



MANCHESTER VA MEDICAL CENTER | MANCHESTER, NH

Date: November 13-15, 2017

Veterans Affairs & Rehabilitation (VA&R) Commission Member: National Executive Committeeman (NECman) William Roy (NH)

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Primary Reason for Site Visit



The last System Worth Saving (SWS) visit to the Manchester Veterans Administration Medical Center (VAMC) in Manchester, New Hampshire occurred in 2012. The Manchester VAMC was one of seven VA Medical Centers selected for a site visit in 2017 SWS based on a February 4, 2016, Free Bacon news article entitled Seven VA Hospitals Flagged on Veteran Suicide which were reported for shortcomings in their programs to prevent veterans from committing suicide.¹

On July 15, 2017, the Boston Globe published an article entitled “At a four-star veterans’ hospital: Care gets ‘worse and worse’” which revealed the Manchester VAMC was endangering patients’ lives based on the following findings²:

- 1. A persistent problem with flies in one of the surgical rooms.** For several years, Manchester, New Hampshire has had problems with cluster flies including an infestation inside the Manchester VAMC. In one instance, flies were found in a surgical room, which caused the room to be closed and used as a storage area for a time. The medical center has spent over \$1.2 million correcting the problems.
- 2. Unsterilized surgical instruments found in the surgical areas.** The surgical equipment was perceived to be unsterile because the Sterile Processing Department (SPD) was not

using water that was de-ionized which causes a chemical reaction on the surgical instruments that were being used, thus making the instruments appear to be unsterile.

The medical center purchased de-ionized water to be used for the sterilization process as well as over \$70,000 of new surgical instruments purchased from a German manufacturer that will not react to the cleaning and sterilization process. In the new Sterile Processing Department being built, there will be de-ionized water piped in for the instrument and equipment sterilization process.

- 3. Medical record documentation.** A former member of the medical staff had inappropriately copied and pasted information from one patient’s medical record into another patient’s medical record. This was done from 2008-2012 until he left the Manchester VAMC. The medical center leadership had addressed it at the time of the incident, disciplining the staff member and had monitored his patient’s medical records. As a result of the incident, the whistleblower who brought this information forward no longer trusted the medical records of those patients. It was stated that the doctor responsible for this action was removed from the facility and reassigned to another VA health care facility.
- 4. Delays in veterans’ care.** A list of about 97 veterans who had developed problems due to delayed diagnosis of spinal cord issues were referred to specialists in Boston, Massachusetts for further care. The VA Office of Medical Inspection (OMI) was unable to determine the truth of the allegation. They sought additional external review of about 23 veterans that have been affected.

The Office of Special Counsel (OSC), which oversees the whistleblower protection agency, reported that there was a “substantial likelihood” of legal violations, gross mismanagement, abuse of authority, and a danger to public health at the Manchester VAMC.

The VA’s medical inspector was to complete its investigation in 30 days but received multiple extensions from the special counsel’s office. The Boston Globe released the article after OMI failed to provide a timely report to the whistleblowers. An investigation was launched after the whistleblowers went to the Office of Special Counsel (OSC) whose concerns were referred

¹ [Seven VA Hospitals Flagged on Veteran Suicide](#)

² [At a four-star veterans’ hospital: Care gets ‘worse and worse’](#)



to the Veterans Health Administration (VHA).

Corrective Actions

- On July 16, 2017, Secretary of Veterans Affairs, Dr. David Shulkin, M.D. took immediate actions by removing the Medical Center Director and the Medical Chief of Staff as a response to the allegations brought forward by the whistleblowers. The immediate removal was as a result of the conditions and diminished veteran's quality of care that have taken place over the years at the medical center.
- On July 16, 2017, Alfred Montoya, Jr. the director of the White River Junction VAMC was named the Acting Medical Center Director of the Manchester VAMC to correct the quality of care issues and concerns that were raised and addressed in the Boston Globe article. When Mr. Montoya arrived, the organization was in crisis and was in need of immediate actions due to half of the leadership team being removed. One example given was the morning reports given by service chiefs to include reporting of wait times/veterans access data were presented inadequately and did not meet Mr. Montoya standards. Mr. Montoya also found out that there were 3,200 pending medical consults for veterans waiting to receive care. As a result, Mr. Montoya contacted the leadership in VISN 1 for immediate support. To rectify the growing backlog of medical consults, Mr. Montoya established the Office of Community Care (OCC) within the medical center. The Manchester VAMC received immediate assistance from the VA Maine Healthcare System's Chief of Office of Community Care who has expertise in standing-up an OCC to assist the medical center in decreasing the backlog of medical consults and to decrease health care wait times by coordinating veteran's health care out in the community.
- On July 19, 2017, three days after Mr. Montoya's arrival, a 30-year old chilled water pipe in the mechanical room broke at 4:00 am, causing major flooding destroying four floors of mechanical, clinical and office space. The flood destroyed 241,500 square feet or 70% of the medical center's 345,000 total square footage.

VISN 1 provided the Manchester VAMC \$13.5 million in emergency funding for the following emergent needs:

- \$8.5 million was provided to completely renovate and remodel three floors of occupied clinical areas and office space of the hospital to include updated office space, clinical space and enlarged waiting areas; and,
- \$5 million was provided to increase staffing in the medical center to include in the medical center's Office of Community Care (OCC). The OCC increased their staffing from 10 employees to 35 employees to assist in reducing the number

of medical consults that required immediate attention. As of Nov 14, 2017, all 3,200 outstanding medical consults have addressed. In addition to reducing the number of consults, the acting director significantly increased the number of medical provider agreements from 100 to 284 to provide veterans with more timely access to health care.

