



C.W. BILL YOUNG VA MEDICAL CENTER | BAY PINES, FL

Date: 13 January 2015

Deputy Director of Health Care VA&R: Roscoe Butler

Assistant Director for Health Care: April Commander

Overview

The C.W. Bill Young VA Medical Center, formerly known as the Bay Pines VA Medical Center, is a Level 1A tertiary care facility and part of the Bay Pines VA Healthcare System (BPVAHCS). Originally opened in 1933, the medical center is located on 337 acres situated on the Gulf of Mexico approximately eight miles northwest of downtown Saint Petersburg, Fla. Co-located on the medical center campus are a VA Regional Office and a National Cemetery. This area is part of Tampa Bay, the second most populated metropolitan area in the state. The BPVAHCS operates nine facilities, including the main medical center located in Bay Pines, and community-based outpatient clinics (CBOCs) located in Bradenton, Cape Coral, Naples, Palm Harbor, Port Charlotte, Sarasota, St. Petersburg and Sebring. The medical center and its CBOCs serve veterans residing in nine counties in central southwest Florida, including Charlotte, Collier, Desoto, Hardee, Highlands, Lee, Manatee, Pinellas and Sarasota. Every year, the BPVAHCS serves more than 100,000 veterans while providing a full range of high quality medical, psychiatric, and extended care services in outpatient, inpatient, residential, nursing home and home care settings. According to BPVAHCS, the system is the fourth-busiest VA health-care system in the country in regards to patients treated or served.

In 2013, the medical center was renamed in honor of the late U.S. Congressman C. W. "Bill" Young of Florida's 13th District, a staunch supporter of veterans and a frequent visitor to the facility. Services provided include: inpatient acute care (general medicine/surgery, psychiatry, and rehabilitation); residential programs (community living center, hospice, palliative care, stress treatment, homeless veterans and substance abuse treatment); primary care; extensive specialty care; outpatient surgical services; OEF/OIF/OND program (Polytrauma level III); home and community care; homeless veterans care; women veterans care; and various ancillary and support services. Mental health services are available at all points of care. The facility also offers education and research.

The health-care system is fully accredited by The Joint Commission, Commission on Accreditation of Rehabilitation Facilities, and several other nationally recognized accrediting organizations. Among the health-care system's many awards and accolades in 2013, the organization was recognized nationally as a

Top Performer on Key Quality Measures® by The Joint Commission, and was named a Cornerstone Recognition Award gold winner by the VA National Center for Patient Safety. Executive Leadership

On Tuesday, Jan. 13, 2015, Deputy Director Roscoe Butler and April Commander of Healthcare met with the BPVAHCS executive leadership and staff to discuss the concerns brought up during the town hall meeting, as well as the questionnaire that was mailed to the medical center in advance of the site visit. In attendance for the entrance briefing with the executive leadership included Medical Center Director Suzanne Klinker, Chief of Staff Dr. Dominique Thuriere, Associate Director Kris Brown, Associate Director for Nursing/Patient Care Teresa Kumar and Assistant Director Cory Price. Butler commended the director and staff for their low access standards that were based on the December 2014 Access report.

Wait Times

The report revealed that the BPVAHCS had an average wait time for new primary care patients of 7.17 days, an average wait time for new specialty care patients of 5.21 days, and an average wait time for new mental health care patients of 3.53 days. Currently, the system is faced with staffing challenges with Primary Care and surgical specialties at some of the locations, due to recruitment of providers and availability of space.

Staff Vacancies

As of this visit, the total number of open staff vacancies is 565; of those open positions, 68 are for providers. The primary reasons for the vacancies are retirements, transfers and promotions. The system's open positions range from ancillary staff to social workers. Discussed was the Workforce Succession Plan, the three "R" incentives: Recruitment, Retention and Relocation.

- The organization has over 160 affiliation agreements that cover over 75 different fields of study. Affiliation agreements with eight colleges of medicine and stand-alone dental and pharmacy residency programs currently allow BPVAHCS to train over 150 residents/fellows.
- Also offers tuition reimbursement, student loan repayment and employee incentive scholarship programs.



Plans for the “hard-to-fill” positions:

- A list is provided to the Health Care Recruitment and Retention Office at the beginning of each fiscal year.
- The medical center offers education debt reduction program for hard-to-fill allied health occupations.

