



JOHN DINGELL VETERANS AFFAIRS MEDICAL CENTER (JDVAMC) | DETROIT, MI

Date: June 3-6, 2018

Chairman of the Veterans Affairs & Rehabilitation Commission: Ralph Bozella (ex-officio)

Veterans Affairs & Rehabilitation Commission: Brett Holt, Department Commander, Michigan

The American Legion Department of Michigan Department Adjutant: Ron Runyan

Veterans Affairs & Rehabilitation Commission, National Staff: Edwin D. Thomas

Chairman's Statement

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

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

Purpose

The American Legion conducted a System Worth Saving site visit at John Dingell Veterans Affairs Medical Center with the purpose of assessing the medical center's quality of care issues in surgical service after several complaints from patients. The Department of Veterans Affairs Office of the Inspector General (VAOIG) released a report, titled, "*Alleged Mismanagement and Quality of Care Issues in Surgical Service.*" The VAOIG published the report June 17, 2017 that primarily focused on the lack or falsification of credentials committed by one senior, and the negative interactions and inappropriate of the Assistant Chief of Staff with personnel in the surgical suites.

Scope

The American Legion's System Worth Saving (SWS) team performed assessments and observations at the John Dingell VA Medical Center in Detroit, Michigan, June 4-6, 2018. The American Legion limited its assessment to data provided by JDVAMC and observations of operations at the main campus. The SWS team conducted structured and unstructured interviews with the medical center's executive and departmental staff about general business and clinical operations other than pharmacy data. The American Legion provided JDVAMC with a document called the Mail-Out Questionnaire or MOQ. The MOQ contains questions and requests for data related to various business and clinical operations. The SWS team also used an internally developed In-Facility Questionnaire (IFQ) as its primary tool for the on-site, structured interviews.

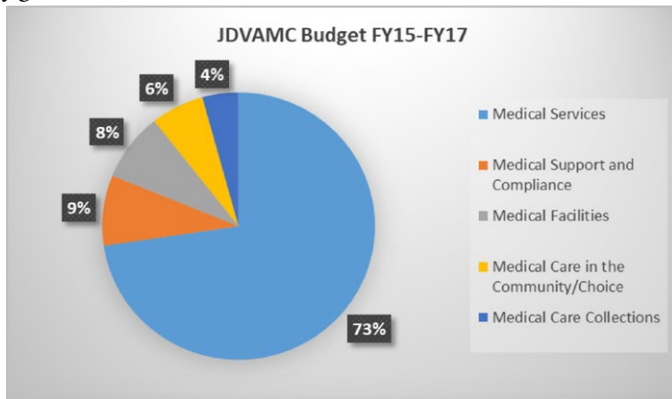
The SWS team neither visited CBOCs, nor reviewed patient data related to surgeries or the credentialing process at the hospital. The SWS team did talk with the person responsible for credentialing physicians. The team did talk with the Quality Manager about the alleged incident and outcomes.

Overview of John Dingell Veteran Affairs Medical Center

- The vision of the John Dingell VA Medical Center is to become a leader in the delivery of health care by meeting the unique needs of veterans. The Executive Leadership Team and staff will accomplish that goal by providing a continuum of seamless care, patient and staff education, promoting community wellness initiatives, and becoming an employer of choice.
- JDVAMC has enjoyed modest budget growth from FY15 to FY17. The facility has a budget of \$350 million for FY18. (Figures 1 and 2).
- Pamela Reeves, M.D., has served in the role of director since 2008. The Chief of Staff (COS), Dr. Scott Gruber has served in his position also for nearly a decade. The entire Executive Leadership team has more than 30 years of collective experience in health care administration and medicine.
- The Executive Leadership team is responsible for managing 1,851 full-time equivalent employees (FTEE) system-wide.



figure 1



- More than 600 veterans also work at the medical facility.
- The medical facility currently provides health care services for veterans who live in Wayne, Macomb, Oakland, St. Clair, and Sanilac counties in Michigan. The nearly 18,000 unique veterans in Wayne County make up 40% of the facility's unique patient population and 52% of the visits for care or consultations.
- JDVAMC reported that males comprise 89.4% (48,026) of enrolled veterans while female veterans represent 11%.
- New patients seeking the following appointments typically have the corresponding wait times: primary care (15 days), specialty care (19 days), and mental health (19 days).

