



EASTERN OKLAHOMA VETERANS AFFAIRS HEALTHCARE SYSTEM | MUSKOGEE, OK

Date: February 20-22, 2018

Veterans Affairs & Rehabilitation (VA&R) Commission Member: Scott Tafoya (OK)

American Legion Department of Oklahoma Leadership: National Executive Committeeman (NECman) Tim Smith and Adjutant Carl Kuykendall

Veterans Affairs & Rehabilitation (VA&R) Commission, National Staff: Assistant Director for Health Policy, Warren J. Goldstein

Chairman's Statement

In 2003, Ron Conley, who was The American Legion National Commander that year, visited over 40 Department of Veterans Affairs' medical facilities across the country. He assessed the delivery of health care provided by the VA to the nation's veterans. Commander Conley wanted to determine if the VA health care system was truly a System Worth Saving. The following year later, The American Legion passed a resolution that made the System Worth Saving a permanent program and placed responsibility for program administration under the Veterans Affairs and Rehabilitation Commission.

After nearly two decades, The American Legion has conducted more than 150 System Worth Saving visits to Department of Veterans Affairs/Veterans Health Administration medical facilities in the United States, its territories, and the Philippines. Over the course of those visits, The American Legion has played an integral role in shaping federal legislation to improve the delivery and quality of healthcare at VA/VHA medical facilities. Furthermore, each System Worth Saving visit culminates with a report that informs members of the American Legion and provides fresh insight to the president of the United States, members of Congress, the Secretary of Veterans Affairs, and other senior leaders at the Department of Veterans Affairs/Veterans Health Administration about the challenges and best practices at VA medical centers.

Purpose

The rationale for The American Legion SWS visit to the EOVAHCS was to assess the overall performance of the medical center relative to the quality of care delivered to veterans who receive their health care at the EOVAHCS as previously reported. The visit was also to find out what the medical center's Executive Leadership Team (ELT) was doing to improve the overall performance of the health care system related to the Department of Veterans Affairs Office of Inspector General (VAOIG) report. The visit was also to find out what processes put in place by the new ELT to change veterans, family members, veteran service organizations (VSOs), and the public's overall perception regarding recent issues and challenges that have taken place at the EOVAHCS.

A System Worth Saving (SWS) team last visited the Eastern Oklahoma Veterans Affairs Healthcare System (EOVAHCS) in Muskogee, Oklahoma (OK) in 2004. In a December 2015 USA Today article entitled "I no longer trust them to fix me when I'm broken" highlighted cases of alleged poor health care provided to veterans and poor management deficiencies at VA medical centers in Oklahoma.¹ As a result, United States Senator Jim Inhofe (OK) requested the VAOIG conduct an investigation of health care operations of VA medical centers in Oklahoma to include the EOVAHCS in Muskogee.

On July 10, 2017, the VAOIG released a report entitled Clinical Activities, Staffing and Administrative Practices at the Eastern Oklahoma Healthcare System-Muskogee. The VAOIG report identified a recent decline in multiple quality of care measures and overall hospital performance at the EOVAHCS due to the health care system having several key leadership positions that have been in flux in the past few years.²

Since the VAOIG report released in July 2017, the EOVAHCS has made significant strides by completing 12 of 19 recommendations highlighted in the report. According to the Executive Leadership Team (ELT), 17 findings were in relation to the EOVAHCS and two assigned to the VISN for action. The medical center director informed the SWS team that the VAOIG report served as a good baseline of the health care system when he became director in June 2016 and where he and his leadership team need to improve the health care system back to where it was when it was four-star health care system.

Scope

The SWS site visit team had structured and unstructured interviews with the EOVAHCS senior and mid-management level staff. The interviews focused on the Executive Leadership Team, Quality Management staff, program service chiefs, and their staff. The SWS used internally developed questionnaires as its primary tool to lead the discussions.

Since access to care has been a recurring issue at the majority of Veterans Health Administration (VHA) medical centers, the SWS team interviewed the Chief of Human Resources to determine if the appropriate level of staffing existed at the facility. The structured interview with the Human Resources chief last-



ed 30-minutes and included the associate director. Discussion centered on staffing levels for physicians, nurses and other staff critical to health care operations.

The scope for The American Legion SWS visit to the EOVAHCS was to assess the overall performance of the medical center relative to the quality of care issues and concerns identified in the VAOIG report.

