MARION VA MEDICAL CENTER (MLVAMC) | MARION, IL

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Chairman of the Veterans Affairs & Rehabilitation Commission: Ralph Bozella (ex-officio)
Veterans Affairs & Rehabilitation Division Member: Mark Shreve
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Chairman's Statement

In 2003, Ron Conley, The American Legion's National Commander that year, visited and assessed the delivery of health care at over 60 Department of Veterans Affairs' medical facilities across the country. Commander Conley wanted to assess the delivery of health care delivered to the nation's veterans to determine if the VA health care system was truly a "System Worth Saving." The following year, The American Legion passed a resolution making System Worth Saving a permanent program under the National Commander. The American Legion's National Executive Committee later realigned the program under the Veterans Affairs and Rehabilitation Commission.

After nearly two decades, The American Legion has conducted more than 150 System Worth Saving visits to VA/VHA medical facilities in the United States, its territories, and the Philippines. Over the course of those visits, The American Legion has played an integral role in shaping federal legislation that improves the delivery and quality of healthcare at VA/VHA medical facilities. Furthermore, each System Worth Saving visit culminates with a report that informs members of the American Legion and provides additional insight to the president of the United States, members of Congress, the Secretary of Veterans Affairs, and other senior leaders at the Department of Veterans Affairs/Veterans Health Administration about the challenges and best practices at VA medical centers.

Primary Purpose of the Visit

The American Legion conducted a System Worth Saving (SWS) visit at the Marion, Illinois, Department of Veterans Affairs Medical Center also referred to in this report as MLVAMC. The American Legion visited the facility with the intended purpose of determining the status of accountability at every echelon of the organization. The purpose of the visit stems from Illinois Congressman Mike Bost's 2016 concerns about the hospital's quality of care and patient safety.

Findings

The SWS team did not find a lack of accountability or serious issues involving patient safety. However, the SWS team did find that health care professionals did not have access to or the IT capability to retrieve patient pharmacy data to prevent adverse drug events or identify patients taking multiple drugs or polypharmacy (the simultaneous use of multiple drugs by a single patient, for one or more conditions). Furthermore, the SWS team found a chronic shortage of personnel at the hospital has the potential of contributing to employee burnout and eventually affecting patient safety.

Corrective Action

Relative to staff shortages at the hospital, the SWS team noted the impressive recruiting efforts of the nurse manager. Despite nurse shortages across the VA health delivery system, Marion VAMC does not have a shortage of nursing professionals. One can attribute the accomplishment to the nurse manager who demonstrates the right mixture of proactive planning, vision, and collaboration with recruiters in the human resources department.

Scope

The American Legion conducts between 12 and 18 System Worth Saving (SWS) visits per year based on reports from the VAOIG, media, and requests from a veteran, caregiver, or a department of The American Legion. Each SWS visit follows a triangular model depicted in Figure 1. The American Legion requests data from the VA medical center via a Mail- Out Questionnaire. The SWS team reviews the data and constructs an In Facility Questionnaire used to conduct structured interviews the Executive Leadership Team, department managers, and other staff.

The American Legion received data and information from MLVAMC. Before the actual visit to the hospital, the SWS team reviewed data from Strategic Analytics for Improvement and Learning (SAIL) used to measure the quality of care at VA health care systems. The SWS team analyzes the data to formulate the In-Facility Questionnaire used during the structured interview sessions.

The VAMC conducts a tour with the SWS of the various departments such as the Emergency Department, Community

Living Center, Sterilization Supply, and call centers. During both the tours and structured interview sessions, the SWS team notates their observations of the facility's cleanliness, procedures, employee morale, interaction, and patient care.

The SWS team did not visit any of the Community-based Outpatient Clinics, or CBOCs, to assess the presence of inventory problems. Moreover, the SWS team did not assess the facility's computerized inventory systems for either expendable medical items or capital equipment. We also did not review any records, electronic or hardcopy that disclosed personal health information of patients or personal identifying information pertaining to employees.

