



WEST TEXAS VA HEALTH CARE SYSTEM | BIG SPRING, TX

Date: January 12-14, 2016

Health Administration Committee Member: Joseph Schaefer

Deputy Director of Veterans Affairs and Rehabilitation (VA&R) Division: Roscoe Butler

Overview



The West Texas VA Health Care System (WTVAHCS) serves veterans in 33 counties across 53,000 square miles of rural geography in West Texas and Eastern New Mexico. The George H. O'Brien, Jr. VA Medical Center is located in Big Spring, Texas. The Permian Basin Community Based Outpatient Clinic (CBOC) is located in Midland/Odessa, Texas, with other CBOCs in Abilene, TX, San Angelo, TX, and Hobbs, NM. There are two outreach clinics in Stamford, TX, and Fort Stockton, TX. Two Vet Centers also provide services and are located in Abilene, TX, and Midland, TX.

More than 56,000 veterans reside within the service area, of which approximately 17,000 (30%) receive care from the WTVAHCS. On average, the health care system supports over 170,000 outpatient visits annually in a service area greater than the size of the state of Wisconsin.

The expertise and mission of the WTVAHCS have shifted from that of an inpatient hospital to a leader in outpatient rural health care and telehealth services. While inpatient services ceased in October 2013, the medical center in Big Spring maintains a dynamic 40-bed Community Living Center and a 40-bed Domiciliary Program. In addition, the WTVAHCS provides services in Mental Health, Audiology, Social Work, Pharmacy, Dental, Women's Health, Ophthalmology/Optomety, Prosthetics, Cardiopulmonary, Nutrition and Dietetics, OEF/

OIF/OND Program, Laboratory/Pathology, and Radiology. Due to the extreme rural geography of its catchment area, WTVAHCS employs creative methods by which to serve its veterans, such as a robust Home-Based Primary Care Program, a diverse and rapidly expanding Telehealth Program, a substantial cadre of Non-Institutional Care Programs, a strong tertiary referral system, and use of Non-VA Coordinated Care. New and expanded services are continually reviewed and provided at CBOC/Outreach Clinic locations as the need for those services becomes apparent.

Providing continuity, access, and appropriate services to the veterans within the WTVAHCS service area requires both capital and non-capital solutions. Establishing and expanding partnerships with academic affiliates, other federal health care facilities, non-federal health care facilities, and even proximal VA Medical Centers in the Veterans Integrated Service Networks (VISNs) 17 and 18 is crucial to the future delivery of healthcare services to the rural veterans in West Texas and Eastern New Mexico. Moreover, repurposing space formerly dedicated to services no longer provided for those that have experienced an increase in utilization will comprise a compendium of non-capital solutions to narrowing and meeting gaps.

Town Hall

A town hall meeting was hosted by American Legion Post 506 in Big Spring, where The American Legion heard from veterans about their experiences at WTVAHCS. The American Legion staff included Grandis Miller, Post 506 Commander; Joe Schaefer, Consultant for The American Legion's Health Administration Committee; Bruce Drake, Assistant Director for "Operation Comfort Warrior" (OCW); and Roscoe Butler, Deputy Director for Healthcare from The American Legion's Washington D.C. Office. Following the introduction of Roscoe Butler by Commander Grandis Miller, dignitaries were asked to stand and introduce themselves: Ronald Coatney, Post Adjutant; Lisa Brooks, District Representative for U.S House of Representative Randy Neubauer office. From VA, Manuel M. Davila, Associate Medical Center Director; Dr. Neil Nusbaum, Chief of Staff; Dennis Clapp, Associate Director of Nursing; and Moses Tijerina, Volunteer Service Specialist introduced themselves.



Twenty service and family members attended. Mr. Butler opened up the floor for the purpose of expressing concerns and issues facing veterans as users of the Big Spring VAMC. One veteran indicated he felt like they were being “farmed out,” with many using Medicare and Medicaid. Another veteran pointed out that when the VAMC became a clinic, “the doctors went away.” Mr. Butler indicated that reassignment of the VAMC to VISN 17 opens the opportunity for internships and residencies from Texas Tech medical students in primary care and psychiatry, with potential savings in time and travel to hospitals in Amarillo or Albuquerque.

Another veteran indicated a need for rural incentives to reduce turnover and vacancies in hospital staff, and to publicize the five-year window after separation as a way to increase patient load at the hospital. It was pointed out to us that growing unemployment in the oil fields will impact the VA health system in the West Texas VA Health Care System.

