



EDWARD HINES, JR. VA HOSPITAL | HINES, IL

Date: Sept. 20 -21, 2016

Veterans Affairs & Rehabilitation Commission Member: John T. Nebgen

Deputy Director of Veterans Affairs and Rehabilitation Division: Roscoe Butler

Deputy Director of Employment and Education: Mark Walker

Edward Hines, Jr. VA Hospital, located 12 miles west of downtown Chicago on a 147-acre campus, offers primary, extended and specialty care and serves as a tertiary care referral center for VISN 12. Specialized clinical programs include Blind Rehabilitation, Spinal Cord Injury, Neurosurgery, Radiation Therapy and Cardiovascular Surgery. The hospital also serves as the VISN 12 southern tier hub for pathology, radiology, radiation therapy, human resource management and fiscal services.

Hines VAH currently operates 483 beds and six community-based outpatient clinics (CBOCs) in Kankakee, Hoffman Estates, Oak Lawn, Aurora, LaSalle, and Joliet. Over 800,000 patient visits occurred in fiscal year (FY) 2015 providing care to over 59,000 Veterans, primarily from Cook, DuPage, and Will counties.

The Hines VA has many community-based outpatient clinics, the Aurora CBOC, North Aurora, IL; Hoffman Estates CBOC, Hoffman Estates, IL; Joliet CBOC, Joliet, IL; Kankakee CBOC, Bourbonnais, IL; LaSalle CBOC, Peru, IL; and the Oak Lawn CBOC, Oak Lawn, IL. The Hines VAH services the following counties: Cook, DuPage, Grundy, Kendall, Kankakee, Kane, LaSalle, Livingston, and Will.

Town Hall Meeting

On September 19, 2016, a System Worth Saving (SWS) town hall meeting was held at the Argo-Summit American Legion Post 735 in Summit, IL. Dr. Steven Braverman, the newly appointed director of the Edward Hines Jr. VAH, attended the town hall meeting and responded to many of the questions posed by veterans. Dr. Braverman, a physician and former Army medical center commander, brings nearly 30 years of experience caring for soldiers and other service members to the Hines VAH.

Dr. Braverman identified his first priority as learning about the organization, as there has been misinformation spread with regard to Hines. The hospital has many documented challenges, but that's nothing new for Dr. Braverman.

Veterans voiced concern about beneficiary travel, the Hines VA telephone system, changes in leadership, and overall communication. Dr. Braverman commented that he would put a strategic plan in place, but also explained these problems did not occur overnight, and will take some time to address. The American Legion SWS team will follow up with Dr. Braverman in 60 days

to see if the strategic plan is complete and will attach it to this report as a supplemental attachment.

EXECUTIVE LEADERSHIP BRIEFING

On September 20, 2016, Veterans Affairs and Rehabilitation Deputy Director Roscoe Butler, Commission member John T. Nebgen, and American Legion Department of Chicago staff Cheri Stanton, Dept. Cmdr.; Marty Conatser, Dept. Adjutant; Wayne Macejak, Dept. Service Officer; Wayne Wagner, NECman; Rodger Bennett, VA&R Chairman; and Reginald Rice, Argo Summit Post 735 Commander met with VA Executive leadership to discuss the previous night's town hall meeting as well as to go over additional questions. VA staff in attendance included Interim Director Marc Magill, Chief of Staff Dr. Elaine Adams, and Associate Director for Nursing/Patient Care Marianne Locke.

Mr. Magill opened the meeting with a brief discussion about the top challenges faced by the Hines hospital. He indicated they need to enhance access, work to improve partnerships within the community, and improve the wait time for outpatient specialty care. The Hines VA can provide same-day access to outpatient primary care and mental health, but has not been able to achieve same-day access to outpatient specialty care appointments. During the town hall meeting, veterans voiced concerns about the medical center telephone system. According to data provided by the Hines VAH, for the period ending 8/30/2016, the telephone responsiveness target rate is 30 seconds, and Hines VAH was at 47 seconds. The phone abandonment target rate is less than five percent, while Hines VAH was at twelve percent. Leadership acknowledged they are experiencing challenges with their telephone system. It was also offered that My HealthVet allows veterans to direct access their medical record, prescription, and appointment information online through a secure web portal.

