



THE NEW ORLEANS VA MEDICAL CENTER | NEW ORLEANS, LA

Date: July 7, 2015

Deputy Director of Health Care for VA&R: Roscoe Butler

Assistant Director for Health Care: April Commander

Overview



The New Orleans VA Medical Center has a rich history. Construction began Sept. 20, 1949, on the Medical Center at 1601 Perdido Street in New Orleans. The 492-bed hospital cost a then-staggering \$9 million to complete, and opened Sept. 9, 1952.

On Aug. 29, 2005, New Orleans had a near miss with Hurricane Katrina, as she veered east preventing a head-on collision. Flood waters overwhelmed the streets as the levees failed.

Meanwhile, Southeast Louisiana Veteran Health Care System (SLVHCS) medical staff members continued to uphold their obligation to veterans while working from temporary structures, donated store fronts and Mobile Army Surgical Hospital tents. Within days, VA employees reestablished veterans' health care to affected areas.

SLVHCS provides quality, compassionate, safe health care to veteran patients throughout 23 parishes in southeast Louisiana. In the aftermath of Hurricane Katrina, the New Orleans VAMC was devastated. SLVHCS reorganized to meet the needs of veterans and now consists of eight community-based outpatient clinics (CBOCs) located in New Orleans, Slidell, Hammond, St. John Parish, Houma, Franklin, Bogalusa, and Baton Rouge.

Ninety-percent of patients live within 30 minutes of primary and mental health services. Specialty care is available through the New Orleans and Baton Rouge clinics, and inpatient ser-

vices are coordinated through community facilities and other Veterans Affairs Medical Centers. Programs are available for special needs populations including those with Post-Traumatic Stress Disorder and Spinal Cord Injury.

SLVHCS has also expanded programs to provide additional home-based community services. Home-Based Primary Care, Respite Care, and Community Adult Day Care are just a few examples. SLVHCS is also one of only two national Hospital at Home Program sites, providing care to veteran patients in their homes, shortening hospital stays and increasing patient comfort.

To date, Hospital at Home has admitted over 300 patients with a variety of conditions and delivered doctor-directed, nurse-provided care. SLVHCS also expands care availability by utilizing the Care Coordination Telehealth Program. This allows veterans to transmit vital signs such blood pressure and diabetic sugar levels from the comfort of their homes, thereby reducing the need for clinic services.¹

Project Legacy

When Congress appropriated funds for a replacement Medical Center in June 2006, the Department of Veterans Affairs began planning for a new hospital. Design Development drawings were completed in January 2010 and the "Replacement Medical Center New Orleans" was born.²

Town Hall

On Monday, July 6, 2015, Roscoe Butler moderated a veterans town hall meeting regarding the issues surrounding the SLVHCS. The meeting had approximately 45 veterans from the New Orleans area. Also in attendance were: Representatives from the offices of Sens. David Vitter and Bill Cassidy; Jay Walsh, Department Service Officer; Past National Commander (PNC) William M. Detweiler; Mark Walker, Gerardo Avila, April Commander; and VBA and VHA staff. The issues addressed were:

1 Southeast Louisiana Veterans Health Care System. About the Southeast Louisiana Veterans Health Care System. VA New Orleans. [n.d.] Viewed July 18, 2015. <http://www.neworleans.va.gov/about/index.asp>

2 Ibid. The Legacy Continues



- Jack Castro-Giovanni, a 92 year old former sailor, was injured in the Philippines while serving in the Navy, but his claim to be awarded the Purple Heart continues to be denied by the Navy.
- Choice - Gladys Clark (Army 1970-1989) produced a stack of papers to illustrate what she has been through attempting to get an appointment via Choice Program. She demanded that the new facility open, and added that SLVHCS spends \$100 million in community care due to lack of VA services there.

The meeting did not generate many questions, as most veterans were attending to get a confirmation date as to when the new facility will open.