It was reported that the hospital was refusing to register veterans even when a DD214 was presented. Mr. Butler offered that if veterans are not permitted to complete the enrollment and registration process, there is no official record of the denial of the benefit. Without an official denial, the veteran cannot appeal the VA decision. Mr. Butler further explained that every veteran has the right to appeal denials of any benefit decision and that he would address this with the Business Office during the site visit.

Numerous examples were presented pertaining to telephone communications: failure to answer the phone; difficulties with Tri-West appointments; a two-month delay to see a cardiologist in San Angelo after visiting Urgent Care at the VAMC; dealing with a new phone system since July. This is an AT&T contract being managed by VA Central Office (VACO.)

Rep. Neugebauer’s legislative assistant offered that there is a bill in Congress to require VA scheduling personnel to identify themselves to the patient callers. Lastly, Bruce Drake of Operation Comfort Warriors (OCW) voiced that on Wednesday, January 13th he would visit retail providers and spend \$8,000 on comfort and recreational items and expressed his appreciation to the Domiciliary. The meeting adjourned at 8:30 PM.

Executive Leadership Briefing

On January 13 – 14, 2016, The American Legion’s System Worth Saving (SWS) team conducted the first SWS site visit to WTVAHCS. Executive leadership in attendance were: Kalautie Jaugdhari, Interim Director (via teleconference); Neil Nusbaum, Chief of Staff; Manuel Davila, Associate Medical Center Director; and Dennis Clapp, Interim Associate Director of Nursing.

Human Resources Department

The WTVAHCS has 711.5 positions, and as of 12/31/15, there were 98.5 vacancies. The average time frame for vacancies is approximately six months. Common reasons for vacancies are:

- Employee transferred, reassigned, promoted, retired, etc.
- Newly created positions
- Employee left for outside agency employment

Explanation of losses provided by the Medical Center for 2015:

- Resignation: 45
- Retire-Disable: 1
- Retire-Vol: 22
- Termination: 15
- Transfer: 42

The WTVAHCS has a number of senior leadership vacancies, including Director, Associate Director, Patient Care Service/Chief Nurse Executive, and Public Affairs Officer. When asked what steps have been taken to actively recruit for these senior positions, the medical center provided the following response:

Several rounds of applications and interviews have been completed for the Associate Director, Patient Care Services/Nurse Executive position. A selection was recently made, but the applicant declined after several extended weeks of negotiation; another withdrew from consideration. The position has been re-announced and closes January 13, 2016. The Public Affairs Officer position has been changed to Chief of Community and Patient Relations/Customer Service Coordinator and is currently pending reclassification and recruitment efforts.

The SWS team was provided with a list of senior leadership vacancies going back ten years.

Position	How many in the past 10 yrs.	How long were they in the position?	Did they retire, resign or transfer to another VA?
Directors	3	Bell- 12/06-7/08	Transfer
		Marsh-11/08-6/13	Transfer
		Kiefer-1/14-11/15	Transfer
Chief of Staff	4	Rodriguez-8/04-11/08	Transfer
		Phemester-6/09-4/12	Transfer
		Zambrano-9/12-12/14	Transfer
		Nusbaum-8/15-Present	Current
Associate Director	4	Bacorn-5/07-3/09	Transfer
		Paxton-8/09-4/11	Transfer
		Allen-sworth-10/11-12/14	Transfer
AD, PCS/ CNE	2	Davila-5/15-Present	Current
		Wilbert-1/07-9/11	Retired
		Silveri-7/12-12/14	Transfer



The previous director left on November 12, 2015, and the SWS team was informed a new director is scheduled to arrive in June 2016. It was also explained that the WTVAHCS is a level 3 medical center, making it the least complex VA medical facility. The SWS Team has often heard that managers sometimes transfer to a level 3 medical facility to either gain experience before moving to larger complex medical center, or use it as an opportunity to downsize to a less stressful work environment. Based on the above information, the longest tenure held by senior executive leadership staff was almost five years.

As of December 31, 2015, the following vacancies existed at Big Spring VAMC:

- Registered Nurses: 19
- Licensed Vocational Nurses: 4
- Nurse Practitioners: 2
- Certified Nurses' Aides: 2
- Nurse Case Managers: 3
- Mental Health Nurse: 1
- Social Worker: 1

As shown earlier in this report, turnover has been an issue for some time.

