



EDWARD P. BOLAND VETERANS AFFAIRS MEDICAL CENTER (CWMHCS) | LEEDS, MA

Date: November 19-21, 2018

Chairman of the Veterans Affairs & Rehabilitation Commission (VA&R): Ralph Bozella (ex-officio)

Past National Commander: James Comer; Adjutant - **Dept. of Massachusetts:** Milton Lashus

Veterans Affairs & Rehabilitation Commission Member: Patrick R. Rourke

Veterans Affairs & Rehabilitation Commission, National Staff: Edwin Thomas, Assistant Director

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 visit at the Edward P. Boland Department of Veterans Affairs Medical Center also referred to in this report as Central Western Massachusetts Health Care System (CWMHCS) to assess the implementation of the medical center's supply management system called Catamaran. The American Legion scheduled the SWS visit after several print and broadcast media reported "thousands of dollars VA inventory missing at the VA." A local television news channel even reported it had reviewed "hundreds of pages of documents that cited waste at the VA because of the lost equipment."¹

FINDINGS: The media reported only half the story regarding the alleged "lost equipment." First, the CWMHCS did

not lose the equipment. However, the person responsible for disposing of the equipment did not complete the appropriate forms before setting aside fully depreciated and obsolete equipment for proper disposal. Essentially, logistics personnel did not complete Reports of Survey concerning the equipment. A Report of Survey details reasons for disposed, lost, or damaged equipment purchased by a government agency and serves to account for the disposition of all federal property. In the case involving CWMHCS, officials at the Veteran Health Administration could not find the equipment and documented all as "lost."

CORRECTIVE ACTIONS: According to CWMHCS's Chief of Logistics, the medical center has taken two corrective actions regarding this problem. First, she trained custodial officers on proper use the Report of Survey document. Second, the logistics office implemented new control processes and measurements designed to keep custodial officers aligned VA policies and standards and facilitate accountability.

NOTE: The American Legion originally believed the problem with the supply system originated because the facility had yet to install and use Catamaran. Central Massachusetts continues using the Department of Veteran Affairs' existing legacy inventory system Vista Automated Engineering Management System – Medical Equipment Reporting System (AEMS/MERS). The Chief Logistics Officer distinguished between the two supply applications noting that Catamaran provides an inventory platform for medical consumable items. The AEMS/MERS serves as the inventory platform for capital equipment.

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* with the Executive Leadership Team, department managers, and other staff.



The American Legion received non-confidential data and information from CWMHCS. 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 and the Consumer Assessment of Healthcare Providers and Systems (CAHPS) to assess patient experience.

To complement the structured interview sessions, the medical center staff conducts a tour with the SWS team. The team observes activities of various areas of the hospital such as the Emergency Department, Community Living Center, Sterilization Supply, and call centers. During the tours, the SWS team notes their *observations* of patient care activities, facility cleanliness, employee morale, and staff-patient interactions.

The SWS team did not visit any of the system's Community-based Outpatient Clinics, or CBOCs, to assess the presence of inventory problems. The team did not assess any of the current computerized inventory systems. Furthermore, the SWS team did not review any records, electronic or hardcopy that disclosed personal health information of patients or personal identifying information pertaining to employees.

Overview: Central Western Massachusetts Health Care System

In July 2018, the Department of Veterans Affairs designated CWMHCS a Five-Star medical facility in the Veterans Integrated Service Network (VISN) 1. The Joint Commission and the Commission on Accreditation of Rehabilitation Facilities or CARF have accredited the facility. The health care system, with its main campus in Leeds and eight CBOCs, provides health services throughout central and western areas of Massachusetts to nearly 120,000 veterans and 26,000 Unique Patients.

