



NORTHERN INDIANA HEALTH CARE SYSTEM (VANIHCS) | FORT WAYNE, IN

Date: April 23-25, 2018

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

Veterans Affairs & Rehabilitation Commission: Jim Daube

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 healthcare at VA/VHA medical facilities. Furthermore, each System Worth Saving visit culminates with a report that informs members of the American Legion and provides 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 its System Worth Saving visit at the Veterans Affairs Northern Indiana Health Care System (VANIHCS) to assess the medical center’s operations after the last visit in 2013.

Scope

The American Legion performed assessments and observations through its program titled System Worth Saving. The American Legion limited its assessment to data provided by VANIHCS and observations at the Fort Wayne campus. The American Legion’s System Worth Saving team conducted structured and unstructured interviews with the medical center’s executive and departmental staff about general business operations, clinical management, and patient access. VANIHCS provided

data through The American Legion’s Mail-Out Questionnaire (MOQ). The SWS team also used the internally developed In-Facility Questionnaire as its primary tool for the on-site, structured interviews.

The SWS team did not review the hospital’s or any Community-Based Outpatient Clinic’s medical records, physically assess drug control practices, review physician prescribing profiles, or complaints lodged by patients or others to the Department of Veteran Affairs Office of the Inspector General about waste, fraud and abuse. Furthermore, the SWS team did not visit any CBOCs including the CBOC in Peru, Indiana mentioned in the Indiana Gazette’s article, “Issues found at Peru VA clinic. Opioid doses. Fake Appointments.” The CBOC in Peru, Indiana is more than one hour from the main campus. The SWS team elected not to visit the clinic for that reason.

Overview of Veteran Affairs Northern Indiana Health Care System

The VANIHCS serves 115,663 eligible veterans in a service area that encompasses 32 counties in Northern Indiana. Nearly 70,000 enrolled veterans receive their health care at the main hospital CBOC in the catchment area. The CBOC in Peru, Indiana cares for 9,853 enrolled veterans and is the system’s largest clinic.

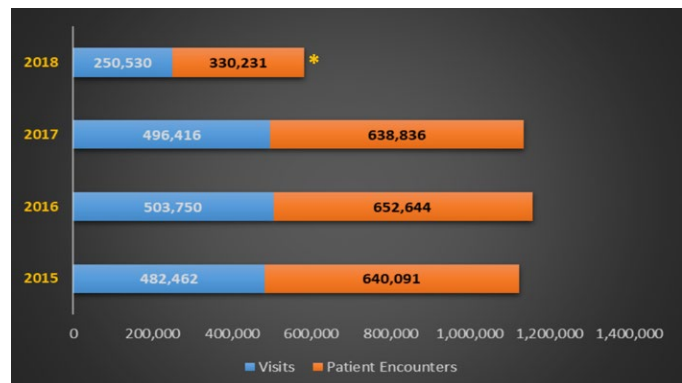


Figure 1 *Q1 2018: VANIHCS

Northern Indiana Health Care System’s medical care budget was \$295,214,035 in FY2015 but dropped by 2.4% in 2016 to \$288,244,575. The health system’s medical care budget increased to \$340,772,267 in FY2017. The executive team expressed op-



timism about their FY 2018 budget believing the budget aligns with their financial needs to deliver health services to veterans.

The medical center presently employs more than 2,000 persons in its system. Nearly 600 veterans work at the facility in various positions. Currently, VANIHCs has 123 vacant positions. Surprisingly, VANIHCs has only one vacancy for a primary care physician across its catchment area. VANIHCs is experiencing its greatest need in the area of registered nurses (RN) and nurse practitioners – 20 vacancies for RNs and three nurse practitioners.

Town Hall Meeting

American Legion Post 241 in Fort Wayne, Indiana served as the host for the town hall meeting. Approximately 22 veterans attended the town hall including local representatives from federal Congressional offices. Three persons from VANIHCs also participated that included Chief of Staff, Wayne McBride, M.D. Dr. McBride led the majority of the discussion.

Dr. McBride began the discussion with a demonstration of the medical facility's telehealth and telemedicine capabilities. With the help of his two assistants, Dr. McBride demonstrated the web-based, video conferencing platform that allows doctors and other clinicians to meet virtually with patients. The system requires the patient have access to broadband internet, which veterans indicated not all rural areas in Indiana have access to broadband internet access.

