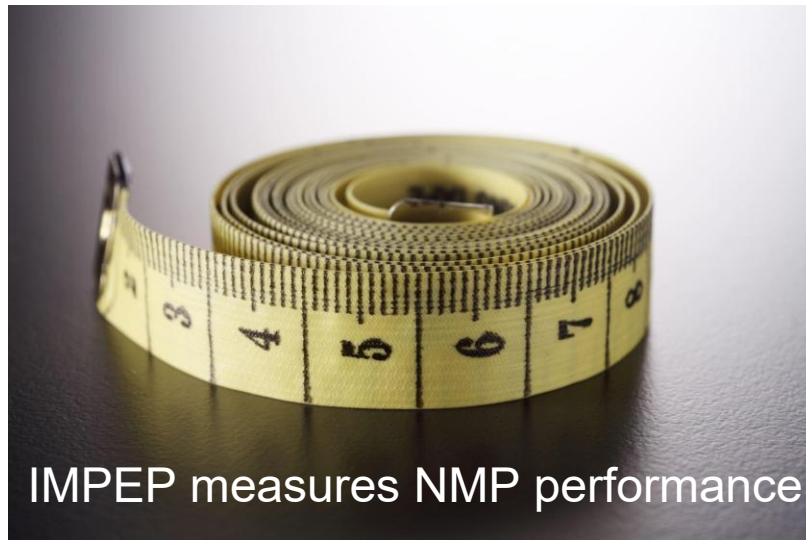


Mississippi Agreement State Program Improvement Process

Being on “NRC Probation”

How the Mississippi Agreement State Felt and Navigated the Process



AGENDA

- Timeline with Key Events
- Organization Staffing Changes (2022 vs. 2025)
- Program Improvement Plan (PIP)
- IMPEP Recovery Process
- Truths and Myths
- Ron's Best Practices
- Conclusion



A Long Road Ahead

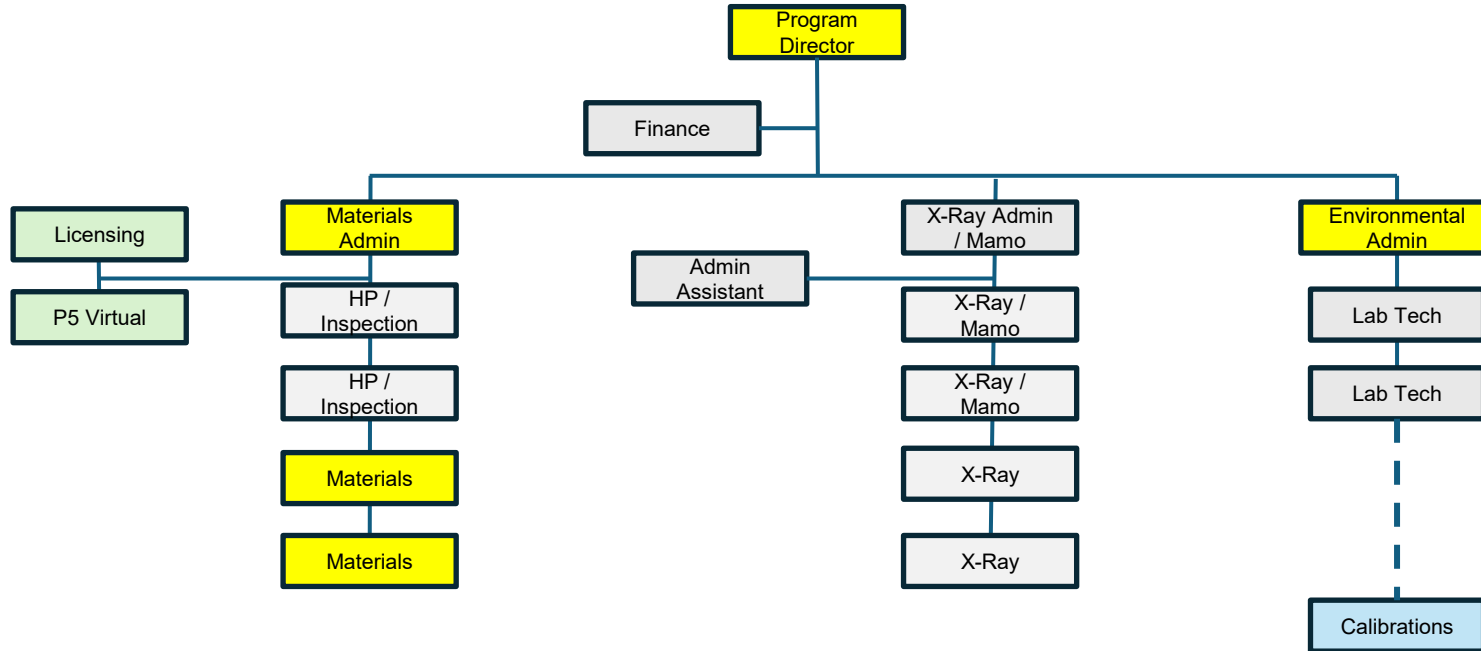
Mississippi Agreement State / NMP IMPEP Process

