



THE AMERICAN LEGION

# SYSTEM WORTH SAVING

## 2019 REPORT

Brett P. Reistad, *National Commander*



## **PREAMBLE TO THE CONSTITUTION**

### **FOR GOD AND COUNTRY WE ASSOCIATE OURSELVES TOGETHER FOR THE FOLLOWING PURPOSES:**

- To uphold and defend the Constitution  
of the United States of America;
- To maintain law and order;
- To foster and perpetuate a one hundred percent Americanism;
- To preserve the memories and incidents of our associations  
in the Great Wars;
- To inculcate a sense of individual obligation to the community,  
state and nation;
- To combat the autocracy of both the classes and the masses;
- To make right the master of might;
- To promote peace and goodwill on earth;
- To safeguard and transmit to posterity the principles  
of justice, freedom and democracy;
- To consecrate and sanctify our comradeship by our devotion  
to mutual helpfulness.



Dear Legionnaires and veteran advocates:

These are historic times not just for The American Legion but for veterans everywhere. The aptly named VA Mission Act went live on June 6, 2019. It is fitting that this occurred on the 75th anniversary of the Normandy invasion. American heroes and our allies had the awesome mission of liberating a continent for the sake of freedom. The VA Mission Act is a comprehensive overhaul of the delivery of health care which includes a strong emphasis on serving patients in their communities and expanding caregiver benefits. This will benefit not just the heroes of World War II but veterans of every generation.

And speaking of missions, is there any issue more important than suicide prevention? It is not enough to simply cut the suicide rate among veterans. We must provide every resource possible to prevent these tragedies from occurring. That means removing the stigma that discourages so many veterans from seeking help. It means making sure that every VA facility and community clinic has qualified professionals able to help

these veterans immediately. It means making sure that the national suicide hotline, 800-232-8255, is always working and the number is ubiquitous.

Suicide is often the final and fatal blow of a prolonged mental struggle. If VA can better treat post-traumatic stress disorder, depression and substance abuse, we can go a long way toward stopping many of these needless deaths. In doing so, we could also provide conditions which would increase the employment rate among veterans and decrease homelessness.

These are monumental tasks. It will require some of the best talent available in the VA health-care systems and fast, accurate and compassionate decisionmaking at VA regional offices. We always believed that VA is a system worth saving, but we want more than that. VA must be able to offer attractive employment opportunities so veterans can receive the quality of care that they deserve. They must also be given fair and timely decisions on their benefits applications. Thanks in large part to advocacy by The American Legion, the professionals at VA are more accountable than ever before, and the backlog of undecided claims is shrinking. Now let's insist on making a strong VA health system and benefits delivery operation even better.

Sincerely,

**Brett P. Reistad**

*National Commander*

The American Legion



## CHAIRMAN'S STATEMENT

On behalf of The American Legion's Veterans Affairs & Rehabilitation Commission, I am pleased to present the 2019 System Worth Saving (SWS) Executive Summary. The purpose of this report is to provide you with detailed findings from our SWS and Regional Office Action Review (ROAR) site visits of VA health-care facilities and regional offices in the second half of 2018 and the first half of 2019.



On June 6, 2018, President Donald Trump signed the VA Mission Act into law. One major component of the act is to improve access to high-quality care at VA facilities, virtually through telehealth, and in your community. VA states this initiative to "get the care and services you need, where and when you need them." VA has also created more ways to access health care, including expansion of VA's network of approved non-VA medical providers in your community, called "community care providers." The Mission Act was implemented June 6, 2019, replacing the former Veterans Choice Act.

Through the SWS program, The American Legion's mission is to improve timeliness and quality of veteran health care, regardless where it is delivered. We believe that all health care provided to veterans enrolled in the VA system is VA care, regardless whether it is delivered on a VA campus or through VA's Community Care program. All VA health care needs to respect the veteran patient through quality service, delivered in a timely manner, with efficient records transferability and invoices for community care paid in a timely manner.

We are watchful that VA does not use its Community Care program to supplement hiring providers, especially in rural areas. This type of practice could lead to using the Mission Act as a back door to privatization. Our SWS staff and volunteers will continue to monitor all VA care, both on VA medical campuses and in the community and report our findings to Congress, the VA Secretary and President of the United States.

The SWS program also contains ROAR, in which VA&R Division staff members conduct site visits at VA regional offices. The ROAR visits are offered in cooperation with VA to review processing of new claims and appeals for veterans benefits. ROAR visits help VA regional offices staff find errors in their claims processing and opportunities to correct them. The goal is to improve the VA claims-processing product while advocating for better service to veterans and their families.

It is an honor and privilege to serve veterans as chairman of VA&R Commission. As VA and Congress continue their efforts to reform the delivery of health care for veterans, The American Legion offers the SWS program as a vital resource, continuing to ensure the VA health-care system is the best in the nation. I encourage all veterans and fellow Legionnaires to share their personal experiences with American Legion staff at the national headquarters in Washington, D.C. Only through open and honest dialogue and shared accountability can we safeguard a health-care system dedicated to the highest possible standards while serving our nation's veterans.

**Ralph P. Bozella**  
*Chairman*  
VA&R Commission  
The American Legion

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*TBI & PTSD Programs Coordinator*

**Melinda M. Staton - New York**

*Claims Services Coordinator*



## **2018-2019 SYSTEM WORTH SAVING (SWS) SITE VISITS**

Aug. 6-8, 2018, <b>Minneapolis VA Health Care System, Minneapolis, Minn.</b> .....	pg. 4
Sept. 17-19, 2018, <b>Atlanta VA Health Care System, Atlanta, Ga.</b> .....	pg. 7
Oct. 29-31, 2018, <b>VA Central Western Massachusetts Healthcare System, Leeds, Mass.</b> .....	pg. 10
Nov. 19-21, 2018, <b>Marion VA Medical Center, Marion, Ill.</b> .....	pg. 12
Dec. 10-12, 2018, <b>Southern Arizona VA Health Care System, Tucson, Ariz.</b> .....	pg. 15
Jan. 21-23, 2019, <b>James A. Haley Veterans' Hospital, Tampa Fla.</b> .....	pg. 17
Feb. 4-6, 2019, <b>VA Palo Alto Health Care System, Palo Alto, Calif.</b> .....	pg. 20
Feb. 11-13, 2019, <b>El Paso VA Health Care System, El Paso, Texas</b> .....	pg. 26
March 11-13, 2019, <b>Southern Louisiana Health Care System, New Orleans, La.</b> .....	pg. 29
April 8-10, 2019, <b>Veterans Healthcare System of the Ozarks, Fayetteville, Ark.</b> .....	pg. 31
June 17-19, 2019, <b>Wilkes-Barre VA Medical Center, Wilkes-Barre, Pa.</b>	
July 22-24, 2019, <b>Martinsburg, VA Medical Center, Martinsburg, W. Va.</b>	
Aug. 5-7, 2019, <b>Illiana Health Care System, Danville, Ill.</b>	
Sept. 23-25, 2019, <b>Washington, D.C. VA Medical Center, Washington, D.C.</b>	
Oct. 22-24, 2019, <b>Lexington VA Medical Center, Lexington, Ky.</b>	
Oct. 22-24, 2019, <b>Colmery O'Neil VA Medical Center, Topeka, Kan.</b>	
Nov. 4-6, 2019, <b>Salisbury VA Medical Center, Salisbury, N.C.</b>	
Dec. 2-4, 2019, <b>Central Alabama Veterans Health Care System, Montgomery, Ala.</b>	

## **2018-2019 REGIONAL OFFICE ACTION REVIEW (ROAR) SITE VISITS**

July 11-12, 2018, <b>Los Angeles Regional Benefits Office, Los Angeles, Calif.</b> .....	pg. 34
Nov. 12-13, 2018, <b>Muskogee Regional Benefits Office, Muskogee, Okla.</b> .....	pg. 35
Dec. 11-12, 2018, <b>Huntington Regional Benefits Office, Huntington, W. Va.</b> .....	pg. 37
Jan. 20-21, 2019, <b>New York Regional Benefits Office, New York, N.Y.</b> .....	pg. 39
Feb. 12-13, 2019, <b>Lincoln Regional Benefits Office, Lincoln, Neb.</b> .....	pg. 41
March 12-13, 2019, <b>New Orleans Regional Benefits Office, New Orleans, La.</b> .....	pg. 44
April 9-10, 2019, <b>Little Rock Regional Benefits Office, Little Rock, Ark.</b> .....	pg. 48
May 21-22, 2019, <b>Wilmington Regional Benefits Office, Wilmington, Del.</b>	
June 18-19, 2019, <b>St. Petersburg Regional Benefits Office, St. Petersburg, Fla.</b>	
July 23-24, 2019, <b>Newark Regional Benefits Office, Newark, N.J.</b>	
Aug. 14-15, 2019, <b>Hartford Regional Benefits Office, Hartford, Conn.</b>	
Sept. 10-11, 2019, <b>Providence Regional Benefits Office, Providence, R.I.</b>	
Oct. 23-24, 2019, <b>Washington Regional Benefits Office, Washington, D.C.</b>	
Nov. 5-6, 2019, <b>Winston-Salem Regional Benefits Office, Winston-Salem, N.C.</b>	
Dec. 3-4, 2019, <b>Montgomery Regional Benefits Office, Montgomery, Ala.</b>	

Reports from the site visits can be found on [legion.org/systemworthsaving/reports](https://legion.org/systemworthsaving/reports)

## BACKGROUND AND HISTORY

In 2003, then-American Legion National Commander Ronald F. Conley visited and assessed the delivery of health care at more than 60 Department of Veterans Affairs (VA) medical facilities across the country. Commander Conley studied the delivery of health care delivered to the nation's veterans to determine if the VA health-care system was truly a "System Worth Saving." He determined it was, and is.

The following year, The American Legion passed a resolution making System Worth Saving (SWS) a permanent program under the national commander. The American Legion's National Executive Committee later realigned the program under the Veterans Affairs and Rehabilitation (VA&R) Commission.

Annually, commission members and staff conduct a series of site visits to VA medical facilities and regional offices. While on site, they meet with veterans, their families, VA administrators and employees to discuss successes, challenges, and limitations. Each site visit

culminates with a report that informs members of The American Legion, and provides additional insight to the President of the United States, members of Congress and the Secretary of Veterans Affairs. After nearly two decades, The American Legion has conducted more than 150 System Worth Saving visits to VA facilities in the United States, its territories and the Philippines.

The American Legion remains true to one of its original purposes stated in the original chartering documentation in 1919, "to consecrate the efforts of its members to mutual helpfulness and service to the country." Since then, The American Legion remains committed to mutual helpfulness by ensuring that VA continues intact and properly funded to achieve President Abraham Lincoln's charge, "To care for him who shall have borne the battle and for his widow, and his orphan." The American Legion believes in the quality of care at VA facilities and stands behind the concept that it's a "System Worth Saving."

### SYSTEM WORTH SAVING

An SWS site visit covers two and a half days, beginning with a veterans town hall meeting on the evening of the first day. The second and third days consist of a visit the local VA health-care facility and meetings with the executive leadership and departmental staff to discuss challenges and best practices.

### REGIONAL OFFICE ACTION REVIEW

Part of the SWS program includes visits to VA Regional Offices. These ROAR site visits include a review of randomly selected claims adjudications to evaluate the overall development of VA claims, interviews with VA employees, and discussions with local American Legion claims representatives.



**MINNEAPOLIS VETERANS AFFAIRS HEALTH CARE SYSTEM (MNVAHCS) | MINNEAPOLIS, MINN.**

**Date:** Aug. 6-8, 2018

**Veterans Affairs & Rehabilitation Commission:** David Rehbein, *Past National Commander*

**Veteran Affairs and Rehabilitation Division:** Edwin D. Thomas, *Health Policy Coordinator*

**BEST PRACTICES**

**Behavioral Recovery Outreach Team (BROT)**

The Minneapolis VA Health Care System offers BROT, which provides a continuum of care for veterans with distressed behavioral challenges due to neurocognitive disorders. The program strives to develop a comprehensive behavioral management program throughout MNVAHCS. Moreover, the program will

**Strategic Position of the Chief Experience Officer:**

Patient experience is a relatively new concept to most VA medical centers. Yet, MNVAHCS is creating an effective model that should prove replicable across the Veteran Integrated Services Networks (VISNs). Their first step was making the patient experience an executive level position. The Chief Experience Officer reports primarily to the director of the hospital. While most VAMCs

eventually become a model for implementing a higher standard of care in the behavioral health sector.

Gary Goldish, M.D., developed the concept, program model and oversight after noting that veterans with neurocognitive disorders did not have a comprehensive, interdisciplinary evaluation and complementary behavioral stabilization when transitioning to community placements. The program is the only one of its kind in the Minneapolis-St. Paul area.

have made the patient experience position a mid-level management role reporting to an associate director, the director of the MNVAHCS envisioned the value of having the position report directly to him because that would give insight into what the ELT must do to improve patient experience and satisfaction. Based on what the SWS team observed and heard from veterans



at the town hall meeting and in the halls of the medical center, the director's vision is paying great dividends. Caregivers, veterans, patients and volunteers praised the quality of care, the professionalism of the staff and cleanliness of the facility. Martina Malek, chief executive officer, distinguished herself to the task force by her demonstration of empathy, vision, and leadership, three personal qualities necessary for success in the role.

### **Quality**

The Minneapolis VA Health Care System has earned the coveted five-star rating six consecutive years. MNVAHCS is among only 19 other medical centers out of the 146 hospitals in VISNs across the country that have earned the award six times in a row. The Department of Veterans Affairs designed the rating system to compare 28 quality measures between hospitals. Achievement of the rating for six consecutive years is a testament to the medical center's leadership and commitment to quality medical care for the nation's veterans.

### **Minneapolis Adaptive Design and Engineering (MADE):**

The Minneapolis Adaptive Design and Engineering is a unique program. The program combines clinical and engineering disciplines to improve the lives of veterans with physical challenges. M.A.D.E. is an innovative program and the first of its kind in the Veteran Health Administration's health-care delivery system.

The 12-person M.A.D.E. team consists of engineers, research scientists, physiologists, and medical doctors who work to resolve the challenges veterans face in their daily living environment. For example, the M.A.D.E. team is currently "developing new eye-tracking systems and algorithms that can be used to study how people visually interact with assistive technologies and with their environment. The team is also working to improve augmentative and assistive communication devices for patients with amyotrophic lateral sclerosis" ([www.minne-apolis.va.gov/services/made/research.asp](http://www.minne-apolis.va.gov/services/made/research.asp)).

## **CHALLENGES AND RECOMMENDATIONS**

### **1. Recruitment/Non-compete Contract Clauses**

Staff indicated an immediate challenge with non-compete clauses used by local health care employers. The non-compete clauses in contracts prevent local physicians from seeking employment with other employers for up to

two years in some instances. Minnesota strictly enforces physician non-compete contracts compelling many physicians to forgo employment opportunities with other local health-care organizations. The recruitment challenge primarily affects Community-Based Outpatient Clinics (CBOCs) in rural and highly rural areas.

Non-compete clauses create enough psychological dissonance among physicians that they often avoid employment opportunities with VA even when VA agrees to indemnify against lawsuits from previous employers. Non-compete laws exist in every state as a form of protection for employers. However, many states do not enforce such contracts except in the most egregious cases. Yet, non-compete clauses exacerbate the growing shortage of qualified medical professionals. While Minnesota laws do not prohibit the use of non-compete contracts, the American Medical Association discourages their use by employers because of those shortages.

