



VA GREATER LOS ANGELES HEALTHCARE SYSTEM | LOS ANGELES, CA

Date: January 23-25, 2017

Veterans Affairs & Rehabilitation (VA&R) Commission Member: Howard Darter

Deputy Director of Veteran Affairs and Rehabilitation (VA&R) Division: Roscoe Butler

Deputy Director Employment and Education Division: Mark Walker

Overview



The VA Greater Los Angeles Healthcare System (VAGLAHS) is one of the largest health care systems within the Department of Veterans Affairs. It is one component of the VA Desert Pacific Healthcare Network (VISN22) offering services to veterans residing in Southern California and Southern Nevada. VAGLAHS consists of two ambulatory care centers, a tertiary care facility and 10 community-based outpatient clinics (CBOCs). The VAGLAHS serves veterans residing throughout five counties: Los Angeles, Ventura, Kern, Santa Barbara, and San Luis Obispo. There are 1.4 million veterans in the VAGLAHS catchment area. The VAGLAHS is affiliated with both the UCLA School of Medicine and the USC School of Medicine, as well as more than 45 colleges, universities and vocational schools in 17 different medical, nursing, paramedical, and administrative programs.

Town Hall Meeting

On January 23, 2017, a town hall meeting was held at American Legion Post 43, 2035 N. Highland Ave, Los Angeles. The meeting consisted of a small group of local veterans, representatives from local congressional offices, VA's executive leadership, and legion members from the Department of California.

In keeping with previous town hall meetings, the American Legion held an open forum that allowed everyone an opportunity to voice their concerns, issues, and comments regarding the medical care and services provided by the VAGLAHS. Twenty

people attended the meeting. Many veterans praised the VAGLAHS for the care and services provided.

Executive Leadership Briefing

On January 24th and 25th, 2017, Veterans Affairs and Rehabilitation Commission Member Howard L. Darter, Deputy Director of Health Care Roscoe Butler, Deputy Director for Employment and Education Mark Walker and The American Legion Department of California staff met with the Executive Leadership team and various department heads to discuss best practices and challenges. The position of Associate Director is currently vacant. When asked, what is the medical center's biggest challenge, the Assistant Director said, "Running the VAGLAHS is like running a city with eleven sites of care." The VAGLAHS is spread across 388 acres and treats over 95,000 veterans.

The Director spoke briefly about the VAGLAHS's Master plan which calls for 1,200 Permanent Supportive Housing Units, 840 supportive housing units, a resource center for veterans and their families, and a proposal to increase access to transportation. While various leases will produce additional funding, Ann Brown, Director of the VAGLAHS explained, the funds will not be enough to support the program and the medical center's unfunded mandates.

The Executive Leadership team reported staffing challenges for providers is difficult to recruit specialties and areas where private sector salaries are competitive. Additionally, it is difficult to recruit at several of the CBOCs in rural areas. There are also salary discrepancies with the private sector for physician extenders including Physician Assistants (PA) and Nurse Practitioners (NP).

The VAGLAHS is currently working on developing a facility level strategic plan. In the interim, the facility has been working with VA leadership, local community partners and community leaders to develop and implement a facility Draft Master Plan, which is a blueprint for the development of VA's West Los Angeles north campus. The north campus will help create a vibrant community where veterans can receive housing, healthcare, benefits, and other supportive services – with a specific focus on chronically homeless veterans and other underserved veteran populations. This is in addition to the future development of their south campus also designed to create a state-of-the-art



hospital with and clinics that will serve as the main focus of their local strategic plan over the next 5-10 years.

Wait List

Average wait time for Primary Care, Speciality Care, Mental Health Care was reported as follows:

The VAGLAHS reported the average wait time for homemaker-

Primary Care	Specialty Care	Mental Health
7.4 as of 12/15/2016	14.68 days as of 12/15/2016	6.5 days as of 12/15/2016

home health aid services varied because the program is at full capacity. Patients suffering from spinal cord injuries, or unique challenges are given priority and receive care within one week or admitted to hospice care.