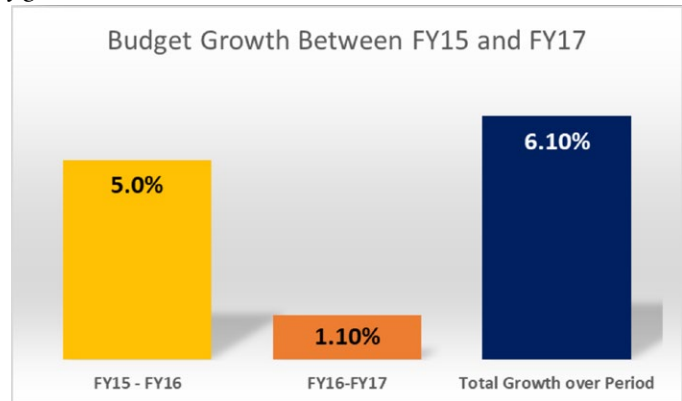
Town Hall Meeting

The Department of Michigan acted as the host for the veterans' town hall meeting that lasted a little over one hour. They held the meeting at The Cathedral Church of St. Paul less than a 5-minute walk from JDVAMC. One local television station covered the event that 15 veterans attended. U.S. Representative Debbie Dingell and a staff member also attended the town hall. However, Representative Dingell did not actively participate but observed the meeting. A person on her staff did answer a few questions posed by veterans. Staff from JDVAMC attended and actively participated in answering questions from veterans and provided comments about various individual cases.

Veterans asked a variety of questions about challenges they faced at the hospital. One of their top issues was the friendliness of the staff or the lack thereof. The majority of the veterans complained that staff at all levels acted very cold and aloof with patients. One very poignant story told by a caregiver about the indifference of the people who work at the medical facility and the Department of Veteran Affairs stunned everyone at the town hall meeting.

The caregiver told an account of her husband Al who had two

figure 2



tours in Vietnam. According to the caregiver, Al suffered from excruciating back pain. She lodged 15 complaints against the hospital for their mistreatment of Al by denying him appointment after appointment for care. Each time she received a response directly from the Veteran Affairs Office of the Inspector General stating they could not substantiate her complaints against JDVAMC.

JDVAMC denied the veteran care even after doctors there found a 7-centimeter mass on one of Al's kidneys. JDVAMC denied Al's request for a CAT-scan and suffered from so much pain that he could not walk. She continued her story:

"It was late afternoon by the time the CAT-scan was done and then we went to the in-hospital pharmacy to pick up the pain meds the PCP had ordered. Except she forgot [to order the medications]. We waited, again, and then another hour and a half ride [sic] through the snow, we were home. Or so we thought. The phone rang and a doctor explained the results of the CAT-scan. The mass that was around the kidney had started traveling up the main artery and had wrapped itself around my husband's loving heart. It had caused a blood clot to develop and it was life threatening. I was told to get him back to the hospital as soon as possible. The return trip took us two hours, as the roads were nearly impassable. He [Al] was admitted at 10 pm, twelve hours after we arrived at the hospital that morning. This was just day one. It went downhill from there. The lack of care continued. The injustice broke my heart every moment of every day he was there."

The veteran died. His widow finished:

"I watched a man who lived his whole life showing love for his country. Al had rheumatic when he was a child and it would exempt him from serving in Vietnam. But he went anyway. He felt it was his duty to serve his country and its people. His role was not easy nor enviable as a combat medic, trying to save lives in the jungles of Southeast Asia. I



witnessed a man dressed in his battle fatigues, buried in an Army casket selected by our son. His funeral [was] on the very same day that the Nephrology department had offered the first available appointment to see him. I witnessed a man who loved his country so much more than his country ever cared about him.”

A veteran stated a Medical Support Assistant disrespected him while scheduling an appointment with a specialist. The veteran had Army medals with him from tours in Vietnam. When the MSA said the veteran had to wait a month until the next appointment, he showed the MSA the medals as indication that he deserved far better attention than was being afforded him at that moment. The MSA threw the medals in the trashcan. After recounting the experience, the veteran wept uncontrollably. Staff from JDVAMC met with the veteran and with the widow of Al Debold after the town hall meeting. Staff promised to share both stories with others at JDVAMC to avoid similar incidents in the future.

Three veterans, whom could not attend the town hall, sent messages via email. One veteran who suffers from diabetes wrote that VA physicians did not properly treat his foot ulcer. In the email, the veteran alleges that VA physicians acknowledged the severely infected foot and admitted the veteran to the hospital, administered antibiotics intravenously, and sent him home five days later with oral antibiotics. The veteran’s foot worsened and required surgery by a non-VA surgeon. Now the veteran states he needs knee replacement surgery. While the knee causes him severe pain, he takes Hydrocodone to ease the pain. However, his VA physician began tapering the dosage without informing the veteran or giving a rationale for doing so.

Another veteran wrote about problems with dental implant surgery where his gums did not heal because of improper sutures. The veteran complained that he must pay \$4,000 per tooth implant to repair the damage done by the VA dental surgeon. The veteran felt he wasted 26 years of life trying to work with the dentists and deal with problems created by those surgeons.

A veteran sent an email complaining about the rudeness of staff at JDVAMC during several visits. She wrote, “On May 31, 2018 I went back to John D. Dingell VA Medical Center to get blood drawn. I went to radiology. There were two individuals covering the front desk and phones. When I told them what had happened they laughed and gave me their apologies. Whenever I am given an extension [telephone number] to call, no one ever answers it. They [sic] usually ring off the hook. The BX [Base Exchange] at the facility is run by a handful of people that could care less [sic] if you need help or have questions about anything. They laugh and carry on with other employees of the facility and ignore patrons. They are loud and very standoffish.”