The Executive leadership staff discussed some construction projects underway to include resurfacing the 15-story bed tower, building 200. The exterior of the tower, the facade, was built in the 1970s. It will be transformed from brick and concrete finish to beautiful glass windows. This tower replacement project began June 1, 2015, when contractors began replacement of the north façade wall, and will be done in phases tower at the cost of \$55 million.



Prior to arriving on station, national staff requested a copy of the Hines VAH strategic plan. They stated a plan exists, but the plan was never provided. Instead, they outlined the following strategic goals and strategies:

- Improve Performance
Strategy: Create a Service-level Data Dashboard
- Promote a Positive Culture
Strategy: Creating a sense of community – Family taking care of Family; enhance Employee Excellence by promoting a positive culture
- Advance HealthCare Innovation
Strategy: Explore texting appointments reminders
- Increase Operational Effectiveness and Accountability
Strategy: Develop HR toolkit for training supervisors; explore use of Alternative Work Schedules (AWS) and Telework for employees

Since the Hines hospital has a new executive leadership team, the executive leadership team should evaluate whether these

strategic goals are in line with their vision for the hospital.

During the town hall meeting, a veteran mentioned he was referred to a program called CHAMP, and medical center staff stated they would follow-up. During the briefing with the executive staff, medical center staff provided several copies of the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) Handbook, and explained this is the only program they could closely match with the veteran's description. Later in the day, Wayne Macejak, Dept. Service Officer indicated he spoke to the veteran and confirmed this was the program the veteran was referencing.

Human Resources

Before the site visit, we requested information on the total number of vacant positions and this information was not provided. When we met with the HR manager, we again requested this information. Before departing the medical center, we received a copy of VISN 12 FY2016 Human Resources Dashboard which tracked the 3rd Quarter for all VISN 12 Medical Centers.

HR Metric: Total Employees

Current Period (FY16/QTR3) Compare to Prior Period (FY16/QTR2)

Click on this link for detailed report: [Onboard Employees](#)

Facility	VHA Avg Head Count	Head Count	Prior Period Headcount	Trend
(578) Hines VAH	N/A	3,907	3,958	-51

HR Metric: Total FTE

Current Period (FY16/QTR3) Compare to Prior Period (FY16/QTR2)

Click on this link for detailed report: [Total FTE](#)

Facility	VHA Avg FTE	Head FTE	Prior Period FTE	Trend
(578) Hines VAH	N/A	3,679.79	3,702.03	-40.24

HR Metric: Total Cumulative FTE

Current Period (Cumulative thru FY16 QTR3/PP12)

Click on this link for detailed report: [\(Cumulative thru FY15 QTR3/PP12\)](#)

Facility	VHA Avg Cumulative	Cumulative FTE	Prior Period Cumulative	Trend
(578) Hines VAH	N/A	3,618.80	3,409.73	209.07

When asked to identify their greatest challenges, HR stated that are not able to meet the sixty-day speed to hire window. Per VA Policy, the total speed of hiring time for each new employee is 60

calendar days. Additionally, the facility is not permitted direct hire authority for all positions. This would allow for agencies with delegated examining authority to hire individuals without



regard to sections 3309-3318 of title 5, United States Code, to positions for which:

- Public notice has been given, and
- The U.S. Office of Personnel Management determines there is a severe shortage of candidates or a critical hiring need.

OPM may issue direct-hire authority for one or more of the following: occupational series,

grades (or equivalent), and geographical location. When asked why this authority is not used, HR staff explained the current

process was negotiated into a national Master Agreement with one of the labor partners. HR identified the Radiation Safety Officer and the Assistant Chief of Staff for Research as hard to fill positions.

In response to a listing of vacancies, the HR Director provided a copy of a memo the Interim Director submitted on September 15, 2016, to the VISN 12 Education Debt Reduction Program (EDRP) manager, identifying difficult to recruit positions that will be eligible for consideration of EDRP awards in Fiscal Year 2017.