MNVAHCS also faces the same challenge as other VA medical centers – recruiting staff under three different personnel systems, Title 38, Title 38 Hybrid and Title 5. Each system has its own requirements that either extends the onboarding timeline or causes prospective candidates to forgo consideration.

*Recommendation:* The American Legion supports proposed legislation as written by the U.S. Senate, Bill 3302, and U.S. House of Representatives, Bill 5521. Section 7413 of S. 3302-Effect of non-Department Covenants not to compete on Appointment of Physicians is part of the proposed legislation stating that "in the case of an individual who is an applicant for appointment to a position as a physician in the Veterans Health Administration, any covenant not to compete into which the individual has entered with a non-Department facility or other non-Department entity or individual shall have no force or effect with respect to the appointment of the individual to such a position."

Therefore, we support and recommend the U.S. Congress pass "The VA Hiring Enhancement Act." If enacted, the legislation will enable the VA/VHA address the challenges when recruiting highly qualified physicians without trepidation of lawsuits.

*NOTE: The American Legion is not explicitly or implicitly offering legal advice with the following recommendations.*

### **2. Retention – Personnel Turnover due to entry-level GS levels positions**

New employees who qualify for, and accept, jobs at GS Levels 1-5 often leave those positions after several months. Many candidates for employment apply for jobs just to get into the VA system but then several months later springboard into jobs commensurate with their educational backgrounds, experience and, most importantly, salary requirements. The constant turnover of low-grade level positions such as Medical Support Associates causes access, business continuity and resource issues.

*Recommendation:*

- The American Legion recommends the Office of Personnel Management restructure the position of Medical Support Assistant from a “clerical” position to one that emphasizes “Patient Engagement Specialist/ Customer Service” and the relevant skills and education needed for success in the role.
- The American Legion recommends the Department of Veterans Affairs and the Office of Personnel Management consider, in addition to restructuring, development of a career ladder for MSA by changing the title of the position to increase recruitment of qualified candidates and retain them for more than one year in the position. A career ladder should or could resemble the following recommendations, if the Department of Veteran Affairs and the Office of Personnel Management adopted it:
  - » **Patient Engagement Analyst:** Entry-level Grade at the lowest step; for candidates with very general clerical experience; High School/GED
  - » **Patient Engagement Specialist:** Position at Grade 5 /Step 4; one year of customer-service experience; High School Diploma / GED and Associate Degree
  - » **Senior Patient Engagement Specialist Analyst:** Position at Grade 6 /Step 6; Candidates with 2+ years of customer service and team leader experience; Bachelor’s Degree +

The American Legion recommends that OPM write clear and unambiguous job descriptions regarding the MSA position so that applicants/candidates and, most importantly, hiring managers have a clearer focus of the ideal candidate.

### 3. Centralization of Key Business Operations:

Staff cited centralization of key business functions such as Information Technology, Contracting and Purchasing and,

potentially, Human Resources (new Manpower Office) as barriers to efficient operations especially since IT, patient engagement, patient satisfaction, team-based health care/ Patient-Aligned Care Teams (PACTs), and the pending implementation of Cerner EHR at VA medical centers are interrelated. For instance, when MNVAHCS experiences problems with IT and computerized medical devices, it must rely on an often-unresponsive or extremely slow IT unit due to a failure to properly prioritize work.

The Department of Veteran Affairs centralized several functional work units in 2008 after making a determination that decentralized operations like IT drained hospital funding allocations. The agency subsequently centralized that function by putting it under the direction of the Chief Information Officer.

*Recommendation:* The American Legion recommends the Department of Veteran Affairs, in harmony with Resolution Number 44 - Decentralization of Department of Veterans Affairs Programs – maintain Human Resources as decentralized functions and operations. Human Resources requires recruiting, selection and decision-making, at the local level.

The American Legion believes that centralized operations create more problems for individual hospitals and, ultimately, veterans than decentralized functions. The American Legion believes decision-making authority for personnel selections should remain with local managers accountable for performance.

### 4. Care in the Community

The Executive Leadership Team expressed several issues with the Care in the Community program. The ELT noted the strained relationships with local health-care providers because of the extremely slow payments made by third-party administrators. The ELT also spoke of the Mayo Clinic as a key, regional health-care provider that refuses to participate in the program because of very low reimbursement.

*Recommendation:* The legislative and executive branches of the U.S. government enacted The VA Mission Act of 2018. The new law consolidates the VA Choice Program with other VA programs that provide medical care to veterans outside VA’s medical network. Therefore, The American Legion recommends the Minneapolis VA Health Care System await final rulemaking and implementation of the new law. We all remain hopeful the new law will correct the challenges of the old Veterans Choice Program.



## **ATLANTA VETERANS AFFAIRS HEALTH CARE SYSTEM | ATLANTA, GA.**

**Date:** Sept. 17-19, 2018

**Veterans Affairs & Rehabilitation Commission:** Phillip Youngblood, *Chairman, Health Administration Committee*

**Veteran Affairs and Rehabilitation Division:** Roscoe Butler, *Deputy Director, Health Policy;*  
Edwin Thomas, *Health Policy Coordinator*

### **BEST PRACTICES**

#### **Interdisciplinary Huddle**

The ELT felt that morning huddles of health-care professionals from various disciplines helps improve the delivery and quality of care.

#### **Community Living Center**

The ELT believed the Community Living Center operation was among the best in VISN 7. High quality and attention given to veterans by professionally trained geriatric care staff contributes.

#### **Neurology National Tele-Stroke Program**

In 2016, ATVAHCS began serving veterans with neurology stroke consult 24-hour phone support through its Primary Stroke Center. ATVAHCS implemented its

year-round Telestroke Consultation services through VA's National Telestroke Program (NTSP). The NTSP serves veterans with acute stroke symptoms at VA facilities that lack around-the-clock in-hospital acute stroke neurology coverage and/or comprehensive acute stroke treatment capabilities.

Under the direction and leadership of the Chief of Neurology, ATVAHCS improved its acute stroke management for veterans by becoming a fully functional NTSP facility on Sept. 30, 2018. NTSP now provides the medical facility with acute stroke expertise consult services via video-telecommunications and functions as a virtual hub comprised of VA stroke neurologists located throughout the United States. ATVAHCS offers veterans suffering cardiovascular accidents latest technology complemented with quality and timely response.

## CHALLENGES AND RECOMMENDATIONS

### 1. Space

The Executive Leadership Team and department managers consistently cited space as a major challenge. According to one member of the team, ATVAHCS needs an additional 1 million square feet of space to adequately serve veterans and house the staff needed.

The president earlier this year enacted the VA Mission Act of 2018. Congress established the VA and Infrastructure Review Act as a major component of the new law. Title II, Subtitle A, §202 establishes the VA Asset and Infrastructure Review (AIR) Commission. The commission will report to Congress and make recommendations about modernization of VA medical facilities, including adding space where identified and needed.

*Recommendation:* The American Legion recommends ATVAHCS continue monitoring and documenting access issues created by lack of space. The facility should submit reports to its VISN office and, if allowed, to The American Legion. Three representatives from veterans service organizations must serve on the commission. The American Legion expects an invitation to serve on the commission. Furthermore, VSOs will make recommendations to the commission regarding modernization of VA medical facilities and veterans' access to high-quality care provided in environments that demonstrate efficiency and effectiveness. The American Legion along with other VSOs played an integral role toward the enactment of the VA Mission Act of 2018.

### 2. Recruitment and Retention

Patient Aligned Care Teams (PACTs) serve veterans by using a model that includes a small cadre of health professionals typically led by a primary care physician. However, the Atlanta VA Health Care System is experiencing trouble staffing their PACTs.

- The medical facility has a nurse turnover rate of 6.5 one of the highest in the country. When asked about the high rate of turnover, the ELT stated nurses left for better pay while retirement accounted for nearly 60 percent of the attrition rate.
- ATVAHCS experiences challenges recruiting board-certified emergency room physicians and retaining physicians interested in research. As one staff physician stated, “The challenge here is the lack of

opportunity for doctors to participate in meaningful research.” Many doctors, in lieu of large salaries, like to conduct scientific research or become involved in research activities. Most doctors whom have left have said the time demands of the job didn't allow enough time for them to dedicate to medical research.”

Moreover, as part of their jobs, medical staff have an extraordinary amount of administrative work to complete.

- Lastly, the lack of staff, in general, inhibits the hospital from implementing plans to improve the delivery of health services. The ELT remains hopeful of getting vacancies filled soon that will enable achievement of projects and operational objectives. Additionally, a few physicians felt the shortfall among physicians contributed to the closure of one of the facility's surgical suites.

*Recommendation:* The American Legion recommends ATVAHCS plan actions that reduce or completely alleviate physician turnover by:

- Creating a cadre of scribes who can help ease the burden physicians feel when doing administrative tasks.
- Simplifying the credentialing process without sacrificing quality of the hire.
- Emphasizing the availability of opportunities to conduct research that focuses on implementing or expanding evidenced-based medicine, enhancing patient compliance, or reducing the number of no-shows for mental health or primary care visits if such opportunities exist now or will in the future.

### Physician Recruitment Campaigns

- The American Legion recommends highlighting the benefits of the new Educational Debt Reduction Program that provides an increase in the debt repayment amount from \$180,000 to \$200,000 during recruitment campaigns.
- The American Legion recommends that all the hospital's recruiters remain transparent about the advantages and disadvantages associated with the VA allocation model and the influence it may or may not have on the debt repayment program at ATVAHCS.

### 3. Patient Safety (Purpose of Visit)

ATVAHCS continues to experience adverse patient-

safety events. In the past year, these have included patients found with weapons while in the emergency department, delays in surgical interventions and steadily increasing medication errors involving outpatients and inpatients. Furthermore, the hospital lacks defined procedures for critical problems involving patient safety. For instance, the medical facility declared that a “standardized process will be implemented for implant management surgical.” However, the leadership team did not offer any accountability for developing, communicating, implementing, monitoring and enforcing the policy or policies. The ELT team did not offer any proof of an action plan or strategic plan outlining the planned actions to improve patient safety. In fact, ATVAHCS’s Strategic Plan for 2018-2021 did not indicate any strategic initiatives for patient safety.

*Recommendation:* The American Legion recommends patient safety not only become a tactical priority but a strategic priority, too.

- The American Legion recommends that ATVAHCS develop an action plan to address patient-safety issues that emerged during 2017.
- The American Legion recommends senior leaders revise their Strategic Plan for FY2018 to FY 2021 by including patient-safety improvement, especially in the areas such as Care Management, Laboratory/ Pathology Activities, Monitoring Process, and Supply Service Activities.
- The American Legion recommends another SWS site visit in late 2019 to assess patient-safety activities and accountability.



## **EDWARD P. BOLAND DEPARTMENT OF VETERANS AFFAIRS MEDICAN CENTER (CWMHCS) | LEEDS, MASS.**

**Date:** Nov. 19-21, 2018

**Veterans Affairs & Rehabilitation Commission:** Patrick R. Rourk, *Vice Chairman, Veterans Affairs & Rehabilitation Commission*

**Veteran Affairs and Rehabilitation Division:** Edwin Thomas, *Health Policy Coordinator*

**Guests from The American Legion Department of Massachusetts:** James Comer, *Past National Commander*; Milton Lashus, *Adjutant*

### **BEST PRACTICES**

#### **Post-Traumatic Stress Disorder Program (PTSD)**

CWMHCS is one of few VA medical systems that has a dedicated unit for patients suffering from PTSD that also offers a nationally recognized treatment program. The inpatient mental health facility offers evidenced-based treatment that reduces the need for patients to consume more services than needed and encourages their full participation. Moreover, well-respected clinicians are coupled with a robust medical internship program with leading universities like the University of Massachusetts.

#### **Community Living Center (CLC)**

The facility has consistently maintained high performance rankings by the Commission on Accreditation of Rehabilitation Facilities (CARF). The Department of Veteran Affairs currently ranks the CLC as 4-star facility. The CLC has gained national recognition for its attention to care of its residents through innovative programs, and accreditation.

#### **Infrastructure Investment Execution/Financial Operations**

Associate Director Andrew T. McMahon formerly served as the health-care system's chief financial officer. During his tenure as CFO, McMahon successfully secured more than \$100 million in funding for projects through accurate business plan development, astute financial and project planning, and great business acumen. His financial planning skills have favorably positioned CWMHCS to complete renovation projects totaling more than \$6 million and create plans for projects that will improve infrastructure and increase space for patient care.

### **CHALLENGES AND RECOMMENDATIONS**

#### **1. Employee turnover and vacancies in Human Resources Department**

The System Worth Saving team found that turnover and retention issues in the Human Resources department might inhibit CWMHCS effectiveness in recruiting staff for vacant positions. While the Mail-Out Questionnaire noted "no vacancies," a member of the HR department spoke about vacancies in the HR department for recruiters.

#### *Recommendations:*

- The American Legion recommends Central Western Massachusetts Health Care System assign priority to hiring people for those vacant positions in its Human Resources department. The American Legion recommends this action despite the Veterans Health Administration's efforts to disrupt local control of HR functions.
- The American Legion recommends the Veterans Health Administration reassess its efforts to centralize functions of the Human Resources department by conducting "Impact Assessments." This will also help VHA determine the effects of centralization on HR decision-making at the local level and the influence on the medical facility relative to HR operations, employees, local economic multipliers in the event jobs are eliminated, and employee morale.

#### **2. Need for an additional travel audit check.**

A member of the SWS team recognized the potential for veterans to give false information about where they reside to get extra travel reimbursement.

*Recommendation:* The American Legion recommends CWMHCS develop an additional step in its audit process to prevent veterans from fraudulently obtaining VA travel benefits. The additional step would entail having the hospital travel benefits unit verify addresses given by veterans. As the SWS team discussed during the meeting, some veterans use various addresses to get additional money for travel benefit payments from VA. To prevent

this type of fraud, The American Legion recommends CWMHCS perform a crosscheck of any veteran's original address, versus the one given for travel payments.

As a point-of-reference only and no connection with the travel reimbursement operations at Central Massachusetts Health Care System, the Veterans Affairs Office of the Inspector General conducted a review in 2017 and found irregularities in travel payments at the VAMC in Phoenix. The VA Office of Inspector General found that staff at the Phoenix facility inappropriately approved travel reimbursements because of a lapse in its quality review that ensured staff-calculated mileage reimbursements using physical addresses and not post office boxes.

### **3. Lack of alliances with veterans service organizations in communication efforts to reach a larger audience of veterans in the catchment area.**

CWMHCS expressed a desire to communicate to more veterans when announcing programs and new developments throughout the health-care system. However, the medical facility falls short of its goal to reach a broader and deeper audience. CWMHCS understands the importance of communication in the delivery of health-care services and admits not fully engaging VSOs in the communication process.

#### *Recommendations:*

- The American Legion strongly recommends CWMHCS work with The American Legion Department of Massachusetts and other VSOs when planning and executing communication campaigns targeting veterans.
- The American Legion recommends the public affairs department of CWMHCS host media events such as

meet-and-greets, campus tours, luncheons and other events that build affinity with media. The American Legion believes this not only helps build awareness by media but also boosts the medical center's ability to influence more positive exposure about its facilities and operations.

