SYSTEM WORTH SAVING | MURFREESBORO, TN

Date: March 6-8, 2017
Veterans Affairs & Rehabilitation (VA&R) Commission Members: George Harper & Don Mathis
Assistant Director-Health Policy, Veteran Affairs and Rehabilitation Division: Edwin Thomas

Overview

FThe Alvin C. York Veteran Administration Medical Center (ACYVAMC) of the VA Tennessee Valley Healthcare System (TVHS) provides primary care and subspecialty medical, surgical, and psychiatric services to veterans. The campus provides long-term rehabilitation and nursing home care and serves as a Veterans Integrated Service Network (VISN) 9 resource for the long-term inpatient care of psychiatric patients. The medical center has a well-established primary care program and specialty care departments. It also has established solid affiliations with the graduate medical education programs of Vanderbilt University School of Medicine, Meharry Medical College, and Middle Tennessee State University.

Likewise, ACYVAMC is a 440-bed medical facility accredited by The Joint Commission and the Commission on Accreditation of Rehabilitation Facilities (CARF). The hospital serves a combined 73 counties in Tennessee, Kentucky, and parts of Georgia. The catchment area hosts more than 318,000 veterans and 213,804 eligible veterans. While the Veteran's Choice Card program grew 120 percent in FY2016 with a budget of $124 million, the hospital's financial staff projected a 45percent reduction in funding in FY2017. Eligible veterans comprise 53percent of the enrollment at ACYVAMC, and the hospital provides health services to 111,186 men and 10,209 women.

Moreover, ACYVAMC opened a new Women's Clinic on its campus in 2016. Enrollment has grown by 6 percent since last May. Facility executives explained that its Charlotte Avenue Women's Comprehensive Clinic, a Community-based Outpatient Clinic or CBOC, experienced a decline in enrollment of approximately 5 percent over the same period. Although the Charlotte Avenue clinic is a Center of Excellence within TVHS, the decline has more to do with a change in veteran preferences. The number of women enrolling and using CBOCs in the northern and eastern areas of the catchment areas continues increasing, as veterans prefer accessing care closer to their homes. One should note, too, that ACYVAMC delivered mental health services to 62.2 percent of women veterans seeking treatment for Military Sexual Trauma (MST) and 41 percent of male veterans.

The average wait times for care at ACYVAMC:

- Primary Care – **6 days**
- Specialty Care – **6 days**
- Mental Health – **New patient: 27 days, Established patient: 4 days**

However, accomplishments aside, the Veteran Affairs and Rehabilitation Division of The American Legion decided to conduct a System Worth Saving (SWS) site visit to the ACYVAMC after a veteran committed suicide on the campus , November 28, 2016. When asked about the incident, the medical center's executive director, Jennifer Vedral-Baron, explained she could not speak about it because of patient privacy laws.

This report outlines the visit to ACYVAMC. The team began the visit by conducting a town hall meeting where the area's veterans and families spoke about their experiences at the "VA." The report turns its focus toward the team's daylong meeting with ACYVAMC's leadership, clinical, and operations staff - Human Resources, Business Office, Financial Management, Women's Veteran Programs, and Homeless

Program. The report concludes with the SWS team providing the medical center's leadership with a number of findings and recommendations.

The purpose of the SWS site visits is to identify challenges, best practices, and offer recommendations for improvements in a report to the respective health system. The structure of this report is similar to those previously submitted by the Veteran Affairs and Rehabilitation Commission. However, because VAOIG investigation into the veteran suicide is ongoing, this SWS site visit report does not contain any findings or recommendations directly related to the VAOIG investigation .Nevertheless, where and when appropriate, the report does highlight responses to questions about mental health treatment and the quality of mental health services.

Town Hall Meeting

The SWS team conducted a town hall meeting on March 6, 2017 at the American Legion Post in the historic Bradley Academy Museum and Cultural Center in Murfreesboro, Tennessee. Area veterans, Legionnaires, ACYVAMC executive staff, staff from the U.S. Congressional offices of Representative Diane Black and Senator Bob Corker attended the 90-minute meeting.

Veterans voiced appreciation for the ability to receive care from the ACYVAMC, and not one veteran complained about either quality of care or the challenge of getting an appointment with physicians or mental health clinicians. One veteran offered a complaint regarding his participation in the Choice Card Program after having surgery and "pins" placed in his ankles. His complaint focused on billing from Non-VA Providers and the challenges associated with having bills sent to collections. Hospital staff quickly addressed the veteran's concerns and even spoke with him after the meeting.

Executive Leadership Meeting

The SWS site team conducted a meeting with the executive leaders of the ACYVAMC. Executive Director Jennifer Vedral-Baron, Ronnie Smith, Cyndi Johnson, and Dr. Marianne Myers attended. The meeting covered a broad range of topics ranging from Patient Wait Times to operational challenges and Best Practices. Roscoe Butler, Deputy Director, Veterans Affairs and Rehabilitation, led the meeting.

The executive team and The American Legion identified the Top Challenges at ACYVAMC as:

1. Staffing / Hiring Freeze

- The current hiring freeze affects operational efficiency and patient care and safety
  - » ACYVAMC has 280 vacant positions slotted as "direct patient care"
  - » 172 FTEE vacancies
- The medical center cut its home-based primary care position and other positions in mental health and social work. Some vacancies have extended recruitment timelines. For instance, the medical center's current vacant position for a psychologist will take up to six months to fill despite its best practices in Human Resources in the area of Recruitment.
- Budget challenges also disrupt the hospital's ability to provide ongoing and effective training. The hospital competes with other hospitals in the VISN for training resources and acute funding shortages affect the medical center's ability to provide training for scheduling staff and Integrated Behavioral Therapy/MST
- Physician turnover is another acute problem for ACYVAMC

2. Budget Constraints

- VHA reduced the medical center's funding for FY2017 Veteran Choice Act payments by approximately 45 percent although Choice card referrals increased 120 percent in the area (60,000 consults)
  - » Coordination of care between the medical center and Choice providers, and program billing are problems for ACYVAMC
- The medical center cancels surgeries because of funding shortages to purchase needed equipment

3. Lack of space to meet growing demand for health services

- A growing veteran population is putting a strain on the medical center relative to:

a) Space

  - » The diminishing square footage of the new facility in Chattanooga reduces the value the medical center might enjoy from being able to provide more space to serve veterans. The need for more exam rooms currently plagues the hospital.

b) Delivery of medical services

  - » Increasing number of outpatient visits and encounters

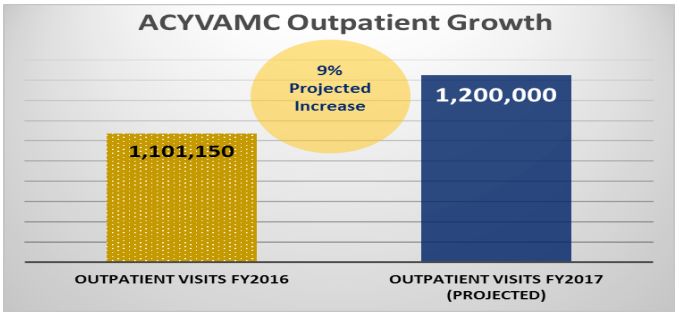

Figure 2 Source: Alvin C. York Mail-Out Questionnaire, 2017

4. Aging Infrastructure/Obsolete Health Information Technology

- Physical plant assets that date back more than 50 years
- Obsolete health information technology that affect the effectiveness of medical staff in treating veterans and sharing medical records with community providers
- TriWest is not educating physicians on what the Choice Program entails and the coordination needed. Part of the problem is lack of computer interoperability between ACYVAMC and providers
  - » Physicians and other clinical professionals often do not provide the medical center with medical records in a timely fashion, if at all, once a veteran returns for treatment inside the VISN

5. Fallout from negative publicity

- Executive staff expressed a problem with the hospital's public image. The local community and media strongly criticized the hospital's decision to purchase $3 million of artwork.
  - » At the time of the purchase, hospital executives strived to

enhance the aesthetic and therapeutic values associated with art. For instance, at the University of Kansas Health System, "Stroke patients, who have particular difficulty with the initiation of spontaneous speech, or with unilateral neglect of one side or the other, respond well when introduced to the variety of displayed artwork (HayMed, 2017)."

6. Multiple CARF and Joint Commission Unmet Recommendations

Both Joint Commission and CARF reports revealed issues within the medical center. TVHS addressed all corrective actions with action plans, monitored the action plans for four months at a 90% to 100% compliance rate per Joint Commission and CARF.

The executive team identified two areas affected either directly or indirectly by budget constraints – staffing and patient care. The leaders felt that current budget constraints coupled with the current hiring freeze does not allow the medical center to hire enough staff that would improve operational efficiency. Additionally, the executive director must make some difficult decisions about the appropriate level of hiring and retaining medical staff in a way that does not negatively affect patient care and safety. The staff agrees the appropriate budget level for operating the hospital must be at the forefront of the new administration's method of thinking in order to improve the delivery of health care to veterans. Global budgets or lump-sum payments to VA medical centers, typically, do not account for emerging needs created by new demand for health services, unforeseen administrative and operating expenses, and shifts in area demographics.

"Our second challenge, demographics and the growing veteran population, requires us to do more with less," stated one senior executive. Figure 1 shows the current and projected population growth of veterans in all age groups and genders for both Murfreesboro (Rutherford County) and Nashville (Davidson County). Data from the Department of Veterans Affairs align with the statement made by the center's leadership. In fact, the growing number of existing veterans and those projected to reside in the TVHS catchment area only exacerbates the need for more primary care physicians and nurses.

Although the average primary care panel size dropped in FY2016 from 106 percent to 100 percent, bloated primary care panels exist still as countless veterans await "new patient" appointments with a primary care physician. New primary care patients who seek care in outlying clinics or CBOCs must wait, on average, 67 days after initial assignment to see a physician. The executive director mentioned a shortage exists of 280 Direct Primary Care Full-time Equivalent Employees (FTEE). This type of shortage affects the overall efficiency of the medical center's primary care staff who must spend time with patients, complete patient care documentation after consults, review patient documentation, and assist in the development of mid-level providers and new medical residents.

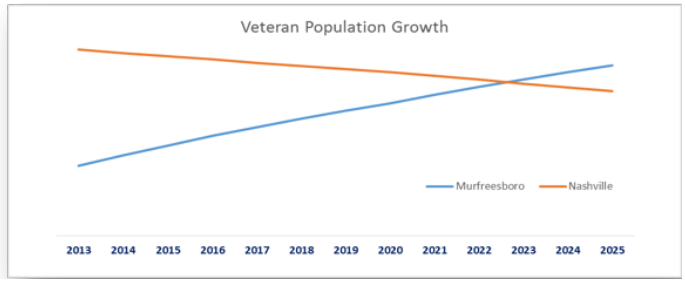

Figure 1 Source: Raw data retrieved from the National Center for Veterans Analysis and Statistics, 2017

As the medical center's primary care panels fluctuate throughout the year, ACYVAMC also projects a 9 percent increase in the number of outpatient visits in FY2017 (Figure 2). Additionally, the executive staff sees an increase in the number of visits and encounters during the same period. This will put even more stress on the physicians, clinical support, and operational support such as schedulers to ensure accurate and timely scheduling – we address scheduling later in the report. Space will become increasingly important as well as the facilities in which to conduct operations and house critical medical assets.

Executives identified "Aging infrastructure" as their third challenge. Leaders at other hospitals have voiced similar concerns during previous SWS site visits. The ACYVAMC suffers still from the ailment of aging physical infrastructure and obsolete IT assets despite the Department of Veteran Affairs' FY2017 budget that allocated $225.2 million for IT infrastructure improvements and $139 million for IT development under the Veterans Choice Act of 2014 (VA, 2017).

The medical center is currently building a new CBOC in Chattanooga, Tennessee. The additional asset will provide space needed to meet the demand for medical services from a steadily increasing veteran population. The initial design of the new CBOC called for a 150 thousand square feet facility, but budget constraints reduced square footage to 75 thousand square feet and, finally, to only 34 thousand square feet. Staff suggested budget constraints could reduce the building's square footage even more by the project's estimated completion in 2020.

Best Practices

- **New Hire On-boarding:** Human Resources developed a novel approach that significantly reduces on-boarding time after selection and a candidate given a firm job offer.

