



## **EASTERN COLORADO VA MEDICAL CENTER | DENVER, CO**

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### **Overview**

The Department of Veterans Affairs Eastern Colorado Health Care System (ECHCS), part of Veterans Integrated Service Network (VISN) 19, includes the 131-bed Denver Medical Center, two nursing homes, two primary care telehealth outreach clinics in Salida and Burlington, and seven outpatient clinics (CBOCs) located in Alamosa, Aurora, Lakewood, Colorado Springs, La Junta, Lamar and Pueblo. The two nursing home care units have a total capacity of 100 patients. Space constrictions in Denver necessitate leasing offices to house administrative functions offsite, such as human resources, fiscal, acquisition and material management. Denver VAMC is a major teaching facility affiliated with the medical, pharmacy and nursing schools of the University of Colorado Health Sciences Center. The medical facility supports the training of over 150 residents annually, and approximately 450 Allied Health students rotate through the facility for clinical experiences.

### **Staffing**

The VA Office of Inspector General, in a December 2013 report, attributed inadequate staffing – specifically, a 40-percent vacancy of VA ECHCS call center authorized registered nurse, medical support assistant, and pharmacy technicians – as contributing to call center failure to meet VHA targets for caller response and call abandonment rate. Since then, ECHCS filled 100 percent of the call center VA-scheduler positions, resulting in a decrease in dropped calls. However, three of the 10 GS5 new hires have already resigned. GS5 OPM classification may be an underlying factor for high turnover. Call center scheduling is a demanding front-line, customer service-oriented position and critical for providing timely VA patient health care and justification for a salary increase.

In the last four years, three ECHCS Human Resources Officers (HROs) departed. The newest HRO reported in 2013 and implemented an exit interview for resigning personnel to collect data and take internal facility corrective actions, if applicable, to improve employee satisfaction and prevent attrition.

Human Resources projects 8 percent of employees are eligible to retire between fiscal 2014-2019. High turnover and competition from outside agencies, specifically Kaiser, are creating shortages and high vacancies in nursing, licensed practical nurses, certified nursing assistants and medical support assistants. For example, ICU has 80 FTE nurses and 11 vacancies. Hospital staff

and patients suffer due to lack of continuity. To counteract attrition, ECHCS participates in the VA Learning Opportunities Residency program, allowing registered nursing students who completed their junior year in an accredited clinical program an opportunity to develop competencies at a VA-approved health-care facility.

OPM downgrades make retention and back-fill recruitment challenging, as current employees worry about their positions being downgraded, and new hires expect equal pay to their co-workers, making expectation management difficult.

Since 2011, ECHCS veteran employment has risen more than 9 percent, growing from 32.8- to 41-percent veteran staffing.

ECHCS is actively engaged in a program to increase staff satisfaction. Results from the 2013 all-employee survey reveal the lowest scores in promotion opportunity, and senior management and engagement in the organization. Research shows direct correlation between staff satisfaction/engagement and patient satisfaction/engagement. Addressing issues such as recognition, career development, empowerment, mentoring, leadership development and connecting employees to the strategic plan and mission of VA will reinforce employee commitment, decrease turnover and provide quality care to veterans.

### **Enrollment/Outreach**

Improvements to ECHCS's outreach efforts over the past 10 years include outreach events with stakeholders; engagements with all-era veterans – not just OIF/OEF/OND; increasing information distribution on women veterans health; caregiver support; suicide prevention; and increasing distribution avenues such as eBenefits, online applications, mail in and face to face.

To increase outreach, grow enrollment and attract good talent, ECHCS meets monthly with local VSOs, labor organizations, congressional representatives, non-profits, non-traditional veteran groups and the United Veterans Committee(UVC).

Challenges for enrollment include incomplete applications, high turnover of enrollment staff and waiting time for processing veteran applications. Additionally, the catchment area presents a particular challenge due to the size and diversity of the communities. One particular obstacle is the perception that southern Colorado veterans have been treated inferior to those in the Denver area. ECHCS is working with UVC and VSO to reverse these perceptions.



Of the 383,386 veterans in the catchment area, 114,640 are enrolled. The public affairs officer is actively visiting local campuses to meet student veterans and provide them VA benefits information. This program is under consideration to be expanded. Currently, the facility does not employ a full-time, dedicated outreach person; workload might call for one.

### **Patient-Centered Care**

The Office of Patient Centered Care & Cultural Transformation is educating ECHCS staff to engage a veteran goal-oriented health-care conversation, rather than simply managing symptoms. Changing the conversation to patient-centered health-care captures the voice of the veteran, empowering veterans to drive their health-care decisions to align with quality-of-life goals.

New patient-centered care components added since 2003 include human interaction; nutritional and nurturing aspects of food; human touch; family, friends, and social support; morning mindfulness; yoga; adaptive water sports; Healing Waters fly fishing; self-esteem; access to information; spirituality and diversity; and life skills.

Fiscal 2014 goals include implementing a healing garden with stations of recovery at the VA domiciliary, engaging staff and connecting them to the mission, and communicating patient-centered care as a core aspect of VA health care and not a “thing” to be implemented by a single office.

