

NRC Region I

We'll notify you of the decision. .

0:18:14.520 --> 0:18:22.480

NRC Region I

Is there any questions? I know there was a lot.

0:18:23.410 --> 0:18:28.0

NRC Region I

Otherwise I'll just get it over to.

0:18:28.700 --> 0:18:29.210

NRC Region I

Robin to.

0:18:31.350 --> 0:18:32.890

NRC Region I

Talk about the apparent violations.

0:18:34.360 --> 0:18:37.0

NRC Region I

Thank you. Thank you very much.

0:18:40.240 --> 0:18:41.100

NRC Region I

Larger text.

0:18:44.140 --> 0:18:45.670

NRC Region I

Visually impaired. Thank you.

0:18:47.190 --> 0:18:53.680

NRC Region I

And and ohh excuse me by the way, the slide that came up with the path through that's also on our enforcement.

0:18:54.480 --> 0:19:3.870

NRC Region I

process. Yes. Yes, that's on; you can find the Policy on our web page. You'll see that right in there. If you want me to send it to you, I can.

0:19:6.100 --> 0:19:7.330

NRC Region I

If you want to see it or something.

0:19:9.160 --> 0:19:9.350

NRC Region I

OK.

0:19:11.950 --> 0:19:19.140

NRC Region I

I'd just like to make a comment based on, uh, John's comment. I would agree that that was a very.

0:19:20.700 --> 0:19:39.410

NRC Region I

Teamwork in the inspection and I appreciate your cooperation. It's not always that way when we do an

inspection, and it means a lot to us when we're doing the inspection to see you interested in what we're finding and working with us. So, I appreciate that from your standpoint.

0:19:42.740 --> 0:19:59.260

NRC Region I

As I previously stated during the introductions, I'm a Senior Health Physicist in the Region I office. I was a lead inspector for this issue, and I was actually training another inspector, Hiba Ahmed, who unfortunately, can't be here today because of a training course.

0:19:59.920 --> 0:20:4.90

NRC Region I

She was instrumental in and coming up with the findings as well.

0:20:5.400 --> 0:20:28.30

NRC Region I

I'll now briefly describe the apparent violations identified during the NRC's review of activities conducted under St. Vincent's license and the activities leading up to and in response to the October 22nd, 2021, improper disposal of the 114 microcurie Cesium 137 sealed source.

0:20:30.20 --> 0:20:32.700

NRC Region I

Next. Oh no, I didn't break.

0:20:33.720 --> 0:20:52.830

NRC Region I

On March 2nd and 3rd of 2022, NRC's Region 1 office launched a special routine announced inspection at St Vincent's Medical Center to follow up on St. Vincent's response to the improper disposal event and to conduct a routine inspection of licensed activities.

0:20:54.400 --> 0:21:8.690

NRC Region I

Regarding the improper disposal, the NRC staff identified that the licensee had been storing the source in a lead lined radioactive waste container in the hot lab at its location on Main Street in Bridgeport, CT.

0:21:9.880 --> 0:21:21.890

NRC Region I

On October 22nd, 2021, a per diem nuclear medicine technologist who was not aware of the presence of the source in the container was using the container for waste generated that day.

0:21:22.820 --> 0:21:30.990

NRC Region I

At the end of the day, the technologist disposed of the material within the container as biohazardous waste. Without performing a survey.

0:21:31.930 --> 0:21:38.220

NRC Region I

When the waste was received at the Biohazardous waste facility in Rhode Island, it set off radiation monitors.

0:21:38.930 --> 0:21:52.490

NRC Region I

On October 27th, 2021, the waste facility informed St. Vincent's about the source, and the facility stored it until St. Vincent's arranged for its return on December 2nd, 2021.

0:21:54.500 --> 0:22:8.370

NRC Region I

The NRC staff identified three apparent violations related to this event, including the disposal of the source to an unauthorized recipient, contrary to 10 CFR 20.2001(a).

0:22:9.260 --> 0:22:16.400

NRC Region I

And treating the source as decay in storage waste, contrary to 10 CFR 35.92(a)(1).

0:22:17.200 --> 0:22:25.770

NRC Region I

And failure to add the source to the licensee's inventory of sealed sources, contrary to 10 CFR 35.67(g).

0:22:27.90 --> 0:22:28.10

NRC Region I

Next slide please.

0:22:32.410 --> 0:22:44.590

NRC Region I

Regarding St. Vincent's performance under its NRC license, the NRC staff identified that the Radiation Protection program was not providing adequate oversight of the uses of licensed material.

0:22:46.820 --> 0:22:51.480

NRC Region I

We identified 9 apparent violations relating to program implementation.

0:22:52.150 --> 0:22:53.160

NRC Region I

Specifically.

0:22:54.230 --> 0:23:7.550

NRC Region I

The failure to include an authorized user on the Radiation Safety Committee, for each type of use of byproduct material permitted by the license as required by 10 CFR 35.24(f).

0:23:9.30 --> 0:23:17.740

NRC Region I

Failure to perform the annual review of the Radiation Protection Program, as required by 10 CFR 20.1101(c).

0:23:19.190 --> 0:23:29.150

NRC Region I

The failure to perform an annual review of the radiation safety program including ALARA considerations as required by St. Vincent's License Condition 14.

0:23:31.80 --> 0:23:32.110

NRC Region I

Next slide please.

0:23:35.900 --> 0:23:40.110

NRC Region I

The failure to reduce the dose that an individual may be allowed to receive.

0:23:40.920 --> 0:23:47.970

NRC Region I

In the current year by the amount received while employed by any other person, as required by 10 CFR 20.1201(f).

0:23:51.490 --> 0:24:13.760

NRC Region I

The failure to consider exposures exceeding ALARA Level 1 in comparison with exposures of others performing similar tasks and record the review in the Radiation Safety Committee minutes and to investigate in a timely manner that causes of all personnel exposures equaling or exceeding Level 2 as required by St. Vincent's License Condition 14.

0:24:15.240 --> 0:24:26.130

NRC Region I

And the failure to control the occupational dose to individual adults, to the annual dose limits as required by 10 CFR 20.1201(a).

0:24:27.20 --> 0:24:28.120

NRC Region I

Next slide please.

0:24:32.810 --> 0:24:48.290

NRC Region I

Seven was the failure to control the release of a yttrium-90 microsphere patient without determining that members of the public, the public would not be exposed in excess of 5 mSv, as required by 10 CFR 35.75(a).

0:24:50.160 --> 0:24:56.970

NRC Region I

Failure to leak test sealed sources, as required by 10 CFR 35.67(d)(2).

0:24:58.30 --> 0:25:5.20

NRC Region I

And finally, the failure to include the treatment site on the written directive, as required by St. Vincent's License Condition 14.

0:25:9.180 --> 0:25:20.770

NRC Region I

As discussed in the inspection report, we noted that St. Vincent's has experienced frequent turnover with consultant radiation safety officers; having had three different individuals in the past three years.

0:25:21.580 --> 0:25:35.120

NRC Region I

We requested that St. Vincent attend a pre-decisional enforcement conference to address these apparent violations and the licensee's plans to correct and prevent future occurrences. Which brings us here today.

0:25:39.100 --> 0:25:39.970

NRC Region I

Next slide please.

0:25:41.620 --> 0:25:49.690

NRC Region I

Thank you, Robin. At this point, I'll turn it over to you guys, your representatives to discuss what you've done.

0:25:51.770 --> 0:25:57.60

NRC Region I

Thank you very much. So we're gonna start on our timeline slide.

0:25:58.320 --> 0:26:5.990

NRC Region I

And timelines of the sealed source to start with, so we can get.

0:26:7.450 --> 0:26:9.500

NRC Region I

Clarity on that piece at this time.

0:26:14.670 --> 0:26:15.300

NRC Region I

Slide one.

0:26:24.110 --> 0:26:27.430

NRC Region I

Well, first a little background on this particular source.

0:26:29.250 --> 0:26:37.530

NRC Region I

Up until 2018, saying that's what operated a cardiac site where this source would be utilized.

0:26:38.570 --> 0:26:51.330

NRC Region I

And Hamden CT. The cycle was decommissioned. Yeah, 2018. And at the time, for the decommissioning was that source was transported to the Bridgeport.

0:26:52.940 --> 0:26:56.50

NRC Region I

Cardiac site or placed into storage.

0:26:56.830 --> 0:26:58.400

NRC Region I

And so that's kind of the history of the source.

0:26:59.430 --> 0:27:0.950

NRC Region I

Uh, so

0:27:1.30 --> 0:27:8.310

NRC Region I

On October 22nd of 2021 of the source was.

0:27:8.410 --> 0:27:8.910

NRC Region I

Uh.

0:27:10.70 --> 0:27:14.610

NRC Region I

It's closed up inadvertently by a per diem technician working at the site.

0:27:15.290 --> 0:27:25.650

NRC Region I

The source was being stored in the bottom of a waste container and the purpose of it being there was that was a convenient shielded location; a shielded waste container.

0:27:26.790 --> 0:27:27.400

NRC Region I

And then.

0:27:28.840 --> 0:27:30.690

NRC Region I

Medical waste bags were utilized.

0:27:31.840 --> 0:27:41.930

NRC Region I

On top of that and the routine tech would pull the back out. And dispose of medical waste generated for that day.

0:27:43.890 --> 0:27:51.820

NRC Region I

Apparently on the date question is that the temporary it seems likely dumped the.

0:27:52.820 --> 0:27:59.570

NRC Region I

Unknowingly dumped the contents of the of the waste container, not really realizing that there was a sealed source.

0:28:0.230 --> 0:28:0.780

NRC Region I

I think that's on.

0:28:3.440 --> 0:28:3.960

NRC Region I

The bottom.

0:28:5.90 --> 0:28:14.970

NRC Region I

So it's kind of the history of what happened for what caused that source? How would we believe it wound up in the medical waste bin?

0:28:16.400 --> 0:28:17.830

NRC Region I

So five days later.

0:28:19.170 --> 0:28:31.390

NRC Region I

Stericycle contacted St. Vincent's to let us know that we had a package that had set off their radiation detection alarms, and they put the package in a storage area.

0:28:34.280 --> 0:28:39.470

NRC Region I

So looking at the time, all of the technicians elevated that up and.

0:28:41.840 --> 0:28:56.470

NRC Region I

We were trying to identify what the source this might have been. The only product being used at the facility were short lived product. We didn't expect, wouldn't have expected anything in the waste to be persistent.

0:28:58.150 --> 0:29:7.980

NRC Region I

Since this was a legacy source, it was stored in the bottom of container. Wasn't a routinely used technician, wasn't aware of any missing source.

0:29:9.40 --> 0:29:9.550

NRC Region I

Uh.

0:29:12.140 --> 0:29:15.480

NRC Region I

We're still coming to grips with what the source was.

0:29:16.790 --> 0:29:24.290

NRC Region I

Working from so the source was it was located inside of lead pig. It was taped closed.

