



CENTRAL ARKANSAS VETERANS AFFAIRS HEALTHCARE SYSTEM | LITTLE ROCK, AR

Date: March 26-28, 2018

Veterans Affairs & Rehabilitation (VA&R) Commission Member: NECMan Mary Erdman (AR)

American Legion Department of Arkansas: Commander Michael Westergren and Adjutant Bob Renner

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

Chairman's Statement

In 2003, Ron Conley, who was The American Legion National Commander that year, visited over 60 Department of Veterans Affairs' medical facilities across the country to assess the delivery of health care provided by the VA to our nation's veterans. Commander Conley wanted to determine if the VA health-care system was truly a System Worth Saving. The following year, The American Legion passed a resolution that made the *System Worth Saving* a permanent program under the National Commander. The program was later realigned under the Veterans Affairs and Rehabilitation Commission.

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

Purpose

The purpose of the site visit to the Central Arkansas Veterans Affairs Healthcare System (CAVAHCS) in Little Rock, Arkansas was to assess whether or not there were improvements in the areas of patient access to care, quality of care, and patient satisfaction since The American Legion's last visit in 2011.

Scope

The scope for The American Legion SWS visit to the CAVAHCS was to assess the overall performance of the medical center relative to the quality of care issues and concerns identified in the VAOIG report and the article in the Becker's Infection Control publication.

On May 17, 2017, the Department of Veterans Affairs Office of Inspector General (VAOIG) released a health-care inspection report entitled *Quality of Care Concerns of a Surgical Patient*.¹ The VAOIG conducted a health care inspection resulting from a VAOIG hotline call about a surgical case from 2015, in which a veteran with long-standing peripheral vascular disease and alcoholism required extended hospitalization and several days of restraint after developing alcohol withdrawal-induced delirium tremens (DTs) post-operatively. The allegations in the VAOIG were as follows:

- The patient was not examined daily but rather paperwork was reviewed outside the room.
- Nursing staff did not get the patient out of bed during meal times as ordered by the physician.
- The patient was placed in bilateral wrist restraints continuously for over 30 days without removal.
- The use of the wrist restraints caused the patient's skin to "rot to the bone".
- Family's request to transfer to another hospital was denied by the attending physician.
- Staff did not address the patient's new foot drop.
- Nursing staff were heard making bets on how much medication they could give another patient to keep him quiet.

According to the CAVAHCS, the vascular surgery team followed the veteran and the progression of his condition for two years prior to recommending surgical intervention. The veteran's surgery went well, but he developed severe DTs with persistent agitation and confusion, requiring over two months hospitalization. During much of the extended hospital stay, physical restraints were necessary due to agitated, unsafe behavior related to the underlying delirium.

The OIG conducted a review and on-site visit from mid-2015 through early 2016, and determined only one of the above allegations was substantiated which was the family's request to transfer the patient to another hospital. The family's request for transfer to another facility was denied based on the clinical condition of the patient. Movement was deemed too risky. After discussion with the family, they agreed to allow the veteran to remain at the CAVHCS.



The CAVAHCS staff stated that the report noted an opportunity for improvement identified during the investigation that was related, but not specific to, the seven allegations. The CAVAHCS concurred with all recommendations from the VAOIG team, and quickly implemented action plans to address the recommendations and opportunities for improvement to include the following:

- **Recommendation:** The System Director modify the system's restraint policy to include leadership notification of patients in medical restraints after a specified timeframe in restraints. The CAVAHCS policy clearly designated that facility leadership be notified when a veteran requires 72 hours of continuous restraint. However, the policy did not reference when a veteran required intermittent restraint use over a prolonged period.

The CAVAHCS action: The health-care system implemented Chief of Staff review/recommendations for all cases in which restraints are used continuously for 72 hours or more, and for all cases in which any duration of restraint application is required for three or more consecutive days.

- **Recommendation:** Improved documentation of wound care in the medical record is needed to ensure adherence to facility wound care policy.

The CAVHCS action: The health-care system implemented consistent monitoring of the wound care management in the facility by regular and routine auditing and reporting to facility leadership.