Timeline with Key Events

- 2021 –November** – Previous Director, Materials Team Lead, 2-Inspectors Resign or Retire.
- **November** – Rogers (I) accepted position as RCPD Director while still serving in the military.
- 2022 –February** – Based on the results of the 2022 IMPEP review, and in accordance with the criteria in MD 5.6, the IMPEP Team recommended (and the Management Review Board (MRB) agreed – after two MRB meetings) that the Mississippi Program be placed on probation. The NRC Commission made the final decision.
- **April** – **Licensing thru Web Based Licensing (WBL).**
 - **July** – Monthly meetings begin to review the Program Improvement Plan (PIP).
- 2023 –February** – IMPEP Team recommended and the MRB found the Mississippi Program adequate, to protect public health and safety, but needs improvement, and compatible with the NRC’s regulatory program.
- **Sept** – **Addressed Corrective Action Process with Disgruntled Staff.**
- 2024 –February** – NRC conducted a periodic meeting and noted that Mississippi Program’s performance continued to improve since the 2022 and 2023 IMPEP reviews.
- **May** – **Senate and House bill passed with double committee referral** (Included adoption for 10 CFR 170.31 NRC Fee Schedules).
 - **June** – Board of Health approved 25% Fee increase.
- 2025 –February** – **Key Disgruntled Staff Action Finalized.**
- **March** – IMPEP Team recommended and the MRB found the Mississippi Program adequate to protect public health and safety and compatible with the NRC’s regulatory program.

