



VETERANS AFFAIRS MARYLAND HEALTH CARE SYSTEM | BALTIMORE, PERRY POINT & LOCH RAVEN, MD

Date: 1 September 2015

Deputy Director of Health Care VA&R: Roscoe Butler

Assistant Director for Health Care: April Commander

Overview

The Veterans Affairs (VA) Maryland Health Care System (MHCS) is a dynamic and progressive health care organization dedicated to providing quality, compassionate and accessible care and service to Maryland's veterans. The Baltimore and Perry Point VA Medical Centers, in addition to the Loch Raven VA Community Living & Rehabilitation Center and six community-based outpatient clinics, all work together to form this comprehensive health care delivery system. Nationally recognized for its outstanding patient safety and state-of-the-art technology, the VAMHCS is proud of its reputation as a leader in veterans' health care, research and education.

The health care system is known for providing comprehensive service to veterans across the state, including medical, surgical, rehabilitative, neurological, primary, mental health and long-term care on both an inpatient and outpatient basis. To ensure the provision of quality patient care, the health care system employs approximately 2,500 professional, technical, administrative and support personnel who work together to meet the needs of Maryland's veterans. This staff is reinforced by over 1,300 community volunteers who donate more than 120,000 hours of service a year to supplement the care and compassion provided to hospitalized veterans throughout the state.

As a leader in education, the VAMHCS prides itself on an active affiliation with the University of Maryland School of Medicine and other local colleges and universities. Over 1,000 residents, interns and students from various disciplines are trained throughout the health care system each year. Additionally, most of the physicians who work for the VA Maryland Health Care System hold dual appointments at the University of Maryland School of Medicine. This close alliance allows the health care system to offer veterans the latest clinical practices and procedures available, as the medical center is a major teaching facility for the university.

The VAMHCS is a member of the VA Capitol Health Care Network, which also includes VA medical centers in Washington, DC, and Martinsburg, West Virginia. As a part of this larger organization, veterans are able to benefit from the sharing of staff, resources and services across the Network.¹

¹ VA Maryland Health Care System. About the VA Maryland Health Care System. View 9 September 2015. <http://www.maryland.va.gov/about/index.asp>



Executive Leadership

On Tuesday, Sept. 1, 2015, Commission Committee Members Vickie Smith-Dikes, Jeff Olson, and Mel Napier and The American Legion (TAL) national staff Roscoe Butler, Deputy Director of Health Care; April Commander, Assistant Director of Health Care; and LaRanda Holt, Assistant Director Women and Minority Veteran Outreach Coordinator, met with the VAMHCS executive leadership and staff to discuss the quality of health care that veterans are receiving, as well as the mail out questionnaire that was provided to the medical center in advance of the site visit. In attendance for the entrance briefing with the executive leadership were: Adam Robinson, MD, Medical Center Director; Sandra Marshall, MD, Acting Chief of Staff; Frederick Soetje, Associate Director for Operations; Jeff Nechanicky, Associate Director for Finance; Sheila Bryson-Eckroade, RN, Associate Director for Patient Care Services; David Edwards, Chief, Public and Community Relations; and Stephen Armaon, Acting Executive Assistant to the Director.

The Director's motto is: *Proceed Until Apprehended!*

Wait Times

During the meeting with the VAMHCS's executive leadership, the staff said that the average wait times are 6.9 days for primary care, 5.8 days for specialty care, 1.8 days for mental health care, and 28 days for a compensation and pension examination with a 91 percent average for completion. According to leadership, the areas within the VAMHCS with the biggest challenge con-



cerning the wait times are physical therapy (hard to fill), optometry (Eastern Shore), orthopedics, urology, sleep study and neurosurgery departments, in addition to having staffing issues and inefficiency among the clinics. In order to face these challenges, VAMHCS has hired (although a slow process) personnel for these positions to include a dedicated contract worker to specifically work on the back log of consults. Additionally, Veterans Access, Choice, and Accountability Act of 2014 (VACAA) will provide funding for these areas. Furthermore, some of the most significant reasons that led to medical center's inability to schedule veterans' outpatient appointments in a timely manner were space, budget constraints, high patient "no show" rate, and staffing issues.

Staff Vacancies

As of this visit, the total number of open staff vacancies is 672. This number is all-inclusive with regard to backfilling vice positions, and new positions, including support staff, that are needed to provide care to the veterans. Over the past several years, vacancies were managed by the budget; however, recruiting is now tailored to the open vacancies to satisfy the needs of the veterans as directed by the current medical center director.