Overview

For over 94 years, the EOVAHCS has been treating veterans in Eastern Oklahoma. The EOVAHCS has a proud legacy by naming the healthcare system after Jack Cleveland Montgomery, a Native American. Jack Cleveland Montgomery (July 23, 1917 – June 11, 2002) was a United States Army officer, a Cherokee Native American, and a recipient of the United States military's highest decoration, the Medal of Honor (MOH), for his actions in World War II. The EOVAHCS in Muskogee, Oklahoma, located in Veterans Integrated Service Network (VISN) 19 is part of the VA Rocky Mountain Network. The EOVAHCS is a Joint Commission (JC) and Commission on Accreditation of Rehabilitation Facilities (CARF) accredited VA health care system classified as a tertiary care Clinical Referral Level 1C VA health care system. The EOVAHCS has 89 authorized and operational beds. The EOVAHCS beds consist of 50 internal medicine beds, 14 psychiatry beds, 15-inpatient physical and rehabilitation beds, and 10 medical-surgical beds. The medical center utilizes the Oklahoma City VA Healthcare System (a two-hour drive) for most of its specialty care services.

The EOVAHCS has health care affiliations with the University of Oklahoma College of Medicine in Tulsa, Oklahoma State University, and with Griffin Memorial Hospital, a voluntary and involuntary inpatient mental health, substance abuse, and co-occurring trauma facility in Norman. The EOVAHCS provides comprehensive care through primary care, tertiary care, and long-term care in areas of medicine, surgery (orthopedics, general, and urology), psychiatry, physical medicine and rehabilitation, neurology, oncology, dentistry, and urology. The EOVAHCS has specialized programs for mental health intensive case management (MHICM), veterans homelessness, compensated work therapy (CWT), Military Sexual Trauma (MST) telehealth, telemedicine care coordination, tele-intensive care unit (ICU) (partnership with the Cincinnati VAMC), tele-Emergency Room (ER) and tele-stroke.

The EOVAHCS catchment area consists of 88,002 veterans living in 25 Oklahoma counties. The medical center has some veterans that live in Arkansas (226 unique veterans), North Texas (251 unique veterans), and Kansas (262 unique veterans) who elect to get their care at the EOVAHCS rather than receiving their care closer to home.

The EOVAHCS employs 1,300 employees of which 24.38% or 317 are veterans that serve 53,649 enrolled veterans, and 38,630 unique veterans (36,172 male unique veterans and 2,458 female unique veterans) through four Community-Based Outpatient Clinics (CBOCs) located in Tulsa, Hartshorne, Vinita, and Idabel, Oklahoma. All of the EOVAHCS CBOCs provide primary and consultative care in medicine, and mental health. The EOVAHCS has a separate behavioral medicine clinic located in Tulsa that provides outpatient mental health therapy and substance abuse treatment, as well as a separate behavioral medicine clinic in Muskogee that provides outpatient therapy for post-traumatic stress disorder (PTSD) and substance abuse.

As of February 1, 2018, according to the Department of Veterans Affairs (VA) Patient Access Data Report, the average wait times for veterans to receive health care at the EOVAHCS were as follows:

- Primary care average wait time-**1.98 days**, which is **6.08 days** below the national average of **8.06 days**,
- Specialty care average wait time-**7.70 days**, which is **3.66 days** below the national average of **11.36 days**, and
- Mental health average wait time-**6.30 days**, which is **.77 days** above the national average of **5.53 days**.³

In Fiscal Year 2017 (FY17) the EOVAHCS total operating budget was as follows: \$341 million (\$301 million for Medical Services; \$17 million for Medical Support and Compliance; \$23 million for Medical Facilities). Included in the Medical Services budget is \$85.8 million for Medical Community Care and \$12.9 million in Medical Care Collection funds. A further analysis of the \$85.8 million for Medical Community Care provides a breakdown of \$11.5 million for Choice funding and \$74.3 million for Non-VA Community Care.

In Fiscal Year 2018 (FY18) the EOVAHCS total operating budget was as follows: \$367 million (\$332 million for Medical Services; \$17 million for Medical Support and Compliance; \$18 million for Medical Facilities). Included in the Medical Services budget is \$101.8 million for Medical Community Care and \$12 million in Medical Care Collection funds. A further analysis of the \$101.8 million for Medical Community Care provides a breakdown of \$15.1 million for Choice funding and \$86.7 million for Non-VA Community Care.

As of February 23, 2018, the EOVAHCS Choice Funding allocation for first Quarter was \$2 million and the second quarter allocation was \$12 million. As of February 23, 2018, the EOVAHCS has expended \$4.4 million, which leaves \$9.6 million remaining in Choice funding.

According to the VA Strategic Analytics for Improvement and Learning (SAIL) reporting system, most of Fiscal Year (FY)



2015, the health care system had a four-star ranking and was in the top 30 percent of VA health care facilities nationwide. However, in the fourth quarter of FY15 the health care system's overall quality performance had dropped in their overall star rankings from a four-star to a three-star. As a result of the findings, The American Legion decided to conduct a System Worth Saving (SWS) site visit to the EOVAHCS to assess the measures the medical center took to improve overall patient care and hospital performance based upon the VAOIG report and VA SAIL rankings.