Next, Dr. McBride answered questions from the audience. Veterans asked questions primarily about their eligibility for medical care. A few veterans had questions similar to those by one disabled veteran:

"I have a question regarding why the Northern Indiana VA denied the pain clinic referral (to Dr. Shukla at IU Health) that my Choice Act doctor felt was serious enough that Dr. Shukla's office contacted me the next morning to let me know the Northern Indiana VA said that I could either drive 100+ miles from my home to get an epidural injection in my spine from the Fort Wayne VA or pay for it myself? This has gone on for a crazy amount of time and my medical care is down to me going to a civilian urgent care to get treatment. I promise you that the Northern Indiana VA will not respond to you with anything that has any basis in truth. Just ask Senator Todd Young's and Senator Donnelly's staff"

Dr. McBride answered the majority of questions forthrightly. In spite of that forthrightness, a former VANIHCs' physician offered counterpoints to several statements made by Dr. McBride. One such counterpoint was the burden placed on all physicians to see as many patients as possible during the normal course of a day. The former employee also felt nurses in the hospital did not carry their fair share of the patient workload, "This leaves physicians to do an exceptional amount of work that nurses typically

perform in other hospitals," the former employee stated. Dr. McBride insisted that nurses did a lot of work and physicians never feel pressured to "churn patients."

A few veterans made mention of access issues at CBOCs relative to waiting to see a physician. However, one veteran suggested that more than half of the doctors at VANIHCs "speak with very heavy accents and many veterans can't understand them. This might discourage veterans from seeking care at the hospital."

Patient access at the Fort Wayne campus for primary care is below the Veteran Affairs' (VA) national standard at 27 days and 12 days for first time mental health patients (Figure 2).

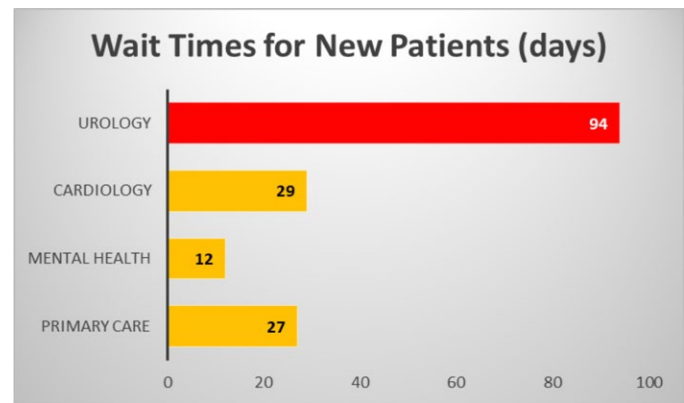


Figure 2

Executive Briefings

Summary

Mr. Jim Daube, member of the Veterans Affairs and Rehabilitation Commission led the SWS team for the Fort Wayne visit. Edwin Thomas, Assistant Director, Health Policy, and The American Legion's Commander of the Department of Indiana, Marty Dzielgiewicz, and department adjutant, Will Henry, assisted Mr. Daube during the actual site visit.

Medical center staff who attended the Executive Leadership Team or ELT briefing included: Michael Hershman (Director) attended via video conference, Dr. Wayne McBride (Chief of Staff), Jay Miller (Associate Director), Audrey Frison, Ph.D. (Associate Director for Nursing Patient Care), Phil Shealy (Assistant Director), and Jane Johnson (Quality Management Officer – VISN 10). The SWS team began discussions by talking about the purpose of the SWS visit, Challenges, and Best Practices.

Challenges

Space

Space continues inhibiting growth and access to care at the majority of Veterans Affairs Medical Centers or VAMCs. At



VANIHCS, the same is true. Space constraints challenge the expansion of health services in the area of pain management at VANIHCS. Primary care teams do not have a central location as primary care is scattered about the main campus. When asked to give an indication as to the severity of the space issue, staff consistently replied with “significant issue.” The absence of sufficient space is a “significant issue” because it affects other areas such as staffing, patient care, access, and patient satisfaction.

Recruitment and Retention of Registered Nurses, Nurse Practitioners, Psychiatrists, and sub-specialties

While it is atypical to see a medical center without recruitment issues involving primary care physicians, VANIHCS is one such system. The medical center has filled 95% of all their physician vacancies. Despite success in that area, the medical center has a chronic problem with nurse recruitment. The American Legion noted during its last visit in 2013 that nurse recruitment was a major challenge for the medical facility. The total number of vacancies at the medical center has reached 123, and 28% or 34 of those vacancies are RNs, Nurse Practitioners, Licensed Practical Nurses (LPN), and nursing assistants. The hospital had only one vacancy for a primary care physician as of April 23, 2018. The hospital also needs two pharmacists, one podiatrist, and one surgical technician. Although mental health clinicians reported a need for an additional psychiatrist, neither the HR recruitment nor their Human Resources Management

System (HRMS) report indicated a need. However, the HRMS report did show a vacancy for one psychologist at the main campus and four at CBOCs located in the catchment area.

The Human Resources cited, as one of their departmental challenges to attract physicians and nurses, the significant reduction in funding for the “3Rs” – Recruitment, Retention, and Relocation. The third “R” of Relocation signifies funding that helps medical professionals relocate from another city of the United States to work at VANIHCS. Staff believed strongly that the reduction in funding also impeded the facility’s ability to recruit qualified medical staff.

