CHARLIE NORWOOD VA MEDICAL CENTER | AUGUSTA, GA

Date: March 11-12, 2013
National Task Force Member: Rev. Daniel J. Seehafer
Deputy Director of Healthcare: Jacob B. Gadd
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Overview

Charlie Norwood VA Medical Center (CNVAMC), a two-division facility, serves veterans in Georgia and South Carolina by providing care in surgery, medicine, psychiatry, rehabilitation medicine and spinal cord injury. The Downtown Division is authorized 155 beds (58 medicine, 37 surgery and 60 spinal cord injury). The Uptown Division, three miles away, has 315 authorized beds (68 beds in psychiatry, 15 in blind rehabilitation and 40 medical rehabilitation beds). A 132-bed Restorative/Nursing Home Care Unit and 60-bed domiciliary are also located at the Uptown Division.

CNVAMC and Dwight D. Eisenhower Army Medical Center at Fort Gordon entered a joint venture to provide cost-effective sharing of resources between the two health-care facilities in the Augusta metropolitan area. In 2004, an Active-Duty Rehab Care Unit was opened to treat OEF/OIF active-duty military personnel who required rehabilitation.

Gastroenterology Consult Delay

CNVAMC leadership first learned of delays in providing gastrointestinal (GI) services to veterans on Aug. 30, 2012. Of the 4,580 delayed GI consults, a quality management review team determined 81 cases for physician case review. Seven of the 81 cases may have been adversely affected by delays in care. Six of seven institutional disclosures were completed, and three cancer-related deaths may have been affected by delays in diagnosis. Factors contributing to the 4,580 patient backlogs included a large number of baby boomers turning 50 and requiring screening, the medical center's non-anticipation of a spike in GI consult demand, lack of an integrated database for tracking GI procedures and GI physician recruitment challenges.

To resolve the GI consult delay and enhance services throughout the medical center, CNVAMC's newly appointed director established a governance council comprised of service chiefs who provided daily management and oversight and reported to the director. CNVAMC also requested support from Veterans Integrated Service Network (VISN) 7 and the Department of Veterans Affair Central Office (VACO), created an internal database to more effectively track GI procedures, hired and realigned staff to meet the demand for services – including cross-training intermittent radiology technicians and nurses – reengineered processes within the endoscopy suite to address patient flow and improve efficiencies, offered weekend and holiday clinics to increase in-house capacity, procured additional supplies and scopes to fulfill increased internal demand, and negotiated agreements in the community to provide expedited procedures.

As of October 2012, the GI Task Force had completed consult management, capacity expansion, data management, patient notification and GI clinic staff training. All patients from the original population of 4,580 patients were addressed and placed in a final disposition status by November 2012.

According to management, the GI consult delay justified a pay increase for VA-employed gastroenterologist physicians who receive a salary 20 percent less than medical facilities in the area offer. This pay increase led to the facility's recent ability to hire a GI chief.

Budget

CNVAMC budget for fiscal 2014 is $355.4 million. Priority funding areas for the five-year medical center plan are emergency room contracts, sterile processing system, polytrauma-amputation network, rural health initiatives and and enhanced sharing agreements.

Over the past 10 years, major budget initiatives included Cultural Transformation, OIF-OEF, Expansion PTSD Case Management of OIF-OEF veterans, suicide prevention, inpatient beds, patient privacy, redesign E-Wing Spinal Cord Injury, health care for homeless vets, environmental safety, tele-health, PTSD tele-health, innovations in long-term care and enhanced women veterans care, caregiver support, employee debt-reduction program, employee incentive scholarship program and national nursing education initiative.

CNVAMC has experienced problems in complying with Executive Order 13360, which mandates federal agencies to allocate at least 3 percent of their contracting dollars to service-disabled, veteran-owned small businesses (SDVOSBs). While spending 3 percent to budget on SDVOSBs is good overall, medical facility staff indicates situations where choosing small businesses could be a detriment in that they may not have the immediate resources available to treat our patients when needed. Examples include ensuring quality control for supplies and products required for sterile environments. Also, small companies may not

be able to absorb the cost of stocking sizes of implantable devices that need to be available in emergency situations.

If CNVAMC had the resources in the budget, the facility would start an advertising campaign to recruit quality staff, increase enrollment at the facility and combat the negative local press.

With additional resources, CNVAMC could design an observation room to fill the gap in health-care services for veterans who don't meet the criteria for inpatient care, but would benefit from more attention and a longer stay in the facility.

Staffing

CNVAMC faces recruiting challenges based on Office of Personnel Management (OPM) salary caps, lower-than-average pay compared to local medical facilities (generally 20 percent lower) and negative media attention. The top occupations considered hard to fill for CNVAMC are medical officers (psychiatrist, orthopedics, emergency, hematology/oncology, optometrist and neurology); nursing; general engineering; biomedical engineering; pharmacist; medical technologist; physical therapist; occupational therapist; and physician assistant. The Pain Management Clinic closed in May 2013 due to loss of pain-management staff.

CNVAMC Human Resources projects 587 employees will retire between fiscal 2014-2019. Areas of shortage and high vacancies are nursing; radiology (ultrasound technicians, diagnostic radiological technicians, etc.); gastroenterology (GI) (physicians and technicians); and neurologists.

Ninety-one nursing staff employees turned over from March 2013 to February 2014. HR prepared two nurse pay adjustment requests in 2013; both were denied due to the pay freeze. Salaries have been frozen for three years. The pay freeze and non-competitive salary makes it difficult for CNVAMC to attract and retain the nurses needed to provide quality care to veterans. Though the facility implemented a nurse residency program, nurses depart the medical center after the are trained to work at one of the other eight medical facilities in the area offering higher salaries. Hospital staff and patients suffer due to lack of continuity.

Positions filled by staff in acting leadership roles include fiscal, imaging, nursing, specialty care, Associate Nurse Executive for geriatrics, nurse manager Critical Care Unit, and Associate Chief of Staff for affiliations and education.

Areas and grades impacted by OPM cap decisions include security, human resources, general administration, mail and file, accounting and budget, health aide and technician (optometry and optician), hospital housekeeping, legal, claims assistance, purchasing, biomedical equipment support, IT, custodial, industrial equipment boiler plant operator and utilities system operator. With OPM downgrades to several key GS-5 and 6 positions, the facility is experiencing difficulty recruiting for these positions and if they have to backfill a position, it is downgraded a GS level making it difficult to recruit and retain these employees.

Enrollment/Outreach

Currently, the facility is challenged with negative media coverage. To increase outreach, grow enrollment and attract good talent, the medical facility is looking for opportunities to improve its image. Until advertising and marketing projects are funded, the staff will continue to partner with Fort Gordon and Augusta Wounded Warrior Project to target outside audiences and provide information on accessing mental health services at CNVAMC.

CNVAMC psychologists educate care providers on suicide and trauma warning signs, and appropriate screening procedures. These efforts are expected to increase the ability to identify and provide treatment for at-risk patient groups. Facility staff provides presentations in the community for non-VA providers who encounter veterans in their daily work.

Suicide prevention staff works with the VA to enroll non-enrolled veterans who are referred by the Veterans Crisis Line. Following the suicides of two local students, the staff partnered with the local school district to implement suicide risk reduction efforts. Additionally, the suicide prevention teams target veteran and non-veteran populations, as family members and friends benefit from suicide risk reduction efforts.

Mental Health

In the past few years, the military sexual trauma (MST) program expanded to include psycho-educational groups for new referrals and additional specialized treatment options for men and women veterans who experienced MST. CNVAMC placed a full-time psychologist in the women's clinic to screen women veterans for MST and ensure the patients receive required treatment.

Effective July 1, 2013, CNVAMC increased access to mental health services by expanding the Mental Health-Primary Care Integration (MH-PCI) program; specifically, the facility integrated psychologists into four of five primary care teams. MH-PCI's fiscal 2014 goals are to identify at-risk patients and introduce appropriate intervention therapies, and to augment MST therapy staff to provide improved access for patients.

CNVAMC provides integrated mental health-care services in the women's primary care clinic. Women can receive walk-in, same-day appointments addressing mental health concerns common to the primary care, including depression, mood and anxiety disorders, intimate partner and domestic violence, parenting or marital concerns, family-related stress, and post-

deployment adjustment or PTSD. Gender-specific treatment groups and providers are offered to women veterans in the MST program.

CNVAMC's PTSD treatment is evidence-based. The facility employs cognitive processing therapy, prolonged exposure and cognitive behavioral therapy for depression and insomnia. Complementary and alternative medication treatments available to mental health patients include relaxation classes, mindfulness classes and biofeedback.

With the facility's expansion of MH into primary care, administrators would like to hire more psychologists and psychiatrists for each of the PACT teams.

Construction

CNVAMC recently completed a pre-op and operating room redesign. Prior to the redesign, pre-op patients were wheeled to the operating room through public areas, including the waiting room. With the redesign, patients are now afforded pre-op privacy.

Patient Advocate

CNVAMC is pursuing a *60 Points of Contact* patient advocate ambassador program to remove barriers preventing veterans from receiving quality care in a timely manner and to improve the facility's 2011-2013 SHEP average patient satisfaction ratings. Currently, the patient advocate office fields 300-400 complaint calls per week, ranging from parking to surgery issues. The top three complaints are:

- Aaccess – the time it takes to get an appointment, to be seen once an appointment is made, and to receive medications and supplies;
- Decision preference – disagreement with treatment plan, medication, and services; and
- Coordination of care – referrals, within the system and on the outside, and transition from inpatient to outpatient – specifically follow-up care.

The Points of Contact program is a medical facility cultural transformation program designed to empower nurses and or designated points of contact in service lines to solve complaints at the source. If the issue cannot be solved in the appropriate service line, it will be forwarded to the patient advocate. Service line ambassadors will be featured on Target Vision (medical facility TV) and Facebook to publicize their role as ambassadors. Empowering nurses and staff to solve problems will free patient advocates to do more rounding and have more time to educate congressional staff on medical facility initiatives.

CNVAMC leadership is considering removing nursing stations to create a more patient/family-centered care atmosphere, rather than perceived nurses-vs.-veterans atmosphere.

Town Hall Meeting

Originally scheduled to discuss the medical center's handling of the *gastrointestinal consult backlog,* the veterans health-care town hall meeting March 10 at American Legion Post 205 in Augusta created an opportunity for local veterans to share their concerns about the quality of VA medical care they receive at Charlie Norwood VAMC.

Rather than focusing on the GI backlog, veterans at the town hall meeting voiced concerns with the medical center's ability to provide other timely specialty care, specifically pain management and eye care. One veteran waited eight months for a pain-management appointment, and wait times for eye care appointments averaged six months, coupled with prescription inaccuracies. VAMC staff confirmed 3,100 patients are on the eye care waitlist. Veterans and family members mentioned problems with receiving service dogs, information sharing and caregiver resources.

The meeting had more than 70 attendees, including staffers from Reps. John Barrow and Paul C. Broun and Sen. Saxby Chambliss' offices, family members, and several staff from the VA medical center. Several audience members expressed dissatisfaction with their health-care services. The SWS Task Force shared issues, concerns and best practices discussed during the town hall meeting with appropriate leadership at the medical center.

Best Practices

CNVAMC has done an excellent job improving quality of care associated with pressure ulcer prevention and monitoring. The medical facility executed a pressure ulcer plan, and replaced 100 percent of the beds in the spinal cord injury and specialty units with low air loss mattresses, designed to reduce pressure ulcer formation.

The facility implemented a Wound Care Champion Team that places cartoon paw prints outside the doorway of rooms of at-risk patients and who make rounds on Wednesdays to check all non-ambulatory patients.

These best practices promote early detection and reduced development of hospital-acquired pressure ulcer rates to below the national benchmark.

Facility Challenges & Recommendations

Challenge 1: CNVAMC needs to increase transparency, provide crisis information immediately, and provide general health care

information on a regular basis. CNVAMC also needs improved communication with the local community, including media representatives, potential hires, current employees, veterans service organizations, family members and patients.

Charlie Norwood is faced with negative news stories based on 18-month-old information because the communications team is not empowered to address steps VA has taken in reducing the backlog and report that it has been resolved. With two sides to every story, Charlie Norwood and the VA are missing opportunities to restore veterans' confidence in their health-care system, entice new veteran enrollees, and entice future hires in an economy where potential employees can work at other local, better-publicized medical facilities with hire wages**.**

Recommendation: The American Legion recommends strategic communication improvements at the VA Central Office (VACO) level by empowering the CNVAMC public affairs office and other VAMCs to share information immediately, especially when responding to local media. Since patient safety is first and foremost, VACO should delegate public disclosure and notification release at each of their VA medical centers, especially in response to crises such as the possible link between GI backlog and three cancer-related veteran patient deaths. According to discussions with CNVAMC staff, the medical center had a communications plan to address GI backlog developments, but the timely release and approval of information from VACO leadership prevented timely notification. VACO should examine its communication structure and policies, and harness opportunities to reduce time in responding to crises, along with delegation of authority, responsibility and accountability to local VA facility leadership to effectively and efficiently respond during a crisis.

Challenge 2: CNVAMC is understaffed in nursing, biomedical engineering, and several specialty areas, and faces recruiting challenges based on OPM salary caps, lower-than-average pay compared to local medical facilities (generally 20 percent lower) and negative media attention.

Recommendation: The American Legion recommends the medical center continue recruiting and ultimately hiring staff by requesting OPM lift pay freeze limits and offer salaries competitive to the local market.

Challenge 3: CNVAMC's ER check-in desk does not allow for patient privacy due to its layout and staff not being able to discuss patient needs privately.

Recommendation: The American Legion recommends CNVAMC build or redesign the ER to accommodate privacy.

Challenge 4: Patient advocate is faced with overwhelming workload and reports to communications team.

Recommendation: The American Legion recommends reorganizing the reporting structure to separate communications/marketing and patient advocate responsibilities. The American Legion suggests that the patient advocate reports directly to the nursing executive. If the patient advocate reports to the nursing executive, the *60 Points of Contact* ambassador program will be easier to restructure with timely response and speed up implementation of patient ambassadors and advocates within each service line and with front line staff.

Challenge 5: The facility has significant wait times and patient concerns with eye and pain care.

Recommendation: The American Legion recommends expanding the eye clinic to accommodate patient demand. Both optometry and pain management are difficult positions to fill – so much so the Pain Management Clinic closed in May 2013 due to loss of pain management staff. The American Legion recommends closer tracking and coordination of non-VA eye care and pain management care until CNVAMC is able to fill staff positions. The American Legion also recommends hiring a pain specialist with training in Complementary and Alternative Medicine.

VA PITTSBURGH HEALTHCARE SYSTEM (UNIVERSITY DRIVE CAMPUS) | PITTSBURGH, PA

Date: November 5-6, 2013
National Task Force Member: Chairman, Ralph P. Bozella
Deputy Director of Healthcare: Jacob B. Gadd
National Senior Field Service Representative: Edward G. Lilley

Overview

The University Drive campus of VA Pittsburgh Healthcare System (VAPHS) is located in Oakland, adjacent to the University of Pittsburgh's Petersen Events Center, and was built in 1954. With 146 beds, University Drive provides medical, neurological and surgical care, in addition to receiving the most outpatient visits of all VAPHS facilities.