The veterans who attended the town hall expressed very little confidence in JDVAMC’s current leadership. They also mentioned the attitudes of the employees as representation of the indifference shown to veterans by the facility’s leadership. Some veterans worried that change is distant without the commitment of the Executive Leadership Team.

Executive Briefings

Summary

The System Worth Saving team included Brett Holt, member of the Veterans Affairs and Rehabilitation Committee and Commander of the Department of Michigan; Ron Runyan, Adjutant, Department of Michigan, and Edwin Thomas, Assistant Director (Health Policy), from the American Legion’s national headquarters in Washington, D.C. The SWS team conducted structured (planned questions) and unstructured (unplanned or unscripted questions asked during discussions) interviews with the medical center’s Executive Leadership Team (ELT) and line managers about their “Challenges” and “Best Practices” at the facility. Moreover, the SWS interviewed staff from Environmental Care, Sterilization Supply, Human Resources, Clinical Services including Nursing Administration, Business Office and Finance, Quality Management, and the Women’s Health Clinic.

Beyond questions and discussions about “Challenges” and “Best Practices,” the SWS team also asked about the facility’s operations in each respective area. Many of the staff’s answers about “Challenges” and “Best Practices” and operations often overlapped. The author reflected those overlapping comments in this report as “common themes.”

Challenges

1. Inconsistent application of the Medical Center Allocation System (MCAS) by the Veterans Integrated Services Network or VISN

VISNs administer the MCAS tool to allocate funds received by VHA. VHA uses the Veterans Equitable Resource Allocation (VERA) model to allocate funds to VISNs based on workload, data from facilities, and complex calculations, which exceed the scope of this report. Nonetheless, MCAS is a spreadsheet-based tool that is prone to human error. Thus, MCAS may lack consistency when VISN leaders allocate funds to medical facilities. Conversely, the Department of Veteran Affairs / Veterans Health Administration wrote 10 Principles concerning budget allocations through VERA /MCAS and Principle 7- Be consistent with the network’s strategic plans and initiatives.

The Executive Leadership Team felt they could use additional funding since the drop in patient workload has de-



creased over the course of several years. Workload affects both VERA and MCAS allocation. The decrease in funding often does not match the ongoing need for additional staff and rising cost of providing care to veterans.

2. Difficulty finding psychiatric nurses and psychologist shortages in addition to significant turnover in Human Resources department

When it comes to recruiting specialty and subspecialty medical and nursing professionals, JDVAMC is experiencing the same pains as many other hospital systems both public and private. For instance, the hospital has sought to hire an oncologist for over a year. Staff also told of their troubles recruiting psychiatric nurses. The facility currently has a need to fill 20 vacancies with nurses along with a position for a psychologist. HR reported that 60% of its nursing staff could retire at any time that makes nurse recruitment an immediate need.

However, high turnover in the Human Resources (HR) area exacerbates, in part, the recruitment issues at JDVAMC. Leaders in HR reported, on average, employee turnover in that department was significantly higher than in other departments. Executive leaders declared that 10-15 persons leave the HR department each year. However, one employee in the HR department provided a very shocking statement that every HR department in the VISN has experienced the same level of turnover.

3. Proactive Staff Training

Several veterans and a caregiver who attended the town hall meeting told of less than ideal experiences interacting with employees at the hospital. Their retelling of those encounters suggest the hospital struggles with providing training to employees at every echelon of the organization that emphasizes a commitment to service and empathy for veterans.

4. Employee Experience and Workplace Environment

The SWS team noted throughout the structured interview sessions and during the tour of the facility a sense of apprehension and frustrations among employees. The SWS team requested copies of the last employee survey along with other data. The American Legion never received the employee surveys.

Best Practices

5. Fitness Center (Areas: Patient Satisfaction, Employee Satisfaction, Wellness)

JDVAMC has a full-scale fitness center for use by veterans and employees. The fitness center measures 2,000 sq. ft. with state-of-the-art exercise equipment, and volunteers staff it.

According to the community relations staff, a local business donated all of the equipment. Veterans and employees can use the gym free of charge to improve their health status or maintain a sense of wellness. Volunteers also act as personal fitness and nutrition coaches, yoga instructors, and monitors. Members of the SWS team agreed the fitness center concept inside the hospital is a novel idea. The fitness center can serve a source of enormous health benefits to veterans and employees. Likewise, those health benefits might result in cost-savings for the VA over the long-term.

6. Pain University (Quality, Patient Experience, Wellness, Health Outcomes)

JDVAMC hired a full-time psychologist whose purpose is to help veterans manage their pain. The psychologist also conducts Pain 101 classes that introduce patients to methods of managing their pain symptoms. The psychologist uses only talk-therapy to address a patient's needs. As part of the therapeutic regimen, clinicians who participate in Pain University encourage the practice of Battlefield Acupuncture (BFA).