- **Recommendation:** Prolonged and complicated post-operative hospitalization may have been avoided if the option for pre-operative detoxification from alcohol had been offered by staff and accepted by the patient.

The CAVHCS action: There will be local and external peer review of the clinical management of the post-operative delirium.

According to the CAVAHCS, all recommendations have been closed by the VAOIG. Local and external peer review of the clinical management of the post-operative delirium has been completed and was determined to be appropriate.

According to a June 26, 2017, article in the Becker's Hospital Review Clinical Leadership and Infection Control entitled Arkansas VA hospital temporarily closes 19 beds as it deals with staffing issues, the CAVAHCS was experiencing a nurse staffing shortage. Thirty nurses at the CAVAHCS filed a complaint with the VAOIG, Office of Special Counsel (OSC) and state nursing board citing understaffing, high patient loads, and staff turnover as being a threat to patient safety.² The CAVAHCS response to the three citations listed in the VAOIG OSC report was as follows:

- **Understaffing:** There were 67.1 medical/surgical registered nurse vacancies as of June 24, 2017, which was the time of the complaint.
- **High patient loads:** During the nurse staffing shortage, RN(s) have often managed two to four additional patients above the optimal workload.
- **Turnover rate:** The turnover rate for RN(s) in June 2017 was over 9%. The current turnover rate for nursing is 6.8%.

The CAVAHCS actions from the article were as follows:

- **Bed Closure:** Beds have been reopened in the medical surgical areas as nursing staff have been hired. Bed status was monitored on a daily basis, in addition to admissions and discharges. During this time, no veterans were diverted or outsourced due to lack of medical/surgical beds at the CAVAHCS. The CAVAHCS was able to return all 19 beds to operational status within six weeks due to assistance from VISN 16 facilities, VA nurse travel corps staffing, and expedited hiring.
- **Hiring Fair:** As the article stated, more than 350 people applied for jobs during the hiring fair. Another hiring fair, for Registered Nurses (RNs) only, was held September 23, 2017, with over 75 RN(s) applying for jobs. Over 300 nursing staff (over 170 of which are RNs) has been hired since June 2017. Additionally, CAVAHCS recruiters have participated or will participate in over 20 recruitment events with local schools of nursing and other venues.
- **Recruitment Incentives:** The CAVAHCS continues to offer recruitment incentives for experienced RN(s) up to \$15,000. At least 31 medical/surgical RN(s) have been recruited using this incentive. Twenty-six referral bonuses have been processed and two have matured to stay bonuses for six months of employment. Beginning June 5, 2017, the CAVAHCS began authorizing the use of case awards for eligible, current staff who refer qualified Registered Nurse candidates who are selected for specified positions (and remain in those positions) in specific areas that have been identified as hard to fill. Those areas that are difficult to fill are in Critical Care, Medical/Surgical units, and in the Community Living Center. Nurses can receive a \$1,000 referral award and \$1,000 stay award. If an applicant is hired who has indicated a specific referring employee's name, a referral award recommendation for \$1,000 will be submitted and reviewed. If the referred candidate remains in the position for which selected for six months, the eligible CAVAHCS staff member may receive an additional stay award of \$1000.
- **Listening Sessions:** Nursing Leadership conducts listening sessions on all shifts, in all areas and with all levels of staff. A nursing listening session is a meeting with the Associate Di-



rector Patient Care Services (ADPCS), which is held on individual units at varying times. The small group setting allows staff the time to fully share their concerns with the ADPCS. Action plans are developed from each session. At follow up sessions, updates to the action plans are shared with staff. All senior leaders at the CAVAHCS are implementing this engagement method. On average, two to three listening sessions are held per week with positive feedback from staff.

- *Reduce Turnover:* Turnover has continued to decline since June 2017. Widespread use of 12-hour shifts, increased patient care equipment availability and leadership mentoring for nurse leaders with less than one-year experience are outcomes associated with exit interview data.

The Office of the Medical Inspector (OMI) performed a review and their report dated January 30, 2018, confirmed a nursing shortage, but revealed no patient injury or adverse outcomes related to the shortage. The CAVAHCS continues to communicate with the OMI for updates.

