



SYSTEM WORTH SAVING | MURFREESBORO, TN

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Overview

The Alvin C. York Veteran Administration Medical Center (ACYVAMC) of the VA Tennessee Valley Healthcare System (TVHS) provides primary care and subspecialty medical, surgical, and psychiatric services to veterans. The campus provides long-term rehabilitation and nursing home care and serves as a Veterans Integrated Service Network (VISN) 9 resource for the long-term inpatient care of psychiatric patients. The medical center has a well-established primary care program and specialty care departments. It also has established solid affiliations with the graduate medical education programs of Vanderbilt University School of Medicine, Meharry Medical College, and Middle Tennessee State University.

Likewise, ACYVAMC is a 440-bed medical facility accredited by The Joint Commission and the Commission on Accreditation of Rehabilitation Facilities (CARF). The hospital serves a combined 73 counties in Tennessee, Kentucky, and parts of Georgia. The catchment area hosts more than 318,000 veterans and 213,804 eligible veterans. While the Veteran's Choice Card program grew 120 percent in FY2016 with a budget of \$124 million, the hospital's financial staff projected a 45percent reduction in funding in FY2017. Eligible veterans comprise 53percent of the enrollment at ACYVAMC, and the hospital provides health services to 111,186 men and 10,209 women.

Moreover, ACYVAMC opened a new Women's Clinic on its campus in 2016. Enrollment has grown by 6 percent since last May. Facility executives explained that its Charlotte Avenue Women's Comprehensive Clinic, a Community-based Outpatient Clinic or CBOC, experienced a decline in enrollment of approximately 5 percent over the same period. Although the Charlotte Avenue clinic is a Center of Excellence within TVHS, the decline has more to do with a change in veteran preferences. The number of women enrolling and using CBOCs in the northern and eastern areas of the catchment areas continues increasing, as veterans prefer accessing care closer to their homes. One should note, too, that ACYVAMC delivered mental health services to 62.2 percent of women veterans seeking treatment for Military Sexual Trauma (MST) and 41 percent of male veterans.

The average wait times for care at ACYVAMC:

- Primary Care – **6 days**
- Specialty Care – **6 days**
- Mental Health – **New patient: 27 days, Established patient: 4 days**

However, accomplishments aside, the Veteran Affairs and Rehabilitation Division of The American Legion decided to conduct a System Worth Saving (SWS) site visit to the ACYVAMC after a veteran committed suicide on the campus, November 28, 2016. When asked about the incident, the medical center's executive director, Jennifer Vedral-Baron, explained she could not speak about it because of patient privacy laws.

This report outlines the visit to ACYVAMC. The team began the visit by conducting a town hall meeting where the area's veterans and families spoke about their experiences at the "VA." The report turns its focus toward the team's daylong meeting with ACYVAMC's leadership, clinical, and operations staff - Human Resources, Business Office, Financial Management, Women's Veteran Programs, and Homeless

Program. The report concludes with the SWS team providing the medical center's leadership with a number of findings and recommendations.

The purpose of the SWS site visits is to identify challenges, best practices, and offer recommendations for improvements in a report to the respective health system. The structure of this report is similar to those previously submitted by the Veteran Affairs and Rehabilitation Commission. However, because VAOIG investigation into the veteran suicide is ongoing, this SWS site visit report does not contain any findings or recommendations directly related to the VAOIG investigation. Nevertheless, where and when appropriate, the report does highlight responses to questions about mental health treatment and the quality of mental health services.

Town Hall Meeting

The SWS team conducted a town hall meeting on March 6, 2017 at the American Legion Post in the historic Bradley Academy Museum and Cultural Center in Murfreesboro, Tennessee. Area veterans, Legionnaires, ACYVAMC executive staff, staff from the U.S. Congressional offices of Representative Diane Black and Senator Bob Corker attended the 90-minute meeting.



Veterans voiced appreciation for the ability to receive care from the ACYVAMC, and not one veteran complained about either quality of care or the challenge of getting an appointment with physicians or mental health clinicians. One veteran offered a complaint regarding his participation in the Choice Card Program after having surgery and “pins” placed in his ankles. His complaint focused on billing from Non-VA Providers and the challenges associated with having bills sent to collections. Hospital staff quickly addressed the veteran’s concerns and even spoke with him after the meeting.

