



ATLANTA VA MEDICAL CENTER | DECATUR, GA

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Overview

The Atlanta VA Medical Center (VAMC) serves more than 130,000 enrolled veterans living in 50 counties and 10 congressional districts in northeast Georgia. The Atlanta VAMC is comprised of a tertiary medical center with 12 additional sites of care. Since 2003, the medical center has expanded health-care services in the community by opening new community-based outpatient clinics (CBOCs) that bring services closer to home. These include CBOCs located in Austell (Cobb County), Blairsville (Union County), Decatur and Henderson Mill (DeKalb County), East Point and Fort McPherson (Fulton County), Lawrenceville (Gwinnett County), Newnan (Coweta County), Oakwood (Hall County), Stockbridge (Henry County), Trinka Davis Veterans Village (Carrollton County) and the Rome Outreach Clinic (Floyd County). In August 2012, the medical center opened the Trinka Davis Veterans Village as a multi-specialty CBOC and 27-bed Community Living Center (CLC). This combined facility provides improved access to health-care services to veterans in Carroll, Haralson, Douglas and Paulding counties. In May 2013, the Atlanta VAMC opened the Fort McPherson CBOC.

Atlanta VAMC has continued its efforts to improve access by using the latest technology available. Atlanta VAMC has a progressive telemedicine and telehealth program that gives veterans the opportunity to receive specialized care in a convenient manner. They have also implemented a tele-derm program, diabetic tele-retinal screening, tele-mental health services, and tele-audiology. For the future, Atlanta VAMC plans to implement tele-spirometry, tele-ICU, tele-CLC and a tele-sleep programs.

The System Worth Saving Task Force visited Atlanta VAMC during an unexpected snow storm, which condensed the trip to one day and had each department it was visiting with provide abbreviated interviews.

Mental Health

In April 2013, two VA Office of Inspector General (VAOIG) reports identified serious instances of mismanagement at the Atlanta VAMC that led to the drug overdose death of one patient and the suicides of two others. The VA Inspector General linked three patient deaths in 2011 and 2012 to mismanagement and lengthy waiting times for mental health care.

In one report, the VAOIG Office of Healthcare Inspections con-

ducted an inspection to assess the merit of allegations made by a complainant regarding Atlanta VAMC mismanagement and lack of oversight of a mental health (MH) contract. Following the inspection, the VAOIG recommended that the under secretary for Health take and rectify the deficiencies with respect to the provision of quality mental health care and contract management, keeping in mind the goal that veterans receive the highest quality medical care from either VA or its partners.

In another report, the VAOIG Office of Healthcare Inspections conducted an inspection to assess the merit of allegations that negligence and mismanagement by Mental Health Service Line (MHSL) leadership contributed to the death of a mental health unit inpatient at the Atlanta VAMC.

The confidential complainant alleged that this inpatient's death was due to failure of MHSL leaders to:

1. Establish effective unit policies
2. Ensure monitoring of unit inpatients
3. Staff the unit appropriately
4. Care about patients

Following the inspection, the VAOIG recommended that the under secretary for Health, the VISN and facility directors ensure that VHA develops national policies that address contraband, visitation, urine drug screens and escort services for inpatient mental health units.

The VA Office of Inspector General also recommended that the inpatient MH unit should employ safeguards for documentation that accurately reflect staff observation of patients, strengthens program oversight – including follow-up actions taken by leadership in response to patient incidents – and are equipped with functional and well-maintained life support equipment.

During The American Legion's System Worth Saving Task Force Visit, the Atlanta VAMC claimed that VAOIG has closed all of their recommendations.

The American Legion followed up with a conference call with Atlanta VAMC in an effort to further understand what happened and what steps are in place to reassure veterans' confidence in Atlanta's mental health care. The American Legion found that between 2009 and April 2013, the medical center had referred out a total of 4,912 veterans to the community for contract mental health care. During that time, the medical center



lacked a reliable process for determining the treatment status of its referred veterans. Atlanta VAMC's ultimate goal is to provide more, if not all, veterans mental health care in house, and the Community Service Board (CSB) contracts were the medical center's way of ensuring that veterans were receiving mental health care in a timely manner. The Atlanta VA strengthened its monitoring and management of its contract mental health program. The facility has reduced the number of contracts it has with mental health organizations (from 26 to six), and strengthened and added quality assurance monitors to the contracts. The Atlanta VAMC currently has 11 licensed clinical social workers/case workers embedded in the CSB sites to coordinate care for veterans, and there are improved mechanisms to track clinical and financial data for every referral. The average number of individuals assigned to each VA case worker is 180. An experienced supervisory social worker manages the embedded case worker program.

