



MEMORANDUM

DATE	October 10, 2022
TO	Multidisciplinary Advisory Committee (MDC)
FROM	Inspections Subcommittee Jennifer Loreda, RVT Dianne Sequoia, DVM
SUBJECT	Agenda Item 9. Update from Inspections Subcommittee

Background

Part of the Board’s 2020-2024 Strategic Plan includes a goal to evaluate the feasibility of the 20% inspection mandate in Business and Professions Code (BPC) section [4809.7](#). The Board delegated this evaluation to the MDC and asked the MDC to evaluate the inspection process and consider whether decreasing the items on the inspection checklist for routine inspections would assist in increasing the number of annual inspections performed.

To date, the Inspections Subcommittee performed the following tasks:

- Researched the history of BPC section 4809.7 and noted the historical concerns of not having enough funding to support the inspections mandate.
- Researched other inspections programs within DCA and other state veterinary Boards and determined the Board is the only inspection program with a percentage-based inspections mandate.
- Met with Board management and lead inspector to assist in identifying streamlined processes, including merging the inspection and enforcement units and the development of a mobile inspections app.
- After considering feedback from Board inspectors, recommended not to decrease the items inspected on the inspection checklist.

As discussed in more detail [here](#), during the October MDC 2021 meeting, the Inspections Subcommittee reported its findings and recommendations. At that meeting, the MDC approved a motion to recommend to the Board that no changes be made to reduce or otherwise limit the number of items listed on the inspection checklist.

In addition, the MDC approved a motion to recommend to the Board that it direct the Inspection Subcommittee to monitor the progress of the Inspection and Enforcement Units merger, inspection process improvements, and mobile app implementation for 12 months and bring data-driven recommendations back to the Board regarding the 20% inspection mandate.

Update

The Inspection and Enforcement Units merged in Fiscal Year (FY) 2021/2022. In that FY, the Board performed 41 inspections, which was a 20% increase compared to the prior fiscal year. However, that is still nowhere near the roughly 850 needed to meet the 20% mandate.

As previously reported, inspector availability is a constant challenge. Most inspectors work full time in veterinary clinics and do not have adequate time to devote to inspections. Since COVID, the demand for veterinarians and RVTs have significantly increased, which only exacerbated the Board's challenges to find inspectors. The amount of pay (\$250 per inspection) has also discouraged some from becoming/continuing to be inspectors, as they can make significantly more as relief staff in veterinary clinics. To date, the Board has eight contracted inspectors: three veterinarians (two of which aren't currently available to perform inspections) and five RVTs.

To remedy this issue, Board staff was researching the feasibility of employing civil service employees to perform inspections. However, due to concerns related to the civil service inspector classification (e.g., low pay, difficulty in recruitment/retention, low quality candidates, etc.) and the extremely high learning curve civil service employees would have, the Inspections Subcommittee recommends continuing to use veterinarians and RVTs. Staff increasing its recruitment to obtain multiple inspectors per region and will partner with CaRVTA and CVMA in its recruitment efforts.

Mobile Inspection App

As members may recall, one of the biggest anticipated process improvements was the development and use of an inspections mobile app, which was estimated to launch in early 2022.

In February 2022, the Board's Executive Officer was informed that, due to limited resources, DCA's Office of Information Services (OIS) would not be able to start developing the inspection mobile app for at least another year. It was explained that the only way OIS could obtain more resources was to contract for additional staff, which would significantly increase the cost to develop. After seeking alternative options, OIS informed the Board's EO of a "long shot" idea to apply for funding from the California Department of Technology's Technology Modernization Fund (TMF).

Building upon the [success of coronavirus-related technology acquisitions](#), California's Governor made a \$25M fund available to the California Department of Technology (CDT) to demonstrate an accelerated technology project review and funding approval process.

As stated on their [website](#), "The TMF was established to make immediate investments in IT that will yield quick and meaningful results for the people of California. CDT invites California state departments or entities to submit business challenges that require an IT solution to modernize government and improve digital services for California residents and state employees. This will enable departments to deliver timely business modernization wins through a high-value proof of concept, fulfill an immediate need, and optimize services for digital government. A strong commitment from the department's business and IT leadership and team capability are required to be successful."

The CDT has the following multi-stage application process to award TMF funding:

1. The CDT posts an open call for submissions, where California state departments submit business challenges through an online portal.
2. After the application period, the CDT and state executives use the backend of the online portal to evaluate project proposals against a readiness assessment.
3. Departments whose proposals pass the readiness assessment are paired with a Human-Centered Design firm to solidify their problem statements and prepare them for a pitch day.
4. On pitch day, departments present their projects to a selection committee composed of Undersecretaries and Chief Deputy Directors in the state. The selection committee uses the evaluation function within the Business/Stakeholder Analysis module.
5. After pitch day, projects deemed most suitable for TMF funding receive the award.

The Board's EO worked with OIS, the Dental Board of California, and the California Board of Barbering and Cosmetology to apply for \$600,000 to fund the mobile app development. In May, the Boards and OIS participated in workshops to learn how to develop and deliver their pitch, which focused on humanizing the problems we sought to address through our inspection app. Pitch Day was held on June 1. During a meeting on June 30, CDT notified the Boards and OIS that they were awarded the full amount.

OIS is currently researching multiple vendors on various platforms to determine the best option available to meet the Boards' needs. Board staff is also working with DCA's Organization Improvement Office (OI) to map the existing and to-be inspection processes.