Rank	Position	Position	Location	Vacancies
1	Register Nurse	Chief	Sterile Processing Service	1
2	Physician	Neurologist	Hines Outpatient Clinic	2
3	Physician	Psychiatrist	Hines Outpatient Mental Health	4
4	Physician	Neurosurgeon	Hines Outpatient Clinic	1
5	Physical Therapist	PT	Hines Outpatient Clinic	2
6	Physician	EP Cardiologist	Hines Cardiology Clinic & Lab	1
7	Physician	Primary Care	LaSalle CBOC	1

Financial Management

Before the site visit, we requested a breakdown of the Hines hospital funding allocations for the past three years, and again this

information was not returned with the package of information requested. When we met with the financial manager, we again requested this information and were provided with the information before departing the medical center.

Funding Section	Medical Services	Medical Support & Compliance	Medical Facilities	Total
FY 2016 Funding Allocation	\$333,323,612	\$31,159,411	\$47,843,987	\$411,316,010
FY 2015 Funding Allocation	\$300,312,612	\$28,209,810	\$44,982,031	\$373,547,249
FY 2014 Funding Allocation	\$309,506,129	\$28,584,422	\$48,781,922	\$386,872,473

It was explained that 80 percent of the medical center budget is salary. Annually Fiscal Officers are required to certify that the medical center is not in violation of the Antideficiency Act (ADA) of 1906, as codified in Title 31 of the United States Code. The financial manager stated they are closing out FY16 budget and do not have any budget shortfalls at year-end.

- There are two areas in the hospital that have been awaiting nursing station installation for over two years.
- 15th floor was redesigned but has not been implemented.
- Physical Therapy is in the basement with no windows and does not provide for a pleasant patient care environment.

We informed the clinical services lines that we would discuss these concerns with the Executive Leadership.

Clinical Service Line Managers

Meeting with the Clinical Service Line managers identified concerns regarding the lack of openness at the medical center. Clinical staff identified the following Challenges:

- Lack of staffing
- A \$10 million budget deficit since June 2016

Business Office

The Hines Hospital has 74,480 enrolled veterans. Of those enrolled, 70,812 are men, and 3,665 are women veterans. The number of unique veterans¹ is 50,262. Business office staff identified Home Infusion care as one of their greatest challenges.



When a veteran is receiving inpatient care and requires home infusion care following discharge, a Non-VA Community Care (NVCC) authorization must be initiated before discharging the veteran.

Roscoe Butler contacted VHA's National Director, Claims Adjudication and Reimbursement for VA Community Care, who explained that pre-authorization is required prior to a veteran's discharge, and that most medical centers fail to initiate this prior to the veteran's release. If VA fails to pre-authorize the care, a medical center is unable set-up a retroactive authorization

under the Choice program. VHA Chief Business Office issued guidance to medical centers stating in these instances, the authorization will need to be established under the Purchase Care 3 (PC3) contract. Business office staff expressed concerns that if this issue is not corrected soon, it could cause financial problems for medical centers, as funding for PC3 is taken directly from the medical center's operating budget. VHA's National Director and Claim Adjudication and Reimbursement for VA Community Care programs informed Mr. Butler that their office is currently working on a modification to the Choice contract to address this concern.

NVCC Budget		
Service	FY 15	FY 16
Mill Bill	\$4,677,948	\$3,400,036
Inpatient	\$8,684,641	\$5,942,162
Dialysis	\$2,695,498	2,333,252
Dental	\$280,682	110,537
Contract Nursing Home	6,060,919	6,603,025
Home Based Care	11,512,704	9,023,717
Outpatient Care	5,647,476	1,866,026
Total	\$39,559,868	\$29,278,755

Quality Management Manager

Joint Commission Visits

Dates	Type	Programs	Contingencies	Status	Accreditation Status
6/22/ - 6/23/15	Unannounced Full Event	Hospital	60 day 9	Completed	Accredited
		Nursing Care Center			
		Behavior Health Care Home Care	45 day	Completed	Accredited
		Drug Dependency Treatment Center	9 60 day 2		

Women Veterans Program Manager

The Hines VAH has approximately 4,000 female veterans enrolled between the parent hospital and six community-based outpatient clinics. Over the last ten years, they have experienced five percent growth in women veterans, and project a 20 percent increase by 2023. The Women Veterans Program manager

stated they have 1-2 major events each year, and participate in awareness campaigns such as health fairs, welcome home events, and stand downs.

