



## IOWA CITY VA HEALTH CARE SYSTEM | IOWA CITY, IA

**Date:** June 19-21, 2017

**Veterans Affairs & Rehabilitation (VA&R) Commission Member:** Past National Commander (PNC) David K. Rehbein (IA)  
**Assistant Director for Health Policy, Veteran Affairs and Rehabilitation (VA&R) Division:** Warren J. Goldstein

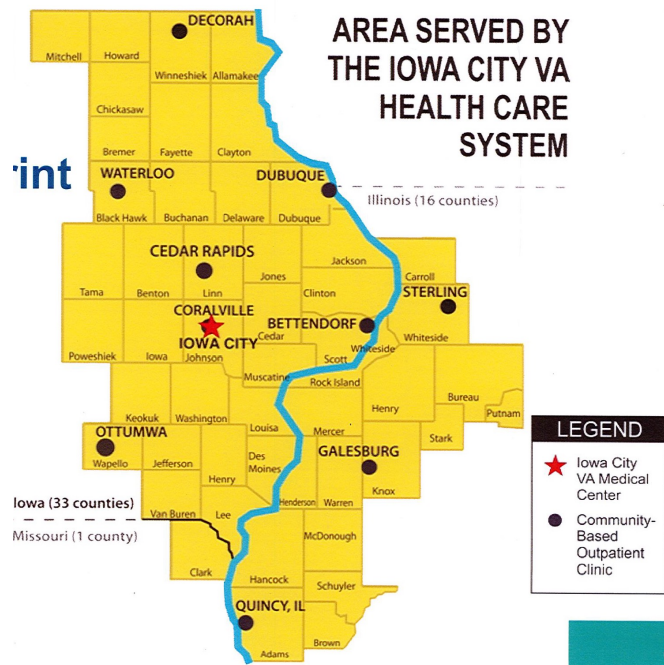


### Overview

For over 65 years, the Iowa City VA Health Care System (ICVAHCS) has been treating veterans who have proudly served their country. The ICVAHCS located in Veterans Integrated Service Network (VISN) 23, is a comprehensive Tertiary Care level 1 VA health care system that offers a full-spectrum of health care services. The healthcare system is accredited by both the Joint Commission and the Commission on Accreditation of Rehabilitation Facilities (CARF). The ICVAHCS also acts as an affiliated teaching hospital and research center. In addition to the main medical center in Iowa City, the ICVAHCS offers more than 100 outpatient services in ten (10) affiliated Community-Based Outpatient Clinics (CBOCs); seven (7) are located in Iowa and three (3) in Illinois. The system also has two (2) Community Resource and Referral Centers (CRRCs) for homeless veterans located in Cedar Rapids and Davenport, Iowa.

With an operating budget of \$313 million, the ICVAHCS serves veterans residing in 50 counties. The geographical footprint includes 33 counties spread throughout Eastern Iowa, 16 counties in Western Illinois, and 1 county in Northern Missouri. Nearly 40 percent of the ICVAHCS veteran patient population receives health care at one of the several healthcare system's points of care and the healthcare system has considerable growth opportunities intended for the nearly 147,862 veterans living in the ICVAHCS catchment area. The catchment area includes 65,544 health care enrollees and 52,551 unique veterans.

The ICVAHCS currently operates 83 beds consisting of 38 medical, 5 Medical Intensive Care Unit (MICU), 20 surgical, 5 Surgical Intensive Care Unit (SICU) located near the operating room, and 15 mental health inpatient beds. The ICVAHCS has all internal medicine surgical specialties ranging from orthopedics to breast reconstruction surgery, to effectively and efficiently treat all of the veterans they serve. The ICVAHCS serves as one of seven VA regional kidney and pancreas transplant centers in the VA healthcare system and averages more than 30 transplants per year. The ICVAHCS also serves as one of the few transplant centers in the VA healthcare system that treats HIV and Hepatitis C patients. The healthcare system employs 1,998 professionals and is affiliated with the University of Iowa's Colleges of Medicine, Nursing, Pharmacy, and Dentistry for residency and continuous medical education programs. The ICVAHCS, in conjunction with the University of Iowa Hospital, offers infertility treatments and services for their women veteran population.



The ICVAHCS has a half-century old research program that is consistently one of the top ten research facilities in the VA healthcare system. Currently, there are 17 researchers studying



access for rural veterans as well as 60 other VA funded projects and over 344 active research projects examining ways to improve veteran's overall health care. In 2014, the healthcare system was chosen as one of three VA sites along with the Atlanta VAMC and the VA Portland Healthcare System, to study the impact of service and emotional support dogs for veterans suffering from post-traumatic stress disorder (PTSD).

The ICVAHCS continues to explore ways of expanding health care services for their enrolled veteran population even though the facility is considered landlocked. Recently, the healthcare system signed an agreement with the General Services Administration (GSA) to purchase the 38,000 square foot unoccupied United States Post Office building in downtown Iowa City to expand outpatient services including dental, physical and occupational therapy in early 2018. Pending a successful purchase, the ICVAHCS plans to utilize the newly acquired space to provide more inpatient services. In March 2017, the medical center opened a new open circular Intensive Care Unit (ICU) that makes it easier for medical professionals to closely monitor their patients. The emergency department also received the following upgrades; increased space, additional privacy and improve efficiency, which have resulted in better access for veterans to receive quality care.