- **Maternity Program:** The Maternity Care program started a program that provides various incentives for expecting mothers to participate including a new welcome packet for pregnant women including brochures and pamphlets on resources and preventative measures for the Zika virus.
  - » The hospital also developed a Lactation Room for employees that will also be available in the future for use by female veterans
- **Organ Transplants:** ACYVAMC is a designated Center of Excellence for organ transplants and rated among the leading VA medical centers for quality transplant surgery.
- **Outreach/Communication:** Organizational leadership is the key to getting input from others and open communication with stakeholders is critical to the success of any organization. The leadership at the ACYVAMC recognizes communication with veterans and the general community is critical.
  - » The medical center consistently participates in meetings held by local Veterans Service Organizations such as the United Service Organization and The American Legion. Leaders also conduct surveys, town halls, and serve on a Veterans' Advisory Council.
  - » Sponsors an annual Veterans Day Parade with more than 1,300 veterans who participate.
  - » Excellent partnership between ACYVAMC and Middle Tennessee State University
  - » **VA Voices:** The medical center invites veterans to participate in a meeting held quarterly at the facility.
- **Secret Shoppers:** The medical center has persons pose as veterans seeking medical care and afterwards report their experiences to the medical center's executives. The goal of the activity is to facilitate excellent customer service and patient engagement at the medical center.

Exit Briefing

The SWS team conducted an Exit Briefing on the last day of the site visit at ACYVAMC. The executive director and her staff attended the briefing via video conference due to a previously scheduled offsite meeting. During the exit briefing, Deputy Director Roscoe Butler outlined recommendations for the medical center based on findings during meetings with and input from staff.

Recommendations

Challenges

1. Staffing/Hiring Freeze

Recommendation: The Department of Tennessee American Legion will draft a legislative resolution requesting exemption for the Department of Veterans Affairs for all future hiring freezes.

Rationale: All staff, medical and support, contribute to patient safety, veteran experience and satisfaction, better patient outcomes, low physician burnout, and higher employee morale.

2. Budget Constraints

Recommendation 1: The American Legion recommends the ACYVAMC develop a detailed plan identifying patient care need and physical plant expansion requirements to seize an opportunity to garner additional funds considerations once available through VISN headquarters.

Rationale: Secretary Shulkin stated in a meeting with The American Legion on February 27, 2017, that President Trump has plans to approve a new budget for the Veterans Administration later in 2017 (Military, 2017).

Recommendation 2: ACYVAMC should submit a list of equipment that it currently does not have in order to perform surgeries now and in the immediate future.

Rationale: The American Legion believes not one VAMC should forgo performing needed surgery because it lacks medical equipment due to budget constraints. The matter is an urgent one that directly and negatively affects patient care and safety. Upon receipt of the list, The American Legion will promptly bring the issue to the attention of the Department of Veteran Affairs.

3. Lack of Space to meet the increasing demand for health services from a growing veteran population in the area

Recommendation 1: We recommend ACYVAMC work closely with internal departments of the Department of Veteran Affairs, and with other federal and state agencies like U.S. Census Bureau, and local economic development agencies that capture critical veteran population data and other demographic information. Data from such sources coupled with that of ACYVAMC would prove invaluable in substantiating requests for increases funding, recruiting medical professionals and, in the case of the medical center, requirements for more physical space now and in the future.

Recommendation 2: The American Legion will send a letter of support recommending increased funding considerations so that ACYVAMC will not inhibit its efforts to increase space for medical services to veteran and meet future demands.

Rationale: The American Legion recommends ACYVAMC obtain data from various sources related to population growth trends in its catchment area. The data should come from trusted sources such as the VA National Center for Veteran Analysis and Statistics, U.S. Census Bureau, and the local economic development office to verify demographic trends in the veteran population. Obtaining data from a variety of sources reduces potential criticism of bias and lack of objectivity.

4. Aging Infrastructure

Recommendation: The American Legion recommends that ACYVAMC develop a list of deficiencies where aging physical plant and obsolete technology affects the quality and timeliness of care.

Rationale: The American Legion continues working with the VA and Congress on issues of aging physical assets and obsolete Health Information Technology. The American Legion will continue addressing this need.

5. Fallout from negative publicity

Recommendation 1: The American Legion recommends the ACYVAMC use the local American Legion department and other Veteran Service Organizations to communicate with veterans.

Recommendation 2: We also recommend that ACYVAMC hire an experienced Public Affairs Officer skilled with turnaround situations and rebuilding brand value and image with the public.

Rationale: When the Trump Administration lifts the hiring freeze, ACYVAMC should make it a high priority to hire a capable public relations professional to serve as a liaison with each segment of the veteran population and the community in general.

6. Multiple CARF and Joint Commission Unmet Recommendations (as identified by The American Legion)

Recommendation 1: The American Legion recommends that ACYVAMC satisfy all "Insufficient Compliance" and "Partial Compliance" remarks found in the November 2016 report of The Joint Commission.

Recommendation 2: ACYVAMC should strive to meet or exceed all "Recommendations" found in the 2015 CARF report.

Recommendation 3: The American Legion recommends active monitoring and evaluating Patient Safety goals for FY2017, particularly those goals for Medication Use Processes.

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PHOENIX VA HEALTH CARE SYSTEM | PHOENIX, AZ

Date: March 20– 22, 2017
Veterans Affairs & Rehabilitation Commission, Chairman: Ralph Bozella
Deputy Director of Veterans Affairs and Rehabilitation Division: Roscoe Butler
Assistant Director-Health Policy, Veteran Affairs and Rehabilitation Division: Edwin Thomas

Overview

Phoenix VA on the Road to Recovery

Just as a patient with physical or mental illness needs treatment and a period of recovery, the same is true with a health care system. Medical centers can also display unhealthy operational symptoms that require analyses, appropriate diagnoses, a proper treatment plan, careful implementation, and a period of monitoring and recovery. Phoenix VA Health Care System (PVAHCS) became an example of what could happen to a health care system after a self-inflicted injury.

Purpose of Visit

In 2014, PVAHCS, one of the nation's largest health care systems, found itself in the center of a scandal involving patient waiting list and scheduling abuses leading to the death of patients as they waited for medical care for catastrophic illnesses like cancer. The Veterans Affairs Office of the Inspector General released a report (VA, 14-02603-267) in August 2014 to address allegations of gross mismanagement of VA resources, criminal misconduct by VA senior hospital leadership, systemic patient safety issues, and possible wrongful death. The American Legion conducted a town hall meeting subsequent to the release of the report to assess the effect of the scandal in the veteran community. Since the scandal in 2014, PVAHCS has been the most scrutinized of VA's 152 major medical centers. This level of scrutiny has caused a stigma for PVAHCS that has affected the community's perception of patient care, staff turnover, and efforts to recruit professional medical, nursing, and support staff.

In 2017, The American Legion scheduled a visit to the Carl T. Hayden Veterans Affairs Medical Center, which is part of the PVAHCS, through its System Worth Saving program. The purpose of the visit was to assess progress made by the new executive staff and make determinations as to additional resources and support needed to make a successful recovery. On March 20, 2017, The American Legion conducted its town hall meeting to hear from the veteran community and patients about the medical center's progress. Moreover, The American Legion also wanted to evaluate PVAHCS' current strengths, challenges, and resources needed to improve the timeliness and quality of care for veterans.

Following is the report of TAL SWS site visit team, which was overall impressed with the attitude of the new director of PVAHCS, Chief of Staff, and the entire leadership team. They attended the town hall meeting where they worked directly with veterans into the late evening to resolve pressing issues even after a grueling eight-hour workday. Additionally, the executive staff was very candid during the Executive Briefing and interview. They actively listened to concerns and recommendations for improvement made by the SWS team. The executives impressed both the SWS team and American Legion leadership from the Department of Arizona with their professionalism, commitment to bringing about positive change, and the commitment to remaining at Phoenix VA to be part of the recovery solution. Furthermore, the executive staff showed a commitment to preventing unnecessary staff turnover and establishing consistency, accountability, transparency, and open communication with its veteran patients and community, through partnerships with the Veteran Service Organizations (VSO) that can assist in helping the medical center achieve its goals.

Overview of the Phoenix VA Health Care System

The Phoenix VA Health Care System (PVAHCS) serves veterans in central Arizona through its main medical facility, Carl T. Hayden VA Medical Center, and provides acute medical, surgical and psychiatric inpatient care and rehabilitation medicine. The main medical center has 98 inpatient beds, 10 Medical Intensive Care beds, 10 Surgical Intensive Care beds, 48 mental health beds, 24 Substance Abuse Rehabilitation Treatment beds, and 102 approved nursing home beds. PVAHCS also has nine Community-based Outpatient Clinics (CBOCs). The medical center also has a well-developed women's health program that has nearly 9,000 enrollees with projected enrollment to reach 10,500 by 2020. As a complement, the medical center conducts monthly Women's Health Providers meetings. Additionally, the medical center recently hired a Military Sexual Trauma Coordinator who also doubles as a Social Worker. PVAHCS also has 89,207 Unique Patients with 7,270 or 8 percent being Women Veterans.

Town Hall Meeting

Nearly 100 Veterans attended an American Legion System Worth Saving town hall meeting March 20, 2017, at the Luke

Greenway American Legion Post 1, in Phoenix, to share their good and bad experiences with the Phoenix VA Health Care System with VA hospital administrators, congressional representatives and national headquarters staff from the Washington, D.C. office.

PVAHCS became the epicenter of a scandal in 2014 when it was reported many veterans were denied care, experienced extremely long wait times, or one may have died while awaiting treatment.[1] RimaAnn Nelson, Director, along with representatives from the office of Senator John McCain (R-Arizona), heard personal challenges and struggles that veterans have faced with the state's health care system.

"Last January, I was [supposed to have received] oxygen. I still [haven't received it]," said veteran Jay David. He later added that he has received bills for office visits from a civilian doctor that totaled $950 the VA Choice Program has yet to pay.

Veterans criticized the VA's patient advocacy program. Mike Woods stated "I was nearly killed by the VA here [PVAHCS]. The only reason I'm here is that I qualified for Medicaid and got some help. Our guys' problem here is that if we are having a problem with our VA doctor or VA health care, we don't have a person to go to."

However, some veterans praised the care they receive from the VA. Larry Webb, a Vietnam veteran, and former Army Cobra pilot gave a glowing review about the counseling he is receiving for Post-Traumatic Stress Disorder or PTSD. "My two psychiatrists at the VA are my pillars of strength, and my medical treatment and mental health care at the VA has been excellent … exceptional," Webb said. "Next to my wife, they are the two most important people in my life to depend on."

Chris Diaz, a young National Guard veteran who fought in Iraq, agreed and said his first experience at the VA hospital was incredible. Having experienced post-duty respiratory problems, Diaz is thankful for the timely care he received which helped cast away his worries. "I lost my health insurance and had no idea I could receive treatment at the VA," he said. "I got sick and was coughing up blood, which was really scary for me. I went to the VA and was seen immediately, diagnosed and treated within two hours."

Dr. Sue Sisley of the Scottsdale Research Institute also briefed those in attendance on the landmark research she is conducting into the medicinal application of cannabis for treating PTSD.

"We are very proud to be the first and only randomized control trial in the world looking at whole plant cannabis for PTSD," said Sisley. "This is the only FDA approved trial happening anywhere, and it's happening here in our home state of Arizona."

Army Veteran Dan Schmink, who is president and founder of the Southwest Healing Group, praised The American Legion for its official resolution on the issue and demanding more research into the therapeutic value of cannabis. "I love what The American Legion is doing with the resolution last year to push for cannabis rescheduling – it's a great thing," Schmink said. "We need to do more. When I go to the VA, they are barred from providing me information about resources and clinical studies."

Prior to the town hall meeting, American Legion Executive Director Verna Jones and Media Relations Director Joe Plenzler visited Camp Pulaski, aka Alpha Base, a campsite for homeless veterans who had been staying there since late last year. The visit came on the heels of recent news reports about Arizona Department of Transportation officials forcing the homeless veterans to shut down and relocate their camp, a site officials said is located on state-owned property.

The homeless veterans were in the process of relocating to an alternative site in Phoenix, but local police denied them access to the privately owned lot due to conflicts with zoning laws. City officials also did not offer an alternate location for the veterans.

Jeff Kagan, a civilian volunteer working with a homeless intake group called Veterans on Patrol in Phoenix, spoke about the many challenges faced by homeless veterans. "We had an amputee who was pushed out of his wheelchair and had his money and phone stolen," he said during the town hall meeting. "That's what's going on [in] the streets to the veterans who have nowhere to go. They came back to no wife, no kids, no family, no nothing [sic]."

