



VA PITTSBURGH HEALTHCARE SYSTEM (UNIVERSITY DRIVE CAMPUS) | PITTSBURGH, PA

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Overview

The University Drive campus of VA Pittsburgh Healthcare System (VAPHS) is located in Oakland, adjacent to the University of Pittsburgh's Petersen Events Center, and was built in 1954. With 146 beds, University Drive provides medical, neurological and surgical care, in addition to receiving the most outpatient visits of all VAPHS facilities.

University Drive's surgical program is always on the forefront of the latest advances in surgical techniques. For example, it was first in the country to perform open-heart surgery on a patient who was awake and talking (2000); first in VA to have radio frequency cardioblation for atrial fibrillation with Medtronic cardioblate RF ablation surgical handpiece (2001); and the first in the state to have cardiac mapping/ablation, a procedure performed using Hansen Sensei Robotic System (2008). University Drive also is home to national, independent liver and renal transplant centers, along with a regional cardiac surgery center and an oncology referral center. The University Drive's Women Veterans Health and Renal Dialysis programs have earned recognition as National Centers of Clinical Excellence.

For the future veterans, VAPHS will continue to leverage technology through utilization of Telehealth, MyHealtheVet and other interactive care modalities. VAPHS will offer veterans expanded choices regarding the health care they receive and remain a competitive force in the community health-care market by offering the same, if not enhanced, treatment alternatives.

Legionella

In April 2013, VAPHS was investigated by the VA Office of Inspector General (OIG) in order to evaluate whether VAPHS was adequately maintaining its system for preventing Legionnaires' Disease (LD). VAPHS has a long history of comprehensive mitigation efforts for LD. Following the recent outbreak, VAPHS instituted numerous additional measures. However, OIG found that while employing copper-silver ionization systems during 2011-12, VAPHS allowed ion levels inadequate for *Legionella* control to persist. There was a lack of documentation of system monitoring for substantial periods of time and inconsistent communication and coordination between the Infection Prevention Team and Facility Management Service staff.

After conducting a Root Cause Analysis (RCA) on *Legionella*,

the report found that not everyone understood their roles and responsibilities with *Legionella*, which led to the establishment of a Water Safety Committee in January 2013. The Water Safety Committee provides oversight on all issues related to the ongoing mitigation of *Legionella* in the water distribution system. The committee meets twice a month and reviews ongoing remediation efforts, assures policy adherence, testing schedule adherence and records maintenance, with the goal of assuring that VAPHS water supply is safe for the consumer.

While VAPHS now claims it is the "safest medical center in the country" when it comes to testing for *Legionella*, the System Worth Saving Task Force discussed the medical center's challenges with transparency and public relations, and recommended that the medical center make better use of getting the word out to veterans service organizations and communicate its aggressive approach taken to test the water.

Budget

In fiscal 2004, VA moved from a single appropriation model to a three-appropriation model for budgeting and tracking expenditures. In fiscal 2007, a two-year appropriation was created for the Office of Information and Technology. In 2012, this appropriation was changed from a two-year to a one-year appropriation. Specific Purpose fund programs were created in fiscal year 2011. These funds are allocated to the medical center for special initiatives such as mental health, homeless programs, etc. During the 2011 budget approval process, Congress approved an advance appropriation for 2012. This has carried forward each year so that the Veterans Health Administration does not have to worry about continuing resolutions and is not adversely affected by government shutdowns.

VAPHS has also been able to reduce the cost of Non-VA Care Coordination by reducing the average number of days it takes veterans to be admitted to Community Living Centers from 36 to 30. Another way VAPHS reduced costs was having physical therapy added to Community-Based Outpatient Clinics, rather than having physical therapy fee-based.

For fiscal 2014, the VAPHS's budget is \$561,999,102, allowing the medical center to maintain its levels of service and open enrollment. The medical center's goal is to continue to add as many veterans to its program as possible. VAPHS has worked



on becoming more efficient in operations to reduce cost in order to not reduce programs. This was accomplished with their vigorous Veterans Equitable Resource Allocation program that utilizes education to providers and audits to ensure proper coding of each veteran's care. In regards to a future sequester, VAPHS explained that if there were to be a 10-percent decrease, the cut could affect the funding received for medical equipment.