Mississippi Agreement State / NMP IMPEP Process

BEFORE: The 2022 Organization Chart



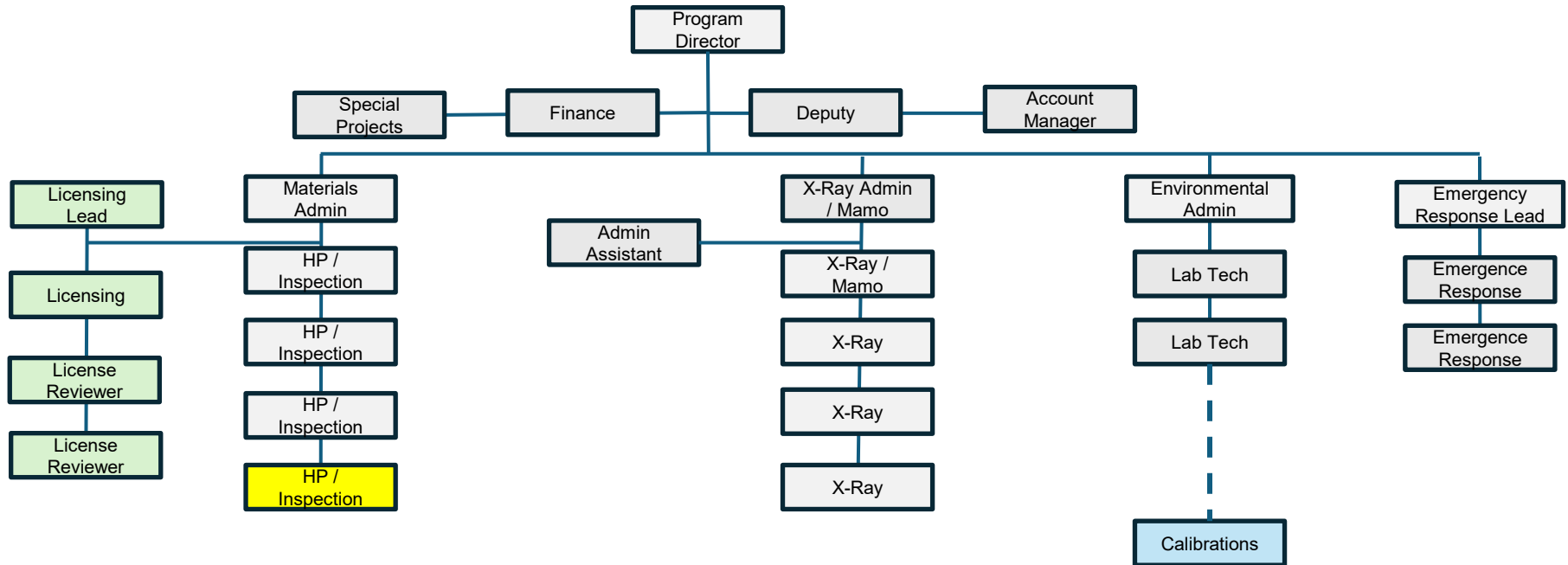
Color Key

- Vacant Position
- Filled Position
- Contract Employee
- Service Contract

18 Personal Slots (11 Filled, 5 Vacancies, 2 Contract Employees)
 1 Service Contract
 2 Qualified Materials inspectors (only one fully Qualified)
 1 Remote Licensing Contract
 1 Remote P5 / IND X-Ray virtual inspector Contract
 3 MQSA Qualified with 2 retiring in 36 months

Mississippi Agreement State / NMP IMPEP Process

AFTER: The 2025 Organization Chart



Color Key

- Vacant Position
- Filled Position
- Contract Employee
- Service Contract

26 Personal Slots (25 Filled, 1 Vacancies, 6 Contract Employees)
 1 Service Contract
 3 Qualified Materials inspectors (only two fully Qualified)
 4 Remote Licensing Contract
 2 MQSA Qualified with 1 retiring in 8 months

MS Developed Program Improvement Plan (PIP) to Address The Identified Issues Following 2022 IMPEP and MRB