The American Legion received a donation from a local Walmart of more than $300 worth of supplies for delivery to the homeless veterans that included water, food, and medical resources. Local service officers at the town hall meeting connected with other volunteers to arrange housing and access to services for the homeless veterans.

Veterans Affairs and Rehabilitation Commission Chairman Ralph Bozella wrapped up the town hall meeting by stating that a System Worth Saving report will be produced as soon as possible. "We are working shoulder to shoulder with VA for the same goals," said Bozella. "And that is to improve access and quality of health care."

Executive Leadership Briefing

Chairman Ralph Bozella of the Veterans Affairs and Rehabilitation Commission led the meeting. Executive Director RimaAnn Nelson and staff of the Carl T. Hayden VA Medical Center in Phoenix, Arizona attended the meeting. The American Legion's Department of Arizona attended the meeting rep-

resented by Department Adjutant, Angel Juarez. Johnathon Clinkscales from the Washington, D.C. National Headquarters, Media Relations, also attended. The Chairman began the meeting by highlighting the purpose of the visit, the history of the System Worth Saving program, and the report generation and distribution processes subsequent to the visit. The executive director and her staff outlined the following Challenges and Best Practices.

Challenges

1. Space/Growing demand for medical and mental health services

- PVAHCS is compelled to stay ahead of the growing demand for medical services as the veteran population continues growing in the Phoenix catchment area. The medical center conducts an average of 35,000 consults per month.
- PVAHCS/Veterans Integrated Service Network (VISN) opened its Southeast Community-based Outpatient Clinic (CBOC) in May 2014. Two years later, the CBOC has outgrown its capacity. PVAHCS leases additional space to accommodate serving an additional 5,000 unique veterans (veterans who seek treatment from multiple care providers within a medical system or VISN) as this segment has grown by 6 percent since 2016 from 89,471 to 94,471.
- The lack of space to accommodate a growing call center operation forced the unit to begin looking for space off-site. The call center receives more than 47,000 calls per month.
- The growing "veteran snowbird" population puts an additional burden on the hospital's resources

2. Staffing (Physicians, Nurses, and Support Staff)

- At the time of the SWS visit, President Trump had implemented a hiring freeze affecting all federal agencies. The freeze temporarily exacerbated PVAHCS' staffing shortage negatively affecting patient safety and veterans' experience.
- Executive staff reported the hospital as understaffed especially in the area of medical professionals (physicians, nurses, psychiatrists, physician assistants, mental health clinicians). Other acute shortages exist in Human Resources, Patient Advocacy, and Food Service.
- The medical center has reduced physician turnover, but physicians are still leaving the medical center because of better salaries in the private sector.
  - » PVAHCS has difficulty recruiting Emergency Room physicians and cannot compete with the higher salaries offered by commercial hospitals. The Patient Wait Time Scandal also contributes to the difficulty in general recruiting because of the stigma in the broader community associated with working at the medical center.
- Mental health clinicians are not seeking employment at the medical center because of threats their colleagues received during the Patient Wait Time Scandal coupled with a veteran's suicide that occurred in the parking lot of the Department of Veterans Affairs Phoenix Regional Office
- The Executive Leadership Team identified the Top 10 hard to recruit positions and could offer Education Debt Reduction Program (EDRP) for those positions. However, the VA cut funding for the EDRP for the VISN by $200,000.
  - » VISN director is making a decision about the EDRP. Medical center executives praised the program because it not only helped with recruitment but also with retention of physicians.
- PVAHCS hires Patient Advocates at GS-9 when other VISNs hire at grade GS-11.
  - » Four Patient Advocates not only address patient issues but also must field 50-100 calls per day, write and file reports, conduct input activities for Patient Advocate Tracking System (PATS), and follow-up with staff about service failures or concerns.
  - » PVAHCS relies on the VHA National Policy for Patient Advocacy. However, the PVAHCS needs a local policy to account for local differences.
  - » Regulatory requirements cause unnecessary delays in hiring. The process is too long for most candidates, and many candidates lose interest or find jobs elsewhere.
  - » The medical center has experienced challenges with employee classification with positions in Administration with many denials that get "exceptions".
  - » Patients try to resolve problems where they occur or to present them to "higher ups" in the chain of command. According to staff, many complaints are unresolved or never registered in PATS.
- The HR department has 12 vacancies.

3. Community Care / Veterans Choice Program

- The medical center needed additional funds to offer additional administrative support to conduct patient care activities in the Community Care program.
- Providers who participate in the Veterans' Choice program do not return the veteran's medical records, which causes unnecessary work for and lack of care continuity for the veteran.
- The Executive staff reported that there are challenges in com-

munication and coordination of care. The multiple funding streams for care provided by our community partners (Choice, Choice First, CITC, Provider agreements) add complexity to the coordination of care.

- Providers expressed concerns about the uniform provision of care by the appropriate specialty level of the provider in the Choice Program.

4. Constant turnover of executive director

- The PVAHCS has undergone several changes in the position of executive director. Allegedly, the medical center has had seven executive directors in four years. The current director is the seventh , and she began working in October 2016.

5. Women's Health/Military Sexual Trauma

- Women veterans are experiencing barriers to access and feel they are not included in many activities at the medical center
  - » Many of the activities at the medical center target in-patient men and not inpatient women for participation.
  - » Women share a waiting area in the Mental Health clinic with returning soldiers from Afghanistan and Iraq, and some women feel concerned about that arrangement.
  - » Women believe the culture of the medical center presents a challenge because some doctors refuse to treat them. Women also hear inappropriate comments from male veterans at the hospital while waiting for medical care.
  - » Women view the lack of childcare at PVAHCS as a significant barrier to accessing medical care.
- The medical center does not have a "Women's Clinic" but Gynecology Clinic and at the time of the SWS visit 8,966 women veteran enrollees. The staff projects an enrollment of 10,500 women veterans by 2020.
- Budget for Sexual Assault Awareness Month
  - » At the time of the site visit, PVAHCS did not have a full-time Military Sexual Trauma (MST) Coordinator. A Licensed Social Worker splits her time as the MST Coordinator and other mental health social work duties.
  - » The VA stopped funding the program. Some VSOs like the Veterans of Foreign Wars donated $200 for promotional materials. However, the staff stated the hospital needs additional funds.
  - » The Veterans Equitable Resource Allocation or VERA is an outdated financial allocation model. The allocation process did not allow funding of Sexual Assault Awareness Month activities.

6. Rural Areas of Arizona

- Transportation
  - » Veterans living outside the Metro-Phoenix area need transportation to the medical center. The hospital cannot address their need due to budget constraints.

7. Patient Wait Time Scandal

- Stigma
  - » The medical center was at the epicenter of the 2014 waiting list scandal. Since that time, PVAHCS has experienced very negative fallout that affects media relations, recruitment, community relations, and the medical center's overall image.
  - » The executive staff is trying to engage the challenge by developing tactical plans to help overcome the stigma and rebuild the community's trust and confidence.

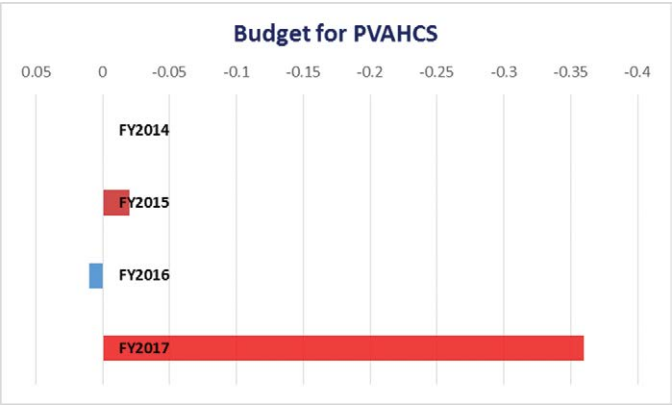
8. Business Operations

- The VA Central Office often requests short-term completion of intensive training programs/changes for Medical Support Assistants that negatively affect the facility.

9. VA Office of Inspector General 2016 Report on Delay in Care of Lung Cancer Patient

- The VAOIG of Healthcare Inspections conducted an inspection in 2016 at the request of Senator Jeff Flake (R-Arizona) to determine "the merit of the allegations regarding a delay in treating a patient diagnosed with lung cancer."
  - » The VAOIG made seven recommendations and target completion dates.

10. Budget (Facility)



- The facility's Care in the Community (fee-basis) budget dropped by more than one-third from a high of $111 million in FY2014 to $70 million FY2017.

Best Practices

During the meeting with the medical center's executive staff, the SWS team also asked about "Best Practices". Their responses varied from national awards to a women's maternity program. With the growth of 5,000 unique veterans per year and positive recognition from professional organizations, the Phoenix VA Health Care System is on the road to recovery.

Women's Health

- The medical center funds training on women's health care for its primary care and mental health providers. The medical and nursing professionals receive Continuing Education Units (CEU) upon completion.
- The American College of Radiology awarded PVAHCS an Award of Excellence for its Breast Health and Mammography Center.
- PVAHCS screens all women veterans for MST and mental health problems.
- The medical center hosts a program called "Moms and Babies". Two women veterans started the program.
- PVAHCS has a 30% market penetration for their Women's Veteran Program.

Cancer Program

- PVAHCS believes their program to enroll veterans in the Million Veteran Program is the second largest in the nation. However, the medical center admits its Tumor Registry needs improvement.

Suicide Prevention Team/Mental Health

- Patient-Aligned Care Teams (PACT) have an embedded clinician who specializes in PTSD.
- PVAHCS has one of the most robust PTSD programs in the country with multiple screening processes and treatment modalities, and close working relationships with the Women's Veterans Coordinator and Homeless Shelter Coordinator.

Process Improvement Initiatives

- The Assistant Chief of Scheduling Operations formed work groups to create efficient consult workflows.
- Additionally, the Process Improvement Initiative led to the executive director streamlining the call center and scheduling operations.

Homeless Shelter Program

- The program director successfully obtained a $1 million grant from the private sector to provide housing for 36,000 veterans.
- The homeless shelter operates with the philosophy of "Help people keep their home before they lose it". PVAHCS was the first VAMC to provide housing to veterans with no strings attached.

Staffing

- Since her arrival in October, the executive director has reduced the high turnover in departments historically known for constant employee defections. Those departments included:
  - » Housekeeping Aides
  - » Medical Support Assistants
  - » Food Service

Exit Briefing and recommendations

The System Worth Saving team conducted an exit interview with the executive staff after speaking with other departments and program directors at PVAHCS. The SWS team compiled meeting notes with recommendations to the executive director and staff:

- RimaAnn Nelson, Medical Center Director
- Dr. Maureen McCarthy, Chief of Staff
- Dr. B. Sylvia Vela, Deputy Chief of Staff
- Associate Director of Patient Services, Dr. Alyshia Smith
- Associate Director, Victoria Scoggins
- Megan Freeman, Health Systems Specialist, COS
- Jennifer Russoniello, Patient Advocate Supervisor
- Dr. Chris Burke, Chief of Primary Care
- Scott Nevins, HR Manager
- Kristen Nordquist, Women Veterans Program Manager
- Gilbert Barrera, Assistant Chief of Scheduling Operations
- Sharon Coleman, MST Coordinator (Part-time)
- Stacy O'Neall, Health System Specialist, ADPCS

• Challenges and Recommendations

1. Space/Growing demand for medical and mental health services

- **Recommendation**: President Trump's administration has increased funding for the VA. The medical center's executive leadership should continue developing business plans for approval through the Strategic Capital Investment Program (SCIP). PVAHCS should emphasize achieving the goal outlined in the handbook: "Improve the quality, access, and cost efficiency of the delivery of VA benefits and services through modern facilities that match the location of current and future demand."[1]
- **Recommendation:** The PVAHCS should leverage their relationships with local Veteran Services Organizations to help assist with matters of voicing issues about lack of space in which to deliver the appropriate care to veterans.