Meeting with the VAGLAHS Staff

Immediately following the meeting with the VAGLAHS Executive team, VA&R Commission members Darter, Roscoe Butler, and staff from The American Legion Department of California met with the VAGLAHS staff over the next two days to obtain insight about the VAGLAHS's best practices and challenges. The majority of the staff identified recruiting as the medical center's number one challenge.

During the meeting with Human Resources (HR), the System Worth Saving (SWS) team learned that HR is currently conducting a business planning process. The HR department has 28 vacancies including the Chief and Assistant Chief of Human Resources positions. The medical center has approximately 408 vacancies. However, HR indicated that due to poor data input, staff are in the process of validating this information.

In the SWS team discussion with the Financial Management Officer (FMO), the FMO identified the inability to move funds from one account to another and salaries as his top two challenges. He reported for FY17; the medical center received to date \$699,023,727¹.

The VAGLAHS projected a veteran population of 368,590 in

Medical Center 2017 Budget	
General Post	\$ 70,536,273
Medical Services	\$ 555,817,315
Facilities	\$ 72,670,139
Total	\$ 699,023,727

Fiscal Year (FY) 2017. Of this number, 138,281 are enrolled in the VAGLHCS. The VAGLAHS is authorized 1,087 inpatient

1 Amount received on station as of the date of site visit

beds for all specialties of which 1,049 are operational. The VAGLAHS had 7,493 admissions and 1,396,297 outpatient visits in FY 2016.

Accreditations

- Last Joint Commission - August 15- 19, 2016
 - » Hospital Accreditation: As a result of the accreditation activity conducted on the above date(s), requirements for improvement were identified in the report. You will have follow-up in the area(s) indicated below:
 - Evidence of Standards Compliance (ESC)
 - a. Nursing Care Center Accreditation: As a result of the accreditation activity conducted on the above date(s), Requirements for Improvement have been identified in your report. You will have follow-up in the area(s) indicated below:
 - b. Behavioral Health Care Accreditation: As a result of the accreditation activity conducted on the above date(s), Requirements for Improvement have been identified in your report. You will have follow-up in the area(s) indicated below:
 - c. Home Care Accreditation: As a result of the accreditation activity conducted on the above date(s), there were no Requirements for Improvement identified.
- Last Accreditation of Rehabilitation Facilities (CARF): June 27-28, 2016

Three-Year Accreditation Expiration: June 30, 2019

The SWS team led an exit briefing with the VAGLAHS Executive leadership to brief them on our findings and recommendations. The number one challenge faced by the VAGLAHS medical center is working down the large number of vacancies. We apprised management about comments from staff about how pleased they were with the stable leadership and the Executive Leadership team being put in place at the medical center.

Homeless Shelter Visit

On Wednesday, January 25th, the System Worth Saving Team met with the VAGLAHS Homeless Veterans Program personnel to discuss their programs and services that assist homeless veterans and their families. The goal of the program is to provide at-risk and homeless veterans with access to stable housing; establish a means of financial support; strengthen attachments to their community; and establish medical, mental health and additional services. VA staff discussed their processes of outreach, intake and placing at-risk and/or homeless veterans in the proper program/service. Los Angeles has critical issues of sheer numbers of homeless veterans, the size of the city - in-



clude traffic and transportation issues - as well as a premium on affordable housing. These issues can create numerous obstacles when it comes to assisting homeless veterans with their various needs in reintegrating back into independent living.

Also addition, our team went on a tour of the New Direction for Veterans (NDVets), which is located in Building 257 (within the Veterans Welcome Center) on the VA West LA campus. The Veterans Welcome Center is a unique and innovative program, the only one of its kind at a VA facility in the nation, and represents a collaborative approach to working with veterans following a “housing first” philosophy. More than 150 veterans use the Veterans Welcome Center each day. NDVets services include assistance with planning and searching for housing, obtaining documentation, accompanying and transporting veterans to appointments, advocating with landlords, covering move-in costs and utilities, and referring veterans to services. Also, NDVets has a 35-bed Bridge Housing Program that offers immediate shelter and meals for veterans who are awaiting placement in permanent supportive housing, as well as access to healthcare and transitional services as needed. Lastly, it’s also important to note that VA is developing housing for homeless veterans. As part of the 2015 legal settlement, the agency agreed in principle to turn the West LA VA Campus (on the west side - largest undeveloped property) into a residential village for 1,200 veterans.

