



HUNTINGTON VA MEDICAL CENTER | HUNTINGTON, WV

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National Task Force Member: Vickie Smith-Dikes

National Senior Field Service Representative: Derrick L. Redd

Overview

Since 1932, Huntington VAMC (HVAMC) has been improving the health of the men and women who have so proudly served our nation. HVAMC considers it a privilege to serve your health care needs in any way we can. Services are available to veterans living in southwestern West Virginia, southern Ohio, and eastern Kentucky.

In addition to the main facility in Huntington, HVAMC offers services in two community-based outpatient clinics and two rural health outreach clinics. These clinics are located in: Charleston, West Virginia, Gallipolis, Ohio West Virginia, Lenore, West Virginia and Prestonsburg, Kentucky

HVAMC is one of six Joint Commission accredited medical centers within the MidSouth Healthcare Network (VISN 9).

Budget

Since 2003, HVAMC has introduced several major programs/new initiatives to include: Rural Health, Mental Health, Homeless Outreach, Patient Centered Care and Cultural Transformation, a standalone Women's Health Clinic, My HealtheVet and Telehealth.

During both FY 2012 and FY 2013, HVAMC received funding for several specific purpose funding programs to include: MRSA, Homelessness, Rural Health, T-21, Caregiver, Substance Abuse, OEF/OIF, Safety, Emergency Preparedness, Mental Health, VTS and ICT. The current projected FY 2014 budget is \$206.7 million.

Over the next five years, HVAMC plans on continuing outreach and expansion services in Mental Health and Outreach Efforts to eliminate veteran homelessness and provide an accessible, seamless, and coordinated system of care based on lifelong relationships with patients and their families by providing tools and support to optimize veteran health and well-being.

Staffing

For fiscal year 2014, HVAMC plans on recruiting 84 new employees (7 physicians, 1 psychologist, and 20 nurses, 4 HR Specialists /Assistants, 1 pharmacist, 1 nurse anesthetist, 1 general engineer and 49 miscellaneous occupations).

The facility senior management reviews the organizational charts annually to validate the staffing levels and mix of occu-

pations. In addition, the Position Management Committee and the Medical Center Director review and approve each vacancy to ensure its validity based on current requirements and performance reports.

HVAMC has 64 affiliations and one medical school affiliation-Marshall University School of Medicine/Pharmacy. The medical center also has an onsite leadership program entitled "TICK-ET"; and participates in a VISN wide leadership program.

In the next five years, HVAMC is predicting an average of 167 employees being retirement eligible. However, the medical center is only projecting to average 29 retirements each year.

Enrollment/Outreach

Since 2003, HVAMC has launched several initiatives to improve enrollment and outreach: Grand opening of two new clinics; expansion to triage area in the ER; incorporation of Mental Health Providers in primary care; opening of the Homeless Resource Center (2011); OEF/OIF Outreach Team established to focus on the needs of returning veterans; Traumatic Brain Injury (TBI) clinics implemented in Rehab Service; and the opening of the new standalone Women's Health Center located on the Medical Center campus.

The HVAMC currently has 54,814 veterans in its catchment area, 38,193 enrolled and 28,293 unique veterans. Over the next five years, Huntington VAMC hopes to increase its uniques to 30,000.

As a part of the FY 2014 goals, HVAMC has four focuses: Patient Aligned Care Teams (PACT); the Women's Health Clinic; My HealtheVet; and Outreach. HVAMC wants to improve PACT teams functions and telephone responsiveness, increase enrollment and promote the use of secure messaging through My HealtheVet, increase availability of same day appointments, participating in more outreach events by building new relationships with other affiliates and likeminded organizations in the local community, being more a presence at community events, and participation in Post-Deployment Health Reassessment (PDHRA) and Yellow Ribbon Reintegration Program (YRRP) events

HVAMC also uses social media to stay in constant contact with the veterans that it serves. The Public Affairs Officer monitors/updates the newly revised internet site and Facebook page. The



internet site is used for facility updates, positive stories, and outreach information and the Facebook page is used for important announcements, promotions of services, enrollment information and special events. Veterans can sign up to receive an electronic notification regarding announcements, update of website information and receipt of latest VISN 9 Wellness Magazine.

Over the next five years, HVAMC plans to expand the Charleston CBOC, and incorporate use of their dual-use vehicles at events for one-stop shop enrollment into the VA system, vesting and My HealtheVet registration.

Mental Health

With the implementation of the Uniform Mental Health Service Handbooks in 2008 came a major overhaul of mental health initiatives within VHA. Major initiatives include the following: Psychosocial Rehabilitation and Recovery Program; Homeless Program with downtown Community Resource and Referral Center; interdisciplinary team approach to treatment; expansion of PTSD program and SUD program; addition of Suboxone therapy for Opioid dependence; opening of Gateway clinic for same-day service and consultation; Transitional Work Experience program; and treatment for military sexual trauma (MST).