Key Data

VA Complexity Level: 2

Catchment Area: 52 counties (total) in southern Illinois, southwestern Indiana, and northwestern Kentucky

Operating Beds: 115 Domiciliary Beds: 9 Community Living Center Beds: 54

Number of Enrolled Veterans (End-of-Year FY18): 154,058
Patient Wait Times – Primary Care (New Patient): 30 days
Patient Wait Times – Mental Health (New Patient): 8 days

Town Hall Meeting

More than 40 local veterans attended the town hall meeting that lasted for about 90 minutes. The American Legion's Department of Illinois commander, Mike Carder, Department Adjutant, Marty Conatser, and National Executive Committee member, Bernie Stegmuller, also attended the town hall meeting. Jim Dunfee, Commander of Post 645, graciously served as host of the meeting and ensured it adhered to procedures set forth by The American Legion.

Jo-Ann Ginsberg, the director of the Marion VA medical center, also attended the town hall meeting. As one would expect, Ms. Ginsberg was very knowledgeable about veterans' benefits, health care, and very responsive to questions and feedback. Veterans discussed issues such as replacing aging buses at the hospital. One veteran voiced his frustration over his inability to reach the National Suicide Hotline over the past six months – a member of the SWS team checked it immediately and was able to reach the center; Ms. Ginsberg answered questions about co-pays for prescription drugs and filling prescriptions written by non-VA physicians. Veterans offered suggestions about enhancing the Women's Health program and the strategic placement of comment and suggestion boxes. The veterans who attended acknowledged their pleasure and gratitude to Ms. Ginsberg and The American Legion SWS program "for conducting the town hall meeting."

Executive Briefings

Summary

The American Legion's SWS team conducted structured interviews with the Health Care System Executive Leadership Team. The SWS team uses a prepared questionnaire called the In-Facility Questionnaire to conduct its structured interview with members of the ELT. The SWS selects the questions based on data received from medical center prior to the visit. The entire ELT of the Marion Illinois Veterans Administration Medical Center attended and fully participated in the meeting.

Best Practices

The American Society of Quality or ASQ (2014) defines Best Practice as "a superior method or innovation that contributes to the improved performance of an organization, usually recognized as best by other peer organizations." The SWS team identified the following best practices at the Marion, Illinois Veterans Medical Center.

- **Nurse Recruitment:** The facility's nursing manager leads nurse recruitment efforts by working closely with the HR department. During the SWS visit, the facility had no vacancies for nurses. The nurse manager described her key factors for success as knowing the area and working with schools of nursing to funnel recent graduates.
- **Recruitment of Medical Support Assistants:** The Chief Officer for Care in the Community developed an innovative program to recruit and retain Medical Support Assistants. First, she is able to recruit experienced staff for at GS–5 rather than GS–4. Second, she has developed a career ladder showing promising employees a door to increased responsibility and earning potential by moving to a Team Lead position. Third, she allows some of the MSAs to telecommute depending on job performance and position.

Challenges and Recommendations

Challenge 1: Inconsistent communication of available training programs developed and implemented by the facility.

The hospital had a variety of active training programs designed to improve employee performance, hospital and CBOC operations, patient care and safety. Yet, after speaking with the Human Resources department, the SWS team concluded the senior managers did not communicate training programs widely enough to ensure consistent employee participation.

Recommendations

- The American Legion recommends documenting all existing and planned, non-VHA mandated training programs developed organically and devise an internal communication plan that reaches and encourages all employees to participate regardless of their shift or work obligations.
- The American Legion recommends the Executive Leadership Team establish the most effective department that can communicate and coordinate training if it is not HR or Internal Communications.

Challenge 2: The hospital appears to have developed Six Sigma-LEAN capabilities. However, the hospital is not using the talent responsible for planning and implementing Six Sigma LEAN initiatives to their fullest capacity.

Recommendation: The American Legion recommends the Executive Leadership Team align Six Sigma/LEAN talent and capabilities with strategic projects and planning priorities reflected in the hospital's strategic plan. This provides some surety that Six Sigma/LEAN professionals will use their talent toward achieving not only short-term improvements but strategically important projects that sustain the hospital over the longer term.

Challenge 3: Relative Performance Strategic Analytics for Improving and Learning (SAIL) STAR Rating for VA health care systems may have a deleterious effect on younger veterans. This segment of the veteran population and the public-at-large may have a negative perception of the quality of health care delivered by the facility when interpreting the performance rankings.