2. Staffing (Physicians, Nurses, and Support Staff)

- **Recommendation**: The American Legion recommends the hospital actively recruit Locum Tenens physicians through the VA Locum Tenens Program and VA Interim Hiring Program. Under the Locum Tenens program, PVAHCS can contract with Primary Care Physicians, Nurse Practitioners, and Physician Assistants. The program touts that: "VA physicians earn market pay that is designed to be competitive with local physician labor markets. Exact starting salary is determined by a physician compensation pay panel and commensurate with your education and experience."[2]
- **Recommendation**: The American Legion recommends the Patient Advocacy unit augment its staff with local VSO volunteers who can assist with bringing closure to cases or talking with veterans about their complaints.
- **Recommendation:** The American Legion recommends PVAHCS develop a business case outlining how cuts to the Educational Debt Reduction Program inhibit the medical center's ability to recruit and retain qualified medical staff. PVAHCS will forward the document to The American Legion for inclusion in our Executive Summary that we deliver to the President of the United States, members of Congress, and the Secretary of the VA.
- **Recommendation:** The American Legion recommends sending additional rationale for upgrading the Patient Advocate positions from Grade 9 to Grade 11 to its National Headquarters in Washington, D. C. including current and anticipated workload. We also recommend that you include any effect on the facility's budget or budget neutrality. The American Legion will include the passage in our letter to VA Central Office.
- **Recommendation:** The American Legion recommends involving local VSOs by informing them of job vacancies and hard-to-fill positions.

3. Community Care/Veteran Choice Program

- **Recommendation**: The American Legion is exploring the appropriate steps needed to create a change. We are meeting with Subject Matter Experts at the VA to discuss Veterans Equitable Resource Allocation program. Once The American Legion has obtained proper knowledge, we will draft a resolution to support a change to the VERA model.
- **Recommendation:** The American Legion recommends meeting with executives of TriWest and local VSOs to share the issue of communication and return of crucial medical care records to PVAHCS.

4. Constant Turnover of Executive Staff

- **Recommendation**: The American Legion recommends the current executive team commit to remaining with PVAHCS until the medical center has recovered from its current situation stemming from the scandal occurring in 2014.
  - » Rationale: The current administration is strong and has a vision for the hospital and a palpable sense of caring for veterans and the quality of health care at Carl T. Hayden Medical Center. Moreover, staff needs to sense a feeling of continuity at the medical center. This is very important since the turnover rate has been extremely high in the position of executive director.

5. Women's Health/Military Sexual Trauma

- **Recommendation:** When PVAHCS admits a woman to the hospital**,** The American Legion recommends alerting the Women's Veterans Coordinator.
- **Recommendation:** The American Legion recommends the medical center establish a separate "Waiting Room" for women suffering from Traumatic Brain Injury- Post Traumatic Stress Disorder (TBI-PTSD) and /or Military Sexual Trauma (MST).
- **Recommendation:** The absence of childcare at VA medical centers inhibits access to medical care. Therefore, American Legion recommends PVAHCS inquire about the extended federal pilot program that allows a medical center to pay for

1 https://www.va.gov/vapubs/viewPublication.asp?Pub_ID=574&FType=2

2 https://www.vacareers.va.gov/careers/physicians/locum-tenens.asp

childcare services offered to women veterans seeking medical appointments at VA medical facilities and during telehealth consults for rural residents. Likewise, The American Legion believes this will enhance access to care for women veterans and allows parity with leading private sector health systems that have offered childcare services for many years to both employees and patients.

- **Recommendation**: The American Legion recommends PVAHCS help women veterans seek stipends to pay for childcare as promulgated through *Public Law 111-163, Title II, §205* that has been extended through September 29, 2017.
- **Recommendation:** The budget constraints affect the successful promotion and implementation activities for Sexual Assault Awareness Month at PVAHCS. Women already feel alienated by a lack of programming activities focused on gender issues.

  Therefore, The American Legion recommends PVAHCS work with the local American Legion post in addition to efforts by the national office staff who will work with VAVS chief to secure additional funding for promotional activities for future Sexual Assault Awareness Month activities.
- **Recommendation:** The Veterans Health Administration uses the Veterans Equitable Resource Allocation (VERA) model to provide funding to VISNs for patient care, services, and special programs such as the Sexual Assault Awareness Month. The American Legion recognizes the VERA model has limitations. The American Legion recommends exploring VERA with VA Central Office staff. TAL will pursue resolutions to recommend changes or strengthen the model that effectively address the unique, local needs of VA medical centers.

6. Rural Areas in Arizona – Transportation

- **Recommendation**: The American Legion recommends that PVAHCS explore hiring a Mobility Transportation Coordinator to ensure transportation is coordinated for veterans who live in rural areas and seek medical care.
  - » Rationale: Rural areas present a constant challenge in the delivery of health services. In addition to diminishing numbers of general medical practitioners and specialists, transportation presents an additional layer of challenge. Phoenix does not offer public transportation outside its city limits. This is a serious problem because a large number of enrolled and eligible veterans who seek medical care at PVAHCS live in rural areas.
- **Recommendation**: The American Legion recommends identifying a VSO eligible for grant consideration under *Public Law 111-163, Title* III, §307. Eligible VSOs or State Veteran Service Agencies can use the grant award of up to $50,000 to: (A) assist veterans in rural areas to travel to the Department of Veterans Affairs medical centers; and (B) otherwise assist in providing transportation in connection with the provision of medical care to veterans in highly rural areas.

7. Patient Wait Time Scandal

- **Recommendation**: The American Legion recommends PVAHCS continues being transparent, fostering open communication, and acting proactively to inform the public about the good activities and challenges at the medical center.
- **Recommendation**: The American Legion also recommends that PVAHCS continue its close partnerships with VSOs and community-based organizations and work with those organizations on matters where veterans and caregivers need information.

8. Business Operations

- **Recommendation**: The American Legion recommends PVAHCS keep its current posture of training and providing dedicated oversight of the team of Medical Support Assistants.
- **Recommendation**: TAL also recommends that VA Central Office and VISN headquarters set realistic training schedules that do not cause unnecessary interference or interruption of call center operations.

9. VA Office of the Inspector General's 2016 Report on Delay in the Care of Lung Cancer Patient

- **Recommendation:** The American Legion recommends PVAHCS continue working to complete any remaining OIG recommendations.
  - » Rationale: PVAHCS has closed three recommendations and requested closure on the four outstanding recommendations in its April 30, 2017, submission to the OIG.

10. Budget (Facility)

- **Recommendation**: The American Legion recommends PVAHCS quantify budget shortfalls that affect the quality of care and inhibit the purchase of medical equipment and supplies to perform surgeries in a letter to The American Legion. The Legion will compile similar challenges at other VA medical facilities and submit a letter to the VA Central Office for prompt resolution.

ANCHORAGE, AK

Date: May 1 – 3, 2017
Veterans Affairs & Rehabilitation (VA&R) Commission Member: Jeffrey L. Olson
Deputy Director of Veterans Affairs and Rehabilitation Division: Roscoe Butler

Overview

In Anchorage Alaska, the Department of Veterans Affairs (VA) operates an independent outpatient clinic, a 50-bed Residential Rehabilitation Treatment Program, and offers primary, specialty, and mental health outpatient care to Veterans residing within a 586,400 square mile primary service area within Veterans Integrated Service Network (VISN) 20. The Alaska VA Healthcare System (AVAHS) provides inpatient services to Veterans in Alaska through a Joint Venture with the 673d Medical Group (MDG) on adjacent Joint Base Elmendorf/Richardson as well as through fee basis arrangements with community hospitals. A comprehensive Homeless Veteran Service is also located in Anchorage consisting of Outreach, Domiciliary Care for Homeless Veterans, Compensated Work Therapy Transitional Housing Program, HUD/VA Supported Housing, Grant & Per Diem, Veterans Justice Outreach, Compensated Work Therapy and Homeless Veterans Supported Employment Programs.

AVAHS operates Community Based Outpatient Clinics (CBOCs) in five locations around the state, Mat-Su Valley, Fairbanks, Kenai, Homer and Juneau. They provide services for Veterans in highly rural areas of Alaska through sharing agreements with Alaska Native tribal healthcare organizations, and through purchased care throughout the state.

Primary Reason for Visit

The VA Office of Inspector General conducted three reviews of the Alaska VA Healthcare System between 2015 and 2017. The 2015 report, number 15-00618-02, was of particular interest due to issues identified with the Suicide Prevention program.

In February 2016, The Washington Free Beacon published a news article citing multiple Department of Veterans Affairs medical facilities across the country that were flagged in recent months for insufficiencies in their programs to prevent Veteran suicides.

Due to national concerns regarding Veterans suicide, The American Legion decided to conduct a System Worth Saving (SWS) site visit to the AVAHS to follow-up on whether all of the recommendations from the VA OIG Report #15-00618-02, have been complied with and if the report has been closed.

On November 4, 2016, VAOIG submitted a memo to the Medical Center Director, subject heading "Closed Report—Combined Assessment Program Review of the Alaska VA Healthcare System, Anchorage, Alaska (Report Number 15-00618-02, Issued October 29, 2015)."

The memo informed the Director that the "subject report is closed effective October 25, 2016, based on information included in your August 26, 2016, status update. No additional reporting is required."

Town Hall Meeting

On May 1, 2017, a town hall meeting was held at Northland Veterans of Foreign Wars, Post 10252, to hear firsthand from Veterans about their VA health care experience. Several female Veterans voiced concerns about the availability of health care for women Veterans. They were provided the Women Veterans Program Manager's contact information and were directed to reach out to her. The majority of Veterans expressed their pleasure with the health care at the AVAHS.

Executive Leadership Briefing

On May 2, 2017, Veterans Affairs and Rehabilitation Commission Member Jeffrey L. Olson and Veterans Affairs and Rehabilitation Deputy Director Roscoe Butler, met with AVAHS Executive leadership to discuss best practices, challenges, and

recommendations for improvements. In attendance were Dr. Timothy Ballard, Medical Center Director; Dr. Cynthia Joe, Chief of Staff; Mr. Francisco Hurtado, Nursing Executive; Mr. Scott Kelter, Acting Associate Director; Ms. Cindy Massey, Acting Chief Integrated Care Service; Mr. Mike Woodyard, Executive Assistant to the Chief of Staff; and Mr. Eric Wallis, Executive Assistant to the Medical Center Director.

According to Dr. Ballard, Alaska's population is growing 4.5 percent yearly. Dr. Ballard highlighted the AVAHS' major challenges: the Choice program, staffing, space, and reducing awards and bonuses from $500,000 to $300,000. The reduction in awards and bonuses particularly impacts their ability to offer recruitment incentives to help staff relocate to Alaska. He further noted that the cost of purchasing medical care utilizing Choice is twice as expensive as medical care which is purchased through Non-VA Coordinated Care (NVCC) in Alaska. Based on Alaska's overall geography, the state is twice as large as Texas. Alaska Federal partners will not accept patients referred utilizing the Choice Program. (They provide care to VA Patients through VA/DoD Sharing Agreements and VA/Native Sharing Agreements). In July 2016, the AVAHS became the first pilot site for scheduling Choice appointments. According to Dr. Ballard, this program is the first of its kind in the nation, and should be modeled as a best practice.

To address the medical center's staffing challenges, Dr. Ballard discussed his plan for exchanging excess Choice funding for personnel service dollars. He has worked out an agreement with VISN 20 approval allowing him to work with other VA medical center directors who are in need of Choice funding to exchange their excess Choice funding for personnel service dollars.

Meeting with AVAHS Staff

AVAHS staff identified staffing as their number one challenge. The AVAHS is auhorized 680.5 full-time equivalent employees (FTEE) on its Organization Chart, but is limited to 586 due to funding. In their human resource department, they are authorized 15 FTEE and have four vacancies or a 27 percent vacancy rate. Additional Challenges cited:

- Working with old and antiquated IT Systems
- Migrated to HR Smart in 2016, but all of the system bugs have not been worked out,
- Staff leaving due to stress,
- Coordinating Care between services,
- VA does not have debt forgiveness authority, which can be a tool used to recruit professional school graduates.
- New Veterans are being referred outside the VA through the Choice program for primary care. VHA Policy requires new enrolled and impaneled Veterans to be screened in accordance with VHA's clinical reminder policy. When new patients are referred outside the VA for primary care, unless VA completes the screening examination before the Veteran is referred outside the VA, the screening examinations may not occur unless the Veteran returns to the AVAHS.
- The Mat-Su CBOC is about 35 miles from the AVAHS. It is located in the fastest growing region in Alaska and includes the towns of Palmer, Wasilla, Big Lake, Houston, Willow and Talkeetna. While the VA Police make frequent trips to the CBOC, law enforcement is provided by local authorities. Staff expressed concerns about the length of time it takes for local authorities to respond to incidents.
- Veterans who live in remote areas and are not eligible for beneficiary travel, may have a higher appointment no-show rate. This is similar to what we heard during our December 2016, SWS site visit to the VA Pacific Island Health Care System in Hawaii.