Strategic

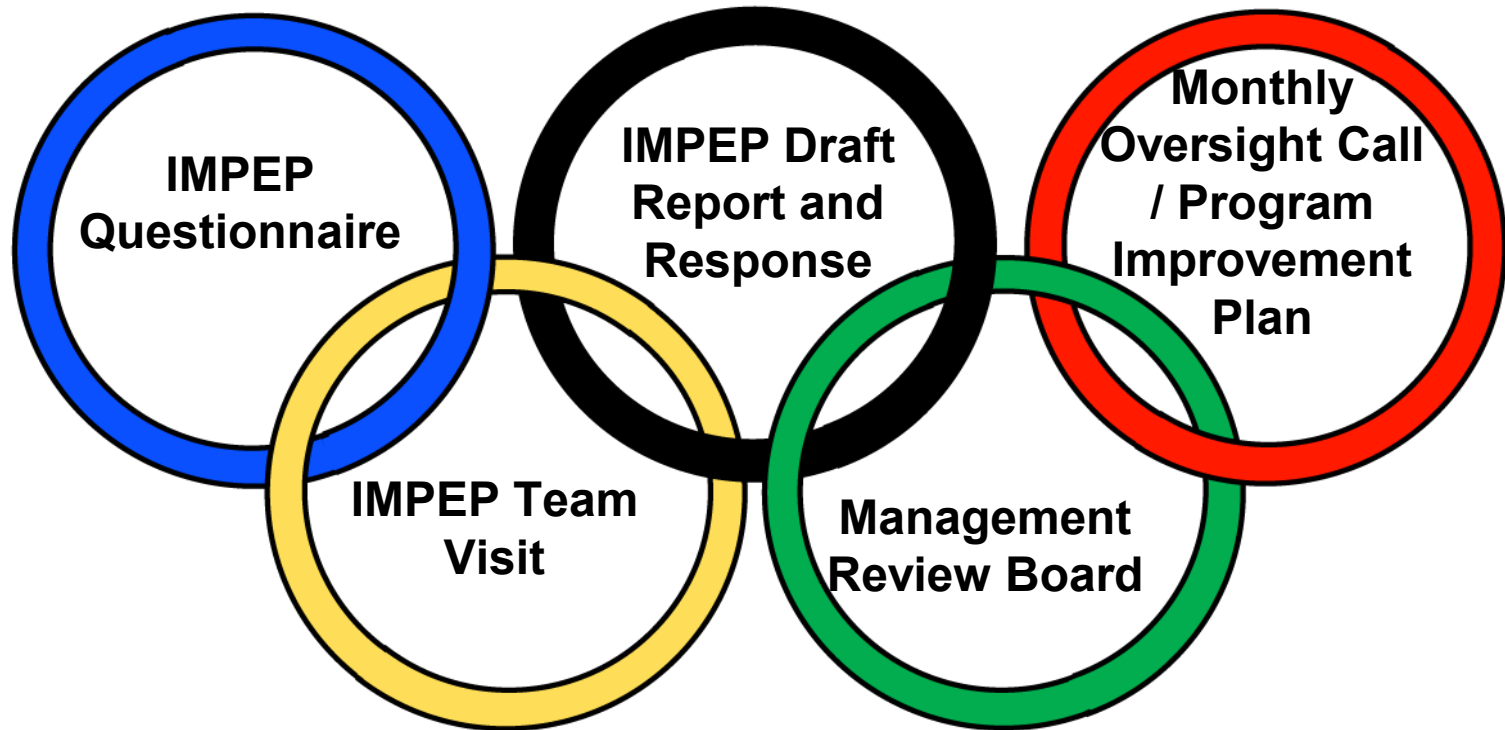
- Radiation Health Climate and Culture
- Fiscal Constraints / Program Growth and Sustainment
- Crosstalk / Collaboration (Agreement States/OAS/NRC)
- Data Protection / Organization
- Empowerment and Accountability of Staff

Operational

- Staffing and Training
- Inspection Accompaniments in Depth
- Procedure Revisions and Reviews
- Licensing Peer Review Process
- Documentation of Training and Refresher Training
- Data Base Management & Data Protection / Organization/ Correct Role
- Empowerment and Accountability of Staff



Key “Olympic” Rings of the IMPEP Recovery Process



Mississippi Identified IMPEP Truths and Myths

Truths

- **IMPEP is not personal.** It is an outside audit to identify trends and practices from an educated random evaluation.
- IMPEP grades based on a rubric.
- IMPEP evaluations attempt to be uniform and unbiased, but is in fact “People Driven, People Executed, People Interpreted, and People Reported.”

Myths You Need To Understand

- “You’re not in it alone.”
- OAS and NRC will fix your issues.
- A poor outcome will ruin your program.
- If it was identified by the IMPEP team, it is a fact.



