



WILKES-BARRE VETERANS AFFAIRS MEDICAL CENTER (WBVAMC) | WILKES-BARRE, PA

Date: June 17-19, 2019

Veterans Affairs & Rehabilitation Commission: Stanley Shaw (MD)

Veterans Affairs & Rehabilitation, National Staff: Tammy Barlet, Melvin Brown, George Mitchell

Chairman of the Veterans Benefits Committee: William J. Smith (PA)

Department of Pennsylvania: Kit D. Watson, *Adjutant*

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.

Purpose

The American Legion conducted this SWS visit to the Wilkes-Barre Veterans Affairs Medical Center (WBVAMC) due to reports of leadership position turnover and low employee satisfaction. Three interim and two permanent Facility Directors filled the position between December 2011 and October 2016, leaving leadership weak and unstable according to the Department of Veterans Affairs Office of Inspector General (VA OIG).¹ In addition, employee satisfaction for the WBVAMC surveyed below the VHA average (Office of Inspector General, 2018).

Scope

The American Legion performs assessments and observations through its System Worth Saving program. The American Le-

gion limited its assessment to data provided by the facility staff and observations at the Wilkes-Barre VA Medical Center. The American Legion SWS team conducted structured and unstructured interviews with the medical center's executive and departmental staff concerning general business operations, human resources, clinical management, and patient access. WBVAMC provided data through The American Legion Mail-Out Questionnaire (MOQ). The SWS team also used the internally developed In-facility Questionnaire as its primary tools for the on-site, structured interviews.

The SWS team did not review medical records from the medical center or any Community-Based Outpatient Clinics (CBOCs). The team also did not physically assess drug control practices, review physician prescribing profiles, or VA OIG complaints pertaining to Waste, Fraud and Abuse. Furthermore, the SWS team did not visit any of the CBOCs affiliated with the WBVAMC due to time constraints.

Overview

Since 1944, the WBVAMC has served the veteran population in the surrounding 18 rural counties of northeastern Pennsylvania as well as Tioga County in New York State. Over 56,000 veterans are enrolled to use the WBVAMC. The healthcare system reports providing services for more than 38,562 unique veterans, which include over 3,000 women veterans. This system consists of multiple CBOCs in Allentown, Columbia County, Northampton, Sayre, Tobyhanna, Wayne County, and Williamsport, and according to the WBVAMC data, approximately 40% of the veteran service area live in rural communities. WBVAMC is a part of VISN-4, which includes all facilities across Pennsylvania, Delaware and some counties which extend into New Jersey and New York.

WBVAMC is a level 2 teaching hospital with 58 hospital beds, 20 domiciliary beds, 105 Community Living Center (CLC) beds, and a model-3 women veterans health clinic. The WBVAMC provides extensive healthcare through primary, medical and surgical care, as well as innovative mental health programming and services. For senior veterans in the surrounding 19 rural counties, WBVAMC provides long term, respite, rehabilitation, dementia, hospice, palliative, to their patient population. Any healthcare services not available at WBVAMC are referred out



to the local community via the new Community Care Network (CCN), which was recently established through the MISSION Act. Additionally, WBVAMC uses the power of the Community Care Program (CCP), which uses technology to expand veteran access to care and services for some of the following services, as an example, primary care, mental health, gynecology, ICU, and even stroke diagnosis. Through “Telehealth” technology, CCP provides suitable and timely access to safe, and reliable healthcare for the veterans and their family members of the WBVAMC System.

The WBVAMC employs 1,360 employees, including 248 veterans. According to the 2018 Annual Report, WBVAMC has 101 physicians and 228 nurses. The majority of the newly hired healthcare profession at WBVAMC graduated from local universities/colleges and vocational-technical schools.