The Medical Center's Suicide Prevention Coordinator is a co-chair for Mental Health outreach. During FY 2013, HVAMC participated in 62 outreach activities. The medical center evaluates high-risk patients by assessing them for Suicide Risk, using the most widely used suicide risk assessment tool. The medical center also requires that suicide risk be evaluated at each individual appointment. Individuals who have high risk potential, especially those with imminent risk, are flagged as "high risk" which changes the plan of care and the frequency that the veteran is scheduled for contact with Mental Health professionals.

The HVAMC also makes sure women veterans' needs are met and accommodated by having two waiting rooms. One is family-friendly with toys, etc. This waiting room was requested by women veterans and is now available. The medical center also has a Mental Health therapist placed in the Women's Clinic, which is located two doors down from the Mental Health clinic. Same-sex therapists are also available upon request.

In FY 2014, Huntington VAMC plans to build upon services that are currently offered and continue to establish and build more relationship with community based, mental health partners.

Intensive Care Unit

Since 2003, HVAMC has improved on and added additional services to better the veteran experience. Those improvements include: End tidal Co2 detectors to verify Endotracheal tube

placement; BIS sedation monitors to measure the level of Patient sedation and paralyzation; Interosseous vascular access; Vigialo Cardiac Output monitor; Vascular Access Team of two ICU nurses to select the appropriate vascular device and place in the patient including PICCs; Phillip Cardiac Monitor Update; Change of visitation hours within the ICU; Crash Cart Updates; Rapid Response Bags/Team; Cardiopulmonary Resuscitation Committee and CARE line.

The ten bed ICU unit has a total of 22 Full Time Equivalent employees (FTEs) and one nurse manager. The facility is fully staffed for 65% occupancy; all beds can accommodate Medical, Surgical and/or Cardiac patients.

The Critical Care committee is a multidisciplinary committee that includes Medical, surgical, and cardiac physicians within the Intensive Care Unit, Quality, Infection control, patient safety, education, nutrition, respiratory therapy and logistics when needed. HVAMC reviews and modifies its Standard Operating Procedures (SOPs) and Medical Center Memorandums (MCMs), to develop new programs.

In FY 2014, HVAMC will complete the Clinical Information System/Anesthesia Record Keeping (CIS/ARK) program. This is a wireless program that allows the information from the bedside monitors, IV pumps, tube feeding pumps, ventilators and Bi-level positive airway pressure (Biped) machines to automatically download into Electronic Medical Reporting (EMR).

Long-Term Services and Support

The HVAMC has 80 inpatient beds (all in use) and has developed a 4-bed Palliative Care unit for veterans utilizing Long-Term care services. The facility plans to expand Long-Term services by increasing veterans' care options during FY 2014. Over the next 5 years, the facility has been evaluating the possibilities related to alternative beds, for example, skilled nursing beds or long term ventilator beds; however, that discussion is ongoing.

HVAMC has contracts with thirteen community nursing homes with a total of 1493 beds and is exploring additional nursing home placement options in under-served areas to ensure that it meets the mandate of the Millennium Healthcare Act.

HVAMC does not have a Hospice Care Unit. Veterans in need of home hospice services are provided this service through community hospice agencies, which are fee-based. Veterans receiving hospice care who are in need of an inpatient hospice level of care are provided these services through the Contract Community Nursing Home Program or through admission to the community hospice agency's hospice house.

HVAMC operates a Hoptel Program that offers temporary lodging for 6 veterans and medically necessary caregivers. The



facility does not currently have a Fisher House, an addition that is in high demand.

The Medical Foster Care Program has placed 20 veterans in the program to ensure their health and well-being; these veterans are monitored through monthly visits conducted by the Home Based Primary Care Program along with case management provided by the two Medical Foster Home Coordinators.

HVAMC does not have inpatient beds for long-term care for Hospice, Rehab, Dementia and Palliative Care. These beds are available through the Contract Community Nursing Home Program. HVAMC's Long-Term care programs do not currently have a waiting list.

Homeless Coordinator

HVAMC's opening of the Homeless Veterans Resource Center in 2011 was a significant step forward to eliminate homelessness among veterans in the Huntington area. The Center is located at 624 9th Street in downtown Huntington, near other important community resources. The Center has 3 designated staff that provides homeless veterans and those at risk for homelessness with job assistance, counseling, housing referrals, and laundry and shower facilities. The Center also houses a donation room and in house emergency food pantry.

