



PHILADELPHIA VETERANS AFFAIRS MEDICAL CENTER | PHILADELPHIA, PA

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Team Lead for Health Care of VA &R: Edward Lilley

Assistant Director for Health Care: April Commander

Overview

The Philadelphia Veterans Affairs Medical Center (PVAMC) is a Joint Commission-accredited, tertiary care teaching hospital serving almost 59,000 veterans in the nation's fifth-largest metropolitan area, including the city of Philadelphia and surrounding six counties in southeastern Pennsylvania and southern New Jersey. The VAMC is located in West Philadelphia's University City District, while VA outpatient clinics are located at Fort Dix, N.J.; Gloucester County, N.J.; and Horsham, Pa. - the Victor J. Saracini Community-Based Outpatient Clinic (CBOC). A clinical annex is located in Camden, N.J. In fiscal 2013, Philadelphia executed a \$503 million budget that supported 2,247 staff.

The PVAMC has the distinction of being awarded several National Research Centers of Excellence, including Parkinson's Disease Research, Education and Clinical Center Mental Illness Research, Education and Clinical Center; Center for Health Equity Research and Promotion; Center of Excellence for Substance Abuse Treatment and Education and Regional Sleep Center. The PVAMC is one of 21 polytrauma rehabilitation network sites and is home to the National Center for Homelessness among Veterans.

It is their mission to honor America's veterans with world-class health care, train their future providers and advance medical knowledge through research. Their shared vision is to partner with veterans and their families to optimize their health and quality of life through integrated, innovative and compassionate care. (source: PVAMC website)

Executive Leadership

On Tuesday, March 17, Legion Team Lead Edward Lilley and April Commander of Health Care met with the PVAMC executive leadership and staff to discuss the concerns brought up during the town hall meeting, as well as the questionnaire that was provided to the medical center in advance of the site visit. In attendance for the entrance briefing with executive leadership included Medical Center Director Daniel Hendee; Chief of Staff Dr. Ralph Schapira; Associate Director Jeffrey Beiler, III; Associate Director for Clinical Operations Elizabeth Helsel, and Associate Director for Patient Care Services Coy Smith.

Wait Times

During the meeting with PVAMC executive leadership, the di-

rector expressed that the average wait times for primary care (4.77 days), specialty care (15.61 days) and mental health care (3.71 days) was a combined average of both new and established patients. According to leadership, the biggest challenge the PVAMC faces with wait times is with audiology appointments. In order to face this challenge, the VAMC has hired a new chief of Audiology and two technicians to assist, using a multi-faceted approach that includes Non-VA Care and the use of a mobile clinic, and will implement audiology in CBOCs.

Staff Vacancies

As of this visit, the total number of open staff vacancies is 232, with more than 14,000 applicants; of those open positions, 42 are for providers. The PVAMC has a 9-percent turnover rate. Currently 24.1 percent of their employees are veterans; the fiscal 2015 goal is 30 percent. The primary reasons for the vacancies are retirements, transfers and promotions. The system's open positions range from ancillary staff to social workers. Discussed were the Workforce Succession Plan, and the three "R" incentives: Recruitment, Retention and Relocation.

- As a teaching hospital, the PVAMC provides a full range of services, with state-of-the-art technology, and education and research.
- PVAMC is affiliated with the University of Pennsylvania School of Medicine and offers residency training in all major medical and surgical specialties and subspecialties. Associated Health Training is offered in nursing, dental, psychology, audiology, social work, dietetics and pharmacy.
- Each year, over 500 residents of a variety of specialties rotate through the departments during the academic year. They also train over 200 medical students and provide nursing and other associated health professionals training.

Plans for the "hard to fill" positions:

- According to HR, hospitalist is its hardest position to fill. While the VAMC does advertise in journals and at job fairs, physician job fairs are not held that often. For the hospitalist, a 25-percent recruitment incentive is offered. While it was noted that an upstate New York medical group only offers its hospitalists a sign on bonus of 5 percent (Cogent HMG).



- The medical center offers education debt reduction program (EDRP) for hard-to-fill allied health occupations.