Russell Lloyd, the current WBVAMC Director, was appointed to the role in Wilkes-Barre, PA on October 2nd, 2016. Mr. Lloyd has a long and varied employment history within the Department of Veterans Affairs for over the last 20 years. He has held management roles and positions within the following areas and/or departments: 1) homelessness, 2) social work services, 3) network planning, 4) internal consultant for the CARES initiative, 5) finance, 6) operations, and 7) resources. Mr. Lloyd, with the support of VISN-4 management, currently oversees an annual operating budget of \$255 million for the multi-site WBVAMC System (2018 Annual Report). Dr. Mirza Ali, MD, the WBVAMC Chief of Staff, has held his role since May 2008. He has been a practicing medical physician since 1994. Valerie Boytin, a nurse that has been working at WBVAMC since 1979, now assumes the role of Nurse Executive. She rose to that position at the facility in 2012.

The American Legion SWS team assessed that WBVAMC faces many of the similar challenges that VA medical centers across the United States encounter. VAMC leadership teams continue to be challenged with organizational risk as their facility faces significant challenges with hiring qualified applicants, and then retaining those qualified employees. WBVAMC has taken measures to be creative and innovative around employment incentives to support recruiting as well as maintaining satisfaction of their employees. The MISSION Act has empowered WBVAMC’s HR team with incentives that were unavailable in the past. An example would be combining an Education Debt Reduction Program, with no malpractice insurance, for highly desired OB/GYN applicants. Historically the Commonwealth of Pennsylvania has struggled as a whole to recruit and maintain OB/GYN certified providers due to the cost of malpractice insurance for their specialty. In addition, WBVAMC offers Rural Medicine Loan Repayment Forgiveness for Doctors and Healthcare Professionals incentives, as well as salary adjust-

ments to compete against the local civilian competitors paying much higher salaries.

Town Hall Meeting

Twenty-eight persons attended the town hall meeting held at The American Legion Post 815 in Wilkes-Barre, Pennsylvania. The American Legion’s Department of Pennsylvania used the town hall as an opportunity for their monthly VSO webinar. Ten American Legion Service Officers participated in the town hall via web conferencing. Russell Lloyd, Medical Center Director, represented WBVAMC. They answered questions from veterans, the community, and members of The American Legion Department of Pennsylvania. Adjutant, Kit Watson and the Veteran Liaison staffer from Representative Meuser’s office were also among those that attended. Due to his close ties to the Wilkes Barre VAMC, William J. Smith, Chairman of the Veterans Benefits Committee, also participated in the town hall.

Many of those who attended voiced their many years of experience with the WBVAMC. Questions about MISSION Act benefits, specialist turnover, walk-in clinics, uncertain facility construction of parking lot, remodel of the building(s) 35 & 42, and new Wilkes-Barre Community-Based Outpatient Clinic were discussed. Plans were mentioned for the Scranton Vet Center to offer a women veterans peer to peer support program, and WBVAMC to provide portions of the Whole Health for Life program.

A Navy veteran mentioned sections of the MISSION Act about urgent care benefits. Mr. Lloyd explained the breakdown in which priority group would have to pay a copay and after which visit at the urgent care facility. He continued to mention how to use the TriWest Network facility locator to ensure the urgent care facility is within the network. He concluded by emphasizing the annual flu shot will have no copay.

Employee hiring process and retention were brought up by many of the veterans in the room and the webinar (specifically a cherished dermatologist who relocated with their practicing spouse). Mr. Lloyd reassured out of the 200 vacancies throughout the WBVAMC, 100 are brand new positions to meet the increase in the enrolled veteran population in the area. He continued to explain that the MISSION Act allows for a raise in the budget for nursing pay increases and a 10% pay retention incentive for the VA police.

Mr. Lloyd and Representative Meuser’s staffer remained afterward to address any additional questions or concerns.

Executive Briefings

The SWS team, along with leadership from The American Legion Department of Pennsylvania began the site visit by con-



ducting an hour-long morning meeting with the Executive Leadership Team (ELT) of WBVAMC. Executive Director Russell Lloyd, Chief of Staff Mirza Ali, Nurse Executive Valerie Boytin, Executive Assistant to the Chief of Staff Dawn Vigna and Dietician Melissa Novak attended. Joe Sharon, Associate Director, was unable to be present during the Tuesday visit but was available for the exit briefing on Wednesday. The meeting consisted of a transparent discussion covering a wide range of topics, including the facility parking, recruitment, and retention of staff, access to care, suicide prevention programs, and operational challenges and best practices.