As of June 21, 2017, the average wait times for veterans to receive health care at the ICVAHCS were as follows:

- Primary care average wait time - **3.61 days**
- Specialty care average wait time - **6.5 days**
- Mental health average wait time - **1.54 days which is below the national average of 4.04 days**

The ICVAHCS has achieved several significant accomplishments. Some of the highlights include:

- **Innovation in Prosthetics Services:** The ICVAHCS Prosthetic Service from VISN 23 won the 2016 National Prosthetics of the Year award for innovation in system processes that led to decreased process times and inventory maintenance in Iowa City. This team has demonstrated innovative thinking and efficiencies within their service while keeping VA's Integrity, Commitment, Advocacy, Respect and Excellence (ICARE) values and veteran centered care as a priority in their daily work.
- **American Heart Association Gold Medal for Heart Failure Clinic:** The ICVAHCS VA has received the Get with The Guidelines®-Heart Failure Gold Quality Achievement Award for implementing specific quality improvement measures outlined by the American Heart Association/American College of Cardiology Foundation's secondary prevention guidelines for patients with heart failure.
- **Amyotrophic Lateral Sclerosis (ALS) Treatment Center:**

The ICVAHCS ALS Clinic was recognized and designated as a Recognized Treatment Center by the National ALS Association. This was the first and only designated and recognized ALS Treatment center in Iowa.

This report highlights the site visit to the ICVAHCS. The SWS team began the visit by conducting a veteran's town hall on the evening before the facility visit where area veterans enrolled at the ICVAHCS spoke about their personal experiences. The report focuses on the several meetings that the SWS team had with the healthcare system's executive leadership team, and the clinical and operational staff from the following program offices: Human Resources, Business Office, Financial Management, Clinical Service Line Managers, Community Care, Quality, Safety, and Value, Suicide Prevention, Women Veteran's Programs, Military Sexual Trauma, Homeless Veterans, Patient Advocate, Supply Management, and Facility Management. The purpose of the SWS site visit is to identify the system's best practices and challenges and to offer recommendations for improvements to the executive leadership team.

### **Primary Reason For Site Visit**

The last System Worth Saving (SWS) visit to the ICVAHCS occurred in 2010. However, the purpose of this visit to the Iowa City VA Healthcare System in 2017, was to follow-up on a July 22, 2016, article published in the Iowa City Press Citizen entitled Veteran's suicide raises concern about Iowa City VA. On July 8, 2016, an Iraq and Afghanistan veteran, who was enrolled at the ICVAHCS and suffering from post-traumatic stress disorder (PTSD), had requested to be admitted to the inpatient psychiatric ward to have serious mental health issues evaluated. The request for admission was reportedly denied. According to the article, the veteran's doctor refused the request and sent the veteran home with instructions to continue taking previously prescribed medications. As a result of being denied inpatient treatment for these mental health concerns, the veteran committed suicide less than 24 hours later.

In August 2016, the Department of Veterans Affairs Office of Inspector General (VAOIG) began an investigation at the request of Senators Ron Johnson (WI), Chairman, Committee on Homeland Security and Governmental Affairs, Joni Ernst (IA) and Charles Grassley (IA), Chairman, Committee on the Judiciary to review the case of the veteran's suicide as a result of being denied inpatient mental health care at the ICVAHCS. As of June 21, 2017, the VAOIG's investigation was still ongoing, and no findings had been released.

During the executive leadership briefing, The American Legion's SWS team was informed that the healthcare system is still very emotional regarding the veteran's suicide for which they were



providing outpatient care for his mental health issues. The team was also told that there were more circumstances than was reported in the media leading up to the veteran's death. However, they could not divulge more information due to HIPAA laws. The Director stated that her staff followed all of VA's policies and procedures for admitting veterans for inpatient mental health care. The ICVAHCS will wait until the VAOIG report is officially released to take actions based upon the recommendations made in the report.

To combat veteran suicides like that which occurred at the ICVAHCS, Representative Dave Loebsack (IA) sponsored legislation in the 114th Congress entitled the Never Again Act. This bill would allow any veteran seeking inpatient mental health care to be automatically admitted to an inpatient mental health unit at a VHA facility, even if clinicians think it's unwarranted. If VA medical center beds are full, the veteran would be admitted to a public or private mental health unit with VHA paying for the services. According to Congressman Loebsack's office the legislation was reintroduced in the hopes it will pass and be signed into law in the 115th Congress.

**Update:** On August 3, 2017, the below memo was sent to the local community stakeholders from Judy Johnson-Mekota, Director, ICVAHCS regarding an enrolled veteran's suicide.

