CHARLIE NORWOOD VA MEDICAL CENTER | AUGUSTA, GA

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Overview

Charlie Norwood VA Medical Center (CNVAMC), a two-division facility, serves veterans in Georgia and South Carolina by providing care in surgery, medicine, psychiatry, rehabilitation medicine and spinal cord injury. The Downtown Division is authorized 155 beds (58 medicine, 37 surgery and 60 spinal cord injury). The Uptown Division, three miles away, has 315 authorized beds (68 beds in psychiatry, 15 in blind rehabilitation and 40 medical rehabilitation beds). A 132-bed Restorative/Nursing Home Care Unit and 60-bed domiciliary are also located at the Uptown Division.

CNVAMC and Dwight D. Eisenhower Army Medical Center at Fort Gordon entered a joint venture to provide cost-effective sharing of resources between the two health-care facilities in the Augusta metropolitan area. In 2004, an Active-Duty Rehab Care Unit was opened to treat OEF/OIF active-duty military personnel who required rehabilitation.

Gastroenterology Consult Delay

CNVAMC leadership first learned of delays in providing gastrointestinal (GI) services to veterans on Aug. 30, 2012. Of the 4,580 delayed GI consults, a quality management review team determined 81 cases for physician case review. Seven of the 81 cases may have been adversely affected by delays in care. Six of seven institutional disclosures were completed, and three cancer-related deaths may have been affected by delays in diagnosis. Factors contributing to the 4,580 patient backlogs included a large number of baby boomers turning 50 and requiring screening, the medical center's non-anticipation of a spike in GI consult demand, lack of an integrated database for tracking GI procedures and GI physician recruitment challenges.

To resolve the GI consult delay and enhance services throughout the medical center, CNVAMC's newly appointed director established a governance council comprised of service chiefs who provided daily management and oversight and reported to the director. CNVAMC also requested support from Veterans Integrated Service Network (VISN) 7 and the Department of Veterans Affair Central Office (VACO), created an internal database to more effectively track GI procedures, hired and realigned staff to meet the demand for services – including cross-training intermittent radiology technicians and nurses – reengineered processes within the endoscopy suite to address patient flow and improve efficiencies, offered weekend and holiday clinics to increase in-house capacity, procured additional supplies and scopes to fulfill increased internal demand, and negotiated agreements in the community to provide expedited procedures.

As of October 2012, the GI Task Force had completed consult management, capacity expansion, data management, patient notification and GI clinic staff training. All patients from the original population of 4,580 patients were addressed and placed in a final disposition status by November 2012.

According to management, the GI consult delay justified a pay increase for VA-employed gastroenterologist physicians who receive a salary 20 percent less than medical facilities in the area offer. This pay increase led to the facility's recent ability to hire a GI chief.

Budget

CNVAMC budget for fiscal 2014 is $355.4 million. Priority funding areas for the five-year medical center plan are emergency room contracts, sterile processing system, polytrauma-amputation network, rural health initiatives and and enhanced sharing agreements.

Over the past 10 years, major budget initiatives included Cultural Transformation, OIF-OEF, Expansion PTSD Case Management of OIF-OEF veterans, suicide prevention, inpatient beds, patient privacy, redesign E-Wing Spinal Cord Injury, health care for homeless vets, environmental safety, tele-health, PTSD tele-health, innovations in long-term care and enhanced women veterans care, caregiver support, employee debt-reduction program, employee incentive scholarship program and national nursing education initiative.

CNVAMC has experienced problems in complying with Executive Order 13360, which mandates federal agencies to allocate at least 3 percent of their contracting dollars to service-disabled, veteran-owned small businesses (SDVOSBs). While spending 3 percent to budget on SDVOSBs is good overall, medical facility staff indicates situations where choosing small businesses could be a detriment in that they may not have the immediate resources available to treat our patients when needed. Examples include ensuring quality control for supplies and products required for sterile environments. Also, small companies may not

be able to absorb the cost of stocking sizes of implantable devices that need to be available in emergency situations.

If CNVAMC had the resources in the budget, the facility would start an advertising campaign to recruit quality staff, increase enrollment at the facility and combat the negative local press.

With additional resources, CNVAMC could design an observation room to fill the gap in health-care services for veterans who don't meet the criteria for inpatient care, but would benefit from more attention and a longer stay in the facility.

Staffing

CNVAMC faces recruiting challenges based on Office of Personnel Management (OPM) salary caps, lower-than-average pay compared to local medical facilities (generally 20 percent lower) and negative media attention. The top occupations considered hard to fill for CNVAMC are medical officers (psychiatrist, orthopedics, emergency, hematology/oncology, optometrist and neurology); nursing; general engineering; biomedical engineering; pharmacist; medical technologist; physical therapist; occupational therapist; and physician assistant. The Pain Management Clinic closed in May 2013 due to loss of pain-management staff.