According to the facility, the latest SAIL ranking for FY2107 Q4 ranked the facility as a two-star health care system due to the facility not improving in the areas of employee satisfaction, patient satisfaction and mortality rates.⁴ The health care system is looking at ways to improve their overall SAIL ranking to include setting up focus workgroups and changing their reporting structures for reporting metrics. Quadrad members will now lead these key metrics, working on culture, process changes, and dissemination of information and data. The first workgroup to address improving the health care system's SAIL ranking will take place on March 15, 2018.

Leading Cultural Change

Mr. Mark Morgan, the EOVAHCS medical center director and his new executive leadership team (ELT) were challenged due to the fact they inherited a culture where past leadership and service line chiefs made decisions in the best interest of their employees rather than what was in the best interest of the veteran. Because of the medical center having generational employees who live in the local area and who work at the medical center, previous service-line chiefs and supervisors protected those employees and did not hold them accountable for not doing their job to their fullest ability. Previous leadership was fearful that staff would leave the organization with having no one in place that was qualified to replace them.

As a result, Mr. Morgan and the ELT are rapidly changing the culture of the medical center by moving the facility from an employee-centric health care system to a veteran-centric health care system. The ELT at the medical center are holding staff more accountable to ensure decisions made at the medical center are in the best interest of the veteran rather than the employee.

Changes include increased rounding by Executive and Senior leadership using the "WE CARE" rounding models. Weekly teams led by an Executive leader meet with veterans and staff to discuss the veterans experience, staff engagement and process improvement ideas. Daily operations meetings include a brief discussion on ethics and leadership. The medical center director implemented significant changes in parking policies to increase

access to the main hospital and to their largest CBOC. Employees now park exclusively in satellite patient parking areas that were once used for patients. This increased parking that is closer for veterans to access the hospital and clinics. To increase staff satisfaction, the leadership team conducts Town Halls and celebrations focus on patient experience as well as employee engagement. The EOVAHCS implemented a new awards program to celebrate employees who demonstrated the ICARE values in their work. The medical center director and the ELT also round throughout the health system and clinics more frequently. The medical center director implemented significant restructuring of Primary Care service to improve the patient experience and staff responsiveness.

The EOVAHCS Senior Management Team (Quadrad) tenure is as follows:

- Medical Center Director – 1 year 7 months (Appointed on June 12, 2016)
- Associate Director – 9 months (Appointed on May 1, 2017)
- Chief of Staff – 1 month (Appointed on December 10, 2017)
- Associate Director, Patient Care Services – 10 years (Appointed on September 2, 2008)

During the SWS site visit, The American Legion SWS team was informed that personnel in an acting status staff six service-line positions were vacant. The following positions do not have a permanent Chief.

- Acting Chief of Engineering,
- Acting Chief of Human Resources,
- Acting Chief of Prosthetics,
- Acting Chief of Care in the Community,
- Acting Chief of Primary Care,
- Acting Associate Chief of Primary Care, and
- Acting Chief of Quality (recently hired permanently)

This constant change in hospital administration does not allow opportunities for assessing needs, to analyze and prioritize information, and to develop a comprehensive strategic plan that could pave the way forward for the EOVAHCS to recognize its place as a vital and vibrant health care system for veterans that they serve within their catchment area. With the hiring of Medical Center Director Mark Morgan, Associate Director Jonathan Placencia, Chief of Staff Rudolf Ulirsch, and Associate Chief of Nursing Carol Rueter, the American Legion believes Mr. Morgan's and his ELT's vision of positive change is apparent, his mission of improving medical processes along with staff, patient and community relationships is happening, and real cultural change is taking place. Leadership can and does make a differ-



ence, as staff has truly bought into his vision for change; patients are noticing the difference and the community are more engaged in the EOVAHCS.

Town Hall Meeting

The SWS team held a veterans town hall meeting at the Jack F. Smith American Legion Post #15 in Muskogee, Oklahoma. Over sixty Eastern Oklahoma veterans attended the meeting, along with family members, several members of leadership from The American Legion's Department of Oklahoma, EOVAHCS ELT, several EOVAHCS program office service chiefs, and staff from the U.S. Congressional offices of Senator James M. Inhofe and Representative Markwayne Mullin. The town hall meeting offered veterans a chance to publically voice opinions concerning their health care experiences at the EOVAHCS in Muskogee.