**All –**

*Thank you to those who were able to come out to the face to face event today. We had a productive conversation, and I am glad for the opportunity to work with you in our communities.*

*I know that all of you have been awaiting the release of the OIG report regarding the Veteran suicide that happened last summer. Today, the Office of Inspector General (OIG) released the report regarding the review of Mental Health and Suicide Prevention measures at the Iowa City VA Health Care System. In the report, the OIG found that system Mental Health admission practices were in alignment with VHA and system policies, and included a plan for finding beds outside VA when necessary if inpatient care is needed, the Iowa City VA will find help. The review was initiated after requests from five Congressional representatives were received, including Senator Tammy Baldwin, Senator Joni Ernst, Senator Chuck Grassley, and Representative David Loebsack. The Iowa City VA would like to thank our Congressional partners for their continued interest in Veterans' issues and concern for VA's Veteran patients.*

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1 [Veteran's suicide raises concern about Iowa City VA care](#)

*The requests were specifically to:*

- *Examine the facts and circumstances surrounding a patient who was reportedly denied inpatient MH admission.*
- *Assess whether appropriate MH care was provided for this patient.*
- *Conduct a review of the admission policy and practice for inpatient MH to determine if this was an isolated incident, how often and why veterans seeking inpatient MH care are turned away, and how often this leads to adverse consequences.*

*Several process recommendations were identified in the report, and the Iowa City VA has committed to correct them as well as monitor progress. Some of the recommendations were related to policies regarding patient no-shows for appointments, treatment planning, and the use of principle Mental Health providers, or Mental Health Treatment Coordinators.*

*The ICVAHCS wants to assure each one of you that your relationship and partnership in providing service to our Veteran patients is of tremendous value and we would be hard pressed to deliver the kind of care and service to these Veterans without your support. For that, we want to thank you, and we are committed to keeping our communication lines open and our processes in a constant state of examination and improvement.*

*If you would like to review the report, you can find it here:*

**<https://www.va.gov/oig/publications/report-summary.asp?id=3935>**

*Judy Johnson-Mekota*

*Director, ICVAHCS*

## **Town Hall Meeting**

The SWS team conducted a town hall meeting on June 19, 2017, at the Walter Johnson American Legion Post #721 in Coralville, IA. Area veterans, and Legionnaires, to include several members of leadership from The American Legion Department of Iowa, attended the veteran's town hall meeting. Executive staff from the ICVAHCS, staff from the U.S. Congressional offices of Senators Chuck Grassley and Joni Ernst, as well as Representative Dave Loebsack and his staff, attended the meeting to hear firsthand from veterans concerning their healthcare experiences at the ICVAHCS.

Veterans in attendance stated that the care they receive at the ICVAHCS is very good. Complaints regarding the quality of care, staff not meeting the veterans' needs or challenges faced in obtaining a timely appointment were few. Veterans in attendance stated that, if needed, they can receive a same day appointment for their health care needs. However, one veteran in attendance spoke of being dissatisfied regarding pain man-



agement for a previous back injury. The medical center staff in attendance quickly apologized that he was suffering from pain and addressed the veteran's concerns by speaking about the healthcare system's pain management clinic and how they can help him manage his pain. Staff members agreed to speak with the veteran after the meeting to take down his information and to assist him in getting a timely appointment with the clinic.

## Executive Leadership Briefing

The SWS team started the site visit to the ICVAHCS by conducting an hour-long morning meeting with the executive leadership team. Executive Director Judith Johnson-Mekota, Acting Associate Director for Patient Care Services Tammy Neff, Chief of Mental Health Services Dr. Cathy Woodman, and Chief of Human Resources Dan Helle, attended. The meeting consisted of a transparent discussion covering a wide-range of topics including the Choice Program, facility space, recruitment and retention of staff, access to care, suicide prevention programs, and operational challenges and best practices.

The executive leadership team and The American Legion discussed the challenges that the ICVAHCS are experiencing as being the following:

- 1. Reporting of Wait Times:** Congressional Offices and the public feel that they have received inaccurate wait time reporting data from the healthcare system. This appears to be due, at least in part, to miscommunication of the definitions by which wait times are calculated which leads to many feeling that the ICVAHCS is disingenuous with their wait times. In particular, differences in definitions between appointment wait times and open consults contribute to the miscommunication.
- 2. Choice Program:** The ICVAHCS has had multiple challenges with their assigned Choice Program Third-Party Administrator (TPA) HealthNet, to include getting veterans scheduled in a timely manner. Other challenges that the healthcare system stated regarding their issues with HealthNet include:
  - Community agencies refusal to treat veterans using the Choice Program due to lack of payment from HealthNet;
  - Scheduling an appointment with HealthNet: Per HealthNet, the amount of time HealthNet has to make an appointment is 26 business from the consult being uploaded to the HealthNet portal (DOMA);
  - HealthNet is not responding to requests made since February 2017 to establish a Patient Centered Community Care (PC3) contract for Assisted Reproductive Therapy and/or In Vitro Fertilization;
  - When calling HealthNet, VA staff, veterans, and outside agencies can wait hours on the phone on hold;
  - HealthNet does not like three-way calls with VA staff, HealthNet and an agency or veteran; many HealthNet technicians who answer the phone will refuse to take any three-way communication;
  - The ICVAHCS has been told by outside agencies that HealthNet will only talk to them regarding a maximum of three claims. If the ICVAHCS has more than three claims to discuss, then they have to call back;
  - Retrieving records from outside agencies in a timely manner;
  - Outside providers not always understanding how to request additional services through the Choice Program, which results in veteran's visits with no prior authorizations and the veteran having to pay out-of-pocket; and
  - Outside providers not understanding how to bill correctly (i.e. other health insurance first then the Choice Program) which results in high co-pays for veterans.
- 3. Internal/External Communications:** VA does not adequately invest in internal/external communications with the local VA Medical Centers (VAMCs) regarding increased staffing. Keeping up with the daily internal and external communications is too much for one staff member to do. Local VAMC Public Affairs Officers (PAOs) have to get their facility's messages approved through the VA Central Office or VISN before releasing it out to the public or their Congressional representatives. This process slows down the message which can inhibit VA PAO's response time to get their facility's message out quickly to the public and the local media covering the healthcare system.
- 4. Centralization of Contracting:** The ICVAHCS staff believes that centralized contracting minimizes their local control and authorities.
- 5. New Electronic Health Record Implementation:** The staff is concerned how Cerner will interface with the current VISTA medical record system and its many applications and overlays.
- 6. In Vitro Fertilization (IVF) Treatments:** The ICVAHCS is currently working on an agreement with the University of Iowa Hospitals and Clinics (UIHC) to provide their eligible veterans IVF treatments at a discounted rate for these costly treatments. However, IVF care requires a Patient-Centered Community Care (PC3) contract between HealthNet, the third-party administrator (TPA) for the ICVAHCS, and the UIHC. Multiple attempts to contact HealthNet to put a contract in place have failed. Veterans are now waiting for care at the UIHC, and they cannot get that care because