CWMHCS currently employs 1,147 people to handle the 173,000 outpatient visits and close to 400 inpatient admissions annually. The medical facility has 85 beds and 30 beds dedicated to house veterans in the Community Living Center. Data from the medical center revealed a medical care budget of \$175 million in Fiscal Year (FY) 2017 but the amount dropped by 51.4% to \$85.1 million in FY2018. When asked about the significant decrease, a member of the Executive Leadership Team replied with, "We (CWMHCS) absorbed Central Massachusetts adding four clinics and the second largest city in New England (Worcester). The area was previously aligned under the Bedford and Boston VAs [medical centers]."

While the facility does not have a shared agreement with the Department of Defense, the Executive Leadership Team (ELT) has forged and maintained alliances with the University of Massachusetts Medical School and other leading schools of nursing

and dentistry. What is more, the medical facility has very positive relationships with Veteran Service Organizations throughout the area.

Town Hall Meeting

Nineteen veterans attended the town hall meeting held at Post 271 in Hadley, Massachusetts. Dr. Seth Kupferschmid represented the Executive Leadership Team. Dr. Kupferschmid and Andre Bowser, Public Affairs Officer, addressed the majority of questions and concerns from veterans.

Veterans voiced concerns about the long delays some patients experience when seeking prostheses. One veteran found the long wait period exacerbated many challenges veterans engage when they need and cannot obtain a prosthetic. However, one veteran told of his two-year wait for a prosthetic. Many in attendance acknowledged that as "unacceptable." Dr. Kupferschmid spoke with the veteran after the town hall meeting. The veteran agreed to follow-up with The American Legion with details about progress and any other complaints if the medical facility did not address the issue.

Other veterans discussed their difficulty obtaining appointments with primary care physicians at the Springfield Community-based Outpatient Clinic. Similar to other Department of Veteran Affairs/Veteran Health Administration health care systems, CWMHCS cannot recruit enough physicians to keep pace with the demand for health care services as veterans get older and the overall growth of the veteran population. As one attendee interjected, "VA is not doing a good job attracting physicians because of the misperception about the quality of care delivered to veterans and the quality of the doctors hired by the VA."

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 the ELT. The SWS selects the questions based on data received from the medical center prior to the visit. The entire ELT attended the structured interview sessions.

Best Practices

Post-Traumatic Stress Disorder Program (PTSD)

- CWMHCS is one of few VA medical systems that has a dedicated unit for patients suffering from PTSD that also offers a nationally recognized treatment program. The inpatient



mental health facility offers evidenced-based treatment that reduces the need for patients to consume more services than needed and encourages their full participation. Moreover, well-respected clinicians coupled with a robust medical internship program with leading universities like the University of Massachusetts.

Community Living Center (CLC)

- The facility has consistently maintained high performance rankings and accredited by Commission on Accreditation of Rehabilitation Facilities – also known as CARF. The Department of Veteran Affairs currently ranks the CLC as 4-Star facility. The CLC has gained national recognition for its attention to care of its residents through innovative programs, and accreditation.

Infrastructure Investment Execution/Financial Operations

- Andrew T. McMahon, Associate Director, formerly served as the health care system's chief financial officer. During his tenure as CFO, Mr. McMahon successfully secured more than \$100 million in funding for projects through accurate business plan development, astute financial and project planning, and great business acumen.
- Mr. McMahon's financial planning skills have favorably positioned CWMHCS to complete renovation projects totaling more than \$6 million and create plans for projects that will improve infrastructure and increase space for patient care.

Challenges

1. Employee turnover and vacancies in Human Resources Department

The System Worth Saving team found that turnover and retention issues in the Human Resources department might inhibit CWMHCS effectiveness recruiting staff for vacant positions. While the Mail-Out Questionnaire noted “no vacancies,” a member of the HR department spoke about vacancies in the HR department for recruiters.

2. Need for an additional travel audit check.

A member of the SWS team recognized the potential for veterans to give false information about where they reside to get extra travel reimbursement.

3. Lack of partnerships with Veteran Service Organization in communication efforts reach a larger audience of veteran outreach efforts in the catchment area.