0:29:25.520 --> 0:29:27.290

NRC Region I

The package went out that way.

0:29:28.880 --> 0:29:40.990

NRC Region I

And when we retrieved the source, it was still in the taped closed pig, so the source was never outside of its lead shielding container and we suspect also that maybe how the.

0:29:42.240 --> 0:29:42.990

NRC Region I

Outsource.

0:29:43.780 --> 0:30:1.90

NRC Region I

Without being detected, it may have been that the technician surveyed with a GM Pro and did not, just didn't detect the source because the more sensitive.

0:30:2.500 --> 0:30:9.630

NRC Region I

You know Portal monitors that are common. You know, sodium iodide detectors, simulation detectors.

0:30:11.390 --> 0:30:22.870

NRC Region I

Were able to pick that up at the at the Stericycle facility. It's not clear that the that the survey was not performed, but either way, the product went out on the on the 22nd.

0:30:23.820 --> 0:30:24.230

NRC Region I

Sorry.

0:30:26.40 --> 0:30:29.350

NRC Region I

So on the on the 16th of November.

0:30:31.20 --> 0:30:34.570

NRC Region I

Stericycle provided us with verification of the.

0:30:34.750 --> 0:30:42.520

NRC Region I

Uh, lot numbers in the documentation from where they originate that that source didn't originate from from St. Vincent?

0:30:43.650 --> 0:31:8.500

NRC Region I

At the time we contacted Landauer Medical Services. Third party vendor provides their medical physics support to arrange for someone to pick up that source. As Landauer does have someone stationed near the facility and in Rhode Island, so that source was retrieved on December the 2nd.

0:31:11.570 --> 0:31:22.240

NRC Region I

And it was returned to St. Vincent, to the Bridgeport cardiac site, where it was gonna placed in storage. And so that's our timeline.

0:31:23.610 --> 0:31:24.660

NRC Region I

I will add up the.

0:31:26.940 --> 0:31:28.940

NRC Region I

Following that, following the inspection.

0:31:30.660 --> 0:31:48.820

NRC Region I

St. Vincent did a round-up of all old sources at the that cardiac site and there were there was more than just the cesium source and there were other sources as well. And all of those were officially disposed of picked up by third party vendor for final disposal on June 2nd.

0:31:52.640 --> 0:32:2.310

NRC Region I

It's got a couple of other small pieces of background. Robin knows this, but this location is about two blocks from our main hospital campus, some off campus.

0:32:3.80 --> 0:32:5.990

NRC Region I

Cross Validation Department cardiology site.

0:32:7.90 --> 0:32:11.240

NRC Region I

Obviously, when you look at the date of October 22nd to.

0:32:12.830 --> 0:32:30.960

NRC Region I

December 2nd there's a lot of time there. We have a system contract with Stericycle, and they service all of our sites around Connecticut for Biohazardous materials. And so, we were in constant communication with them to try to.

0:32:31.810 --> 0:32:57.800

NRC Region I

Confirm that this was a source. Obviously one of our sites, they service a lot of sites, medical sites around, so confirmation with our environmental care leadership and our radiation safety leadership for

the system to get to this point. Obviously, I have the Thanksgiving holiday in there where we're not available and meeting to make sure that we have the right transportation and everything in place.

0:32:58.260 --> 0:33:12.610

NRC Region I

Uh leads us to that date, so at first glance you can sort of see for yourself. That's a long period of time, but there was a lot of work done behind the scenes to confirm 1st and then make sure we have the right processes in place to return safely.

0:33:14.740 --> 0:33:16.450

NRC Region I

Just wanted to add that additional piece.

0:33:19.750 --> 0:33:24.200

NRC Region I

Anything else, team that that we missed and Greg's review, the timeline?

0:33:25.410 --> 0:33:25.850

NRC Region I

Sounds good.

0:33:26.560 --> 0:33:26.900

NRC Region I

Thank you.

0:33:30.840 --> 0:33:34.880

NRC Region I

And reconstructing this timeline during our root cause analysis.

0:33:35.880 --> 0:33:44.330

NRC Region I

Was also a challenge that we had the such a substantial turnover of personnel when the inspection occurred in March.

0:33:45.650 --> 0:33:53.260

NRC Region I

Many of the individuals involved with this were no longer available. We had a change of RSO the technician.

0:33:54.260 --> 0:33:58.270

NRC Region I

was unavailable and their supervisor or lead tech.

0:33:58.950 --> 0:33:59.280

NRC Region I

OK.

0:34:2.360 --> 0:34:9.670

NRC Region I

So, we had a interesting time reconstructing this timeline.

0:34:10.730 --> 0:34:15.200

NRC Region I

And we've made yes challenge, you know our nuke med tech.

0:34:15.330 --> 0:34:17.560

NRC Region I

Yeah, unfortunately, had a health issue.

0:34:18.70 --> 0:34:20.190

NRC Region I

Yeah, I don't know. He's no longer with us.

0:34:21.270 --> 0:34:50.850

NRC Region I

We have a new lead to new command tech for our six sites in our region whose responsibilities are pounding on all the sites, standardizing policies as we're all under one place and this improvement his name was it's Jason Marshall. He was preparing with us. We didn't bring him with us, but he's been preparing with us the whole time. So, integrating him into our team has been one of the most important improvements that I think we've made because we've had a consistent leadership.

0:34:50.920 --> 0:35:13.120

NRC Region I

Have position we're getting the roundings to, you know, construction occur consistently and the communication and feedback it's working. So, we know we're improving and we're seeing the results. So that's just one of the pieces that's one of the one of the key pieces of improving the radiation safety oversight program.

0:35:14.100 --> 0:35:24.850

NRC Region I

There's including lead technician who can represent all the sides, who travels to all of the cardiac sites. Who's gonna participate in our Radiation Safety committee going forward.

0:35:26.190 --> 0:35:26.870

NRC Region I

Another big.

0:35:26.950 --> 0:35:35.110

NRC Region I

improvement program is St Vincent has doubled the on-site availability of.

0:35:36.10 --> 0:35:40.530

NRC Region I

Contract RSO and safety officer from two days a month to four days a month.

0:35:42.610 --> 0:35:43.260

NRC Region I

In addition.

0:35:43.330 --> 0:35:43.740

NRC Region I

Ohh.

0:35:45.520 --> 0:35:55.290

NRC Region I

The system Radiation safety program at Hartford Healthcare has been integrated into our Radiation Safety Committee, so they will now be over.

0:35:56.600 --> 0:36:10.550

NRC Region I

Providing oversight, providing ad hoc audits and general counsel for the Safety. I want to transition to Slide 5, starting to go through some actions.

0:36:11.950 --> 0:36:25.760

NRC Region I

Sorry, so some of our specific actions regarding the sources; the first thing we did was we looked at our procedures for storing, surveying the.

0:36:27.890 --> 0:36:31.90

NRC Region I

waste before it goes out. Is this something that

0:36:31.890 --> 0:36:40.20

NRC Region I

Our instructions were unclear or is this . . . was it something that our procedures were not followed? So, the Radiation Safety Committee meeting

0:36:41.660 --> 0:36:44.130

NRC Region I

then, that following inspection in April,

0:36:45.330 --> 0:36:51.490

NRC Region I

reviewed that policy. No changes to the policy were recommended. The policy was pretty clear about surveying.

0:36:51.770 --> 0:36:56.730

NRC Region I

for any kind of medical waste leaving that facility.

0:36:59.200 --> 0:37:18.830

NRC Region I

So, we haven't made any changes to that specific policy. So, brings us to the next step, which is, OK,

why? Why our technicians not follow that policy? So, we've had all of our technicians review that policy and sign attestations that they have reviewed and

0:37:20.600 --> 0:37:22.870

NRC Region I

are aware of that; that policy and the procedures

0:37:24.490 --> 0:37:25.260

NRC Region I

for surveying.

0:37:27.70 --> 0:37:29.400

NRC Region I

Actually the; that hot lab.

0:37:31.870 --> 0:37:42.450

NRC Region I

Also, the nuclear medicine technologists; we have them complete annual competency training, so we've added that to their training, and they've all completed that training for this year.

0:37:43.690 --> 0:37:46.300

NRC Region I

All of them have finished as of August.

0:37:47.130 --> 0:37:53.280

NRC Region I

Both DOT and cross state lines both DOT training as well as our internal proceeding.

0:37:58.70 --> 0:37:59.860

NRC Region I

That includes your per diem techs.

0:38:0.890 --> 0:38:12.250

NRC Region I

So, they all go through this process, right? Actually, that's what the, our attestation form was for. We knew that our techs had been trained, but we have people rotate through. So, there is now a poster.

0:38:13.410 --> 0:38:30.310

NRC Region I

That which is on the bulletin board at each of those sites. That basically our policy is you know, following for waste removal from this lab. Please review the policy and sign that you've done it. So, we have that.

0:38:31.850 --> 0:38:35.310

NRC Region I

Currently posted to try to capture all of the per diem techs going through.

0:38:36.110 --> 0:38:38.480

NRC Region I

But they have a visual reminder of it.

0:38:39.100 --> 0:38:40.970

NRC Region I

Please talk to the new process also.

0:38:41.890 --> 0:38:48.980

NRC Region I

That we will give this training for new techs in person and we have checklist.

0:38:49.630 --> 0:38:50.40

NRC Region I

For.

0:38:51.450 --> 0:39:4.450

NRC Region I

Do lots of briefing in person. Should that, would be now part of the on-boarding process for all new employees. So, we want to, we do have a sheet then when they come on, they're able to go through the training and sign in and that's now part of their records.

0:39:9.410 --> 0:39:15.150

NRC Region I

And as I've already mentioned, June 2nd, all of those legacy sources were disposed.

0:39:17.980 --> 0:39:25.10

NRC Region I

A little bit about Hartford Healthcare, just so you know, we're in a hospital system in Connecticut and.

0:39:25.800 --> 0:39:55.840

NRC Region I

We are. You know, we're a system of work, work close by and so obviously the training, the coordination with our system resources, it's only about, you know, where we have 400 sites of care across Connecticut, but we're centralized whether leadership and we can easily get out to those sites. So, doing the in-person routing, doing the in-person training obviously is really important to us. So, it's an opportunity, it's an improvement. You know as we're going through this, to recognize that important screening is to do it.

0:39:55.920 --> 0:39:58.640

NRC Region I

And when we have new folks join us.

0:39:59.820 --> 0:40:4.330

NRC Region I

It's all pretty, you know, we're all within a reasonable distance to do that. It's something we're. . .

0:40:12.570 --> 0:40:12.990

NRC Region I

Next Slide.

0:40:22.570 --> 0:40:41.340

NRC Region I

Did you have the audits? Are we done on this slide? I'm not sure if we talked about the audits, OK. So, the Radiation Safety Officer now is going to be performing quarterly audits of the of each of the cardiac sites and that will include.

