



VA PHOENIX HEALTH CARE SYSTEM (PVAHCS) | PHOENIX, AZ

Date: May 14 - 15, 2014

National Task Force Member: Tom Mullon

National Senior Field Service Representative: Roscoe Butler

Overview

VA Phoenix Health Care System (PVAHCS) is a Joint Commission-accredited, complexity level 1c tertiary care facility serving veterans in central Arizona at its main medical center and outpatient clinics in Globe, Surprise, Payson, Show Low, Gilbert, and Phoenix, Ariz. The PVAHCS treats over 80,000 veterans per year. PVAHCS is a teaching hospital, providing a full range of patient care services with state-of-the-art technology as well as education and research. Comprehensive health care is provided through primary care, tertiary care, and long-term care in areas of medicine, surgery, psychiatry, physical medicine and rehabilitation, neurology, oncology, dentistry, nutrition, geriatrics and extended care. The PVAHSC manages an emergency department that is open 365 days per year, 24 hours per day. The facility has 173 hospital beds: (93 internal medicine, 32 surgery, and 48 psychiatry), 104 Community Living Center beds and 20 Substance Abuse Residential Rehabilitation Treatment Program beds.

PVAHCS is part of the Veteran Integrated Network (VISN) 18 that covers 352,000 square miles of highly diverse geography across the Southwestern United States. The network service area includes Arizona, New Mexico, the western portion of Texas, and bordering counties in Colorado and Oklahoma. In fiscal 2013, VISN 18 served approximately 278,000 veterans residing in the network. Within its vast borders, VISN 18 provides a comprehensive continuum of health care to veterans via seven health-care systems, five hospitals, six VA nursing home care units, three domiciliaries and 46 outpatient clinics.

On April 23, 2014, according to CNN, at least 40 U.S. veterans died while waiting for health care at the PVAHCS, many of whom were placed on a secret waiting list. On May 13, 2014, The American Legion's System Worth Saving Task Force conducted a town hall meeting to hear firsthand from veterans; the SWS Task Force visited the PVAHCS to assess the quality of care provided to veterans to include access to care issues and May 14-15,.

To evaluate the quality and access to care at the PVAHCS, the task force conducted meetings with the Executive Leadership team, Quality manager, Clinical Service Line managers, Business Office manager, Non-VA Care Coordination manager, System Redesign manager, patient advocate and Patient-Centered Care staff.

EXECUTIVE LEADERSHIP

Lack of space was identified as a major challenge for the PVAHCS. VA's fiscal 2014 budget submissions requested \$20.76 million for a new CBOC lease for the PVAHCS. The proposed leased facility would enhance VA outpatient services and alleviate existing patient waiting times, workload and space deficiencies. It would also allow for increased education, recruitment and research initiatives in closer proximity to the Phoenix VA health-care system's university affiliate. The proposed leased facility would occupy 203,000 usable square feet and would be expected to serve approximately 64,878 veterans.

According to the leadership team, legislation is currently on hold in Congress; without this additional space, it will hamper their ability to implement a number of the changes they have planned for PVAHCS.

BUSINESS OFFICE

The PVAHCS has 313,461 veterans in its catchment area. Of the 313,461 veterans, 19,836 are enrolled at the PVAHCS. Following is end of year enrollee data for PVAHCS broken down by gender and Users/Enrollees Priority 1 to 8D for fiscal 2013 and year-to-date through March.

FY13 EOY	Female	Male
FY13 EOY Users	4,824	60,599
FY13 EOY Enrollees Priority 1 to 8D	8,166	102,068
FYTD14 EOY	Female	Male
FYTD14 Through March Users	4,538	55,044
FYTD14 Through March Enrollees Priority 1 to 8D	8,410	102,075

Source: VSSC Current Enrollment-Users and Enrollees (VISN)

The business office is responsible for managing a number of outpatient clinics, but not all outpatient clinics falls under the business office. When asked who is responsible for the schedulers training and certification, it was explained for clinics that fall under the business office, the business office has primary re-



sponsibility for the schedulers training and certification. It was further explained that the business office employees meet in the business office to receive training. Schedulers who work outside of the business office training is provided by their respective service line.

This fragmented decentralized approach to training and certification may not be the best method for overall training across the PVAHCS and in the task force opinion, does not serve the best interest of the medical center.

BUDGET

PVAHCS budget from fiscal 2012 thru 2014 was reported as follows:

Fiscal Year	Medical Services	Medical Facility	Medical Administration
FY2012	\$408,730,762	\$37,336,817	\$35,009,568
FY2013	\$445,508,268	\$33,840,201	\$32,878,568
FY2014	\$411,193,667	\$25,695,444	\$32,781,901

Non-VA Coordinated Care (NVCC) budget for FY 2012, FY 2013 and FY 2014

FY 2012: \$79,458,582, FY 2013: \$87,364,184 FY14: \$92,100,000

According to the CFO, fiscal 2013 was the first year the PVAHCS ended the year not in the red and charged a penalty. The medical center is currently facing a 1.5-million budget shortfall, but the CFO is confident that this shortfall will be made up prior to the end of the fiscal year.

HUMAN RESOURCES

PVAHCS Human Resources staff explained that the PVAHCS goals for fiscal 2014 are to recruit the highest quality candidates for positions throughout the medical center, continue to improve efficiency of processes that need improvement, and improve customer satisfaction (both internal and external) to achieve a goal of acquiring and retaining a motivated workforce.

As of May 14, 2014, PVAHCS reported having 37 vacant positions. Of the 37 vacancies, 14 were due to be on board by May 18, 2014, and five were due to come on board by June 1, 2014.

The goal for filling vacancies for PVAHCS is 60 days. However, due to the need to determine adjudication, physical requirements, lack of good contact information and lack of computer access for all applicants, this goal has not been reached for all applicants. The facility launched a Rapid Process Improvement Workshop for the onboarding process and has also approved hiring additional human resources staff to improve the speed of hiring.