Executive Leadership Meeting

The SWS site team conducted a meeting with the executive leaders of the ACYVAMC. Executive Director Jennifer Vedral-Baron, Ronnie Smith, Cyndi Johnson, and Dr. Marianne Myers attended. The meeting covered a broad range of topics ranging from Patient Wait Times to operational challenges and Best Practices. Roscoe Butler, Deputy Director, Veterans Affairs and Rehabilitation, led the meeting.

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

1. Staffing / Hiring Freeze

- The current hiring freeze affects operational efficiency and patient care and safety
 - » ACYVAMC has 280 vacant positions slotted as “direct patient care”
 - » 172 FTEE vacancies
- The medical center cut its home-based primary care position and other positions in mental health and social work. Some vacancies have extended recruitment timelines. For instance, the medical center’s current vacant position for a psychologist will take up to six months to fill despite its best practices in Human Resources in the area of Recruitment.
- Budget challenges also disrupt the hospital’s ability to provide ongoing and effective training. The hospital competes with other hospitals in the VISN for training resources and acute funding shortages affect the medical center’s ability to provide training for scheduling staff and Integrated Behavioral Therapy/MST
- Physician turnover is another acute problem for ACYVAMC

2. Budget Constraints

- VHA reduced the medical center’s funding for FY2017 Veteran Choice Act payments by approximately 45 percent although Choice card referrals increased 120 percent in the area (60,000 consults)
 - » Coordination of care between the medical center and

Choice providers, and program billing are problems for ACYVAMC

- The medical center cancels surgeries because of funding shortages to purchase needed equipment
- 3. Lack of space to meet growing demand for health services**
- A growing veteran population is putting a strain on the medical center relative to:

a) Space

» The diminishing square footage of the new facility in Chattanooga reduces the value the medical center might enjoy from being able to provide more space to serve veterans. The need for more exam rooms currently plagues the hospital.

b) Delivery of medical services

» Increasing number of outpatient visits and encounters

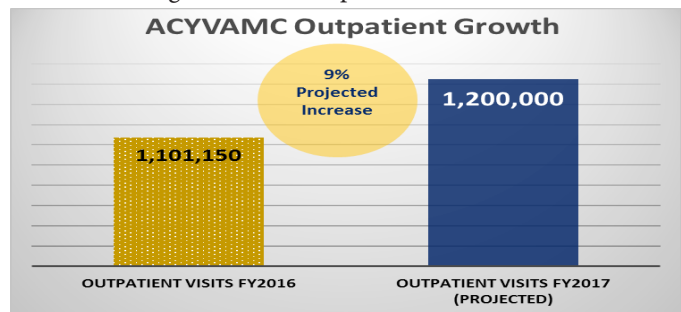


Figure 2 Source: Alvin C. York Mail-Out Questionnaire, 2017

4. Aging Infrastructure/Obsolete Health Information Technology

- Physical plant assets that date back more than 50 years
- Obsolete health information technology that affect the effectiveness of medical staff in treating veterans and sharing medical records with community providers
- TriWest is not educating physicians on what the Choice Program entails and the coordination needed. Part of the problem is lack of computer interoperability between ACYVAMC and providers
 - » Physicians and other clinical professionals often do not provide the medical center with medical records in a timely fashion, if at all, once a veteran returns for treatment inside the VISN

5. Fallout from negative publicity

- Executive staff expressed a problem with the hospital’s public image. The local community and media strongly criticized the hospital’s decision to purchase \$3 million of artwork.
 - » At the time of the purchase, hospital executives strived to



enhance the aesthetic and therapeutic values associated with art. For instance, at the University of Kansas Health System, “Stroke patients, who have particular difficulty with the initiation of spontaneous speech, or with unilateral neglect of one side or the other, respond well when introduced to the variety of displayed artwork (HayMed, 2017).”

6. Multiple CARF and Joint Commission Unmet Recommendations

Both Joint Commission and CARF reports revealed issues within the medical center. TVHS addressed all corrective actions with action plans, monitored the action plans for four months at a 90% to 100% compliance rate per Joint Commission and CARE.