Ron's Recommended IMPEP Best Practices

- Leave your Ego out of it; it is not personal attack
- Know your staff, know your program, know your weaknesses
- Read the IMPEP SA procedures – it tells exactly what will be evaluated and how
- Manage the Expectations of you and your Sr Leadership
- Keep an Open Mind – If it was identified, it is a perceived issue
- Involve your entire Staff – They own it!
- Develop open and transparent “trusted” relationship with key NRC Staff
- Develop open and transparent “trusted” relationship with key Agreement Programs
- Document, Train, Refresh, Document
- Work with NRC to ensure your “Program Improvement Plan” uses MRB and NRC Language
- Hire Attitude with Aptitude

Mississippi Agreement State / NMP IMPEP

Process

MS Agreement State Program is not out of the Woods Yet!!!!!!!



Potential Friction Points

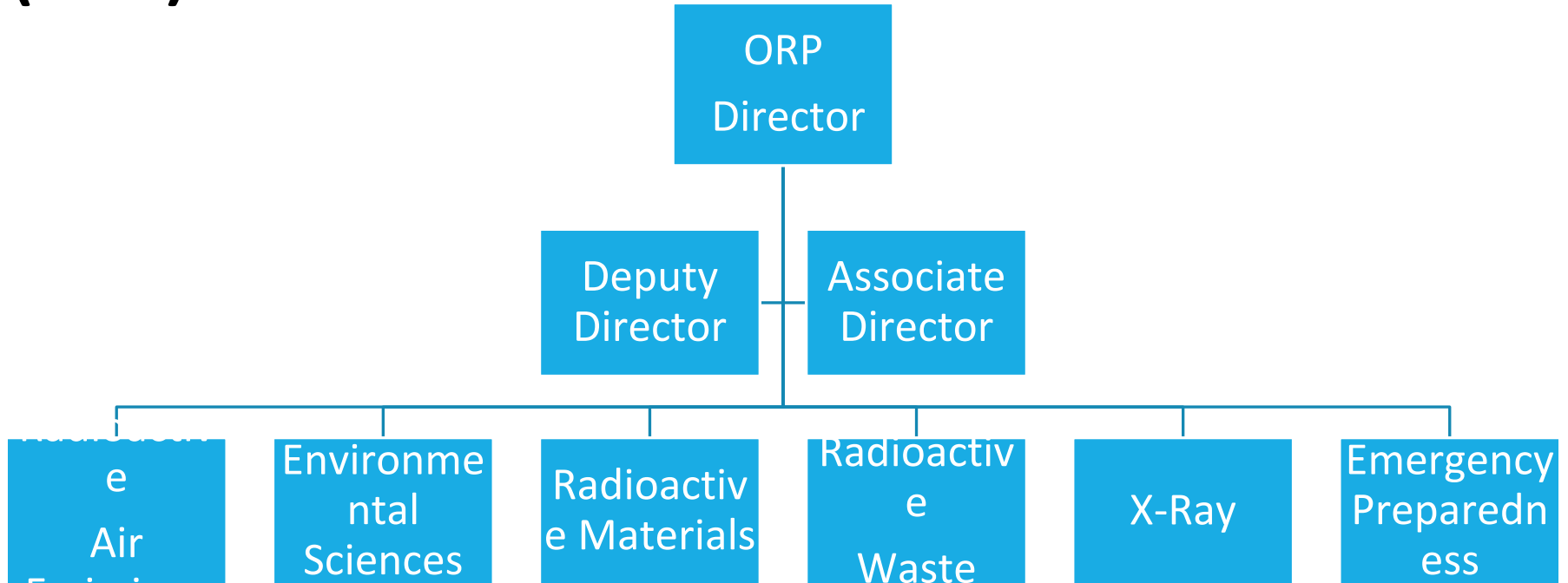
- 1 key turnover in licensing or inspection
- Keeping Up With Regulatory Change
- Emergence of New Technology in Market
- Funding
- Keeping MSDH Leadership Involved
- Maintaining Peer and NRC “trusted” relationships

OAS Annual Conference NRC Heightened Oversight

August 11, 2025



WA State Office of Radiation Protection (ORP)



- All radiation-related activities across the state are managed within ORP, not by other agencies or divisions.
- The Office of Radiation Protection has 79 positions in total.
- Of those, 54 positions are designated as Radiation Health Physicists.

