CENTRAL ALABAMA VETERANS HEALTH CARE SYSTEM | MONTOMERY, AL

Date: February 9-11, 2016
Health Administration Committee Chairman: Phil Youngblood
Veterans Affairs & Rehabilitation Council Member: Vickie Smith-Dikes
Team Leader for Health Policy: Edward Lilley

Overview

From February 9-11, 2016, The American Legion's System Worth Saving (SWS) team conducted a site visit to the West Campus of the Central Alabama Veterans Health Care System (CAVHCS) in Montgomery, Alabama. The SWS team was accompanied by The American Legion's Department of Alabama's staff to include: Willis Frazier, National Executive Committeeman; David Hartline, Department Commander; Jim Jeffries, Senior Vice Commander; Greg Akers, Department Adjutant; Paul Mark Sullivan, Department Service Officer; and Pat Liddell, Junior Vice-Commander for the Department of Georgia. Before the site visit, a town hall meeting was hosted by the Department of Alabama's Headquarters, to hear first-hand from veterans about their health care experiences at the CAVHCS.

The last SWS site visit to CAVHCS was in February of 2003 when the SWS team cited challenges in staffing nurses, contracting out Cardiology, and a shorthanded Intensive Care Unit (ICU). CAVHCS was established January 1, 1997, from the merger of the Montgomery and Tuskegee VA medical centers, which are approximately 40 miles apart. Along with two (2) Community-Based Outpatient Clinics (CBOCs), these four (4) sites serve more than 134,000 veterans living in a 43-county area of Georgia and Alabama. CAVHCS is a level two hospital that served 48,302 unique patients during fiscal year 2015.

Areas of care include: primary and specialty care, surgical and mental health care, urgent care, acute care, telemedicine, extended care and rehabilitation, Home Based Primary Care (HBPC), tertiary care, laboratory and pharmacy services.

CAVHCS operates seven (7) Community-Based Outpatient Clinics (CBOCs) in the following locations: Montgomery, AL; Fort Benning VA Clinic in Fort Benning, GA; Columbus, GA; two in Dothan, AL; Monroeville, AL; and the VA Wiregrass Clinic in Fort Rucker, AL.

Montgomery, Alabama

(Recently opened on December 7, 2015)

Services

- Primary Care services
- Women's Health services
- Dental
- Mental Health services
- Optometry
- Laboratory: Blood drawing
- Prescription processing
- Prosthetics
- Radiology
- Health Administration Services
- Prescription processing

Fort Benning, Georgia

(CAVHCS signed a Resource Sharing Agreement with the DoD at Fort Benning. This added 19 specialty clinics services through Fort Benning's Martin Army Community Hospital (MACH) Memorandum of Agreement).

Columbus, Georgia

Services

- Primary Care services
- Mental Health services
- Personal Care
- Laboratory: Blood drawing
- Prescription processing

Dothan, AL Mental Health Clinic

Services

Primary care services for veterans in Dothan metro area:

- Behavioral Health services including individual, group and family counseling, and programs such as QuitSmart Smoking Cessation.
- Personal Care: Highly qualified primary care providers, specialty care referrals to the Montgomery, AL facility.
- Laboratory: Blood drawing services available.
- Prescriptions: Routine prescriptions processed through the mail or My HealtheVet.

Dothan, Alabama (Contract Clinic)

Services

- Primary Care services
- Mental Health services
- Personal Care
- Laboratory: Blood drawing
- Prescriptions: Routine prescriptions processed through the mail or My HealtheVet.

Monroeville, Alabama

Services

- Primary Care services
- Mental Health services (Face-to-Face and Telemental Health)
- Personal Care
- Laboratory: Blood drawing
- Prescriptions: Routine prescriptions processed through the mail or My HealtheVet.

Fort Rucker, Alabama

Services

- Optometry Office shares VA clinic building
- Personal Care: Highly qualified primary care providers, specialty care referrals to the Tuskegee-East Campus.
- Prescriptions: Routine prescriptions processed through the mail or My HealtheVet.

Executive Leadership Briefing

The SWS team met with the executive leadership team of CAVCHS including Paul Bockelman, Interim Director; Dr. Vic Malabonga, Chief of Staff; Linda Townsend-Green, Acting Associate Director for Operations; and Traci Solt, Associate Director of Patient Care Service. The Interim Director started working at CAVCHS on January 29, 2016; the Chief of Staff began working on January 10, 2016.

During the meeting, the Executive Leadership reported the following as the top challenges faced by CAVHCS:

- **Recruitment & Retention:** According to the facility's Human Resources staff, CAVHCS currently has 700 vacancies, with approximately 30% of that number being care providers.
- **Veterans Choice Act:** The Veterans Choice Act enables veterans who live more than 40 miles from the nearest VA facility with a primary care physician, or who have been told that they will have to wait more than 30 days from the clinically indicated date to receive care in the community. CAVHCS struggles with Choice due to the rurality of the medical center and lack of providers willing to accept the Choice Program rates.

When asked about what they are doing to ensure that there is open communication between the medical center, veterans, and the community as a whole, the executive leadership responded as follows:

CAVHCS has a Veteran's Voice Advisory Committee (including members of The American Legion's Department(s) of Alabama and Georgia) which consists of veterans from across the region, who report and make recommendations to spark healthcare improvements and solve problems. According to the committee's minutes from the latest meeting in December 2015, Choice and VA referrals overlapped and employees had some difficulty in identifying their leadership at CAVHCS. CAVHCS leadership who attended the meeting quickly began to work on resolving the issues.

To ensure CAVHCS and veterans continue to have efficient communication and are better informed, The American Legion recommended that the director hold an orientation briefing with veterans once a month, and offered to assist the medical center in educating the veterans within the facility's catchment area. The American Legion also requested that the medical center conduct a town hall meeting with leadership from Health Net to address concerns with the Choice Program.

Human Resources Department

CAVHCS is in the process of rebuilding its senior leadership team. As of February 5, 2016, the Veterans Health Administration has been recruiting to finalize the selection for a permanent medical center director for CAVHCS. Their chief of staff began working at CAVHCS on January 10, 2016. The associate director of patient care services arrived December 2014, and they have increased staff from 1,480 to 1,604 over the past year. Nevertheless, the facility has approximately 700 vacancies with about 30% vacancies for direct care providers.

CAVHCS has struggled in hiring physicians and nurses and has been posting jobs in professional journals, as well as holding "Mega Career Job Fairs." Their most recent job fair took place in October 2015, when they recruited registered nurses, certified registered nurse practitioners, licensed practical nurses, nursing assistants, social workers, and medical support assistants.

As a result of the career fair, the Human Resources Management Service (HRMS) of CAVHCS processed 1,006 applicants. Of the applicant pool, 272 were registered nurses (34 were veterans), 73 were social workers (six were veterans), and 660 were medical support assistants (146 were veterans). On October 24, 2015, HRMS referred 103 registered nurses, six (6) nurse practitioners, four (4) social workers, and 110 medical support assistants to the respective service line managers interview panels. From that point, the nurses, social workers, and medical support as-

sistants should be onboard within eight weeks.

The Montgomery division of CAVHCS is challenged by the lack of medical school affiliations and is in the process of pursuing universities near the medical center. Without a medical school affiliation, it will be difficult for the medical center to decrease the number of vacancies. CAVHCS has only recently started to use their Student Loan Repayment Program. Due to not having this program in place earlier, there has been a lack of attraction for physician and nursing students to pursue careers at CAVHCS.

Medical Center Budget

Appropriation	2015	2016
General Purpose	$136,563.80	$143,994.40
Hepatitis C	$1,740.70	$7,704.00
Non-VA Care Coordination (NVCC)	$39,300.00	$40,208.70
Veterans Access, Choice and Accountability Act (VACAA)	$4,547.60	$13,094.00
General Purpose	$20,057.90	$17,976.80
Medical Support & Compliance	$17,428.40	$17,797.00
Total	**$219,638.40**	**$240,774.90**

Highlights

CAVHCS fiscal year 2016 funding reflects increases in areas that directly impact veterans access to care, general health care services, care in the community, and the Veterans Access, Choice and Accountability Act. Although the medical facilities appropriation shows a 10% cut, CAVHCS anticipates additional funds ($5.6M) for infrastructure support from their VISN.

Equity

CAVHCS will continue their veterans transportation initiative, the patient reminder notification (PRN) program, the expansion of women veteran services, mental health, homeless, and telehealth programs.