### **4. Recruiting health-care professionals to work in rural and highly rural areas.**

Leeds, Mass., is less than two hours from Boston, which is a major metropolitan area and home to a large number of health-care professionals. Despite its proximity to Boston, CWMHCS experiences many of the same trials as other hospitals managed by the Veterans Health Administration when it comes to recruiting health-care professionals – particularly physician specialists.

#### *Recommendations:*

- The American Legion recommends and reiterates filling all vacancies in the Human Resources department as soon as possible.
- The American Legion recommends the facility develop "Recruitment Persona." The Recruitment Persona is a fictional depiction of the ideal candidate for vacancies among critical shortage areas for physician specialists and nursing professionals.
- The American Legion recommends any work regarding the development of Recruitment Personae begin with data-gathering exercise about the area (health-care market) and VA – employed health-care professionals. Ideally, a Recruitment Persona should depict the ideal candidate profile so that recruitment activities focus on communicating with those health-care professionals most likely to enjoy working in a rural setting with the level of salaries offered by VA.



## **MARION VA MEDICAL CENTER (MLVAMC) | MARION, ILL.**

**Date:** Nov. 18-21, 2018

**Veterans Affairs & Rehabilitation Commission:** Robert M. Shreve, *Member, Veterans Affairs & Rehabilitation Council*

**Veteran Affairs and Rehabilitation Division:** Edwin Thomas, *Health Policy Coordinator*

### **BEST PRACTICES**

#### **Nurse Recruitment**

The facility's nursing manager leads nurse recruitment efforts by working closely with the HR department. During the SWS visit, the facility had no vacancies for nurses. The nurse manager described her key factors for success as knowing the area and working with schools of nursing to funnel recent graduates toward VA.

#### **Recruitment of Medical Support Assistants**

The Chief Officer for Care in the Community developed an innovative program to recruit and retain Medical Support Assistants (MSAs). First, she is able to recruit experienced staff at GS-5 rather than GS-4. Second,

she has developed a career ladder showing promising employees a pathway to increased responsibility and earning potential by moving to a team-lead position. Third, she allows some of the MSAs to telecommute, depending on job performance and position.

### **CHALLENGES AND RECOMMENDATIONS**

- 1. Inconsistent communication of available training programs developed and implemented by the facility.**

The hospital had a variety of active training programs designed to improve employee performance, hospital and CBOC operations, patient care and safety. Yet, after speaking with the Human Resources department,



the SWS team concluded the senior managers did not communicate training programs widely enough to ensure consistent employee participation.

*Recommendations:*

- The American Legion recommends documenting all existing and planned non-VHA mandated training programs developed organically and devise an internal communication plan that reaches and encourages all employees to participate, regardless of their shifts or work obligations.
- The American Legion recommends the Executive Leadership Team establish the most effective department that can communicate and coordinate training, if it is not HR or Internal Communications.

**2. The hospital appears to have developed Six Sigma-LEAN capabilities.**

However, the hospital is not using the talent responsible for planning and implementing Six Sigma LEAN initiatives to fullest capacity.

*Recommendation:* The American Legion recommends the Executive Leadership Team align Six Sigma/LEAN talent and capabilities with strategic projects and planning priorities reflected in the hospital's strategic plan. This provides some surety that Six Sigma/LEAN professionals will use their talent toward achieving not only short-term improvements but strategically important projects that sustain the hospital over the longer term.

**3. Relative Performance Strategic Analytics for Improving and Learning (SAIL) /STAR Rating for VA health-care systems may have a deleterious effects on younger veterans. This segment of the veteran population and the public-at-large may have a negative perception of the quality of health care delivered by the facility when interpreting the performance rankings.**

The SWS members had heard the argument from several other persons at other hospitals that SAIL had unintended consequences but asked not to include it as a part of this report, for fear of retribution. This time, however, the person did not want to be identified by name. It is not the policy of the System Worth Saving Program to assign names to something said that one could misperceive as negative.

The Veterans Health Administration uses a comprehensive performance improvement tool called

Strategic Analytics for Improvement and Learning (SAIL) that includes key metrics used by the private sector as well as additional metrics that are important for addressing access to care, quality of mental health care, employee perception about the organization, nursing turnover, efficiency and capacity. VA has organized the metrics into nine quality domains including Efficiency and Capacity domains. The combined quality domains represent a hospital's overall quality rating.

The Veterans Health Administration assesses each VA medical center for overall quality from two perspectives: (1) Relative Performance compared to other VA medical centers using a star rating system from 1 (lowest quality factor) to 5 (highest quality factor) and (2) improvement compared to its own performance from the past year. The VA/VHA uses relative performance and size of improvement to guide additional operational and clinical improvement efforts.

The Department of Veterans Affairs/Veterans Health Administration designed SAIL to include actionable metrics that are important to assess the quality of health-care delivery. Many non-VA hospitals and integrated delivery networks (IDN) do not publicly report the metrics on SAIL. One must determine the appropriateness of comparing hospitals and non-VA hospitals especially when findings are derived from SAIL. VA developed SAIL to drive internal, systemwide improvements.

*Recommendations:*

- The American Legion, through its Veterans Affairs & Rehabilitation Commission and the Health Administration Committee, must evaluate the need for a resolution, if any, that will allow staff of the health policy and legislative units at the national headquarters to research and effectively address the issue.
- In the interim, The American Legion recommends that Marion continue adhering to quality and efficiency recommendations set forth by VA/VHA policies.
- Moreover, The American Legion recommends the Department of Illinois work closely with Marion's Executive Leadership Team to develop press releases that fully explain the methods used to derive both Quality and Efficiency performance rankings.

**4. Lack of trust exists among employees.**

Employees do not feel empowered to speak out openly

about issues affecting their jobs and patient care despite their favorable responses toward leaders in the last employee satisfaction survey. The SWS team observed that employees still wanted to speak out about very delicate situations but under anonymity. The trust chasm could produce unintended consequences on patient care if employees do not trust members of leadership enough to report a non-life threatening patient issue that later becomes life threatening. The SWS team observed that one member of the ELT had an attitude of indifference toward employees. He even appeared bothered upon hearing that employees complained at all.

*Recommendations:* The American Legion recommends VA allow a third-party facilitator to conduct separate employee town hall meetings – one for non-managerial staff and another for managerial staff. The facilitators would present findings and recommendations to the Executive Leadership Team on how to cultivate and sustain the trust of employees.

#### **5. Food Service in the Community Living Center (CLC).**

One employee complained directly to members of the SWS team on behalf of patients in the CLC about the cold food patients received daily.

*Recommendations:*

- The American Legion recommends that food-service managers and the Executive Leadership Team develop a method, if not already in use, to distinguish between patients who want a hot tray versus those patients who do not.
- Furthermore, some patients cannot articulate their desires for hot or cold food. The American Legion

provides a caveat to the recommendation with this statement; some patients cannot express their preferences and that serving some patients a tray with food that is too hot could cause injury and subsequent legal problems.

*NOTE: The SWS team presented this challenge and recommendation to the ELT during the exit briefing. The director and staff assured the team of having previously identified the problem. They declared the food services department had to transport food to the CLC. During transport, the food often became cold. The Veterans Affairs & Rehabilitation Commission recommends the SWS team follow up with the hospital via telephone in March 2019 to determine whether veterans receive what they requested.*

#### **6. Nursing staff lacks education on Central Line-associated Bloodstream Infection (CLABSI) control.**

The SWS team determined after its structured interview with clinical staff that nurses may lack the needed infection prevention. This became evident after talking with the nurse manager and several persons during the tour of the facility.

*Recommendations:*

- The American Legion recommends telephonic follow-up with the facility to determine the status and rate of participation of educating nurses on CLABSI.
- The American Legion recommends the SWS team watch the SAIL quality measure associated with Hospital Acquired Infections – CLABSI and determine the efficacy of the educational effort to prevent or control CLABSI.



## **SOUTHERN ARIZONA VA HEALTH CARE SYSTEM (SAVAHCS) | TUCSON, ARIZ.**

**Date:** Dec. 10-12, 2018

**Veterans Affairs & Rehabilitation Commission:** George Cushing, *Member, Veterans Affairs & Rehabilitation Executive Committee*

**Veteran Affairs and Rehabilitation Division:** Edwin Thomas, *Health Policy Coordinator*

**Guests from The American Legion Department of Arizona:** Steve Aguirre, *Commander*; Angel Juarez, *Adjutant*; Judi Beischel, *National Executive Committee*; Andres Jaime, Jr., *Past Department Commander*; Michael Espinosa

### **BEST PRACTICES**

#### **Community Engagement**

As a way of engaging the community and encouraging socialization among veterans, the director of public affairs developed and implemented a program that encourages people in the community to come to the campus and enjoy a movie with veterans. The director declared “Movie Night” a complete success.

**Results:** Movie Night improves the facility’s relationship with caregivers, families, media, law-enforcement agencies and prospective hires. Veterans and employees benefit when the community is engaged in such fashion. Morale among employees is very high at SAVAHCS, in

part, because of its reputation in the community. High employee morale equates to better patient care and patient satisfaction. According to the director, veterans who have attended have enjoyed socializing with people from the community.

#### **Tip of the Week**

SAVAHCS sends messages to veterans about proposed facility changes, general health advice and planned events at the facility via text messages called “Tip of the Week.” For example, SVAHCS informs veterans about ways of scheduling, maintaining or canceling appointments, with rationale for the importance of the actions.

**Results:** Informed veterans make informed decisions

that improve therapeutic compliance, reduce waste in the delivery system, and enriches relations between staff and patients. SAVAHCS reduced no-shows by 12 percent.

### **Nurse Recruitment**

Amber Villafane, nurse recruiter, developed the slogan, “Grow Your Nursing Career.” The nurse recruiter converted it from a good to great slogan by customizing packets of flower seeds as handouts to prospects at job fairs and other recruitment venues.

**Results:** SAVAHCS has done an effective job recruiting nurses and keeping vacancy rates very low. In fact, since 2017, SAVAHCS has increased nursing staff by 2 percent this fiscal year while reducing RN turnover by 60 percent. The hospital still has an 8 percent vacancy rate for Nurse Practitioners, Licensed Practical Nurses, Nurse Anesthetists and Registered Nurses.

### **Clinical**

Hepatitis C Birth Cohort Screening Initiative: SAVAHCS implemented a Hepatitis C Virus screening program aligned with the Centers for Disease Control’s recommended for veterans born between 1945 and 1965. The medical facility has sent nearly 8,000 letters to veterans in the catchment area recommending participation.

**Results:** To date, SAVAHCS has screened nearly 3,000 veterans for the Hepatitis C Virus.

## **CHALLENGES AND RECOMMENDATIONS**

### **1. The Department of Veterans Affairs does not have national standards for implementation of key initiatives like the Veterans Community Care Program and Quality.**

*Recommendations:*

- The American Legion recommends System Worth Saving staff develop a white paper for the legislative division to explore national standards related to operations at VA medical centers. Standardization may or may not be possible since local market conditions often serve to guide planners and administration.
- Nevertheless, The American Legion SWS staff met and talk with subject matter experts and other medical center directors through a series of teleconferences to determine the feasibility and sustainability of standardization of certain operations and programs

administered by the Veterans Health Administration.

### **2. Integrating data from legacy platform VistA to Cerner’s ongoing development of a new Electronic Health Record Platform.**

*Recommendation:* The American Legion recommends the medical facility await finalization of Cerner’s pilot runs at selected hospitals. By doing so, the facility can see what problems surfaced related to data integration during the pilots.

### **3. One hundred-nineteen nurses (119) or 17 percent of the nursing staff are close to retirement.**

The System Worth Saving team requested during the site visit and in a follow-up for a strategic/tactical plan outlining goals and objectives related to this and other challenges. The medical center director told the SWS team the strategic plan was not ready for final release.

*Recommendation:* The American Legion recommends SWS follow up with leadership at the facility to get a copy of the strategic plan upon its completion. The strategic plan will allow The American Legion to determine action steps related to this challenge – legislative advocacy, initiatives that drive policy changes at the VA Central Office, or grassroots campaigns at the department level at other VA medical centers.

### **4. Women veterans would like to see physicians who are women**

While the facility has actively engaged in actions intended to decrease “gender disparity” in primary and specialty care, finding women physicians in the Tucson area is especially challenging. A shortage of physicians exists across the United States thus compounding the challenge of finding women physicians.

*Recommendation:* The American Legion recommends SAVAHCS establish an affiliation with reputable non-profit organizations such as the American Medical Women’s Association ([www.amwa-doc.org](http://www.amwa-doc.org)) and the Association of Women Surgeons ([www.womensurgeons.org](http://www.womensurgeons.org)). Both organizations have job boards where hospitals can post open positions.

**NOTE:** *The American Legion does not endorse any organization, service, or product. The above recommendation is for informational purposes only.*



## **JAMES A. HALEY VETERANS HOSPITAL (JAHVH) | TAMPA, FLA.**

**Dates:** Jan. 21-23, 2019

**Veterans Affairs & Rehabilitation Commission:** Steve Kleinglass, *Consultant*

**Veterans Affairs & Rehabilitation Division:** Keronica Richardson, *Women Veterans Healthcare Coordinator*; Edwin Thomas, *Health Policy Coordinator*

**Guests from The American Legion Department of Florida:** Dianne Boland, *Commander*; Mike McDaniel, *Adjutant*; Dennis Boland, *National Executive Committee*; Alan Cohen, *Department VA&R Chairman*

### **BEST PRACTICES**

#### **Polytrauma and Traumatic Brain Injury Program/Post-deployment Evaluation Treatment Program:**

The Post-deployment Evaluation Treatment program offers active-duty service members a holistic approach to managing multiple issues such as pain and TBI. A inter-disciplinary team works with the service member to address the conditions without the use of drugs. Moreover, the Commission on Accreditation of Rehabilitation Facilities (CARF) consistently ranks the Michael Bilirakis DVA Spinal Cord Injury Center at James A. Haley as one of the best in the country. Staff spoke about the uniqueness of their programs, the caring and sensitivity among employees to ensure each veteran receives the best care and service.

Moreover, health-care accrediting bodies have consistently noted JAHVA for its innovative data-

capturing and mining techniques and other programs related to caring for veterans with TBI or spinal cord injuries. Once back to health, veterans go through a nationally recognized program developed at JAHVA called “COPE.” COPE is the Community Outreach & Prevention Experience program. Veterans with spinal cord injury go through multiple stages of adjustment toward community reintegration with a disability. The program is designed to allow the patient with spinal cord injury the opportunity to interact with the community and restore a sense of purpose.

#### **Chronic Pain Management Inpatient Program:**

The Minneapolis VA Health Care System has replicated JAHVA’s program that allows veterans to receive inpatient treatment for addiction to pain medications such as opioids. One of the strengths of the program is veteran camaraderie developed while a patient is in the hospital rather than in an outpatient treatment program. The

program has been in operation since the late 1980s, and the facility enjoys a low recidivism rate among veterans who complete it. Since the program requires a significant amount of resources in today's cost environment, many VHA and private-sector hospitals cannot replicate the program.

#### **LEAN-Six Sigma:**

The ELT has adopted LEAN Six Sigma practices throughout the organization to improve processes and reduce waste at the facility. JAHVA was one of the initial pilot sites suggested by the VA secretary. In addition to the improved processes, the facility experienced an unintended, but welcomed, improvement in employee morale because of the process improvements.