Overview

The state of New Hampshire geographically is 190 miles long from north to south and about 70 miles wide from east to west. The Manchester VAMC, built in 1950, is located in Veterans Integrated Service Network (VISN) 1, and is the only VA medical facility in the state, but does not operate as a full-service hospital. 87,617 veterans are residing in the Manchester VAMC catchment area which consists of veterans living in the southern and eastern counties of New Hampshire which includes Carroll, Belknap, Merrimack, Hillsborough, Strafford, and Rockingham. The facility does not offer its veterans inpatient medical care. The Manchester VAMC is a Joint Commission (JC) and Commission on Accreditation of Rehabilitation Facilities (CARF) accredited VA medical facility.

The Manchester VA Medical Center is a level 3 health care facility which VA defines as a low complexity healthcare facility. The Manchester VAMC offers their enrolled veterans the following outpatient health care services: primary care, mental health, medicine and surgical outpatient services, extended care services. Primary ambulatory services are provided at the medical center to include: cardiology, hematology, oncology, dermatology, neurology, pulmonary, sleep medicine, infectious disease, podiatry, gastroenterology, rheumatology, urology, orthopedics, chiropractic care, interventional pain management, traumatic brain injury, physical therapy, and occupational therapy.

The Manchester VAMC has a 41-bed Community Living Center (CLC). Within the CLC there are 35 CLC beds and a six-bed palliative care unit. The CLC offers: Home-Based Primary Care (HBPC), purchased home care services such as homemaker/home health aide, skilled home health care, community nursing home, and hospice care. The Manchester VAMC through a Non-VA contract with the Concord Hospital, in Concord, New Hampshire offers enrolled veterans inpatient medical and surgical care.

In FY17 the Manchester VAMC total operating budget was \$175.3 million (\$131.370 million for General Purpose Funding, \$29.377 million for Care in the Community (CITC) and \$14.582 million for Choice). For FY18, The Manchester VAMC total operating budget is over \$183 million (\$139.4 million for General Purpose Funding, \$39.8 million for CITC and \$3.8 million for Choice funding for FY18 first quarter). As of November



15, 2017, the facility has not received their full FY18 funding for the Choice Program.

The Manchester VAMC employs 800 employees of which 34.4% are veterans that serve 34,495 enrolled (32,428 Men, 2,067 Women, and 23,373 unique) veterans through four community-based outpatient clinics (CBOCs) located in Conway, Portsmouth, Somersworth, and Tilton, New Hampshire.

As of November 1, 2017, according to the Department of Veterans Affairs (VA) Patient Access Data Report, the average wait times for veterans to receive health care at the Manchester VAMC was as follows:

- **Primary care average wait time:** 6.79 days, which is 1.53 days above the national average
- **Specialty care average wait time:** 6.76 days, which is 1.53 days below the national average
- **Mental health average wait time:** 6.07 days, which is 1.63 days above the national average

The Manchester VAMC has achieved significant accomplishments. Some of the accomplishments include:

Women Veterans Program

The Manchester VAMC recently restructured its Women Veterans Program by dedicating a floor (currently under construction) in the medical center for women veterans to receive their health care. The medical center also appointed a medical director and recently hired a new Program Manager to meet the needs of their enrolled women veterans.

The Whole Health System Model

On October 24, 2017, it was announced that the Manchester VAMC received a \$360,000 grant from the Office of Patient-Center Care & Cultural Transformation (OPCC&CT) in Washington, D.C., which will give the Manchester VAMC the opportunity to support, design, and implement the Whole Health System of care. The Whole Health System of care allows veterans to improve their quality of life through modalities that are not only medically or disease driven but include a variety of self-directed complementary and integrative health (CIH) practices that focus on integration of the mind, body, spirit, and community.

In the Whole Health Program, veterans will be working with a Whole Health coach to help them develop a personalized health, wellness, and preventative self-care plan. The CIH modalities will include but will not be limited to yoga therapy, meditation, art therapy, music therapy, sound therapy, vibrational medicine, acupuncture, chiropractic care, biofeedback, nutrition, wilderness therapy, reiki, and massage and trauma release process

therapy.

The Manchester VAMC will use CIH practitioners based here at the Manchester VAMC. Manchester VAMC will solicit CIH practitioners in the community in which the veterans live to give their time and expertise. The Yoga Therapy Program at Manchester VAMC includes yoga movement, meditation, conscious breathing and group therapy. Staff at the medical center have been thrilled to see what amazing changes these men and women have made in their lives from attending these groups. They are not just healing their emotional, physical and spiritual wounds individually but helping each other heal by including their family, friends, and community.

The SWS team began the site visit by hosting a veteran's town hall meeting on November 13, 2017. At this meeting veterans and their families, who receive their health care at the Manchester VAMC, spoke about their personal healthcare experiences. On November 14 – 15, 2017, the SWS team met with the medical center's executive leadership team, and key administrative and clinical staff. Program offices included representatives from: Human Resources, Financial Management, Clinical Service Line Managers, Business Office, 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 best practices, challenges, and offer recommendations for improvements to the medical center's executive leadership team.