Facility Demographics

According to the fiscal 2014 VHA Support Service Center (VSSC), the medical center had 557,151 outpatient visits (projecting over 567,160 for this fiscal year, potentially a 1-percent growth), and total admissions were 2,401. The medical center has an average of 420 operating beds. The average daily census for the inpatient programs are:

- Acute Medicine/Surgical/Mental Health: 98
- Community Living Center (Nursing Home): 85
- Domiciliary: 33

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

- Fiscal 2013 \$468,377,038
- Fiscal 2014 \$473,713,833
- Fiscal 2015 \$433,275,397 (through February)

Strategic Plan

The strategic plans for the PVAMC are to increase access to care and clinical complexity (encompassing multiple levels and domains), including activating the behavioral health emergency care unit and expanding specialty services. To provide excellent customer service that promotes the patient centered mission; employ principles of high reliability that achieve and maintain exemplary levels of safety and to one day end homelessness among veterans, but above all, to provide the highest quality and state of the art health care. PVAMC held two homeless stand downs for fiscal 2014 and increased the number of HUD/VASH vouchers issued. Additionally, a 40-bed mental health residential rehabilitation treatment program was activated during fiscal 2014.

- Strategies:
 - » Expand hospitalist program
 - » Reduce non-VA purchased care
 - » Develop a comprehensive Clinical Expansion Proposal to support VISN 4 East. Plan to include provision of complex care to Eastern 4 VAMC, as well as neurosurgery and cardiac surgery
 - » Continue and expand current homeless support services
 - » Develop an organization-wide approach to data analysis
 - » Place continued emphasis on implementing a culture of

patient-centered care throughout the medical center

- » Improve telephone system to streamline contact and increase access
- » Demonstrate performance as a high reliability organization committed to the ultimate goal of zero patient harm by promoting a culture of safety and continuous process improvement

Enrollment

Noted in the fiscal 2014 VSSC, the total numbers of veterans in the catchment area is 5,083,006. Of that number, the total number of enrolled veterans is 79,835, or 16 percent, and the number of unique veterans treated is 39,666. The number of enrolled veterans broken down by gender:

Men, 74,477

Women, 5,358

Market Penetration	ALL VISNs
All living male veterans	20,817,765
Unique male users	5,037,366
Market penetration (male)	24.2%
All living female veterans	1,840,380
Unique female users	316,745
Market penetration (female)	17.2%

Source: VETPOP 2007, ADUSH for Policy and Planning, and VSSC Data Portal

Non-VA Coordinated Care

	FY14	FY13	FY12
Authorized Care	\$40,066,229	\$38,194,711	\$35,957,947
Unauthorized Care	\$1,055,202	\$2,644,772	\$2,244,974
SC Emergency Care	\$218,562	\$175,954	\$91,099
NSC Mill Bill Emergency Care	\$351,734	\$466,725	\$396,172

*No data provided on interest penalties

Choice Program Champion

The facility's Choice Champions (eight personnel) had been trained through webinars, set-up of a Veterans Choice List (a list of veterans eligible for the program) and an e-mail group.



The Choice Champion has asked our assistance by allowing the VA secretary to allocate the funding for the Choice Program in order to ensure that other programs would be able to supplement the inadequate staffing which led to the need for the Choice Card. For example, if the Choice Program were to run out of funding in the next year, or when the three years are up, there have been no funds allocated to “fix what was broken,” the system may end up back where they started before the implementation of the Choice Program.

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

The most recent TJC and CARF inspections were performed October 2014; however no reports were provided during this assessment. The Legion requested that the reports be sent to it soon as possible. Also, reported by the PVAMC were 18 data breaches, again, no information or personnel were available to provide details of the breaches. The PVAMC did mention it would focus on training to prevent future breaches; it was again requested the details of these breaches and preventive measures be made available as soon as possible to The American Legion.