Fiscal Stewardship

CAVHCS continues to meet or exceed revenue goals with a projection of $12.9M for fiscal year 2016. All resource decisions consider veteran-centered needs while operating within their allocated resources.

Non-VA Coordinated Care

Interest Penalty	Amount
Community Nursing Home	$0.00
Compensation and Pension	$59.28
Fee Dental	$0.00
Home Health Services	$17.62
Mill Bill	$0.00
Pharmacy	$0.00
Preauthorized Inpatient/Ancillary	$0.00
Preauthorized Outpatient/Ancillary	$5.16
Unauthorized	$0.00
Total	$82.06

For the past three (3) years, the Non-VA Coordinated Care (NVCC) Program at CAVHCS has spent $45,555,388 for authorized care, unauthorized care, specialty care, emergency care, and non-service connected Mill Bill emergency care.

The medical center provided the below amounts of interest paid during fiscal year 2015 for non-VA claims due to noncompliance of the Prompt Payment Act1 of 1982, P.L 97-177.

Outpatient Wait Time Results[1]

Appointment Type	Average Wait Time
Primary Care	6.73
Specialty Care	19.69
Mental Health	8.19

Total Appointments Scheduled: 11,824

1 Source: VHA Access Audit released February 11, 2016, for the period ending February 1, 2016.

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.

Facility Demographics

Operating Beds:

- Hospital - 71
- Domiciliary - 148
- Nursing Home -160
- Transitional - 12

Average Daily Census for Each Inpatient Programs

CAVCHS reported the number 200 as the average daily census for each of their inpatient programs. In the past fiscal year, CAVHCS reported 2,124 admissions, and 475,786 outpatient visits and are projecting approximately 500,000 outpatient visits this fiscal year.

Strategic Plan

At the time of the visit, CAVHCS indicated that they were in the process of developing a five-year strategic plan for the facility.

Business Office[2]

The Veteran Population Projection Model 2014 estimates the total number of veterans residing in the Montgomery Campus of CAVHCS' catchment area at approximately 46,151 – 52,116. The state of Alabama reports having 414,000 veterans, 43,000 of which are women. According to CAVHCS, the facility currently has 42,810 men enrolled, and 5,466 women enrolled.

During the team's meeting with the Chief of Health Administration Services, Mr. Andrew Freeman said that there is no national training module for Medical Support Assistants (MSAs), and hopes the VA will standardize MSA training nationwide. He has scheduled audits and randomly selected MSAs to see if they were scheduling appointments appropriately. According to Mr. Freeman, 91% of appointments were proficiently scheduled at the last audit. The SWS team recognized Mr. Freeman's training module as a best practice that should be shared with other facilities.

Joint Commission, Commission on Accreditation of Rehabilitation Facilities (CARF) and other Reviews Conducted between 2013 and 2015

According to CAVHCS, their last Joint Commission Survey took place from January 25-29, 2016. CAVHCS currently has three Mental Health & Behavior Medicine (MH&BM) programs accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF):

- Psychosocial Rehabilitation Recovery Center (PRRC) as of July 14-15, 2014.
- Therapeutic Supportive Employment Services (SES) as of August 21, 2014.
- Mental Health Residential Rehabilitation Treatment Program (MH-RRTP) as of September 10-11, 2015.

Women Veterans

According to the facility, 4,592 women currently utilize the Women's Clinic, and this number continues to increase each year. CAVHCS employs female psychologists and psychiatrists, but they are not directly assigned to the Women Health Clinics. Currently, no female gynecologists are available; there are six (6) primary care female providers (two (2) nurse practitioners and four (4) MDs), and there is one (1) male primary care provider for MD & OB/GYN.

The following reports how many women veteran events are held at CAVHCS:

Events	Total
Operation Baby Shower	3
Women Veterans Day program	1
Go Red Breakfasts	2
Lunch and Learn Health Heart	1
Breast Cancer Awareness Walks	2
Grand Opening of Mother's Room	1
Total	**10**

In previous years, CAVHCS has also hosted meet & greet events and Women's Health Education Expos. During the SWS team's meeting with the Women Veterans Program Manager, the manager described how the rurality of the medical center and lack of childcare programs posed as barriers for women veterans seeking care. She also expressed the need for funding of the women veterans events and other promotional items.

Town Hall

On Tuesday, February 9, 2016, The American Legion hosted a town hall meeting at the Department of Alabama's Headquarters to discuss the care at the Central Alabama VA Healthcare System. There were 20 people in attendance including Willis Frazier, National Executive Committeeman; Greg Akers, Department Adjutant; Pat Liddell, Junior Vice-Commander for the Department of Georgia; and Vera Jordan, State Representative for Senator Richard Shelby .

During the town hall, veterans both praised and remarked on areas for improvement within CAVHCS. One veteran was very

2 VetPop2014, available at www.va.gov/vetdata

pleased with the complementary and alternative medications offered (primarily acupuncture), but several veterans were displeased with the somewhat negative culture that exists within CAVHCS. Two veterans expressed frustration with the dental clinic within CAVHCS; however, a lot of this frustration could have been avoided had veterans been provided with more communication and education on which veterans are eligible for VA's dental care. Other veterans commented that they felt the Choice program was not working, and were disappointed with delays in billing. CAVHCS officials were present for the town hall meeting and responded that they would look into the issues.

Montgomery Vet Center

On Wednesday, February 10, 2016, Mark Walker, Deputy Director for Veterans Employment & Education; Ed Lilley, Team Leader for Health Policy; Phil Youngblood, Chairman of the Health Administration Committee; Vickie Smith-Dikes, VA&R Council Member; and Department of Alabama/Georgia leadership visited the Montgomery Vet Center. The Vet Center is requesting to renovate for more space, as they had 300 visits from veterans per month and 48,000 visits in 2015. Of those visits, more than 50% were Vietnam Veterans requesting counseling. Team Leader, Marsha McCormick, reported that she pays for coffee and other refreshments out of her pocket, and requested Legion assistance in funding refreshments.

Homeless Shelter Tour

Following the visit at the Vet Center, the SWS team met with Ms. Springe Love, the Homeless Grant & Per Diem Program Manager for CAVHCS at the Safe Haven Homeless Shelter that is affiliated with CAVHCS. Montgomery's Safe Haven was established in 2013 and has 32 beds for the homeless. Of the eight (8) beds contracted by VA, two (2) are reserved for female veterans. Currently, the Safe Haven is 90% full. The contract allows veterans to stay at the Safe Haven for four (4) months and is low demand. Ms. Love requested assistance from The American Legion in obtaining clothing and bus tickets for the residing veterans, support for veterans living in rural Alabama, and permanent housing for these veterans. The current contract only allows for a stay of four (4) months.

Operation Comfort Warrior

The American Legion's Department of Alabama presented $5,300 worth of recreational and comfort items to the CAVHCS on Thursday, February 11, 2016, thanks to the Legion's Operation Comfort Warriors (OCW) program. The department was so impressed that plans are in the works for future OCW distributions. The donations included recreational equipment such as corn hole games with patriotic-themed beanbags, a CD player, soft tip dartboard and two (2) video players. The Legion also distributed clothing items such as sweat suits for winter weather and comfort items like soap and deodorant. Additionally, 30 "starter kits" for male and women homeless veterans were provided to CAVHCS.

Best Practices

CAVHCS is a diverse health care system that has a staff of dedicated employees serving the needs of Central Alabama's veterans. The medical center has implemented some best practices which are noted below:

- **Veteran's Voice Committee:** The committee consists of veterans from across the region who report and make recommendations on the governance structure, to help spark healthcare improvements. During several SWS site visits, The American Legion has urged for improved communication between VA and their local veteran community. This committee is a great example of how much-needed communication can and should work.
- **MSA Training:** The training available for Medical Support Assistants (MSAs) is recognized as a best practice for CAVHCS, and it ensures that veterans' appointments are scheduled appropriately. This has been a major issue for VA medical centers nationwide following the outbreak in 2014.

Key Challenges

1. **Staffing:** According to the facility's human resources staff, CAVHCS currently has 700 vacancies; approximately 30% of that number are care providers.
2. **Medical School Affiliations:** The Montgomery division of CAVHCS is challenged by the lack of medical school affiliations and is in the progress of pursuing universities near the medical center. Without these affiliations, it is hard for the medical center to fill vacancies. CAVHCS has only recently started using their Student Loan Repayment Program; without having this program in place earlier, there has been a lack of attraction for physician and nursing students to pursue careers at CAVHCS.
3. **Veterans Choice Act:** CAVHCS struggles with Choice due to the rurality of the medical center and lack of providers willing to accept the Choice Program rates.