The executive team identified two areas affected either directly or indirectly by budget constraints – staffing and patient care. The leaders felt that current budget constraints coupled with the current hiring freeze does not allow the medical center to hire enough staff that would improve operational efficiency. Additionally, the executive director must make some difficult decisions about the appropriate level of hiring and retaining medical staff in a way that does not negatively affect patient care and safety. The staff agrees the appropriate budget level for operating the hospital must be at the forefront of the new administration’s method of thinking in order to improve the delivery of health care to veterans. Global budgets or lump-sum payments to VA medical centers, typically, do not account for emerging needs created by new demand for health services, unforeseen administrative and operating expenses, and shifts in area demographics.

“Our second challenge, demographics and the growing veteran population, requires us to do more with less,” stated one senior executive. Figure 1 shows the current and projected population growth of veterans in all age groups and genders for both Murfreesboro (Rutherford County) and Nashville (Davidson County). Data from the Department of Veterans Affairs align with the statement made by the center’s leadership. In fact, the growing number of existing veterans and those projected to reside in the TVHS catchment area only exacerbates the need for more primary care physicians and nurses.

Although the average primary care panel size dropped in FY2016 from 106 percent to 100 percent, bloated primary care panels exist still as countless veterans await “new patient” appointments with a primary care physician. New primary care patients who seek care in outlying clinics or CBOCs must wait, on average, 67 days after initial assignment to see a physician. The executive director mentioned a shortage exists of 280 Direct Primary Care Full-time Equivalent Employees (FTEE).

This type of shortage affects the overall efficiency of the medical center’s primary care staff who must spend time with patients, complete patient care documentation after consults, review patient documentation, and assist in the development of mid-level providers and new medical residents.

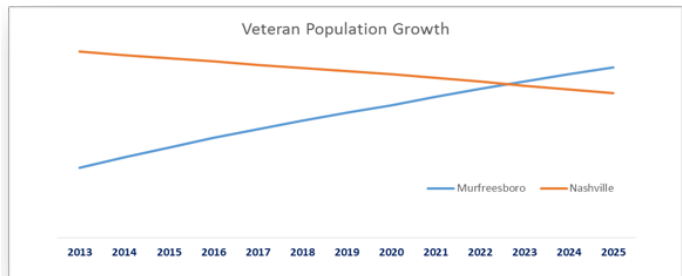


Figure 1 Source: Raw data retrieved from the National Center for Veterans Analysis and Statistics, 2017

As the medical center’s primary care panels fluctuate throughout the year, ACYVAMC also projects a 9 percent increase in the number of outpatient visits in FY2017 (Figure 2). Additionally, the executive staff sees an increase in the number of visits and encounters during the same period. This will put even more stress on the physicians, clinical support, and operational support such as schedulers to ensure accurate and timely scheduling – we address scheduling later in the report. Space will become increasingly important as well as the facilities in which to conduct operations and house critical medical assets.

Executives identified “Aging infrastructure” as their third challenge. Leaders at other hospitals have voiced similar concerns during previous SWS site visits. The ACYVAMC suffers still from the ailment of aging physical infrastructure and obsolete IT assets despite the Department of Veteran Affairs’ FY2017 budget that allocated \$225.2 million for IT infrastructure improvements and \$139 million for IT development under the Veterans Choice Act of 2014 (VA, 2017).

The medical center is currently building a new CBOC in Chattanooga, Tennessee. The additional asset will provide space needed to meet the demand for medical services from a steadily increasing veteran population. The initial design of the new CBOC called for a 150 thousand square feet facility, but budget constraints reduced square footage to 75 thousand square feet and, finally, to only 34 thousand square feet. Staff suggested budget constraints could reduce the building’s square footage even more by the project’s estimated completion in 2020.

Best Practices

- **New Hire On-boarding:** Human Resources developed a novel approach that significantly reduces on-boarding time after selection and a candidate given a firm job offer.