0:40:43.220 --> 0:40:44.490

NRC Region I

And the source inventories?

0:40:45.630 --> 0:40:46.940

NRC Region I

One important thing is.

0:40:48.150 --> 0:41:17.840

NRC Region I.

All of these sites is gonna be having monthly one on ones with the radiation safety officer. Should they have that two-way communication? So, if they see anything that doesn't, that they need help with, they have that two way communication and obviously read the new, our lead movement tech be reporting out for radiation safety. You know, meetings will be, you know, on all of these activities but obviously having that clear two-way communication formalizing, standardizing it.

0:41:18.920 --> 0:41:29.540

NRC Region I

That's just part of our, you know, leadership behaviors at Hartford Health Care to have these one-on-one conversations and that's something that with our partnership with Landauer, we're preparing to do.

0:41:31.450 --> 0:41:35.30

NRC Region I

That's it. Yep. Prior to prior to this inspection.

0:41:36.350 --> 0:41:37.200

NRC Region I

Medical physics.

0:41:37.380 --> 0:41:41.130

NRC Region I

Ohh, medical physicist who would be doing the.

0:41:41.220 --> 0:41:41.480

NRC Region I

Umm.

0:41:43.680 --> 0:41:56.110

NRC Region I

Equipment testing at the sites was performing the audits and the source inventories. It's not clear to us that they were aware of those legacy sources that were stored in the bottom of the waste container.

0:41:59.280 --> 0:41:59.960

NRC Region I

I don't know if.

0:42:1.120 --> 0:42:4.170

NRC Region I

Medical source was unaware or was.

0:42:5.890 --> 0:42:11.730

NRC Region I

They weren't listed on your inventory. They were in their memory, so they didn't know to look for them, right? Right.

0:42:14.0 --> 0:42:25.340

NRC Region I

So I know the sealed source control is the biggest, obviously, issue that we're here on today. So, the other slides are gonna speak to the other eight violations. So, I think just taking a pause, if any of you have any questions on.

0:42:25.990 --> 0:42:28.980

NRC Region I

On any other corrective action, we've taken in response.

0:42:30.50 --> 0:42:53.500

NRC Region I

Just for my clarification. So, you're talking about these employees and part of my question is training. When she went over, how often are, do you have turnover with them, how right now there's one, there's one. She just she gave those. So, we don't really have any right now. There's lack of stuff these days for our new, very hard to get per diems at all. So now it's just the basic full.

0:42:59.710 --> 0:43:2.160

NRC Region I

And what is the average time that they're on a site?

0:43:5.380 --> 0:43:34.860

NRC Region I

Time, minimum time. It's hard to know like we have at the hospital. We have two techs on site there and those two labs and then the other facilities if there are doing any, they're pretty much someone's there everyday you talking about 3030? No, they're, right now there's not unless, because they're, she left. I think you're right. How long did the per diem going to take? They're only a day. So, they could literally be there a day and they could be there a day or a week.

0:43:35.590 --> 0:43:54.30

NRC Region I

If someone on vacation, but and then they're not, they're not there. Yeah. So, it's just in general, it might be asking about the per diem's in general, how they operate of getting the sense a little bit. Yeah. OK, because there's this turnover and they didn't know the source was there, just how frequently are they are there and.

0:43:55.440 --> 0:44:14.360

NRC Region I

How big of a problem? Yeah. So, this particular, that is, yeah, this particular tech had been to the hospital. She had been filled in when anybody was out. So, she was she was familiar to our policies. I don't know how often she had been in the office, but she filled in quite a bit at the hospital.

0:44:16.470 --> 0:44:30.380

NRC Region I

So, obviously it's commonplace for teams to travel between hospitals. And, obviously, they hire per diems to fill in staffing gaps for us and.

0:44:31.600 --> 0:44:40.30

NRC Region I

And this particular per diem, you know, we've looked into it. We've learned lessons about the training opportunities and, you know.

0:44:41.630 --> 0:45:10.520

NRC Region I

The oversight? The posters, the reminders, the rounding, all of that is gonna help improve the position of if we do need to have a temporary staff or per diem in our new Med space. Again, have that kind of clarity that they need to know about our policies and procedures. So, Jason Marshall, our lead new Med tech is charged with that. He reports up through us to Curtis Kelly and myself. And we now have a really clear cascade and eyes on to make sure that there's quite. . .

0:45:13.800 --> 0:45:16.330

NRC Region I

So just clarifying about.

0:45:17.340 --> 0:45:18.750

NRC Region I

The relationship with Landauer.

0:45:19.650 --> 0:45:21.790

NRC Region I

They are the ones who come in and do the audits.

0:45:24.300 --> 0:45:27.930

NRC Region I

OK. Yes, prior to prior to this inspection.

0:45:29.800 --> 0:45:32.680

NRC Region I

The medical physicist doing that camera checks.

0:45:33.620 --> 0:45:44.0

NRC Region I

Would come and do the uh. Also do the uh the audits as of. . . I came on board in February of this year and so I've been tasked with doing that.

0:45:44.80 --> 0:45:44.510

NRC Region I

Uh.

0:45:47.40 --> 0:45:50.520

NRC Region I

That's your. So I will suppose cardiac on its.

0:45:51.440 --> 0:45:56.0

NRC Region I

OK. And so for this not being on inventory was that?

0:45:56.910 --> 0:46:17.740

NRC Region I

Transferred from the cardiac facility to the hospital. Landauer did. Or did you guys do it? Do you know how it got from there to the physicist at the time? Brought it from one facility that had closed in Hamden to the Bridgeport facility of the Cardiology office.

0:46:19.130 --> 0:46:19.460

NRC Region I

OK.

0:46:20.530 --> 0:46:34.560

NRC Region I

I think she's asking was that physicist Landauer? Yes, it was. It was not the same one that had been doing the yeah, it was prior to. OK. OK. So it's a lot of it is just the turnover, the turnover issues, correct.

0:46:38.360 --> 0:46:46.640

NRC Region I

Along those lines, so for any future personal decommissioning, and were there any other lessons learned, you know, coming from that experience, you know pre-2018 and

0:46:47.640 --> 0:47:6.740

NRC Region I

What happened it was not. It was not clear to anyone at the time whether those sources from the closed Hamden office, that those were intended to be reused. They were intended to be stored, disposed on. No one, no one really made a decision.

0:47:7.710 --> 0:47:11.480

NRC Region I

So the staff put them in storage. Not not sure.

0:47:12.630 --> 0:47:42.580

NRC Region I

What were the plan for that? Was I. I do think though there is a heightened awareness with all the technologists, whatever you have in your life, you need to know what you have in your lab. Basically, you know, if it's, if you're storing it somewhere, it should be written that you're storing it somewhere. I mean, instead of putting something in a, you know, and just keeping it safe. But the heightened awareness is now, if I have something I need to have, make sure it's written. And I thought, I think that's that's. . .

0:47:42.690 --> 0:48:3.230

NRC Region I

And you wanna add, I think just being part of Radiation Safety Committee is really solidifying that relationship with Landauer. I think what happened with the turnovers, I think some of the communication may have gotten so right now it's VIP that's part of our standing agenda already. Safety Committee meeting minutes.

0:48:4.10 --> 0:48:34.30

NRC Region I

Where we would bought it, did we check out sealed source inventory for problems, they were missing from the from other minutes, so we've incorporated that. So, again, with the height of urgency or sense of urgency, it was incumbent upon us to make sure that we developed the system to make sure that doesn't happen again. So, first thing, really, needs to find that relationship with planner and working as a team developed those policies and put them in place. We also have the second pair of eyes, the.

0:48:34.260 --> 0:48:45.0

NRC Region I

Hartford Healthcare System, Radiation Safety Department to review those audits for us. So, it's not just the site, the same person doing the audit and presenting it to committee. What we have a second.

0:48:46.340 --> 0:48:50.930

NRC Region I

additional audits or service you started in June.

0:48:52.930 --> 0:48:55.300

NRC Region I

He tried to identify additional items.

0:48:56.690 --> 0:48:57.80

NRC Region I

Or.

0:48:58.280 --> 0:49:2.240

NRC Region I

Hold on. And we present this week, we discuss it in the Radiation Safety Committee.

0:49:3.220 --> 0:49:9.470

NRC Region I

One thing that I think that we lacked previously is documentation, so we don't have not have all the.

0:49:11.370 --> 0:49:12.930

NRC Region I

But that's something, no?

0:49:14.40 --> 0:49:20.70

NRC Region I

We actually do it very good job, documentation, hard copies and so, and we share with everybody.

0:49:21.20 --> 0:49:24.500

NRC Region I

Thank you. So, we do have a question from.

0:49:25.650 --> 0:49:26.540

NRC Region I

probably, Michele.

0:49:27.360 --> 0:49:28.710

NRC Region I

Michele, can you turn on your camera?

0:49:31.410 --> 0:49:32.230

Burgess, Michele

Hi, can you see me?

0:49:32.960 --> 0:49:33.610

NRC Region I

Yes, yes.

0:49:35.380 --> 0:49:45.430

Burgess, Michele

Yeah, I just had a follow up question on the statement about making sure that there's a greater focus that people now know what's in their lab.

0:49:46.470 --> 0:50:1.860

Burgess, Michele

When the source, when you guys got the source back, you put it back in the same storage container. You did put a label on the inside, but it it's still seems like maybe it was easy to miss again.

0:50:3.510 --> 0:50:19.480

Burgess, Michele

Do you have anything in place now where it's not just the returning and the surveys, but more of a

process or your thoughts on making sure that where things are stored and the labels in particular, since you have these per diem?

0:50:20.210 --> 0:50:31.340

Burgess, Michele

Employees that work, you know, then aren't there all the time just knowing where things necessarily are of helping those types of employees be able to more readily identify where there might be material.

0:50:36.360 --> 0:50:36.870

NRC Region I

Uh.

0:50:39.640 --> 0:50:40.70

NRC Region I

Well.

0:50:41.980 --> 0:50:56.950

NRC Region I

Process in place as far as training temporaries, I think other than, other than having them review our policies and I've been to all the sites, done quarterly audits.

0:50:57.30 --> 0:51:1.120

NRC Region I

A second and third quarter audits now for all of these sites.

0:51:2.980 --> 0:51:4.90

NRC Region I

There is posting.

0:51:5.50 --> 0:51:19.430

NRC Region I

There is an inventory list at each of the sites, so there shouldn't be any anything mistaken as far as anything, there should be anything at those sites that's not immediately obvious to whoever the tech is there.

0:51:20.650 --> 0:51:40.240

NRC Region I

And one of the things that we do at Hartford Healthcare is part of our lean operating model is we do staff models prior to every shift. And so that's an opportunity for whoever is working that day per diem full time employee to be reminded about what we're doing on site, what we have on site and.

