



G.V. (SONNY) MONTGOMERY VA MEDICAL CENTER | JACKSON, MS

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National Task Force Member: Vickie Smith-Dikes

National Senior Field Service Representative: Derrick L. Redd

Overview

The G.V. (Sonny) Montgomery VA Medical Center is a Joint Commission accredited, complexity level 1B facility serving veterans in Mississippi, and parts of Louisiana and Arkansas. The medical center is located in Jackson, Miss., and the outpatient clinics are located in Hattiesburg, Meridian, Kosciusko, Greenville, Natchez, Columbus and McComb.

The medical center provides primary, secondary and tertiary medical, neurological and mental health inpatient care. Services include hemodialysis, sleep studies, substance abuse treatment, post traumatic stress disorder (PTSD), hematology/oncology and rehabilitation programs. Both primary and specialized outpatient services are available, including such specialized programs as ambulatory surgery, spinal cord injury, neurology, infectious disease, substance abuse, PTSD, readjustment counseling, and mental health diagnostic and treatment programs. Comprehensive health care is available for female veteran patients. An 86-bed Community Living Center (including a palliative care unit), community nursing homes, three 150-bed state veterans nursing homes, VA community clinics and a variety of outpatient programs are utilized to support the needs of aging veterans.

This medical center is the Clinic of Jurisdiction for the state of Mississippi and provides administrative support to the South Central VA Healthcare Network (VISN 16), the Veterans Outreach Center, the Veterans Benefits Administration Regional Office and the National Cemetery in Natchez.

The 32.4-acre campus includes seven Community-Based Outpatient Clinics (CBOCs) and serves the middle third of Mississippi and Louisiana. The medical center staff has slightly more than 2,000 full-time employees (FTEs), including 916 veterans.

“Correcting Kerfuffles”

On Nov. 13, 2013, the Jackson VA Medical Center (JVAMC) participated in a House Veterans’ Affairs Committee subcommittee hearing, “Correcting Kerfuffles.” The purpose of the hearing was to discuss the policies and response of the Department of Veterans Affairs in the wake of allegations concerning the JVAMC. The hearing originated from a letter that was sent from the Office of Special Counsel (OSC) about several complaints at the JVAMC. The letter, which stated it had found a pattern of problems at the JVAMC, was sent to the Office of the Presi-



dent and congressional leadership. The letter cited five separate complaints over the past six years, including poor sterilization procedures, chronic understaffing of primary care, and missed diagnoses and poor management by the radiology department. Three of the five complaints have been closed. The OSC letter noted particular interest in the sterilization issues.

The last review of Supply Processing Service (SPS) conducted by the network occurred in December 2012; this resulted in no corrective action. SPS is monitored on a daily basis and complies with VACO inspection and monitoring requirements, according to the medical center. Of the two current complaints, one alleges quality-of-care issues from a staff radiologist identified in a 2010 non-medical (pay issue) lawsuit. These issues were extensively reviewed at the time and closed in 2008. The radiologist in question left VA employment in 2007.

An anonymous source within the JVAMC stated that “significant action” had already been taken to recalibrate the climate and culture of the medical center. Some of the areas that were immediately addressed were: organizational/leadership changes to include a new director (Jan 2012) and new chief of staff; discovering and fixing lapses in policy and procedures when it comes to the sterilization of hospital equipment; and a full review of the radiology complaints between 2003-2007.

During the hearing in November 2013, Rep. Mike Coffman, Chairman of the Subcommittee on Oversight & Investigations, requested a report be generated on how the medical center is specifically addressing the complaints within 30 days of the hearing. The American Legion requested that same report during its site visit to the JVAMC on Jan. 20-22, 2013. The American Legion representatives were told that they would have to request the report through VACO. The American Legion is still



awaiting a response from the VACO.