On average, a position may be vacant anywhere from 90 days to six months due to retirements, transfers, resignations, involuntary separations, and the creation of new positions.

For managed care, a contingency pool was hired to step up in the absence of providers on extended leave or termination. However, there is some leniency in the pay rate for the providers as a higher pay may be negotiated.

VAMHCS has a 30-page detailed succession plan to address current and future vacancies. The following is the:

SUCCESSION STRATEGIC DIRECTION

The Veterans Affairs (VA) Maryland Health Care System is a dynamic and progressive health care organization dedicated to providing quality, compassionate service, and accessible care to Maryland's veterans. The medical centers and outpatient clinics located throughout the state all work together to form a comprehensive health care delivery system. The VAMHCS is comprised of the Baltimore and Perry Point Medical Centers, the Community Living Center (CLC) at the Loch Raven Campus and six community-based, outpatient clinics. This mix includes a large tertiary care metropolitan medical center along with rural primary care and mental health facilities. VAMHCS is proud of its reputation as a leader in veterans' health care, research, and education. As a member of the VA Capitol Health Care Network, the VAMHCS' vision and strategic initiatives are coordinated to support the VA Capitol Health Care Network,

VISN 5 Strategic Plan and the Veterans Health Administration (VHA) goals and strategic initiatives. Strategic direction is fundamental to VAMHCS to ensure continued excellence in quality care, customer service, efficient operations, and sound financial management through strategic management of their greatest asset: human capital.

Geographical Location. A major challenge toward meeting our recruitment and retention requirements is our geographical location — close proximity to Washington, DC, and intense competition among other major federal agencies and headquarters offices presents a distinct challenge for VAMHCS. The presence of more than 200 hospitals within the Maryland, Delaware, and Washington, DC, region, including major health care systems such as Johns Hopkins, University of Maryland, MedStar Health, Christiana Care, INOVA Health System, and Sinai Hospital, is a strong consideration as a competitor for all clinical and non-clinical recruitment and retention efforts across the VAMHCS; however, students from said institutes provide a large highly qualified talent pool. VAMHCS also has difficulty in recruiting professionals for rural areas within its locality.

Employee Development. The establishment and maintenance of a strong employee education program combined with a focus on employee satisfaction through the effective and maximum utilization of a variety of Office of Personnel Management's (OPM) programs and initiatives that promote employee wellness/work life balance through the VA's "Wellness-Is-Now" (WIN) initiative are important tools towards achieving success.

Recruitment and Retention. The VAMHCS Workforce Development Team (WDT) has established a consultative service.

Customer Service Meetings. HRMS is conducting face-to-face customer service meetings with service chiefs, clinical center directors, their leadership groups and HRMS subject matter experts from all sections. This is a proactive approach in ascertaining how HRMS could best meet the needs of each of the services in providing information, education and training on processes, assisting with their organizational structure, recruitment, and labor issues to ensure that each of the service goals are aligned with the mission of the VAMHCS. The goal is to increase customer satisfaction. Positive feedback was received from the services. As a result, HRMS will continue the Customer Service meetings with each service to continue to improve customer service and build a stronger relationship with the services.

Position Management Review. The Workforce Development Team (WDT) completes position management reviews and provides comprehensive consultation to assist services with HR operations, promotional opportunities, retention of current workforce, and staying within budgetary constraints. The team is working with each service to update their organizational



charts and position descriptions. Organizational charts are being continually updated as needed which assists the service in the development of their strategic planning.

Resource Management Committee. Increased collaboration with the associate director for finance and finance and accounting service to discuss FTEE requests and review the impact of positions as it relates to the facility budget. In addition, HRMS and finance are monitoring the VACAA funded positions. Recruitment efforts have increased dramatically in support of VACAA funded positions, and support staff to provide quality care and improve access to care for our veterans. HRMS is coordinating efforts with services and amending the Resource Management portal to increase monitoring, tracking and accountability of all recruitment efforts.

Recruitment, Retention & Relocation (3Rs) Incentives. The 3Rs are used to attract and retain employees in the critical skill areas where there is proven record of difficult recruitment and high attrition. Salary surveys are on the increase. HRMS has received requests for salary surveys for nurses, certified registered nurse anesthetists, physical therapists, occupational therapists, medical technologists, certified and registered respiratory therapists. To recruit qualified candidates and retain current employees, VAMHCS must offer competitive salaries. HRMS has selected a dedicated HR compensation specialist to conduct salary surveys and assist management in making informed decisions regarding recruitment and retention.

