



VA MEDICAL CENTER | MEMPHIS, TN

Date: April 21, 2015

Veterans Benefits Committee Member: Jeffrey Olson, National Commander Representative

National Headquarters Representative: Roscoe Butler, Deputy Director for Health Care

Mark Walker, Deputy Director Veterans Employment and Education

Overview

The Memphis VA Medical Center (MVAMC) is a tertiary care facility classified as a Clinical Referral Level I Facility and one of the most sophisticated medical centers in the VA system. The MVAMC is affiliated with the University of Tennessee Colleges of Medicine, Dentistry, Nursing, Pharmacy and Allied Health; and is a teaching hospital, providing a full range of patient care services with state-of-the-art technology, as well as extensive education and research programs. Comprehensive primary, secondary, and tertiary health care is provided in the areas of medicine, general cardiovascular and neurological surgery, psychiatry, physical medicine and rehabilitation, spinal cord injury, neurology, oncology, dentistry, and geriatrics. Specialized outpatient services are provided through general, specialty and subspecialty outpatient clinics, including a women's health center. The MVAMC has an authorized bed capacity of 251 hospital beds; of this number, 229 are operational. Following is a breakdown of the Memphis inpatient beds:

Bed Category	Authorized	Operating	Percent
Medicine	97	92	94.8
Neuro Surgery	5	5	100
Spinal Cord Injury	70	60	85.7
Surgery	47	40	85.1
Psychiatry	32	32	100
Total	251	229	91.2

In fiscal 2014, the medical center admitted 6,520 veterans for inpatient hospital care, and had 694,096 outpatient visits. It is projecting a 1.2 percent increase in outpatient visits in fiscal 2015.

The MVAMC catchment area includes counties in Memphis proper, Arkansas and Mississippi. Counties serviced by the MVAMC include Bolivar, Coahoma, Benton, Alcorn, Calhoun, Chickasaw, Fulton, Craighead, Cross, Crittenden, Lee, Mississippi, Phillips, Clay, Tunica, Quitman, Tallahatchie, Desoto, Panola, Tate, Marshall, Lafayette, Grenada, Yalobusha, Union, Tiptah, Pontotoc, Prentiss, Tishomingo, Monroe, Lee, Itawamba, Dyer, Lauderdale, Obion, Shelby, Tipton, Wheatley, Haywood, Gibson, Fayette, Crockett, Carroll, Chester, Decatur, Hardeman, Hardon, Henderson, Madison and McNairy.

Budget

The MVAMC reported its fiscal year budget for the past three fiscal years as follows:

Resources	FYTD thru Feb 2015	EOFY 2014	EOFY 2013
Medical Care Budget	\$383,298,923	\$420,261,998	\$411,295,920
MCCF Collections	\$10,756,950	\$30,090,996	\$26,703,715
Total Medical Care FTEE	2,206.9	2,253.7	2,228.8
RN Medical Care FTEE	466.0	465.4	453.5
MD Medical Care FTEE	162.3	161.1	153.1

MVAMC is currently anticipating a \$1.7 million budget shortfall, but as explained by John Patrick, Veteran Integrated Service Network (VISN) director, he is confident there is enough funds this fiscal year to offset any anticipated budget deficit.



Access

Based on data obtained from the Memphis VAMC, the medical center reported its outpatient wait times as follows:

Wait times:	Retrospective/Compl. appts
• Average wait times for primary care patients	3.40 days 1.79 days
• Average wait times for specialty care patients	4.83 days 3.16 days
• Average wait times for mental health patients	5.21 days 2.62 days

Provider time was reported as the significant cause impacting the medical center’s ability to schedule veterans’ outpatient appointments in a timely manner. At the North Clinic, due to a provider vacancy, 42 patients were on the wait list.

To address outpatient wait times, President Obama on Aug. 7 signed into law the “Veterans Access, Choice, and Accountability Act of 2014.” The law was implemented to improve veterans’ access to VA health care. Veterans who are on a waiting list for 30 days or greater, or live 40 miles from a VA medical care facility, can choose to be seen outside the VA by an approved non-VA health-care provider.

