



GULF COAST HEALTH CARE SYSTEM | BILOXI, MS

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Veterans Affairs & Rehabilitation (VA&R) Commission Member: Steve Sweet, Alternate National Executive Committeeman/ Mississippi

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Overview

The Gulf Coast Veterans Health Care System (GCVHCS) is accredited by the Joint Commission to serve veterans across the states of Mississippi, Alabama and Florida. The Health Care System is a part of Veterans Integrated Service Network (VISN) 16, South Central VA Health Care Network. The complexity level 1c VA Medical Center is located in Biloxi, Mississippi, with four Community Based Outpatient Clinics (CBOCs) located in: Mobile, AL; Pensacola, FL; Fort Walton Beach, FL; and Panama City, FL. The Medical Center in Biloxi and the four CBOCs are located in close proximity to Department of Defense (DoD) military installations/medical facilities.



The GCVHCS is authorized 288 beds and currently operates at 217 bed capacity. The system serves 7 counties in Mississippi (Pearl River, Hancock, Stone, Harrison, Greene, George and Jackson), 4 counties in Alabama (Washington, Mobile, Baldwin and Escambia) and 7 counties in Florida (Escambia, Santa Rosa, Okaloosa, Walton, Holmes, Washington and Bay). The catchment area hosts more than 214,500 veterans and as of fiscal year 2016 the system had 80,193 veterans enrolled in VA health care (72,136 men and 8,057 women).

Since 2015, the GCVHCS has achieved many significant accomplishments. Some of the highlights include:

- In May 2016, GCVHCS was awarded the Greenhealth Partner for Change Award by Practice Greenhealth.
- GCVHCS is the first VA Health Care System to receive National Oceanic and Atmosphere Administration Storm Ready Status.
- Voice of the Veteran Interactive Patient Care System has been activated in all inpatient rooms to include the hospital, Blind

Rehabilitation Center and Community Living Center. This system allows veterans to watch movies, browse the internet, check email, play games, watch health videos and/or read health-related articles.

- More than 1,000 employees have attended a Patient Centered Care Retreat.
- Recognized as a Best Practice and Learning Resource for Re-usable Medical Equipment.
- GCVHCS successfully attained full accreditation from the Joint Commission for all surveyed programs and facility locations.

This report outlines the visit to the GCVHCS. The team began the visit by conducting a town hall meeting where the area's veterans and families spoke about their experiences at the "VA." The report turns its focus toward the team's daylong meeting with the system's executive leadership, and the clinical and operations staff - Human Resources, Business Office, Financial Management, Clinical Service Line Managers, Women's Veteran Programs, Quality, Safety and Value Services and Military Sexual Trauma Coordinator. The report concludes with the SWS team providing the medical center's executive leadership any findings and recommendations. The SWS site visits identify best practices, challenges, and offers recommendations for improvements in a report to the respective health care system. The structure of this report is similar to those previously submitted by the Veterans Affairs and Rehabilitation Commission.

Primary Reason for Visit

Accomplishments aside, the Veteran Affairs and Rehabilitation (VA & R) Division of The American Legion scheduled a System Worth Saving (SWS) site visit to the GCVHCS based on conditions described at the Mobile Alabama Community Based Outpatient Clinic (CBOC) and an invitation from the Department of Alabama's 33rd District Commander, Matt R. Gaff. Commander Gaff outlined a number of issues at the Mobile CBOC and formally requested a complete review of the GCVHCS to identify areas in need of improvement, leadership/staffing issues and funding for the system, specifically as relates to the proposed facility to be built in Mobile to replace the current CBOC. The current facility in Mobile is leased by the Depart-



ment of Veterans Affairs from the University of South Alabama (USA) and it serves over 50,000 veterans living in its catchment area, which includes Alabama's American Legion District 33.

Town Hall Meeting

The SWS team conducted a town hall meeting on April 3, 2017 at the Battleship Memorial Park in Mobile Alabama. Area veterans, Legionnaires and GCVHCS executive staff attended the 90-minute meeting.

Mobile, Alabama television station Fox 10, WALA, covered the proceedings. The reporter's account can be accessed [here](#).