Homeless Shelter Visit

On Wednesday, May 3, the System Worth Saving Team met with the Alaska VA Healthcare System Homeless Veterans Program personnel to discuss their programs and services that assist homeless Veterans and their families. Please note - VA has developed a plan to assist every homeless Veteran willing to accept services needed to retain or acquire: safe housing; needed treatment services; opportunities to retain or return to employment; and benefits assistance. The Alaska VA has continued their efforts to assist homeless Veterans and their families in successfully reintegrating back into mainstream society. The Alaska VA has collaborated with other agencies and community partners to effectively outreach and provide homeless Veterans with the programs and services needed to leave the streets and enter into transitional and/or permanent housing.

Currently, Alaska VA has 331 HUD-VASH vouchers in circulation for their homeless population. These vouchers have been a game changer in the fight to eliminate Veteran homelessness in the area. In 2009, the Alaska VA only had 25 vouchers to work with. The HUD-VASH program combines Housing Choice Voucher (HCV) rental assistance for Veterans experiencing homelessness provided by the Department of Housing and Urban Development (HUD) with case management and clinical services provided by VA. At the local level, the HUD-VASH program operates as a collaborative effort between VA medical centers (VAMCs) and local Public Housing Agencies (PHAs). The VAMC identifies Veterans who are eligible for the program and refers them to the PHA to receive a HUD-VASH voucher. The PHA provides the rental subsidy and the VAMC provides case management and clinical services.

In addition, our team went on a tour of the Salvation Army's Adult Rehabilitation Center in Anchorage. The Salvation Army provides transitional housing and other necessary services in

order for the Veteran to transition back into independent living with suitable employment. The Salvation Army's goal is to help homeless Veterans combat their addictions/issues, build the work and social skills needed to re-enter the workforce, regain health and stability, and restore families that have been disrupted due to their issues surrounding homelessness.

Lastly, the Governor's Office in Alaska sponsored a homelessness summit in January 2016. In addition, the Mayor of Anchorage has been involved in the Mayors Challenge to End Veteran Homelessness, which was an initiative of the Obama Administration. This kind of political will to address homelessness, particularly within the Veteran community, bodes well for VA in their goal of achieving functional zero Veteran homelessness in Alaska. It takes a tremendous amount of collaboration between agencies, the private sector, faith-based institutions, and the philanthropic community to successfully provide resources and opportunities for homeless Veterans to regain their independence and quality of life.

The American Legion continues to place special priority on the issue of Veteran homelessness. With Veterans making up approximately 11 percent of the nation's total adult homeless population, there is plenty of reason to give the cause special attention. The American Legion's goal is to ensure that every community across America has programs and services in place to get homeless Veterans in housing (along with necessary healthcare/treatment) while connecting those at-risk Veterans with the local services and resources they need.

Statistics For Veteran Homelessness In Anchorage, Alaska

Based on the 2016 Point-in-Time (PIT) Count, there were 168 homeless Veterans in the State of Alaska. Of this total, 112 Alaskan Veterans were sheltered and 56 were unsheltered. In contrast to the previous year, the 2015 PIT Count indicated that there were a total of 180 homeless Veterans in Alaska, of which 149 were sheltered and 31 were unsheltered. This is an 80.6 percent increase in unsheltered Veterans. Also, there have not been any new women Veteran homeless cases identified in more than two years. It is estimated – through community outreach – that there are less than 5 women Veterans who have experienced homelessness at any time in Alaska during that timeframe. In January 2016, Alaska ranked 25th out of 54 states and territories, for its number of unsheltered Veterans, nationally, according to data from the Point-in-Time (PIT) Count.

Best Practices

- Working as a Joint Venture Hospital with the U. S. Air Force
- Maternity Care FAQs brochure
- Women Veteran Program Liaison Manual
- Ambulatory Care Sensitive Conditions
- Shining Star Employee Recognition Program
- Native/Tribal Health Organization Agreements – Care for Veterans through the use of agreements with the Native Health System
- Training staff in CBOCs to do foot/nail care – reducing the need for the Podiatrist to trim nails rather than seeing specialty podiatry needs
- Using an Organizational Board to track performance measures and improvement projects

Exit Briefing – On May 3, 2017, the System Worth Saving team met with the AVAHS Executive leadership and staff to provide a preliminary briefing on our findings. During the exit briefing, we discussed all of the challenges identified above, and outlined a plan for submitting the draft report to medical center within 30 days after the visit.

Challenges:

1. **Choice –** Prior to implementation of the Choice program, according to AVAHS staff, their Non-VA Community Care program was working exceptionally well until they were mandated to use Choice. In 2016, Reveal published a new article stating by the time the public learned that Veterans had died while on secret wait lists in Phoenix and elsewhere, Alaska finally was in good shape. On June 1, 2014, there were 24 Veterans on the state's electronic wait list – compared with 2,005 in Phoenix and 4,240 in the Middle Tennessee Healthcare System, the highest in the nation.

Based on information published by Reveal from The Center for Investigative Reporting, they found Choice replaced a hard-won and working system with identical goals and made Veterans health care in Alaska worse, far worse.

In 2015, Dr. Baligh Yehia, Assistant Deputy Undersecretary for Health for Community Care, attended a town hall meeting at the Murie Auditorium on the University of Alaska Fairbanks campus where Veterans voiced concerns about the Choice program. In light of Congressional, as well as Veteran's concerns, VA approved the AVAHS to serve as a pilot site for the Appointment Scheduling initiative.

Recommendation – The American Legion recommends once the appointment scheduling initiative is completed, Dr. Yehia's office should:

- Immediately evaluate if this initiative helped to improve services for Veterans referred outside the AVAHS to a non-VA provider.
- Decide if the changes should be implemented nationwide.

2. **Alerts –** When the AVAHS cannot schedule an appointment for a new Veteran in a timely manner, the Veteran is given

the option to be referred out in the community under the VA Choice program to see a primary care provider. In accordance with VA policies, VA providers frequently receive clinical reminders to ensure certain screenings are completed. Any mandated screening exam, like the MTS screening, will not be performed unless the Veteran has been scheduled back into the VA to see a VA provider. Some Veterans, who are seen outside the AVAHS under the Choice program, may choose not to return to VA and continue receiving their care through Choice.

Recommendation – AVAHS must develop a process to ensure all new patients referred outside the VA through the Choice program complete all of the required mandated screening examinations.

3. **Staffing –** There is no Medical School in Alaska, so most of the AVAHS professional staff must be recruited from the lower 48 states or Hawaii. Shortage of Recruitment, Retention, and Relocation funds greatly decreases the AVAHS' ability to attract professional staff to Alaska.

Recommendation – The Veterans Affairs and Rehabilitation Commission, along with American Legion National Washington, D.C. staff, coordinate with The American Legion Department of Hawaii and the Department of Alaska to consider drafting a joint legislative Resolution that would provide the VAPIHCS and the AVAHS special authority for Recruitment, Retention and Relocation incentives that is separate and distinct to Alaska and Hawaii.

4. **Travel –** The AVAHS is responsible for providing health care to Veterans residing within a 586,400 square mile primary service area within VISN 20. Unlike the lower 48 states, the common mode of transportation is by air. Veterans in Hawaii experience similar transportation issues.

Recommendation – The Veterans Affairs and Rehabilitation Commission, along with American Legion National Washington, D.C. staff, coordinate with The American Legion Department of Hawaii and the Department of Alaska to consider drafting a joint legislative resolution that would provide the VAPIHCS and the AVAHS the authority to pay for Veterans' travel expenses if the Veteran lives on American Samoa, Guam, or in Alaska, is referred to the parent facility and has no means of financial support to pay for their airfare.

5. **Debt Forgiveness –** To attract out of state providers to Alaska, community hospitals are offering to pay off a provider's debt in exchange for them coming to work at their hospital. While VA has a debt reduction program, VA does not forgive provider's debt in exchange for acceptance of a position at a particular VAMC.

Recommendation – The Veterans Affairs and Rehabilitation Commission, along with American Legion National Washington, D.C. staff, coordinate with The American Legion Department of Hawaii and the Department of Alaska in drafting a joint legislative resolution. The resolution would call for Congress to provide funding to support a debt forgiveness pilot program in Hawaii and Alaska. At the conclusion of the pilot, VA must evaluate the success or failures of the program and determine whether the program should be continued.

6. **Mat-Su CBOC –** The CBOC is about 35 miles from the AVAHS and resides in one of the fastest growing regions in Alaska, which includes the towns of Palmer, Wasilla, Big Lake, Houston, Willow and Talkeetna. While the VA Police make frequent trips to the CBOC, law enforcement is provided by local authorities. Staff expressed concerns about the length of time it takes for local authorities to respond to incidents.

During the exit briefing, Director Ballard stated the lease for the Mat-Su CBOC is up for renewal soon and they will be looking at other options to include relocating the clinic.

Recommendation – The American Legion recommends that the AVAHS develop a detailed plan that takes into account all the pros and cons of relocating a CBOC and weigh each option carefully before taking action.

IOWA CITY VA HEALTH CARE SYSTEM | IOWA CITY, IA

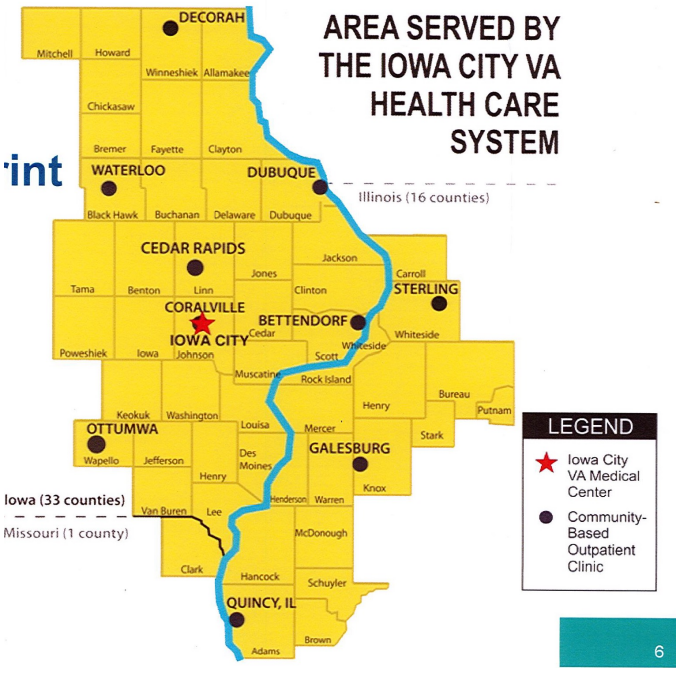
Date: June 19-21, 2017
Veterans Affairs & Rehabilitation (VA&R) Commission Member: Past National Commander (PNC) David K. Rehbein (IA)
Assistant Director for Health Policy, Veteran Affairs and Rehabilitation (VA&R) Division: Warren J. Goldstein

Overview

For over 65 years, the Iowa City VA Health Care System (ICVAHCS) has been treating veterans who have proudly served their country. The ICVAHCS located in Veterans Integrated Service Network (VISN) 23, is a comprehensive Tertiary Care level 1 VA health care system that offers a full-spectrum of health care services. The healthcare system is accredited by both the Joint Commission and the Commission on Accreditation of Rehabilitation Facilities (CARF). The ICVAHCS also acts as an affiliated teaching hospital and research center. In addition to the main medical center in Iowa City, the ICVAHCS offers more than 100 outpatient services in ten (10) affiliated Community-Based Outpatient Clinics (CBOCs); seven (7) are located in Iowa and three (3) in Illinois. The system also has two (2) Community Resource and Referral Centers (CRRCs) for homeless veterans located in Cedar Rapids and Davenport, Iowa.

With an operating budget of $313 million, the ICVAHCS serves veterans residing in 50 counties. The geographical footprint includes 33 counties spread throughout Eastern Iowa, 16 counties in Western Illinois, and 1 county in Northern Missouri. Nearly 40 percent of the ICVAHCS veteran patient population receives health care at one of the several healthcare system's points of care and the healthcare system has considerable growth opportunities intended for the nearly 147,862 veterans living in the ICVAHCS catchment area. The catchment area includes 65,544 health care enrollees and 52,551 unique veterans.