CNVAMC Human Resources projects 587 employees will retire between fiscal 2014-2019. Areas of shortage and high vacancies are nursing; radiology (ultrasound technicians, diagnostic radiological technicians, etc.); gastroenterology (GI) (physicians and technicians); and neurologists.

Ninety-one nursing staff employees turned over from March 2013 to February 2014. HR prepared two nurse pay adjustment requests in 2013; both were denied due to the pay freeze. Salaries have been frozen for three years. The pay freeze and non-competitive salary makes it difficult for CNVAMC to attract and retain the nurses needed to provide quality care to veterans. Though the facility implemented a nurse residency program, nurses depart the medical center after the are trained to work at one of the other eight medical facilities in the area offering higher salaries. Hospital staff and patients suffer due to lack of continuity.

Positions filled by staff in acting leadership roles include fiscal, imaging, nursing, specialty care, Associate Nurse Executive for geriatrics, nurse manager Critical Care Unit, and Associate Chief of Staff for affiliations and education.

Areas and grades impacted by OPM cap decisions include security, human resources, general administration, mail and file, accounting and budget, health aide and technician (optometry and optician), hospital housekeeping, legal, claims assistance, purchasing, biomedical equipment support, IT, custodial, industrial equipment boiler plant operator and utilities system operator. With OPM downgrades to several key GS-5 and 6 positions, the facility is experiencing difficulty recruiting for these positions and if they have to backfill a position, it is downgraded a GS level making it difficult to recruit and retain these employees.

Enrollment/Outreach

Currently, the facility is challenged with negative media coverage. To increase outreach, grow enrollment and attract good talent, the medical facility is looking for opportunities to improve its image. Until advertising and marketing projects are funded, the staff will continue to partner with Fort Gordon and Augusta Wounded Warrior Project to target outside audiences and provide information on accessing mental health services at CNVAMC.

CNVAMC psychologists educate care providers on suicide and trauma warning signs, and appropriate screening procedures. These efforts are expected to increase the ability to identify and provide treatment for at-risk patient groups. Facility staff provides presentations in the community for non-VA providers who encounter veterans in their daily work.

Suicide prevention staff works with the VA to enroll non-enrolled veterans who are referred by the Veterans Crisis Line. Following the suicides of two local students, the staff partnered with the local school district to implement suicide risk reduction efforts. Additionally, the suicide prevention teams target veteran and non-veteran populations, as family members and friends benefit from suicide risk reduction efforts.

Mental Health

In the past few years, the military sexual trauma (MST) program expanded to include psycho-educational groups for new referrals and additional specialized treatment options for men and women veterans who experienced MST. CNVAMC placed a full-time psychologist in the women's clinic to screen women veterans for MST and ensure the patients receive required treatment.

Effective July 1, 2013, CNVAMC increased access to mental health services by expanding the Mental Health-Primary Care Integration (MH-PCI) program; specifically, the facility integrated psychologists into four of five primary care teams. MH-PCI's fiscal 2014 goals are to identify at-risk patients and introduce appropriate intervention therapies, and to augment MST therapy staff to provide improved access for patients.

CNVAMC provides integrated mental health-care services in the women's primary care clinic. Women can receive walk-in, same-day appointments addressing mental health concerns common to the primary care, including depression, mood and anxiety disorders, intimate partner and domestic violence, parenting or marital concerns, family-related stress, and post-

deployment adjustment or PTSD. Gender-specific treatment groups and providers are offered to women veterans in the MST program.

CNVAMC's PTSD treatment is evidence-based. The facility employs cognitive processing therapy, prolonged exposure and cognitive behavioral therapy for depression and insomnia. Complementary and alternative medication treatments available to mental health patients include relaxation classes, mindfulness classes and biofeedback.

With the facility's expansion of MH into primary care, administrators would like to hire more psychologists and psychiatrists for each of the PACT teams.

Construction

CNVAMC recently completed a pre-op and operating room redesign. Prior to the redesign, pre-op patients were wheeled to the operating room through public areas, including the waiting room. With the redesign, patients are now afforded pre-op privacy.

Patient Advocate

CNVAMC is pursuing a *60 Points of Contact* patient advocate ambassador program to remove barriers preventing veterans from receiving quality care in a timely manner and to improve the facility's 2011-2013 SHEP average patient satisfaction ratings. Currently, the patient advocate office fields 300-400 complaint calls per week, ranging from parking to surgery issues. The top three complaints are:

- Aaccess – the time it takes to get an appointment, to be seen once an appointment is made, and to receive medications and supplies;
- Decision preference – disagreement with treatment plan, medication, and services; and
- Coordination of care – referrals, within the system and on the outside, and transition from inpatient to outpatient – specifically follow-up care.

The Points of Contact program is a medical facility cultural transformation program designed to empower nurses and or designated points of contact in service lines to solve complaints at the source. If the issue cannot be solved in the appropriate service line, it will be forwarded to the patient advocate. Service line ambassadors will be featured on Target Vision (medical facility TV) and Facebook to publicize their role as ambassadors. Empowering nurses and staff to solve problems will free patient advocates to do more rounding and have more time to educate congressional staff on medical facility initiatives.

