



VA ROSEBURG HEALTH CARE SYSTEM | ROSEBURG, OR

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Overview

The original VA Roseburg Healthcare Center was completed in 1933 and is 80 years old; however, there have been numerous renovations and additions since the medical center's completion. Today, VA Roseburg Healthcare System (VARHS) serves veterans in southern Oregon in its main medical center and in three community-based outpatient clinics (CBOCs). VARHS consists of one Veterans Health Administration (VHA) facility located in Roseburg, Ore., and three CBOCs. The CBOCs are located in Brookings, Eugene and North Bend, serving the counties of Douglas, Lane, Coos and Curry in Oregon, and Del Norte County in northern California.

The Roseburg campus consists of 200 acres and 32 buildings. VARHS offers primary care and hospital services in medicine, surgery and mental health for the veterans who reside in Central and southern Oregon, and northern California. Specialty services are provided within the health-care system or through referral consultations to the university-affiliated tertiary care centers located in Portland, Ore., and Seattle, or through referrals in the community. Specialty services offered include cardiology, neurology, infectious diseases, optometry, ophthalmology, otolaryngology, endocrinology, urology, renal, gerontology, pulmonary, gastroenterology, general surgery, dermatology and vocational rehabilitation. Additional specialty services are available within the Northwest Network.

Since 2003, VARHS has added several programs and services in order to improve timeliness and quality of care for veterans. Some services include: the Veteran Transportation Program, extended clinic hours (evenings and Saturdays at the Roseburg campus), significant expansions in tele-health modalities, and the implementation of flow teams to assist veterans in the community in their transition back to VA care and improve care coordination.

Since 2011, each service within the facility has been completing annual Optimizing Value Improvement Teams. These teams identify and implement changes to be made within their service that will improve efficiency and value. A number of new programs and initiatives have been initiated through successful grant proposals within and outside of VA. In addition, other programs are added after evaluation of alternatives and cost/benefit studies are completed.

For the future, VARHS reviews workload data and demographic projections annually in order to prepare their strategic plans.

This information is used to help in appropriately resourcing the services provided to veterans. Based on this information, VARHS is building a large multispecialty health care center in Eugene that will add numerous services for veterans in Lane County. In addition, expansions in Roseburg of the dental clinic, dementia unit, acute psych and residential rehabilitation spaces are efforts to address the future needs of veterans. The Roseburg campus has also recently leased land for a homeless housing project and provided additional land to expand the Roseburg National Cemetery for future growth. For fiscal 2014, VARHS will also be adding a Home-Based Primary Care team in Roseburg and expanding the team located in Eugene.

Intensive Care Unit

In October of 2009, the six bed intensive care unit at VARHS was closed due to an average daily census of 1.2, and the inability to provide adequate ancillary support services and provider coverage. Currently, VARHS has stood down to basic ambulatory surgery, and 97 percent of the surgeries that were performed before 2009 are still able to be performed without an ICU at Roseburg.

With the ICU closed, VARHS shared the following contingency plan should a veteran require ICU services: If the patient is stable, VARHS first tries to get them into another VA medical center (Portland, Puget Sound, San Francisco); if beds or the services are not available, or if the patient is not stable to travel, then VARHS contacts the closest non-VA facility (Mercy Medical Center in Roseburg); if they do not have a bed or the service available, VARHS will contact the next-closest facilities with the services available (most often Sacred Heart Medical Center or McKenzie-Willamette Medical Center in Eugene).

After the unexpected and tragic loss of veteran and fellow Legionnaire Ray Velez, VARHS has retrained their nurses involved with critical care and conducted training in its simulation lab for clinicians involved. VARHS has also changed its screening criteria for high-risk patients. According to the medical center, all potential surgical patients requiring general anesthesia that score a 3 or greater according to the American Society of Anesthesiologists and a Body Mass Index of 35 or greater will have multidisciplinary team assessment pre-operatively.