Clinicians believe acupuncture offers veterans pain relief that alleviates the need for pharmaceutical intervention. JDVAMC has two walk-on clinics with certified acupuncturists. Clinicians and patients say BFA is simple to administer and very effective in treating pain. Additionally, JDVAMC extends the use of BFA to its emergency room

Recommendations

Challenge 1: Inconsistent application of the Medical Center Allocation System (MCAS) by the Veterans Integrated Services Network or VISN

The Department of Veterans Affairs designed the Veterans Equitable Resource Allocation model two decades ago to allocate Congressional budget appropriations. The VA believed an "allocation model" served health care financing needs of veterans through an "equitable and efficient" distribution of the fixed amounts received through Congressional appropriations. The Department of Veteran Affairs/Veterans Health Administration has adjusted the model numerous times over the past three years to include prospective patients, expanded cost categories/case-mix, and labor indices for local VHA facilities.

However, the changes still do not hasten the decision-making at the VISN level, which makes it difficult for administrators and staff to estimate and plan for increased demand for health services, costs, and other services related to the delivery and quality of care.

Furthermore, in terms of equity and efficiency, VHA still operates on a fixed sum. Essentially, when VHA increases one



VISN's budget, another VISN must absorb a decrease in its allotment. The consequences of such an outdated "allocative model" cause inequities and inefficiencies at the operations level.

Recommendations

- Given the dynamic growth of demand for health care services and associated changes needed to meet that demand, The American Legion recommends the VA sanction another study to determine methods that further enhance the VERA and Medical Center Allocation System (MCAS) to avoid unnecessary delays when disbursing funds to medical facilities.
- The American Legion recommends the study explore an alternate legislative process that hastens the federal budget approval process. In 2001, at the request of Congress, the Veterans Health Administration (VHA) asked the RAND National Defense Research Institute (NDRI), a division of the RAND Corporation, to study the Veterans Equitable Resource Allocation (VERA) system. The VA/VHA commissioned a similar study a decade ago, but the study stopped short of recommending process improvements amid Congressional delays.
- However, the rapid changes in veteran population growth particularly among women veterans warrants a new study that not only identifies process improvements but also:
 - » Adequacy and accuracy of the Enrollee Health Care Projection Model
 - » New information technology capable of providing accurate, consistent, and complete data demand forecasting and ultimately budget projections in light of the frequent changes in eligibility, utilization, and costs including community care.
- The American Legion recommends VA/VHA clearly identify both clinical and financial scenarios that MCAS does not address including accounting for stark differences inherent in the delivery of health care services in urban centers, rural, and highly rural areas.

Challenge 2. Difficulty recruiting nurses and psychologists in addition to significant turnover in their Human Resources department

JDVAMC is experiencing the same problem as many other health care institutions in the United States regarding its difficulty recruiting nurses and physicians. The shortage is quickly reaching crisis level in the United States. The shortage at JDVAMC is acute and compounds other issues such as access, funding, employee and patient satisfaction, patient engagement and, most importantly, patient health outcomes. While no one can deny the current shortage in nursing and physicians, the Bureau of Labor Statistics (BLS) suggests vacancies for nurses will reach

more than 3 million by 2026, which represents a 15% increase over 2016. BLS projects vacancies in the areas of family practice physicians and psychiatrists to reach 184,700 by 2026, which averages to a 13% increase over 2016. If JDVAMC operationalizes these recommendations, leaders at the medical center can harness the power of the results for use in recruitment activities.

Recommendations

- The American Legion recommends VISN and VHA leadership conduct an audit of HR operations to determine root causes of the employee turnover. The nursing shortage at JDVAMC has the potential to cause quality of care and patient safety issues.
- The American Legion also recommends JDVAMC develop programs and recruitment campaigns that target specific interests of physicians and newly matriculated nurses.

Nurses

- Develop a mentorship program for newly graduated nurses. Nurse mentors could help new nurses deal with the stress associated with being a new nurse. Mentors can help new nurses understand the culture of the organization and orient them toward success.
- Develop a coaching program for nurses after one year of service. This program would pair senior nursing staff with nurses needing support and guidance dealing with complex care challenges.
- Provide more structure during onboarding at both the facility level and departmental level that ensures ambiguity is not a part of the process.

Physicians

- Create a cadre of scribes who can help ease the burden physicians feel when doing administrative tasks.
- Simplify and shorten the credentialing and hiring processes.
- Emphasize the availability of opportunities to conduct research that focuses on implementing or expanding evidenced-based medicine, enhancing patient compliance, or reducing the number of no-shows for mental health or primary care visits if such opportunities exist now or in the future.
- The American Legion recommends heavily promoting the enactment of the VA Mission Act of 2018 during recruitment campaigns. The new law increases the Educational Debt Reduction Program ceiling from \$180,000 to \$200,000.