#### **Amyotrophic Lateral Sclerosis (ALS) or Lou Gehrig's disease:**

ALS is a devastating disease that affects nerve cells in the brain and spinal cord primarily in persons over the age of 40. JAHVA has developed a program that helps patients and clinicians become more proactive in identifying and treating the disease early. Patients under treatment at JAHVA have better survival rates because of the proactive approach. The doctor who designed the program starts treatment based on family history, current symptoms or other signs of the disease. Nutrition, rehabilitation and care in the community happen very early to strengthen the patient's system to fight off the disease.

### **CHALLENGES AND RECOMMENDATIONS**

#### **1. Women's Health Program**

The Women's Health Program lost its full-time Obstetrics and Gynecology specialist and now has only a part-time physician over the program. While this has not adversely affected care provided to women veterans at the facility, it does cause concern as the women's veteran population grows and resources to meet demand for women's health care services cannot be met with the current capacity as indicated by data received from the hospital that noted an OB/GYN specialist has not been available or has been under-resourced since 2017.

##### *Recommendations:*

- The American Legion recommends the VAMC form deeper relationships with veterans service organizations

to assist in communicating and promoting women's health activities in the catchment area.

- Second, the VAMC should collaborate with VA/VBA to receive lists of discharged female veterans for additional promotion and communication efforts.
- Third, The American Legion recommends establishing a collaborative relationship with the Florida Department of Veteran Affairs as an additional partner in communicating with women veterans.

#### **2. Unfunded Mandates**

Like many VHA hospitals, leaders at JAHVA scramble to find ways of accommodating additional congressional requirements or mandates without funding. Some of the programs under the 2018 Mission Act that have become mandated go unfunded. One such example is the Debt Reduction Program that, if funded, can become a game changer in the area of physician recruitment. At the time of this report, the funds were not available to the hospital for implementation of the Education Debt Reduction Program.

*Recommendation:* The American Legion will continue bringing attention to current members of Congress about this problem. At the time of the visit, the ELT repeatedly made references to many mandates such as the Education Debt Reduction Program as an "unfunded mandate." While the Congress and the President passed the Unfunded Mandates Reform Act of 1995 (UMRA), Pub. L. 104-4, in an effort to limit the number of unfunded mandates imposed by the federal government on state, local and tribal governments, the law did not apply to federal agencies.

#### **3. Acute Shortage of Geriatric Specialists**

The hospital is experiencing a shortage among geriatric specialists to provide medical and other health services to elderly veterans.

##### *Recommendations:*

- The American Legion recommends working with other universities or colleges with medical programs in geriatrics in the event the University of South Florida does not reinstitute its program in geriatrics.
- The American Legion also recommends the VA/VHA consider establishing special programs that offer additional incentives that help attract health-care professionals in difficult-to-recruit specialties, such as geriatrics.

#### 4. Space

This challenge affects patient access. The Executive Leadership Team has found a need for an additional 1 million square feet. This challenge affects patient access. The lack of space inhibits hiring additional health-care professionals.

##### *Recommendations:*

- The American Legion will add Tampa to the list of several other medical facilities that have stated a significant lack of space. The Modernization Committee, as stated in the 2018 Mission Act, will address space issues faced by VA medical centers and make recommendations to the president of the United States regarding facilities that must be prioritized for additional construction funds for expansion and modernization.
- The American Legion recommends James A. Haley VA Medical Center develop a comprehensive plan that outlines how it will use space in the existing bed tower once construction of the new bed tower is complete. The American Legion recommends submitting that plan to VACO, if necessary, and to The American Legion National Headquarters in Washington, DC.
- The American Legion recommends the facility enhance internal and external communication activities about parking spaces. The communication activities might include the use of text messaging, messaging on kiosks and using flyers that help veterans and visitors locate parking spaces.

#### 5. Functional Job Description and Workflow of Medical Support Assistants (MSAs)

The Functional Job Description and workflow of Medical Support Assistants places an unnecessary burden on persons with that job title. The job description does not provide a clear structure and employees often described their job description as “ambiguous.” Many MSAs enter the VA/VHA federal classification system at low pay grades – GS 4/5. The unrealistic work demands, poor job structure and responsibilities all contribute to worker fatigue, confusion, high rates of turnover and employee dissatisfaction.

##### *Recommendations:*

- The American Legion recommends reviewing the job description and assess daily tasks, duties and responsibilities for all job titles for MSAs.
- The American Legion recommends that Human Resources staff talk extensively with current employees performing MSA duties in order to identify core responsibilities of the position – scheduling or customer service.
- The American Legion recommends working with the Office of Personnel Management to find feasible options for enhancing the entry pay grade from GS-4 to GS-5 and creating a career ladder that encourages employees in MSA positions to stay in those positions beyond the mandatory one year.



## **PALO ALTO VA HEALTH CARE SYSTEM (VAPAHCS) | PALO ALTO, CALIF.**

**Dates:** Feb. 4-6, 2019

**Veterans Affairs & Rehabilitation Commission:** Ralph Bozella, *Chairman*

**Veterans Affairs & Rehabilitation Division:** Chanin Nuntavong, *Director*; Roscoe Butler, *Deputy Director, Health Policy*

**Guest from American Legion Department of California:** Larry Leonardo, *Commander*

### **BEST PRACTICES**

#### **Women Veterans Program and Women's Health Center at VA Palo Alto Health Care System Mission**

VA Palo Alto Healthcare System continues to transform health-care delivery to ensure that all women veterans receive high-quality, equitable, personalized and timely whole health care in a sensitive and safe environment at all points of care.

**Vision:** VA Palo Alto Health Care System's vision is to provide state-of-the-art, personalized, whole health care to women veterans so that they recognize VA Palo Alto Healthcare System to be their treatment site of choice.

The VA Palo Alto Health Care System (VAPAHCS) Women Veteran's Program closely implements the detailed policies outlined in the VHA Handbook. These policies are the following:

- Health Care Services for Women Veterans 1330.01(2)
- Women Veterans Program Manager 1330.02
- Maternity Health Care and Coordination 1330.03
- Emergency Medicine 1101.05(2)
- Coordination and Development of Clinical Preventative Services Guidance 1120.05
- Responsibilities of the National Center for Health Promotion and Disease Prevention (NCP) 1120



Policies (1330.01(2), 1330.02 and 1330.03) are reviewed by the Women Veterans Program Manager frequently and changes presented to Women Veterans Health Committee (WVHC) on a quarterly basis.

VAPAHCS Health Care System Memorandums further detail specifics of VHA Handbook Directive 1330.01. These Health Care System Memorandums or HCSMs are the following:

- Gender Specific Care of Female Veterans No. 11-16-31
- Military Sexual Trauma Programing 116A-18-24
- Military Sexual Trauma (MST) Data Collection and Reporting 136-17-09
- Sexual Assault Procedures 111-15-10
- Sexual Assault Reporting Requirements 07-18-15
- Ordering and Reporting Test Results 11-19-218
- Mandatory Reporting of Injuries from Assaultive/ Abusive Behavior, Including Domestic Violence and Injuries from Deadly Weapons 07-16-05

The Women's Health Center (WHC) located at the VAPAHCS Palo Alto Division (PAD) delivers the highest level of comprehensive, personable and high-quality care to women veterans. As outlined in 1330.01 regarding Level 3 Women's Health (WH) structures, VAPAHCS WHC delivers comprehensive primary care by WH-PCPs and WH-PACT templates. The WHC has a separate entrance, waiting area and clinic space to deliver comprehensive primary care. This clinic space is dedicated to women's health and not utilized by other clinics. Specialty care delivered at the WHC is co-located with a trained and dedicated MSA and nursing staff. Some of specialty care provided by the WHC are the following:

### **VAPAHCS Women Veterans Program 2**

- Full spectrum gynecological care including same-day access to LARC placement (IUD and Nexplanon), gynecologic surgery, gynecology-oncology surgery, endometrial biopsy, LEEP, colposcopy, in-clinic ultrasound, post-operative gynecologic care, initial infertility evaluation and gynecologic cancer care available five days a week
- The WHC has a total of three gynecologists and one gynecology oncologist on staff with joint appointments at Stanford University Hospital

- Gynecologic care services are available with night and Emergency Department (ED) on-call seven days a week
- Intimate Partner Violence (IPV) screenings per protocol fully implemented at PAD (planned expansion to CBOCs)
- Point of Care (POC) pregnancy testing in WHC, ED and CBOCs
- Pharmacy services by a Women's Health Clinical Pharmacist (PharmD) and additionally support the WH Heart Prevention Program Clinic within WHC weekly
- Weekend clinic appointment availability
- Mental Health evaluations and treatment in psychology appointments four days a week with in-clinic CBT and psychiatry. The providers are available for any of the medical specialty clinics within WHC such as breast oncology, heart health and primary care. Additionally, mental health counseling is provided for anxiety, PTSD, depression, insomnia, stress, diabetes self-management, smoking cessation, weight loss, etc. Other treatment modalities provided on-site in WHC:
  - » Hypnosis for various issues and biofeedback
  - » Accepts referrals for positive screens for depression, problematic alcohol abuse or PTSD
  - » Multiple EBPs such as CBT, CPT, PE and ACT, including mindfulness
- WH Oncology for breast cancer care
- WH Pelvic floor Physical Therapy Clinic
- WH Rheumatology
- WH Neurology
- Comprehensive WH Pain Clinic staffed by a pain specialist (MD) with expertise in anesthesia pain procedures and acupuncture, a psychologist and a physical therapist
- WH Massage offered in conjunction with polytrauma and recreational therapy
- WH Lactation area provided for nursing women veterans, visitors and employees

The WHC has a detailed women's health procedure manual that is updated frequently and was last reviewed

and updated in February 2019. The procedure manual and the two-part electronic document list the program's current PACT and gynecologic procedures with detailed lists of required instruments for each procedure and accompanied with colored photographs of the instrument layout to support standardized and streamlined set-up for each procedure. Additionally, the manual provides the following guidance:

- Instruction on opening and closing procedures
- Detailed descriptions of all seven WHC Specialty Clinics and PACT clinics

The WHC nursing staff, within its scope of practice, is trained to set up, assist and/or participate in the procedures. Additionally, the WHC nursing staff is competent in knowledge of, and locating, the local HCSCMs.

### **VAPAHCS Women Veterans Program 3**

In compliance with 1330.01 and required breast-care procedures, extensive mammography support, process and care coordination are conducted by the WH Case Manager. The primary care providers (PCPs) provide education about mammography offerings to eligible veterans, and screening mammogram reminders at specified intervals are instituted to improve compliance. The WH Case Manager, an RN, reviews all community care reports, assists patients (women and men alike) in the process of obtaining a screening or diagnostic mammogram and/or breast MRI through a Mammography Suite or through community care facilities. Mammography screenings are offered at PAD with walk-in appointments available Monday-Friday between 8:30 a.m. and 4 p.m. To support access to screening and diagnostic imaging services for all veterans, community care facility site appointments are facilitated for mammography/breast MRI testing closer to the veteran's home and/or CBOC. Standard work for the mammography process (based on BIRADS code) is followed to ensure the veterans receive timely, outstanding quality breast-imaging services, all necessary follow-ups and have a point of contact throughout the entire experience. Community care mammogram reports are documented in CPRS upon receipt. Mammogram results are communicated to the veterans by their PCP with a follow-up plan as needed. The WH Case Manager also collaborates with the PAD Mammography Technologist regarding screening mammography

services. Care coordination within WH support timely appointment scheduling, referral approval status and follow-ups that support the veteran's health care and patient satisfaction.

WH Maternity Care Coordination is assigned as collateral duty to a WH RNP at VAPAHCS. In accordance to services ascribed in VHA Handbook Directive 1330.03, Maternity Care at VAPAHCS provide the following to pregnant women veterans:

- Breast pump to each woman veteran early in the maternity process
- Direct-line phone access to the Maternity Care Coordinator (MCC) for any maternity/WH needs
- Every other month scheduled telephone calls with MCC
- PharmD and Gynecologic chart review of all newly pregnant women veterans with PharmD telephone calls to review medications and medication safety during pregnancy
- Local obstetrics and gynecology provider (VAPAHCS Chief of Gynecology MD) with clinic availability for consultation at PAD before they have established obstetrics care in the community
- VAPAHCS Chief of Gynecology is within the Department of Surgery and has a combined Stanford University Hospital appointment, actively cares for pregnant women and engages in general obstetrics and gynecologic care at Stanford University Hospital

Utilizing Lean processes, a daily nursing huddle and WHC huddle occurs with WHC staff to review any methods, equipment, supplies and staffing (MESS) issues that affect WHC operations and patient flow. These issues are identified and relayed on the "MESS Board" located in the WHC area to support accessibility and transparency for front-line staff as well as leadership accountability. The WVPM and WHMD conduct scheduled huddles twice weekly with WHC front-line staff (LVN, NA, MSA, psychologist) to review MESS issues, WH monthly campaigns, and environment of care (EOC) rounds.

Well-trained and engaged WH-PCPs and WH-PACT templates are available at each CBOC locations providing care locally, providing primary care services to 81-83% of the VAPAHCS Women Veterans who have WH-PCPs as their primary care provider. The Women Veterans Program Manager (WVPM) and Women's Health

Medical Director (WHMD) conduct a monthly call with all the WH-PCP Champions and Nurse Liaisons from the CBOCs that is available in person as well as via telephonic and Skype meetings presenting detailed information regarding upcoming monthly WH campaigns, local and community.

#### VAPAHCS Women Veterans Program 4

Women-centric events, updates on policies, WH procedures, educational opportunities, environment of care weekly rounds and Women Veterans Program outreach and “in-reach” activities. The WH-PCPs names and designation are listed in the PCMM of CPRS. All WH-PCPs are identified by clinic naming of all new patient appointments with WH designations. These clinic identifiers enable front-line schedulers to book appointments for Women Veterans with WH-PCPs at the WHC or CBOCs.

Additional Best Practices for Women’s Health at VAPAHCS include the following:

- **Same and next day access to gynecologic specialty care without a consult:** Partnership with Telephone Care Program (TCP) with updated procedure and standard operating procedure created in December 2018 to provide guidance for TCP RNs to contact PACT team or gynecology directly when women veterans call TCP with a women’s health symptoms best served by a gynecologist. Women are offered local PACT, WH gynecology, or Women’s Health same day per veteran choice according to triage algorithm. Real time gynecologist consultation allows the patient to be scheduled in a clinic appointment with a gynecologist without a current active gynecology consult for same day or next day care. This further supports improved access for women veterans in addressing their specific needs.
- **Focus on Patient Safety:** Active discussion and continued training for timeout prior to procedures. Detailed timeout charts were created for each WHC exam room with timeout procedures reviewed with WHC staff. A copy of the timeout chart can be provided upon request.
- **Veteran Feedback:** Collaboration with the VAPAHCS Veteran & Family Advisory Council on WH phone tree project
- **Stranger Harassment Veteran Feedback Project:** WH partnered with VAPAHCS Center for Innovation to Implementation to gather veteran feedback on stranger

harassment and collaborate on culture changes locally during 2017-2018.