Town Hall Meeting

The SWS town hall meeting was on November 13th at the Henry J. Sweeney American Legion Post #2, Manchester, NH. Fifteen area veterans attended the meeting. Members from The American Legion Department of New Hampshire, Executive Leadership staff from the Manchester VAMC, and staff from the U.S. Congressional offices of Senators Jeanne Shaheen, Margaret Hassan, and Representatives Carol Shea-Porter, and Ann McLane-Kuster attended the meeting. Veterans stated that they never had a bad experience with the care they receive at the Manchester VAMC. The care that they receive is very good, and the staff is very pleasant and caring. Veterans also stated they greatly appreciated the transparency and openness of the Acting Medical Center Director concerning the current status of the medical center. However, some veterans did express frustration with the Veterans Choice Program.

Executive Leadership Briefing

The Executive Leadership Team (ELT) briefed the SWS team on the challenges facing the newly installed ELT and path forward. In attendance included Acting Medical Center Director



Al Montoya, Jr., Acting Deputy Chief of Staff Dr. Paul Zimmerman, Acting Associate Director Garrett Stumb, and Acting Associate Director for Patient and Nursing Services Jennifer Winslow.

Since Mr. Montoya's arrival in July 2017, the medical center has gone through several process improvements initiatives to improve the overall services and quality of healthcare at the Manchester VAMC. In response to the closure of the surgical suite due to a massive flood, Mr. Montoya with the assistance of Chris Sununu, Governor of New Hampshire, signed the first state Executive Order to allow VA providers to provide health care services at a non-governmental hospital without a state license. This private/public partnership between the Manchester VAMC and the Catholic Medical Center (CMC) will address needed endoscopy and same day surgery needs. This "hospital in a hospital" health care model relies on VA staff utilizing CMC services, equipment, supplies, and space to treat veterans needing those services previously provided at the Manchester VAMC. The Manchester VAMC also is working on a partnership with the Elliott Health Care System that will also allow enrolled veterans timely access to surgical services not currently provided by the Manchester VAMC.

Mr. Montoya has put into place a five-prong approach entitled 'The Way Forward' as one of his initiatives to improve the overall health care services and perception of the medical center. The Way Forward model is a path forward in making the Manchester VAMC once again a high quality healthcare facility.

The Way Forward Model

Rebuild Leadership

Mr. Montoya is currently rebuilding the Medical Centers leadership team by actively recruiting for the following key leadership positions:

- A Medical Center Director
- A Chief of Staff
- An Associate Director of Patient and Nursing Services
- A Chief of Medicine (who will be in charge of establishing an academic affiliation and who will also have an Adjunct Professor position with the Dartmouth College School of Medicine)
- A Chief of Surgery
- A Chief of Primary Care
- A Director of Urgent Care
- A Chief of the Office of Community Care

Restore Trust

To restore veterans, staff, and public trust, the acting director is meeting regularly internally and externally with veterans and families, Veterans Service Organizations (VSOs), the New Hampshire Congressional Delegation, media, external stakeholders, and medical center staff to address the progress that the medical center has made since the summer. The acting director is very visible throughout the medical center and out in the community directly addressing the medical center's issues and concerns.

Improve Care

To improve access to health care, the medical center has increased and improved their services in the following areas:

- The medical center is currently restructuring their women's health clinic from a model one clinic to a model three women's health clinic. This will allow the medical center to provide comprehensive primary care and women gender-specific health care services in an exclusive space.
- The medical center recently increased their staffing, providers, and services in the areas of cardiology, primary care, urgent care, pain management, nuclear medicine, and suicide prevention so veterans can access these services and programs in a more timely and efficient manner.

Fix Choice

To correct the access issues veterans were facing with their health care, the medical center has stood up an Office of Community Care (OCC) within the medical center. The OCC will be in charge of all of the medical center's Community care through either the Choice program or VA's traditional community care program. This office manages referral and pays non-VA health care bills and to assist veterans with health care purchased in the community.

Design the Future

To improve the overall health care services veterans are receiving, Secretary Shulkin requested the appointment of a task force to develop a future vision of what VA must do to meet the needs of veterans living in New Hampshire. The task force is charged to develop options with input from all stakeholders and make their recommendations by January 2018. One of the options being considered by the task force is whether the Manchester VAMC should be developed into a full-service hospital or to have more health care services offered out in the community.



Medical Center Staff Meeting

Following the meeting with the executive leadership, the SWS team met with the Manchester VAMC medical and professional staff. Each section was allotted approximately forty-five (45) minutes to address the issues delineated in The American Legion health care facility questionnaire(s).

• Human Resources

- » The HR Service Chief has been at the Manchester VAMC for 6 ½ years.
- » There are 15 staff members to include an administrative assistant to support the operations of the HR department. Of the 15 positions, there are currently no vacancies within the HR Department.
- » Of the 800 positions at the Manchester VAMC, there are 132 vacant positions. The HR Chief stated that this is the most vacancies the medical center has experience in his 6 ½ years. Due to the many issues the medical center has been challenged with over the years, many employees have retired, resigned, or pursued other opportunities outside the VA. The HR Chief explained the increase in vacancies is due to the need for more clinicians in mental health, primary care, and other clinical areas and to the newly established Office of Community Care.
- » The Manchester VAMC offers the same locality pay as the VA health care facilities in the Boston area.
- » The HR Chief believes their HR specialists should be graded and compensated at a higher General Service (GS) scale due to them managing three different employee hiring authorities, Title 5, Title 38, and Title 38 hybrid in which all have different requirements. HR specialists at the Manchester VAMC are currently compensated at a GS-11 pay grade.
- » Based on a July 2017 salary survey data, the medical center increased salaries for nurses and primary care physicians in order to stay competitive with local community health care systems. Registered Nurses (RNs) pay is reviewed annually per VHA guidelines. Nurse Practitioners received a pay increase on October 15, 2017. Physician pay surveys are provided periodically throughout each year by national VHA HR/compensation service.
- » According the HR Chief, the acting director is very visible throughout the medical center. He frequently conducts rounds to talk with medical center staff and host town hall meetings.