Recommendations

1. Develop a strategic and ongoing relationship with the local universities and colleges in and around Montgomery. The east campus of CAVHCS, Tuskegee, is only 40 miles from the west campus and has affiliations with the Morehouse School of Medicine, Alabama State University, Auburn University,

and Tuskegee University. These affiliations should not only be affiliated with one campus.

2. The Education Debt Reduction Program (EDRP) authorizes VA to provide student loan reduction payments to employees with qualifying loans who are in health care positions providing direct patient care services and are in positions that are considered hard to recruit or retain. The loan must be for the health professional's education that qualified the applicant for a specific position. Each Veterans Health Administration (VHA) facility determines which jobs are hard to recruit and retain, and when the facility will offer EDRP for those posts. EDRP is a recruitment and retention incentive only offered or approved for certain positions but should be promoted and highlighted by CAVHCS when trying to attract new recruits.
3. The American Legion is working with both Congress and the VA to develop a new Veterans Choice Program that would replace all of the Non-VA Care programs currently offered by VA, to include the existing Choice Program. The data collected at various SWS site visits will be factored in when considering how to develop The American Legion's position on the new Veterans Choice Program.

EDWARD HINES, JR. VA HOSPITAL | HINES, IL

Date: Sept. 20 -21, 2016
Veterans Affairs & Rehabilitation Commission Member: John T. Nebgen
Deputy Director of Veterans Affairs and Rehabilitation Division: Roscoe Butler
Deputy Director of Employment and Education: Mark Walker

Edward Hines, Jr. VA Hospital, located 12 miles west of downtown Chicago on a 147-acre campus, offers primary, extended and specialty care and serves as a tertiary care referral center for VISN 12. Specialized clinical programs include Blind Rehabilitation, Spinal Cord Injury, Neurosurgery, Radiation Therapy and Cardiovascular Surgery. The hospital also serves as the VISN 12 southern tier hub for pathology, radiology, radiation therapy, human resource management and fiscal services.

Hines VAH currently operates 483 beds and six community-based outpatient clinics (CBOCs) in Kankakee, Hoffman Estates, Oak Lawn, Aurora, LaSalle, and Joliet. Over 800,000 patient visits occurred in fiscal year (FY) 2015 providing care to over 59,000 Veterans, primarily from Cook, DuPage, and Will counties.

The Hines VA has many community-based outpatient clinics, the Aurora CBOC, North Aurora, IL; Hoffman Estates CBOC, Hoffman Estates, IL; Joliet CBOC, Joliet, IL; Kankakee CBOC, Bourbonnais, IL; LaSalle CBOC, Peru, IL; and the Oak Lawn CBOC, Oak Lawn, IL. The Hines VAH services the following counties: Cook, DuPage, Grundy, Kendall, Kankakee, Kane, LaSalle, Livingston, and Will.

Town Hall Meeting

On September 19, 2016, a System Worth Saving (SWS) town hall meeting was held at the Argo-Summit American Legion Post 735 in Summit, IL. Dr. Steven Braverman, the newly appointed director of the Edward Hines Jr. VAH, attended the town hall meeting and responded to many of the questions posed by veterans. Dr. Braverman, a physician and former Army medical center commander, brings nearly 30 years of experience caring for soldiers and other service members to the Hines VAH.

Dr. Braverman identified his first priority as learning about the organization, as there has been misinformation spread with regard to Hines. The hospital has many documented challenges, but that's nothing new for Dr. Braverman.

Veterans voiced concern about beneficiary travel, the Hines VA telephone system, changes in leadership, and overall communication. Dr. Braverman commented that he would put a strategic plan in place, but also explained these problems did not occur overnight, and will take some time to address. The American Legion SWS team will follow up with Dr. Braveman in 60 days to see if the strategic plan is complete and will attach it to this report as a supplemental attachment.

EXECUTIVE LEADERSHIP BRIEFING

On September 20, 2016, Veterans Affairs and Rehabilitation Deputy Director Roscoe Butler, Commission member John T. Nebgen, and American Legion Department of Chicago staff Cheri Stanton, Dept. Cmdr.; Marty Conatser, Dept. Adjutant; Wayne Macejak, Dept. Service Officer; Wayne Wagner, NEC-man; Rodger Bennett, VA&R Chairman; and Reginald Rice, Argo Summit Post 735 Commander met with VA Executive leadership to discuss the previous night's town hall meeting as well as to go over additional questions. VA staff in attendance included Interim Director Marc Magill, Chief of Staff Dr. Elaine Adams, and Associate Director for Nursing/Patient Care Marianne Locke.

Mr. Magill opened the meeting with a brief discussion about the top challenges faced by the Hines hospital. He indicated they need to enhance access, work to improve partnerships within the community, and improve the wait time for outpatient specialty care. The Hines VA can provide same-day access to outpatient primary care and mental health, but has not been able to achieve same-day access to outpatient specialty care appointments. During the town hall meeting, veterans voiced concerns about the medical center telephone system. According to data provided by the Hines VAH, for the period ending 8/30/2016, the telephone responsiveness target rate is 30 seconds, and Hines VAH was at 47 seconds. The phone abandonment target rate is less than five percent, while Hines VAH was at twelve percent. Leadership acknowledged they are experiencing challenges with their telephone system. It was also offered that My HealtheVet allows veterans to direct access their medical record, prescription, and appointment information online through a secure web portal.

The Executive leadership staff discussed some construction projects underway to include resurfacing the 15-story bed tower, building 200. The exterior of the tower, the facade, was built in the 1970s. It will be transformed from brick and concrete finish to beautiful glass windows. This tower replacement project began June 1, 2015, when contractors began replacement of the north façade wall, and will be done in phases tower at the cost of $55 million.

Prior to arriving on station, national staff requested a copy of the Hines VAH strategic plan. They stated a plan exists, but the plan was never provided. Instead, they outlined the following strategic goals and strategies:

- Improve Performance

  Strategy: Create a Service-level Data Dashboard

- Promote a Positive Culture

  Strategy: Creating a sense of community – Family taking care of Family; enhance Employee Excellence by promoting a positive culture

- Advance HealthCare Innovation

  Strategy: Explore texting appointments reminders

- Increase Operational Effectiveness and Accountability

  Strategy: Develop HR toolkit for training supervisors; explore use of Alternative Work Schedules (AWS) and Telework for employees

Since the Hines hospital has a new executive leadership team, the executive leadership team should evaluate whether these strategic goals are in line with their vision for the hospital.

During the town hall meeting, a veteran mentioned he was referred to a program called CHAMP, and medical center staff stated they would follow-up. During the briefing with the executive staff, medical center staff provided several copies of the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) Handbook, and explained this is the only program they could closely match with the veteran's description. Later in the day, Wayne Macejak, Dept. Service Officer indicated he spoke to the veteran and confirmed this was the program the veteran was referencing.

Human Resources

Before the site visit, we requested information on the total number of vacant positions and this information was not provided. When we met with the HR manager, we again requested this information. Before departing the medical center, we received a copy of VISN 12 FY2016 Human Resources Dashboard which tracked the 3rd Quarter for all VISN 12 Medical Centers.

HR Metric: Total Employees
Current Period (FY16/QTR3) Compare to Prior Period (FY16/QTR2)
Clink on this link for detailed report: Onboard Employees

Facility	VHA Avg Head Count	Head Count	Prior Period Headcount	Trend
(578) Hines VAH	N/A	3,907	3,958	-51

HR Metric: Total FTE
Current Period (FY16/QTR3) Compare to Prior Period (FY16/QTR2)
Clink on this link for detailed report: *Total FTE*

Facility	VHA Avg FTE	Head FTE	Prior Period FTE	Trend
(578) Hines VAH	N/A	3,679.79	3,702.03	-40.24

HR Metric: Total Cumulative FTE
Current Period (Cumulative thru FY16 QTR3/PP12)
Clink on this link for detailed report: *(Cumulative thru FY15 QTR3/PP12)*

Facility	VHA Avg Cumulative	Cumulative FTE	Prior Period Cumulative	Trend
(578) Hines VAH	N/A	3,618.80	3,409.73	209.07

When asked to identify their greatest challenges, HR stated that are not able to meet the sixty-day speed to hire window. Per VA Policy, the total speed of hiring time for each new employee is 60 calendar days. Additionally, the facility is not permitted direct hire authority for all positions. This would allow for agencies with delegated examining authority to hire individuals without

regard to sections 3309-3318 of title 5, United States Code, to positions for which:

- Public notice has been given, and
- The U.S. Office of Personnel Management determines there is a severe shortage of candidates or a critical hiring need.