Mr. Mark Morgan, Medical Center Director, addressed the veterans in attendance by sharing some highlights of what is occurring for veterans enrolled at the health care system. He expressed that the health care system is committed to improving the delivery of health care for the veterans in Eastern Oklahoma. Mr. Morgan explained to the veterans and their families in attendance that his leadership team and their staff is working diligently on the Secretary of Veterans Affairs' five priorities for the department and how those priorities are being addressed at the EOVAHCS.

The EOVAHCS medical center director brought with him a number of staff members from the program offices to visit one-on-one with veterans who had specific concerns or issues regarding care that they receive at the EOVAHCS. EOVAHCS staff met directly with veterans recording their name, telephone number, and addressing their concerns. They assured veterans in attendance that their issues and concerns would be addressed.

Overall, The American Legion SWS team and The American Legion Department of Oklahoma were extremely pleased with the results of the town hall meeting and that veterans were very satisfied with the quality of health care they receive at the EOVAHCS. Most of the veteran's comments and dissatisfaction dealt with benefits and the approval process for levels of disability.

Executive Briefings

The SWS team along with the leadership from The American Legion Department of Oklahoma met with the medical centers newly installed executive leadership team. Medical Center Director Mark Morgan, Associate Medical Center Director Jonathan Plasencia, Chief of Staff Dr. Rudolph Ulirsch, Associate Chief of Nursing Carol Rueter, Ph.D., Acting Chief of Quality Toby Underwood, and Maureen Herd, Congressional Liaison

were present at the initial site visit and exit briefings. The meeting consisted of a transparent discussion covering a wide-range of topics including the recent issues raised in the VAOIG report, and the challenges that the medical center director and his leadership team face as it relates to directing a rural medical center.

The SWS team also met with the clinical and operational management staff from the following program offices: Human Resources, Financial Management, Clinical Service Line Managers, Business Office, Quality, Safety, and Value, Women Veterans, Military Sexual Trauma, Mental Health, Suicide Prevention, Patient Advocate, Supply Management, Facility Management, and Homeless Veterans. The SWS team took a tour of the EOVAHCS led by the ELT.

Accomplishments

A few of the healthcare system's accomplishments include under the leadership of Bonnie Pierce, Ed.D, the EOVAHCS has developed one of the strongest Case Management Utilization Review departments in the entire VA Health Care System. The EOVAHCS Case Manager Supervisor has developed best practices that have been shared with many other VAMC's across the country to improve health care delivery to all veterans. The Nurse Supervisors and Case Management team have focused on the Attributable Effects⁵ report to increase quality of care and inpatient satisfaction while hospitalized. The Case Managers work closely with the Social Work Department to prevent unnecessary hospital readmissions by focusing on efficient and safe discharge planning. Case Managers make sure that all discharging veterans have the necessary medications, scheduled appointments, and medical equipment to ensure a safe discharge back to home.

The EOVAHCS is very proud to recognize their high performing nurses through the Diseases Attacking the Immune System (DAISY) Award Program. DAISY awards are given out all over the world to nurses who show exemplary commitment to their field. The EOVAHCS also have created and developed the Busy Bee Award to recognize the Nursing Assistants (NAs) who demonstrate excellence in their work. In 2017, the EOVAHCS had five registered nurses (RNs) honored by the State of Oklahoma for being a Top 100 Nurse in Oklahoma. In addition to that, significant nursing achievement, one of our inpatient nurses was selected by the VISN to represent the Network in a national competition for the VA Secretary's Award in Excellence. The State of Oklahoma Federal Executive Board has selected EOVAHCS Nurse Leaders as Supervisor of the Year for three years in a row. Dr. Pierce continues to identify experienced nursing leadership and has recently recruited two accomplished nurse leaders for the Associate Chief of Nursing Inpatient and Outpatient positions.



Best Practices

Prosthetics Department: The EOVAHCS has an efficient system for processing Home Improvement Structural Alteration (HISA) projects for their enrolled veterans. From start to finish, it takes approximately 30 days. All incoming consults have actions taken in less than three days. All clothing allowances are entered throughout the fiscal year, which assists the VA Regional Office in issuing clothing allowances in a timely manner.

Social Work Homeless Program-Collaborative Community Outreach: The EOVAHCS has an effective and efficient collaborative community outreach to homeless veterans by working with four Native American tribes (Cherokee, Muscogee Creek, Osage and Choctaw) in the EOVAHCS catchment area to implement Tribal Housing Urban Development-Veterans Affairs Supportive Housing (HUD/VASH) vouchers for Native American veterans. The EOVAHCS had a successful 2017 Stand Down serving 306 veterans alongside 50 community agencies/partners with 311 volunteers.