University Drive's surgical program is always on the forefront of the latest advances in surgical techniques. For example, it was first in the country to perform open-heart surgery on a patient who was awake and talking (2000); first in VA to have radio frequency cardioblation for atrial fibrillation with Medtronic cardioblate RF ablation surgical handpiece (2001); and the first in the state to have cardiac mapping/ablation, a procedure performed using Hansen Sensei Robotic System (2008). University Drive also is home to national, independent liver and renal transplant centers, along with a regional cardiac surgery center and an oncology referral center. The University Drive's Women Veterans Health and Renal Dialysis programs have earned recognition as National Centers of Clinical Excellence.

For the future veterans, VAPHS will continue to leverage technology through utilization of Telehealth, MyHealtheVet and other interactive care modalities. VAPHS will offer veterans expanded choices regarding the health care they receive and remain a competitive force in the community health-care market by offering the same, if not enhanced, treatment alternatives.

Legionella

In April 2013, VAPHS was investigated by the VA Office of Inspector General (OIG) in order to evaluate whether VAPHS was adequately maintaining its system for preventing Legionnaires' Disease (LD). VAPHS has a long history of comprehensive mitigation efforts for LD. Following the recent outbreak, VAPHS instituted numerous additional measures. However, OIG found that while employing copper-silver ionization systems during 2011-12, VAPHS allowed ion levels inadequate for *Legionella* control to persist. There was a lack of documentation of system monitoring for substantial periods of time and inconsistent communication and coordination between the Infection Prevention Team and Facility Management Service staff.

After conducting a Root Cause Analysis (RCA) on *Legionella,* the report found that not everyone understood their roles and responsibilities with *Legionella,* which led to the establishment of a Water Safety Committee in January 2013. The Water Safety Committee provides oversight on all issues related to the ongoing mitigation of *Legionella* in the water distribution system. The committee meets twice a month and reviews ongoing remediation efforts, assures policy adherence, testing schedule adherence and records maintenance, with the goal of assuring that VAPHS water supply is safe for the consumer.

While VAPHS now claims it is the "safest medical center in the country" when it comes to testing for *Legionella*, the System Worth Saving Task Force discussed the medical center's challenges with transparency and public relations, and recommended that the medical center make better use of getting the word out to veterans service organizations and communicate its aggressive approach taken to test the water.

Budget

In fiscal 2004, VA moved from a single appropriation model to a three-appropriation model for budgeting and tracking expenditures. In fiscal 2007, a two-year appropriation was created for the Office of Information and Technology. In 2012, this appropriation was changed from a two-year to a one-year appropriation. Specific Purpose fund programs were created in fiscal year 2011. These funds are allocated to the medical center for special initiatives such as mental health, homeless programs, etc. During the 2011 budget approval process, Congress approved an advance appropriation for 2012. This has carried forward each year so that the Veterans Health Administration does not have to worry about continuing resolutions and is not adversely affected by government shutdowns.

VAPHS has also been able to reduce the cost of Non-VA Care Coordination by reducing the average number of days it takes veterans to be admitted to Community Living Centers from 36 to 30. Another way VAPHS reduced costs was having physical therapy added to Community-Based Outpatient Clinics, rather than having physical therapy fee-based.

For fiscal 2014, the VAPHS's budget is $561,999,102, allowing the medical center to maintain its levels of service and open enrollment. The medical center's goal is to continue to add as many veterans to its program as possible. VAPHS has worked

on becoming more efficient in operations to reduce cost in order to not reduce programs. This was accomplished with their vigorous Veterans Equitable Resource Allocation program that utilizes education to providers and audits to ensure proper coding of each veteran's care. In regards to a future sequester, VAPHS explained that if there were to be a 10-percent decrease, the cut could affect the funding received for medical equipment.

Staffing

Since 2003, VAPHS's staffing has underwent the following initiatives: 50 new positions and approval to backfill 19 vacancies in Mental Health; the expanded use of Tele-Health to expand the reach to veterans; Telework Expansion Initiative; and the Patient Aligned Care Team Initiative, which involved the Veterans Health Administration's Primary Care Program Office adopting the Institute of Medicine's definition of primary care, –the provision of integrated, accessible health-care services by clinicians who are accountable for addressing a large majority of personal health-care needs, developing a sustained partnership with patients, and practicing in the context of family and community.

Police Officers have experienced a high turnover for fiscal 2013. Also, VAPHS is always recruiting physicians and is currently recruiting for 20 physicians. The medical center has had difficulty recruiting experienced candidates for facilities positions (plumbers, engineers, etc.). VAPHS also had high turnover rates in Housekeeping and Medical Support Assistant positions, but has utilized successful strategies to overcome these challenges, such as utilizing open continuous announcements, partnering with Veterans Benefits Administration for recruitment of veterans and developing training programs. The staff also expressed concern over the medical center's inability to offer competitive salaries for physicians and has been unable to recruit Emergency Department physicians.

In fiscal 2015, 609 employees will be eligible to retire, and based on the current FTE level, this equates to 18 percent of the workforce. VAPHS uses various tools to ensure succession planning, such as doubling encumbering positions/temporarily hiring above ceiling to avoid delays and ease transitions' use of Leadership, Effectiveness, Accountability, and Development)/Leadership Development Institute to identify and train future leaders; creating and utilizing of Workforce Development Section in Human Resources to assist employees with professional development needs; and the development of Medical Support Assistants training program and open continuous announcements.

Enrollment/Outreach

With the recent implementation of the Affordable Care Act (ACA), the projections estimate an additional 20,100 veterans would enroll as a result of the ACA mandate, and VA would lose approximately 9,300 veterans to the insurance marketplace. This will result in approximately 10,800 new enrollees over the next three years as a result of ACA.

VAPHS admits that it is too soon to really gauge what the impact on enrollment will be, since the ACA requirements and the health insurance marketplace are still in the early stages of implementation. The estimates on enrollment it currently has will likely continue to change as program implementation continues to progress. VAPHS currently has 76,225 veterans enrolled, 52,321 unique users, and 207,524 veterans in their catchment area.

Outreach has improved and grown since 2003. Development with the outreach program has allowed VAPHS to attend more events and build better relationships with local organizations to reach veterans and their family members. Since fiscal 2007, VAPHS has had 77,381 cumulative first-time users at the medical center. More than 2,100 new enrollment applications have been entered into the VAPHS system for fiscal 2013, and the outreach program has coordinated more than 100 events each fiscal year since 2010 and plans to expand by 15 percent for 2014.

In fiscal 2014, the Outreach program plans to expand the open house events to all five Community Based Care Outpatient Clinics. The event will encompass expansion of veteran engagement in treatment services, new enrollment, and clinical staff's personal interaction with veterans, as well as growth in vesting appointments for our rural areas. The Outreach program also plans to increase its emphasis in expansion of participation in minority veteran-centered events (i.e. woman, Hispanic and Latino, Pacific Islanders, African American, gay and lesbian veterans), with the goals of growth of this specialty to at least 12 monthly events for 2014.

While VAPHS is counting the number of outreach events, tit is unable to determine the number of veterans that enrollment increased by or have a baseline goal to increase the number of veterans in the catchment area that are enrolled.

While the outreach program remains challenged to reach younger veterans, the program plans to develop relationships with more local universities and colleges to support student veterans and educate them on their health benefits and VA programs. Goals for fiscal 2014 are to reach three new universities and colleges.

In an effort to increase collaboration and partnerships, The American Legion recommended that VAPHS work with Pennsylvania state veterans offices to send a survey on veterans benefits, since VA is precluded from sending surveys due to the

Office of Management and Budget's Paperwork Reduction Act. The American Legion also recommended partnering with VBA when a veteran receives a service connection to share the veterans contact information to encourage the veteran's use of their health benefits.

Mental Health

With the closing of Highland Drive Campus, Behavioral Health moved to University Drive and the Heinz campus. Over the past 10 years, Clinical Video Telehealth (CVT), as a modality for virtual care, has increased significantly to Vet Centers, Community-Based Outpatient Clinics (CBOCs) and other VA medical centers via the development of the "Telehealth Hub" (a specialized program of Behavioral Health that provides CVT to Veterans Integrated Service Network (VISN) facilities and in the planning for VISN CBOCs), and treatment at home via personal laptops (virtual care).

VAPHS has also met the five national measures for mental health, and has a Behavioral Health Lab that is active making calls to Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn veterans, and active with the CBOC and with primary care integration. Behavioral Health provides evening hours and groups, and is now participating with primary care for joint primary care and behavioral health evening hours on Wednesday and Saturday morning. In an effort to reduce the stigma surrounding veterans with PTSD, VAPHS renamed PTSD "Combat Stress Recovery."

VAPHS is challenged with the limited amount of Complementary and Alternative Medicine therapies offered as an alternative to treatment, as well as the collaboration with pain specialists and efforts to reduce medications.

Over the next five years, VAPHS intends to expand Behavioral Health to medical centers that have trouble recruiting qualified psychologists and psychiatrists through the use of "Telehealth Hub" and utilizing CVT as the modality. VAPHS will also explore additional virtual care opportunities for veterans. The American Legion recommended that VAPHS follows through with this plan.

Intensive Care Unit

Since 2003, the Critical Care Service Line at VAPHS introduced a system to control glucose and reduce the incident of infections in open-heart patients that has been very successful. The Glycemic Expert for Nurse Implemented Euglycemia (GENIE) provides recommendations for insulin administration, via both drip and bolus, using a unique algorithm based on several parameters. Glucose GENIE has been demonstrated as effective in VA hospitals and will reach its full potential and widespread adaptation through partnership and commercial licenses. Critical care has also implemented other systems to control infections such as Ventilator Associated Pneumonia protocols and line infections. Another initiative has made it possible for critical care physician services to be on site 24/7 for emergency response, ensuring a high quality of care for patients.

VAPHS is a tertiary care facility classified as a Complexity Level 1A facility with 37 Intensive Care Unit (ICU) beds and a sixteen-bed Emergency Department. The facility has a dedicated surgical ICU run by board-certified critical care physicians and highly competent nurses. Intensive care services provide post-liver and kidney surgical transplant care. While the ICU beds are fully staffed with doctors and nurses, there is a current need for a director within the Emergency Department.

For the future, program goals for the Critical Care program focus on working with the Emergency Department and other clinical areas to improve patient flow throughout the facility. The goal is to decrease patient wait times in the Emergency Department and improve customer service and patient satisfaction. Critical Care continues to work on clinical goals, including lowering infections associated with line complications and Ventilator Associated Pneumonia. Critical Care is also pushing to expand the use of simulation training and Out of Operating Room Airway Management.

One goal for fiscal 2014 is to open a new Step-down Unit to increase the number of beds in the facility. This new state-of-the-art unit will add an additional eight step-down beds and ensure more patients receive the appropriate level of care.

Long-Term Services and Support

Since 2003, VAPHS has added a new 1 North nursing unit with all private rooms and spacious living areas. VAPHS has also figured out a unique way to help wounded veterans transition successfully from their hospital bed to their own bed at home with "MyHOME," a 1,200-square foot home with different flooring types, adjustable lighting, countertops and cabinetry at different heights to promote a safe, confident transition to home. VAPHS has also made upgrades to the Mason Pavilion and courtyard with raised gardens, lighting, new shrubbery, etc.

Currently, VAPHS's Community Living Center (CLC) offers two skilled nursing care units, two long-term care units, a locked dementia care unit and a hospice unit. The CLC also offers a dedicated intensive rehabilitation service on a skilled-care unit, palliative care and pain-management services throughout the facility, and respite-care services. VAPHS has 210 long-term care beds, with 40 under renovation.

VAPHS plans to improve appropriate patient flow from Unre-

lated Donor; expand Veteran Centered Care (VCC) - expand the pilot enhanced medication reconciliation program from one of the skilled nursing units to include both skilled nursing units to include both skilled nursing units, and by asking all service lines to develop and implement VCC projects in 2014. VAPHS also aims to advance cultural transformation; promote the use of the Get Well Network, an entertainment system with email and interactive patient/resident care potential; initiate a recovery model for veterans with chronic severe mental illness; design, recommend, and achieve consensus regarding a CLC model of care (number, size, and type of nursing units; staffing, provider coverage; etc.) and implement the model; and plan for the integration of physicians and Certified Registered Nurse Practitioners in anticipation of CRNPs becoming Licensed Independent Practitioners (LIP) within the next two years. The CLC is a component of the VAPHS Strategic Plan.

Homeless Coordinator

In 2003, the beginning of grant and per diem (GPD) transitional housing programs in VA Pittsburgh Health Care for Homeless Veterans Program (HCHV) was initiated. Presently, there are three sites: Shepherd's Heart Fellowship (12 beds), Veterans Place of Washington Boulevard (48 beds) and Mechling-Shakley (268) Veterans Center (54 beds). In 2005, the Department of Housing and Urban Development Veterans Affairs Supportive Housing (HUD-VASH) program began offering permanent housing for homeless veterans and their families by offering 50 vouchers. Today, there are presently 280 vouchers. In 2010, the Contract Residential Housing Program began with Shepherd's Heart Fellowship (five beds). Presently, there are three Contract Residential Housing sites with Shepherd's Heart Fellowship (three beds), Tomorrow's Hope (five beds) and the new site of the Orr Center (three beds). In addition, The American Legion-sponsored Coraopolis Supportive Housing Program continues to be a crucial housing site for veterans and their families, offering a two-year transitional housing program. Case management with clinicians of the Health Care for Homeless Veterans (HCHV) Program is given to each veteran in all housing programs.

VAPHS plans to continue to expand and grow in all of its programs with more services and more housing for homeless veterans. The HCHV Program Coordinator represents the VA and homeless veterans as a member of the Allegheny County Continuum of Care Committee Homeless Advisory Board. She also serves as a board member of the Allegheny County Department of Human Services Community Services Advisory Board, in addition to the Peer Support Specialist of the HCHV Program. The HCHV Program has an established relationship with HUD, the Allegheny County Housing Authority, the Veterans Leadership Program and the collaboration with the SSVF Grant, various community partners that are involved with the transitional housing programs of GPD, contract residential housing and supportive housing, and community shelters, Veterans Courts, the Allegheny County Jail, magistrates and many community organizations across counties that are active with the homeless veterans programs.

Information Technology

Since 2003, VAPHS's Information Technology (IT) has had several upgrades and additions, such as the new data center that was installed at H.J. Heinz Campus in 2004. VAPHS also activated five new buildings, regionalized IT support in 2006, closed the Highland Drive Campus in an effort to consolidate the new Research Office Building, and made all the proper upgrades to their office software (Windows, Microsoft Office, etc.).