North Carolina's Inspection Program Presentation

On September 28, the Inspection Subcommittee met with the Executive Officer regarding a presentation by the North Carolina Veterinary Medical Board (NCVMB) on their facility inspection program during the AAVSB Annual Conference. Their PowerPoint presentation is attached for reference.

NCVMB regulates 1,377 practices and inspects each practice every two years. NCVMB divides the state into four regions and assigns a contracted, full-time veterinarian to each region. Each inspector can perform 60-80 inspections per quarter, and each inspection can take 45 minutes to two hours. They pay their inspectors \$35-40 per hour and charge each facility \$125 per inspection. Their inspection checklist was mirrored off the Board's current checklist and includes much of the same content area. NCVMB utilizes iPads and the management system software – Thoughtspan. This, they reported, significantly streamlined their inspection process.

NCVMB provides one month for facilities to correct minor violations. For serious violations, inspectors conduct follow-up inspections two weeks after the initial inspection to document compliance. If the serious violations remain and/or are repeated, the veterinarian in charge of the facility meets with a Board investigative committee for potential discipline.

In 2020, NCVMB began scheduling all routine inspections rather than conduct unannounced inspections. While this change was initially due to COVID, NCVMB saw several benefits, such as:

- Increased cooperation and preparedness with facility staff.
- Decreased stress/disruption within the facility.
- Decreased inspector exposure to COVID 19.
- Decreased time spent due to prepared staff.
- Increased trust with inspectors.

Interestingly, they did not see any less violations than when they performed unannounced inspections.

With these benefits in mind, the Board's Executive Officer recommends the Board consider switching to scheduled routine inspections rather than unannounced inspections. Routine inspections are primarily for educational purposes to assist the facilities in complying with existing law. The primary goal is not to "catch" individuals violating the laws. As such, the Inspections Subcommittee has sought feedback from the inspectors on switching to scheduled routine inspections. The Subcommittee would also like feedback from the MDC and stakeholders.

In addition, the Board's Executive Officer is considering having the inspectors conduct follow-up inspections for violations to verify compliance rather than have facility staff upload correction documents.

The Inspection Subcommittee and Board staff plan to meet with NCVMB in the coming month to ask additional follow up questions and explore the feasibility of implementing additional process improvements.

Attachments

1. NCVMB Inspections Presentation

2022

AAVSB

ANNUAL MEETING

&

CONFERENCE

CHARLOTTE

NC Veterinary Medical Board Facility Inspections

Kelly Jeffer, DVM

Today's Objectives

- Facility Inspections (Historically and Currently)
- How We Conduct Facility Inspections
- Violations
- Outcomes and Consequences
- Inspector Relationships with Practice/ Ambassadors of the NCVMB
- Q and A

Who are We? Detectives, Prosecutors, Inspectors, Educators?





NORTH CAROLINA VETERINARY MEDICAL BOARD

Purpose is to promote the public health, safety, and welfare by safeguarding the people of North Carolina against unqualified or incompetent practitioners of veterinary medicine. (G.S. 90-179)



Into the Numbers



- 1377 Inspected Practices (53,819 square miles, 28th largest state, 9th most populous)
- 55 new facilities in last year
- Routine inspections 60-80/quarter/inspector
- 2 additional inspections/wk across state due to COO, new builds, and renovations.
- Average 6-8 serious violations/ quarter (range from 0-18)



**DOING YOUR SAFETY
INSPECTION**

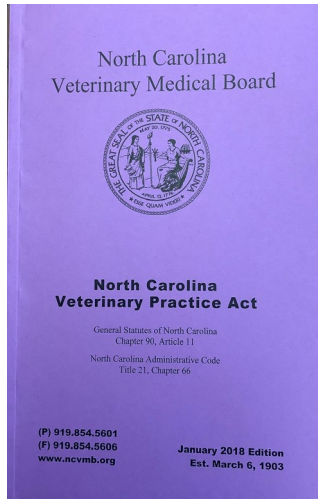
IS KIND OF A BIG DEAL

memegenerator.net

The Why?

Importance of Inspections

- Protect the public and their animals from facilities not abiding by the NC Veterinary Practice Act.
- Protect the employees working in veterinary practices. (Controlled drugs, Radiation Protection, sterilization techniques).
- Veterinarians are overwhelmed/overworked and under pressure to produce high quality at lowest cost possible and sometimes don't know where to draw the line.
- High turnover among practices with some lacking leadership on sight.
- Educate and bring practices up to current standards.
- Clients typically do not see beyond the lobby and exam rooms (compare to human medicine).
- Fresh eyes (same eyes for years miss issues over time).
- Complexity of services provided in one facility (surgery, dentistry, radiology, controlled drugs, pharmacy, labs, boarding).
- Hopefully decrease owner complaints.
- Be an educational resource to help practices find the information they need.



*Authority provided in
G.S. 90-185 (3)

Types of Veterinary Practices Inspected



- Brick and Mortar Facility
 - General, Referral/Specialty, Emergency, Spay and Neuter, Limited Services (clinics in pet/feed stores), Veterinary School
- Mobile
 - Small Animal, Large Animal/Equine, Mobile Surgery Units, Spay/Neuter Units, Euthanasia Only, Limited Services (Acupuncture, laser, other), Surgical Specialists or other specialties (Cardiology), Disaster Response Units



Inspector Map



INSPECTORS TERRITORY

- **Dr. Wright:** Western Region - GREEN
- **Dr. Jeffer:** Northeastern Region - RED
- **Dr. Peer:** Central Region - ORANGE
- **Dr. McFetridge:** Southeastern Region - BLUE

Inspection Technology



History

- Paper forms with carbon paper for copies.
- Checklists and handwritten notes.
- Mailed to NCVMB office.
- Filed at Office.
- Numerous Filing Cabinets.
- Inspection Violations not always followed up on
- One inspector for entire state.