Challenge 3. Proactive Staff Training

The American Legion is sensitive to the time constraints placed on physicians, nurses, and administrative staff in the course of a day. While that sensitivity does not waver, The American Le-



gion also understands it is imperative that employees function in an environment conducive to providing quality care to veterans therefore:

- The American Legion recommends that all employees, regardless of level within the organization, participate in at least 6 hours of training related to patient engagement and patient-focused sensitivity.
- The American Legion strongly recommends annual leadership training retreats for persons in managerial and executive-level positions.
- The American Legion strongly recommends all persons who manage, participate, or provide oversight for Employee Satisfaction initiatives and Employee Engagement Workgroups successfully complete the aforementioned training prior to their service.

Challenge 4. Employee Experience and Workplace Environment

The SWS team noted during the tour of the facility and through conversations with nurses, physicians, and other employees the low morale among employees at JDVAMC. The American Legion acknowledges employee morale is a very complicated topic, and one cannot attribute the absence of morale in an organization to a single person or a single set of reasons.

However, a few themes emerged from the conversations with other employees:

- g) The ELT and some mid-level managers do not attempt to influence positive interactions between co-workers either directly or indirectly
- h) Scheduling flexibility warranted in positions such as nursing and Medical Support Assistants.
- i) Atmosphere of caring and transparency needed not aloofness and fear

Recommendations

- The American Legion recommends the Executive Leadership Team contemplate what it can do to directly and indirectly influence morale beyond the VA prescribed WeCare Leadership Rounding where leaders ask employees a set of standardized questions and employee town hall meetings where employees may be too afraid to speak in public.
- The American Legion recommends the ELT strive to create a work environment where courtesy, friendliness, openness, and a climate of integrity and commitment exist.
- The American Legion strongly recommends leaders and mid-level managers participate in trainings that promote under-

standing how to influence morale and invest time in helping employees establish productive relationships with one another.

- The American Legion recommends the use of some form of predictive analytics software to aid in scheduling for nurses, call center personnel, and others. While the VA has a plethora of tools available to hospital leaders, perhaps leaders at JDVAMC do not use predictive analytics software as tool for employee scheduling activities.
- Lastly, “Staff morale is an important metric [sic] for all organizations to gauge, but it should be vitally so when staff is providing patient care. It is a trying time for health care, as the industry continues to grow while facing a tremendous nursing shortage, along with many unknowns of the future. Competition to recruit experienced providers is intense, leaving organizations grappling to find ways to leverage the staff they currently have to keep up with the patient demand. Predictive analytics can take the guesswork out of nurse scheduling and staffing by accurately predicting patient demand months in advance of the shift. This returns valuable time back to nurse managers so they can focus their attention on patient care and supporting their staff. Appropriately scheduling staff to the forecasted demand optimizes the workforce, aligning schedules to volume, and reducing frequent occurrences of cancellations and overtime, as well as time-consuming and often expensive last-minute recruitment efforts.

CONCLUSION

Observations

Although the SWS team has listed several challenges facing the facility, its most challenging issue is low employee morale. While the facility has many commendable medical and clinical services and programs, low-employee morale has the potential of diminishing any positive gains. The American Legion acknowledges that the delivery of health care services is a very complex and herculean task with many uncontrollable variables. Yet, the Executive Leadership Team, particularly the director, can influence employee-morale both directly and indirectly.

Again, research suggests that not even top salaries improve employee satisfaction as much as the following:

- Opportunities for employees to realize personal and professional growth within the organization
- Improved communication throughout the organization and not a “Us versus Them” management communication model
- The absence of unnecessarily rigid working conditions or environment

The medical center recently hired a Patient Experience Officer



to ensure veterans have positive experiences at points of care throughout the medical center. Leaders also developed and initiated a nurse navigator program four years ago to assist patients as they come to the hospital for care.

Although the ELT mentioned that patient satisfaction surveys indicate a very satisfied patient population, veterans who at-

tended the town hall meeting offered counterpoints. Although progress is emerging, leadership at JDVAMC must take continue taking steps that improve both the experiences of veterans and the low morale of employees. The American Legion believes patient satisfaction and the delivery of quality health services rests on both.

ADDENDUM – REBUTTALS AND COMMENTS FROM JDVAMC

(**Bold:** TAL / *Italic:* JDVAMC)

Town Hall Meeting

The draft JDVAMC SWS site visit report was referred to the Director and staff for review and was returned with the following comments

We would like to comment on the issues that these Veterans faced, because we take the issues and concerns of every Veteran seriously. We've reached out to each of the Veterans who reported specific issues to learn more about their experience and identify any actions needed to improve processes and/or aid in the resolution of the issue. There are some details that cannot be discussed due to privacy laws. We can, however, share some of the relevant, general information about the issue resolutions, actions we have taken, and Veteran responses.