Conversely, the reduction in funding for “Retention” activities is also problematic for the medical center’s ability to retain nurses and physicians. The HR department believes reductions in funding, overall, prevent the facility from developing programs and activities that improve the likelihood of retaining nurses, physicians, and other employees at the hospital. One staff member stated, “The Central Office of the Department of Veterans Affairs endorsed the cuts in funding without giving full attention to the implications and difficulties created for the VISN and the medical facility.”

Physician Moonlighting under the former Veterans’ Choice Program

Several staff members believed that VA employed physicians employed by private physician groups should not receive any additional compensation for seeing veterans through the new VA Community CARE program. In addition to the potential for conflict of interest, the staff viewed this as “double dipping.” While staff did not mention the names of physicians, they felt the Department of Veterans Affairs should preclude physician moonlighting under the new Community CARE program.

Outreach to Veterans

The medical facility conducts activities and programs for veterans. Staff felt inhibited “reaching out” to veterans because of lack of staff, budget, and policies of the VA/Veterans Health Administration. VANIHCS believe their effectiveness promoting activities and events even local policy changes have the potential of improving with better outreach efforts. One staff member added that outreach is just the “catch-all” phrase, but it could also mean educating veterans not just informing them.

Patient Experience

Several persons from VANIHCS’s staff asked two members of the SWS team to observe the staff at the hospital engage patients. Several patients reported waiting for someone to help them find their place of appointment for a couple of hours. In fact, one patient stated her wait time to see a physician as “three hours.” A staff member of VANIHCS told the SWS team that it was rare for them to pass a day without encountering patients who complained of being stuck in hallways without much help finding where to go for care or find their appointments.

No Shows for physical and mental health appointments

VANIHCS suffers from a chronic problem of veterans who do not show up for physical and mental health appointments. At the end of the first quarter of fiscal year (FY) 2018, the facility “No Shows” totaled more than 4,000. By the beginning of the

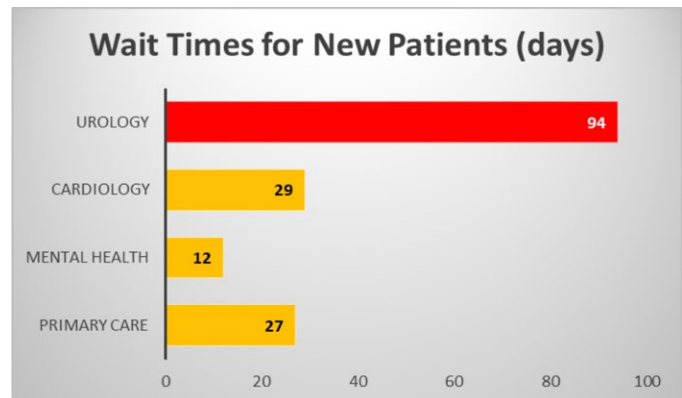


Figure 3 - Data Source: VHA Support Center, VSSC, 2018, Retrieved by VANIHCS, June 8, 2018



third quarter of FY2018, “No Shows” reached 33,827. If one computed the cost of just the lost work-hours alone for a Medical Support Assistant at grade GS-6, Step 5 level, the cost of those No-shows from Q1-Q3 FY18 may have cost the medical center \$2.6 million.

Best Practices

Strong Affiliation with a Renowned Medical Teaching Facility – (Areas: Patient Access)

The facility has established very solid relations with the physician provider communities. The medical facility, arguably, has one of the highest physician staffing percentages of any VA/VHA medical facility at 95%. Nowhere is that more evident than VANIHCS’s relationship with the Indiana University School of Medicine. The HR staff and director attribute strong, collaborative relationships between the physicians at VANIHCS with the low vacancy and high retention rates for physicians.

Veteran/Employee Engagement – (Areas: Patient Engagement, Employee Morale)

The Department of Veteran Affairs recognizes programs that promote the well-being and gainful employment of veterans through mentoring. Matthew Campbell, veteran and VA employee, has developed a local mentoring program designed to build a cadre of service –connected disabled veterans willing to mentor other veterans. Mr. Campbell deigned the program to reduce the level of anxiety veterans might have as they seek VA services and benefits and help veterans transition into new employment at the VA. Mr. Campbell has conducted a small-scale version of the program at the facility, but he and a colleague wrote a Standard Operations Procedure manual for full approval by the medical center director and VA Central Office.

Remote Tele-ICU – (Areas: Cost Reduction, Quality of Care, and Patient Satisfaction)

VANIHCS uses Remote Tele-ICU established through a central hub in Cincinnati, Ohio, and provides 24-hour medical monitoring services for veterans throughout the medical center’s catchment area. The Tele-ICU staffs advanced-practice nurses and physicians who monitor critically ill patients remotely but alerts on-site staff to respond to the physical care needed by patients.