Traditionally, Native Americans have had an inherent distrust of the Federal Government, especially the VA for their health care. This collaboration is a partnership between the VA and the Tribes that helps bridge the historical gap, and helps build trust with Native American Veterans and their families. Gaining the trust of the Native American Veterans communities builds stronger relationships with the Tribes as a whole. Increasing communication and educating the Tribes on programs and resources available to Native American veterans provides opportunities for better health outcomes and increased economic stability. This collaboration provides an opportunity to honor the military service of Homeless Native Americans through offering housing stability while respecting customs and tribal traditions.

Logistics Department: The EOVAHCS uses desktop delivery utilizing the Federal Supply Schedule Initiative Office Supply 3rd year (FSSI-OS3). This has enabled the facility to cut down on work processes and streamline customer service and confidence in office supply ordering. It has worked to improve hoarding of office supplies as under this initiative it allows for next day delivery of supplies including not only basic office supplies, but paper and toner as well. This has increased equipment accountability by having the personal property management (PPM) staff take over scanning of Equipment Inventory Listings (EILs) and reduced the number and amounts of report of surveys (ROS) as a result. This allows the facility to convert from a logistics based way of thinking to a supply chain management process in line with VAC Central Offices' restructure of the Veterans Health Administration's supply system. This enables the clinical staff to focus on veteran care and not mundane practices that are antiquated and do not coincide with counterparts in the private sec-

tor, which is also a detractor from being able to bring on qualified health care professionals who want to focus on patient care and not equipment accountability and ordering processes.

Environmental Management Service (EMS): The EOVAHCS uses state-of-the-art disinfecting robot machines referred to as Xenex X4 Light Strike Robots to kill microscopic germs that cause hospital-acquired (HAI) infections. The portable room disinfection robotic system uses a pulsed high intensity ultraviolet light that flashes Ultra Violet-C (UVC) energy through the cell walls of bacteria, viruses, and bacterial spores. These robots are effective in reducing contagious bacteria, which provides a safer hospitalization and reduces the infection rate. The Xenex X4 Light Strike robotic system also kills microorganisms such as Methicillin-resistant Staphylococcus aureus (MRSA), vancomycin-resistant enterococci (VRE), clostridium difficile (C-diff), norovirus, influenza, anthrax, and the Ebola virus. By using this modernized system, the EOVAHCS has been recognized for the reduction in their overall infection rates. The EOVAHCS has won several awards for the operation of these systems.

Inpatient Palliative Care: The EOVAHCS has an inpatient 10-bed Palliative Care Unit (PCU) that helps support the family and the veteran for end of life care. Over 90% of the veterans who pass away on the PCU have had education, counseling, and discussions with medical and clinical staff regarding their personal goals in end of life planning and decision-making. The EOVAHCS has been recognized for the quality of care provided to our veterans and families. Over 63% of the families who completed the bereaved family survey indicated that they believed the care of the veteran and support provided by the staff for the family was excellent, which is well above the national average. EOVAHCS has developed a Palliative Care Outpatient clinic to help veterans and their families with treatment planning and discussions concerning end of life planning.

Staff, patients, friends, and families at the EOVAHCS found a way to honor those veterans who pass away at the medical center. They initiated a program to provide a tribute to their veterans called The Honor Walk. The Honor Walk is announced over the medical center's public announcement (PA) system stating the following: "Attention VA medical center staff, visitors, and families, please join us in our 'Honor Walk' as we honor a fallen veteran." Everyone in the medical center lines up along the hallways stands at attention and veterans salute while the veteran's casket is escorted by Pastoral Care to the lobby and out the front door of the hospital into the transporting vehicle.

Environment of Care (EOC): During weekly EOC rounds, the Associate Director requires that the facilities staff carry the necessary tools, supplies, ladders, and equipment to perform on-the-spot corrections to any deficiencies found during the



rounds. This practice ensures that deficiencies found during EOC rounds are corrected when found to ensure that medical center is always survey ready.

Case Management: The Case Manager Supervisor was hired in 2011 from the private sector and built a strong case management team that focuses on high quality case management standards that are utilized in the highest functioning private hospitals.

The EOVHCS was awarded a Best Practice for the creation of the DASH (Discharge, Access, Safety, and Hold-ups) program. The DASH is a meeting at 8:30 am every day to discuss every patient's discharge plan, medical needs, and follow-up appointments.

The EOVHCS case management has specific strong practices that are characteristic to high functioning hospitals to include the following:

- Having a Full-time Bed Czar that reviews every admission to determine if admission meets the proper level criteria
- Discharge planning starts upon admission
- Working with Social Workers for safety in the home, and social environment
- Review continued stay to ensure the patient is discharged at the proper time.
- Inpatient stays have concurrent continued stay reviews
- Emergency Department (ED) admissions reviewed prospectively
- Surgical admissions reviewed prospectively
- Interdisciplinary team involvement
- Leadership support for Utilization Management
- Pre-admission screening
- Integrate Physician Utilization Management reviews

Challenges

During the meeting with the EOVHCS ELT, the medical center director identified the following as their challenges.

