



JAMES A. HALEY VETERANS' HOSPITAL (JAHVH) | TAMPA, FL

Date: January 21-23, 2019

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

Veterans Affairs & Rehabilitation Division Member: Steve Kleinglass

Veterans Affairs & Rehabilitation Commission National Staff: Keronica Richardson, Women's Health Coordinator, and Edwin Thomas, Assistant Director, Health Policy

Department of Florida: Dianne Boland, State Commander; Mike McDaniel, Adjutant; Dennis Boland, National Executive Committee; Alan Cohen, Department Chairman VA&R

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 to the James A. Haley Veterans' Hospital also referred to throughout this report as either JAHVH, hospital, or facility. The American Legion visited the facility with the intended purpose of assessing staff accountability.

Scope and Methodology

The American Legion conducts between 12 to 18 System Worth Saving (SWS) visits per year. National staff select the

sites based on reports from the VAOIG, media, a review of a Strategic Analytics for Improvement and Learning (SAIL), requests from a veteran, caregiver, or a department of The American Legion. Each SWS visit follows a triangular review 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 receives data and information from before the actual visit to the hospital that included SAIL reports used to measure the quality of care at VA health care systems. The SWS team analyzes the data and information builds an "In-Facility Questionnaire" to conduct structured interview sessions.

Once on site, 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, patient-staff interactions, and appearance of patients in Community Living Centers.

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. 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.

Key Data (Source: Facility Reports)

Main Campus: Tampa, Florida

Clinical Referral Level: 1a

Accreditations: (1) Joint Commission (2) Commission on Accreditation of Rehabilitation Facilities (CARF)



Operating Beds: 499 and polytrauma center

Catchment Areas: New Port Richey, Brooksville, Lake City, Zephyrhills, and Hillsborough County

Number of Enrolled Veterans: 109,262

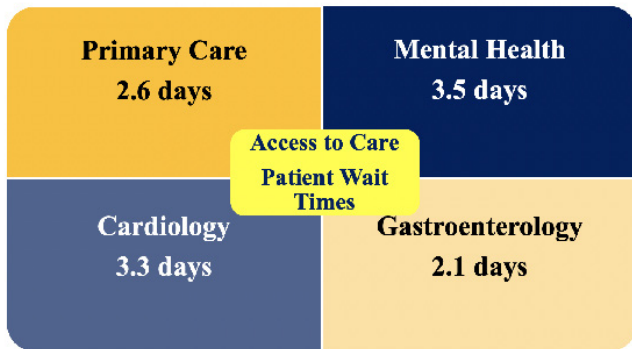
Total Veterans Served (FY18): 97,045

Number of Employees: 5,218 (30% of employees are veterans)

Medical Care Budget (FY2017/FY18): \$1.1 billion

Mental Health Outpatient Completed Appointments (FY17/ FY18): 1.4 million

Key Access Statistics for Patient Wait Times



New Medical Building

In addition to building a second Fisher House and a new clinic in south Hillsborough County, in 2018, leadership announced the forthcoming completion of the James A. Haley Veterans’ Hospital Bed Tower. The Executive Leadership Team expects completion of the new tower in 2021. The new building will stand up 96 medical-surgical and 40 intensive care unit rooms and will offer all hospitalized patients a single bedroom. The ELT plans on converting old hospital bedrooms to office spaces and patient consultation rooms.

JAHVH is one of five polytrauma centers in the VHA networks. Its status as such allows the hospital to offer medical care to more than 2,000 active duty servicemembers annually. Additionally, the facility has a long-standing relationship with the Department of Defense and, the ELT views that relationship as expanding to care for even more active duty servicemembers yet remains cautious about taking on too much that they divert care from their core audience – veterans.

The hospital is also one of the largest teaching and research facilities in the VHA health care delivery system with over 131 medical affiliations and 200 slots for medical residents. The hospital’s largest and most active academic affiliate is the

University of South Florida. JAHVA has trained more than 1,500 medical residents from the University of South Florida and expects that number to increase. Hospital recruitment staff view the affiliation with USF and schools of nursing as one of the major factors of its low physician staffing percentage compared to other VA medical centers in the country.

Town Hall Meeting

Rene Ciccarello, Commander of American Legion Post 111 in Tampa, Florida served as host for the town hall event. More than 40 veterans including several caregivers and members of local media attended the event. Mr. Joe Battle, Director, and Suzanne Tate, Assistant Director, both of JAHVA attended the meeting along with members of their public affairs team.

