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E-mail trail: Years of problems at DMC

Here's an overview of the problems with sterilizing equipment at the Detroit Medical Center's Midtown campus, which includes Children's, Detroit Receiving, Harper University, Hutzel Women's and DMC Heart hospitals. The chronology is taken from records and emails obtained by The Detroit News.

2010

Mike Duggan, then CEO of the Detroit Medical Center, consolidates three sterilization departments — Detroit Receiving, Children's and Harper — into one at Detroit Receiving. It is intended to streamline the process and doesn't include new hires or extra money for equipment or space.

June 9, 2013

Rodney Huebbers, then chief operating officer of the DMC, sets a meeting to talk about sterilization problems with Joseph Mullany, president of the DMC; Herman B. Gray, then president of Children's Hospital of Michigan, and Valerie Gibson, then chief operating officer of Harper/Hutzel hospitals.

"Looks like we're finally getting some attention," Gray writes to two top executives at Children's.

From: "Gray, Herman B" < HGRAY@dmc.org>

Date: June 9, 2013, 2:55:17 PM EDT

To: "Grant, Chad" < CGrant2@dmc.org>, "Williams, Damita J." < DJWilliams@dmc.org>

Subject: Fwd: CSP

Looks like we're getting some attention, after sending private note to Joe M. Hopefully, there will be a radically positive response. Stay tuned.

Herman Gray, MD, MBA President, Children's Hospital of Michigan (313) 745-8737 Sent from my iPhone

Jan. 8, 2014

Dr. Joseph Lelli, chief surgeon at Children's Hospital, writes that sterile processing (CSP) workers routinely misplace instruments or fail to clean them.

"We are NOT making progress in solving the CSP problems. ...," Lelli writes to several officials including Huebbers and Larry Gold, then president of Children's.

"We are CHM are replacing thousands of dollars of instruments that CSP is losing every year."

May 14, 2014

Victor Bell, DMC lean manager, is reassigned to help fix problems sterilizing equipment.

June 7, 2014

Larry Gold, then president of Children's Hospital, informs chief nursing officer Shawn Levitt that ophthalmologists are "so fed up and are at least threatening to consider alternative centers to do their surgery."

On Jun 7, 2014, at 7:57 AM, "Gold, Larry M" < LGold@dmc.org > wrote:

Hi Shawn;

I'm really at wits end on this CSP issue. As you can see from the emails below, there are now members of the Ophthalmology group who are so fed up and are at least threatening to consider alternative centers to do their surgery.

To give them credit, I'm told by the leadership in Surgery that some CSP processes have started to change with a positive result, but unfortunately things are still not where they need to be; in this case, lost instrumentation are resulting in the surgeons have simply lost their patience. It has been a very long time for this level dysfunction to go on and the surgeons are extremely frustrated.

I have asked to meet with the entire Ophthalmology Division to try and work thru their issues and address their concerns. As a suggestion, London may want to start a broad communication through a once/week broadcast email on what steps are taking place, establish metrics and report out on the metrics each week in the communications. Additionally, I would strongly advice that a steering comm. of end users be established to monitor progress and ownership/involvement in the process to fix and sustain improvements. In this exact situation in the past, I've seen these steps have very positive results in rebuilding confidence in the CSP service.

Thanks, Larry

Sent from my iPac	l
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June 13, 2014

Andrei Soran, then the DMC's chief operating officer, tells Gold that sterile processing has improved to "95% accuracy."

June 14, 2014

London Quicci, then regional vice president of DMC, is confident changes are working. "In a few short weeks we've been able to turn around the historic poor performance of CSP, and I believe we are at a tipping point to provide all locations the service they deserve," he writes to Soran.

On Jun 14, 2014, at 9:46 AM, "Quicci, London" <LQuicci@dmc.org> wrote:

Andrei, after our change in leadership we made a significant amount of improvement. All case carts are now delivered on-time, clean, and complete to all three sites on a daily basis (100% over past 2 weeks). We are now addressing the "garage orders" together with the preference cards from all of the OR's (working with the OR's to update so CSP can provide appropriate resources when needed). This appears to be our next opportunity to improve the quality of service provided by CSP. Additionally, our team rounds on each OR at least twice per day to ensure all issues are being addressed in real time. The typically response is "there are no issues". This obviously is not the case so Last week I sent an email to their OR Leadership requesting a weekly meeting to ensure all issues are formally documented and suggested improvements can be made. I believe this will add value to the relationship and ensure success moving forward. I am planning on attending the CHM Surgical council on Wed to address any issues they may have. Again, in a few short weeks we've been able to turn around the historic poor performance of CSP and I believe we are at a tipping point to provide all locations the service they deserve. Please let me know if you would like more specific details or could offer advise on if I should be addressing these issues in a different manner. Thank you, London

September 10, 2014

Bell leads a walkthrough outlining new processes he predicts will fix problems at sterile processing. Later that day, cables needed for open heart surgery are missing.