In fiscal 2015, the WTVAHCS utilizes locum tenens staffing.

The following is a break-down how funds were allocated.

Location	Amount Allocated	Date Range	Clinical Provider Type
Big Spring	\$94,307.20	05/17/15 to 11/16/15	Nurse Practitioner
Big Spring	\$10,4260.00	11/17/14 to 5/5/15	Psychologist
Big Spring	\$94,307.20	11/19/14 to 5/16/15	Nurse Practitioner
Big Spring	\$177,571.86	04/13/15 to 9/30/15	Primary Care Physician
Big Spring	\$85,189.38	04/13/15 to 10/12/15	Primary Care Physician
Big Spring	\$189,938.24	12/15/14 to 6/5/15	Primary Care Physician
Community Living Center	\$49,950.00	10/26/15 to 12/30/15	Geriatric Physician
Community Living Center	\$142,663.84	12/01/14 to 5/29/15	Internal Medicine
Hobbs, New Mexico CBOC	\$74,528.00	06/16/15 to 9/18/15	Primary Care Physician

Business Office

As of 1/14/2016, there were 56,372 veterans in the WTVAHCS catchment area. Within the catchment area 23,989 are enrolled in the VA health care system; 22,188 are men and 1,801 are women.

Medical Center Budget

At the time of this publication, the Medical Center has provided their final operating budget numbers. Below is a breakdown of the operating budget for fiscal 2015 – 2013.

Facility Budget	Fiscal 2015	Fiscal 2014	Fiscal 2013
0152A1- Med Admin	\$12,167,679	\$ 11,755,028	\$11,512,387
0160A1- Med Service	\$96,681,376	\$92,260,313	\$86,422,081
0162A1- Med Facility	\$14,212,555	\$10,170,094	\$12,095,697
0172- VACAA	\$13,547,999	N/A	N/A
Grand Total	\$ 136,609,609	\$ 114,185,435	\$ 110,030,165

Non-VA Coordinated Care Program

The Business Office staff informed our team that their non-VA care budget was capped at \$39 million. The following is the WTVAHCS' Non-VA Health Care budget breakdown for the past three fiscal years.

Non-VA	Fiscal 2015	Fiscal 2014	Fiscal 2013
Authorized Care	\$37,157,065	\$24,766,479	\$22,846,951
Unauthorized Care	\$354,970	\$342,997	\$610,986
SC Emergency Care	\$9,575,588	\$3,810,157	\$802,691
NSC Mill Bill Emergency Care	\$2,225,638	\$2,113,164	\$3,160,378
Grand Total	\$46,313,261	\$31,032,797	\$27,421,006

As noted within the Non-VA Patient Census, as of January 19, 2016, the WTVAHCS had 26 veterans hospitalized in community hospitals at VA expense.



Outpatient Wait Time Results

Based on VA's Access Report for the period ended 1/1/2016, WTVAHCS wait time was reported as follows:

- Primary care patients: 10.03 days
- Specialty care patients: 14.57 days
- Mental health patients: 4.27 days

Following is the average wait times provided by the medical center.

- Primary care patients: 9 days
- Specialty care patients: 12 days
- Mental health patients: 10 days
- Homemaker / home health aide services: Approximately seven days

Operating Beds

Per VHA Directive 1000.1, "Program Restructuring and Inpatient Bed Change Policy" all proposals to restructure programs or make changes to authorized or operating beds or program capacity must be entered into the web-based VA National Bed Control Database. Proposals must then be approved by the Under Secretary for Health and the VISN Director.

Medical Center Approved Bed Level Report

During fiscal 2015, the WTVAHCS had 116 Community Living Center admissions and 116 domiciliary admissions. The medical center reported the average daily census for each inpatient program as follows:

Community Living Center: 20 (fiscal 2015)

Domiciliary: 30 (fiscal 2015)

During fiscal 2015, the WTVAHCS had 166,592 outpatient encounters. For fiscal 2016, they project 172,000 outpatient encounters.

Strategic Plan

The WTVAHCS Strategic Plan for fiscal 2011-2015 includes the following goals:

1. Improve the quality and accessibility of health care, benefits, and memorial services while optimizing value.
2. Increase veteran client satisfaction with health, education, training, counseling, financial, and burial benefits and services.
3. Boost readiness to provide services and protect people and assets both continuously and in time of crisis.

4. Improve internal customer satisfaction and management systems and support services to achieve mission performance.
5. Make VA an employer of choice by investing in human capital.

