# C.W. BILL YOUNG VA MEDICAL CENTER | BAY PINES, FL

**Date:** 13 January 2015
**Deputy Director of Health Care VA&R:** Roscoe Butler
**Assistant Director for Health Care:** April Commander

## Overview

The C.W. Bill Young VA Medical Center, formerly known as the Bay Pines VA Medical Center, is a Level 1A tertiary care facility and part of the Bay Pines VA Healthcare System (BPVAHCS). Originally opened in 1933, the medical center is located on 337 acres situated on the Gulf of Mexico approximately eight miles northwest of downtown Saint Petersburg, Fla. Co-located on the medical center campus are a VA Regional Office and a National Cemetery. This area is part of Tampa Bay, the second most populated metropolitan area in the state. The BPVAHCS operates nine facilities, including the main medical center located in Bay Pines, and community-based outpatient clinics (CBOCs) located in Bradenton, Cape Coral, Naples, Palm Harbor, Port Charlotte, Sarasota, St. Petersburg and Sebring. The medical center and its CBOCs serve veterans residing in nine counties in central southwest Florida, including Charlotte, Collier, Desoto, Hardee, Highlands, Lee, Manatee, Pinellas and Sarasota. Every year, the BPVAHCS serves more than 100,000 veterans while providing a full range of high quality medical, psychiatric, and extended care services in outpatient, inpatient, residential, nursing home and home care settings. According to BPVAHCS, the system is the fourth-busiest VA health-care system in the country in regards to patients treated or served.

In 2013, the medical center was renamed in honor of the late U.S. Congressman C. W. "Bill" Young of Florida's 13th District, a staunch supporter of veterans and a frequent visitor to the facility. Services provided include: inpatient acute care (general medicine/surgery, psychiatry, and rehabilitation); residential programs (community living center, hospice, palliative care, stress treatment, homeless veterans and substance abuse treatment); primary care; extensive specialty care; outpatient surgical services; OEF/OIF/OND program (Polytrauma level III); home and community care; homeless veterans care; women veterans care; and various ancillary and support services. Mental health services are available at all points of care. The facility also offers education and research.

The health-care system is fully accredited by The Joint Commission, Commission on Accreditation of Rehabilitation Facilities, and several other nationally recognized accrediting organizations. Among the health-care system's many awards and accolades in 2013, the organization was recognized nationally as a Top Performer on Key Quality Measures® by The Joint Commission, and was named a Cornerstone Recognition Award gold winner by the VA National Center for Patient Safety. Executive Leadership

On Tuesday, Jan. 13, 2015, Deputy Director Roscoe Butler and April Commander of Healthcare met with the BPVAHCS executive leadership and staff to discuss the concerns brought up during the town hall meeting, as well as the questionnaire that was mailed to the medical center in advance of the site visit. In attendance for the entrance briefing with the executive leadership included Medical Center Director Suzanne Klinker, Chief of Staff Dr. Dominique Thuriere, Associate Director Kris Brown, Associate Director for Nursing/Patient Care Teresa Kumar and Assistant Director Cory Price. Butler commended the director and staff for their low access standards that were based on the December 2014 Access report.

## Wait Times

The report revealed that the BPVAHCS had an average wait time for new primary care patients of 7.17 days, an average wait time for new specialty care patients of 5.21 days, and an average wait time for new mental health care patients of 3.53 days. Currently, the system is faced with staffing challenges with Primary Care and surgical specialties at some of the locations, due to recruitment of providers and availability of space.

## Staff Vacancies

As of this visit, the total number of open staff vacancies is 565; of those open positions, 68 are for providers. The primary reasons for the vacancies are retirements, transfers and promotions. The system's open positions range from ancillary staff to social workers. Discussed was the Workforce Succession Plan, the three "R" incentives: Recruitment, Retention and Relocation.

- The organization has over 160 affiliation agreements that cover over 75 different fields of study. Affiliation agreements with eight colleges of medicine and stand-alone dental and pharmacy residency programs currently allow BPVAHCS to train over 150 residents/fellows.
- Also offers tuition reimbursement, student loan repayment and employee incentive scholarship programs.

Plans for the "hard-to-fill" positions:

- A list is provided to the Health Care Recruitment and Retention Office at the beginning of each fiscal year.
- The medical center offers education debt reduction program for hard-to-fill allied health occupations.

## Facility Demographics

In fiscal 2014, the medical center had 1,382,369 outpatient visits (projecting over 1.3 million for this fiscal year, potentially a 1% growth) and total admissions were 11, 013 (hospital 9,725, domiciliary 635 and community living center 653). The medical center is authorized 511 beds and has an average of 397 operating beds. The average daily census for the inpatient programs are:

- Acute Medicine/Surgical/Mental Health, 149
- Community Living Center (Nursing Home), 61
- Domiciliary, 61

Pleas note the funding allocated for the past three fiscal years:

- Fiscal 2012, $610,766,996
- Fiscal 2013, $609,678,774
- Fiscal 2014, $646,976,674

## Enrollment

According to the fiscal 2014 Gulf Market Projections, the total numbers of veterans in the catchment area is 262,426. Of that number, the total number of enrolled veterans is 123,375 or 47 percent, and the number of unique veterans treated is 103,034. The number of enrolled veterans broken down by gender:

- Men, 115,709
- Women, 7,666

## The Joint Commission (TJC) and Commission on Accreditation of Rehabilitation Facilities (CARF)

The most recent TJC inspection was performed January 2015, results pending; the October 2014 results revealed "no opportunities for improvement identified." The latest CARF performed was January 2012, which revealed the health-care system received full accreditation.

## Performance Measures

Identified from the Performance Measures Report Card for fiscal 2012-2014, are the performance measures that are below the VA's national goal. Also listed are the plans to correct these performance measures.

- Prevention:
  - » Influenza vaccination

    Primary reason for underperformance is due to patient refusal of the vaccine. Staff continues to offer flu campaign and stations throughout the campus and clinics for easy accessibility
- Acute Myocardial Infarction (AMI):
  - » AMI inpatient

    Work to improve response time for the catheter time (catheter inserted within 90 minutes of hospital entry). New Blackberries purchased for team members to support patient care and eliminate any potential delays with notification. Monitor data collected internally and through EPRP to assess effectiveness.
- Pneumonia (PN):
  - » PN inpatient

    Physicians and pharmacists collaborated to build a new pneumonia pathway; placed as an Order Set for ED, hospitalists and ICU staff. The staff was educated on proper medication treatments for patients admitted to the ICU with PN.

## Patient Safety

On a daily basis, the Patient Safety Staff provides vital information which is used by the Pentad and other leadership staff to carry out day to day organizational activities related to ensuring high quality, safe care and services for our veterans. In addition to their regular duties, Patient Safety Staff is available for consultation on important patient safety and risk management matters. They serve on a variety of health-care system committees, collaborative teams and workgroups. Patient Safety/Risk Management staff provides specialized guidance and resources to Veterans, visitors, and employees. The 2014 report remains in draft form pending data verification and final approval by leadership.

## Town Hall

On Monday, Jan. 12, 2015, Verna Jones, Executive Director of The American Legion's D.C. office, moderated a veterans town hall meeting regarding the issues surrounding the BPVAHCS. The meeting had approximately 53 veterans from Bay Pines, Tampa and St. Petersburg, Fla. VA staff in attendance included Suzanne Klinker, Medical Center Director; Stella Lareau and Ariel Rodriguez, Public Affairs officers; and Ken Massingill, Chief, Quality Systems. American Legion Department and Headquarters staff in attendance included Jay Conti Sr., Depart-

ment Commander; Dennis Bolland, NEC; Ben Dorweinga, Post Commander; Lou Celli, Director, VA&R; Roscoe Butler, Deputy Director; Zach Hearn, Deputy Director, Claims; and April Commander, Women Veterans Program Manager. Aside from listening to concerns on the quality of care, benefits, wait times and communication, the meeting also advised those in attendance of the Veterans Benefits Center (VBC) that would be held from January 14-15.

The town hall provided mixed reviews from the veterans in attendance from the inadequate care that has been provided by the medical center to praises for the rapid response times and excellent care that was rendered to loved ones. However, there were a few very specific complaints that were voiced: 1. Veteran stated that he requested a C-file 2.5-3 years ago and still had not received them. What can he do? VA staff provided an answer and veteran was satisfied. 2. Veteran filed a claim years ago, then lost the support of the VSO rep and claim was denied. What can he do? VA staff provided an answer, veteran pleased. 3. Veteran complained of TAL representatives not following up on denied claims when conditions/documentation is located within the medical records. Mr. Butler personally assisted/addressed this issue with the veteran. 4. Veteran complained of VA (Tampa) contracting out care to better serve the veteran and expedite care. Again, Mr. Butler personally addressed this issue with the veteran. 5. Veteran complained of being denied eligibility due to increased income. VA staff instructed veteran to contact the supervisor of eligibility, then patient advocate. Veteran satisfied. 6. Veteran requested an explanation for the Choice Card Program. VA staff provided an explanation, Mr. Butler later re-examined the program guidelines and it was determined that the information given to the veteran was incorrect.

## Veterans Benefits Center

On Wednesday and Thursday, 13 and 14 January 2015, The American Legion set up their Veterans Benefits Center at BPVAHCS, Bay Pines, FL. TAL staff: Lou Celli, Director for Healthcare; Roscoe Butler, Deputy Director for Healthcare; Zach Hearn, Deputy Director for Claims; Steve Henry, Assistant Director, Claims; April Commander, Women Veterans Program Manager; NVSLP staff: Ron Abrams, Joint Executive Director and Louis George collaborated with the VBA and VHA staff: Earnest Houston, James Parhalo, Dennis Christian, Jannette Fyer, Chris Wilder, Misty Macedo, Chris Orozco, Sandra Brown, Angel Diaz, LPN, Nursing, Marielaine Colon, Health Administration Service (HAS), Kimberly Benoit, HAS, Clint Parsons, HAS, Kelly Belliveau, HAS, Sammy Roman, HAS, Jennifer Sprague, Homeless Program (HP), Rose Stouffer, HP, Blossom Kapper, HP, Glenda Collins, HP, Barbara Sousa, HP, and Lynn Sides, HP; Vet Centers: St. Petersburg staff- Anthony Manfre, Gina Mancina, Cheryl Schaub, Tom Weber, and the Clearwater staff- Vince Barone; and Willie Woolford, Assistant Director for Bellevue University. Through this partnership, 170 veterans and family members were provided assistance with enrolling into the VA health-care system, scheduling appointments, receiving grief counseling and/or information, filing claims and education benefits information over the course of two days.

## Homeless Shelter Tour

On Thursday, Jan. 15, Roscoe Butler, April Commander, and Mark Walker, Deputy Director for Veterans Homeless Program, along with BPVAHCS staff, Jennifer Sprague, Homeless Program Coordinator, met with the St. Vincent de Paul, Center of Hope staff to tour the facility and discuss issues and concerns. The center is an 87-room, single occupancy transitional housing facility for veterans and non-veterans who may be recovering from substance abuse and/or mental illnesses. Clients are provided supportive services and a variety of programs to assist them in achieving self-determination, self-sufficiency and permanent housing, and may remain at the center for up to two years.

The center voiced concerns for underserved counties, as it is in the process of determining the most concentrated area of veterans that may need assistance. It serves men, women, children and families. Females are housed on the first floor, males on the second and when at capacity, families are on the third floor. Staff is present 24/7/365, and all tenants have keys to the property. The center has an employment specialist with a success rate of 75-80 percent to assist veterans. Veterans also seek other forms of income in the form of disability compensation and other means.

The center's goal is to have an apartment with 30 units for veterans and others in need, to acquire new computers and provide mentorship. Also, the center is seeking accreditation from Commission on Office Laboratory Accreditation and CARF.

## Women's Clinic

On Thursday, Jan. 15, April Commander met with Julia Adams, MSN, Women Veterans Program Manager to discuss issues and concerns regarding the Women's Clinic.

The major concern for the clinic is the cardiology grant proposal for prevention of cardiovascular disease in women. The three components:

- Screening by primary care physicians to identify women veterans who are intermediate or high risk for CV disease through an easy-to-use CPRS tool.
- Referral to women's preventative cardiovascular clinic to discuss individual risk factors and possible modifications.

- Participation in group health education classes about cardiovascular disease and stroke, nutrition exercise, stress management and other cardiovascular health related issues.

During the tour of the clinic, other points that were discussed included:

- The number of outreach events for fiscal 2014 held by the clinic was 15 and the number of scheduled events thus far for fiscal 2015 is 12.
- The clinic has 3 primary care physicians who sees scheduled and walk-in appointments, with a daily average of 24 patients per day for the primary care and eight to nine daily average for the gynecological staff.
- Ms. Adams voiced the need for an assistant, but the position is currently a 1 full time employee (FTE), however, Ms. Adams stated that having an assistant would be beneficial to the program as it would enable her to be more productive in other areas of the clinic.

As for strategic planning, Ms. Adams is in the process of developing postcards to mail out to the enrolled veterans that are not currently being seen in the clinic to close the gap in the number of patients served versus the number of patients that are enrolled.

The latest addition to the program is the Maternity Care Program; like many clinics within the system, the women's clinic desires additional space to continue to serve the growing population of women veterans.

## Best Practices

The BPVAHCS was recognized nationally as a 2014 Cornerstone Recognition Award gold winner by the VA National Center for Patient Safety on December 9, 2014. The health-care system is one of 111 VA facilities nationwide to receive recognition, and one of only 65 that received the gold award.

The award recognizes facilities for work and efficiency completing work related to the root cause analysis (RCA) process, health care quality and patient safety. This is the fifth consecutive year the BPVAHCS has received gold status.

## Challenges

1. The BPVAHCS executive leadership and the women veterans program manager identified the lack of space as a major challenge.

2. Increase in homelessness among women veterans population.

3. The BPVAHCS executive leadership and staff from Human Resources identified a shortage of clinicians as a challenge.

# PHILADELPHIA VETERANS AFFAIRS MEDICAL CENTER | PHILADELPHIA, PA

**Date:** 16 March 2015
**Team Lead for Health Care of VA &R:** Edward Lilley
**Assistant Director for Health Care:** April Commander

## Overview

The Philadelphia Veterans Affairs Medical Center (PVAMC) is a Joint Commission-accredited, tertiary care teaching hospital serving almost 59,000 veterans in the nation's fifth-largest metropolitan area, including the city of Philadelphia and surrounding six counties in southeastern Pennsylvania and southern New Jersey. The VAMC is located in West Philadelphia's University City District, while VA outpatient clinics are located at Fort Dix, N.J.; Gloucester County, N.J.; and Horsham, Pa. - the Victor J. Saracini Community-Based Outpatient Clinic (CBOC). A clinical annex is located in Camden, N.J. In fiscal 2013, Philadelphia executed a $503 million budget that supported 2,247 staff.

The PVAMC has the distinction of being awarded several National Research Centers of Excellence, including Parkinson's Disease Research, Education and Clinical Center Mental Illness Research, Education and Clinical Center; Center for Health Equity Research and Promotion; Center of Excellence for Substance Abuse Treatment and Education and Regional Sleep Center. The PVAMC is one of 21 polytrauma rehabilitation network sites and is home to the National Center for Homelessness among Veterans.

It is their mission to honor America's veterans with world-class health care, train their future providers and advance medical knowledge through research. Their shared vision is to partner with veterans and their families to optimize their health and quality of life through integrated, innovative and compassionate care. (source: PVAMC website)

## Executive Leadership

On Tuesday, March 17, Legion Team Lead Edward Lilley and April Commander of Health Care met with the PVAMC executive leadership and staff to discuss the concerns brought up during the town hall meeting, as well as the questionnaire that was provided to the medical center in advance of the site visit. In attendance for the entrance briefing with executive leadership included Medical Center Director Daniel Hendee; Chief of Staff Dr. Ralph Schapira; Associate Director Jeffrey Beiler, III; Associate Director for Clinical Operations Elizabeth Helsel, and Associate Director for Patient Care Services Coy Smith.

## Wait Times

During the meeting with PVAMC executive leadership, the director expressed that the average wait times for primary care (4.77 days), specialty care (15.61 days) and mental health care (3.71 days) was a combined average of both new and established patients. According to leadership, the biggest challenge the PVAMC faces with wait times is with audiology appointments. In order to face this challenge, the VAMC has hired a new chief of Audiology and two technicians to assist, using a multi-faceted approach that includes Non-VA Care and the use of a mobile clinic, and will implement audiology in CBOCs.

## Staff Vacancies

As of this visit, the total number of open staff vacancies is 232, with more than 14,000 applicants; of those open positions, 42 are for providers. The PVAMC has a 9-percent turnover rate. Currently 24.1 percent of their employees are veterans; the fiscal 2015 goal is 30 percent. The primary reasons for the vacancies are retirements, transfers and promotions. The system's open positions range from ancillary staff to social workers. Discussed were the Workforce Succession Plan, and the three "R" incentives: Recruitment, Retention and Relocation.

- As a teaching hospital, the PVAMC provides a full range of services, with state-of-the-art technology, and education and research.
- PVAMC is affiliated with the University of Pennsylvania School of Medicine and offers residency training in all major medical and surgical specialties and subspecialties. Associated Health Training is offered in nursing, dental, psychology, audiology, social work, dietetics and pharmacy.
- Each year, over 500 residents of a variety of specialties rotate through the departments during the academic year. They also train over 200 medical students and provide nursing and other associated health professionals training.

Plans for the "hard to fill" positions:

- According to HR, hospitalist is its hardest position to fill. While the VAMC does advertise in journals and at job fairs, physician job fairs are not held that often. For the hospitalist, a 25-percent recruitment incentive is offered. While it was noted that an upstate New York medical group only offers its hospitalists a sign on bonus of 5 percent (Cogent HMG).

- The medical center offers education debt reduction program (EDRP) for hard-to-fill allied health occupations.