Workforce Recruitment Program (WRP). VAMHCS utilizes the WRP to fill positions which helps to increase the employment of individuals with disabilities. The VAMHCS utilizes this program to the fullest extent and maintains open communication with EEO with regard to recruitment Education Debt Reduction Program (EDRP). EDRP is a tool used to assist in the recruitment of identified hard to recruit occupations within the VAMHCS. Based on staffing's determinations of hard-to-recruit/retain occupations, FY15 identified occupations approved at VAMHCS are:

- 0602 Series – Physician (specialties below)
 - Surgeon (vascular, thoracic, orthopedic, neurology)
 - Anesthesiologist
 - Radiologist
 - Psychiatrist
- 0605 Series – Certified Registered Nurse Anesthetist (CRNA)
- 0610 Series – Mental Health Nurse Practitioners
- 0660 Series – Clinical Pharmacy Specialists

- EDRP-Eligible occupations at the Cambridge, MD Community –Based Outpatient Clinic (CBOC)

Student Loan Repayment Program (SLRP). The VAMHCS will continue to participate in SLRP provided funding as available.

Career Pathways. VAMHCS takes advantage of a variety of “Pathways” to bring students into the workforce during college and post-graduation. This program is utilized in hiring TCF interns, GHATPs and recent graduates. Upon successful completion of the Pathways Program, candidates are afforded the opportunity to be non-competitively placed into permanent positions.

Veteran Employment. HRMS seeks out job fairs in which to recruit veterans. HRMS attends and participates in the Post-Deployment Health Reassessment (PDHRA) for returning combat veterans at the VAMC, Baltimore quarterly. Veterans are provided with employment information and answers to any questions regarding job opportunities, engaging the veterans for employment opportunities to increase veteran hires. HRMS has been proactive in hiring veterans by utilizing the special hiring authorities. The veteran population for the VAMHCS is currently 32 percent. HR is working with the surrounding military installations by providing information concerning direct hiring authorities and other pertinent information related to hiring our nation's veterans.

Target Disability Hiring. HRMS and EEO collaborated and devised a strategic plan to increase hiring of individuals with targeted disabilities by focusing on four major objectives, and as such increased hiring. The VAMHCS has met the national goal for hiring target disability individuals. The national goal is 2 percent; the VAMHCS is currently at 2.67 percent.

Veteran Hiring Initiative. VAMHCS has participated in several Post Deployment Health Reassessment (PDHRA) events for combat veterans returning home from a deployment. HRMS has been proactive in hiring veterans utilizing special hiring authorities. The current veteran population for VAMHCS is 32 percent (1,183 veterans). Human Resources Management has a recruitment plan to hire approximately 600 employees by the close of FY15. This will require approximately 300 veterans to be hired to meet the 35 percent goal.

The focus of the 2015 plan is to maximize existing human capital resources to meet the staffing needs of the organization while continuing to ensure employee development and well-being, and maximizing use of all federally funded hiring programs to augment our staff and salary dollars. Towards accomplishing this goal, a Workforce Development Team (WDT) was created in Human Resources. This team has a strong alliance with finance to create a direct relationship between available salary



dollars and staffing needs. HRMS and Finance & Accounting are collaborating with all service chiefs and managers to identify and streamline their position management processes in order to maximize return from existing human capital. As part of this teamwork, an automated resource management request and tracking system was initiated in 2012. This system continues to be enhanced to best serve the needs of management. In addition to working with individual services to help redesign employee resources, a strategic review of VAMHCS staff as one entity is assessed to address the “big picture” for VAMHCS staffing needs and requirements. Strategic human capital management through the redesigning and reorganizing of the individual service lines and eliciting the assistance of employee education resources will help educate and train our current staff and assist us in “growing our own staff” to meet future needs within the confines of limited resources.

SUCCESSION STRATEGIC GOALS

Improve the corporate culture and become the employer of choice.

Objective 1 – Increase employee satisfaction as a retention incentive

- Increase All Employee Survey (AES) participation to accurately reflect AES scores and monitor action plans.
- Marketing improvements have been initiated from employee feedback.
- Promote employee education through diverse avenues, such as Employee Education System (EES), ADVANCE, collaboration with local academic affiliations, and the Chesapeake Health Education Program (CHEP).
- Focus on recruitment, retention of needed employees, skill sets, and preparation for potentially high retirement rate.
- Implement a goal-sharing program, where groups of employees can earn awards for achieving stretch goals in their area that are approved by the medical center leadership group.