OPM may issue direct-hire authority for one or more of the following: occupational series,

grades (or equivalent), and geographical location. When asked why this authority is not used, HR staff explained the current process was negotiated into a national Master Agreement with one of the labor partners. HR identified the Radiation Safety Officer and the Assistant Chief of Staff for Research as hard to fill positions.

In response to a listing of vacancies, the HR Director provided a copy of a memo the Interim Director submitted on September 15, 2016, to the VISN 12 Education Debt Reduction Program (EDRP) manager, identifying difficult to recruit positions that will be eligible for consideration of EDRP awards in Fiscal Year 2017.

Rank	Position	Position	Location	Vacancies
1	Register Nurse	Chief	Sterile Processing Service	1
2	Physician	Neurologist	Hines Outpatient Clinic	2
3	Physician	Psychiatrist	Hines Outpatient Mental Health	4
4	Physician	Neurosurgeon	Hines Outpatient Clinic	1
5	Physical Therapist	PT	Hines Outpatient Clinic	2
6	Physician	EP Cardiologist	Hines Cardiology Clinic & Lab	1
7	Physician	Primary Care	LaSalle CBOC	1

Financial Management

Before the site visit, we requested a breakdown of the Hines hospital funding allocations for the past three years, and again this information was not returned with the package of information requested. When we met with the financial manager, we again requested this information and were provided with the information before departing the medical center.

Funding Section	Medical Services	Medical Support & Compliance	Medical Facilites	Total
FY 2016 Funding Allocation	$333,323,612	$31,159,411	$47,843,987	$411,316,010
FY 2015 Funding Allocation	$300,312,612	$28,209,810	$44,982,031	$373,547,249
FY 2014 Funding Allocation	$309,506,129	$28,584,422	$48,781,922	$386,872,473

It was explained that 80 percent of the medical center budget is salary. Annually Fiscal Officers are required to certify that the medical center is not in violation of the Antideficiency Act (ADA) of 1906, as codified in Title 31 of the United States Code. The financial manager stated they are closing out FY16 budget and do not have any budget shortfalls at year-end.

Clinical Service Line Managers

Meeting with the Clinical Service Line managers identified concerns regarding the lack of openness at the medical center. Clinical staff identified the following Challenges:

- Lack of staffing
- A $10 million budget deficit since June 2016
- There are two areas in the hospital that have been awaiting nursing station installation for over two years.
- 15th floor was redesigned but has not been implemented.
- Physical Therapy is in the basement with no windows and does not provide for a pleasant patient care environment.

We informed the clinical services lines that we would discuss these concerns with the Executive Leadership.

Business Office

The Hines Hospital has 74,480 enrolled veterans. Of those enrolled, 70,812 are men, and 3,665 are women veterans. The number of unique veterans[1] is 50,262. Business office staff identified Home Infusion care as one of their greatest challenges.

When a veteran is receiving inpatient care and requires home infusion care following discharge, a Non-VA Community Care (NVCC) authorization must be initiated before discharging the veteran.

Roscoe Butler contacted VHA's National Director, Claims Adjudication and Reimbursement for VA Community Care, who explained that pre-authorization is required prior to a veteran's discharge, and that most medical centers fail to initiate this prior to the veteran's release. If VA fails to pre-authorize the care, a medical center is unable set-up a retroactive authorization under the Choice program. VHA Chief Business Office issued guidance to medical centers stating in these instances, the authorization will need to be established under the Purchase Care 3 (PC3) contract. Business office staff expressed concerns that if this issue is not corrected soon, it could cause financial problems for medical centers, as funding for PC3 is taken directly from the medical center's operating budget. VHA's National Director and Claim Adjudication and Reimbursement for VA Community Care programs informed Mr. Butler that their office is currently working on a modification to the Choice contract to address this concern.

NVCC Budget

Service	**FY 15**	**FY 16**
Mill Bill	$4,677,948	$3,400,036
Inpatient	$8,684,641	$5,942,162
Dialysis	$2,695,498	2,333,252
Dental	$280,682	110,537
Contract Nursing Home	6,060,919	6,603,025
Home Based Care	11,512,704	9,023,717
Outpatient Care	5,647,476	1,866,026
Total	**$39,559,868**	**$29,278,755**

Quality Management Manager

Joint Commission Visits

Dates	Type	Programs	Contingencies	Status	Accreditation Status
6/22/ - 6/23/15	Unannounced Full Event	Hospital	60 day 9	Completed	Accredited
		Nursing Care Center Behavior Health Care Home Care	45 day		
		Drug Dependency Treatment Center	9 60 day 2	Completed	Accredited

Women Veterans Program Manager

The Hines VAH has approximately 4,000 female veterans enrolled between the parent hospital and six community-based outpatient clinics. Over the last ten years, they have experienced five percent growth in women veterans, and project a 20 percent increase by 2023. The Women Veterans Program manager stated they have 1-2 major events each year, and participate in awareness campaigns such as health fairs, welcome home events, and stand downs.

The Hines VAH has 14 designated women's health primary care providers, including two at each CBOC. The additional staff comprises three psychiatrists, two of which are women, one

behavioral health psychologist, one woman social worker, one woman peer support specialist, three women administrative staff, four women registered nurses, and six women licensed practical nurses.

VHA Handbook 1330.01 defines the scope of services available to women veterans and delineates essential components as necessary, to ensure that all enrolled women veterans have access to appropriate health care services. The Women Veterans Program manager reported that requirements outlined in the handbook are being met, to include the correct positioning of examination tables, curtains in exam rooms, and feminine products being made available in all restrooms. She indicated, however, that it is challenging to keep the bathrooms stocked with feminine products.

MST Coordinator

In 2012, VA Central Office issued VHA Directive 2012-004, entitled "Mandatory Training of VHA Mental Health and Primary Care Providers on Provision of Care to Veterans who Experienced Military Sexual Trauma (MST)." The directive requires that all mental health providers and primary care providers appointed or utilized on a full-time, part-time, intermittent, consultant, attending, without compensation (WOC), on-station fee-basis, on-station contract, or on-station sharing agreement basis must complete their respective learning program in the VHA's Talent Management System (TMS), and pass the post-test no later than September 30, 2012. Furthermore, the directive also requires that all new providers complete their respective learning program within 90 days of starting their position.

The Hines MST Coordinator reported they are 100 percent compliant with the mandatory MST TMS training. According to the most recent National MST-Related Care Rate Report (FY15), 69.4% of women and 50.4% of men who had screened positive for MST had an MST-related mental health encounter. There is no national target set for mental health care rates related to MST, but Hines exceeded both the national rates of care (60.4 percent for women, 47.5 percent for men) and FY14 rates from their facility (65.7 percent for women, 49.9 percent for men). She informed us they have consistently increased engagement in MST-related mental health care, according to the annual data released nationally.

The Hines facility and all associated CBOCs conduct MST screenings for male and female veterans. In the most recent national release of data from FY15 (FY16 will not be released until Spring, 2017), Hines screened 99.4 percent of all veterans, exceeding both the national target of 90 percent, as well as the national rate of 99.1 percent. All CBOCs surpassed the national target and the national standard (Joliet 99.8 percent, Kankakee 100 percent, Aurora 99.7 percent, Elgin 99.5 percent, LaSalle 99.9 percent, and Oak Lawn 99.9 percent).

Concerning the number of women reporting an MST-related experience, the most recent MST National Screening Rate Report (FY15), 2,340 female veterans were screened and of those 588, or 25.1 percent, identified positive for MST.

Patient Advocate

The Hines VAH has three patient advocates, and they are currently looking to hire one additional patient advocate. Patient advocates said the top complaints were the Choice program, not being treated with respect, and phone calls and letters not being addressed promptly.

Homeless Program

On Wednesday, September 21, the System Worth Saving Team met with the Hines VA's Healthcare for Homeless Veterans Program personnel to discuss their programs and services for homeless veterans and their families. The goal of the program is to provide at-risk and homeless veterans with access to stable housing, a means of financial support, to strengthen attachments to their community, and to establish medical and behavioral health services. The program operates a walk-in resource and referral office, open Monday through Friday, from 9 am-3 pm at the Medical Center. The following services are provided: (1) Immediate referrals to community agencies, shelters, and transitional housing; (2) Same-day assistance and practical supports; (3) Access to telephones, showers and laundry room; and (4) Meal assistance, personal hygiene supplies and transportation assistance.