Staffing

Since 2003, VAPHS's staffing has undergone the following initiatives: 50 new positions and approval to backfill 19 vacancies in Mental Health; the expanded use of Tele-Health to expand the reach to veterans; Telework Expansion Initiative; and the Patient Aligned Care Team Initiative, which involved the Veterans Health Administration's Primary Care Program Office adopting the Institute of Medicine's definition of primary care, –the provision of integrated, accessible health-care services by clinicians who are accountable for addressing a large majority of personal health-care needs, developing a sustained partnership with patients, and practicing in the context of family and community.

Police Officers have experienced a high turnover for fiscal 2013. Also, VAPHS is always recruiting physicians and is currently recruiting for 20 physicians. The medical center has had difficulty recruiting experienced candidates for facilities positions (plumbers, engineers, etc.). VAPHS also had high turnover rates in Housekeeping and Medical Support Assistant positions, but has utilized successful strategies to overcome these challenges, such as utilizing open continuous announcements, partnering with Veterans Benefits Administration for recruitment of veterans and developing training programs. The staff also expressed concern over the medical center's inability to offer competitive salaries for physicians and has been unable to recruit Emergency Department physicians.

In fiscal 2015, 609 employees will be eligible to retire, and based on the current FTE level, this equates to 18 percent of the workforce. VAPHS uses various tools to ensure succession planning, such as doubling encumbering positions/temporarily hiring above ceiling to avoid delays and ease transitions' use of Leadership, Effectiveness, Accountability, and Development)/Leadership Development Institute to identify and train future leaders; creating and utilizing of Workforce Development Section in Human Resources to assist employees with professional development needs; and the development of Medical Support Assistants training program and open continuous announcements.

Enrollment/Outreach

With the recent implementation of the Affordable Care Act (ACA), the projections estimate an additional 20,100 veterans

would enroll as a result of the ACA mandate, and VA would lose approximately 9,300 veterans to the insurance marketplace. This will result in approximately 10,800 new enrollees over the next three years as a result of ACA.

VAPHS admits that it is too soon to really gauge what the impact on enrollment will be, since the ACA requirements and the health insurance marketplace are still in the early stages of implementation. The estimates on enrollment it currently has will likely continue to change as program implementation continues to progress. VAPHS currently has 76,225 veterans enrolled, 52,321 unique users, and 207,524 veterans in their catchment area.

Outreach has improved and grown since 2003. Development with the outreach program has allowed VAPHS to attend more events and build better relationships with local organizations to reach veterans and their family members. Since fiscal 2007, VAPHS has had 77,381 cumulative first-time users at the medical center. More than 2,100 new enrollment applications have been entered into the VAPHS system for fiscal 2013, and the outreach program has coordinated more than 100 events each fiscal year since 2010 and plans to expand by 15 percent for 2014.

In fiscal 2014, the Outreach program plans to expand the open house events to all five Community Based Care Outpatient Clinics. The event will encompass expansion of veteran engagement in treatment services, new enrollment, and clinical staff's personal interaction with veterans, as well as growth in vesting appointments for our rural areas. The Outreach program also plans to increase its emphasis in expansion of participation in minority veteran-centered events (i.e. woman, Hispanic and Latino, Pacific Islanders, African American, gay and lesbian veterans), with the goals of growth of this specialty to at least 12 monthly events for 2014.

While VAPHS is counting the number of outreach events, it is unable to determine the number of veterans that enrollment increased by or have a baseline goal to increase the number of veterans in the catchment area that are enrolled.

While the outreach program remains challenged to reach younger veterans, the program plans to develop relationships with more local universities and colleges to support student veterans and educate them on their health benefits and VA programs. Goals for fiscal 2014 are to reach three new universities and colleges.

In an effort to increase collaboration and partnerships, The American Legion recommended that VAPHS work with Pennsylvania state veterans offices to send a survey on veterans benefits, since VA is precluded from sending surveys due to the



Office of Management and Budget's Paperwork Reduction Act. The American Legion also recommended partnering with VBA when a veteran receives a service connection to share the veterans contact information to encourage the veteran's use of their health benefits.