October 2014

Another new hire, Lukeysih Hall, is brought in to manage sterile processing.

April 2, 2015

Hall writes a long memo to the DMC's owner, Tenet Healthcare, saying she considers herself a whistle-blower and hasn't received support from administrators to make changes.

Sent from my IPhone Please excuse the mistakes

> On Apr 2, 2015, at 9:36 PM, Hall, Lukeysih <LHall@dmc.org> wrote: > Per your request, a DETAILED description of who stated that there is tension between union and Management including my explanation of why I feel as if HR does not support me is below. I have also attached a few emails referencing statements listed in this email. Although I am responding to your request, I am fearful of retaliation. The need to openly address these issues, became immediately evident. Details below are factual and have been my experiences since assuming the role as the CSP Operations Manager; in no way am I trying to discredit anyone. During my tenure, I have been in constant contact with My leadership and HR, both who have acknowledged the quality of my performance. It's truly disheartening that issues that I have addressed are thrown up in my face, as an effort to discredit my character. The pressure has caused unnecessary stress resulting in the need to seek additional support. If you challenge any statements made in my email, I would ask that the entire Management team is interviewed, not just a hand picked few as I have nothing to gain. My sole purpose is addressing issues that continue to impact the level of quality provided by the CSP department; and the inability of the CSP Management team to properly manage. Upon hire I was exposed to a Director, Lean Manager and Project Manager who openly called the CSP employees niggers, dumb asses, and illiterate and according to everyone never left the office. Yet, the level of complaints were no where near where they are now. My email to which was sent on 11/3/14 (attached) which was less than a month after I was hired; which is evidence that SERIOUS issues predates my arrival. Within a month of hire, the Director was fired, and the entire department became my responsibility. Without orientation to DMC processes, I used my previous Leadership experience and expectations as my guide. I immediately began implementing preexisting DMC policies and procedures to implement structure in a department that lacked it for so long. > During the meeting with Administration on March, 27, 2015, I referenced the fact that I have sent several emails regarding the disrespectful behavior of departmental union reps. stated, "Yes, I have ALL your emails (tapping on a folder) which clearly shows tension between Union staff and Management regarding their release to perform union ousiness. We decided to lower cusiness. We decided to lower to discipline to a second step si suit indicating this." She also referenced "several emails regarding discipline to a second step since he has filed a leave to perform such duties." I responded by telling that I had questions and was seeking clarification from my resource (HRBC). > The reason that I feel that HR has not supported me or my leadership team is clearly expressed in the amount of communication (verbal and electronic) regarding the harassment, disrespect, bullying, and intimidation that not just myself but my entire Management team have experienced. > Just to name a few: > 1. I have openly communicated these issues only to have them thrown in my face as if I'm the problem. My life was threatened and according to HR, " my Management staff does not support me. During an investigation they are asked questions and stated, I didn't hear that, I don't know nothing about that." I provided names; yet additional statements were requested. (Regarding the language incident) In which the asked. "why are requested. (Regarding the incident) In which asked, "why are statements requested if you have a Manager making this report. There may not always be a responded stating "then it's 50/50 and usually the Arbitrators favor witness." the employee in those types of cases." > 2. My team and I have been called broads, snipers, liars, side kicks, a hit man, delirious, stupid and the enemy after issuing disciplines. was on a final warning when he approached Venus calling her a hit man, sniper and a snitch. Yet, when we tried to issue a discipline was told that we don't need to discipline people for everything by > 3. My Supervisor was aggressively approached by a Union President telling her that she needed to check herself and watch how she talk to people and then maybe she would get a better response. I emailed my HRBC regarding this issue and requested that it be addressed. To date, I have not received a response. > 4. Union Liaisons are supporting negative behavior. Which has been communicated. I also expressed that there was a conflict of interest due to me previously being Supervisor. Just the other day, I received a call from him asking me if I could pay to represent someone in Dietary. Which is clearly inappropriate. > 5. I sent an email, regarding a conversation that I had with an > employee regarding involvement with the department and > how the staff are claiming that she shares confidential information > with them. stated, "we know what's going on in HR before > it happens. Who's getting hired, fired etc.. "Most recently, the staff > was made aware of the New CSP Director prior to me receiving an