HealthNet will not return calls made by the ICVAHCS. The ICVAHC mentioned the following:

- This care has been approved, but the ICVAHCS cannot send these veterans out for care without the PC3 contract;
- UIHC is pleased to see veterans who have approved Assisted Reproductive Therapy/Invitro Fertilization (ART/IVF) consults and are willing to sign up for a PC3 contract for this care, and for;
- HealthNet to complete the necessary paperwork with the UIHC so veterans can get their care they have requested.

### **Medical Center Staff Meetings**

Following the meeting with the executive leadership, the remainder of day 1 and the half-day of day 2 of the site visit were dedicated to discussions with the ICVAHCS medical and professional staff. Each represented section was allotted approximately forty-five (45) minutes to address the issues delineated in the Department of Veteran Affairs healthcare facility questionnaire(s) and other information they wished to share.

#### **• Human Resources staff**

- » Has one of the longest tenured HR Director in the VA healthcare System (15 years)
- » Vacancies –160 open positions
- » More than 75 percent of the open positions are direct patient care positions
- » High burnout rate among physicians
- » 27 percent of the ICVAHCS staff are veterans
- » Turnover rate of positions is 9 percent or 179.82 of the approximately 2,000 employees
- » Nursing turnover rate at the ICVAHCS is 5 percent
- » VA needs to have the ability to advocate for themselves, trying to sell the facility as a standard of care, need a centralized process to fight the negative press
- » Health care providers have a joint appointment with the ICVAHCS and with the University of Iowa Medical Schools for residencies and continuous health care education.
- » On-boarding process is 30-60 days depending on hire. The length of time is from hire date to start date.
- » The local union of the American Federation of Government Employees (AFGE) is using the VA Accountability, Whistleblower Act to instill a level of fear in employees regarding their future employment within VA.
- » Trying to stay competitive with the local medical centers in Iowa City by trying to match offers that are made out in the

community to recruit the best talent.

- » Consistently surveying the market so their pay scales can stay competitive with the local health care markets especially with Nurses and Physician Assistants (PAs).
- » Health Care Specialists (i.e. Neurosurgeons, Gastroenterologists) can make more money in the private sector than what VA offers due the \$400,000 pay cap.
- » Conversion of all VHA personnel systems under Title 38 or Hybrid Title 38 authorities would eliminate classification disparity across VA, and allow for more flexibility in hiring and pay.

#### **• Financial Management staff**

- » The Care in the Community budget does not reside within the healthcare systems. It is controlled by VA Central Office (VACO) which makes it very difficult for the facility to properly manage veteran's health care. VACO is taking control away from the local VA healthcare facilities.
- » As of June 20, 2017, the ICVAHCS had \$1.4 million for staffing and \$8 million for care in the community left from the Choice funding.
- » The ICVAHCS Non-VA Coordinated Care (NVCC) budget has drastically been reduced by approximately \$39 million since fiscal year (FY) 2015.
- » The ICVAHCS staff feels that they are being forced to out-source the care with the way funds are being allocated. Staff also feels that less NVCC dollars within the VA healthcare system will eventually lead towards privatization of veteran's healthcare.
- » Centralized contracting is an issue to deal with fiscally. The facility processes are slowed down.

#### **• Clinical Service Line Managers**

- » Getting health care providers to work in the rural parts of Iowa is challenging.
- » The ICVAHCS provides same day access for primary care services at all of their Primary Care Aligned Teams (PACT) throughout the healthcare system to include at all of their affiliated CBOC's.
- » The new Electronic Health Record (EHR) is creating anxiety among the staff. Staff is concerned how the new EHR software will interface with VISTA and CPRS.
- » There is a lot of duplication of documentation, and it takes too long for health care providers to learn how to enter health care data into the multiple systems effectively and efficiently. Efficiencies are decreased as a result of multiple data entries.