• Financial Management:

- » At the time of our SWS site visit, the service line vacancy

rate was 26.7 percent. When the new leadership took over the service line vacancy rate was close to 50% which is a reduction of 23.3 percent.

- » Despite budget saving measures instituted by the medical center in FY16 VISN 1 had to provide over \$6M in funding to keep the medical center from ending the year with a negative balance.
- » The Medical Center received \$13.5 million in additional funding in FY 2017 of which over \$2M was received to keep the medical center from ending the year with a negative balance.
- » In FY 2017 the medical center spent \$258,000 on their Veterans Transportation Service (VTS) program
- » For FY18 first quarter, the Manchester VAMC received \$39,792,998 for Care in the Community.
- » For FY18 first quarter, the Manchester VAMC received \$3.8 million for the Choice program.
- » Approximately \$300,000 of the budget is dedicated to rural health care programs and initiatives.
- » As of November 13, 2017, there were 3,000 veterans enrolled at the medical center who do not have electronic funds transfer (EFT) for their beneficiary travel payments. The reason for the high number of veterans continuing to receive checks for beneficiary travel is a result of them not electing to sign up with the Department of the Treasury to receive them electronically. For routine payments, paper checks are issued only for beneficial travel. Paper checks are issued for non-routine payments such as small tort claims, close out of a patient account, etc. The medical center stated that these are really small numbers.
- » Manchester has placed poster/signage in waiting and check-in areas, added messaging to our electronic KIOSKS, and sent our mailings to all affected veterans in an effort to notify them of the change being implement by the US Treasury. Debit Cards are included as one of the options available to Veterans who are currently receiving US Treasury checks. However, the Debit Cards are not issued/managed by the Medical Center. Additionally, Debit Cards are not specific to just Beneficiary Travel but rather one Debit Card is issued a veteran for any payments he/she may be receiving from the VA. The Medical Center does not have access to a report that will provide specific Debit Card information for Manchester and are checking now to see them we can get this information, but again any figures would not be specific to beneficiary travel.
- » Since 2013, the facility has been severely underfunded causing leadership to make difficult decisions to stay with-



in or below budget. In FY2017, the Manchester VAMC received \$5 million from VISN 1 to supplement their staffing needs. According to financial management, while the additional funding has helped, it will not be enough money to cover the 132 vacancies.

- » Additionally FY17 funding distribution within the VISN reflects a significant discrepancy in regards to funding per unique users. Manchester VAMC receives less money per unique user when compared to other VISN level three facilities (Bedford, Massachusetts and Central Western Massachusetts VAMC) and similarly sized Level two facilities (White River Junction VAMC, White River Junction, Vermont).

Facility	FY17 Unique Users	Funding per Unique Users
Manchester	26,641	\$6,733
CWM	27,389	\$6,830
Bedford	20,122	\$9,921
WRJ	26,716	\$8,748

• Clinical Service Line:

- » Surgical Service: The Manchester VAMC has a total of 8 bays that are shared for pre and post-operative patients. The medical center has three operating rooms, one endoscopy room, and an interventional pain procedure room.
- » Surgical Suite: The Surgical Services Department staff consists of a Chief of Surgery, Nurse Manger, Chief of Anesthesia/Pain, general surgeon, orthopedic surgeon, urologist, two podiatrists, one nail technician, and pain management physician, chiropractor one pain management specialist, two medical doctors, and one acupuncturist, acupuncturist, two Certified Registered Nurse Anesthetist's (CRNA's). Along with those providers are many registered nurses (RN's). Currently, the medical center has a vacancy for a urology mid-level practitioner.
- » Medical Service: There are 16 physicians, five nurse Practitioners (NP's), and one physician assistant (PA) providing primary care at the Manchester VAMC and CBOCs. The Manchester VAMC also has three other Physician Assistants (PA's) working at the medical center. There is one PA working in Urgent Care, one PA working in Primary Care, and two PA's working in Medicine (Dermatology) to provide health care services to veterans.
- » Mental Health Services: The Manchester VAMC has a robust mental health care program. The VAMC offers their

enrolled veterans 27 programs and services to assist veterans suffering from mental health illness and disorders.