Executive Leadership

On Tuesday, July 7, 2015, Past National Commander (PNC) William M. Detweiler, Roscoe Butler, Deputy Director of Health Care, and April Commander, Assistant Director of Health Care, met with the SLVHCS executive leadership and staff to discuss the concerns brought up during the town hall meeting. In attendance for the Entrance briefing with the Executive Leadership were: Fernando Rivera, Medical Center Director; Dr. Ralph Schapira, Chief of Staff; and Stephanie Repasky, Psy.D., Associate Director

Wait Times

Upon meeting with the executive leadership, it was reported that as of June 18, 2015, the SLVHCS had an average wait time for new primary care patients of 5.15 days and an average time for established patients of 3.73 days; an average wait time for new specialty care patients of 9.05 days and an average time for established patients of 7.17 days; and an average wait time for new mental health care patients of 5.79 days and an average time for established patients of 2.35 days. The system is faced with staffing challenges due to the number of staff leaving positions as well as the number it has to hire in preparation for the new facility, thus causing an increase in the wait time for the specialty care clinics.

Staff Vacancies

As of July 2015, SLVHCS has 403 open positions, ranging from accountants to vocational rehabilitation specialists. Again, due to attrition and implementing of new positions, there are staffing challenges as the facility prepares to move into its new home. To mitigate this, HR staff attend conferences and job fairs, visit universities and town hall meetings, and use social media to advertise. Some of the incentives offered are recruitment and retention bonuses, home buyout offered market pay (determined by VISN), education debt reduction program (up to \$50,000/year), student loan repayment (to title 38 veterans), and Schedule A appointments (for the disabled).

Positions	Current	Needed
Physicians	167	237
Nurses	232	556
Other direct care providers	345	575
Estimated total employee	1347	2800

Workforce Strengthening

Currently, the facility has dual medical school affiliations with Louisiana State University and Tulane University. At present, there are 140 resident positions, with a projection of 170.75 upon the opening of the new facility. Additionally, there are 140 projected protocols for the research program in the new medical center.

Facility Demographics

As of May 2015, over 550,000 outpatient visits (versus 493,525 in 2014--a nine percent increase) were completed among the eight community-based outpatient clinics (CBOCs) in the following cities: New Orleans, Slidell, Hammond, St. John Parish, Houma, Franklin, Bogalusa and Baton Rouge. Outpatient services are provided in the primary, mental health, and specialty care areas.

- Funding allocated for the past three fiscal years:
 - » Fiscal 2013 \$366,796,609
 - » Fiscal 2014 \$338,296,616
 - » Fiscal 2015 \$341,527,825 (through July 2015)
- Since the replacement hospital has not been activated, the SLVHCS coordinates with community hospitals or other VA Medical Centers to provide inpatient hospital care.

Strategic Plan

SLVHCS has a simple, yet comprehensive strategic plan that focuses on three areas: Access to excellent health care, activation of a new medical center and strengthening their workforce.

- Access
 - » The goal is to be among the highest performing VA medical centers, not just to improve their standing, but to improve their delivery of excellent health care. To get there, they must make improvements to access now and have a solid plan for the future.



» While a dedicated system of health and social services for veterans remains the core means for meeting veterans' care needs, the Veterans Access, Choice and Accountability Act of 2014 introduces new possibilities for serving veterans.

• Activation

- » To successfully activate our medical center, everyone must do their part - the activation team is us.
- » Our internal steering committee is in place to oversee the activation activities of more than 20 Integrated Project Teams, which are reviewing policies and identifying the workflows and needs of each service within our health care system.

• Workforce Strengthening

- » To deliver health care that is second to none, our health care system must retain the good people it has, and recruit the most talented in the business. Moreover, we must continually improve our skills and knowledge.
- » An organization that trains, learns and prepares for the future while simultaneously meeting the needs of patients is a team that draws talented employees.
- » Our Workforce Development and Human Resources teams must continue actively recruiting and enabling existing employees to develop their skills and compete for more challenging positions within our organization.

Enrollment

SLVHCS used VHA Support Service Center enrollee projections FY 2023 (peak year) for their 23 parish catchment area as a basis throughout design and planning of the replacement medical center. The numbers were taken from the BY09 (Base Year 09) projections that projected their catchment area to be nearly 75,000 enrollees. The BY10 2023 projections adjusted those numbers to slightly over 69,000. The most recent projected enrollees that were recently posted utilize BY14 and have projected enrollment for FY2023 at 73,552.³

Currently, there are more than 66,000 enrolled veterans in the 23 parish catchment area. Of the 66,000 enrolled veterans in the catchment area, 40,411 or 61.23 percent are unique veterans.