- **Quality Improvement and VISN Collaboration:** VAPAHCS has been an active participant in an Evidence-Based Quality Improvement Collaborative (EB-QIC) initiative supported by the national VA Women’s Health Research Network (WHRN): the PAD site was an active participant in a two-day regional launch of EB-QIC held in VISN 21 headquarters for all VISN 21 sites, and supported by VISN 21. Since then, Palo Alto has continued as part of a group of sites partnering to work on optimizing abnormal mammogram follow-up processes. The local site projects use Evidence-Based Quality Improvement methods that involve collaboration between clinicians, managers, leaders and researchers. The EB-QIC projects developed at each site benefit from cross site sharing of innovations and solutions.
- **Other activities:** Women’s Counseling Center within the VAPAHCS (Menlo Park Division); Annual Breast Cancer Awareness Walk in collaboration with EEO Women’s Federation, Peninsula Vet Center event participation in San Mateo and provision of VAPAHCS WH booklet resources; Mammography Suite opening (10/2018); National Baby Shower (5/2018); Kick-Off Heart Health for Women event system wide (2/2019)

#### Essential Elements of Convenient Care Process – Proof of Concept

- Calls come in to Nurse Triage Line for assessment and referral to Convenient Care.
- RN and MSA prepare a documentation packet including the Convenient Care Consult (with DOA from COS) or a triage screening note and identify the primary care physician as a secondary signer on that note for situational awareness.
- RN/MSA uploads packet and the 10-0386 to the TPA portal.
- Contractor receives the 10-0386 and completes authorization and sends it to Convenient Care.
- The facility office of community care receives the consult (if completed) and places it in a scheduled status.
- The location where the veteran will be seen, along with a list of eligible heritage contract pharmacies, will be communicated to the veteran.

- Veteran receives convenient care at designated facility.
- Utilizing the heritage pharmacy contract a heritage provider can fill a 10-14-day supply of medication(s) prescribed to the veteran. These prescriptions will be paid out of traditional non-VA Care Dollars.
- Medical documentation will be uploaded to the contractor portal by community provider.
- The facility office of community care RN reviews medical documentation from the TPA portal, sends it to be scanned into the record and then closes the consult (if a consult was completed) or attaches to the triage screening note, adding the PCP as a signer.

### Community Care Consult Database

Locally developed access database used to assign, monitor and manage workload of community care staff. Reports can also be pulled to assess workload and performance data.

### Model of Care (MOC)

- MOC has been defined to better utilize available resources. This definition includes keeping complex care within VA and send less complex, encapsulated care to the community.
- MOC is determined by specialties, with facilitation and guidance by Office of Community Care Clinical Integration.
- Implementing MOC will be a challenge with the proposed eligibility and access standards of the Mission Act.

## CHALLENGES AND RECOMMENDATIONS

### 1. The VAPAHCS resides in an exceptionally competitive high cost-of-living area which impedes its ability to recruit and retain staff.

- While many VA Health Care facilities experience challenges in recruitment due to pay limitations, the VAPAHCS challenge is unique in that not only does it have issues with pay parity, it is located in an exceptionally competitive high cost-of-living area where the median cost of a home well exceeds the median average home cost in the United States. This makes it almost impossible for the VAPAHCS to compete in the local market, which can offer higher salaries than VAPAHCS.
- Under certain conditions, the Department of

Defense offers service members a basic allowance for housing (BAH), a U.S.-based allowance prescribed by geographic duty location, pay grade and dependency status. It provides uniformed service members equitable housing compensation based on housing costs in local civilian housing markets within the United States when government quarters are not provided. A uniformed service member stationed outside the United States, including U.S. territories and possessions, not furnished government housing, is eligible for Overseas Housing Allowance (OHA). As we met with VAPAHCS executive leadership staff, service-line managers and support staff, the common concern was an inability to recruit and retain staff due to the exceptionally competitive high cost of living in Palo Alto. While the VAPAHCS System does provide government quarters to eligible employees, the number of government quarters are insufficient to meet their needs.

*Recommendation:* The American Legion will work with The American Legion Department of California to draft a resolution urging Congress to pass legislation authorizing VA to offer eligible employees a housing allowance similarly to DoD basic housing allowance for service members. However, the resolution would limit VA's housing allowance to areas where the cost of purchasing, renting or leasing a home, condominium or apartment exceeds the median cost of housing in the United States.

### 2. Medicare Rates Proposed a Challenge for Community Nursing Home Care.

- VAPAHCS clinical staff reported challenges in placing veterans into a community nursing home because VA is only authorized to use Medicare rates. Under VA regulations and policies, VA reimburses community nursing home facilities based on per-diem rates which are based on the Medicare prospective payment rates (PPS) for skilled nursing facilities (SNFs).
- The American Legion does not have an official position on VA payment rates for community nursing home care.

*Recommendation:* The American Legion will request a meeting with VA Central Office Geriatric and Extended Care Service to discuss the medical center's concern. This will help determine if this is a local or national issue, which will guide The American Legion in its decision on how to address this challenge.

### 3. Difficulty Placing Patients in Community Nursing Home Facilities

The medical center reported when a veteran's episode of inpatient care is completed, and the discharge plan calls for the patient to be discharged to a nursing home facility, it is taking the VAPAHCS six months or longer to place a veteran in a community or state nursing home facility. This has resulted in patients staying longer than normal which has negatively impacted their star ranking. When asked why it is taking so long to place veterans in a community or state nursing home facility, staff reported it was due to the Medicare reimbursement rate; it is difficult to locate a nursing home in the state that is willing to accept Medicare-eligible veterans.

*Recommendation:* The VAPAHCS has a 360-bed Community Living Center, but its operating bed capacity is currently 260. The American Legion recommends the medical center do everything possible to increase the Community Living Center bed capacity to reach its authorized CLC bed capacity of 360.

### 4. Veterans Referred to VAPAHCS by other VAMCs Sometime are Not Eligible for Beneficiary Travel Pay

The VAPAHCS accept patients in need of care from other VA health-care facilities. When a veteran referred from another VA medical center to the VAPAHCS is discharged home, and the veteran is not eligible for beneficiary travel pay, this can create a challenge especially if the veteran does not have a family or someone to assist the veteran getting home. This situation is not unique to the VAPAHCS.

*Recommendations:*

- In 2017, The American Legion passed Resolution 64, titled "Department of Veterans Affairs Beneficiary

Travel Program." The Resolution was created based on a similar challenge experienced during another System Worth Saving site visit. The resolution includes four resolved clauses.

- Urge the Secretary of Veterans Affairs to seek adequate funding to accommodate the needs of the increasing demand for care, to include the need for providing return travel for veterans who have been transferred to distant Veterans Affairs medical centers for treatment, and subsequently discharged;
- Urge the Secretary of Veterans Affairs to revise beneficiary travel regulations to provide for return travel expenses for veterans discharged from distant Veterans Affairs medical centers from which they have been discharged, to include appropriate transportation and any supportive medications, medical devices and attendants as deemed necessary by the discharging facility;
- Urge Congress to provide dedicated funds to Veterans Affairs medical centers to defray the cost for return travel to a veteran's home or to the Veterans Affairs medical center that originally transferred a veteran to a distant Veterans Affairs medical center; and
- Urge the Secretary of Veterans Affairs to periodically review the adequacy of funding for travel funding to ensure veterans are not forced to bear the financial burden for return travel from distant Veterans Affairs medical facilities to which they have been transferred, and from which they have been discharged.

The American Legion will work with its Legislative Division to seek congressional support to sponsor a bill to address this challenge.



## **EL PASO VA HEALTH CARE SYSTEM (EPVAHCS) | EL PASO, TEXAS**

**Dates:** Feb. 11-13, 2019

**Veterans Affairs & Rehabilitation Commission:** Jeanette Rae Evans, *Member, Health Administration Committee*

**Veterans Affairs & Rehabilitation Division:** Melvin J. Brown, *Health Policy Coordinator*

**Guests from American Legion Department of Texas:** Lloyd O. Buckmaster, *Commander*; William R. West, *Adjutant*

### **BEST PRACTICES**

#### **NARCAN Initiative**

The facility provided facility police officers training on how to administer NARCAN to veteran patients for emergency treatment of possible opioid overdose. This initiative and subsequent training are credited with saving at least two lives at the time of the SWS site visit.

#### **Elevator Wraps**

The Department of Veterans Affairs has placed emphasis

on combatting opioid abuse and overprescribing. The EPVAHCS implemented elevator wraps on two units to target critical messages to veterans, family members and visitors. During this SWS visit, the messaging focused on opioids and questions that veterans and their family members could ask their health-care providers prior to taking opioids.

#### **Clinical Services**

During the unstructured interview process, the clinical line service managers identified the following best practices:

- The pharmacy started using telehealth services, which led to the unit receiving the most appointments of any pharmacy system in the Veterans Health Administration (VHA).
- Mental health increased usage of evidence-based therapy.
- Increased same-day patient access. The Patient Aligned Care Teams (PACT) rotation system helps determine which teams will see unscheduled new enrollees on a given day.

### Partnership with Public and/or Private Entities

The EPVAHCS has a strong and unique relationship with the William Beaumont Army Medical Center and the Department of the Army. The system is attached to WBAMC and uses many of the center's services. The facility also has an agreement with the Armed Forces YMCA to provide yoga to veteran patients as part of the emerging VA's Whole Health initiative. The system also has an agreement with the city of Las Cruces, N.M., to use some of the city's space for the Home-Based Primary Care staff.

## CHALLENGES WITH RECOMMENDATIONS

### 1. Space

With few exceptions, the issue of inadequate space is a recurring challenge that impacts access to care at multiple VA medical centers. The El Paso VA Health Care System has also expressed this as a concern. The following leadership and staff expressed the significant challenges they face with the lack of space:

- Executive Leadership Team
- Financial Manager
- Quality/Safety/Value Manager
- Women's Health/Military Sexual Trauma Coordinator

The EPVAHCS lacks the ability for any significant expansion, which has a direct and negative impact on its desire to hire additional staff. The absence of sufficient space, combined with an inability for expansion, is a significant issue for the EPVAHCS, impacting care, access and patient satisfaction.

#### Recommendations:

- The American Legion will add El Paso to the list of other VA medical facilities that state the lack of adequate space is a significant challenge to providing care to the nation's veteran population. As stated in other reports,

the MISSION Act's Modernization Committee will address space issues faced by VA medical facilities and recommend to the President of the United States which facilities should be prioritized for additional construction funding for expansion or modernization.

- The American Legion recommends EPVAHCS, if it has not already done so, develop a request and plan that outline how the system can make use of additional space in William Beaumont Army Medical Center once the AMC moves to its new facility on Ft. Bliss in 2020. This plan should be submitted to VA Central Office (VACO) to be shared with decisionmakers in the Department of Defense responsible for medical facilities management.

### 2. Stability in Leadership

Executive leadership has been a challenge at the EPVAHCS due to turnover. The current Executive Leadership Team (ELT) of Michael Amaral, Director; Jamie Park, Associate Director; Lenore Enzel, Nurse Executive; and Dr. Brian Foresman, Chief of Staff; addressed this concern. These health-care professionals have brought some hope and a sense of stability to the ELT in El Paso. This belief is bolstered by the fact that Director Amaral and Nurse Executive Enzel previously held leadership roles at William Beaumont Army Medical Center while on active duty.

*Recommendation:* The American Legion recognizes for the first time in many years that the EPVAHCS has a stable leadership team in place and recommends that key service chiefs and other critical staff position vacancies continue to be filled sooner rather than later.

### 3. Recruiting and Retention of Key Personnel

Recruiting and retention have been a problem across the VA medical system, which has had a direct impact on the continuity of care. In the EPVAHCS the issue is exacerbated by the fact that the El Paso community is an underserved medical area.

- Lack of space – it may take years to open new facilities as no expansion is possible at the William Beaumont facility. The inflexibility in contracting/leasing of space also prohibits the system from acting to meet growing needs;
- Potential employees are reluctant to move to El Paso due to the negative reputation/perception of the neighboring Mexican city, Ciudad Juarez. Many potential employees cite an unwillingness to relocate due to security concerns of bringing families so close to the U.S.-Mexico border.

There is a true misperception of the El Paso community, and potential employees remain uninformed of the facts until they visit;

- Significant competition for local medical professionals exists. The civilian health-care organizations in the immediate El Paso community pay much higher salaries, depleting the number of qualified and experienced health-care professionals available to work at the EPVAHCS

*Recommendations:*

- The American Legion's second recommendation concerning the space issue, as stated above, also stands in reference to recruiting and retention. Facility leadership should send recommendations to VACO on acquiring space in the vacated William Beaumont AMC. The system may have qualified candidates to fill critical staff vacancies but without adequate space to house staff the positions remain unfilled.
- Concerning the safety concerns of living in El Paso, which cause some potential health-care providers to not relocate to El Paso, the facts of actual living conditions must be loudly and proudly proclaimed. El Paso is rated the sixth safest metropolitan city in the United States (2019) "despite border and immigration controversies."
- The American Legion recommends using additional channels of communication, such as available media outlets (television/radio/internet/social media) as well

as veterans service organizations like local American Legion posts and state departments to extol the positives of living in the El Paso community and working for the VHA at EPVAHCS.

**4. Challenge 4: No Shows for Appointments**

EPVAHCS suffers from a high no-show appointment rate among their veteran patients. The VHA must conduct research to grasp a better understanding behind this high no-show rate, possibly to consider implementing accountability measures for veterans. It is important to note there is a tremendous cost associated with high no-show rates. Research also reveals no-show appointment rates can be significantly reduced with improved patient scheduling. Appointments that are made too far out for patients produce higher no show appointment rates.

*Recommendation:* The American Legion recommends EPVAHCS conduct research reducing no-show appointment rates. No-shows are an issue that plague civilian medical doctors and FQHCs. Research has proven that no-show rates can be significantly reduced with improved patient scheduling. Appointments that are made too far out for patients produce higher no-show rates. EPVAHCS may also want to send data related to the number, type, and associated costs, of their high no-show rate to the SWS staff. Staff will review data, analyze patterns and trends, and make recommendations regarding potential actions VA/VHA can take to resolve this challenge.





## **SOUTHERN LOUISIANA VA HEALTH CARE SYSTEM (SLVHCS) | NEW ORLEANS, LA.**

**Date:** Dec. 10-12, 2018

**Veterans Affairs & Rehabilitation Commission:** Steve Kleinglass, *Consultant*

**Veterans Affairs & Rehabilitation Division:** Edwin Thomas, *Health Policy Coordinator*

**Guests from The American Legion Department of Louisiana:** Rickey D. Griffin, *Commander*; Tony Betts, *Adjutant*; Charles D. Aucoin, *National Executive Committee*

### **BEST PRACTICES**

#### **Leadership and Employee Engagement**

The SWS team has visited many VA medical centers and held meetings with medical center directors. Director Fernando Rivera demonstrates distinguishable commitment to many interests of The American Legion: LEAN-Six Sigma, project management, organizational psychology, strategic planning and tactical plans. On every information desk, patients and visitors will find Rivera's business cards with his cell phone number on it, a cell phone that he answers personally. SLVHCS has leadership and a culture that puts the safety and care of veterans as a primary concern.

**Results:** The employees at SLVHCS enjoy working at the medical center. Studies corroborate the notion that leaders who create climates of openness and trust balanced with achievable but difficult goals results in highly engaged employees. Highly engaged employees positively affect patient satisfaction, increase productivity, and create an ambience of caring people caring for people.