In order to reduce the number of veterans on CSB contract, the medical center needs space and staff in order to treat more, if not all, veterans in house. In 2015, the medical center plans to activate a new 86,000-square-foot outpatient annex and a 15,000-square-foot clinical addition that will provide space for additional mental health services. The VAMC is awaiting final congressional approval for its replacement clinic in Cobb County that will increase the clinic's size from 8,000-square-feet to 60,000-square-feet. With the inability of Congress to resolve the Congressional Budget Office scoring issue, more veterans are being treated outside the VA system.

The medical center has requested The American Legion's assistance in restoring veterans' confidence in the medical center, and the medical center plans to restore this confidence with increased communication, increased transparency and training for staff to directly communicate with veterans.

Budget

For fiscal 2014, the current budget for the Atlanta VAMC is \$646 million. During the time of the visit, the VAMC claimed its current budget accounts for any unexpected needs and requirements. The current budget will also allow the Atlanta VAMC to maintain its levels of service.

As far as major programs or initiatives that have happened since 2003, Atlanta VAMC is in the process of implementing Non-VA Care Coordination (NVCC) and Patient-Centered Community Care (PC3). For fiscal 2014, Atlanta VAMC has the goal of fully implementing both the NVCC and PC3 initiatives, as well as a 5-percent reduction in use of non-VA purchased inpatient care through increased capacity for inpatient care at the Atlanta VAMC.

Staffing

Since 2003, new leadership has been hired for the Human Resources Service Line. In addition, the Atlanta VAMC has recently hired several new HR staff members to manage an increased work load. The Atlanta VAMC has also implemented several web-based hiring and personnel management tools, including Web HR, USA Staffing and the implementation of an electronic Official Personnel Folder system.

Currently, Atlanta VAMC has areas of shortage or positions with high vacancies in the following areas: surgeons, psychiatry, gastroenterology, interventional radiology, non-interventional radiology, hematology, oncology, nuclear medicine, infectious disease, cardiology, critical care, sleep medicine, anesthesiology and radiation oncology. Atlanta VAMC is also challenged with a shortage of registered nurses assigned to the following hard-to-recruit units: Rome and Blairsville CBOCs, ICU, OR, Clinical Nurse Specialists, Interventional Cardiology and Nurse Managers. Further challenges are found with the recruitment of nurse practitioners and physician assistants specializing in cardiothoracic, urology and adult psychiatry.

For the future, the Atlanta VAMC's goal is to quickly integrate new staff into its facility to increase retention rates. Future staffing growth areas will include newly approved clinical initiatives in mental health and rural health, and the opening of a new medical specialty annex and a new CBOC in Cobb County. Atlanta anticipates a 13- to 15-percent increase in staff by 2019. The medical center also anticipates the top 10 occupations will be physicians, nurses, physician assistants, nurse anesthetists, HR specialists, psychologists, diagnostic radiologic technologists, occupational therapists, biomedical engineering and general health science.

Enrollment/Outreach

Since 2003, the medical center has continued to grow at a significant rate, serving over 90,000 veterans in fiscal 2013. To meet this growing patient demand, the medical center has expanded services throughout Georgia by opening new CBOCs; large health-care sites in Carrollton, Georgia and Fort McPherson; developing a Women's Wellness Center for Excellence at Fort McPherson; and implementing the Patient-Aligned Care Team (PACT) model. Concerning outreach, Atlanta VAMC has implemented outreach staff within several of its programs, including Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn Transitions and Care Management, Homeless Veterans, Crisis Intervention, and Trauma Recovery.

In fiscal 2012, the Atlanta VAMC had 449,635 veterans living in the 50 counties that comprised its catchment area. Of the



449,635 veterans, only 139,538 were actually enrolled. The two most significant barriers for Atlanta's enrollment are the capital planning process timelines and the contracting processes.

In an effort to increase enrollment, Atlanta VAMC's outreach goal is to expand its outreach efforts to student veterans on university and college campuses. It will establish more partnerships with student veteran organizations on each campus by setting up more monthly and quarterly seminars to educate student veterans about benefits and entitlements that are available. Representatives from the medical center will also increase attendance at community veteran events to increase enrollment and promote VA awareness.

Intensive Care Unit

Since 2003, Atlanta VAMC has implemented the following protocols into its Intensive Care Unit (ICU): sedation, mechanical ventilation weaning and hemodynamic monitoring. Atlanta VAMC has also introduced the use of bedside ultrasound, Ventilator-Associated Pneumonia bundles, and the Center for Disease Control guideline of preventing Central Line Associated Blood Stream Infections, as well as the prevention of pressure ulcers.

Atlanta VAMC currently has a high level of complexity, and the only ICU service it does not provide deals with neurosurgical care. The medical center has 24 beds that are designated ICU beds, and 55-60 percent of the ICU nurses have Critical Care Nurse certifications and uses Advanced Cardiovascular Life Support/Basic Life Support training simulation for certification of physician and nurses.

