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.

Primary Purpose of the Visit

The American Legion conducted a System Worth Saving (SWS) visit to the Southern Arizona VA Health Care System – also referred to in this report as SAVAHCS. The American Legion visited the facility with the intended purpose of determining the quality of care provided in the inpatient and outpatient settings of the Southern Arizona VA Health Care System. The VA OIG reviewed clinical and administrative processes affecting patient care outcomes in 2016 and released its report in March 2017 about Quality, Safety, Value, and the Environment of Care at SAVAHCS. The VA OIG also followed up on recommendations from the previous Combined Assessment Program and Community Based Outpatient Clinic and Primary Care Clinic Reviews and provided crime awareness briefings.

FINDINGS: The Veteran Administration Office of the Inspector General made 14 recommendations regarding various issues found during their review. At the time of the SWS visit, leaders at the facility confirmed compliance with all of the VA OIG’s recommendations.

Corrective Actions: The American Legion SWS team did not require or anticipate SAVAHCS making corrective actions prior to or during the visit. The SWS has made recommendations independent of the recommendations found in the 2017 VA OIG report. The recommendations appear later in this document.

Scope

The American Legion conducts between 12 to 18 System Worth Saving (SWS) visits per year.

National staff selects the sites based on reports from the VA OIG, media, a review of a Strategic Analytics for Improvement and Learning (SAIL), requests from a veteran, caregiver, or a department of The American Legion. Each SWS visit follows a triangular review model. The American Legion requests data from the VA medical center via a Mail-Out Questionnaire. Before the actual visit, additional data and information from SAVAHCS included SAIL reports (used to measure the quality of care at VA health care systems), which were received by The American Legion. The SWS team reviews and analyzed the data and information to constructs an “In-Facility Questionnaire.” With the questionnaire, the SWS team conducts structured interview sessions with the Executive Leadership Team, department managers, and other staff.

Once on site, the VAMC leads a tour with the SWS of the various departments such as the Emergency Department, Community Living Center, Sterilization Supply, and call centers. During both the tours and structured interview sessions, the SWS team notates their observations of the facility’s cleanliness, procedures, employee morale, patient-staff interactions, and appearance of patients in Community Living Centers.
The SWS team did not visit any of the Community-based Outpatient Clinics, or CBOCs, to assess the presence of inventory problems. Moreover, the SWS team did not assess the facility’s computerized inventory systems for either expendable medical items or capital equipment. The SWS team did not review any records, electronic or hardcopy that disclosed personal health information of patients or personal identifying information pertaining to employees.

**Key Data (Source: Facility Reports)**

- **Main Campus**: Tucson, Arizona
- **Complexity Level**: 1a
- **Accreditation**: Joint Commission | Commission on Accreditation of Rehabilitation Facilities (CARF)
- **Authorized Inpatient Beds**: 295
- **Geriatrics and Advanced Rehabilitation Beds**: 96
- **Community-based Outpatient Clinics**: 7
- **Catchment Areas**: Tucson, Safford, Green Valley, Cochise County, Pinal County, Sierra Vista, Yuma, Casa Grande
- **Number of Enrolled/Eligible Veterans (Fiscal Year 2018)**: 65,532/92,875
- **Projected Veteran Growth Enrolled/Eligible (FY2019)**: 66,177/92,776 (+1.09%)
- **Unique Patients Treated (FY18)**: 42,761
- **Medical Services FTE (FY2018/FY2019)**: 2146/2238 (+4.3%)
- **Medical Care Budget (FY2017/FY18)**: $493,411,689 / $526,514,610 (+7.0% rounded)

**Town Hall Meeting**

Approximately 30 veterans attended the town hall meeting. Additionally, staff from the SAVAHCs attended and actively participated in town hall meeting - Mr. William Caron, Fellow, American College of Healthcare Executives, Director; Anthony Stazzone, M.D., Chief of Staff; Mr. Stanley Holmes, MPA, Public Affairs Officer; and Mr. Steven Sample, MS, Assistant Director. The Veterans Benefits Administration also sent local representatives to address questions and concerns or enroll eligible veterans for benefits. Finally, local television, radio, and print media covered the event.