Mental Health

With the closing of Highland Drive Campus, Behavioral Health moved to University Drive and the Heinz campus. Over the past 10 years, Clinical Video Telehealth (CVT), as a modality for virtual care, has increased significantly to Vet Centers, Community-Based Outpatient Clinics (CBOCs) and other VA medical centers via the development of the "Telehealth Hub" (a specialized program of Behavioral Health that provides CVT to Veterans Integrated Service Network (VISN) facilities and in the planning for VISN CBOCs), and treatment at home via personal laptops (virtual care).

VAPHS has also met the five national measures for mental health, and has a Behavioral Health Lab that is active making calls to Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn veterans, and active with the CBOC and with primary care integration. Behavioral Health provides evening hours and groups, and is now participating with primary care for joint primary care and behavioral health evening hours on Wednesday and Saturday morning. In an effort to reduce the stigma surrounding veterans with PTSD, VAPHS re-named PTSD "Combat Stress Recovery."

VAPHS is challenged with the limited amount of Complementary and Alternative Medicine therapies offered as an alternative to treatment, as well as the collaboration with pain specialists and efforts to reduce medications.

Over the next five years, VAPHS intends to expand Behavioral Health to medical centers that have trouble recruiting qualified psychologists and psychiatrists through the use of "Telehealth Hub" and utilizing CVT as the modality. VAPHS will also explore additional virtual care opportunities for veterans. The American Legion recommended that VAPHS follows through with this plan.

Intensive Care Unit

Since 2003, the Critical Care Service Line at VAPHS introduced a system to control glucose and reduce the incident of infections in open-heart patients that has been very successful. The Glycemic Expert for Nurse Implemented Euglycemia (GENIE) provides recommendations for insulin administration, via both drip and bolus, using a unique algorithm based on several parameters. Glucose GENIE has been demonstrated as effective in VA hospitals and will reach its full potential and widespread ad-

aptation through partnership and commercial licenses. Critical care has also implemented other systems to control infections such as Ventilator Associated Pneumonia protocols and line infections. Another initiative has made it possible for critical care physician services to be on site 24/7 for emergency response, ensuring a high quality of care for patients.

VAPHS is a tertiary care facility classified as a Complexity Level 1A facility with 37 Intensive Care Unit (ICU) beds and a sixteen-bed Emergency Department. The facility has a dedicated surgical ICU run by board-certified critical care physicians and highly competent nurses. Intensive care services provide post-liver and kidney surgical transplant care. While the ICU beds are fully staffed with doctors and nurses, there is a current need for a director within the Emergency Department.

For the future, program goals for the Critical Care program focus on working with the Emergency Department and other clinical areas to improve patient flow throughout the facility. The goal is to decrease patient wait times in the Emergency Department and improve customer service and patient satisfaction. Critical Care continues to work on clinical goals, including lowering infections associated with line complications and Ventilator Associated Pneumonia. Critical Care is also pushing to expand the use of simulation training and Out of Operating Room Airway Management.

One goal for fiscal 2014 is to open a new Step-down Unit to increase the number of beds in the facility. This new state-of-the-art unit will add an additional eight step-down beds and ensure more patients receive the appropriate level of care.

Long-Term Services and Support

Since 2003, VAPHS has added a new 1 North nursing unit with all private rooms and spacious living areas. VAPHS has also figured out a unique way to help wounded veterans transition successfully from their hospital bed to their own bed at home with "MyHOME," a 1,200-square foot home with different flooring types, adjustable lighting, countertops and cabinetry at different heights to promote a safe, confident transition to home. VAPHS has also made upgrades to the Mason Pavilion and courtyard with raised gardens, lighting, new shrubbery, etc.

Currently, VAPHS's Community Living Center (CLC) offers two skilled nursing care units, two long-term care units, a locked dementia care unit and a hospice unit. The CLC also offers a dedicated intensive rehabilitation service on a skilled-care unit, palliative care and pain-management services throughout the facility, and respite-care services. VAPHS has 210 long-term care beds, with 40 under renovation.