Recruitment of Key Leadership Positions:

Recruitment and retention in both clinical and administrative areas continues to be a significant challenge for the health care system. The lack of consistent leadership severely limits the ability to implement needed process improvements. For example, the EOVHCS in the past has rotated a Chief of Staff every 60-90 days as well as program service-chiefs who served in those roles temporarily.

Location of the EOVHCS in Muskogee:

Because of the health care system being located in a rural area of Eastern Oklahoma, the EOVHCS is hindered by recruiting quality physicians, nursing staff and other health care providers. Salary rates are not competitive to entice providers to commute from the Tulsa metro area, which is approximately 50 miles from Muskogee. Staff from every program office briefing addressed this as a main impediment to recruiting and retaining quality staff to work at the EOVHCS.

Mr. Morgan has recently actively been working with his executive leadership team on increasing the financial incentives to recruit medical providers. EOVHCS now has a smaller margin in pay difference between the VA and the private sector. At this immediate time, the location of the medical center appears to be the greatest barrier to physician recruitment. Examples of salary comparisons for medical provider with the Veterans Health Administration (VHA) are as follows:

Primary Care – There is a nationwide shortage of primary care providers. Salary is competitive to the private sector due to “no on-call or hospital rounding” being required. The EOVHCS is competitive with the private sector for primary care providers.

Hospitalist – The VA starting pay for a Hospitalist is \$240k. The salaries for hospitalists in the private sector range between \$240k - \$260k. The salaries for nocturnists in the private sector range between \$300k - \$310k. (A nocturnist is a hospital-based physician who only works overnight. Most nocturnists are trained in internal medicine or family medicine and have experience in hospital medicine. However, there are nocturnists trained in other specialties).

Psychiatry – The VA starting pay for psychiatrists range between \$225k - \$250k. The private sector pays psychiatrists \$300k plus.

Access to Quality Specialty Providers:

Due to the hospital being located in a rural market, it can cause delays in veteran's health care and create care coordination challenges with health care providers out in the community. Unfortunately, the state of Oklahoma is experiencing a critical shortage of specialty and primary care providers accepting new patients, especially in the more rural areas. Veterans and non-veterans who reside in rural areas often have to travel long distances for primary care and specialty care services. For example, there are very few Psychiatrists and Rheumatologists in Oklahoma who are accepting new patients, regardless of a patient's insurance status. Fortunately, EOVHCS veterans have the option of seeing specialty care through VA facilities and through Non-VA Care and Choice Program options.



Aging Veteran Population with a Lack of Sufficient Nursing Homes:

The Muskogee area lacks either a nursing home or an assisted living center, which makes placement post-hospitalization very challenging and can be a burden to families living in Eastern Oklahoma. The state of Oklahoma has seven state veteran's homes; however, none is close to the EOVAHCS. There are two state veterans' homes in the EOVAHCS catchment area to include the Claremore Veterans Center in Claremore, OK, which is a one-hour drive from Muskogee, and the Oklahoma Veterans Center in Talihina, OK, which is a two-hour drive from Muskogee. At the time of the February visit, the SWS team was informed that the Oklahoma Veterans Center in Talihina was currently not placing any more veterans.

After the SWS visit concluded, the medical center provided the following updated information relating to the Oklahoma Veterans Center in Talihina. The EOVAHCS informed The American Legion that on March 13, 2018, the Medical Center Director, Chief of Staff, Chief of Nursing, and Chief of Social Work visited the Oklahoma Veterans Center in Talihina. Currently, veterans may be placed in Talihina Veterans Center; however, the EOVAHCS placed a hold on placing veterans from the health care system due to the multiple reports of issues with staffing issues and quality of care. The medical center director could not in good conscience allow veterans in their care be discharged to a facility that he knew first hand was struggling with safety and staffing issues. After the visit, it was determined that numerous quality and staffing issues have been resolved. Mr. Morgan had other meetings with the medical staff to determine if it is safe to start discharging veterans from the medical floor to the Talihina Vet Center at this time. On March 16, 2018, the medical center director informed the SWS team that he decided to lift the hold on placing veterans at the Talihina Veterans Center. Mr. Morgan's primary reason for placing the hold was due to nursing staff to patient ratio was not at a level that he felt was safe for the veterans. After the meeting that took place at the Talihina Veterans Center it was determined that, the facility now has adequate staff and facility doctors in place to provide care to veterans needing those services.