The ICVAHCS currently operates 83 beds consisting of 38 medical, 5 Medical Intensive Care Unit (MICU), 20 surgical, 5 Surgical Intensive Care Unit (SICU) located near the operating room, and 15 mental health inpatient beds. The ICVAHCS has all internal medicine surgical specialties ranging from orthopedics to breast reconstruction surgery, to effectively and efficiently treat all of the veterans they serve. The ICVAHCS serves as one of seven VA regional kidney and pancreas transplant centers in the VA healthcare system and averages more than 30 transplants per year. The ICVAHCS also serves as one of the few transplant centers in the VA healthcare system that treats HIV and Hepatitis C patients. The healthcare system employs 1,998 professionals and is affiliated with the University of Iowa's Colleges of Medicine, Nursing, Pharmacy, and Dentistry for residency and continuous medical education programs. The ICVAHCS, in conjunction with the University of Iowa Hospital, offers infertility treatments and services for their women veteran population.



The ICVAHCS has a half-century old research program that is consistently one of the top ten research facilities in the VA healthcare system. Currently, there are 17 researchers studying

access for rural veterans as well as 60 other VA funded projects and over 344 active research projects examining ways to improve veteran's overall health care. In 2014, the healthcare system was chosen as one of three VA sites along with the Atlanta VAMC and the VA Portland Healthcare System, to study the impact of service and emotional support dogs for veterans suffering from post-traumatic stress disorder (PTSD).

The ICVAHCS continues to explore ways of expanding health care services for their enrolled veteran population even though the facility is considered landlocked. Recently, the healthcare system signed an agreement with the General Services Administration (GSA) to purchase the 38,000 square foot unoccupied United States Post Office building in downtown Iowa City to expand outpatient services including dental, physical and occupational therapy in early 2018. Pending a successful purchase, the ICVAHCS plans to utilize the newly acquired space to provide more inpatient services. In March 2017, the medical center opened a new open circular Intensive Care Unit (ICU) that makes it easier for medical professionals to closely monitor their patients. The emergency department also received the following upgrades; increased space, additional privacy and improve efficiency, which have resulted in better access for veterans to receive quality care.

As of June 21, 2017, the average wait times for veterans to receive health care at the ICVAHCS were as follows:

- Primary care average wait time - **3.61 days**
- Specialty care average wait time - **6.5 days**
- Mental health average wait time - **1.54 days which is below the national average of 4.04 days**

The ICVAHCS has achieved several significant accomplishments. Some of the highlights include:

- **Innovation in Prosthetics Services:** The ICVAHCS Prosthetic Service from VISN 23 won the 2016 National Prosthetics of the Year award for innovation in system processes that led to decreased process times and inventory maintenance in Iowa City. This team has demonstrated innovative thinking and efficiencies within their service while keeping VA's Integrity, Commitment, Advocacy, Respect and Excellence (ICARE) values and veteran centered care as a priority in their daily work.
- **American Heart Association Gold Medal for Heart Failure Clinic:** The ICVAHCS VA has received the Get with The Guidelines®-Heart Failure Gold Quality Achievement Award for implementing specific quality improvement measures outlined by the American Heart Association/American College of Cardiology Foundation's secondary prevention guidelines for patients with heart failure.
- **Amyotrophic Lateral Sclerosis (ALS) Treatment Center:** The ICVAHCS ALS Clinic was recognized and designated as a Recognized Treatment Center by the National ALS Association. This was the first and only designated and recognized ALS Treatment center in Iowa.

This report highlights the site visit to the ICVAHCS. The SWS team began the visit by conducting a veteran's town hall on the evening before the facility visit where area veterans enrolled at the ICVAHCS spoke about their personal experiences. The report focuses on the several meetings that the SWS team had with the healthcare system's executive leadership team, and the clinical and operational staff from the following program offices: Human Resources, Business Office, Financial Management, Clinical Service Line Managers, Community Care, Quality, Safety, and Value, Suicide Prevention, Women Veteran's Programs, Military Sexual Trauma, Homeless Veterans, Patient Advocate, Supply Management, and Facility Management. The purpose of the SWS site visit is to identify the system's best practices and challenges and to offer recommendations for improvements to the executive leadership team.

Primary Reason For Site Visit

The last System Worth Saving (SWS) visit to the ICVAHCS occurred in 2010. However, the purpose of this visit to the Iowa City VA Healthcare System in 2017, was to follow-up on a July 22, 2016, article published in the Iowa City Press Citizen entitled Veteran's suicide raises concern about Iowa City VA. On July 8, 2016, an Iraq and Afghanistan veteran, who was enrolled at the ICVAHCS and suffering from post-traumatic stress disorder (PTSD), had requested to be admitted to the inpatient psychiatric ward to have serious mental health issues evaluated. The request for admission was reportedly denied. According to the article, the veteran's doctor refused the request and sent the veteran home with instructions to continue taking previously prescribed medications. As a result of being denied inpatient treatment for these mental health concerns, the veteran committed suicide less than 24 hours later.

In August 2016, the Department of Veterans Affairs Office of Inspector General (VAOIG) began an investigation at the request of Senators Ron Johnson (WI), Chairman, Committee on Homeland Security and Governmental Affairs, Joni Ernst (IA) and Charles Grassley (IA), Chairman, Committee on the Judiciary to review the case of the veteran's suicide as a result of being denied inpatient mental health care at the ICVAHCS. As of June 21, 2017, the VAOIG's investigation was still ongoing, and no findings had been released.

During the executive leadership briefing, The American Legion's SWS team was informed that the healthcare system is still very emotional regarding the veteran's suicide for which they were

providing outpatient care for his mental health issues. The [1]team was also told that there were more circumstances than was reported in the media leading up to the veteran's death. However, they could not divulge more information due to HIPAA laws. The Director stated that her staff followed all of VA's policies and procedures for admitting veterans for inpatient mental health care. The ICVAHCS will wait until the VAOIG report is officially released to take actions based upon the recommendations made in the report.

To combat veteran suicides like that which occurred at the ICVAHCS, Representative Dave Loebsack (IA) sponsored legislation in the 114th Congress entitled the Never Again Act. This bill would allow any veteran seeking inpatient mental health care to be automatically admitted to an inpatient mental health unit at a VHA facility, even if clinicians think it's unwarranted. If VA medical center beds are full, the veteran would be admitted to a public or private mental health unit with VHA paying for the services. According to Congressman Loebsack's office the legislation was reintroduced in the hopes it will pass and be signed into law in the 115th Congress.

Update: On August 3, 2017, the below memo was sent to the local community stakeholders from Judy Johnson-Mekota, Director, ICVAHCS regarding an enrolled veteran's suicide.

All –

Thank you to those who were able to come out to the face to face event today. We had a productive conversation, and I am glad for the opportunity to work with you in our communities.

I know that all of you have been awaiting the release of the OIG report regarding the Veteran suicide that happened last summer. Today, the Office of Inspector General (OIG) released the report regarding the review of Mental Health and Suicide Prevention measures at the Iowa City VA Health Care System. In the report, the OIG found that system Mental Health admission practices were in alignment with VHA and system policies, and included a plan for finding beds outside VA when necessary if inpatient care is needed, the Iowa City VA will find help. The review was initiated after requests from five Congressional representatives were received, including Senator Tammy Baldwin, Senator Joni Ernst, Senator Chuck Grassley, and Representative David Loebsack. The Iowa City VA would like to thank our Congressional partners for their continued interest in Veterans' issues and concern for VA's Veteran patients.

The requests were specifically to:

- *Examine the facts and circumstances surrounding a patient who was reportedly denied inpatient MH admission.*
- *Assess whether appropriate MH care was provided for this patient.*
- *Conduct a review of the admission policy and practice for inpatient MH to determine if this was an isolated incident, how often and why veterans seeking inpatient MH care are turned away, and how often this leads to adverse consequences.*

Several process recommendations were identified in the report, and the Iowa City VA has committed to correct them as well as monitor progress. Some of the recommendations were related to policies regarding patient no-shows for appointments, treatment planning, and the use of principle Mental Health providers, or Mental Health Treatment Coordinators.

The ICVAHCS wants to assure each one of you that your relationship and partnership in providing service to our Veteran patients is of tremendous value and we would be hard pressed to deliver the kind of care and service to these Veterans without your support. For that, we want to thank you, and we are committed to keeping our communication lines open and our processes in a constant state of examination and improvement.

If you would like to review the report, you can find it here:

https://www.va.gov/oig/publications/report-summary.asp?id=3935

Judy Johnson-Mekota

Director, ICVAHCS

Town Hall Meeting

The SWS team conducted a town hall meeting on June 19, 2017, at the Walter Johnson American Legion Post #721 in Coralville, IA. Area veterans, and Legionnaires, to include several members of leadership from The American Legion Department of Iowa, attended the veteran's town hall meeting. Executive staff from the ICVAHCS, staff from the U.S. Congressional offices of Senators Chuck Grassley and Joni Ernst, as well as Representative Dave Loebsack and his staff, attended the meeting to hear firsthand from veterans concerning their healthcare experiences at the ICVAHCS.

Veterans in attendance stated that the care they receive at the ICVAHCS is very good. Complaints regarding the quality of care, staff not meeting the veterans' needs or challenges faced in obtaining a timely appointment were few. Veterans in attendance stated that, if needed, they can receive a same day appointment for their health care needs. However, one veteran in attendance spoke of being dissatisfied regarding pain man-

1 Veteran's suicide raises concern about Iowa City VA care

agement for a previous back injury. The medical center staff in attendance quickly apologized that he was suffering from pain and addressed the veteran's concerns by speaking about the healthcare system's pain management clinic and how they can help him manage his pain. Staff members agreed to speak with the veteran after the meeting to take down his information and to assist him in getting a timely appointment with the clinic.

Executive Leadership Briefing

The SWS team started the site visit to the ICVAHCS by conducting an hour-long morning meeting with the executive leadership team. Executive Director Judith Johnson-Mekota, Acting Associate Director for Patient Care Services Tammy Neff, Chief of Mental Health Services Dr. Cathy Woodman, and Chief of Human Resources Dan Helle, attended. The meeting consisted of a transparent discussion covering a wide-range of topics including the Choice Program, facility space, recruitment and retention of staff, access to care, suicide prevention programs, and operational challenges and best practices.

The executive leadership team and The American Legion discussed the challenges that the ICVAHCS are experiencing as being the following:

1. **Reporting of Wait Times:** Congressional Offices and the public feel that they have received inaccurate wait time reporting data from the healthcare system. This appears to be due, at least in part, to miscommunication of the definitions by which wait times are calculated which leads to many feeling that the ICVAHCS is disingenuous with their wait times. In particular, differences in definitions between appointment wait times and open consults contribute to the miscommunication.
2. **Choice Program:** The ICVAHCS has had multiple challenges with their assigned Choice Program Third-Party Administrator (TPA) HealthNet, to include getting veterans scheduled in a timely manner. Other challenges that the healthcare system stated regarding their issues with HealthNet include:

- Community agencies refusal to treat veterans using the Choice Program due to lack of payment from HealthNet;
- Scheduling an appointment with HealthNet: Per HealthNet, the amount of time HealthNet has to make an appointment is 26 business from the consult being uploaded to the HealthNet portal (DOMA);
- HealthNet is not responding to requests made since February 2017 to establish a Patient Centered Community Care (PC3) contract for Assisted Reproductive Therapy and/or In Vitro Fertilization;
- When calling HealthNet, VA staff, veterans, and outside agencies can wait hours on the phone on hold;
- HealthNet does not like three-way calls with VA staff, HealthNet and an agency or veteran; many HealthNet technicians who answer the phone will refuse to take any three-way communication;
- The ICVAHCS has been told by outside agencies that HealthNet will only talk to them regarding a maximum of three claims. If the ICVAHCS has more than three claims to discuss, then they have to call back;
- Retrieving records from outside agencies in a timely manner;
- Outside providers not always understanding how to request additional services through the Choice Program, which results in veteran's visits with no prior authorizations and the veteran having to pay out-of-pocket; and
- Outside providers not understanding how to bill correctly (i.e. other health insurance first then the Choice Program) which results in high co-pays for veterans.