- » The Manchester VAMC offers veterans complementary and alternative medicine (CAM) treatments and therapies in the areas of: mindfulness therapy offered in a group setting, yoga, and acupuncture.
 - Clinical Service Line staff voiced concerns about managing veteran's health care across multiple systems i.e. VA, Choice, Non VA Care Coordination (NVCC), etc.
 - Clinicians Service Line staff voiced concerns about fragmented care at the Manchester VAMC. When veterans' are referred outside the VA under the Choice program, there is no incentive for them to return to the Manchester VAMC for their continuation of health care.
- Business Office:
 - » The Office of Community Care (OCC) reports to the Chief of Staff for clinical oversight rather than reporting to the Business Office.
 - » The business office staff believes that the Choice Program and/ its predecessor are essential to the Manchester VAMC Community Care mission.
 - » Business Office staff reported providers are dropping out of the Health Net network due to lack of payment.
 - » Business Office staff believes the Choice contract was written poorly where VA could not hold the TPA's accountable.
 - » The Business office staff stated that they would like to see veterans who need medical appointments call their primary care physician (PCP) at the medical center first. The primary care physician would then create a medical consult that would be entered into the Consult Package and the OCC will coordinate scheduling an appointment with one of the medical center's 284 provider agreements to schedule their needed medical appointment in a timelier manner. For continuity, the veteran medical records and payment for that care would be managed by the medical center's Office of Community Care. As stated above, The Manchester VAMC prefers having their patients contact their PCP when they need care, rather them calling the Choice Program directly. While they may be eligible as mileage eligible patients, the Choice Program is riddled with care coordination challenges. The OCC staff believes that the one-consult model is far more efficient at delivering the correct care the first time when care is sent to providers in the community under Provider Agreements, versus referred to the Choice Program.



- Quality, Safety, Value Service Program:

- » The Manchester Quality Manager (QM) reports directly to the director. There are eight staff members assigned to the Quality Management Department to include: a manager, two performance improvement coordinators, two system redesign specialists, one program analyst, one risk manager, and one patient safety coordinator to ensure that the Manchester VAMC is in compliance with all VA, JC, CARE, and state policies and regulations.
- » VHA Strategic Analytics for Improvement and Learning (SAIL) Ranking:
 - FY16 fourth quarter: The Manchester VAMC received a three-star rating and was ranked 66 out of 129 VA health care facilities nationwide.
 - FY17 first quarter: The Manchester VAMC received a five-star rating and was ranked 17 out of 129 VA health care facilities nationwide.
 - FY17 second quarter: The Manchester VAMC received a four-star rating and was ranked 27 out of 129 VA health care facilities nationwide.
 - FY17 third quarter: The Manchester VAMC received a three-star rating and was ranked 38 out of 129 VA health care facilities nationwide.
- » The medical center has a 93% veteran satisfaction rating according to VA's Access and Quality in VA Healthcare patient satisfaction rating tool.
- » The Manchester VAMC performs Environment of Care (EOC) rounds weekly and deficiencies are corrected in a timely manner and reports are provided at the acting director's morning meeting.
- » The Manchester VAMC has an 80% compliance rate for hand hygiene observations.

- Suicide Prevention Program:

- » The Manchester VAMC has two suicide prevention coordinators (SPC) to manage the Manchester VAMC suicide prevention program.
- » In FY17, the Manchester VAMC had 24 veterans attempt suicide and 10 were completed.
- » All new employees get Operation S.A.V.E.: VA Suicide Prevention Gatekeeper Training. Operation S.A.V.E. is a one-to-two-hour gatekeeper training program provided by VA suicide prevention coordinators to veterans and those who serve veterans. Optional role-playing exercises are included. Operation S.A.V.E consists of the following five components: Brief overview of suicide in the veteran population,

Suicide myths and misinformation, risk factors for suicide, and components of the S.A.V.E. model (Signs of suicide, Asking about suicide, Validating feelings, Encouraging help and Expediting treatment).

- » The SPC puts the flags on a veterans medical records when a veteran has suicidal ideations.
- » Once a flag is placed on the veteran's medical record, the SPC at the Manchester VAMC follows-up to ensure that the veteran is attending their mental health appointments as required.
- » In FY17, the SPC has conducted 26 outreach events averaging two per month.
- » One of the outreach events that the Manchester VAMC SPC will be conducting is attending The American Legion Department of New Hampshire convention, conferences, and Post Service Officer training at the department and local level to provide Legionnaires suicide prevention awareness and training.

- Women Veteran's Program:

- » The Manchester VAMC women veteran's program has one gynecologist one day per week.
- » The Manchester VAMC women's veteran clinic has 2,067 women veterans enrolled and 914 women veterans were seen in FY16.
- » All women veterans seen at the Manchester VA Medical Center who report Military Sexual Trauma (MST) while on active are seen by a women provider.
- » Each week the Women Veteran Program Manager (WVPM) participates in environmental of care rounds to make sure that curtains are installed and are in working conditions in all patient rooms and women examination rooms.
- » The Women's Program Manager (WVPM) conducts outreach events encouraging women veterans to sign up for VA benefits.
- » The Manchester VA facility has providers who are females but not all of those providers want to restrict their services to females only because those providers would like to provide their services to both males and females. For this reason, there is a shortage of women only providers. The medical center has three designated women's health providers in Manchester, Tilton, and Conway. The medical center does not have a women provider at the Portsmouth CBOC due to the women provider which is a Nurse Practitioner has transitioned to another role. However, the Manchester VAMC recently transferred a male provider for the Ports-



mouth CBOC to provide gender-specific health care. To assist with this gap, starting December 11, 2017, the medical center will start sending their Women's Health provider to the Portsmouth CBOC one day per week to provide health care services to women veterans at Portsmouth. The medical center women's program manager continues to communicate with the Chief of Staff and with the Primary Care Service Line Chief to encourage the recruitment of women providers that are interested in providing women's health care services as well as requesting that any provider that is being hired is open to that role.

