



## **OVERTON BROOKS VA MEDICAL CENTER | SHREVEPORT, LA**

**Date:** September 20-21, 2016

**Veterans Affairs & Rehabilitation (VA&R) Committee Member:** Ricky Griffin

**Director, Veteran Affairs and Rehabilitation (VA&R) Division:** Louis Celli

**Assistant Director for Health Care:** April Commander

### **Overview**



The Overton Brooks Veteran Affairs Medical Center (OBVAMC) is comprised of one Veterans Health Administration (VHA) tertiary care facility and three Community-Based Outpatient Clinics (CBOCs) serving Veterans in fifteen Louisiana parishes, five counties in Southern Arkansas and ten counties in East Texas. The medical center is classified as a Clinical Referral Level 1C medical center and accepts referrals from the Southeast Louisiana Veterans Healthcare System and the Alexandria VA Health Science Center.

The OBVAMC serves over 37,000 Veterans per year. The hospital is accredited for 111 inpatient beds and provides over 462,000 outpatient visits per year. The medical center has an active accredited research program and is one of the regional sites for VISN 16 Hematology/Oncology Center. The medical center manages three CBOCs in Monroe, Louisiana; Longview, Texas; and Texarkana, Arkansas.

The OBVAMC provides Comprehensive health care through primary and specialty care in the areas of medicine, surgery, psychiatry, physical medicine and rehabilitation, neurology, oncology, dentistry, and geriatrics. The Overton Brooks is a teaching hospital providing a complete range of patient care services with state-of-the-art technology, as well as education and research and is affiliated with Louisiana State University School of Medicine in Shreveport, State University Health Science Center, and many allied health schools and universities. The medi-

cal center works collaboratively with the 2nd Medical Group at Barksdale Air Force Base and is a primary receiving center for military casualties in the VA/Department of Defense (DoD) Contingency Plan. The OBVAMC is also Federal Coordinating Center (FCC) for the National Disaster Medical System.

### **Reason for Visit**

The last System Worth Saving (SWS) site visit to the OBVAMC was April 6, 2006. The American Legion did not identify any challenges during the 2006 site visit. In 2015, the Shreveport Times published an article in the paper stating based on information obtained through a Freedom of Information Act request, 16 percent of Overton Brooks VA Medical Center's medical positions were unfilled. Of those unfilled positions, 205 in all, 33 positions for physicians were vacant, and 70 nursing positions were unfilled.

The unfilled positions were partly due to complex hiring procedures and poor recruitment, according to critics of the nation's network of 139 hospitals and clinics treating veterans.

During this visit, the medical center reported only having 44 vacancies. However, of the vacant positions, 30 positions were for physicians. The total number of staff is 1,682.

Each year the OBVAMC completes and submits a Workforce Succession Strategic Plan. A component of the Workforce Succession Strategic Plan is the OBVAMC's Projected Workforce. Their Projected Workforce includes workload projections for the next five years. Also outlined in their Projected Workforce plan is their ten "hard to fill" positions. Action plans are required for any position identified as hard to fill and must outline specific objectives and goals to address any hiring delays. The OBVAMC Workforce Succession Strategic Plan is submitted from Human Resources to the Medical Center Director. The medical director then submits the plan to the VISN where the plan is integrated with other VISN facility plans. The compiled VISN plan is then submitted to VA Central Office (VACO).

### **Town Hall Meeting**

On Monday, September 19, 2016, April Commander moderated a town hall meeting regarding concerns of the veterans treated at the OBVAMC. The meeting consisted of a small group of local veterans and representatives from the offices of Senator Bill



Cassidy, Senator David Vitter, and Congressman John Fleming. Four members of the VA's executive leadership and staff from The American Legion National Headquarters, the Department of Louisiana, and American Legion Post 14 were also in attendance.

In keeping with previous town hall meetings, the meeting was held in an open forum to allow all participants the opportunity to voice their concerns, issues, and comments regarding the medical center.

The meeting began with a round of introductions, Toby Mathew, director of the medical center, informed the attendees of the current events taking place at the medical center. He further discussed plans to expand the parking garage upward by two floors if there is an ongoing need for more space. The parking garage has increased from 1,400 to 1,600 parking spaces, and the challenges that this presents are the re-stripping of the spaces and redirecting employee parking to the rear of the garage to allow veterans to park closer to the entrance of the facility. Participants agreed that parking had been a challenge and that the new spaces were a welcomed addition. He then invited questions or concerns from the town hall attendees.