The Hines VAH has 14 designated women's health primary care providers, including two at each CBOC. The additional staff comprises three psychiatrists, two of which are women, one



behavioral health psychologist, one woman social worker, one woman peer support specialist, three women administrative staff, four women registered nurses, and six women licensed practical nurses.

VHA Handbook 1330.01 defines the scope of services available to women veterans and delineates essential components as necessary, to ensure that all enrolled women veterans have access to appropriate health care services. The Women Veterans Program manager reported that requirements outlined in the handbook are being met, to include the correct positioning of examination tables, curtains in exam rooms, and feminine products being made available in all restrooms. She indicated, however, that it is challenging to keep the bathrooms stocked with feminine products.

MST Coordinator

In 2012, VA Central Office issued VHA Directive 2012-004, entitled “Mandatory Training of VHA Mental Health and Primary Care Providers on Provision of Care to Veterans who Experienced Military Sexual Trauma (MST).” The directive requires that all mental health providers and primary care providers appointed or utilized on a full-time, part-time, intermittent, consultant, attending, without compensation (WOC), on-station fee-basis, on-station contract, or on-station sharing agreement basis must complete their respective learning program in the VHA’s Talent Management System (TMS), and pass the post-test no later than September 30, 2012. Furthermore, the directive also requires that all new providers complete their respective learning program within 90 days of starting their position.

The Hines MST Coordinator reported they are 100 percent compliant with the mandatory MST TMS training. According to the most recent National MST-Related Care Rate Report (FY15), 69.4% of women and 50.4% of men who had screened positive for MST had an MST-related mental health encounter. There is no national target set for mental health care rates related to MST, but Hines exceeded both the national rates of care (60.4 percent for women, 47.5 percent for men) and FY14 rates from their facility (65.7 percent for women, 49.9 percent for men). She informed us they have consistently increased engagement in MST-related mental health care, according to the annual data released nationally.

The Hines facility and all associated CBOCs conduct MST screenings for male and female veterans. In the most recent national release of data from FY15 (FY16 will not be released until Spring, 2017), Hines screened 99.4 percent of all veterans, exceeding both the national target of 90 percent, as well as the national rate of 99.1 percent. All CBOCs surpassed the national target and the national standard (Joliet 99.8 percent, Kankakee

100 percent, Aurora 99.7 percent, Elgin 99.5 percent, LaSalle 99.9 percent, and Oak Lawn 99.9 percent).

Concerning the number of women reporting an MST-related experience, the most recent MST National Screening Rate Report (FY15), 2,340 female veterans were screened and of those 588, or 25.1 percent, identified positive for MST.

Patient Advocate

The Hines VAH has three patient advocates, and they are currently looking to hire one additional patient advocate. Patient advocates said the top complaints were the Choice program, not being treated with respect, and phone calls and letters not being addressed promptly.

Homeless Program

On Wednesday, September 21, the System Worth Saving Team met with the Hines VA’s Healthcare for Homeless Veterans Program personnel to discuss their programs and services for homeless veterans and their families. The goal of the program is to provide at-risk and homeless veterans with access to stable housing, a means of financial support, to strengthen attachments to their community, and to establish medical and behavioral health services. The program operates a walk-in resource and referral office, open Monday through Friday, from 9 am-3 pm at the Medical Center. The following services are provided: (1) Immediate referrals to community agencies, shelters, and transitional housing; (2) Same-day assistance and practical supports; (3) Access to telephones, showers and laundry room; and (4) Meal assistance, personal hygiene supplies and transportation assistance.