When questioned about training opportunities at the medical center, it was expressed that there is no VISN-level training programs for service chiefs.

CLINICAL SERVICE LINE MANAGERS

The American Legion SWS Task Force met with the PVAHCS Clinical Service Line managers to gain some sense of their perception of the quality of care provided at the PVAHCS. Overall, they were pleased with the quality of care provided by the PVAHCS.

The Clinical Service Line managers identified space and lack of staff as challenges that contributed to access issues and patient wait times. Currently, PVAHCS is seeing approximately 80 new appointments daily.

PATIENT ADVOCATE

The patient advocate reported that the PVAHSC utilizes the Survey of Healthcare Experiences of Patients to track patient satisfaction. A SharePoint site is being implemented for the Patient Advocate Tracking System spreadsheet to improve real-time complaint responses. Each day, a list of the reported complaints will be sent to service Chiefs. Afterward, it is the responsibility of the service chief and administrative officer to respond and address these issues. It is expected that service chiefs and administrative officers will contact the veterans and discuss the issues specific to their services and document that response in the spreadsheet. If the issues are complex and require extensive action, the service chief will need to provide the veteran/family member with an update at least every 72 hours.

When questioned about the type of complaints, the patient advocate indicated that of the number of patient complaints reported, access and timeliness represents over 35 percent of all patient complaints being reported.

QUALITY OF CARE:

The PVAHCS Quality Safety and Improvement (QSI) department has oversight for the facility for accreditation from The Joint Commission, Commission on the Accreditation of Rehabilitation Facilities and the American College of Surgeons Commission on Cancer. QSI encompasses several organizational programs, including Quality Management, Risk Management, Patient Safety, Utilization Management, Tumor Registry, VASQ-IP, Infection Control, Systems Redesign and Patient Advocates. Performance measures are tracked and trended for the facility.

PVAHCS utilizes quality-of-care indicators that are tracked and measured as a component of the national **External Peer Review Program** (EPRP) and Performance Measure program.



Spreadsheet dashboards are developed to evaluate current performance.

ACCESS

In response to the CNN report, the task force asked, in a mail-out questionnaire, PVAHCS executive leadership to explain how their medical center tracks outpatient clinic appointments, and with the exception of the Electronic Wait List (EWL), does the medical center utilize any other list to document outpatient appointments?

The response provided was: “The facility cannot respond to these questions at the present time due to an active Office of the Inspector General investigation regarding outpatient clinic appointments and the Electronic Wait List.”

However, when the SWS Task Force presented this same question during the course of its interviews, they were informed that prior to 2012, PVAHCS was not utilizing the EWL. When scheduling an appointment in the appointment management system in the **Veterans** Health Information Systems and Technology Architecture, schedulers would search for the next available appointment. If the next available appointment was 12 months or greater in the future, rather than placing the veteran on VHA’s EWL – as required by VHA Directive 2010-027, “VHA Outpatient Scheduling Process and Procedures,” dated June 9, 2010 – they would schedule the veteran for the next available appointment, even if the appointment was 12 months into the future, which is in direct violation of VHA policy.

VHA defines EWL as follows:

“The EWL is the official VHA wait list. The EWL is used to list patients waiting to be scheduled, or waiting for a panel assignment. In general, the EWL is used to keep track of patients with

whom the clinic does not have an established relationship (e.g., the patient has not been seen before in the clinic).”

The directive also identified steps each clinic must follow for standardizing work, which includes:

1. Schedules must be open and available for the patient to make appointments at least three to four months into the future. Permissions may be given to schedulers to make appointments beyond these limits when doing so is appropriate and consistent with patient or provider requests. Blocking the scheduling of future appointments by limiting the maximum days into the future an appointment can be scheduled is inappropriate and is disallowed.
2. Synchronize internal provider leave notification practices with clinic slot availability to minimize patient appointment cancellations.
3. Strive to make follow-up appointments “on the spot” for patients returning within the three-to-four-month window.
4. Use the Recall/Reminder Software application to manage appointments scheduled beyond the three-to-four-month scheduling window.

NOTE: Backlog must be eliminated and demand and supply balanced for the above suggestions to be successful.

The directive requires schedulers to follow the business rules for scheduling outpatients appointments as outlined in paragraph (c) (19) (refer to appendix A).

Based on a sampling of wait time data for the month of March 2014 provided by PVAHSC, all areas are exceeding VA’s Wait Time Standards of 14 days.

Level	Month	Clinic Grouping	# Appts Completed <=14 Days from Create Date	# Completed Appts	Performance Score	Average Wait Time in Days
(V18) (644) Phoenix, AZ	Mar 2014	All	3,846	6,937	55.44%	19
(V18) (644) Phoenix, AZ	Mar 2014	MH	349	502	69.52%	15
(V18) (644) Phoenix, AZ	Mar 2014	PC	608	1,071	56.77%	19
(V18) (644) Phoenix, AZ	Mar 2014	SC	1,352	3,132	43.17%	24

In fiscal 2012, PVAHCS identified a need to improve access. The PVAHCS staff embarked on a journey to profoundly improve patient access. For example, the Emergency Department visits increased 22 percent from fiscal 2011 to fiscal 2012, causing delays and dissatisfaction.

In consulting with VA Learning University 1ADVANCE initiative, and Franklin Covey, senior leaders implemented the 4 Disciplines of Execution and developed facility-wide action plans and initiatives. One hundred key facility champions attended

¹ Advance is an H&R initiative to invest in people development, workforce engagement and talent management for the delivery of high-quality healthcare, benefits and other services to Veterans and their families.



a one-day work session to build and prepare implement strategies. Guidance was disseminated through services chiefs and supervisors.

Based on information provided by PVAHCS staff, wait time has been an issue at the medical center for a number of years. To address PVAHCS wait time issues, in fiscal 2013 PVAHCS staff established what is referred to as “Wildly Important Goal” to address their wait time issue. Systematically, they begun identifying clinics with wait time issues, for example, wait time for access to primary care appointments for new patients have been as high as more than 200 days in fiscal 2013. Staff identified operational barriers and failures in the current process and created a future state process by applying Lean techniques to eliminate operational barriers and failure modes.