The MVAMC Pentad¹ which consists of the medical center director, associate director, assistant director, chief of staff and associate director for Patient Care Services, informed our Veterans Benefits Center (VBC) team that they have not had a positive experience with TriWest. Representatives from TriWest along with staff from VA Central Office Chief Business Office, will be on site to meet with them. As of April 27, 2015, the MVAMC reported the number of appointments over 30 days on the pending list is as follows:

- Primary Care 583
- Mental Health 1,002

Our VBC team was also informed that 98 percent of all of their outpatient appointments are scheduled within 30 days.²

Staffing

The MVAMC indicated that at the time of our VBC visit, they have 339³) in addition to 144 positions created by the Veterans Access, Choice, and Accountability Act of 2014. The MVAMC currently does not have a facility strategic plan, but uses the VISN Strategic Plan to provide the medical center with a strategic direction. The strategic and tactical components of the plan are developed by the VISN Senior Executive Board (the former Executive Leadership Board), and the operational component is executed by the facility.

MVAMC is working with a consultant to develop the fiscal 2015 Strategic Plan in concert with the VISN strategic tactical plan developed by the VISN service lines in the following areas: Patient Care Service Line(SL), Medicine SL, Surgery SL, Mental Health SL, Organizational Health and Geriatrics and Extended Care SL. A review of the list of vacancies provided by the medical center indicates they have 339 vacancies, some which are critical to direct patient-care activities.

1 Pentad describes the medical center executive leadership, Director, Associate Director, Assistant Director, Chief of Staff, and Executive Nurse Manager.

2 Refer to attachment A, to review an extract from the April 1, 2015, VA Access Report highlighting the MVAMC access wait times.

3 vacancies (Refer to Attachment B



Enrollment

Following is a snapshot of the enrollment by priority categories obtained from the Memphis VAMC.

Enrollees Priority 1 to 8D for V09 (614) Memphis (FY Mon)	FY12-EOY	FY13-EOY	FY14-E0Y
1 Svc Con 50% +	4978	5240	5437
2 Svc Con 30% - 40%	2217	2206	2137
3 Svc 20% POW/Special	3823	3746	3620
4 AA/Housebound or Catastrophic	1483	1464	1432
5 NonService Con Below Income	9739	9866	9207
6 All other Not Req to Make Copay	2415	2570	2341
7 Non-Compensable 0% Svc-Below GMT	3	2	36
7 NonService-Connected Vets-Below GMT	106	168	671
8A Noncompensable 0% Svc-con-Above GMT	292	292	244
8C NonService-Connected Vets-Above GMT	5378	5385	4730
8E Noncompensable 0% Svc-con-Above GMT>1_16_03	NA	NA	NA
8G NonService-Connected Vets-Above GMT> 1_16_03	NA	NA	NA
8B Noncompensable 0% Svc-con-Above GMT >6_15_09	9	12	13
8D NonService-Connected Vets-Above GMT>	208	331	385

The total number of veterans in the Memphis catchment area is 187,149. Of the total number of veterans in the Memphis catchment area, 36.3 percent are enrolled in the VA health-care system. Of the number of veterans enrolled, 92.7 percent are male and 7.3 percent are female veterans.

Outreach Activities

MVAMC's Social Work office participated in approximately 32 outreach events in fiscal 2014 and has participated in about 15 so far this year. In addition, it has two outreach staff in the community every day at homeless service provision agencies such as shelters and drop-in centers performing outreach tasks. The facility is on pace to complete 30 or more outreach events this year.

Homelessness

The MVAMC Homeless Program office is located at 1407 Union Avenue, in Memphis. The program has three main components. The Health Care for Homeless Veterans (HCHV) programs includes the Grant and Per Diem program (GPD) and HCHV Contract Bed Program. The MVAMC also has the Housing and Urban Development-Veterans Affairs Supportive Housing program (HUDVASH), which includes a very successful Veterans Justice Outreach (VJO) program. A variety of ancillary services are also provided to homeless veterans in all three programs.

The Homeless Providers Grant and Per Diem Program

The Homeless Providers Grant and Per Diem (GPD) program was authorized to establish alternative housing programs for homeless veterans through a partnership with non-profit or local government agencies. The principal mission of GPD is to provide time-limited housing (up to 24 months) with supportive services as an aid to the transition of the veteran from homelessness to permanent housing.