Objective 2 – Expand and strengthen the Succession and Workforce Planning Program

- Emphasize leadership development programs.
- Pursue more academic affiliations with schools of all disciplines.
- Utilize various appointment authorities (TCF, GHATP, Pathways, etc.) to attract talent into the organization.
- Accelerate the onboard process to meet the timeliness standards for all components of the hiring process.

Objective 3 - Improve Onboarding Process to quickly recruit/hire new employees

- Eliminate duplicative processes
- Decrease MSO/HR onboarding timelines
- Increase accountability of service involvement²

Facility Demographics

VAMHCS provides comprehensive service to veterans across the state, including medical, surgical, rehabilitative, neurological, primary, mental health and long-term care, both on an in-and outpatient basis. There are currently 727 operating beds, which is also the number of authorized beds. The medical center had 710,241 outpatient visits last fiscal year (projecting over 721,915 for this fiscal year, potentially a 1 percent growth); and total admissions were 8,720 in FY16. The average daily census for the inpatient programs are:

- Medicine-66.8
- Surgery-24.4
- Psychiatry-43.7
- NHCU-225.6

Funding allocation³

| VAMHCS | 2014 | 2013 | 2012 |
|--|-----------------------|-----------------------|-----------------------|
| Pers Svcs & Ben | \$ 326,394,145 | \$ 314,306,546 | \$ 308,932,596 |
| Travel & Trans. Of Persons | \$ 5,836,999 | \$ 7,543,950 | \$ 11,721,253 |
| Transport of Things | \$ 33,756 | \$ 55,402 | \$ 17,042 |
| Rent, Comm. & Utilities | \$ 15,021,526 | \$ 14,225,167 | \$ 13,429,269 |
| Printing & Reproduction | \$ 28,886 | \$ 56,982 | \$ 38,153 |
| Other contractual Svcs. | \$ 105,975,247 | \$ 118,832,093 | \$ 101,108,420 |
| Supplies & Materials | \$ 69,004,336 | \$ 56,304,792 | \$ 54,422,190 |
| Equipment | \$ 5,978,932 | \$ 31,076,013 | \$ 35,041,376 |
| Lands & Structures and NRM | \$ 21,997,736 | \$ 15,759,708 | \$ 11,676,748 |
| Grants, Subsidies, & Contributions | \$ 2,669,356 | \$ 2,936,046 | \$ 2,418,002 |
| Insurance Claims/Indemnities | \$ 258,337 | \$ 390,946 | \$ 8,193 |
| Total Operating Authority | \$ 553,199,257 | \$ 561,487,645 | \$ 538,813,242 |
| <i>Information derived from FY14/FY13 Budget Report Facility_End of Year</i> | | | |

Strategic Plan

The VAMHCS has historically followed the VISN5 Strategic Plan document which is a collaborative effort of the VISN5 Strategic Planning Workgroup of which VAMHCS Strategic Planner engages as an active participant. The VAMHCS Strategic Planning Committee will develop and publish a VAMHCS Strategic Planning document for FY16. However, the strategic plan for capital planning is a 10-year forecast.

² Maryland HCS, MD 2015-2021. Workforce Succession Strategic Plan. FY2015-2021

³ Information provided by VAMHCS, FY14/FY13 Budget Report Facility End of Year



Enrollment

Noted in the FY2014 Support Service Center Capital (VSSC) Assets Database, the total numbers of veterans in the catchment area is 437,762. Of that number, the total number of enrolled veterans is 82,516 or 16 percent, and the number of unique veterans treated is 48,952. The number of enrolled veterans broken down by gender:

- Men- 73,419
- Women- 9,097

Unique patients appointments by group and year

| | FY14 | FY15 |
|----------------|-----------------|-----------------|
| | Unique Patients | Unique Patients |
| Mental Health | 12,150 | 11,576 |
| Primary Care | 36,291 | 34,398 |
| Specialty Care | 34,771 | 33,229 |

Total for all groups

| | FY14 | FY15 |
|------------------|-----------------|-----------------|
| | Unique Patients | Unique Patients |
| All Clinic Group | 50,212 | 48,136 |

(Data provided by VAMHC)

The counties serviced by the VAMHCS include: Anne Arundel, Baltimore, Calvert, Caroline, Carroll, Cecil, Charles, Dorchester, Harford, Howard, Kent, Montgomery, Queen Anne’s, St. Mary’s, Somerset, Talbot, Wicomico, Worcester, and Baltimore City.