During the Legion's town hall meeting, veterans praised VAPHS's website, as well as its ability to refill their medication online, and the use of MyHealtheVet. However, they did cite some challenges with the medical center's scheduling and phone system. One veteran had waited more than eight months to have his eye taken care of, and another veteran mentioned the difficulty of obtaining an operator on the phone. According to VAPHS, the average appointment wait time for a new patient appointment is 21.6 days; primary care is 25 days for a new patient, one day for established patients, and 41.7 percent of new patients are seen within 14 days of their desired date. The average appointment wait time for a specialty care appointment is between two and 60 days, 73.6 percent of new mental health appointments are completed within 14 days of the create date, and 99.3 percent of established mental health patients have a scheduled appointment within 14 days of the desired date.

Centralization has remained a challenging issue for VAPHS. To date, the centralization of IT services has not had a positive impact on the medical center. Many times, when troubles escalate they are returned to the local facility for resolution. The local facility can't help because the personnel with the expertise to solve the problem have gone to the centralized service line. Centralization also has caused confusion for the customer requesting help. Many times, they don't know if it's local, regional or national support that would help with their problem. Local facilities have many unique systems/configurations that are foreign to anyone other than the local staff.

VAPHS plans to increase Telehealth Services (CVT, Home Telehealth, and Secure Messaging); mobile computing opportunities (Applications and devices); and the use of Server Virtualization and data storage capabilities; and implement the Standard National Service Oriented Staffing Model. VAPHS also intends to

continually increase the level of customer service, reduce pending trouble tickets by 20 percent, and obtain appropriate staffing level to support the hospitals, and assist VHA in the installation and expansion of veteran wireless internet access.

Construction

Since 2003, VAPHS has completed six major construction projects throughout the University Drive and H.J. Heinz Campuses: in 2007 they finished a parking garage for $37 million, in 2008 the Veterans Recovery Center for $17 million was completed, in 2009 the Administration Building for $17 million was completed, in 2011 the Ambulatory Care Center for $38 million was completed, in 2012 the Consolidation Building was completed for $76 million, and the Research Office Building was completed in 2013 for $32 million.

Currently, the University Drive Campus is modernizing its Intensive Care Unit beds, adding new elevators and constructing a loading dock enclosure. In regards to the modernization of ICU beds, one veteran at the town hall meeting reported that the construction was being completed too close to where she was receiving care. Also, the addition of new elevators will benefit the medical center, as it was a challenge to use the elevators currently at the medical center. During the System Worth Saving Task Force's visit, a veteran had expressed her concern with the noise and vibrations caused by a jackhammer near the medical center's surgical units. When following up with the medical center, it was expressed that there was construction nearby, but it was for a short duration of time and no harm was caused to any patients.

During the next five years, the University Drive Campus will: expand operating rooms; renovate clinics for Medical and Minor Surgical Procedures; renovate for Wet Labs in the Research Office Building; make an addition to the Research Office Building for Animal Research; and renovate Upper Clinics for Patient Care to address expanding programs and closing condition gaps in the Strategic Capital Investment Plan, which will be phased to include renovation of one wing at a time. The University Drive Campus also plans to upgrade the plumbing, electrical and heating, ventilation and air conditioning.

Patient Advocate

At VAPHS, patient satisfaction is measured by the rate at which patients rate their care a "9" or "10" out of a possible 10. In the less quantitative, VAPHS defines patient satisfaction as having patients who feel respected and honored at the medical center, and who are engaged as active partners in their health care.

The patient advocates respond to and resolve complaints and concerns brought by veterans and their families, as well as functions as a resource and point of contact for information about VA. While many of their contacts involve customer service complaints or clinical concerns, there are also patients and families seeking general information or assistance in navigating the system. The chief concern received by VAPHS is with the veterans' benefits process and the inability to waive the co-pay. During the town hall meeting, there were numerous complaints with the medical center's call center (i.e. reaching a live operator), as well as the challenging issue of scheduling an appointment with their primary care provider.

With patient satisfaction, VAPHS performs very favorably compared to both VISN and national averages. Fiscal 2013 has experienced a decline in a couple of metrics, notably "Willingness to Recommend" and "Overall Rating of Hospital." These declines appear to correlate to media coverage related to the *Legionella* outbreak.

Town Hall Meeting

The veterans' health-care town hall meeting took place at American Legion Post 577 in Pittsburgh, Pa., on Nov. 4, 2013. The purpose of the town hall meeting was to discuss the medical center's issue with *Legionella*, as well as the subtopics involved in the several areas of focus for the VA's accomplishments and progress in the past 10 years.

During the meeting, veterans expressed their disappointment with the medical center's ability to properly communicate how it was handling the *Legionella* outbreak. They also voiced their concerns with access to mental health care, reaching an actual operator with the phone system and getting access to the pain-management program. One veteran had to wait three months before getting into VA's pain-management program.

Nevertheless, veterans in attendance commended the medical center on the care received in the medical center's Intensive Care Unit, and the improved way that the medical center has been taking care of veterans receiving care for mental health. The veterans also held the medical center's initiative to end veteran homelessness in high regard, and complimented the medical center on how well its outreach has been to homeless veterans in Pittsburgh. The issues, concerns and best practices discussed during the town hall meeting were expressed to the appropriate leadership at the medical center.

Best Practices

VAPHS's Water Safety Committee has done an excellent job with improving oversight, detection and ongoing mitigation of *Legionella* in the water distribution system. Currently, VAPHS's practices include reviewing ongoing mediation efforts, assuring policy adherence, testing scheduled adherence, recording

maintenance and conducting appropriate follow-up concerns. The efforts listed exceed the Center for Disease Control and Prevention's recommendations of testing water for *Legionella*. The American Legion recommended that VAPHS's Water Safety Committee continue its more stringent testing for *Legionella*. VAPHS also needs to share its processes and protocols with other VA medical centers to prevent future outbreaks and elevated *Legionella* levels that could put veterans at risk for illness or death.

VAPHS has done a great job with reaching out to homeless veterans in the area and has exceeded the standard for national performance measures. For example, the national performance measure target for veterans discharged from the Domiciliary Care for Homeless Veterans Program or GPD who are given independent housing arrangements is 60 percent, VAPHS homeless programs reached 68.6 percent for fiscal 2013.

Facility Challenges & Recommendations

Challenge 1: VAPHS needs better communication with The Department of Veterans Affairs Central Office (VACO), as well as the local veterans' service organizations (VSO) in an effort to increase transparency and to let the veterans know of the progress made to prevent future *Legionella* outbreaks.

Recommendations: The American Legion recommends significant improvement with communication at VA Central Office with local VA medical center responses to crises, such as the closure of Ft. Wayne's inpatient programs and the communication crisis with *Legionella* Disease at Pittsburgh. According to VAPHS, and in anonymous discussions with VA Central Office staff afterwards, VAPHS facility staff had a press release and response to the crisis prepared, but VA Central Office's review process takes several weeks to a month, and the release was never approved by VA Central Office leadership. VA Central Office should examine its communication structure and policies to look at opportunities to reduce time in responding to crises, along with delegation of authority, responsibility and accountability to local VA facility leadership to more effectively and efficiently respond during a crisis.

The American Legion also recommends significant improvement with VA's communication locally with veteran service organizations. First, VAPHS should establish monthly VSO meetings to share information regarding new initiatives and concerns to veterans in the community so VSOs can distribute to their members in the hospital's catchment area. Second, the facility should mail a letter to all enrolled veterans explaining when the hospital knew of dangerous levels of *Legionella*, what *Legionella* is, what actions the facility has taken to make the hospital safer for current and future veterans, and a hotline to answer questions or concerns. Third, the facility should routinely conduct town hall meetings to share information with the community, especially during times of crisis, to let veterans know what improvements are being taken and to restore confidence of veterans in the area.

Challenge 2: The lack of a director in the Emergency Department has caused several mismanagement issues, as well as a lack of communication between the Emergency Department and other departments in the medical center.

Recommendation: The American Legion recommends that VAPHS immediately hire for this critical position.

Challenge 3: VAPHS is currently understaffed with plumbers, engineers, medical support assistants and housekeepers.

Recommendation: In an effort to assist the medical center in areas that it is understaffed and improving veteran hiring at the facility, The American Legion recommended that the medical center install kiosks that will allow veterans to apply for positions within the medical center and, during VA outreach activities with The American Legion, invite VAPHS Human Resources to recruit veterans for jobs.

Challenge 4: VAPHS continues to struggle with the time lag offered with the Survey of Healthcare Experiences of Patients (SHEP) Program.

Recommendation: To conquer the time lag offered with the SHEP Program, The American Legion recommended that VAPHS implement the use of TruthPoint, Press Ganey or another short-term patient satisfaction measure, which will help support health-care providers in understanding and improving the entire patient experience. The VISN director, Gary Devansky, stated that he would review the request and see what assistance he can provide.

TENNESSEE VALLEY HEALTHCARE SYSTEM (NASHVILLE CAMPUS) | NASHVILLE, TN

Date: November 13-15, 2013
National Task Force Member: Past National Chaplin, Rev. Daniel Seehafer
Deputy Director of Healthcare: Jacob B. Gadd
National Senior Field Service Representative: Derrick L. Redd

Overview

Tennessee Valley Healthcare System (TVHS) is an integrated health-care system comprised of the Alvin C. York Campus in Murfreesboro, Tenn., and the Nashville Campus in Nashville, Tenn.; and many community-based outpatient clinics (CBOCs) located in Tennessee (Charlotte Avenue, Chattanooga, Clarksville, Tullahoma, McMinnville, Maury County, Cookeville, Vine Hill and Dover); and Kentucky (Hopkinsville, and Bowling Green).

TVHS provides ambulatory care, primary care, and secondary care in acute medicine and surgery; specialized tertiary care; transplant services; spinal cord injury; outpatient care; and a full range of extended care and mental health services. The Nashville Campus is the only VA facility that supports all solid organ transplant programs, including total in-house kidney and bone marrow transplants. The Alvin C. York Campus is a network referral center for mental health services, geriatrics and extended care. TVHS provides a full range of specialized medical services.

TVHS has active affiliations with two local institutions. The Alvin C. York Campus is primarily affiliated with Meharry Medical College, with active residency programs in oral surgery, psychiatry, general internal medicine, occupational medicine, preventive medicine, geriatric medicine and family practice. The Nashville Campus is primarily affiliated with the Vanderbilt University School of Medicine, with active residency programs in all major medical and surgical specialties and sub-specialties.

Campus Realignment

The original vision for the realignment of TVHS's inpatient services was proposed to consolidate the acute psychiatric unit located at the Nashville campus to the Murfreesboro campus. Repurposing the psychiatric unit would accommodate the consolidation of inpatient medicine beds from the Murfreesboro campus, to include Acute Medicine Unit, the Medical Intensive Care Unit and the Progressive Care Unit.

This proposal was withdrawn due to concerns expressed by the Office of Mental Health Services. The removal of inpatient psychiatric beds was not supported; instead, the redesign of the 16-bed unit recommended to enhance the Psychiatric-Medical Unit was considered the best practice. As a result of the inability to consolidate the psychiatric services, the realignment of inpatient medicine services was also withdrawn.

Budget

Since 2003, TVHS has introduced several major programs/new initiatives to include: rural health, Transformation-21 and Specific Purpose Funds. During both FY 2012 and FY 2013, TVHS received funding for several specific purpose funding programs, including homeless, transplant, palliative care, mental health, pharmaceutical, interns, clinical trainees, research, telehealth and VISN/medical center Transformation funds. The medical center has an operating budget of $619,513 million for fiscal 2014, which accounts for unexpected needs and requirements. TVHS has not eliminated or reduced in services/programs due to budget concerns.

Staffing

Since 2003, TVHS's staffing has added and improved the following initiatives: primary care/specialty Care/backlog Reduction, mental health care service initiatives, long-term care line initiatives, geriatric community care initiative, geriatric research & extended care initiative, rural health initiative, telehealth initiative, Integrated Disability Evaluation System initiative, Patient-Aligned Care Team initiative, medical foster home, home-based primary care, polytrauma initiative, Operations Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) treatment initiative, and the homeless veteran initiative.

TVHS's goals are to ensure mission-critical occupations and competencies are identified and documented; and provide a baseline for the facility to develop strategies to recruit, develop and retain talent needed to meet the mission, goals and program performance levels. An equally important goal is to ensure that highly talented, experienced and competent individuals are placed in the right jobs at the right time to maximize outcomes, improve comprehensive continuum of care, reduce wait times and enhance access to veterans residing in rural areas.

Due to the challenges faced by the growing number of retirement-eligible senior human resource staff, TVHS is identifying and developing new leaders while refocusing on attracting and retaining high-performing, experienced staff. TVHS believes that continued growth and upward mobility from within the service is a key element in building a cohesive and experienced staff. Seizing opportunities to obtain senior specialists from other venues is also a staffing route that TVHS is using to ensure that it stays on track with its five-year medical center plan.

The TVHS staffing levels and mix are based on the number of recruitment actions to be completed, within a 60-day time frame, to allow the system to attract the most qualified candidates to the facility.

Veteran's preference gives eligible veterans preference in appointment over many other applicants. Veteran's preference applies to virtually all new appointments in both the competitive and excepted service. TVHS also utilizes special hiring authorities for veterans that permits it to appoint eligible veterans without competition.

TVHS offers local leadership training that includes Lead program, 40 hours, face-to-face supervisory training and various online opportunities through its Talent Management System. In addition, it offers Franklin Covey Workshops such as Leadership Foundation Workshop, Organization Trust, Project Management, Time Management, The 4 Imperatives of Leadership, The Diversity Advantage and Unleashing Your Team's Talent. VISN 9 offers employees an opportunity to enter its sponsored Leadership Institute. The Center of Leadership Development is dedicated to developing career leaders for federal government through government-to-government educational programs.

Enrollment/Outreach

TVHS is expected to have the largest increase in enrollment in VISN 9 over the next five years. With recent Affordable Care Act (ACA) projections, those numbers have further increased to approximately 25 percent of current enrollment. To efficiently maintain services for all veterans, TVHS will be expanding the Chattanooga and Clarksville CBOCs, as well as create a new plan to increase leased space in the Nashville metropolitan area. TVHS is also planning to open new CBOCs in Sumner County, Tenn., and Whitfield County, Ga. (approximately 30 miles from the Chattanooga CBOC). Additional efficiencies are being implemented via quality control projects and NRM projects.

The expansion of the Chattanooga Clinic will convert the facility from a 40,000 to 75,000 square-feet. TVHS also will be opening a new dental clinic in the Clarksville area to provide dental services outside of the Nashville and Murfreesboro region. Additionally, TVHS will be opening a new outreach clinic in Athens, Tenn., to provide mental health and primary care services in the eastern portion of the TVHS market. TVHS also is developing a functional plan for removing all primary care services from the Nashville Campus and providing it at a location in the Nashville metropolitan area.

TVHS identified space as being its No. 1 enrollment challenge, with the approximate 400,000 square foot gap based on projected workload and ideal space conditions in 2019. The Chattanooga, Clarksville, Sumner County and Whitfield County, Ga., CBOC expansion projects will fill more than approximately 50 percent of that gap. Efficiencies and fee-based services will be used to handle the remaining demand.