Currently, the MVAMC GPD program has three community providers with a total of 125 beds designated for unaccompanied (male and female) homeless veterans. Included in these 125 beds are eight beds for male veterans who are medically fragile. These GPD programs are a vital source of safe housing with supportive services, with many of the resident veterans receiving case management



through the VAMC homeless services. The goal is to help homeless veterans achieve residential stability, increase their skill levels and income, and obtain greater self-determination. A VA addictions therapist provides individual and group services to GPD residents.

The HCHV Contract Bed Program was authorized to establish alternative short-term housing programs for homeless veterans through a partnership with non-profit or local government agencies. As with the regular GPD program, the principal mission of the HCHV program is to provide time-limited housing with supportive services as an aid to the transition to permanent housing. However, these 10 contract beds are specifically for unaccompanied (male and female) homeless veterans with recurring mental health diagnoses, and the maximum length of stay is six months. It is believed that Memphis will reach VA's goal of "functional zero" by the end of 2015.

The Housing and Urban Development-Veterans Affairs Supported Housing Program (HUD-VASH)

This joint Supportive Housing Program with the Department of Veterans Affairs and the Department of Housing and Urban Development (HUD) provides permanent housing and ongoing case-management treatment services for homeless veterans who would not be able to live independently without the support of case management. Memphis VA currently has a total of 465 HUD Section 8 Vouchers (25 are located in Jackson, Tenn.) designated for eligible homeless veterans. This program allows veterans to live in elected apartment units with a "Housing Choice" voucher. These vouchers are portable so that veterans can live in communities served by their VA medical facility where case-management services can be provided. This program enhances the ability of the VA to serve homeless women veterans, as well as other targeted homeless veterans, and their immediate families. VA Homeless Program staff provides extensive case management services to veterans in the program beginning with voucher issuance and continuing for as long as the individual veteran needs these services to maintain housing.

The MVAMC HUD-VASH team also includes a substance use disorder specialist who assists voucher recipients with addiction issues, and peer support specialists — former homeless veterans who provide a wide array of services to help homeless veterans obtain a voucher and obtain and keep suitable housing. The MVAMC is currently recruiting for two housing specialists who will help individual veterans to secure a housing unit appropriate for their situation and navigate the voucher issuance process with Memphis Housing Authority.

The Veterans Justice Outreach Program (VJO)

The VJO program includes two veterans treatment courts and the Justice Outreach program. The Memphis VJO program has one court in Memphis and one in Jonesboro, Ark. The courts allow veterans in the criminal justice system the opportunity to avoid incarceration by agreeing to, and participating in, individualized treatment for any needed substance abuse, mental health or other VA health-care service under the supervision of the court. Veterans who successfully complete the program have their criminal records expunged of the criminal charge. The treatment courts benefit the veteran, the criminal justice system and taxpayers, since costly incarceration can be avoided.

VJO social workers, with the assistance of other employees of the Homeless Program, also conduct outreach in correctional facilities throughout their service area, addressing community re-entry needs of incarcerated veterans. Veterans are helped to connect with housing options, as well as medical, psychiatric and substance abuse treatment upon release, thus decreasing the likelihood of recidivism.

VJO employees have also started a monthly free legal clinic for homeless veterans; they consider this service to be a best practice. With the assistance of five to 10 volunteer attorneys, and thanks to Memphis Area Legal Services, an average of about 28 veterans are assisted each month with issues such as outstanding tickets or fines, child support, landlord/tenant, expunging criminal records, driver's license, consumer law, family law and mortgage crises. The resolution of such issues results in an increased ability for veterans to obtain and maintain housing.

Ancillary Services

MVAMC Homeless Programs added a nurse practitioner in 2014. She provides a wide variety of health-care services to homeless veterans, including medical screening, and treatment for veterans entering the GPD and other homeless programs. Her presence obviates the need for veterans to utilize the Emergency Department or PAC Teams for required health screenings.



The Homeless Programs employs two outreach social workers, one urban and one rural. Both work with homeless Continuum of Care agencies, and other homeless service providers and shelters to identify homeless veterans and offer them services. They and their intake staff conduct screenings of hospitalized homeless veterans both at the VAMC and community hospitals. There is a hot-line social worker who fields calls to the Veterans Crisis Line from homeless veterans, and conducts intakes and referrals.

MVAMC added a vocational development specialist in 2014. He helps veterans in various homeless programs to locate and obtain employment, including résumé and job interview preparation. The Homeless Program manager is in the process of filling a second vocational development position.