## Facility Demographics

According to the fiscal 2014 VHA Support Service Center (VSSC), the medical center had 557,151 outpatient visits (projecting over 567,160 for this fiscal year, potentially a 1-percent growth), and total admissions were 2,401. The medical center has an average of 420 operating beds. The average daily census for the inpatient programs are:

- Acute Medicine/Surgical/Mental Health: 98
- Community Living Center (Nursing Home): 85
- Domiciliary: 33

Please note the funding allocated for the past three fiscal years:

- Fiscal 2013 $468,377,038
- Fiscal 2014 $473,713,833
- Fiscal 2015 $433,275,397 (through February)

## Strategic Plan

The strategic plans for the PVAMC are to increase access to care and clinical complexity (encompassing multiple levels and domains), including activating the behavioral health emergency care unit and expanding specialty services. To provide excellent customer service that promotes the patient centered mission; employ principles of high reliability that achieve and maintain exemplary levels of safety and to one day end homelessness among veterans, but above all, to provide the highest quality and state of the art health care. PVAMC held two homeless stand downs for fiscal 2014 and increased the number of HUD/VASH vouchers issued. Additionally, a 40-bed mental health residential rehabilitation treatment program was activated during fiscal 2014.

- Strategies:
  - » Expand hospitalist program
  - » Reduce non-VA purchased care
  - » Develop a comprehensive Clinical Expansion Proposal to support VISN 4 East. Plan to include provision of complex care to Eastern 4 VAMC, as well as neurosurgery and cardiac surgery
  - » Continue and expand current homeless support services
  - » Develop an organization-wide approach to data analysis
  - » Place continued emphasis on implementing a culture of patient-centered care throughout the medical center
  - » Improve telephone system to streamline contact and increase access
  - » Demonstrate performance as a high reliability organization committed to the ultimate goal of zero patient harm by promoting a culture of safety and continuous process improvement

## Enrollment

Noted in the fiscal 2014 VSSC, the total numbers of veterans in the catchment area is 5,083,006. Of that number, the total number of enrolled veterans is 79,835, or 16 percent, and the number of unique veterans treated is 39,666. The number of enrolled veterans broken down by gender:

Men, 74,477

Women, 5,358

| Market Penetration | ALL VISNs |
|---|---|
| All living male veterans | 20,817,765 |
| Unique male users | 5,037,366 |
| Market penetration (male) | 24.2% |
| All living female veterans | 1,840,380 |
| Unique female users | 316,745 |
| Market penetration (female) | 17.2% |

Source: VETPOP 2007, ADUSH for Policy and Planning, and VSSC Data Portal

## Non-VA Coordinated Care

| | FY14 | FY13 | FY12 |
|---|---|---|---|
| Authorized Care | $40,066,229 | $38,194,711 | $35,957,947 |
| Unauthorized Care | $1,055,202 | $2,644,772 | $2,244,974 |
| SC Emergency Care | $218,562 | $175,954 | $91,099 |
| NSC Mill Bill Emergency Care | $351,734 | $466,725 | $396,172 |

*No data provided on interest penalties

## Choice Program Champion

The facility's Choice Champions (eight personnel) had been trained through webinars, set-up of a Veterans Choice List (a list of veterans eligible for the program) and an e-mail group.

The Choice Champion has asked our assistance by allowing the VA secretary to allocate the funding for the Choice Program in order to ensure that other programs would be able to supplement the inadequate staffing which led to the need for the Choice Card. For example, if the Choice Program were to run out of funding in the next year, or when the three years are up, there have been no funds allocated to "fix what was broken," the system may end up back where they started before the implementation of the Choice Program.

## The Joint Commission (TJC) and Commission on Accreditation of Rehabilitation Facilities (CARF)

The most recent TJC and CARF inspections were performed October 2014; however no reports were provided during this assessment. The Legion requested that the reports be sent to it soon as possible. Also, reported by the PVAMC were 18 data breaches, again, no information or personnel were available to provide details of the breaches. The PVAMC did mention it would focus on training to prevent future breaches; it was again requested the details of these breaches and preventive measures be made available as soon as possible to The American Legion.

## Performance Measures

Identified from the Performance Measures Report Card for fiscal 2014 (fiscal 2012 present and viewed, fiscal 2013 not available), are the performance measures that are below the VA's national goal. Also listed are the plans to correct these performance measures. (* indicates goals were rolled over into fiscal 2015)

Expand Patient Aligned Care Teams (PACT):

Adequate Staffing

Only a few pilot PACTs in Philadelphia and none of the CBOC PACTs have fully dedicated 3:1 support-to-provider ratio. Facility would need to hire substantial staff and add contract clinics to meet the recommended PACT staffing model. To date, budget requests for additional support staff have not materialized. Despite this, Philadelphia has attempted to implement PACT activities as described in subsequent responses.

Telehealth Use: *

Telehealth Visits: *

Programmatic Achievement in Ethics: *

Diversity Hiring Goal: *

## Patient Safety

The PVAMC has accomplished several patient safety innovations as a high reliability organization. The Good Catch Program, Safe Day Call and the creation of a patient falls prevention toolkit are some examples of fiscal 2014 improvements. Joint Commission Sentinel Events Alert, Issue 52: Preventing Infections from the Misuse of Vials and Sentinel Event Alerts, Issue 53: Managing Risk During Transition to New ISO Tubing Connector Standards were disseminated, communicated and part of staff/clinician education for safe medication practices. Electronic Patient Event Reports reporting volume was increased by 82 percent from fiscal 2013 to the first two quarters of fiscal 2014. Additionally, the medical center has an aggressive water committee that monitors for Legionnaires' disease and other waterborne microbes; no traces of any have been found.

## Outreach Activities

During fiscal 2014, the PVAMC hosted or supported over 60 outreach events – some affiliated with the neighboring universities – as well as post deployments. The facility hopes to support greater than 75 events in fiscal 2015; the first event was scheduled with Temple University in the spring.

## Patient Aligned Care Team (PACT)

Although there are only a few pilot PACTs in PVAMC, and none in the CBOCs, the PACTs have a fully dedicated 3:1 support staff-to-provider ratio; from engaging veterans to team functioning, it appears that the facility is performing within the guidelines for the PACT program.

## Chief for Voluntary Services:

The PVAMC VAVS had its volunteer awards ceremony scheduled for April 13, open to all staff, and the Annual Volunteer Recognition luncheon was scheduled for April 17 at an off-site location. The team is planning an open house, date to be determined, but no later than Sept. 30, 2015.

## Women's Clinic

On Thursday, March 19, American Legion Women's Veteran Program Manager April Commander met with Clinic Director Dr. Francesca Engle and Program Coordinator Lori Maas to discuss issues and concerns regarding the Women's Clinic.

The major issue that the clinic faces as it continues to attract new patients is the need for more space. The facility currently holds clinic on Saturday to accommodate the busy practice and maintain continuity of care.

Other areas where the clinic thrives are:

- Patient Navigator/Coordinator (social worker) for obstetrics to assist patients with complex medical needs
- All CBOCs have gynecological specialist
- Domestic Violence Program
  - » With a dedicated part time social worker
  - » Interface with the community
  - » Provide education and training social worker and mental health
- Ongoing annual proficiency training
- Clinic is fully staffed
- Women's Mental Health Program
  - » Team meets monthly
  - » Reviews cases
  - » Identifies preferred providers
  - » Identifies needs to provide support for complex cases, particularly those with eating disorders

A tour of the clinic proved that more space is needed, as the clinic has less than 10 examination rooms and a relatively small reception/waiting area. However, the clinic does allow for some minor gynecological procedures to be performed. Additionally, there is a gynecological surgeon and fellow in-house.

As for strategic planning, Maas pointed out that the program was initially funded by VACO but now it is funded locally. The clinic hosts and supports outreach events, specifically with Temple University every spring. Finally, the new clinic is under construction.

## Construction

Currently, the PVAMC has 15 ongoing construction projects totaling over $35 million, with an additional eight projects planned for fiscal 15 totaling just over $17 million.

## Homeless Shelter Tour

On Wednesday, March 18, American Legion staff members Edward Lilley, Team Lead for Health Care, Veterans Affairs & Rehabilitation; April Commander, Assistant Director for Health Care; and Mark Walker, Deputy Director for Veterans Education & Employment, met with Executive Director Tim Williams and Deputy Executive Director of the Veterans Multi-Service Center Lincoln Strehle, to discuss issues and concerns. The facility is a four-story structure that opened its doors some 35 years ago. The women veterans program opened one year ago and allows children.

It operates a grant per-diem (GPD) program that currently houses 93-94 males and 23-25 females, and also runs a day center program from 8 a.m.-4:30 p.m. Some of the features of the facility are:

- A women's center
- Computer repair training
- Literacy training
- Auto repair training
- CRC on site

One noteworthy program was the Veteran Employment Program. The facility has employer relationships to aid with employment and conduct workshops. There is a six-week IT computer A+ training course that provides certification upon completion.

## Town Hall

On Monday, March 16, Verna Jones, Executive Director of The American Legion's D.C. office, moderated a veterans town hall meeting regarding the issues surrounding the PVAMC. The meeting had approximately 45 veterans from the Philadelphia metropolitan area. VA staff in attendance included Dr. Ralph Schapira, Chief of Staff; Jeffrey Beiler, III, Associate Director; Elizabeth Helsel, Associate Director for Clinical Operations; and Coy Smith, Associate Director for Patient Care Services. American Legion department and national staff in attendance included Department Commander Dennis Haas, Department Adjutant Kit D. Watson, National Executive Committeeman Robert C. Miller Jr., Post Commander Joseph Schuman National VA&R Director Lou Celli, director, Team Lead for Health Care Edward Lilley, American Legion Deputy Director for Claims Zach Hearn and American Legion Women Veterans Program Manager April Commander. Aside from listening to concerns on the quality of care, benefits, wait times and communication, the meeting also advised those in attendance of the Veterans Benefits Center (VBC) that would be held March 17-19.

As with previous town hall meetings, mixed reviews were heard from the veterans in attendance, ranging from inadequate care that has been provided by the medical center, to praises for the rapid response times and excellent care. However, there were a few very specific complaints that were voiced:

1. A veteran claimed that the appointment system is not "user friendly."

2. A veteran asked "why can't VA physicians answer questions on environmental exposure issues?"

3. Veterans are having difficulty with the VA's Health Identifica-

tion Card camera and stated that it is often "down."

Nevertheless, some veterans also expressed appreciation for the Philadelphia VA Medical Center and had no issues to report.

All questions and concerns were answered and or addressed during the town hall by either the VBA or VHA side of the VA, with the subject matter experts helping to explain if the subject was still unclear. All were satisfied with the information that was provided at that time.

## Veterans Benefits Center

On March 17-19, The American Legion set up its Veterans Benefits Center at the PVAMC.. Lilley, Hearn and commander joined NVLSP Joint Executive Director Ron Abrams and Michael Spinnicchia in collaborating with the VARO, VBA and VHA staff, and through this partnership 225 veterans and family members were provided assistance with enrolling into the VA health-care system, scheduling appointments, filing claims and receiving education benefits information over the course of two and a half days.

## Best Practices

1. The PVAMC has the distinction of being awarded several National Research Centers of Excellence, including Parkinson's Disease Research, Education and Clinical Center); Mental Illness Research Education and Clinical Center; Center for Health Equity Research and Promotion; Center of Excellence for Substance Abuse Treatment and Education, and Regional Sleep Center. The PVAMC is one of 21 Polytrauma Network sites.

2. Rehabilitation network sites and is home to the National Center for Homelessness among Veterans.

3. The facility is noted for the five patient advocates, which facilitates rapid response times to calls.

4. Through the facility's recruitment efforts, there is a high percentage of women veterans enrolled with PVAMC.

## Challenges

1. The No. 1 challenge that Philadelphia's veterans have is with the lack of clarity on the Choice Card program.

2. The major challenge that many departments listed was space, by far, throughout the facility, especially in the Mental Health and Radiation Therapy departments.

3. According to leadership, the biggest challenge the PVAMC faces with wait times is with audiology appointments. In order to face this challenge, the VAMC has hired a new Chief of Audiology and two technicians to assist, using a multi-faceted approach that includes Non-VA Care such as the use of a mobile clinic, and will implement audiology in CBOCs.

4. Other challenges would be within the occupations, such as the hospitalists and audiologists, or the lack there of these occupations.

## Recommendations

1. VA should hold orientation seminars for new patients and patients who need assistance navigating the VA website.

2. VA should partner with local VSO's on vacancy applications.

3. Continue to collaborate with the local universities to support and host outreach events, as well for recruitment of physicians.

# VA CARIBBEAN HEALTHCARE SYSTEM | SAN JUAN, PR

**Date:** April 6-9, 2015
**Director of VA&R:** Louis Celli
**Assistant Director of Health Care:** April Commander

## Overview

The VA Caribbean Healthcare System (VCHS) provides services to a population of 150,000 veterans in Puerto Rico and the U.S. Virgin Islands. In addition to their main facility in San Juan, they offer services in two multispecialty clinics and four community-based outpatient clinics (CBOC). These clinics are located in: Arecibo, Mayagüez, Guayama, Ponce, St. Croix, St. Thomas, Utuado, Ceiba, Comerio, and Vieques[1].

## Town Hall Meeting

On Monday, April 6, 2015, Verna Jones, the Executive Director of The American Legion's D.C. office, moderated the town hall meeting. There were approximately 35-40 persons in attendance. The following were some of the concerns and questions that were addressed with regards to the health care and other benefits sought within the VCHS:

1. One veteran mentioned that there is a breakdown in communication between the VA and the post office with regards to flags. The flags are not being supplied or restocked at or by the post office. However, it was pointed out that this is a responsibility of the VA to manage the flags, and a mere agreement was established by a Memorandum of Understanding with the post office.
2. There is a growing concern of just how many patient appointments are being cancelled by the facility without the patient's knowledge, only to have the patient reschedule the same appointment. Basically, appointments that do not exist are being made, then cancelled to give the perception that the initial appointment was under 30 days. However, VA staff stated that the cancelled appointments are tracked, as well as the impact on patients. Also, there are many reasons for facility to cancel appointment and in order for facility to cancel an appointment, it must be approved by the Chief of Staff.
3. American Legion Department Service Officer Migdalia Melton, Post 48's commander, asked, "Has anything had been done about the telephone system at the VA hospital?" VA staff responded that, "There were problems with the phones, and they recently transferred to Internet service, so it's a work in progress. Also, the hours have been extended from 0630-1830, and additional staff has been hired to provide live contact.
4. There were complaints about the apparent exclusion of Puerto Rico from VA's Choice Card program. "Just recently I received this card, and it has no value for us right now," said Jose Valenzuela, a Vietnam War veteran from the town of Ponce. Jones, told attendees that the Choice Card does apply to veterans on the island. "There is no provision in the law that says Puerto Rico is exempt – that's absolutely not true," Jones said. Duane Hamlin, director of the VA medical center in San Juan, said that confusion about the Choice Card program existed nationally and that Puerto Rico "is no different than anywhere else in the nation. The Choice program applies similarly here as anywhere else." Executive Director Jones said that she and Louis Celli, Director of Veteran Affairs and Rehabilitation Division, will be speaking with officials at VA's Central Office in Washington, D.C., about problems with the Choice Card "and get that squared away, because the program is a law and veterans are entitled to that. Veterans shouldn't be confused about a program that is designed to be advantageous."
5. Congressman Pedro Pierluisi stated that the appeals board only comes once a year and it should be twice. Also, current VA mental health professional service is decreased in Puerto Rico vs. the mainland. Additionally, construction is going well.
6. A veteran asked about job training for veterans. Director Celli responded with information on the presidential initiative for newly discharged veterans.
7. VA staff voiced that a job fair was held to recruit pharmacy technicians to decrease backlog on refilling prescriptions.

1 "About the VA Caribbean Healthcare System http://www.caribbean.va.gov/about/index.asp

## Executive Leadership

On Tuesday, April 7, 2015, The American Legion's staff met with VCHS staff to discuss challenges the facility endures. VCHS is a part of VISN 8 and has 10 community-based outpatient clinics (CBOCs): Ponce, Mayaguez, St. Croix, St. Thomas, Arecibo, Ceiba, Utuado, Comerio, Vieques and Guayama. However, there are only three Vet Centers for all of Puerto Rico. The San Juan facility, on average, sees roughly 57,500 unique patients and 438,600 outpatient visits, according to the April 2014 VA Office of Inspector General Report. VCHS Director, DeWayne Hamlin, reported the veteran population to be somewhere between 120,000 and 150,000, but an accurate count is needed. He also mentioned the homeless population, which the current number is unknown but is believed to be significant. No domiciliary is available, and there is a homeless outreach coordinator on the campus who manages the Department of Housing and Urban Development (HUD)/Veterans Affairs Supportive Housing (VASH) program.

Wait times for new primary care patients is minimal, but orthopedics service appointments prove difficult to obtain within the guidelines due to an island-wide shortage of orthopedic specialists. Also, sleep study test are a challenge as well, as technicians are not certified, which results in poor test results, repeated tests and delayed results (if they have to be relayed/transcribed to another facility to be read). Recently, 160 other positions were filled – 54 by veterans. The physicians' needs are unmet in orthopedics and neurology departments, but the hospitalist and mental health positions were in good standing. Recruitment incentives for physicians were not discussed.

Chief of Staff Dr. Antonio Sanchez informed The American Legion of the separate Mental Health Emergency Room that is operable 24/7. He also spoke of the expansion of the radiology and oncology clinics.

The VCHS staff spoke of the difficulties with prosthetics even though there is a lab on site; larger or specialty items must be ordered and sent in from the mainland. Shipping delays are held up, as the Conex must be full in order to be placed on the barges, which must have the U.S. flag on them. Also, barges are servicing other islands as well. In most cases, it takes approximately two months to fill a large Conex container.