Additionally, VA staff mentioned their involvement with local Stand Downs, rural outreach (with a mobile unit), and community outreach events. The Hines VAMC has three Grant and Per Diem (GPD) sites – Midwest Shelter for Homeless Veterans, Family & Friends, and Housing Forward. The GPD Programs provide short-term housing while veterans work to transition into permanent housing. The program also provides case management services and other related services that assist reintegration back into mainstream society. Other specialty programs offered by the VAMC include:

- Outreach Case Management Program – (a) Intensive short-term case management; (b) Additional assistance with accessing resources that can provide housing and income stability; and (c) Clinical case management support to maintain stable living
- HUD-VASH Program – (a) Permanent supportive housing vouchers for veterans who qualify based upon chronic

homelessness and income guidelines, (b) Must be agreeable to intensive case management services, and (c) Partnership between the Departments of Housing and Urban Development (HUD) and VA Supported Housing (VASH)

- Veteran's Justice Outreach (VJO) – (a) Helps eligible justice-involved veterans get timely access to VA services and community services, (b) Helps avoid unnecessary criminalization and incarceration of veterans, and (c) Child Support Pilot Program – assistance with addressing current or past child support obligations
- Contracted Emergency Residential Service (CERS) – Short-term emergency and transitional housing in the community.

Based upon the 2016 Point-in-Time count, there are approximately 1,000 homeless veterans in the State of Illinois. This number represents a decrease of 221 homeless veterans from 2015. Regarding the Hines VAMC catchment area – there are approximately 140 homeless veterans. The VAMC's community partners and other stakeholders have been intensely active in combating veteran homelessness. Furthermore, the VA is continuing to work to eliminate veteran homelessness by educating and empowering veterans and their families through proactive outreach and effective programs and services. Lastly, one of the goals of The American Legion is to help bring federal agencies, nonprofit organizations, faith-based institutions and other stakeholders to the table to discuss best practices, along with funding opportunities, so homeless veterans and their families can obtain the necessary care and help in order for them to properly transition from the streets and shelters into gainful employment and/or independent living.

Facility Tour – On Day two, the SWS team met in the lobby of the main entrance to the hospital where the Public Affairs Officer escorted us on a tour of the hospital. We toured the Women Veterans Clinic, the Spinal Cord Injury Center, the Physical Therapy Unit, and the Blind Rehab Center. The only concern noticed during the tour was that we did not see any directional signage directing veterans and visitors to the MST Coordinator, Patient Advocate or Women Veterans Program manager. Nor did we see any information published identifying these key individuals along with their telephone contact information. These three positions are critical to ensuring that when women veterans have MST or general issues, they know with whom to address their concerns at Hines VA.

Exit Briefing – On September 21, 2016, an exit briefing was conducted with the Executive Leadership of the Hines VAH. In attendance were Director Steven Braverman; Interim Director Marc Magill; Chief of Staff Dr. Elaine Adams; Associate Director for Nursing/Patient Care Marianne Locke; and Rick Fox, Public Affairs Officer. The Director and his team were thanked for allowing our staff to meet with them. During the one hour meeting, we discussed our findings and recommendations and outlined the process for the report. After the report is completed, the report will be submitted to the Hines VAH Public Affairs Officers. They will be provided two weeks to return the report. If they identify conflicting information, a conference call will be scheduled to discuss their concerns. Once the final report is approved, the medical center will be provided a copy. The Hines VAH SWS report will become a part of a larger report outlining The American Legions 2016 – 2017 System Worth visits. The Executive Summary will be released at the 2017 National Convention and will be shared with the House and Senate Veterans Affairs committees, the VA Secretary, the Under Secretary of Health and the President of the United States.

Best Practices

MST - The Hines MST Coordinator is also the VISN 12 MST POC which allows for both close and regular communication with both VISN and national MST offices. The MST Coordinator is housed within the outpatient Trauma Services Program and is an accessible resource to staff and veterans (male and female) throughout the hospital. The MST Coordinator can also provide appointments as early as 7:30 AM and as late as 7:00 PM three times per week, offering extended access to patients who may have work or childcare constraints, or who simply prefer to seek services during quieter times in the clinic.

Tele-mental Health (TMH) services including Clinical Video Telehealth-to-the-home are also an option for veterans seeking evidence-based treatments for MST-related symptoms, which are ideal for veterans who have transportation issues or other potential barriers that may keep them from coming physically to the hospital. Additionally, when a patient with a new MST screen is on the inpatient unit (2 South), the MST Coordinator or her designee will visit them on the unit to ensure coordination of care takes place as the patient transitions to a lower level of care. During Sexual Assault Awareness Month, events are offered to veterans and information is distributed to social media outlets about MST-related resources at Hines.

The MST Coordinator has collaborated with the Mental Health Service Line (MHSL) Leadership, Community Based Outreach Clinic (CBOC) Clinical Nurse Managers as well as with the Women Veterans Program Manager to ensure that there is a designated MST Champion at each CBOC for rural-dwelling veterans. Establishing an MST Champion at each of the clinics also provides staff at each CBOC with an immediate MST point of contact known to their site for MST-related consultation. Also, telephone operators in VISN 12 (who service Hines)

were also provided training by the Hines MST Coordinator on how to handle calls sensitively and knowledgeably when a caller requests the MST Coordinator. Of note, in the 2015 Office of Mental Health Operations (OMHO) Site Visit, MST coordination and programming was identified as one of the top five strengths of the Hines MHSL.

The MST Coordinator has also spearheaded two system improvement initiatives this past year to further improve access to, and quality of, care. The first is the roll-out of a pilot protocol in the Gastroenterology and Anesthesia departments, which involved making changes to provider templates to include a question about sexual trauma and the impact sedation may have on their experience with a given procedure. This protocol gives the provider a chance to discuss options with the patient to ensure their procedure is safe, and reduces any potential anxiety about the procedure. Partnerships have been built with both units so that if a patient would like to be seen immediately by mental health or by the MST Coordinator, they can be referred to address these anxieties and ultimately, feel prepared to follow-through with these sometimes invasive procedures (e.g., colonoscopy).

The second initiative involved strengthening the relationship with their Patient Administrative Services (PAS). This is necessary for ensuring that veterans are provided with a voluntary questionnaire handout asking if they had experienced MST and informed on that handout that free MST-related care was available even if they were otherwise ineligible for broader VA services (e.g., due to income or service length issues). Since PAS staff are not clinicians, they were unable to previously screen for veterans with this special eligibility. This initiative has now allowed MST staff to screen all veterans at the front door, conduct warm handoffs, schedule appointments immediately, and get veterans entitled to MST-related care, access to services even more efficiently. Both initiatives are being monitored and will be evaluated over the coming year.

Peer Support Specialist – A peer support specialist has been assigned to work with female veterans.

Hines continues to embrace the latest technology in clinical access to care through Telehealth. Telehealth medicine is used for treatment, diagnosis and program and discharge planning. Telehealth clinics enhance access to health care to Veterans in the following specialty areas; Speech, Cardiology, Dermatology, Blind Rehab, Spinal Cord Injury, Telemental health and Polytrauma/TBI. For the ninth consecutive year, Hines VAH has led all VAs in the use of Telemental health visits for Veterans not living in close proximity to our main campus.

Hines VAH offers a wide range of specialty care unavailable and unmatched in private sector health care. For example, Mental Health Service consists of more than 30 programs for Veteran Care. Hines' Primary Care Mental Health Integration program is consistently regarded nationally as a best practice model. In fact, they provide weekly consultation to other VA medical facilities. Both Mental Health and Primary Care offer same day access for veterans.

Hines Homeless Program is recognized as a leader in meeting the needs of the area homeless population. Freedom's Path Homeless housing opened on Hines' campus last fall and uses vouchers supported by the Housing and Urban Development Agency. This is a 72-apartment complex providing permanent housing for area homeless Veterans.