During the VBC visit to the homeless program office, VHA Homeless staff took us on a tour of the Cocaine and Alcohol Awareness (CAAP) Inc, Program, which has 56 Grant and Per Diem beds and is transitional housing for veterans funded by the VA.

CAAP provides:

- Flexible programs with treatments ranging from six months to two years;
- Literacy programs, and job readiness and placement;
- Transportation; and
- An abundance of “wrap-around services” addressing many of the veterans’ immediate needs, such as medical and dental care, and also addresses their long-term needs for successful transition back into society.
- The VA and its community partners in Memphis are aggressively assisting homeless veterans (and their families) to meet the goal of eliminating veteran homelessness by the end of 2015.

On Thursday, The American Legion deputy directors for Veteran Employment, and Education and Veterans Affairs and Rehabilitation divisions met with Cordell Walker, Executive Director, Alpha Omega Veterans Services, Inc., to discuss their program and how they assist homeless veterans and their families. Alpha Omega is a nonprofit Tennessee corporation that provides disabled and homeless veterans with the social services needed to totally reintegrate them back into society. The organization provides a 30-day to two-year transitional housing program, with an end goal of placement in permanent housing to promote independent living and total reintegration. While in residence, each veteran is counseled on both an individual and group basis. The program provides food, clothing, housing, transportation, vocational assistance and assistance in rehabilitation. The VBC team toured several of Alpha Omega’s sites around the city – both transitional and permanent housing – speaking to several veterans about the positive impact that the program has had on them. Alpha Omega has served approximately 10,000 veterans since its start in 1987.

Joint Commission/Commission on Accreditation of Rehabilitation Facilities (CARF) Inspections

- Joint Commission – February 1, 2013 – Fully Accredited;
- CARF for Medical Rehab (Spinal Cord) – July 2013 – Fully Accredited;
- CARF for Behavioral Health – October 2013 – Fully Accredited; and
- CARF for Low Vision – September 2014 – Fully Accredited.

Performance Measures

The MVAMC reported that the following performance measures are below VA’s national goal.

Measure	Target	2015 YTD	National Average
1 Bereaved Family Survey	58%	56.00	61.00
2 C&P Exam Timeliness	Lt/=30days	38	25
3 Periodic Oral Evaluation for Eligible Veterans	75%	64.54	75.64
4 Telephone Responsiveness	30	156.74	109.07
5 Diversity Hiring Goal	2%	1.78	2.13
6 Diversity Hiring Goal-New Hires	3%	0.87	3.22



In accordance with VHA Handbook 6500.2 “Management of Data Breaches involving Sensitive Personal Information (SPI)”, VHA defines a data breach violation as: “the loss, theft, or other unauthorized access, other than those incidental to the scope of employment, to data containing SPI, in electronic or printed form, that results in the potential compromise of the confidentiality or integrity of the data.”

Since fiscal 2013, the MVAMC Privacy/Information Security Office has reported 187 data breaches. When questioned about the steps management has taken to prevent such data breaches from occurring, VBC team members were informed all users of the MVAMC information and information systems are responsible for complying with the rules outlined in the VA National Rules of Behavior, as well as procedures and practices developed in support of the Rules of Behavior. Users include all VA employee, contractor, researcher, affiliate, student, volunteer, representatives of federal, state, local or tribal agencies, and all others authorized access to VA facilities, information systems or information in order to perform a VA authorized activity.

Customer Satisfaction

Inpatient Satisfaction

Fiscal 2014 ended up with increased inpatient satisfaction. At the beginning of the year, Memphis was only meeting one out of 12 satisfaction elements. A real-time assessment (TruthPoint) initiative was implemented, and satisfaction rates gradually increased. At the end of fiscal 2014, VAMC Memphis met seven out of 12 inpatient satisfaction elements.

TruthPoint is a real-time assessment conducted by patient ambassadors who make rounds on the inpatient wards. They interview patients and log them into a database. When a patient has a complaint, the patient ambassador can contact the party that can provide immediate service recovery.