In FY 2013, TVHS identified 327,265 veterans in their catchment area, of which 123,380 are enrolled in VA. There are 90,000 unique veterans who used TVHS services in fiscal 2013; of that, approximately 70,000 are paneled to primary care.

TVHS has made a concerted effort to increase outreach in four major areas: access, women's health, OEF/OIF enrollment and preventing homelessness. TVHS has done this by expanding its geographical footprint, opening new outreach clinics and CBOCs into rural areas, opening the first women's clinic in VISN 9, creating two OEF/OIF veterans-only clinics in Nashville and Murfreesboro, and actively combating homelessness through a variety of outreach programs targeted at helping homeless veterans.

TVHS opened a dedicated women's clinic in Nashville in May 2009. Since that time, the women's health program has developed outreach events individually and in collaboration with other VA programs/services. Information on women's health services is regularly provided at OEF/OIF briefings, homeless program events, at the local Vet Center, and at each TVHS hospital facility through Women Veteran Program Managers and CBOCs through the use of women's health liaisons on site. Expansion of 30 additional outreach staff at the VA in middle Tennessee across multiple service lines includes information about women's health through outreach nurses, social work staff, employment specialists and peer-support staff. But specifically, the women's clinic also has been represented through open houses, receptions, public-service announcement, flyers, newsletters, brochures, a dedicated website, and participation in community events such as the annual Stand Down event and the Tennessee Woman's Summit (2011 and 2012).

As a part of TVHS's FY 2014 goals, the health-care system wants to house the last remaining chronic homeless veterans in Davidson County and all major cities and rural areas, increase female veterans enrollment to 90 percent in the new women's clinic, increase enrollment of women veterans into health-care services at TVHS, expand outreach efforts to reach women veterans not enrolled in VA health care or not aware of the availability of the women's health program, establish a new major lease for the Chattanooga CBOC to decrease wait time and expand access, open a new contract outreach clinic in Athens, open new dental clinic in Clarksville, and increase enrollment in the OEF/OIF clinics by 10 percent.

Over the next five years, TVHS will continue to aggressively reach out to veterans with all components of its outreach program. Additional emphasis will be placed on Jail VJO Program, Prisons HCRV Program, Permanent Housing VASH Program, Transitional Housing GPD Program and the SSVF Social Services for Veterans Families grant funding.

Mental Health

Since 2003, TVHS has worked on a number of mental health programs and initiatives, including: R-19/Staffing increases, resulting in a more than doubling of mental health staff; approval of Residential Recovery and Treatment Program to open in January of 2014; implementation of evidenced-based treatments for PTSD and Telemental health, implementation of a mental health provision in every CBOC; moving from day treatment to psychosocial rehabilitation and recovery programs; mental health care imbedded into primary care clinics; and the Suicide Prevention Program (2007). The Suicide Prevention Team also has implemented quarterly "drop-in" suicide prevention trainings at both campuses for all TVHS staff. The trainings are set at various times to ensure that all staff, working all shifts, has opportunities to attend.

Over the next five years, TVHS plans to fully staff primary care-mental health integration, fully staff and transition to BHIP teams for general mental health care, and increase the provision of strong practice psychiatric medical unit from four to eight beds with the renovation of the 4B acute psychiatric unit. All contract CBOCs will follow BHIP model and be equipped with a full time Telemental health office.

TVHS offers several Complementary and Alternative Medicines (CAM) therapies to their enrolled veterans. Mindfulness Meditation Group (M, N) focuses on active meditation training strategies to promote positive coping strategies. Loving Kindness Meditation Group (N) uses visualization, reflection, and auditory components to develop a positive attitude and appreciation of the good in others, and being non-judgmental to self. Biofeedback is a safe and effective strategy that utilizes physical signals from within the body to train the individual to improve coping with chronic pain. Biofeedback trains the veteran to actively control some of his/her body's reactions to pain, such as muscle tension, temperature and breathing. By exerting control over these areas, veterans are able to change their pain experience by decreasing physical pain, reducing the emotional impact of their pain, and improving coping. Auricular acupuncture, drum circle and healing waters also are offered by TVHS.

Intensive Care Unit

Since 2003, TVHS has improved on and added additional services to improve its patients' experiences. TVHS has completed renovations of both the SICU and MICU, modified the household staff work hours so interns never work more than 16 hours straight and implemented the 12-bed model. TVHS currently has 12 beds designated to its MICU and 13 beds designated to its SICU; all are fully staffed.

The TVHS offers veterans very complex ICU services. MICU is capable of providing care with the highest levels of acuity (advanced ventilation methods, dialysis, interventional cardiology, intensive care support for oncology patients, experience with managing complication of the stem cell transplant, sepsis/ARDS, GI bleeding and hemorrhagic shock). The SICU is very strong in critical care of general, vascular, cardiac, thoracic, urologic, orthopedic and neurosurgical patients. Patients with trauma and burns are referred to the immediately adjacent affiliate, Vanderbilt University Hospital, a regional referral center.

One goal for FY 2014 is to move toward development of a left ventricular assist device program for patients with advanced heart failure.

TVHS also received two national awards for performance, in 2013

Long-Term Services and Support

Since 2003, TVHS has created a Geriatric and Extended Care Product Line Service, geriatric primary care clinic and a dementia clinic. TVHS also has enhanced and improved End of Life Service offered to veterans, and developed Home Base Primary Care, a Medical Foster Home program and a Chronic Mental Health Unit.

TVHS conducted a bereavement family survey; a score of 55 percent is the VA Central Office target. TVHS scored a 58 percent from veterans dying in the TVHS, with families assessing their care as excellent. Seventy-one percent of the families in the Community Living Center (CLC) assessed the end-of life care as excellent (through the third quarter of FY 2013) for their loved ones. Satisfaction survey by residents had scores from 85 percent to 100 percent, meeting their level of satisfaction for 10 or more elements in 2013.

On Nov. 12, 2013, TVHS opened the Tennessee Fisher House on the Murfreesboro campus. Fisher Houses provide lodging for families of wounded servicemembers and veterans at no cost while a loved one undergoes treatment at the hospital. These beautiful homes enable family members to be close to a loved one at the most stressful time – during the hospitalization for a combat injury, illness or disease. The 10,000 square-foot house can accommodate up to 12 families and is fitted with amenities that include private bathrooms, a communal kitchen, living space and laundry facilities. The Tennessee Fisher House is only the 62nd to open in the United States.

For FY 2014, TVHS plans on increasing workforce development through training and mentoring, integrating long-term services among facilities throughout VISN 9 (enhancing the veteran and their families experiences in the CLC-private rooms), increasing the opportunities and varieties of activities, and continuing to develop better practices in the areas of dementia, end-of-life care and chronic mental illness

Homeless Coordinator

Since 2003, TVHS has implemented a new Veterans Justice Outreach Program, HCRV prison outreach program, Social Services for Veterans Families Programs, Homeless Peer Support programs, an Employment Development specialist, HV-SEP Employment Program, a 50-Bed GPD Program, 16-bed GPD program, 500 VASH vouchers, 10 Stand Down events, 100,000 HOMES campaign partners and a formal Nashville Rescue Mission partnership. Operation Stand Down Service Center, Pennyroyal Veterans Center, Campus for Human Development, Mathew 25 INC., Buffalo Valley INC., Centerstone, Behavior Associates and Room in the Inn, are additional homeless programs within TVHS' jurisdiction that are partially funded by VA.

TVHS's walk-in clinic serves approximately 900 homeless veterans annually, of which 3 percent are women veterans. Seven Assertive Care Teams were formed and placed in TVHS homeless programs in Chattanooga, Clarksville, Murfreesboro and Nashville (three teams).

During FY 2014, TVHS plans to provide 80 new homes for veterans and their families through new HUD/VASH vouchers and keep occupancy rates above 85 percent in their 230-plus GPD transitional housing beds. Over the next five years, TVHS plans to house the remaining chronically homeless veterans in Davidson County, and all major cities and rural areas of middle Tennessee. The local plan has been implemented in conjunction with the overall VISN 9 plan and the VA national plan.

Information Technology

Since 2003, TVHS's Information Technology (IT) has improved upon current programs and introduced new initiatives to improve the overall veteran experience. TVHS has centralized all IT services, increased use of veteran access via Telehealth and mobile applications, introduced converge services (video/voice/data) to better utilize infrastructure and increase collaboration, implemented Open Source Electronic Health Record Agent and open source VistA, implemented the Big Blue Button (MyHealtheVet), introduced secure messaging (veteran to provider), and improved Graphical User Interface (GUI) for providers.

In FYs 20122013, TVHS received 1,610 incident tickets (complaints) about their telephone system. During The System Worth Saving town hall meeting, several veterans expressed their concerns about not being able to schedule appointments within the TVHS, emphasizing long hold/wait-times. TVHS received a new PBX (telephone) switch in 2007/2008; PBXs traditionally can be supported through upgrades for 10-15 years. TVHS is included in the VA "Fix the Phones" pilot to replace PBX with Voice-over-IP phone system

During FY 2014, TVHS plans to replace the technological capabilities within 800 workstations three years or older, implement pilot site for Enterprise Voice Communications (voice over IP replacement of traditional phone system), implement pilot site for mobile health applications (estimated 100 iPads enhancing provider/veteran access), begin wall-to-wall wireless installation (foundation for increased mobile application support across the entire facility), continue support of Telehealth implementation and sustainment, and increase networked instrumentation (AccuCheck devices, Vital Sign Monitors).

Construction

TVHS invested more than $36 million in construction projects in 2012 and 2013, ensuring the health-care system continues to have facilities that will offer the best health care to veterans. Many of the projects directly impacted veterans, such as the expansion of the parking garage at the Nashville Campus, which created more than 200 parking spots for veterans; new MICU (completed early 2012); surgical administration (completed early 2012); and Research Lab Phase 2 Renovation (completed February 2013). TVHS completed the renovations of its kitchen facilities at the Murfreesboro Campus. This renovation produced a modern kitchen to serve both inpatients and outpatients.

TVHS expanded its access to veterans in middle Tennessee in November 2013, opening its 10th community-based outpatient clinic to serve Maury County. The clinic was in response to data showing a need for a clinic in the county and in response to veterans' wishes. The Maury County Clinic opened to great fanfare, and the TVHS leadership was present at the event to welcome the first veteran who received care. The clinic offers primary care services and mental health services, as well as lab services to veterans in Maury County and in the surrounding communities.

TVHS currently has three major projects underway: Specialty Services Tower in the north parking lot (Nashville campus), Mental Health Service Building (Murfreesboro campus), and a major lease for a new expanded outpatient clinic in Chattanooga.

TVHS acknowledges that the Strategic Capital Investment Plan (SCIP) is an effective tool when it is used as planning tool to see what construction projects are funded nationally, but it works against the medical center when it does not allow TVHS leadership to determine the priority of needs as it relates to their facility.

Patient Advocate

TVHS defines patient satisfaction as patient-centered care, which entails improving patient clinical outcomes and satisfaction rates by improving the quality of the relationship between the patient and employees of TVHS.

TVHS's indicators and measurement are tracked through the SHEP reporting site for both inpatient and outpatient. Patient satisfaction also is measured and tracked through the PATS (Patient Advocate) report and the Patient Discharge Survey (nursing). Patient satisfaction touches all area of TVHS and places each within the organization responsible for these measures. TVHS leadership has demonstrated its commitment to ensuring all staff is trained and aware of the patient-centered care movement. TVHS leads the VISN in Patient-Centered Care Staff Engagement Session participation. These engagement sessions focus on veteran-directed care, and allow staff to openly discuss obstacles and challenges faced within their areas in providing patient-centered care. The concerns are brought back to the leadership so that these obstacles and challenges may be removed, and staff can focus on the veteran.

Since all staff is responsible for patient satisfaction, all staff works on these initiatives and movements. If a front-line staff member has an idea to improve patient satisfaction, the information is passed forward and a group is formed to implement. TVHS does utilize co-chairs for the Patient-Centered Care Committee, as well as for the staff engagement sessions.

Town Hall Meeting

The Veterans Healthcare Town Hall meeting took place at American Legion Post 88 in Nashville on Nov. 13, 2013. The purpose of the town hall meeting was to address the selected System Worth Saving topics and give veterans an opportunity to express their concerns and share their success stories about their VA health care over the past 10 years.

During the meeting, veterans had concerns about what appeared to them to be staffing shortages within TVHS. Several veterans shared their personal struggles with scheduling appointments successfully, getting in contact with their primary care physician and having to see a different primary care physician every time they had an appointment. Most veterans appreciated the user-friendly, online health record tool, MyHealtheVet; but would like to see more primary care and specialty care physicians sign up to make the tool more effective. The lack of outreach (in rural communities) about new services and programs offered by TVHS was also mentioned.

Veterans praised TVHS for its new construction and renovation projects. Two expansion projects that were constantly mentioned were the new parking garage (Nashville Campus) and the opening of the Maury County Clinic, which gives veterans alternative options when it comes to where they can physically receive their primary care.

Overall, veterans seemed pleased with the amount of services and programs that TVHS offered. The issues, concerns and best practices discussed during the town hall meeting were expressed to the appropriate leadership at the medical center.

Best Practices

TVHS continues to find new ways to supplement funding by competing for special purpose grants to augment gaps in the budget. Some medical centers are not putting themselves in the running for these grants; TVHS has consistently sought out these opportunities.

TVHS's commitment to invest in its infrastructure, ensuring the environment of care at their facilities meets the expectations that veterans have and deserve, is to be commended. The Nashville MICU patient rooms and nurses' stations have been refined, renovated and reintroduced to meet the 21st century needs of veterans today.

TVHS continues to promote excellent recruitment initiatives. TVHS has, on average, 10,000 applications on file, giving the medical center the best opportunity to select talent that will best serve the veterans.

Facility Challenges and Recommendations

Challenge: TVHS struggles to fill critical leadership positions across multiple departments. These gaps could cause communication breakdowns between medical center leadership and staff that work in these departments.

Recommendation:

TVHS needs to improve its communication about upcoming health and informational events, and new services and programs that are offered to the veterans that it serves – especially those living in rural areas.

TVHS needs to improve the continuity of care for PACT teams with veterans. Veterans feel that consistency with primary care physicians is lagging, and TVHS has not offered any clear explanations for the changes. The American Legion recommends that TVHS ensures the Human Resources Department has every tool available to streamline the number of recruitment actions to avoid losing qualified candidates for key leadership positions.

The American Legion recommends that TVHS develop specific outreach event goals, and track the number of veterans that attended and are enrolled. Insure that veterans not enrolled take the necessary steps to begin the enrollment process.

The American Legion recommends that TVHS continues to monitor and prepare for different scenarios that may impact future budget, such as: sequestration, ACA and MCCF.