Veteran groups requiring highly technical specialized care find the support they need at Hines VAH in several unique programs, including a Blind Rehabilitation Program that provides comprehensive inpatient care for the Midwest. Rehabilitation consists of training in various skills that give visually impaired Veterans and active duty service members the ability to be as independent as possible. The Polytrauma/TBI (traumatic brain injury) program consists of a specialized approach addressing the unique needs of Veterans returning from Iraq and Afghanistan. Finally, the Spinal Cord Injury and Disease (SCI/D) Program offers every spinal cord injured Veteran an optimum continuum of care so that they can achieve and maintain their highest possible level of independence and functioning.

The Hines Research Service continues to excel nationally. The service supports national multi-center randomized trials for VHA. Hines research investigators are part of a larger national effort to address the growing public health crisis of antibiotic resistance. To address this growing and critical problem, Hines researchers help to understand how VA is identifying specific resistant organisms and stopping their spread. Additionally, there is an ongoing research study focused on treatments to help Veterans and military service members recover from vegetative and minimally consciousness states after a severe TBI. Some patients, who remained in these states for several years, have awakened to follow simple directions and answer yes/no questions after receiving the experimental treatments.

Challenges

1. No Strategic Plan – The Medical Center failed to provide our team with a Strategic Plan for the Hines VAH. Rather, they identified four strategic goals:

- Improve Performance

  Strategy: Create a Service-level Data Dashboard

- Promote a Positive Culture

  Strategy: Creating a sense of community – Family taking

care of Family; enhance Employee Excellence by promoting a positive culture

- Advance HealthCare Innovation

  Strategy: Explore texting appointments reminders

- Increase Operational Effectiveness and Accountability

  Strategy: Develop HR toolkit for training supervisors; explore use of Alternative Work Schedules (AWS) and Telework for employees

Recommendation – The Executive Leadership Team, needs to evaluate whether these strategic goals are in line with their vision for the hospital and develop a strategic plan for the Hines VAH that is consistent with the Veterans Health Administrative Blueprint for Excellence and Strategic Objectives.

2. Lack of directional signage – During day two we were escorted on a tour of the hospital.

During our interview with the MST Coordinator, Women Veterans Program Manager, and Patient Advocate, we asked where in the hospital information is displayed identifying these key positions. We were informed that there is information in the main lobby and by the elevators throughout the hospital. Our tour of the medical center began in the main lobby of the hospital. We toured the Women Veterans Clinic, the Spinal Cord Injury Center, the Physical Therapy Unit, and the Blind Rehab Center. At no time during the tour did we see any information that provided directions to these offices or pictures, contact information for these positions.

Recommendation – The Executive Leadership Team should ensure veterans, and visitors know who these individuals are and can find their offices with ease.

3. Human Resources Can't Use Direct Hire Authority – During the interview with the HR director, he stated the Hines VAH has restrictions on some Direct Hire Authority due to overlying labor-management agreements.

Recommendation – The Executive Leadership Team should investigate whether the direct hiring authority would accelerate the hiring process at the Hines VAH and if so, identify opportunities to overcome the obstacles that prohibit them from the use of this authority.

4. Location of the Physical Therapy Department - Physical Therapy (PT) is located in the basement of the medical center. Staff expressed that this environment does not promote wellness, but there was a plan to relocate physical therapy to the main hospital.

Recommendation – The Executive Leadership Team should meet with staff to discuss their concerns, and inform them on whether leadership is still looking into relocating PT to the main hospital.

5. Service Line/Department Heads are not kept informed – During our interviews with Department senior staff, there seems to be a lack of understanding on the current status of the medical center budget, staffing, etc.

Recommendation –Executive Leadership should ensure that their senior staff is well informed on the current status of the hospital.

6. Outer Appearance of the Medical Center – Many of the buildings date back to 1921, and while the hospital has $55 million dollar construction project to upgrade the tower, staff expressed concerns about other buildings on the hospital grounds.

Recommendation - Since all of the Executive Leadership staff are new to the Hines VAH, they should complete a comprehensive review of the current major/minor and non-recurring maintenance (NRM) construction projects underway or pending to determine if all or the most important needs of the hospital have been addressed.

7. Environment of Care – In May 2016, Fox News published a press release about black mold festering in Hines VA Hospital for months.

Discussion – The Executive Leadership Team acknowledged the concern and indicated the issue is resolved.

8. Nutrition & Food Service – In April 2016, an article was published in the media about cockroaches routinely crawling across countertops as cooks prepare meals and the insects have even found their way into patients' food.

Discussion – The Executive Leadership Team acknowledged the concern and responded that this issue is currently being addressed.

VA PACIFIC ISLAND HEALTH CARE SYSTEM | HONOLULU, HAWAII

Date: December 6 – 8, 2016
Veterans Affairs & Rehabilitation Commission Member: Past National Commander Ronald Conley
Deputy Director of Veterans Affairs and Rehabilitation Division: Roscoe Butler

Overview

From The VA Pacific Island Health Care System (VAPIHCS) provides outpatient medical and mental health care through their main Ambulatory Care Clinic (ACC) at the Spark M. Matsunaga VA Medical Center on Oahu (Honolulu), and seven Community Based Outpatient Clinics (CBOCs) located in: West Oahu, Hawaii (Hilo and Kona), Maui, Kauai, American Samoa and Guam. In addition three VA Outreach Clinics exist on Molokai, Lanai, and in Saipan in the Commonwealth of the Northern Marianas (CNMI).

Traveling Clinicians provide episodic care on Lanai, and an Internist residing on Molokai provides medical care three days a week at the Molokai Rural Health Center. VA partners with a physician practice on Saipan where Veterans receive care. Traveling VA clinicians provide mental health services at all of these Outreach Clinic sites.

The VA has a 60-bed Center for Aging, located on the Tripler Army Medical Center (TAMC) grounds which provides long term and transitional rehabilitative care services, a 20-bed ward at TAMC providing inpatient psychiatric and partial hospitalization care, and a 12 bed VA Post-Traumatic Stress Disorder Residential Rehabilitation Program operating in a temporary site within TAMC.

Physicians employed by the Department of Defense (DoD) offer inpatient care to veterans at TAMC and Guam Naval Hospital, via a sharing agreement between VA/DoD or through NON-VA care providers in the community.

VA provides Home-Based Primary Care on the islands of Oahu, Hawaii (Hilo and Kona), Kauai (Lihue), Maui and Guam.

In September 2016, the Department of Veterans Affairs Office of Inspector General (OIG) released a report entitled Healthcare Inspection Summarization of Select Aspects of the VA Pacific Islands Health Care System.

The report indicated that VAPIHCS is challenged with staff recruitment, retention, space, and in some cases, high-market cost issues that directly influence their ability to deliver timely care.

According to the OIG report, the US Department of Health and Human Services has designated many of the counties comprising the VAPIHCS as Health Professional Shortage Areas. These counties have a shortage of Primary Care, Dental care, or Mental Health providers. Furthermore, according to a report on the findings from the Hawaii Physician Workforce Assessment Project (2015), the Hawaiian Islands currently have a deficit of more than 600 physician providers, and a projected shortage of between 800-1,500 physicians by 2020.

VAPIHCS has several key leadership vacancies. Wayne Pfeffer, the medical center's previous director, retired in February 2016. The position of Director has since remained vacant. VA is currently rotating directors through VAPIHCS from other VISN 21 facilities until a permanent director is hired. In addition to the Director's vacancy, the Chief of Human Resources has been vacant for three months and is temporarily being filled by Mr. Gregg Wolff, Chief of HR at the Las Vegas VAMC. Additional key leadership vacancies include the Assistant Chief of HR that has also been vacant for two months.

Executive Leadership Briefing

On December 6, 2016, Past National Commander Ronald Conley and Veterans Affairs and Rehabilitation Deputy Director Roscoe Butler, met with VAPIHCS Executive leadership to discuss best practices, challenges, and recommendations for improvements. In attendance were Ms. Peggy Kearns, Acting Director, Dr. William Dubbs, Chief of Staff, Tonia Bagby, PsyD., Associate Director, Kate Hansen-Schmitt DNP,FNP-BC, and Craig Oswald, Exec. Asst. to the Director.

Attracting clinicians to Hawaii appears to be a significant challenge. According to the VAPIHCS Chief of Staff, Hawaii has approximately 600 non-VA physician vacancies throughout the state, and VAPIHCS is experiencing similar shortages. Other challenges include staff recruitment and retention, space, the Veterans Choice Program, and transporting veterans from Guam or American Samoa to the VA ACC , and TAMC in Honolulu for care or service they cannot obtain on their home island. Some veterans who are not eligible to receive beneficiary travel1 cannot afford the airfare to Honolulu and, as a result, are not receiving needed health care, or must seek other care alternatives outside of the VA.