Inpatient	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Target
Inpatient Overall Quality	60.6	44.2	46.7	67.9	65.5	58.7	46.5	36.7	61.2	52.3	54.1	60.2	68.2
Shared Decision Making	61.2*	65	72.9	69.7	68.7	63.1	53.7	71.3	71.3	60.1	64.5	81.9	61.8
Responsiveness of Staff	74.8*	69.8	77.9	91.8	81.6	77.2*	79.5	76.6	87.9	81.9	84.7	86.4	84.3
Pain Management	83.4*	79.8	70.9	100	81.5	84.7	77.7	84.8	88.1	94.6	83.6	87.4	87.4
Cleanliness of Hosp	73.8	63.6	88.6	86.6	80.2	84.2	74.9	76	77.1	77.9	88.8	89.1	90
Communication about Meds	72.4*	70.5	73.7	64.3	82.1	81.0*	77.4	76.3	79.9	72.9	76.8	77	76.8
Communication with MD	86.5	87.6	90	96.9	96.8	95.7	85.4	84.8	90.3	94.2	96.3	94.5	91.8
Communication With RN	81.6	87.3	79.8	86.2	92.5	89	83.6	82.2	92.3	94.3	95.6	90.1	92.1
Discharge Information	77.2	67.7	77.1	76.7	81.1	73.3	68.2	81.3	72.8	84.9	76	82	87
Quietness in Hosp Environ.	78.8	66.9	77	81.7	87.9	76.3	80.1	83.6	82.5	70.5	87.6	86.9	82.2
Recommend Hospital	57.8	49.1	51.4	68.3	50.9	51.8	36.8	56.3	57.9	47.5	53.8	58.4	64.2
Care Transition	52	32.8	40.8	42.6	38.9	32.6	30.6	37.4	36.6	36.9	36.6	52.9	48.8

Outpatient Satisfaction

Outpatient Satisfaction started off well in the first part of fiscal 2014, but declined after May 2014 (VA crisis). Earlier in the year, the MVAMC had months of meeting six to seven out of 12 satisfaction elements; by the end of fiscal 2014, VAMC Memphis met only four out of 12.

Because of the success of TruthPoint in the inpatient areas, the Pentad has plans to expand it to include outpatient areas. Since the assessment and process would be a little different, TruthPoint was deployed last month in the Copper Clinic only. The Pentad was informed that expanding throughout all the areas of the medical center and CBOCs will require a new contract, which it plans to have in place by fiscal 2016.



Outpatient	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
Access	38.2	36.7	37	35	38.7	44.6	31.6	38.1	35.2	22.2	27.2	23.4
Communication	70.5	67	72	64	77.3	69.9	70.8	69.6	62	65.5	68.5	56.2
Comprehensiveness	59.6	55.8	60.9	57.6	58.6	56.5	61.8	64.4	58.9	57.1	58.8	64.6
Medication Decisions	49.7	48.6	56.2	58.2	64.3	58.1	62.7	57.8	60.6	60.5	56.1	46.3
Office Staff	66.7	64	60.3	59.3	64.7	68.1	65.5	64.3	56.9	65.5	58.3	60.1
Self-Management Support	61.6	56.8	60.6	56.8	61.1	60.7	60.1	58	51.2	55.1	54.8	58.5
Days Wait for Appointment	-	-	-	-	-	-	-	-	-	-	-	-
After Hours Care	-	-	-	-	-	-	-	-	-	-	-	-
After Hours Information	73	71.9	79.5	67.1	77.2	73.8	76	75.9	64.3	71.8	60.3	71.9
Appointment Reminders	83	78.6	81.1	70.3	79.7	81.3	82.9	87.6	82.1	75.1	81.7	80.9
Follow Up Test Results	61	51.2	61.8	58.7	58.1	61.6	67	59.2	49.6	48	63.6	50.7
Continuity of Care	56.3	64.9	57.9	52.6	65.1	53.9	51.7	58.3	52.1	46.3	42.9	40.3
Review Meds with Patient	82.2	82.2	78.4	76.3	82.6	84.1	82.9	73.4	77.9	81	71.8	71.1
Provider Rating	57.7	53.1	60.4	60.2	67.1	62.3	64.2	60.9	54.5	62.1	57.4	54.5

Construction Projects

The MVAMC has three minor construction projects underway.

1. Project 614-313: Expand and Modernize Operating Room Suite

Design Award \$813,562

Construction Award \$7,948,000

The Operating Room project was a fiscal 2010-approved Minor project. The design was completed in 2010. Construction funding was made available in late fiscal 2011.