VAPHS plans to improve appropriate patient flow from Unre-



lated Donor; expand Veteran Centered Care (VCC) - expand the pilot enhanced medication reconciliation program from one of the skilled nursing units to include both skilled nursing units to include both skilled nursing units, and by asking all service lines to develop and implement VCC projects in 2014. VAPHS also aims to advance cultural transformation; promote the use of the Get Well Network, an entertainment system with email and interactive patient/resident care potential; initiate a recovery model for veterans with chronic severe mental illness; design, recommend, and achieve consensus regarding a CLC model of care (number, size, and type of nursing units; staffing, provider coverage; etc.) and implement the model; and plan for the integration of physicians and Certified Registered Nurse Practitioners in anticipation of CRNPs becoming Licensed Independent Practitioners (LIP) within the next two years. The CLC is a component of the VAPHS Strategic Plan.

Homeless Coordinator

In 2003, the beginning of grant and per diem (GPD) transitional housing programs in VA Pittsburgh Health Care for Homeless Veterans Program (HCHV) was initiated. Presently, there are three sites: Shepherd's Heart Fellowship (12 beds), Veterans Place of Washington Boulevard (48 beds) and Mechling-Shakley (268) Veterans Center (54 beds). In 2005, the Department of Housing and Urban Development Veterans Affairs Supportive Housing (HUD-VASH) program began offering permanent housing for homeless veterans and their families by offering 50 vouchers. Today, there are presently 280 vouchers. In 2010, the Contract Residential Housing Program began with Shepherd's Heart Fellowship (five beds). Presently, there are three Contract Residential Housing sites with Shepherd's Heart Fellowship (three beds), Tomorrow's Hope (five beds) and the new site of the Orr Center (three beds). In addition, The American Legion-sponsored Coraopolis Supportive Housing Program continues to be a crucial housing site for veterans and their families, offering a two-year transitional housing program. Case management with clinicians of the Health Care for Homeless Veterans (HCHV) Program is given to each veteran in all housing programs.

VAPHS plans to continue to expand and grow in all of its programs with more services and more housing for homeless veterans. The HCHV Program Coordinator represents the VA and homeless veterans as a member of the Allegheny County Continuum of Care Committee Homeless Advisory Board. She also serves as a board member of the Allegheny County Department of Human Services Community Services Advisory Board, in addition to the Peer Support Specialist of the HCHV Program. The HCHV Program has an established relationship with HUD, the Allegheny County Housing Authority, the Veterans Leader-

ship Program and the collaboration with the SSVF Grant, various community partners that are involved with the transitional housing programs of GPD, contract residential housing and supportive housing, and community shelters, Veterans Courts, the Allegheny County Jail, magistrates and many community organizations across counties that are active with the homeless veterans programs.

Information Technology

Since 2003, VAPHS's Information Technology (IT) has had several upgrades and additions, such as the new data center that was installed at H.J. Heinz Campus in 2004. VAPHS also activated five new buildings, regionalized IT support in 2006, closed the Highland Drive Campus in an effort to consolidate the new Research Office Building, and made all the proper upgrades to their office software (Windows, Microsoft Office, etc.).

During the Legion's town hall meeting, veterans praised VAPHS's website, as well as its ability to refill their medication online, and the use of MyHealtheVet. However, they did cite some challenges with the medical center's scheduling and phone system. One veteran had waited more than eight months to have his eye taken care of, and another veteran mentioned the difficulty of obtaining an operator on the phone. According to VAPHS, the average appointment wait time for a new patient appointment is 21.6 days; primary care is 25 days for a new patient, one day for established patients, and 41.7 percent of new patients are seen within 14 days of their desired date. The average appointment wait time for a specialty care appointment is between two and 60 days, 73.6 percent of new mental health appointments are completed within 14 days of the create date, and 99.3 percent of established mental health patients have a scheduled appointment within 14 days of the desired date.