- » At the Manchester VA Medical Center all women are automatically assigned a women health care provider unless the veteran has no preference.
- » The current women's health team (MDs and nurses) is really thorough and works great with patients.
- » The Women Veterans Program manager participates in various outreach events for women veterans and during these events, enroll new women veterans for VA health care.
- Military Sexual Trauma (MST) Program:
 - » The MST Program has one MST Coordinator who currently works as the point person for MST in the facility. The Manchester VA Center does not have separate MST Clinic.
 - » The MST Coordinator provides specialized therapy treatments for MST survivors.
 - » Some of the mental health treatment at the Manchester VA are: individual therapy, group therapy, and medication management.
 - » There are men and women's sexual trauma recovery groups that focus on providing intense treatment.
- Homeless Veteran's Program:
 - » Mark Walker, Deputy Director of Veteran Employment and Education, who oversees The American Legion national veterans homeless program, met with the VA's Homeless Program personnel – Robert Mottola, Manchester VAMC Recovery Supervisor; Emily Reisine, Manchester VAMC Homeless Program Coordinator; Nicole Frisella, Manchester VAMC GPD Liaison; Tracey Noonan, Manchester VAMC VASH Program Manager; and Diane Levesque, Manchester VAMC Veterans Justice Outreach Program Manager.
 - » The Homeless Team offers a daily walk-in clinic for veterans experiencing homelessness Monday – Friday, 1-2 p.m. The veteran can also schedule an appointment, if necessary.

- » The Grant and Per Diem (GPD) provides 80 transitional beds through a partnership with Harbor Homes in Manchester and Nashua.
- » The Homeless Patient Aligned Care Team (H-PACT) is a new initiative at the Manchester VAMC. The team conducts homeless outreach utilizing a social worker, a nurse practitioner, a registered nurse and a peer support specialist. The primary goal of the program is to eliminate the barriers to quality health care and to improve health and housing outcomes of at-risk and/or homeless veterans.
- » Therapeutic Supported Employment Service/Homeless Veterans Supported Employment (TSES/HVSE): This program provides therapeutic vocational assistance to veterans participating in one of the homeless programs at the Manchester VAMC. The goal for participants is to obtain employment.
- » On March 24, 2017, the Greater Nashua region announced that they ended veteran homelessness - "functional zero" – in their community.
- » Based upon our conversation, VAMC is working well with community partners and looking to continue to provide necessary programs/services to properly assist homeless veterans and their families.
- » The most recent numbers (2016 HUD Point-in-Time Count) of the homeless veteran population in the State of New Hampshire is 123. Please note -the newest numbers from HUD & VA comes out towards the end of the year. The Manchester VAMC staff stated that there are only 5 unsheltered veterans in their catchment area. Most veterans have received a HUD-VASH voucher and/or are living in transitional housing.
- Patient Advocate:
 - » The Manchester VAMC Patient Advocate program office consists of one advocate. The VAMC has one patient advocate for all four CBOCs, and 11 service-line patient advocates, a collateral duty, to assist veterans and their families with issues and concerns that arise. The Patient Advocate at the Manchester VAMC reports to the quality manager.
 - » The Patient Advocate Program top complaints are: Communication (explaining to veterans what is going on with the medical center), stability with providers (veterans wanting to change providers because they reduced their pain medications), Choice Program (complaints have significantly been reduced since the opening of the Medical Center's Office of Community Care), and that veteran's emotional needs not being met (waiting for prescriptions, phone calls that are not being returned, wanting a quicker



appointment). The Manchester VAMC has changed the way they communicate with their veterans and their families via town hall meetings, social media, new mailings for appointments, improved signage, etc.

- » Each inquiry received by the patient advocate is treated as an individual issue. Inquiries come in as emails, in-person visits, phone calls and from the director's office and are processed depending on the specific issue and urgency. The patient advocate goes in-person to the area to personally speak with the service chief, uses instant messenger, or emails the individual for a resolution while the veteran is still in the medical center.
 - » The patient advocate stated that the acting director Mr. Montoya is very visible and engaging veterans, families, and staff to answer questions and directly address issues and concerns as it relates to the Manchester VAMC.
 - » Due to the flood, many clinics were displaced and needed to be repaired. Renovations are being made throughout the medical center. Once the renovations are completed, the medical center will be posting in all of their clinical areas who the service-line patient advocate is so veterans can contact them for immediate resolution of issues and concerns that they have with the service line.
 - » Through the VA's voluntary service program the medical center has a patient ambassador program to assist veterans and their families who come to the medical center.
- Supply Management:
 - » The Manchester VAMC stated that they do not use the Catamaran system because it is a failed inventory system within VHA and that implementation has stopped within VHA and it has been taken out of those health care systems who have been utilizing it.
 - » The medical center is using the Generic Inventory Package (GIP) for their supply inventory management program because it interfaces very well with VISTA.
 - » The Facility Chief Logistics officer is responsible for monitoring and evaluating inventory account.
 - » Recalls throughout the Manchester VAMC are managed through the National Product Safety Recall Program. Logistics monitors and then assigns recalls to individuals identified at the facility, to completion.
 - » All medical supplies are managed through VHA Directive 1761(1) Supply Chain Inventory Management, which determines stock on hand for medical supplies has no more than 15 days of stock for all Medical/Surgical Prime Vendor-Next Generation (MSPV-NG) formulary items, and

30 days for all other items. Reorder points lead times are based upon usage within the GIP inventory point.