The SWS members had heard the argument from several other persons at other hospitals that SAIL had unintended consequences but asked not to include it as a part of our report for fear of retribution. This time, however, the person did not want his name published – and that is not the policy of the System Worth Saving Program to assign names to something said that one could misperceive as negative.

The Veterans Health Administration uses a comprehensive performance improvement tool called Strategic Analytics for Improvement and Learning (SAIL) that includes key metrics used by the private sector as well as additional metrics that are important for addressing access to care, quality of mental health care, employee perception about the organization, nursing turnover, efficiency and capacity. The VA has organized the metrics into nine quality domains including Efficiency and Capacity domains. The combined quality domains represents hospital's overall quality rating.

The Veterans Health Administration assesses each VA medical center for overall Quality from two perspectives: (1) Relative Performance compared to other VA medical centers using a Star rating system from 1(lowest quality factor) to 5 (highest quality factor) and (2) Improvement compared to its own performance from the past year. The VA/VHA uses both relative performance and size of improvement to guide additional operational and clinical improvement efforts.

The Department of Veterans Affairs/Veterans Health Administration designed SAIL to include actionable metrics that important to assess the quality of healthcare delivery. Many non-VA hospitals and integrated delivery networks (IDN) do not publicly report the metrics on SAIL. One must determine the appropriateness of comparing hospitals and non-VA hospitals especially when findings derived from SAIL. The VA developed SAIL to drive internal, system-wide improvements. [1]

Recommendations

- The American Legion, through its Veterans Affairs and Rehabilitation Commission and the Health Administration Committee, must evaluate the need for a resolution, if any, that will allow staff of the health policy and legislative units at the national headquarters to research and effectively address the issue.
- Of course, in the interim, The American Legion recommends that Marion continue adhering to quality and efficiency recommendations set forth by VA/VHA policies.
- Moreover, The American Legion recommends the Department of Illinois work closely with Marion's Executive Leadership Team to develop press releases that fully explain the methods for used to derive both Quality and Efficiency performance rankings.

Challenge 4: Lack of trust exists among employees.

Employees still do not feel empowered to speak out openly about issues affecting their jobs and patient care despite their favorable responses toward leaders in the last employee satisfaction survey. The SWS team observed that employees still wanted to speak out about very delicate situations but under anonymity. The trust chasm could produce unintended consequences on patient care if employees do not trust a member of leadership enough to report a non-life threatening patient issue that later becomes life threatening. The SWS team observed that one member of the ELT had an attitude of indifference toward employees. He even appeared "bothered" upon hearing that employees complained at all.

1 This passage was taken directly from the Department of Veteran Affairs web site regarding SAIL

Recommendation: The American Legion recommends the VA allow a third-party facilitator to conduct separate employee town hall meetings – one for non-managerial staff and another for managerial staff. The facilitators would present findings and recommendations to the Executive Leadership Team on how to cultivate and sustain the trust of employees.

Challenge 5: Food Service for patients in the Community Living Center (CLC).

One employee complained directly to members of the SWS team on behalf of patients in the CLC about the cold food patients received daily.

Recommendations

- The American Legion recommends that food service managers and the Executive Leadership Team develop a method, if not already in use, to distinguish between patients who want a hot tray versus those patients who do not.
- Furthermore, some patients cannot articulate their desire for a hot or cold tray. The American Legion provides a caveat to the recommendation with this statement; some patients cannot articulate their preference and that serving some patients a tray with food that is too hot could cause injury and subsequent legal problems.
  - » ***NOTE:*** The SWS team presented this challenge and recommendation to the ELT during the exit briefing. The director and staff assured the team of having previously identified the problem. They declared the food services department had to transport food to the CLC. During transport, the food often became cold.
    - o The Veteran Affairs and Rehabilitation Commission recommends the SWS team follow up with the hospital via telephone in March 2019 to determine whether veterans receive what they have requested.

Challenge 6: Nursing Staff lacks education on Central Line-associated Bloodstream Infection (CLABSI) control.

The SWS team determined after its structured interview with clinical staff that nurses may lack the needed infection prevention. This became evident after talking with the nurse manager and several persons during the tour of the facility.