Executive Leadership Meeting

The SWS site team conducted a meeting with the executive leaders at the Biloxi VAMC. Executive Director Anthony Dawson, Associate Medical Center Director Greg Puckett, Nurse Executive Dr. Chris Saslo and Executive Assistant to the Director Mary Kay Gominger attended. The meeting covered a broad range of topics including the Choice Program, staffing, the Mobile CBOC, communication between the Department of Veterans Affairs and the Gulf Coast Veterans Health Care System, operational challenges and Best Practices. Roscoe Butler, Deputy Director, Veterans Affairs and Rehabilitation, led the meeting.

The executive team and The American Legion identified the Top Challenges at GCVHCS as:

1. Staffing

- GCVHCS lists 422 vacant positions: 200 vacancies in clinical areas across the tristate area
 - » In October 2016 approximately 200 new employees were hired.
 - » Clinical turnover rate of about 8 percent annually due to retirements (considered high).
 - » Retention of nurses and recruitment of specialized care providers, such as psychiatrists, are problems due to inadequate compensation.
 - » Mobile CBOC has high turnover of employees and chronic understaffing.
 - » Concerted effort in recruiting younger demographic to the metropolitan area of Mobile as opposed to the more rural area of Biloxi. Biloxi has the higher veteran population.
 - » Physician burnout is a concern, particularly in areas such as mental health services.
 - » Outside entities have difficulty understanding the staffing needs of a health care "system" as opposed to a health

care "facility". In this case the GCVHCS is a system which stretches over 300 miles across three states and it has multiple CBOC(s).

- » System has had 6 Chiefs of Staff in the past 3 years, as well as a significant number of leadership position vacancies.
 - » Alabama has difficulty keeping physicians in state/VA not exempt from this issue.
 - The recent hiring freeze did not adversely affect recruiting or clinical hiring.
 - The GCVHCS lacks a quality succession plan to ensure that the best people are recruited, hired and developed to fill key roles in the system. Director Anthony Dawson acknowledged this issue and intends to publish an effective succession plan which will be shared to the lowest level of the staff.
 - Delays in credentialing employees is another problem in the system. An employee, who was previously credentialed by another VA facility or system, should not have to complete the same process in order to transfer to another VA facility or system if their credentials are still current. Doing so causes an unnecessary delay in filling critical positions in the system.
 - The Women's Health Care and Military Sexual Trauma Programs have some unique staffing issues. Limits in funding have led to minimum human resources for each program. There were a reported 11 health care providers serving 6,200 women who use the system's clinic and some sites in the system lack a dedicated MST advisor.
- ### **2. Communication**
- The Biloxi and Mobile facilities have substandard communications infrastructure and equipment (telephone/internet/information technology)
 - » Veterans complain of regularly unanswered or dropped calls at both facilities.
 - » Executive leadership realizes this as a problem and correction/upgrades is a priority.
- ### **3. Facilities**
- Most of the issues related to the facilities concern the current CBOC in Mobile, Alabama. As previously noted, the Mobile CBOC leases space from the University of South Alabama (USA) in an antiquated former hospital:
 - Space
 - » Inadequate Parking: Facility lacks enough spaces, especially for disabled veterans. Long walk from the lot to the door due to a non-provision of trolley nor valet services similar to the Pensacola and Biloxi locations.



- » Poor Patient Flow: First floor entrance is shared with the University of South Alabama which causes confusion due to the “blended” hallways. Difficulty exists in identifying an official front lobby for the CBOC, which causes problems with initial check in of patients for Primary Care.
- » Mailroom Removal: In a cost-cutting move, the Business Office removed the mailroom. Mail from the Mobile CBOC is currently routed via courier to the Biloxi VAMC mailroom, to the Biloxi Central Post Office (Mississippi mail processing to Alabama mail processing) to Mobile Central Post Office and finally to the veteran recipient. Total process causes undo delay in appointment notification and ultimately, some missed appointments.
- » Primary Cary Space Inadequacies: Building lacks adequate space for exam rooms and patient waiting areas. Other issues with the facility include insufficient wash stations and exam room sinks for staff and women veterans share same triage curtain areas with the men.

Medical Staff Meeting

The remainder of the first day’s meeting was dedicated to discussions with the GCVHCS medical staff. Each represented section was allotted approximately forty-five (45) minutes to address the issues delineated in the Department of Veteran Affairs Health Care Facility Questionnaire and other information they wished to share.