The interviews solicited information concerning challenges that the facility wants to highlight, best practices of the facility and any requests of the facility staff that The American Legion can advocate on their behalf in Washington, D.C., and Pennsylvania's capital, Harrisburg.

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

Best Practices

- 1. Employee satisfaction and retention:** WBVAMC's Facility Quality of Care and Efficiency Metric Rankings for the first quarter of both FY2017 and FY2019 demonstrated improvement to "Best Place to Work." The 2017 and 2018 AES Snapshot showed "Employee Satisfaction" continued to increase. The ELT and Human Resources attribute positive feedback to many initiatives throughout the facility. Visible and approachable senior leadership, Ethic Hours, Veteran Employee Council/ Veteran Infinity Group, alternative nursing staff schedules, and all hand's socials to give recognition are several examples WBVAMC empowers their employees.
 - 2. Women Veteran's Clinic:** The Women Veteran Program Manager and the staff of the Women Veteran's Clinic go beyond the basic services offered at the clinic to embrace, support and accommodate the women veterans whom they serve. In addition to an annual luncheon to celebrate woman veterans, different women veteran campaigns events are held at the WBVAMC, and Allentown Outpatient Clinic. The campaigns cover issues such as breast cancer, heart disease, pregnancy, aging, and education. A doorbell outside the clinic must be rung in to gain entry into the clinic. This precaution is to ensure the safety of women veteran
- patients, who may be uncomfortable around men. The Women Veteran's Clinic also supports "Operation Diaper Bag" for both women and men veterans expecting a new addition to their family.
- 3. Clinical Service Line Advancement:** The WBVAMC clinicians pride themselves on their accomplishments in dentistry, bariatric and nutritional services, pain management, laboratory, cardiology, and rapid response. Also, WBVAMC recently introduced the Whole Health to Veterans program. The program allows veterans to take a personalized health approach to their healthcare delivery by offering services such as yoga, acupuncture, diabetes management, healthy cooking, COPD management, tobacco cessation, stress management and much more.
 - » **Dentistry:** Two grant-funded pilot programs awarded to the Office of Dentistry provide same-day services that in the past, would take weeks. A pilot program features a new denture fabrication technique fitted over 25 full set dentures into the mouths of veterans in only one office visit. The other pilot program allows veterans to be provided an immediate permanent crown, thus eliminating multiple appointments to the dental clinic.
 - » **Bariatric and Nutritional Services:** So far in 2019, twenty-eight veterans who received bariatric surgery and nutritional services at WBVAMC lost a combined total of 1,750 pounds. Eliminating sleep-apnea, joint pain relief, improvement in cardiovascular health, relief of depression, remission of Type 2 diabetes, improved fertility and other health improvements are some of the life-changing benefits from the sustained weight loss.
 - » **Pain Management:** A multi-departmental pain management collaboration delivers services to veterans to deter substance abuse or suicide while managing care. Pharmacy, physical therapy, occupational therapy, and chronic pain management clinicians collaborate and monitor the veteran's pain treatment and biofeedback.
 - » **Laboratory:** On the third day of the visit, the facility tour stopped at the impressive state of the art laboratory with multileader testing robotics. The laboratory can identify an infection in 9 seconds, diagnose tuberculosis in one hour, and other remarkable operations to expedite clinicians to treat their veterans.
 - » **Cardiology:** After receiving approval from the Under Secretary of Health, WBVAMC began the Percutaneous Coronary Intervention Program in 2018. The PCI program includes cardio angioplasty or stenting radially (through the wrist), which allows for quicker recovery and discharge for the hospital the morning after the procedure.