Hamlin spoke in general terms about the facility, stating that the facility has $500 million to $1 billion in revenue; the pending deconstruction of the main building down to the second floor is set for next year. The facility is able to sustain power for 10 or more days from generator power. According to Hamlin, service requirements are not based on budget but on the needs of the veterans, and discussed ongoing challenges regarding annual budgeting needs and the unique circumstances the Caribbean Healthcare Network faces regarding unusually high energy/electric costs. Because of this unique need, the system receives bailouts for budget shortfalls every year; according to Hamlin the veterans are not affected.

The deputy director of the hospital, Nayda Ramirez-Garcia, pointed out during fiscal 2014 that $30 million were spent on contracted care for the Choice Card Program nationally – a program, The American Legion learned, has not been used in Puerto Rico at all. Also, the deputy director reported that the civilian physicians in the Virgin Islands refuse to treat veterans, a claim The American Legion has not heard previously and will require additional research and investigation.

The staff spoke of the women's clinic and the availability of mammograms on site with results available online; civilian providers release results via hard copy or CD, and VA tracks patients that are fee-based.

## Mayaguez Outpatient Clinic

The Mayagüez Clinic is a Satellite of the San Juan VAMC, and was established in 1976 to improve access to Primary Care services for veterans in the western part of Puerto Rico. The clinic currently provide a wide variety of services:

- Primary Care and Nursing Care
- General Psychiatry
- Surgical Consultation and Minor Surgery
- Urology and Cystoscopy
- Physical Medicine and Rehabilitation, including Occupational and Physical Therapy
- Cardiology, including Echocardiography, Stress Test and Holter
- Gastroenterology Consultation and Procedures (Endoscopy, Colonoscopy & Sigmoidoscopy)

- Dental
- Ophthalmology and Optometry
- Laboratory
- X-Ray and Sonography
- Spirometry
- Pharmacy
- Dietetics Evaluation and Counseling
- Social Work
- Prescriptions: Routine prescriptions processed through the mail or My Health*e*Vet.
- Podiatry Services[2]

On Wednesday, April 8, 2015, The American Legion's National Headquarters staff, and representatives from The American Legion's Department of Puerto Rico met at the Mayaguez Clinic to voice issues and concerns that affect veterans and employees of the clinic. Upon arrival, the Legion was greeted by the members of Legion Post 47 in Cabo Rojos, PR, who shared their concerns regarding care received from the Mayaguez Clinic and within the VA Caribbean Healthcare System (VCHS). Some of the complaints were:

1. "The new clinic is triple the size of the old one. However, security remains the same. There are two DoD police officers and one security guard. Not enough to cover the area. There are extended hours on Wednesdays and Saturdays and there is only one DoD police officer for the entire building. Both DoD officers are military reservists and there is no replacement when they have drills. Anytime a replacement is sent from San Juan area, they have to pay them overtime."
2. "Mental health- The number of psychiatrists and psychologists is the same since 1987. The number of mental health patients has tripled. They are one of the clinics that stays open during extended hours and are very concerned about the lack of security. They are requesting a day hospital so that they any psychiatry patients can be held there instead of being sent to a non-VA facility."
3. "The laboratory is still taking too long. We have veterans who are diabetic, and their health is at risk since there is no consideration on how long they have waited."
4. "The phone system is set up so that all calls enter into San Juan and are routed to the clinic that is called. It is almost impossible to get through and if you do not have extension numbers the call is dropped. This causes too many no-shows."
5. "We have specialty clinics, such as cardiovascular, dermatology, urology and podiatry. However, there are no doctors or staff available. In addition, we have no X-ray capability. MRI is out in cardiology."
6. "There is not sufficient geriatric care. The population of elderly veterans is mostly located in the western side of the island. Distribution of funds for the geriatric department needs to be reevaluated because there is not enough funding to cover the needs of our elderly."
7. "There is no ability to stabilize someone during an emergency. There is no ambulance in the clinic. An ambulance must be called so that any emergency can be transported to the nearest hospital."
8. "It takes more than three months to get appointments for physical therapy, psychiatry, surgeries, i.e., knee surgeries. It's almost impossible to obtain approval for fee basis for surgeries, colonoscopy."
9. "We had one primary doctor who attended over 2000 walk-in cases last year. Instead of applauding him, he was reprimanded."
10. Veterans also complain that the clinic closes at 1800; however the clinic does open on Saturday from 0800 -1630, which are part of the extended hours. The regular hours are:

    M-F: 0700-1630

    Wednesday: 0700-1830

2 Mayaguez Outpatient Clinic http://www.caribbean.va.gov/locations/Mayaguez.asp

Saturday: 0800-1630

The Legion was told by staff that it can take up to four hours for an ambulance to arrive to the clinic due to shortages of vehicles on the island. However, there is a pilot program for travel in place from Mayaguez to San Juan, and the clinic is accountable for the veterans. The catchment area is approximately 90,000 veterans, with little over 9,000 unique veterans for a market penetration of 10 percent. The daily outpatient appointments average is about 1,600. The staff also reported the pharmacy is the most used in the VISN and mail order is being pushed due to culture (as veterans want to see the doctor when it's really not necessary for a refill).

A tour of the facility produced several concerns as well, the first being the urgent care (UCC) area was closed off and not in use. Throughout the facility there is no automatic access for the handicapped. The women's clinic exam table was situated to expose whoever was being examined. Suggestion as to how to lessen the possible exposure was discussed and all agreed, table turned away from door.

The clinic lacks a podiatrist but is hiring a primary care floater (pending a background check); also has FTE position to conduct laser exams, but no authorization. There are three dentists that see about 140 veterans a month, according to a staff dentist.

The American Legion's Director for Veterans Affairs & Rehabilitation Division, Louis Celli, was able to use the telehealth system to see what the veterans see when using the system to communicate remotely with physicians.

The Legion recommended that VA open the UCC, the Public Affairs Officer should request advocates for clinic, the Regional Office should assign personnel from the Veterans Affairs Voluntary Service (VAVS) program, and non-paid and work study programs should be available to assist veterans as they enter and maneuver throughout the clinic.

## Meeting with Congressman Pedro Pierluisi

On Thursday, April 9, 2015, Congressman Pierluisi (PR) met with Legion staff to discuss challenges that the Ponce Clinic faces and social issues for Puerto Rico as a whole that affect veterans. "Puerto Rican veterans feel that they are taken for granted," Pierluisi said. "Puerto Rico does not pay income taxes, but rather payroll taxes, and Puerto Rico is socially conservative." These were a few of the comments the congressman spoke of initially, as well the voting issues among veterans, and Puerto Rico as a territory and not a state. He went on to discuss the issues with census, as not all count as veterans depending on their time served; and how to get an accurate count of veterans in Puerto Rico. The conversation turned to the Ponce Clinic and how few women services were offered, the need for more physicians, the lack of urgent care services and that some veterans are forced to drive to the San Juan VAMC for care. However, Ponce Clinic does have a patient advocate on site.

## VA Euripides Rubio Clinic-Ponce Outpatient Clinic

The Ponce Clinic is a Satellite of the San Juan VAMC, and was established in 1988 to improve access to Primary Care services for veterans in the southern part of Puerto Rico. The Clinic currently provide a wide variety of services:

- Primary Medical and Nursing Care
- General Psychiatry (not including drug and alcoholism services)
- Urology
- Physical Medicine and Rehabilitation, including Occupational and Physical Therapy
- Cardiology, including Echocardiography, Stress Test and Holter
- Minor surgery
- Optometry and Clinical (non-surgical) Ophthalmology
- Podiatry
- Laboratory
- X-Ray and Sonography
- Pharmacy

- X-Ray and Sonography
- Social Work
- Dietetics Evaluation and Counseling
- Prescriptions: Prescriptions processed in our main facility, through the mail or My HealtheVet.

The Clinic also provides services with visiting staff in Gastroenterology and Spinal Cord Injury, and through "telemedicine" in several other specialties. Services that are not available in the Satellite Clinic can be obtained at the VA Medical Center in San Juan.

Once joining up with the clinic staff, the Legion learned that the Ponce Clinic provides a bus, by reservation, to assist veterans with appointments in San Juan. Patient's identification allows them to be seen earlier and not miss a return ride back to Ponce. Ponce Clinic walk-ins are seen within 30 minutes of arriving. The clinic is open on Saturdays and has extended hours on Thursdays. The clinic routinely sees 700-800 patients daily; on a much heavier note, San Juan VAMC has about 800 deaths in the system, and sees about 200,000 veterans annually. The geriatrics program is being upgraded for more complex problems; the clinic has a very good OIF/OEF program. There was 3.2% overall change in out-patient visits from fiscal 2013-fiscal 2014, 15.2 percent for unique women veteran and 3.3 percent for unique patients. The current veteran population is 98,734, with a projected enrollment of 73,510; however by 2026 both of these areas will suffer a 37 percent decrease.

The staff spoke of MyHealth*e*Vet and the increase in secured messages, which also provides secured documentation. The program is offered to all new patients and has a champion, but the drawback is the program only has one person teaching My Health*e*Vet.

Transportation payments are being held up due to system permission (only one person) in putting information into the system; this may cause a two-week delay in receiving payment.

Tour of the clinic proved pharmacy average wait times to be seven minutes; as noted in Mayaguez, there are no automatic doors for the handicapped, no homeless outreach program and no vocational rehabilitation counselor on site.

The women's clinic holds v-tele on a monthly basis with San Juan VAMC. The clinic only has one exam room, but the table is positioned correctly. Veterans are only seen on Wednesday at a rate of about 20 per month. No minor procedure or mammograms performed on site.

Similar to the Mayaguez Clinic, The American Legion urged the Ponce Clinic to open UCC to service more veterans.

# VA MEDICAL CENTER | MEMPHIS, TN

**Date:** April 21, 2015
**Veterans Benefits Committee Member:** Jeffrey Olson, National Commander Representative
**National Headquarters Representative:** Roscoe Butler, Deputy Director for Health Care
Mark Walker, Deputy Director Veterans Employment and Education

## Overview

The Memphis VA Medical Center (MVAMC) is a tertiary care facility classified as a Clinical Referral Level I Facility and one of the most sophisticated medical centers in the VA system. The MVAMC is affiliated with the University of Tennessee Colleges of Medicine, Dentistry, Nursing, Pharmacy and Allied Health; and is a teaching hospital, providing a full range of patient care services with state-of-the-art technology, as well as extensive education and research programs. Comprehensive primary, secondary, and tertiary health care is provided in the areas of medicine, general cardiovascular and neurological surgery, psychiatry, physical medicine and rehabilitation, spinal cord injury, neurology, oncology, dentistry, and geriatrics. Specialized outpatient services are provided through general, specialty and subspecialty outpatient clinics, including a women's health center. The MVAMC has an authorized bed capacity of 251 hospital beds; of this number, 229 are operational. Following is a breakdown of the Memphis inpatient beds:

| Bed Category | Authorized | Operating | Percent |
|---|---|---|---|
| Medicine | 97 | 92 | 94.8 |
| Neuro Surgery | 5 | 5 | 100 |
| Spinal Cord Injury | 70 | 60 | 85.7 |
| Surgery | 47 | 40 | 85.1 |
| Psychiatry | 32 | 32 | 100 |
| **Total** | **251** | **229** | **91.2** |

In fiscal 2014, the medical center admitted 6,520 veterans for inpatient hospital care, and had 694,096 outpatient visits. It is projecting a 1.2 percent increase in outpatient visits in fiscal 2015.

The MVAMC catchment area includes counties in Memphis proper, Arkansas and Mississippi. Counties serviced by the MVAMC include Bolivar, Coahoma, Benton, Alcorn, Calhoun, Chickasaw, Fulton, Craighead, Cross, Crittenden, Lee, Mississippi, Phillips, Clay, Tunica, Quitman, Tallahatchie, Desoto, Panola, Tate, Marshall, Lafayette, Grenada, Yalobusha, Union, Tippah, Pontotoc, Prentiss, Tishomingo, Monroe, Lee, Itawamba, Dyer, Lauderdale, Obion, Shelby, Tipton, Wheatley, Haywood, Gibson, Fayette, Crockett, Carroll, Chester, Decatur, Hardeman, Hardon , Henderson, Madison and McNairy.

## Budget

The MVAMC reported its fiscal year budget for the past three fiscal years as follows:

| Resources | FYTD thru Feb 2015 | EOFY 2014 | EOFY 2013 |
|---|---|---|---|
| Medical Care Budget | $383,298,923 | $420,261,998 | $411,295,920 |
| MCCF Collections | $10,756,950 | $30,090,996 | $26,703,715 |
| Total Medical Care FTEE | 2,206.9 | 2,253.7 | 2,228.8 |
| RN Medical Care FTEE | 466.0 | 465.4 | 453.5 |
| MD Medical Care FTEE | 162.3 | 161.1 | 153.1 |

MVAMC is currently anticipating a $1.7 million budget shortfall, but as explained by John Patrick, Veteran Integrated Service Network (VISN) director, he is confident there is enough funds this fiscal year to offset any anticipated budget deficit.

## Access

Based on data obtained from the Memphis VAMC, the medical center reported its outpatient wait times as follows:

| Wait times: | Retrospective/Compl. appts |
|---|---|
| • Average wait times for primary care patients | 3.40 days 1.79 days |
| • Average wait times for specialty care patients | 4.83 days 3.16 days |
| • Average wait times for mental health patients | 5.21 days 2.62 days |

Provider time was reported as the significant cause impacting the medical center's ability to schedule veterans' outpatient appointments in a timely manner. At the North Clinic, due to a provider vacancy, 42 patients were on the wait list.

To address outpatient wait times, President Obama on Aug. 7 signed into law the "Veterans Access. Choice, and Accountability Act of 2014." The law was implemented to improve veterans' access to VA health care. Veterans who are on a waiting list for 30 days or greater, or live 40 miles from a VA medical care facility, can choose to be seen outside the VA by an approved non-VA health-care provider.

The MVAMC Pentad[1] which consists of the medical center director, associate director, assistant director, chief of staff and associate director for Patient Care Services, informed our Veterans Benefits Center (VBC) team that they have not had a positive experience with TriWest. Representatives from TriWest along with staff from VA Central Office Chief Business Office, will be on site to meet with them. As of April 27, 2015, the MVAMC reported the number of appointments over 30 days on the pending list is as follows:

- Primary Care 583
- Mental Health 1,002

Our VBC team was also informed that 98 percent of all of their outpatient appointments are scheduled within 30 days.[2]

## Staffing

The MVAMC indicated that at the time of our VBC visit, they have 339[3]) in addition to 144 positions created by the Veterans Access, Choice, and Accountability Act of 2014. The MVAMC currently does not have a facility strategic plan, but uses the VISN Strategic Plan to provide the medical center with a strategic direction. The strategic and tactical components of the plan are developed by the VISN Senior Executive Board (the former Executive Leadership Board), and the operational component is executed by the facility.

MVAMC is working with a consultant to develop the fiscal 2015 Strategic Plan in concert with the VISN strategic tactical plan developed by the VISN service lines in the following areas: Patient Care Service Line(SL), Medicine SL, Surgery SL, Mental Health SL, Organizational Health and Geriatrics and Extended Care SL. A review of the list of vacancies provided by the medical center indicates they have 339 vacancies, some which are critical to direct patient-care activities.

1 Pentad describes the medical center executive leadership, Director, Associate Director, Assistant Director, Chief of Staff, and Executive Nurse Manager.
2 Refer to attachment A, to review an extract from the April 1, 2015, VA Access Report highlighting the MVAMC access wait times.
3 vacancies (Refer to Attachment B

## Enrollment

Following is a snapshot of the enrollment by priority categories obtained from the Memphis VAMC.

| Enrollees Priority 1 to 8D for V09 (614) Memphis (FY Mon) | FY12-EOY | FY13-EOY | FY14-E0Y |
|---|---|---|---|
| 1 Svc Con 50% + | 4978 | 5240 | 5437 |
| 2 Svc Con 30% - 40% | 2217 | 2206 | 2137 |
| 3 Svc 20% POW/Special | 3823 | 3746 | 3620 |
| 4 AA/Housebound or Catastrophic | 1483 | 1464 | 1432 |
| 5 NonService Con Below Income | 9739 | 9866 | 9207 |
| 6 All other Not Req to Make Copay | 2415 | 2570 | 2341 |
| 7 Non-Compensable 0% Svc-Below GMT | 3 | 2 | 36 |
| 7 NonService-Connected Vets-Below GMT | 106 | 168 | 671 |
| 8A Noncompensable 0% Svc-con-Above GMT | 292 | 292 | 244 |
| 8C NonService-Connected Vets-Above GMT | 5378 | 5385 | 4730 |
| 8E Noncompensable 0% Svc-con-Above GMT>1_16_03 | NA | NA | NA |
| 8G NonService-Connected Vets-Above GMT> 1_16_03 | NA | NA | NA |
| 8B Noncompensable 0% Svc-con-Above GMT >6_15_09 | 9 | 12 | 13 |
| 8D NonService-Connected Vets-Above GMT> | 208 | 331 | 385 |

The total number of veterans in the Memphis catchment area is 187,149. Of the total number of veterans in the Memphis catchment area, 36.3 percent are enrolled in the VA health-care system. Of the number of veterans enrolled, 92.7 percent are male and 7.3 percent are female veterans.

## Outreach Activities

MVAMC's Social Work office participated in approximately 32 outreach events in fiscal 2014 and has participated in about 15 so far this year. In addition, it has two outreach staff in the community every day at homeless service provision agencies such as shelters and drop-in centers performing outreach tasks. The facility is on pace to complete 30 or more outreach events this year.

## Homelessness

The MVAMC Homeless Program office is located at 1407 Union Avenue. in Memphis. The program has three main components. The Health Care for Homeless Veterans (HCHV) programs includes the Grant and Per Diem program (GPD) and HCHV Contract Bed Program. The MVAMC also has the Housing and Urban Development-Veterans Affairs Supportive Housing program (HUDVASH), which includes a very successful Veterans Justice Outreach (VJO) program. A variety of ancillary services are also provided to homeless veterans in all three programs.