0:51:41.10 --> 0:52:11.120

NRC Region I

You know, just to make sure everyone on the same page. So it's a great opportunity to just have a stop the line moment and just pause and say here's what we have in our inventory and maybe you haven't worked here in a in a week or two. Here's the current state. Here's our situation. Here's what we're gonna do today. So Curtis Kelly, myself, we partnered with our Vascular Institute can help you also

manage these offsite properties to make sure there's clarity about what's going on in operations on two bases so.

0:52:11.220 --> 0:52:31.410

NRC Region I

You know, health care, this is something we on this journey for about 10 years in terms of lean process improvement and having daily huddles is a big problem that we have standard huddle board. So, we have that communication opportunity. So, if you're a Med tech, that's a per diem coming in, you can ask questions and be reminded about what's going on so. . .

0:52:32.870 --> 0:52:35.930

NRC Region I

And the texts are very good clarity now to the call.

0:52:37.30 --> 0:52:43.180

NRC Region I

I mean, there is less than us, so they know we I don't think that was very clear that it's before.

0:52:44.440 --> 0:52:47.630

NRC Region I

The training helped a lot and we will continue improving.

0:52:48.860 --> 0:52:59.570

NRC Region I

It was a good question though. Thank you for asking and I think some of the things that we do every day, we forgot to put on this action plan because it's a part of who we are and probably should have been.

0:53:0.470 --> 0:53:1.260

NRC Region I

Clearly spelled out.

0:53:3.210 --> 0:53:5.850

NRC Region I

I have one more question. So, you said it's part of the.

0:53:6.580 --> 0:53:11.70

NRC Region I

Difficulty in getting your timeline exact was that you've got a lot of turnover.

0:53:12.410 --> 0:53:23.10

NRC Region I

The per diem techs, are they not available if you have questions about an incident afterwards or how are you now, how are they incorporated? If there is something that happens the day they're on staff?

0:53:24.170 --> 0:53:46.900

NRC Region I

If there are still in our employment, you know obviously reaching out to them, there's gonna be a lot easier than if they decide they're not gonna work with us anymore. So, obviously if they transition to a

full time role, another site or another business, so, that communication can be challenging, follow up if that's what you're asking. Yes, yeah. But if they're still in employment still taking shifts with us.

0:53:47.340 --> 0:53:50.890

NRC Region I

Umm that that should be something that we should be able to follow up with it.

0:53:52.600 --> 0:54:12.490

NRC Region I

Just for clarification purposes, we don't really have a large per diem pool and just that one person. I know they probably so infrequent and so that no excuses, we own it. But, going forward we will anyone, anybody that's coming along, we'll make sure that they get trained and they do sign a form stating as such. So, I appreciate the question.

0:54:15.940 --> 0:54:28.450

NRC Region I

My recollection that this one individual was trained by. . . that, that correct. Yeah. That was one of the things, weeks, she was training. So, I don't, you know, she has another place.

0:54:33.760 --> 0:54:44.60

NRC Region I

Just to offer up like from a business perspective on a lessons learned from something else we could put on here as some of you may know, Hartford Healthcare partnered with St. Vincent's back in October 2019.

0:54:44.640 --> 0:55:6.290

NRC Region I

from Ascension Health, and so doing the you know, doing the business due diligence, you always look at what you're acquiring and what you're taking in and doing risk mitigation over you know over those new assets as I don't know, I think it's a learning lesson for me to pay more attention to things that were primarily owned and priorly closed.

0:55:6.570 --> 0:55:12.0

NRC Region I

Uh, uh. You know, on that business you're taking, obviously, you know.

0:55:12.980 --> 0:55:27.770

NRC Region I

Having the clarity up front at a higher level on the checklist, I'm sure it was on the checklist somewhere, but on the higher level that there are, you know, prior closed businesses that have been consolidated that sealed source could have been a little higher up on the radar.

0:55:29.450 --> 0:55:30.410

NRC Region I

Business perspective.

0:55:30.950 --> 0:55:35.280

NRC Region I

You know, risk mitigation and awareness of. . .

0:55:37.510 --> 0:55:38.90

NRC Region I

Thank you.

0:55:47.650 --> 0:55:50.160

NRC Region I

Alright, Radiation Safety Committee.

0:55:53.220 --> 0:55:56.180

NRC Region I

So with the this is a clear somebody oversight.

0:55:56.720 --> 0:56:9.310

NRC Region I

Umm, the other part of the Committee is the Authorized User that we have as a member of the committee was not one of the Authorized Users that we have listed on the license.

0:56:10.80 --> 0:56:10.820

NRC Region I

Y- 90?

0:56:13.930 --> 0:56:26.680

NRC Region I

This is we have added someone, Doctor Hughes, who is authorized for all sections of the license, is now a member of the committee. Prior to this, Doctor O.

0:56:27.680 --> 0:56:29.980

NRC Region I

I'm sorry, this last name, O was last name.

0:56:30.80 --> 0:56:30.390

NRC Region I

But the.

0:56:32.530 --> 0:56:39.300

NRC Region I

Was an authorized user, but he did not do Y-90, so we did not have that coverage on the committee and.

0:56:42.110 --> 0:56:42.900

NRC Region I

That oversight.

0:56:52.310 --> 0:56:53.220

NRC Region I

Questions regarding.

0:56:59.720 --> 0:57:0.560

NRC Region I

Any membership?

0:57:2.440 --> 0:57:21.260

NRC Region I

This is a good, good thing for us. You know, we're reengaging with our radiologists, getting more buy-in and more, you know, more partnership from them on a daily basis as we're increasing, getting some new stakeholders for these cases.

0:57:27.370 --> 0:57:28.60

NRC Region I

Next slide.

0:57:29.500 --> 0:57:31.860

NRC Region I

Before you talk is this...

0:57:33.580 --> 0:57:41.830

NRC Region I

Was the policy or procedure updated to incorporate this such that, if and when Doctor Hughes leaves that, you know, that you need to replace them?

0:57:43.730 --> 0:57:48.160

NRC Region I

Not for another day, you, that we can coordinate, but not.

0:57:49.800 --> 0:57:51.690

NRC Region I

You have another issue every night.

0:57:52.760 --> 0:57:53.160

NRC Region I

Please.

0:57:54.410 --> 0:57:57.900

NRC Region I

If we know that he's gotten this.

0:57:58.610 --> 0:58:11.540

NRC Region I

I don't think. I think we will probably add that because I'm gonna say that because I don't believe we did, but we will add that on our safety Radiation Safety Committee.

0:58:14.740 --> 0:58:17.870

NRC Region I

My procedure or guidelines, there you go.

0:58:17.960 --> 0:58:22.920

NRC Region I

Specifically, we can write the RSC Charter to say explicitly.

0:58:23.670 --> 0:58:24.280

NRC Region I

To the areas.

0:58:25.940 --> 0:58:31.170

NRC Region I

So before we start the meeting, we make sure that he's attended, sending the meeting if not.

0:58:33.700 --> 0:58:34.830

NRC Region I

That's what we didn't.

0:58:36.760 --> 0:58:37.50

NRC Region I

Cool.

0:58:40.970 --> 0:58:41.470

NRC Region I

Thank you.

0:58:54.920 --> 0:58:55.210

NRC Region I

Right.

0:58:56.850 --> 0:59:0.180

NRC Region I

We're using the safety of the program review.

0:59:1.110 --> 0:59:1.520

NRC Region I

Uh.

0:59:2.280 --> 0:59:15.520

NRC Region I

OK, so we had a Radiation Safety Officer, uh, depart in February and inspection occurred in the first week of March. And so we did not complete a.

0:59:17.990 --> 0:59:20.590

NRC Region I

Yeah, calendar year 2021.

0:59:21.490 --> 0:59:24.540

NRC Region I

Ohh annual review during that time.

0:59:26.250 --> 0:59:26.980

NRC Region I

That was.

0:59:28.760 --> 0:59:33.170

NRC Region I

We discussed that as part of the during the inspection and.

0:59:34.550 --> 0:59:44.20

NRC Region I

Follow up what has been completed for calendar year 2021 at this point and it's been added to the first quarter agenda for.

0:59:45.140 --> 0:59:47.90

NRC Region I

Future Radiation Safety Committee meetings.

0:59:48.290 --> 0:59:51.820

NRC Region I

That panel program review will be expected to be completed.

0:59:53.320 --> 0:59:54.330

NRC Region I

Process will be.

0:59:55.530 --> 1:0:3.140

NRC Region I

We conduct an internal program review. We submit that to the Hartford Healthcare System Radiation Safety Department.

1:0:4.490 --> 1:0:12.450

NRC Region I

Like Mohammed and then results, any questions or recommended action we present to the first quarter of meeting every year.

1:0:18.300 --> 1:0:22.180

NRC Region I

Can you talk a little bit more about how that internal review is going to be performed.

1:0:24.530 --> 1:0:33.480

NRC Region I

Well, I think this first year, we're probably gonna have a joint between myself and

1:0:36.100 --> 1:0:39.70

NRC Region I

Doctor Mohammed, where someone from his staff.

1:0:41.450 --> 1:0:43.0

NRC Region I

Following the inspection.

1:0:44.100 --> 1:0:52.610

NRC Region I

We completed the A program review and also at following that someone from the.

1:0:53.450 --> 1:0:56.960

NRC Region I

Hartford Healthcare free safety they came in at a two day.

1:0:58.20 --> 1:1:26.790

NRC Region I

Audit, essentially a remote inspection, ad hoc inspection as well, and I think that's probably going to be at least the plan for the next couple of years. And since we're both going to be going, I will state that we have a new book that we've started. It's a red book and it's being looked at all the time. It's like the one Bible for everything. So, it's kind of like if anything goes on, changes states, and that's been started by.

1:1:27.90 --> 1:1:43.540

NRC Region I

Mohammed's group. It's kind of like the red, the red nuke Bible, if you will. And so anything new that comes in, it's always in there. So, we have a checklist in the front. You have a checklist of what you need when it's done. So it's actually very...

1:1:45.310 --> 1:2:13.280

NRC Region I

And then we want to make sure we set expectations. Do you want me to quarterly? So, again, that's the imaging director. I'm gonna be held accountable since for the light duty just to make sure that these are standing agender items that we're able to address and if it's outstanding then we can go back to the system or SLS and develop measures is OK, what do we need to do going forward? So that's my role, this makes sure I'm held accountable to keep to get it done.

1:2:14.520 --> 1:2:34.590

NRC Region I

For all of these actions, one of the things that we've been tasked with is updating St. Vincent's policies, procedures, forms to the standardized Hartford Healthcare, and throughout the office is also; so, all the offices are standard now it's whatever we have, they have, they all have a red book.

1:2:55.670 --> 1:2:57.890

NRC Region I

OK, next topic here.

1:2:59.670 --> 1:3:2.680

NRC Region I

To roll up again several deficiencies noted around.