For fiscal 2014, Atlanta VAMC plans to fully implement a tele-ICU program, and over the next five years the medical center plans to include a virtual step down unit for the decompression of ICU and implement tele-ICU monitoring.

Long-Term Services and Support

Since the creation of the System Worth Saving Program, Atlanta VAMC has expanded its Home Based Primary Care; added a medical foster home; opened a Community Living Center (CLC) in Carrollton, Georgia; added a Palliative Care Unit; and implemented a Caregiver Support Program.

Atlanta VAMC currently has 271 operational inpatient beds with an average daily census of 139.3. There is a waiting list for veterans who wish to reside at a CLC; however, all qualified veterans are provided with contracted long-term care until a bed is available at the Atlanta VAMC main campus or Carrollton CLC.

For the future, the Atlanta VAMC plans to open more beds in the CLC located at the main facility, increase the beds to 45 on

its third floor and 20 on the second for a total of 65 beds, obtain certification as a skilled care facility for the Carrollton CLC and expand to 22 beds, increase the total active CLC beds to 87 by the end of fiscal 2014 and activate a total of 120 authorized beds.

Homeless Coordinator

Over the past 10 years, Atlanta VAMC has begun issuing Housing and Urban Development-Veterans Affairs Supportive Housing vouchers for permanent housing with a total allotment of 1,465. The medical center has also implemented the Health Care for Homeless Veterans initiative focused on moving veterans into permanent housing and housing veterans who are chronically homeless. The Supportive Services for Veteran Families grants have also been awarded to help with veterans at risk of homelessness.

For fiscal 2013, Atlanta VAMC reported that there were 6,652 homeless veterans in its catchment area (5,593 male/1,059 female). Also in fiscal 2013, 59 percent of veterans discharged from the Domiciliary Care or Grant and Per Diem Program were given independent housing arrangements. As for the community homeless programs funded by the VA, the following programs offer assistance to homeless veterans: Gateway, Transition House Inc., Salvation Army, Phoenix Rising, Mary Hall Freedom House, Hope Atlanta, Decatur Cooperative Ministries and Project Community Connections Inc.

For the future, the medical center's plan for homeless veterans involves designing innovative solutions to promote the identification, assessment and care of the homeless veteran population. The Atlanta VAMC will leverage information from the Homeless Registry to allow data sharing with HUD's Homeless Management Information System. In addition, the medical center plans to increase community outreach and community partnerships to increase services to homeless veterans.

Information Technology

Since 2003, Atlanta VAMC has implemented tele-health, the Fix-the-Phones program, new outpatient clinic activations, an upgrade to Windows 7 and veterans' points of service kiosks. In regards to the telephone system, veterans have continually complained about the VAMC phone system in fiscal 2012 and fiscal 2013.

While the centralization of IT has allowed for better IT standardization/security on a national level, it has also dramatically reduced funding, caused an inability to obtain adequate staffing support, and decreased collaboration between the Veterans Health Administration and the Office of Information Technology for project prioritization/funding. In regards to scheduling, the average appointment wait time for a new patient is 31 days,



primary care is 53 days, specialty care is 32 days and mental health is seven days.

For the future, Atlanta VAMC aims to improve internal customer service metrics (reduce customer response time/reduce repeat issues), upgrade the hospital wireless network, conduct a technical refresh of antiquated equipment, reduce operating costs, expand mobile technology, and ensure that IT is aligned to support the strategic plan for the Atlanta VAMC and the National Strategic Plan.

Construction

The first building constructed at the Atlanta VAMC was the Main Tower, which is 48 years old as of 2014. Over the past five years, the medical center has spent approximately \$20 million on Major Projects, approximately \$13 million on Minor Projects, approximately \$75 million on Nonrecurring Maintenance, and \$1.8 million to construct its latest leased buildings.

Currently, the Atlanta VAMC has not been funded for any Major Projects; however, they have submitted a Major Project proposal for review through the Strategic Capital Investment Planning Program. For Minor Projects, the medical center has an ER expansion project slated to be awarded in fiscal 2014. The medical center also has several Nonrecurring Maintenance projects planned and underway.

Patient Advocate

At the Atlanta VAMC, patient satisfaction is a measure of an individual patients' overall satisfaction with their health-care experience. Patient satisfaction indicators are measured, tracked and managed through multiple sources, including the Survey of Health Care Experience of Patients and Press Ganey.

Town Hall Meeting

The veterans' health-care town hall meeting took place at American Legion Post 1 in Atlanta Georgia on Jan. 27, 2014. The purpose of the town hall meeting was to hear from the veterans in Atlanta VAMC's catchment area on their quality of health care received at the medical center.

During the meeting, veterans primarily expressed their concerns with Atlanta VAMC's phone system, as well as the customer service provided. Other issues involved veterans needing assistance with their claims, which the System Worth Saving Task Force was able to connect those veterans with the right individuals for assistance.