The Task Force returned to the VARHS on Feb. 12, 2014, to discuss the memorandum of understanding (MOU) the Roseburg



VA has with the Mercy Medical Center. This memorandum establishes a process and understanding by which Mercy accepts the transfer of surgical patients and provides subsequent hospital care. This process may be utilized in the event that a patient has a surgical procedure performed at the VA which requires hospitalization beyond 23 hours and/or medical services outside the scope of services provided at the VA.

The staff at VARHS let the task force know that since the unfortunate death of Mr. Velez, Roseburg VA and Mercy Medical Center have increased their communications and discuss veterans admitted to their facility daily, and help coordinate their care. Mercy Medical Center is approximately 1.2 miles away from Roseburg's VA and has 16 beds in its ICU with an average daily census between eight and 10 patients.

Staff also informed the task force of their contract with Bay Cities Ambulance. Bay Cities Ambulance provides advanced life support 911 ambulance response for the communities of Coos Bay, North Bend, Charleston, Hauser, North Bay, Millington, Green Acres, Sumner, City of Bandon, and Roseburg, and the Oregon Sand Dunes. Bay Cities employs highly-trained, experienced personnel in a variety of positions, including paramedics, emergency medical technicians, EMS dispatchers, wheelchair van attendants, billing specialists, maintenance staff and managers.

Relationship with Mercy Medical Center

Following the task force's site visit to Roseburg, The American Legion held a conference call with Mercy Medical Center's leadership in order to discuss their relationship with VARHS. Both The American Legion and the veterans in VA Roseburg's catchment area were concerned with the level of risk the VA poses to veterans without having an intensive care unit. The American Legion received the MOU between Mercy and VARHS in early February of 2014 and, while it does "establish a process and understanding by which Mercy accepts the transfer of surgical patients and provides subsequent hospital care," The American Legion wanted to confirm that communications have increased between Mercy and Roseburg's VAMC.

During the call, Mercy Medical Center expressed its frustration with VA's miscommunication on what benefits are available to veterans. For example, when a veteran is treated at Mercy Medical Center and he or she is eligible for VA health care, they have often received a hefty bill from Mercy, causing frustration for both Mercy and the veterans. Mercy suggested making veterans' benefits retroactive in an effort to avoid the aforementioned issue.

In an effort to strengthen the relationship between Mercy and VARHS, Mercy recommended a formal ICU contract between

the two medical centers and having a veteran liaison onsite at Mercy Medical Center.

In regards to VA's statement that it has increased communication with Mercy, Mercy confirmed that they do communicate with Roseburg's VA on a daily basis, and Mercy issued the following statement to VA Roseburg's leadership:

"Mercy is here to serve our community. If a medical provider at the Veterans Administration/Roseburg determines that a veteran needs a higher level of medical care, Mercy Medical Center's Emergency Department is always available to accept the patient in transfer and provide emergency care 24 hours a day, 7 days a week. In order to better support regionalization of ICU care in the Roseburg community, once the veteran is at Mercy and has been medically stabilized, a specialist will be consulted on the best plan of care for the veteran. Care may include admission to Mercy's ICU, as appropriate and determined by the patient's condition, and the availability of Mercy's resources. Transfer to another facility outside of the community may also be considered."

Budget

Since 2003, VARHS has received additional special-purpose funding for the following programs/initiatives: Readjustment Counseling Services, Compensated Work Therapy for Seriously Mentally Ill Veterans, Mental Health CBOC Enhancement, Mental Health PTSD Enhancement, Substance Abuse Initiative, Grant Per Diem, Recovery Coordinator, Suicide Prevention, Pandemic Flu, Methicillin-resistant Staphylococcus Aureus and Rural Health. It is likely fiscal 2014 budget numbers will increase, as special purpose funds are received in the facility in second through fourth quarters of fiscal 2014.

In regards to non-VA care coordination, a priority for VARHS is to increase the level of VA care provided to veterans, thus reducing the amount of non-VA care. One of VARHS' budgetary challenges includes managing the cost of fee-based care.

The current budget for fiscal 2014 is \$149.6 million, and VARHS has claimed that it will be sufficient to meet its budget needs and address backlogged fee needs.