Overview

The CAVAHCS consists of two inpatient health care campuses separated by the Arkansas River, the John L. McClellan Memorial Veterans Hospital in Little Rock and the Eugene J. Towbin Healthcare Center in North Little Rock. The CAVAHCS is located in Veterans Integrated Service Network (VISN) 16 and is part of the South Central VA Health Care Network, which includes facilities in Arkansas, Florida, Louisiana, Mississippi, Missouri, and Texas. The CAVAHCS is a Joint Commission (JC) and Commission on Accreditation of Rehabilitation Facilities (CARF) accredited VA health-care system and is classified as a tertiary care level 1A VA health-care system. The CAVAHCS has 635 authorized beds in which 551 beds are operational. The CAVAHCS beds consist of 156 internal medicine beds, 13 neurology beds, 50 surgical beds, 86 psychiatry beds, 128 domiciliary beds, 177 community living center (CLC) beds, and 25 compensated work therapy/transitional residence CWT/TR beds. The CAVAHCS serves as a teaching health-care system for more than 1,500 students and residents enrolled in more than 65 educational and research programs through their affiliation with the University of Arkansas for Medical Sciences.

The CAVAHCS provides comprehensive care through primary care, tertiary and long-term care in the areas of medicine, surgery, mental health, physical medicine and rehabilitation (PM&R), neurology, dentistry, ophthalmology, geriatrics and extended care, and women's health. The CAVAHCS serves their enrolled veterans¹ throughout Central Arkansas through

their eight community-based outpatient clinics (CBOCs). The CBOCs are located in Conway, El Dorado, Hot Springs, Mena, Mountain Home, Pine Bluff, Russellville, and Searcy, Arkansas. The CAVAHCS catchment area consists of 141,967 (130,454 male and 11,513 female) veterans. The CAVAHCS employs 2,408 employees, of which 943 or 39.16% are veterans that serve 69,647 enrolled veterans (64,027 male and 5,620 female veterans), and 75,716 unique veterans² (68,127 male veterans and 7,589 female veterans).

As of March 22, 2018, according to the Department of Veterans Affairs (VA) Patient Access Data Report, the average wait times for veterans to receive health care at the CAVAHCS was as follows:

- Primary care average wait time-**3.17**, which is 1 day below the national average of **4.17 days**,
- Specialty care average wait time-**6.30** days, which is **2.67 days** below the national average of **8.97 days**, and
- Mental health average wait time-**2.71** days, which is **1.65 days** below the national average of **4.36 days**.³

In Fiscal Year 2017 (FY17) the CAVAHCS total operating budget was **\$628,807,308** excluding Choice funding. Below is a breakdown of the budget:

- Administrative: \$ 42,204,041
- Medical Services : \$481,657,221
- Medical Facilities: \$38,604,244
- Medical Community Care in the Community (CITC): \$38,686,627
- Choice: \$ 2,699,854.00
- Medical Collection Funds: \$24,955,321

The CAVAHCS collected \$25,871,735.21, which exceeded the FY17 goal of \$24,016.682.

In Fiscal Year 2018 (FY18) the CAVAHCS total operating budget was **\$647,158,669** excluding Choice funding. The CAVAHCS carried over \$11 million in Hepatitis C medication funding and Medical Community care funding from FY17, which is included in the total FY18 CAVAHCS budget. Below is a breakdown of the budget:

- Administrative: \$43,384,674
- Medical Services : \$486,315,766
- Medical Facilities: \$40,655,000

² A Veteran patient counted as a unique in each division from which they receive care. For example, if a patient receives Primary Care at one VA facility and specialty care from another VA facility, he/she will be counted as a unique patient in each division.

¹ A Veteran who is enrolled in the VA health care system.



- Medical Community Care in the Community (CITC): \$46,935,761 (which includes \$5.7 million for no year medical community care funding carried over from FY17).
- Choice: \$4,367,468 with \$1,035,148 remaining Choice
- Medical Collection Funds: \$25,500,000

The CAVAHCS is on target to meet their FY18 collection goal. At the time of the SWS visit, the CAVAHCS had \$2.6 million in Choice money left over from FY17 that rolled over into FY18.