- » The ICVAHCS established a critical care checklist to ensure patient's needs are met and that unnecessary practices are not being conducted.
- » The ICVAHCS established a centralized specimen collection team to decrease errors and repeated samples.
- **Business Office staff**
  - » The ICVAHCS has a robust Veterans Transportation Service (VTS) door-to-door program with a total of seven employees, five of which are drivers for five vans transporting over 2,100 veterans to outpatient medical appointments. The VTS program also provides transport services to veterans who are being discharged from inpatient care who do not have any transportation home. The ICVAHCS VTS program has saved the healthcare system over \$20,000 in veteran's beneficiary travel payments and over \$175,000 for veterans in need of special mode transportation. A challenge for the ICVAHCS VTS program to grow is the length of time it takes for the VTS program to receive a new van. It can take up to a year for a van to be delivered. Another challenge that the VTS program has nationally is funding. If no funding is available the program may be discontinued if VA healthcare systems nationwide cannot show the real benefits of the program.
  - » The staff conducts on average one or two outreach events per month to assist veterans in enrolling for VA benefits.
- **Quality, Safety, Value Service staff**
  - » Staff indicated that End-of-Life Care planning is a challenge. Staff also indicated that this is a systemic issue within the VHA. This end-of-life planning needs to be conducted closer to a veteran's diagnosis rather than waiting until the end-of-life is near. This includes deciding who will be making the decisions for the veteran.
  - » The ICVAHCS currently has a three-star ranking in the 2016 VHA Strategic Analytics for Improvement and Learning (SAIL) report which is a large improvement from the baseline numbers that were previously presented one year earlier. However, it was noted that the ICVAHCS focus for improvement resulting from measures falling below the national average include: in-hospital and 30-day mortality, Ambulatory Care Sensitive Condition Hospitalizations (ACSC), 30-day readmissions, and physician productivity.
  - » The ICVAHCS patient satisfaction scores ranks in the top 15 percent when compared to other VA Medical Centers.
  - » The ICVAHCS has a 96 percent ranking on the Consumer Assessment of Health Providers and Systems (CAHPS) online tool that VA is currently using to measure access to care.
- » 92 percent of patients enrolled at the ICVAHCS needing a primary care appointment can get one the same day.
- » Patients are screened for the presence of advance directives in primary care, ambulatory surgery, mental health, and inpatient hospitalization. Social Work assists patients with completing an advance directive.
- » The ICVAHCS performs Environment of Care (EOC) rounds weekly, and deficiencies are corrected on the spot.
- » Staff meets with the Medical Center Director on a weekly basis to discuss quality and patient safety metrics.
- » Performs JC and CARF readiness rounds monthly.
- » Performs Sterile Processing Service rounds weekly.
- » Hires students from the University of Iowa to be "observers" and "secret shoppers" to conduct hand hygiene rounds.
- » Each of the ICVAHCS CBOCs has a social worker on-site to assist veterans.
- » Staff follows-up on all negative comments from the Press Ganey patient satisfaction report and uses them as a training tool to improve the overall veteran experience.
- » The ICVAHCS has a "Tell it to the Director Program". This program allows veterans and their families to communicate with the Medical Center Director by placing a comment in several of the boxes located throughout the healthcare system. The Director receives approximately 50 comments per month and responds to all comments.
- » The ICVAHCS leadership team conducts monthly hour-long stakeholder calls to include Veteran Service Organizations (VSOs) to keep stakeholders abreast of issues and happenings taking place at the ICVAHCS.
- **Suicide Prevention staff**
  - » The suicide prevention team consists of a coordinator and two case managers who manage a case load of 90-130 veterans at any given time. The staff responsibilities include crisis management, connecting veterans with VA and community resources, consulting with VA staff, community partners, and families on cases involving high suicide risk, writing/consulting on policy and procedure development, data collection, and conducting 10 outreach and education events per month in effort to reach veterans no matter how far they reside from the ICVAHCS.
  - » To prevent burnout among the staff, the suicide prevention team has a debriefing call at the end of each day to support each other and to discuss the day's activities.
  - » The most recent suicide at the facility discussed previously is still confidential and is currently under investigation by



the VAOIG. The VAOIG report is due to be released in July 2017.

- » Clinicians within 90 days of employment are trained in suicide prevention and how to recognize the warning signs of suicide. All new employees receive basic suicide prevention awareness education during their first week of orientation.
- » The ICVAHCS Pharmacy Department has four pharmacists specializing in mental health pharmacological treatments.
- » A multidisciplinary team including Suicide Prevention, Pharmacy, Patient Safety, and Pain Management Clinic, Mental Health Nursing, and Primary Care Nursing staff has implemented a medical alert that is placed in a patient's chart when they have overdosed on medications in the past. This alerts the physician to the recommendation of prescribing only two-week intervals of medications to reduce the risk of recurrence of the suicide attempt by overdosing.

