Overview

On July 20-21, 2016, The American Legion's (TAL) System Worth Saving (SWS) team conducted a site visit to the Jonathan M. Wainwright Memorial VA Medical Center in Walla Walla Washington.

Prior to the site visit, a town hall meeting was hosted by American Legion members, to discuss issues related to the care received at the Walla Walla VAMC. The last SWS site visit to the Walla Walla Veterans Affairs Medical Center (VAMC) was in May 2006.

The Johnathan M. Wainwright Memorial VA Medical Center (Walla Walla VAMC) is a Joint Commission-accredited facility located in Walla Walla, Washington, which serves veterans within a 50,000 square-mile primary service area that encompasses 17 counties in portions of three states, including southeastern Washington, northeastern Oregon and central Idaho. This facility is one of eight regional sites belonging to the VHA's Veterans Integrated Service Network 20 (VISN20), which serves a region that encompasses the states of Oregon, Idaho, Washington, and Alaska.

The Walla Walla VAMC is an ambulatory care facility with a Mental Health Residential Rehabilitation Treatment Program located on the main campus. There are four regionally located Community Based Outpatient Clinics (CBOCs) located in Yakima, WA, Richland, WA, Lewiston, ID, and La Grange OR. The Walla Walla VAMC also has a community partnership agreement with a local hospital/clinic located in Grangeville, ID, that sees veteran patients in the local area, and two telehealth clinics located in Boardman and Enterprise, OR that provides primary care services to veterans in those rural areas.

The Walla Walla VAMC manages the care needs of enrolled veterans within the previously referenced primary service area including: ambulatory care, inpatient care, non-institutionalized care and residential rehabilitation treatment programs.

The medical center also supports a Vet Center, which provides services to veterans in the Eastern Washington counties of Walla Walla, Columbia, Garfield, Benton, Franklin and Asotin; the Northeast Oregon Counties of Umatilla, Morrow, Union and Wallowa; and the Idaho Counties of Clearwater, Idaho, Lewis and Nez Perce. The Walla Walla Vet Center has seen over 600 veterans and family members, providing them with counseling for readjustment, military sexual trauma and bereavement counseling. The center also performs assessments and referrals for substance abuse, employment and other problems.

Town Hall Meeting

On Tuesday, July 19, 2016, a town hall meeting was held at the Walla Walla High School Commons Building, in Walla Walla WA.

The Walla Walla VAMC Director, Brian Westfield, addressed concerns unique to the rural facility's medical center and outlined plans to enhance the facility. Mr. Westfield noted the difficulty in getting local veterans to enroll in VA healthcare at the Walla Walla facility. He noted that out of 63,000 military veterans residing in the area, approximately 20,000 veterans are currently enrolled and using the VAMC for primary care needs. The Director also emphasized programs and agreements in place through the VAMC that benefit under-served veterans in the surrounding communities including Native-Americans, homeless veterans and veterans seeking care for substance abuse. Local veterans in attendance expressed their feelings concerning the care provided by the Walla Walla VAMC, the Choice Program and need for the VAMC to remain in the community.

Congressional staff members from the offices of Senator Patty Murray (D-WA), Senator Maria Cantwell (D-WA) and Congresswoman Cathy McMorris Rodgers (R-WA) were also in attendance to assure local veterans that their offices were working to ensure current and future legislation drafted on Capitol Hill would reflect the needs of their constituents.

Executive Leadership Briefing

On July 20, 2016, members of The American Legion's System Worth Saving (SWS) team met with the executive leadership of the Walla Walla VAMC including Brian Westfield, Director, Deborah McCormick, Associate Director for Operations, Dr. Robert Fleming, Chief of Staff, Janice Rosell, Acting Director for Patient Care Services/Nurse Executive and Catherine Loomis, Director of the Office of Innovation & Excellence. The participants discussed best practices, challenges, and recommendations for improvements.
The WWVAMC provided a copy of the most recent strategic plan which includes a “Blueprint for Excellence.” The blueprint has four main themes; improve performance, promote a positive culture, advance healthcare innovation for veterans and increase operational effectiveness and accountability. Each theme is further divided into appropriate goals and objectives to measure planned innovations and improvement projects.

**Human Resources**

On July 20, 2016, members of the SWS team met with the HR Officer and the discussion’s main points are as follows:

- This VAMC has no major staffing vacancies directly related to patient care.
- Issue is keeping physicians after they gain experience. Private sector providers hire physicians away from the VAMC with higher pay.