Additionally, VA staff mentioned their involvement with local Stand Downs, rural outreach (with a mobile unit), and community outreach events. The Hines VAMC has three Grant and Per Diem (GPD) sites – Midwest Shelter for Homeless Veterans, Family & Friends, and Housing Forward. The GPD Programs provide short-term housing while veterans work to transition into permanent housing. The program also provides case management services and other related services that assist reintegration back into mainstream society. Other specialty programs offered by the VAMC include:

- Outreach Case Management Program – (a) Intensive short-term case management; (b) Additional assistance with accessing resources that can provide housing and income stability; and (c) Clinical case management support to maintain stable living
- HUD-VASH Program – (a) Permanent supportive housing vouchers for veterans who qualify based upon chronic



homelessness and income guidelines, (b) Must be agreeable to intensive case management services, and (c) Partnership between the Departments of Housing and Urban Development (HUD) and VA Supported Housing (VASH)

- Veteran's Justice Outreach (VJO) – (a) Helps eligible justice-involved veterans get timely access to VA services and community services, (b) Helps avoid unnecessary criminalization and incarceration of veterans, and (c) Child Support Pilot Program – assistance with addressing current or past child support obligations
- Contracted Emergency Residential Service (CERS) – Short-term emergency and transitional housing in the community.

Based upon the 2016 Point-in-Time count, there are approximately 1,000 homeless veterans in the State of Illinois. This number represents a decrease of 221 homeless veterans from 2015. Regarding the Hines VAMC catchment area – there are approximately 140 homeless veterans. The VAMC's community partners and other stakeholders have been intensely active in combating veteran homelessness. Furthermore, the VA is continuing to work to eliminate veteran homelessness by educating and empowering veterans and their families through proactive outreach and effective programs and services. Lastly, one of the goals of The American Legion is to help bring federal agencies, nonprofit organizations, faith-based institutions and other stakeholders to the table to discuss best practices, along with funding opportunities, so homeless veterans and their families can obtain the necessary care and help in order for them to properly transition from the streets and shelters into gainful employment and/or independent living.

Facility Tour – On Day two, the SWS team met in the lobby of the main entrance to the hospital where the Public Affairs Officer escorted us on a tour of the hospital. We toured the Women Veterans Clinic, the Spinal Cord Injury Center, the Physical Therapy Unit, and the Blind Rehab Center. The only concern noticed during the tour was that we did not see any directional signage directing veterans and visitors to the MST Coordinator, Patient Advocate or Women Veterans Program manager. Nor did we see any information published identifying these key individuals along with their telephone contact information. These three positions are critical to ensuring that when women veterans have MST or general issues, they know with whom to address their concerns at Hines VA.

Exit Briefing – On September 21, 2016, an exit briefing was conducted with the Executive Leadership of the Hines VAH. In attendance were Director Steven Braverman; Interim Director Marc Magill; Chief of Staff Dr. Elaine Adams; Associate Director for Nursing/Patient Care Marianne Locke; and Rick Fox,

Public Affairs Officer. The Director and his team were thanked for allowing our staff to meet with them. During the one hour meeting, we discussed our findings and recommendations and outlined the process for the report. After the report is completed, the report will be submitted to the Hines VAH Public Affairs Officers. They will be provided two weeks to return the report. If they identify conflicting information, a conference call will be scheduled to discuss their concerns. Once the final report is approved, the medical center will be provided a copy. The Hines VAH SWS report will become a part of a larger report outlining The American Legions 2016 – 2017 System Worth visits. The Executive Summary will be released at the 2017 National Convention and will be shared with the House and Senate Veterans Affairs committees, the VA Secretary, the Under Secretary of Health and the President of the United States.

Best Practices

MST - The Hines MST Coordinator is also the VISN 12 MST POC which allows for both close and regular communication with both VISN and national MST offices. The MST Coordinator is housed within the outpatient Trauma Services Program and is an accessible resource to staff and veterans (male and female) throughout the hospital. The MST Coordinator can also provide appointments as early as 7:30 AM and as late as 7:00 PM three times per week, offering extended access to patients who may have work or childcare constraints, or who simply prefer to seek services during quieter times in the clinic.