CWMHCS expressed a desire to communicate to more veterans when announcing programs and new developments throughout the health care system. However, the medical facility falls short of its goal of reach a broader and deeper audience in the area's veteran concerns leadership. CWMHCS understands the importance of communication in the delivery of health care services and admits not fully engaging Veteran Service Organizations in the communication process.

4. Challenge recruiting health care professionals to work in rural and highly rural areas.

Leeds, Massachusetts is less than two hours from Boston, Massachusetts, which is a major metropolitan statistical area and home to a large number of health care professionals. Despite its proximity to Boston, CWMHCS experiences many of the same trials as other hospitals managed by the Veterans Health Administration when it comes to recruiting health care professionals – particularly physician specialists.

Recommendations

Challenge 1: Employee turnover and vacancies in Human Resources Department

Recommendations: The American Legion recommends Central Western Massachusetts Health Care System assign priority to hiring people for those vacant positions in its' Human Resources department. We recommend the action despite the Veterans Health Administration's unceasing efforts to disrupt local control of HR functions.

- The American Legion recommends the Veterans Health Administration reassess its efforts to centralize functions of the Human Resources department by conducting “Impact Assessments.” This will also help VHA determine the effects of centralization on HR decision-making at the local level and the influence on the medical facility relative to HR operations, employees, local economic multipliers in the event jobs are eliminated, and employee morale.

Challenge 2: Need for an additional travel audit check

Recommendation: The American Legion recommends CWMHCS develop an additional step in their audit process to prevent veterans from fraudulently obtaining VA travel benefits. The additional step would entail having the hospital travel benefits unit verify addresses given by the veteran. As the SWS team discussed during the meeting, some veterans use various addresses to get additional money for travel benefit payments from the VA. To prevent this type of fraud, The



American Legion recommends CWMHCS perform a cross-check of the veteran's original address versus the one given for travel payments.

As a point-of-reference only and no connection with the travel reimbursement operations at Central Massachusetts Health Care System, the Veterans Affairs Office of the Inspector General conducted a review in 2017 and found irregularities in travel payments at the VAMC in Phoenix, Arizona. VAOIG found that staff at the Phoenix facility inappropriately approved travel reimbursements because of a lapse in its quality review that ensured staff calculated mileage reimbursements using physical addresses and not post office boxes.²

Challenge 3: Lack of partnerships with Veteran Service Organization in communication efforts reach a larger audience of veteran outreach efforts in the catchment area.

Recommendations: The American Legion strongly recommends CWMHCS work with Department of Massachusetts (TAL) and other Veteran Service Organizations when planning and executing communication campaigns targeting veterans.

Secondly, The American Legion recommends the Public Affairs department of CWMHCS host media events such as Meet and Greets, Campus Tours, Luncheons, and other types of events that build affinity with media. The American Legion believes this not only helps build affinity with media but also boost the medical center's ability to influence more positive exposure about its facilities and operations.

Challenge 4: Challenges recruiting health care professionals to work in rural and highly rural areas.

Recommendation: The American Legion recommends and reiterates filling all vacancies in the Human Resources department as soon as possible.

Secondly, The American Legion recommends the facility develop "Recruitment Persona." The Recruitment Persona is a fictional depiction of the ideal candidate for vacancies among critical shortage areas for physician specialists and nursing professionals.

Thirdly, The American Legion recommends any work regarding the development of Recruitment Personae begin with data-gathering exercise about the area (health care market) and VA – employed health care professionals. Ideally, a Recruitment Persona should depict the ideal candidate profile so that recruitment activities focus on communicating with those health care professionals most likely to enjoy working in a rural setting with the level of salaries offered by the VA.

Conclusion

Data

Financial: CWMHCS submitted financial data to the SWS team. The SWS team conducted interviews with both the current and former chief financial officers. The financial data align with the answers provided by finance professionals during the structured interview. Overall, the medical center's astute financial practices are creating opportunities for renovations and new construction that potentially enhances patient access to care.