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

- Medical Center Director – 1 year 10 months (Appointed on May 1, 2016)
- Associate Director – 10 years 6 months (Appointed on September 2, 2007)
- Chief of Staff – 1 year 4 months (Appointed on November 13, 2016)
- Associate Director, Patient Care Services/Nurse Executive – 1 year 5 months (Appointed on September 30, 2016)

The CAVAHCS was identified as a Whole Health⁴ Design Site in FY16, FY17, and serves as the FY18 Flagship facility for VISN 16. The VA Office of Patient Centered Care and Cultural Transformation (OPCC&CT) is leading the transformation to focus on delivering personalized, proactive, patient-driven care and are shifting from “sick care” to “health care” and adding skills, resources, and evidence-based therapies that will allow VHA to collaborate more fully with and empower veterans. This approach complements pharmacological and procedural based therapies and is an expansion beyond what many trained in the medical profession were trained to do. The Whole Health program illustrates how to change the conversation with veterans to what really matters by exploring questions such as, “How do we personalize the approach for the individual veteran based on not only their diagnoses, but who they are and how they live?” “How do we not only treat a disease, but help optimize the body’s innate healing process?”

Town Hall Meeting

The SWS team held a veterans’ town hall meeting on March 26, 2018, at The Melchior M. Eberts American Legion Post #1 in Little Rock, Arkansas, to hear feedback from local veterans and their families about the quality of care they receive at the CAVAHCS. Thirty Central Arkansas veterans, family members, several members of leadership from The American Legion’s Department of Arkansas, CAVAHCS Medical Center Director Dr. Margie Scott, Chief of Staff Dr. Tina McClain, Associate Director for Patient Care Services/Nurse Executive Dr. Salena

Wright-Brown, Acting Associate Chief of Staff, Mental Health Service Mike Ballard, Public Affairs Officer Chris Durney, VA Voluntary Services Chief Michael Dobbs, Chief, Central Business Office, Mark Delashaw, Executive Assistant to the Director Debby Meece, Director Little Rock VA Regional Office (VARO) Lisa Breun and staff, staff from the U.S. Congressional office of Representative French Hill, and the Director of the Arkansas Department of Veterans Affairs, retired Colonel Nate Todd attended the meeting.

Dr. Scott brought with her a number of staff members to visit one-on-one with veterans who had specific concerns or issues regarding their care that they receive at the CAVAHCS. The CAVAHCS staff met directly with veterans recording their name, telephone number, and addressing their concerns. They assured veterans in attendance that their issues and concerns that were voiced would be addressed.

A veteran, his wife, and daughter at the Town Hall meeting expressed concerns about a possible liver transplant. CAVAHCS staff met with the veteran during the town hall meeting to discuss his request. The veteran would like to have his liver transplant at the University of Arkansas Medical Sciences (UAMS) in Little Rock, AR, instead of traveling to the Houston VAMC. According to VHA Directive 2012-018, SOLID ORGAN AND BONE MARROW TRANSPLANTATION, VA requires organ transplants to be performed at a VA Transplant center, or associated center⁵, through a VA program unless there is an identifiable undue hardship criteria that both directly impacts the veteran in question and meets the specific Choice Act definitions. The Houston Veterans Affairs Medical Center (VAMC) is an excellent health care system with an exceptional transplant program. Although the CAVAHCS understands the desire for the veteran to have his transplant locally, if the decision is made for him to have a transplant through CAVAHCS, the procedure will be performed at the Houston VAMC unless there is a compelling medical reason to perform the procedure at UAMS.