1:3:5.80 --> 1:3:7.110

NRC Region I

Dosimetry review.

1:3:9.760 --> 1:3:18.850

NRC Region I

You may remember when you begin looking through dosimetry records during the audit.

1:3:19.950 --> 1:3:40.90

NRC Region I

It became apparent that we had several positions that were not the dosimetry program. We dug a little deeper and we found that some, since our physicians are contract positions through another group, different licensee.

1:3:41.630 --> 1:3:43.690

NRC Region I

They were using dosimetry from.

1:3:44.640 --> 1:3:52.510

NRC Region I

Different places, some from their employer and some from other hospitals and Bridgeport Hospital. So, we had.

1:3:53.310 --> 1:4:5.800

NRC Region I

Uh positions that were wearing dosimeters that were not being monitored by St. Vincent's. So, they were being badged elsewhere, and that's something that simply.

1:4:8.210 --> 1:4:16.40

NRC Region I

Like, we weren't aware of and the Radiation Safety Committee at the time. So, there were a lot of.

1:4:18.490 --> 1:4:20.570

NRC Region I

Some positions were not.

1:4:21.810 --> 1:4:33.320

NRC Region I

Monitored anywhere, some were double badged facilities, and so we've streamlined all of that; every physician is monitored.

1:4:35.420 --> 1:4:38.750

NRC Region I

Is all put on the same dosimetry program.

1:4:39.520 --> 1:4:39.990

NRC Region I

Uh.

1:4:42.400 --> 1:4:46.80

NRC Region I

Going forward, they're gonna be part of our review.

1:4:48.120 --> 1:4:55.290

NRC Region I

You also put in a program in place where on an annual basis. we're gonna be soliciting all employees:

1:4:56.70 --> 1:4:57.840

NRC Region I

Do you work at other facilities?

1:4:58.620 --> 1:5:8.870

NRC Region I

Are you monitored at other facilities? Please provide us with, you know, contact information so that we can request on an annual basis here for your to send the result.

1:5:11.420 --> 1:5:14.630

NRC Region I

Also, as part of the corrective action here, where we went back and.

1:5:15.870 --> 1:5:25.210

NRC Region I

You begin to reconstruct some dose for physicians that had missing dosimetry or unmonitored for certain areas.

1:5:26.840 --> 1:5:41.570

NRC Region I

There was a lot of data gaps so we our approach was for the dosimetry reconstructions, we basically took the worst case for all of those physicians, and this is primarily the group that that dose applies to.

1:5:44.770 --> 1:5:51.770

NRC Region I

We took the worst case scenario. We applied that to each of the five previous quarters under the effect of all of 2021.

1:5:53.530 --> 1:5:57.540

NRC Region I

2022 and following that, they're all on our dosimetry

1:5:58.830 --> 1:5:59.810

NRC Region I

Program monitoring now.

1:6:2.70 --> 1:6:29.820

NRC Region I

There is an opportunity, I think, for us to do a better job still in reconstructing those doses now that we have a couple of quarters of what we believe is much better or thorough monitoring, we can use the data for the rest of this calendar year to go back and estimate what their appropriate doses were for the previous year. We've done some dose estimates, but again that's.

1:6:29.910 --> 1:6:31.860

NRC Region I

With fairly incomplete data.

1:6:33.440 --> 1:6:36.150

NRC Region I

I think we can. We can narrow down on much better.

1:6:36.950 --> 1:6:40.180

NRC Region I

Final dose for 2021 for this position still.

1:6:41.840 --> 1:7:12.50

NRC Region I

Can you clarify what you stated? I may have missed this, so, you talked about monitoring and dose acquired outside of St. Vincent's Medical Center and other facilities, physicians working at multiple facilities. So, they self-report where they're working and then you would do a reach out to those facilities. What's the status of that? Is that currently being implemented or where are you with it? We just started that, yep. And, so, we had them sign a form saying do you work somewhere else and then of course we have to get a form.

1:7:12.120 --> 1:7:23.760

NRC Region I

Giving permission to get the information and now we've just. I've just gotten the last of them. So, now we'll send them out to the facility and ask them for their RSO to give us it.

1:7:24.680 --> 1:7:32.410

NRC Region I

So sorry for the IR position. The IRR have received that data from the other facilities for last year.

1:7:33.370 --> 1:7:39.710

NRC Region I

So I'm sorry, would do it too. OK too. We're doing two things right now, OK? We hadn't been tracking. We're doing manual right now.

1:7:40.130 --> 1:7:47.460

NRC Region I

They give us or they send us their those outside facilities and we tracked them just by Excel Shield.

1:7:48.480 --> 1:7:54.780

NRC Region I

Through the year and we of course, we follow up with them if we didn't succeed.

1:7:58.130 --> 1:8:11.0

NRC Region I

But you know, we just started couple months ago this understood. Thank you. So, we had prior to this we had a program in place where we would request dosimetry for new people coming on. But we were not capturing.

1:8:12.220 --> 1:8:14.620

NRC Region I

Those who may be important to other places.

1:8:15.120 --> 1:8:16.800

NRC Region I

Understood. OK. Thank you.

1:8:17.540 --> 1:8:18.730

NRC Region I

And just for.

1:8:19.990 --> 1:8:22.750

NRC Region I

The calculations that you did.

1:8:23.390 --> 1:8:27.550

NRC Region I

Did anybody reach or exceed the alarm levels? No.

1:8:29.270 --> 1:8:30.920

NRC Region I

Which is and.

1:8:31.0 --> 1:8:48.970

NRC Region I

That in my mind, they are even the worst case scenario that we apply to all of them is potentially still lower than that. I think it should be, which is why we wanna collect a few more quarters with the data and see if we need to make further adjustments to that.

1:8:49.960 --> 1:8:50.910

NRC Region I

And just.

1:8:51.720 --> 1:8:53.390

NRC Region I

Have has anyone observed?

1:8:54.380 --> 1:9:21.930

NRC Region I

How they are wearing, if they are wearing? Ohh, yes, I go in and actually anybody that goes into those rooms and it's kind of like if the doctor doesn't have a badge, she doesn't get to go to this. So, I have techs watching nurses watching because, to be quite honest, they come in and it's the badge. It's there for them. They just don't grab. So, we have to remind them, to be quite honest, we've had I've had that conversation with.

1:9:22.780 --> 1:9:29.260

NRC Region I

The head of our radiology group that we partnered with the leadership of that radiology group, they brought it to their physicians' meeting.

1:9:29.880 --> 1:9:30.670

NRC Region I

They have.

1:9:31.710 --> 1:9:37.150

NRC Region I

The clarity that on this topic so you've been able to reemphasize that which is.

1:9:39.420 --> 1:9:41.860

NRC Region I

The team effort. Has to be a team effort at this point.

1:9:42.750 --> 1:9:54.720

NRC Region I

And also mentioned that that radiology group is, has a separate license, which I'm also the contract Radiation Safety Officer for. So, they have included that as well and their.

1:9:56.0 --> 1:10:1.470

NRC Region I

Committee meetings that they've addressed, you know, the multiple dosimetry issues as well.

1:10:3.800 --> 1:10:8.150

NRC Region I

So, my understanding is that what you have observed so far.

1:10:9.380 --> 1:10:18.780

NRC Region I

Allows you to only gather that information once a year from them, but if it, if you see that the levels are higher, will you?

1:10:19.860 --> 1:10:22.210

NRC Region I

go to more frequent.

1:10:23.240 --> 1:10:28.410

NRC Region I

The elevated levels any ALARA 2 levels will be presented to the committee, so.

1:10:29.50 --> 1:10:29.480

NRC Region I

Umm.

1:10:30.590 --> 1:10:34.90

NRC Region I

The committee thinks we need to reach out more often. We can do that.

1:10:37.600 --> 1:10:39.870

NRC Region I

Yeah, the, they're the dosimetry

1:10:40.880 --> 1:10:42.490

NRC Region I

Recordings from.

1:10:44.600 --> 1:10:47.590

NRC Region I

The other facilities were quite low, so I'm.

1:10:48.540 --> 1:10:48.990

NRC Region I

Uh.

1:10:51.420 --> 1:10:53.10

NRC Region I

You can only gather right?

1:10:55.610 --> 1:10:58.10

NRC Region I

We can definitely correct hours going forward and.

1:10:59.10 --> 1:11:4.770

NRC Region I

I can correct theirs on the other end, but again they have.

1:11:6.250 --> 1:11:9.420

NRC Region I

Positions are also badged at multiple sites.

1:11:10.780 --> 1:11:11.840

NRC Region I

OK. Thank you.

1:11:18.930 --> 1:11:20.40

NRC Region I

Question Time.

1:11:21.730 --> 1:11:22.620

NRC Region I

Commentary monitoring.

1:11:30.940 --> 1:11:40.590

NRC Region I

Fine. Can I before you go on. I'm sorry. This is really coming in. And Michelle, you can come on if you have a question.

1:11:42.220 --> 1:11:43.190

NRC Region I

Regarding that issue.

1:11:46.700 --> 1:11:47.310

Burgess, Michele

When you see me.

1:11:48.720 --> 1:11:51.730

NRC Region I

We can see your background, but not you. There you are.

1:11:51.540 --> 1:11:53.0

Burgess, Michele

Am I coming through yet? There we go.

1:11:52.940 --> 1:11:53.140

NRC Region I

Yeah.

1:11:54.840 --> 1:12:9.770

Burgess, Michele

So just a follow up question on the dosimetry. What happens if you have one that you have to repeatedly remind to wear the dosimetry? Is, somebody that you see is repeatedly not wearing their dosimetry? Do you have anything in process for that?

1:12:12.250 --> 1:12:17.400

NRC Region I

They cannot perform. Basically, we see them. We cannot let them be inside the radiation area.

1:12:18.90 --> 1:12:19.270

NRC Region I

Up there for any reason if.

1:12:19.950 --> 1:12:23.840

NRC Region I

We could not notice that they are working. We were reported this to the.

1:12:25.960 --> 1:12:27.400

NRC Region I

Director or?

1:12:28.820 --> 1:12:29.80

NRC Region I

And.

1:12:30.330 --> 1:12:33.950

NRC Region I

We'll take immediate action. We report it as soon as we know.

1:12:36.180 --> 1:12:46.630

NRC Region I

But I mean, initially we wanted them. We haven't clear instruction to the text that they have to check my checklist timeout and they're actually in this is working very good. I mean the text.

1:12:47.920 --> 1:12:50.710

Burgess, Michele

OK, so there's awareness at any rate and?

1:12:51.830 --> 1:12:58.630

Burgess, Michele

Assumption is if you would see that there's something that's not being resolved by the reminders. Then you guys would.

1:12:59.440 --> 1:13:3.160

Burgess, Michele

Have enough of a program to be able to then decide if you needed to take further action.

1:13:5.470 --> 1:13:5.880

Burgess, Michele

OK.