Attracting Mental Health Providers to Work at the EOVAHCS in Muskogee:

Another challenge for the EOVAHCS is the inability to attract mental health care providers to work at the EOVAHCS and for the health care system to not have the ability to address increased inpatient capacity to meet the current and expected demand for mental health services.

Staffing Recruitment and Retention:

Currently, the EOVAHCS has 172 open positions, with every program office reporting staffing shortages. Due to the rurality of the EOVAHCS, it is extremely difficult to recruit highly skilled health care providers. Larger facilities in the Oklahoma area, such as those in Tulsa or Oklahoma City are more attractive for health care providers to work due to better professional opportunities. VA is not as competitive in pay with the private sector when compensating administrative or skilled health care workers. Due to the nursing shortages at the EOVAHCS and the inability to entice skilled nurses to come work at the medical center it costs the facility \$40,000-\$60,000 per month in overtime.

These situations combined pose serious challenges for the EOVAHCS, which has difficulties in recruiting qualified administrative and professional staff, physicians, nurses, mental health providers, and other health care professionals. To combat the staffing shortages, the medical center hosts job fairs throughout the year to hire clinical staff. During one recent job fair, the EOVAHCS screened, interviewed, and made initial offers to 22 eligible nursing candidates to fill some of their 38 open nursing positions. All 22 nurses were hired by the health care system and are going through the onboarding process as of the writing of this report.

The SWS team was informed during the briefings that administrative positions are under the Title 5 Authority and fall under the General Scale (GS). Therefore, they are stuck being classified by outdated Office Personnel Management (OPM) standards and the pay is not commensurate with the position or competitive with the market. For example, HR Specialists, Administrators, Engineers and housekeepers have salaries that are not comparable to the private sector.

The EOVAHCS has difficulty recruiting for the following positions; Engineers, a Human Resources Chief, a Logistics Chief or numerous other administrative positions because the salaries they offer are not competitive with the private sector. Nurses and doctors are under the Title 38 Authority and therefore, the EOVAHCS can adjust pay to compete with the local market.

Addendum

In June 2014, VA awarded a contract to Barkocy Construction Inc. (BCI) to prepare the EOVAHCS for natural disasters. The scope of working including constructing a building on the grounds of the medical center to house a generator. Six months after the contract was awarded, BCI began the construction without obtaining VA's approval for the excavation plan. The plan was submitted months later after the work begun. Five months after construction started, a parking lot and hillside collapsed.



On March 27, 2018, the VAOIG released a report entitled Review of Alleged Hazardous Construction Conditions at the Jack C. Montgomery VA Medical Center, Muskogee, Oklahoma. The VA Office of Inspector General (OIG) received an allegation regarding noncompliance with contract and Occupational Safety and Health Administration (OSHA) requirements at the Jack C. Montgomery VA Medical Center, Muskogee, Oklahoma, during the installation of a Full Facility Standby Generator. The allegation also stated that VA staff moved excavated soil using VA equipment. The OIG reviewed the contract for the generator installation valued at \$8.7 million and substantiated the allegation that VA officials contributed to hazardous construction conditions. The OIG did not substantiate that VA staff or equipment was used to move the excavated soil. The contracting officer's representative (COR) did not comply with contract requirements for approval of excavation and shoring design prior to beginning excavation, and did not perform a proper assessment of a hillside before using it to dispose of excavated soil. Furthermore, the COR accepted an excavation and shoring design with errors. The Chief, Engineering Service, did not ensure the COR had the experience to provide oversight of the excavation. VA officials terminated the contract after paying nearly \$5 million. An estimated additional \$17.5 million will be spent to fix problems that arose for total expected costs of \$22.5 million. The OIG also substantiated the allegation that VA officials provided inadequate assurance of contractor compliance with OSHA requirements at the excavation site. The construction safety officer did not follow VA policy on the frequency of safety inspections and did not effectively implement periodic safety inspections. The contracting officer, COR, or project engineer did not delegate safety responsibilities in accordance with VA policy. As a result, the contracting officer was not notified of OSHA violations and was unable to ensure a safe environment was maintained during the contract. The COR allowed BCI Construction to proceed with excavation without an approved excavation and shoring design plan one, which increased the risk of excavation failure. In addition, although the contract gave the COR authority to dispose of soil to designated areas on VAMC property, the COR's failure to properly assess the stability of the hillside as a disposal location for the project contributed to the hillside collapse. This amounts to a waste of \$5 million, and an additional \$17.5 million to fix the problem created.⁶

The EOVAHCS concurred with the recommendations made by the OIG and corrective actions were implemented and are being monitored. Executive leadership is also tracking closely and actions are documented. The OIG considers recommendation four closed based upon actions the EOVAHCS have already reported. "Mr. Morgan is committed to improving our processes so that we can provide the best care possible to our Veterans."⁷

Recommendations

Recruitment and Retention

Every available means needs to be enacted to help solve this critical issue at the EOVAHCS so that continuity of care and leadership continues to stay constant. To improve enrolling more veterans into the VA health care 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 health care system is a good place to work.