Their goal is to look at every clinic and apply these same techniques to reduce wait time.



Town Hall Meeting

Veterans told of problems they have encountered at the Phoenix facility, including paying out-of-pocket for treatments and services, experiencing months-long delays in medical appointments, not being notified by medical staff about debilitating conditions, medical staff leaving and not being replaced, failure to return phone calls and the absence of an effective phone message system.

Matthew Androtti, an Iraq war veteran, bluntly said, “We don’t even trust the VA. We’re scared.”

David Barnett, a post-Vietnam War Marine veteran, claimed the problems in Phoenix exist “throughout the (VA) infrastructure.” Holding up a large purple container of pills, he told the crowd, “This is what we get. Got cancer? Take a pill. This is a problem with the entire VA system – not just Phoenix, but with Prescott (Ariz.) and Houston, too.”

Martin Schwab, a patient at the Phoenix VA, said, “It is virtually impossible to get a hold of anyone over the telephone. There

used to be an answering machine; now there is none. Nobody answers the phone.” Another problem Schwab said is that patients can’t get their medications from their regular providers on weekends and holidays. “You have to go to the emergency room for your meds,” he said. “Somebody brings them down in a paper bag; nobody goes over the meds with you.”

At one point, a doctor doubled Schwab’s dosage but didn’t tell him. “The end result was, I was taking 4,000 milligrams a day.” Three days later, his heart stopped while he was on a cruise and had to be medevaced out of Haiti. “That cost me \$12,000 out of my own pocket,” because VA denied his claim.

“These problems are not the fault of doctors or nurses,” Schwab said. “They are as frustrated as we are.”

Vietnam War veteran Clarence Oliver, who has a 100-percent disability rating, said, “You don’t get to see doctors anymore, you get to see students and interns. When I went into the service, we were promised to get the best health care available.”

Oliver said he has been battling VA over his health care for more than 40 years. “They give you sacks full of pills to solve the problem. They don’t fix it. I’m living on morphine and drugs right now. They’re telling my wife that they can’t fix (the problems) now, can’t do nothing for me except keep him comfortable until I die. That’s the help I got from the VA.”

“We veterans do not get the care necessary or diagnoses necessary to give us the proper treatments that we need. This is what we get,” said Marine veteran David Barnett, holding up a bowl of pills.

“It is virtually impossible to get a hold of somebody over the telephone, in the clinics or wherever,” said another veteran.

Dr. Katherine Mitchell, a whistleblower who works at the Phoenix VA medical center, said in April the facility cut off any phone messaging capability for medical providers. The help line was supposed to be expanded with more operators, but the hospital had difficulties recruiting workers “which is why you can’t get through,” she said. “It’s easier for me to walk over there.

“One of the problems with VA is that there is no standardization of nursing triage. In all the ambulatory care clinics, the mental-health clinic, the ER, it’s actually the luck of the draw. There is no standardization.”

Mitchell said she was aware of many patients whose appointments had been cancelled multiple times, “especially the first appointment.” She suggested that patients should go to the facility’s release-of-information office and get printouts of their past clinic visits. “It’s very easy to get,” she said. “If you have that printout, you have a written record to show your legislator that, ‘Yes, my appointment was cancelled this many times.’”



“If you feel like you had a loved one who died while waiting for a consult, the consults are administratively closed, but they don’t disappear off the chart. All you have to do is go down to release-of-information, show proof that your loved one has passed away, and you can get a printout of every single consult. And on those consults are the addendums that show how many times the appointment was scheduled or canceled.”

Mitchell said there are tens of thousands of good cases handled at the Phoenix VA in the 16 years she has worked there. For those patients who are turned away by the front desk when they want to see a nurse, Mitchell recommended asking for the triage nurse on duty, then the head nurse for the clinic, and finally the clinic director.

Best Practices

A summary of Best Practices and PVAHCS accomplishments is included in appendix C.

Facility Challenges and Recommendations

Challenge 1: PVAHCS is not meeting VA’s wait time standards across all clinics. In 2012, the director directed staff to begin using the EWL. In fiscal 2013, the medical center implemented a process referred to as “Wildly Important Goal” to improve patient access. It has been two years since the medical center implement this approach, and while they reported significant progress, it has been implemented in only a few clinics; most clinic wait time still remains outside of VA’s wait time standards.

Recommendation: PVAHCS executive leadership needs to implement a strategic plan requiring all clinics to have their wait time at or below VA’S wait time standard by the end of fiscal 2014. The plan should include utilizing fee basis, to the extent possible.

Challenge 2: The training of schedulers is decentralized and appears to be poorly coordinated throughout the medical center.

Recommendation: To ensure proper accountability, PVAHCS should centralize training and documentation of all schedulers.

Challenge 3: The PVAHCS executive leadership reported that they have outlived their current space needs at the main campus and in 2009 submitted requests for a Primary Care Annex. Approval was received in fiscal 2013 and again in fiscal 2014. However, the lease legislation is currently held up in Congress pending final authorization.

Recommendation: The American Legion legislation division will inquire on the status of lease legislation and determine if any action is required by The American Legion.

Challenge 4: Hiring of staff poses a challenge, as well as the onboarding process of new employees.

Recommendations: The Executive Leadership team should work with human resources to ensure all vacancies are filled in a timely fashion. If there are vacancies that are difficult to fill and impacts wait time and access, plans should put into place to recruit temporary employees until such vacancies are filled.

Challenge 5: VHA has a number of training programs designed to help motivated employees progress through VA, including Leadership VA, VA Technical Career Field (TCF) Training Program, Interagency Institute for Federal Health Care Executives. The TCF program is a two-year program and requires an employee to relocate to the new facility that will be responsible for their mentoring and training. The other programs require employees to travel and participate in specific training curriculum. Some service chiefs expressed a need for training, but due to their current situation, are not able to transfer to a location outside of their facility to participate in these programs.