3. **Internal/External Communications:** VA does not adequately invest in internal/external communications with the local VA Medical Centers (VAMCs) regarding increased staffing. Keeping up with the daily internal and external communications is too much for one staff member to do. Local VAMC Public Affairs Officers (PAOs) have to get their facility's messages approved through the VA Central Office or VISN before releasing it out to the public or their Congressional representatives. This process slows down the message which can inhibit VA PAO's response time to get their facility's message out quickly to the public and the local media covering the healthcare system.
4. **Centralization of Contracting:** The ICVAHCS staff believes that centralized contracting minimizes their local control and authorities.
5. **New Electronic Health Record Implementation:** The staff is concerned how Cerner will interface with the current VISTA medical record system and its many applications and overlays.
6. **Invitro Fertilization (IVF) Treatments:** The ICVAHCS is currently working on an agreement with the University of Iowa Hospitals and Clinics (UIHC) to provide their eligible veterans IVF treatments at a discounted rate for these costly treatments. However, IVF care requires a Patient-Centered Community Care (PC3) contract between HealthNet, the third-party administrator (TPA) for the ICVAHCS, and the UIHC. Multiple attempts to contact HealthNet to put a contract in place have failed. Veterans are now waiting for care at the UIHC, and they cannot get that care because

HealthNet will not return calls made by the ICVAHCS. The ICVAHC mentioned the following:

- This care has been approved, but the ICAVHCS cannot send these veterans our for care without the PC3 contract;
- UIHC is pleased to see veterans who have approved Assisted Reproductive Therapy/Invitro Fertilization (ART/IVF) consults and are willing to sign up for a PC3 contract for this care, and for;
- HealthNet to complete the necessary paperwork with the UIHC so veterans can get their care they have requested.

Medical Center Staff Meetings

Following the meeting with the executive leadership, the remainder of day 1 and the half-day of day 2 of the site visit were dedicated to discussions with the ICVAHCS medical and professional staff. Each represented section was allotted approximately forty-five (45) minutes to address the issues delineated in the Department of Veteran Affairs healthcare facility questionnaire(s) and other information they wished to share.

- **Human Resources staff**
  - » Has one of the longest tenured HR Director in the VA healthcare System (15 years)
  - » Vacancies –160 open positions
  - » More than 75 percent of the open positions are direct patient care positions
  - » High burnout rate among physicians
  - » 27 percent of the ICVAHCS staff are veterans
  - » Turnover rate of positions is 9 percent or 179.82 of the approximately 2,000 employees
  - » Nursing turnover rate at the ICVAHCS is 5 percent
  - » VA needs to have the ability to advocate for themselves, trying to sell the facility as a standard of care, need a centralized process to fight the negative press
  - » Health care providers have a joint appointment with the ICVAHCS and with the University of Iowa Medical Schools for residencies and continuous health care education.
  - » On-boarding process is 30-60 days depending on hire. The length of time is from hire date to start date.
  - » The local union of the American Federation of Government Employees (AFGE) is using the VA Accountability, Whistleblower Act to instill a level of fear in employees regarding their future employment within VA.
  - » Trying to stay competitive with the local medical centers in Iowa City by trying to match offers that are made out in the community to recruit the best talent.
  - » Consistently surveying the market so their pay scales can stay competitive with the local health care markets especially with Nurses and Physician Assistants (PAs).
  - » Health Care Specialists (i.e. Neurosurgeons, Gastroenterologists) can make more money in the private sector than what VA offers due the $400, 000 pay cap.
  - » Conversion of all VHA personnel systems under Title 38 or Hybrid Title 38 authorities would eliminate classification disparity across VA, and allow for more flexibility in hiring and pay.
- **Financial Management staff**
  - » The Care in the Community budget does not reside within the healthcare systems. It is controlled by VA Central Office (VACO) which makes it very difficult for the facility to properly manage veteran's health care. VACO is taking control away from the local VA healthcare facilities.
  - » As of June 20, 2017, the ICVAHCS had $1.4 million for staffing and $8 million for care in the community left from the Choice funding.
  - » The ICVAHCS Non-VA Coordinated Care (NVCC) budget has drastically been reduced by approximately $39 million since fiscal year (FY) 2015.
  - » The ICVAHCS staff feels that they are being forced to outsource the care with the way funds are being allocated. Staff also feels that less NVCC dollars within the VA healthcare system will eventually lead towards privatization of veteran's healthcare.
  - » Centralized contracting is an issue to deal with fiscally. The facility processes are slowed down.
- **Clinical Service Line Managers**
  - » Getting health care providers to work in the rural parts of Iowa is challenging.
  - » The ICVAHCS provides same day access for primary care services at all of their Primary Care Aligned Teams (PACT) throughout the healthcare system to include at all of their affiliated CBOC's.
  - » The new Electronic Health Record (EHR) is creating anxiety among the staff. Staff is concerned how the new EHR software will interface with VISTA and CPRS.
  - » There is a lot of duplication of documentation, and it takes too long for health care providers to learn how to enter health care data into the multiple systems effectively and efficiently. Efficiencies are decreased as a result of multiple data entries.

» The ICVAHCS established a critical care checklist to ensure patient's needs are met and that unnecessary practices are not being conducted.

» The ICVAHCS established a centralized specimen collection team to decrease errors and repeated samples.

- **Business Office staff**

» The ICVAHCS has a robust Veterans Transportation Service (VTS) door-to-door program with a total of seven employees, five of which are drivers for five vans transporting over 2,100 veterans to outpatient medical appointments. The VTS program also provides transport services to veterans who are being discharged from inpatient care who do not have any transportation home. The ICVAHCS VTS program has saved the healthcare system over $20,000 in veteran's beneficiary travel payments and over $175,000 for veterans in need of special mode transportation. A challenge for the ICVAHCS VTS program to grow is the length of time it takes for the VTS program to receive a new van. It can take up to a year for a van to be delivered. Another challenge that the VTS program has nationally is funding. If no funding is available the program may be discontinued if VA healthcare systems nationwide cannot show the real benefits of the program.

» The staff conducts on average one or two outreach events per month to assist veterans in enrolling for VA benefits.

- **Quality, Safety, Value Service staff**

» Staff indicated that End-of-Life Care planning is a challenge. Staff also indicated that this is a systemic issue within the VHA. This end-of-life planning needs to be conducted closer to a veteran's diagnosis rather than waiting until the end-of-life is near. This includes deciding who will be making the decisions for the veteran.

» The ICVAHCS currently has a three-star ranking in the 2016 VHA Strategic Analytics for Improvement and Learning (SAIL) report which is a large improvement from the baseline numbers that were previously presented one year earlier. However, it was noted that the ICVAHCS focus for improvement resulting from measures falling below the national average include: in-hospital and 30-day mortality, Ambulatory Care Sensitive Condition Hospitalizations (ACSC), 30-day readmissions, and physician productivity.

» The ICVAHCS patient satisfaction scores ranks in the top 15 percent when compared to other VA Medical Centers.

» The ICVAHCS has a 96 percent ranking on the Consumer Assessment of Health Providers and Systems (CAHPS) online tool that VA is currently using to measure access to care.

» 92 percent of patients enrolled at the ICVAHCS needing a primary care appointment can get one the same day.

» Patients are screened for the presence of advance directives in primary care, ambulatory surgery, mental health, and inpatient hospitalization. Social Work assists patients with completing an advance directive.

» The ICVAHCS performs Environment of Care (EOC) rounds weekly, and deficiencies are corrected on the spot.

» Staff meets with the Medical Center Director on a weekly basis to discuss quality and patient safety metrics.

» Performs JC and CARF readiness rounds monthly.

» Performs Sterile Processing Service rounds weekly.

» Hires students from the University of Iowa to be "observers" and "secret shoppers" to conduct hand hygiene rounds.

» Each of the ICVAHCS CBOCs has a social worker on-site to assist veterans.

» Staff follows-up on all negative comments from the Press Ganey patient satisfaction report and uses them as a training tool to improve the overall veteran experience.

» The ICVAHCS has a "Tell it to the Director Program". This program allows veterans and their families to communicate with the Medical Center Director by placing a comment in several of the boxes located throughout the healthcare system. The Director receives approximately 50 comments per month and responds to all comments.

» The ICVAHCS leadership team conducts monthly hour-long stakeholder calls to include Veteran Service Organizations (VSOs) to keep stakeholders abreast of issues and happenings taking place at the ICVAHCS.

- **Suicide Prevention staff**

» The suicide prevention team consists of a coordinator and two case managers who manage a case load of 90-130 veterans at any given time. The staff responsibilities include crisis management, connecting veterans with VA and community resources, consulting with VA staff, community partners, and families on cases involving high suicide risk, writing/consulting on policy and procedure development, data collection, and conducting 10 outreach and education events per month in effort to reach veterans no matter how far they reside from the ICVAHCS.

» To prevent burnout among the staff, the suicide prevention team has a debriefing call at the end of each day to support each other and to discuss the day's activities.

» The most recent suicide at the facility discussed previously is still confidential and is currently under investigation by

the VAOIG. The VAOIG report is due to be released in July 2017.

» Clinicians within 90 days of employment are trained in suicide prevention and how to recognize the warning signs of suicide. All new employees receive basic suicide prevention awareness education during their first week of orientation.

» The ICVAHCS Pharmacy Department has four pharmacists specializing in mental health pharmacological treatments.

» A multidisciplinary team including Suicide Prevention, Pharmacy, Patient Safety, and Pain Management Clinic, Mental Health Nursing, and Primary Care Nursing staff has implemented a medical alert that is placed in a patient's chart when they have overdosed on medications in the past. This alerts the physician to the recommendation of prescribing only two-week intervals of medications to reduce the risk of recurrence of the suicide attempt by overdosing.

- **Women Veteran's Program Manager**
  - » The Women's Veteran's clinic has 2,910 women veterans utilizing the clinic.
  - » The Women Veterans Program Manager (WVPM) at the ICVAHCS is also the Acting VISN 23 Women Veteran's Program Manager
  - » The ICVAHCS has a model three women veteran's health clinic. A floor is dedicated for women veteran's health care services.
  - » The clinic offers primary care and specialty care services that are gender-specific to include infertility care in conjunction with the University of Iowa Hospitals and Clinics for those veterans with service-connected disabilities. Veterans receiving these specialty care services receive a discounted rate through the ICVAHCS agreement with the University of Iowa Healthcare System. Infertility health care services can cost $25,000 or more; these costs are discounted to $5,000 per treatment for the patient.
  - » The healthcare system offers gender-specific health care services to include: A breast specialty clinic to include surgical services, Gynecology, Reproductive Endocrinology and Infertility, and on-site mammogram services that provide women veterans with same day results.
  - » The healthcare system has a women veteran's health liaison and one to three providers at each CBOC to treat women veterans.
  - » The WVPM conducts 30 outreach events per year.
- **Military Sexual Trauma (MST) Coordinator**
  - » The MST Coordinator is not a full-time position. The MST Coordinator splits time between clinical and administrative services. (80 percent-Clinical, 20 percent-Administrative)
  - » 100 percent of Mental Health staff and Primary Aligned Care Team (PACT) providers have completed education as mandated in the 2012 MST education directive. For Fiscal Year (FY) 2016, these numbers were 86 of 86 and 32 of 32, respectively. Updates in local policy will include all clinical staff in PACT in education initiatives.
  - » The MST Coordinator distributes information on local and online training resources with Continuing Medical Education (CMEs)/Continuing Education Units (CEUs) for issues clinically relevant to MST. The MST team also hosts MST awareness events throughout the month of April, with special training topics relevant to VA staff.
  - » The VA has a goal of universal screening for MST for every veteran receiving VA health care. This is completed through the Computerized Patient Record System (CPRS) clinical reminders. As of FY16, 99.7 percent of veterans in the ICVAHCS had been screened for MST.
  - » In FY16, the ICVAHCS served 1,223 veterans with MST histories (516 male veterans, 707 female veterans). This is 32.6 percent of the ICVAHCS female population and 1.4 percent of the ICVAHCS male population.
  - » Considering high rurality of the medical center, the ICVAHCS established a team of providers with interest and specialty in issues related to sexual trauma and expanding access to mental health services through telehealth. Each ICVAHCS location has a point of contact from the team to provide education, referrals, and support to veterans and staff at their particular site.
- **Homeless Veteran's Program Manager**
  - » The ICVAHCS Homeless Veterans Program staff consists of 23 staff members to assist their homeless veterans within their catchment area.
  - » The Point in Time (PIT) count for 2016 by the Institute for Community Alliance shows that there are 58 homeless veterans in the ICVAHCS catchment area. Of those 58 homeless veterans, 55 were sheltered.
  - » In FY 2016, 176 or 97 percent of available Housing and Urban Development, VA Supportive Housing (HUD/VASH) vouchers were utilized.
  - » The ICVAHCS has a robust veteran's homeless program to include two Community Resource and Referral Centers

(CRRC) in Cedar Rapids and Davenport, IA. The Cedar Rapids CRRC saw a total of 401 unique veterans for FY16 totaling 2,501 visits. The Davenport CRRC saw a total of 302 unique veterans for FY16 totaling 1,640 visits.