Updated (2018)

- Electronic forms using Ipad.
- Checklists, typed notes, and uploaded photos.
- Saved and accessed through Licensure Management System Software - Thoughtspan.
- Payment online
- Web access to reports for public.
- Electronic storage.
- Four inspectors for entire state conducting more thorough inspections

Inspection Form Breakdown

8:40 PM Tue Jun 28 portal.ncvmb.org

Surgery .0207(b)(9)

Inspection Item

- Surgery performed in a manner compatible with current veterinary medical practice with regard to anesthesia, asepsis, life support and monitoring procedures as well as recovery care.
- Clean, orderly, odor and dust-free
- Storage is limited to items used for surgery
- Designated room for surgery only (ex. separate dental & prep areas)
- Well lighted (Concentrating light source & emergency lighting)
- Quick access to emergency drugs
- Emergency drugs within expiration date limits (FDA)
- Oxygen under positive pressure is available Endotracheal tubes
- Surgical waste receptacle
- Sharps container is available
- Means of sanitizing area between procedures
- Steam pressure/autoclave/gas is used to sterilize instruments
- Sterilized surgical packs and instruments with indicator tape & date
- Sterilized drapes, towels, gloves, & gowns used for sterile invasive surgery
- Recovery area provided where patient can be observed

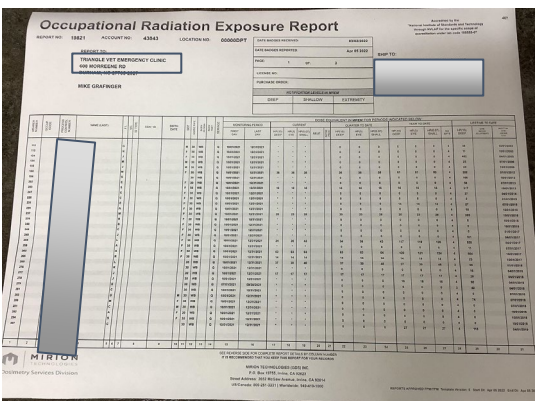
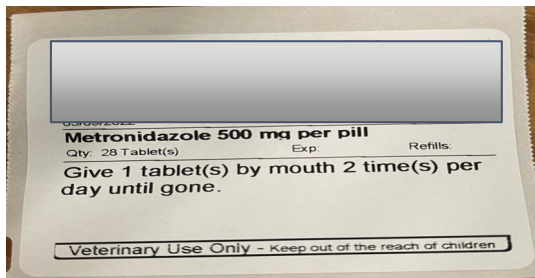
Online

Top
Employee Inf...
Mobile
Laboratory ...
Pharmacy &...
Surgery &...
Radiology &...
Record Keep...
Examination ...
Animal Hold...
Building &...
Posted Notic...
Written Agr...
Bottom

- Mobile (9)
- Laboratory (10)
- Pharmacy (17)
- Surgery (17)
- Radiology (6)
- Record Keeping (11)
- Exam Rooms (7)
- Animal Holding Areas including outdoor and isolation(5)
- Building (10)
- Posted Notices for Public and Written Agreements (7)

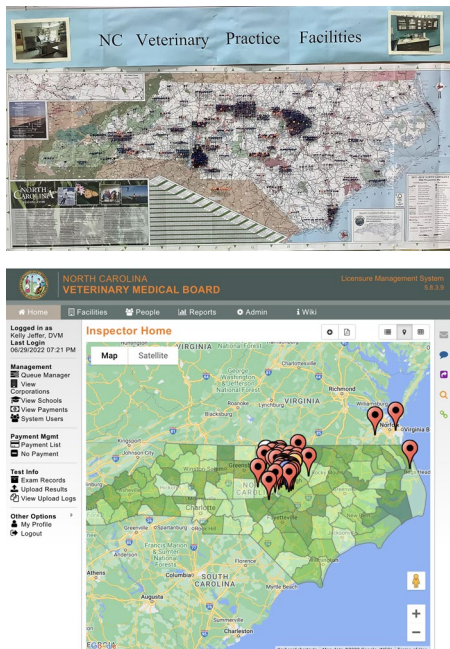
**Based on minimum standards outlined in NCAC Title 21, Chapter 66, .0207.

The How?