Career Ladder Positions – (Areas: Employee Satisfaction, Employee Retention, Patient Outcomes)

The Human Resources department has developed a “Career Ladder” for positions in that department. The HR Chief found that employees remain in that department longer when they see the possibility for advancement. This has helped the HR department retain critical staff when other VAMCs have constant

turnover in that department. Other VAMCs do not openly display or promote career ladders within the HR department.

Embedded Clinical Pharmacy Specialists – (Areas: Quality of Care, Patient Engagement/Satisfaction, Enhanced Patient Outcomes)

Medical research experts have documented the increasing value of having clinical pharmacists assist physicians in all clinical settings where pharmacotherapy is part of the therapeutic process. Unlike many hospitals, VANIHCS embeds clinical pharmacy specialists in all clinical services. The practice of including clinical pharmacists helps optimize pharmaceutical accrue value for both patients, in terms of favorable outcomes, and the hospital’s ability to control costs, reduce adverse events involving prescription medications, and improve risk management.²

Recommendations

Space

While developing this report, the president of the United States enacted The VA Mission Act of 2018. The Congress established the VA and Infrastructure Review Act as a major component of the new laws. Title II, Subtitle A, Section 202 – The Commission, establishes VA Asset and Infrastructure Review (AIR) Commission. The Commission will report to Congress and will make recommendations about modernization of VA medical facilities including adding additional space where identified and needed.³

Recommendation

The American Legion recommends VANIHCS continue monitoring and documenting access issues created by lack of space. The facility should submit reports to their VISN office and, if allowed, to the American Legion. Three representatives from Veteran Service Organizations must serve on the Commission. Furthermore, VSOs will make recommendations to the Commission regarding modernization of VA medical facilities and veterans’ access to high-quality care provided in environments that demonstrate efficiency and effectiveness. The American Legion along with other VSOs played an integral role toward the passage of the VA Mission Act of 2018. The American Legion also expects an invitation to serve on the Commission.

Recruitment and Retention of Registered Nurses, Nurse Practitioners, Psychiatrists, and sub-specialties

The VANIHCS 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 VA medical centers VANIHCS is acute and compounds other is-



sues 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 area of family practice physicians and psychiatrists to reach 184,700 by 2026, which averages to a 13% increase over 2016.4 Organizations that value, appreciate, and empower have patients with better health outcomes. The following recommendations attempt to accomplish all three, not only for nurses but also for physicians. Finally, if VANIHCS operationalizes the recommendation, it can use the results in recruitment activities and promote them to potential candidates

Recommendations

The American Legion recommends VANIHCS develop a web page specifically for informing the provider community about nursing and physician vacancies.

- The American Legion recommends the web page address current need for nurses and physicians, grade levels and associated salaries, teaching and research conducted at the facility in affiliation with Indiana University Medical School. VANIHCS recruitment staff can respond to inquiries from the dedicated email address and telephone number. VANIHCS could embed a link to a newsletter that highlights current nursing and physician staff along with interesting articles on nursing and medicine.
- The American Legion also recommends VANIHCS 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.
- Provide a relaxation room where nurses can relax for 30 minutes for every five hours of shift work in addition to their regular lunch break.

- Develop local policies that prohibit bullying or intimidation by anyone including doctors.

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 VA Mission Act of 2018 provides an increase in the Educational Debt Reduction Program from \$180,000 to \$200,000. The American Legion recommends highlighting this new development when recruiting physicians.

Former Veterans Choice Program - Physician Moonlighting

While neither the former Veterans Choice Program nor the current Care in the Community under the VA Mission Act of 2018 have any stipulations regarding physician moonlighting, VA policy in VHA HANDBOOK 1660.03 does have stipulations regarding VA employees involved in contracting for Health Care Resources (HCR). Handbook 1660.03 offers a list of “Specific Activities Prohibited” and “Specific Activities Permissible” regarding the involvement of VA employees in activities for the procurement of HCR. Likewise, VA Handbook offers a level of specificity as to permissible and prohibited activities involving full-time Title 38 employees.

Recommendation

The American Legion recommends national headquarters staff involved with the System Worth Saving program conduct discussions with subject matter experts on the topic. The research must involve subject matter and legal experts within the VA or GAO familiar with the subject of remuneration of Title 38 physicians who provide care as part of a physician group when that group is under contract for providing Care in the Community.

**Note: Interpreting and offering an opinion regarding VA Handbooks applicable to this matter are beyond the scope of this report as one could consider such as “legal advice.”*

Recommendation

The American Legion recommends SWS program staff provide the Veterans Affairs and Rehabilitation Commission with a written copy of the findings. The VA&R Commission will then decide on an official recommendation that SWS staff can share with VANIHCS.