- **Maternity Program:** The Maternity Care program started a program that provides various incentives for expecting mothers to participate including a new welcome packet for pregnant women including brochures and pamphlets on resources and preventative measures for the Zika virus.
 - » The hospital also developed a Lactation Room for employees that will also be available in the future for use by female veterans
- **Organ Transplants:** ACYVAMC is a designated Center of Excellence for organ transplants and rated among the leading VA medical centers for quality transplant surgery.
- **Outreach/Communication:** Organizational leadership is the key to getting input from others and open communication with stakeholders is critical to the success of any organization. The leadership at the ACYVAMC recognizes communication with veterans and the general community is critical.
 - » The medical center consistently participates in meetings held by local Veterans Service Organizations such as the United Service Organization and The American Legion. Leaders also conduct surveys, town halls, and serve on a Veterans' Advisory Council.
 - » Sponsors an annual Veterans Day Parade with more than 1,300 veterans who participate.
 - » Excellent partnership between ACYVAMC and Middle Tennessee State University
 - » **VA Voices:** The medical center invites veterans to participate in a meeting held quarterly at the facility.
- **Secret Shoppers:** The medical center has persons pose as veterans seeking medical care and afterwards report their experiences to the medical center's executives. The goal of the activity is to facilitate excellent customer service and patient engagement at the medical center.

Exit Briefing

The SWS team conducted an Exit Briefing on the last day of the site visit at ACYVAMC. The executive director and her staff attended the briefing via video conference due to a previously scheduled offsite meeting. During the exit briefing, Deputy Director Roscoe Butler outlined recommendations for the medical center based on findings during meetings with and input from staff.

Recommendations

Challenges

1. Staffing/Hiring Freeze

Recommendation: The Department of Tennessee American Legion will draft a legislative resolution requesting exemption for the Department of Veterans Affairs for all future hiring freezes.

Rationale: All staff, medical and support, contribute to patient safety, veteran experience and satisfaction, better patient outcomes, low physician burnout, and higher employee morale.

2. Budget Constraints

Recommendation 1: The American Legion recommends the ACYVAMC develop a detailed plan identifying patient care need and physical plant expansion requirements to seize an opportunity to garner additional funds considerations once available through VISN headquarters.

Rationale: Secretary Shulkin stated in a meeting with The American Legion on February 27, 2017, that President Trump has plans to approve a new budget for the Veterans Administration later in 2017 (Military, 2017).

Recommendation 2: ACYVAMC should submit a list of equipment that it currently does not have in order to perform surgeries now and in the immediate future.

Rationale: The American Legion believes not one VAMC should forgo performing needed surgery because it lacks medical equipment due to budget constraints. The matter is an urgent one that directly and negatively affects patient care and safety. Upon receipt of the list, The American Legion will promptly bring the issue to the attention of the Department of Veteran Affairs.

3. Lack of Space to meet the increasing demand for health services from a growing veteran population in the area

Recommendation 1: We recommend ACYVAMC work closely with internal departments of the Department of Veteran Affairs, and with other federal and state agencies like U.S. Census Bureau, and local economic development agencies that capture critical veteran population data and other demographic information. Data from such sources coupled with that of ACYVAMC would prove invaluable in substantiating requests for increases funding, recruiting medical professionals and, in the case of the medical center, requirements for more physical space now and in the future.

Recommendation 2: The American Legion will send a letter of support recommending increased funding considerations so that ACYVAMC will not inhibit its efforts to increase space for medical services to veteran and meet future demands.



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

4. Aging Infrastructure

Recommendation: The American Legion recommends that ACYVAMC develop a list of deficiencies where aging physical plant and obsolete technology affects the quality and timeliness of care.

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

5. Fallout from negative publicity

Recommendation 1: The American Legion recommends the ACYVAMC use the local American Legion department and other Veteran Service Organizations to communicate with veterans.

Recommendation 2: We also recommend that ACYVAMC hire an experienced Public Affairs Officer skilled with turnaround situations and rebuilding brand value and image with the public.

Rationale: When the Trump Administration lifts the hiring freeze, ACYVAMC should make it a high priority to hire a capable public relations professional to serve as a liaison with each segment of the veteran population and the community in general.

6. Multiple CARF and Joint Commission Unmet Recommendations (as identified by The American Legion)

Recommendation 1: The American Legion recommends that ACYVAMC satisfy all “Insufficient Compliance” and “Partial Compliance” remarks found in the November 2016 report of The Joint Commission.

Recommendation 2: ACYVAMC should strive to meet or exceed all “Recommendations” found in the 2015 CARF report.

Recommendation 3: The American Legion recommends active monitoring and evaluating Patient Safety goals for FY2017, particularly those goals for Medication Use Processes.

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