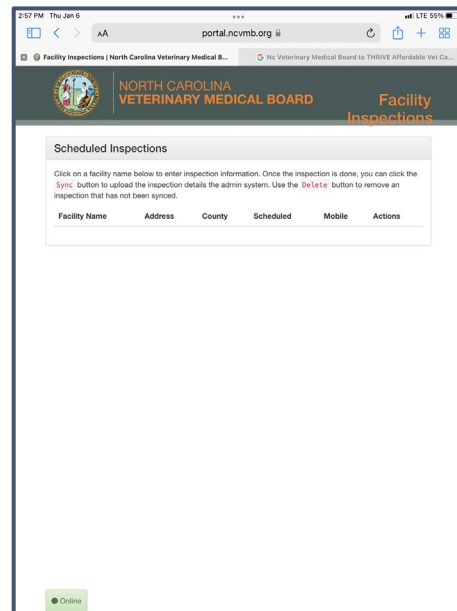


- Call practice to schedule inspection day (covid change).
 - Includes providing heads up of documents to have ready for inspection.
 - Medical or Surgical Record (preferably of a sick patient) ready for review,
 - Reprint of prescription label (any medication),
 - Most recent quarterly dosimetry report (rec sign and post)
 - Remind practice that inspection covers all areas of practice including lab, pharmacy, animal holding areas, surgery, treatment room, radiology, etc.
 - Advising that we will be reviewing controlled drugs and controlled drug logs, asking to make sure a veterinarian or appropriate designee is present to facilitate and that they are ready for review.
 - Provide inspector contact information should practice have questions or concerns come up before inspection.

The How? Prior to Site Visit



- Review practice webpage for correct information (notifications to public including after hours information, services not provided, and assistant vs RVT designations).
- Log into LMS. LMS system allows inspectors to review any previous practice violations/reports, documented corrections submitted, and any letters issued by the Board to a licensed DVM or RVT.
- LMS also has a mapping function where you can review the locations of your practices for that quarter. This allows for planning/ driving efficiency.
- Upload inspection forms from LMS to our portal to conduct inspection (night before or same day). The LMS holds for each inspector all the inspections due that quarter in list format.





VETERINARIANS AND VETERINARIAN TECHNICIANS

North Carolina Professionals Health Program (NCPHP) provides North Carolina's veterinarians and registered veterinary technicians with identification, evaluation, monitoring, and advocacy support for substance use issues. This allows them to participate in a sustainable recovery program and serve the public in a safe manner.

With compassion for the welfare of veterinary professionals and concern for the integrity of the entire profession, the North Carolina Veterinary Medical Board (NCVMB) collaborates with NCPHP. By evaluating, referring for assessment and/or treatment and monitoring veterinary professionals, NCPHP enables them to serve the public in a safe manner.

HOW DO I KNOW IF I NEED HELP FROM NCPHP FOR A SUBSTANCE USE DISORDER?

- Common Warning Signs
- Johns Hopkins Questionnaire
- CAGE Questionnaire
- The MAST Test

NCVMB CONTROLLED SUBSTANCE CE VIDEO



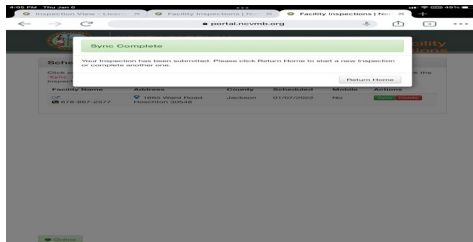
The How? Conducting Inspection

- Conduct inspection starting in lobby and proceeding throughout practice. (Wearing badge and providing business card).
- Take pictures of requested documents, general pictures of practice, and pictures of violations.
- Demonstrate photos of solutions if needed.
- Review NCVMB website main page.
- Review Document with important information on our website that includes:
 - Reverse Distributor Contacts, NC Professional Health Program, controlled drug security info, reporting of controlled drugs to NCDHHS resources, disposal of unwanted medications, Radiation Protection details

The How? Conducting Inspections Continued



- Summarize Inspection Report with practice manager or DVM.
- Advise PM or DVM about follow up and where/how to send corrections (1 month).
- Collect payment via credit card if possible.
- Sync inspection in LMS.
- Office manages corrections/responses from practices.



The How? Continued



- Number of Inspections per day depends on drive time, history of practice, size, and type
 - 1-6, 3 being the ideal number for most inspectors
 - Inspections last from 45 mins (mobiles)- 2 hours (serious discussions)
- Mobile Clinics
 - Raleigh/ Cary/ Wake Forest areas 10-20 mobiles scheduled at office
 - Letter sent out to those in the area for that quarter asking for their availability/ date/ time from days provided.
 - Multiple days, every hour.
 - Efficient
- Overnight trips often required for coastal counties or along the borders for VA, SC, TN, Maryland, and other out of state mobiles practicing in NC.

The How- The Team

- Aim for consistency across the state.
- Inspectors communicate daily to weekly with questions, advice, support, solutions, unusual situations.
- Office communication is crucial with technology, questions, violation follow ups, and as a conduit to Board for issues to raise.
- During pandemic, video meetings became important way to connect.



Pros and Cons of Scheduling

Pros

- Confirm practice is open.
- Documents are readily available for inspection.
- Less stress on hospital staff.
- Less exposure to covid for inspectors.
- Usually a staff member is available to participate in inspection.

Serious violation follow ups are unannounced.

All mobiles require scheduling.

Cons

- Inspection does not capture violations that would otherwise be present.
- Pushback to come on a day that is convenient for practice.
- Rescheduling due to personal issues of practice.
- Increased phone time.

We do not see less violations because of scheduling. We want them to be successful and be prepared for inspection.