### **Women Veterans**

Plans for the new VA medical center in Colorado Springs include a separate women’s clinic, a separate waiting room and mammography units. However, with 5,000 women veterans enrolled in ECHCS, the current facility does not provide a dedicated women-PACT and women’s waiting room, convenient access to restrooms from examining rooms and a female OBGYN on staff.

### **Mental Health**

Over the past few years, mental health experienced an increase in demand for outpatient mental health services at ECHCS. An opportunity exists to improve access to general outpatient mental health clinics. Current patient prospective wait times less than 14 days average 79.35 percent compliance. This means 20 percent of patients do not see a provider within 14 days. ECHCS’s goal is to increase the percentage patient waiting 14 or few days for care from the current percentage to 96.33 percent by Aug. 1, 2014.

While waiting for construction completion of the new VA medical center, ECHCS is considering ways to implement patient and provider-required renovations to the mental health waiting area. These renovations will improve the waiting area environment.

### **Construction**

ECHCS’s new replacement medical center on the Fitzsimmons campus in Aurora, is still under construction – although the joint venture contractor, Kiewitt-Turner, has filed suit against VA in the Civilian Board of Contract Appeals. The case is expected to be heard by early June. The relocation team is coordinating with and adopting Colorado Children’s Hospital’s pre-move strategy to transition without jeopardizing patient care.

With only 900 parking spaces for 2,000 daily visitors, the Denver medical facility often receives complaints. Parking issues will be resolved once the new medical center is opened. In the interim, the Parking Task Force implemented parking garage wheelchair assistance to veterans during outpatient clinic hours, procured motorized golf carts, approached local churches to determine if they would permit parking on their properties, explored off-site valet parking options, and crafted a proposal asking the City of Denver to convert existing parallel parking near the medical center to angled parking. If adopted, this change would gain approximately 181 spaces.

The medical facility employs a robust telehealth program. The biggest challenge is finding dedicated space to operate telehealth clinics when the overall shortage of space for ECHCS is 329,638 GSF. Efficiency of design at the new facility and recently opened clinics in Pueblo, Golden and Colorado Springs will correct this space issue, along with other space issues in specialty care, outpatient mental health, research and administration.

Lamar CBOC, located in a FEMA trailer in a KOA trailer park since 2013, is without proper signage for veterans to recognize the location. According to VA, Lamar CBOC is in the process of being relocated and will address the lack of an emergency exit ramp.

ECHCS has a 10-year plan for addressing the increase of demand, which includes relocating and enlarging the Colorado Springs and Lakewood CBOCs. Colorado Springs will grow from 37,000 to 80,000 net usable square feet (NUSF) by fiscal 2015. To meet the demand for care in the western part of the city, Lakewood will expand from 2,200 to 35,000 NUSF. Planners analyzed veteran enrollee ZIP code data to guide site selections for the two clinics, which will have 20-year leases. The Aurora CBOC will relocate in 2018 to a site that will be identified by veteran enrollee data.



## **Patient Advocate**

The patient advocate office fielded 71 staff courtesy, 176 coordination of care (referrals and transition from inpatient to outpatient), 155 access and timeliness of care (calls not returned or answered), 106 emotional needs not met, and 116 disagreement with treatment plan, medication and services complaints during the first quarter of fiscal 14. Thirty percent of all complaints are related to Colorado Springs, Pueblo and Firm C.

The average wait time in the telephone queue before a staff member answers in the pharmacy call center is 571.43 seconds, possibly leading to the high number of complaints associated with new prescriptions and refills. Staff is working to improve the response rate within the pharmacy call center.

As part of ECHCS's customer service initiatives, nurses, first-line managers and supervisors are empowered and encouraged to resolve issues with veteran patients at the point of care, hopefully solving issues at the lowest possible level before escalating to the patient advocate.

## **Non-VA Care**

Health Net, under the new PC3 contract, is expected to find providers and build a provider network list, but the process is not working in the Colorado rural areas. While waiting for Health Net to compile a network list of acceptable, quality health-care providers in rural areas, ECHCS is continuing to use its previously approved providers, ensuring veterans are receiving timely non-VA care.

## **Homelessness**

Over the past 10 years, ECHCS consolidated homeless and vocational programs to streamline services. In 2012, the first in the country, VA Community Resource and Referral Center opened, providing a walk-in clinic where homeless veterans can be assessed for placement into housing programs, receive store items, receive consultation regarding VA benefits, do laundry and take showers. The Valor Point Domiciliary Care for Homeless Veterans, at the end of the light rail line, opened in 2013. It is staffed with doctors, social workers, nurses, therapy assistants, one pharmacist and one dietician. It provides secure and separate bedding for 10 women, the fastest-growing veteran population. VSOs visit weekly to help veterans complete and file claims. The homeless coordinator works with the claims department to expedite claims for homeless veterans or those in financial crisis.

ECHCS expanded the number of contract employers in Compensated Work Therapy, increasing placement of veterans into transitional work position, and created a homeless-PACT.