3 Assistant Deputy Under Secretary for Health (ADU-SH) for Policy and Planning's Enrollee Health Care Projections Model (EHCPM) with Veteran population projections derived from Veteran populations estimates provided by the VA National Center for Veterans Analysis and Statistics

The number of enrolled veterans is broken down by gender:

- **Men-** 37,136 or 92 percent
- **Women-** 3,275 or 8 percent

Also, to increase enrollment, the staff attends demobilization events to gather information from active duty members, as well as inform them of their VA benefits upon discharge from the

	FY13	FY14	FY15
Authorized Care	54,158,254.47	81,043,352.85	62,483,175.25
Unauthorized Care	843,884.40	1,249,735.95	2,449,775.00
SC Emergency Care	23,869,794.00	37,257,658.00	21,612,253.00
NSC Mill Bill Emergency Care	3,590,085.00	7,801,034.00	6,747,063.99

active component.

Non-VA Coordinated Care Program

Since the consolidation of the fee staff under the VA Central Office and Chief Business Office, no impact on workload has been seen by SLVHCS. It was reported that the length of time it takes for a claim to be paid after an examination has been completed is tracked by the Veterans Integrated Service Network (VISN) and then passed down to the individual CBOCs. The length of time for providers to return results to the CBOCs varies by vender. Some results are readily accessible (Tulane University), while others care and payment may be delayed.

During FY14, SLVHCS paid a total of \$12,031 in interest penalties on Non-VA claims.

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

The last JTC and CARF inspections were May 13-15. Nine findings were reported, none were medical related, and all issues were resolved by February 2015. Passed.

Performance Measures

Leadership reported that they were aware of the performance measures, but a confirmed plan remains pending at the time of the site visit.

During FY14, SLVHCS reported that there were 46 IT breaches. Actions that were executed to prevent future breaches included:

- Immediately reporting breaches to the Network Security Operations Center (NSOC) and appropriate leadership within



one hour of occurrence and updated every 24 hours until mitigated (i.e. user re-education, disciplinary action..., etc.).

- All newly hired employees complete mandated Information Security Officer (ISO) led Veteran Affairs Privacy and Information Security Awareness and Rules of Behavior and HIPAA training before being granted access to VA's system and sensitive information.
- All employees complete mandated Veteran Affairs Privacy and Information Security Awareness and Rules of Behavior and HIPAA training annually.
- Employees are provided cybersecurity awareness notices monthly concerning how to recognize and report data breach scams (i.e. phishing e-mails) to protect SPI.
- Employees are sent informational periodicals, field security service bulletins about newly discovered viruses, social engineering and software scams and how to protect SPI.

Office of Information & Technology (OI&T) and the International Organization for Standardization (ISO) perform weekly audits to ensure "least privilege" access to VA's resources to ensure personnel have the correct permissions to carry out their functions.

Outreach Activities

To engage veterans, SLVHCS conducts dozens of outreach events throughout the year to reach veterans who have yet to take advantage of their eligibility for VA health care. They hold a minimum of quarterly town hall meetings and conduct focus groups for veterans to help them learn about veterans' needs and share with them the services VA provides. When veterans make appointments in the health care system, they are provided with a new patient guide that outlines all the services SLVHCS provides.

The SLVHCS staff participated in 42 outreach events during FY14; and as of June FY15, 38 events have taken place with an additional seven events scheduled through mid-August.

Patient Aligned Care Team (PACT)

To achieve their goals for the PACT initiatives, the SLVHCS is utilizing funding from the Veterans Access, Choice, and Accountability Act to hire providers, nurses, and clerical staff and expand services for veterans. SLVHCS is currently in the process of establishing three additional PACTs. The SLVHCS has implemented VA's core values and mission that prioritizes the veteran first, and inspires employees to their highest possible level of performance and conduct.

Leadership encourages staff to look for ways to be leaders in their service and on their PACT by taking advantages of learning opportunities and being a mentor for others. SLVHCS strives to be an organization that trains, learns and prepares for the future

while simultaneously meeting the needs of patients. SLVHCS leadership team meets every two weeks to assess performance in PACT and all areas of their health care system. Data derived from VA, VHA, and SLVHCS computer-based systems is used to inform decision makers.

To improve the quality of primary care, SLVHCS conducts rapid improvement workshops to examine processes at every level of their health care system. Employees from all services participate in the process improvement activities. They also have more than 20 integrated project teams in place to address processes and workflow associated with the activation of the new medical center.