The plan identified the following integrated objectives:

1. Make it easier for veterans and their families to receive the right benefits, and meet their expectations for quality of care, timeliness, and responsiveness.
2. Educate and empower veterans and their families through proactive outreach and effective advocacy.
3. Build an internal capacity to serve veterans, their families, employees, and other stakeholders efficiently and effectively.

The plan included the following 16 major initiatives:

1. Eliminate veteran homelessness.
2. Enable 21st century benefits delivery and services.
3. Automate GI Bill benefits.
4. Create Virtual Lifetime Electronic Record by 2012.
5. Improve veterans' mental health.
6. Build veterans relationship management capability to enable convenient, seamless interactions.
7. Design a veteran-centric health care model to help veterans navigate the health care delivery system and receive coordinated care.
8. Enhance the veteran experience and access to health care.
9. Ensure preparedness to meet emergent national needs.
10. Develop capabilities and enabling systems to drive performance and outcomes.
11. Establish strong VA management infrastructure and integrated operating model.
12. Transform human capital management.
13. Perform research and development to enhance the long-term operating model.
14. Optimize the utilization of VA's Capital Portfolio by implementing and executing the Strategic Capital Investment Planning (SCIP) process.
15. Health Care Efficiency: Improve the quality of healthcare while reducing costs.
16. Transform health care delivery through health informatics.



Recent Performance Evaluations

The WTVAHCS shared information of the following recent reviews/reports which we examined:

Strategic Analysis for Improvement and Learning: (SAIL)

Patient Safety Annual Report Fiscal 2015: (RCA 15)

Commission on Accreditation of Rehabilitation Facilities (CARF) Survey Report for WTVAHCS July 2015: (CARF)

Joint Commission Findings June 2014: (JCAHO)

Patient Safety Annual Report Fiscal 2014: (RCA 14)

- **SAIL:** RN turnover as identified in this analysis.
- **Joint Commission:** June 3-6, 2014

This report addressed “infection control” and identified several local deficiencies: lack of consideration of infection risks, an absence of local guidelines, no source material for cleaning ophthalmic surgical instruments, dental medications improperly labeled, and deficiencies related to dressing changes. Nearly all of these deficiencies were identified at Big Spring.

The medical center responded to all contingencies and was granted accreditation.

CARF: July 27-28, 2015

The CARF Report identified performance and administrative measurement issues involving the inconsistent assessment of performance goals and the need for consistently established measurable goals; data filtering to separate management level measurements from the “plethora” of information being collected; person-centered treatment plans; Health Insurance Portability and Accountability Act (HIPAA)-related information control, quarterly records reviews; and patient orientation, transition, and discharge plans.

The report also recommended that the medication utilization evaluation include measurement of their effectiveness and satisfaction of the veterans served. Staffing is hampered by the oil and gas boom.

Results of the WTVAHCS Safety Patient Visit identified 40 falls, seven (7) elopements, and 21 medication reviews. Of particular note are the issues identified by the CARF concerning PERFORMANCE IMPROVEMENT. Such goals as “...continuous improvement, sharing and providing to persons served and other interested stakeholders with on-going information about their actual performance as a business entity...” go to the heart of recruitment and retention. The presence of these systems or the commitment to develop them demonstrates to health care professionals that they play a vital role in a results-oriented organization.

The medical center responded to all contingencies and was granted CARF accreditation.

The WTVAHCS reported difficulties in the following performance measures during the third quarter fiscal 2015.

- RN Turnover
- Mental Health Wait Time
- Mental Health Community Care
- MH Population Coverage
- Primary Care Wait Time
- Compensation and Pension (C&P) Average Wait Times

The WTVAHCS identified the following performance initiatives to improve performance measures:

- Utilize VHA Support Service Center (VSSC) data to monitor PACT metrics such as two-day post-discharge calls, telehealth enrollment, non-traditional encounters, and same day access. Metrics are reviewed and reported to leadership for further resolution.
- Utilize Clinical Video Telehealth (CVT) and locum tenens providers to enhance continuity and timeliness of care.
- Add approximately 200 additional appointment slots for mental health.
- Reduce RN turnover by ensuring new hires fully understand the rurality of WTVAHCS during the interview process, perform staffing assessments to address challenging areas, conduct exit interviews with employees who leave, and offer preceptor training to enhance staff education.