- Human Resources addressed the following issues:
 - » Vacancies: 250 actual valid positions
 - » High turnover rate of positions due to multiple retirements
 - » Recent hiring freeze had no effect on recruiting clinical positions
 - » CBOCs are not authorized separate human resources staffs
 - » Problems with nurse retention and other recruiting of critical positions (such as psychiatrists and other specialty care)
 - » Mobile AL clinic younger physician recruiting efforts easier due to metropolitan area as opposed to recruiting to more rural Biloxi. Biloxi has higher veteran populace
 - » Change in leadership yields better morale and an uptick in retention and recruitment
 - » Numerous vacancies at call centers. Look to volunteers to assist in call centers with phone monitoring
- National office policies on exit interviews to question reasoning for employees leaving
- Financial Management addressed the following issues:
 - » Staff: FTE and budget/less budgeted money equals less full time employees and increases need for layoffs
 - » Choice program has limitations but overall has not led to any financial problems for fiscal year 2017
 - » VISN set a goal for the GCVHCS to reduce the number of employees from 2192 to 2155
 - » Primary determinant of staffing levels is the budget
- Clinical Service Line Managers addressed the following issues:
 - » Mission accomplishment requires quicker response to hiring process to get personnel
 - » Lack of full understanding of contracting rules which provide barriers to veteran patient care
 - » Homeless veterans have multiple issues
- Lack of shelters in region
- Political issues deter programs from succeeding in Mississippi
- Local mayors of Biloxi and Gulfport protest shelters in their cities due to push back from casino industry
 - » Physician burnout in critical care positions such as mental health services
 - » Understanding the difference between one facility and one system. GCVHCS is a system which stretches over 300 miles with multiple CBOCs in three states (FL/AL/MS)
- Business Office addressed the following issues:
 - » Staff recruiting and retention, funding to keep employees and need for more up-to-date technology
 - » Eligibility explanations and veterans preference in hiring
- Quality Management addressed the following issues:
 - » Continue evolution of outcomes to ensure that veterans get deserved access to care
 - » Question if processes are safe for the patients
- Women Veteran Program Manager addressed the following issues:
 - » Need for resources/status of ordered equipment
 - » Not enough women’s health care providers
 - » Limited number of personnel get gender-specific training due to limitations in funding



- » Eleven (11) providers serving 6,200 women who use the clinic
- » Not in complete compliance with national policies concerning women's health care. Two facilities non-compliant due to tables not being turned properly
- » System has a women's health liaison at each site
- Military Sexual Trauma (MST) Coordinator addressed the following issues:
 - » Not every site in the system has an MST dedicated person
 - » Credentialing is an issue. The system has delays in hiring due to questions concerning credentialing from one system or facility to another. If a needed hire has valid and/or current credentials from another system or facility, why is it a requirement to go through the lengthy process of reacquiring credentials in order to be hired at a gaining facility?

Day two of the site visit was dedicated to addressing the issues of the Mobile AL, CBOC. The SWS team met with Director Dawson and members of the staff from the CBOC including: Michael Simmons, Administrative Officer; JK Daniel, MD, Chief Medical Officer; and Tracy Shamburger, Nurse Manager. Mr. Butler gave an overview of the System Worth Saving visits and the issues which brought the team to the CBOC.

As previously noted, the Mobile CBOC is leased by the VA from the University of South Alabama and it serves over 50,000 veterans living in its catchment area. The area is scheduled to have a new CBOC built within the next two (2) years to replace the current facility. One concern raised by the Alabama Legionnaires is the proposed size of the new facility. Previous plans disclosed the new clinic would be 65,000 usable square feet with 80,000 total space, including storage. The local Legionnaires believe that the clinic needs to be bigger, at least 120,000 square feet of usable space. The clinic is planned to be used for a minimum of twenty (20) years by the veterans served in the Mobile area. The press release announcing the award of the contract to build the new clinic can be accessed at the following website: <https://www.biloxi.va.gov/pressreleases/NewMOPC.asp>.