Efforts underway to boost the number of enrolled veterans include sending letters to former service members, and collaboration with VBA and TAPS program (located onsite). There are specific mailing and open house events for women veterans to increase their enrollment numbers.

Non-VA Coordinated Care

Authorized budget for the previous three years:

| Fee | FY-13 TOTAL | FY-14 TOTAL |
|-------------------|-------------------------|-------------------------|
| C & P | \$ 4,000,000.00 | \$ 4,000,000.00 |
| Radiation Therapy | \$ 1,400,000.00 | \$ 1,400,000.00 |
| Contract Hospital | \$ 7,000,000.00 | \$ 7,000,000.00 |
| Fee Pharmacy | \$ 1,000,000.00 | \$ 1,000,000.00 |
| Fee Dialysis | \$ 4,800,000.00 | \$ 4,800,000.00 |
| TOTALS | \$ 18,200,000.00 | \$ 18,200,000.00 |

Fees were restructured under CBO FY 2015

| Fee | FY-15 TOTAL |
|---------------------------|-------------------------|
| Contract Hospitalization | \$ 3,750,000.00 |
| Outpat Med Surg Dialysis | \$ 12,375,234.00 |
| Millbill Unauthorized Svc | \$ 9,500,000.00 |
| Fee Dental Service | \$ 550,000.00 |
| TOTAL NVC | \$ 26,175,234.00 |

Non-VA interest penalties paid for FY 2014

| Month | Amount |
|--------------|------------------|
| October | \$ 102.24 |
| November | \$ 34.49 |
| December | \$ 36.84 |
| January | \$ 39.40 |
| February | \$ 1.45 |
| March | \$ 214.98 |
| April | \$ 19.64 |
| May | \$ - |
| June | \$ 2.61 |
| July | \$ 9.48 |
| August | \$ 29.42 |
| September | \$ 32.94 |
| TOTAL | \$ 523.49 |

(Data provided by VAMHCS)

The Choice Program offers more than 275 providers that the veterans may use when authorized. However, there were many complaints about the program from veterans, but none were specifically identified by the leadership.

Joint Commission (JC) and Commission on Accreditation of Rehabilitation Facilities (CARF)

As of this visit, VAMHCS is fully accredited with both the JC (10/2017) and CARF (3/2018); inspection dates were July 2015 and March 2015, respectively.

Performance Measures

The VA Maryland Health Care System (VAMHCS) uses Strategic Analytics for Improvement and Learning (SAIL) to measure quality and performance. SAIL is a system for summarizing hospital system performance within Veterans Health Adminis-



tration (VHA). SAIL assesses 25 quality measures in areas such as death rate, complications, and patient satisfaction, as well as overall efficiency at individual VA Medical Centers (VAMCs).

The most current SAIL data is from Quarter 2 of Fiscal Year 2015. VAMHCS is currently performing lower than the national average in the following SAIL measures:

Baltimore:

| Measure | Score | National Average |
|--------------------------|-------|------------------|
| HEDIS (Quality Measures) | 86.7 | 91.3 |
| Best Places to Work | 52.6 | 66.1 |
| Primary Care Wait Time | 85.0 | 99.7 |
| Patient Satisfaction | 238 | 267 |
| Efficiency | 90.6 | 96.1 |

Perry Point:

| Measure | Score | National Average |
|---|-------|------------------|
| Adjusted LOS | 6.8 | 3.7 |
| HEDIS (Quality Measures) | 86.7 | 91.3 |
| Risk Standardized Mortality Rate for CHF (RSMR-CHF) | 9.23 | 6.68 |
| 30-day Standardized Mortality Rate (SMR30) | 1.26 | 0.72 |
| Primary Care Wait Time | 86.4 | 99.7 |
| Efficiency | 90.6 | 96.1 |

To correct any of the performance measures that are below VA's national goal, VAMHCS has established workgroups for each SAIL measure. The workgroups meet regularly to review and drill down on the SAIL measure data to identify trends and areas to focus and improve performance. Each of the SAIL workgroups are required to complete a performance improvement project on their measure and report status updates of their actions to the VAMHCS Chief of Staff and the VISN5 Chief Medical Officer, monthly. VAMHCS expects to see an increase in performance in the next quarter. Also reported by the leadership is the need for more clinician involvement in this process, whereas the nursing staff is very involved.