Staffing

Since 2003, VARHS has established a Workforce Council, Student Loan Reduction Program, Education Debt Reduction Program, mental health hiring initiatives, several rural health funded proposals and a Home-Based Primary Care Program implementation.

VARHS communicated the challenges involved with recruiting in a small town and listed several hard-to-fill positions. Cur-



rently, the areas of shortage or positions with high vacancies include specialty medicine (gastroenterology, and anesthesia), hospitalists and emergency department staff, primary care providers, mental health providers, medical technologists and physical/occupational therapists. Staffing strategies employed to mitigate these staffing shortages include contract providers and the use of fee consultants. Despite the shortages listed, VARHS has close to 900 full-time employees.

For fiscal 2014, VARHS aims to meet or exceed the established national performance metrics for human resource services, including the speed of hire. The current vacancy timeline for VARHS is approximately 60 days from vacancy to hire. VARHS will also begin advancing recruitment for staffing for the new major health care center in Eugene.

Enrollment/Outreach

Over the past 10 years, VARHS has expanded electronic eligibility, the enrollment application process, outreach efforts, and web-based health-care tools such as MyHealthVet and secure messaging. Their outreach efforts have expanded with the implementation of various homeless programs, OEF/OIF/OND Program and suicide prevention, to name a few. Recently, a comprehensive campaign was launched to inform local veterans that VA enrollment meets the requirements for health-care insurance per the Affordable Care Act.

At the time of the visit, VARHS had 56,597 veterans in its catchment area, with 28,381 enrolled and 26,743 unique users seen in fiscal 2013. Given the medical center's rural area, VARHS has been challenged with a decrease in enrollment due to new veterans moving to more urban areas. According to VARHS, future projections show the total number of veterans in its catchment area will decrease from 56,597 in fiscal 2013 to 49,428 in fiscal 2020, resulting in a 13-percent reduction in veteran population. Nevertheless, VARHS is hoping to increase enrollment with the opening of its new clinic in Eugene.

Mental Health

VARHS has expanded its mental health services at their CBOC in Eugene, established dedicated beds for female veterans in the acute psychiatric unit, implemented a suicide prevention program, and involved a tele-mental health program at all clinic sites since 2003. Mental health at VARHS has also remodeled its inpatient psychiatric unit from open to locked, added Peer Tech positions, and integrated substance abuse and PTSD Residential Rehabilitation Treatment Programs.

VARHS has had difficulty recruiting mental health staff, and current staff are being burdened with overload. VARHS is also leading the nation in pain medication prescribed and

does not offer complementary and alternative Medicine at this time. VARHS is in the process of pursuing funding from the Office of Rural Health for an integrated management of chronic pain program that includes a fee-based chiropractor and acupuncture care.

For fiscal 2014, VARHS will review their mental health services as a whole and develop an action plan to ensure excellence in mental health. This initiative will begin in fiscal 14 with a complete review of all mental health programs and continue over the next several years in implementation of an action plan to be developed from this review. VARHS is also working to increase staffing by filling past vacancies and positions newly mandated by VA's Central Office and improve access for mental health services,

Long-Term Services and Support

Since the creation of the System Worth Saving Program, VARHS' Long-Term Services and Support has had a cultural transformation, consistent assignments of staff so that residents have a maximum of 12 unique caregivers during their stay, and implemented a MRSA initiative to reduce incidents.

Currently, VARHS has 65 long-term care beds authorized with 45 operational beds. Their average daily census has been 37.4 for fiscal 2013. During the time of the visit, VARHS did not have a waiting list for long-term care. VARHS has been facing the challenge of recruiting specialty providers, and physical and occupational therapists for its long-term care.

For fiscal 2014, VARHS aims to increase its average daily census, open a new dementia unit under a new model of care, and continue to change its culture to a more homelike environment. For the next five years, VARHS plans to increase its dementia unit capacity by five beds with the opening of a new building in late spring of 2014, admit female veterans into the new dementia unit and increase staffing in the Transitional Care Unit to 36 beds.