## The Homeless Providers Grant and Per Diem Program

The Homeless Providers Grant and Per Diem (GPD) program was authorized to establish alternative housing programs for homeless veterans through a partnership with non-profit or local government agencies. The principal mission of GPD is to provide time-limited housing (up to 24 months) with supportive services as an aid to the transition of the veteran from homelessness to permanent housing.

Currently, the MVAMC GPD program has three community providers with a total of 125 beds designated for unaccompanied (male and female) homeless veterans. Included in these 125 beds are eight beds for male veterans who are medically fragile. These GPD programs are a vital source of safe housing with supportive services, with many of the resident veterans receiving case management

through the VAMC homeless services. The goal is to help homeless veterans achieve residential stability, increase their skill levels and income, and obtain greater self-determination. A VA addictions therapist provides individual and group services to GPD residents.

The HCHV Contract Bed Program was authorized to establish alternative short-term housing programs for homeless veterans through a partnership with non-profit or local government agencies. As with the regular GPD program, the principal mission of the HCHV program is to provide time-limited housing with supportive services as an aid to the transition to permanent housing. However, these 10 contract beds are specifically for unaccompanied (male and female) homeless veterans with recurring mental health diagnoses, and the maximum length of stay is six months. It is believed that Memphis will reach VA's goal of "functional zero" by the end of 2015.

## The Housing and Urban Development-Veterans Affairs Supported Housing Program (HUD-VASH)

This joint Supportive Housing Program with the Department of Veterans Affairs and the Department of Housing and Urban Development (HUD) provides permanent housing and ongoing case-management treatment services for homeless veterans who would not be able to live independently without the support of case management. Memphis VA currently has a total of 465 HUD Section 8 Vouchers (25 are located in Jackson, Tenn.) designated for eligible homeless veterans. This program allows veterans to live in elected apartment units with a "Housing Choice" voucher. These vouchers are portable so that veterans can live in communities served by their VA medical facility where case-management services can be provided. This program enhances the ability of the VA to serve homeless women veterans, as well as other targeted homeless veterans, and their immediate families. VA Homeless Program staff provides extensive case management services to veterans in the program beginning with voucher issuance and continuing for as long as the individual veteran needs these services to maintain housing.

The MVAMC HUD-VASH team also includes a substance use disorder specialist who assists voucher recipients with addiction issues, and peer support specialists — former homeless veterans who provide a wide array of services to help homeless veterans obtain a voucher and obtain and keep suitable housing. The MVAMC is currently recruiting for two housing specialists who will help individual veterans to secure a housing unit appropriate for their situation and navigate the voucher issuance process with Memphis Housing Authority.

## The Veterans Justice Outreach Program (VJO)

The VJO program includes two veterans treatment courts and the Justice Outreach program. The Memphis VJO program has one court in Memphis and one in Jonesboro, Ark. The courts allow veterans in the criminal justice system the opportunity to avoid incarceration by agreeing to, and participating in, individualized treatment for any needed substance abuse, mental health or other VA health-care service under the supervision of the court. Veterans who successfully complete the program have their criminal records expunged of the criminal charge. The treatment courts benefit the veteran, the criminal justice system and taxpayers, since costly incarceration can be avoided.

VJO social workers, with the assistance of other employees of the Homeless Program, also conduct outreach in correctional facilities throughout their service area, addressing community re-entry needs of incarcerated veterans. Veterans are helped to connect with housing options, as well as medical, psychiatric and substance abuse treatment upon release, thus decreasing the likelihood of recidivism.

VJO employees have also started a monthly free legal clinic for homeless veterans; they consider this service to be a best practice. With the assistance of five to 10 volunteer attorneys, and thanks to Memphis Area Legal Services, an average of about 28 veterans are assisted each month with issues such as outstanding tickets or fines, child support, landlord/tenant, expunging criminal records, driver's license, consumer law, family law and mortgage crises. The resolution of such issues results in an increased ability for veterans to obtain and maintain housing.

## Ancillary Services

MVAMC Homeless Programs added a nurse practitioner in 2014. She provides a wide variety of health-care services to homeless veterans, including medical screening, and treatment for veterans entering the GPD and other homeless programs. Her presence obviates the need for veterans to utilize the Emergency Department or PAC Teams for required health screenings.

The Homeless Programs employs two outreach social workers, one urban and one rural. Both work with homeless Continuum of Care agencies, and other homeless service providers and shelters to identify homeless veterans and offer them services. They and their intake staff conduct screenings of hospitalized homeless veterans both at the VAMC and community hospitals. There is a hot-line social worker who fields calls to the Veterans Crisis Line from homeless veterans, and conducts intakes and referrals.

MVAMC added a vocational development specialist in 2014. He helps veterans in various homeless programs to locate and obtain employment, including résumé and job interview preparation. The Homeless Program manager is in the process of filling a second vocational development position.

During the VBC visit to the homeless program office, VHA Homeless staff took us on a tour of the Cocaine and Alcohol Awareness (CAAP) Inc, Program, which has 56 Grant and Per Diem beds and is transitional housing for veterans funded by the VA.

CAAP provides:

- Flexible programs with treatments ranging from six months to two years;
- Literacy programs, and job readiness and placement;
- Transportation; and
- An abundance of "wrap-around services" addressing many of the veterans' immediate needs, such as medical and dental care, and also addresses their long-term needs for successful transition back into society.
- The VA and its community partners in Memphis are aggressively assisting homeless veterans (and their families) to meet the goal of eliminating veteran homelessness by the end of 2015.

On Thursday, The American Legion deputy directors for Veteran Employment, and Education and Veterans Affairs and Rehabilitation divisions met with Cordell Walker, Executive Director, Alpha Omega Veterans Services, Inc., to discuss their program and how they assist homeless veterans and their families. Alpha Omega is a nonprofit Tennessee corporation that provides disabled and homeless veterans with the social services needed to totally reintegrate them back into society. The organization provides a 30-day to two-year transitional housing program, with an end goal of placement in permanent housing to promote independent living and total reintegration. While in residence, each veteran is counseled on both an individual and group basis. The program provides food, clothing, housing, transportation, vocational assistance and assistance in rehabilitation. The VBC team toured several of Alpha Omega's sites around the city – both transitional and permanent housing – speaking to several veterans about the positive impact that the program has had on them. Alpha Omega has served approximately 10,000 veterans since its start in 1987.

## Joint Commission/Commission on Accreditation of Rehabilitation Facilities (CARF) Inspections

- Joint Commission – February 1, 2013 – Fully Accredited;
- CARF for Medical Rehab (Spinal Cord) – July 2013 – Fully Accredited;
- CARF for Behavioral Health – October 2013 – Fully Accredited; and
- CARF for Low Vision – September 2014 – Fully Accredited.

## Performance Measures

The MVAMC reported that the following performance measures are below VA's national goal.

| Measure | | Target | 2015 YTD | National Average |
|---|---|---|---|---|
| 1 | Bereaved Family Survey | 58% | 56.00 | 61.00 |
| 2 | C&P Exam Timeliness | Lt/=30days | 38 | 25 |
| 3 | Periodic Oral Evaluation for Eligible Veterans | 75% | 64.54 | 75.64 |
| 4 | Telephone Responsiveness | 30 | 156.74 | 109.07 |
| 5 | Diversity Hiring Goal | 2% | 1.78 | 2.13 |
| 6 | Diversity Hiring Goal-New Hires | 3% | 0.87 | 3.22 |

In accordance with VHA Handbook 6500.2 "Management of Data Breaches involving Sensitive Personal Information (SPI)", VHA defines a data breach violation as: "the loss, theft, or other unauthorized access, other than those incidental to the scope of employment, to data containing SPI, in electronic or printed form, that results in the potential compromise of the confidentiality or integrity of the data."

Since fiscal 2013, the MVAMC Privacy/Information Security Office has reported 187 data breaches. When questioned about the steps management has taken to prevent such data breaches from occurring, VBC team members were informed all users of the MVAMC information and information systems are responsible for complying with the rules outlined in the VA National Rules of Behavior, as well as procedures and practices developed in support of the Rules of Behavior. Users include all VA employee, contractor, researcher, affiliate, student, volunteer, representatives of federal, state, local or tribal agencies, and all others authorized access to VA facilities, information systems or information in order to perform a VA authorized activity.

## Customer Satisfaction

### Inpatient Satisfaction

Fiscal 2014 ended up with increased inpatient satisfaction. At the beginning of the year, Memphis was only meeting one out of 12 satisfaction elements. A real-time assessment (TruthPoint) initiative was implemented, and satisfaction rates gradually increased. At the end of fiscal 2014, VAMC Memphis met seven out of 12 inpatient satisfaction elements.

TruthPoint is a real-time assessment conducted by patient ambassadors who make rounds on the inpatient wards. They interview patients and log them into a database. When a patient has a complaint, the patient ambassador can contact the party that can provide immediate service recovery.

| Inpatient | Oct-13 | Nov-13 | Dec-13 | Jan-14 | Feb-14 | Mar-14 | Apr-14 | May-14 | Jun-14 | Jul-14 | Aug-14 | Sep-14 | Target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Inpatient Overall Quality | 60.6 | 44.2 | 46.7 | 67.9 | 65.5 | 58.7 | 46.5 | 36.7 | 61.2 | 52.3 | 54.1 | 60.2 | 68.2 |
| Shared Decision Making | 61.2* | 65 | 72.9 | 69.7 | 68.7 | 63.1 | 53.7 | 71.3 | 71.3 | 60.1 | 64.5 | 81.9 | 61.8 |
| Responsiveness of Staff | 74.8* | 69.8 | 77.9 | 91.8 | 81.6 | 77.2* | 79.5 | 76.6 | 87.9 | 81.9 | 84.7 | 86.4 | 84.3 |
| Pain Management | 83.4* | 79.8 | 70.9 | 100 | 81.5 | 84.7 | 77.7 | 84.8 | 88.1 | 94.6 | 83.6 | 87.4 | 87.4 |
| Cleanliness of Hosp | 73.8 | 63.6 | 88.6 | 86.6 | 80.2 | 84.2 | 74.9 | 76 | 77.1 | 77.9 | 88.8 | 89.1 | 90 |
| Communication about Meds | 72.4* | 70.5 | 73.7 | 64.3 | 82.1 | 81.0* | 77.4 | 76.3 | 79.9 | 72.9 | 76.8 | 77 | 76.8 |
| Communication with MD | 86.5 | 87.6 | 90 | 96.9 | 96.8 | 95.7 | 85.4 | 84.8 | 90.3 | 94.2 | 96.3 | 94.5 | 91.8 |
| Communication With RN | 81.6 | 87.3 | 79.8 | 86.2 | 92.5 | 89 | 83.6 | 82.2 | 92.3 | 94.3 | 95.6 | 90.1 | 92.1 |
| Discharge Information | 77.2 | 67.7 | 77.1 | 76.7 | 81.1 | 73.3 | 68.2 | 81.3 | 72.8 | 84.9 | 76 | 82 | 87 |
| Quietness in Hosp Environ. | 78.8 | 66.9 | 77 | 81.7 | 87.9 | 76.3 | 80.1 | 83.6 | 82.5 | 70.5 | 87.6 | 86.9 | 82.2 |
| Recommend Hospital | 57.8 | 49.1 | 51.4 | 68.3 | 50.9 | 51.8 | 36.8 | 56.3 | 57.9 | 47.5 | 53.8 | 58.4 | 64.2 |
| Care Transition | 52 | 32.8 | 40.8 | 42.6 | 38.9 | 32.6 | 30.6 | 37.4 | 36.6 | 36.9 | 36.6 | 52.9 | 48.8 |

### Outpatient Satisfaction

Outpatient Satisfaction started off well in the first part of fiscal 2014, but declined after May 2014 (VA crisis). Earlier in the year, the MVAMC had months of meeting six to seven out of 12 satisfaction elements; by the end of fiscal 2014, VAMC Memphis met only four out of 12.

Because of the success of TruthPoint in the inpatient areas, the Pentad has plans to expand it to include outpatient areas. Since the assessment and process would be a little different, TruthPoint was deployed last month in the Copper Clinic only. The Pentad was informed that expanding throughout all the areas of the medical center and CBOCs will require a new contract, which it plans to have in place by fiscal 2016.

| Outpatient | Oct-13 | Nov-13 | Dec-13 | Jan-14 | Feb-14 | Mar-14 | Apr-14 | May-14 | Jun-14 | Jul-14 | Aug-14 | Sep-14 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Access | 38.2 | 36.7 | 37 | 35 | 38.7 | 44.6 | 31.6 | 38.1 | 35.2 | 22.2 | 27.2 | 23.4 |
| Communication | 70.5 | 67 | 72 | 64 | 77.3 | 69.9 | 70.8 | 69.6 | 62 | 65.5 | 68.5 | 56.2 |
| Comprehensiveness | 59.6 | 55.8 | 60.9 | 57.6 | 58.6 | 56.5 | 61.8 | 64.4 | 58.9 | 57.1 | 58.8 | 64.6 |
| Medication Decisions | 49.7 | 48.6 | 56.2 | 58.2 | 64.3 | 58.1 | 62.7 | 57.8 | 60.6 | 60.5 | 56.1 | 46.3 |
| Office Staff | 66.7 | 64 | 60.3 | 59.3 | 64.7 | 68.1 | 65.5 | 64.3 | 56.9 | 65.5 | 58.3 | 60.1 |
| Self-Management Support | 61.6 | 56.8 | 60.6 | 56.8 | 61.1 | 60.7 | 60.1 | 58 | 51.2 | 55.1 | 54.8 | 58.5 |
| Days Wait for Appointment | - | - | - | - | - | - | - | - | - | - | - | - |
| After Hours Care | - | - | - | - | - | - | - | - | - | - | - | - |
| After Hours Information | 73 | 71.9 | 79.5 | 67.1 | 77.2 | 73.8 | 76 | 75.9 | 64.3 | 71.8 | 60.3 | 71.9 |
| Appointment Reminders | 83 | 78.6 | 81.1 | 70.3 | 79.7 | 81.3 | 82.9 | 87.6 | 82.1 | 75.1 | 81.7 | 80.9 |
| Follow Up Test Results | 61 | 51.2 | 61.8 | 58.7 | 58.1 | 61.6 | 67 | 59.2 | 49.6 | 48 | 63.6 | 50.7 |
| Continuity of Care | 56.3 | 64.9 | 57.9 | 52.6 | 65.1 | 53.9 | 51.7 | 58.3 | 52.1 | 46.3 | 42.9 | 40.3 |
| Review Meds with Patient | 82.2 | 82.2 | 78.4 | 76.3 | 82.6 | 84.1 | 82.9 | 73.4 | 77.9 | 81 | 71.8 | 71.1 |
| Provider Rating | 57.7 | 53.1 | 60.4 | 60.2 | 67.1 | 62.3 | 64.2 | 60.9 | 54.5 | 62.1 | 57.4 | 54.5 |

## Construction Projects

The MVAMC has three minor construction projects underway.

### 1. Project 614-313: Expand and Modernize Operating Room Suite

Design Award $813,562

Construction Award $7,948,000

The Operating Room project was a fiscal 2010-approved Minor project. The design was completed in 2010. Construction funding was made available in late fiscal 2011.

Phase 1 of construction completed building additions on the roof for new support offices, staff locker rooms and lounges, mechanical equipment rooms, and interstitial utility support space. Phase 2 renovated space for an expansion of the post-anesthesia care unit and created larger centralized space for the operating room (OR) supplies and crash carts. Phase 3 is currently underway on two of the planned ten operating rooms. This is an increase from the original seven. The Phase 3 ORs are Endovascular-Hybrid and Orthopedic. Phase 4 ORs are Cystoscopy and Eye. Phase 5 ORs are 2 for Cardiac. The final rooms are completed with Phase 6; 2 General, an ENT, and a Neurology.

### 2. Project 614-319 Construct Parking Garage on West Lot

Approved Budget $9,614.000

The construction of a parking garage has been approved as a fiscal 2016 Minor project. Preparations are being made to obtain architect-engineer design services. Funding is expected by the first quarter of fiscal 2016, but the MVAMC is expediting in case funds become available towards the end of fiscal 2015. Construction funding is planned for fiscal 2018. Having a completed design package may allow for an earlier construction start, if again, funds become available ahead of the planned date.

The parking garage is planned to provide up to 525 structured parking spaces. Because surface parking will be displaced with the parking structure, the net parking gain is estimated at 361 spaces.

The parking garage will primarily serve patient and visitor parking. The West Lot location was selected due to the proximity to most of the patient services. A second parking garage is proposed for the East Lot. This has already been identified in the Strategic Capital

Investment Plan.

### 3. Project 614-318 Building 1A Entrance Expand and Structural Improvements

Design Award $720,997.85

Construction Award $7,218,241

The expansion of the Bed Tower was a fiscal 2011 approved Minor project. The design was completed in 2012, but construction funding wasn't made available until fiscal 2014.

Construction is underway on Phase 1 with site work preparations and demolition of existing building structures and Phase 2 new construction build-out of the new ground and first floor. The build-out is expected to take one year. The subsequent Phases 3 and 4 tie the new work into the existing spaces with renovation and new finishes. Services relocating to the new ground floor will be Voluntary, Escort, Veterans Service Officers, Intake and Eligibility, Agent Cashier and Travel. Social Work Services relocates to the new first floor.

## VAOIG Issues

In 2013, VAOIG issued report No. 13-00505-348, "Emergency Department Patient Deaths Memphis VA Medical Center Memphis, Tennessee." The inspection was in response to an allegation of inadequate care for patients who died in the Emergency Department (ED) at the MVAMC. The complainant alleged that a patient died after a physician ordered a medication for which the patient had a known drug allergy. Another patient died after being administered multiple sedating drugs and not being monitored properly, and a third patient died after delays in getting treatment for very high blood pressure.