Additionally, in the previous three years, 27 data breaches were reported. Data breaches are defined as: "the loss, theft, or other unauthorized access, other than those incidentals to the scope of employment, to data containing Sensitive Personal Informa-

tion, in electronic or printed form, that results in the potential compromise of the confidentiality or integrity of the data."⁴

Notification and Response Processes and Mitigation and Corrective Actions are in place to prevent future data breaches.

- Notification and Response Processes

- ◊ All complaints, violations and breaches are reported to the Privacy Office promptly by the employee, veteran, veteran's family, member, and/or interested party action on behalf of the victim following discovery. The Privacy Office reports the incident via the Privacy Violation Tracking System (PVTs) within one hour of determining the incident is indeed valid. The PVTs is maintained by the Network Security Operations Center (NSOC) in the Veterans Health Administration (VHA/Central Office). NSOC reviewers whom work as an Instant Resolution Team (IRT) are assigned to review the documentation submitted by the VAMHCS and a determination is made by the IRT to classify the issue as a violation, or a breach. The VAMHCS is given instructions to either notify the victim of the violation or to notify the victim of the breach and offer credit monitoring for one year at the VAMHCS expense. Letters are prepared under the Director's signature and sent via certified mail to the victim with an assigned credit monitoring code for their use at the credit bureau the VHA/Central Office has contracted with.

- ◊ Once notified of the breach, the Service Chief or Clinical Center Director is required to provide the Privacy Office an Action Plan to outline a resolution to ensure the breach does not happen again in the future. Based on the severity of the breach, disciplinary action may be given to the offender by the Service or Clinical Center. Additional education to the staff is always offered by the Privacy Office. The offender may be required to re-take the Privacy/HIPAA yearly training by the Privacy Office as well.

- Mitigation and Corrective Actions

- ◊ **Training Requirements-** The Privacy Office has processes in place to constantly educate and remind staff of the Privacy and Confidentiality requirements. All employees that have access to patient or employee sensitive information must take the Privacy/HIPAA Focused Training annually. Currently, the VAMHCS is 99 percent compliant for employees completing this training. Employee access to Vista is suspended for staff that is deficient in completing the

⁴ Data received from VA&R questionnaire, completed by the executive leadership.



required Privacy/HPAA or Information Security and Rules of Behavior (ISO) training. The staff is unable to sign on to complete their assigned duties until the training is complete. This has been a positive deterrent.

- ◇ **Compliance Audits-** The Privacy Office completes ongoing audits, which identifies weaknesses within the VAMHCS. Attention is given to these areas, i.e., opt out process, the notification of privacy practices for non-veterans, research, accounting of disclosures and release of information documentation practices; confidential communication, functional category assignments and freedom of information act (FOIA) documentation; amendments requests procedures and documentation. These areas are routinely reviewed and findings are reported to the Clinical Centers Directors or Service Chief as well as the Triad. Improvements are inevitable given the close attention the Privacy Office gives to these processes.
- ◇ **Interdepartmental Collaboration-** The Privacy Office has formed a Privacy Liaison group within the VAMHCS which consists of at least one employee from each service/clinical center or area to work with the Privacy Officer to communicate updated policy information, reinforce VHA Directives, check areas for environmental confidentiality compliance and to bring forth ideas and/or concerns of their perspective services or clinical centers to the group for discussion and resolution. This will assist the VAMHCS to remain compliant throughout the year.
- ◇ **Environment of Care (EOC) Rounds-** The Privacy Office conducts weekly physical assessment as part of the core team during EOC rounds. These physical assessments allow VAMHCS to see how the staff is putting their training to use, i.e. using auditory safeguards in a clinic setting; making sure that sensitive information is not accessed by those without a need to know from printer/copiers, desk, etc. Also covers for the Information Security Office during EOC rounds if their personnel are unable to attend.
- ◇ **Continuous Education Training-** The Privacy Office will continue to provide educational awareness to the VAMHCS via mediums such as emails, VAMHS Connection, VAMHCS E-News and during the yearly VA Information Security and Privacy Awareness Week in the month of April. When requested by a Clinical Center or Service, the Privacy Office will provide group VA Privacy and HIPAA focused training. Auditory Privacy Awareness training has become an official part of the annual Privacy and HIPAA focused training provided to new employees during their New Employee Training Session hosted by our Human Resources Management Service.⁵