- » The Manchester VAMC is part of the \$1.2 billion AMD Prime Vendor contract that was awarded by VA on February 28, 2016 for the distribution of medical and surgical supplies and related services under the Next Generation Medical Surgical Prime Vendor Contract.
- Facility Management:
 - » The Manchester VAMC has 36 planned projects in the amount of \$81 million scheduled over the next five years to include three minors, 0 majors, and 33 non-recurring maintenance projects.
 - » The majority of the planned projects are for infrastructure improvements to the health care system.
 - » The Manchester VAMC has projects approved in their Strategic Capital Investment Planning Process (SCIP) over the next several years to expand clinics and other construction projects that would eventually expand access to health care for veterans. For example, the following projects are currently under design and funding approved for FY18: Specialty services building for audiology and optometry, 13,000 square feet for additional clinical services, renovation of clinical space on the third floor for a dental clinic.
 - » In 2018, the Manchester VAMC will be opening a new Community-Based Outpatient Clinic (CBOC) in Somersworth, NH to replace the existing CBOC; increasing the size from 4,000 sq. ft. to 8,000 sq. ft. The opening of the CBOC is expected to occur in the summer of 2018.

Best Practices

Public/Private Partnerships

The Manchester VAMC established a first-of-its kind community partnership with Catholic Medical Center (CMC) in Manchester, allowing Manchester VAMC health care providers and staff to utilize CMC space, supplies, and equipment for endoscopic and same day procedures. Several veterans have received procedures through this model resulting in no interruptions of care or services. The VAMC has created other partnerships across New Hampshire to provide their enrolled veterans surgery, orthopedics, intervention pain management, and urology services.

On August 16, 2017, New Hampshire Governor Chris Sununu signed an Executive Order to benefit veterans living in New Hampshire. The Executive Order allows physicians at the Manchester VAMC to provide medical care to VA patients outside the facility and for VA physicians that are licensed outside the state to practice in community hospitals. Like the CMC commu-



nity partnership, the Manchester VAMC is developing a health care model that can be used at other health care organizations in the community to better meet the needs for veterans needing health care services that the medical center cannot provide in a more timely and efficient manner.

Manchester VAMC Office of Community Care

In order to improve the overall patient experience and veterans access to care, the Manchester VAMC established an internal Office of Community Care (OCC) to case manage care in the community and to support a seamless transition in and out of VA care for their enrolled veterans. The OCC at the medical center was established to address the continued difficulties that the medical center was experiencing with the Choice Program including coordination of health care services for veterans enrolled at the Manchester VAMC, reducing the number of outstanding medical consults, as well as assisting those veterans that only want to receive their health care through the Choice Program.

Veteran Homeless Community Partnerships

Mark Walker, Deputy Director, VE&E toured a local community service provider, Harbor Homes, in Nashua. Harbor Homes is a nonprofit community-benefit organization that provides low-income, homeless, and disabled New Hampshire community members with affordable housing, primary and behavioral health care, employment and job training and supportive services. Harbor Homes offers a unique, holistic approach to care that results in better outcomes for their clients and the community. The American Legion staff was briefed and taken to several different sites by Peter Kelleher, Chief Executive Officer (CEO) and President of Harbor Homes.

In addition to the direct services provided by Harbor Homes, clients have access to a full continuum of care through the Partnership for Successful Living member-agencies, a collaboration of six affiliated nonprofit organizations. Harbor Homes is able to better coordinate and deliver a comprehensive array of interventions designed to empower low-income individuals and families, and ultimately build a stronger community. Outcomes are enhanced through this partnership model.

Harbor Homes maintains its status as a leader in ending homelessness (to include veterans) within New Hampshire and nationally, by:

- Establishing and maintaining high standards of housing, health care, and supportive services that are evidence-based, best-practices;
- Advocating for the needs of low-income community members, veterans, individuals with mental illness, and other vulnerable populations; and,

- Generating community awareness, education, understanding and support around homelessness, poverty, health care, and mental health care.

Services at Harbor Homes include:

- Affordable housing with supportive services provided on-site to more than 700 households, through over 400 units of emergency, transitional, permanent supportive, and income-based rental housing
- Harbor Care Health and Wellness Center: Greater Nashua's community health care center offering primary and preventive health care at no cost to homeless and low-income community members
- Mental health and behavioral health care, including crisis interventions
- Workforce development and employment assistance
- Case management
- Veterans FIRST: a combination of housing, employment, and supportive services for veterans and their families
- Homeless prevention services and rapid rehousing services

The partnership model shown by Mr. Kelleher has been the most impressive we have seen throughout the country. There's been a real community effort (to include the Governor's office) to assist homeless veterans in reintegrating successfully back into mainstream society in New Hampshire.

The American Legion continues to place special priority on the issue of veteran homelessness. With veterans making up approximately 11 percent of our nation's total adult homeless population, there is plenty of reason to give the cause special attention. The American Legion's goal is to ensure that every community across America has programs and services in place to get homeless veterans into housing (along with necessary health care/treatment) while connecting those at-risk veterans with the local services and resources they need.

Exit Leadership Briefing

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

Challenges

The executive leadership team and The American Legion SWS team discussed the main challenge that the Manchester VAMC is experiencing which is to regain the veterans and the public's trust.



Other challenges include:

Stability of Executive Leadership Team:

Recommendation: Based on the SWS team's observations, The American Legion Department of New Hampshire wrote a letter to VA Secretary Shulkin recommending making the director's position of the Manchester VAMC into an associate director's position under the umbrella of the director of the White River Junction VAMC. For continuity purposes, The American Legion Department of New Hampshire supports combining leadership at the director's level to provide cohesiveness and streamlined oversight at the Manchester and White River Junction VAMC to best serve the veteran population in New Hampshire.