1:13:4.400 --> 1:13:6.200

NRC Region I

Definitely. I wanted things I...

1:13:6.960 --> 1:13:36.930

NRC Region I

And that's a great question. One thing is you do wanna point out in the event that somebody tries to go into a case that has that, that we use in radiation and there's not a badge, we do have a process in place to provide someone with a spare badge. So, we can also just attach that person to that spare batch. So,

we'll always have some sort of record of occupational exposure. So, we do have safeguards in place, but it starts with the tech.

1:13:41.990 --> 1:13:42.320

Burgess, Michele

OK.

1:13:45.40 --> 1:13:45.470

Burgess, Michele

Thank you.

1:13:37.310 --> 1:13:58.350

NRC Region I

Making sure that everybody's badged. If they're not, be stopped. So, I just wanted to respond to that. Great question though. Thank you. And, I think part of that issue was we had positions that were wearing dosimeters. It's just no one in the room knew that that dosimeter there was issued from somewhere other than St. Vincent's they would bring.

1:14:0.980 --> 1:14:3.910

NRC Region I

No, we didn't check the name on the back of the badge.

1:14:5.730 --> 1:14:6.190

Burgess, Michele

Thank you.

1:14:5.840 --> 1:14:13.690

NRC Region I

Curtis and Curtis and Kelly and I are together. You know, I'm rounding the department or we're meeting.

1:14:14.390 --> 1:14:34.730

NRC Region I

Almost every day and I'm meeting with the head of the radiology group that we work with, almost probably once a week, so there is clear communication on these issues. We've addressed a couple in particular that we needed to bring to an, escalate to a higher level, and it's now part of our standard work.

1:14:37.790 --> 1:14:38.750

Burgess, Michele

Thank you for the detail.

1:14:43.160 --> 1:14:44.430

NRC Region I

OK, next item.

1:14:46.900 --> 1:14:53.680

NRC Region I

Updated the written directives for Y-90. A couple of issues with this. One was the.

1:14:53.760 --> 1:14:58.220

NRC Region I

special release calculations not being performed in the past.

1:14:59.200 --> 1:15:3.750

NRC Region I

For a specifically, for Y-90 cases, and then also.

1:15:6.120 --> 1:15:23.470

NRC Region I

Related program with the target organ not specified on the, on Y-90 directives, so the directives procedures have been reviewed, rewritten. That information is now included, and there's also a part of completing that form there is a.

1:15:24.630 --> 1:15:31.320

NRC Region I

Essentially, a check box that for patient release calculations so.

1:15:32.950 --> 1:15:35.510

NRC Region I

The special release calculation forms are now.

1:15:36.320 --> 1:15:37.970

NRC Region I

in the hands of the.

1:15:39.470 --> 1:15:49.580

NRC Region I

department. That will also be a specific item, looked at what we've added to our annual program review is review of.

1:15:50.400 --> 1:16:3.50

NRC Region I

All the Y-90 written directives completed during that year. It's not that big of a task. We don't have that many Y-90 cases to do. So, if we do 10 over the course of a year, it's fairly easy to add that to the...

1:16:3.870 --> 1:16:22.0

NRC Region I

We have developed another checklist which has gone through with Hartford Health. So, we standardized what everybody's doing, and from the beginning, you look at the checklist and you make sure that everything is on there in your packet need to be done even before we're doing this exam so.

1:16:25.300 --> 1:16:28.760

NRC Region I

As far as risk the.

1:16:30.750 --> 1:16:33.760

NRC Region I

Y-90? There are there are. . .

1:16:33.850 --> 1:16:41.560

NRC Region I

treatments that we that we do, there is very little risk that any of the procedures in the past would have exceeded.

1:16:42.840 --> 1:16:48.490

NRC Region I

Little bit exceeded the patient release just based on the activity because...

1:16:57.490 --> 1:16:58.50

NRC Region I

Questions.

1:17:0.500 --> 1:17:1.570

NRC Region I

Next slide please.

1:17:5.610 --> 1:17:6.280

NRC Region I

Next item.

1:17:7.900 --> 1:17:8.850

NRC Region I

He missed the.

1:17:9.150 --> 1:17:16.820

NRC Region I

Ohh, just wipe test leak test for a specific field source so we have a.

1:17:18.170 --> 1:17:38.80

NRC Region I

There is a built-in field source to the PETs and PET scanner. It is. It's built on the inside and the hospital's under the impression that, as part of the quarterly servicing by the vendor, that they were doing those leak tests.

1:17:40.720 --> 1:17:41.230

NRC Region I

And.

1:17:42.120 --> 1:17:50.790

NRC Region I

We failed to recognize that whether they're doing those or not, we need to be performing those. If it's not accessible.

1:17:52.160 --> 1:17:58.480

NRC Region I

Do a leak test on the nearest accessible area and it's something that that's simply what we were overlooking at the time.

1:18:0.70 --> 1:18:7.660

NRC Region I

So they have been done for all three quarters since the inspection and.

1:18:8.660 --> 1:18:10.730

NRC Region I

That is part of their yearly audit.

1:18:12.660 --> 1:18:18.770

NRC Region I

I will be performing those leak tests on that particular source, double quarterly going forward.

1:18:24.120 --> 1:18:27.870

NRC Region I

And again, they get reviewed annually by the.

1:18:29.460 --> 1:18:30.730

NRC Region I

Hartford system as part of the

1:18:32.720 --> 1:18:34.670

NRC Region I

Radiation Safety Committee's annual review.

1:18:41.210 --> 1:18:42.300

NRC Region I

Mark all this on that.

1:18:45.360 --> 1:18:45.650

NRC Region I

Right.

1:18:54.920 --> 1:19:3.570

NRC Region I

And I think we've already touched on this. This is the second issue with the written directive did not specify target organ. I believe it.

1:19:5.450 --> 1:19:10.480

NRC Region I

Specific one that we were looking at at liver did not have liver right lobe.

1:19:11.620 --> 1:19:15.970

NRC Region I

Sample and so the the those forms have been updated to include.

1:19:17.230 --> 1:19:18.70

NRC Region I

The civic target.

1:19:20.650 --> 1:19:22.480

NRC Region I

Physicist, we might check or.

1:19:22.560 --> 1:19:29.870

NRC Region I

How do you get this? Or we will check that all field that filter at the org and just go over again?

1:19:33.460 --> 1:19:36.320

NRC Region I

We have a signature plug signature for physicists.

1:19:41.460 --> 1:19:43.570

NRC Region I

And that one that I mean every.

1:19:44.290 --> 1:19:48.690

NRC Region I

Has there been any training done with the with the authorized users too?

1:19:49.680 --> 1:20:8.70

NRC Region I

Regarding the new form and the required, they were all sent out and explained the Doctor Rhoda, Doctor Hughes, who was ever on the license about the expectation that we have to make sure we fill this all out. They were all given it. They were looked at it and.

1:20:9.430 --> 1:20:20.290

NRC Region I

They were. They will be compliant and they signed up with the. The reason I'm asking is because this was identified at the previous inspection, you had revised the form, but then he didn't implement it.

1:20:21.320 --> 1:20:38.630

NRC Region I

So now it it, we just have to wait for the one gentleman to come into the hospital to sign it. But yes, they're all now. So I will make sure that that's done and put into our our so meetings there was sent out to them. It was sent out they they had an opportunity to comment on.

1:20:39.570 --> 1:20:40.590

NRC Region I

For the following.

1:20:41.720 --> 1:20:52.90

NRC Region I

This shouldn't take them by surprise. They all had the opportunity to them. But have you had any opportunity to just see any completed forms? We've not done any sense, OK.

1:20:52.970 --> 1:21:1.210

NRC Region I

Unfortunately, when was since since since the last. Yeah, 21. Wow. Yeah. OK.

1:21:1.970 --> 1:21:2.790

NRC Region I

Unfortunately.

1:21:3.920 --> 1:21:5.630

NRC Region I

That makes it difficult. It does.

1:21:6.760 --> 1:21:22.490

NRC Region I

It's something, though, that, you know, anytime the source this Y 90 comes up, it comes through my office because I have to order the source. So you could be sure that I will be notifying those people so that they know. So it's it's a double check.

1:21:25.190 --> 1:21:36.900

NRC Region I

Also use this as an opportunity to to clean up some of the some of the lingering things that were on our license. We had some legacy we to see them, see them plans, we remove those from the license since.

1:21:37.870 --> 1:21:38.910

NRC Region I

Those kinds of things that.

1:21:39.830 --> 1:21:41.220

NRC Region I

Cleaning up part of the program.

1:21:45.10 --> 1:21:46.750

NRC Region I

Yeah, you have to to blame.

1:21:47.920 --> 1:21:51.780

NRC Region I

The lovely pandemic, but it kind of put a.

1:21:52.890 --> 1:21:54.890

NRC Region I

Low on a lot of procedures every did.

1:21:56.840 --> 1:21:57.910

NRC Region I

I have to get back up.

1:22:2.10 --> 1:22:6.710

NRC Region I

I think that's all we have for it, says specific corrective actions to the.

1:22:7.500 --> 1:22:8.230

NRC Region I

Violations.

1:22:10.650 --> 1:22:11.810

NRC Region I

The additional.

1:22:14.250 --> 1:22:25.350

NRC Region I

Just in the comments things, thank you for that discussion. Really appreciate it. Very open, I can open it up if there are any other clarifying questions from staff.

1:22:26.310 --> 1:22:37.700

NRC Region I

Otherwise we would break for the peace for the caucus. So it does anybody else have any questions that they thought they needed clarifications on or we move on?

1:22:43.130 --> 1:22:46.450

NRC Region I

Good. OK. It's are there any?

1:22:46.770 --> 1:22:49.800

NRC Region I

Ohh any additional documentation that.

1:22:52.600 --> 1:22:54.70

NRC Region I

Property interest in reviewing.

1:22:54.770 --> 1:23:6.60

NRC Region I

Brought things just in case, but no one in that throwing that back here just whatever you need. Let us know please. OK, so note that the agenda, if you would put the agenda back up.

1:23:8.370 --> 1:23:10.240

NRC Region I

It should be the first page active first.

1:23:11.750 --> 1:23:16.310

NRC Region I

No. Yeah, no backup. One good. That's fine, ohm.

1:23:18.380 --> 1:23:35.730

NRC Region I

Please note that the agenda now talks about a short break during which the staff here and those on the call will caucus to determine if there are other questions that we have or clarifications that we use or in any case, documents that we may need to see.

1:23:36.910 --> 1:23:39.810

NRC Region I

We'll review what you've been what you've presented.

1:23:40.960 --> 1:23:41.710

NRC Region I

And.

1:23:42.520 --> 1:23:45.490

NRC Region I

Get back to you. It'll be a fairly short recess.

1:23:46.400 --> 1:23:54.590

NRC Region I

We will be leaving this area to a different location. If you need restroom, we have escorts here for you.