Recommendation: VISN 18 should look into establishing VISN-wide training opportunities for employees at all levels designed to assist highly talented, motivated employees advance in their careers.



ATTACHMENT A

Business Rules for Scheduling Outpatient Clinic

- (a) Patients with emergent or urgent medical needs must be provided care, or be scheduled to receive care, as soon as practicable, independent of SC status and whether care is purchased or provided directly by VA.
- (b) Generally, patients with whom the provider does not yet have an established relationship and cannot be scheduled in target timeframes must be put on electronic waiting lists (EWL). VHA's EWL software is used to manage these requests, which usually consist of newly registered, newly enrolled, or new consult requests for patients waiting for their first scheduled appointment. No other wait list formats (paper, electronic spreadsheets) are to be used for tracking requests for outpatient appointments. When patients are removed from the EWL, except for medical emergencies or urgent medical needs, Veterans who are SC 50 percent or greater, or Veterans less than 50 percent SC requiring care for a SC disability must be given priority over other Veterans.
- (c) Facilities are required to provide initial triage evaluations within 24 hours for all Veterans either self-requesting or being referred for mental health or substance abuse treatment. Additionally, when follow-up is needed, it must include a full diagnostic and treatment evaluation within 14 days. NOTE: VHA leadership may mandate specific timeframes for special categories of appointments.
- (d) PCMM Coordinators or Scheduling Coordinators must check the Primary Care EWL daily and act on requests received. Schedulers in all clinics at all locations (substations) must review the EWL daily to determine if newly enrolled or newly registered patients are requesting care in their clinic at their location.
- (e) A wait list for hospice or palliative care will not be maintained as VHA must offer to provide or purchase needed hospice or palliative care services without delay.
- (f) A patient currently or formerly in treatment for a mental health condition, who requests to be seen outside of the clinician desired date range, needs to be seen or contacted within 1 working day by the treatment team for evaluation of the patient's concern.
- (g) The VHA Class I Recall/Reminder Software application is used for patients with whom the service has an established relationship. This software application is typically used when the requested follow-up appointment date is more than 3 to 4 months into the future. These patients include those that have either been seen initially in a given VA clinic and need to return in the future; or those who have been seen initially through purchased non-VA care with a plan to be seen in follow-up at the VA clinic. NOTE: Even though a patient seen initially through purchased non-VA care may be new to a facility clinic, the organization has committed to this relationship, so Recall/Reminder scheduling may be appropriate.
- (h) Non-VA care may be utilized in accordance with regulatory authority when service is not available in a timely manner within VHA due to capability, capacity, or accessibility. Availability of non-VA care and access to VA care must be taken into account before non-VA care is authorized. An analysis of costs of care needs to be undertaken at appropriate intervals to determine if services could be more efficiently provided within VA facilities. Use of purchased care may only be considered when the patient can be treated sooner than at a VA facility and the service is clinically appropriate and of high quality. Purchased care must only be considered when the request for care can be resolved efficiently, including having results available to the referring facility in a timely manner.
- (i) Patients provided authorization for continued non-VA care need to be tracked and brought back within VHA as capacity becomes available. This needs to be from the oldest authorization moving forward, as clinically indicated.
- (j) Clinic cancellations, particularly when done on short notice, are to be avoided whenever possible. If a clinic must be canceled or a patient fails to appear for a scheduled appointment, the medical records need to be reviewed to ensure that urgent medical problems are addressed in a timely fashion. Provisions need to be made for necessary medication renewals and patients need to be rescheduled as soon as possible, if clinically appropriate.



ATTACHMENT A Continued

(k) When a patient does not report (“no-show”) for a scheduled appointment, the responsible provider, surrogate, or designated team representative needs to review the patient’s medical record, including any consult or procedure request received or associated with the appointment and then determine and initiate appropriate follow-up action. NOTE: It may be useful for the facility to assign a case manager to the patient with multiple “no-shows” to determine the best method to manage the patient’s pattern of repetitive “no-shows.”

(l) Facility leadership must be vigilant in the identification and avoidance of inappropriate scheduling activities. NOTE: For further guidance, please see the Systems Redesign Consultation Team Guidebook available on the Systems Redesign Web site at Systems Redesign Consultation Team Guide 2008 (<https://srd.vssc.med.va.gov/Pages/default.aspx>). This is an internal VA Web site not available to the public.



APPENDIX B

Wildly Important Goal Access

Mission Statement:

To fulfill President Lincoln's promise, "To care for those who have borne the battle, and for his widow, and his orphan" by serving and honoring the men and women who are America's Veterans.

Problem Statement:

As you know, the Phoenix VA Family has embarked on a journey to profoundly improve patient access at our facility. The need was great. Our nation's heroes were waiting far too long to access care. The poor access caused a domino effect through the rest of the facility.

Goal:

The PVAHCS will have a 3rd next available appointment less than 7 days for ALL (new and established) patients in Primary Care by July 4, 2013.

Solution:

- 4 Disciplines (4D) of Execution training to Senior leaders
- Leaders initiated strategy, and identified a Wildly Important Goal (WIG)
- Leaders drove organizational energy towards the WIG
- Extended training to 100 key facility champions
- Implemented WIG micro level teams facility wide
- Certified 11 4D internal coaches



Problem: The Phoenix VA Family has embarked on a journey to profoundly improve patient access at our facility. The need was great. Our nation's heroes were waiting far too long to access care. The poor access caused a domino effect through the rest of the facility. For example, Emergency Department visits increased 22% from FY11 to FY12 causing delays and dissatisfaction.