Homeless Coordinator

Over the past ten years, VARHS has expanded the Grant and Per Diem Program, implemented the Homeless Supported Employment Program, and utilized Housing and Urban Development Veterans Affairs Supportive Housing (HUD-VASH) vouchers in its efforts to end veteran homelessness. Between 2003 and 2013, the Northeast Program Evaluation Center has identified approximately 700 homeless veterans in Roseburg's catchment area, with approximately 4 percent of them female. Since 2010, VARHS has moved from 35 HUD-VASH Section 8 vouchers to a total of 340 vouchers.



During its last stand down, 100 veterans were in attendance; approximately 30 percent of those in attendance had enrolled at VARHS. Stand downs are one- to three-day events providing services to homeless veterans such as food, shelter, clothing, health screenings, VA and Social Security benefits counseling, and referrals to a variety of other necessary services, such as health care, housing employment and substance abuse treatment.

For fiscal 2014, VARHS will use a gap analysis to identify the actual number of homeless veterans in its catchment area and match that number with a like number of permanent housing opportunities. VARHS also plans to increase the number of housing slots to meet the identified needs.

Information Technology

Since 2003, VARHS has had several infrastructure enhancements, including the implementation of a dual-core network to enhance fault tolerance, expansion of power protection, monitoring, and alerting infrastructure, installation of the call center, patient kiosks for check-in, and the rollouts of Windows 7 and Office 2010.

On average, new patient appointment wait times at VARHS are 45-60 days from when the patient has enrolled, primary care appointment wait times in fiscal 2013 ranged from 0.2-14.3 days, specialty care appointment wait times were 6.7 days for established patients and 35 days for new patients, and mental health appointment wait times were 0.9 days for established patients and 24.2 for new patients.

The centralization of Information Technology (IT) has presented some challenges to VARHS. A predominate issue VARHS has had with the centralization of IT has been the prioritization and acquisition of IT equipment for the system.

For fiscal 2014, VARHS is aiming to improve customer service and trouble ticket turnaround, replace all old style phones with internet protocol phones, have a lifecycle replacement of more than 500 desktop computers, expand its laptop fleet for Home-Based Primary Care, and innovate better ways to use their current resources, which includes finding a way to implement Wi-Fi for patient use.

Construction

Since 2003, VARHS has built a new gastroenterology (GI) suite and clinic, the Eagle Landing Housing Project that is comprised of 54 single and family units, and is currently putting the finishing touches on a brand new dental clinic that will open 10 dental exam rooms and one oral surgery room.

VARHS has one Major Project planned, but not funded, that will

seismically upgrade and renovate Building 2 and replace Building 1 on Roseburg's campus. In addition a Major Lease project has been awarded and is in design phase to lease a 100,000 square foot clinic in Eugene. This multispecialty and ambulatory surgical facility will replace two existing buildings of approximately 25,000 square feet combined.

VARHS also has the following five Minor Projects under construction or design: New Protective Care Unit (under construction. estimated completion date of summer 2014); correct SPS/surgical deficiencies (under construction. estimated completion date of winter 2015); Building 2 acute psych ward replacement (under construction. estimated completion date of winter 2015); new Mental Health Substance Abuse Residential Rehabilitation Treatment Program building (under design. estimated construction award, third quarter, fiscal 2014); and E85 Fueling Station (under design. estimated construction award, third quarter fiscal 2014). Regarding the Strategic Capital Investment Planning process, VARHS has found it challenging to receive funding for Non-Recurring Maintenance, as well as other projects.

Patient Advocate

At VARHS, patient satisfaction is defined as having received a positive patient- and family centered health-care experience that addresses the specific and holistic needs of the veteran. VARHS is able to track patient satisfaction through tools such as Survey of Health Experience of Patients and Press Ganey. In addition, patient complaints are tracked through the Patient Advocate Tracking System. Since 2003, VARHS has implemented Patient-Aligned Care Team engagement sessions, and improved its overall access and call center in an effort to improve patient satisfaction.

The top five concerns that VARHS hears the most involve pain management, access by phone, Beneficiary Travel, lack of providers and wait times in the Emergency Room (ER). Veterans at the town hall meeting also expressed concerns about long wait times in the ER, reporting wait times of around eight hours.