The 90-minute town hall meeting allowed veterans to voice opinions about their experiences at SAVAHCs. Full discussions occurred about:

- Privatization of VA
- Scheduling issues and MSAs who are rude to veterans
- The Mission Act of 2018
  - Veterans expressed grave concern about the processes surrounding community medical professionals and institutions billing veterans for care after the Veterans Health Administration
- Individual acknowledgments about the great medical care received at the SAVAHCs

**Executive Briefings**

**Summary**

The American Legion's SWS team conducted structured interviews with the Health Care System Executive Leadership Team. The SWS team used a prepared questionnaire called the In-Facility Questionnaire to conduct its structured interviews with members of the ELT. The SWS selected the questions based on data received from the medical center prior to the visit. The SWS team also discussed Challenges and Best Practices. The entire ELT of the SAVAHCs attended and fully participated in the meetings.

**Best Practices**

The American Society of Quality or ASQ (2014) defines Best Practice as “a superior method or innovation that contributes to the improved performance of an organization, usually recognized as best by other peer organizations.” The SWS team identified the following best practices at the Southern Arizona VA Health Care System.

1. **Community Engagement**
   
   As a way of engaging the community and encouraging socialization among veterans, the director of public affairs developed and implemented a program that encourages people in the community to come to the campus and enjoy a movie with veterans. The director declared “Movie Night” a complete success.

   **Results:** Movie Night improves the facility’s relationship with caregivers, families, media, law enforcement agencies, and prospective hires. Veterans and employees benefit when the community is engaged in such a fashion. Morale among employees is very high at SAVAHCs, in part, because of its reputation in the community. High-employee morale equates to better patient care and patient satisfaction. Lastly, according to the director, veterans who have attended enjoyed socializing with people from the community.

2. **Tip of the Week**

   SAVAHCs sends messages to veterans about proposed facility changes, general health advice and planned events at the facility via text messages called “Tip of the Week.” For example, SVAHCs informs veterans about ways of scheduling,
maintaining or canceling an appointment with rationale for the importance of the action.

**Results:** Informed veterans make informed decisions that improve therapeutic compliance, reduce waste in the delivery system, and enrich relations between staff and patients. SAVAHS reduced “No shows” by 12%.

3. **Nurse Recruitment**

Amber Villafane, nurse recruiter, developed the slogan, “Grow Your Nursing Career.” Good slogan. Yet, the nurse recruiter made it a better slogan by customizing packets of flower seeds as handouts to prospects at job fairs and other recruitment venues.

**Results:** SAVAHS has done an effective job recruiting nurses and keeping their vacancy rate very low. In fact, since 2017, SAVAHS has maintained a low vacancy rate and increased nursing staff by 2% this fiscal year while reducing RN turnover by 60%.

The hospital still has an 8% vacancy rate for Nurse Practitioners, Licensed Practical Nurses, Nurse Anesthetists, and Registered Nurses.

4. **Clinical: Hepatitis C Birth Cohort Screening Initiative**

SAVAHS implemented a Hep C Virus screening program aligned with the Centers for Disease Control’s recommended for veterans born between 1945 and 1965. The medical facility has sent nearly 8,000 letters to veterans in the catchment area recommending participation.

**Results:** To date, SAVAHS has screened nearly 3,000 veterans for the Hepatitis C Virus.

**Challenges and Recommendations**

**Challenge 1:** The Department of Veterans Affairs does not have national standards for implementation of key initiatives like the Veterans Community Care Program and Quality.