1:23:55.910 --> 1:24:11.520

NRC Region I

There is also if you go back out through security, there are restrooms stop on the 2nd floor that are public restaurants. But we also have one that's fairly close. We do have, I believe, additional waters. If somebody wants additional water. Thank you. Very good. Yes, we did. OK.

1:24:12.600 --> 1:24:16.370

NRC Region I

Yeah, for you cause it's sort of warm up here. Yeah, but.

1:24:17.630 --> 1:24:23.970

NRC Region I

If you're on the the teams meeting, please just put yourself in mute and we will be back.

1:24:24.920 --> 1:24:25.390

NRC Region I

Shortland.

1:24:27.640 --> 1:24:29.390

NRC Region I

I'm gonna use your.

1:24:29.810 --> 1:24:32.600

NRC Region I

Yes, your escort. Yeah, the ladies.

1:24:33.30 --> 1:24:44.740

NRC Region I

Yeah. No sports, OK. Yeah. OK. Still have our original print and Christian and Stephanie, who are all available. If we have people staying in the room as well as we can.

1:24:46.400 --> 1:24:46.990

NRC Region I

Your turn.

1:24:48.370 --> 1:24:48.780

NRC Region I

Thank you.

2:9:51.710 --> 2:9:53.780

NRC Region I

So are we ready to start?

2:9:55.140 --> 2:9:55.890

NRC Region I

Taping them.

2:10:13.270 --> 2:10:15.280

NRC Region I

OK. Can everybody hear us still?

2:10:17.400 --> 2:10:18.540

Gallagher, Robert

Yes, Tammy, I can hear you.

2:10:19.350 --> 2:10:30.350

NRC Region I

Thank you. Thanks, everybody. We'd like to reconvene the meeting now. We have just a few additional questions that we'd like to get some clarifications on.

2:10:35.920 --> 2:10:37.630

NRC Region I

But mostly in the the.

2:10:41.610 --> 2:10:44.130

NRC Region I

Loss of control of the material, OK.

2:10:45.360 --> 2:11:0.260

NRC Region I

Could you guys elaborate on the actions that were ongoing between October 27 and November 16th and then between November 17th and Amber second, what what activities were did you undertake?

2:11:2.690 --> 2:11:10.480

NRC Region I

So I I will take a shot at this and then everybody feel free to to chime in. But.

2:11:11.460 --> 2:11:15.930

NRC Region I

So when we were notified on October 22nd and then?

2:11:18.90 --> 2:11:24.760

NRC Region I

Excuse me, 27th, we you know our relationship with Stericycle is coordinated by our.

2:11:25.440 --> 2:11:49.510

NRC Region I

Payment of care of care for Hartford Health care so that that person coordinates daily with Stericycle on pickups, and they changed locations. All that kind of stuff. So we have one point of contact with Stericycle. One point of contact with with our for healthcare for our 400 sites and care in Connecticut, and that person lets RSO know of this challenge.

2:11:49.950 --> 2:11:54.800

NRC Region I

Uh, and that then precipitated?

2:11:55.900 --> 2:11:57.420

NRC Region I

The need to confirm.

2:11:58.180 --> 2:12:0.290

NRC Region I

Uh, that it was our source.

2:12:1.550 --> 2:12:7.190

NRC Region I

Because it was not clear, it was not clear because it wasn't on, it wasn't source entailed.

2:12:8.110 --> 2:12:13.260

NRC Region I

I'm so that's when we went for, you know, through that confirmation process with stereo cycle.

2:12:13.730 --> 2:12:18.910

NRC Region I

Uh. You delighting our environment of care leader and working through?

2:12:19.590 --> 2:12:28.290

NRC Region I

Getting the documentation needed from Sherry cycle to confirm the source from the 27th to the 16th. So in the interim.

2:12:28.610 --> 2:12:37.470

NRC Region I

Uh, we were talking to our teams, you know, on the grounds to go over and process, you know, our processes, making sure that.

2:12:38.960 --> 2:12:40.750

NRC Region I

If there was any any.

2:12:42.660 --> 2:12:43.100

NRC Region I

Go ahead.

2:12:44.300 --> 2:12:48.150

NRC Region I

That they could think of, you know that we were tracking those down.

2:12:50.180 --> 2:12:51.210

NRC Region I

Obviously we were.

2:12:52.780 --> 2:13:13.240

NRC Region I

Eating clarification until the 16th and once we got that clarification. So that's a really good question really 27th to 16th. What we're doing and that's you know, really what it was, Curtis Kelly, any anything additional during that time that we were doing that I missed.

2:13:14.720 --> 2:13:19.800

NRC Region I

I think it's just more the discovery phase on I think you're correct, just had concerns.

2:13:21.230 --> 2:13:44.210

NRC Region I

Be properly identify the sort of. How did they know it's attributed to us? So that took a while really as we really need to get fact finding that we didn't have some of the personnel here. So it's harder for us to go back to our original source. That's why we had to rely on Stericycle to kind of prove that to us. And I think the communications back and forth took a little bit of time. But I think you're absolutely.

2:13:45.550 --> 2:13:49.140

NRC Region I

Speaking with our our staff, our leadership during that time, no one remembered.

2:13:49.950 --> 2:13:51.260

NRC Region I

Doing anything like this?

2:13:52.80 --> 2:13:53.730

NRC Region I

So that was the challenge.

2:13:54.870 --> 2:14:3.820

NRC Region I

Another challenge is with, you know, and you can't. You can't fault anyone that someone had wanted. The physicists are RO had gone on vacation, so she was trying to.

2:14:4.800 --> 2:14:11.870

NRC Region I

Communicate that with Herland our services try to get things going and it just seemed to try to get the whole.

2:14:12.690 --> 2:14:37.40

NRC Region I

Everybody on the same page of how we need it to get it. It just seemed to take a look longer and so obviously one of our lessons learned in this process, you know what a risk assessment is all about is trying to find the Swiss cheese where where can you put additional, you know, safety measures in place, Plan B, plan C If this happened again, we would.

2:14:38.240 --> 2:14:46.420

NRC Region I

Not be solely reliant on a radiation safety officer. If he was on vacation, you know, out of communication we would we would have.

2:14:46.900 --> 2:15:4.260

NRC Region I

Uh, you have more resources in place with the system now. More resources in place, you know, with our communication to work with Landau or to get on site quickly on top of the fact that we have a lot more obviously knowledge and awareness that we're passing that and cascading to the staff on regular basis.

2:15:5.450 --> 2:15:32.720

NRC Region I

So that that Swiss cheese, you know, we're plugging the holes in Swiss cheese to try to prevent this from happening again. As I think that, you know, you have a tech who's working and trying to do this at the same time we're now we have a lead who's going to be going to every site that's more of an over overseeing. So if you're trying to work and trying to solve a problem with the same time, something's gonna get. So you need someone to take that ownership.

2:15:33.360 --> 2:15:45.50

NRC Region I

And carry that through and and move that quicker. And I think that's what we're doing now with having the lead be there once a week and every facility. So it's more ownership on all of us.

2:15:46.100 --> 2:16:16.90

NRC Region I

The the two or two plus weeks between the 17th and December 2nd. I know you mentioned Thanksgiving. Did anyone from either Saint Vincent's or Landau go to Stericycle to ensure the source was secured? Put eyes on it? Matt had spoke Matt, who was from Landauer. I spoke with him briefly and he was in communication with the state and Stericycle to make sure that and Stericycle was monitoring it. They had gone in and.

2:16:16.180 --> 2:16:17.470

NRC Region I

So that's not there.

2:16:18.570 --> 2:16:30.150

NRC Region I

Their job to monitor, but I I'm not sure if he had gone prior, but he was in communication to make sure it was in one area and it was still in the pig and they confirmed that.

2:16:32.320 --> 2:16:34.670

NRC Region I

And any other activities between the 17th and the 2nd.

2:16:37.340 --> 2:16:48.10

NRC Region I

Outside of communication with all the necessary stakeholders, too, or we were doing this the right way and we have the resources in place at the earliest convenience to make good transportation possible.

2:16:48.770 --> 2:16:49.660

NRC Region I

And.

2:16:51.780 --> 2:16:52.200

NRC Region I

That.

2:16:53.320 --> 2:16:59.210

NRC Region I

That's the risk assessment work continuously trying to figure out, you know, where this source.

2:17:0.250 --> 2:17:5.810

NRC Region I

Wasn't we're traveling there was there and and doing this background and that background work.

2:17:6.610 --> 2:17:25.240

NRC Region I

And I think, correct me if I'm wrong, but I mean, they're Saint Vincent's made the request to land our for the pick up immediately as soon as it was identified that it belonged to Saint Vincent's. And then as our contractor. Obviously we have relied on them to, you know, get it as quickly as they can. So. But from the hospital's perspective, they did immediately request pick up.

2:17:27.200 --> 2:17:29.210

NRC Region I

OK, that's good. We're clarifying question.

2:17:29.920 --> 2:17:34.660

NRC Region I

So I think I heard you saying, John, when you did that, you were trying to.

2:17:35.370 --> 2:17:36.750

NRC Region I

First confirm it was.

2:17:37.920 --> 2:17:44.500

NRC Region I

Carter Healthcare source. And then I thought I heard you say it wasn't a source in use at Hartford.

2:17:46.160 --> 2:17:57.190

NRC Region I

So the what? What do you mean by that? So we were doing inventory of all of our sites talking to site feeds trying to figure this out your own. While we're having seriously don't do it.

2:17:58.770 --> 2:18:0.590

NRC Region I

It will save the confusion over the.

2:18:2.0 --> 2:18:2.900

NRC Region I

The old source.

2:18:4.340 --> 2:18:13.500

NRC Region I

That that's where we needed confirmation that because it wasn't unneeded, it wasn't on the inventory list. OK, yes, that's what I was trying to do. Yes. Yeah. That's the honest to guess.

2:18:20.50 --> 2:18:32.220

NRC Region I

Regarding reaching out to the technologist just to determine what actually occurred, can you clarify for us if you did reach out to the technologies to determine if surveys were done or how they were done?

2:18:33.110 --> 2:18:38.430

NRC Region I

They they did reach out. We did reach out and she has not answered anything else.

2:18:41.100 --> 2:18:43.150

NRC Region I

They don't want to call her at her other job because.

2:18:43.880 --> 2:18:45.590

NRC Region I

But I've left message and she.

2:18:46.460 --> 2:18:50.960

NRC Region I

The answer and the technologists also did who she had replaced for that day.

2:18:53.890 --> 2:18:54.380

NRC Region I

Any other?

2:18:55.900 --> 2:18:56.210

NRC Region I

And.

2:18:57.830 --> 2:19:3.960

NRC Region I

What procedures regarding retrieving the source, getting it back, putting it back into the same?

2:19:4.750 --> 2:19:16.320

NRC Region I

Bin or box and just putting a sticky on there. What procedures have you developed for labeling, storing and disposal of materials to prevent inadvertent release of material in the future?