Common Violations



Inaccurate and incomplete controlled drug logs*

Inadequate controlled drug security

Unclean surgery suite*

Extra equipment stored in surgery*

Expired medications including emergency drugs*

Damaged kennels

Unsanitary conditions

Building issues (have not been kept up to date)*

Incomplete and/or illegible records

Prescription label deficiencies



Lack of monitoring equipment during surgeries

Lack of oxygen

Inappropriate sterilization (time, equipment, or wrap materials)

Not wearing sterilized gowns for invasive procedures

Inappropriate lighting

Not monitoring employees in radiation/ PPE issues

Refrigeration problems

Appropriate containers not available for dispensing medications

Questionable anesthesia protocols for 2026 SAAC surgical procedures

* Five most common violations.

Reporting of Controlled Substances in NC

NC CSRS- Controlled Substance Reporting System

Any scheduled (2-5) controlled substance dispensed beyond 48 hours must be reported to the CSRS.

No exemptions from reporting.

2 hours/year of CE specific to controlled drug topics required.



Drug Scheduling Guide United States	
Schedule I	Most potential for abuse and dependence No medicinal qualities Heroin, LSD, Marijuana, Ecstasy, PCP
Schedule II	High potential for abuse and dependence Some medicinal qualities Vicodin, Cocaine, Meth, OxyContin, Adderall
Schedule III	Moderate potential for abuse/dependence Acceptable medicinal qualities Doctor's prescription required Tylenol with Codeine, Ketamine, Steroids, Testosterone
Schedule IV	Low potential for abuse and dependence Acceptable medicinal qualities Prescription required - fewer refill regulations Xanax, Darvon, Valium, Alivon, Ambien, Tramadol
Schedule V	Lowest potential for abuse/dependence Acceptable medicinal qualities Prescription required - fewest refill regulations Roblussin AC, Lamictal, Motrin, Lyrica

Source: United States Drug Enforcement Agency

NC Vet. 2021 Survey Results on Misuse

Question	2014 Colorado Veterinarian Survey Results	2021 North Carolina Veterinarian Survey Results
Surveyed veterinarians were aware that an animal owner had intentionally made an animal ill, injured an animal, or made an animal seem ill or injured to obtain opioid medications	13%	25%
Were aware of veterinary staff opioid abuse and diversion	12%	36%
Believed that they had a role in preventing opioid abuse and misuse	62%	85%
Indicated that their veterinary medical school training on opioid abuse or misuse was either fair, poor, or absent (fair or absent for NC)	73%	69%

The Role of Veterinarians in the Opioid Crisis | RCPA | CCPC

2:10 PM Fri Nov 6 Not Secure - cclt.net

VETERINARIAN DISPENSER: QUICK REFERENCE SHEET

Data Reporting

- Dispenses of Controlled Substances (Schedules II-V) must report dispensations greater than a 48-hour supply to the Controlled Substance Reporting System.
- Inventory dispensed should update data by the end of the next business day following the dispensation.
- Drugs administered directly to the patient by the veterinarian or their staff do NOT need to be reported. Also, the quantity dispensed and not used within a 48-hour supply from dates NOT need to be reported.

Accessing the PMP Clearinghouse

- Visit <https://www.samhsa.gov/ncsrs/pmp>
- Pharmacy Requirements:
 - Always report ID numbers
 - One (1) telephone number
 - One (1) fax number
 - One (1) street address (if applicable)
- Complete required fields marked by asterisks
- Pharmacy Information:
 - Enter your own individual DEA Number if available
 - Employer Information:
 - Enter the facility's DEA if available, or if it is an individual practice, it would be the owner's number

Required Information

- Dispenser's DEA number
- Prescriber's DEA number
- Prescriber's State License and type of available
- Owner's name
- Owner's full address, including city, state, and ZIP code
- Owner's telephone number
- Owner's Date of Birth (this is required to aid in identification of drug dispensing)
- Animal's Name
- Date the prescription was written
- Date the prescription was filled
- Prescription number
- Indication of whether the prescription was new or refill
- Marked quantity dispensed
- Estimated owner's supply, if provided
- NDC number of the drug dispensed*
- Method of payment

Helpful Tips

- Your software vendor can create a daily dispensation file with extension ".dat" on your behalf, they can help you utilize "Send PMP" or "Send Patient" if they're both enabled on your system.
- Otherwise, utilize the "Online UCF Submissions" by:
 - Logging in to PMP Clearinghouse > Click UCF Submissions > Click "New Claims Form"
 - Complete required fields with asterisks. Facility without asterisks are not required.
 - Upload Claim Form File
 - File Name:
 - Enter Facility's Date of Birth
 - Pharmacy Number
 - Enter the facility's DEA if available, or if it is an individual practice, it would be the owner's number
 - NDC Number: To determine NDC Number, JCS is looking for an address option to determine a date 12/24/12 to determine 12/24/12 NDC, an NDC number will be returned.
 - Click "New Claim"
 - Click "Account" > Click "Users"
 - Click "New User"
 - Enter the unique email address of the individual to be added.

*NDC Number: To determine NDC Number, JCS is looking for an address option to determine a date 12/24/12 to determine 12/24/12 NDC, an NDC number will be returned.

Customer Email: CSRS@samhsa.gov. We're happy to provide assistance.

Agency Technical Support can be reached at 855-962-4767.

OPIOID OVERDOSES
END MORE LIVES
THAN CAR WRECKS.

MORE POWERFUL

MorePowerfulNC.org



Controlled Substances

NCVMB inspection is not the same as a DEA inspection.

More scrutiny over the years as our country faces more challenges with substance abuse .

Securely locked at all times with keys secured.

