



MEMPHIS VETERANS AFFAIRS MEDICAL CENTER | MEMPHIS, TN

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Veterans Affairs & Rehabilitation (VA&R) Commission Member James Hartshorn (CO), observer

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Chairman's Statement

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

After nearly two decades, The American Legion has conducted more than 150 System Worth Saving visits to Department of Veterans Affairs/Veterans Health Administration (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 to improve 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 fresh 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.

Purpose

A System Worth Saving (SWS) team last visited the Memphis Veterans Affairs Medical Center (MVAMC) in 2015. Due to numerous events that have taken place at the medical center since 2016, it was determined that a follow-up SWS site visit was needed to assess the medical center's performance and whether there was any truth to the negative allegations reported by various media outlets. Over the last several months there have been numerous media reports alleging that the MVAMC intimidates employees, punishes whistleblowers, overlooks patient safety concerns and underperforms, affecting the medical center quality of care. A few adverse media stories regarding the Memphis VAMC include:

- *Botched surgery, delayed diagnosis at a one-star 'house of horrors' VA hospital*

- *Memphis Fires 2 Top Doctors in Wake of Investigation,*
- *Memphis VA Medical Center under investigation,*
- *OSHA cites VA for improper biohazard waste disposal.*

On May 22, 2017, a staffer from the House Veterans' Affairs Committee, Subcommittee on Oversight & Investigations (HVAC O&I) met with staff from The American Legion Health Policy section to address congressional concerns about the MVAMC. The HVAC O&I staffer expressed concerns about staff shortages in the Spinal Cord unit, Operating Room Closures, and claims of retaliation against whistleblowers. Many of these incidents at the MVAMC occurred prior to the VA installing a new executive leadership team (ELT) in the spring of 2017.

Scope

The rationale for The American Legion SWS visit to the MVAMC was to assess the overall performance of the medical center and whether concerns reported by the media and expressed by an HVAC O&I staffer was factual. The visit was also to find out whether processes being put in place by the new ELT to change veterans, family members, veteran's service organizations, and the public's overall perceptions regarding recent issues and challenges are having a positive impact.

Overview

The MVAMC located in Veterans Integrated Service Network (VISN) 9 is part of the VA MidSouth Healthcare Network. The MVAMC is a Joint Commission (JC) and Commission on Accreditation of Rehabilitation Facilities (CARF) accredited VA medical facility and is classified as a tertiary care Clinical Referral Level 1 health care facility. The MVAMC is considered one of the most complex medical centers in the VA healthcare system. The MVAMC has 232 authorized beds in which 202 are operating. The MVAMC beds consist of 104 medical beds, 16 substance abuse recovery and rehabilitation treatment program (SARRTP) beds, 10 post-traumatic stress disorder (PTSD) beds, 32 mental health beds, and 40 spinal cord injury (SCI) beds.

The MVAMC is a teaching hospital affiliated with the University of Tennessee Health Science Center College of Medicine in Memphis, Tennessee. Additional clinical and educational affiliations exist in the areas of Dentistry, Nursing, Pharmacy, and



Allied Health professions. The MVAMC provides a full range of patient care services, with state-of-the-art technology, as well as extensive education and research programs. The MVAMC offers enrolled veterans comprehensive primary, secondary, and tertiary health care services in the areas of medicine, general cardiovascular and neurological surgery, psychiatry, physical medicine and rehabilitation, spinal cord injury, neurology, oncology, dentistry, and geriatrics, and offers their women veterans a choice to be treated in a Model One setting: General Primary Care Clinic or within a Model Three setting: Women's Health Center (WHC) which offers women veterans comprehensive primary and gender-specific health care services in an exclusive space.

The MVAMC catchment area consists of 206,000 veterans living in a 53-county tristate area of Tennessee, Arkansas, and Mississippi. The MVAMC employs 2,337 employees of which 30.55% or 714 are veterans that serve 64,511 enrolled veterans (59,478 male veterans and 5,033 female veterans, and 38,014 unique veterans) through nine Community-Based Outpatient Clinics (CBOCs) located in Tennessee, Arkansas, and Mississippi.