A couple of veterans immediately voiced their issues with the Posttraumatic Stress Disorder (PTSD) group, and how dissatisfied they were with the new counselor for the group. John stated that the counselor told a military sexual trauma (MST) survivor that she could "cure her". This was very unsettling to the couple as well as the individual involved. John terminated his attendance with the group. He talked about how very satisfied he was with the previous counselor, and how he was dissatisfied with the counseling techniques and what he believed to be a lack of empathy on the part of the new counselor. However, the couple did note improvements in the other services provided by the medical center and after voicing their upset with the counseling situation, ended by sharing that they were indeed quite happy overall with the services at the facility.

One veteran stated that she was struggling with chronic pain issues and was very upset during the meeting. Lou Celli, noting her apparent discomfort, sought the assistance of Dr. Areno (Chief of Staff), who spoke with the veteran privately. She was upset and felt that her pain management needs were not met earlier that day at the emergency room and appeared to be in distress. Dr. Areno convinced her to leave the town hall and return to the medical center's emergency room while he called ahead to inform them she was enroute. Dr. Areno followed up on her situation the next day.

Several other veterans shared their positive interactions with

the medical center, with one or two stating that "the VA saved my life."

Although a small turnout, the meeting was very productive and many left with a sense of relief to know that Legion was there to ensure the VA addressed their concerns. Closing remarks were made by Commander Rudolph "Rudy" Bourg, Sr. who also adjourned the meeting.

### **Executive Leadership Briefing**

On September 20th and 21st, 2016, Veterans Affairs and Rehabilitation Director Louis Celli, Assistant Director for Healthcare April Commander and Commission member Rickey Griffin, met with the executive leadership team and various department heads to discuss and address their concerns, challenges and best practices. Executive Leadership staff included Toby T. Mathew, Medical Center Director; Dr. John Areno, Chief of Staff; Brent Cisler, Interim Assistant Director; Chandra Miller, Interim Associate Director Patient Care Services; Ruthie McDaniel, Executive Assistant to Chief of Staff; Brandi Caston, Executive Assistant to ADPCS; Kim Lane, Chief Fiscal; Todd Moore, Chief Quality Services; Jeannie Owens, Patient Safety; Debbie Moradel, Interim Human Resource Officer; Lisa Selmer, Physical Medicine and Rehabilitation Service (PM&RS); Russell Roberts, National Federation of Federal Employees (NFFE) President; and Jean Harp, American Federation Government Employees President.

### **Access**

Executive leadership reported that as of August 2016, the OB-VAMC had an average wait time for primary care patients of 6.1 days; the average wait time for specialty care patients was 3.8 days; and the average wait time for mental health care patients 14 days. However, they do have same day/walk-in clinic in both primary care, mental health inpatient and outpatient mental health. The average wait time for a veteran in need of home health aide or homemaker services is 7-14 days from initial contact to actual services provided.

The most significant reasons that impact the medical center's ability to schedule veterans' outpatient appointments promptly is the difficulty in recruitment of certain specialty providers and the unanticipated staff transitions and retirement gaps. Veterans waited the longest for physical medicine, rehabilitation, and supportive employment appointments.

### **Staff Vacancies**

Human Resources reported the OBVAMC authorized FTE as 1,467 of which there are 44 vacancies. Of the current open positions, about 30 are for providers. The VA's pay scale for physicians does not pose a problem, but what does prove problematic



for the recruitment of physicians is the location of the VAMC itself.

The average number of days that positions are vacant varies between 30 to 910 days. However, OBVAMC completes and submits a yearly Workforce Succession Strategic Plan (WSSP). A component of the WSSP is OBVAMC's Projected Workforce (PW). The PW plan addresses total workforce and the projections for the next five years. Also provided in the PW is OBVAMC's top ten "hard to fill" positions. These positions are identified, and action plans are developed to assist in case of a potential delay in hiring. Eligible retirements are discussed in this section, and action plans are created to lessen the gaps between the retirement and bringing a new employee on board.

For the critical and hard-to-fill positions (mental health, psychiatry, nursing, physicians, and medical staff assistants (MSA)), job fairs are advertised in medical journals and on USA Jobs, as well as by "word of mouth" with the affiliated university.

According to the staff, the vacancies are due to resignations, retirements, transfers to other federal facilities, and death.