Consult Report for American Legion Survey

From April 2015 to January 2016, the WTVAHCS received 5,750 consults and scheduled 4,259 consults. Of the 1,491 remaining consults, 1,350 are active and 141 are pending.

WTVAHCS offers minimal specialty care services. In compliance with Choice regulations, referrals are processed according to the Hierarchy of Care with the possibility of care being available at a sister facility. If services are not offered by a sister facility, the consult is uploaded to the TriWest portal for processing. TriWest then has seven days to schedule the consult. The following is a break-down of WTVAHCS consults as of January 13, 2016.



WTVAHCS has initiated a plan to ensure consults are scheduled promptly.

- Adjust staff levels to meet workload demands at specific points in the process.
 - » Increase staff monitoring of the Choice portal for secondary authorization requests (SARs), documentation downloads, and appointment scheduling and rescheduling notifications.
 - » Increase staff monitoring of Choice consults to ensure appropriateness and timeliness of scheduling.
 - » Increase staffing levels to manage Choice 30 Veterans Choice List (VCL) Wait Time and Choice 40 (40-mile self-referral) appointments.
 - » Increase staff monitoring of Inter-Facility Consults (IFCs) to ensure timeliness of scheduling and completion.
 - » Increase staff monitoring of appointment follow-up to ensure appointment was attended and documentation requested.
 - » Increase staff monitoring of Non-Institutional Extended Care referrals for home health, home hospice, respite, adult day care, and skilled home care to ensure continuity of care for the veteran.
 - » The WTVAHCS staff has recently streamlined the process for RN review of pending consults, which greatly reduced the time required to move the consult status from Pending to Active.
 - » Adjust the process for closing consults when the veteran has reached the maximum allowable number of “no shows” for appointments, or when Non-VA Coordinated Care Program (NVCC) staff and Choice staff have been unable to reach the veteran after multiple attempts to schedule an appointment.
 - » Continue to work with partners at VA sister facilities to streamline the process for obtaining care when it is available within the VA.

The WTVAHCS currently has 220 veterans scheduled for appointments greater than 30 days from their preferred date in primary care. The goal is to reduce appointment wait times to less than 30 days.

Action:

- WTVAHCS developed an “access champion team” that consists of service chiefs and administrative officers. Every week each service is asked to review wait times and scheduling accuracy.

- PACT teams huddle daily to ensure appropriate utilization of clinic appointments.
- PACT teams are scrubbing daily schedules to increase use of PCP telephone appointments.
- Training is provided to Health Administration Service scheduling clerks regarding how to properly capture the veteran’s preferred date. Scheduled appointments that were created in error are being corrected to reflect accurate desired/preferred dates.

Evaluation:

- The acting facility Group Practice Manager (GPM) is monitoring and dispersing clinical wait time reports to each “access champion” every week to ensure compliance with above plan.
- Patients are seen annually via Clinical Video Tele-health (CVT).
 - » Fiscal 2014 CVT encounters 10,536 with 3,972 patients using the services
 - » Fiscal 2015 CVT encounters 10,258 with 3,963 patients using the services
- Provide the policy on the WTVAHCS emergency response process.

Patient Aligned Care Team (PACT)

The WTVAHCS Executive Leadership has taken steps to ensure PACT leaders and Human Resources provide daily updates and status of new hires and vacancies. Recruitment for and retention of PACT staffing levels continues as appropriate.

Team Functioning

- Working in teams is a necessary function for being successful when implementing PACT. How are teams being developed and trained within the medical center and what culture is leadership portraying to encourage the team building effort?
- PACT members receive recurrent training with most recent training provided in October 2015.
- PACT teams attend monthly meetings.
- Leadership is actively engaged in organization level process improvements (i.e. Tiger Team, leadership development programs).
- Senior Leadership meets with new staff members to outline the collaborative role of all team members.



Engaging Veterans

The WTVAHCS has taken the following steps to contact veterans who have yet to be included in the PACT movement within their medical center as well as the veterans who are already in the system:

- A veteran representative attends PACT and Steering Committee meetings monthly.
- Veteran Service Officers attend monthly leadership meetings.
- Organization Outreach programs are conducted routinely through the All Veterans Council.

Primary Care Quality Improvement

Primary Care leadership holds interdisciplinary team meetings weekly to “problem solve” and share best practices throughout the organization.