As of December 28, 2017, according to the Department of Veterans Affairs (VA) *Patient Access Data Report*, the average wait times for veterans to receive health care at the Memphis VAMC were as follows:

- Primary care average wait time-**3.92 days**, which is **4.14 days** below the national average of **8.06 days**,
- Specialty care average wait time-**7.70 days**, which is **3.66 days** below the national average of **11.36 days**, and
- Mental health average wait time-**3.64 days**, which is **1.89 days** below the national average of **5.53 days**.

In Fiscal Year 2017 (FY17) the Memphis VAMC total operating budget was \$433 million (\$284 million for Medical Services; \$31 million for Medical Support and Compliance; \$30 million for Medical Facilities; \$68 million for Medical Community Care and Choice, and Care in the Community (CITC) and \$20 million for Medical Care Collection Funds). For FY18, the Memphis VAMC requested \$560 million but believes that they will only receive \$460 million for operations. As of January 10, 2018, the facility has \$450,000 for FY18 1st Quarter left in Choice money and has not received FY18 funding for the Choice Program. Choice funds are tapering down across the country. The care will still be provided and the medical center is exploring additional funding resources.

Leading Cultural Change

The MVAMC has been stuck in a crisis management mode as interim and acting directors, clinical and administrative service

line managers rotated through the MVAMC. Over the last 15 months, the medical center has had three interim or acting directors. With the exception of the Associate Director, Patient Care Services, who has been at the MVAMC for 4.5 years, all other members of the MVAMC Senior Management Team (Pentad) have been in their positions anywhere from two to ten months.

- Medical Center Director – 8 months
- Associate Director – 8 months
- Chief of Staff – 10 months
- Associate Director, Patient Care Services – 4.5 years
- Assistant Director – 2 months

This constant change in hospital administration does not allow the Executive Leadership team time to assess the medical center's overall needs, and develop a strategic plan that would pave the way forward for the MVAMC. With the hiring of David Dunning, Colonel, Retired, US Army, as Medical Center Director, the mission of improving medical processes along with staff, patient and community relationships is happening, and real cultural change is taking place. Based on our observations and findings during this site visit, The American Legion believes a vision of positive change is apparent. Leadership can and does make a difference, as staff has truly bought into Mr. Dunning's vision for change; patients are noticing the difference and the community is becoming more engaged in the MVAMC.

Town Hall Meeting

The SWS town hall meeting was held at American Legion Andrew K. Stern Post #250 in Germantown, Tennessee. Forty-two area veterans, family members, Legionnaires, along with several members of the leadership from The American Legion's Department of Tennessee, Executive staff from the Memphis VAMC, and staff from the U.S. Congressional office of Representative David Kustoff attended the meeting to hear firsthand from veterans concerning their health care experiences at the Memphis VAMC.

Veterans at the town hall meeting stated that the care they receive at the MVAMC is very good. However, frustration exists concerning health care eligibility, access to dental care, not having enough specialists at the medical center for women veterans treated for gender-specific health care, and veterans not having the same provider each time when appointments are made.

MVAMC staff met with veterans recording their names, telephone numbers, and concerns. They assured them that someone would be assigned to follow-up and would contact them after someone looked into their concerns. A veteran at the town hall meeting stated that he had issues relating to his dental care



services that he receives at the MVAMC. After the town hall meeting, MVAMC staff contacted the veteran to assist in resolving his dental care by coordinating his care at the medical center and through community care partners.

During the week of April 2, 2018, a call was placed to the veteran who reported an issue with dental care services to confirm if someone from the MVAMC contacted him and whether he was satisfied with their response. The veteran stated someone did contact him and they were working on getting him dental care either at the MVAMC or at a community provider.

Overall, The American Legion SWS team was pleased with the results of the town hall meeting.

Executive Briefings

The SWS team along with the leadership from The American Legion Department of Tennessee met with the medical centers newly installed executive leadership team. Medical Center Director David Dunning, Associate Medical Center Director Frank Kehus, Chief of Staff Dr. Tom Ferguson, Associate Director of Patient Care Services and Nurse Executive Karen Gillette, Assistant Medical Center Director Tommy Ambrose, Deputy Chief of Staff Dr. Gail Berntson, Executive Assistant to the Medical Center Director Lee Anne Overall, Executive Assistant to the Chief of Staff Lora Kirk, and Executive Assistant to the Associate Director of Patient Care Services Pam Busby were present at the initial site visit and exit briefings.