Budget

Since 2003, JVAMC has introduced several programs and initiatives, to including PACT Funding, palliative care, homeless initiative funding, rural health outreach, mental health funding, tele health funding, women veteran funding, foster home support funding, caregiver support funding, OIF/OEF and outreach/outreach readjustment counselor. The medical center has a current operating budget of \$350 million for fiscal year (FY) 2014. In FY 2012 and 2013, the medical center received special purpose funding for mental health programs, homeless initiative, caregiver support, resident trainees, palliative care, state home, rural health, foster home support, OIF/OEF, telehealth, and outreach / outreach readjustment counselor.

Staffing

Since 2003, Jackson VAMC has initiated a mental health hiring initiative, peer support hiring initiative, staffing goals, telehealth implementation, and established a new women's clinic at Jackson VAMC. In FY 2014, Jackson VAMC will continue its succession planning efforts, outreach to local military facilities, and increased use and awareness of special hiring authorities, including Veterans' Recruitment Appointment (VRA), 30-percent disabled veterans and schedule A. JVAMC has also enhanced the use of student nurse techs and valor student programs as a recruitment strategy.

Over the next five years, the medical center's goals and priorities are to increase the percentage of veteran employees to 40 percent by the end of FY 2014, build relationships with local military facilities to increase awareness of opportunities at VA, continue recruitment for hard-to-fill positions within the medical center, continue to work toward 80 percent of hires within 60 days to attract and keep highly qualified veterans and other candidates interested in employment at the JVAMC, and enhance relationships with educational affiliates to maximize student experiences.

The medical center currently uses the five-phase VHA Recruitment Competency model to exploit flexibilities of the Title 38 hiring authorities: assessing, recruiting, matching, retaining and monitoring.

Assessing – with the involvement of clinical and executive leadership;

Recruiting – by engaging local and national recruiters and hiring managers;

Matching – determining the best fit based on the needs of the hiring manager and the position to be filled;

Retaining- build a solid recruitment strategy and positive on boarding experience, as well as professional development opportunities; and

Monitoring – conduct periodic meetings with hiring managers/employees to foster collaborative partnerships and address concerns.

Veterans currently make up 29 percent of the JVAMC staff. For every job announcement, an additional certificate with only veterans on it is sent to the selecting official to promote veteran exposure. For Title 38 hybrid positions, JVAMC uses the guidance from HRML 05-13-03 to ensure preference is given to veterans when filling hybrid positions by referring qualified veterans first.

JVAMC has academic and medical school affiliations programs with the University of Mississippi School of Medicine, Alabama State University, Tuskegee University, University of Alabama-Birmingham, University of Alabama, Tuscaloosa and the University of South Alabama.

JVAMC's leadership is a regular participant in the VISN 16 coordinated Lead Programs; involving VA Leaders (EVAL), GS-5 through 8; Leadership Development Institute (LDI), GS-9 through 12; Advanced Leadership Development Institute (ALDI) and GS-13 through GS-15 (physicians, employees at a GS-15.)

JVAMC implements "Be the Change You Want to be" – an informal training program for its entry-level employees and open to all employees. The classes are planned/developed by the Office of Education and consist of the following topics:

- Performance-Based Interviewing
- How to Write a Résumé
- How to Dress for Success
- Business Writing
- Microsoft Word
- VistA
- Customer Service
- HPDM Core Competencies (Organizational Skills, Critical Thinking, Personal Master.

Over the next five years, approximately 1,896 JVAMC employees will meet eligibility requirements for retirement. Contingency plans include monitoring upcoming retirement projections, leadership development, workforce development and knowledge transfer strategies, and workforce succession planning.

The following list shows how many employees are eligible for retirement per year, as well as how many are projected to retire



per year:

2014: 340	2014: 58
2015: 358	2015: 60
2016: 381	2016: 65
2017: 395	2017: 67
2018: 422	2018: 72

JVAMC's positions with high vacancies are medical officers, electricians, human resources management, diagnostic radiologic technologists, police, medical technologists, biomedical engineering, pathology technicians and pharmacists. JVAMC's goal for filling these critical positions is 60 days.