- **Veterans wanted to know if their eligibility would change under The Mission Act of 2018 and VA Modernization Act:** Veterans appeared really frustrated with the amount of change at VA/VHA. Most of the discussion centered on why change now because “so much change has taken place at VA for year- over - year but nothing seems to really stick,” said one veteran. A few veterans wanted to talk about “new benefits such as urgent care under the Mission Act. Steve Kleinglass and Edwin Thomas for the national office elaborated on the subject. Thomas answered questions related to the urgent care benefit by highlighting the new benefit as written by VA “at the moment.” He noted that change was forthcoming as Veteran Service Organizations and others had submitted or prepared to submit comments regarding the proposed rulemaking on the urgent care benefit. Everyone in attendance agree that health literacy was low among veterans and that veterans need a lot of education about how to use the benefit so they would not incur copays or other cost associated the proposed benefit.
- **Care in the Community:** Many veterans voiced a great deal of concern about their benefits under “Choice Act version 2.” Some veterans gave accounts of their credit being ruined or affected by the previous version of the Choice Act. However, Mr. Battle was very adept at fielding questions from veterans and answering them with great transparency and candor. Some veterans even mentioned how their understanding Care in the Community improved after the town hall meeting.
- **Customer Service:** Some veterans complained about the low level of customer service at the VA. A few veterans gave personal accounts of how they encountered several MSAs whom they felt needed “additional training” because of their lack of sensitivity to veterans. Both Mr. Battle and Ms. Tate committed themselves and VA resources to research and



resolve the veterans' complaints. Mr. Battle even agreed to host a personal meeting with one veteran who complained of being maltreated at the VA during a recent visit.

Executive Briefings

Summary

The American Legion's SWS team conducted structured interviews with staff of JAHVA including the Executive Leadership Team or ELT. The SWS team used a prepared questionnaire called the In-Facility Questionnaire to conduct its structured interviews with members of the ELT. The SWS selected the questions based on data received from the medical center prior to the visit. The SWS team also discussed "Best Practices," and "Challenges." All staff scheduled to participate in the interviews did so and were prompt in coming to each 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 Southern Arizona VA Health Care System.

1. **Polytrauma and Traumatic Brain Injury Program/ Post-deployment Evaluation Treatment Program:** The Post-deployment Evaluation Treatment program offers active duty servicemembers holistic approach to managing multiple issues such as pain and TBI. An inter-disciplinary team works with the servicemember to address the conditions without the use of drugs. Moreover, the Commission on Accreditation of Rehabilitation Facilities or CARF consistently ranks the Michael Bilirakis DVA Spinal Cord Injury Center at James A. Haley as one of the best in the country. As staff spoke about the uniqueness of their programs because of the caring and sensitivity among employees to ensure each veteran receives the best care and service.

Moreover, health care accrediting bodies have consistently noted JAHVA for its innovative data capturing and mining techniques and other programs related to caring for veterans with TBI or spinal cord injuries. Once back to health, veterans go through a nationally recognized program developed at JAHVA called "COPE." COPE is the Community Outreach & Prevention Experience program. Veterans with spinal cord injury go through multiple stages of adjustment toward community reintegration with a disability. The program is designed to

allow the patient with spinal cord injury the opportunity to interact with the community and restore a sense of purpose.

2. **Chronic Pain Management Inpatient Program:** The Minneapolis Health Care System has replicated JAHVA's program that allows veterans to receive inpatient treatment for addiction to pain medications such as opioids. One of the strengths of the program is veteran camaraderie developed while a patient in the hospital rather than an outpatient treatment program. The program has been in operation since the late 1980s and, the facility enjoys a low recidivism rate among veterans who complete the program. Since the program requires a significant amount of resources in today's cost environment, many VHA and private sector hospitals cannot replicate the program.
3. **LEAN-Six Sigma:** The ELT has adopted LEAN Six Sigma practices throughout the organization to improve processes and reduce waste at the facility. JAHVA was one of the initial pilot sites suggested by Secretary of the VA. In addition to the improved processes, the facility experienced the unintended, but welcomed, improvement in employee morale because of the process improvements.
4. **Amiotrophic Lateral Sclerosis (ALS) or Lou Gehrig's disease:** ALS is a devastating disease that affects nerve cells in the brain and spinal cord primarily in persons over the age of 40. JAHVA has developed a program that helps patients and clinicians become more proactive in identifying and treating the disease early. Patients under treatment at JAHVA have better survival rates because of the proactive approach. The doctor who designed the program starts treatment based on family history, current symptoms, or other signs of the disease. Nutrition, rehabilitation, care in the community happens very early to strengthen the patients system to fight off the disease.