CNVAMC leadership is considering removing nursing stations to create a more patient/family-centered care atmosphere, rather than perceived nurses-vs.-veterans atmosphere.

Town Hall Meeting

Originally scheduled to discuss the medical center's handling of the *gastrointestinal consult backlog,* the veterans health-care town hall meeting March 10 at American Legion Post 205 in Augusta created an opportunity for local veterans to share their concerns about the quality of VA medical care they receive at Charlie Norwood VAMC.

Rather than focusing on the GI backlog, veterans at the town hall meeting voiced concerns with the medical center's ability to provide other timely specialty care, specifically pain management and eye care. One veteran waited eight months for a pain-management appointment, and wait times for eye care appointments averaged six months, coupled with prescription inaccuracies. VAMC staff confirmed 3,100 patients are on the eye care waitlist. Veterans and family members mentioned problems with receiving service dogs, information sharing and caregiver resources.

The meeting had more than 70 attendees, including staffers from Reps. John Barrow and Paul C. Broun and Sen. Saxby Chambliss' offices, family members, and several staff from the VA medical center. Several audience members expressed dissatisfaction with their health-care services. The SWS Task Force shared issues, concerns and best practices discussed during the town hall meeting with appropriate leadership at the medical center.

Best Practices

CNVAMC has done an excellent job improving quality of care associated with pressure ulcer prevention and monitoring. The medical facility executed a pressure ulcer plan, and replaced 100 percent of the beds in the spinal cord injury and specialty units with low air loss mattresses, designed to reduce pressure ulcer formation.

The facility implemented a Wound Care Champion Team that places cartoon paw prints outside the doorway of rooms of at-risk patients and who make rounds on Wednesdays to check all non-ambulatory patients.

These best practices promote early detection and reduced development of hospital-acquired pressure ulcer rates to below the national benchmark.

Facility Challenges & Recommendations

Challenge 1: CNVAMC needs to increase transparency, provide crisis information immediately, and provide general health care

information on a regular basis. CNVAMC also needs improved communication with the local community, including media representatives, potential hires, current employees, veterans service organizations, family members and patients.

Charlie Norwood is faced with negative news stories based on 18-month-old information because the communications team is not empowered to address steps VA has taken in reducing the backlog and report that it has been resolved. With two sides to every story, Charlie Norwood and the VA are missing opportunities to restore veterans' confidence in their health-care system, entice new veteran enrollees, and entice future hires in an economy where potential employees can work at other local, better-publicized medical facilities with hire wages**.**

Recommendation: The American Legion recommends strategic communication improvements at the VA Central Office (VACO) level by empowering the CNVAMC public affairs office and other VAMCs to share information immediately, especially when responding to local media. Since patient safety is first and foremost, VACO should delegate public disclosure and notification release at each of their VA medical centers, especially in response to crises such as the possible link between GI backlog and three cancer-related veteran patient deaths. According to discussions with CNVAMC staff, the medical center had a communications plan to address GI backlog developments, but the timely release and approval of information from VACO leadership prevented timely notification. VACO should examine its communication structure and policies, and harness opportunities to reduce time in responding to crises, along with delegation of authority, responsibility and accountability to local VA facility leadership to effectively and efficiently respond during a crisis.

Challenge 2: CNVAMC is understaffed in nursing, biomedical engineering, and several specialty areas, and faces recruiting challenges based on OPM salary caps, lower-than-average pay compared to local medical facilities (generally 20 percent lower) and negative media attention.

Recommendation: The American Legion recommends the medical center continue recruiting and ultimately hiring staff by requesting OPM lift pay freeze limits and offer salaries competitive to the local market.

Challenge 3: CNVAMC's ER check-in desk does not allow for patient privacy due to its layout and staff not being able to discuss patient needs privately.

Recommendation: The American Legion recommends CNVAMC build or redesign the ER to accommodate privacy.

Challenge 4: Patient advocate is faced with overwhelming workload and reports to communications team.

Recommendation: The American Legion recommends reorganizing the reporting structure to separate communications/marketing and patient advocate responsibilities. The American Legion suggests that the patient advocate reports directly to the nursing executive. If the patient advocate reports to the nursing executive, the *60 Points of Contact* ambassador program will be easier to restructure with timely response and speed up implementation of patient ambassadors and advocates within each service line and with front line staff.

Challenge 5: The facility has significant wait times and patient concerns with eye and pain care.

Recommendation: The American Legion recommends expanding the eye clinic to accommodate patient demand. Both optometry and pain management are difficult positions to fill – so much so the Pain Management Clinic closed in May 2013 due to loss of pain management staff. The American Legion recommends closer tracking and coordination of non-VA eye care and pain management care until CNVAMC is able to fill staff positions. The American Legion also recommends hiring a pain specialist with training in Complementary and Alternative Medicine.