Background: The Phoenix VA Health Care System (PVAHCS) includes: the Carl T. Hayden Medical Center with ambulatory care on the main campus and six community based out-patient clinics (CBOCs) located in Mesa, Central Phoenix, Payson (contract), Show Low, Globe, and Surprise. The facility is growing and currently serves more than 81,000 Veterans in central Arizona. PVAHCS is categorized as a Clinical Referral Level 1c facility providing acute medical, surgical, and psychiatric inpatient care, as well as rehabilitation medicine, and neurological care with 24 hour operations in the Emergency Department. How did we get here? It was a culmination of a variety of factors over a protracted period of time that include stalling levels, processes, and accountability.

Process: In consultation with VALU's ADVANCE initiative, and Franklin Covey, senior leaders implemented the 4 Disciplines of Execution and developed facility wide action plans and initiatives. 100 key facility champions attended a 1-day work session to build and prepare implement strategies. Guidance was disseminated through Service Chiefs and Supervisors who directly or indirectly impact access. Employees were engaged into the next step by implementing local lead measures, performance agreements with transparent story boards posted in all areas with local scores and measures. Primary Care, including CBOC's, and other employees who directly effect access a Accessibility Campaign Communication roll out that was co-led by the PENTAD and our Franklin Covey partners.

WIG (Wildly Important Goal) Measures: The PVAHCS will have a 3rd next available appointment for ALL (new and established) patients in Primary Care ≤ 7 days by July 4, 2013. Sub measures included the Electronic Wait List (EWL) times and new patients access of 14 days of create date.

WIG Accomplishments: Here's what we have accomplished so far: Employees were engaged into the next step by implementing local lead measures with transparent story boards posted in all areas with local performance measures. As of July 4, 2013, the Phoenix family improved access tremendously and every level of the organization is to be commended. Here are the results:





APPENDIX B Continued

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WILDLY IMPORTANT GOAL – ACCESS

- Teams Meeting the 7 Day Access Goal by July 4, 2013
- Sheryl Alfred-Brittney Heard-Pauline DeWenter
- Lee Andrew-Sally Hibson-Pam McRoy-Karen Williams
- Ayesha Bashir-Stacia Wenckus-Sylvette Hicks-Robin Fallvens
- Suzanne Bennick-Eleanor Asuncion-Sarah Lamb-Dan Spetzagel
- Michael Rensch-Karen Celestino-Kristen Williams-Lyle Skillen
- Sharon Bettinger-Juan Allen-Lindsay Garnica-Latisha Long
- Stephen Betts-Debra McDonald-Patricia Eddy-Jennifer Raymond
- Christopher Burke-Stan Abraham-Megan Smith-Marci Jerome
- Barbara Burton-Paula Lovelett-Gregory Porter-Elaine Klimczak
- Fred Cherun-Jean Sandman-Pete Lamb-Randall McCrary
- Jennifer Delzell-Karen Celestino-Kristen Williams-Lyle Skillen
- Regina Doring-Therese Lyons-Meyer-Andrea Ruiz-Meli Phouthavong
- Maria DeSouza-Ann Senn-Walter Edwards
- Robert Downey-Stephanie Conner-Sherree Luce, James Reidhead
- Barbara DuPaul-Jim Malcolm-Kris Waghorn-Charles Tyrus
- Samuel Footo-Tanya Ross-Sonia Vasquez
- Linda Gilbert-Cassy Verberkmoos-Eric Ruiz-Charles Bethea
- Richard Gilson-Alicia Stefaniolo-Harold Scroggins-Joyce Corlier
- Usha Gopal-Craig Mickelson
- Irma Hernandez-Lorena Luckett-Byron Hutton
- Sota Koo-Donna Rogers-Darius Gilmore
- Debra Kurth-Rachelle Williams-Carla Navarro
- Michael Laws
- Aram Mardian-Ann Senn-Walter Edwards
- Roger McKee-Larry Highsmith-Andrew McMillin-Kevin Maslak
- Eva Miller-Staria Baron-Catharine Willard-Cesar Vargas
- Julie Min-Mary Welsh Royko-Alyssa Davenport-El Interpreter
- Chris Mulligan-Melissa Rollings-Dan Shadle
- Anifa Nanda-Robert Goldy-Lorinda Evans
- Altigracis Pacheco-Mary Gustafson-Darrell Stovall
- Harshma Patel-Lorraine Aynla
- Giung Phan-KatieCarrillo/Cherie Prophet-Ellen Hann-Jerry Taylor
- Gail Pielsack-Karen Land-Gloria Valenzuela-Leslie Berry
- Sreeja Pillai-Micky Robinson-Dean John Terrell-Kathy King
- Wendy Pourbastani-Valerie Anderson-Kana Semenuk-Chuck Crotly
- Raghunath Ramesh-Colleen Beard-Angela Brown-Derrick Williams
- Chris Reust-Troy Burmese
- Andres Reyes-Mike Kepke-Melissa Baughman-Cora Duncan
- Randy Sexton-Mark Wessel-Jacqueline Thomas-Tommie Kendall-Manzo
- Vipul Singh-Marie Sherrad-Sam Pierce
- Paul Snyder-Ann Stone-Renee Avalos-Winquest-Kevin Mahoney
- Michela Tong-Tom Calkins-Eva Haliburton-Victoria Miller
- William White-Gloria Trujillo-Sue Filder-Pay Burge

WIG Accomplishments:

- Trained senior leaders on 4 Disciplines (4D) of execution.
- Trained 100 key facility champions in performance improvement models from VA Learning University through the ADVANCE initiative.
- Implemented WIG micro level team's facility wide.
- Certified 11 4D internal coaches .
- Eliminated excessive provider view alerts and clinical reminders.
- Standardized work processes (more to come)/
- Hired staff to ensure clinical employees work to the top of their scope.
- Employees implemented local lead measures with transparent story boards posted in all areas.

July 4, 2013: The Phoenix family improved access tremendously and every level of the organization is to be commended. These are the results:

New Appointments: 87% decrease in wait time to 3rd next available.

Established Appointment: 25% decrease in wait time to 3rd next available.