The meeting consisted of a transparent discussion covering a wide-range of topics including the recent issues raised in the media that were negatively affecting the MVAMC.

The SWS team also met with the clinical and operational management staff from the following program offices: Human Resources, Business Office, Clinical Service Line Managers, Financial Management, Quality, Safety, and Value, Women Veterans, Military Sexual Trauma, Mental Health, Suicide Prevention, Patient Advocate, Supply Management, Facility Management, and Homeless Veterans.

Actions Taken to Improve Veterans Access to Services at the Medical Center

The MVAMC has taken recent measures to increase veteran's access through the construction of a new Emergency Department (ED) and Bed Tower (due to be completed in January 2018). The ED was expanded by 5,000 square feet (sq. ft.) which allowed a total renovation to address the workflow and capacity issues that the medical center was experiencing. The bed tower expansion is currently underway which encloses the entry at the front of the medical center. The new bed tower expansion will

consist of over 10,000 sq. ft. of new space on the ground and first floor of the medical center. This will allow the MVAMC to consolidate many of the veterans' services, which are spread out throughout the medical center, into a one-stop shop and make it easier for veterans and their families to navigate through the medical center. This expansion will also improve access to needed services. This new one-stop shop will include the following services: Voluntary Services, Veteran Service Organization (VSO) services, veteran's intake and eligibility, agent cashier, travel, social work services, and escort services.

MVAMC Veteran Homelessness Program

Mark Walker, Deputy Director of Veteran's Employment and Education (VE&E), who oversees The American Legion national veteran's homeless program, met with the VA's Homeless Program personnel, T. Rad Morris, MVAMC, Homeless Veteran Program Manager and his HUD-VASH Coordinator.

The Grant and Per Diem (GPD) Program provides 40 transitional beds through their partnership with Barron Heights Transitional Center in Memphis, TN. Based upon our conversation, the MVAMC is working well with their community partners and looking to continue to provide necessary programs/services to properly assist homeless veterans and their families.

The most recent numbers (2017 HUD Point-in-Time Count) of the homeless veteran population in the State of Tennessee is 757. The Memphis VAMC staff stated that there are 213 homeless veterans (including nine who were unsheltered) in their catchment area. Out of the 213 homeless veterans, eight were women. Most veterans have received a HUD-VASH voucher and are living in transitional housing.

Barron Heights Transitional Center Site Visit

The American Legion's VE&E Deputy Director went on a tour of a local community service provider, Barron Heights Transitional Center, in Memphis; TN. Barron Heights has been open for 20 years. The center provides shelter and food, coupled with addiction recovery and counseling programs. The Barron Heights Transitional Center's mission is to support America's at-risk and homeless veterans and to provide assistance with the transition into a healthy and prosperous life. Mark Walker was briefed and given a tour of the facility by Keith Millbrook, Executive Director of Barron Heights Transitional Center.

Services at Barron Heights include:

- Medical referrals to VA Medical Center
- Vocational Counseling & Job Readiness
- Budget & Savings Planning
- Support Services after completion of Program



- Preparation for returning to the community
- Safe and Sober Environment

Through Barron Heights work, they found out that every veteran is different. Although the facility serves many, they take and individualize their approach to each veteran to ensure maximum success. Their program includes several steps to transition back into society. Once a veteran enters their facility, an assessment is administered to determine the exact needs of the veteran. He or she is assigned a counselor who writes and implements a treatment plan and estimate recovery time. Then, the treatment begins. Barron Heights states that veteran gets support from the staff and volunteers, but just as important is the support veterans get from other veterans.

Due to our work with homeless veterans and their families, The American Legion understands that homeless veterans need a sustained, coordinated effort that provides secure housing and nutritious meals; essential physical healthcare, substance abuse aftercare and mental health counseling; as well as personal development and empowerment. Veterans also need job assessment, training and placement assistance.