#### **Supervisor Institute**

SLVHCS conducts its own leadership development training titled "Supervisor 301." As the program brochure states, "The goal of 301 is to provide dynamic training to improve productivity, morale and behaviors." It helps emerging leaders develop their style or brand of leadership.

**Results:** Less employee turnover; reduced voluntary attrition resulting in less waste, retention of skills and knowledge that sustains the over the long term, and no wasted recruitment efforts trying to replace or find new employees.

#### **Quality of Care**

Many quality performance measures under the Strategic Analytics for Improvement and Learning (SAIL) suggest quality of care at the facility is be

**Results:** Better patient health outcomes. Greatly enhanced reputation in the health-care community as being a place where professionals demand more of themselves every day to provide medical care to veterans. Moreover, the

reputation of quality and positive health outcomes for patients will attract additional medical and nursing talent to the facility, which will eventually reduce costs allocated for recruitment.

### **Patient Engagement**

SLVAHCS formed and conducted veteran focus groups to design the facility, choose furnishings and decorations such as paint and artwork. At every juncture of the design process, veterans played a critical role.

Results: Veterans feel they have ownership not only because of their service to the country but because of their active participation in designing the facility. This type of engagement builds trust and creates opportunities for open communication and ameliorates efforts for patient compliance with care instructions and adherence to prescribed drug regimens.

## **CHALLENGES AND RECOMMENDATIONS**

### **1. Activation Budgets**

The SLVHCS' main campus and hospital are new. New facilities operate under a budget earmarked for "Activation" by VA and the Veterans Health Administration. Yet, the activation budget often leaves facilities with a "donut hole." In the case of SLVHCS the donut hole requires the facility find \$70 million to fund operations after the activation budget of \$200 million has been exhausted. This puts a great deal of stress on the staff at all levels of the organization.

*Recommendation:* The American Legion recommends System Worth Saving staff research this topic by conducting interviews with key stakeholders, directors and VHA finance staff, to determine what can be done to avoid the Activation donut hole.



## **VETERANS HEALTH CARE SYSTEMS OF THE OZARKS | FAYETTEVILLE, ARK.**

**Dates:** April 8-10, 2019

**Veterans Affairs & Rehabilitation Commission:** Ivan McAllister, *Member, Health Administration Committee*

**Veterans Affairs & Rehabilitation Division:** Gerardo Avila, *Deputy Director, Military Boards & Memorial Benefits*; Melvin J. Brown, *Health Policy Coordinator*

**Guests from The American Legion Department of Arkansas:** R.D. Kinsey, *Commander*; Robert “Bob” Renner, *Adjutant*; Mary Erdman, *National Executive Committee*

### **BEST PRACTICES**

#### **“Great Catch” Award**

As a means of addressing safety and quality issues, the facility developed a program that rewards employees who help prevent accidents, injury or illness. It’s called the “Great Catch” award. Any prevention of an event that may cause any of the previously mentioned safety/quality issues or close calls that leads to a learning opportunity can be deemed a “great catch.” The award recognizes people who report quality issues and the facility director can issue a coin and certificate for their diligence.

#### **Learning Resource Center Training**

The VHSO is the training center for other facilities in the VISN on community care. The system uses a five-

day boot-camp training methodology where the other facilities complete two days of classroom training, two days of hands-on training and one day of “hell.”

#### **Hire Right/Hire Fast**

The system uses a program that allows filling certain entry-level positions immediately. Onboarding can be completed in about a month in the best-case scenario, and there is new-employee orientation that occurs every pay period, as opposed to once a month.

#### **Patient Experience**

The VHSO uses the Planetree (Planetree International, 2019) techniques for achieving person-centered care, and the system is the only entity Planetree certified in the state of Arkansas. As a means of process improvement, the

Planetree system has three goals:

1. Primary care provider rating
2. Employee view of involvement & decision-making
3. Patient preference

## CHALLENGES AND RECOMMENDATIONS

### 1. Space

The Veterans Healthcare System of the Ozarks is another in a growing list of SWS-visited facilities to express space restrictions as a concern. The issues revolve around the following conditions:

- The main medical center is an older building, having been originally constructed in 1932;
- The Ft. Smith VA Clinic outgrew its allotted facility and a new clinic was recently confirmed that will increase access to veterans in that area and provide much-needed new dental and eye services;
- Small and crowded operating rooms and a minimal number of recovery rooms complicate inpatient surgeries;
- The facility is in desperate need of modernizing its main facility's building.

*Recommendation:* The American Legion recommends VHSO continue monitoring and documenting access issues created by lack of space. The facility should continue to submit reports to its VISN office.

### 2. Human Resources/Staffing

As most site visits in the last few years have highlighted, staffing and recruiting/retention issues are found in the VHSO and are noted by the following examples:

- Onboarding of possible new hires can extend out to six months, which the human resources director believes causes the system to lose quality candidates;
- Community medical facilities can offer candidates higher wages, although the system has been granted the authority to compensate specialty care providers at a maximum rate of \$225,000, which is up from a previous high of \$210,000;
- The system has a 10 percent turnover rate, a higher level occurring at lower level positions;
- The system has difficulty filling many housekeeping positions due to the wording of the Veterans

Preference Hiring Act, and requirement to hire preferential eligible veterans;

- There is a need to hire clinical staff and find providers in order to grow/add services;
- The system needs licensed practical nurses with mental health backgrounds;
- The system would like to hire nurses from the University of Arkansas, but although the university has a nursing program, most graduates tend to leave the area for better opportunities in Texas.

*Recommendations:*

- The American Legion recommends aggressive advertisement and that the VHSO develop a web page specifically for informing the provider community about critical staff vacancies.
- The American Legion recommends VHSO develop programs and recruitment campaigns that target specific interests of physicians and newly matriculated nurses:
- Nurses:
  - » Develop a mentorship program for newly graduated nurses from the University of Arkansas. Nurse mentors could help new nurses deal with stress. Mentors can help new nurses understand the culture of the organization and orient them toward success.
  - » Develop a coaching program for nurses after one year of service. This program would pair senior nursing staff with nurses needing support and guidance dealing with complex care challenges.
  - » Provide more structure during onboarding at both the facility level and departmental level that ensures ambiguity is not a part of the process.
- Physicians:
  - » Emphasize the availability of opportunities to conduct research that focuses on implementing or expanding evidenced-based medicine, enhancing patient compliance or reducing the number of no-shows for mental health or primary care visits if such opportunities exist now or in the future.
  - » The VA Mission Act of 2018 provides an increase in the Educational Debt Reduction Program from \$180,000 to \$200,000. The American Legion recommends highlighting this new development when recruiting physicians.

- » Highlight that fact that the system has recently increased the salaries for primary care providers to \$225,000 to be more competitive with the civilian sector.
- The American Legion recommends that VHA simplify and shorten the credentialing and hiring processes for all employees interested in working at VA.

### 3. Contracting

A few staff members highlighted the following challenges concerning contracting:

- Construction delays due to the inability to replace a local contractor due to the 80/20 rule of accounting; (Petroulas, 2014)
- The contracting process as a whole can use modifications. Projects take too long for approval;
- An exception to policy is needed to modify 1930 contracts, and the VHSO is a landlocked campus, which hinders expansion efforts.

*Recommendation:* The American Legion recommends that the VISN assist with barriers to contracting being removed, including but not limited to, some of the funding for construction projects to be budgeted separately as opposed to being taken from the current year's VA monies.

### 4. Information Technology (IT)

According to leadership, IT has been relocated to a centralized location away from the campus. The loss of a dedicated IT team has hurt productivity in many ways, including: long wait times for resolving trouble tickets and lags in gaining system access. Moreover, the campus is in desperate need of a Wi-Fi upgrade.

*Recommendation:* The American Legion recommends that the VHSO get its IT section back to service the campus and that the system, including the CBOCs, get much-needed upgrades to Wi-Fi.

In addition decentralizing IT functions, The American Legion also recommends that the system continue to develop and make maximum use of tele-health/tele-medicine systems to increase access to providers in this highly rural catchment area.

### 5. The system's CBOCs listed the following challenges:

- Ft. Smith – Staffing/Retirements/Spacing
- Joplin – Growth & Access/IT (no Wi-Fi)
- Jay – More Local Services/Staffing
- Ozark – Lack of Providers taking VA pay/Onboarding
- Springfield – IT/Getting caught up on new patients/ New facility
- Branson – Hiring



## LOS ANGELES REGIONAL BENEFITS OFFICE | LOS ANGELES

**Dates:** July 11-12, 2018

**Veterans Affairs & Rehabilitation Division:** David Spivey, *Deputy Director, Claims Services*; James Vale, *Veteran Disability Claims Specialist*

### OVERVIEW

The American Legion conducted interviews with 10 Veteran Service Center staff members, and senior VA Regional Office leadership during the ROAR visit. Topics included:

- VARO Operations
- NWQ
- Leadership access
- Morale
- Recognition of high performance in quality and quantity
- Suggestions to improve adjudications
- Review of 50 randomly selected cases provided by the Los Angeles Regional Office
- Quality Reviews

Employees at the Los Angeles VARO are generally satisfied with their employment. They recognize the importance of their positions and appreciative of their role in assisting veterans. The greatest concerns expressed by employees at all levels were related to IT issues and production standards.

There was no director in place at the Los Angeles RO during our visit. There were no apparent personnel issues and none were expressed during the visit. The Los Angeles RO appears to be a well-run station and staff morale is high.

The largest concern expressed by employees was the VARO's focus on productivity and quality. While many employees indicated that productivity is the primary focus, management emphasized the priority is both production and quality. Staff members are recognized for exceeding production standards but not for exceeding quality standards, which is consistent with what The American Legion has observed at other VAROs. The American Legion respectfully recommends senior management place greater emphasis on recognizing staff achievements in the area of production quality, to better reflect management's focus on timely and quality service to veterans. It is worth

mentioning that the VSCM has implemented a rewards program to recognize staff who go above and beyond to serve veterans.

Another major concern was IT, such as the ongoing latency, functionality and reliability of the Veterans Benefits Management System (VBMS). These issues are also common to The American Legion as seen at VAROs throughout the nation and the Legion's Board Unit Teams in Washington, D.C., and Indianapolis. These IT issues are beyond the control of station leadership and resolving them requires proactive involvement of VACO's senior leadership.

### Quality Review

The American Legion reviewed 44 out of 50 (unable to access six cases due to POA change or other reasons). Of the 44 cases reviewed, The American Legion found that 12 (27 percent) either had adjudication errors or VA failed to develop the claim properly. The Los Angeles VARO agreed with the findings in 3 of the 12 cases. The American Legion agreed with four of the Los Angeles VARO's responses and withdrew its initial findings. However, the Los Angeles VARO and The American Legion respectfully disagreed with their analysis of the remaining five cases. The final outcomes are as follows for the 44 cases reviewed:

- Cases with no errors: 36/44 (82 percent)
- Cases with errors identified by The American Legion: 8/44 (18 percent)

The majority of the errors identified related to disability rating and inadequate Compensation and Pension (C&P) exams, which are common errors noted by The American Legion at VAROs across the nation. Raters often find themselves in the position of having to choose between meeting their production quota and deferring a decision to afford the veteran the opportunity for a new, adequate C&P examination. This affects their production rates as deferred actions do not receive work credit. We respectfully recommend that VBA senior leadership allow reasonable work credit for deferred actions in cases where it is in the veteran's best interest. We believe the status quo unfairly penalizes raters for doing what is right for veterans.



## MUSKOGEE REGIONAL BENEFITS OFFICE | MUSKOGEE, OKLA.

**Dates:** Nov. 14-15, 2018

**Veterans Affairs & Rehabilitation Division:** Greg Nembhard, *Deputy Director, Claims Services*; David Spivey, *Team Lead, Board of Veterans Appeals*

### OVERVIEW

The American Legion conducted interviews with 10 Veterans Service Center staff members during the ROAR visit and met with senior VARO leadership regarding VARO operations. Topics included:

- NWQ
- Leadership access
- Work Credit System
- Recognition of high performance in both quality and quantity
- Employee training
- Suggestions to improve the quality of claims processing
- Case reviews of 50 randomly selected cases rated by the Muskogee RO
- Quality review

Employees expressed general satisfaction with their employment during the interviews. They recognize the importance of their positions and are proud to be serving veterans. The greatest concerns expressed by employees at all levels were IT issues, NWQ and production standards under the Work Credit System.

The American Legion representatives requested to meet separately with Veterans Service Center supervisors between employee interviews. All Muskogee RO staff were thoroughly professional, candid and forthcoming. The Muskogee RO appears to be a well-run operation with a staff that cares for veterans and the outcomes of their claims.


We were impressed with the structure and approach of the Muskogee ROs utilization of specialized teams. Though some employees shared their concerns of inequities in the work credit system since dissimilar types of development actions were given the same amount of work credit. On the other hand, it seems to be a means of enhancing quality and productivity because employees can become more proficient in handling a limited number claims processing functions, e.g., requesting medical records.

Director McClellan established a process by which employees can share their concerns via a “chat room.” The employees who were aware of and use the chat room shared that matters of concern in the workplace are addressed by the director in a respectful, timely manner. Moreover, there were no significant reports of communication problems with the entire supervisory staff.

The examination scheduling program known as “EMS” was cited by a few employees as an IT program in serious need of attention. Employees find the error messages to be confusing. Of the two contactors with whom Muskogee works for exams, there is an impression that LHI staff are particularly perplexed by EMS and the other contractor – QTC – also has problems. There was a consensus that new IT program such as EMS should be tested to ensure that all bugs are identified and corrected before nationwide implementation. The staff also shared that the VBMS letter-generation process is not user-friendly, is time-consuming and does not produce a completely satisfactory product. Moreover, Muskogee RO employees are frustrated by ongoing latency, functionality and reliability problems with VBMS. Obviously, these IT concerns are nationwide and transcend the Muskogee RO.

Training was a topic of broad discussion during this visit. Employees interviewed generally gave high marks for local training but were often not enthusiastic about some of the national training via TMS. Several employees felt that local training could be more effective if the instructor were more enthusiastic about training and possessed teaching skills that complement expert knowledge of the topic.

Several Muskogee RO employees expressed frustration with NWQ. The foremost concern is that the system in its current form places more emphasis on quantity than it does quality. Specifically, having to deal with claims partially developed at a VARO other than Muskogee. Employees felt the claims process would be better if they were able to work a claim at the same office until a rating decision is rendered, or at the very least have the case returned for final development.



Another issue of interest to employees is In Process Reviews (IPRs). The employees expressed a general preference to this process because it allows for errors discovery and correction before rating decisions are promulgated. The IPR process, they feel, reduces the risk of harm and the employee gets useful feedback that is not treated as a critical error. The employees believe this approach to quality review enhances quality in a way that does not undermine employee morale, as traditional quality reviews have been known to do.