EL PASO VA HEALTH CARE SYSTEM | EL PASO, TX

Date: November 18-19, 2013
National Task Force Member: Chairman, Ralph P. Bozella
National Senior Field Service Representative: Edward G. Lilley

Overview

The El Paso VA Health Care System (EPVAHCS) serves veterans in far southwest Texas and Doña Ana County, N.M. The EPVAHCS includes the main health-care facility located adjacent to William Beaumont Army Medical Center (WBAMC) on Ft. Bliss, Texas, and two VA-staffed community-based outpatient clinics (CBOCs) – one in Las Cruces, N.M., the second at the Sierra Providence Eastside Center in east El Paso. A workgroup currently is seeking to acquire a larger space for the Las Cruces CBOC to accommodate the increasing number of veterans seeking care there. The new, larger facility is scheduled to open in fiscal 2015. In January 2014, a request for bids will be published for a primary care telehealth outpatient clinic to be located in Marfa, Texas. The clinic will allow veterans living in rural communities to have appointments with providers using the latest in video health technology without the time-consuming and costly travel to EPVAHCS.

The EPVAHCS has a joint venture with WBAMC that allows both entities to maximize resource utilization. Through the joint venture, VA purchases emergency room service and inpatient care for acute medical, psychiatric and surgical emergencies. The joint venture has increased patient access in general and vascular surgery.

The American Legion last visited the EPVAHCS in February 2004. During the visit, EPVAHCS saw its major fiscal challenge as providing a spectrum of services when it was not an inpatient facility and had to fee-out for services, most notably from WBAMC. Since then, EPVAHCS has increasingly used WBAMC for services not available at EPVAHCS, to include mammography services, increased Women's Health Services, and joint endoscopy service through a Joint Incentive Fund grant. EPVAHCS also increased new mental health services (homeless programs, suicide prevention, post-traumatic stress disorder, etc.). EPVAHCS also implemented the use of My HealtheVet, health promotion disease prevention, medical foster homes, home-based primary care, palliative care and Integrated Disability Evaluation System (IDES).

The EPVAHCS also acquires services from local hospitals and other VA medical centers within the VA Southwest Health Care Network, which serves West Texas, New Mexico and Arizona.

Budget

El Paso has consistently had high non-VA/fee costs. As WBAMC is preparing to move into FY 2017, the possibility of these costs increasing is high. Decreasing non-VA costs in lieu of declining budgets is a necessity. The following actions will be taken to ensure EPVAHCS decreases fee costs: optimizing alternate methods of health-care delivery, acquiring infrastructure to meet growing demands for services, strategically planning with WBAMC to coordinate probable future requirements for inpatient and outpatient services, and using Patient-Centered Community Care (PC3) contracts, as they are made available. In addition, EPVAHCS is working with the chief of staff and the director to reduce purchased-care costs in the community and brings the services back to the VA.

The budget for FY 2014 is $122.887 million; EPVAHCS claims it will be sufficient to meet budget needs.

Staffing

Since 2003, EPVAHCS significantly increased staffing to meet clinical needs. To meet staffing needs HR specialists participated in technical career field training, and then assigned Service Line-specific requirements.

Psychiatrists, nurse practitioners and registered nurses are in high demand, and recruitment is difficult due to competitive salaries with the private sector. El Paso is designated a medically underserved area, according to U.S. Department of Health and Human Services guidelines. EPVAHCS is meeting with universities, such as Texas Tech University, to recruit more physicians.

Over the next five years, 274 employees will be eligible for retirement. To prepare for vacancies, EPVAHCS monitors retirement eligibility data, and historical and retirement trends. Essential personnel are notified, and assessment of the position and/or hiring activities are initiated. Once employees express interest in retirement, submit an application or indicate expected retirement date, the information is notated on a staffing spreadsheet for planning and hiring activities.

Enrollment/Outreach

Over the past 10 years, EPVAHCS implemented the Eligibility One-Stop-Shop and My HealtheVet. EPVAHCS leads the nation

in percentage of enrolled veterans participating in My HealtheVet. During our town hall meeting, veterans expressed appreciation of My HealtheVet and the positive experiences they have had with the program.

EPVAHCS has 70,296 veterans in their catchment area. Of these, approximately 37,000 are enrolled, while 30,477 are unique users. With the steady increase of enrolled veterans, EPVAHCS faces the challenge of enough primary care providers to offer quality care to the veterans.

EPVAHCS makes a substantial effort to provide outreach, especially to OEF/OIF/OND veterans with the following programs: Demobilization (During this event, EPVAHCS offers new veterans the opportunity to enroll into VA health care and provide contact information about the OEF/OIF/OND program nearest the veteran's home), Post-Deployment Health Re-assessments (PDHRA) and Yellow Ribbon, Welcome Home Celebrations, Community Outreach, Social Media, and Peer-to-Peer Readjustment counseling.

Mental Health

Several programs and initiatives have happened for EPVAHCS since 2003. The list includes, but is not limited to, the Peer Support Program, OEF/OIF Program, the Integrated Disability Evaluation System (IDES), the Suicide Prevention Program, and the implementation of evidenced-based therapies (cognitive processing therapy, prolonged exposure, motivational interviewing/enhancement therapy, etc.). EPVAHCS has constructed a new wing to allow additional mental health services and added three times the mental health staff it had in 2003.

Currently, EPVAHCS is challenged with the lack of psychiatrists working for the medical center, and veterans have been unsatisfied with the 20-minute mental health appointments. EPVAHCS is looking to hire a supervisory psychiatrist as part of its effort to address the demand for psychiatrists. The psychiatrists at EPVAHCS are overloaded, and the medical center needs to recruit more psychiatrists to meet the need and avoid burning out the current staff. For FY 2014, EPVAHCS hopes to successfully recruit for its mental health vacancy positions, improve access to care, assess space needs and collaborate with the newly established Veterans Mental Health Council.

Intensive Care Unit

EPVAHCS does not currently have an intensive care unit (ICU); however, if a veteran is in ICU in the community, EPVAHCS helps to coordinate transportation to another VA facility if long-term care is expected and the veteran is stable to travel. If not, EPVAHCS monitors daily inpatient stay through their Utilization Management (UM) nurse.

Long-Term Services and Support

As an outpatient facility, EPVAHCS does not have in-house long-term services. Nevertheless, EPVAHCS offers support services for veterans who may need long-term care or assistance with activities of daily living. Some programs include home hospice, Caregiver Program (divided into general, which provides information and services to support family caregivers within veteran families, and the Family Caregiver Program for post-9/11 veterans who suffered serious physical or psychological injury in the line of duty that resulted in need for family members to provide a great deal of care or monitoring); homemaker/home health aid; home respite care; medical foster homes (MFH); and home-based primary care. The average daily census for these programs was 221.6 at the end of fiscal 13.

EPVAHCS currently has three approved VA medical foster homes; the fourth home was expected to be approved in late November 2013. To track the veterans living in medical foster homes, EPVAHCS conducts monthly interviews/assessments of the veterans at the MFH and speaks with the caregiver(s) to discuss issues, such as falls, change in mental/emotional status, appetite, behavior, the veteran's adjustment to the MFH and other concerns raised by the caregiver in the home.

EPVAHCS will continue to expand services in alignment with VISN 18's goals, and provide proactive and personalized, patient-driven health care.

Homeless Coordinator

Over the past 10 years, EPVAHCS implemented several programs to combat veteran homelessness in the El Paso area. For example, the Grant and Per Diem Program (GPD) has been offered annually to fund El Paso's community agencies to provide service to homeless veterans. EPVAHCS has increased the use of homeless vocational rehabilitation, as well as the Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) Program.

Due to its unique relationship with the WBAMC, EPVAHCS's IDES program works directly with Department of Defense and active duty servicemembers leaving the military. EPVAHCS's OEF/OIF program coordinator works directly with transitioning servicemembers to coordinate interagency programs and services to prevent veteran homelessness. The medical center held a mental health summit bringing together community and government agencies to discuss gaps in services and ways to bridge those gaps. The medical center has a Compensated Work Therapy Program that works with federal, state, and local agencies – as well as community partners, stakeholders and the workforce – to find employment for veterans.

Based on the 2013 Point-in-Time Survey from Jan. 24, 2013, there were 158 homeless veterans. Of those, 102 were in some sort of shelter, leaving 56 of them on the street. EPVAHCS has received 205 HUD/VASH vouchers. Of these, 149 have been awarded to single male veterans, 20 to single women veterans and 25 to veteran families. There were 11 vouchers still available.

EPVAHCS is affiliated with the Aliviane Halfway House in Socorro, Texas, which assists homeless veterans in the medical center's catchment area. During the site visit, the System Worth Saving Task Force visited the Aliviane Halfway House and found the distance – 20 miles - challenging for veterans who need to receive treatment from EPVAHCS. Though Sun Metro has bus routes from Aliviane to EPVAHCS, a one-way trip can take up to three hours. EPVAHCS has hired a mobility manager to oversee wheelchair-accessible vans that will provide transportation for veterans who reside in outlying areas.

Information Technology

Since 2003, there have been several advancements and initiatives for EPVAHCS's information technology; many of the advancements deal with the various ventures with the WBAMC. The joint ventures in the transmission of information between VA and DoD have greatly increased the ability to care for the patients at the EPVAHCS.

Most of the complaints about the telephone system in FY 2012-2013 involve connectivity and ease of use issues. EPVAHCS currently is in the process of upgrading the phone network in Office of Information and Technology Region 1 of the VA, which will include replacement of the outlaying Shortel system at the CBOC and out sites, and replace them with an updated Cisco Telephone Network. Additionally, a call center with dedicated staff was established to respond to incoming calls in a timely, efficient manner, thus avoiding long wait time for veterans seeking information and appointments.

In regards to scheduling, the average wait time for a primary care appointment is 18 days, 47 days for specialty care and 16 days for a mental health appointment. If the veteran has an urgent condition, they are then taken to Primary Care to be triaged. Nevertheless, scheduling has been a challenge for EPVAHCS; providers overbook patients and take walk-ins to provide additional access.

For the future, EPVAHCS intends to upgrade the telecommunications systems inside the facility and at all the outlaying CBOCs. EPVAHCS and WBAMC would like the opportunity to test exiting software such as JANUS to allow for an easier view of both Computerized Patient Record System and DoD health information as they continue to do more joint venture activities.

Construction

Since 2003, EPVAHCS has added an additional building that houses all mental health services, occupational therapy, physical therapy, and some space for the Special Exams Unit (SEU) and Financial Resource Management Service.

With the recent implementation of the Strategic Capital Investment Planning (SCIP) Program, EPVAHCS has been provided a better view of actual requirements based on workload, both current and predicted, and an avenue for proper prioritization of projects. Staff at EPVAHCS believes the SCIP is a great process. Improvements in advance planning and occasional redundancy would make it even better.

EPVAHCS is planning to build a dental building, and has several Non-Recurring Maintenance (NRM) projects involved with assumption of space in WBAMC. Nevertheless, EPVAHCS has communicated concern of what will be done with WBAMC once all of the services have moved in 2017. The American Legion highlighted the importance of letting local veterans service organizations know the status and recommended EPVAHCS communicate their plan with WBAMC, once it is known. The NRM projects include the restructuring of space in the current buildings; however, none of these projects are approved due to being out-of-year requirements.

Patient Advocate

At EPVAHCS, patient satisfaction is tracked through their Patient Centered Medical Home (PCMH) Survey of Healthcare Experiences of Patients (SHEP). As an overall communication plan, the PCMH SHEP is reported through committees and leadership within EPVAHCS. The results are also released to all service and section chiefs monthly, along with their patient advocate data.

In FY 2012 – through education, training and feedback from veterans – EPVAHCS's Veterans-Centered Care met the network director's assigned performance measures VISN target of 67 percent, with a score of 68.9 percent. In FY 2013, the SHEP Survey instrument was changed to the PCHM survey. A comparison of PCMH May's data in 2013 showed EPVAHCS was in line with or exceeded other facilities' scores in six out of the seven composite scores. Moving forward, EPVAHCS will be implementing TruthPoint in an effort to get real time point-of-service data. The data will help EPVAHCS identify process improvement opportunities in a timely manner.

As an outpatient facility, EPVAHCS physicians do not round in the traditional sense. They monitor the care veterans receive as inpatients through a review with the Integrated Care Service two to four days each week. The American Legion recommend-

ed EPVAHCS ensure more rounding is completed for veterans receiving care at WBAMC.

Town Hall Meeting

The veterans' health-care town hall meeting took place at American Legion Post 58 in El Paso on November 18, 2014. The purpose of the town hall meeting was to discuss how the medical center's partnership with WBAMC was going, as well as the subtopics involved in the several areas of focus for VA's accomplishments and progress over the past 10 years.

During the meeting, the veterans expressed mixed feelings with medical center's partnership with WBAMC, and did not feel they were receiving the highest level of care when treated at WBAMC. They also expressed frustration with the enrollment process, the fragmented level of mental health care, the ability to reach an actual operator with the phone system, and articulated fears of keeping physicians at the EPVAHCS. One veteran expressed dissatisfaction with the prosthetics offered, as well as VA's offered clothing allowance.

Nevertheless, the veterans in attendance were positive about EPVAHCS' aggressive implementation of My Health*e*Vet, and were impressed with their ability to quickly refill their prescriptions and get a response from their primary care provider. The issues, concerns and best practices discussed during the town hall meeting were expressed to the appropriate leadership at the medical center.

Best Practices

EPVAHCS has done a phenomenal job with its My HealtheVet One-Stop-Shop setup. During the time of the System Worth Saving Task Force's visit, EPVAHCS was leading the nation in the percentage of enrolled veterans participating in My HealtheVet. Out of the 70,926 veterans in the medical center's catchment area, 37,000 were enrolled and 30,477 were unique users for FY 2013. The American Legion recommended EPVAHCS continue its successful One-Stop-Shop process with My HealtheVet.

EPVAHCS offers complementary and alternative medications, such as yoga, guitar lessons, and sleep hygiene, which offer a variety of different practices necessary to have normal, quality nighttime sleep and full daytime alertness.

With their Veterans Transitional Living Center (VTLC), EPVAHCS has had a success rate of 85-90 percent of veterans moving from VTLC to independent housing.

Facility Challenges and Recommendations

Challenge 1: The current situation with the future of WBAMC is uncertain and troubling for veterans in the area, and veterans need to know where they will be able to receive their health care.

Recommendation: The American Legion highlighted the importance of letting local veterans service organizations know the status of obtaining WBAMC when it is vacated, and recommended EPVAHCS communicate its plan with WBAMC, once it is known.

Challenge 2: During the town hall meeting, veterans expressed that 20 minutes has not been an ample amount of time for mental health appointments. Likewise, with the demand for psychiatrists, mental health staff has been overloaded with patient appointments and mental health appointment times and frustrations are built up through long waiting lists.

Recommendation: The American Legion recommended mental health staff limit their use of computers during appointments. Veterans expressed frustration with staff using computers during appointments, and need to know how computer use is beneficial to both parties. The American Legion also recommended further reliance on local Vet Centers. Vet Centers provide a broad range of counseling, outreach, and referral services to eligible veterans in order to help them make a satisfying post-war readjustment to civilian life. In addition, all Vet Centers maintain non-traditional appointment schedules, after normal business hours, to accommodate the schedules of Veterans and their family members.