Employee Satisfaction: Data suggested very high employee satisfaction and morale throughout the health care system. Typically, high employee satisfaction correlates with high-performing teams and patient care. CWMHCS five-star performance ranking suggests the validity of the correlation.

Observations

The SWS team was very impressed with the level of leadership, high employee morale, teamwork, and vision demonstrated by the staff at CWMHCS. Although the SWS team did not officially interview any patients/veterans, some veterans voluntarily spoke with members of the team about their great experiences at the facility that all seemed very positive and promising. Yet, one veteran offered a different perspective about the care at CWMHCS.

The veteran knew Dr. Sarah Kemble who served as part of the Executive Leadership Team before she took medical leave due to cancer. According to the veteran, Dr. Kemble was a whistleblower who made numerous allegations of poor medical quality due to inadequate staffing of health care professionals, absence of critical ancillary services, and very little, if any follow-up, by the CWMHCS regarding non-VA care referrals. The veteran mentioned that several governmental agencies began investigating Dr. Kemble's allegations in March 2018.

After SWS site visit, a member of the SWS performed an online search and found an article published in the daily newspaper, *The Berkshire Eagle*, titled "VA care in Leeds reviewed after high-level doctor's whistleblower complaint."³ The article outlined several allegations made by the late Dr. Kemble.

Finally, The American Legion received a letter from Bernard Zienkiewicz on October 18, 2018. Mr. Zienkiewicz alleged mistreatment by employees of the Stewart Rest Home in Connecticut. The American Legion submitted the letter to the facility but never received a response from CWMHCS. However, The American Legion believes CWMHCS does not manage the Stewart Rest Home. The American Legion believes CWMHCS contracts and pays Stewart to house and care for veterans.



Recommendation: The Chairman of the Veterans Affairs and Rehabilitation Commission of the American Legion recommends the SWS team review any reports by the Department of Veteran Affairs/Veteran Health Administration concerning the allegations put forth by Dr. Kemble. The team should follow-up with the Executive Leadership Team regarding recommendations made by the primary investigative body. A member of the SWS team will report to the Chairman of Veteran Affairs and Rehabilitation commission via an addendum to this report. The Addendum should note the status of the facility's compliance or work-in-progress toward satisfying the recommendations of the investigative body.

Endnotes

5. Phillips, A. (2017). VA inventory reveals thousands of dollars in missing items. <https://www.wvlp.com/news/i-team/va-inventory-reveals-thousands-of-dollars-in-missing-items/1156749439>. These facilities purchase millions of dollars in equipment each year, and millions of dollars in inventory cannot be accounted for. The 22News I-Team reviewed hundreds of pages of reported missing items from the Veterans Affairs Central-Western Massachusetts Healthcare system from 2010-2016, including the campus in Leeds. From appliances like air conditioners and stoves to computers and cell phones, and medical equipment and drugs, over \$800,000 in items are listed as lost or missing.
6. VA OIG Beneficiary Travel Audit
<https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=15&ved=2ahUKewi6y-vqzd7fAhUKm-AKHSrIAYQQFjAOegQIARAC&url=https%3A%2F%2Fwww.va.gov%2Ffoig%2Fpubs%2FVAOIG-16-00471-10.pdf&usg=AOvVaw2G5RU93qNG-5iKQYpoiFmZ>
7. Cutts, E. (2018). VA care in Leeds reviewed after high-level doctor's whistleblower complaint. The Berkshire Eagle, E-edition. The article alleged several deficiencies at the Central Western Massachusetts Health Care System. The SWS team did not discuss the article with the staff of the medical center during the site visit as the article became available to the team after the visit. However, no one on the ELT advised the SWS team of the investigation. Perhaps VA/VHA officials did not permit disclosure of information regarding a current investigation. <https://www.berkshireeagle.com/stories/va-care-in-leeds-reviewed-after-high-level-doctors-whistleblower-complaint,537708>