### **Quality Review**

The American Legion reviewed 50 cases prior to visiting the Muskogee VARO. Of the 50 cases reviewed, The American Legion found that 10 (20 percent) either had adjudication errors or VA failed to develop the claim properly. The Muskogee VARO agreed with the findings in seven of the 10 cases. However, the Muskogee VARO and The American Legion respectfully disagreed with their analysis of the remaining cases, in whole or

part. The final outcomes are as follows for the 50 cases reviewed:

- Cases with no errors: 40/50 (82 percent)
- Cases with errors identified by The American Legion: 10/50 (50 percent)

The majority of the errors identified related to disability rating and inadequate Compensation and Pension (C&P) exams, which are common errors noted by The American Legion at VAROs across the nation. Raters often find themselves in the position of having to choose between meeting their production quota and deferring a decision to afford the veteran the opportunity for a new, adequate C&P examination. This affects their production rates as deferred actions do not receive work credit. We respectfully recommend that VBA senior leadership allow reasonable work credit for deferred actions in cases where it is in the veteran's best interest. We believe the status quo unfairly penalizes raters for doing what is right for veterans and adds substantial undue stress on RO staff.





## HUNTINGTON REGIONAL BENEFITS OFFICE | HUNTINGTON, W.VA.

**Dates:** Dec. 11-12, 2018

**Veterans Affairs & Rehabilitation Division:** Greg Nembhard, *Deputy Director, Claims Services*

### OVERVIEW

The American Legion conducted interviews with eight Veterans Service Center staff during the ROAR visit and met with senior VARO leadership regarding VARO operations. Topics included:

- NWQ
- Leadership access
- Work Credit System
- Recognition of high performance in both quality and quantity
- Employee training
- Suggestions to improve the quality of claims processing
- Case reviews of 50 randomly-selected cases rated by the Huntington RO
- Quality review

The employees were frank in their responses and expressed passionate convictions for helping veterans. They also expressed general satisfaction with their employment and recognize the importance the work and how it impacts veterans. The greatest concerns expressed by employees at all levels were time constraints and production standards under the Work Credit System, NWQ and the frequent rework generated due to errors passed on from other stations. Employees with working knowledge of the previous production standards expressed their preference over the current model. Some expressed concern that focus on the veteran has been lost in an effort to process claims faster.

All Huntington RO staff were professional, candid and forthcoming. They expressed sincere care for the work and the veterans they serve; though not shy to express their displeasure with the systems and requirements that affect their morale.

The type, method, and quality of training received mixed reviews but with a majority consensus that improvement is necessary. Employees express concern that the training is not always timely and/or relevant. Every minute is treasured and irrelevant training, they feel, takes them

away from performing the critical functions of their work. The method and quality of the training was described as inadequate and ineffective. This was more generally applied to TMS training. Some employees would like to have more input in the training design and structure.


Seven of the eight employees interview expressed confidence when asked if they are comfortable raising issues with their supervisors. Five of the eight employees did not feel their concerns are adequately addressed or felt it was beyond the supervisor's control. They like the opportunity to telecommute but expressed general disappointment in the diminished sense of community and the ability to be more socially engaged with co-workers. In an attempt to preserve a sense of community and improve communication, Director Kelley conducts weekly conference calls with employees.

Some employees expressed frustration with the examination scheduling program (EMS) and felt more should be done to address the issue. This matter has been addressed and reportedly resolved by VBA. Moreover, Huntington RO employees are frustrated by ongoing latency, functionality and reliability problems with VBMS and other VA applications. These IT concerns are nationwide issues that transcend the Huntington RO, which is a clear indication of the priority VBA should place on this matter.

The employees expressed a general dislike for NWQ but acknowledged that a system of accountability does need to be in place. When asked what they thought should be the answer, they said either to go back to the previous system or keep a larger percentage of the regional cases at the local RO. Nearly all of the employees interview felt that the system in its current form places more emphasis on quantity than quality. They also felt the claims process would be better if they were able to work a claim at the same office until a rating decision is rendered, or at the very least have the case returned for final development.

### Quality Review

The American Legion received the requested 50 cases for review prior to visiting the Huntington VARO. The American Legion was not able to review three of the 50 cases provided, and of the 47 cases reviewed, The



American Legion found that 10 (21 percent) either had adjudication errors or VA failed to develop the claim properly. The Huntington VARO agreed with the findings in 3 of the 10 cases. However, the Huntington VARO and The American Legion respectfully disagreed with their analysis of the remaining cases, in whole or part. The final outcomes are as follows for the 50 cases reviewed:

- Cases with no errors: 37/47 (78.7 percent)
- Cases with Errors identified by The American Legion: 10/47 (21 percent)
- Cases where a decision was corrected as a result of The American Legion's review: 3/10 (30 percent)

The majority of errors identified related to disability rating and inadequate Compensation and Pension

(C&P) exams, which are common errors noted by The American Legion at VAROs across the nation. Raters often find themselves in the position of having to choose between meeting their production quotas and deferring a decision to afford the veteran the opportunity for a new, adequate C&P examination. This affects production rates as deferred actions do not receive work credit. The American Legion believes that that VBA senior leadership should review the current production requirements to ensure it is fair and equitable and that it is a sustainable model that will not have long-term consequences to the VA and especially the veteran community. The American Legion believes the status quo unfairly penalizes raters for doing what is right for veterans and adds substantial undue stress on RO staff.



## NEW YORK REGIONAL BENEFITS OFFICE | NEW YORK, NY

**Dates:** Jan. 29–30, 2019

**Veterans Affairs & Rehabilitation Division:** Greg Nembhard, *Deputy Director, Claims Services*

### OVERVIEW

The relationship between The American Legion and the RO was evident during a tour of the facility. VA employees in the various sections afforded The American Legion the opportunity to interview 10 Veterans Service Center staff during the ROAR visit, as well as senior VARO leadership regarding operations there. Topics included:

- NWQ
- Leadership access
- Timeliness and accuracy of information
- Production standards and Work Credit System
- Employee training
- Emphasis on quality vs quantity
- Case reviews of 50 randomly selected cases rated by the New York RO
- Quality review

Many common themes emerge from discussions with VA RO employees across the board. However, the New York RO employees expressed a passion for helping veterans that sets them apart in their own right. The employees were professional but frank in their responses and were impressed that The American Legion actually cares enough to speak to them about matters relating to their work and the veterans they serve. There was mostly an expression of satisfaction with their employment and while their desire to serve veterans did not waiver, it was evident that the performance requirements were wearing on the more seasoned employees – those who worked under the timeliness standards. The biggest concern for them is that the stress of the points-based performance system is so focused on numbers that the focus on veterans seems to fade. However they recognize the importance the work they do and how it impacts veterans.

The New York RO staff was professional, candid and forthcoming. They expressed sincere care for their work and the veterans they serve. Not unlike employees at other regional offices, they were not shy to express their displeasure with the systems and requirements that affect overall performance and morale.

The type, method, and quality of training received mixed reviews, but with a majority consensus, this improvement is necessary. Employees express concern that the training is not always timely and relevant. Every minute is treasured and irrelevant training, they feel, takes them away from performing the critical functions of their work. The method and quality of the training was described as inadequate and ineffective. This was more generally applied to the Talent Management System (TMS) training. Some employees would like to have more input in the training design and structure.


The employees interviewed expressed high confidence when asked if they are comfortable raising issues with their supervisors and felt the issues would be addressed. Most felt many, if not most, of the issues are beyond the supervisor's control. With AMA looming, there was a sense of unease about what to expect and the DROs, especially, seemed to have uncertainty about their future roles in the VA.

The New York RO employees shared a common frustration about ongoing latency, functionality and reliability problems with VBMS and other VA applications. These IT concerns are nationwide issues that transcend any one RO, which is clear indication of the priority VBA should place on this matter.

Like employees at other ROs, the New York RO employees expressed a general dislike for NWQ but acknowledged that a system of accountability does need to be in place. Employees who have been with the RO before NWQ were especially fond of the Timeliness Standards and feel it would be better to return to those standards. Nearly all of the employees interviewed felt that the system in its current form places more emphasis on quantity than it does quality. They also felt the claims process would be better if they were able to work a claim at the same office until a rating decision is rendered, or at the very least have the case returned for final development.

### Quality Review

The American Legion received the requested 50 cases for review prior to visiting the New York VARO. The American Legion was not able to review two of the 50 cases provided and one case was duplicated. Of the 47



cases reviewed, The American Legion found that 10 (21 percent) either had adjudication errors or VA failed to develop the claim properly. The New York VARO agreed with the findings in four of the 10 cases. The final outcomes are as follows for the 50 cases reviewed:

- Cases with no errors: 37/47 (78.7 percent)
- Cases with Errors identified by The American Legion: 10/47 (21 percent)
- Cases where a decision was corrected as a result of The American Legion's review: 4/10 (40 percent)

The majority of errors identified related to disability

rating and inadequate Compensation and Pension (C&P) exams, which are common errors noted by The American Legion at VAROs across the nation. Raters often find themselves in the position of having to choose between meeting their production quotas and deferring decisions to afford the veteran the opportunity for a new, adequate C&P examination. This affects production rates as deferred actions do not receive work credit. The American Legion believes that VBA senior leadership should review the current production requirements to ensure they are fair and equitable and that it is a sustainable model that will not have long-term consequences to VA and especially the veteran community.



## LINCOLN REGIONAL BENEFITS OFFICE | LINCOLN, NEB.

**Dates:** Feb. 12-13, 2019

**Veterans Affairs & Rehabilitation Division:** Greg Nembhard, *Deputy Director, Claims Services*

### OVERVIEW

As of Jan. 31, 2019, the Lincoln RO received 428 new claims, 921 adjustment claims (rating increases, etc.), and 4,000 appeals. In FY 2018, the Lincoln RO adjudicated 5,060 new claims and 13,826 adjustment claims. The average days pending for new claims is 149.7 and 107.7 for adjustment claims. The Lincoln RO is under three days for Time in Que (TIQ) for initial development, supplemental development, claims ready for decision, and non-rating claims.

The top three adjudication categories where the RO identified errors in FY18 were:

1. Task 4: Were all necessary examinations and medical opinions requested and sufficient?
2. Task 8: Are all effective dates assigned correctly?
3. Task 1: Was proper pre-decisional notification and/or was proper development to the veteran/claimant completed as required by regulations and/or the manual?

To correct these errors, the Lincoln RO:

1. Required all Rating Veteran Service Representatives (RVSR) and Decision Review Officers (DRO) to take courses through the VA's Training Management System (TMS).
2. Reviewed Clear and Unmistakable Error (CUE) logs and errors to train the employees on trends and issues.
3. Due process training was also on the schedule for March 7, 2019.

The Lincoln RO has difficulty adjusting to the initial implementation of the NWQ, but now report that it has grown to become very familiar and comfortable with the NWQ system. The Lincoln RO leadership believes that one of the most difficult issues for the employees and stakeholders is accepting that they no longer serve all Nebraska veterans. It is also lost on the employees the impact they have on veterans because they do not "own" a claim from start to finish. They reported that "it is undeniable that claims nationally are being processed more quickly" and have gotten used to the NWQ.

The Lincoln RO provided current workload information in

response to our request. The average length of experience for the RVSRs and VSRs at the Lincoln RO are 5.8 years and 3.9 years, respectively. However, 50 percent of the staff has been with the RO for less than one year. One of the main factors for the turnover at the RO is the loss of personnel to the Department of Homeland Security (DHS) Nebraska Emergency Management Agency (NEMA) which, in 2012, relocated to the Joint Force Headquarters, on the Nebraska National Guard base in Lincoln.

The American Legion interviewed 10 Veterans Service Center staff during the ROAR visit and met with senior VARO leadership regarding operations. Topics included:

- NWQ
- Leadership access
- Timeliness and accuracy of information
- Production standards and Work Credit System
- Employee training
- Emphasis on quality vs quantity
- Case reviews of 50 randomly-selected cases rated by the Lincoln RO
- Quality review

It is evident that employees of the Lincoln RO take pride in the quality of work they are known for producing. However, there are also common themes that emerged from discussions with VARO employees. The Lincoln RO employees expressed a passion for helping veterans but lament not being able to have the same feeling of ownership of individual claims and direct contact with veterans. The employees were professional but were at first uncomfortable because they were not sure of the nature of The American Legion's visit. Some of them expressed gratitude that The American Legion actually cares enough to speak to them about matters relating to their work and the veterans they serve.

Every employee interviewed expressed satisfaction with their employment and even greater satisfaction in their leadership. While their desire to serve veterans did not waiver and their performance was not suffering, they still expressed a general dislike/concern for the performance requirements, especially the more seasoned employees

who previously worked under the timeliness standards. As with other ROs, one of the biggest concerns for them is that the stress of the points-based performance system is so focused on numbers that the focus on veterans seems to fade. However they recognize the importance of their work and how it impacts veterans.

The Lincoln RO staff was professional, candid and forthcoming. They expressed sincere care for the work and the veterans they serve. Not unlike employees at other regional offices, they were not shy to express their displeasure with the systems and requirements that affect their overall performance and morale. However, the internal structures and leadership seem to be making a big difference in their ability to meet or exceed the requirements, undercutting their concern that the requirements are unfair and imbalanced.

The Lincoln RO has placed much emphasis on training, and the results prove it to be very effective. The employees generally like the type, method and quality of training. The only criticism of the training was directed to the online TMS courses, or employees wanting more in-house training on specific topics. Nothing from the RO leadership suggests that their desire would not be met. Overall, the emphasis on training is a key factor in why the Lincoln RO was one of the top-producing ROs before the NWQ implementation and, by all counts, continues to be.

The employees interviewed expressed high confidence when asked if they are comfortable raising issues with their supervisors and felt the issues would be addressed. Most felt many, if not most, of the issues are beyond the supervisor's control. With AMA looming, there was a sense of unease about what to expect and the DROs especially seemed to have uncertainty about their future roles in VA. While I was there, a tasker came out from VA Central Office, which had a visible impact on their preparation for AMA launch. Miesemer provided a quick brief on the tasker and carried on with the business of helping veterans.

The Lincoln RO employees shared a common frustration about ongoing latency, functionality and reliability problems with VBMS and other VA applications. These IT concerns are nationwide issues that transcend any one RO, which is a clear indication of the priority VBA should place on this matter.

Like employees at other ROs, the Lincoln RO employees expressed a general dislike for NWQ but acknowledged that a system of accountability does need to be in place.

Employees who have been with the RO before NWQ were especially fond of the Timeliness Standards and feel it would be better to return to those standards. Nearly all of the employees interviewed felt that the system, in its current form, places more emphasis on quantity than it does quality. They also felt the claims process would function better if they were able to work a claim at the same office until a rating decision is rendered, or at the very least have the case returned for final development.

### Quality Review

The American Legion received the requested 50 cases for review prior to visiting the Lincoln VARO. The American Legion was not able to review two of the 50 cases provided. Of the 48 cases reviewed, The American Legion found that 12 (25 percent) either had adjudication errors or VA failed to develop the claim properly. The Lincoln VARO agreed with the findings in five of the 12 cases, though not every issue in each case. The final outcomes are as follows for the 50 cases reviewed:

- Cases with no errors: 36/48 (75 percent)
- Cases with Errors identified by The American Legion: 12/48 (25 percent)
- Cases where a decision was corrected as a result of The American Legion's review: 5/12 (42 percent)

The majority of the errors identified related to disability ratings and inadequate Compensation and Pension (C&P) exams, which are common errors noted by The American Legion at VAROs across the nation. Raters often find themselves in the position of having to choose between meeting their production quotas and deferring decisions to afford veterans the opportunity for new, adequate C&P examinations. This affects their production rates as deferred actions do not receive work credit. The American Legion believes that that VBA senior leadership should review the current production requirements to ensure they are fair and equitable and that it is a sustainable model that will not have long-term consequences to VA and especially the veteran community. The American Legion continues to believe the status quo unfairly penalizes raters for doing what is right for veterans and adds substantial undue stress on RO staff.