Centralization has remained a challenging issue for VAPHS. To date, the centralization of IT services has not had a positive impact on the medical center. Many times, when troubles escalate they are returned to the local facility for resolution. The local facility can't help because the personnel with the expertise to solve the problem have gone to the centralized service line. Centralization also has caused confusion for the customer requesting help. Many times, they don't know if it's local, regional or national support that would help with their problem. Local facilities have many unique systems/configurations that are foreign to anyone other than the local staff.

VAPHS plans to increase Telehealth Services (CVT, Home Telehealth, and Secure Messaging); mobile computing opportunities (Applications and devices); and the use of Server Virtualization and data storage capabilities; and implement the Standard National Service Oriented Staffing Model. VAPHS also intends to



continually increase the level of customer service, reduce pending trouble tickets by 20 percent, and obtain appropriate staffing level to support the hospitals, and assist VHA in the installation and expansion of veteran wireless internet access.

Construction

Since 2003, VAPHS has completed six major construction projects throughout the University Drive and H.J. Heinz Campuses: in 2007 they finished a parking garage for \$37 million, in 2008 the Veterans Recovery Center for \$17 million was completed, in 2009 the Administration Building for \$17 million was completed, in 2011 the Ambulatory Care Center for \$38 million was completed, in 2012 the Consolidation Building was completed for \$76 million, and the Research Office Building was completed in 2013 for \$32 million.

Currently, the University Drive Campus is modernizing its Intensive Care Unit beds, adding new elevators and constructing a loading dock enclosure. In regards to the modernization of ICU beds, one veteran at the town hall meeting reported that the construction was being completed too close to where she was receiving care. Also, the addition of new elevators will benefit the medical center, as it was a challenge to use the elevators currently at the medical center. During the System Worth Saving Task Force's visit, a veteran had expressed her concern with the noise and vibrations caused by a jackhammer near the medical center's surgical units. When following up with the medical center, it was expressed that there was construction nearby, but it was for a short duration of time and no harm was caused to any patients.

During the next five years, the University Drive Campus will: expand operating rooms; renovate clinics for Medical and Minor Surgical Procedures; renovate for Wet Labs in the Research Office Building; make an addition to the Research Office Building for Animal Research; and renovate Upper Clinics for Patient Care to address expanding programs and closing condition gaps in the Strategic Capital Investment Plan, which will be phased to include renovation of one wing at a time. The University Drive Campus also plans to upgrade the plumbing, electrical and heating, ventilation and air conditioning.

Patient Advocate

At VAPHS, patient satisfaction is measured by the rate at which patients rate their care a "9" or "10" out of a possible 10. In the less quantitative, VAPHS defines patient satisfaction as having patients who feel respected and honored at the medical center, and who are engaged as active partners in their health care.

The patient advocates respond to and resolve complaints and concerns brought by veterans and their families, as well as func-

tions as a resource and point of contact for information about VA. While many of their contacts involve customer service complaints or clinical concerns, there are also patients and families seeking general information or assistance in navigating the system. The chief concern received by VAPHS is with the veterans' benefits process and the inability to waive the co-pay. During the town hall meeting, there were numerous complaints with the medical center's call center (i.e. reaching a live operator), as well as the challenging issue of scheduling an appointment with their primary care provider.

With patient satisfaction, VAPHS performs very favorably compared to both VISN and national averages. Fiscal 2013 has experienced a decline in a couple of metrics, notably "Willingness to Recommend" and "Overall Rating of Hospital." These declines appear to correlate to media coverage related to the *Legionella* outbreak.

Town Hall Meeting

The veterans' health-care town hall meeting took place at American Legion Post 577 in Pittsburgh, Pa., on Nov. 4, 2013. The purpose of the town hall meeting was to discuss the medical center's issue with *Legionella*, as well as the subtopics involved in the several areas of focus for the VA's accomplishments and progress in the past 10 years.

During the meeting, veterans expressed their disappointment with the medical center's ability to properly communicate how it was handling the *Legionella* outbreak. They also voiced their concerns with access to mental health care, reaching an actual operator with the phone system and getting access to the pain-management program. One veteran had to wait three months before getting into VA's pain-management program.