2:19:18.210 --> 2:19:21.360

NRC Region I

First, no long term storage of legacy sources.

2:19:23.180 --> 2:19:27.660

NRC Region I

Program replacing that place now to expedite getting rid of those.

2:19:33.920 --> 2:19:34.600

NRC Region I

Beyond.

2:19:36.540 --> 2:19:37.440

NRC Region I

On the.

2:19:38.670 --> 2:19:42.560

NRC Region I

Inventory audits. Not gonna keep sources behind. That's.

2:19:44.850 --> 2:19:45.110

NRC Region I

Yes.

2:19:46.410 --> 2:19:54.240

NRC Region I

So at some point you have a determination just for my understanding, you have a determination that you have a source that needs to be disposed of.

2:19:55.800 --> 2:20:0.770

NRC Region I

What procedure do you have says where you gonna put it in? How you're going to label it until such time that it can be picked up?

2:20:1.950 --> 2:20:14.540

NRC Region I

See what you're saying? It be ideal to store any sources that we're in the process of disposing of and and and designated space that everybody's got clarity on so that it couldn't be mixed in with.

2:20:16.400 --> 2:20:19.510

NRC Region I

So you have this course for long lived sources like dog.

2:20:21.520 --> 2:20:25.970

NRC Region I

So we contact the vendor and just I mean.

2:20:26.760 --> 2:20:28.660

NRC Region I

Yeah, definitely. I think is the key.

2:20:31.840 --> 2:20:43.510

NRC Region I

The expectations for sources at the site is that they're all stored together. There shouldn't be separate locations or shouldn't be OK we're gonna. These are the sources we're gonna use, and we're gonna store.

2:20:44.180 --> 2:20:54.470

NRC Region I

Overall, legacy sources in a different location that you know these are stored together, they would have been included on the inventories that would have been a lot simpler to identify.

2:20:55.620 --> 2:21:15.550

NRC Region I

You know when somebody calls. Hey, we have some activity at your location. If you open the cabinet and there's three sources where there should be 4, it's fairly easy to identify. But there are directions. There are radioactive waste disposal. What you do, how you get rid of it, who do you fall? There is a process in place. OK.

2:21:15.700 --> 2:21:16.200

NRC Region I

Expires.

2:21:17.380 --> 2:21:22.830

NRC Region I

I've never seen sources or the bottom of a waste container.

2:21:25.40 --> 2:21:27.610

NRC Region I

Something. Yeah, yeah. But it could have been prouder.

2:21:28.430 --> 2:21:40.250

NRC Region I

It did happen. I think we've become better because of it, you know, without here to point fingers, we hit accept that they did occur a week. Our sense of urgency became heightened.

2:21:40.980 --> 2:22:9.570

NRC Region I

Put things in place to make sure it doesn't happen, so I know it may be times difficult. Articulated it at these meetings because you know you wanna. You wanna be succinct in terms of how we respond. But I think the focus we realized it did happen. What do we what could we do immediately to rescue the source? What matches can we put in place to mitigate these things? You happening as we go further. I think that's a that's a community.

2:22:11.410 --> 2:22:11.830

NRC Region I

Yeah.

2:22:13.650 --> 2:22:15.670

NRC Region I

Touching Robin for your patience.

2:22:16.440 --> 2:22:25.390

NRC Region I

Direction and class leadership and you having something other willing really trying to respond to really have a sense of urgency because we took it seriously.

2:22:26.70 --> 2:22:27.320

NRC Region I

We don't want it to happen again.

2:22:28.460 --> 2:22:28.790

NRC Region I

So.

2:22:31.150 --> 2:22:34.930

NRC Region I

Did I miss any questions that anybody else wanted to ask?

2:22:41.140 --> 2:23:8.780

NRC Region I

So just for posterity sake and and to make it a little bit easier, there's been a lot of information that was shared. That's not necessarily on the docket. That's not necessarily in anything you provided to us. I think it would be great if you guys would really provide us another letter that really talks about here's

what we did. I know there were a couple of times, John, leave that well, that's just what we do now. So capturing more of that stuff so that we can really.

2:23:9.830 --> 2:23:15.670

NRC Region I

It's fine. I understand what actions have been taken and where you guys stand right now.

2:23:18.450 --> 2:23:20.640

NRC Region I

That the examples happen, yeah.

2:23:32.90 --> 2:23:35.620

NRC Region I

If there are no additional questions from.

2:23:36.640 --> 2:23:38.270

NRC Region I

Yeah, just wanted is there.

2:23:42.490 --> 2:23:42.790

NRC Region I

4.

2:23:44.190 --> 2:23:44.760

NRC Region I

Having normal.

2:23:45.790 --> 2:23:51.400

NRC Region I

When so, we have 45 days from now to close it completely out. So.

2:23:52.110 --> 2:23:57.680

NRC Region I

Maybe could you get it to us a list of corrective actions and maybe like in the car so.

2:24:2.120 --> 2:24:2.510

NRC Region I

Yes.

2:24:3.440 --> 2:24:9.620

NRC Region I

Face the 15th of the month is the end of the month too long. Or would you like it?

2:24:13.690 --> 2:24:15.240

NRC Region I

Two months before then, 20.

2:24:16.730 --> 2:24:19.360

NRC Region I

How about how about Monday the 26th?

2:24:22.650 --> 2:24:22.850

NRC Region I

Yep.

2:24:24.270 --> 2:24:27.930

NRC Region I

No later than the 26, OK, later than the 26th. That sounds fair.

2:24:35.10 --> 2:24:36.260

NRC Region I

No other questions.

2:24:38.520 --> 2:24:41.380

NRC Region I

I'll turn it back over to Saint Vincent's for any closing remarks.

2:24:44.830 --> 2:24:53.220

NRC Region I

I'm just thankful for the participation and the engagement and the curious questions, you know, really important to lead with curiosity.

2:24:54.530 --> 2:24:57.500

NRC Region I

Part of our behaviors and not judgment, and I feel like you guys have done.

2:24:58.850 --> 2:25:4.360

NRC Region I

Important to us about how we treat each other, feel like this has been a very rich mental process.

2:25:5.50 --> 2:25:7.460

NRC Region I

Very informative and I feel a lot more.

2:25:9.810 --> 2:25:15.450

NRC Region I

You're a lot more educated and a lot more engaged, a lot more confident.

2:25:16.300 --> 2:25:21.110

NRC Region I

And our daily keep our customers and our patients see.

2:25:23.410 --> 2:25:35.420

NRC Region I

You know the buck stops with me in terms of this process, you know, for Saint Vincent's Medical Center.

And I I now have confidence, much more confidence that going down to the lowest level we have cascading.

2:25:36.190 --> 2:25:38.580

NRC Region I

Alignment and two way communication.

2:25:39.580 --> 2:25:41.900

NRC Region I

I think that's what's gonna keep us safe.

2:25:45.540 --> 2:26:16.220

NRC Region I

Anybody have a couple of comments too? Yeah, this field source. I just wanted to hit on a couple. I know we just talked about it again, but just to kind of highlight some of the points that you raised earlier as far as the control of the sealed store. So as far as the immediate action, I mean, we did just talk about that, but I did just want to highlight that as soon as Saint Francis was contacted, we did take immediate action to try to determine if it was our. Obviously, we didn't wanna take control, take back control of a source that was not ours and it was complicated by the fact that it was not a source that was used in that office.

2:26:16.300 --> 2:26:41.110

NRC Region I

But it just seemed to us that, you know, it couldn't possibly be our. So there was some time there, but we really were working diligently to determine it was ours and then we did, you know, make every effort to recover it in a timely manner. Once we did identify it was ours and we did immediately request from our contractor that be picked up. And in the meantime, we made sure that it was in a safe location at Stericycle and that there was no risk.

2:26:42.270 --> 2:27:10.960

NRC Region I

So I just wanted to highlight that and then you know as far as there is to the public, it was always fully shielded and contained when it let you know when it was in our facility, when it left our facility and when it came back, we ensured that it was in the same condition. So there really was little to no risk there. So we just ask that you consider those factors when you're considering potential enforcement action along with how seriously St Vincents took this apparent violation.

2:27:11.220 --> 2:27:19.950

NRC Region I

You know, as I've inspired corrective action and our presence here today of our team and thank you for, you know, for taking the time to to hear us out today.

2:27:22.810 --> 2:27:42.0

NRC Region I

Thank you. Thank you. Thank you. In closing this predecisional enforcement conference, I remind everyone that the apparent violations discussed at this conference are subject to further review based on information presented today, what we have in the inspection report as well as whatever you guys gonna provide us by the 26.

2:27:43.940 --> 2:27:59.930

NRC Region I

They may be revised prior to any resulting enforcement action, and the statements or expressions of opinions made by NRC employees at this conference or lack thereof are not intended to represent the final agencies position or determination.

2:28:1.240 --> 2:28:11.170

NRC Region I

The NRC will consider the information provided and make appropriate enforcement to decisions, and we will notify you in writing when we are ready to announce our decision.

2:28:12.10 --> 2:28:22.190

NRC Region I

Our goal is to complete our review and communications, communicate our decisions within 45 calendar days or about Friday, October 28th.

2:28:24.790 --> 2:28:29.700

NRC Region I

With that, I'd like to close this portion of the Predecisional Enforcement conference.

2:28:30.640 --> 2:28:36.570

NRC Region I

And offered the public an opportunity to ask any questions related to the content of today's meeting.

2:28:37.910 --> 2:28:52.630

NRC Region I

We would like to thank you all for your participation today. You've been very candid. We really appreciate that and we'll you'll be hearing from us. Hopefully we'll hear from you by the 26th and you'll be here shortly thereafter. Thank you.

2:28:53.530 --> 2:28:55.790

NRC Region I

Are there any questions from the public?

2:29:4.810 --> 2:29:8.420

NRC Region I

That's kind of that's Connecticut conference room, OK.

2:29:9.510 --> 2:29:13.460

NRC Region I

So you guys are immune, Connecticut, you guys are on mute. If you were asking anything?

2:29:16.780 --> 2:29:19.670

Graber, Brandon

No questions, but thank you for allowing us to attend.

2:29:20.810 --> 2:29:21.660

NRC Region I

Absolutely.

2:29:24.500 --> 2:29:26.20

NRC Region I

Any other public members?

2:29:29.870 --> 2:29:40.880

NRC Region I

Thank you. Just for your information, Connecticut is becoming an agreement state and so they're where they're following some of the processes that we do. We don't do this very frequently. So we thought it would be great fits.

2:29:44.960 --> 2:29:49.290

NRC Region I

Thanks so much. Thank you. Thank you. Thank you, everyone. Are you guys heading out for tonight?

2:29:52.60 --> 2:29:57.220

NRC Region I

No, I gotta. Ohh. No, no. I gotta go. We had a world class, right?