Dr. Eugene Smith, MD, CAVHS, contacted the veteran on March 9, 2018, who described his health issues that prohibit him traveling to Houston. The health issues perceived to prohibit travel are in fact not prohibitive and the veteran agreed that he could in fact withstand travel from a physical standpoint. On March 22, 2018, John Gocio, MD, CAVAHCS Associate Chief of Staff, Surgery, reviewed the veteran’s medical record and discussed his case with the provider who has been following him. Although it is not determined if a liver transplant versus a resection will be performed, the veteran is planning to have transplant at UAMS. The veteran will continue to be followed and supported at the CAVAHCS for post-operative care and for any other health care needs in which the CAVAHCS can assist. The veteran has been



made aware that the CAVAHCS cannot cover costs of a transplant at the UAMS and has expressed that he understands.

Overall, The American Legion SWS team and The American Legion Department of Arkansas were extremely pleased with the results of the town hall meeting and that veterans were very satisfied with the quality of health care they were receiving at the CAVAHCS. Most of the veterans' comments and dissatisfaction dealt with communication and education of VA programs and services. Veterans stated VA needs to do a better job communicating changes in programs and services so veterans and staff are not confused in what is available and what is not available to them. To improve staff awareness of VHA programs, multiple forms of communication and education regarding CAVAHCS services are being actively deployed, including electronic message boards, weekly newsletters, town hall meetings, leadership rounds, service and section level staff meetings, etc. To improve veteran and Veteran Service Organization (VSO) awareness, CAVAHCS Leadership makes a concerted effort to be actively engaged in the Arkansas Veteran Coalition, Community Town Hall meetings, and other outreach activities.

The SWS team was also very impressed that Dr. Scott brought her entire ELT as well as service line chiefs and staff to address veterans' issues and concerns.

Executive Briefings

Beginning on Tuesday morning, the SWS team met with the medical center's executive leadership team. Medical Center Director Dr. Margie Scott, M.D., Chief of Staff Dr. Tina McClain, Associate Director, Patient Care Services/Nurse Executive Dr. Salena Wright-Brown, Ph.D., Associate Chief of Staff Dr. Jennifer Andersen, M.D., Chief of Engineering Amanda Furr, and Executive Assistant to the Director Debby Meece were present at the initial site visit and exit briefings. The meeting consisted of a transparent discussion covering a wide-range of topics including the recent issues raised in the VAOIG report and in the media report.

When asked if the ELT has rolled out their Strategic Plan, they informed the SWS team they are currently working on the plan. The CAVAHCS strategic planning retreat took place on October 4-5, 2017, that identified recommended actions based on the VHA plan has been developed and implemented.

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

Best Practices

Strategic Planning

- In preparation for developing their Strategic Plan, the CAVAHCS held a Strategic Management Planning Retreat in October 2017. The retreat involved 130 participants including 33 veteran stakeholders from various Veteran Service Organizations (VSOs), in which several members of leadership from The American Legion Department of Arkansas attended. Other participants attending the retreat included state veteran offices and congressional staff. The CAVAHCS plans to develop strategic initiatives in conjunction with the VA Secretary's five priorities including Greater Choice, Modernize Systems, Focus Resources, Improve Timeliness, and Suicide Prevention. The planning session produced 90 recommendations. Of the 90 recommendations identified, the CAVAHCS has implemented approximately 10 percent and several others are in various stages of development and implementation. The recommendations implemented are: improve active listening, red vest program information providers, VSO newsletters, expanded telehealth capability, improved customer service standards, adopt and socialize the red coat ambassador program, implement talent management modules on War Related Illness and Injury, and veterans treatment court. The remainder of the recommendations will be further analyzed for feasibility. The CAVAHCS chartered a strategic planning workgroup to formalize the plan.

Women's Health Services

- **Breast Imaging Center:** The CAVAHCS has a breast-imaging center that offers enrolled women veteran's comprehensive breast imaging health care services including 3D and 2D Tomosynthesis, Automated Whole Breast Ultrasound Biopsies, etc.
- **On-site Certified Lactation Counselor (CLC):** The CAVAHCS has a CLC within the Women's Health Center (WHC) dedicated to the promotion, protection, and support of breastfeeding and human lactation in their work to prevent and solve breastfeeding problems. The counselor promotes the belief that breastfeeding works best when it is the cultural norm and when the provider of lactation support and services is culturally competent.
- **Women Health Pharm D:** The CAVAHCS has a women's health center Doctor of Pharmacy (Pharm D) within the WHC assigned to every pregnant enrolled veteran. This pharmacist reviews all medications and alerts of all providers regardless of the specialty or location. The Women's Health Pharm D provides recommendations back to the provider when medications prescribed and are not recommended for use while the veteran is pregnant or is breastfeeding.