The VAOIG substantiated that a patient was administered a medication in spite of a documented drug allergy, and had a fatal reaction. Another patient was found unresponsive after being administered multiple sedating medications. A third patient had a critically high blood pressure that was not aggressively monitored and experienced bleeding in the brain.

VAOIG found that the facility had completed protected peer reviews of the care for all three patients. Two of the deaths were also evaluated through root cause analyses (RCAs), quality reviews designed to identify and correct systemic factors and conditions that may pose a threat to patient safety. However, they also found that RCA action plan implementation was delayed and incomplete.

VAOIG recommended that the facility director confer with regional counsel for possible disclosure to the surviving family member(s) of Patient 3, and ensure that processes are strengthened to monitor RCA action plans and ensure that they are completed. They also recommended that processes be strengthened to improve patient monitoring in the ED, and that unit specific competency assessments be completed for ED nursing staff.

The Pentad explained that since the incident, it has hired an experienced ER medical director, as well as an ER-experienced ER nurse manager. It has revised or developed new standard operating procedures and has installed patient monitoring equipment in all patient rooms in the ER. Additionally, large 40-inch monitors were installed throughout the ER so that in addition to the centralized monitoring activity, ER staff can also visualize patient cardiac rhythms.

A Non-Recurring Maintenance (NRM) project to expand the Emergency Department is currently underway. The project will renovate the emergency department, doubling its size. The project will aid hospital flow and help to reduce the length of stay in the Emergency Department. Construction started in the spring of 2014 and is expected to be completed in late 2015.

## Town Hall Meeting

The veteran's health-care town hall meeting took place on April 20, 2015, at American Legion Post 53 in West Memphis, Ark.. The purpose of the town hall meeting was to hear from veterans who receive their care and services from the MVAMC and VA regional office, and obtain their perception about the care and services they are receiving. In attendance representing local Congressional Offices was Mark Thomsen, veteran liaison for Congressman Rick Crawford. Representing the MVAMC: John Patrick, Veteran Integrated Service Network Director (VISN 9); Jim Hayes, deputy network director (VISN 9); Jimmy H. McGlawn, associate medical center director; Christopher Marino, M.D., chief of staff; Michael Harper, executive assistant to the medical center director; David Human, Business Office manager; Willie Logan, public affairs officer; Arthur Johnson, transition patient advocate; Joe Schoeck, staff assistant to the network director (VISN 9); Karen Gillette, RN, chief nurse executive; Kimball Hopson, customer service patient ad-

vocate; Vera Jones, interim OEF/OIF/OND program manager; and Teresa Moerman, public affairs specialist.

Representing the American Legion: C. Jacob Greeling, Arkansas Department Commander; Jim Five Ash, Post 53 Commander (Ark.); Michael Hale, 10th District Commander (Tenn.); James Patterson, Membership Chairman; Post 53 Past Department Commander Harold Carpenter and Post 53 Chaplain Frank Rios.

During the town hall meeting, many veterans expressed how pleased they were with the health care and services offered at the medical center. However, a few veterans raised concerns about parking, employees parking in handicap parking spaces, the director not having an open-door policy, issues with the Veteran Choice Program, and no shuttle bus services for veterans at the medical center. A representative from the MVAMC responded that the MVAMC does have a shuttle bus program. The disabled veteran who raised this concern responded stating this was the first he has heard about the medical center offering shuttle bus services. Veterans all agreed that the MVAMC needed to address its parking situation.

Mr. McGlawn explained the medical center is finalizing plans to build an on-site parking garage, which is targeted to be completed in 2017.

## Veteran Benefit Center

During the VBC, some veterans met with our VBC team voicing concerns about their health care at the MVAMC. When our VBC team questioned why they didn't come out to the town hall meeting, the team was informed that they did not know about the town hall meeting or the location of the town hall meeting was not convenient for them to attend. During the intake process, the VBC intake staff collected veterans' names and telephone numbers, and asked if they would have any objections if someone followed-up and contacted them later to see if all of their concerns were addressed. Any information obtained will be passed along to the American Legion Department of Tennessee.

While at the VBC, the VBC team also spoke with Mr. Sean Higgins, who identifies himself as a VA whistleblower. Higgins shared numerous press releases and news articles with our VBC team. The articles ranged from stories of mismanagement, unwarranted bonuses, retaliation against whistleblowers, town hall meetings where veterans spoke out about the care and service provided at the MVAMC, and unauthorized access of whistleblowers' records. VBC team member, Mr. Roscoe Butler, received an email from Mr. Higgins suggesting he follow up and contact a veteran who is a patient at the MVAMC Spinal Cord Injury Center. Mr. Butler contacted the patient after returning to the office. The veteran informed Mr. Butler that he has been a patient in the SCI center for over a year, and has never seen the medical center director, except when she was being interviewed on the television.

While these issues raise serious concerns, The American Legion does not conduct investigations. Since the information Mr. Higgins shared with the VBC team has been previously referred to VA Office of Inspector General and the House Oversight Committee on Investigations, The American Legion will rely on those organizations charged with investigating those matters to address Mr. Higgins' concerns. The American Legion will be monitoring the results closely.

On April 22, Medical Center Director Dr. C. Diane Knight and Executive Assistant to the Medical Center Director Michael Harper, stopped by the VBC. Mr. Butler spoke briefly with Dr. Knight about his discussion with Mr. Higgins. He informed Dr. Knight that the information Mr. Higgins shared painted a different picture about the Memphis VAMC, but there is no way to validate the credibility of the information. Mr. Butler informed Dr. Knight that The American Legion's D.C. office would be sharing the report with Mr. Michael Harper, 10th District Commander, The American Legion Department of Tennessee, and asked that he coordinate the report with The American Legion Department of Tennessee to determine if they would like to schedule a follow-up visit.

## Best Practices

Implementation of TruthPoint, which is a real-time assessment of satisfaction, was implemented as a trial in the Memphis inpatient unit. Before implementation of TruthPoint, the MVAMC was only meeting one out of 12 inpatient satisfaction elements. After implementation of TruthPoint, VA saw improvements of the inpatient satisfaction elements. At the end of fiscal 2014, MVAMC met seven out of 12 inpatient satisfaction elements.

## Facility Challenges and Recommendations

***Challenge 1***: Staff Vacancies – At the time of the site visit, the MVAMC reported having 339 vacant positions in addition to 144 new

positions created by the Veterans Access, Choice, and Accountability Act of 2014.

Recommendation: The Pentad must ensure key direct patient care positions are filled as quickly as possible to ensure the health care of veterans at the MVAMC is not negatively impacted.

***Challenge 2***: Parking – While the MVAMC has procured off-site parking for employees, and has plans to relocate clinics off-site, which will create additional parking spaces, parking remains a challenge at the MVAMC. At the town hall meeting, the associate director discussed their long-term plan to build a parking garage on site, with an anticipated completion date of 2017.

Recommendation: The American Legion recommend the Pentad continue to explore options to find a short-term solution to address parking needs until the long-term solution to build a parking garage has been completed.

***Challenge 3***: Homeless programs are located in an office building about a mile from the MVAMC. Homeless veterans often have to travel to and from the two facilities for various reasons, such as to obtain medical screenings for entrance into a GPD facility. Unfortunately, there is no provision for transport of veterans between the two buildings for veterans without their own means of transportation – a common problem for those who are homeless. Able-bodied veterans will often walk, weather permitting. Social Work Service can also provide veterans with bus fare from their indigent fund, but the bus routes require veterans to take a long, circuitous route and transfer to a second bus. Some veterans are eligible for Special Mode Transport at VA expense if they are unable to be transported by a regular conveyance. However, some are unable to walk the mile between the facilities and have difficulty boarding a city bus due to disability, but are not handicapped severely enough to qualify for Special Mode Transportation.

Recommendation: When this challenge was discussed during the exit briefing, a question was asked if VA's Veteran Transportation Service (VTS) could be used to pick-up veterans at the Homeless Office on Union Avenue. The associate director explained the medical center has two VTS vans, which will be used to transport veterans who live in rural areas. Veterans at the homeless shelter can obtain metro passes and use public transportation. When our VBC team met with Vet Center staff, it questioned if veterans seen at the center are encountering transportation issues to and from the medical center; their response was yes.

The American Legion encouraged the medical center Pentad to re-evaluate its VTS program to determine when veterans are transported from rural areas to the MVAMC, if the VTS vans will have any opportunities to pick up veterans upon request at the Homeless Office or Vet Center located on Union Avenue, which is about a mile from the MVAMC.

The American Legion also encouraged the Pentad to look into establishing a mobility coordinator, if one has not been established, who can assist with the overall coordination of the transportation needs of eligible veterans transportation to and from the MVAMC.

***Challenge 4***: Average Processing Time for Compensation & Pension examinations - VA's national goal for completion of C&P exams is 25 days, and at the time of our site visit, the medical center reported their average completion time is 38 days.

Recommendation: The Pentad should require an action plan be developed to reduce the average processing time for a C&P exam from 38 days to 25 days by the end of fiscal 2015.

***Challenge 5***: Performance Monitors – MVAMC identified six performance monitors it has failed to meet. (Refer to the section of the report titled "Performance Monitors".)

Recommendation: The Pentad should establish clear goals for bringing these six monitors within the target goal.

***Challenge 6***: Veterans Perception of Local Management – Many veterans who attended the VBC expressed concerns about the director not being visible throughout the medical center; however, there is no evidence that substantiates if this is true or not.

Recommendation: The medical center director and the Pentad should ensure they are making frequent rounds throughout the medical center to interact with veterans daily.

***Challenge 7***: – Privacy Violations – Between fiscal 2013 to the time of our site visit, the MVAMC Privacy/Information Security Office reported the MVAMC had 187 data breaches.

Recommendation: The Pentad should continue to ensure adequate controls are in place to prevent data breaches, and when a data breach occurs, national VA policies are adhered to that would minimize the risk to veterans, employees and the medical center's information system.

# TOMAH VETERANS AFFAIRS MEDICAL CENTER | TOMAH, WI

**Date:** 22 June 2015
**Assistant Director of Health Care:** Patti Senft
**Veteran Benefits Committee Members:** Thomas P. Mullon, Chairman Health Administration Committee
H. Melvin Napier, Health Administration Committee Member

## Overview

Medical Center Summary: The Tomah Veteran Affairs Medical Center (TVAMC) is a 266-bed facility located on a 171-acre campus in Tomah, Wisconsin, approximately 40 miles east of La Crosse, Wisconsin, along Interstate 90. The TVAMC operates four outpatient clinics and serves an estimated 58,786 Veterans in 16 counties in West-Central Wisconsin and one in Minnesota. The outpatient clinics are located in La Crosse, Owen, Wisconsin Rapids, and Wausau, Wisconsin.

Counties in their catchment area include Houston, Adams, Clark, Jackson, Juneau, La Crosse, Lincoln, Marathon, Monroe, Portage, Price, Taylor, Trempealeau, Vernon, Waupaca, Waushara, and Wood.

The TVAMC is a part of Veterans Integrated Service Network (VISN) 12, which also includes facilities in: Chicago, Hines (Maywood) and North Chicago, Illinois; Madison and Milwaukee, Wisconsin; and Iron Mountain, Michigan.

Mission Statement: Quality, Compassionate Care, Every Veteran, Every Day - Honor and serve Veterans by providing exceptional healthcare that improves their health and wellbeing.

Vision Statement: TVAMC will excel in patient-centered primary, mental health, rehabilitative and long-term healthcare, partnering with other Veterans Health Administration (VHA) and community organizations providing a fully integrated continuum of care. As a servant-led institution, TVAMC will develop a culture of excellence which is responsive to the changing needs of veterans. Initiatives will be shaped by technology, research and evidence-based practices. Care will be delivered by engaged collaborative teams in an integrated environment that supports learning and continuous and sustained improvement.

## Executive Leadership

On Tuesday, June 23, 2015, Roscoe Butler, Deputy Director for Health Care, and Patti Senft, Assistant Director of Health Care met with the TVAMC executive leadership and staff to discuss the concerns brought up during the town hall meeting, as well as the mailed questionnaire that was provided to the medical center in advance of the site visit. In attendance for the entrance briefing with the executive leadership were Renee Oshinski, Acting Network Director; John J. Rohrer, Acting Director; Jeff Evanson, Acting Associate Medical Center Director; Dr. Joy Pica, Acting Chief of Staff; and Carlos Piraino, Associate Director for Patient Services.

## Wait Times

During the meeting with the TVAMC's executive leadership, the director expressed that the average wait times for primary care (3.92 days), specialty care (8.65 days) and mental health care (2.21 days) was a combined average of both new and established patients. According to leadership, the biggest challenge the TVAMC faces with wait times is with optometry, as well as Wausau CBOC's Primary Care and outpatient mental health appointments. The most significant challenge to scheduling veterans' outpatient appointments in a timely manner is difficulty recruiting qualified providers.

## Staff Vacancies

As of this visit, the total number of open staff vacancies is 141. The primary reasons for the vacancies are median salary, the weather, and a national shortage of primary care physicians. To address the shortage of primary care physicians, TVAMC utilizes licensed nurse practitioners.

The medical center human resource staff discussed the succession plan for the "hard to fill" positions. As part of their succession plan, they identified their top 10 occupation needs and the obstacles to filling them.

| Top Ten Occupations |
|---|
| 1 - 0180 Psychology |
| 2 - 0602 Medical Officer |
| 3 - 0610 Nurse |
| 4 - 0620 Practical Nurse |
| 5 - 0603 Physician Assistant |
| 6 - 0633 Physical Therapist |
| 7 - 0631 Occupational Therapist |
| 8 - 0644 Medical Technologist |
| 9 - 0660 Pharmacist |
| 10 - 0801 General Engineering |

PSYCHOLOGY: The rural nature of the Medical Center brings about difficulty in recruiting and retaining psychologists. The facility utilizes psychologists as an important part of the care team for the many veterans with mental health needs. The medical center currently has two vacancies for psychologists (one has been vacant since March 2014). Two more will be leaving the facility within the next 30 days. These vacancies are due to various factors such as locality, pay, and lack of job opportunities for spouses.

MEDICAL OFFICER: The rural nature of the Medical Center brings about difficulty in recruiting and retaining medical officers, especially in specialty areas. The facility has lost three medical physicians this year and continues to have vacancies from vacated positions in years past. We made an offer on one newly-vacated position and expect it to be accepted. For the physical medicine and rehabilitation position (also vacated this year), we were able to partially fill it using a fee for service appointment and we hired a mid-level orthopedic PA to pick up some of the workload. The third position vacated this year remains open. Aside from these positions, the medical center has three vacant physician positions. The Wisconsin Rapids position has been open since early 2013. The long-term care position has been open since January 2014. The acute position has been open since 2013. These long-term vacancies are due to various factors such as locality, pay, and lack of job opportunities for spouses. The medical center has experienced much difficulty in recruiting for these positions. Additionally, 20 percent of medical officers will be eligible to retire by 2021.
NURSE: This mission-critical occupation represents a significant percentage of the total workforce. Coupled with the fact that 13 percent of the nurses are eligible for retirement in 2015 and Tomah had a regrettable loss rate of 9 percent for nursing in 2014, it is placed on the top 10 list.

PRACTICAL NURSE: Practical nurses are utilized to enhance those acts that can be delegated by an RN to fulfill the licensed component of the staffing requirements and can be added as a critical occupation to fill licensed staff vacancies

PHYSICIAN ASSISTANT: The rural nature of the medical center and scarcity of providers brings about difficulty in recruiting and retaining mid-level providers. The medical center currently has nine vacancies for mid-level providers, although none were vacated this fiscal year. Three of these positions have been accepted by candidates. Four were newly created with Choice Act money. The home based primary care positions have been vacant since August 2014 and October 2013. These long-term vacancies are due to various factors such as locality, pay, and lack of job opportunities for spouses. The medical center has experienced much difficulty in recruiting for these positions.

PHYSICAL THERAPIST: This position is very difficult to recruit for in this geographical area.

OCCUPATIONAL THERAPIST: This position is very difficult to recruit for in this geographical area.

MEDICAL TECHNOLOGIST: Historically, this has been a hard to fill position. Furthermore, this position is on the national top 5 list.

PHARMACIST: Historically, this has been a hard to fill position.

GENERAL ENGINEERING: Due to the recent increase in the number of building maintenance and construction projects taken on by the facility, this position is critical to ensure that all applicable laws and regulations are followed, and that all of these projects are completed timely and appropriately. Historically, this position has been difficult to fill.

The top five physician and nurse list were based on projected retirements, hard to recruit and retain positions, as well as needs of the facility.

Some of the recruiting and retention actions include: broadening the publications for recruiting; working on providing/improving retention incentives; job fairs; improving cultivation of affiliate nursing students; increasing staff recognition opportunities; and increasing the conversion rate of VA Learning Opportunities Residency (VALOR) students to new residents.

## Facility Demographics

The TVAMC has three main areas of focus: primary care; mental health; and long-term care services.

Medical services include acute inpatient care at the Tomah campus and primary care at each of the five sites of care. TVAMC also offers a range of specialty services, including physical medicine and rehabilitation, optometry, speech and audiology, dental, dermatology, podiatry, cardiology, respiratory therapy, chiropractic service and neurology at its main campus. There are ongoing efforts to increase specialty services offered at the main facility as well as the outpatient clinics through continued collaboration with Madison VA and expansion of telehealth services.

Mental health services include acute and long-term psychiatry treatment and residential care for substance abuse, post-traumatic stress disorder (PTSD) and vocational rehabilitation. Programs like the Mental Health Intensive Case Management (MHICM), the Psychosocial Rehabilitation and Recovery Center (PRRC) and homeless programs help support the patient's transition into and living in the community. Outpatient mental health services are provided at each of the five sites of care and are being expanded through telehealth.