Meeting with VAPIHCS Staff

Immediately following the meeting with the VAPIHCS Executive team, Past National Commander (PNC) Conley and Roscoe Butler meet with VAPIHCS staff throughout the day to continue their discussions concerning best practices, challenges, and recommendations for improvements.

In November 2015, the VA's Office of Inspector General released Report No. 15-00626-28, entitled, Combined Assessment Program Review of the VA Pacific Islands Health Care System Honolulu, Hawaii. The IG cited VAPIHCS for insufficiencies in their programs to prevent veteran suicides. The IG made eighteen recommendations:

Recommendations

1. That the facility ensure that licensed independent practitioners' folders do not contain non-allowed information. ***Target date for completion: February 1, 2016***
2. That Environment of Care Committee meeting minutes consistently document tracking of identified deficiencies to closure and that monthly meetings consistently include community based outpatient clinic representation. ***Target date for completion: February 1, 2016***
3. That Infection Control Committee meeting minutes consistently reflect discussion of identified high-risk areas. ***Target date for completion: June 30, 2016***
4. That facility managers ensure furnishings and equipment in patient care areas are in good repair and have upholstery that is easily cleaned. ***Target date for completion: February 1, 2016***
5. That facility managers ensure employees routinely inspect Center for Aging privacy and shower curtains and initiate actions to replace those with stains. ***Target date for completion: December 31, 2015***
6. That facility managers ensure heavy-use public restrooms in the ambulatory care center have frequent inspections and receive cleaning as needed. ***Target date for completion: February 1, 2016***
7. That facility managers initiate corrective actions to repair the ceiling leak in the ambulatory care center. ***Target date for completion: February 1, 2016***
8. That employees store clean and dirty items separately and promptly remove cardboard boxes from storage areas and that facility managers monitor compliance. ***Target date for completion: February 2016***
9. That facility managers ensure negative air pressure systems are functional in all designated rooms and monitor compliance. ***Target date for completion: February 1, 2016***
10. That facility managers ensure all chairs in the acute psychiatry unit 3B2 dining/activity room are weighted. ***Target date for completion: December 31, 2015***
11. That the facility's Emergency Operations Plan include all required Joint Commission elements. ***Target date for completion: November 20, 2015***
12. That the facility implement an adequate back-up plan for a Suicide Prevention Coordinator. ***Target date for completion: February 1, 2016***

13. That the facility implement a process for responding to referrals from the Veterans Crisis Line and for identifying and tracking patients who are at high risk for suicide. ***Target date for completion: February 1, 2016***
14. That the facility ensure new employees receive suicide prevention training and that facility managers monitor compliance. ***Target date for completion: March 31, 2016***
15. That the facility implement a process to follow up on patients who miss MH appointments and that facility managers monitor compliance. ***Target date for completion: February 1, 2016***
16. That clinicians include patients and/or their families in safety plan development and that facility managers monitor compliance. ***Target date for completion: February 1, 2016***
17. That mental health providers ensure outpatients flagged as high risk for suicide have a suicide prevention safety plan completed within the first 72 hours of contact and that facility managers monitor compliance. ***Target date for completion: February 1, 2016***
18. That mental health providers ensure outpatients flagged as high risk for suicide are evaluated at least four times within 30 days of flag placement if an outpatient or at least four times within 30 days of discharge from the inpatient psychiatric unit and that facility managers monitor compliance. ***Target date for completion: February 1, 2016***

To date, the OIG has acknowledged VAPIHCS' successful completion of all recommendations, and the study has been closed.

Note: *Document of closure provided to Mr. Roscoe Butler via email by Craig Oswald, 1/19/2017.*

VAPIHCS staff informed PNC Conley and Mr. Butler that all veterans of the VA Pacific Island Healthcare System are eligible for the Veterans Choice Program, irrespective of the 40 mile distance and 30 day wait criteria unique to mainland U.S. However, veterans are not all eligible for reimbursement related to travel when referred to a participating provider in the Choice Program. Tri-West has 50 employees located in Honolulu, but they face continued challenges in obtaining appointments for Veterans. Communication problems exists between the TRI-West Network physicians and VA regarding the care provided to veterans and the timely availability of medical documentation from those episodes of care. These problems impact:

- Patient safety
- Dosage and length of therapy for prescription medications
- Length of time needed to receive an appointment
- Ability of contract physicians to order more tests unrelated to the reason(s) for referral

During the meeting, a question arose about the methods used to provide Choice Program providers with sensitive mental health and other medical documents. VAPIHCS staff who attended the meeting did not know the answer, but assured us that VAPIHCS does not refer many veterans to outside providers for mental health related conditions.

VAPIHCS has incorporated evidence-based care into its patient treatment pathways. VAPIHCS refers patients to TAMC for treatment when they are unable to provide care to veterans. As mentioned, this is possible through a Joint Venture Sharing Agreement with the DoD. VAPIHCS spends more than $20 million annually for care provided to veterans at DoD facilities.

According to the VAPIHCS, of the female veterans who reported MST, 52.3 percent requested to be seen in Mental Health. In accordance with VHA Directive 2010-033[1], every facility must have a designated MST Coordinator. However, women veterans with MST are faced with a number of challenges to include accessing VA health care. These challenges are exacerbated when coupled with work obligations and lack of childcare. They both contribute to the difficulty women have in securing appointments with their healthcare providers.

VAPIHCS has held several Homeless Veteran Stand Downs at different island locations including Oahu, Maui and Guam. The Stand Downs provided veterans with an opportunity to speak with staff members from the VA and community agencies such as: VAPIHCS Homeless Program, Catholic Charities Hawaii, Institute for Human Services, US Vets, Waikiki Health Center, Hawaii Disability Rights Center, VA Vet Center, Premier Benefits Consultants. Veterans can also receive more information on housing, employment, mental health, and education benefits. Other services offered during the Stand Down included lunch, haircuts, clothing store, eye exams, and the distribution of personal supplies. Eighty veterans attended the Stand Down on Oahu; 30 veterans attended the Stand Down on Maui, and 25 veterans attended the Stand Down on Guam.

VAPIHCS held a joint mental health seminar in Sept. 2016 with TAMC involving a full day of diverse and important presentations. The seminar was well attended by staff from both organizations. Mental health providers from both the VA and DoD were present and earned Continuing Medical Education (CME) credit.

1 VHA Directive 2010-033, expired on July 31, 2015 and has not been reissued. https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0ahUKEwiWjJ6-69jSAhUrl1QKHQ_TDfAQFggaMAA&url=https%3A%2F%2Fwww.va.gov%2Fvhapublications%2FViewPublication.asp%3Fpub_ID%3D2272&usg=AFQjCNEuBW8f1oEafP_aIwBoeqXkMeP3ig&bvm=bv.149397726,d.cGw

Facility Tour

December 8, 2016: Dr. Laura Wong VA Primary Care, escorted Mr. Roscoe Butler on a tour of the ACC. The clinic is housed on three floors of a VA owned building on the grounds of TAMC that provides outpatient primary, specialty, mental health and dental care. Prosthetics, laboratory, and radiology services are also available..

Exit Briefing

December 6, 2016: The Acting Director and other senior leaders attended a previously planned leadership development retreat. In lieu of a face-to-face exit briefing, PNC Conley and Roscoe Butler held a teleconference call with them to discuss the results of the site visit. During the discussion, The American Legion summarized their findings. Despite of the distance between the islands, VAPIHCS delivers quality healthcare to a unique group of veterans in an equally unique geographic setting. Due to its diverse geographic location, the Alaska VA Health Care System is the only other VA health care system that is similar to VAPIHCS.

Best Practices

- Robust and expanding telemedicine program, involving areas of service such as audiology, dermatology, primary and mental health care
- VAPIHCS was awarded an Office of Rural Health (ORH) grant to develop and implement a "hub and spoke" primary and mental health capability during FY '17.
- Rural spinal cord injury and respiratory therapy/home O2 services in remote island locations
- Evidence-based medicine educational seminar to be held in FY '17
- Rural health education grants aimed at training and recruiting providers to VAPIHCS
- Affiliation Agreement and developing relationship with University of Guam, involving nursing and other health discipline training
- VAPIHCS collaboration and participation with the Hawaii Health Information Exchange Consortium allowing physicians and other medical providers to share information thereby enhancing medical care provided to veterans
- Continued success from the Hospital at Home Program, that delivers home health care and reducing inpatient length of stay

Conclusion

Leadership and staff reported their primary challenges are recruitment and retention of qualified staff due to the high-cost of living and remote location. Retention of persons in key leadership positions is also acutely challenging for the medical center. Their next biggest challenge is the lack of adequate space. Another significant challenge identified was the distance between the American Samoa, Guam, and the ACC in Honolulu, Hawaii. Veterans who are referred from the VA clinc in American Samoa or Guam to the ACC in Honolulu, Hawaii may choose not to travel to the AAC because they are not eligible for beneficiary travel and can not afford the airfaire.