Interdisciplinary Leader and Administrator Roles and Training

All clinical members of the PACT attend PACT 101, TEACH, and Motivational Interviewing training within the first year of their assignment to PACT. All clerical members of the PACT attend PACT101 and Patient Success: Teach for Success (TEACH) within the first year of their assignment to PACT. The PACT Coordinator, Outpatient Clinic (OPC) Nurse Manager, and Associate Chief of Staff attend all VISN level PACT meetings and training available, and shares information learned during the PACT meeting once a month.

Mental Health Care: Integration of primary care and mental health programs

The WTVAHCS has integrated primary care with mental health through their mental health primary care positions. Currently, they have a mental health primary care social worker who is part of the Abilene, Texas CBOC team. Additionally, they have a health behavior psychologist who is closely integrated with the PACT for health behavior issues such as smoking cessation, chronic pain, weight loss, and behavioral management of other medical conditions.

Women Veterans

At the time of our site visit, the WTVAHCS had 1,801 women enrolled and 1,099 utilizing services within the catchment area. Female veteran enrollment and utilization have steadily increased over the past three years.

Data Breaches

The WTVAHCS experienced 75 data breaches pertaining to lost equipment, unsecured doors, medication lost in the mail, HIPAA violations, medications sent to the wrong person, and

clean desk policy violations. However, they reported that the total number of breaches is trending downward.

The WTVAHCS has convened an Outreach Committee to maximize their outreach efforts to target the veteran population. The purpose of the committee is to ensure effective resource utilization in outreach and marketing activities and to increase unique facility populations through effective outreach and education events. The committee is scheduled to meet monthly or more frequently as needed, at the call of the Chair. Minutes are taken indicating attendance, issues, discussion, options, decisions and recommendations. The committee is comprised of the following members:

- Associate Director: Co-Chair
- Communication Relations Representative or designee: Co-Chair
- Chief, Social Work Service or designee: Member
- CBOC West Nursing Service Representative or designee: Member
- CBOC East Nursing Service Representative or designee: Member
- Nursing Service Representative or designee: Member
- MyHealthVet Representative or designee: Member
- OEF-OIF-OND Representative or designee: Member
- Women’s Health Program Representative or designee: Member
- Chief, HAS or designee: Member
- Chief, HRMS or designee: Member
- Patient Advocate Representative or designee: Member
- Special Emphasis Program Representative or designee: Member
- Abilene VSO Representative or designee: Member
- Midland/Odessa VSO Representative or designee: Member
- San Angelo VSO Representative or designee: Member
- Rural Health Representative or designee: Adhoc
- DOM Supervisor or designee: Adhoc

The Medical Center participated in 41 Outreach events in 2015 and plans to participate in 29 outreach events in fiscal 2016.



Construction Project

The SWTHCS has 26 construction projects in various phases such as construction, design drawing, and out for bid. The following is a list of contracted projects and their statuses.

- Renovate the fifth floor Nursing Station and Corridor: A/E Section
- Corrections to Water Treatment System: Construction
- Correct Floor Deficiencies in Kitchen: Construction
- Correct Water Tower Deficiencies: Construction
- Upgrade Electrical Services: Construction
- Replace HVAC in Server Rm: Construction
- Replace HVAC in Server Rm: Construction
- Construct a New Community Living Center: Construction Documents
- Relocate & Expand Audiolog: Construction Documents
- Construct Community Living Center Phase II: Design Drawing
- Renovate Restrooms-Phase 1: Design Drawing
- Upgrade Elevators: Design Drawing
- Upgrade Chillers & Cooling Towers: Design Drawing
- Replace Deficient HVAC Fan Coil Units: Design Drawing
- Correct Façade Deficiencies: Design Drawing
- Renovate West Wing of 6th Floor: Design Drawing
- Renovate Administration for Physical Therapy and Prosthetics: Design Drawing
- Construct Restrooms for Education Training Center: Design Drawing
- Replace Flag Pole: Design Drawing
- Replace Condensate Tank and Lines: Design Drawing
- Replace Roofs on Building 1: Design Drawing
- Replace Asphalt in Parking Lots: Design Drawing
- Install Perimeter Fencing Around Campus: Design Drawing
- Remove Dead Leg Water Lines in the Facility: Design Drawings
- Upgrade Plumbing Phase IV: On hold
- Renovate Outpatient Clinic Check-In: Out for Bid / Negotiation

Operation Comfort Warrior (OCW)

The American Legion Operations Comfort Warriors Grant provided a \$5,086.96 grant to the West Texas VA Medical

Health Center, Big Spring TX on 14 January 2016. Grant items consisted of Health and Comfort items for the resident-care patients and hygiene and clothing items for the new women's maternity program. Additionally, to help bridge the gap within their Dormitory Psychiatric Care Clinic, a 55" Samsung TV was presented to help facilitate their transitional classes within their ward-room. Finally, OCW provided new musical instruments and mountain bicycles for the on-site rehabilitative and recreational therapy programs.