#### • **Women Veteran's Program Manager**

- » The Women's Veteran's clinic has 2,910 women veterans utilizing the clinic.
- » The Women Veterans Program Manager (WVPM) at the ICVAHCS is also the Acting VISN 23 Women Veteran's Program Manager
- » The ICVAHCS has a model three women veteran's health clinic. A floor is dedicated for women veteran's health care services.
- » The clinic offers primary care and specialty care services that are gender-specific to include infertility care in conjunction with the University of Iowa Hospitals and Clinics for those veterans with service-connected disabilities. Veterans receiving these specialty care services receive a discounted rate through the ICVAHCS agreement with the University of Iowa Healthcare System. Infertility health care services can cost \$25,000 or more; these costs are discounted to \$5,000 per treatment for the patient.
- » The healthcare system offers gender-specific health care services to include: A breast specialty clinic to include surgical services, Gynecology, Reproductive Endocrinology and Infertility, and on-site mammogram services that provide women veterans with same day results.
- » The healthcare system has a women veteran's health liaison and one to three providers at each CBOC to treat women veterans.
- » The WVPM conducts 30 outreach events per year.

#### • **Military Sexual Trauma (MST) Coordinator**

- » The MST Coordinator is not a full-time position. The MST Coordinator splits time between clinical and administrative services. (80 percent-Clinical, 20 percent-Administrative)
- » 100 percent of Mental Health staff and Primary Aligned Care Team (PACT) providers have completed education as mandated in the 2012 MST education directive. For Fiscal Year (FY) 2016, these numbers were 86 of 86 and 32 of 32, respectively. Updates in local policy will include all clinical staff in PACT in education initiatives.
- » The MST Coordinator distributes information on local and online training resources with Continuing Medical Education (CMEs)/Continuing Education Units (CEUs) for issues clinically relevant to MST. The MST team also hosts MST awareness events throughout the month of April, with special training topics relevant to VA staff.
- » The VA has a goal of universal screening for MST for every veteran receiving VA health care. This is completed through the Computerized Patient Record System (CPRS) clinical reminders. As of FY16, 99.7 percent of veterans in the ICVAHCS had been screened for MST.
- » In FY16, the ICVAHCS served 1,223 veterans with MST histories (516 male veterans, 707 female veterans). This is 32.6 percent of the ICVAHCS female population and 1.4 percent of the ICVAHCS male population.
- » Considering high rurality of the medical center, the ICVAHCS established a team of providers with interest and specialty in issues related to sexual trauma and expanding access to mental health services through telehealth. Each ICVAHCS location has a point of contact from the team to provide education, referrals, and support to veterans and staff at their particular site.

#### • **Homeless Veteran's Program Manager**

- » The ICVAHCS Homeless Veterans Program staff consists of 23 staff members to assist their homeless veterans within their catchment area.
- » The Point in Time (PIT) count for 2016 by the Institute for Community Alliance shows that there are 58 homeless veterans in the ICVAHCS catchment area. Of those 58 homeless veterans, 55 were sheltered.
- » In FY 2016, 176 or 97 percent of available Housing and Urban Development, VA Supportive Housing (HUD/VASH) vouchers were utilized.
- » The ICVAHCS has a robust veteran's homeless program to include two Community Resource and Referral Centers



(CRRC) in Cedar Rapids and Davenport, IA. The Cedar Rapids CRRC saw a total of 401 unique veterans for FY16 totaling 2,501 visits. The Davenport CRRC saw a total of 302 unique veterans for FY16 totaling 1,640 visits.

- » The Cedar Rapids and Davenport CRRCs have a plethora of services to assist their veteran homeless population to include: Social Work Supervisors, Homeless Outreach Social Workers, Homeless Grant per-Diem Social Workers, HUD/VASH social workers, HUD/VASH Nurses, Homeless Medical Support Assistants, Homeless Peer Support Specialists, Veterans Justice Outreach Coordinators, and Community Employment Specialists.
  - » Each CRRC offers the following services: showers, laundry facilities, clothing room, sundries, food pantry, and access to computers for job hunting and VA benefits, coffee, snacks, and ancillary services.
  - » The ICVAHCS Homeless Veterans Program has affiliations with other homeless shelters in their catchment area to house veterans to include: the Humility of Mary Shelter, a 13 bed facility in Davenport, IA; the Shelter House, an 11 bed facility in Iowa City, IA; and the Christian Care Mission, a 6 bed facility in Rock Island, IL.
  - » The ICVAHCS Homeless Veterans Program staff conducts quarterly briefings to all CBOC staff to inform them of the services available to homeless veterans.
  - » The ICVAHCS has good outreach to include conducting 6 homeless stand-downs yearly throughout Iowa to enroll veterans into the healthcare system. The American Legion Department of Iowa has offered to assist with future stand-downs.
- **Patient Advocate staff**
    - » The Patient Advocate staff consisting of two advocates reports directly to the Chief of Quality and Performance Improvement and acts independently of the Medical Center Director.
    - » The healthcare system's leadership empowers front-line staff to resolve issues or complaints that they receive from veterans and their families at the point of contact before escalating it to the patient advocate and/or service-line manager.
    - » The medical center has a detailed customer service recovery plan with a flowchart within their Patient-Centered Policy that all staff are trained on.
    - » To improve customer service, the ICVAHCS shows pictures and provides contact information of the service-line supervisor/manager to assist veterans on who to contact if

their issues are not resolved.