- The American Legion recommends telephonic follow up with the facility to determine the status and rate of participation of educating nurses on CLABSI.
- The American Legion recommends the SWS team watch the SAIL quality measure associated with Hospital Acquired Infections – CLABSI and determine the efficacy of the educational effort to prevent or control CLABSI.

Conclusion

Data

The SWS team reviewed data prepared and delivered by the Marion VA Health Care System. The SWS team reviewed all data. However, we gave more attention to one datum point titled, "Veteran Outpatient Survey." While the results of the survey, at first glance looked quite impressive, members of the team observed the following:

1. The opening statement might mislead readers to believe that more than one million veterans received care at the Marion VA Health Care System because it read, "Any veteran who received outpatient services within the previous week, 1-2 million veterans on average, is eligible to receive the survey."
2. On page two of the document, the statistics stated that VHA 85% of veterans had an "Overall Trust." The SWS team could not determine if the statistic represented the entire VHA, the Veterans Integrated Services Network (VISN) 15, or MLVAMC. Additionally, while the statistics for "Number of responses received for the past 90 days" amounted to 1,193 and the "Number of comments received for past 90 days" totaled 593. Again, the SWS team could not determine which organization should receive credit for those statistics. The document became even foggier because nowhere does it give the reader the total number of respondents or sample size (example: N=1,000,000 or n=100,000).
3. The aforementioned statements apply to the report on "Inpatient Satisfaction." The hospital reported monthly ratings for six months for inpatient satisfaction, but did not show the number of respondents or sample size. Likewise, the SHEP scores submitted by the hospital confused the SWS team. Department of Veteran Affairs reported on its web site the national average score for Willingness To Recommend (WTR) was 63%. The hospital submitted six months (2018) of scores for their WTR with an average of 73%, Yet, the VA/VHA national website reported MLVAMC's overall score for WTR as 60% representing 10 percentage points higher than the score reported by VA Central Office/VHA.[2]

2 The SWS team took this information taken directly from a report submitted by the hospital. The SWS team triangulated with the data found on the Department of Veteran Affairs' web sites

Observations

- Patient satisfaction is a key component in the delivery of health care regardless of whether that care takes place in a VHA medical center or one in the private sector. A key factor to achieving patient satisfaction is employee satisfaction and trust. In fact, the level of engagement among employees at the Marion VAMC is very high. The System Worth Saving Team talked (informal interviews) with a dozen employees during facility tours and breaks, notwithstanding the trust issue, employees expressed a high level of commitment, dedication, and willingness to help veterans.
- According to the Hospital Consumer Assessment of Healthcare Providers and Systems or HCAHPS, 73% of patients who receive care at the Marion, IL VAMC gave rated it a 9 out of 10 in overall satisfaction. In the category of Willingness to Recommend, 71% of patients said they would recommend the hospital to other veterans (as noted, the figure seems to differ with what the VA web site reported during the time of the visit).
- The SWS team rarely sees a hospital's business office and clinical teams work so collaboratively. The American Legion believes the collaborative relationship enhances the hospital's efficiency.
- The hospital has a good women's health program staffed by very dedicated staff including a board-certified gynecologist.
- The hospital's nursing manager was very impressive. She had developed a very effective recruiting and retention program that essentially closed the recruiting gap for nurses at the hospital.
- The hospital gives selected staff access to real-time patient data regarding prescription medications. The SWS team feels this will protect patients from adverse events related to poly-pharma and dosing errors.
- Marion, IL VAMC did submit control charts from its last Joint Commission review in 2017. The charts indicated erratic performance since great fluctuations for some standards consistently went from the Upper Control Limits (UCL) to Lower Control Limits (LCL) with one major outlier for the Measure Topic: Emergency Department- Measure: Admit Decision Time to ED Departure Time for Admitted Patients Psychiatric/Mental Health Patients (ED-2c). UCL and LCL serve as very important statistical measures of process control or quality control. [3]

3 The VAOIG released its report titled, "Comprehensive Healthcare Inspection Program Review Of the Marion VA Medical Center Illinois" that gave additional recommendations for both operational and clinical improvements. The VAOIG released the report at the end of December 2018 one month after the SWS visit.