The VAGLAHS community partners and other stakeholders have been intensely active in combating veteran homelessness. Furthermore, the VA is continuing to work to eliminate veteran homelessness by educating and empowering veterans and their families through proactive outreach and effective programs/services. However, there remains much work to be done in Los Angeles.

Lastly, one of the goals of The American Legion is to help bring federal agencies, nonprofit organizations, faith-based institutions and other stakeholders to the table to discuss best practices, along with funding opportunities, so homeless veterans and their families can obtain the necessary care and help in order for them to properly transition from the streets and shelters into gainful employment and/or independent living.

Statistics For Veteran Homelessness In Los Angeles

In Los Angeles, veterans comprise a little over 3 percent of the general population but makeup about 11 percent of the homeless population. Based upon the 2016 Point-in-Time count, there are approximately 9,600 homeless veterans in the State of California. Los Angeles City (and County) has roughly 2700 of those homeless veterans. Since January 2014, Los Angeles has housed over 8,000 homeless veterans - that is more veterans housed than the cities of Houston, New Orleans, Phoenix,

and Salt Lake City, combined. Los Angeles has cut unsheltered homelessness by 43 percent and veteran homelessness overall by 41 percent in one year. These numbers represent a tremendous effort by the VA, City of Los Angeles, Community Service Providers, Veterans Service Organizations and other community partners.

Best Practices

Nursing

- Community Living Center (CLC) Nurse Managers’ Boot-camp. The nurse managers in CLC had been in their positions for one year or less. The boot camp was created to provide them with knowledge and resources that would help them succeed. The boot camp was successful and led to the creation of a VISN-wide Nurse Manager Academy.
- CLC “Honoring Our Heroes” Resident Showcase Presentation – where we have a staff member present a resident who has volunteered to share their life story to other staff members and residents. This allows everyone involved to remember the “human” connection and the person behind “a patient.”
- Call light system at the CLC. Call lights are no longer being answered at the desk, but now the staffs come to the bedside directly.
- Weekly meetings the CLC has with nursing risk management and the nurse managers with the residents of the CLC. This was organized by ADPCS which is a best practice ensuring that each resident is heard and their concerns are addressed.
- RN New Grad Transition to Practice Program (TTP) including the “Veteran Connection” piece where we collaborate with the Volunteer Services and have each new grad RN participate at a Veteran outreach event to engrain early on in their nursing career, that VA nursing is a special kind of nursing.
- Just Culture implementation
- AcuStaf - Is an off the shelf labor management software package that is used by nursing Service to improve efficiency and labor management operation
- NP Transition Program – in order to provide support and help ensure success of new NPs graduating through our scholarship program (NNEI), we are offering a transition program to allow a smooth transition from the RN role to the NP role.
- Utilization of the Bed Management Solution (BMS) for hospital throughput.
- Hiring fair
- Evidence Based Practice Fellowship – nurses and allied health staff participate in a fellowship to create a project to improve



patient care based on the evidence. This project has won ONS and other awards. It is unique because we focus on staff nurses and allied health staff who do not have doctoral level education.

- Improving Quality of Health Care by Nurse Practitioners. Measuring a Veteran's Quality of Healthcare Managed by a Nurse Practitioner in a Veterans Affairs using Professional Practice Evaluation and Core Performance Measures.

Primary Care

- Primary Care Mental Health Integration – Mental health team is embedded into primary care clinic
- Primary Care Health Coach Classes
 - » Biofeedback for medical conditions
 - » Mindfulness for Pain Management
 - » Get back to Sleep: Insomnia Class
 - » Healthy Living
- Primary Care PACT Titration Pharmacists – work with patients and PACT Team to improve diabetic control
- Primary Care Shared Medical Appointments – multidisciplinary team works with a group of Veterans to help improve diabetic control and blood pressure control.
- Direct Scheduling by PACT MSA's for:
 - » Audiology
 - » Optometry
 - » Echocardiogram
 - » Imaging – Ultrasound

Endocrinology

- For diabetics, aim for annual retinal screening, flu shots, and routine follow up of A1C and urinary protein to ensure the best outcome. These are all HEDIS measures. Additionally, review VA database to seek out patients with poor glycemic control to try to help them.
- Working with Women's Health, Psychology, Pharmacy and Social Work to establish a multidisciplinary transgender program
- Put together insulin algorithms for use on the inpatient service.
- Started a clinic dedicated to seeing follow up patients who present to the Emergency Room with poorly controlled diabetes
- Have augmented telediabetes clinic to give care to a broader

spectrum of patients who have trouble driving to get their subspecialty diabetes care.