- » Staff gives out free beverage vouchers to veterans and families as a way for staff to apologize if they are waiting too long for their appointment.
  - » When a negative report is filled out it goes directly to the service-line manager for immediate corrective actions.
  - » The Medical Center Director meets directly with family members when serious issues are raised to their attention.
  - » The American Legion Department Service Officer (DSO) is located around the corner from the Patient Advocates Office so veterans can solicit The American Legion to assist them with their issues.
  - » To improve customer service, the ICVAHCS has a pager system for veterans and family members waiting for their health care appointment. This allows the veterans and their family members to move more freely throughout the medical center, both inside and outside the building and they are paged when the provider is ready to see them.
  - » 25 percent of the overall complaints involve the Choice Program and HealthNet. The Non-VA care staff are off-site making it difficult for staff to solve veteran complaints regarding care in the community. HealthNet needs to have a representative in the hospital to answer care in the community questions raised by the staff, veterans, and families.
  - » The healthcare system also receives complaints regarding not having accommodations for family members to stay overnight. The ICVAHCS does not have any memorandum of understanding (MOU) with any of the local hotels to provide those accommodations.
  - » The Executive Leadership Team, to include service-line chiefs, reviews Press Ganey, (the medical center's patient satisfaction survey tool) comments each week and uses the comments as training tools.
- **Supply Management staff**
    - » The ICVAHCS has not received any guidelines from VA Central Office regarding the implementation of Catamaran, the VA's new inventory management system. Currently, AutoGen is the computer system being used for supply ordering.
    - » The facility has product distribution technicians that scan the supply rooms daily for shortages or expired items. The facility also has three drivers that deliver supplies and equipment daily to the CBOCs.
    - » The Clinical Product Review and Equipment Committees meet monthly.





- » The facility has two people in each service-line that monitor recalls of products used in the areas.
- » The facility has two inventory managers responsible for monitoring expendable products and two inventory managers responsible for monitoring equipment recalls.
- » The facility has a supply replacement agreement with the University of Iowa for needed supplies and equipment.
- » The staff would like to see VA expand the national prime vendor contract to include more supplies and equipment that are not listed for purchase.
- » The supply management staff is very concerned about the implementation of the recently announced IT system including Cerner and Catamaran and how those systems will interact with the VISTA IT system and the many applications and overlays being currently used within VISTA.

- **Facility Management staff**

- » The facility has difficulty in competing with the private sector recruiting Engineers due to VA having a lower pay scale than the private sector. The average starting pay for a VA Engineer is at a GS-5 level earning \$32,000-\$35,000 per year depending on the grade and step with a maximum GS-11 pay scale earning \$56,000 per year. In the private sector, an Engineer can start earning \$75,000 or greater straight out of college.
- » Conversion of VHA personnel systems under Title 38 or Hybrid Title 38 authorities would eliminate classification disparity across the VA and allows for more flexibility in hiring and pay.
- » The ICVAHCS does hire facility management staff at a higher level than VA requires to recruit qualified and skilled employees.
- » The ICVAHCS has 41 construction projects that are in their five-year facility plan to include: a new egress stairwell on the West Side of the hospital and completing a four story specialty care building that will add an additional 18 examination and treatment rooms. The scheduled completion date for the specialty care building is in 2022. There are 23 projects that are listed as non-recurring maintenance, 12 that are listed as minor construction, and 6 that are listed as leased projects.
- » VISN 23 has funding for construction projects. However, there are currently 13 open vacancies for construction contracting officials making it more difficult to start and complete scheduled projects.
- » The main challenge that the facility management staff has is with centralized contracting.

## **Best Practices**

### **Facility space**

- **General Services Administration (GSA):** The ICVAHCS has an agreement with the GSA to transfer funds to purchase and design the unoccupied post office building in downtown Iowa City. This space will be converted into an outpatient health-care facility. This will allow the ICVAHCS to improve veteran access to needed health care on an outpatient basis.

### **Employee Programs**

- **ICARE/ITRUST Core Value Program:** The ICVAHCS developed a program that extends the VA's Integrity, Commitment, Advocacy, Respect, and Excellence (ICARE) model. The ICARE, I-TRUST cultural transformation program is based on personal credibility and team behaviors that strengthen relationships, build team unity, and empower employees to have crucial conversations and build their personal and professional communication skills. The healthcare system has trained over 1,500 employees including all of the CBOCs and off-site locations on the I-TRUST model. The I-TRUST model works to build an environment of trust and collaboration among all employees to work together to provide outstanding patient care and services. The ICVAHCS is the first in VA to incorporate this framework and is the leader in the process.
- **Certified Registered Nurse Anesthetist (CRNA) program:** The ICVAHCS developed this Veteran Integrated Services Network (VISN) system-wide program to serve as an aid to recruit and retain CRNAs to be employed at the ICVAHCS as well as at healthcare facilities within VISN 23. Recently, the program has graduated four nurses with the plan to request more to participate in the program.