**Recommendations:**

- The American Legion recommends System Worth Saving staff develops a white paper for the legislative division to explore national standards related to operations at VA medical centers. Standardization may or may not be possible since local market conditions and health care the delivery of health care delivered locally and local conditions often serve to guide planners and administration.
- Nevertheless, The American Legion SWS staff meet and talk with subject matter experts and other medical center directors a series of teleconferences to determine the feasibility and sustainability of standardization of certain operations and programs administered by Veterans Health Administration.

**Challenge 2:** Integrating data from legacy platform VistA to Cerner’s ongoing development of a new Electronic Health Record Platform.

**Recommendation:** The American Legion recommends the medical facility await finalization of Cerner’s pilot runs at selected hospitals. By doing so, the facility can see what problems surfaced related to data integration during the pilots.

**Challenge 3:** One hundred-nineteen nurses (119) or 17% of the nursing staff are close to retirement.

The System Worth Saving team requested during the site visit and once post-visit for a strategic/tactical plan outlining goals and objectives related to this and other challenges. The medical center director told the SWS team the strategic plan was not ready for the final release.

**Recommendation:** The American Legion recommends SWS follow up with leadership at the facility to get a copy of the strategic plan upon its completion. The strategic plan will allow The American Legion to determine action steps related to this challenge – legislative advocacy, initiatives that drive policy changes at the VA Central Office, or grassroots campaigns at the Department level at other VA medical centers.

**Challenge 4:** Women veterans would like to see physicians who are women.

While the facility has actively engaged in actions intended to decrease "gender disparity" in both primary and specialty care, finding women physicians in the Tucson area is especially challenging. A shortage of physicians exists across the United States, thus compounding the challenge of finding women physicians.

**Recommendation:** The American Legion recommends SAVAHS establish an affiliation with reputable non-profit organizations such as the American Medical Women’s Association (www.amwa-doc.org) and the Association of Women Surgeons (www.womensurgeons.org). Both organizations have job boards where hospitals can post open positions.

**NOTE:** The American Legion does not endorse any organization, service, or product. The above recommendation is for informational purposes only.
Conclusion

Data

The System Worth Saving program staff requests data from each VA medical center designated for a site visit. The team requests SAIL reports, strategic plans, HR statistics, and patient experience statistics. The SWS team requested data from Southern Arizona VA Health Care System one month in advance of the visit, which is usual and customary. The medical facility did respond by providing the team with excerpts from various reports.

However, the data or information did not reference sources that made it difficult for appropriate analytical activity. For instance, the SWS team requested the facility’s budget information for Medical Services, Medical Support and Compliance, Medical Community Care and Choice, and Medical Care collection funds. The figures provided seemed inflated while an official document obtained after the site visit revealed the true budget for FY16, FY17, and FY18. The document did not reference source or rationale for any increases or decreases.

Secondly, as mentioned, the SWS team requested the facility’s “strategic plan” before the planned site visit and during the actual structured sessions with the Executive Leadership Team. The facility replied first with a “should be completed by the time of the site visit,” but during the site visit replied with “not yet completed.” A strategic plan allows SWS program staff to review important long-term plans that helps The American Legion develop advocacy plans for both legislative and policy activities.

Observations

Members of the SWS team made the following observations:

- Staff at the facility and the ELT repeatedly stated a need to "do the right" thing when it comes to caring for veterans. Doing the right thing seemed a part of the facility’s culture that encourages reporting adverse or near-adverse events involving patients.

- The facility should develop a “Top 3” list of recurring questions or requests for information typically handled by Patient Advocates. The facility might want to share that with patients during clinic visits. The team member believed this would reduce the number of complaints filed by patients.

Generally, the SAVAHCS is sound financially and operationally. The main campus is beautiful grounds and buildings clean and well maintained. Yet, the facility could use an additional 400,000 square feet of space to engage the projected workload.

While we spoke of standardization earlier in this report, the SWS team must mention the need to standardize forms for vendor selection and contracting. SAVAHCS and other medical facilities have repeatedly mentioned the need to make the procurement process for both vendor services and leasing more efficient and standardized.