Enrollment/Outreach

Since 2003, JVAMC initiated the Caregivers and Veterans Omnibus Health Services Act of 2010, which relieves veterans determined to be catastrophically disabled from incurring copayments for the receipt of the hospital or outpatient care and for medications.

For FY 2014, JVAMC aims to perform secondary reviews of all first-time VA form 10-10EZ, Requests for Health. JVAMC also wants to perform reviews of benefits applications to ensure that no other eligibility factor exists, which could improve the assignment of priority group 8e/8g for impacted veterans.

Over the next five years, the medical center will utilize various methods of outreach to increase enrollment of eligible veterans. JVAMC is also partnering with AmeriCorps in Jackson, which was awarded a grant to aid in the recruitment of veterans for enrollment in the VA.

JVAMC finds it somewhat difficult to reach and enroll some veterans because Mississippi is a highly rural state. The JVAMC has received a 52-foot mobile clinic for outreach/enrollment and has received several rural health outreach grants. JVAMC has also participated in advertising efforts partnered with various groups to let veterans know about available services. JVAMC will use social media, television and advertisements to reach out to veterans in the rural areas of the state.

JVAMC plans to attend over 40 outreach events to improve their partnership with faith-based organizations and grow the number of unique veterans by 3 percent. In FY 2013, the JVAMC provided care for 45,333 veterans in Mississippi and Louisiana. The medical center will host its third annual "Tell a Vet, Bring a Vet" Mobile Clinic outreach tour.

JVAMC uses the Veterans Support Service Center data warehouse and information provided by the VA Benefits Regional Office. Currently, projections indicate there are over 227,000

veterans in Mississippi, of which 25,000 are women veterans.

The facility uses all five media platforms for communication to veterans: print, radio, television, web and social media. In particular, the Facebook page is updated almost daily. In addition, JVAMC is recruiting for a web content manager to assist with timely updates to the web and Facebook.

JVAMC has a very strong partnership with many organizations in Mississippi. Partnerships include Veterans Job Fair with governor's office, and Regional Veterans Benefits Office and Employer Support of the Guard and Reserve in 2012 and 2013. Over 1,000 veterans have attended these events, with more than 100 enrolling in VA health care. The medical center hosts quarterly Management Assistance Council meetings with key stakeholders, which include state commanders, congressional liaisons, state Veterans Affairs Board and others.

Mental Health

Since 2003, JVAMC has initiated the following major mental health programs: primary care mental health, telemental health, post-deployment health clinic, Psychosocial Rehabilitation and Recovery Program, Substance Abuse PTSD Program, Supported Employment Program, Homeless Veterans Supported Employment Program, HUD/VASH program, and an Evidence-Based Psychotherapy Program. JVAMC uses homeless program outreach, hospital outreach events, primary care/mental health integration and partnerships with faith-based organizations to enroll the at-risk veterans into care.

The goals and priorities for FY 2014 are to improve access and timeliness, develop additional collaborations with community entities, maintain full compliance with VA Uniform Services Handbook, develop a fully functional Behavioral Health Integrated Program team, enhance inpatient mental health treatment and recovery environment, renew full three-year CARF accreditation for the PTSD Psychosocial Rehabilitation and Recovery Program, and obtain initial CARF accreditation for PRRC.

The medical center has two full-time suicide prevention coordinators (SPC) who make contact with all JVAMC veterans who use the Veteran's Crisis Line. The coordinators closely monitor all veterans who are determined to be high risk for suicide and build collaborative relationships with them and their VA providers. The SPCs conduct outreach events in the community on a regular basis and distribute information about suicide risks and resources for veterans thinking of harming themselves.