Background

Washington State was placed under Heightened Oversight following a full IMPEP review in April 2022. A follow-up IMPEP conducted in April 2024 and a Periodic Review in April 2025 resulted in the same outcome. Adequate to protect public health and safety but needs improvement.

A **root cause analysis report**, including corrective actions and an implementation plan, was developed with support from our consultant. While the focus of the report was on overdue inspections, it translated to many other systemic issues.

Great news — the team found themselves in a trusted environment and felt encouraged to share openly. After numerous meetings, multiple draft reports, and significant time invested, the report was finalized. Throughout this process, an underlying theme emerged: culture.

Key Root Causes

1. Workforce Challenges

- High RadMat Supervisor Turnover: Turnover of the sole supervisory position (HP4) was significant over the last 5-10 years resulting in inconsistent leadership and lacking or continually changing procedural expectations. From 2018 to 2024, there were 8 new supervisors.
- High RadMat Staff Turnover: As experienced staff began retiring, mentorship became less available, leading to confusion about inspection timelines. In the final phase, with most experienced staff gone, there was no structured mentorship or knowledge transfer, resulting in a lack of trust in the remaining knowledge base and challenges in training new employees.
- Non-Competitive Pay Scales: RHP staffing salaries were not competitive (35% below average) with industry standards, making recruitment and retention difficult

Key Root Causes

2. Qualification and Training Issues

- Unclear Qualification and Training Requirements: New hires face long onboarding and training timelines before becoming fully qualified to perform inspections. There is a lack of procedures outlining the path to achieving full qualification and unclear messaging from supervisors on expectations for training and qualification levels and timelines.
- Limited Availability of Senior Mentors: With high turnover and retirements, fewer senior inspectors are available to mentor new hires, extending the onboarding process and limiting resources available to new inspectors.

Key Root Causes

3. Insufficient Management Oversight of Key Procedures and Compatibility:

- Inconsistent Procedure Approval: Even when procedures were developed and approved, staff were not consistently held accountable for adhering to procedural changes required by WA DOH procedures and NRC compatibility.
- Resistance to Procedural Changes: Some employees were reluctant to adopt NRC-aligned procedures, which resulted in delays and inconsistencies in inspection execution.
- Lack of Clear Direction from Upper Management to RadMat Supervisor: Supervisors did not receive clear directives on the importance of compatibility with NRC guidance and enforcing consistent procedural adherence across the programs.

Key Root Causes

4. Scheduling and Operational Inefficiencies

- Inefficient Inspection Scheduling: The program lacked an optimized database system, leading to misallocation of resources.
- Inconsistent Prioritization of Inspections: Competing priorities resulted in some lower-risk inspections being delayed beyond necessary timelines.
- WA DOH Inspection Schedule: Historically, inspections were scheduled using WA DOH schedule and provided for more frequent oversight than NRC required schedules.
- As staffing declined, the more frequent schedule of inspections was not able to be maintained. The inability to cross-reference WA DOH fee codes with program codes left newer staff without a

Key Root Causes

5. Database and Data Records Issues – electronic conversion.

- Data Entry and Accuracy Problems: The database contained inaccurate or outdated inspection records, leading to scheduling errors and redundant efforts. As staffing shifted from fully qualified personnel to less experienced staff, available time for data entry decreased, and new staff did not fully understand the importance of complete, accurate, and timely data entry.
- Resistance to Electronic Records Transition: Some staff preferred paper-based documentation, delaying full adoption of digital record-keeping systems.