Honoring Veterans Program

- **World War II “Wall of Honor” and coin presentation:** The CAVAHCS has a wall in the lobby of the medical center dedicated to honor veterans from Arkansas who served in World War II. The health-care system also conducts a ceremony honoring those veterans who served during WWII by hanging their picture on the wall with other WWII veterans from Arkansas. The health-care system during the ceremony presents them with a health-care system commemorative coin. The health-care system follows traditional military protocol when presenting the coin to the honored veteran. The coins are marked with the phrase “where veterans come first” and have emblems for each branch of the military. The feedback that the CAVAHCS has received from their media platforms and in person from veterans and family members participating in the coining ceremony and views of the honor wall has been positively overwhelming.

Leadership Rounding/Employee Engagement

- The medical center director works daily to ensure that the 3,200 employees who work at the CAVAHCS are on the same page and stays engaged by continuing the mission of serving veterans by receiving the needed communication and education needed to serve veterans. The medical center director and the ELT are continuing to communicate from the top down to ensure all staff is aware of the happenings within the CAVAHCS. Dr. Scott and the ELT believe if employees engage more with their patients they will deliver better health care. The medical center director meets with every new employee to make sure they understand that there is no higher mission than serving our nation’s veterans.
- After meeting with several program office staff, it was evident that the ELT is accessible through multiple avenues. For example, the medical center and the ELT conduct weekly rounds to engage employees to learn what is working and to solicit feedback on what improvements are needed to improve the health-care system. Program service chiefs indicated that the medical center director and the ELT are supportive, accessible, engaging and values input from all levels of the staff. The ELT conducts employee listening sessions at each care delivery site to include all of the CAVAHCS CBOCs, veteran’s day treatment center, home based health care and quality management staff located in West Little Rock.

Military Sexual Trauma Recovery Training Program (MSTRP)

- The CAVAHCS implemented a MSTRP for interns and fellows on how to provide health care to veterans who experienced MST. The program offers specialized services to survivors of

MST, as well as survivors of non-MST. The program participants undergo a sexual trauma assessment during which time appropriate treatment options are discussed. MSTRP staff are members of the medical center’s MST Committee, promoting MST awareness and best clinical practices related to MST. It is common for MSTRP providers to consult with other health care providers and practitioners about the care of veterans in the program.

Communication and Training

- Due to the CAVAHCS, having two health-care campuses and eight CBOCs throughout Central Arkansas, communication and training staff on new regulations, policies and procedures coming out of VA Central Office (VACO) can be challenging. In the past staff worked in silos and did not perform warm hand-offs for veterans needing other services. The ELT is breaking down the silos with staff by stressing that they need to be veteran centric. The ELT implemented a training program called “Own the Moment” by communicating to staff that they need to do what is best for the veteran. “Nothing I can do to help” is the wrong answer. The ELT and Program Service Chiefs are educating and communicating to their staff to say, “Let me find out who can help you”. The training program is part of new employee orientation and continues to be an integral part of the CAVAHCS educational and training programs.

Challenges

During the meeting with the CAVAHCS leadership, team and staff identified the following as their top challenges.

Recruitment and Retention

The CAVAHCS has difficulties recruiting and retaining qualified health-care professionals. The CAVAHCS is located in a competitive health-care market consisting of five large tertiary health-care organizations within a five-mile radius of the health-care system. The private sector health-care organizations are competing for the same health-care professionals such as physicians, registered nurses, and sub-specialty medical and surgical providers making it difficult to recruit and retain health-care providers.