The value and advantages of the Quality Reviews and In Process Reviews (IPRs) were discussed during an exit briefing, as were morale and employee recognition programs either in place or conceptualized within the

realm of the director's authority and support from senior VA leadership. The disparity between the employees' complaint about the production standards and the fact that they are meeting or exceeding standards was addressed. Also discussed were dissemination and application of rulings from the Court of Appeals for Veterans Claims (CAVC) and the Federal Circuit Court, which need to occur in a timely and consistent manner.

The American Legion currently does not have a representative at the Lincoln RO, but the state's representatives are all cross-accredited to work American Legion claims. Upon learning of American Legion presence, the state's Department of Veterans Affairs Service

Center Manager, Levi Bennett, requested a meeting to discuss his desire to have a Legion DSO on sight. During that meeting, he was referred to the leadership of The American Legion Department of Nebraska, whose initial response was dismay that this was not brought up before. However, this matter is not in the national scope of responsibilities.

The Lincoln RO director believes The American Legion "can play a key role in improving the speed with which benefits claims are processed." Thorough, accurate, clear, and well-founded claims produce faster decisions and The American Legion can be "a powerful ally in the claims process" ensuring these elements are part of each claim.



## NEW ORLEANS REGIONAL BENEFITS OFFICE | NEW ORLEANS, LA

**Dates:** March 12-13, 2019

**Veterans Affairs & Rehabilitation Division:** Greg Nembhard, *Deputy Director, Claims Services*

### OVERVIEW

The purpose of this visit was to review the service-connected disability compensation claims processing functions within the RO. As of March 12, 2019, the New Orleans RO had in inventory of 900 claims, which included:

- 131 Initial development
- 391 Supplemental development
- 233 Rating actions
- 80 Awards
- 65 Authorizations
- 14 Homeless claims
- 68 Specialized claims (MST, TBI, 1151, etc.)

In FY 2018, the New Orleans RO adjudicated 15,648 claims, which included 3,137 appeals. The New Orleans RO is under three days' Time in Que (TIQ) for initial development, supplemental development, claims ready for decision, and non-rating claims; complemented by an accuracy score of 95.5 percent. The New Orleans RO was not able to provide data that readily identified the percentage rate of grants/denials for conditions decided in the past fiscal year.

The top three adjudication categories where the RO identified Veteran Service Representative (VSR) errors in FY18 were:

- System compliance
- Exam development
- Requesting federal records

The top three adjudication categories where the RO identified Rating Veteran Service Representative (RVSR) errors in FY18 were:

- Evaluations
- Effective Dates
- Deferrals

To correct these errors, the New Orleans RO required VSRs to undergo mandatory training to:

- Ensure all appropriate VA decisions reflected the

accurate specific details of the veterans' pending claims/profiles (Systems Compliance)

- Determine how and when to order exams for entitlement to benefits (service connection and evaluations)
- Identifying and acting on Duty to Assist issues (obtain federal records)

The RVSRs were likewise required to undergo mandatory training to:

- Ensure evaluations are properly assigned (accurate evaluation percentages)
- Assign correct effective dates for entitlement
- Determine if a claim should be deferred for further development (deferrals)

The New Orleans RO had difficulty adjusting to the initial implementation of the NWQ but now reports employee competency has increased, and employees have become familiar and comfortable with the NWQ system. The New Orleans RO leadership believes that NWQ has had a positive impact on the RO. Similar to other sites, one of the most difficult issues for the employees and stakeholders is accepting that they no longer serve all Louisiana veterans. It is also lost on the employees the impact they have on veterans because they do not "own" a claim from start to finish. According to the RO Director, "The New Orleans RO was a national leader in the timely processing of claims prior to the advent of NWQ. Since the implementation of NWQ, the New Orleans RO continues to be among the best in (the) nation in the timeliness of claims processing." The result of their work is borne out in the TIQ and accuracy score. The challenge the RO faces may be employee burnout and turnover due to employee stress discussed below.

The New Orleans RO provided current workload information in response to our request. The average length of experience for the RVSRs and VSRs at the New Orleans RO are 6.2 years and 5.2 years, respectively. The RO has a number of vacancies with professional staff acting in a number of acting positions. Until Bologna was assigned as the director, the position was filled in an



acting capacity for a number of years.

The American Legion was afforded the opportunity to interview 10 Veterans Service Center staff members during the ROAR visit. Legion staff also met with senior VARO leadership regarding operations. Topics included:

- NWQ
- Leadership access
- Timeliness and accuracy of information
- Production standards and Work Credit System
- Employee training
- Emphasis on quality vs quantity
- Case reviews of 50 randomly selected cases rated by the New Orleans RO
- Quality review

The leadership of the New Orleans RO takes pride in the quality of work they are known for producing. However, there are also common themes that emerged from discussions with VARO employees that are concerning and that were discussed during the out-brief. The New Orleans RO employees expressed a passion for helping veterans but lament not being able to have the same feeling of ownership of individual claims and direct contact with veterans. The employees were professional but were passionate and outspoken about the nature their work environment. Some expressed concerns about the unequal workload on their counterparts, and others expressed the same concerns for themselves. For example, there was a concern that work that is a part of the portfolio of the VSRs was being handed off to Intake Analysts and/or VSRs requesting examinations instead of the raters. The employees expressed tremendous gratitude that The American Legion actually cares enough to speak to them about matters relating to their work and the veterans they serve. Their hope, as expressed, is that this reporting could spur positive change within the New Orleans RO and throughout the VA system.

Each interviewee expressed a strong desire to help veterans and their families, adding that this was the main reason they initially pursued careers with VA. Treating the 10 employees interviewed as a representative sampling for a climate survey, the conclusion is that morale at the RO is extremely low and the employees do not trust leadership to make decisions conducive to their well-being. About 40 percent of the interviewees do not feel they are valued members of the team. However, this was not the view

expressed by the leadership staff during the initial brief and their responses during the out-brief indicated they were not fully aware employees within the RO had these concerns.

This may be that employees are not always forthcoming about how they truly feel when asked or that they are not engaged personally to discuss their work and morale. Some employees expressed hesitancy in sharing these concerns for fear it would affect their jobs. This fear may also be misplaced, however.

Every employee interviewed expressed a belief in the value of the work and their desire to continue to support the veteran community; many of them are veterans, themselves. However, some questioned whether they have a place and a future in the New Orleans RO to do just that. Having only limited visibility of the overall organizational climate and employee management interaction, it is impossible to conclude the depth of impact on the RO's support of the veterans; but it does appear to be having some impact.

The American Legion recommends that leadership implement a more proactive employee-engagement culture, one that fosters openness and clear communication that is both reassuring and corrective in a way that fosters growth and aims to extinguish a climate of fear.

### **Training and Performance**

With AMA, then looming, the employees expressed frustration with the type and level of training to prepare them for the rollout. Some employees did express satisfaction with the frequency and level of training they received, a view most common among VSRs and RVSRs. One employee described the AMA training as “a complete disaster” and was visibly worried about how it will affect work and how support for veterans. During the out-brief, Director Bologna reassured The American Legion that the RO indeed has a robust training plan that is being executed and that the office currently has a 30-day training calendar in place. It is not clear this plan was already communicated to the employees during the ROAR visit.

A clear exemption to the above is the Non-Rating Team (NRT) which was lauded for the frequency and effectiveness of training provided by the coach. The NRT team members expressed greater satisfaction in their work, higher morale and a strong feeling of camaraderie

with their teammates. While their desire to serve veterans did not waiver and their performance was not suffering, they still expressed a general dislike/concern for the points-based performance requirements.

As with other ROs, one of the biggest concerns for employees of the New Orleans RO is that the stress of the points-based performance system is so focused on numbers that the focus on veterans seems to fade. The employees work with a sense of looming “career-killing” error calls, even if only perceptive. However, they recognize the importance of their work and how it impacts the nation’s veterans.

The employees interviewed expressed mixed feelings of confidence about raising issues with their supervisors and whether these issues would be addressed. Some employees felt many issues are beyond the supervisor’s control but that RO leadership could do much more to change the culture and climate of the New Orleans RO. With AMA looming, there was a sense of unease about what to expect, as an additional cause for stress. The New Orleans RO employees also shared a common frustration about ongoing latency, functionality and reliability problems with VBMS and other VA applications. These IT concerns are nationwide issues that transcend any one RO, which is a clear indication of the priority VBA should place on this matter.

The American Legion recommends that the New Orleans RO leadership team develop a means by which employees feel invited to ask questions and offer ideas. One way another RO did this was by creating a centralized mailbox where messages go directly to the director’s staff and are actively monitored and managed. Additionally, The American Legion recommends that VBA leadership communicate efforts to combat ongoing technological issues throughout the system.

### **Accountability**

Like employees at other ROs, the New Orleans RO employees expressed a general dislike for NWQ but acknowledged that a system of accountability does need to be in place. Employees who have been with the RO before NWQ were especially fond of the Timeliness Standards and feel it would be better to return to those standards. Nearly all of the employees interviewed felt that the system, in its current form, places more emphasis on quantity than it does quality. They also felt the claims process would function better if they were able to work a

claim at the same office until a rating decision is rendered, or at the very least have the case returned for final development.

### **VSO Collaboration**

When asked to list topics where the RO would like to see greater collaboration and/or advocacy by TAL, the RO stated that they would like TAL to:

- Work more closely with veterans to submit appropriate lay and objective evidence that specifically supports the contention, especially for those issues on appeal.
- Encourage regional and local TAL offices to host “lunch and learn” sessions in their facilities to help veterans navigate the new AMA process.
- Encourage regional and local TAL offices to request specific VA training on various subjects during their yearly training sessions.

The New Orleans RO participates in the Louisiana Department of Veterans Affairs’ (LDVAs’) annual training conference to discuss multiple topics affecting Veterans’ benefits. We recommend TAL, Department of Louisiana develop a closer relationship with the Benefits office and take advantage of these suggestions and training sessions to better support Louisiana Veterans.

### **Quality Review**

The American Legion received the requested 50 cases for review prior to visiting the New Orleans VARO. The American Legion was not able to review 3 of the 50 cases provided. Of the 47 cases reviewed, The American Legion found that 8 (17 percent) either had adjudication errors or VA failed to develop the claim properly. The New Orleans VARO agreed with the findings in three of the eight cases, though not every issue in each case. The final outcomes are as follows for the 47 cases reviewed:

- Cases with no errors: 39/47 (83 percent)
- Cases with errors identified by The American Legion: 8/47 (17 percent)
- Cases where a decision was corrected as a result of The American Legion’s review: 3/8 (37 percent)

The majority of errors identified related to disability rating and inadequate Compensation and Pension (C&P) exams; these are common errors noted by The American Legion at VAROs across the nation. Raters often find themselves in the position of having to choose between meeting their production quotas and deferring decisions

to afford veterans opportunities for new, adequate C&P examinations. This affects their production rates because deferred actions do not receive work credit. The American Legion believes that VBA senior leadership should review the current production requirements to ensure they are fair and equitable and that it is a sustainable model that will not have long-term consequences to VA and especially the veteran community. The Legion continues to believe the status quo unfairly penalizes raters for doing what is right for veterans and adds substantial undue stress on RO staff.

Discussed were the value and advantages of the Quality Reviews and In Process Reviews (IPRs) during the exit briefing. Morale and employee recognition programs either in place or conceptualized within the realm of the director's authority and support from senior VA

leadership were also discussed, as was the disparity between the employees' complaint about the production standards and the fact that they are meeting or exceeding standards. Also addressed was the need to disseminate and train staff to apply Court of Appeals for Veterans Claims (CAVC) and the Federal Circuit Court's rulings in a timely and consistent manner.

The American Legion currently does not have a representative at the New Orleans RO, but the state's representatives are cross-accredited to work American Legion claims. The American Legion believes it would be beneficial to have an on-site DSO who can develop a good working relationship with the RO and to whom the RO can communicate issues that are of vital interest to The American Legion and veterans.



## LITTLE ROCK REGIONAL BENEFITS OFFICE | LITTLE ROCK, ARK.

**Dates:** April 9-10, 2019

**Veterans Affairs & Rehabilitation Division:** Greg Nembhard, *Deputy Director, Claims Services*; Melinda Staton, *Claims Services Coordinator*

### OVERVIEW

The American Legion interviewed 11 Veterans Service Center staff during the ROAR visit, as well as senior VARO leadership regarding operations. Topics included:

- NWQ
- Leadership access
- Timeliness and accuracy of information
- Production standards and Work Credit System
- Employee training
- Emphasis on quality vs quantity
- Case reviews of 50 randomly selected cases rated by the Little Rock RO
- Quality review of the 50 randomly selected cases rated by the Little Rock RO

All employees interviewed expressed that the veteran and their family members being granted all benefits to which they are entitled is their No. 1 priority when they report for work. Employees were service-minded and expressed personal fulfillment and personal ownership concerning their work.

As of April 3, 2019, the Little Rock RO received 228 new claims, 541 adjustment claims (rating increases, etc.), and 1,222 appeals. In FY 2018, the Little Rock RO adjudicated 3,419 new claims and 12,573 adjustment claims. As of February 2019, the accuracy score was 92.3 percent and average time in queue as of April 3, 2019, was 2.8 days. The Little Rock RO is under three days for Time in Queue (TIQ) for initial development, supplemental development, claims ready for decision and non-rating claims.

The top three adjudication categories where the RO identified errors in FY18 were:

- Development
- Evaluation assigned
- Effective date assigned

To correct these errors, the Little Rock RO assigned local QRT to conduct monthly error trend training sessions for CAs, VSRs and RVSRs.

The Little Rock RO provided current workload information in response to The American Legion's request. The average length of experience for the RVSRs is 54.3 months (4.5 years) and VSRs is 49.1 month (4.1 years) at the Little Rock RO.

Overall, RO employees felt valued based on the actions of supervisors displayed. Indicators of feeling valued that were mentioned were:

- Providing feedback
- Employees note that supervisors try to make employees feel valued
- Continuous fostering of good working relationships

### Quality Review

The American Legion received the requested 50 cases for review prior to visiting the Little Rock AK VARO. The American Legion was not able to review 11 of the 50 cases provided. Of the 39 cases reviewed, The American Legion found that 10 (26 percent) either had adjudication errors or VA failed to develop the claim properly. The Little Rock VARO agreed with the findings in eight of the 10 cases, though not every issue in each case. The final outcomes are as follows for the 39 cases reviewed:

- Cases with no errors: 29/39 (74 percent)
- Cases with errors identified by The American Legion: 10/39 (26 percent)
- Cases where a decision was corrected as a result of The American Legion's review: 8/10 (80 percent)

The majority of errors identified related to disability rating and inadequate Compensation and Pension (C&P) exams; these are common errors noted by The American Legion at VAROs across the nation. Raters often find themselves in the position of having to choose between meeting their production quotas and deferring decisions to afford veterans the opportunity for new, adequate C&P examinations. This affects their production rates because deferred actions do not receive work credit. The American Legion believes that VBA senior leadership should review current production requirements to ensure they are fair and equitable and that it is a sustainable model that will not have long-term consequences to VA and especially the veteran community.









THE AMERICAN LEGION  
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