Outreach to Veterans

Various members of the staff at VANIHCS repeated the need to conduct activities that effectively and efficiently reach veterans about new veteran-centric programs, gender specific care, and information about wellness programs.

Recommendation

The American Legion recommends seeking additional channels of communication through Veteran Services Organizations (VSOs) like local American Legion posts and state departments.

Recommendation

In addition to VSOs, the American Legion recommends using other non-profit organizations that have electronic kiosks specifically for veterans.

Patient Experience

This VAMC has gaping holes when it comes to standardization of patient experience practices across. As previously mentioned, staff reported patient complaints of waiting in hallways or awaiting care as common occurrences. While the VA boasts of differentiating its services based on access and quality, the agency has often overlooked a valuable differentiator – Patient Experience. Yet, a staff member of VANIHCS reported frequent turnover in the role of Patient Experience Manager. The current manager has less than one year in the position, and has no full-time support staff. When asked if doctors and receptionists participated in either customer service or patient-experience training activities, staff from one department answered affirmatively while HR staff dissented.

Recommendation

The American Legion recommends the Director and Chief of Human Resources identify reasons the position of Patient Experience Manager has a high turnover. The position requires someone who can not only plan PE strategies but also guide the organization through the tactical phases – implementation and adoption.

Recommendation

The American Legion recommends the Department of Veterans Affairs/Veterans Health Administration develop a Patient Experience roadmap that includes standardization of training for physicians. The roadmap would serve as a means of not only standardizing implementation but also complementing patient experience – beyond just data gathering like Medallia and Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS).

A number of tools exist in various process improvement models⁵ that VA/VHA can incorporate into their patient experience improvement such as:

Tools	Target Audience for Training
Talk Back Method	Physicians and Patients
AIDET (Acknowledge, Introduce, Duration, Explanation, Thanking)	Physicians
P.E.A.R.L.S. (Partnership (emphasizing joint solutions with patients), Empathy, Apologize (if warranted), Respect, Legitimization, Support (follow up instructions))	Physicians
Biases and Assumptions	All Staff

The VA/VHA can combine the following models for patient-experience process improvement:

- The Prosci ADKAR (Awareness, Desire, Knowledge, Ability, Reinforcement) Model⁶ used to facilitate organizational change
- The Improvement Model is a powerful stand-alone model but even more powerful when combined with ADKAR or when placed within ongoing Total Quality Management initiatives

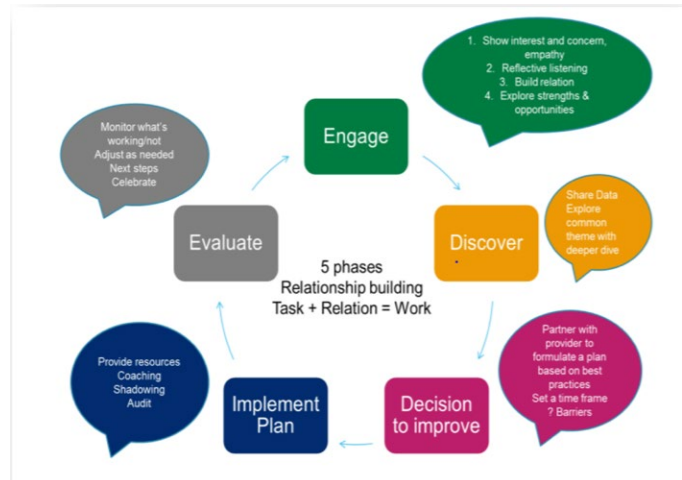


Figure 4

- Patient “No Shows” for physical and mental health appointments

Like other VA/VHA hospitals and CBOCs, VANIHCS cannot escape the dilemma of the “No Show” patient. Hospital officials admit experiencing frustration while seeking solutions to the problem. In fact, one member of the VANIHCS staff believes people working on the issue might be “too close to the problem to understand how to fix it.”



Recommendation

The American Legion recommends VANIHCS send summary and clean data related to the number, type, and associated costs, if any, by fiscal year of “No Show” occurrences to national headquarters SWS staff. Staff will review data, analyze patterns and trends, and make recommendations regarding potential actions VA/VHA can take to resolve this system-wide challenge. Before releasing the recommendations, SWS program staff will submit their findings to The American Legion’s Veterans Affairs and Rehabilitation Commission for additional considerations or recommendations.