Running two inpatient health-care campuses

The CAVAHCS consist of two health-care campuses separated by approximately 20 minutes requiring duplication of services on both campuses for services such as primary care, laboratory, radiology, pharmacy, mental health, respiratory services, women’s health, and patient advocacy. Medical Center leadership and program service chiefs split their time between the two



campuses. This results in additional operational costs that are not factored into the Veterans Equitable Resource Allocation (VERA) budgeting model for VA health-care operations. VERA is largely based on the complexity of the diagnosis and procedures the CAVAHCS provide to patients. Patients that are more complex bring higher reimbursements.

Computerized Patient Record System (CPRS) Alerts Response

VHA's electronic medical record system, CPRS, was revolutionary in the 1990's, when it was developed. However, over time, some of its once-revolutionary features have rendered it burdensome and inefficient for today's fast-paced clinical setting. Currently, the alerting mechanism in CPRS impedes the flow of patient care. Many of the alerts are auto-generated and the providers are unable to determine, at a glance, the priority level of the alert without fully opening the patient's chart. These actions decrease the face-to-face time that providers spend with patients and result in unnecessary, wasted clinician time and lowered job satisfaction. The CAVAHCS is working on internal processes to decrease the number of alerts that they are sending to each other.

Supply Chain Management:

The Generic Inventory Package (GIP) was originally developed in the early 1980's and is still used as the primary system of record for Supply Chain Management. The GIP manages all the receipts, distribution, and maintenance of all stock items received for the supply warehouse from outside vendors and distributed to primary inventory points. Several GIP modernization initiatives have been implemented over the past several years including a Desktop Micro-Focus Reflections Windows GIP access icon and the use of a graphics user interface (GUI) Above Par. However, the GIP system remains an old cumbersome system based upon 1970's technology and seriously lacks the ability to produce reusable reports and transform researchable data into useful products essential for effective 21st Century Supply Chain Management Operations.

Recommendations

Recruitment and Retention

CAVAHCS Executive Leadership must ensure HR is utilizing every option available to ensure prospective employees see the CAVAHCS as an employer of choice. This often requires creative thinking, examining what works or not, and making adjustments when needed. VA needs to improve their incentives to recruit and retain top talented health care providers, management, administrative, service-line and professional staff to work and live in rural and/or highly rural areas. VA also needs to consider special salary rates, and encourage the Office of Personnel Man-

agement (OPM) to update the antiquated General Scale (GS) pay scale to make salaries more competitive with the private sector.

The CAVAHCS is using recruitment and relocation incentives to attract highly qualified candidates, and have been successful in the use of these tools. By using the full flexibility allowed regarding amounts, payment schedules, and service periods, these incentives provide not only a means of hiring new staff, but of retaining them for one to four years as part of the obligation agreement.

Funding is not received at the station level specifically for incentives, but is paid from the system's operating budget. While no funding is received, caps on the total award amounts in the area of recruitment, relocation, and retention incentives are set each fiscal year for VA, and rolled down to the VISN and station levels.

The FY17 ceiling for recruitment/relocation incentives for CAVAHCS was \$460,629. The areas approved for incentives in FY17 included physicians and nurses in most areas of the facility, as well as mental health providers, dental specialties, and key leadership positions.

In FY18 to date, CAVAHCS has made recruitment/relocation incentive commitments in the amount of approximately \$670,000. These commitments are related to actual hires made, and do not include those still pending selection. This amount also includes installment payments continuing from previous years. The areas approved for incentives in FY18 include physicians and nurses in most areas of the facility, as well as mental health providers, dental specialties, and key leadership positions.

The American Legion supports legislation addressing the recruitment and retention challenges that the Department of Veterans Affairs (VA) has regarding pay disparities among those physicians and medical specialists who are providing direct health care to our nation's veterans.

The American Legion also supports the Veterans Health Administration continues to develop and implement staffing models for critical need occupations; and, that VA work more comprehensively with community partners when struggling to fill critical shortages within VA's ranks.

VHA Onboarding Process for Health Care Providers and Staff

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

The American Legion National staff will meet with VHA's Of-



office of Workforce Management Service to better understand why VHA's onboarding process takes so long and to determine if Workforce Management is doing anything to improve and or shorten the process time.