Patient Safety

The patient safety and improvement actions and activities include: “Stop the Line for Patient Safety” briefings conducted; distribution of “Tip of the Month for Patient Safety” to all staff; posters and NCPS cards displaying 2014 National Patient Safety Goals distributed throughout the facility; collaboration with safety officer to create VAMHCS “Safety Hotline” for employees and patient/family/significant others to call to report safety concerns; and development of the “Patient Guide To Safe Care” that is disseminated to inpatient and outpatient areas for distribution to patients/family/significant others to reinforce importance of the patient/family/significant others’ active participation in care to enhance patient safety. The JC’s “Speak Up” flyers on reducing medication errors, pain management, infection control, and reducing surgical errors are distributed to both inpatient and outpatient areas.⁶

Outreach Activities

During FY14, the VAMHCS hosted or supported over 24 outreach events, some affiliated with the neighboring universities, as well as post deployments. During FY15, VAMHCS hopes to support greater than 25 outreach events with the University of Maryland and other local organizations.

Patient Aligned Care Team (PACT)

To achieve the goals of the PACT initiative, the Ambulatory and Emergency Care Clinical Centers have aggressively hired providers, nursing, clinical support, and administrative support staff to ensure a 3:1 PACT staffing ratio across the continuum. The Ambulatory and Emergency Care Clinical Centers meet weekly with Human Resources and the Medical Staff Office to improve the on-boarding process for new hires to the VAMHCS.

In the mental health care area, VAMHCS has created active Primary Care-Mental Health Integration Clinics at Baltimore, Perry Point and Loch Raven. The VAMHCS plans to implement PC-MHI at all CBOCs by the end of FY16.

Voluntary Services

Each year, an edition from the monthly cable show, “Veterans’ HealthWatch,” which is produced by VAMHCS, is dedicated to volunteer and donor opportunities. Broadcast weekly on public access channels throughout Maryland and Delaware, the half-hour program provides a view-friendly format for veterans and local community members to learn about unique programs throughout the health care system such as the volunteer program.

PowerPoint Slide Deck.

⁶ Department of Veterans Affairs. VHA. National Center for Patient Safety. Patient Safety Annual Report. FY14

5 VAMHCS. Privacy Office Data Breaches. Fiscal Years 2012-2014,



Further, the VAMHCS sponsors four open houses every year throughout the state. The open houses are held at a different VA Maryland Health Care System facility every quarter and include a number of manned information tables that promote various VA programs and services, including the Voluntary Service Program. The Voluntary Service tables at the open houses are usually manned by VAMHCS volunteers because they are the best advocates for promoting the benefits of volunteering to support the needs of hospitalized veterans.⁷

Additionally, there are three separate VAVS locations: Perry Point, Loch Raven, and Baltimore.

Construction

The Department of Veterans Affairs has selected the New York-based nonprofit organization HELP USA to advance its initiative that will transform unused property at the Perry Point VA Medical Center—known as the “Village” — into viable housing units for formerly homeless veterans and their families. Under the initiative, 60 of the existing vacant houses in the “Village” at Perry Point will be renovated and updated. Once construction begins, the project will take about a year to complete.⁸

Best Practices

1. The VA Maryland Health Care System is committed to quality patient care and safety. As a part of this commitment, the health care system participates in surveys and reviews from various accrediting bodies to determine their compliance with their standards of quality, care and safety. The health care system has been recognized for successful compliance with these standards by receiving accreditations or awards from the accrediting bodies. Some of their most recent accomplishments include:

◇ The Joint Commission

In November 2008, the VA Maryland Health Care System received full accreditation for its hospital, long term care, behavioral health, and home care programs for 39 months. In October 2008, the VA Maryland Health Care System received full accreditation for its opioid treatment program for 39 months. This is one of the largest VA opioid treatment programs in the nation.

◇ CARF (Commission on Accreditation of Rehabilitation Facilities)

⁷ Data received from VA&R questionnaire, completed by the executive leadership.

⁸ VA Maryland Health Care System Construction Updates. http://www.maryland.va.gov/hot_topics/construction/construction.asp

In April 2009, the VA Maryland Health Care System received full accreditation for three years for the following Residential Programs:

Assessment and Referral: Integrated : AOD/MH (Adults)

Community Housing: Integrated: AOD/MH (Adults)

Residential Treatment: Integrated: AOD/MH (Adults)

Employment Services: Employee Development Services

In 2007, the VA Maryland Health Care System received full accreditation of our Comprehensive Integrated Inpatient Rehabilitation Program for three years.