Nevertheless, veterans in attendance commended the medical center on the care received in the medical center's Intensive Care Unit, and the improved way that the medical center has been taking care of veterans receiving care for mental health. The veterans also held the medical center's initiative to end veteran homelessness in high regard, and complimented the medical center on how well its outreach has been to homeless veterans in Pittsburgh. The issues, concerns and best practices discussed during the town hall meeting were expressed to the appropriate leadership at the medical center.

Best Practices

VAPHS's Water Safety Committee has done an excellent job with improving oversight, detection and ongoing mitigation of *Legionella* in the water distribution system. Currently, VAPHS's practices include reviewing ongoing mediation efforts, assuring policy adherence, testing scheduled adherence, recording



maintenance and conducting appropriate follow-up concerns. The efforts listed exceed the Center for Disease Control and Prevention's recommendations of testing water for *Legionella*. The American Legion recommended that VAPHS's Water Safety Committee continue its more stringent testing for *Legionella*. VAPHS also needs to share its processes and protocols with other VA medical centers to prevent future outbreaks and elevated *Legionella* levels that could put veterans at risk for illness or death.

VAPHS has done a great job with reaching out to homeless veterans in the area and has exceeded the standard for national performance measures. For example, the national performance measure target for veterans discharged from the Domiciliary Care for Homeless Veterans Program or GPD who are given independent housing arrangements is 60 percent, VAPHS homeless programs reached 68.6 percent for fiscal 2013.

Facility Challenges & Recommendations

Challenge 1: VAPHS needs better communication with The Department of Veterans Affairs Central Office (VACO), as well as the local veterans' service organizations (VSO) in an effort to increase transparency and to let the veterans know of the progress made to prevent future *Legionella* outbreaks.

Recommendations: The American Legion recommends significant improvement with communication at VA Central Office with local VA medical center responses to crises, such as the closure of Ft. Wayne's inpatient programs and the communication crisis with *Legionella* Disease at Pittsburgh. According to VAPHS, and in anonymous discussions with VA Central Office staff afterwards, VAPHS facility staff had a press release and response to the crisis prepared, but VA Central Office's review process takes several weeks to a month, and the release was never approved by VA Central Office leadership. VA Central Office should examine its communication structure and policies to look at opportunities to reduce time in responding to crises, along with delegation of authority, responsibility and accountability to local VA facility leadership to more effectively and efficiently respond during a crisis.

The American Legion also recommends significant improvement with VA's communication locally with veteran service organizations. First, VAPHS should establish monthly VSO meetings to share information regarding new initiatives and concerns to veterans in the community so VSOs can distribute to their members in the hospital's catchment area. Second, the facility should mail a letter to all enrolled veterans explaining when the hospital knew of dangerous levels of *Legionella*, what *Legionella* is, what actions the facility has taken to make the hospital safer for current and future veterans, and a hotline to an-

swer questions or concerns. Third, the facility should routinely conduct town hall meetings to share information with the community, especially during times of crisis, to let veterans know what improvements are being taken and to restore confidence of veterans in the area.

Challenge 2: The lack of a director in the Emergency Department has caused several mismanagement issues, as well as a lack of communication between the Emergency Department and other departments in the medical center.

Recommendation: The American Legion recommends that VAPHS immediately hire for this critical position.

Challenge 3: VAPHS is currently understaffed with plumbers, engineers, medical support assistants and housekeepers.

Recommendation: In an effort to assist the medical center in areas that it is understaffed and improving veteran hiring at the facility, The American Legion recommended that the medical center install kiosks that will allow veterans to apply for positions within the medical center and, during VA outreach activities with The American Legion, invite VAPHS Human Resources to recruit veterans for jobs.

Challenge 4: VAPHS continues to struggle with the time lag offered with the Survey of Healthcare Experiences of Patients (SHEP) Program.

Recommendation: To conquer the time lag offered with the SHEP Program, The American Legion recommended that VAPHS implement the use of TruthPoint, Press Ganey or another short-term patient satisfaction measure, which will help support health-care providers in understanding and improving the entire patient experience. The VISN director, Gary Devansky, stated that he would review the request and see what assistance he can provide.