Screenings are conducted at least yearly and more often if necessary for depression, PTSD and alcohol problems. Positive screenings result in closer evaluation and then in referral to



primary care/mental health or to specialty mental health if necessary. The computerized medical record allows mental health specialist to “flag” veterans who are at high risk for suicide. If being discharged from inpatient mental health treatment, veterans on the high-risk list are scheduled for weekly follow-up appointments for the first month after discharge.

JVAMC takes pride in its Evidence-Based Practice (EBP) team. The EBP team is unique in the entire VA system. It is an interdisciplinary team consisting of psychologists, social workers, licensed professional counselors, and marriage and family therapists who provide orientation to the wide variety of available treatments for conditions from PTSD to insomnia to chronic pain. The EBP team provides services individually and in groups, face to face and via telemedicine.

Over the next five years, JVAMC plans to maintain full compliance with the spirit and letter of all VHA handbooks related to mental health care, excel in all VHA mental health performance measures, and make compassionate mental health evaluation and treatment available exactly where and when the veteran and veteran’s family need it.

Intensive Care Unit

JVAMC’s primary goal for FY 2014 is to find a permanent space for Step Down Unit (SDU) and to increase beds, reclaim the five beds for Medical Intensive Care Unit (MICU) (which were lost to SDU to expand the capacity back to 12 beds), and the renovation of the MICU to greater serve their veteran population. The MICU currently has seven beds with a 24-hour in-unit resident level physician with a Pulmonary Fellow and staff M.D. rounding twice a day, plus back up. JVAMC is currently recruiting for three staff RNs in MICU and two in the Surgical Intensive Care Unit (SICU).

JVAMC is a level 1b facility. It provides care for the critically ill veteran who has multiple co-morbidities that require mechanical ventilation or invasive line monitoring (a-line, CVP, Swan-Ganz). A typical veteran that is treated is admitted with sepsis, but may have underlying Chronic Obstructive Pulmonary Disease and kidney disease, coronary artery disease and require IV vasopressors and mechanical ventilation. The ICU also has veterans with ST-elevation myocardial infarction (STEMI) and other cardiac dysfunctions, as well as multi-organ system dysfunction. The JVAMC ICU is equipped to handle any surgery overflow that requires intensive monitoring.

Long-Term Services and Support

Over the past 10 years, JVAMC has introduced the implementation of Cultural Transformation/Patient-Centered Care, pet therapy, buffet dining, open visitation and neighborhood con-

cept; opened a Palliative Care Unit; received approval for minor construction project to add a third floor to the CLC; and implemented a restorative nursing program and staffing methodology.

In fiscal 2014, JVAMC’s priorities are to implement palliative care outpatient services, implement the Caring Companions Program in the Palliative Care Unit, provide additional staff training on Patient-Centered Care Initiatives, and fully implement the Servicemember Transitional Advanced Rehabilitation program to effectively manage the care of veterans with dementia/behavioral challenges.

The Medical Foster Care Program (MFCP) is currently being used by four veterans. The MFCP coordinator tracks and ensures that the veterans are receiving the best practices and services

Over the next five years, JVAMC plans to complete the minor construction project for CLC expansion and homelessness, participate in initiatives to decrease the suicide rate among veterans, expand/enhance the patient-centered culture and environment in the CLC, and improve collaboration with CLC and Home Based Primary Care to enhance coordination of care and meet the individual and diverse needs of their veteran population.

Homeless Coordinator

Since 2003, JVAMC has introduced the Grant and Per Diem Program, Health Care for Re-Entry Veterans Program, Veterans Justice Outreach Program, National Call Center for Homeless Veterans, Supportive Services for Veterans Families and HUD-VASH Program. The fiscal 2014 priorities and goals are to increase outreach efforts, collaborate more with community partners, and house more homeless veterans through the HUD-VASH Program -- particularly female veterans with children and the chronically homeless. JVAMC has established several community partners to achieve their goals, including partnerships with the local Continuums of Care - Partners to End Homelessness, Mississippi United to End Homelessness, Catholic Charities, Oak Arbor Recovery Center and Soldier On, Inc.