Since 2003, HVAMC has established several programs and initiatives in addition to the Homeless Veterans Resource Center: Housing and Urban Development-Veteran Affairs Support Housing (HUD-VASH) has distributed 140 vouchers, this program has four social workers and one program support assistant; Veterans Justice Outreach; Grant and Per Diem program has 27 operational beds in Charleston, WV, with 25 set to open in Pikeville, KY in January 2014; and designated Employment Specialists in Huntington and Charleston, WV. As a primary focus for FY 2014, HVAMC plans to keep 90% of HUD-VASH vouchers leased up, prioritize chronically homeless veterans for HUD-VASH programs, and increase rate of discharge from transitional housing to permanent housing.

Information Technology

Since 2003, HVAMC's Information Technology (IT) has improved upon current programs and introduced new initiatives to improve the overall veteran experience by reorganization of IT from VHA to OIT, the implementation of Cisco Voice over IP (VoIP), Cisco wireless IP phones for mobile use, upgraded all servers from Windows 2000 to 2003 to 2008, upgraded workstations to Windows XP, upgraded workstations to Windows 7, upgraded AudioCare System (automated system used to call veterans to remind them of appointments and for call in for prescription renewals), implement and upgrade Citrix Thin

Clients and server farm, multiple upgrades to VistA system operating system and hardware, implemented VistA Read Only system for access of a read-only copy of medical record during VistA outage, and migrated VistA system to the Region 3 Data Center in Warner Robbins, GA. Failover system is located in St. Louis, MO, upgraded VistA imaging hardware and storage, implemented and upgraded wireless infrastructure, provided circuits for remote clinics and Telehealth, virtualization of server hardware to VMWare, reorganization of IT to Regional Service Lines, implementation of a Regional Help Desk, implementation of all national software in support of VA initiatives (briefly a few recent initiatives include My HealtheVet, VBMS, VHIC), installation of Insurance Care Buffer (ICB) scanners, enhanced information security through use of encryption, hosted Intrusion Protection, Device Protection and Port Security, and two-factor authentication for administrators.

During FY 2014, HVAMC plans to provide Information Technology equipment needs for facility activation, provide upgraded circuit capacity to Charleston CBOC, lifecycle replacement of aged workstations, VetLink Veterans Point of Service (VPS) Kiosks, replacement of aged All-in-One multi-function, and implement facility staffing model for local IT.

Over the next 5 year HVAMC plans to meet the IT equipment needs for all facility activations,

implement all nationally released mandated software; meet all national strategic initiatives for IT, including Customer Service, Next Generation Information Security, Product Delivery, Transparent Operation Metrics, and Fiscal Management.

Construction

HVAMC has a construction budget of \$9.3 million for FY 2014, up \$630,000 from FY 2013. Currently, the 82 year old facility does not have any major construction projects in the pipeline. The medical center does have several minor construction projects underway, to include: the renovation of the ground floor Bldg 1; renovation of rehab & QM Suite; Morgue Improvements; new paint job for the water tower and repairs to the reservoir; replacement of Pump-house Generator; HVAC Infrastructure Upgrades; replacement of Air Handlers Main Patient Building 1S; renovation of 2W for Ambulatory Care; upgrades to Medical Center Elevators; and replacement of Chillers/Controls.

There are several planned projects as well: Installation of Engineering Server Room; upgrading Emergency Electric B1W; replacing exterior caulking Bldg 1S; refurbishing Bldg 1 exterior; remodeling EMS locker room; upgrading IRM Wireless Infrastructure; replacing guardrails/handrails; improving VAST and Security Deficiencies; installation of Card Access in IT closets; and re-keying Medical Center



HVAMC has seen mixed results with respect to the Strategic Capital Investment Plan (SCIP) program. The Medical Center has experienced minimal success for needed projects that do not score well against direct patient service, such as replacing windows or replacing AC Systems. Additionally, timeline requirements (2 years or more in some cases) doesn't allow the Medical Center the flexibility to make changes "in cycle" without significant extra work.

Patient Centered Care

HVAMC defines patient centered care as proactive, patient-driven health care that meets the needs of and is responsive to the veteran.

Patient satisfaction is measured through a variety of sources including: complaints and compliments received by the Patient Advocate; through comments submitted on the comments cards available throughout the Medical Center and at the off-site locations; through review of information received from focus groups; and through standardized data collection reported as SHEP and Patient Centered Medical Home performance measures.

The duties and responsibilities of the HVAMC Patient Advocates encompass a variety of initiatives that promote customer satisfaction and issue and complaint resolution. HVAMC works with providers and administrators to investigate and find proper solutions to meet the needs of the patient as well as staying within established guidelines of the VA. HVAMC consistently reports trends of complaints and other contacts with the Office of the Patient Advocate to senior leadership on a quarterly basis and report trends to Service Chiefs on a monthly basis. Service Chiefs are immediately alerted to adverse trends to alleviate potential problems for patients in that particular service area. In addition, the medical center collects patient satisfaction data directly from patients by performing bedside visitations and outpatient exit interviews. Finally, this office conducts marketing and informational strategies that include providing patients with their rights and responsibilities through electronic media, posters, and pamphlets throughout the medical center. This ensures patients know who, how, and when they should contact the Patient Advocates for conflict resolution and assistance.