Challenge 3: Veterans receiving care at WBAMC should not be forgotten. Staff from EPVAHCS need to know how care is going at WBAMC and ensure veterans' needs are still being met.

Recommendation: The American Legion recommended EPVAHCS ensures more rounding is completed for veterans receiving care at WBAMC.

Challenge 4: While EPVAHCS's My HealtheVet coordinator does a huge amount of outreach, the medical center should consider tailoring outreach to every era of veteran (Vietnam, Gulf War, OIF/OEF, etc.) to ensure no one is left behind.

Recommendation: The American Legion recommended EPVAHCS specify outreach for every era of veteran.

Challenge 5: Veterans may not feel comfortable responding to one question regarding military sexual trauma (MST), however, if prompted more than once, the veteran may consider addressing past issues.

Recommendation: The American Legion recommended MST questions are asked more than once.

HUNTINGTON VA MEDICAL CENTER | HUNTINGTON, WV

Date: December 9-11, 2013
National Task Force Member: Vickie Smith-Dikes
National Senior Field Service Representative: Derrick L. Redd

Overview

Since 1932, Huntington VAMC (HVAMC) has been improving the health of the men and women who have so proudly served our nation. HVAMC considers it a privilege to serve your health care needs in any way we can. Services are available to veterans living in southwestern West Virginia, southern Ohio, and eastern Kentucky.

In addition to the main facility in Huntington, HVAMC offers services in two community-based outpatient clinics and two rural health outreach clinics. These clinics are located in: Charleston, West Virginia, Gallipolis, Ohio West Virginia, Lenore, West Virginia and Prestonsburg, Kentucky

HVAMC is one of six Joint Commission accredited medical centers within the MidSouth Healthcare Network (VISN 9).

Budget

Since 2003, HVAMC has introduced several major programs/new initiatives to include: Rural Health, Mental Health, Homeless Outreach, Patient Centered Care and Cultural Transformation, a standalone Women's Health Clinic, My HealtheVet and Telehealth.

During both FY 2012 and FY 2013, HVAMC received funding for several specific purpose funding programs to include: MRSA, Homelessness, Rural Health, T-21, Caregiver, Substance Abuse, OEF/OIF, Safety, Emergency Preparedness, Mental Health, VTS and ICT. The current projected FY 2014 budget is $206.7 million.

Over the next five years, HVAMC plans on continuing outreach and expansion services in Mental Health and Outreach Efforts to eliminate veteran homelessness and provide an accessible, seamless, and coordinated system of care based on lifelong relationships with patients and their families by providing tools and support to optimize veteran health and well-being.

Staffing

For fiscal year 2014, HVAMC plans on recruiting 84 new employees (7 physicians, 1 psychologist, and 20 nurses, 4 HR Specialists /Assistants, 1 pharmacist, 1 nurse anesthetist, 1 general engineer and 49 miscellaneous occupations).

The facility senior management reviews the organizational charts annually to validate the staffing levels and mix of occupations. In addition, the Position Management Committee and the Medical Center Director review and approve each vacancy to ensure its validity based on current requirements and performance reports.

HVAMC has 64 affiliations and one medical school affiliation-Marshall University School of Medicine/Pharmacy. The medical center also has an onsite leadership program entitled "TICKET"; and participates in a VISN wide leadership program.

In the next five years, HVAMC is predicting an average of 167 employees being retirement eligible. However, the medical center is only projecting to average 29 retirements each year.

Enrollment/Outreach

Since 2003, HVAMC has launched several initiatives to improve enrollment and outreach: Grand opening of two new clinics; expansion to triage area in the ER; incorporation of Mental Health Providers in primary care; opening of the Homeless Resource Center (2011); OEF/OIF Outreach Team established to focus on the needs of returning veterans; Traumatic Brain Injury (TBI) clinics implemented in Rehab Service; and the opening of the new standalone Women's Health Center located on the Medical Center campus.

The HVAMC currently has 54,814 veterans in its catchment area, 38,193 enrolled and 28,293 unique veterans. Over the next five years, Huntington VAMC hopes to increase its uniques to 30,000.

As a part of the FY 2014 goals, HVAMC has four focuses: Patient Aligned Care Teams (PACT); the Women's Health Clinic; My HealtheVet; and Outreach. HVAMC wants to improve PACT teams functions and telephone responsiveness, increase enrollment and promote the use of secure messaging through My HealtheVet, increase availability of same day appointments, participating in more outreach events by building new relationships with other affiliates and likeminded organizations in the local community, being more a presence at community events, and participation in Post-Deployment Health Reassessment (PDHRA) and Yellow Ribbon Reintegration Program (YRRP) events

HVAMC also uses social media to stay in constant contact with the veterans that it serves. The Public Affairs Officer monitors/updates the newly revised internet site and Facebook page. The

internet site is used for facility updates, positive stories, and outreach information and the Facebook page is used for important announcements, promotions of services, enrollment information and special events. Veterans can sign up to receive an electronic notification regarding announcements, update of website information and receipt of latest VISN 9 Wellness Magazine.

Over the next five years, HVAMC plans to expand the Charleston CBOC, and incorporate use of their dual-use vehicles at events for one-stop shop enrollment into the VA system, vesting and My HealtheVet registration.

Mental Health

With the implementation of the Uniform Mental Health Service Handbooks in 2008 came a major overhaul of mental health initiatives within VHA. Major initiatives include the following: Psychosocial Rehabilitation and Recovery Program; Homeless Program with downtown Community Resource and Referral Center; interdisciplinary team approach to treatment; expansion of PTSD program and SUD program; addition of Suboxone therapy for Opioid dependence; opening of Gateway clinic for same-day service and consultation; Transitional Work Experience program; and treatment for military sexual trauma (MST).

The Medical Center's Suicide Prevention Coordinator is a co-chair for Mental Health outreach. During FY 2013, HVAMC participated in 62 outreach activities. The medical center evaluates high-risk patients by assessing them for Suicide Risk, using the most widely used suicide risk assessment tool. The medical center also requires that suicide risk be evaluated at each individual appointment. Individuals who have high risk potential, especially those with imminent risk, are flagged as "high risk" which changes the plan of care and the frequency that the veteran is scheduled for contact with Mental Health professionals.

The HVAMC also makes sure women veterans' needs are met and accommodated by having two waiting rooms. One is family-friendly with toys, etc. This waiting room was requested by women veterans and is now available. The medical center also has a Mental Health therapist placed in the Women's Clinic, which is located two doors down from the Mental Health clinic. Same-sex therapists are also available upon request.

In FY 2014, Huntington VAMC plans to build upon services that are currently offered and continue to establish and build more relationship with community based, mental health partners.

Intensive Care Unit

Since 2003, HVAMC has improved on and added additional services to better the veteran experience. Those improvements include: End tidal Co2 detectors to verify Endotracheal tube placement; BIS sedation monitors to measure the level of Patient sedation and paralyzation; Interossious vascular access; Vigialo Cardiac Output monitor; Vascular Access Team of two ICU nurses to select the appropriate vascular device and place in the patient including PICCs; Phillip Cardiac Monitor Update; Change of visitation hours within the ICU; Crash Cart Updates; Rapid Response Bags/Team; Cardiopulmonary Resuscitation Committee and CARE line.

The ten bed ICU unit has a total of 22 Full Time Equivalent employees (FTEs) and one nurse manager. The facility is fully staffed for 65% occupancy; all beds can accommodate Medical, Surgical and/or Cardiac patients.

The Critical Care committee is a multidisciplinary committee that includes Medical, surgical, and cardiac physicians within the Intensive Care Unit, Quality, Infection control, patient safety, education, nutrition, respiratory therapy and logistics when needed. HVAMC reviews and modifies its Standard Operating Procedures (SOPs) and Medical Center Memorandums (MCMs), to develop new programs.

In FY 2014, HVAMC will complete the Clinical Information System/Anesthesia Record Keeping (CIS/ARK) program. This is a wireless program that allows the information from the bedside monitors, IV pumps, tube feeding pumps, ventilators and Bi-level positive airway pressure (Biped) machines to automatically download into Electronic Medical Reporting (EMR).

Long-Term Services and Support

The HVAMC has 80 inpatient beds (all in use) and has developed a 4-bed Palliative Care unit for veterans utilizing Long-Term care services. The facility plans to expand Long-Term services by increasing veterans' care options during FY 2014. Over the next 5 years, the facility has been evaluating the possibilities related to alternative beds, for example, skilled nursing beds or long term ventilator beds; however, that discussion is ongoing.

HVAMC has contracts with thirteen community nursing homes with a total of 1493 beds and is exploring additional nursing home placement options in under-served areas to ensure that it meets the mandate of the Millennium Healthcare Act.

HVAMC does not have a Hospice Care Unit. Veterans in need of home hospice services are provided this service through community hospice agencies, which are fee-based. Veterans receiving hospice care who are in need of an inpatient hospice level of care are provided these services through the Contract Community Nursing Home Program or through admission to the community hospice agency's hospice house.

HVAMC operates a Hoptel Program that offers temporary lodging for 6 veterans and medically necessary caregivers. The

facility does not currently have a Fisher House, an addition that is in high demand.

The Medical Foster Care Program has placed 20 veterans in the program to ensure their health and well-being; these veterans are monitored through monthly visits conducted by the Home Based Primary Care Program along with case management provided by the two Medical Foster Home Coordinators.

HVAMC does not have inpatient beds for long-term care for Hospice, Rehab, Dementia and Palliative Care. These beds are available through the Contract Community Nursing Home Program. HVAMC's Long-Term care programs do not currently have a waiting list.

Homeless Coordinator

HVAMC's opening of the Homeless Veterans Resource Center in 2011 was a significant step forward to eliminate homelessness among veterans in the Huntington area. The Center is located at 624 9th Street in downtown Huntington, near other important community resources. The Center has 3 designated staff that provides homeless veterans and those at risk for homelessness with job assistance, counseling, housing referrals, and laundry and shower facilities. The Center also houses a donation room and in house emergency food pantry.

Since 2003, HVAMC has established several programs and initiatives in addition to the Homeless Veterans Resource Center: Housing and Urban Development-Veteran Affairs Support Housing (HUD-VASH) has distributed 140 vouchers, this program has four social workers and one program support assistant; Veterans Justice Outreach; Grant and Per Diem program has 27 operational beds in Charleston, WV, with 25 set to open in Pikeville, KY in January 2014; and designated Employment Specialists in Huntington and Charleston, WV. As a primary focus for FY 2014, HVAMC plans to keep 90% of HUD-VASH vouchers leased up, prioritize chronically homeless veterans for HUD-VASH programs, and increase rate of discharge from transitional housing to permanent housing.

Information Technology

Since 2003, HVAMC's Information Technology (IT) has improved upon current programs and introduced new initiatives to improve the overall veteran experience by reorganization of IT from VHA to OIT, the implementation of Cisco Voice over IP (VoIP), Cisco wireless IP phones for mobile use, upgraded all servers from Windows 2000 to 2003 to 2008, upgraded workstations to Windows XP, upgraded workstations to Windows 7, upgraded AudioCare System (automated system used to call veterans to remind them of appointments and for call in for prescription renewals), implement and upgrade Citrix Thin Clients and server farm, multiple upgrades to VistA system operating system and hardware, implemented VistA Read Only system for access of a read-only copy of medical record during VistA outage, and migrated VistA system to the Region 3 Data Center in Warner Robbins, GA. Failover system is located in St. Louis, MO, upgraded VistA imaging hardware and storage, implemented and upgraded wireless infrastructure, provided circuits for remote clinics and Telehealth, virtualization of server hardware to VMWare, reorganization of IT to Regional Service Lines, implementation of a Regional Help Desk, implementation of all national software in support of VA initiatives (briefly a few recent initiatives include My HealtheVet, VBMS, VHIC), installation of Insurance Care Buffer (ICB) scanners, enhanced information security through use of encryption, hosted Intrusion Protection, Device Protection and Port Security, and two-factor authentication for administrators.

During FY 2014, HVAMC plans to provide Information Technology equipment needs for facility activation, provide upgraded circuit capacity to Charleston CBOC, lifecycle replacement of aged workstations, VetLink Veterans Point of Service (VPS) Kiosks, replacement of aged All-in-One multi-function, and implement facility staffing model for local IT.

Over the next 5 year HVAMC plans to meet the IT equipment needs for all facility activations,

implement all nationally released mandated software; meet all national strategic initiatives for IT, including Customer Service, Next Generation Information Security, Product Delivery, Transparent Operation Metrics, and Fiscal Management.

Construction

HVAMC has a construction budget of $9.3 million for FY 2014, up $630,000 from FY 2013. Currently, the 82 year old facility does not have any major construction projects in the pipeline. The medical center does have several minor construction projects underway, to include: the renovation of the ground floor Bldg 1; renovation of rehab & QM Suite; Morgue Improvements; new paint job for the water tower and repairs to the reservoir; replacement of Pump-house Generator; HVAC Infrastructure Upgrades; replacement of Air Handlers Main Patient Building 1S; renovation of 2W for Ambulatory Care; upgrades to Medical Center Elevators; and replacement of Chillers/Controls.

There are several planned projects as well: Installation of Engineering Server Room; upgrading Emergency Electric B1W; replacing exterior caulking Bldg 1S; refurbishing Bldg 1 exterior; remodeling EMS locker room; upgrading IRM Wireless Infrastructure; replacing guardrails/handrails; improving VAST and Security Deficiencies; installation of Card Access in IT closets; and re-keying Medical Center

HVAMC has seen mixed results with respect to the Strategic Capital Investment Plan (SCIP) program. The Medical Center has experienced minimal success for needed projects that do not score well against direct patient service, such as replacing windows or replacing AC Systems. Additionally, timeline requirements (2 years or more in some cases) doesn't allow the Medical Center the flexibility to make changes "in cycle" without significant extra work.

Patient Centered Care

HVAMC defines patient centered care as proactive, patient-driven health care that meets the needs of and is responsive to the veteran.

Patient satisfaction is measured through a variety of sources including: complaints and compliments received by the Patient Advocate; through comments submitted on the comments cards available throughout the Medical Center and at the off-site locations; through review of information received from focus groups; and through standardized data collection reported as SHEP and Patient Centered Medical Home performance measures.

The duties and responsibilities of the HVAMC Patient Advocates encompass a variety of initiatives that promote customer satisfaction and issue and complaint resolution. HVAMC works with providers and administrators to investigate and find proper solutions to meet the needs of the patient as well as staying within established guidelines of the VA. HVAMC consistently reports trends of complaints and other contacts with the Office of the Patient Advocate to senior leadership on a quarterly basis and report trends to Service Chiefs on a monthly basis. Service Chiefs are immediately alerted to adverse trends to alleviate potential problems for patients in that particular service area. In addition, the medical center collects patient satisfaction data directly from patients by performing bedside visitations and outpatient exit interviews. Finally, this office conducts marketing and informational strategies that include providing patients with their rights and responsibilities through electronic media, posters, and pamphlets throughout the medical center. This ensures patients know who, how, and when they should contact the Patient Advocates for conflict resolution and assistance.