Gastroenterology and Hepatology

- Colorectal Cancer Screening- Automated reminders for surveillance of polyps and for early cancers have endoscopic approaches to treatment using Endoscopic Mucosal Dissection.
- Starting a trial funded by the National Cancer Institute for early detection of pancreatic cancer.
- New treatments for hepatitis C which result in an almost 100% cure rate.
- Since fatty liver and obesity are increasing in prevalence, started a clinical trial using Obetichoic Acid that is IRB approved to study its utility and safety to treat fatty liver and prevent progression to cirrhosis.
- Have an outstanding informatics platform to track patients with liver fibrosis and cirrhosis using a non-invasive test called Fibroscan to identify higher risk Veterans and thereby prevent liver cancer.
- Developed a Doppler Probe to identify high risk vessels to effect treatment in patients presenting with non-variceal GI bleeding.

Patient Centered Care

- Welcoming new employees with a half day Patient Centered Care retreat.
- Engaging Veterans with Whole Health/Integrative Health practices/pathways including 5 week Intro to Relaxation for Self-Care Series, Meditative Movement, I rest Yoga, Healing Touch, Guided Imagery, and Aromatherapy.
- Tai Chi and Yoga classes.
- Training nursing Holistic Nursing techniques to offer inpatient and outpatient for decreased pain and overall wellbeing.
- Also, partnering with Integrative Medicine and Mental Health, HPDP and Health Coaches to provide interdisciplinary clinics such as Healing Touch during Ear Acupuncture, and Whole Health Orientation clinics.
- Partnering with Nursing offering Interactive Patient Care via Get Well Network, including health education/wellness videos on inpatient unit.
- Providing Employee Wellness for staff via 2 employee gyms and Wellness is Now Program, along with health/wellness lunch and learn sessions.