- » *A Veteran's widow reported that the Detroit VA denied her husband care even after doctors found a 7-cm mass on one of his kidney's. A complete chart review was completed by the Chief of Staff's Office. This patient was seen throughout 2013 in primary care for his health care without signs, symptoms or complaints related to his ultimate diagnosis. In early December 2013 non-specific symptoms related to his diagnosis surfaced. The patient was seen three times in December and by January a diagnosis was made of metastatic cancer. When the kidney mass was detected medical treatment immediately ensued. However, the Veteran's incurable disease was of advanced stage. The patient ultimately died in late February 2014. We nor the Office of Inspector General found no clinical issues with the Veteran's care. Medical center staff followed-up with the Veteran's widow at the town hall. The Chief of Staff's Office also contacted the Veteran's widow and discussed all of her concerns. Additionally, we were able to connect the Veteran's widow with the Veterans Benefits Administration for guidance with her benefit claim.*
- » *A town hall attendee stated that he was disrespected during a visit to the medical center. He stated that after being told that the next available appointment was the following month he showed the MSA his medals and said he deserved better. The MSA reportedly took the medals and put them in the trash. Medical center staff followed-up with the gentleman*

at the town hall. He was not willing to share his name or any specific details about the reported incident. Therefore, we were unable to conduct any additional follow-up.

- » *A Veteran sent an email to the American Legion regarding a foot ulcer and a narcotic prescription. A complete chart review was completed by the Chief of Staff's Office. Even though the Veteran was under close follow up and treatment with our podiatry clinic, in October of 2016 he decided to see a private podiatrist and underwent surgery. This Veteran was asked by his private surgeon to resume follow up with VA podiatry. Since November 2016 he has been receiving care in the VA Podiatry Clinic and has been treated in this clinic approximately 27 times, most recently on Sept 5, 2018. As it relates to the narcotic prescription, it was documented that this Veteran's primary care discussed use of narcotics for pain management and the need to be less dependent on this medication. She also discussed alternative pain therapies with the Veteran and entered a consult to help with his pain. The provider issued the same number of pills for 3 successive months. Over the next 9 months, she has been slowly tapering the dose of Vicodin. It is to be noted that a year later, he still received Vicodin this month. This Veteran was recently contacted by the Administrative Officer to the Medical Center Director. The Veteran stated that he did not have any immediate concerns about his care that needed to be addressed since he is being seen in the appropriate clinical areas for his medical conditions. He thanked her for following up with him and said he appreciated being contacted.*
- » *There was an email sent to the American Legion regarding a Veteran's issues with dental implants. This Veteran's chart was reviewed by the Chief of Dentistry. It was found that in August 2017 two implants were placed using bone graft and membrane. Four days after the implants were placed a complication occurred with the bone graft. The surgical site was reclosed by the VA dentist. Approximately 2 weeks later the Veteran returned to the dental clinic for a follow up appointment for the surgical site and the site was healing well. Three months after the follow up visit the Veteran returned to the dental clinic after losing one of the dental implants. At that time the Veteran indicated that he would be going to the pri-*



vate sector to get a second opinion about his failed implant. This Chief of Dentistry is following-up with the Veteran.

- » Another email was sent by a Veteran who complained about the rudeness of staff at the medical center during several visits. Each of the issues listed in the Veterans email was investigated. The Veteran wrote that she received poor service when registering and obtaining her Veterans Health Identification Card (VHIC). The Veteran has since received her card to assist her with her appointments and usage of the kiosk for automated check in. Based on this complaint, standard practices for the registration process are being re-emphasized with all Registration staff. In addition, the supervisor does biweekly observations of patient interactions to ensure good customer service.
- » The Veteran reported that there was poor telephone etiquette and practices in the Mental Health service. We are making every effort to improve telephone interactions for our Veterans. Most scheduling calls are routed to the call center and we have adopted the national phone greeting in to further our customer service on the phone. The Veteran also wrote about a poor service experience in which a radiology technologist did not complete all of the imaging that was ordered and when it was noted that the imaging was incomplete staff responded inappropriately. It was found that the technologist who did not complete the imaging as ordered had a history of rudeness to staff and patients. That technologist has been removed from VA service. Staff are always encouraged to listen to the Veteran and assist where they can, that is our primary mission. If they do not know the answer, they know to seek out assistance. This matter was discussed across all shifts at the Radiology monthly staff meeting. We hoped to speak to the Veteran and share the outcome our investigation and offer our sincere apology for those poor service experiences but all attempts to contact this Veteran were unsuccessful.

CHALLENGES AND RECOMMENDATIONS

Difficulty finding psychiatric nurses and psychologist shortages in addition to significant turnover in Human Resources department.