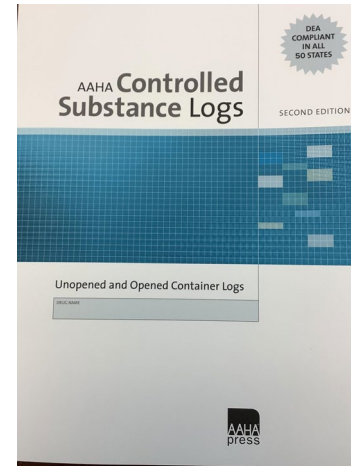
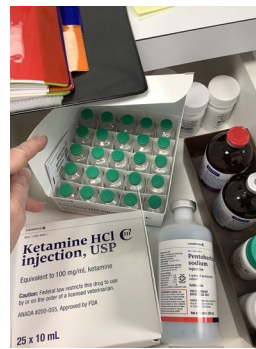
Limited access.

Accurate log with current inventory.

Disposal in NC.

DEA Questions of Prior Felonies and narcotics use.

In case of theft, report to DEA within 24 hours on DEA form 106.



2022 AAVSB ANNUAL MEETING & CONFERENCE CHARLOTTE

Unclean Surgery

Dust on lights/Equipment

Blood on floor, counters, walls, table in drip catch tray

Open walls/openings in surgery

Cardboard in surgery

Unfinished wood table or shelves/other items

Prepping in surgery

Dentals in surgery

Dirty laundry and laundry bin in surgery



Non-Essential Equipment in Surgery

Ultrasound

Dental equipment

Dustbusters/clippers

Incubators

Non functional equipment

Oxygen cage

Refrigerator

Miscellaneous items like e-collars/ absorbent materials

Kennels

Clinic Cats (not surgical patients)



Unsanitary Conditions

Overall, not clean

Cluttered

Feces not routinely picked up

Urine odor



Expired Medications/ Materials

Non controlled drugs

Controlled drugs

Suture material

Fluids

Gloves/supplies

Emergency drugs (epinephrine,
atropine)

Common excuse is that drug is not
available or on backorder.



Damaged Kennels/Outdoor Holding Areas

Doors to runs damaged with sharp edges

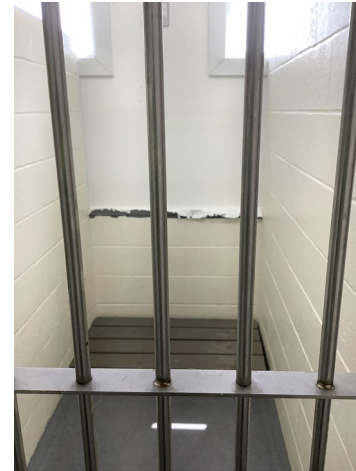
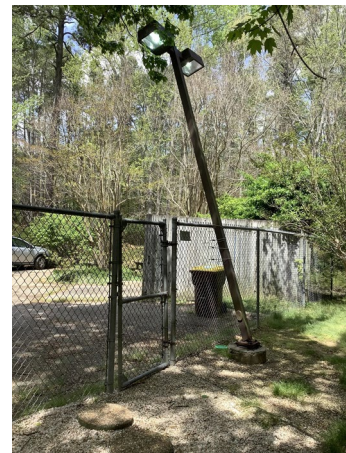
Porous material like wood

Chewed or damaged walls- ingestion hazard

Rusted poles/holes in metal

Poor drainage

Damaged outdoor fencing



Building Issues

Leaking

Ceiling tiles damaged

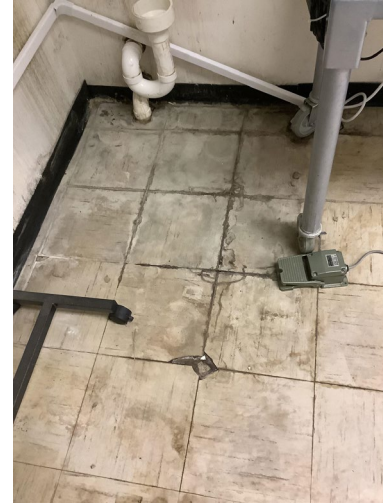
Missing/Damaged ceilings.