Future Efforts: The decision was made to move the goal line to September 30th, modify the goal to focus on new patients, and celebrate this success. We continue to be focused on ACCESS as our wildly important goal, but have now aligned our goal statement with the VISN 18 and VACO goals and metrics. New WIG: By September 30th, more than 40% of new patients in Primary Care will be seen within 14 days of the date that their appointment is created.

Accomplishments: We have tremendous improvement in Primary Care Access since we started the WIG. Here's the data (with a Veteran behind every one of these numbers):

- During FY'12, 70.0% of patients were seen within 7 days; as of the end of July, 88.6% of our patients are seen within 7 days.
- During FY'12, 24.1% of patients received a same day appointment with their primary care provider (PCP); as of the end of July, 56.2% are seen on the day of their request for an appointment.
- During FY'12, 76.1% of patients were consistently seen by their PCP; as of the end of July, 76.3% are consistently seen by their PCP.
- During FY'12, 27.4% of Primary Care encounters were done via the telephone; as of the end of July, 29.6% of encounters are via the telephone.
- During FY'12, 36.8% of patients received a follow-up telephone call after an inpatient hospitalization; as of the end of July, 85.5% of patients receive a follow-up call.
- And finally, when the year started, 32% of new patients received an appointment in 14 days; as of the end of July, 48.63% of new patients receive an appointment within 14 days.

Our Wildly Important Goal of improving access to Primary Care has been realized in each of these measures!



APPENDIX C

PHOENIX VA HEALTH CARE SYSTEM

FACILITY OVERVIEW AND STATUS: The Phoenix VA Health Care System (PVAHCS) is a Joint Commission Accredited, complexity level 1c tertiary care facility serving Veterans in Phoenix, Arizona. PVAHCS is located in Phoenix, Arizona and the outpatient clinics are located in: Mesa, Southwest Clinic (Contract), Central Phoenix, Payson (Contract), Show Low, Globe and Surprise, Arizona. PVAHCS is a teaching hospital, providing a full range of patient care services, with state-of-the-art technology as well as education and research. Comprehensive health care is provided through primary care, tertiary care, and long-term care in areas of medicine, surgery, psychiatry, physical medicine and rehabilitation, neurology, oncology, dentistry, nutrition, geriatrics, and extended care. The Emergency Department is open 365 days per year, 24 hours per day. PVAHCS has 177 hospital beds: (83 Internal Medicine, 22 Surgery, 20 ICU, and 48 Psychiatry), 104 Nursing Home Care Beds and 20 Substance Abuse Residential Rehabilitation Treatment Program Beds.

FACILITY ACCOMPLISHMENTS (1st and 2nd Qtr FY 14 and 3rd and 4th Qtr FY13):

- The PVAHCS strategic plan was initiated in FY2013 and extends to FY2018. The basis for the plan is graphically depicted in the image of a triangle with the Veteran representing the peak of the pyramid. The foundation of the strategic plan is the PVAHCS family that is made of staff, volunteers, residents and students that work within the LEAN culture.
- In line with the PVAHCS Strategic Plan, all organizational efforts and resources are dedicated to improving access. A Wildly Important Goal to improve access was established in FY2013 to decrease the 3rd average next available Primary Care appointment to 7 days for all Veterans. The average 3rd next available appointment decreased from over 90 at the beginning of FY2013 and reached the 7 day 3rd Next Available Primary Care appointment goal in January 2014.
- PACT metrics also improved dramatically in FY13. During FY12, 70.0% of patients were seen within 7 days; as of the end of the year, 86% of our patients are seen within 7 days. During FY12, 24.1% of patients received a same day appointment with their primary care provider (PCP); as of the end of the year, 49% are seen on the day of their request for an appointment. During FY12, 76% of patients were consistently seen by their PCP; as of the end of the year we maintained 76% consistently seen by their PCP. During FY12, 27.4% of Primary Care encounters were done via the telephone; as of the end of the year, 30% of encounters are via the telephone. During FY12, 36.8% of patients received a follow-up telephone call after an inpatient hospitalization; as of the end of the year, 77% of patients receive a follow-up call. When the year started, 32% of new patients received an appointment in 14 days; as of the end the fiscal year, over 50% of patients received an appointment in 14 days.
- The Mammography team became the first VHA mammography site to be awarded the distinction as a Breast Imaging Center of Excellence by the American College of Radiology (ACR). In addition to mammography, the PVAHCS is accredited in stereotactic breast biopsy, breast ultrasound and ultrasound-guided breast biopsy.
- Our staff created the Traveling Veteran Universal Consult (which won the BEST PRACTICE AWARD at the VISN 18 Improvement Expo; this was the first Best Practice win for the PVAHCS). The Traveling Veteran Universal Consult (TVUC) improved access and expedited the care coordination of Traveling Veterans from 45 day completion time to 10 days or less. The TVUC that the PVAHCS created has been implemented in 55 different VA facilities across 19 different VISNs.