The OBVAMC completes and submits a yearly Workforce Succession Strategic Plan and a component of the Workforce Succession Strategic Plan is OBVAMC's Projected Workforce. Within the Projected Workforce, the plan discusses their total workforce and the projections for the next five years. Also provided in the Projected Workforce section is OBVAMC's top ten "hard to fill" positions, these positions are identified, and action plans are developed to assist in case of a potential delay in hiring. Eligible retirements are discussed in this section and action plans are created to lessen the gaps between the retirement and bringing a new employee on board. VAMC leadership also talked about the impact of the projected opening of the new facility in New Orleans, and how the Overton facility will need to adjust and support that site. They also recognized how recruiting efforts will be more challenging as New Orleans begins to staff their new facility.

## **Strategic Plan 2015-2021**

OBVAMC is committed to being people-centric, results-driven, and forward-looking and this focus will be integrated into their facility strategic planning process. Their workforce development goal is to recruit, hire and retain high-quality staff and professionals to provide and deliver outstanding medical care and services to the veterans. This priority will maintain the VA core values to have Integrity, Commitment, Advocacy, Respect and Excellence in how they conduct themselves in the service of all veterans that have served. Their workforce succession goal is to recruit, develop and retain competent, committed, and diverse workforce that provides high-quality services to veterans

and their families in a healthy and ethical environment.

### **Inpatient Workload**

- Authorized Beds – 111
- Operating Beds – 106
- FY 2015 Admissions - 4,848
- FY 2016 Admissions - 7,014
- Average Daily Census
  - » Internal Med - 50.77
  - » Intermediate- 2.17
  - » Psychiatry - 11.91
  - » Surgery - 7.06

### **Outpatient Workload**

FY 2015 Outpatient Visits: 442,430

FY 2016 Outpatient Visits: 37,004 Unique veterans with 377,351 visits and 608,099 encounters.

### **Enrollment Data**

Number of veterans in OBVAMC catchment area: 113,471

Number of enrolled veterans in OBVAMC catchment area: 38,846

Number of unique veterans in OBVAMC catchment area: 13,471<sup>1</sup>

### **Exit Briefing**

On September 21, 2016, the SWS team conducted an exit briefing with OBVAMC executive leadership. Findings and recommendations were discussed, as well as procedures for processing the report. Once the report is completed, it will be submitted to the hospital's Public Affairs Officers, who will have two weeks to review and return the report. If conflicting information is identified, a conference call will be scheduled to discuss concerns.

Upon finalizing the report, once approved, the medical center will receive a final copy. Ultimately, the reports become a part of a larger report outlining The American Legions 2016 – 2017 System Worth visits. The Executive Summary that will be released at the 2017 National Convention and is shared with the House and Senate Veterans Affairs committees, the VA Secretary, the Under Secretary of Health and the President of the United States.

<sup>1</sup> Data Source: VSSC Enrollment and Vet Pop Projections. FY15



**Best Practices**

The workforce analysis and action plans identified in the OBVAMC Workforce Succession Strategic Plan for FY2015-2021 has been developed to help all employees focus on the VHA, VISN 16, and OBVAMC’s highest priorities and mission. The OBVAMC Workforce Succession Strategic Plan follows along the medical center’s vision and mission of being Veteran-centric, Results driven and forward looking. The included action plans include gaps in hiring and training in Mental Health; Women’s Health; and Geriatrics and Extended Care. Optional action plans are included to address education initiatives for employees with targeted disabilities; developing and enhancing the medical center’s veteran workforce; addressing Equal Employment Opportunity (EEO) barriers for staff and supervisors; and to increase the use of Alternative Dispute Resolution.

➤ **Performance Measures (External Peer Review Program):**

○ Please identify any measures that are below VA’s national goal.