- » **Rapid Response:** Veterans and family members can dial “0” from any hospital phone and call in a “Rapid Response.” A pamphlet is provided during admission into the hospital detailing the process. Once a “Rapid Response” is indicated, overhead announcements along with pocket pagers will alert the closest qualified team members to use staging equipment to address the emergency.
- 4. **Telehealth:** The MISSION Act allows VA providers to deliver care via telehealth to veterans over state lines. WBVAMC utilizes telehealth within the facility and the community they serve. A critical care team at the Cincinnati VAMC adds an extra pair of eyes on veterans in the intensive care unit through Tele-ICU. Tele-Home Buddy uses peripherals such as a stethoscope, scale, blood pressure meter, glucose meter, and pulse oximeter to record veteran vital signs, which in turn are monitored by a registered nurse care coordinator. Tele-Stroke, Tele-Prosthetics, Tele-Cardiology, Tele-Primary Care, and Tele-Mental Health link providers and services between veterans, WBVAMC, and other VA facilities.

Challenges and Recommendations

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

1. **Campus Infrastructure:** The 30-year-old WBVAMC campus is feeling the growing pains of an increasing veteran population. Several veterans, employees, and the executive leadership team members commented on the parking situation. A 200 space parking garage contract will be awarded in August. The completed project is scheduled to take 18 months. During construction, an alternative parking process is planned. The Blue, Silver and Green elevators transport veterans, caregivers, and employees to the many floors of the WBVAMC. The elevators continue their service but at a slower pace and need replacement.

Recommendation: The American Legion recommends the WBVAMC executive leadership team, along with input from the clinical service line managers 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 healthcare services and programs, outreach, cultural, and institutional change.

At the time of the SWS visit, WBVAMC did not have an in-house strategic plan but followed the plan for the VISN-4. WBVAMC’s unique demographic demands a customized strategic plan. The strategic plan also needs to address the facility’s operational plans to meet the requirements of the VHA national

strategy plan.

2. **Budget Spending Flexibility:** The Executive Director and employees of the Business and Finance Office mentioned the restriction to allocate funds undeniably necessary. An example they gave was a lack of advertisement monies. Access to an advertising budget can combat negative press and develop recruiting tools to think outside the box to attract qualified employees.

Recommendation: The American Legion supports legislation addressing the recruitment and retention challenges that the Department of Veterans Affairs (VA) has regarding pay disparities among those physicians and medical specialists to make WBVAMC an inviting place to practice.

3. **Rural Area Issues:** Comparing to other facilities in VISN-4, WBVAMC serves a mostly rural community of veterans. According to data provided by the facility, almost 40% of the veteran population lives in a rural area. Weak Wi-Fi, lack of public transportation, rental issues, and an unappealing healthcare provider job market are a few of the challenges residents of a rural area face. Telehealth technology can assist 2 of the 3 challenges but is unable to perform if the Wi-Fi connection is slow.

Recommendation: The American Legion recommends connecting with local veteran service or faith-based organizations to utilize their buildings to provide a private area where a veteran can use telehealth.

4. **Accommodations:** The lack of childcare services and after-hour appointments were mentioned as barriers to acquiring appointments at the VA. Even though the VA implemented successful childcare pilot programs at some facilities, WBVAMC has not been blessed with the option to provide this valuable service to both parents and grandparents of little ones. The Women Veteran’s Clinic stated they offer after hour appointment slots on a Saturday, once every twelve weeks. Working veterans are unable to find time off of work for an appointment or to participate in the additional service offered at VA that can enhance their life (Whole Health, group therapy, MOVE, recreational therapy, etc.).

Recommendation: The American Legion recommends surveying the veterans who are enrolled but not receiving their healthcare in the VA. The objective of the survey would bring awareness to other challenges or barriers that may keep them from making the VA appointments.

Conclusion

Two days of meeting with the executive staff, service chiefs, clinical service line managers, program office staff, and veterans



at the WBVAMC confirm that positive change is occurring at this facility. The site visit wrapped with the SWS team providing an exit briefing to the Executive Leadership Team and giving the ELT a final opportunity to address any remaining concerns that they may have and also pass additional information to the SWS team before departure.

Notes

1. Office of Inspector General. (2018). Comprehensive Healthcare Inspection Program Review of the Wilkes-Barre VA Medical Center Wilkes-Barre, Pennsylvania. Office of Healthcare Inspections. Report 17-01855-81