Performance Measures

Identified from the Performance Measures Report Card for fiscal 2014 (fiscal 2012 present and viewed, fiscal 2013 not available), are the performance measures that are below the VA’s national goal. Also listed are the plans to correct these performance measures. (* indicates goals were rolled over into fiscal 2015)

Expand Patient Aligned Care Teams (PACT):

Adequate Staffing

Only a few pilot PACTs in Philadelphia and none of the CBOC PACTs have fully dedicated 3:1 support-to-provider ratio. Facility would need to hire substantial staff and add contract clinics to meet the recommended PACT staffing model. To date, budget requests for additional support staff have not materialized. Despite this, Philadelphia has attempted to implement PACT activities as described in subsequent responses.

Telehealth Use: *

Telehealth Visits: *

Programmatic Achievement in Ethics: *

Diversity Hiring Goal: *

Patient Safety

The PVAMC has accomplished several patient safety innovations as a high reliability organization. The Good Catch Program, Safe Day Call and the creation of a patient falls prevention toolkit are some examples of fiscal 2014 improvements. Joint Commission Sentinel Events Alert, Issue 52: Preventing Infections from the Misuse of Vials and Sentinel Event Alerts, Issue 53: Managing Risk During Transition to New ISO Tubing Connector Standards were disseminated, communicated and part of staff/clinician education for safe medication practices. Electronic Patient Event Reports reporting volume was increased by 82 percent from fiscal 2013 to the first two quarters of fiscal 2014. Additionally, the medical center has an aggressive water committee that monitors for Legionnaires’ disease and other waterborne microbes; no traces of any have been found.

Outreach Activities

During fiscal 2014, the PVAMC hosted or supported over 60 outreach events – some affiliated with the neighboring universities – as well as post deployments. The facility hopes to support greater than 75 events in fiscal 2015; the first event was scheduled with Temple University in the spring.

Patient Aligned Care Team (PACT)

Although there are only a few pilot PACTs in PVAMC, and none in the CBOCs, the PACTs have a fully dedicated 3:1 support staff-to-provider ratio; from engaging veterans to team functioning, it appears that the facility is performing within the guidelines for the PACT program.

Chief for Voluntary Services:

The PVAMC VAVS had its volunteer awards ceremony scheduled for April 13, open to all staff, and the Annual Volunteer Recognition luncheon was scheduled for April 17 at an off-site location. The team is planning an open house, date to be determined, but no later than Sept. 30, 2015.

Women’s Clinic

On Thursday, March 19, American Legion Women’s Veteran Program Manager April Commander met with Clinic Director Dr. Francesca Engle and Program Coordinator Lori Maas to discuss issues and concerns regarding the Women’s Clinic.

The major issue that the clinic faces as it continues to attract new patients is the need for more space. The facility currently holds clinic on Saturday to accommodate the busy practice and maintain continuity of care.

Other areas where the clinic thrives are:



- Patient Navigator/Coordinator (social worker) for obstetrics to assist patients with complex medical needs
- All CBOCs have gynecological specialist
- Domestic Violence Program
 - » With a dedicated part time social worker
 - » Interface with the community
 - » Provide education and training social worker and mental health
- Ongoing annual proficiency training
- Clinic is fully staffed
- Women's Mental Health Program
 - » Team meets monthly
 - » Reviews cases
 - » Identifies preferred providers
 - » Identifies needs to provide support for complex cases, particularly those with eating disorders

A tour of the clinic proved that more space is needed, as the clinic has less than 10 examination rooms and a relatively small reception/waiting area. However, the clinic does allow for some minor gynecological procedures to be performed. Additionally, there is a gynecological surgeon and fellow in-house.

As for strategic planning, Maas pointed out that the program was initially funded by VACO but now it is funded locally. The clinic hosts and supports outreach events, specifically with Temple University every spring. Finally, the new clinic is under construction.

Construction

Currently, the PVAMC has 15 ongoing construction projects totaling over \$35 million, with an additional eight projects planned for fiscal 15 totaling just over \$17 million.

Homeless Shelter Tour

On Wednesday, March 18, American Legion staff members Edward Lilley, Team Lead for Health Care, Veterans Affairs & Rehabilitation; April Commander, Assistant Director for Health Care; and Mark Walker, Deputy Director for Veterans Education & Employment, met with Executive Director Tim Williams and Deputy Executive Director of the Veterans Multi-Service Center Lincoln Strehle, to discuss issues and concerns. The facility is a four-story structure that opened its doors some 35 years ago. The women veterans program opened one year ago and allows children.