Communication with External Stakeholders

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

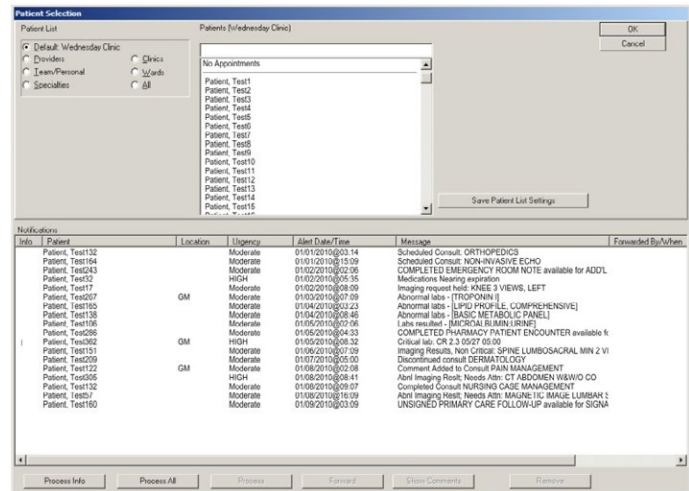
The American Legion highly recommends that the medical center leadership maximize their relationship with these individuals and organizations to help communicate their messages, town hall meetings, and other significant medical center events.

The American Legion Department of Arkansas will assist the CAVAHCS in advertising job listings by putting links to VA job postings on the American Legion Department website, advertising in department mailings, and inviting the local VA to future job and employment seminars and fairs.

Computerized Patient Record System (CPRS) Alerts Response:

Physicians and health-care providers at the CAVAHCS spend excessive amounts of time responding to unnecessary patient alerts that take them away from spending quality time with their patients. Alerts received through CPRS require doctors to open every alert to see what information is necessary for their patients. Alerts received often give little or no status updates as relates to direct patient care. Physicians cannot filter out informational alerts that have no bearing on the patient's status.

Following the site visit, national staff engaged in additional research to determine how VHA uses CPRS Alerts. Based on information we learned, CPRS uses the 'View Alert' notification system to communicate test results (as well as other important clinical information) to practitioners through an inbox. The View Alert system also displays notifications as alerts with various priorities. Practitioners see their patients' alerts each time they log in to the system or switch between patient records (Figure 1).



(Figure 1)

Alerts remain within the inbox until read by the practitioner, but they may be removed automatically if unopened after a certain time (e.g., 14 or 30 days). Although this functionality is used across the VA, individual facilities have discretion over which types of alerts practitioners must receive (e.g., they can allow flexibility for practitioners to turn off certain notifications, such as normal test results).

It was recommended that the CPRS alert system be upgraded to allow physicians the ability to select essential messages, filter out procedure alerts, and for the CPRS to be reprogrammed to build in a filter selection by adding color-coding for low, medium, and high alerts. Based on this information The American Legion will request a meeting with VHA Central office staff responsible for management of the CPRS Alerts to discuss the concerns raised during the site visit and see if the suggested recommendation would help.

Supply Chain and Equipment Management System:

The Generic Inventory Package (GIP) inventory and supply management system currently utilized throughout the VA health-care system is an aging tool that requires manual input of information by medical center staff for accounting, material, and supply management purposes.

The American Legion recommends that VHA look into another inventory and supply management system such as the one used by the Department of Defense (DOD), the Defense Medical Logistics Standard Support (DMLSS). The DMLSS delivers an automated and integrated information system with a comprehensive range of medical logistics management functions. DMLSS is a local server-based application that supports medical logistics functions. DMLSS supports all local medical logistics business practices including catalog research and purchase decisions, cus-



tomor inventory management, medical inventory management, biomedical equipment maintenance, property management, facility management, assemblage management, plus distribution and transportation functions. Since the DOD uses it, there is a significant off-the-shelf benefit plus cost sharing possibilities by the VA adopting the software.

Conclusion

It was obvious from the SWS team throughout the various meetings with the executive staff, service line chiefs, and program office staff that they were pleased how Dr. Scott and the ELT are dedicated in moving the CAVAHCS forward and look forward to her and her team's continued leadership in advancing the improvements of the health-care system.

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