The Office of the Patient Advocate prepares monthly reports that include not only the number of complaints and compliments received, but also the specific text of the issue. These reports, once prepared, are sent directly to the Service Chiefs. Should a patient initiate a complaint that involves a specific employee, that complaint is sent electronically to the Service Chief immediately for investigation.

The HVAMC has developed a list of best practices when it comes to veteran customer service.

- a. Interactive Customer Service training for all employees led by the staff of Learning Resources. Utilized the "7 Sins of Customer Service" facility developed training video to prompt discussion among attendees.
- b. FY2014: Patient Centered Care employee engagement training sessions implemented November 22, 2013. The facility has 15 trainers that volunteered to receive the initial 3-day training for the purpose of leading the 8-hour training sessions for the organization's employees.
- c. Surgical Service "Ticket to Round" involving inpatients and their family members in daily surgical rounds.
- d. Pet Therapy/Recreation Therapy: Visiting canine program; Horseback therapy; Project Healing Waters.
- e. Community Resource and Referral Center located in downtown Huntington. Provides shower facilities, laundry facilities, on-site counseling/education, small food pantry, and donation center with clothing and household goods.

Town Hall Meeting

The Veteran Town Hall meeting took place at American Legion Post #16 in Huntington, West Virginia on December 9, 2013 and was conducted by Task Force Member Vickie Smith Dikes. 11 veterans were in attendance; all of those veterans were more than satisfied with the healthcare being provided by the HVAMC. However, there were a few concerns: limited parking spaces, one Emergency Room doctor on staff during after duty hours and weekends. There was also a concern about the cost of medication within the VHA vs. the cost in the private sector. Overall, the veterans had limited complaints and more praise for the care received and the services provided at the HVAMC.

Top 10 Things that would better help HVAMC serve veterans.

1. Completion of Outpatient dialysis – the facility has had this under consideration with some planning.
2. Expand Neurosurgery.
3. Implement on site interventional cardiology.
4. Residential Rehabilitation Treatment Program (RRTP) – under consideration at this time.
5. Hire Geriatricians for enhanced care for the elderly patient population.
6. On site Sleep Studies lab.
7. Dementia Clinic.



8. Dermatology Clinic (currently services are through Telehealth or Fee Basis in the community).
9. Community Living Center (CLC).
10. Hire Retina Specialist (enhance on site treatment for patients with macular degeneration).

Best Practices

HVAMC continues to explore new ways to improve their veteran outreach initiatives by building on current relationships and building new ones with local affiliates, unions, and veteran service organizations within the HVAMC catchment area.

HVAMC has created a model one-stop shop for homeless veterans with the opening in 2011 of its Homeless Veteran Resource Center. With the offering of so many different services, this stand alone facility should become the model for all VA Medical Centers.

HVAMC continues to lead the way when it comes to putting VA Healthcare back on the side of the veteran by giving them and their families more of a say when it comes to the care/treatment received, eliminating visiting hours and being flexible with the care that long-term veterans receive in their final days.

Facility Challenges and Recommendations

Challenge 1: HVAMC has found it difficult to recruit talent (surgeons/physicians) due to pay freezes, a lack of bonuses/retention incentives, and the geographical location of the hospital.

Recommendations 1: The American Legion recommends that VHA conducts a rural analysis for hard to recruit areas and look into different options to support the VAMC in getting the talent they need to better serve veterans. Flexibility is a must in these scenarios to ensure that veteran healthcare is consistent across each VISN.

Challenge 2: Lack of space on the HVAMC campus, prohibits much needed construction projects like a Fisher House. Although, HVAMC have a construction project in place to remodel the former Army Recruiting and Training Center that the Medical Center reacquired from the Army in 2011. This property was deeded from the Medical Center to the Army in 1956 and is immediately adjacent to Medical Center property. Upon completion of the remodel, some administrative services will move out of the main medical center to allow for expanded medical services. The project is slated to begin during the first quarter of FY15 and should take approximately 20 months to complete.

Recommendations 2: The American Legion recommends HVAMC look into addition local leases to make up for some of the space limitations.

Challenge 3: HVAMC currently has 20 veterans that are in the Medical Foster Care Program (MFCP) within the Huntington area, the program is popular amongst those that use it, but has not been heavily publicized by the local media. HVAMC is also in need of dedicated space for a MFCP in the Charleston area.

Recommendation 3: The American Legion recommends that the HVAMC work with the local contracted foster care facilities to organize quarterly events with the veterans in the program. This would give local media reason to educate themselves on the great services that are taking place at these facilities and support the programs by promoting them to elderly veterans within the Huntington catchment area.