Measure	FY16 Table of Measures	1Q	2Q	3Q	4Q	YTD	National Avg.
<b>Outpatient Measures (HEDIS)</b>							
dmg27h	BP < 140/90	81.0	72.2	82.0	53.1	75.2	76.5
cvmr1	Statin therapy for patients with diabetes	62.7	72.6	83.7	82.1	74.5	78.3
sa7	Screen annually for Alcohol Use with AUDIT-C	92.4	90.3	93.1	97.4	92.5	96.4
sa17	AUDIT-C score 5 or greater and Brief alcohol counseling documented	57.3	30.9	46.6	98.8	50.3	80.5
md40	Screened for depression with PHQ-2 or PHQ-9	94.0	91.4	92.0	93.0	92.2	95.1
sre 1	Positive depression or PTSD screen with timely suicide evaluation	58.6	65.7	49.1	40.3	54.5	84.4
ihd52h	HTN: BP<150/90 age 60-85	83.0	79.2	84.0	84.5	82.3	84.5
ihd51h	HTN and DM: BP<140/90 age 60-85	76.1	71.5	73.5	55.9	71.1	74.1
cvmr2	Statin therapy for patients with cardiovascular disease	83.7	84.1	84.3	90.5	84.7	85.1
p42	Cervical Screen age 21-29	79.5	62.7	100.0	100.0	85.1	90.5
p61h	Colorectal screen age 51-75	77.8	81.1	77.4	82.4	79.3	81.8
p1	Pneumococcal Vaccination age 65 and greater	80.0	81.0	82.3	84.9	81.6	90.1
p26h	Influenza Vaccination Age 60-64 years	n/a	n/a	55.7	55.5	50.5	52.5
p25h	Influenza Vaccination age 65 and older	n/a	n/a	56.0	66.6	59.0	72.2
smg8	Tobacco users received counseling on how to quit (MH and Non-MH)	89.0	91.7	92.0	74.5	89.5	94.2
smg10	Tobacco cessation medication offered (MH and Non-MH)	89.0	89.8	91.0	74.5	88.6	93.0
smg9	Offered referral to assist with smoking cessation (MH and Non-MH)	89.0	90.0	90.0	79.8	88.8	94.4
<b>Inpatient ORYX</b>							
sub20	Alcohol Use Brief Intervention Provided or Offered	50.0	50.0	46.7	85.7	54.4	55.5
stk1	Received VTE prophylaxis timely	57.1	83.3	77.7	71.4	72.9	89.6
stk3	Ischemic stroke patients with atrial fibrillation prescribed anticoagulation therapy at discharge	0.0	n/a	100.0	100.0	83.3	88.7
stk10	Assessed for rehabilitation services	91.7	92.8	100.0	85.7	92.7	94.9

**Challenges**

Following are the OBVAMC’s challenges presented to The American Legion:

1. The effects on veterans upon the New Orleans VA Medical Center becoming fully operational as veterans return to New Orleans for care – Shreveport will continue to provide support to New Orleans with the more complex cases.

2. Abuse of the Family and Medical Leave Act (FMLA) – During the meeting with human resources personnel, concerns of staff abusing the policy was voiced and the need for action to be taken.
3. Full-time Nurse Pool Manager needed for the Community Based Outpatient Clinic – It is difficult to manage the pool without a full-time manager. Potential applicants are overlooked, those in the pool may be under-utilized, and shifts are not being filled.
4. The lack of primary care and mental health integration in Texarkana.
5. The clinical service line voiced budget constraints for recruitment/hiring – The positions are advertised the candidates are selected, then either the onboarding process is slow (sometimes 3-6 months) or the hiring department is informed that funding is not available for the position.
6. The Choice Champion voiced billing issues – While some changes have been made, billing issues remain, in that, veterans continue to receive a bill and providers pay is delayed, or they are not paid at all, further increasing access time.
7. The lack of funding and providers for the Military Sexual Trauma program – If there were more funding and providers, a more innovative program could be developed.

**Recommendations and Summary:**

The SWS team briefed the OBVAMC Executive leadership, on the above challenges, and they were encouraged to take appropriate action to ensure each recommendation has been thoroughly addressed. Staffing challenges are a national concern and are being discussed and addressed both at VA Central Office and in Congress.

Suspected Family Medical Leave Act (FMLA) abuse is a growing problem across the federal landscape. Employee protections are necessary to ensure the maintained health and sustainability of the workforce, yet human resource managers need to be able to regain control of their effective labor schedules. There are wide variations in interpretations of the FMLA laws and policies and a tendency to be overly cautious to avoid employer liability in fear of running afoul of employee protections law. This unsettled ability to effectively manage the workforce is degrading readiness and effectiveness, and promoting resentment between employees and managers.

The American Legion recommends the VAMC consult with VA Central Office as well as the Department of Labor to review FMLA procedures and revisit employer and employee responsibilities, and specifically certification and recertification requirements as well as protected and unprotected behaviors.



Finally, The American Legion recommends the Overton Brooks VA Medical Center institute a wellness program that is able to effectively penetrate their catchment area. The facility trails the national average in a number of preventative medicine and wellness areas. Most concerning of these findings was timely suicide evaluation following a positive finding based on a depression or PTSD screen. As a point of clarification, The American Legion found the care provided at this facility to be excellent, based on patient satisfaction and return to clinic rates, and believe that patient population overall health can be increased through wellness intervention based on outpatient performance measures indicators that fall below the VA goal and national average.