The American Legion believes all programs to assist homeless veterans must focus on helping veterans reach their highest level of self-management. Our goal is to ensure that every community across America has programs and services in place to get homeless veterans into housing (along with necessary healthcare/treatment) while connecting those at-risk veterans with the local services and resources they need.

Best Practices

Mammography Tracker Stoplight Process

The purpose of the mammography tracker spreadsheet used at the MVAMC is to help improve quality of scheduling mammogram consults in a timely manner. An employee noticed that the medical center needed a tracking system in place for following up on mammogram consults. Therefore, the medical center sought to develop a system that would help simplify the process of tracking mammograms. The sustainability and ease of use were also important factors.

The conditions function in Excel is used to help manage follow-ups. The conditions can be set to user preference and to the standards of Mammography Quality Standards Act (MSQA) guidelines. For example, all outsourced mammogram reports must be returned to the VA provider within 30 days as per the *VHA Handbook 1105.3: Mammography Program Procedures and Standards*, which is in accordance with the MSQA guidelines. The *stoplight* function gives a visual and alerts the user of patients who may need immediate follow up.

One Touch Process for Care in the Community (CITC) Consults

The *One Touch* process was the creation of nurses in the Care in the Community (CITC) program office. The nurses identified issues with staff opening consults and closing them without taking the necessary action to complete the required request. As a result, the MVAMC put forth the communication standard operating procedure (SOP) and process for expediting the completion of the consult with as few “touches” as possible.

If a Medical Support Assistant (MSA-admin staff) opens a consult and determines they need medical records they must request them, and then follow-up to make sure the records are received—or contact the patient, if needed, to make sure the veteran kept their appointment. Once the information is received, the support assistant must complete the consult. If they cannot complete the consult, they must request assistance from the appropriate person to do so. There are triggers to the “One Touch” process such as: a physician may call looking for a clinical record (test result), the consult has been open for greater than 30 or 60 days or it may be a high risk test that that the medical center needs the clinical records (potential cancer diagnosis, mammogram and the nurse is tracking it on the tracker spreadsheet). When that occurs the nurse takes the request, contacts the community provider, requests the results be faxed as soon as possible, scans the document and links the consult, closes the consult and the record and contacts the provider to review the document. Thus, “One Touch” is a one-person process as the nurse follows that consult from request to completion and notification to the provider. The goal is to complete the process by doing whatever one can do to complete an episode of care so that the VA provider has the clinical information needed to continue the veteran’s care.

Memphis VAMC Business Office Assisting Veterans with the Choice Provider Process

One of the best practices discussed was when the veterans call the MVAMC business office in the event of a problem with the community provider. This started when the MVAMC staff began educating them on how to navigate the Choice Program. The MVAMC advised veterans to contact the medical center if their provider wanted to refer them to another provider. Many of the veterans were referred out, to see other specialists by the Choice Provider without coming back to the medical center. This generated an invoice to the veteran from the other provider. After receiving numerous phone calls and complaints, about 15 months ago, the MVAMC began educating the veteran to contact the business office for any additional care that was recommended by their provider. This is why veterans now call the medical center before they do anything else. The MVAMC



changed their practice and now has this discussion with its veterans as they are being opted in for the Choice Program.

The Community Partnership between the Memphis VAMC and Local Law Enforcement

The MVAMC has community partnerships with the Memphis Police Department Crisis Intervention Team (CIT), the Shelby County Sheriff Department, and multiple other Mid-South Law Enforcement agencies. Mental Health Service staff provides training on PTSD and TBI (including a Combat Veterans/Military Sexual Trauma veteran's dialogue group with CIT Officers at the MVAMC) four times a year. Mental health staff provides verbal de-escalation training for CIT Officers. Memphis Police Department provides four training slots per year for the MVAMC Police Officers. One mental health staff member has traveled to various cities and regions of the United States to train CIT law enforcement officers in de-escalation with a focus on veteran crisis issues. In 2015, MVAMC mental health staff provided in-service training on suicide for over 400 CIT officers with an emphasis on veteran and police suicide from the Mid-South. Additionally, mental health service line staff has provided de-escalation training along with training on PTSD, TBI and suicide prevention to law enforcement agencies in the MVAMC Mississippi catchment area.