Conclusion

Observations

The SWS team observed or heard several things during and after the visit to the Veteran Affairs Northern Indiana Health Care System. First, we observed the cleanliness of the facility particularly in bathrooms and the Community Living Center. As the facility conducted considerable construction activities, housekeeping and other staff kept patient corridors clear, free of debris, and dust free. The SWS team also noted other positive occurrences at the hospital such as flexible scheduling to combat high turnover among staff. Quality checks of surgical instruments each morning to ensure quality and safety for patients. The medical center has very low rate of hospital acquired infections indicative of great infection control and wound care.

However, during the interviews, the SWS team encouraged all staff to share their challenges and best practices. Moreover, the SWS team stated the need for openness and transparency since the American Legion is not an investigative body like the VAOIG. We requested additional information regarding patient safety reports that other VAMCs readily provided The American Legion. The ELT reported they could not share Patient Safety Reports without a Freedom of Information Act request. The American Legion had subsequent conversations several weeks

later with the Patient Safety Manager. During that conversation, she also reported that Patient Safety data were not available to the public.

Finally, the medical center staff wanted us to share with legislators in Washington, D.C. their feedback regarding the Accountability Act. Staff reports lower level employees suffer the most under the Act in terms of involuntary terminations. Furthermore, people abuse the whistleblower portion of the law by filing frivolous or false complaints. Staff of the hospital suggested either amend the law so that it protects all employees or abolish it.

References

- Based on cost data provided by Chief Financial Officer for the Miami Veterans Affairs, Alfred Tucker, CDFM-A, for a GS-6, Step 5 Medical Support Assistant who schedule the appointment. Mr. Tucker suggested the cost figure could reach more than \$1,000 if one were to add physician, nurse, specialized medical technology, and lab costs.
- Talasaz, A.H. (2012). The Potential Role of Clinical Pharmacy Services in Patients With Cardiovascular Diseases. JOTUMS Heart Center. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3466897/pdf/jthc-7-41.pdf>
- House Committee on Veterans’ Affairs – Chairman Mike Roe, M.D., (2018). The VA Mission Act of 2018.
- U.S. Bureau of Labor Statistics, Employment Projections Program. www.bls.gov
- Iyer, V., Prissel, P., Munson, K., Eide, J., Brustad, R., Kranz, N., Madson, L.P., & Frase, B., (2018). How to build a robust provider improvement partnership program to enhance patient experience – a case study. Patient Experience Journal, Vol 5(1). Retrieved from DOI: <http://pxjournal.org/cgi/viewcontent.cgi?article=1228&context=journal>
- The Prosci ADKAR model is a registered trademark of PROSCI, Incorporated.



ADDENDUM- RESPONSE

VA Northern Indiana Healthcare System



DEPARTMENT OF VETERANS AFFAIRS

Veterans Affairs Northern Indiana Health Care System

2121 Lake Avenue

Fort Wayne, IN 46805-5100

(800) 360-8387

July 26, 2018 In Reply Refer To: OO/OOQ

The American Legion
1608 K Street, NW
Washington, D.C. 20006

Dear Mr. Edwin D. Thomas:

On April 23-25, 2018 a team from The American Legion conducted its System Worth Saving (SWS) visit at VA Northern Indiana Health Care System (VANIHCS) to assess the medical center's operations.

We have completed a review of the Report and provide the following responses:

Page 4 (2. Recruitment and Retention of Registered Nurses, Nurse Practitioners, Psychiatrists, and sub-specialties). "The American Legion noted during its last visit in 2013 that nurse recruitment was a major challenge for the medical facility. The total number of vacancies at the medical center has reached 123, and 28% or 34 of those vacancies are RNs, Nurse Practitioners, Licensed Practical Nurses (LPN), and nursing assistants."

VANIHCS response: As of July 13, 2018, we have increased our Nursing FTEE by 36% since 2013. This is a net increase of 98 Registered Nurse FTEE since 2013. Though there are presently 30 Registered Nurse vacancies, this number includes newly approved positions and are not all are vice-backfills. Additionally, our loss rate for Nurses is currently 3.94%, which is well below the industry average of 16.8%)

Page 4 (3. Physician Moonlighting) Several staff members believed that VA employed physicians employed by private physician groups should not receive any additional compensation for seeing veterans through the new VA Community CARE program. In addition to the potential for conflict of interest, the staff viewed this as "double dipping." While staff did not mention the names of physicians, they felt the Department of Veterans Affairs

should preclude physician moonlighting under the new Community CARE program.

VANIHCS response: We continue to have some physicians who provide part time or episodic care to our Veterans here at the Fort Wayne Medical Center as "Fee-Basis" providers, who have active practices in the community. However, the referral of a Veteran by a Fee-Basis physician to their practice in the community is in violation of VA regulations. VANIHCS does not have the ability to determine if a VA provider is referring Veterans to their private practice via a CHOICE consult. It is unknown if Veterans who may have been referred were sent to the referring provider's private practice, as this information is not available for retrieval by VANIHCS. Our Care in the Community staff monitor referrals to the community via traditional Non-VA Care to ensure this does not occur. Though this occurred on one occasion two years ago, the physician expressed that he was not aware that this was not allowed and the referral was discontinued.