Tele-mental Health (TMH) services including Clinical Video Telehealth-to-the-home are also an option for veterans seeking evidence-based treatments for MST-related symptoms, which are ideal for veterans who have transportation issues or other potential barriers that may keep them from coming physically to the hospital. Additionally, when a patient with a new MST screen is on the inpatient unit (2 South), the MST Coordinator or her designee will visit them on the unit to ensure coordination of care takes place as the patient transitions to a lower level of care. During Sexual Assault Awareness Month, events are offered to veterans and information is distributed to social media outlets about MST-related resources at Hines.

The MST Coordinator has collaborated with the Mental Health Service Line (MHSL) Leadership, Community Based Outreach Clinic (CBOC) Clinical Nurse Managers as well as with the Women Veterans Program Manager to ensure that there is a designated MST Champion at each CBOC for rural-dwelling veterans. Establishing an MST Champion at each of the clinics also provides staff at each CBOC with an immediate MST point of contact known to their site for MST-related consultation. Also, telephone operators in VISN 12 (who service Hines)



were also provided training by the Hines MST Coordinator on how to handle calls sensitively and knowledgeably when a caller requests the MST Coordinator. Of note, in the 2015 Office of Mental Health Operations (OMHO) Site Visit, MST coordination and programming was identified as one of the top five strengths of the Hines MHSL.

The MST Coordinator has also spearheaded two system improvement initiatives this past year to further improve access to, and quality of, care. The first is the roll-out of a pilot protocol in the Gastroenterology and Anesthesia departments, which involved making changes to provider templates to include a question about sexual trauma and the impact sedation may have on their experience with a given procedure. This protocol gives the provider a chance to discuss options with the patient to ensure their procedure is safe, and reduces any potential anxiety about the procedure. Partnerships have been built with both units so that if a patient would like to be seen immediately by mental health or by the MST Coordinator, they can be referred to address these anxieties and ultimately, feel prepared to follow-through with these sometimes invasive procedures (e.g., colonoscopy).

The second initiative involved strengthening the relationship with their Patient Administrative Services (PAS). This is necessary for ensuring that veterans are provided with a voluntary questionnaire handout asking if they had experienced MST and informed on that handout that free MST-related care was available even if they were otherwise ineligible for broader VA services (e.g., due to income or service length issues). Since PAS staff are not clinicians, they were unable to previously screen for veterans with this special eligibility. This initiative has now allowed MST staff to screen all veterans at the front door, conduct warm handoffs, schedule appointments immediately, and get veterans entitled to MST-related care, access to services even more efficiently. Both initiatives are being monitored and will be evaluated over the coming year.

Peer Support Specialist – A peer support specialist has been assigned to work with female veterans.

Hines continues to embrace the latest technology in clinical access to care through Telehealth. Telehealth medicine is used for treatment, diagnosis and program and discharge planning. Telehealth clinics enhance access to health care to Veterans in the following specialty areas; Speech, Cardiology, Dermatology, Blind Rehab, Spinal Cord Injury, Telemental health and Polytrauma/TBI. For the ninth consecutive year, Hines VAH has led all VAs in the use of Telemental health visits for Veterans not living in close proximity to our main campus.

Hines VAH offers a wide range of specialty care unavailable and unmatched in private sector health care. For example, Mental

Health Service consists of more than 30 programs for Veteran Care. Hines' Primary Care Mental Health Integration program is consistently regarded nationally as a best practice model. In fact, they provide weekly consultation to other VA medical facilities. Both Mental Health and Primary Care offer same day access for veterans.

Hines Homeless Program is recognized as a leader in meeting the needs of the area homeless population. Freedom's Path Homeless housing opened on Hines' campus last fall and uses vouchers supported by the Housing and Urban Development Agency. This is a 72-apartment complex providing permanent housing for area homeless Veterans.

Veteran groups requiring highly technical specialized care find the support they need at Hines VAH in several unique programs, including a Blind Rehabilitation Program that provides comprehensive inpatient care for the Midwest. Rehabilitation consists of training in various skills that give visually impaired Veterans and active duty service members the ability to be as independent as possible. The Polytrauma/TBI (traumatic brain injury) program consists of a specialized approach addressing the unique needs of Veterans returning from Iraq and Afghanistan. Finally, the Spinal Cord Injury and Disease (SCI/D) Program offers every spinal cord injured Veteran an optimum continuum of care so that they can achieve and maintain their highest possible level of independence and functioning.