Facility Demographics

In fiscal 2014, the medical center had 1,382,369 outpatient visits (projecting over 1.3 million for this fiscal year, potentially a 1% growth) and total admissions were 11, 013 (hospital 9,725, domiciliary 635 and community living center 653). The medical center is authorized 511 beds and has an average of 397 operating beds. The average daily census for the inpatient programs are:

- Acute Medicine/Surgical/Mental Health, 149
- Community Living Center (Nursing Home), 61
- Domiciliary, 61

Please note the funding allocated for the past three fiscal years:

- Fiscal 2012, \$610,766,996
- Fiscal 2013, \$609,678,774
- Fiscal 2014, \$646,976,674

Enrollment

According to the fiscal 2014 Gulf Market Projections, the total numbers of veterans in the catchment area is 262,426. Of that number, the total number of enrolled veterans is 123,375 or 47 percent, and the number of unique veterans treated is 103,034. The number of enrolled veterans broken down by gender:

- Men, 115,709
- Women, 7,666

The Joint Commission (TJC) and Commission on Accreditation of Rehabilitation Facilities (CARF)

The most recent TJC inspection was performed January 2015, results pending; the October 2014 results revealed “no opportunities for improvement identified.” The latest CARF performed was January 2012, which revealed the health-care system received full accreditation.

Performance Measures

Identified from the Performance Measures Report Card for fiscal 2012-2014, are the performance measures that are below the VA’s national goal. Also listed are the plans to correct these performance measures.

- Prevention:

- » Influenza vaccination

Primary reason for underperformance is due to patient refusal of the vaccine. Staff continues to offer flu campaign and stations throughout the campus and clinics for easy accessibility

- Acute Myocardial Infarction (AMI):

- » AMI inpatient

Work to improve response time for the catheter time (catheter inserted within 90 minutes of hospital entry). New Blackberries purchased for team members to support patient care and eliminate any potential delays with notification. Monitor data collected internally and through EPRP to assess effectiveness.

- Pneumonia (PN):

- » PN inpatient

Physicians and pharmacists collaborated to build a new pneumonia pathway; placed as an Order Set for ED, hospitalists and ICU staff. The staff was educated on proper medication treatments for patients admitted to the ICU with PN.

Patient Safety

On a daily basis, the Patient Safety Staff provides vital information which is used by the Pentad and other leadership staff to carry out day to day organizational activities related to ensuring high quality, safe care and services for our veterans. In addition to their regular duties, Patient Safety Staff is available for consultation on important patient safety and risk management matters. They serve on a variety of health-care system committees, collaborative teams and workgroups. Patient Safety/Risk Management staff provides specialized guidance and resources to Veterans, visitors, and employees. The 2014 report remains in draft form pending data verification and final approval by leadership.

Town Hall

On Monday, Jan. 12, 2015, Verna Jones, Executive Director of The American Legion’s D.C. office, moderated a veterans town hall meeting regarding the issues surrounding the BPVAHCS. The meeting had approximately 53 veterans from Bay Pines, Tampa and St. Petersburg, Fla. VA staff in attendance included Suzanne Klinker, Medical Center Director; Stella Lareau and Ariel Rodriguez, Public Affairs officers; and Ken Massingill, Chief, Quality Systems. American Legion Department and Headquarters staff in attendance included Jay Conti Sr., Depart-



ment Commander; Dennis Bolland, NEC; Ben Dorweinga, Post Commander; Lou Celli, Director, VA&R; Roscoe Butler, Deputy Director; Zach Hearn, Deputy Director, Claims; and April Commander, Women Veterans Program Manager. Aside from listening to concerns on the quality of care, benefits, wait times and communication, the meeting also advised those in attendance of the Veterans Benefits Center (VBC) that would be held from January 14-15.

The town hall provided mixed reviews from the veterans in attendance from the inadequate care that has been provided by the medical center to praises for the rapid response times and excellent care that was rendered to loved ones. However, there were a few very specific complaints that were voiced: 1. Veteran stated that he requested a C-file 2.5-3 years ago and still had not received them. What can he do? VA staff provided an answer and veteran was satisfied. 2. Veteran filed a claim years ago, then lost the support of the VSO rep and claim was denied. What can he do? VA staff provided an answer, veteran pleased. 3. Veteran complained of TAL representatives not following up on denied claims when conditions/documentation is located within the medical records. Mr. Butler personally assisted/addressed this issue with the veteran. 4. Veteran complained of VA (Tampa) contracting out care to better serve the veteran and expedite care. Again, Mr. Butler personally addressed this issue with the veteran. 5. Veteran complained of being denied eligibility due to increased income. VA staff instructed veteran to contact the supervisor of eligibility, then patient advocate. Veteran satisfied. 6. Veteran requested an explanation for the Choice Card Program. VA staff provided an explanation, Mr. Butler later re-examined the program guidelines and it was determined that the information given to the veteran was incorrect.