Challenges and Recommendations

1. **Women's Health Program:** The Women's Health Program lost its full-time Obstetrics and Gynecology and now has only a part-time physician over the program. While this has not adversely affected care provided to women veterans who receive care at the facility, it does cause concern as the women's veteran population grows and the resources to meet demand for women health care services cannot be met with the current capacity as indicated by data received from the hospital that noted that OB/GYN specialist has not been available or under resourced since 2017.



Recommendations:

- The American Legion recommends the VAMC forms deeper partnerships with Veteran Service Organizations to assist in communicating and promoting women health activities in the catchment area.
- The VAMC should collaborate with VA/VBA to receive their listing of discharged female veterans for additional promotion and communication efforts.
- The American Legion recommends establishing a collaborative relationship with the Florida Department of Veteran Affairs as an additional partner in communicating with women veterans.

2. Unfunded Mandates: Like many other leaders at VHA hospitals, leaders at JAHVA scramble to find ways of accommodating additional Congressional requirements or mandates without funding. Some of the programs under the 2018 Mission Act that have become mandated go unfunded. One such example is the Debt Reduction Program that, if funded, can become a game changer in the area of physician recruitment. At the time of this report, the funds were not available to the hospital for implementation of the Education Debt Reduction Program.

Recommendation: The American Legion will continue bringing attention to current members of Congress about this problem. At the time of the visit, the ELT repeatedly made references to many mandates such as the Education Debt Reduction Program as an “unfunded mandate.” While the Congress and the President passed the Unfunded Mandates Reform Act of 1995 (UMRA), Pub. L. 104-4, in an effort to limit the number of unfunded federal mandates imposed by the federal government on state, local, and tribal governments, the law to did not apply to federal agencies.

3. Acute shortage of Geriatric Specialists: The hospital is experiencing a shortage among geriatric specialists provide medical and other health services to frail elderly veterans.

Recommendations:

- The American Legion recommends working with other universities or colleges with medical programs in geriatrics in the event the University of South Florida does not reinstitute its program in geriatrics.
- The American Legion also recommends the VA/VHA consider establishing special programs that offer additional incentives that help attract health care professionals in

difficult to recruit specialties such as geriatrics.

4. Space: This challenge affects patient access. The Executive Leadership Team has found a need for an additional 1 million square feet. This challenge affects patient access. The ELT stated an immediate need for an additional 1 million square feet. The lack of space inhibits hiring additional healthcare professionals in an effort to deliver care.

Recommendations:

- The American Legion will add Tampa to the list of several other medical facilities that have stated a very significant lack of space. The Modernization Committee, as stated in the 2018 Mission Act, will address space issues faced by VA medical centers and make recommendations to the president of the United States as to those facilities that must have high priority for additional construction funds for expansion and modernization.
 - The American Legion recommends James A. Haley VA Medical Center develop developing a comprehensive plan that outlines how it will use space in the existing bed tower once construction upon completion of the new bed tower. The American Legion recommends submitting that plan to VACO, if necessary, and the American Legion National Headquarters in Washington, DC.
 - The American Legion recommends the facility enhance internal and external communication activities about parking spaces. The communication activities might include the use of text messaging, messaging on kiosks, using flyers that help veterans and visitors locate parking spaces.
- 5. Functional Job Description and Workflow of Medical Support Assistants (MSAs):** The Functional Job Description and workflow of Medical Support Assistants places an unnecessary burden on persons with that job title. The job description does not provide a clear job structure and, employees often described the job description as “ambiguous.” Many MSAs enter the VA/VHA federal classification system at low pay grades – GS 4/5. The unrealistic work demands, poor job structure, and responsibilities all contribute to worker fatigue, confusion, high rates of turnover, and employee dissatisfaction.

Recommendations:

- The American Legion recommends reviewing the job description and assess daily tasks, duties, and responsibilities for all job titles for MSAs.
- The American Legion recommends that Human Resources staff talk extensively with current employees performing the



duties of an MSA in order to identify CORE responsibilities of the position- scheduling OR customer service.

- The American Legion recommends working with the Office of Personnel Management to find feasible options for enhancing the entry pay grade from GS- 4 to GS-5 and creating a career ladder that encourages employees in MSA positions to stay in those positions beyond the mandatory one year.