Wallpaper/paint peeling off walls

Damaged flooring

Holes in walls/damage

Dilapidated building



Incomplete/Illegible Records

Physical exam not listed

Results/interpretation of diagnostics not recorded

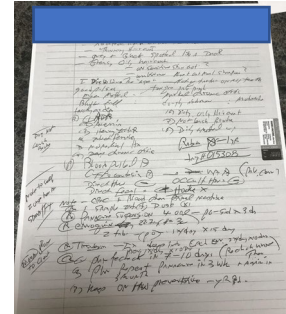
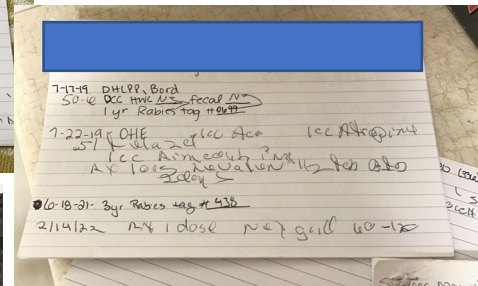
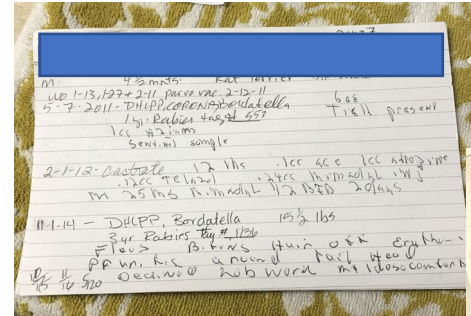
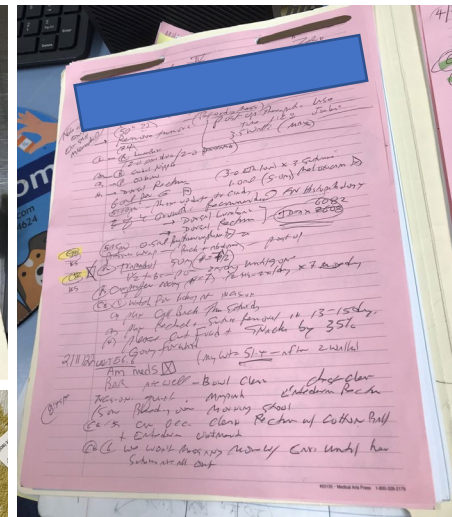
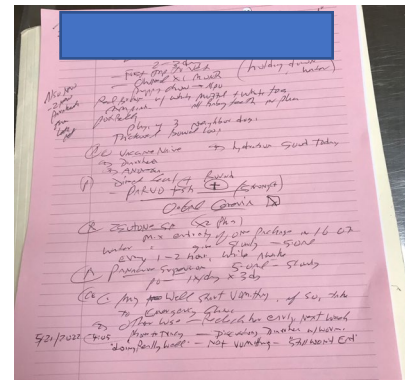
Doses of drugs administered and route of administration not included

Surgery information not included

DVMs will say they can read it

DVM stated that their client spoke limited English

Investigation of complaints is heavily dependent on legible medical records.



Non Functional or Utilized Monitoring Equipment During Surgery

Not working

Not connected to patient

Assistant walking in and out of surgery is responsible for monitoring



Lack of Oxygen

No delivery system for oxygen
(anesthesia machine)

Not providing for surgeries or dentals

Test it and it does not work

Tubing for anesthesia machine is
rotted

Machine is too outdated to be
functional (halothane)

Empty tanks

New opening and not hooked up



Oxygen not working
and DVM admitted to
not using equipment.



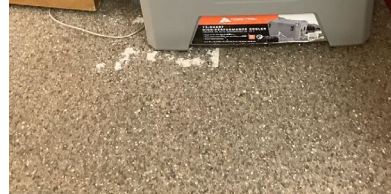
Inappropriate Sterilization of Packs/Gowns

Inappropriate equipment for sterilization

Inappropriate wrapping material

Unaware items need to be re-autoclaved and that autoclaving does not last forever

Packs are stored in a location where they are not kept clean and become damp/wet



Not Wearing Gowns During Invasive Procedures

Not for spays

Not for cats

But I do so many at low
cost for the community
and it will increase their
prices



No mask or cap.



Radiation Safety

Damaged aprons, gloves

One badge attached to apron that all employees use

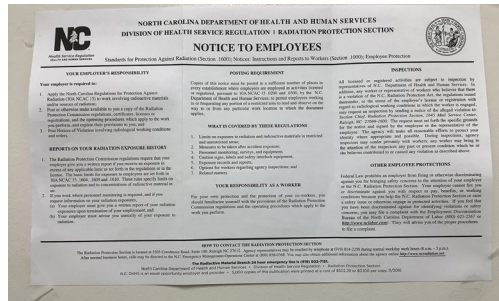
Each employee performing radiographs needs to have own badge.

Only one employee has radiation exposure on dosimetry report

Did not order badges for some employees because have so much turnover, but still perform radiographs (after 6 months).

Require dosimetry report and recommend employees initial after review.

New openings, badges are required to provide radiology services



Do you want your hands to look like these?
For your own sake, please wear lead gloves.



Refrigerator Issues

Mini Fridge is frozen and not able to assess temperature regulation

Not locking controlled drugs in refrigerator

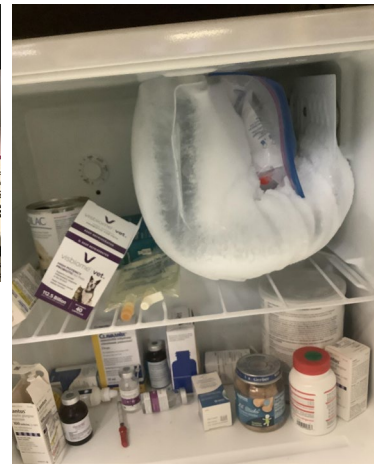
Human food in refrigerator with biologicals

Dirty

Deceased pets in refrigerator with biologicals or human food

Expired refrigerated meds

Sometimes seen in surgery suites



Serious Violations



- Serious violations are issued usually when multiple violations are present or major issues are present (such as staff practicing veterinary medicine without a license, significant facility damage, human health concerns, unsafe practices for patients).
- Issue a serious violation letter from NCVMB office in addition to report with action requested immediately.
- Written response to Board of how practice has corrected infractions requested within 14 days.
- Repeat inspection with fee.
- If serious items not corrected, repeat serious violation.
- If after two serious violations and repeat inspections, DVM is scheduled with a Board investigative committee meeting for potential discipline.