System Improvements Made from Hospital Sentinel Events

As a result of a veteran incident that took place in the catheterization laboratory whereby a piece of plastic packaging was left embedded in a critical artery after surgery, the medical center immediately conducted a root cause analysis (RCA) and found that a problem was not only in the surgery department, but in their logistics (supply purchasing) and training. The MVAMC developed a *time-out* procedure whereby three people inspect all equipment and supplies prior to starting a surgical procedure, to ensure incidents that would be harmful to veterans should not happen again.

The medical center has learned from this incident by creating a culture of open reporting especially in the surgery and emergency departments by overcoming a structure that had employees in the past working in silos. This has also opened a culture whereby whistleblowers are not seen as negative, and a new culture is emerging where staff members want to come forward and are encouraged by leadership to do so. Medical Center Director Dunning mentioned that the VA Office of Accountability and Whistleblower Protection in Washington, D.C. is maturing and is committed to providing immediate investigative services at the medical center to ensure that the medical center is improving the quality of services that are being provided to each veteran.

Note: The Mental Health team at the MVAMC is committed to reducing the amount of pain medications being prescribed by offering a robust complementary and alternative medicine (CAM) treatments and therapies program in the areas of:

- Equine therapy
- Fly fishing
- Yoga & Tai chi
- Art therapy
- Recreational music making
- Drum circles
- Woodcarving
- Photography
- Music
- Animal Assisted (dogs visit hospital)
- Spirituality Groups
- Smart Recovery Groups-alternative to AA 12-step program for substance abuse

Challenges

During the meeting with the MVAMC executive leadership team, the medical center director identified the following as the MVAMC top four challenges.

Parking

During The American Legion's 2015 SWS visit, the SWS team was informed that the MVAMC was faced with a significant parking challenge and received approval for a minor construction project to construct a 525 space-parking garage in the West Lot of the campus at a project cost of \$9.614 million. The medical center was to receive design funding in FY16 and construction funding was to be received in FY18. The MVAMC leadership stated that the architect and engineering design is complete. According to Director Dunning, the request for proposals is prepared by the Acquisition Department and the solicitation for the parking garage construction bids was posted May 1, 2018. According to the MVAMC, the current project cost is \$8.366 million.

Since parking is one of the major patient displeasures, the MVAMC added valet parking to help alleviate patient frustration. Valet parking allows the veteran to pull up close to the medical center and exit the vehicle without having to spend hours searching for a parking space. The veteran is provided a ticket and contact number to call when their appointment is completed



so valet services can have their vehicle waiting for them at the entrance. The MVAMC added valet parking because they felt that this was a service that would help to increase access and decrease patient dissatisfaction with parking.

Telephone System

Director Dunning identified the telephone system as one of his top challenges. One issue identified was calls were being referred to staff voice mail and the veterans expressed dissatisfaction about the lack of returned calls. To ensure the MVAMC is providing better customer services to veterans and their families calling the medical center, the leadership decided to deactivate voice mail on all medical center phones so all incoming calls can be routed to a person to assist veterans and their families more efficiently. The medical center is in the process of upgrading their telephone system to replace the current system.

The telephone system is another one of the most common customer complaints. A new phone system is being explored, but that purchase would be in the future. To alleviate some of the current phone issues there are teams working to help improve the existing system. The first step in the process was to update phone extensions and names to ensure that phone numbers were connected to a person and to the network. Mr. Dunning has worked with medical center supervisors to ensure all active phones are turned on and attended.

The medical center stated that the replacement of the phone system would be a distant future project. The current phone system is upgraded as new technology comes in. Recently, the switches were upgraded to decrease dropped calls and improve tracking of speed of answer and length of hold times in the call centers. The system is upgraded as the manufacturer provides upgrades. Supporting servers for voice mail and auto attendant have had hardware and software servers upgrades. The MVAMC is currently in the process of upgrading the Global Navigator system monitors and reports on speed of answer and length of hold times in call centers. The MVAMC has upgraded the PBX Operators systems to include Automatic Call Distribution software in addition to providing more robust reporting of activity, also informs the caller of answer expectation based on call activity. The MVAMC implemented the “call back” feature for the Telephone Care Nursing Call Center that allows a caller the option of not holding, and for the system calling, them back when their time in queue is reached.