APPENDIX C Continued

- PVAHCS manages a partnership with the Department of Defense Luke Air Force Base 56th Medical Group with quarterly communications between executive leadership. As a result, PVAHCS has expanded cooperation of services between PVAHCS and Luke AFB and shares resources with Luke AFB in the areas of: Audiology, Dental, Radiology, Internal Medicine, Emergency Preparedness and Integrated Disability Evaluation System.
- PVAHCS is collaborating with Ms. Sandy Flint, Regional Director, from the Veterans Affairs Regional Office (VARO) in Phoenix, Arizona to improve Compensation and Pension services and reduce backlog of disability claims. Ms. Flint is a member of the PVAHCS Executive Council. Additional outcomes include VARO physically present in the Hospital, recurring communication calls between PVAHCS and VARO key contacts. In FY2013, PVAHCS provided expert medical opinions for over 800 compensation and pension claims averaging 3 exams per claim and assisted in successfully facilitating the elimination of the 2 year claims backlog for the Phoenix VARO. PVAHCS is currently receiving 100 to 150 claims a day from over six Regional Offices in the nation and will complete 3,000 compensation and pension claims associated with the 1 year claims backlog. At the close of FY13, PVAHCS had the 2nd highest Compensation and Pension exams volume in the nation.
- PVAHCS leadership team collaborates with the Phoenix Indian Health Service (PIHS) to improve cultural competencies, coordination of services and implementing negotiated local agreements. In FY2013, PVAHCS collaborated to produce three sharing agreements regarding claims processing for shared services with PIHS, White River Indian Hospital and San Carlos Indian Hospital. The Director of PIHS also sits on the PVAHCS Executive Council.
- PVAHCS successfully collaborated with the City of Phoenix to hand off the annual Veterans Day Parade which eliminated liability overheads and maintained a longstanding community tradition. PVAHCS continues to collaborate with city leaders regarding the City of Phoenix Military & Veterans Commission, Phoenix RENEWS initiative (an urban gardening project focused on sustainable food sources). RENEWS will also provide a therapy outlet for Veterans with Post Traumatic Stress Disorder.
- 2013's Sponsor a Veteran for the Holidays event supported 50 Veterans and their families (85 children and 18 spouses) with gifts, gift cards, and donations valued at about \$18,000.
- Over 200 PVAHCS employees training in LEAN Yellow Belt, or Green Belt classes with 41 employees completing Yellow Belt training, and 24 completing Green Belt training in FY13.
- Established a New White Belt training program with a goal to train 30% of staff by end of FY 2014. to date 4:4 employees have completed training.
- Defining a Process for Non-VA Care Coordination Consult, Closure and De-Obligation of Funds (won 3rd place at the VISN 18 Expo under the Foundational: Improvement Tools and Lead Leadership category).
- NVCC Hospital Notifications System Redesign (won 1st place at the PVAHCS Quality Expo).
- Community Transfers System Redesign (won 1st place at the VISN 18 Expo under the Improving Transitions and Flow category).
- Purchased Care Mailroom System Redesign (reduced the time it took to open, sanitize, scan and index medical records into CPRS from 28 days to 3 days).
- In 2014, PVAHCS received \$25,000 for the Dollars for Scholars Program. This program is available to all full-time, permanent PVAHCS employees for tuition assistance after one year of continuous employment.



APPENDIX C Continued

- In 2013, Dr. Allen Thomas was recognized by the American Thoracic Society as Clinician of the Year.
- Received Accreditation with Commendation with the Arizona Medical Association for Continuing Medical Education Program.
- Human Resources Department is one of the highest performing departments in the nation for hiring Veterans with 36% of staff and was nationally recognized for hiring individuals with disabilities.
- PVAHCS received funding from The VA National Homeless and Mental Health Residential and Rehabilitation and Treatment Services Program to serve homeless and at-risk for homeless Veterans and their families.
- The Psychosocial Rehabilitation and Recovery Center (PRRC) began operations in April of 2013 and was inspected on October 3, 2013, by the Joint Commission receiving accreditation.
- PVAHCS successfully launched a Homeless School at Work Program. The program is now in the third year and operating successfully with the most recent class having an 80% graduation rate. One candidate secured a position with the PVAHCS, two secured positions with the Park Ranger State Program and four secured employment in the private sector. Next class is scheduled for April 16, 2014 with 15 students.
- Collaborated with the Northern Arizona VA Health Care System to begin a Purchased Care reduction project for Orthopedics.
- Nutrition and Food Services has fully implemented Select Menu in all areas of the PVAHCS as well as started Café Dining in the Community Living Center.
- PVAHCS holds weekly Farmer's Market healthy eating choices for staff averaging over 1100 servings of fruits and vegetables per month to Veterans and employees.
- Expanded Healthy Teaching Kitchen to the Thunderbird CBOC.
- Joining forces with ASU to begin a PVAHCS Dietetics Internship Program. Four graduate students started January 2014.
- Construction on the Southeast CBOC's two-story building with 60,000 clinical square feet was completed and opened April 2, 2014. The new SE CBOC will house primary and specialty care services including: audiology, mental health, radiology, and dental. The new facility will replace the existing 30,000-square-foot clinic on the former Williams Air Force Base/Arizona State University East Campus. The new CBOC will house outpatient services for more than 19,000 Veterans annually in Maricopa County, as well as parts of Pinal and Gila County.
- PVAHCS is approved for approximately 6,000 square feet for a new CBOC to be located in the Northeast metropolitan area.
- The new mental health building is complete. The building brought the off-site SARRTP program to the main campus, as well as expanded space for the Substance Abuse Clinic and the Health Care for the Homeless Programs.
- Construction on 26,000 square foot extension building for Physical Medicine & Rehabilitation and Prosthetics Service was completed and opened July of 2013.
- For the 2013 Combined Federal Campaign (CFC), the facility raised \$114,000.
- Plans for wireless services were finalized in the 1st Quarter of FY2014 and the Office of Information Technology expect the installation of these capabilities by the end of 2nd Quarter FY2014.
- PVAHCS will be one of six medical centers in the nation to begin VA Nursing Academic Partnerships. The program is designed to enhance academic partnerships between VA facilities and university nursing programs, similar to the medical partnership model. As a result of this partnership, more students will be accepted into Arizona State University's (ASU) College of Nursing and Health Innovations Bachelor of Science in nursing



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program. This will provide joint faculty appointments to advance academic nursing and clinical practice initiatives to improve the health of Veterans with three new full time VA staff members serving as faculty and two additional ASU faculty members. The program began in 4th quarter FY13 and has continued into FY14.