Page 6 (1) Strong Affiliation with a Renowned Medical Teaching Facility (Areas: Patient Access). The facility has established very solid relations with the physician provider communities. The medical facility, arguably, has one of the highest physician staffing percentages of any VA/VHA medical facility at 95%. Nowhere is that more evident than VANIHCS's relationship with the Indiana University School of Medicine. The HR staff and director attribute strong, collaborative relationships between the physicians at VANIHCS with the low vacancy and high retention rates for physicians.



VANIHCS response: Though efforts in establishing a stronger relationship with the Indiana University School of Medicine — Fort Wayne Campus are ongoing; our current relationship is at an initial level. We have had some of our physicians provide lectures to medical students at the Fort Wayne Campus. Further, we are very pleased to accept the first IU medical student here at our Fort Wayne Medical Center for a clinical rotation next month. We look forward to this relationship growing. We are also collaborating with a new Internal Medicine Residency in Fort Wayne, and plan to accept our first resident in the summer of 2019.

Page 8 (Recommendation). “The American Legion recommends the web page address current need for nurses and physicians, grade levels and associated salaries, teaching and research conducted at the facility in affiliation with Indiana University Medical School. VANIHCS recruitment staff can respond to inquiries from the dedicated email address and telephone number. VANIHCS could embed a link to a newsletter that highlights current nursing and physician staff along with interesting articles on nursing and medicine.”

VANIHCS response: This recommendation would require an additional FTEE to support this proposal. We can explore the potential costs/benefits related to this idea for the future.

Page 8 (Recommendation): “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.”

VANIHCS response: VA Northern Indiana Health Care System implemented the first class of the Registered Nurse Transition-to-Practice (TTP)/ Residency Program in August 2017. Since 2011, the VHA has required that each VAMC establish and maintain a TTP/ Residency Program if they hire post-graduate RNs with less than one year of professional nursing experience (Directive 2011-039). The TTP Program assists the post-graduate RN in the transition from academic to a complex practice environment. The TTP Program consists of a comprehensive 12-month curriculum built upon standards related to clinical, leadership, and professional dimensions. Additionally, Veteran-centric content is reviewed during the TTP Program. VANIHCS’ TTP Program contains both didactic and experiential learning components. Each post-graduate RN is assigned a Preceptor, who is an experienced RN and has completed preceptor training.

“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.”

VANIHCS response: VANIHCS has multiple opportunities for staff to participate in mentoring and coaching, either formally or

informally. A key component to staff members requiring support and guidance is the staff member self-identification of these needs. If identified, these staff members are given additional support as requested.

“Provide more structure during onboarding at both the facility level and departmental level that ensures ambiguity is not a part of the process.”

VANIHCS response: There is a set core curriculum provided to staff members during facility level orientation. Once completed and assigned to the unit, the staff member is required to complete a self-assessment to self-identify any additional training they require along with the required unit level orientation. This orientation and competency listing is reviewed each year by the unit staff, nurse manager and Chief Nurse with changes made to address high-risk, low volume, or problem prone areas specific to each unit dynamic.

“Provide a relaxation room where nurses can relax for 30 minutes for every five hours of shift work in addition to their regular lunch break.”

VANIHCS response: We adhere to the guidelines set forth by OPM and VHA. In accordance with 5 USC 6101 (a)(3)(F), an agency may not extend a regularly scheduled lunch break by permitting an employee to take an authorized rest period (with pay) prior to or immediately following lunch, since a rest period is considered part of the employee(s) compensable basic workday. In accordance with the Master Agreement between the Department of Veterans Affairs and the American Federation of Government Employees Article 32 dated 2011, the agency provides staff lounges for staff members for breaks and rest periods. VANIHCS also offers Reigniting the Spirit of Training, a three-day retreat for staff members that teaches the importance of first caring for oneself.

“Develop local policies that prohibit bullying or intimidation by anyone including doctors.”

VANIHCS response: VANIHCS has offered two conferences related to conflict resolution and bullying at the facility. These sessions were open to all staff at the organization. VANIHCS has also implemented a Just Culture to ensure staff report information without fear of reprisal. In September 2017, the All Employee Survey scores for the staff reporting to the Associate Director Patient Care Services showed a Conflict Resolution score of 3.59 out of 5.0 and a 4.06 out of 5.0 in Comfort for Raising Concerns, both higher than the facility overall average.