The Office of the Patient Advocate prepares monthly reports that include not only the number of complaints and compliments received, but also the specific text of the issue. These reports, once prepared, are sent directly to the Service Chiefs. Should a patient initiate a complaint that involves a specific employee, that complaint is sent electronically to the Service Chief immediately for investigation.

The HVAMC has developed a list of best practices when it comes to veteran customer service.

a. Interactive Customer Service training for all employees led by the staff of Learning Resources. Utilized the "7 Sins of Customer Service" facility developed training video to prompt discussion among attendees.

b. FY2014: Patient Centered Care employee engagement training sessions implemented November 22, 2013. The facility has 15 trainers that volunteered to receive the initial 3-day training for the purpose of leading the 8-hour training sessions for the organization's employees.

c. Surgical Service "Ticket to Round" involving inpatients and their family members in daily surgical rounds.

d. Pet Therapy/Recreation Therapy: Visiting canine program; Horseback therapy; Project Healing Waters.

e. Community Resource and Referral Center located in downtown Huntington. Provides shower facilities, laundry facilities, on-site counseling/education, small food panty, and donation center with clothing and household goods.

Town Hall Meeting

The Veteran Town Hall meeting took place at American Legion Post #16 in Huntington, West Virginia on December 9, 2013 and was conducted by Task Force Member Vickie Smith Dikes. 11 veterans were in attendance; all of those veterans were more than satisfied with the healthcare being provided by the HVAMC. However, there were a few concerns: limited parking spaces, one Emergency Room doctor on staff during after duty hours and weekends. There was also a concern about the cost of medication within the VHA vs. the cost in the private sector. Overall, the veterans had limited complaints and more praise for the care received and the services provided at the HVAMC.

Top 10 Things that would better help HVAMC serve veterans.

1. Completion of Outpatient dialysis – the facility has had this under consideration with some planning.
2. Expand Neurosurgery.
3. Implement on site interventional cardiology.
4. Residential Rehabilitation Treatment Program (RRTP) – under consideration at this time.
5. Hire Geriatricians for enhanced care for the elderly patient population.
6. On site Sleep Studies lab.
7. Dementia Clinic.

8. Dermatology Clinic (currently services are through Telehealth or Fee Basis in the community).
9. Community Living Center (CLC).
10. Hire Retina Specialist (enhance on site treatment for patients with macular degeneration).

Best Practices

HVAMC continues to explore new ways to improve their veteran outreach initiatives by building on current relationships and building new ones with local affiliates, unions, and veteran service organizations within the HVAMC catchment area.

HVAMC has created a model one-stop shop for homeless veterans with the opening in 2011 of its Homeless Veteran Resource Center. With the offering of so many different services, this stand along facility should become the model for all VA Medical Centers.

HVAMC continues to lead the way when it comes to putting VA Healthcare back on the side of the veteran by giving them and their families more of a say when it comes to the care/treatment received, eliminating visiting hours and being flexible with the care that long-term veterans receive in their final days.

Facility Challenges and Recommendations

Challenge 1: HVAMC has found it difficult to recruit talent (surgeons/physicians) due to pay freezes, a lack of bonuses/retention incentives, and the geographical location of the hospital.

Recommendations 1: The American Legion recommends that VHA conducts a rural analysis for hard to recruit areas and look into different options to support the VAMC in getting the talent they need to better serve veterans. Flexibility is a must in these scenarios to ensure that veteran healthcare is consistent across each VISN.

Challenge 2: Lack of space on the HVAMC campus, prohibits much needed construction projects like a Fisher House. Although, HVAMC have a construction project in place to remodel the former Army Recruiting and Training Center that the Medical Center reacquired from the Army in 2011. This property was deeded from the Medical Center to the Army in 1956 and is immediately adjacent to Medical Center property. Upon completion of the remodel, some administrative services will move out of the main medical center to allow for expanded medical services. The project is slated to begin during the first quarter of FY15 and should take approximately 20 months to complete.

Recommendations 2: The American Legion recommends HVAMC look into addition local leases to make up for some of the space limitations.

Challenge 3: HVAMC currently has 20 veterans that are in the Medical Foster Care Program (MFCP) within the Huntington area, the program is popular amongst those that use it, but has not been heavily publicized by the local media. HVAMC is also in need of dedicated space for a MFCP in the Charleston area.

Recommendation 3: The American Legion recommends that the HVAMC work with the local contracted foster care facilities to organize quarterly events with the veterans in the program. This would give local media reason to educate themselves on the great services that are taking place at these facilities and support the programs by promoting them to elderly veterans within the Huntington catchment area.

VA EASTERN KANSAS HEALTH CARE SYSTEM | DWIGHT D. EISENHOWER

Date: December 10-11, 2013
National Task Force Member: Rev. Daniel J. Seehafer
National Senior Field Service Representative: Roscoe Butler

Overview

The VA Eastern Kansas Health Care System (VAEKHCS) is comprised of two campuses: the Dwight D. Eisenhower VA Medical Center in Leavenworth and the Colmery-O'Neal VA Medical Center in Topeka. These two facilities, along with its nine community-based outpatient clinics (located in St. Joseph, Mo.; and Ft. Scott, Seneca, Kansas City, Garnett, Chanute, Junction City, Emporia, KS, and Lawrence, Kan.) make up the VA Eastern Kansa Health Care System.

The VAEKHCS serves veterans in eastern Kansas and northwestern Missouri. It is part of the Heartland Veterans Integrated Service Network (VISN) 15 and operates 72 medical/surgical hospital beds, 125 behavioral health beds, 138 nursing home beds, 177 domiciliary beds, and 25 Psychiatric Residential Rehabilitation Treatment Program beds. The Dwight D. Eisenhower Veterans Affairs Medical Center opened in 1884 and has been designated by the Kansas City Historical Society as a historical location. The VAEKHCS's primary service area is comprised of 37 counties in eastern Kansas and western Missouri.

As a referral center for VA medical centers in Kansas City, Mo.; Columbia, Mo.; and Wichita, Kan., it provides health care for veterans throughout the Heartland VISN. Its specialty psychiatric programs serve veterans within its catchment area, the network medical facilities and states outside the VISN 15 catchment area. VA Eastern Kansas has affiliations with the University of Missouri, Kansas City School of Medicine and the University of Kansas School of Medicine. It also has affiliations with schools in nursing and allied health professions, including clinical pastoral education, psychology, social work, addiction counseling, pharmacy, dentistry, optometry, physician assistant, occupational and physical therapy, radiology technology, respiratory therapy, dietetics, pathology, health care administration and medical records administration.

Budget

The Dwight D. Eisenhower Medical Center fiscal 2014 budget is: Medical Center Allocation System, $222,577,635; projected collections, $18,000,000; projected other revenues, $5,520,000; total projected budget, $246,097,635. According to information reported by the fiscal officer, current projections indicate the medical center's 2014 budget is not sufficient. Supplemental funding has been requested for the three activation projects that will occur this fiscal year: Platte City CBOC, a community living center dementia unit on the Topeka campus and a women's health clinic on the Leavenworth campus. It has also requested funding for other projected shortfalls caused primarily by staff growth and expanded Non-VA Care expenses; however, supplemental funding has not been received to date.

Past and Current Budget Allocations:

Fiscal Year	Medical	Facility	Administration
FY2012	$170,936,225	$25,930,859	$19,760,176
FY2013	$170,504,711	$24,425,561	$20,370,297
FY2014	$177,507,877	$25,151,273	$19,918,485

The VAEKHCS spends approximately 7 to 10 percent of its budget on Non-VA Care.

Non-VA Expenditures

Fiscal Year	Non-VA Expenditures
FY2012	$20,584,466
FY2013	$23,870,327
FY2014	$27,138,038 (projected)

The VAEKHCS reported that its top five Non-VA health care expenditures are: Diseases of the Circulatory System; Diseases of the Genitourinary System; Diseases of the Respiratory System; Symptoms, Signs and Ill-defined Conditions; and Diseases of the Digestive System. Since 2003, the VAEKHCS has implemented the following major programs or initiatives: Established women's health clinics at both campuses; established Home-Based Primary Care at both campuses; implemented numerous telehealth programs; established caregiver support program; established medical foster homes; expanded Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn programs; expanded mental health programs; expanded homeless programs, including dental; implemented Peer Support Program; implemented Comp and Pension physicals; implemented IDES Exams in conjunction with Fort Riley and Fort Leavenworth ; implemented palliative care (including No One Veteran Dies Alone Program); implemented Justice Outreach Program; constructed open magnetic resonance imaging (MRI) in Tope-

ka; purchased Mobile MRI, shared with Fort Leavenworth and Kansas City VA; opened CBOCs in Lawrence and Junction City; and expanded CBOC in St. Joseph.

Medical Care Cost Recovery (MCCR)

On Aug. 31, 2011, the VAEKHCS MCCR Program was transitioned into the Central Plains Consolidated Patient Account Center , which is located on the grounds of the Dwight D. Eisenhower VA Medical Center. The VAEKHCS Budget Officer reported that their collections have not improved under the CPAC. As reflected in the below chart, the health-care system has failed to meet its targeted goals for the past three fiscal years.

Goals and Collections

Fiscal Year	Goal	Collections
2011	$20,612,624	$17,690,919
2012*	$20,283,555	$17,966,288
2013*	$18,506,340	$16,261,757
2014*	$17,863,300	

*CPAC

In fiscal 2012, the VAEKHCS received specific purpose funds for the following programs (supplemental funding has not been provided):

Vet Center, Health Care for Homeless Veterans (HCHV), Grants and Per Diem, Homeless Veteran Supported Employment **Program** (HVSEP), HUD/VASH, other Homeless Programs, Justice Outreach, Mental Health Programs, Caregiver Support, Rural Health, T21 Programs, Homeless Dental, MRSA, Education Programs, Trainee Programs, Energy Engineer, OEF/OIF Manager, Military Liaison, Prosthetics, GEMS, Valor, IDES, Peer Support, Voluntary Service Assistant, Mental Health Enhancements, Veteran Transportation Service (VTS) Program, Technical Career Field (TCF) Intern Program.

In fiscal 2013, the VAEKHCS received specific purpose funds for the following programs (no supplemental funds were provided):

Vet Center, Caregiver Support, Military Liaison, MRSA, T21 Programs, Trainee Programs, Mental Health Programs, HCHV, HVSEP, Grants and Per Diem, HUD/VASH, Homeless Programs, Justice Outreach Program, Prosthetics, Education Programs, Homeless Dental, Veteran Transportation Service, Energy Engineer, Rural Health, TCF Intern Program, OEF/OIF Manager, Valor, Performance Improvement Program, Peer Support, GEMS, Disability Evaluation System/Integrated Disability Evaluation System, DCHV-Compensated Work Therapy, Mental Health Enhancements, Maternity Care, Women's Health Programs.

Staffing

The VAEKHCS indicated that one of the major challenges each fiscal year is the management of salary dollars used to control full-time equivalent employees (FTEE) while maintaining financial solvency. This includes working through continuing resolutions, absorbing approved pay raises, implementing unfunded mandated programs, and keeping up with rising labor, supply and contract costs associated with increased workload.

The VAEKHCS has developed a workforce succession strategic planning model used to identify the 10 most difficult positions to recruit, followed by the five physician and nurse positions that are the most difficult to recruit. The planning model takes into account geological demographics, demand, retirement statistics, patient workload and projected markets. Once these positions are identified, additional recruitment strategies and employee development programs are created and implemented to mitigate shortfalls.

The strategic planning process is comprised of multiple components interrelated to ensure fiscal accountability and performance measure success, while providing veteran-centered care throughout the fiscal year. The planning process is divided into four equally related processes: measuring the strengths, weaknesses, threats and vulnerabilities; goal identification; strategic retreat; and goal implementation. Medical center goals are developed using the business planning process; and evaluation of strengths, weaknesses, opportunities and threats.

The VAEKHCS indentified its most difficult positions to fill : physicians, occupational therapists, physical therapists, general engineers and clinical nurse leaders. HR staff reported that they are meeting "Speed of Hire" metrics currently, which is filling the majority of their vacancies from request time to offer at 60 days or less.

Additionally, HR reported that in fiscal 2014, there are 468 employees who are eligible for retirement: 260 at the Topeka Campus and 208 at the Leavenworth Campus.

Enrollment

Based on information reported by the Business Office, the VAEKHCS has 102,571 veterans in its catchment area. Of the 102,571 veterans, 43,918 are enrolled at the VAEKHCS.

The VA Eastern Kansas acting Business Office manager reported that two eligibility clerk vacancies, one at the Leavenworth campus and one at the Topeka campus, have been vacant for at least six months. In addition to these two vacancies, the Business Office manager position has been vacant since September 2013.

The eligibility clerk vacancy at the Leavenworth campus has created challenges for the Business Office's timely processing of enrollment applications. VHA Directive 2012-0001, "Time Requirements for Processing VA Form 10-10EZ, Applications for Health Benefits, and VA Form 10-10EZR, Health Benefits Renewal," requires that enrollment applications be processed within five days of receipt. Based on information obtained from the acting Business Office manager at the Leavenworth campus, there is a backlog of enrollment applications to be processed. However, at the Topeka campus, all applications were up-to-date at the time of our visit.

- Leavenworth: 187 pending, 153 greater than seven days
- Topeka: less than five pending, zero greater than seven days

To reduce the backlog at the Leavenworth campus, the acting Business Office manager has authorized overtime while using staff in other areas to assist in reducing the backlog.

Outreach/Outreach Committee

Mental Health

The VAEKHCS has implemented a number of major mental health programs or initiatives since 2003, including:

- (2013) Community Mental Health (MH) Summits were held in both Topeka and Leavenworth. The purpose was to increase collaboration with community partners. The attendees included MH providers, hospital representatives, veteran service organizations, academic institutions, local law enforcement and private MH providers.
- (2007) Mental Health in Primary Care: MH providers became more integrated into primary care in order to increase access. All MH patients are now assigned a MH treatment coordinator in order to improve overall coordination across the continuum of care.
- (2011) Veterans Justice Outreach: Assists veterans who are involved in the criminal justice process to become linked to VA Mental Health, substance abuse or other treatment programs. The goal is to prevent unnecessary incarceration and other sanctions that may contribute to homelessness among veterans. The current Veteran Justice Outreach officer, Dr. Mitch Flesher, is working to help establish a "veterans court" in Kansas.
- (2013) The Psychiatric Recovery and Wellness Program: Implemented in January 2013, this program is an inpatient psychiatric unit developed by a multidisciplinary team of VA staff. Program participants take an active role in their treatment plans.
- (2008) Housing and Urban Development/VA Supportive Housing (HUD/VASH): A cooperative effort between two different agencies, this program's goal is to stop chronic homelessness by providing stable housing and structured support. VAEKHCS' HUD/VASH program now has 260 housing vouchers spread across multiple communities in Missouri and Kansas.
- (2007) Coordinator Positions Initiative: psychosocial recovery coordinators, homeless coordinators, and suicide prevention coordinators were established in all VA medical centers.
- (2006) Tele-Mental Health Initiative.
- Staffing Initiatives: Since 2003, a number of staffing initiatives have been implemented to increase the number of mental health care providers (such as the Homeless Domiciliary Staff Augmentation, the MH R19 hiring initiative to increase access and others).