Over the next five years, JVAMC aims to increase its outreach efforts locally and in rural communities, continue to collaborate with its community partners and with VA programs (VBA, VCA, etc.), and house more chronically homeless veterans. As of September 30, 2013, 80 percent of veterans discharged from the Grant and Per Diem Program obtained independent housing. The medical center has a total of 300 homeless vouchers. A total of 261 vouchers were issued to veterans in 2012; 275 were issued in 2013.



Information Technology

Many Information Technology (IT) upgrades and changes have happened over the years, including software modifications and upgrades to commercial products, (MS Windows, and Adobe, etc), and Veterans Health Information Systems and Technology Architecture (VistA)/ Computerized Patient Record System (CPRS) software. Some of the other upgrades are hardware and infrastructure modernization, changes in the computer room, new end user equipment and overall support to the station. Also, one major change over the years was a new office created with an under secretary called the Office of Information and Technology (OIT).

In FY14, OIT will complete the National Wireless Project, complete the Windows 7 Migration, and upgrade Personal Identification Verification and CPRS. In the medical center it will continue to integrate the use of technology, where appropriate, into the delivery of care. OIT is centralized nationally and has a five-year plan. Local OIT supports the medical center's needs through the provision of technical coverage and operation of specialized equipment.

Normally a full Private Branch Exchange system, once purchased, is in place for a number years; during that time, augmentations and upgrades come about from the vendor. The original switch was purchased in 2001, and modifications and upgrades happen with both software and hardware yearly. The latest add on switch expansion came in 2010. National OIT Telecom funds the total switch replacements and initiates the project.

Centralization of IT has presented challenges, as the chain of command for OIT does not rest with the medical center. This may create conflict, as the director does not have the authority to affect technology decisions that may impact the medical center. Additionally, national IT priorities do not always align with local needs.

Construction

The construction budget is over \$10 million between FY 2013-2014. JVAMC completed several minor construction projects: \$1.7 million for mental health unit; \$1.6 million for Oncology renovation; \$1.4 million for SICU renovation; \$1.2 million for women veterans clinic renovation; and \$6.5 million for 4C Patient ward renovation. A \$10 million Community Living Center (CLC) addition is in the works for the JVAMC. The main facility of the hospital is 53 years old.

JVAMC has two minor projects currently in progress: the provision of a third Floor for CLC expansion and construction of a new Outpatient Services Center. There are also several Non-Recurring Maintenance (NRM) projects in process, including a

renovation of Ward 4C for improved patient environment and a renovation of the Medical Intensive Care Unit (design). Recently completed projects include the renovation of the SICU, Mental Health Outpatient clinics (3K), Outpatient Specialty Clinics (2C) and the Oncology expansion (basement). NRM Projects in the planning stage are renovations to enhance inpatient wards (4A and 2A) and expand the surgery suite.

JVAMC currently has no major construction projects underway or in the immediate future. There is much internal discussion about the need of a new Clinical Addition and Spinal Cord Injury and Disorder (SCI/D) Center. The details are still being worked out.

Patient Advocate

JVAMC defines patient satisfaction, as the level of service provided to each veteran should be directed to meet his or her expectations in a timely comprehensive manner. JVAMC wants to excel at their mission by providing veterans service that enhances their health and wellness.

The duties and the responsibilities of the patient advocate are to ensure every veteran has a positive experience during their time in the JVAMC facilities and to assist them in navigating their way when they are not sure who to talk to or how to get services they need. The patient advocate also advocates on their behalf to help resolve any issues/concerns they may have.

Patient satisfaction indicators and measurements are tracked and managed in VHA's national database (PATS) to help track and trend concerns. These are shared with services to ensure issues are addressed. Dashboard is maintained so the medical center can show what the major concerns are and if there is any improvement.