> announcement from my VP and actually approached the Supervisor during

conton E do anything about it; which prompted me to email > (While was in my office) > 6. Staff exploding not only on us, but HR as well during discipline meetings. email addressing this concern is attached. > 7. Immediately following a discipline of an employee regarding a dirty suction, me reporting that all brushes disappeared overnight and placing an emergency order for replacements, the staff complain and call the hotline regarding supplies, a locker sweep in which we find 400 brushes. Keep in mind that these were the EXACT orders brushes that were claimed to have not been ordered. WE also found an immeasurable amount of supplies and instrumentation that were missing from instrument sets and required for use in the O.R. in locked assigned lockers; yet nothing is done nor was the result of the investigation shared with the CSP Management team. > 8. In order for me to receive the proper on-boarding had to send to assist me. I did not receive Manager's Orientation. After making the request, sent me a blank form, stating "please let me know if there is anything else that you need to go over." When she knew that she and I had not discussed anything on the form. It clearly seems as if, I was set up to fail. > 9. During the meeting that was called to discuss the recent issue (recarding the durable pment) interrogated me about my decision to promote to to Coordinators. She also referenced the fact that I sent emails to my medical equipment) personal email account. Which had nothing to do with why we gathered nor have I been informed of this being against policy. I have received emails from personal accounts of other employees; so I was unaware of this being a violation. If so, educated me, instead of stating it as if my acts were of malice intent. > 10. According to the Supervisor, when the and and met with them to investigate the threat against me, she spent the majority of the meeting asking personal questions. Such as Do you like her? Do you think the staff like her? Is this all because she left and came back? How would you run the department differently than she does? And showed more concern about the need for Management and the Union to come together than my safety.. Etc. she stated that she was concerned for my personal safety and was not comfortable with the questions she was being asked. was suspended for missing the deadline for the flu shot, even though was not sure of who was actually supposed to take the shot. The had received the shot a week prior to the suspension, yet I was told that it needed to be issued anyway. wrote up the suspension and emailed it to me stating that I had to issue it due to policy. I expressed concern with the fact that this information had not been accurately communicated with me and my team, yet the suspension stood. > 12. I have been asked to do evaluations without receiving proper training. According to the orientation list, this should be completed by HR. Again, and is in the process of assisting me with this. through the department explaining the process in detail, to > 13. I have walked Support the inaccuracies of During the meeting with Administration, sated, "according to SGH CSP Manager, (who has not worked at main campus Ostated, "according to is 100% accurate yet we are accusing an employee of a soiled for almost a year) is 100% accurate yet we are accusing an employee of a soiled item that was found in a tray that had been processed 3 times since she processed it." This statement seemed as if she was discrediting my statements or trying to indicate that discuss a current issue, yet was armed and ready to discuss past history between Management and the union. I expressed my concern regarding the conflict of interest due to being being daughters > 14. CSP is being forced to put staff in positions that we know they are not qualified Lexplanation available upon request. Yet Management is being accused of not providing adequate training. > 15. During meetings with HR present, staff have made disrespectful remarks and displayed unprofessional behavior. > 16. When addressing issues regarding contaminated trays that reach the O.R, we are required to provide tray lists, Administration tray processing history, hemoglobin tests etc. While updating employee files, I realized that historically, the only required information was the count sheet. I have requested an explanation as to why this has changed. > In closing; I fully understand that I am considered to be a whistleblower. As an experienced CSP Professional, with over 10 years experience in CSP Leadership, I feel that it is my responsibility to uphold standards, and policies and procedures not conforming to the culture. The problem with this department is that there are several personal relationships between people who support each other in their wrong doing. I have no personal investments nor do I have anything to gain by making false statements or claims.

However, I do have a moral obligation to do what's right. Even if that means risking my own job. My commitment is not to myself, it is to the customers, which includes patients and families that I was hired to provide a service to. I do not have personal malice against the union or unionized employees. I have been open and transparent with communicating these issues. This department is compiled of senior qualified Sterile Processing personnel. The least senior employee having 2-3 years. experience, we are not dealing with amateurs. Statements such as, this is clearly sabotage, and untactful behavior have constantly been made in my presence yet, I feel as if I am the one who is on trial here. was called during the meeting on 3/27/15, but when I asked I should send the rest of the Management team up, she declined stating that they were not needed. Which a not want to "piss" needed. Which I found odd since a few days prior, made me aware that she did off, due to them smoking marijuana together and her fearing "snitching" on her. So if made negative statements about me, I wouldn't be surprised. Although when she returned to the department, she felt compelled to share a different story with her peers. My question is, are we trying to get the FULL picture? Or are we just hand picking people who we know will report what we want to hear? > My apologies for the long email, but you asked for detailed information. > Respectfully, > Lukeysih Hall

April 2015

Another new administrator, Thom Michael-Corbit, is brought aboard sterile processing.

April 30, 2015

DMC officials transfer executive oversight of fixing sterile processing from Quicci to Binesh Patel, chief medical officer of Detroit Receiving Hospital.

May 8, 2015

All six of Children's Hospital's laparoscopic sets are missing, Lelli says.

"We are now operating on a child with the wrong instruments because he needs an urgent operation," Lelli writes to Gold, Hall, Patel and others.

June 29, 2015

"We are drowning in the OR due to CSP and supply chain ... we are putting patients at risk frequently and now canceling up to 10 cases this week ... promises just aren't cutting it," Lelli writes to Patel and Gold.

June 1, 2016

DMC hires Unity HealthTrust of Birmingham, Alabama, to manage sterile processing.

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