During this period, the database in use was outdated, leading to frequent function failures that caused delays and compromised data accuracy.

Key Root Causes

6. Impact of Major Incidents: Two significant external events exacerbated existing challenges and contributed directly to widespread delays in completing inspections.

- Harborview Incident: This event placed immense strain on available resources, requiring extensive time and attention from key personnel. Regulatory and legal reviews following the incident diverted the most experienced inspectors and leadership away from routine inspections, compounding delays and mentorship of newer staff. Increased scrutiny and reporting requirements led to a shift in operational focus, further straining an already understaffed workforce.
- COVID-19 Pandemic: Workforce Reductions and Health-Related Absences: Pandemic-related absences, remote work challenges, and increased workloads severely impacted operational capacity. Training Disruptions: The pandemic delayed inspector training and



**Sometimes things fall apart
so better things come together.**

Moving forward together as one

Root Cause: Corrective Actions

✓ Enhance Compensation and Recruitment/Retention of Supervisor and Staff

During 2022, ORP conduct a pay-scale review to improve recruitment and retention.

May 2025, WA Governor approved the budget that included a RHP a 20% salary increase.

First salary adjustment since 2007 and became effective July 1, 2025.

✓ Strengthen Training and Procedural Oversight

Standardized qualification and training pathways for new inspectors and ensure the procedure is approved and adhered to by all staff.

Implement mentorship programs to provide new staff with access to experienced personnel to guide their development and to assist in their qualification process.

Ensure a clear and consistent procedural approval process and enforce adherence to these procedures. This includes preventing changes based on personal opinions or program preferences

Root Cause: Corrective Actions

✓ **Improve Inspection Scheduling and Resource Allocation**

Update the procedure for scheduling and assignment of inspections to ensure appropriately qualified staff are performing inspections at required frequencies.

Develop a clear prioritization framework to prevent licensing, allegations/incident response, and other competing responsibilities do not cause unnecessary delays in inspection activities. Ensure proper cross-referencing between WA DOH fee codes and NRC program codes for clear understanding by all staff as to what the required inspection frequencies are for each licensee.

✓ **Address Database and Data Entry Issues**

During the fall of 2024, the team conducted an audit to identify and correct errors in the current database in preparation for the new Database.

Completion of the new Database project is on track to be completed Fall of 2025. There is one data base for the entire office to provide uniformity.

✓ **Address External Crisis Preparedness and Contingency**

Lessons Learned

- **Do the Right Thing — Not Just the Fast Thing.** Take the time to make thoughtful decisions. This is about your team, not just meeting a metric.
- **Culture Is Foundational.** Building a strong team culture starts with listening. Don't assume — ask your team what they need to succeed.
- **Align Fees with Real Costs.** Ensure that fees reflect the full scope of work — including staffing, systems, consultants, and other operational needs.
- **Protect Time for Core Program Work.** Additional time spent with the NRC reduces capacity for essential program delivery. Prioritize balance.
- **Recognize the Impact of Oversight.** Heightened oversight creates significant pressure. That stress can increase the risk of staff burnout and turnover.

Moving Forward

- **Complete Remaining Open PIP & Root Cause Corrective Action Items**

Maintained focus on fully addressing all action items — this is critical to long-term stability and credibility. The PIP and CA will be completed by the end of 2025.

- **Transition to New Database – Fall 2026**

We have laid the groundwork for a smooth and successful system transition.

- **Prepare for IMPEP – April 2026**

Ongoing readiness efforts are in place to ensure program improvements are completed heading into the review.

- **Maintain Contractor Support Through 2026**

Leverage external support for training.

- **Drive Continuous Improvement**

Keep refining and enhancing program operations, procedures and training.

- **Keep Culture Work Front and Center**

Culture doesn't happen once — it happens every day. Staying intentional and consistent to maintain momentum.



Thank
You



Time for Questions

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Gender Pronouns: she/her

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