Medical Center Culture

Over the years, the medical center has developed a closed silo atmosphere where staff did not feel like they were part of a team. In addition, incident reporting was limited due to employees fearing they may lose their jobs. The medical center director is

working daily to break down those closed silos and is encouraging staff to report incidents at the time of occurrence to help identify system challenges and improve medical center practices and procedures.

During our SWS site visit, the SWS team asked all program service chiefs if the culture of VA staff has improved since the new executive leadership team took over. All of the service chiefs stated collectively that they were encouraged, excited, and have seen immediate improvements since the new executive leadership has taken over. The new medical center director is instilling a culture change from a bureaucratic based process to a value based process model that empowers service chiefs to make decisions that are best for staff and the veterans they serve. Value Based Management (VBM) focuses on better decision making at all levels of the organization. It recognizes that top-down command and control structures do not work well. VBM calls on managers to use value-based performance metrics for making better decisions.¹

Leadership

Since 2016, the MVAMC has had three interim directors, six associate directors, and an interim chief of staff. The only stable leader within the Pentad was the Associate Director, Patient Care Services. In May 2017, VA announced the hiring of a former commander of the Tripler Army Medical Center, in Honolulu, Hawaii, US Army Colonel, Retired, David Dunning. While at Tripler, Mr. Dunning managed a budget of \$440 million and 508,000 enrolled beneficiaries.

Before the new leadership was put in place, the medical center normally functioned in crisis mode. The leadership team is identifying problems and making significant strides to improve the overall perception of the medical center and how it delivers high-quality health care to their enrolled veterans.

The current leadership makes daily rounds throughout the medical center to engage staff, veterans, and their families. The medical center director is often stopped while making rounds by veterans, family members, and staff to comment on the positive changes being made at the MVAMC and how staff’s attitudes have changed as a result of his leadership. It was noted by staff that the medical center director leads by example and he expects the same from his leadership team and staff.

Other challenges identified during the meetings with the medical center’s program offices:

Staffing

Human resources staff reported the MVAMC has 396 open positions, with every program office reporting staffing shortages. Due to the many health care opportunities offered within the city



of Memphis, the MVAMC is located in a highly competitive hospital district with many facilities competing for highly qualified healthcare professionals. This poses serious challenges for the MVAMC in recruiting highly qualified physicians and nurses. Currently, the MVAMC has seven clinical service lines that do not have a permanent service line chief.

To combat the staffing shortages, the medical center hosts several job fairs throughout the year to hire clinical staff. During the job fairs, HR screens, interviews, and temporarily hires on the spot eligible candidates until the onboarding process is completed. Unfortunately, due to the long VA onboarding process the medical center often loses many good eligible candidates to other opportunities.

Lack of a Community Living Center (CLC)

The CLC at the Memphis VAMC closed in 1997. The reasons given were cost, staffing, and availability of sufficient community resources. The Medical Center Director in place made the decision at the time without input from Geriatrics. The space now houses Surgical and Medical specialty clinics and the Women's Health Center. The MVAMC is one of only two level 1A facilities that do not have a CLC.

According to the MVAMC, they are one of the few class 1a VA medical centers without a CLC. As a result, the Chief of Geriatrics and Extended Care Dr. Mark Brint and his team at the MVAMC have developed a proposal to document the need to build and activate a CLC to be located in Memphis. The acute hospital care, physical rehabilitation and palliative care activities at the MVAMC are currently challenged by having no VA staffed, limited stay, or subacute facility on campus for veterans in need of those specific care and services. A transitional care unit (TCU) with an intramural hospice facility would allow for more efficient utilization of limited care beds at the medical center and would streamline the continuum of care for recently injured, debilitated, or terminally ill veterans. The local medical center and VISN 9 leadership has reviewed the proposal. Currently, the medical center does not know the status of the proposal; however, The American Legion Department of Tennessee will continue to advocate for the need of a CLC to be built in Memphis.

Recommendations

Medical Center Strategic Plan

When the director was asked about the MVAMC strategic plan, he stated that while the plan has not been established it is one of his major concerns and he committed to put in place a strategic plan that would highlight the medical center's mission, vision, values, achievements, and goals for the upcoming year(s).