◇ College of American Pathologists (CAP)

In 2009, the VA Maryland Health Care System received accreditation from the College of American Pathologists for a period of three years.

◇ ACS (American College of Surgeon, Commission on Cancer)

In 2006, the VA Maryland Health Care System received accreditation for our cancer care programs.

◇ Association for the Accreditation of Human Research Protection Programs (AAHRPP)

In 2009, the VA Maryland Health Care System received full accreditation from the Association for the Accreditation of Human Research Protection Programs for three years.

◇ AAALAC (Association for Assessment & Accreditation of Laboratory Animal Care)

In 2007, the VA Maryland Health Care System received accreditation for our Animal Research Program.

2. VAMHCS has a 30-page detailed succession plan to address current and future vacancies.

3. VAMHCS performs data mining of its catchment area:

◇ Mailing campaigns

◇ Follow-up telephone campaigns

4. VAMHCS has a public service announcement that is shown on local cable stations across the state to promote the Voluntary Service Program; as a result of this marketing strategy, 375 new volunteers were recruited during FY14. The program informs interested persons on:

◇ How to get enrolled

◇ What services provided

5. The VAMHCS holds four separate volunteer recognition ceremonies around Volunteer Recognition Week every year: the Baltimore VA Medical Center Volunteer Recognition



Ceremony and Luncheon; the Loch Raven VA Community Living and Rehabilitation Center Volunteer Recognition Ceremony and Luncheon; the Perry Point VA Medical Center Volunteer Recognition Ceremony and Luncheon; and the Eastern Shore Volunteer Recognition Ceremony and Luncheon. All four volunteer recognition ceremonies have a unique annual theme, are held at very nice outside catering facilities and involve VA leadership presenting hourly awards to all of the volunteer award recipients. In addition to the four volunteer award ceremonies, the VAMHCS also sponsors an annual Volunteer Holiday Party to recognize all volunteers during the December holiday season. Another important volunteer recognition program that is sponsored by the VAMHCS is the Volunteer of the Quarter Program and the Volunteer of the Year Program, which are held at each of the three inpatient facilities and a separate one for all of the outpatient clinics.

6. The VAMHCS implemented the MH PACT; 99 percent of the veterans treated by MH are not seen by a PCM, now the two services have been integrated: PC and MH PACT.

Challenges

1. By Following VISN 5 strategic plan, and not having a local plan developed by VAMHCS, this limits the creativity and flexibility of the VAMHCS.
 - ◇ Recommendation- Continue to develop specific strategic plan that caters to the needs of the VAMHCS.
2. OPM restructuring for competitive rates.
 - ◇ Recommendation- The American Legion recently adopted a resolution that supports legislation that would address the recruitment and retention challenges that the Department of Veterans Affairs (VA) has regarding pay disparities among physicians and medical specialists who are providing direct health care to our nation's veterans in hopes of fixing issues such as the competitive rates.
3. Has limited funding for advertisement for open positions.
 - ◇ Recommendation- The VAMHCS Human Resource officer should explore all options to include posting vacancies at universities, and checking with their local veteran service organizations to discuss posting announcements in their various media outlets.
4. Untimely release of clinical notes/results from Choice providers.
 - ◇ Recommendation- VAMHCS Non-VA Coordinated Care program office must continue to work closely with their Non-VA providers to obtain appropriate clinical veteran

documentation after the veteran's appointment. Coordination should begin once the appointment had been scheduled and a point of contact must be identified at the Non-VA for purposes of obtaining any information to support the full continuum of care.

- ◇ Space: VAMHCS Executive Leadership discussed the need for additional space and indicated the Social Security building is vacant and is ideal for their needs. However, they may have missed the opportunity to submit a bid due to bidding window closing.
 - ◇ Recommendation- VAMHCS should continue to identify their spacing needs through the Strategic Capital Investment Program (SCIP) and leverage their relationships with their local Veteran Service Organizations to champion their cause.
5. VAVS: Have one representative onsite at the Loch Raven location with poor attendance.
 - ◇ Recommendation- The American Legion's National VAVS Deputy Representative will work with the Department of Maryland to ensure all facilities within VAMHCS are properly represented and attended.