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

VANIHCS response: While this is certainly a consideration, it would require additional staff and resources. We have been ap-



proaching this issue from another direction over the past couple of months. Our focus has been to lessen the administrative burdens directly by working to reduce the number of alerts and reminders that appear in a provider's in-box within the electronic medical record. These prompts often require acknowledgement and action, but frequently are found not to be necessary, yet require significant time to view and address. Working across the organization, we have successfully eliminated many of the automated and staff-generated alerts that we have found to be unnecessary or extraneous. This has yielded noticeable improvement in reducing the administrative burden on our providers. We are also looking at ways existing staff, such as nurses and clerks, can assist in selectively taking on other administrative tasks to allow the provider to spend more time with the Veteran. Specifically, in the past couple of weeks, providers have indicated they have seen a notable reduction in number of alerts and reminders, providing them more clinical time.

"Simplify and shorten the credentialing and hiring processes."

VANIHCS response: The credentialing process and associated timeline is applicant-driven. It can go quite swiftly if the prospective employee is expeditious in returning the application and forms and references return requests for information timely. Our Credentialing staff typically work to ensure the shortest time possible in credentialing and hiring actions.

"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."

VANIHCS response: Historically, research has not been an active area of focus and function at VANIHCS. One contributing factor is that we have not had a relationship with a school of medicine, which often provides the impetus and resources to help support research efforts. Nevertheless, there has been periodic research efforts. We have had a strong record of performance improvement efforts and systems redesign projects that have yielded improvements our care delivery, access, and quality. This remains a continuing focus of our organization.

"The VA Mission Act of 2018 provides an increase in the Educational Debt Reduction Program from \$180,000 to \$200,000. The American Legion recommends highlighting this new development when recruiting physicians."

VANIHCS response: VANIHCS announcements for Physician & Nurse Practitioner positions advertise Educational Debt Reduction Program (EDRP) for highly qualified applicants, as this can be a significant incentive.

Page 10 (5. Patient Experience). "The American Legion recom-

mends the Director and Chief of Human Resources identify reasons the position of Patient Experience Manager has a high turnover. The position requires someone who can not only plan PE strategies but also guide the organization through the tactical phases — implementation and adoption."

VANIHCS response: The Customer Service Manager was appointed to her role in April 2015 and she has served in this capacity since this date. VANIHCS has implemented numerous patient experience programs, to include Own the Moment training for staff, We Care Rounding, Red Coat Ambassadors at primary entrances to the facility, standardized telephone greetings, and response expectation training. Our recent SAIL (Strategic Analytics for Improvement and Learning) results demonstrate overall improvement in our patient satisfaction scores. We are actively recruiting a support staff member assist our Customer Service Manager. Own the Moment and Relationship Based Care trainings are offered and available to all staff, providers and receptionists. The Customer Service Manager also attends a variety of service meetings and has one-on-one meetings to provide customer service related information (eg. PACT Town Halls, Surgery and Acute Medicine staff meetings, etc.)

Page 10 (5. Patient Experience). "The American Legion recommends the Department of Veterans Affairs/Veterans Health Administration develop a Patient Experience roadmap that includes standardization of training for physicians. The roadmap would serve as a means of not only standardizing implementation but also complementing patient experience — beyond just data gathering like Medallia and Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)."

VANIHCS response: Upon discussion with the Chief of Staff, VANIHCS will develop a strategy to include customer service training during new employee orientation and annually.

Page 10 (5. Patient Experience) "As previously mentioned, staff reported it as uncommon not to hear of a patient complaining of waiting in hallways or awaiting care.

VANIHCS response: The Customer Service Manager was appointed to her role in April 2015 and she has served in the capacity of Customer Service Manager/Veteran Experience Manager since this date. VANIHCS has implemented numerous patient experience programs to include Own the Moment training for staff, We Care Rounding, Red Coat Ambassadors at primary entrances to the facility, standardized telephone greetings, and response expectation training. Our recent SAIL results demonstrate overall improvement in our patient satisfaction scores. We are actively recruiting a support staff member to assist the Customer Service Manager. Own the Moment and

Relationship Based Care trainings are offered and available to all staff, providers and receptionists included. The Customer



Service Manager also attends a variety of service meetings and has one-on-one meetings to provide customer service related information (e.g., PACT Town Halls, Surgery and Acute Medicine staff meetings etc.

Page 12 (Observations) “We requested additional information regarding patient safety reports that other VAMCs readily provided The American Legion. The ELT reported they could not share Patient Safety Reports without a Freedom of Information Act Request. The American Legion had subsequent conversations several weeks later with the Patient Safety Manager. During that conversation, she reported that Patient Safety data were not available to the public.

VANIHCS response: The Acting Deputy Director of the National Center for Patient Safety Program was contacted and expressed that the facility cannot release this protected information. To obtain this information, a FOIA request should be submitted via the VA Central Office Privacy/Freedom of Information Act Office.

Thank you for giving us the opportunity to review and respond to your report.

Michael E. Hershman, MHA, FACHE

Director