Mental Health

- WLA VA offers a 10-week Comprehensive Pain Rehabilitation Program. The mission is to provide evidence based treatment for chronic pain from an interdisciplinary perspective with Psychology, Physical Therapy, Occupational Therapy, Pain Medicine and integrative and other modalities. Patients have improved mood, functioning, and quality of life following participation. The program is CARF (Commission for Accreditation of Rehabilitation Facilities) accredited.
- Evidence-based Cognitive Behavioral Therapy for Chronic Pain that reduces pain, anxiety, depression and disability
- Evidence-based substance use disorder treatment that uses Cognitive Behavioral Therapy (CBT), Mindfulness, Motivational Interviewing and Contingency Management
- Our Mindfulness Programs particularly Mindfulness Based Stress Reduction (MBSR) and Mindful Self-Compassion (MSC) recently were awarded a Best Practice Everywhere by Dr. Shulkin for 2016.
- MBSR provides Veterans with the Integrative Health pathways to health and wellness increasingly in demand from our Veteran consumers and difficult to access in the private sector. Veterans are asking for Whole Person Health approaches for both physical and mental health concerns that move away from a “pill for the ill” model of care and empowers Veterans to engage with their care and manage stress and chronic health conditions in their lives. MBSR is an 8-week program of intensive mindfulness meditation training that improves depression, anxiety, and chronic pain while reducing suicidal ideation in Veterans.
- Home Based Primary. Patients who are home-bound have a primary care team that comes to the home to provide care. Services include physicians, nursing, nutrition, pharmacy, occupational therapy and psychology.
- TeleMental Health (TMH). The VA is expanding mental health services to rural veterans by providing mental health services at Community-Based Outpatient Clinics via telecomm. Veterans talk via telecomm video to their providers to receive services that they otherwise would have to travel great distances to receive. Various locations within GLA have psychology, psychiatry and dementia care. Additionally, GLA is working to expand the availability of TMH into the home so that veterans with legitimate barriers to accessing MH care at a local facility (mobility barriers, great travel distance/time, etc.) can receive that treatment via computer/tablet from their homes.
- Primary Care-Mental Health Integration @ LAACC offers a number of evidence based services
 - » Same-day mental/behavioral health appointments as part of veteran primary care services in accordance with the latest research of veteran preferences and treatment recommendations
 - » Biofeedback services for problems such as pain management, and anxiety as well as other common veteran struggles
 - » Mindfulness skills training including Mindfulness-Based Stress Reduction, an effective approach to reducing a variety of problems and improving quality of life
 - » Cognitive-Behavioral Therapy for primary care patients
 - » Acceptance and Commitment Therapy for primary care patients
 - » Primary care psychiatry services
- GLA offers the only Clinical Forensic Team in the country.
 - » The Clinical Forensic Team works with Veterans released from long-term institutionalization in prison and/or state forensic hospital (Atascadero State Hospital) that consequently are at high risk for poor community re-integration.
 - » The Clinical Forensic Team serves as a bridge between prison/mental hospital and VA, through pre-release clinical contact with the Veteran and development of a GLA on-site housing/treatment plan.
 - » The Team’s involvement is typically short-term (three to six months) though some Veterans are seen for the duration of their parole placement
 - » The VA-based Clinical Forensic Team currently consists of a VA outreach psychologist, psychiatrist, and social worker.
 - » These providers act as the Veteran’s guide through system. Services include:
 1. Weekly contact to monitor progress
 2. Liaison with the community housing partners
 3. Transitional focus that is meaning-based to assist in reducing alienation in community
 4. Liaison with additional VA mental health/health providers to facilitate integrated care
 5. Interactions with parole/probation to fulfill supervisory mandates
 6. GLA Mental Health providers from LAACC & WLA collaborated on a pilot study from a dance movement program that showed reductions in stress levels following the dance/movement intervention in veterans diagnosed with PTSD. It was published in Federal Practitioner:



- » Steinberg-Oren, SL; Krasnova, MT; Krasnov, I; Baker, MR; Ames, D. (July, 2016). Let's Dance: A Holistic Approach to Treating Veterans with Posttraumatic Stress Disorder. Federal Practitioner, Vol. 33, No.7, pp. 44-49.
 - Sepulveda Ambulatory Care Center offers Introduction to Relaxation and Meditation Groups and Continuing Practice Groups, which:
 - » Improve Veterans' access to health and healing practice
 - » Increase Patient Centered Care, Access, Efficiency, Quality, Patient Empowerment through Less stigmatizing, Trans-diagnostic Care
 - » Help Veterans feel empowered to practice these life-long no-cost skills on their own in daily life
 - After participating in a 4-week group patients report improvements in:
 - » Depression
 - » Anxiety
 - » Suicidal ideation
 - » Perceived stress
 - » Need for pain meds
 - » Sleep trouble
 - Those who were more severely depressed or anxious experienced more improvement
 - Those who participated in follow-up groups experienced more improvement
 - Dental Service
 - GLA Dental Service excels in quality and safe Veteran-centered Care
 - » The highest standards of infection control and sterilization in accordance with the stringent Reusable Medical Equipment (RME) guidelines are accomplished to provide safe and quality dental care to all veteran patients.
 - » All dental unit waterlines are routinely tested for the delivery of safe patient care.
 - » To ensure the safe fabrication of quality dental appliances for all patients, the dental laboratories utilized assure that: 1) they do not use lead, 2) they only use American products, and 3) they do not outsource overseas.
 - » GLA Dental Service provides dental care to the largest catchment of homeless veterans in the VA system improving their quality of life as part of their road to recovery back into society.
 - By maintaining one of the largest dental education programs in DVA with 4 GLA sponsored Commission on Dental Accreditation accredited residency programs, 2 major affiliations with prestigious dental schools (UCLA and USC), and affiliations with several colleges of allied health, the GLA dental staff keeps abreast of current practices and advances in dentistry which definitely benefits the Veterans and their dental care.
 - GLA Dental Service has the only Dental Research Fellowship Program in DVA and its prolific clinical research program is cutting-edge by demonstrating the relationship of certain medical conditions that are impacted by treating dental adjunct conditions.
- ### Social Work
- Participating in a pilot project through the Wounded Warrior Care Network, a military and Veterans charity service organization empowering injured Veterans and their families, to help improve access to care and coordination of services for Veterans across the nation. We are one of 4 VA Medical Centers who are participating in this project to partner with academic medical centers to help post-9/11 Veterans and their families to have access to needed care. VA GLAHS Social Work Service is partnering with University of California, Los Angeles (UCLA) Operation Mend Program. As part of the Wounded Warrior Care Network, the participating academic medical centers offer specialized clinical services to include 2-3 weeks of intensive outpatient program through multidisciplinary evaluation and individualized care. This collaboration will allow Veterans to be seamlessly referred to the VA following clinical treatment, and facilitate better sharing of information relative to Veterans and their medical needs.
 - Ms. Kathya Merchan, VA GLAHS Social Worker, is the VA Liaison for the Wounded Warrior Project. Ms. Merchan is at UCLA Operation Mend Program every Thursdays to meet with Veterans participating in the project, and is also part of the orientation team. Since June 2016, Ms. Merchan has assisted approximately 150 Veterans who were receiving care at UCLA Operation Mend in connecting and reintegrating them to a VA Medical Center of their choice throughout the nation. This included, but not limited to:
 - » Assisting Veterans get registered at VA of their choice
 - » Coordinating care between herself and Transition Care Management Coordinators at various VAs across the nation to ensure medical and mental health appointments are scheduled
 - » Connecting Veterans to VA Regional Office for VA benefits that they may be eligible for and Housing resources.