The American Legion recommends that the MVAMC leader-

ship team with the input from medical center service line chiefs and their staff develop a comprehensive medical center strategic plan. The strategic plan at a minimum needs to address how the medical center will improve veterans' access to health care services and programs, outreach, cultural and institutional change. The strategic plan also needs to address the facility operational plans in order to meet the requirements of the VHA national strategy plan.

The medical center leadership team informed the SWS team that at the time of the site visit the medical center had scheduled a strategic planning retreat in March 2018. At the drafting of the report, we learned that the medical center completed its first strategic planning retreat under the new leadership on Wednesday, March 6, 2018, from 8:00am to 4:30pm at Freed-Hardeman University in Memphis, TN. All service chiefs and medical center leaders were invited to the one-day retreat. All participants assisted in identifying the medical centers five priorities and will continue working with the leadership team to finalize and execute the Memphis VAMC strategic plan.

VA Onboarding Process for Health Care Providers and Staff

The American Legion SWS team was informed that the medical center is losing qualified candidates to other community health care organizations due to the lengthy VA onboarding process.

The American Legion SWS team requested a meeting with VHA Central Office Workforce Management Services to better understand the on board process at VAMC's and healthcare systems nationwide. The American Legion will also stress to VHA that they look at strategies to shorten the onboarding process to reduce the shortages of critical need occupations.

Utilizing the Veterans Choice Program (VCP) for Primary Care

Due to the medical center not having enough primary care providers, the MVAMC has decided to utilize the VCP by sending newly enrolled veterans out in the community to receive needed health care services. VA has a number of policies requiring veterans be screened for health related issues like Military Sexual Trauma, Post-Traumatic Stress Disorder, etc. VHA Directive 2010-003 states: "all veterans and potentially eligible individuals seen in VHA facilities and associated CBOCs must be screened for experiences of MST." This must be done using the MST Clinical Reminder in the Computerized Patient Record System (CPRS), (see subpar. 4c (5)). Screening is to be conducted in appropriate clinical settings by providers with an appropriate level of clinical training; screenings are not to be conducted by clerks or health technicians. When new veterans are referred outside the VA system to a PCP under the Choice program, a Choice



network provider is under no obligation to screen veterans for any of VA's health issues like MST, PTSD, etc. Therefore, many veterans who may suffer from these health conditions may not receive the appropriate healthcare for these conditions.

Other concerns for veterans receiving VA approved primary care in the community is community providers not having veterans medical history at the time of care and community providers not returning veterans medical documentation back to the VA in a timely manner.

The American Legion recommends that if VA continues to refer new veterans outside the VA to a PCP, they develop a comprehensive process for the veteran to come back into the VA health care system for the clinical reminder screening to be completed.

Communication with External Stakeholders

The MVAMC is fortunate to have a broad based coalition of Veteran Service Officers and Veteran Service Organizations such as The American Legion Department of Tennessee leadership who receive their health care at the medical center and who want to see the MVAMC succeed to provide the best health care for veterans who live in the tristate area of Tennessee, Arkansas, and Mississippi.

The American Legion highly recommends that the medical center leadership maximize, to the extent possible, their relationship

with these individuals and organizations to help communicate their messages, town hall meetings, and other significant medical center events.

Service Recovery

Based on the SWS team observation, a number of the reoccurring issues at the MVAMC are due to a failure to have a well-defined service recovery model in place. Service recovery is the action a service provider takes in response to service failure.

During our visit to the VA Montana Health Care System, they discussed a Service Recovery best practice. The medical center posted pictures of the service line chief for that area outside the clinical waiting areas to familiarize veterans and their families who to contact in case they need assistance. The American Legion recommends that the MVAMC consider implementing a Service Level Patient Advocacy Program similar to what we found at the VA Montana Health Care System.

Conclusion

Two days of meeting with the executive staff, service chiefs, clinical service line managers, program office staff, and veterans at the MVAMC confirm that positive change is occurring at the MVAMC. In the near future, this facility will return to its rightful status as a flagship VA medical center under the leadership of Mr. David Dunning and the new executive leadership team.