The Hines Research Service continues to excel nationally. The service supports national multi-center randomized trials for VHA. Hines research investigators are part of a larger national effort to address the growing public health crisis of antibiotic resistance. To address this growing and critical problem, Hines researchers help to understand how VA is identifying specific resistant organisms and stopping their spread. Additionally, there is an ongoing research study focused on treatments to help Veterans and military service members recover from vegetative and minimally consciousness states after a severe TBI. Some patients, who remained in these states for several years, have awakened to follow simple directions and answer yes/no questions after receiving the experimental treatments.

Challenges

1. No Strategic Plan – The Medical Center failed to provide our team with a Strategic Plan for the Hines VAH. Rather, they identified four strategic goals:

- Improve Performance

Strategy: Create a Service-level Data Dashboard

- Promote a Positive Culture

Strategy: Creating a sense of community – Family taking



care of Family; enhance Employee Excellence by promoting a positive culture

- Advance HealthCare Innovation

Strategy: Explore texting appointments reminders

- Increase Operational Effectiveness and Accountability

Strategy: Develop HR toolkit for training supervisors; explore use of Alternative Work Schedules (AWS) and Telework for employees

Recommendation – The Executive Leadership Team, needs to evaluate whether these strategic goals are in line with their vision for the hospital and develop a strategic plan for the Hines VAH that is consistent with the Veterans Health Administrative Blueprint for Excellence and Strategic Objectives.

2. Lack of directional signage – During day two we were escorted on a tour of the hospital.

During our interview with the MST Coordinator, Women Veterans Program Manager, and Patient Advocate, we asked where in the hospital information is displayed identifying these key positions. We were informed that there is information in the main lobby and by the elevators throughout the hospital. Our tour of the medical center began in the main lobby of the hospital. We toured the Women Veterans Clinic, the Spinal Cord Injury Center, the Physical Therapy Unit, and the Blind Rehab Center. At no time during the tour did we see any information that provided directions to these offices or pictures, contact information for these positions.

Recommendation – The Executive Leadership Team should ensure veterans, and visitors know who these individuals are and can find their offices with ease.

3. Human Resources Can't Use Direct Hire Authority – During the interview with the HR director, he stated the Hines VAH has restrictions on some Direct Hire Authority due to overlying labor-management agreements.

Recommendation – The Executive Leadership Team should investigate whether the direct hiring authority would accelerate the hiring process at the Hines VAH and if so, identify opportunities to overcome the obstacles that prohibit them from the use of this authority.

4. Location of the Physical Therapy Department - Physical Therapy (PT) is located in the basement of the medical center. Staff expressed that this environment does not promote wellness, but there was a plan to relocate physical therapy to the main hospital.

Recommendation – The Executive Leadership Team should meet with staff to discuss their concerns, and inform them on

whether leadership is still looking into relocating PT to the main hospital.

5. Service Line/Department Heads are not kept informed – During our interviews with Department senior staff, there seems to be a lack of understanding on the current status of the medical center budget, staffing, etc.

Recommendation – Executive Leadership should ensure that their senior staff is well informed on the current status of the hospital.

6. Outer Appearance of the Medical Center – Many of the buildings date back to 1921, and while the hospital has \$55 million dollar construction project to upgrade the tower, staff expressed concerns about other buildings on the hospital grounds.

Recommendation - Since all of the Executive Leadership staff are new to the Hines VAH, they should complete a comprehensive review of the current major/minor and non-recurring maintenance (NRM) construction projects underway or pending to determine if all or the most important needs of the hospital have been addressed.

7. Environment of Care – In May 2016, Fox News published a press release about black mold festering in Hines VA Hospital for months.

Discussion – The Executive Leadership Team acknowledged the concern and indicated the issue is resolved.

8. Nutrition & Food Service – In April 2016, an article was published in the media about cockroaches routinely crawling across countertops as cooks prepare meals and the insects have even found their way into patients' food.

Discussion – The Executive Leadership Team acknowledged the concern and responded that this issue is currently being addressed.