**Clinical Service Line Managers**

- Recognized staffing needs; employees working multiple positions
- The clinic panel sizes are as follows: 1200 physicians/1000 physicians assistants & nurse practitioners with a goal to increase to 1200 PA(s) and NP(s).
- Need help from the American Legion with providing transportation to facilities and lodging for patients when necessary for extended stays.

**Quality/Safety/Value Service**

- This facility uses the Strategic Analytics for Improvement & Learning (SAIL) plan to address performance measures.

**Exit Briefing**

On July 21, 2016, the SWS team conducted an exit briefing with Walla Walla VAMC executive leadership. Executive staff included Brian Westfield, Medical Center Director, and Deborah McCormick Associate Director for Operations, Dr. Robert Fleming, Chief of Staff, Janice Rosell, Acting Associate Director for Patient Care Services/Nurse Executive and Catherine Loomis, Director, Office of Innovation & Excellence.

Findings and recommendations were discussed, as well as procedures for processing the report.

**Best Practices**

- The Walla Walla VAMC instituted a program called the Life Goal Project ~ Health Coaching. The project is designed to help establish personal, pro-active, patient-driven healthcare.

**Purpose:** To find what matters to the veterans, establish a relationship with the veteran, his/her family and to build care around his/her desires.

**How:** By using the TEACH and MI skills the team members will coach them towards goal setting to improve health and well-being by learning what matters to them

**Method:** First, find out what is important to the veteran so that the PACT can then align the veteran’s health care needs with the veterans personal motivation, build a relationship and then begin the coaching process.

**Combatting Veteran’s Homelessness**

The Walla Walla VAMC was doing good work relating to how they assisted homeless veterans. As a state, Washington has approximately 1,400 homeless veterans (stat per 2016 Point-in-Time count). In May of 2016, the Walla Walla VAMC opened a 40-unit complex to house homeless veterans and their families on the grounds of the Medical Center.

- The unit was developed by Catholic Charities as affordable housing for homeless veterans, with funding from the VA and the use of low-income federal housing tax credits -- $11 million project
- Tenants will pay rent based on income and use of housing vouchers
- At the time of the SWS site visit only one family had moved in, however, Catholic Charities predicted that the complex would fill up quickly, and be at maximum capacity by the end of summer 2016

**Vet Center**

The Walla Walla Vet Center has programs for veterans including:

- Veterans on the Green (golf outings)
- Camping/fishing trips

**Challenges**

VA leaders discussed the intricate challenges facing the system, including budget constraints, issues with the Choice Program, and difficulty recruiting and retaining staff. The Walla Walla VAMC Director Brian Westfield identified the “ever-changing roster of medical professionals” as its main issue for veterans receiving care. “These patients often slip through bureaucratic cracks while waiting for a new provider. Rural areas seem to have more difficulty hiring qualified physicians compared to their counterparts in other geographic locations.”

Some key general challenges identified facing the Walla Walla VAMC are as follows:
1. **Recruiting and retention of providers and other clinical staff:** Many factors impact recruiting and retention including rural location, non-competitive salaries, VA’s image, the mandatory use of USAJobs and a long onboarding process. These challenges lead to short staffing which has a negative impact on timely access to care.

2. **Overcoming negative press:** The VA could use more good publicity nationally about the services it provides, especially related to traumatic brain injury (TBI), post-traumatic stress disorder (PTSD) and other veteran-specific care. VA understands the unique needs of veterans and provides quality healthcare services to generally satisfied customers. The strengths of VA rarely make the news

**Vet Center**

The Vet Center discussion and tour yielded the following unique challenges:

- Medical personnel leave and veteran is not informed causing the veteran to “fall through the cracks” and delay treatment.
- Continue to focus on the specific needs of women veterans
- Veterans do not receive travel pay to Vet Centers which causes hardships
- Veterans instructed to go to the civilian hospital’s emergency room (ER) by the call center and upon arrival, sometimes told that the VA may not pay the bill for ER services

**Recommendations**

As a result of this visit, The American Legion made the following recommendations:

1. Executive leadership must continue to work with the staff to maintain an active outreach and awareness program to attract veterans for enrollment into the VA healthcare system.
2. The Walla Walla VAMC must find ways to approve salary flexibility and hiring incentives to attract quality applicants and retain hires, without a salary cap.
3. Community leaders and all stakeholders must be proactive and tell the “good news and success stories” to balance the negative stories that get repeated by the media.