The medical facility partners with Member of the Metropolitan

Denver Homeless Initiative Continuum of Care and collaborates with community partners, including SSVF grantees Volunteers of America, Family Tree and Rocky Mountain Human Service.

## **Town Hall Meeting**

Local veterans attending the May 12 town hall meeting at American Legion Post 161 in Arvada voiced concerns about waiting for VA ECHCS health-care appointments in "a forever timeline," but expressed gratitude for the commitment of VA medical staff. ECHCS staff confirmed a 400-500 physical therapy patient waitlist and difficulty in scheduling eye exams in less than 14 days.

Several veterans expressed frustration with difficulty receiving compensation for prostate cancer diagnosis, a condition recognized by VA as related to Agent Orange exposure. Based on Navy Yard and Fort Hood shooting incidents, one veteran suggested implementing safety measures, such as metal detectors, at VA medical facilities to prevent disruptive or risky behavior. VA ECHCS administrative staff confirmed security is an issue at the facility.

Staffers from the offices of Sens. Mark Udall and Michael Bennet's were in attendance, and 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**

Recognized for the 2011 Office of Nursing Services Innovation Award for Excellence, ECHCS's Virtual ICU – managed by critical care certified RNs – improves veterans' quality and access to critical care services in rural and highly rural sites. Modeled on evidence-based Rapid Response Team approach, the 24/7 access VICU reduces frequency and cost of critical/emergent patient transfers, increases provider, caregiver and patient satisfaction levels, and has resulted in fee basis costs avoidance of \$2.2 million since inception in 2009.

ECHCS' telehealth wound care program, which has been funded for its second year through a VA Office of Rural Health grant, is in the running for a Center for Excellence wound research grant. The program employs MIST to clean wounds with ultrasound waves, stimulating cells within and below the wound bed, reducing bacteria and inflammation, and increasing blood flow to stimulate cells and accelerate the healing process. The technology helps prevent veteran limb amputation.

The medical facility's Specialty Care Access Network-Extension for Community Healthcare Outcomes (SCAN-ECHO), the largest in the country, uses VTEL technology to link primary care providers with specialists at ECHCS, providing specialty care access for veterans in rural and medically



underserved areas. The technology closes geographical gaps between those requiring specialized care and providers of this critical access, reducing veteran stress created by exorbitant travel hours and expenses.

SCAN-ECHO also provides no-cost educational credits for providers requiring maintenance education. In response to a higher-than-desired ventilator associated pneumonia rate in critical care, ECHCS used Lean as a strategic framework and formed an interdisciplinary team to complete a Rapid Process Improvement Workshop (RPIW) to gather evidence-based interventions staff can implement to decrease patients contracting pneumonia as a result of ventilator use.

The medical facility created an RPIW to examine OR on-time starts, elective start times and OR cancellations, resulting in improved OR efficiency and increased access and capacity.

Another RPIW focused on inter-professional (physicians and nurses) rounding daily to visit patients received the 5 North medical award for improved coordination of care, increased staff satisfaction and increased patient satisfaction.

## **Facility Challenges & Recommendations**

*Challenge 1:* ECHCS is faced with balancing current facility construction/maintenance requirements while waiting construction completion of the new VA medical center.

*Recommendation:* To create an equally safe and calming environment, The American Legion recommends ECHCS immediately implement patient and provider-required renovations to the mental health waiting area.

*Recommendation:* The American Legion recommends VACO utilize every effort to come to terms with the joint venture contractor and work to complete the construction of the replacement hospital in a timely and cost-effective manner without further delays.

*Challenge 2:* Security is of concern at the ECHCS facility.

*Recommendation:* Since patient safety is first and foremost, The American Legion recommends VACO and VA medical facilities conduct a risk mitigation study and/or examine current security procedures and policies to prevent a safety crisis.

*Challenge 3:* ECHCS is faced with a call center **that has a** 120-line limitation telephone system, resulting in abandoned calls and an automated callback feature that often does not return calls due to the queue limitation and phone numbers being removed from system.

*Recommendation:* The American Legion recommends that while waiting for an upgrade telephone system installation at the new facility, ECHCS change the call center automated callback feature message inform veteran patients that because of technical limitations, if they do not receive a call back within three hours, please call the medical center again. This process may reduce call center complaints and increase customer satisfaction by managing expectations.

*Challenge 4:* VA's new patient-centered care approach promotes personalized, veteran patient-driven health-care choices. Since health care has traditionally focused on managing symptoms, ECHCS is faced with implementing cultural transformation by connecting VA employees to the mission of patient-centered care.

*Recommendation:* The American Legion recommends embedding the patient experience officer in Patient-Aligned Care Teams as part of a strategic approach to implementing cultural change.

*Challenge 5:* Senior veterans and their families are unaware of ECHCS and VA geriatric and long-term care options.

*Recommendation:* The American Legion recommends ECHCS include information in newsletters to VSOs and develop a brochure highlighting geriatric and long-term care options available to local veterans, including the hospice care unit, state veteran home, adult day care, PACE, medical foster home, community residential care, stay-at-home care, respite care, home hospice, palliative care and caregiver support programs.