Long-term care units provide skilled, rehabilitation, hospice, psycho-geriatric (dementia), and short and long term mental health care. The programs are supported by home and community based services including home based primary care, care coordination home telehealth (Tele-Buddy), homemaker/home health aide, contract respite/hospice and palliative care, geriatric evaluation clinic, community adult day health care and the community nursing home program. Tomah also has two Green Houses that are each 10 bed, long term care units that incorporate a "real home" environment.

Inpatient Program:

The TVAMC is authorized 266 inpatient beds and 246 are in operation. In FY 2014, the medical center had 2,025 admissions with an average daily bed census of 150.61 (FY15 to-date) community living center, 11.42 (FY15 to-date) for Acute, and Building 404 PTSD/SA- 27.04 (FY15 to-date).

**As of the end of June 2015:**

| Bed Category | Authorized | Operating | Percent |
|---|---|---|---|
| Medicine (Acute medical) | 10 | 10 | 100 |
| Community living center (Long Term Care) | 200 | 180 | 90 |
| Psychiatry (Acute Psychiatry) | 11 | 5 | 45 |
| MHRRTP | 45 | 45 | 100 |
| Total | 266 | 240 | 90 |

Outpatient Program:

In FY 2014, TVAMC had 259, 621 outpatient visits, and they are projecting a 2 percent increase this fiscal year.

Please note the funding allocated for the past three fiscal years:

- FY2014- $156,163,409
- FY2013- $155,895,641
- FY2012- $148,001,691

## Strategic Plan

TVAMC's Senior Leadership Team established five strategic goals based on the Medical Center's core services and VA and VHA planning guidance. The five strategic goals are:

1. Become a center of excellence and regional resource for mental health care.
2. Achieve service excellence in primary and specialty care that is consistent across the facility service area (access, quality, efficiency, individualized, coordinated, and patient centered).
3. Become an innovator and regional resource for long term care services.
4. Effectively utilize medical center staffing, financial, and facility resources to support the Medical Center mission.
5. Provide veterans personalized, proactive, patient-driven healthcare (VHA goal and 7 strategies)

In December 2012, over 60 leaders and front-line staff gathered to perform a strategic Strength, Weakness, Opportunity and Threat (SWOT) analysis for each Medical Center Goal. A Quadrad champion, coordinators, and contributing areas were assigned to each goal. In preparation for the retreat, the participants reviewed the key information related to the goals they supported and solicited input from their staff. Information used in the review included:

- VA's Core Values
- VHA's Goals, Objectives and Strategies
- VHA's T-21 Implementation Guidance
- Market and facility projections from the VHA Healthcare Planning Model
- Information from TVAMC's Succession Management Plan
- Other National, VISN and local initiatives and measures
- Medical Center Initiatives and accomplishments from FY2012

The plan was updated for FY2014. The medical center director and senior leaders reviewed and updated the Medical Center Mission, Vision, Values and Goals. Leaders performed an external information with their teams and updated the SWOT analysis related to their specific goals. This information was used to update and refine their objective and initiatives. An emphasis was placed on creating more measurable objectives. The updated objectives and initiatives were reviewed at a retreat and approved by the medical center director.

The following is a summary of the Medical Center Goals, Objectives, Measures and Initiatives. They are not in any priority order. The proposed implementation timeframe is in parentheses following each initiative.

**Goal 1:** Become a center of excellence and regional resource for mental health care. (Mental Health)

Objective 1a: Develop specialized mental health programs and resources to meet local and regional needs.

Objective 1b: Simplify and clarify the process for access to mental health services.

Objective 1c: Offer timely access to outpatient mental health services.

70 percent of new patients will be seen in 14 days from creation date in Mental Health

**Goal 2:** Achieve service excellence in primary and specialty care that is consistent across the facility service areas.

Objective 2a: Achieve service excellence in primary and specialty care that is consistent across the facility service areas.

Objective 2b: Expand and combine clinical services in La Crosse by building a new La Crosse Outpatient Clinic.

Objective 2c: Expand the Wausau Outpatient Clinic and increase services through the lease process in 2015.

**Goal 3:** Become an innovator and regional resource for long term care services.

Objective 3a: Implement the Green House Program model in the new 10 bed homes.

Objective 3b: Develop an integrated medicine and mental health approach to oversight of residents on long term care units.

Objective 3c: Develop units to treat residents with different levels of dementia. (Dementia unit)

Objective 3d: Increase participation in home telehealth

**Goal 4:** Effectively utilize medical center staffing, financial, and facility resources to support the Medical Center mission.

Objective 4a: Educate Veterans, family members and community partners on VHA services and eligibility and promote proactive, preventative healthcare

Objective 4b: Identify high impact areas in the Veterans Equitable Resources Allocation (VERA) system for the Medical Center and develop an ongoing monitor and training program.

Objective 4c**:** Develop and implement processes to improve the projection and utilization of Non-VA Care utilization and expenditures**.**

Objective 4d: Establish financial management systems to improve resource management.

Objective 4e: Drive a culture of improvement at all levels of the organization utilizing lean management practices.

Objective 4h: Increase police involvement in the community and Medical Center to better serve Veterans, and provide a more secure environment for patients and staff.

Objective 4i: Plan and implement transition of non-IT programs to local facility management and operation.

Objective 4j: Coordinate transportation between Tomah and Madison.

**Goal 5:** Provide Veterans personalized, proactive, patient-driven healthcare.

Objective 5a: Educate staff on the principles of personalized, proactive, and patient-driven healthcare.

Objective 5b: Realign Medical Center Committees and teams to support personalized, proactive, preventative healthcare.

Objective 5c: Plan for and implement the personalized health approach in at least one clinic Patient Aligned Care Teams (PACT).

Objective 5d: Improve the cultural competency of staff related to native American veterans.

**Enrollment**

Noted in the FY2014 VHA Support Service Center (VSSC), the total numbers of veterans in the catchment area is 63,739. Of that number, the total number of enrolled veterans is 24,865 or 39.0 percent, and the number of unique veterans treated is 63,739. The number of enrolled veterans broken down by gender:

- Men- 23,564
- Women- 1,301

## Non-VA Coordinated Care

| | FY14 | FY13 | FY12 |
|---|---|---|---|
| Authorized Care | $13,258,935 | $17,485,137 | $5,385,639 |
| Unauthorized Care | $674,485 | $1,430,887 | $1,069,835 |
| SC Emergency Care and NSC Mill Bill Emergency Care | $1,733,400 | $1,419,560 | $1,225,142 |

During the last fiscal year, The Medical Center paid out $95.95 in interest penalties on non-VA claims due to non-compliance of the Prompt Payment Act[1] of 1982, P.L 97-177

## Choice Program Champion

When the Veterans Choice Act was passed, all VA Medical Centers were tasked with identifying staff at all facilities to be Choice Champions. These are staff that have the knowledge to be able to answer veterans' questions about Choice.

The Veterans Choice Act provided the veterans two options. To implement these options, all veterans were mailed a Choice Card:

The first options is what we call **Veterans Choice List** (VCL). This is when the veteran is already getting his care at the VA and his provider sees him and wants him back in a specific interval, but when we look, there is no opening within 30 days of the date the doctor wanted him back. We put him on the list that goes to HealthNet and we make an appointment at the VA even though it is out too far. We then inform the veterans that they can call HealthNet and see if they can get an appointment for that specific care at a private or non-VA facility.

The second option was a **Choice Card greater than 40 miles** that allows veterans that live more than 40 miles from the nearest VA facility to contact HealthNet to perhaps get an appointment closer to home in the private or non-VA facility. (Originally the 40 miles was as the crow flies, but that was changed to be 40 miles driving distance)

A third program was created, **Choice First**. This requires the VA Medical Centers to offer Choice First prior to utilizing Non VA Clinical Care. In this case, we call the veteran and ask him if he would like to use Choice First. Should he agree, HealthNet takes responsibility for trying to get him seen by a provider.

## The Joint Commission (TJC) and Commission on Accreditation of Rehabilitation Facilities (CARF)

The most recent TJC was performed June 1-5, 2015, and CARF inspections were performed Feb. 10-11, 2014. Accreditations were received in both categories.

Also reported by the TVAMC were 30 data breaches. The following measures were put in place to address the data breaches:

- Education with employees and supervisors
- Privacy education during new employee orientation
- Weekly privacy rounds

## Performance Measures

The primary source for VHA performance metrics is the Strategic Analytics for Improvement and Learning (SAIL) report. This is a risk adjusted model that provides an overview of facility performance. The overall ranking is in star rating ranging from 1 (low) to 5 (high). For the first quarter of FY15, TVAMC is rated as a 4-star medical center and ranks among the top in VHA in access and quality indicators. A few of the indicators rated lower are related to the inpatient care which is partially attributed to the low number of admissions and bed days of care. These include in-hospital complications, readmission rates, and 30-day mortality rates.

Performance metrics are assigned to the related Service Line Manager to manage. The scores are reported monthly at the facility Performance Measure Action Team. The assigned manager is required to provide an assessment and/or action plan for any measure falling outside the national target.

Avoidable Adverse Events:

Score is due to one case. No other cases for the 12-month period. Since most of the Urinary tract infectionss are in community living center, Tomah has established an Medical Center-wide Infection Control plan for catheter use for FY15 which includes education on use and documentation and clear protocols.

Centers for Medicare and Medicaid Services 30-day Risk Standardized Readmission Rate (RSMR): Chronic Heart Failure - Readmission Rate:

This is readmission for all cause. The Associate Chief of Staff for Medicine previously reviewed each case. The majority of readmissions were for diagnoses other than Chronic Heart Failure. A post-discharge phone call with Chronic Heart Failure-relevant questions was developed and this resulted in improvement in Chronic Heart Failure readmissions. The algorithm for Chronic Heart Failure treatment will also be reviewed/revised and provided to acute providers.

Pneumonia - Readmission Rate:

This is readmission for all cause. A large percent of the readmission are for other issues. A post-discharge phone call dialog addressing pneumonia will be developed for patients discharged with this diagnosis. The algorithm for pneumonia treatment will also be reviewed/revised and provided to acute providers.

Patient Satisfaction:

This is based on one question. On average, Tomah's score was 2.0 higher than the national average for all questions for 2014. Opportunities lie in improving care transition and communication with medication.

Best Place to Work:

No new data since FY13. Plans for FY14 include: improving supervisor training; expanding communication and staff engagement; increasing public recognition; expanding Civility, Respect, and Empowerment in the Workplace (CREW) across the facility; and improving provider and nurse retention. FY14 scores from the AES show little improvement.

RN Turnover:

Actions include: increasing RN supervision on the off shifts by hiring more Assistant Nurse Managers; assessing and developing actions for problematic areas; recruitment and retention incentives on select units; eliminating the current annual bumping practice and moving to working every other weekend; and increasing accountability.

**Identified from the**: ***http://reports2.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fMgmtReports%2fVATR%2fSAIL_Prod%2fSAIL&rs:Command=Render***

## Patient Aligned Care Team (PACT):

Adequate staffing:

Tomah VA follows the recommended PACT staffing ratio of 3 support staff per Primary Care Provider. In addition, our primary care provider panel assignments are monitored closely along with clinic access. Additional providers are added when needed.

Team Functioning:

As PACT is a team-based model, a high functioning team is essential. PACT teams at Tomah VA and our CBOC's have time blocked for daily huddles as well as routine staff meetings. In addition, part of PACT training sessions 2 and 3 includes identification of team goals and coaching.

Engaging Veterans:

PACT has been implemented in all clinics. Each team has a card that is handed out to veterans that lists his/her PACT team members, contact information, and other helpful phone numbers.

Performance Measure Improvements:

PACT measures are monitored routinely by the Medicine Service Line Manager through use of VSSC reports. Efforts are underway to re-establish a multi-disciplinary team that reviews the data, as well as reminding and encouraging teamlet members to routinely look at their panel specific data.

Primary Care Quality Improvement:

Data is routinely monitored and analyzed for trends, then shared with Primary Care staff during monthly service line meetings. Primary Care is included in strategic planning, and primary care retreats focusing on process and performance improvement have been held in the past.

Interdisciplinary Leader and Administrator Roles and Training:

An educational review and assessment is performed periodically to assess educational requirements and needs by program area and position. The specific courses are assigned in the VA educational system (Training Management System – TMS) which tracks completion and allows supervisors to review compliance.

Mental Health Care:

Primary Care Mental Health Integration (PCMHI) is ongoing at Tomah VA. Each team and CBOC have Mental Health Nurse Practitioners that function within primary care to see patients same day when needed, and arrange for appropriate follow up. In addition, new staff members are being hired to expand PCMHI and function in the role of care managers, social workers, etc.

## Patient Safety

From Tomah's FY2014 Patient Safety Report- Improvement Actions and Activities:

- March 6, 2014, Tomah held its first joint mental health external stakeholder meeting with federal, state and local officials, Veteran Service Organizations, non-profit agencies, law enforcement, and Congressional representatives.
- April 10, 2014, 12 OEF/OIF/OND veterans participated in a focus group sponsored by the VA Medical Center Tomah's OEF/OIF/OND program to express their views of their medical care and treatment at Tomah and make suggestions for improvement.
- In August 2013, Patient Safety implemented the Weekly Patient Safety Call after participating in the American College of Healthcare Executive Seminar on Patient Safety and Error Reduction in 2012.
- Weekly Patient Safety Tips are published in the Tomah VA Medical Center daily briefing.
- Effective Sept. 23, 2013, ePER (Patient Event Reporting System) went live. It replaced ePIR (Electronic Patient Incident Report).
- Tomah VA Medical Center implemented classroom instruction on methods to prevent workplace violence.
- Tomah VA Medical Center participated in a four-month long webinar, "Reducing Falls, Incidence and Injury."
- In May 2014, barcode technology and real-time network connectivity were implemented to improve the accuracy of medication administration.
- Crash carts were redesigned to improve efficiency during a code.
- In June 2014, a ZOLL representative conducted defibrillator training with 81 clinical staff.

## Outreach Activities

Tomah VA Medical Center participated in 48 outreach activities in FY 2014. They have participated in 20 outreach activities so far in FY2015, with a total of 30 outreach activities planned by the end of FY2015**.**

## Chief for Voluntary Services:

Voluntary Services utilizes the monthly newsletter that is sent to current volunteers and state officials of various VSOs. Voluntary Service has reached out to community programs, especially Retired Senior Volunteer Program (RSVP) to recruit.

Tomah utilizes online volunteer services, such as "Volunteer Match," and works with The Chamber of Commerce and uses the TVAMC Facebook page to communicate needs and opportunities.

Contacted Coulee Region Humane Society to recruit Pet Therapy volunteer teams.

Volunteer of the Month program – each month, a volunteer's name is drawn from all the volunteers who worked the month before. An article is prepared for the volunteer newsletter, featuring that volunteer.

New volunteers' hours are tracked, and upon reaching the 25-hour milestone, they receive a personalized letter and TOMAH VAVS car magnet.

## Town Hall

On Monday, June 22, 2015, Roscoe Butler, Deputy Director of The American Legion (Washington, DC office), moderated a Veterans Town Hall Meeting regarding the issues surrounding the Tomah VA Medical Center. The meeting had five veterans from the Tomah area. VA staff in attendance included Acting Network Director Renee Oshinski, Acting Director John J. Rohrer, Acting Associate Medical Center Director Jeff Evanson, Associate Director for Patient Services Carlos Piraino, Public Affairs Officer Matthew Gowan and Margaret Garland, CVSO Monroe County. American Legion Department and Headquarters staff in attendance included: Steve Krueger, National Executive Committee; David A. Kurtz, Department Adjutant; Tom Mullen and Mel Napier, Committee Members; Todd Steffel, Post Commander; Bruce Drake, Operation Comfort Warrior; Gerardo Avila, Deputy Director MEB/PEB; and Patti Senft, Assistant Director, Health Policy, VA&R. Aside from listening to concerns on the quality of care, benefits, wait times, and communication, the meeting also advised those in attendance of the Veterans Benefits Center (VBC) that would be held June 23-25.

As with previous town hall meetings, mixed reviews were heard from the veterans in attendance ranging from inadequate care that has been provided by the medical center, to praises for the rapid response times and excellent care. However, there were a few very specific complaints that were voiced:

1. Veteran very unhappy with the removal of Dr. Houlihan, and has not had a primary care psychiatrist since Dr. Houlihan left the facility.
2. Another veteran commented that the VA staff doesn't seem to work well together.
3. Veterans are having difficulty with the VA's Choice Program and that staff answering the phones regarding Choice seemed confused. The veteran expressed dissatisfaction that it takes MORE than 30 days to get an appointment.
4. Nevertheless, one veteran also expressed appreciation for the Tomah VA Medical Center and had no issues to report. "Tomah has put me back together and made me whole."All questions and concerns were answered and or addressed during the town hall by either the VBA or VHA side of the VA with the subject matter experts (SME's) helping to explain if the subject was still unclear. All were satisfied with the information that was provided at that time.

## Veterans Benefits Center

Tuesday through Thursday, June 23-25, 2015, The American Legion set up our Veterans Benefits Center at The American Legion Post 201 in Tomah, Wis. American Legion staff, Roscoe Butler, Deputy Director for Healthcare, VA&R; Gerardo Avila, Deputy Director for MEB/PEB; and Patti Senft, Assistant Director for Health Policy, VA&R, collaborated with the VARO, VBA and VHA staff, and through this partnership 28 veterans and family members were provided assistance with enrolling into the VA Healthcare system, scheduling appointments, filing claims, and receiving education benefits information over the course of 2.5 days.

### Challenges

1. The greatest challenge is flexibility in recruiting and retaining mental health professionals in this geographically rural area. This is exacerbated by a shortage of qualified Mental Health Care specialists, Primary Care Physicians, and Psychiatrists.