Best Practices

The WTVAHCS identified their Pharmacy program as a Best Practice.

Recruitment efforts: Their Pharmacy Service attends job fairs and speaks at local colleges to provide information on employment opportunities with the WTVAHCS to potential applicants. They have well-developed programs for Pharmacy residents and student interns that enhance recruitment efforts into permanent positions.

Interview process: Pharmacy utilizes a collaborative approach to interviewing potential applicants for permanent positions; peers, supervisors, and the pharmacy chief review qualifications, interpersonal skills, and other pertinent criteria. Prior to the standard Performance Based Interview, pharmacy peers review resumes received from Human Resources and provide input to supervisor staff on the applicant's quality of experience, publications, and board certification. Supervisors then meet collectively and discuss the candidate's resume, incorporating peer feedback with their independent review. Once the interviews are held and scored, the top two applicants are forwarded to the Pharmacy Chief for review. To address any potential gaps before a selection is made the Pharmacy Chief then contacts the candidate to discuss their respective expectations of the position before making a determination.

Post-selection: Once a selection has been made, and Human Resources notifies the applicant, the pharmacy supervisor calls the applicant to ensure he/she has the appropriate contact information for Human Resources and Pharmacy to assist through the hiring process. The pharmacy supervisor maintains contact with the Human Resources and the applicant until brought on board.

Onboarding: Pharmacy has a well-defined onboarding process for new hires that includes a tour of the facility and meeting with the Pharmacy Chief, who discusses the overall mission of the VA and a more extensive review of the WTVAHCS Pharmacy program. The selectee completes training in one specialty area with documented success before proceeding to another area of training. The supervisor provides frequent face-to-face visits with



the selectee during the training stage and continual reassurance that their success is of utmost importance to the organization. Trainers also provide feedback to the supervisors on progress and timely identification of any areas needing improvement.

Conclusion

Review of the evaluations conducted indicates this VAMC is high-minded and in those areas where there is adequate staffing, performance is at a high level.

The review also reflects problems in those areas and activities where there are serious shortfalls in staff.

The Strategic Plan for 2014-2018 is ambitious, thorough, and reflects a focus on addressing the issues identified. It goes without saying it is highly dependent upon achieving desired staffing, especially at the executive level.

Key Challenges

1. **Access:** The rurality of the West Texas VA Health Care System poses unique challenges in providing the most appropriate healthcare to veterans in the right location, at the right time.
2. The WTVAHCS closed their inpatient acute medical bed program, which changed their designation from acute care to an ambulatory care setting. During the town hall meeting, a veteran voiced concerns about being referred outside the medical center for acute inpatient hospitalization and indicated he preferred getting his health care at the WTVAHCS.
3. **High turn-over in key leadership positions:** The WTVAHCS System is a level 3 health care facility. Level 1a facilities are the most complex facilities, whereas Level 3 facilities are the least complex. Professionally ambitious medical staff prefer to work at level 1 facilities to enhance their career progression and refine their skills and experience. The complexity level assignment is reviewed every three years. VA uses three sets of variables in the decision making for determination of complexity level:
 - » Patient population: volume of patients, complexity of care
 - » Clinical services complexity: intensive care unit level (ICU), operating room (OR) complexity level, number of complex clinical programs
 - » Education and research: total number of resident slots and affiliated teaching programs (physician residency programs), research dollars

4. During the visit, the SWS team identified the following contributing factors related to vacancies and turnover: the high cost of living in the “oil patch,” rural environment, professional staff compensation, and the turnover and vacancies at the senior management level.

Findings suggest that the senior level staffing challenges contribute to performance problems with regard to falls, medications, and infection control. These concerns are addressed in more detail in the Recent Performance Evaluation within their Strategic Plan.

Recommendations

Address the vacancy issues pertaining to compensation, tenure commitment, and as a last resort, the use of contract services. Address turnover, performance related compensation, senior level tenure stability, professional development (including off-site training and conferences) by maintaining a culture of professionalism and performing exit interviews that are performed by senior management and VISN-level executives.