- » JDVAMC is experiencing the same problem as many other health care institutions in the United States regarding recruitment. The shortage is quickly reaching crisis level in the United States. The staffing shortage at JDVAMC is acute and compounds other issues such as access, funding, employee and patient satisfaction, patient engagement and, most importantly, patient health outcomes.
- » In an effort to recruit and retain physicians we offer com-

petitive pay. The Detroit VA takes into account the salary tables provided by the HR department when determining the salaries of new employees. These tables provide salary information within the VISN well as 1c facilities within the VA as well as the Hay Group salary data of community physicians. We use recruitment incentives for difficult to recruit and highly paid specialties where a percentage of the salary is added to the salary-for recruitment and retention purposes. This requires annual renewal and approval by the Medical Center Director. We also do biennial review of physician and dentist pay and try to adjust pay based on pay of similar physicians in the section, 1c facilities pay tables as well as network pay tables. We routinely offer unscheduled hours for interested part-time providers to work additional hours and reduce clinic wait times. We have even utilized fee basis providers to improve clinic access and reduce wait times.

- » The JDVAMC nurse turnover rate is low, at 3%.

Recommendations

The American Legion recommends VISN and VHA leadership conduct an audit of HR operations to determine root causes of the defections. The nursing shortage at JDVAMC has the potential to cause quality of care and patient safety issues.

- » Detroit experienced significant turnover in HR staff in FY17, losing 3 members of our HR leadership team to retirements, transfers and promotions. In addition, several HR staff accepted lateral moves to virtual positions recently created through national and regional HR consolidation efforts.
- » We recruited a new HRO who stayed for 8 months before transferring to another VA.
- » We have selected another HRO who is expected to be on board in November.
- » Since that time, we have brought on board an Assistant HRO, an ER/LR supervisor and a supervisor for staffing and recruitment.
- » We have filled several critical roles from within and brought additional HR staff on board and are now staffed at 71% with 32 of 45 positions filled and have an additional 6.0 positions in recruitment. (OWCP, RA, Position Management, 1 HR assistant and 2 HR specialists)
- » During FY18, we have been able to bring an average of 20 new employees onboard each month for a total of 213 new employees. This moved us [sic] from 1810 employees at the start of the FY to 1892 at the end of year.
- » Recruitment strategies continue to include use of recruitment and retention incentives and EDRP for hard to fill positions.



Detroit recently utilized funds from a national initiative to provide EDRP to 20 key MH positions

The American Legion also recommends JDVAMC develop programs and recruitment campaigns that target specific interests of physicians and newly matriculated nurses.

- » *50 new nursing staff brought on board in FY18 and a better than average retention rate with nurse turnover at 3%*

Nurses

Develop a mentorship program for newly graduated nurses. Nurse mentors could help new nurses deal with the stress associated with being a new nurse. Mentors can help new nurses understand the culture of the organization and orient them toward success.

Develop a coaching program for nurses after one year of service. This program would pair senior nursing staff with nurses needing support and guidance dealing with complex care challenges.

- » *In each care area newly, hired nurses are paired with mentors and preceptors who facilitate transition into clinical practice and orientation to the specific care areas. Detroit has a preceptorship program where Nurses who are designated preceptors receive annual refresher training and utilize these skills to support nurses in practice as well as student nurses from our community university and partner nursing programs.*

Physicians

Create a cadre of scribes who can help ease the burden physicians feel when doing administrative tasks.

- » *At present we do not have scribes at our facility. But we do have a wide variety of templates that clinical staff make use of to make the documentation process easier and more complete. In addition, for providers who have difficulties with documenting their notes through the computer, we have made use of voice recognition software called Dragon Speak for many years. This is widely used by the medical staff especially those who are not good at typing. Just in the past 1.5 years, 125 pieces of equipment was issued.*

Simplify and shorten the credentialing and hiring processes.

- » *The Credentialing & Privileging Section has 3 full time staff reporting to the Deputy Chief of Staff and the process followed is per the national Credentialing Handbook. The section uniformly meets the timeliness targets and almost never is the reason for hiring delays. Sometimes new employees do not submit all the paperwork, or are out of the country or otherwise unavailable but staff work through these hurdles to ensure process completion quickly. Some outside employers require 90-day notice for departure and this delays the*

start date for new employees sometimes. All new hires give notice to current employer only after receiving a firm offer from the VA and if they have to wait 90 days before leaving, this causes delays.

- **The American Legion recommends heavily promoting the enactment of the VA Mission Act of 2018 during recruitment campaigns. The new law increases the Educational Debt Reduction Program ceiling from \$180,000 to \$200,000.**

- » *EDRP-We do use it at our facility. 21 Mental Health Psychiatrists and Psychologists were enrolled in the program earlier this year when special funding was released nationally. We have also given a relocation incentive to a recent recruit in psychiatry.*

Challenge 3. Proactive Staff Training

The American Legion is sensitive to the time constraints placed on physicians, nurses, and administrative staff in the course of a day. While that sensitivity does not waver, The American Legion also understands it is imperative that employees function in an environment conducive to providing quality care to veterans therefore:

- **The American Legion recommends that all employees, regardless of level within the organization, participate in at least 6 hours of training related to patient engagement and patient-focused sensitivity.**

- » *Detroit has required 12 hours of customer service training each year for all employees (front line staff, supervisors, managers, and executive leadership team. We also work with the Studer group to provide training for patient interactions (AIDET)*