Patient Advocate

The VA Eastern Kansas patient advocate tracks patient satisfaction indicators and measurements through monthly data, which is aggregated into reports from the patient representative to the Executive Leadership Team and Service Line managers. It is reported to the Performance Measures Committee, Quality Executive Board and the Veteran-Centered Care Committee.

Due to the delay in Survey of Healthcare Experiences of Patients (SHEP) reporting data, the VAEKHCS has recently contracted with Press Ganey to provide veteran satisfaction scores. It is currently in the implementation process of this survey, but it will provide more real-time turnaround of information and data. By partnering with Press Ganey, VAEKHCS hopes to identify short-term measures and areas of opportunity for improvement. Press Ganey will met with the Executive Leadership Team and staff in January 2014, to provide its initial report.

The VAEKHCS has a patient advocate committee referred to as the "Veterans-Centered Care Committee". Some of the more recent initiatives brought forth by this committee were the installation of benches along walkways around both campuses, installing additional bicycle racks, introduction of a "smart book" to help veterans orient themselves with the VA system and Eastern Kansas, and a "Go the Extra Mile" initiative that encourages employees to escort veterans to their next destination, rather than providing verbal directions.

Intensive Care Unit (ICU)

The VAEKHCS has a Level 3 ICU with six beds that has the capability of doing routine ventilator care/pulmonary artery and radial artery monitoring, etc. The unit is fully staffed and offers

the following services: Structured ICU/ventilator rounds, critical care, Medicine and Surgery, improved equipment, building new ICU facilities, maintaining Pulmonary/Critical Staff, Medicine and Surgery, 24/7 in-house hospitalist coverage, VAP prevention guidelines, and Central Line Associated Bacteraemia prevention guidelines

The VA Eastern Kansas has developed a five-year medical center plan for ICU services that includes the potential for inpatient dialysis services, usage of critical care ultrasound at bedside and implementation on tele-ICU.

Construction

The VAEKHCS uses the VA's Health Care Planning Model and the Strategic Capital Investment Plan to determine the future needs of the hospital. The Health Care Planning Model uses projected patient workload to determine what shifts in patient care programs need to occur. In addition, these programs are evaluated using an inter-facility process that allows for the consideration of workload and specialties at neighboring VA hospitals. Plans currently under consideration include:

- Expand out the Geriatric-Psychiatry Program and becoming the Western Orbit Center of Excellence for Geri-Psychiatry; reduce Inpatient Bed Days of Care (BDOC) and Fee Basis Physicians by 10 percent for all sites, except Leavenworth, and add that workload to the Topeka campus; plans include reducing the Columbia in-house BDOC by 170 and Fee by eight BDOC; Kansas City in-house by 344 BDOC and Fee by five BDOC).
- Construct a new VA hospital at the Leavenworth campus that has the capability of handling and consolidating VA and DOD inpatient care.

Additional construction projects included in the health care planning model and master plan are:

Facility	Master Plan Projects	Section	Projected Cost
Topeka	NRM - Remodel Dental	Dental	$2,750,000
Topeka	NRM - Remodel Lab & Path	Lab	$5,110,000
Leavenworth	NRM - Sleep Lab and Cardiology	Med Spec	$3,300,000
Leavenworth	NRM - 3A Remodel Medical Specialties	Med Spec	$6,650,000
Topeka	NRM - Remodel Audiology	Med Spec	$3,610,000
Topeka	NRM - Remodel Respiratory & Pulmonology	Med Spec	$745,000
Topeka	NRM - Remodel EEG/Neurology	Med Spec	$25,000
Topeka	Minor - Specialty Care Addition	Med Spec/Surg Spec	$4,500,000
Leavenworth	NRM - 4C Remodel Audiology/Eye/Dental	Med Spec/Surg Spec/Dental	$2,200,000
Leavenworth	Minor - Infill Urgent Care	Primary Care	$10,000,000
Leavenworth	NRM - 1A Remodel Primary Care	Primary Care	$6,200,000
Leavenworth	NRM - 1C Remodel Primary Care	Primary Care	$5,200,000
Topeka	Minor - Primary Care Addition	Primary Care	$4,000,000
Topeka	NRM - Women's Center	Primary Care	$3,325,000
Topeka	NRM - OIF/OEF Addition to Primary Care	Primary Care	$575,000
Leavenworth	CSI - Infill for Imaging	Radiology	$5,000,000
Topeka	CSI - Imaging 2nd Floor Addition	Radiology	$5,000,000
Topeka	NRM - Expand Nuc Medicine	Radiology	$6,010,000
Leavenworth	NRM - 2A Remodel Surgical Specialties	Surgery Spec	$5,050,000
Topeka	Remodel - 1st Floor Eye	Surgery Spec	$3,610,000

The VAEKHCS reported the following construction expenditures for fiscal 2011, 2012 and 2013:

	FY2011	FY2012	FY2013
Major	$0	$0	$0
Minor	$308,222	$7,011,092	$78,786
Non-Recurring	$12,776,449	$34,957,960	$13,739,640
Leasing	$822,329	$638,458	$673,479

Since the Leavenworth facility is over 83 years-old, infrastructure projects outweigh new renovations. Scoring from VA Central Office does not favor infrastructure projects. Therefore, VAEKHCS reported it is very difficult to obtain approval on infrastructure projects.

Long-Term Support and Services

The VAEKHCS has a 42-bed Community Living Center (CLC). There is a proposal for a new 26 bed CLC. Their long-term plan is to finalize plans for a new CLC and enhance cultural transformation making the CLC experience more home-like.

Homelessness

The VAEKHCS opened a new Health Care for Homeless Veterans (HCHV) Contract Placement (Hope House) and a Low Demand Safe Haven on the Leavenworth campus in September 2013. Based on its last Point-in-Time count of homeless veterans in its catchment area from January 2013, there were 314 homeless veterans. The VAEKHCS has 330 HUD/VASH vouchers, 165 in Topeka, and 165 in Leavenworth, of which 89 percent are in use. The following homeless programs receive VA funding: Supportive Services for Veterans Families Program, Grants and Per Diem programs in Leavenworth and St Joseph, and Hope House Healthcare for Homeless Veterans Contracts in Topeka and Leavenworth.

Patient Centered Care

Since 2010, the VAEKHCS Patient Centered Care Program has implemented the following major programs or initiatives: implementation of PACT, expansion of the St. Joseph CBOC in fiscal 2012, extended hours of operation in fiscal 2013, expansion of tele-retinal and tele-health, and expanding their ability to complete more C&P physicals and reduce wait times.

The Patient Centered Care Program works closely with the Veterans Centered Care Committee to ensure the needs of veterans are being met. Some of the more recent initiatives brought forth by the committee include installation of benches along walkways around both campuses, installing additional bicycle racks, introduction of a "smart book" to help veterans orient themselves with the VA system and Eastern Kansas, and the"Go the Extra Mile" initiative, which encourages employees to escort a veteran to their next destination, rather than providing verbal directions.

VHA Directive 2013-001, "Extended Hour Access for Veterans Requiring Primary Care including Women's Health and Veterans Requiring Mental Health Services at Department of Veterans Affairs Medical Centers and Selected Community Based Outpatient Clinics," requires all VHA medical centers and Community Based Outpatient Clinics that treat more than 10,000 unique veterans per year to provide access to a full range of Primary Care Services, including women's health and mental health general outpatient services that extend beyond regular business hours at least once on weekdays and once every weekend.

Patient Centered Care staff reported they have not implemented extended hours at the Leavenworth campus. However, at the Topeka campus, weekend extended hours were implemented in February 2013 and weekday extended hours implemented in July 2013.

The Leavenworth campus plans to have extended hours implemented in January 2014.

Information Technology and Scheduling

Since 2003, the VAEKHCS has upgraded its PBX phone systems at Leavenworth and Topeka several times, with the most recent upgrade taking place in the last two years. The medical center recently purchased four new replacement PBXs to replace its older fully functioning PBXs in its CBOCs. The Information Technology staff reported they have not received any outside complaints regarding the functionality of their telephone systems.

Since 2010, the VAEKHCS Information Technology Office has implemented the following major programs or initiatives: Bed Management System, Emergency Department Integration Software and Veteran Health Identification Cards.

The average appointment wait time at the VAEKHCS is 25 days for new patient appointment, 17 days for primary care appointment, 34 days for specialty care appointment and 12 days for mental health appointment.

Town Hall Meeting

The veterans health-care town hall meeting took place on Dec. 9, 2013, at American Legion Post 94 in Leavenworth. The purpose of the town hall meeting was to hear from veterans who receive their care and services from the VAEKHCS, and obtain

their perception about the care and services they receive, as well as the accomplishments and progress the medical center has made over the past 10 years.

During the meeting, veterans expressed concerns about staffing shortages at the Leavenworth campus, as well as their personal struggles with scheduling appointments successfully, getting in contact with their primary care physician, and having to see a different primary care physician every time they had an appointment. Additionally, there were concerns expressed about clinics not being able to schedule appointments six months out. For example, a veteran indicated he was advised by his eye doctor to return in six months, but when he reported to the check-out desk to schedule a return visit, he was informed that they could not schedule an appointment that far in advance and he would need to call back. According to VHA's Scheduling Directive, 2010-027, VHA Outpatient Scheduling Processes and Procedures, schedulers are to use the Recall/Reminder Software application to manage appointments scheduled beyond the three- to four-month scheduling window. Guidance provided by the scheduler seems to be inconsistent with VA's scheduling policy.

There seems to be an underlining theme for the need for ample parking and public transportation – especially when there are multiple faculties.

Overall, veterans seemed pleased with the amount of services and programs that these campuses offered – especially the PTS and the ICU, but some thought more medical attention could be placed on women veterans. The issues, concerns and best practices discussed during the town hall meeting were expressed to the appropriate leadership at the medical center.

Best Practices

SWOT Analysis – The VAEKHCS uses the Strengths, Weaknesses, and Opportunities Threats analysis to assist in establishing medical center goals, as well as indentifying opportunities for improvement.

Greeter Program – The VAEKHCS introduced a greeter program to assist veterans transitioning from their vehicles and escorting them to their appointments.

Patient Satisfaction – Due to the delay in SHEP reporting data, the VAEKHCS recently contracted with Press Ganey to provide veteran satisfaction scores. It is currently in the implementation process of the survey, but it will provide a more real-time turnaround of information and data.

Palliative Care Program – Implementation of a palliative care program not just in the CLC but facility wide to help identify veterans with end-of-life or debilitating illness, and help them plan for care needs in the hospital CLC or at home. A Daily Planner – The VAEKHCS has developed a daily planner to enhance the veteran's role in its health-care decision-making and planning process. The planner is completed, along with the participation of the veteran and caretaker, to provide specific care instructions and information that enables the veteran to take a more active role in their care. Requiring use of the daily planner has helped to improve patient safety and patient satisfaction, which is consistent with the medical center goals.

Veteran-Centered Care Committee – This committee supports the mission of the medical center by involving all Eastern Kansas Health Care employees, veterans and their families in improving the veteran experience while at the hospital.

Homeless Program – The VAEKHCS has done an exceptional job reaching out to homeless veterans in the area and has exceeded the standard for national performance measures. Staff from the Eastern Health Care System's domiciliary indicated that it is one of the few VA domiciliaries that has developed programs for veterans recently released from prison.

Facility Challenges and Recommendations

Challenge 1: Due to the age of the Leavenworth campus (83 years old), space is an issue. Additionally, because the Kansas Historical Society has designated the Leavenworth campus as a historical site, there are limitations on what infrastructure changes can be made. The VAEKHCS conducted a Joint Medical Facility Feasibility Study that would combine VA and DoD inpatient services, and relocate the inpatient and necessary support services from Fort Leavenworth and the Dwight D. Eisenhower Medical Center to a new medical facility to be built on the Leavenworth campus. The study was completed on March 28, 2011. The study concluded that the current VA facility is not equipped or designed to manage the additional workload or increased complexity of cases associated with a joint medical facility venture, but workload and cost analysis does support a delivery of care partnership. Examples include inadequate physical security requirements, surgical suites and patients rooms, patient privacy, and ineffective departmental adjacencies and patient/visitor accessibilities.

The Eastern Kansas Executive Leadership is hopeful the project will receive funding in fiscal 2016.

Recommendation: The American Legion recommends that the Eastern Kansas Health Care executive leadership at the Leavenworth campus engage in discussions with local veterans service organizations to obtain their support and assistance.

Challenge 2: It was reported that a major challenge each fiscal year is the management of salary dollars, controlling FTEE and

maintaining financial solvency. This includes working through continuing resolutions, absorbing approved pay raises, implementing unfunded mandated programs, and keeping up with rising labor, supply and contract costs associated with increased workload.

Recommendation: The American Legion recommends the Eastern Kansas Executive Leadership Team at the Leavenworth campus work with its local veterans service organizations to see how VSOs can help to ensure the medical center has the resources and funding to meet the health-care needs of veterans they serve.

Challenge 3: Recruitment of physicians, occupational therapists, clinical nurse leaders, physical therapists, general engineers and pharmacy technicians was identified as the most significant challenge at the VAEKHCS.

VAEKHSC is challenged in attracting, recruiting and retaining highly qualified physicians to come to VA Eastern Kansas, in particular in the Topeka geographic area. The financial sustainability of the employment model will play out over the next several years as hospitals face significant physician shortages in many markets. Eastern Kansas already has been affected by physician shortages, and the future will be market dependent. For occupational/physical therapists, the salary rates and proximity to larger metropolitan areas (Kansas City) are contributing factors. In an effort to attract current employees into clinical nurse leader occupations, they recently have implemented a clinical nurse leader trainee program.

Recommendation: The American Legion recommends that the Executive Leadership Team at the Leavenworth campus continue to make recruitment a No. 1 priority and explore all options available for recruitment of qualified applications.

Challenge 4: VHA Directive 2012-0001, "Time Requirements for Processing VA Form 10-10EZ, Applications for Health Benefits", and VA Form 10-10EZR, "Health Benefits Renewal," requires that enrollment applications be processed within five days of receipt. Based on information obtained from the Acting Business Office Manager at the Leavenworth campus, there are 187 pending applications of which, 153 are greater than seven days. The acting Business Officer manager cites the reason for the backlog was attributed to a vacant eligibility clerk position at the Leavenworth campus.

Recommendation: The American Legion recommends that immediate action be taken to fill the vacant eligibility clerk position.

Challenge 5: During the town hall meeting, a veteran was advised to return in six months, but when he reported to the scheduler to schedule his return appointment, he was informed she could not make an appointment that far in the future and to call back. However, according to VHA's Scheduling Directive, 2010-027, schedulers are to use the Recall/Reminder Software application to manage appointments scheduled beyond the three- to four-month scheduling window.

Recommendation: The American Legion recommends that the medical center conduct training on VA's Scheduling Directive 2010-027, and put in place monitors to ensure staff complies with VHA policy.