Quality Management

- On the Road (OTR) Best Practice Tools sent out to all Clinical Staff for reminders and ensuring corrective protocol and policies are followed.

Conclusion: The VAGLAHS is facing significant challenges in staffing and recruitment. Since 2015, the VAGLAHS has had 7 acting Directors, which has had an impact on the medical center's ability to move forward. At the time of SWS site visit, the medical center did not have an approved succession plan. When the SWS team toured the medical center, they did not see any information about Women Veterans, Patient Advocacy, or Military Sexual Trauma (MST) contact information.

Challenges

1. The Chief and Assistant Chief of Human Resources positions are vacant. In addition to the two top leadership vacancies in HR, there are 26 additional vacancies in HR. With the number of vacancies in HR, this poses serious challenges for the VAGLAHS that has over 400 vacancies.

Recommendations:

- a. The VAGLAHS Executive Leadership team should continue to explore all options to address their vacancy pool. The executive leadership tasked staff to develop a strategic plan to address this challenge.
- b. The American Legion will draft a resolution calling for all VA employee positions to be classified as patient safety and exempt from current and future hiring freezes.

2. Executive Leadership lacks the authority to move funds to budget categories (accounts) where funding is needed.

Recommendation: Since VA is restricted from transferring funds between accounts, this would require legislative changes. The American Legion will explore drafting a legislative resolution calling for Congress to provide VA the authority to transfer funding when appropriate.

3. Staff Recruitment and Retention: Lack of incentives to attract and retain good employees.

Recommendation: The American Legion will scheduling a meeting with VA Central Office to discuss what options are available to assist medical centers.

4. Salaries are not competitive with salaries paid in the private sector for the same type of work.

Recommendation: The American Legion will scheduling a meeting with VA Central Office to discuss what options are available to assist medical centers.

5. Vacancies: The medical center reported having an authorized FTEE ceiling of 5,400 positions, which 460 positions are vacant. H.R. has an authorized FTEE ceiling of 95 positions, which 28 positions are vacant.

Recommendation: VISN 22 is working with all VA Health Care facilities to address their staffing needs. Due to the number of vacancies at the VAGLAHS, The American Legion recommend this be elevated to VA Central Office for immediate action.

6. Insufficient Funding for the Student Loan Repayment Program.

Recommendation: The American Legion will scheduling a meeting with VA Central Office to discuss what options are available to assist medical centers.