To guarantee training and role development, SLVHCS has a comprehensive leadership development training program that begins with their GS 1-5 employees. Their Hudson Thomas program develops staff at the entry level; their Leadership Development Institute is available to mid-grade employees, and the Advanced Leadership Development Program focuses on employees at the GS 13-15 level. Each of these development programs is available to all employees provided they meet certain eligibility criteria such as serving a year in their current position. The workforce development programs also include comprehensive new employee orientation, new supervisor training, lean process training and more. The clinical staff is also eligible for all of these opportunities as well as professional development and continuing education training.

To help foster the integration of primary and mental health programs, SLVHCS has implemented Primary Care Mental Health Integration (PC-MHI) Services that are established at the New Orleans and Baton Rouge clinics. PC-MHI provides consultative support and direct point-of-contact services. Additionally, PC-MHI supports the Depression Care Management Program, which collaboratively assists primary care providers with the early identification and treatment of new cases of depression. PC-MHI operates in conjunction with the Primary Care / Mental Health service agreement to include structure and options for treatment.

Chief for Voluntary Service

SLVHCS promotes volunteer activities via social media, public service announcements, news releases and in the quarterly patient newsletter, on digital signage, and via monthly Veteran Service Organization meetings. Additionally, they use VA initiatives such as the recently unveiled Summer of Service to spur interest in the Voluntary Service programs. They have a summer student volunteer program in its second year with double the number of participants as last year. An ambassador program is also underway.



SLVHCS hosts town hall events scheduled at least quarterly around the catchment area for the convenience of veterans. On July 1, SLVHCS hosted an additional open house at the New Orleans clinic. In recognition of the VAVS services, each spring SLVHCS hosts an awards luncheon for all its volunteers and recognizes them for their contributions to the care of veterans.

Construction

The New Orleans replacement medical center is approximately 1.6 million square feet with two additional 1,000-car garages for both patients and staff. It will serve over 70,000 enrolled veterans and is located on an approximately 30-acre site in New Orleans, bounded by Canal, South Galvez and South Rocheblave Streets and Tulane Avenue.

The new medical center has a phased activation plan. The Old Pan-American Life Insurance Building located at 2400 Canal Street, was activated in summer 2014 to house administrative functions prior to the medical center's full activation. This building will serve as a recruitment and workforce development center.

The replacement facility, expected to be finished in 2016, has been designed to meet the full array of VA missions to include:

Health Care Mission

- **Inpatient component**
 - » 120 medicine/surgery beds
 - » 20 acute psychiatric beds
 - » 60 transitional care beds
 - » 40 physical rehab focused
 - » 20 hospice and palliative care
- **Diagnostic and treatment component**
 - » Emergency department
 - » 48-hour observation unit
 - » Imaging center - One Positron Emission Tomography - Computed Tomography (PET CT)
 - » Three Computerized Tomography scanners (CTs)
 - » Two Magnetic Resonance Imaging (MRI)
 - » Interventional center
 - » Eight operating rooms
 - » Six procedure rooms
- **Outpatient component**
 - » A full array of outpatient services
 - » 400,000 sq. ft.
 - » 500,000 projected outpatient visits annually

- » Physical rehabilitation space including pool and gymnasium

Emergency Preparedness Mission

The replacement medical center in New Orleans will provide support in the event of a federal emergency or natural disaster. To support this mission the following will be in place:

- 100 percent emergency back-up power
- All mission critical functions located a minimum of 20 ft. above grade
- Ability to double inpatient occupancy
- Fully securable perimeter in the event of civil unrest or national emergency
- Emergency transport heliport and boat dock

The Women's Center will be constructed under the guidance from Tulane and Louisiana State universities.

Destined to be a destination stop, SLVHCS will provide orthopedic and cardiovascular services for the region.

Homeless Shelter Tour

On Wednesday, July 8, 2015, Roscoe Butler, Mark Walker, and April Commander toured the Community Resource Center and Referral Center (CRRC). The clinic opened October 2013 and operates on a Monday through Friday, 10-hour day schedule. The New Orleans site is unique, as it was the first to integrate federal, city, and private resources to serve both veterans and non-veterans (sharing authority).

The staff sees roughly 250 clients per day; a quarter of them are veterans, while the remaining three-quarters are non-veterans. The clinic is staffed three onsite police officers to manage security emergencies within the hospital. Veteran patients or visitors who threaten the safety of others are flagged, while non-veterans may be banned. There are 60 counselors at this location, divided equally to service veteran and non-veteran populations.