Veterans Benefits Center

On Wednesday and Thursday, 13 and 14 January 2015, The American Legion set up their Veterans Benefits Center at BPVAHCS, Bay Pines, FL. TAL staff: Lou Celli, Director for Healthcare; Roscoe Butler, Deputy Director for Healthcare; Zach Hearn, Deputy Director for Claims; Steve Henry, Assistant Director, Claims; April Commander, Women Veterans Program Manager; NVSLP staff: Ron Abrams, Joint Executive Director and Louis George collaborated with the VBA and VHA staff: Earnest Houston, James Parhalo, Dennis Christian, Jannette Fyer, Chris Wilder, Misty Macedo, Chris Orozco, Sandra Brown, Angel Diaz, LPN, Nursing, Marielaine Colon, Health Administration Service (HAS), Kimberly Benoit, HAS, Clint Parsons, HAS, Kelly Belliveau, HAS, Sammy Roman, HAS, Jennifer Sprague, Homeless Program (HP), Rose Stouffer, HP, Blossom Kapper, HP, Glenda Collins, HP, Barbara Sousa, HP, and Lynn Sides, HP; Vet Centers: St. Petersburg staff- Anthony Manfre,

Gina Mancina, Cheryl Schaub, Tom Weber, and the Clearwater staff- Vince Barone; and Willie Woolford, Assistant Director for Bellevue University. Through this partnership, 170 veterans and family members were provided assistance with enrolling into the VA health-care system, scheduling appointments, receiving grief counseling and/or information, filing claims and education benefits information over the course of two days.

Homeless Shelter Tour

On Thursday, Jan. 15, Roscoe Butler, April Commander, and Mark Walker, Deputy Director for Veterans Homeless Program, along with BPVAHCS staff, Jennifer Sprague, Homeless Program Coordinator, met with the St. Vincent de Paul, Center of Hope staff to tour the facility and discuss issues and concerns. The center is an 87-room, single occupancy transitional housing facility for veterans and non-veterans who may be recovering from substance abuse and/or mental illnesses. Clients are provided supportive services and a variety of programs to assist them in achieving self-determination, self-sufficiency and permanent housing, and may remain at the center for up to two years.

The center voiced concerns for underserved counties, as it is in the process of determining the most concentrated area of veterans that may need assistance. It serves men, women, children and families. Females are housed on the first floor, males on the second and when at capacity, families are on the third floor. Staff is present 24/7/365, and all tenants have keys to the property. The center has an employment specialist with a success rate of 75-80 percent to assist veterans. Veterans also seek other forms of income in the form of disability compensation and other means.

The center's goal is to have an apartment with 30 units for veterans and others in need, to acquire new computers and provide mentorship. Also, the center is seeking accreditation from Commission on Office Laboratory Accreditation and CARE.

Women's Clinic

On Thursday, Jan. 15, April Commander met with Julia Adams, MSN, Women Veterans Program Manager to discuss issues and concerns regarding the Women's Clinic.

The major concern for the clinic is the cardiology grant proposal for prevention of cardiovascular disease in women. The three components:

- Screening by primary care physicians to identify women veterans who are intermediate or high risk for CV disease through an easy-to-use CPRS tool.
- Referral to women's preventative cardiovascular clinic to discuss individual risk factors and possible modifications.



- Participation in group health education classes about cardiovascular disease and stroke, nutrition exercise, stress management and other cardiovascular health related issues.

During the tour of the clinic, other points that were discussed included:

- The number of outreach events for fiscal 2014 held by the clinic was 15 and the number of scheduled events thus far for fiscal 2015 is 12.
- The clinic has 3 primary care physicians who sees scheduled and walk-in appointments, with a daily average of 24 patients per day for the primary care and eight to nine daily average for the gynecological staff.
- Ms. Adams voiced the need for an assistant, but the position is currently a 1 full time employee (FTE), however, Ms. Adams stated that having an assistant would be beneficial to the program as it would enable her to be more productive in other areas of the clinic.

As for strategic planning, Ms. Adams is in the process of developing postcards to mail out to the enrolled veterans that are not currently being seen in the clinic to close the gap in the number of patients served versus the number of patients that are enrolled.

The latest addition to the program is the Maternity Care Program; like many clinics within the system, the women's clinic desires additional space to continue to serve the growing population of women veterans.

Best Practices

The BPVAHCS was recognized nationally as a 2014 Cornerstone Recognition Award gold winner by the VA National Center for Patient Safety on December 9, 2014. The health-care system is one of 111 VA facilities nationwide to receive recognition, and one of only 65 that received the gold award.

The award recognizes facilities for work and efficiency completing work related to the root cause analysis (RCA) process, health care quality and patient safety. This is the fifth consecutive year the BPVAHCS has received gold status.

Challenges

1. The BPVAHCS executive leadership and the women veterans program manager identified the lack of space as a major challenge.
2. Increase in homelessness among women veterans population.
3. The BPVAHCS executive leadership and staff from Human Resources identified a shortage of clinicians as a challenge.