COVID Challenges for Inspectors



- Acquiring PPE initially
- Inspection scheduling
- Calling practices with increased call volume
- Practices with COVID (rescheduling or exposure)
- People not acting their best selves
- More controlled drug issues during pandemic
- Some buildings have deteriorated
- Increase in renovation inspection requests
- Some DVMs expressing thoughts of depression and mental health struggles

COVID Challenges for Practices

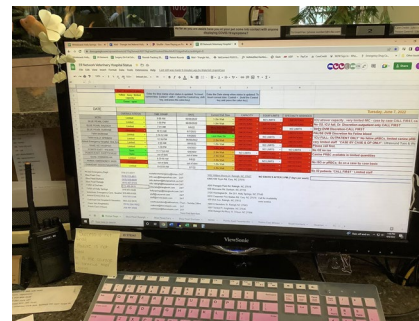


- Acquiring PPE for staff
- Managing curbside services
- Medication shortages (euthanasia solution summer 2021)
- Unable to get equipment that was unexpected (freezers for deceased pets, refrigerators)
- Staffing shortages
- Exhaustion from constant pivoting
- Mental health struggles
- Construction and permitting delays
- Clients not acting their best selves

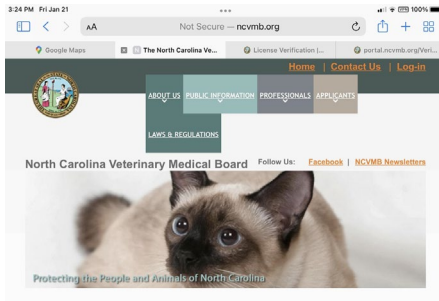


Inspector Relationships with Practices

- Answer questions in the planning stages for renovations or new openings (review floor plans).
- Share ideas on how practices comply with requirements.
- Share important information about controlled drug questions on disposal, logging, reporting.
- Contact for a practice when they are not sure who to contact. Direct appropriately when needed.
- Ambassador for the NCVMB.



The Result



ABOUT US The North Carolina Veterinary Medical Board (NCVMB), a state regulatory and consumer protection agency, was created in 1993 by an act of the State. The NCVMB does this by: • Setting standards for the profession through statutes and administrative rules • Investigating complaints • Ensuring that applicants are qualified for licensure • Inspecting veterinary facilities • Taking disciplinary action against licensees and registrants when necessary	IMPORTANT TO KNOW THE 2022 RENEWAL WINDOW IS NOW OPEN: RENEW NOW! FYI re: 2022 & 2023 Renewals All on-line CE will be accepted ... COVID-19 VACCINATIONS ... Information re: DVMs Administers COVID-19 Vaccinations Veterinary Telemedicine 0211	QUICK LINKS • ON-LINE License / Facility VERIFICATIONS <small>(Check on your Veterinarian's or Facility's Status)</small> • How to File a Complaint • Contact Us • Personal Health & Wellness • Donate to NCVSP for Impaired Veterinary Professionals • MAP of Facility Inspection Regions • Coping with the Loss of a
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- People of NC have better veterinary facilities to take care of their animals.
- Practices have routine inspections where they are provided updated requirements and how they can improve their facility.
- All citations need to be addressed and corrected within a stated period of time with documentation and/or photographs.
- If a serious violation has been issued, the practice is held accountable to correct.
- The public has access to all the most recent practice facility inspection reports.
- Many practices want to do their best and thank us for the education we provide.
- Goal is not to be viewed as the “Disciplinary Police” but rather that the inspection is an educational opportunity for the benefit of the practice.



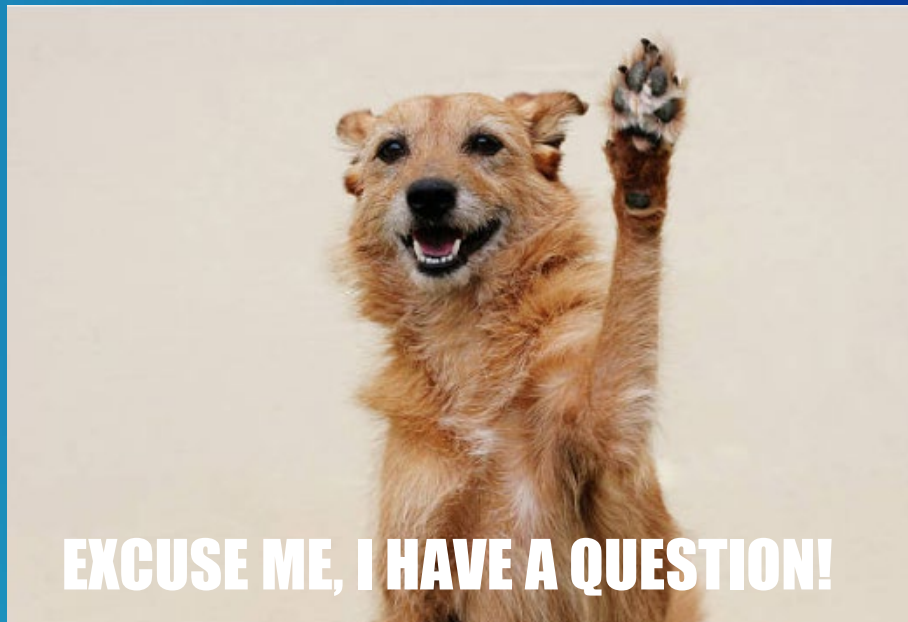


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Questions?



EXCUSE ME, I HAVE A QUESTION!