Town Hall Meeting

The veterans' health-care town hall meeting took place at American Legion Post 16 in Roseburg on Jan. 9, 2014. The purpose of the town hall meeting was to discuss the subtopics involved in the several areas of focus for the VA's accomplishments and progress over the past 10 years.

During the meeting, the veterans spoke of mixed experiences with the services offered at VARHS and insisted that the medical center reopen its ICU. They also expressed their concerns with the minimal mental health staff at VARHS, the wait time of two years or more for certain surgical pro-



cedures, and the extensive wait times in the medical center's emergency department. While the veterans in attendance commented on a lack of outreach, The American Legion recommended that the veterans utilizing their benefits provided at VARHS encourage veterans not enrolled to enroll in and utilize the services at VARHS. The American Legion also recommended that staff from the medical center conduct more meetings with the veterans in their catchment area to ensure that they are aware of all the services offered.

Nevertheless, the veterans in attendance praised their ongoing treatment for PTSD, as well as the utmost support received by homeless veterans in the medical center's catchment area. The Roseburg Rescue Mission has done substantial work in assisting homeless veterans by providing work training; classes in education, life skills, and addiction recovery; personal counseling and goal setting. Veterans were also positive about VARHS' implementation of My HealthVet. The issues, concerns, and best practices discussed during the town hall meeting were expressed to the appropriate leadership at the medical center.

While the town hall meeting on Jan. 9 was very well attended, the task force conducted another such meeting on Feb. 11, 2014, in order to focus on the impact the closure of the ICU has had on the veterans. Veterans in attendance expressed concern over the continued closure, and some claimed that they were still living because the ICU was available. The veterans wanted to hear more of the reasoning behind the closure and expressed further concern regarding the future of Roseburg's Emergency Department. After hearing their concerns, the task force collected several questions from the veterans in attendance to be addressed by the executive staff at VARHS.

Best Practices

VARHS has an excellent call center that has been meeting their performance goal of answering calls within 30 seconds, and calls were answered on average in 24 seconds for the month of December 2013. During the site visit, VARHS requested The American Legion's assistance in educating local veterans about its call center.

VARHS also has an impressive Introduction Clinic that provides information about primary care, as well as an overview of health-care benefits, clinic appointments, fee care provided outside the VA, and a Healthwise Handbook.

From some of the positive feedback from the veterans town hall meeting, it was noted that VARHS' homeless Programs have done a great job in reaching the goal to end veterans' homelessness, and the medical center has a great relationship with the nearest shelter, the Roseburg Rescue Mission.

Facility Challenges and Recommendations

Challenge 1: Communication between the medical center and the veterans in the medical center's catchment area.

Recommendation: While VARHS does meet with the Douglas County Veterans Forum monthly, The American Legion recommended that representatives from VARHS aim to meet with veterans that are in and outside of veteran organizations to ensure that all veterans have the knowledge and benefit of what is taking place at VARHS.

Challenge 2: Level of risk with no intensive care unit.

Recommendation: The American Legion is not comfortable with the current status of the medical center following the closure of its intensive care unit. The American Legion recommends that VARHS consider one of the three alternatives: fully reinstating the intensive care unit, standing down all surgical procedures, or strengthening its memorandum of understanding with Mercy Medical Center to ensure that an intensive care unit bed will be available in case of emergency, which includes remaining without an ICU and continue to perform ambulatory procedures that meet the strict criteria established by VA as appropriate for facilities without an ICU.

Challenge 3: Without volunteers, or more staff involved, the patient advocate is unable to visit with the patients being treated at the medical center.

Recommendation: The American Legion recommended that VARHS aims to complete more rounding in an effort to ensure that all veterans receiving care at VARHS are having their needs met.

Challenge 4: VARHS has been leading the nation in pain medication prescribed to mental health patients, which can lead to depression or suicide.

Recommendation: The American Legion recommended implementing the use of complementary and alternative medicine in an effort to provide therapeutic benefits to veterans.