- For the second year in a row, the PVAHCS received the Gold Recognition for being number one in the state of Arizona for obtaining the most overall registrations for organ and tissue donations in the entire state and the most registrations from facilities with 141 to 400 beds. In addition, PVAHCS received Gold Recognition for being a Donation Champion.
- Partnered with DoD (Luke Air Force Base) to expand services between PVAHCS and Luke AFB to include: Audiology, Dental, Radiology, Internal Medicine, Emergency Preparedness and Integrated Disability Evaluation System.
- PVAHCS is collaborating with Ms. Sandy Flinl, Regional Director, from the Veterans Benefits Administration (Regional Office) to improve services in Compensation and Pension. This includes having her as a member of the Phoenix VAHCS' Executive Council, having VBA physically in the Hospital, and joint outreach events.
- PVAHCS leadership team is collaborating with the Phoenix Indian Health Services. Both parties are working together to improve cultural competencies, coordination of services and implementing negotiated local agreements based on the national agreement.
- Phoenix City Councilman Tom Simplot recognized PVAHCS as a local Solar Champion for the Solar Covered parking initiative. This Initiative is helping Phoenix become a world leader in clean, renewable, energy.
- The City of Phoenix approached the PVAHCS regarding a city garden project on the corner of Central and Indian School. The concept is still in development but poses a great benefit to helping to heal our Veterans with healthy food.
- 2012's Sponsor a Veteran for the Holidays event supported 58 Veterans and their families (118 children and 18 spouses) with gifts, gift cards, and donations valued at about \$18,000.
- Dr. Dawn Schwenke's article, "Plasma concentrations of trans fatty acids in persons with type 2 diabetes between September 2002 and April 2004" in the *American Journal of Clinical Nutrition* was featured by an editorial in the Journal and picked up by www.MDLinx.com March 11, 2013
- In February 2013, Dr. Allen Thomas was recognized by the American Thoracic Society as Clinician of the Year.
- Received Accreditation with Commendation with the Arizona Medical Association for Continuing Medical Education Program.
- Completed Committee Organization Systems Redesign, reducing total committees by 51%, improved information sharing and refined lines of communication.
- 196 PVAHCS staff obtained or advanced in LEAN Training. Green Belt training was held at the facility in January and Yellow Belt training was held in February 2013.
- The Executive Council was established in October 2012. Providing strategic guidance for the Health Care System at the senior executive level, the Council's purpose is to facilitate collaboration between key stakeholders and leaders within the Veteran community.
- The PVAHCS has received \$30,000 for the Dollars for Scholars Program. This program is available to all full-time, permanent PVAHCS employees for tuition assistance after one year of continuous employment
- PVAHCS received funding from The VA National Homeless and Mental Health Residential and Rehabilitation and Treatment Services Program to serve homeless and at-risk for homeless Veterans and their families.



APPENDIX C Continued

- The HUD/VASH program received 125 additional vouchers for 2012 and recruited the staff to accommodate workload. A Homeless Patient Aligned Care Team (H-PACT) specifically for the homeless Veteran population has been funded, and recruitment for staff is underway. H-PACT will be housed in the interim CRRC location until the permanent lease is awarded. The CRRC will house 6 Outreach Workers, 1 Employment Specialist, 1 Addiction Therapist, 4 Peer supports, 1 MSA, and 1 PSA.
- The PRRC space in Jade/Opal was completed and furnished and staff moved into the space in February. They plan to formally open their program within the month. Once formal designation is completed, they will begin reviewing consults and calling Veterans to invite them to the program. All staff has been hired with the last staff member (Recreation Therapist) scheduled to come on-site end of April.
- The Medical Foster Home is in the 2nd year of the 2 year special start up funding. One home has complete approval and four others pending final inspections.
- PVAHCS successfully completed the pilot Homeless School at Work Program with a 50% graduation rate. One candidate has already secured a position with the PVAHCS, and next year's class is well underway to start in May 2013.
- Fresh Ideas Start here (FISH) Suggestion Program launched July 13 and to date we have been able to complete and implement 57 ideas.
- Nutrition and Food Services has fully implemented Select Menu in all areas of the PVAHCS as well as started Café Dining in the CLC.
- Our Farmer's Market and Bountiful Baskets has been a success as we distribute 1000 servings of fruits and vegetables each week to Veterans and employees.
- Expanded Healthy Teaching Kitchen to the TBIRD CBOC.
- Joining forces with ASU to begin a PVAHCS Dietetics Internship Program. Four graduate students will apply for our rotation in August of 2013 to start January 2014.
- Topaz Clinic recently opened and houses beautiful new space for Compensation and Pension, Psychology, Mental Health, Recreation Therapy and Physical Fitness.
- Southeast Clinic expansion contract has been awarded to contractor McShane Development Company, LLC, Rosemont, Ill. Construction of the two-story building, covering 60,000 net usable square feet of space, will include specialty care services like audiology, radiology, and dental to the existing services and improve access to our primary care services. The new facility will replace the existing 30,000-square-foot clinic on the former Williams Air Force Base/Arizona State University East Campus. The new clinic will house outpatient services for more than 19,000 Veterans annually in Maricopa County, as well as parts of Pinal and Gila County. The new clinic opening is set for the spring of 2014.
- PVAHCS is approved for approximate 6,000 square feet for a new CBOC to be located in the Northeast metropolitan area. Procurement activities have begun and we anticipate activation in FY2014.
- Construction on a new mental health building is at 30% completion and is on track for completion November 2013. The building will bring the SAR RTP off-site program to the main campus, as well as expanded space for the Substance Abuse Clinic and the Health Care for the Homeless Programs.
- Construction on 26,000 sq foot Physical Medicine & Rehabilitation/Prosthetics building on track for completion June 2013.
- New PET/CT area renovated in March 2012
 - In FY 11, Non VA Care = \$1.05 million, FY 12 Non VA Care = \$760,000
 - Half way through FY 13 and Non VA Care = \$5.600
- The Short Stay Interventional Unit (SSIU) was activated on March 12, 2013 with the relocation of the Interventional Pain procedures from their temporary location on Ward 3



APPENDIX C Continued

8. This project was designed with 6 observation beds, 4 exam rooms, and a dedicated waiting room and reception area to serve the needs for Interventional Pain and other ambulatory procedures.