Another issue raised is the growth prospects for the facility over a twenty (20) year period of use. Currently, the Mobile CBOC is staffed at 100% capacity. How sustainable is that percentage? The leadership must consider retirement eligibility and hiring of a younger demographic. Recent hires state they have an "investment in the area" and intend to stay in their positions. However, it must be noted that Alabama has issues in keeping physicians in the state. The VA is not exempt from this issue.

Best Practices

- Fiscal Services: Outstanding leadership in the system's business services resulted in a brilliantly executed budget program which closed out at \$472 Million. GCVHCS is the only VISN 16 facility that did not have a budget deficit for the entirety of FY16.
- Care in the Community (CITC): GCVHCS led the initiative to have Third Party Administrator, TriWest, embedded staff in their facility. TriWest staff are actively engaged in assisting with timely dispositioning of Veterans Choice Program appointments. This initiative provides better communication between TriWest and CITC providers and enhances customer service to Non-VA Care Coordination Service frontline staff and veterans.
- Logistics: Reduced inventory levels below 23 days of stock on hand level for each of the 12 months in FY16. Additionally, exceeded Medical Surgical Prime Vendor (MSPV) utilization compliance goal of 40 percent each of the 12 consecutive months, ranging from 58 percent to 72 percent compliance, thereby putting the facility at the top of the VISN and VA nationwide. Received an award from the Deputy Secretary for this effort.
- Logistics: Recognized as a Best Practice and Learning Resource for Reusable Medical Equipment.
- Engineering Service: Received the Greenhealth Award, Partner for Change, presented for significant achievements in sustainability and demonstrating excellence in managing the resources utilized in serving veterans.
- VA/DoD Sharing Coordinator: Improved business practices by developing a billing submission SOP for all DoD partners; streamlining the process by eliminating a persistent issue of double billing and duplicate work effort associated with the VA/DoD payment process. (Service, 2016)

Exit Briefing

The SWS team conducted an Exit Briefing on the last day of the site visit at the GCVHCS. During the exit briefing, Deputy Director Roscoe Butler outlined recommendations for the system based on findings during meetings with and input from staff.

Challenges and Recommendations

1. Future plans for a new Outpatient Clinic in Mobile, Alabama may be inadequate to meet the increasing demand for health services from a growing veteran population.

Recommendation: The Department of Alabama American Legion will request the National Commander send a letter to the VA's Secretary requesting VHA re-evaluate the approved



proposal for a new CBOC in Mobile, Alabama and ensure the proposal will meet the veteran projected growth over the next twenty to thirty years. If VA determines the size of the Mobile CBOC will be inadequate, a change order will be submitted prior to breaking ground to ensure the CBOC is right-sized.

Rationale: The Department of Alabama of The American Legion believes that the announced plan of 65,000 usable square feet of space for the new CBOC will not meet the needs of the veterans in the Mobile catchment area as related to future potential for growth.

Recommendation: The American Legion will send a letter of support recommending increased funding considerations so that the GCVHCS will not inhibit its efforts to increase space for medical services to veteran and meet future demands.

Rationale: The American Legion recommends GCVHCS obtain data from various sources related to population growth trends in its catchment area. The data should come from trusted sources such as the VA National Center for Veteran Analysis and Statistics, U.S. Census Bureau, and the local economic development office to verify demographic trends in the veteran population. Obtaining data from a

2. Poor Communications Systems at the Mobile CBOC

Recommendation: The American Legion recommends that GCVHCS develop a list of deficiencies where aging facilities and obsolete technology affect the quality and timeliness of care.

Rationale: The American Legion continues working with the VA and Congress on issues of substandard capital assets and obsolete Health Information Technology. The American Legion will continue addressing this need.

Addendum

Subsequent to the SWS site visit in April the following noteworthy event was announced.

The director of the VA health care system serving Biloxi, Mobile and the Florida Panhandle is moving on to a new assignment in Texas.

According to information released [mid-May 2017] by the Gulf Coast Veterans Health Care System, Director Anthony L. Dawson “has accepted an executive position at a larger, more complex health care system in Houston,” the Michael E. DeBakey VA Medical Center.

http://www.al.com/news/mobile/index.ssf/2017/05/head_of_gulf_coast_veterans_he.html

References

Service, C. a. (2016). Gulf Coast Veterans Health Care System Annual Report FY2016. Biloxi: Community and Public Affairs Service.