   Obstacles to recruiting include:

   ◊ Rural/remote location

   ◊ Winter weather

   ◊ Competitive salaries

   ◊ Continuing Medical Education (CME) is very onerous
2. Tomah does not currently have any relationships with the universities or technical colleges in Tomah or Madison.
3. Negative media reports about Tomah impact the ability to recruit and create a perception that Tomah is not a medical facility that can provide great medical care.
4. The Choice Program is confusing to explain to staff and veterans.

## Recommendations

1. Approve salary flexibility and hiring incentives to attract applicants and retain hires — do whatever it takes without a salary cap.
2. Develop a strategic and ongoing relationship with the University of Madison and local universities and colleges in and around Tomah:

◊ There are five colleges within 50 miles of Tomah. The nearest college is Globe University La Crosse at a distance of 35.2 miles from Tomah center. There are two community and junior colleges within 50 miles of Tomah.

◊ Madison ranks nationally for top places in overall education. Madison is home to the University of Wisconsin-Madison, as well as Edgewood College, Madison Area Technical College, Herzing College, and Madison Media Institute. There are also satellite campuses of Lakeland College, Upper Iowa University, the University of Phoenix, Concordia University-Wisconsin, and Cardinal Stritch University.

3. Community leaders and stakeholders must be proactive and tell the "good news and success stories" to balance the negative stories that that get repeated over and over by the media.
4. Monitor the ability of staff to consistently and accurately answer questions about the Choice Program.

**Footnotes**

1 In 1982, Congress enacted the Prompt Payment Act (''Act''; Pub. L. 97–177) to require Federal agencies to pay their bills on a timely basis, to pay interest penalties when payments are made late, and to take discounts only when payments are made by the discount date.

# VETERANS AFFAIRS MARYLAND HEALTH CARE SYSTEM | BALTIMORE, PERRY POINT & LOCH RAVEN, MD

**Date:** 1 September 2015
**Deputy Director of Health Care VA&R:** Roscoe Butler
**Assistant Director for Health Care:** April Commander

## Overview

The Veterans Affairs (VA) Maryland Health Care System (MHCS) is a dynamic and progressive health care organization dedicated to providing quality, compassionate and accessible care and service to Maryland's veterans. The Baltimore and Perry Point VA Medical Centers, in addition to the Loch Raven VA Community Living & Rehabilitation Center and six community-based outpatient clinics, all work together to form this comprehensive health care delivery system. Nationally recognized for its outstanding patient safety and state-of-the-art technology, the VAMHCS is proud of its reputation as a leader in veterans' health care, research and education.

The health care system is known for providing comprehensive service to veterans across the state, including medical, surgical, rehabilitative, neurological, primary, mental health and long-term care on both an inpatient and outpatient basis. To ensure the provision of quality patient care, the health care system employs approximately 2,500 professional, technical, administrative and support personnel who work together to meet the needs of Maryland's veterans. This staff is reinforced by over 1,300 community volunteers who donate more than 120,000 hours of service a year to supplement the care and compassion provided to hospitalized veterans throughout the state.

As a leader in education, the VAMHCS prides itself on an active affiliation with the University of Maryland School of Medicine and other local colleges and universities. Over 1,000 residents, interns and students from various disciplines are trained throughout the health care system each year. Additionally, most of the physicians who work for the VA Maryland Health Care System hold dual appointments at the University of Maryland School of Medicine. This close alliance allows the health care system to offer veterans the latest clinical practices and procedures available, as the medical center is a major teaching facility for the university.

The VAMHCS is a member of the VA Capitol Health Care Network, which also includes VA medical centers in Washington, DC, and Martinsburg, West Virginia. As a part of this larger organization, veterans are able to benefit from the sharing of staff, resources and services across the Network.[1]

1 VA Maryland Health Care System. About the VA Maryland Health Care System. View 9 September 2015. http://www.maryland.va.gov/about/index.asp


## Executive Leadership

On Tuesday, Sept. 1, 2015, Commission Committee Members Vickie Smith-Dikes, Jeff Olson, and Mel Napier and The American Legion (TAL) national staff Roscoe Butler, Deputy Director of Health Care; April Commander, Assistant Director of Health Care; and LaRanda Holt, Assistant Director Women and Minority Veteran Outreach Coordinator, met with the VAMHCS executive leadership and staff to discuss the quality of health care that veterans are receiving, as well as the mail out questionnaire that was provided to the medical center in advance of the site visit. In attendance for the entrance briefing with the executive leadership were: Adam Robinson, MD, Medical Center Director; Sandra Marshall, MD, Acting Chief of Staff; Frederick Soetje, Associate Director for Operations; Jeff Nechanicky, Associate Director for Finance; Sheila Bryson-Eckroade, RN, Associate Director for Patient Care Services; David Edwards, Chief, Public and Community Relations; and Stephen Armagon, Acting Executive Assistant to the Director.

The Director's motto is: *Proceed Until Apprehended!*

## Wait Times

During the meeting with the VAMHCS's executive leadership, the staff said that the average wait times are 6.9 days for primary care, 5.8 days for specialty care, 1.8 days for mental health care, and 28 days for a compensation and pension examination with a 91 percent average for completion. According to leadership, the areas within the VAMHCS with the biggest challenge con-

cerning the wait times are physical therapy (hard to fill), optometry (Eastern Shore), orthopedics, urology, sleep study and neurosurgery departments, in addition to having staffing issues and inefficiency among the clinics. In order to face these challenges, VAMHCS has hired (although a slow process) personnel for these positions to include a dedicated contract worker to specifically work on the back log of consults. Additionally, Veterans Access, Choice, and Accountability Act of 2014 (VACAA) will provide funding for these areas. Furthermore, some of the most significant reasons that led to medical center's inability to schedule veterans' outpatient appointments in a timely manner were space, budget constraints, high patient "no show" rate, and staffing issues.

## Staff Vacancies

As of this visit, the total number of open staff vacancies is 672. This number is all-inclusive with regard to backfilling vice positions, and new positions, including support staff, that are needed to provide care to the veterans. Over the past several years, vacancies were managed by the budget; however, recruiting is now tailored to the open vacancies to satisfy the needs of the veterans as directed by the current medical center director.

On average, a position may be vacant anywhere from 90 days to six months due to retirements, transfers, resignations, involuntary separations, and the creation of new positions.

For managed care, a contingency pool was hired to step up in the absence of providers on extended leave or termination. However, there is some leniency in the pay rate for the providers as a higher pay may be negotiated.

VAMHCS has a 30-page detailed succession plan to address current and future vacancies. The following is the:

*SUCCESSION STRATEGIC DIRECTION*

The Veterans Affairs (VA) Maryland Health Care System is a dynamic and progressive health care organization dedicated to providing quality, compassionate service, and accessible care to Maryland's veterans. The medical centers and outpatient clinics located throughout the state all work together to form a comprehensive health care delivery system. The VAMHCS is comprised of the Baltimore and Perry Point Medical Centers, the Community Living Center (CLC) at the Loch Raven Campus and six community-based, outpatient clinics. This mix includes a large tertiary care metropolitan medical center along with rural primary care and mental health facilities. VAMHCS is proud of its reputation as a leader in veterans' health care, research, and education. As a member of the VA Capitol Health Care Network, the VAMHCS' vision and strategic initiatives are coordinated to support the VA Capitol Health Care Network, VISN 5 Strategic Plan and the Veterans Heath Administration (VHA) goals and strategic initiatives. Strategic direction is fundamental to VAMHCS to ensure continued excellence in quality care, customer service, efficient operations, and sound financial management through strategic management of their greatest asset: human capital.

Geographical Location. A major challenge toward meeting our recruitment and retention requirements is our geographical location — close proximity to Washington, DC, and intense competition among other major federal agencies and headquarters offices presents a distinct challenge for VAMHCS. The presence of more than 200 hospitals within the Maryland, Delaware, and Washington, DC, region, including major health care systems such as Johns Hopkins, University of Maryland, MedStar Health, Christiana Care, INOVA Health System, and Sinai Hospital, is a strong consideration as a competitor for all clinical and non-clinical recruitment and retention efforts across the VAMHCS; however, students from said institutes provide a large highly qualified talent pool. VAMHCS also has difficulty in recruiting professionals for rural areas within its locality.

Employee Development. The establishment and maintenance of a strong employee education program combined with a focus on employee satisfaction through the effective and maximum utilization of a variety of Office of Personnel Management's (OPM) programs and initiatives that promote employee wellness/work life balance through the VA's "Wellness-Is-Now" (WIN) initiative are important tools towards achieving success.

Recruitment and Retention. The VAMHCS Workforce Development Team (WDT) has established a consultative service.

Customer Service Meetings. HRMS is conducting face-to-face customer service meetings with service chiefs, clinical center directors, their leadership groups and HRMS subject matter experts from all sections. This is a proactive approach in ascertaining how HRMS could best meet the needs of each of the services in providing information, education and training on processes, assisting with their organizational structure, recruitment, and labor issues to ensure that each of the service goals are aligned with the mission of the VAMHCS. The goal is to increase customer satisfaction. Positive feedback was received from the services. As a result, HRMS will continue the Customer Service meetings with each service to continue to improve customer service and build a stronger relationship with the services.

Position Management Review. The Workforce Development Team (WDT) completes position management reviews and provides comprehensive consultation to assist services with HR operations, promotional opportunities, retention of current workforce, and staying within budgetary constraints. The team is working with each service to update their organizational

charts and position descriptions. Organizational charts are being continually updated as needed which assists the service in the development of their strategic planning.

Resource Management Committee. Increased collaboration with the associate director for finance and finance and accounting service to discuss FTEE requests and review the impact of positions as it relates to the facility budget. In addition, HRMS and finance are monitoring the VACAA funded positions. Recruitment efforts have increased dramatically in support of VACAA funded positions, and support staff to provide quality care and improve access to care for our veterans. HRMS is coordinating efforts with services and amending the Resource Management portal to increase monitoring, tracking and accountability of all recruitment efforts.

Recruitment, Retention & Relocation (3Rs) Incentives. The 3Rs are used to attract and retain employees in the critical skill areas where there is proven record of difficult recruitment and high attrition. Salary surveys are on the increase. HRMS has received requests for salary surveys for nurses, certified registered nurse anesthetists, physical therapists, occupational therapists, medical technologists, certified and registered respiratory therapists. To recruit qualified candidates and retain current employees, VAMHCS must offer competitive salaries. HRMS has selected a dedicated HR compensation specialist to conduct salary surveys and assist management in making informed decisions regarding recruitment and retention.

Workforce Recruitment Program (WRP). VAMHCS utilizes the WRP to fill positions which helps to increase the employment of individuals with disabilities. The VAMHCS utilizes this program to the fullest extent and maintains open communication with EEO with regard to recruitment Education Debt Reduction Program (EDRP). EDRP is a tool used to assist in the recruitment of identified hard to recruit occupations within the VAMHCS. Based on staffing's determinations of hard-to-recruit/retain occupations, FY15 identified occupations approved at VAMHCS are:

- 0602 Series – Physician (specialties below)
  - Surgeon (vascular, thoracic, orthopedic, neurology)
  - Anesthesiologist
  - Radiologist
  - Psychiatrist
- 0605 Series – Certified Registered Nurse Anesthetist (CRNA)
- 0610 Series – Mental Health Nurse Practitioners
- 0660 Series – Clinical Pharmacy Specialists
- EDRP-Eligible occupations at the Cambridge, MD Community –Based Outpatient Clinic (CBOC)

Student Loan Repayment Program (SLRP). The VAMHCS will continue to participate in SLRP provided funding as available.

Career Pathways. VAMHCS takes advantage of a variety of "Pathways" to bring students into the workforce during college and post-graduation. This program is utilized in hiring TCF interns, GHATPs and recent graduates. Upon successful completion of the Pathways Program, candidates are afforded the opportunity to be non-competitively placed into permanent positions.

Veteran Employment. HRMS seeks out job fairs in which to recruit veterans. HRMS attends and participates in the Post-Deployment Health Reassessment (PDHRA) for returning combat veterans at the VAMC, Baltimore quarterly. Veterans are provided with employment information and answers to any questions regarding job opportunities, engaging the veterans for employment opportunities to increase veteran hires. HRMS has been proactive in hiring veterans by utilizing the special hiring authorities. The veteran population for the VAMHCS is currently 32 percent. HR is working with the surrounding military installations by providing information concerning direct hiring authorities and other pertinent information related to hiring our nation's veterans.

Target Disability Hiring. HRMS and EEO collaborated and devised a strategic plan to increase hiring of individuals with targeted disabilities by focusing on four major objectives, and as such increased hiring. The VAMHCS has met the national goal for hiring target disability individuals. The national goal is 2 percent; the VAMHCS is currently at 2.67 percent.

Veteran Hiring Initiative. VAMHCS has participated in several Post Deployment Health Reassessment (PDHRA) events for combat veterans returning home from a deployment. HRMS has been proactive in hiring veterans utilizing special hiring authorities. The current veteran population for VAMHCS is 32 percent (1,183 veterans). Human Resources Management has a recruitment plan to hire approximately 600 employees by the close of FY15. This will require approximately 300 veterans to be hired to meet the 35 percent goal.

The focus of the 2015 plan is to maximize existing human capital resources to meet the staffing needs of the organization while continuing to ensure employee development and well-being, and maximizing use of all federally funded hiring programs to augment our staff and salary dollars. Towards accomplishing this goal, a Workforce Development Team (WDT) was created in Human Resources. This team has a strong alliance with finance to create a direct relationship between available salary

dollars and staffing needs. HRMS and Finance & Accounting are collaborating with all service chiefs and managers to identify and streamline their position management processes in order to maximize return from existing human capital. As part of this teamwork, an automated resource management request and tracking system was initiated in 2012. This system continues to be enhanced to best serve the needs of management. In addition to working with individual services to help redesign employee resources, a strategic review of VAMHCS staff as one entity is assessed to address the "big picture" for VAMHCS staffing needs and requirements. Strategic human capital management through the redesigning and reorganizing of the individual service lines and eliciting the assistance of employee education resources will help educate and train our current staff and assist us in "growing our own staff" to meet future needs within the confines of limited resources.

*SUCCESSION STRATEGIC GOALS*

Improve the corporate culture and become the employer of choice.

Objective 1 – Increase employee satisfaction as a retention incentive

- Increase All Employee Survey (AES) participation to accurately reflect AES scores and monitor action plans.
- Marketing improvements have been initiated from employee feedback.
- Promote employee education through diverse avenues, such as Employee Education System (EES), ADVANCE, collaboration with local academic affiliations, and the Chesapeake Health Education Program (CHEP).
- Focus on recruitment, retention of needed employees, skill sets, and preparation for potentially high retirement rate.
- Implement a goal-sharing program, where groups of employees can earn awards for achieving stretch goals in their area that are approved by the medical center leadership group.

Objective 2 – Expand and strengthen the Succession and Workforce Planning Program

- Emphasize leadership development programs.
- Pursue more academic affiliations with schools of all disciplines.
- Utilize various appointment authorities (TCF, GHATP, Pathways, etc.) to attract talent into the organization.
- Accelerate the onboard process to meet the timeliness standards for all components of the hiring process.

Objective 3 - Improve Onboarding Process to quickly recruit/hire new employees

- Eliminate duplicative processes
- Decrease MSO/HR onboarding timelines
- Increase accountability of service involvement[2]

## Facility Demographics

VAMHCS provides comprehensive service to veterans across the state, including medical, surgical, rehabilitative, neurological, primary, mental health and long-term care, both on an in- and outpatient basis. There are currently 727 operating beds, which is also the number of authorized beds. The medical center had 710,241 outpatient visits last fiscal year (projecting over 721,915 for this fiscal year, potentially a 1 percent growth); and total admissions were 8,720 in FY16. The average daily census for the inpatient programs are:

- Medicine-66.8
- Surgery-24.4
- Psychiatry-43.7
- NHCU-225.6

*Funding allocation*[3]

| *VAMHCS* | *2014* | *2013* | *2012* |
|---|---|---|---|
| Pers Svcs & Ben | $ 326,394,145 | $ 314,306,546 | $ 308,932,596 |
| Travel & Trans. Of Persons | $ 5,836,999 | $ 7,543,950 | $ 11,721,253 |
| Transport of Things | $ 33,756 | $ 55,402 | $ 17,042 |
| Rent, Comm, & Utilities | $ 15,021,526 | $ 14,225,167 | $ 13,429,269 |
| Printing & Reproduction | $ 28,886 | $ 56,982 | $ 38,153 |
| Other contractual Svcs. | $ 105,975,247 | $ 118,832,093 | $ 101,108,420 |
| Supplies & Materials | $ 69,004,336 | $ 56,304,792 | $ 54,422,190 |
| Equipment | $ 5,978,932 | $ 31,076,013 | $ 35,041,376 |
| Lands & Structures and NRM | $ 21,997,736 | $ 15,759,708 | $ 11,676,748 |
| Grants, Subsidies, & Contributions | $ 2,669,356 | $ 2,936,046 | $ 2,418,002 |
| Insurance Claims/Indemnities | $ 258,337 | $ 390,946 | $ 8,193 |
| **Total Operating Authority** | **$ 553,199,257** | **$ 561,487,645** | **$ 538,813,242** |
| *Information derived from FY14/FY13 Budget Report Facility_End of Year* | | | |

## Strategic Plan

The VAMHCS has historically followed the VISN5 Strategic Plan document which is a collaborative effort of the VISN5 Strategic Planning Workgroup of which VAMHCS Strategic Planner engages as an active participant. The VAMHCS Strategic Planning Committee will develop and publish a VAMHCS Strategic Planning document for FY16. However, the strategic plan for capital planning is a 10-year forecast.