Communication with External Stakeholders:

Recommendation: The Manchester VAMC is fortunate to have a broad based coalition of Veteran Service Officers and Veteran Service Organizations such as The American Legion Department of New Hampshire leadership who receive their health care at the medical center and want to see the Manchester VAMC succeed to provide the best health care for veterans of New Hampshire. It is highly recommended that the leadership maximize to the extent possible their relationship with these individuals and organizations.

The medical center does not perform exit interviews with their staff:

Recommendation: The American Legion recommends that the medical center conduct exit interviews on all employees who are leaving the medical center. The purpose of conducting exit interviews is to solicit feedback from employees in order to improve aspects of the organization, better retain employees, and reduce turnover.

Electronic Funds Transfer (EFT) for their beneficiary travel payments: Financial Management staff reported that there are over 3,000 enrolled veterans who do not have electronic funds transfer (EFT) for their beneficiary travel payments and are still receive paper checks.

On December 21, 2010, The Department of Veterans Affairs issued a press release entitled "VA Urges Veterans to Sign Up for Direct Deposits." VA announced that on March 1, 2013, VA will stop issuing paper checks. People who do not have electronic payments for their federal benefits by that time will receive their funds via a pre-paid debit card.

According to information on the U.S. Treasury webpage, they state if you are still receiving a paper check for your Social Security or other federal benefit payments, you are out of compliance with the law. The Treasury Department requires federal benefit payments to be made electronically.

Recommendation: The American Legion recommends the Executive Leadership team ask the Chief of Financial Management to confirm if the VA is required to issue veterans a Direct Express® Debit MasterCard® card, or similar instrument in place of issuing them a paper check. If yes, the financial manager should be required to develop an action plan to convert all veterans receiving paper checks to an express debit card or similar instrument.

Veterans Choice Program (VCP): The VCP at the medical center has not been without issues. Veterans and community providers have voiced concerns regarding the referral and billing processes. VA providers also have expressed concerns about not always receive information back from community providers when veterans are referred to a choice participating provider. The OCC staff reported physicians are dropping out of the network due to physicians not being compensated for provided services in a timely manner.

Recommendation: The American Legion recommends that if the Veteran Choice Program Third-Party Administrators (TPAs) are not meeting the needs of veterans, VA should hold them accountable for violating and/or not meeting their contractual obligations. The American Legion will continue to meet with VA Central Office Community Care leadership to express what is being identified from our SWS visits and what VA can do to address these concerns.

Shortage of Women Health Care Providers: The Manchester VAMC currently has only one women's health care provider who works one day a week with an approximate wait time of one week for patients to be seen. The provider at the Manchester VAMC only sees current patients and is not accepting new patients. The Portsmouth VA has one full time provider who sees both men and women veterans with an approximate wait time of two weeks for patients to be seen. Veterans enrolled at the Manchester VAMC can receive services at the Portsmouth VAMC. Currently, the Somersworth CBOC has been without a designated women's health care provider and continues to be without one. The Manchester VAMC Women's Program Manager has requested several times to leadership that one is needed to provide gender-specific health care services to the women veterans who choose to receive their care at the Somersworth CBOC.

Recommendation: The American Legion recommends that the Manchester VAMC hires a full-time female health care provider who works five days a week at the Manchester VAMC. A provider on staff five days a week at the Manchester VAMC will allow female veterans to receive their gender-specific services specifically at the Manchester VAMC instead of always being referred to community health care providers.



The Veterans Equitable Resource Allocation (VERA) Model:

VERA is a capitated funding model, not a reimbursement system. This means that facilities are not reimbursed for the amount they spend on a patient. The reimbursement rate is established by the Allocation Resource Center (ARC) based on patient care workload encountered. It is based on two years ago, workload (i.e. workload produced in FY18 will be attributed to FY20 funding disbursement). New unfunded requirements therefore, are not covered under VERA. This places the facility in an unfortunate position of choosing between program office administrative staffing requirements and patient care.

The crisis that occurred at the Manchester VAMC was fiscally driven. The current VERA model does not give medical center directors the flexibility needed for a changing environment. For example, in FY17, the medical center had a 7% patient growth with no additional funding.

Funding for Aging Infrastructure: Due to a 67 year-old building, the medical center needs more capital funding for re-investing in outdated and aged mechanical systems to include replacing aging chilled water pipes, heating and air conditioning, lighting, etc. The medical center stated that there are a variety of construction projects forecasted in the out years to address individual utility systems. There is no single project to address all of them as it would be classified as a Major construction project. The medical center has been directed not to submit projects that fall into this category.

Since July 2017, the medical center has created 102 new positions but has not increased the overall blueprint of the medical center therefore, having space to create new work areas for the new hires is a challenge.

Suicide Prevention Program: In response to the article reported in the Free Bacon on February 4, 2016 and noted in the September 30, 2015 VAOIG Combined Assessment Program Review of the Manchester VAMC, the medical center has completed the two recommendations listed in the report to include: (a) the facility assigning the Suicide Prevention Coordinator to be full-time to oversee all suicide prevention activities and (b) to ensure new employees are receiving necessary suicide prevention training. Additionally, the Manchester VAMC has hired a second full-time SPC to assist the suicide prevention program.

The SWS site visit team did not list any recommendations for the above four challenges, but will leave it up to the medical center executive leadership team to determine the best way to address staff concerns.