» The Cedar Rapids and Davenport CRRCs have a plethora of services to assist their veteran homeless population to include: Social Work Supervisors, Homeless Outreach Social Workers, Homeless Grant per- Diem Social Workers, HUD/VASH social workers, HUD/VASH Nurses, Homeless Medical Support Assistants, Homeless Peer Support Specialists, Veterans Justice Outreach Coordinators, and Community Employment Specialists.

» Each CRRC offers the following services: showers, laundry facilities, clothing room, sundries, food pantry, and access to computers for job hunting and VA benefits, coffee, snacks, and ancillary services.

» The ICVAHCS Homeless Veterans Program has affiliations with other homeless shelters in their catchment area to house veterans to include: the Humility of Mary Shelter, a 13 bed facility in Davenport, IA; the Shelter House, an 11 bed facility in Iowa City, IA; and the Christian Care Mission, a 6 bed facility in Rock Island, IL.

» The ICVAHCS Homeless Veterans Program staff conducts quarterly briefings to all CBOC staff to inform them of the services available to homeless veterans.

» The ICVAHCS has good outreach to include conducting 6 homeless stand-downs yearly throughout Iowa to enroll veterans into the healthcare system. The American Legion Department of Iowa has offered to assist with future stand-downs.

- **Patient Advocate staff**

» The Patient Advocate staff consisting of two advocates reports directly to the Chief of Quality and Performance Improvement and acts independently of the Medical Center Director.

» The healthcare system's leadership empowers front-line staff to resolve issues or complaints that they receive from veterans and their families at the point of contact before escalating it to the patient advocate and/or service-line manager.

» The medical center has a detailed customer service recovery plan with a flowchart within their Patient-Centered Policy that all staff are trained on.

» To improve customer service, the ICVAHCS shows pictures and provides contact information of the service-line supervisor/manager to assist veterans on who to contact if their issues are not resolved.

» Staff gives out free beverage vouchers to veterans and families as a way for staff to apologize if they are waiting too long for their appointment.

» When a negative report is filled out it goes directly to the service-line manager for immediate corrective actions.

» The Medical Center Director meets directly with family members when serious issues are raised to their attention.

» The American Legion Department Service Officer (DSO) is located around the corner from the Patient Advocates Office so veterans can solicit The American Legion to assist them with their issues.

» To improve customer service, the ICVAHCS has a pager system for veterans and family members waiting for their health care appointment. This allows the veterans and their family members to move more freely throughout the medical center, both inside and outside the building and they are paged when the provider is ready to see them.

» 25 percent of the overall complaints involve the Choice Program and HealthNet. The Non-VA care staff are off-site making it difficult for staff to solve veteran complaints regarding care in the community. HealthNet needs to have a representative in the hospital to answer care in the community questions raised by the staff, veterans, and families.

» The healthcare system also receives complaints regarding not having accommodations for family members to stay overnight. The ICVAHCS does not have any memorandum of understanding (MOU) with any of the local hotels to provide those accommodations.

» The Executive Leadership Team, to include service-line chiefs, reviews Press Ganey, (the medical center's patient satisfaction survey tool) comments each week and uses the comments as training tools.

- **Supply Management staff**

» The ICVAHCS has not received any guidelines from VA Central Office regarding the implementation of Catamaran, the VA's new inventory management system. Currently, AutoGen is the computer system being used for supply ordering.

» The facility has product distribution technicians that scan the supply rooms daily for shortages or expired items. The facility also has three drivers that deliver supplies and equipment daily to the CBOCs.

» The Clinical Product Review and Equipment Committees meet monthly.

» The facility has two people in each service-line that monitor recalls of products used in the areas.

» The facility has two inventory managers responsible for monitoring expendable products and two inventory managers responsible for monitoring equipment recalls.

» The facility has a supply replacement agreement with the University of Iowa for needed supplies and equipment.

» The staff would like to see VA expand the national prime vendor contract to include more supplies and equipment that are not listed for purchase.

» The supply management staff is very concerned about the implementation of the recently announced IT system including Cerner and Catamaran and how those systems will interact with the VISTA IT system and the many applications and overlays being currently used within VISTA.

- **Facility Management staff**

» The facility has difficulty in competing with the private sector recruiting Engineers due to VA having a lower pay scale than the private sector. The average starting pay for a VA Engineer is at a GS-5 level earning $32,000-$35,000 per year depending on the grade and step with a maximum GS-11 pay scale earning $56,000 per year. In the private sector, an Engineer can start earning $75,000 or greater straight out of college.

» Conversion of VHA personnel systems under Title 38 or Hybrid Title 38 authorities would eliminate classification disparity across the VA and allows for more flexibility in hiring and pay.

» The ICVAHCS does hire facility management staff at a higher level than VA requires to recruit qualified and skilled employees.

» The ICVAHCS has 41 construction projects that are in their five-year facility plan to include: a new egress stairwell on the West Side of the hospital and completing a four story specialty care building that will add an additional 18 examination and treatment rooms. The scheduled completion date for the specialty care building is in 2022. There are 23 projects that are listed as non-recurring maintenance, 12 that are listed as minor construction, and 6 that are listed as leased projects.

» VISN 23 has funding for construction projects. However, there are currently 13 open vacancies for construction contracting officials making it more difficult to start and complete scheduled projects.

» The main challenge that the facility management staff has is with centralized contracting.

Best Practices

Facility space

- **General Services Administration (GSA):** The ICVAHCS has an agreement with the GSA to transfer funds to purchase and design the unoccupied post office building in downtown Iowa City. This space will be converted into an outpatient healthcare facility. This will allow the ICVAHCS to improve veteran access to needed health care on an outpatient basis.

Employee Programs

- **ICARE/ITRUST Core Value Program:** The ICVAHCS developed a program that extends the VA's Integrity, Commitment, Advocacy, Respect, and Excellence (ICARE) model. The ICARE, I-TRUST cultural transformation program is based on personal credibility and team behaviors that strengthen relationships, build team unity, and empower employees to have crucial conversations and build their personal and professional communication skills. The healthcare system has trained over 1,500 employees including all of the CBOCs and off-site locations on the I-TRUST model. The I-TRUST model works to build an environment of trust and collaboration among all employees to work together to provide outstanding patient care and services. The ICVAHCS is the first in VA to incorporate this framework and is the leader in the process.
- **Certified Registered Nurse Anesthetist (CRNA) program:** The ICVAHCS developed this Veteran Integrated Services Network (VISN) system-wide program to serve as an aid to recruit and retain CRNAs to be employed at the ICVAHCS as well as at healthcare facilities within VISN 23. Recently, the program has graduated four nurses with the plan to request more to participate in the program.

Complementary and Alternative Medical (CAM) treatments

- **Chiropractic Care Clinic, Acupuncture clinic, and yoga classes are imbedded within the Pain Management Clinic:** The ICVAHCS offers chiropractic care, acupuncture services and yoga classes to their enrolled veterans who are suffering from pain caused by neuromusculoskeletal and other health related conditions.

Care in the Community (CITC)

- **Time Out for Consults:** CITC conducts a timeout anytime that multiple consults are received for one veteran. In the current set-up, staff members are assigned by specialty, so this allows staff to quickly huddle and discuss the veteran's consult status. This typically ends with the veteran having one point of contact for all consults, preventing confusion and delays in care.

Nursing

- **Patient Care Simulation Lab:** The ICVAHCS has a nationally certified interactive simulation center, allowing for full mock codes, ACLS and BLS certification of staff and residents, training, and development for clinic staff and support for trainees who are rotating through the ICVAHCS such as nursing students, medical students, respiratory therapy students, etc.

Specialty ServiceS

- **Direct Scheduling for Audiology and Optometry:** Patients utilizing the Audiology or Optometry clinics no longer need a consult from a Primary Care physician for routine visits such as annual exams. Patients can call the clinic directly at the published phone numbers and schedule the appointment with the clinic clerk who answers the call.

Surgery Services

- **Paired Kidney Donation Program (KDP):** The Iowa City VA is the only VA in the Nation to provide access to the UNOS KDP program, which increases the possibility of an organ match by leverage a network of living donors across the country that can draw from the network of registered kidney donors that are willing to donate but may not be a match for the loved one or friend to whom they originally intended to donate their organ.

Human Resources

- **Hire Right, Hire Fast:** The Hire Right, Hire Fast program allows Medical Support Assistants (MSAs) to be hired quickly through community referrals when supervisors are made aware of a veteran who qualifies for the position without navigating the USA Jobs process. This allows supervisors to fill critical scheduling positions with qualified candidates in short timelines to ensure direct patient care is uninterrupted.
- **Onboarding Redesign:** The ICVAHCS Human Resources Department redesigned the onboarding process, working with Education, supervisors, HR Specialists, and new employees to reduce onboarding times for the health care system. Current onboarding times are 30 – 60 days depending on the complexity of the hire.

Communications

- **Stakeholder Communications:** The ICVAHCS holds monthly communication rhythms with the community, including a quarterly director's stakeholder's call, a quarterly stakeholder face to face meeting, and a quarterly town hall event that rotates among the 9 communities with CBOCs. The ICVAHCS also has implemented a Tele-Town Hall event annually that allows the health care system to reach over 3,000 veterans on a live interactive teleconference to provide updates, information, and take calls from veterans. The next Tele-Town Hall is in September 2017.

Suicide Prevention

- **Medication Overdose Alert:** A medical alert has been implemented that is placed in a patient's chart when they have attempted to overdose on medications in the past. This alerts the physician who then prescribes only two-week intervals of medications to prevent the recurrence of the suicide attempt.

Health Care Treatments

- **Hepatitis C:** The ICVAHCS has treated over 450 veterans with a 93 percent cure rate. Dr. Villalvazo has patients who are willing to tell their story about how thankful they are and how good they feel. The ICVAHCS has great team effort with pharmacy, medicine, and nursing.
- **Pulmonary Nodules:** Dr. Sanchez, Shannon Fessler, and their team have done an outstanding job tracking veterans with nodules and have stories of catching cancer early. Dr. Hoffman is a national expert on lung cancer screening and the risk/benefits and is part of that team funded by the Office Rural Health (ORH).

Exit Leadership Briefing

The SWS team conducted an Exit Briefing on the last day of the site visit with the ICVAHCS executive staff to discuss the findings and to outline recommendations for the healthcare system based on the program office meetings and input from the ICVAHCS staff.

Challenges

1. **Challenge: Better definition/accurate reporting of wait times**

- ***Recommendation:*** The Department of Veterans Affairs needs to develop a better mechanism for defining, collecting, and reporting accurate wait time data. The American Legion's Department of Iowa is currently having preliminary discussions on drafting a resolution urging VA to work with the VSOs and other stakeholders in a transparent manner to write standard

definitions on wait times and to develop a consistent, understandable method for calculating the various wait times.

2. **Challenge: Veterans Choice Program (HealthNet):**

- ***Recommendation:*** If the Third-Party Administrators (TPAs) are not meeting the needs of veterans, the VA should hold them accountable for violating and/or not meeting their contractual obligations. The American Legion will continue to hold meetings with the TPA to express what is being identified from our SWS visits and what is said from our members.

3. **Challenge: Recruiting and Retention**

- ***Recommendation:*** To improve recruiting of veterans into the VA Healthcare System, VA needs to do a better job through their communications department counteracting negative publicity and showing veterans and the American public why the VA healthcare system is a good place to work. Also, VA needs to improve their incentives to recruit and retain top talented health care providers to work specifically in rural communities.

4. **Challenge: Ability to communicate positive healthcare system messages**

- ***Recommendation:*** The VA needs to empower local leadership at the healthcare systems and medical centers to get positive messages out into the community in a timely fashion. This allowance will eliminate layers of bureaucratic red tape.