VA needs to improve their incentives to recruit and retain top talented health care providers, management and professional staff to work and live in rural and/or highly rural areas where VA medical systems are located. VA needs to take under consideration special salary rates, updating administrative, service-line and professional staff in order to stay competitive with the private sector.

Moving all Veterans Health Administration (VHA) jobs to the Title 38 Authority and having the ability to set pay based on the local health care market would allow for the recruitment of highly qualified candidates to work in administrative positions.

Through American Legion Resolution No. 115: Department of Veterans Affairs Recruitment and Retention, The American Legion supports legislation addressing the recruitment and retention challenges that the Department of Veterans Affairs (VA) has regarding pay disparities among those physicians and medical specialists who are providing direct health care to our nation's veterans. The Veterans Health Administration should continue to develop and implement staffing models for critical need occupations; and, that VA work more comprehensively with community partners when struggling to fill critical shortages within VA's ranks.⁸

Medical Center Strategic Plan

When the director was asked about the EOVAHCS strategic plan, he stated that while the plan has not been officially established, the EOVAHCS does have a strategic priorities flowchart. The EOVAHCS strategic priorities flowchart highlights the EOVAHCS plan to improve the veteran experience by putting the veteran in the center of all decisions made at the medical center. The EOVAHCS strategic priorities flowchart includes Access to Care, Trust in VA, Employee Engagement, High Performing Networks, and Best Practices.

The American Legion recommends that the EOVAHCS leadership team with the input from medical center service line chiefs and their staff develop a comprehensive medical center strategic plan. Their strategic plan at a minimum needs to address how the medical center will improve veteran's access to health care services



and programs, outreach, cultural and institutional change. The strategic plan also needs to address the facility operational plans in order to meet the requirements of the VHA national strategy plan.

Medical Center Signage

During the site visit and tour of the medical center, it was noticed that there was no signage of medical center leadership, patient advocates, and/or service line chiefs for veterans and family members seeking assistance or service recovery regarding issues and concerns that are raised. The EOVAHCS through the patient advocate program has service liaisons; however, it does not have service line patient advocates to assist in service recovery.

During our SWS visit to the VA Montana Health Care System, they discussed a Service Recovery best practice. The medical center posted pictures of the service line chief for that area outside the clinical waiting areas to familiarize veterans and their families who to contact in case they need assistance. The American Legion recommends that the EOVAHCS consider implementing a Service Level Patient Advocacy Program similar to what we found at the VA Montana Health Care System.

VA Onboarding Process for Health Care Providers and Staff

During the meeting with the service line chiefs, The American Legion SWS team was informed that the medical center is losing some qualified candidates to other community health care organizations due to the lengthy VA onboarding process for new employees who were hired to work at the medical center.

The American Legion SWS team will meet with the VHA Office of Workforce Services to better understand the reasons why it takes so long to bring staff on board at the EOVAHCS and at VA health care systems nationwide. The American Legion will also stress to VA that they look at strategies to shorten the onboarding process to reduce the shortages of critical need occupations.

Communication with External Stakeholders

The EOVAHCS is fortunate to have a broad based coalition of Veteran Service Officers and Veteran Service Organizations (VSOs) such as The American Legion Department of Oklahoma leadership who receive their health care at the medical center. The American Legion wants to see the EOVAHCS succeed to provide the best health care for veterans who live in Eastern Oklahoma and within the catchment area of the health care system.

The American Legion highly recommends that the medical center leadership maximize to the extent possible their relationship with these individuals and organizations to help communicate their messages, town hall meetings, and other significant medical center events.

Conclusion

It was obvious from the SWS team throughout the various meetings with the executive staff, service line chiefs, program office staff, and veterans who receive their care at the medical center that under the leadership of Mr. Mark Morgan and the newly installed executive leadership staff, a positive change in culture is occurring at the EOVAHCS. The new team is committed to putting veteran's health care in the forefront of everything effort at the EOVAHCS. The medical center director and his ELT are moving the EOVAHCS in the right direction to make it once again a highly performing VA health care system serving the veterans who utilize the health care system.

The American Legion will conduct a conference call in six months with Mr. Morgan and his staff to follow-up on the progress of the medical center since the visit and to see if The American Legion's recommendations have been implemented.