Phase 1 of construction completed building additions on the roof for new support offices, staff locker rooms and lounges, mechanical equipment rooms, and interstitial utility support space. Phase 2 renovated space for an expansion of the post-anesthesia care unit and created larger centralized space for the operating room (OR) supplies and crash carts. Phase 3 is currently underway on two of the planned ten operating rooms. This is an increase from the original seven. The Phase 3 ORs are Endovascular-Hybrid and Orthopedic. Phase 4 ORs are Cystoscopy and Eye. Phase 5 ORs are 2 for Cardiac. The final rooms are completed with Phase 6; 2 General, an ENT, and a Neurology.

2. Project 614-319 Construct Parking Garage on West Lot

Approved Budget \$9,614,000

The construction of a parking garage has been approved as a fiscal 2016 Minor project. Preparations are being made to obtain architect-engineer design services. Funding is expected by the first quarter of fiscal 2016, but the MVAMC is expediting in case funds become available towards the end of fiscal 2015. Construction funding is planned for fiscal 2018. Having a completed design package may allow for an earlier construction start, if again, funds become available ahead of the planned date.

The parking garage is planned to provide up to 525 structured parking spaces. Because surface parking will be displaced with the parking structure, the net parking gain is estimated at 361 spaces.

The parking garage will primarily serve patient and visitor parking. The West Lot location was selected due to the proximity to most of the patient services. A second parking garage is proposed for the East Lot. This has already been identified in the Strategic Capital



Investment Plan.

3. Project 614-318 Building 1A Entrance Expand and Structural Improvements

Design Award \$720,997.85

Construction Award \$7,218,241

The expansion of the Bed Tower was a fiscal 2011 approved Minor project. The design was completed in 2012, but construction funding wasn't made available until fiscal 2014.

Construction is underway on Phase 1 with site work preparations and demolition of existing building structures and Phase 2 new construction build-out of the new ground and first floor. The build-out is expected to take one year. The subsequent Phases 3 and 4 tie the new work into the existing spaces with renovation and new finishes. Services relocating to the new ground floor will be Voluntary, Escort, Veterans Service Officers, Intake and Eligibility, Agent Cashier and Travel. Social Work Services relocates to the new first floor.

VAOIG Issues

In 2013, VAOIG issued report No. 13-00505-348, "Emergency Department Patient Deaths Memphis VA Medical Center Memphis, Tennessee." The inspection was in response to an allegation of inadequate care for patients who died in the Emergency Department (ED) at the MVAMC. The complainant alleged that a patient died after a physician ordered a medication for which the patient had a known drug allergy. Another patient died after being administered multiple sedating drugs and not being monitored properly, and a third patient died after delays in getting treatment for very high blood pressure.

The VAOIG substantiated that a patient was administered a medication in spite of a documented drug allergy, and had a fatal reaction. Another patient was found unresponsive after being administered multiple sedating medications. A third patient had a critically high blood pressure that was not aggressively monitored and experienced bleeding in the brain.

VAOIG found that the facility had completed protected peer reviews of the care for all three patients. Two of the deaths were also evaluated through root cause analyses (RCAs), quality reviews designed to identify and correct systemic factors and conditions that may pose a threat to patient safety. However, they also found that RCA action plan implementation was delayed and incomplete.

VAOIG recommended that the facility director confer with regional counsel for possible disclosure to the surviving family member(s) of Patient 3, and ensure that processes are strengthened to monitor RCA action plans and ensure that they are completed. They also recommended that processes be strengthened to improve patient monitoring in the ED, and that unit specific competency assessments be completed for ED nursing staff.

The Pentad explained that since the incident, it has hired an experienced ER medical director, as well as an ER-experienced ER nurse manager. It has revised or developed new standard operating procedures and has installed patient monitoring equipment in all patient rooms in the ER. Additionally, large 40-inch monitors were installed throughout the ER so that in addition to the centralized monitoring activity, ER staff can also visualize patient cardiac rhythms.

A Non-Recurring Maintenance (NRM) project to expand the Emergency Department is currently underway. The project will renovate the emergency department, doubling its size. The project will aid hospital flow and help to reduce the length of stay in the Emergency Department. Construction started in the spring of 2014 and is expected to be completed in late 2015.