2 Maryland HCS, MD 2015-2021. Workforce Succession Strategic Plan. FY2015-2021

3 Information provided by VAMHCS, FY14/FY13 Budget Report Facility End of Year

## Enrollment

Noted in the FY2014 Support Service Center Capital (VSSC) Assets Database, the total numbers of veterans in the catchment area is 437,762. Of that number, the total number of enrolled veterans is 82,516 or 16 percent, and the number of unique veterans treated is 48,952. The number of enrolled veterans broken down by gender:

- Men- 73,419
- Women- 9,097

***Unique patients appointments by group and year***

| | FY14 | FY15 |
|---|---|---|
| | Unique Patients | Unique Patients |
| Mental Health | 12,150 | 11,576 |
| Primary Care | 36,291 | 34,398 |
| Specialty Care | 34,771 | 33,229 |

***Total for all groups***

| | FY14 | FY15 |
|---|---|---|
| | Unique Patients | Unique Patients |
| All Clinic Group | 50,212 | 48,136 |

(Data provided by VAMHC)

The counties serviced by the VAMHCS include: Anne Arundel, Baltimore, Calvert, Caroline, Carroll, Cecil, Charles, Dorchester, Harford, Howard, Kent, Montgomery, Queen Anne's, St. Mary's, Somerset, Talbot, Wicomico, Worcester, and Baltimore City.

Efforts underway to boost the number of enrolled veterans include sending letters to former service members, and collaboration with VBA and TAPS program (located onsite). There are specific mailing and open house events for women veterans to increase their enrollment numbers.

## Non-VA Coordinated Care

Authorized budget for the previous three years:

| Fee | FY-13 TOTAL | FY-14 TOTAL |
|---|---|---|
| C & P | $ 4,000,000.00 | $ 4,000,000.00 |
| Radiation Therapy | $ 1,400,000.00 | $ 1,400,000.00 |
| Contract Hospital | $ 7,000,000.00 | $ 7,000,000.00 |
| Fee Pharmacy | $ 1,000,000.00 | $ 1,000,000.00 |
| Fee Dialysis | $ 4,800,000.00 | $ 4,800,000.00 |
| **TOTALS** | $ 18,200,000.00 | $ 18,200,000.00 |

Fees were restructured under CBO FY 2015

| Fee | FY-15 TOTAL |
|---|---|
| Contract Hospitalization | $ 3,750,000.00 |
| Outpat Med Surg Dialysis | $ 12,375,234.00 |
| Millbill Unauthorized Svc | $ 9,500,000.00 |
| Fee Dental Service | $ 550,000.00 |
| TOTAL NVC | $ 26,175,234.00 |

Non-VA interest penalties paid for FY 2014

| Month | Amount |
|---|---|
| October | $ 102.24 |
| November | $ 34.49 |
| December | $ 36.84 |
| January | $ 39.40 |
| February | $ 1.45 |
| March | $ 214.98 |
| April | $ 19.64 |
| May | $ - |
| June | $ 2.61 |
| July | $ 9.48 |
| August | $ 29.42 |
| September | $ 32.94 |
| TOTAL | $ 523.49 |

(Data provided by VAMHCS)

The Choice Program offers more than 275 providers that the veterans may use when authorized. However, there were many complaints about the program from veterans, but none were specifically identified by the leadership.

## Joint Commission (JC) and Commission on Accreditation of Rehabilitation Facilities (CARF)

As of this visit, VAMHCS is fully accredited with both the JC (10/2017) and CARF (3/2018); inspection dates were July 2015 and March 2015, respectively.

## Performance Measures

The VA Maryland Health Care System (VAMHCS) uses Strategic Analytics for Improvement and Learning (SAIL) to measure quality and performance. SAIL is a system for summarizing hospital system performance within Veterans Health Adminis-

tration (VHA). SAIL assesses 25 quality measures in areas such as death rate, complications, and patient satisfaction, as well as overall efficiency at individual VA Medical Centers (VAMCs).

The most current SAIL data is from Quarter 2 of Fiscal Year 2015. VAMHCS is currently performing lower than the national average in the following SAIL measures:

**Baltimore:**

| Measure | Score | National Average |
|---|---|---|
| HEDIS (Quality Measures) | 86.7 | 91.3 |
| Best Places to Work | 52.6 | 66.1 |
| Primary Care Wait Time | 85.0 | 99.7 |
| Patient Satisfaction | 238 | 267 |
| Efficiency | 90.6 | 96.1 |

**Perry Point:**

| Measure | Score | National Average |
|---|---|---|
| Adjusted LOS | 6.8 | 3.7 |
| HEDIS (Quality Measures) | 86.7 | 91.3 |
| Risk Standardized Mortality Rate for CHF (RSMR-CHF) | 9.23 | 6.68 |
| 30-day Standardized Mortality Rate (SMR30) | 1.26 | 0.72 |
| Primary Care Wait Time | 86.4 | 99.7 |
| Efficiency | 90.6 | 96.1 |

To correct any of the performance measures that are below VA's national goal, VAMHCS has established workgroups for each SAIL measure. The workgroups meet regularly to review and drill down on the SAIL measure data to identify trends and areas to focus and improve performance. Each of the SAIL workgroups are required to complete a performance improvement project on their measure and report status updates of their actions to the VAMHCS Chief of Staff and the VISN5 Chief Medical Officer, monthly. VAMHCS expects to see an increase in performance in the next quarter. Also reported by the leadership is the need for more clinician involvement in this process, whereas the nursing staff is very involved.

Additionally, in the previous three years, 27 data breaches were reported. Data breaches are defined as: "the loss, theft, or other unauthorized access, other than those incidentals to the scope of employment, to data containing Sensitive Personal Information, in electronic or printed form, that results in the potential compromise of the confidentiality or integrity of the data."[4]

Notification and Response Processes and Mitigation and Corrective Actions are in place to prevent future data breaches.

- Notification and Response Processes
  - ◊ All complaints, violations and breaches are reported to the Privacy Office promptly by the employee, veteran, veteran's family, member, and/or interested party action on behalf of the victim following discovery. The Privacy Office reports the incident via the Privacy Violation Tracking System (PVTS) within one hour of determining the incident is indeed valid. The PVTS is maintained by the Network Security Operations Center (NSOC) in the Veterans Health Administration (VHA/Central Office). NSOC reviewers whom work as an Instant Resolution Team (IRT) are assigned to review the documentation submitted by the VAMHCS and a determination is made by the IRT to classify the issue as a violation, or a breach. The VAMHCS is given instructions to either notify the victim of the violation or to notify the victim of the breach and offer credit monitoring for one year at the VAMHCS expense. Letters are prepared under the Director's signature and sent via certified mail to the victim with an assigned credit monitoring code for their use at the credit bureau the VHA/Central Office has contracted with.
  - ◊ Once notified of the breach, the Service Chief or Clinical Center Director is required to provide the Privacy Office an Action Plan to outline a resolution to ensure the breach does not happen again in the future. Based on the severity of the breach, disciplinary action may be given to the offender by the Service or Clinical Center. Additional education to the staff is always offered by the Privacy Office. The offender may be required to re-take the Privacy/HIPAA yearly training by the Privacy Office as well.
- Mitigation and Corrective Actions
  - ◊ **Training Requirements**- The Privacy Office has processes in place to constantly educate and remind staff of the Privacy and Confidentiality requirements. All employees that have access to patient or employee sensitive information must take the Privacy/HIPAA Focused Training annually. Currently, the VAMHCS is 99 percent compliant for employees completing this training. Employee access to VistA is suspended for staff that is deficient in completing the

4 Data received from VA&R questionnaire, completed by the executive leadership.

required Privacy/HPAA or Information Security and Rules of Behavior (ISO) training. The staff is unable to sign on to complete their assigned duties until the training is complete. This has been a positive deterrent.

◊ **Compliance Audits**- The Privacy Office completes ongoing audits, which identifies weaknesses within the VAMHCS. Attention is given to these areas, i.e., opt out process, the notification of privacy practices for non-veterans, research, accounting of disclosures and release of information documentation practices; confidential communication, functional category assignments and freedom of information act (FIOA) documentation; amendments requests procedures and documentation. These areas are routinely reviewed and findings are reported to the Clinical Centers Directors or Service Chief as well as the Triad. Improvements are inevitable given the close attention the Privacy Office gives to these processes.

◊ **Interdepartmental Collaboration**- The Privacy Office has formed a Privacy Liaison group within the VAMHCS which consists of at least one employee from each service/clinical center or area to work with the Privacy Officer to communicate updated policy information, reinforce VHA Directives, check areas for environmental confidentiality compliance and to bring forth ideas and/or concerns of their perspective services or clinical centers to the group for discussion and resolution. This will assist the VAMHCS to remain compliant throughout the year.

◊ **Environment of Care (EOC) Rounds**- The Privacy Office conducts weekly physical assessment as part of the core team during EOC rounds. These physical assessments allow VAMHCS to see how the staff is putting their training to use, i.e. using auditory safeguards in a clinic setting; making sure that sensitive information is not accessed by those without a need to know from printer/copiers, desk, etc. Also covers for the Information Security Office during EOC rounds if their personnel are unable to attend.

◊ **Continuous Education Training**- The Privacy Office will continue to provide educational awareness to the VAMHCS via mediums such as emails, VAMHS Connection, VAMHCS E-News and during the yearly VA Information Security and Privacy Awareness Week in the month of April. When requested by a Clinical Center or Service, the Privacy Office will provide group VA Privacy and HIPAA focused training. Auditory Privacy Awareness training has become an official part of the annual Privacy and HIPAA focused training provided to new employees during their New Employee Training Session hosted by our Human Resources Management Service.[5]

## Patient Safety

The patient safety and improvement actions and activities include: "Stop the Line for Patient Safety" briefings conducted; distribution of "Tip of the Month for Patient Safety" to all staff; posters and NCPS cards displaying 2014 National Patient Safety Goals distributed throughout the facility; collaboration with safety officer to create VAMHCS "Safety Hotline" for employees and patient/family/significant others to call to report safety concerns; and development of the "Patient Guide To Safe Care" that is disseminated to inpatient and outpatient areas for distribution to patients/family/significant others to reinforce importance of the patient/family/significant others' active participation in care to enhance patient safety. The JC's "Speak Up" flyers on reducing medication errors, pain management, infection control, and reducing surgical errors are distributed to both inpatient and outpatient areas. [6]

## Outreach Activities

During FY14, the VAMHCS hosted or supported over 24 outreach events, some affiliated with the neighboring universities, as well as post deployments. During FY15, VAMHCS hopes to support greater than 25 outreach events with the University of Maryland and other local organizations.

## Patient Aligned Care Team (PACT)

To achieve the goals of the PACT initiative, the Ambulatory and Emergency Care Clinical Centers have aggressively hired providers, nursing, clinical support, and administrative support staff to ensure a 3:1 PACT staffing ratio across the continuum. The Ambulatory and Emergency Care Clinical Centers meet weekly with Human Resources and the Medical Staff Office to improve the on-boarding process for new hires to the VAMHCS.

In the mental health care area, VAMHCS has created active Primary Care-Mental Health Integration Clinics at Baltimore, Perry Point and Loch Raven. The VAMHCS plans to implement PC-MHI at all CBOCs by the end of FY16.

## Voluntary Services

Each year, an edition from the monthly cable show, "Veterans' HealthWatch," which is produced by VAMHCS, is dedicated to volunteer and donor opportunities. Broadcast weekly on public access channels throughout Maryland and Delaware, the half-hour program provides a view-friendly format for veterans and local community members to learn about unique programs throughout the health care system such as the volunteer program.

5 VAMHCS. Privacy Office Data Breaches. Fiscal Years 2012-2014, PowerPoint Slide Deck.

6 Department of Veterans Affairs. VHA. National Center for Patient Safety. Patient Safety Annual Report. FY14

Further, the VAMHCS sponsors four open houses every year throughout the state. The open houses are held at a different VA Maryland Health Care System facility every quarter and include a number of manned information tables that promote various VA programs and services, including the Voluntary Service Program. The Voluntary Service tables at the open houses are usually manned by VAMHCS volunteers because they are the best advocates for promoting the benefits of volunteering to support the needs of hospitalized veterans.[7]

Additionally, there are three separate VAVS locations: Perry Point, Loch Raven, and Baltimore.

## Construction

The Department of Veterans Affairs has selected the New York-based nonprofit organization HELP USA to advance its initiative that will transform unused property at the Perry Point VA Medical Center—known as the "Village" — into viable housing units for formerly homeless veterans and their families. Under the initiative, 60 of the existing vacant houses in the "Village" at Perry Point will be renovated and updated. Once construction begins, the project will take about a year to complete.[8]

## Best Practices

1. The VA Maryland Health Care System is committed to quality patient care and safety. As a part of this commitment, the health care system participates in surveys and reviews from various accrediting bodies to determine their compliance with their standards of quality, care and safety. The health care system has been recognized for successful compliance with these standards by receiving accreditations or awards from the accrediting bodies. Some of their most recent accomplishments include:

   ◊ **The Joint Commission**

   In November 2008, the VA Maryland Health Care System received full accreditation for its hospital, long term care, behavioral health, and home care programs for 39 months. In October 2008, the VA Maryland Health Care System received full accreditation for its opioid treatment program for 39 months. This is one of the largest VA opioid treatment programs in the nation.

   ◊ **CARF (Commission on Accreditation of Rehabilitation Facilities)**

   In April 2009, the VA Maryland Health Care System received full accreditation for three years for the following Residential Programs:

   Assessment and Referral: Integrated : AOD/MH (Adults)

   Community Housing: Integrated: AOD/MH (Adults)

   Residential Treatment: Integrated: AOD/MH (Adults)

   Employment Services: Employee Development Services

   In 2007, the VA Maryland Health Care System received full accreditation of our Comprehensive Integrated Inpatient Rehabilitation Program for three years.

   ◊ **College of American Pathologists (CAP)**

   In 2009, the VA Maryland Health Care System received accreditation from the College of American Pathologists for a period of three years.

   ◊ **ACS (American College of Surgeon, Commission on Cancer)**

   In 2006, the VA Maryland Health Care System received accreditation for our cancer care programs.

   ◊ **Association for the Accreditation of Human Research Protection Programs (AAHRPP)**

   In 2009, the VA Maryland Health Care System received full accreditation from the Association for the Accreditation of Human Research Protection Programs for three years.

   ◊ **AAALAC (Association for Assessment & Accreditation of Laboratory Animal Care)**

   In 2007, the VA Maryland Health Care System received accreditation for our Animal Research Program.

2. VAMHCS has a 30-page detailed succession plan to address current and future vacancies.
3. VAMHCS performs data mining of its catchment area:
   ◊ **Mailing campaigns**
   ◊ **Follow-up telephone campaigns**
4. VAMHCS has a public service announcement that is shown on local cable stations across the state to promote the Voluntary Service Program; as a result of this marketing strategy, 375 new volunteers were recruited during FY14. The program informs interested persons on:
   ◊ **How to get enrolled**
   ◊ **What services provided**
5. The VAMHCS holds four separate volunteer recognition ceremonies around Volunteer Recognition Week every year: the Baltimore VA Medical Center Volunteer Recognition

7 Data received from VA&R questionnaire, completed by the executive leadership.

8 VA Maryland Health Care System Construction Updates. http://www.maryland.va.gov/hot_topics/construction/construction.asp

Ceremony and Luncheon; the Loch Raven VA Community Living and Rehabilitation Center Volunteer Recognition Ceremony and Luncheon; the Perry Point VA Medical Center Volunteer Recognition Ceremony and Luncheon; and the Eastern Shore Volunteer Recognition Ceremony and Luncheon. All four volunteer recognition ceremonies have a unique annual theme, are held at very nice outside catering facilities and involve VA leadership presenting hourly awards to all of the volunteer award recipients. In addition to the four volunteer award ceremonies, the VAMHCS also sponsors an annual Volunteer Holiday Party to recognize all volunteers during the December holiday season. Another important volunteer recognition program that is sponsored by the VAMHCS is the Volunteer of the Quarter Program and the Volunteer of the Year Program, which are held at each of the three inpatient facilities and a separate one for all of the outpatient clinics.

6. The VAMHCS implemented the MH PACT; 99 percent of the veterans treated by MH are not seen by a PCM, now the two services have been integrated: PC and MH PACT.

## Challenges

1. By Following VISN 5 strategic plan, and not having a local plan developed by VAMHCS, this limits the creativity and flexibility of the VAMHCS.
   - ◊ Recommendation- Continue to develop specific strategic plan that caters to the needs of the VAMHCS.
2. OPM restructuring for competitive rates.
   - ◊ Recommendation- The American Legion recently adopted a resolution that supports legislation that would address the recruitment and retention challenges that the Department of Veterans Affairs (VA) has regarding pay disparities among physicians and medical specialists who are providing direct health care to our nation's veterans in hopes of fixing issues such as the competitive rates.
3. Has limited funding for advertisement for open positions.
   - ◊ Recommendation- The VAMHCS Human Resource officer should explore all options to include posting vacancies at universities, and checking with their local veteran service organizations to discuss posting announcements in their various media outlets.
4. Untimely release of clinical notes/results from Choice providers.
   - ◊ Recommendation- VAMHCS Non-VA Coordinated Care program office must continue to work closely with their Non-VA providers to obtain appropriate clinical veteran documentation after the veteran's appointment. Coordination should begin once the appointment had been scheduled and a point of contact must be identified at the Non-VA for purposes of obtaining any information to support the full continuum of care.
   - ◊ Space: VAMHCS Executive Leadership discussed the need for additional space and indicated the Social Security building is vacant and is ideal for their needs. However, they may have missed the opportunity to submit a bid due to bidding window closing.
   - ◊ Recommendation- VAMHCS should continue to identify their spacing needs through the Strategic Capital Investment Program (SCIP) and leverage their relationships with their local Veteran Service Organizations to champion their cause.
5. VAVS: Have one representative onsite at the Loch Raven location with poor attendance.
   - ◊ Recommendation- The American Legion's National VAVS Deputy Representative will work with the Department of Maryland to ensure all facilities within VAMHCS are properly represented and attended.