- » *Provide Soft Skills training for all schedulers annually*

- » *Developed a “toolbox” of opportunities for employees to further renew/develop customer service skills. Recent additions include VA 101, Own the Moment, VA Voice and Veteran Engagement Day*

- » *Hired our first Veteran Experience Officer*

- **The American Legion strongly recommends annual leadership training retreats for persons in managerial and executive-level positions.**

- » *Detroit holds a 3-day Leadership Retreat each fall for the past 10 years for all supervisors, managers and executive team members. Last year’s retreat included sessions on employee engagement, action planning related to All Employee Survey results and servant leadership. Following the retreat, all supervisors, managers and leaders had the opportunity to participate in a servant leader 360-degree assessment where*



they received feedback on their servant leader behaviors and coaching regarding developmental opportunities identified from the results. This year's retreat has sessions on improving the culture of the organization, team building and building leadership skills.

- **The American Legion strongly recommends all persons who manage, participate, or provide oversight for Employee Satisfaction initiatives and Employee Engagement Workgroups successfully complete the aforementioned training prior to their service.**

- » *Detroit implemented a Veterans Experience Office with the recruitment of a Veterans Experience Officer who has a staff of 12 FTEE, including patient advocates, information receptionists, and an employee engagement specialist to obtain/analyze feedback data and develop/implement facility wide initiatives focused on improving the experience of both our Veterans and our employees.*

Employee Experience and Workplace Environment

The SWS team noted during the tour of the facility and through conversations with nurses, physicians, and other employees the low morale among employees at JDVAMC. The American Legion acknowledges employee morale is a very complicated topic, and one cannot attribute the absence of morale in an organization to a single person or a single set of reasons.

However, a few themes emerged from the conversations with other employees:

- d) **The ELT and some mid-level managers do not attempt to influence positive interactions between co-workers either directly or indirectly**
- e) **Scheduling flexibility warranted in positions such as nursing and Medical Support Assistants.**
- f) **Atmosphere of caring and transparency needed not aloofness and fear**

Recommendations

- **The American Legion recommends the Executive Leadership Team contemplate what it can do to directly and indirectly influence morale beyond the VA prescribed WeCare Leadership Rounding where leaders ask employees a set of standardized questions and employee town hall meetings where employees may be too afraid to speak in public.**

- » *We meet with Service Chiefs every 2 weeks as a leadership board to discuss performance at the medical center*
- » *We have been working with Service Chiefs and supervisors to require AES discussion and action plans with all staff.*

- » *We do an annual leadership retreat. Last year each quad member met with their service chiefs and supervisors to go over the AES and develop a plan for improvement.*

- » *Quad results*

- » *We have developed a Detroit VA Management system where leaders meet daily with their front-line staff to discuss the work, any barriers to completing the work.*

- » *The ELT runs a "safe day call" every weekday, so staff across the medical center can report any issues that stand in their way of providing safe care to patients today.*

- » *We have incentivized employee recognition within services*

- » *In addition to the We Care Leadership rounding, Service Chiefs and Quad members conduct GEMBA walks to interact directly with staff and review improvements/challenges via the huddle boards.*

- » *Utilization of unit practice councils and workgroup daily huddles to improve communication and transparency in the workplace.*

- **The American Legion recommends the ELT strive to create a work environment where courtesy, friendliness, openness, and a climate of integrity and commitment exist.**

- » *Each year the AES show us that staff here are committed to the mission of VHA*

- » *This year's AES survey achieved a 45% response rate with 894 responses and identification of the top 3 action planning priorities for the facility as:*

- » *Communication*

- » *Accountability*

- » *Growth.*

- » *AES results are communicated to all staff and service level action plans are developed for all services based on the results.*

- » *Improved employee engagement as evidenced by continued improvement in AES Best Places to Work composite, moving from 53.7% in FY16 to 57.1% (9% increase) in FY17 and 60.75% (6% increase) in FY18.*

- **The American Legion strongly recommends leaders and mid-level managers participate in trainings that promote understanding how to influence morale and invest time in helping employees establish productive relationships with one another.**

- **The American Legion recommends the use of some form of predictive analytics software to aid in scheduling for nurses, call center personnel, and others. While the VA has a pleth-**



ora of tools available to hospital leaders, perhaps leaders at JDVAMC do not use predictive analytics software as tool for employee scheduling activities.

FINAL FACILITY STATEMENT: *Annually we utilize salary data analytics to analyze and determine nurses' salary rates. This year we increased RN salaries based on this information. In addition to utilization of salary analytics, we have recently begun using predictive analytics in our own HR Smart system to track RN retire-*

ment eligibility within the next 5 years. This data is valuable in assisting us in analyzing what is needed for succession planning, recruitment, and retention. This year Detroit implemented a nursing intermittent float staffing pool that supports our ability to staff more efficiently and retain nurses who may otherwise retire and stop work altogether. This resource pool allows us to retain experienced talent and enhance our ability to transition new nurses more efficiently.