Town Hall Meeting

The veteran's health-care town hall meeting took place on April 20, 2015, at American Legion Post 53 in West Memphis, Ark.. The purpose of the town hall meeting was to hear from veterans who receive their care and services from the MVAMC and VA regional office, and obtain their perception about the care and services they are receiving. In attendance representing local Congressional Offices was Mark Thomsen, veteran liaison for Congressman Rick Crawford. Representing the MVAMC: John Patrick, Veteran Integrated Service Network Director (VISN 9); Jim Hayes, deputy network director (VISN 9); Jimmy H. McGlawn, associate medical center director; Christopher Marino, M.D., chief of staff; Michael Harper, executive assistant to the medical center director; David Human, Business Office manager; Willie Logan, public affairs officer; Arthur Johnson, transition patient advocate; Joe Schoeck, staff assistant to the network director (VISN 9); Karen Gillette, RN, chief nurse executive; Kimball Hopson, customer service patient ad-



vocate; Vera Jones, interim OEF/OIF/OND program manager; and Teresa Moerman, public affairs specialist.

Representing the American Legion: C. Jacob Greeling, Arkansas Department Commander; Jim Five Ash, Post 53 Commander (Ark.); Michael Hale, 10th District Commander (Tenn.); James Patterson, Membership Chairman; Post 53 Past Department Commander Harold Carpenter and Post 53 Chaplain Frank Rios.

During the town hall meeting, many veterans expressed how pleased they were with the health care and services offered at the medical center. However, a few veterans raised concerns about parking, employees parking in handicap parking spaces, the director not having an open-door policy, issues with the Veteran Choice Program, and no shuttle bus services for veterans at the medical center. A representative from the MVAMC responded that the MVAMC does have a shuttle bus program. The disabled veteran who raised this concern responded stating this was the first he has heard about the medical center offering shuttle bus services. Veterans all agreed that the MVAMC needed to address its parking situation.

Mr. McGlawn explained the medical center is finalizing plans to build an on-site parking garage, which is targeted to be completed in 2017.

Veteran Benefit Center

During the VBC, some veterans met with our VBC team voicing concerns about their health care at the MVAMC. When our VBC team questioned why they didn't come out to the town hall meeting, the team was informed that they did not know about the town hall meeting or the location of the town hall meeting was not convenient for them to attend. During the intake process, the VBC intake staff collected veterans' names and telephone numbers, and asked if they would have any objections if someone followed-up and contacted them later to see if all of their concerns were addressed. Any information obtained will be passed along to the American Legion Department of Tennessee.

While at the VBC, the VBC team also spoke with Mr. Sean Higgins, who identifies himself as a VA whistleblower. Higgins shared numerous press releases and news articles with our VBC team. The articles ranged from stories of mismanagement, unwarranted bonuses, retaliation against whistleblowers, town hall meetings where veterans spoke out about the care and service provided at the MVAMC, and unauthorized access of whistleblowers' records. VBC team member, Mr. Roscoe Butler, received an email from Mr. Higgins suggesting he follow up and contact a veteran who is a patient at the MVAMC Spinal Cord Injury Center. Mr. Butler contacted the patient after returning to the office. The veteran informed Mr. Butler that he has been a patient in the SCI center for over a year, and has never seen the medical center director, except when she was being interviewed on the television.

While these issues raise serious concerns, The American Legion does not conduct investigations. Since the information Mr. Higgins shared with the VBC team has been previously referred to VA Office of Inspector General and the House Oversight Committee on Investigations, The American Legion will rely on those organizations charged with investigating those matters to address Mr. Higgins' concerns. The American Legion will be monitoring the results closely.

On April 22, Medical Center Director Dr. C. Diane Knight and Executive Assistant to the Medical Center Director Michael Harper, stopped by the VBC. Mr. Butler spoke briefly with Dr. Knight about his discussion with Mr. Higgins. He informed Dr. Knight that the information Mr. Higgins shared painted a different picture about the Memphis VAMC, but there is no way to validate the credibility of the information. Mr. Butler informed Dr. Knight that The American Legion's D.C. office would be sharing the report with Mr. Michael Harper, 10th District Commander, The American Legion Department of Tennessee, and asked that he coordinate the report with The American Legion Department of Tennessee to determine if they would like to schedule a follow-up visit.