As of July 2015, there were 13 community partners to provide service to some 80,000 visits, including transitional and permanent housing support, personal item storage, travel subsidies, legal assistance, and medical and dental care. Crisis counseling, employment assistance, showers, laundry, clothing, and small morning meals are also available. The facility is monitored (recorded) around the clock, and throughout the facility (except for areas deemed to be private). All food is delivered, as the kitchen was non-functioning at the time of site visit.

I was in need of help with housing and clothing. I was referred to Veterans Empowerment Services by a friend. VES helped me to get into a transitional housing program and gave me clothing and toiletry items. I am on my way to permanent housing. I have referred many people to them. I am very thankful.



~A Veteran~

Vet Center

On Thursday, July 9, 2015, Roscoe Butler, Mark Walker, and April Commander toured the Vet Center located in downtown New Orleans. The facility is manned with a team leader, five counselors, and a Military Sexual Trauma counselor that provide services to five locations. All of the counselors are veterans, each seeing a mix of approximately 25 veterans and active duty service members per month. The facility has a mobile vet center, and provides shuttle service to other VA sites as needed. Fortunately, the facility does not have a wait list.

Veteran Benefits Center

During July 7-9, 2015, The American Legion set up its Veterans Benefits Center at the American Legion Post 175. Roscoe Butler, Gerardo Avila, and April Commander joined NVLSP Joint Executive Director Ron Abrams in collaboration with the Veterans Administration Regional Office (VARO), Veterans Benefits Administration (VBA) and Veterans Health Administration (VHA) staff, and through this partnership 46 veterans and family members were provided assistance with enrolling into the VA health-care system, scheduling appointments, filing claims and receiving education benefits information over the course of two and a half days.

Challenges

1. Contractors need to stay on track for the facility to open as scheduled.

Recommendation: Executive leadership should continue to monitor the progress of the work to ensure all steps of the activation plan are being accomplished in a timely manner.

2. Currently, SLVHCS has 250 volunteers, but 800 volunteers are desired.

Recommendation: Executive leadership should work with the facility's Department of Veterans Affairs Voluntary Service (VAVS) Chief, Veteran Service Organizations, and Community Partners to ensure they have an active retention and recruitment program.

3. Executive leadership needs to hire 300 new employees for the replacement facility while simultaneously addressing attritions.

Recommendation: Executive leadership continue to work with Human Resources to ensure an active recruitment and retention plan is in place to advertise vacancies at local job fairs, universities and as many websites as possible.

4. Executive leadership is concerned with number of veterans that will return to SLVHCS upon opening of the replacement facility.

Recommendation: Executive leadership should continue to work

with staff to maintain an active outreach and awareness program.

5. Since implementation of the Veteran Choice program, SLVHCS sent 700 consults to TRIWEST, but only 60 appointments were scheduled.

Recommendation: Executive leadership continue to work with TRIWEST to ensure veterans appointments are scheduled in a timely manner.

6. During the site visit, it was expressed that the Gastroenterology (GI) clinic has an extended wait time, due to lack of capabilities.

Recommendation: Executive leadership must require the gastroenterology service line and the business office develop a plan to ensure veterans are referred outside of the VA or to another VA facility that can provide the care in a timely manner.

7. During the CRRC visit, unsecured doors were noted throughout CRRC and in particular, the female's shower room.

Recommendation: Executive leadership should evaluate the CRRC safety plan to ensure the plan meets VA requirements and if key fobs would be beneficial to enhance the safety of veterans and employees.

8. Location of the Vet Center (downtown New Orleans), difficulties experienced by disabled veterans with access and transportation as none of the veterans resides downtown.

Recommendation: Executive leadership should meet with Vet Center leadership to address the transportation needs of veterans serviced by the Vet Center and whether the VTS, DAV, or VA shuttle service can assist.

9. Vet Center has very limited funds and is in need of bottled or fountain water.

Recommendation: Executive leadership should work with veteran service organization (i.e. The American Legion), through the VAVS program to inform them of their needs.

10. Vet Center outreach activities are being performed by a LSW (MS level) counselor.

Recommendation: The Vet Center program manager should assess staffing needs, and if it is determined that an outreach coordinator position is required, then a request should be submitted to the Department of Veterans Affairs for consideration.



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