Lastly, women veterans find it difficult to obtain childcare services. TAMC provides childcare service for DoD and VA employees. However, this service is not available for female veterans seeking medical care at the facility. According to the VAPIHCS, women veterans often must bring their child or children to medical appointments.

Challenges

Recruitment and Recruitment Incentives: The VA allows VAPIHCS to offer approved recruitment incentives when competing with non-VA health care providers to attract clinicians to Hawaii. According to the medical center's Chief of Staff, community health care institutions offer prospective candidates attractive incentives like education debt reduction bonuses that help lower college debt for eligible job candidates. This type of incentive helps draw top talent to Hawaii. While the VA does offer that incentive, the money provided by VA to VAPIHCS for that purpose is not enough to attract physicians from other areas of the United States to relocate to Hawaii. Another major disincentive is the high cost of housing. According to a 2016 survey conducted by the Missouri Economic and Research Center, Hawaii was among the most expensive places to live in the United States (www.missourieconomy.org/indicators/cost_of_living/index.stm).

Recommendation 1: The American Legion National D.C. staff and VA&R Commission will coordinate with The American Legion Department of Hawaii and the Department of Alaska to consider drafting two joint legislative resolutions. One resolution would authorize VAPIHCS and Alaska to pay a housing allowance to any health care provider relocating to Hawaii or Alaska as an incentive to attract clinicians to these areas. Another resolution would seek to establish an education debt reduction program that is specific to the VAPIHCS and VA Alaska Health Care System (VAAHCS).

Recommendation 2: VISN 21 should continue searching for a permanent, experienced Director while ensuring all key leadership positions are filled with a sense of urgency.

> ***February 23, 2017 Update:*** *The medical center is now considering several qualified candidates for the position of Director. Currently, the VA Central Office is conducting background checks of identified candidates. VAPIHCS anticipates an appointment of a permanent Director soon.*

Space: The VAPIHCS is suffering from a lack of space as the veteran population grows in the area. According to a report published by the Veteran Affairs Office of the Inspector General (VAOIG) that addresses space and access concerns, VAPIHCS established plans for a new CBOC with 7,500 square feet on the Windward side of Oahu. However, as of August 2016, leaders at VAPIHCS reported they had been unable to find a suitable location due to the constrained commercial lease market in the area. A commercial lease broker is assisting VAPIHCS with its search for additional space and will assist with the lease agreement once suitable space has been identified. Moreover, VAPIHCS has established an emergency lease at the downtown Federal Building for 5,000 sf to support administrative functions, thus increasing space at the ACC for clinical functions.

VAPIHCS received approval for a 66,000 net useable square feet (NUSF) multi-specialty CBOC that will to be located in the "western/leeward" area of Oahu. The project is scheduled for initiation in the year 2020 and will serve an estimated one-third of the veteran enrollee population on Oahu. This will almost double the capacity for the delivery of clinical care and offer convenient access to veterans who typically travel long distances at significant financial costs traveling to TAMC.

The American Samoan CBOC is located in Pago Pago in the South Pacific Ocean. The CBOC opened in 2008 and provides Primary Care and Mental Health services and uses telehealth for many other services. Traveling specialty VA physicians also come from Honolulu to provide patient care. The CBOC is not equipped to provide emergency services. Veterans living in American Samoa, as a result of their citizenship, are eligible to receive services from the Lyndon B. Johnson Tropical Medical Center in Pago Pago for urgent and emergency care. Leadership informed us that the local community is trying to build a new hospital. Also, the avalibility of travel can be difficult, as flights available to and from American Samoa and Oahu are limited to usually twice per week.

VAPIHCS also reported that renovations would expand mental health, physical therapy, and laboratory services at the American Samoan CBOC, which were scheduled for FY 2016. However, as of August 2016, executives at VAPIHCS continue working with VA's Contracting Services to resolve construction and contracting issues.

The Guam CBOC is located in Agana Heights, Guam, and provides primary care, mental health, and specialty care in person and via telehealth. The CBOC is not equipped to provide emergency services and refers patients, via a sharing agreement, to the US Naval Hospital which is located less than 1 mile from the CBOC.

Guam continues to experience recruitment challenges. In FY 2014 and FY 2015, ten staff members left the Guam CBOC. The CBOC currently has seven vacant positions: two physicians, a psychologist, two specialty care nurses, a pharmacist, and a social worker. The Guam CBOC has established a successful relationship with the University of Guam for training, attracting and recruiting graduates from the nursing and health-related degree programs.

The Guam CBOC occupies 5,818 square feet, which is not adequate to meet the present demand for care. VAPIHCS has received approval for a $5.5 million construction project that includes renovating current space and adding an additional 2,800 square feet. The design phase was scheduled to begin in FY 2016 with an expected completion timeframe of two years. VAPIHCS plans to enhance current space to address it immediate needs through renovations.

Recommendation: VAPIHCS Executive Leadership ensure that the space allocations for each of the above CBOCs is adequate to meet the currret and furture needs of veterans.

Travel from American Samoa or Guam to the ACC: According to the September 2016 OIG report, travel can be difficult, as flights to and from American Samoa and Oahu are limited. Due to VA's rules governing eligibility for beneficiary travel, some veterans who live on American Samoa or Guam who are referred to the ACC are ineligible for bene. Travel and may forgo the needed health because they can not afford the airfare to include the costs of an accompanying loved one.

Recommendation 1: The American Legion National D.C. staff and VA&R Commission will coordinate with The American Legion Department of Hawaii and the Department of Alaska to consider drafting a joint legislative resolution.

Recommendation 2: The legislative resolution would provide the authority for VAPIHCS and VAAHCS to pay for veterans' travel expenses who live on American Samoa, Guam, or Alaska when referred to the parent facility by VA clinician and have no means to pay for the airfare.

Child Care Services: Women veterans find it difficult to take time off from work for visits to their health care provider. Compounding this difficulty is arranging for childcare to attend a medical appointment.

In 2012, the Women Veteran Task Force issued their report, which included a section on childcare. The Secretary's Advisory Committee on Women Veterans recommended that VA provide childcare options for eligible veterans, utilizing public and private partnerships, in order to facilitate their access to quality health care services. Under the Caregivers and Veterans Omnibus Health Services Act of 2010 (PL 111-163), Congress required VA to implement a two-year childcare pilot in no fewer than three separate Veteran Integrated Service Networks (VISN). The law requires that the pilot program assess the feasibility and advisability of providing assistance for childcare to qualified veterans receiving VA care.

Since many veterans, particularly women veterans, are the primary caretakers for young children, it is hoped these childcare centers will make it easier for such veterans to utilize VA. In a survey, VA found that nearly one third of veterans were interested in childcare services and more than 10 percent had to cancel or reschedule VA appointments due to lack of childcare. The intent is to diminish barriers for veterans who have difficulty keeping appointments due to child care obligations. The law limits the provision of childcare assistance to these pilot programs, and eligibility is defined as being for qualified veterans receiving VA health care services on an outpatient basis at a VA facility. The pilot program authorized by Congress has ended and there are still some VA medical centers that are not making childcare available to veterans seeking care at their medical center.

Recommendation: Request the VAPIHCS Executive Leadership explain the barriers to providing childcare services to veterans so that The American Legion can take appropriate action to address this concern.

Key Leadership Turnover: VAPIHCS has experienced a high rate of leadership turnover in recent years. The lack of constant leadership is not good for any organization. It often limits the medical center for implementing new changes until a permanent leader is hired.

Recommendation: VAPIHCS Executive leadership should include in their strategic plan short-and-long term goals for stabilizing key leadership positions.

February 23, 2017 Update: *All top management positions, with the exception of the Director, have been filled. The vacancy for Chief of HR has also been filled. The new Chief of HR has been well received and has proven to be is a very effective, competent manager in a short period of time.*