### **Complementary and Alternative Medical (CAM) treatments**

- **Chiropractic Care Clinic, Acupuncture clinic, and yoga classes are imbedded within the Pain Management Clinic:** The ICVAHCS offers chiropractic care, acupuncture services and yoga classes to their enrolled veterans who are suffering from pain caused by neuromusculoskeletal and other health related conditions.



### Care in the Community (CITC)

- **Time Out for Consults:** CITC conducts a timeout anytime that multiple consults are received for one veteran. In the current set-up, staff members are assigned by specialty, so this allows staff to quickly huddle and discuss the veteran's consult status. This typically ends with the veteran having one point of contact for all consults, preventing confusion and delays in care.

### Nursing

- **Patient Care Simulation Lab:** The ICVAHCS has a nationally certified interactive simulation center, allowing for full mock codes, ACLS and BLS certification of staff and residents, training, and development for clinic staff and support for trainees who are rotating through the ICVAHCS such as nursing students, medical students, respiratory therapy students, etc.

### Specialty Services

- **Direct Scheduling for Audiology and Optometry:** Patients utilizing the Audiology or Optometry clinics no longer need a consult from a Primary Care physician for routine visits such as annual exams. Patients can call the clinic directly at the published phone numbers and schedule the appointment with the clinic clerk who answers the call.

### Surgery Services

- **Paired Kidney Donation Program (KDP):** The Iowa City VA is the only VA in the Nation to provide access to the UNOS KDP program, which increases the possibility of an organ match by leverage a network of living donors across the country that can draw from the network of registered kidney donors that are willing to donate but may not be a match for the loved one or friend to whom they originally intended to donate their organ.

### Human Resources

- **Hire Right, Hire Fast:** The Hire Right, Hire Fast program allows Medical Support Assistants (MSAs) to be hired quickly through community referrals when supervisors are made aware of a veteran who qualifies for the position without navigating the USA Jobs process. This allows supervisors to fill critical scheduling positions with qualified candidates in short timelines to ensure direct patient care is uninterrupted.
- **Onboarding Redesign:** The ICVAHCS Human Resources Department redesigned the onboarding process, working with Education, supervisors, HR Specialists, and new employees to reduce onboarding times for the health care system. Current onboarding times are 30 – 60 days depending on the complexity of the hire.

### Communications

- **Stakeholder Communications:** The ICVAHCS holds monthly communication rhythms with the community, including a quarterly director's stakeholder's call, a quarterly stakeholder face to face meeting, and a quarterly town hall event that rotates among the 9 communities with CBOCs. The ICVAHCS also has implemented a Tele-Town Hall event annually that allows the health care system to reach over 3,000 veterans on a live interactive teleconference to provide updates, information, and take calls from veterans. The next Tele-Town Hall is in September 2017.

### Suicide Prevention

- **Medication Overdose Alert:** A medical alert has been implemented that is placed in a patient's chart when they have attempted to overdose on medications in the past. This alerts the physician who then prescribes only two-week intervals of medications to prevent the recurrence of the suicide attempt.

### Health Care Treatments

- **Hepatitis C:** The ICVAHCS has treated over 450 veterans with a 93 percent cure rate. Dr. Villalvazo has patients who are willing to tell their story about how thankful they are and how good they feel. The ICVAHCS has great team effort with pharmacy, medicine, and nursing.
- **Pulmonary Nodules:** Dr. Sanchez, Shannon Fessler, and their team have done an outstanding job tracking veterans with nodules and have stories of catching cancer early. Dr. Hoffman is a national expert on lung cancer screening and the risk/benefits and is part of that team funded by the Office Rural Health (ORH).

### Exit Leadership Briefing

The SWS team conducted an Exit Briefing on the last day of the site visit with the ICVAHCS executive staff to discuss the findings and to outline recommendations for the healthcare system based on the program office meetings and input from the ICVAHCS staff.

### Challenges

1. **Challenge: Better definition/accurate reporting of wait times**
- **Recommendation:** The Department of Veterans Affairs needs to develop a better mechanism for defining, collecting, and reporting accurate wait time data. The American Legion's Department of Iowa is currently having preliminary discussions on drafting a resolution urging VA to work with the VSOs and other stakeholders in a transparent manner to write standard



definitions on wait times and to develop a consistent, understandable method for calculating the various wait times.

**2. Challenge: Veterans Choice Program (HealthNet):**

- **Recommendation:** If the Third-Party Administrators (TPAs) are not meeting the needs of veterans, the VA should hold them accountable for violating and/or not meeting their contractual obligations. The American Legion will continue to hold meetings with the TPA to express what is being identified from our SWS visits and what is said from our members.

**3. Challenge: Recruiting and Retention**

- **Recommendation:** To improve recruiting of veterans into the VA Healthcare System, VA needs to do a better job through their communications department counteracting negative publicity and showing veterans and the American public why the VA healthcare system is a good place to work. Also, VA needs to improve their incentives to recruit and retain top talented health care providers to work specifically in rural communities.

**4. Challenge: Ability to communicate positive healthcare system messages**

- **Recommendation:** The VA needs to empower local leadership at the healthcare systems and medical centers to get positive messages out into the community in a timely fashion. This allowance will eliminate layers of bureaucratic red tape.