Best Practices

Implementation of TruthPoint, which is a real-time assessment of satisfaction, was implemented as a trial in the Memphis inpatient unit. Before implementation of TruthPoint, the MVAMC was only meeting one out of 12 inpatient satisfaction elements. After implementation of TruthPoint, VA saw improvements of the inpatient satisfaction elements. At the end of fiscal 2014, MVAMC met seven out of 12 inpatient satisfaction elements.

Facility Challenges and Recommendations

Challenge 1: Staff Vacancies – At the time of the site visit, the MVAMC reported having 339 vacant positions in addition to 144 new



positions created by the Veterans Access, Choice, and Accountability Act of 2014.

Recommendation: The Pentad must ensure key direct patient care positions are filled as quickly as possible to ensure the health care of veterans at the MVAMC is not negatively impacted.

Challenge 2: Parking – While the MVAMC has procured off-site parking for employees, and has plans to relocate clinics off-site, which will create additional parking spaces, parking remains a challenge at the MVAMC. At the town hall meeting, the associate director discussed their long-term plan to build a parking garage on site, with an anticipated completion date of 2017.

Recommendation: The American Legion recommend the Pentad continue to explore options to find a short-term solution to address parking needs until the long-term solution to build a parking garage has been completed.

Challenge 3: Homeless programs are located in an office building about a mile from the MVAMC. Homeless veterans often have to travel to and from the two facilities for various reasons, such as to obtain medical screenings for entrance into a GPD facility. Unfortunately, there is no provision for transport of veterans between the two buildings for veterans without their own means of transportation – a common problem for those who are homeless. Able-bodied veterans will often walk, weather permitting. Social Work Service can also provide veterans with bus fare from their indigent fund, but the bus routes require veterans to take a long, circuitous route and transfer to a second bus. Some veterans are eligible for Special Mode Transport at VA expense if they are unable to be transported by a regular conveyance. However, some are unable to walk the mile between the facilities and have difficulty boarding a city bus due to disability, but are not handicapped severely enough to qualify for Special Mode Transportation.

Recommendation: When this challenge was discussed during the exit briefing, a question was asked if VA's Veteran Transportation Service (VTS) could be used to pick-up veterans at the Homeless Office on Union Avenue. The associate director explained the medical center has two VTS vans, which will be used to transport veterans who live in rural areas. Veterans at the homeless shelter can obtain metro passes and use public transportation. When our VBC team met with Vet Center staff, it questioned if veterans seen at the center are encountering transportation issues to and from the medical center; their response was yes.

The American Legion encouraged the medical center Pentad to re-evaluate its VTS program to determine when veterans are transported from rural areas to the MVAMC, if the VTS vans will have any opportunities to pick up veterans upon request at the Homeless Office or Vet Center located on Union Avenue, which is about a mile from the MVAMC.

The American Legion also encouraged the Pentad to look into establishing a mobility coordinator, if one has not been established, who can assist with the overall coordination of the transportation needs of eligible veterans transportation to and from the MVAMC.

Challenge 4: Average Processing Time for Compensation & Pension examinations - VA's national goal for completion of C&P exams is 25 days, and at the time of our site visit, the medical center reported their average completion time is 38 days.

Recommendation: The Pentad should require an action plan be developed to reduce the average processing time for a C&P exam from 38 days to 25 days by the end of fiscal 2015.

Challenge 5: Performance Monitors – MVAMC identified six performance monitors it has failed to meet. (Refer to the section of the report titled “Performance Monitors”)

Recommendation: The Pentad should establish clear goals for bringing these six monitors within the target goal.

Challenge 6: Veterans Perception of Local Management – Many veterans who attended the VBC expressed concerns about the director not being visible throughout the medical center; however, there is no evidence that substantiates if this is true or not.

Recommendation: The medical center director and the Pentad should ensure they are making frequent rounds throughout the medical center to interact with veterans daily.

Challenge 7: – Privacy Violations – Between fiscal 2013 to the time of our site visit, the MVAMC Privacy/Information Security Office reported the MVAMC had 187 data breaches.

Recommendation: The Pentad should continue to ensure adequate controls are in place to prevent data breaches, and when a data breach occurs, national VA policies are adhered to that would minimize the risk to veterans, employees and the medical center's information system.