The medical center also utilizes Press Ganey to measure a veteran's health-care experience; this provides the medical center with a timely response to the patient experience, allowing for quick corrections to improving a veteran's experience. The Customer Service Council meets monthly to discuss patient satisfaction issues and concerns, with minutes reviewed by Quality Executive Board and Executive Board of Governing Body.

Town Hall Meeting

The veterans health-care town hall meeting took place at American Legion Post 112 in Jackson, Miss. on Jan. 20, 2014. The purpose of the town hall meeting was to address the selected System Worth Saving topics and give veterans an opportunity to express their concerns and share their success stories about their VA health care over the past 10 years.

At the meeting, 70 local veterans, as well as the JVAMC director



and several members of his staff, were in attendance. The medical center said that it was important for them to be present to answer any questions that the veterans would have.

Throughout the meeting, veterans were given an opportunity to express their concerns about the Jackson VAMC. A mother of a OIF / OEF veteran stated that her son suffered severely from PTSD upon his return from the conflicts. The veteran was placed on several medications that were changed constantly without an explanation. The mother went on to say that after several visits to the mental health clinic, his primary care physician told her son to “Man Up.” The head patient advocate spoke directly to the mother and assured her that he would get to bottom of it.

Overall, veterans seemed pleased with the amount of services and programs that JVAMC offered. The issues, concerns, and best practices discussed during the town hall meeting were discussed with the appropriate leadership at the medical center during the site visit.

Best Practices

Partnering with the VISN and the VHA National Center of Organizational Development, the medical center continues to improve and implement the Patient Aligned Care Team (PACT) model of care. The 21 PACT Teams at the JVAMC are provided training and resources to implement continuous improvements and meet on a regular basis with executive leadership.

The medical center opened the Women’s Health Clinic in August 2013 to meet the specific needs of JVAMC’s female veterans. A women’s health coordinator arrived in September 2013, and a part-time OB/GYN physician was hired and brought on board in January 2014. The clinic has been a welcome addition to the JVAMC.

The JVAMC has a proven track record when it comes to building and sustaining partnerships with community-based organizations. AmeriCorps in Jackson, which was awarded a grant to aid in the recruitment of veterans for enrollment in the JVAMC, has been a great success for the outreach program.

Facility Challenges and Recommendations

Challenge 1: JVAMC has found it difficult to roll out new PACT Teams in a timely manner, to meet their current medical center demand for patient-centered care. The medical center currently has 21 PACT Teams that service more than 215,000 veterans (fiscal 2013) in the Jackson area.

Recommendation: The American Legion recommends that JVAMC identify the challenges that are causing such a slow roll-out with their PACT Team implementation. The JVAMC should also refer to “Academic PACT: A blueprint for primary care re-

design in academic practice settings” was distributed on Oct. 15, 2013, for use in all Veterans Health Administration primary care settings.

Challenge 2: The JVAMC has not developed an adequate way to track goals and successes when it comes to Outreach Services.

Recommendation:

The American Legion recommends that JVAMC establish metrics for each outreach event. This will allow the medical center to set targeted goals as to what demographic they are looking to attract at each event. Targeted goals will also allow the JVAMC to develop a follow-up contact list to ensure that veterans that attend these events don’t fall through the cracks.

Challenge 3: The JVAMC has not released the full report that was due to Chairman Coffman and the House Veterans’ Affairs Committee by Dec. 13, 2013. When The American Legion conducted its site visit at the JVAMC on Jan. 21, 2014, the representatives were told that a formal request would have to be made through the VA Central Office. That request was made shortly after the site visit was conducted; the report has yet to be seen by The American Legion National Headquarters.

Recommendation: The American Legion recommends that the JVAMC and VACO be more willing and open to work with The American Legion on issues pertaining to the safety of veterans. VACO should authorize the release of the accountability report that was due to Congress on December 13.