It operates a grant per-diem (GPD) program that currently houses 93-94 males and 23-25 females, and also runs a day center program from 8 a.m.-4:30 p.m. Some of the features of the facility are:

- A women's center
- Computer repair training
- Literacy training
- Auto repair training
- CRC on site

One noteworthy program was the Veteran Employment Program. The facility has employer relationships to aid with employment and conduct workshops. There is a six-week IT computer A+ training course that provides certification upon completion.

Town Hall

On Monday, March 16, Verna Jones, Executive Director of The American Legion's D.C. office, moderated a veterans town hall meeting regarding the issues surrounding the PVAMC. The meeting had approximately 45 veterans from the Philadelphia metropolitan area. VA staff in attendance included Dr. Ralph Schapira, Chief of Staff; Jeffrey Beiler, III, Associate Director; Elizabeth Helsel, Associate Director for Clinical Operations; and Coy Smith, Associate Director for Patient Care Services. American Legion department and national staff in attendance included Department Commander Dennis Haas, Department Adjutant Kit D. Watson, National Executive Committeeman Robert C. Miller Jr., Post Commander Joseph Schuman National VA&R Director Lou Celli, director, Team Lead for Health Care Edward Lilley, American Legion Deputy Director for Claims Zach Hearn and American Legion Women Veterans Program Manager April Commander. 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 March 17-19.

As with previous town hall meetings, mixed reviews were heard from the veterans in attendance, ranging from inadequate care that has been provided by the medical center, to praises for the rapid response times and excellent care. However, there were a few very specific complaints that were voiced:

1. A veteran claimed that the appointment system is not "user friendly."
2. A veteran asked "why can't VA physicians answer questions on environmental exposure issues?"
3. Veterans are having difficulty with the VA's Health Identifica-



tion Card camera and stated that it is often “down.”

Nevertheless, some veterans also expressed appreciation for the Philadelphia VA Medical Center and had no issues to report.

All questions and concerns were answered and or addressed during the town hall by either the VBA or VHA side of the VA, with the subject matter experts helping to explain if the subject was still unclear. All were satisfied with the information that was provided at that time.

Veterans Benefits Center

On March 17-19, The American Legion set up its Veterans Benefits Center at the PVAMC.. Lilley, Hearn and commander joined NVLSP Joint Executive Director Ron Abrams and Michael Spinnicchia in collaborating with the VARO, VBA and VHA staff, and through this partnership 225 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.

Best Practices

1. The PVAMC has the distinction of being awarded several National Research Centers of Excellence, including Parkinson’s Disease Research, Education and Clinical Center; Mental Illness Research Education and Clinical Center; Center for Health Equity Research and Promotion; Center of Excellence for Substance Abuse Treatment and Education, and Regional Sleep Center. The PVAMC is one of 21 Polytrauma Network sites.
2. Rehabilitation network sites and is home to the National Center for Homelessness among Veterans.

3. The facility is noted for the five patient advocates, which facilitates rapid response times to calls.

4. Through the facility’s recruitment efforts, there is a high percentage of women veterans enrolled with PVAMC.

Challenges

1. The No. 1 challenge that Philadelphia’s veterans have is with the lack of clarity on the Choice Card program.

2. The major challenge that many departments listed was space, by far, throughout the facility, especially in the Mental Health and Radiation Therapy departments.

3. According to leadership, the biggest challenge the PVAMC faces with wait times is with audiology appointments. In order to face this challenge, the VAMC has hired a new Chief of Audiology and two technicians to assist, using a multi-faceted approach that includes Non-VA Care such as the use of a mobile clinic, and will implement audiology in CBOCs.

4. Other challenges would be within the occupations, such as the hospitalists and audiologists, or the lack there of these occupations.

Recommendations

1. VA should hold orientation seminars for new patients and patients who need assistance navigating the VA website.

2. VA should partner with local VSO’s on vacancy applications.

3. Continue to collaborate with the local universities to support and host outreach events, as well for recruitment of physicians.