



MIAMI VETERANS AFFAIRS HEALTHCARE SYSTEM (MVAHS) | MIAMI, FL

Date: May 14-16, 2018

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

Veterans Affairs & Rehabilitation Commission: Steven Kleinglass

Veterans Affairs & Rehabilitation Commission, National Staff: Edwin D. Thomas

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 health care 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 a System Worth Saving site visit at the Miami Veterans Affairs Healthcare System with the purpose of assessing the medical center's pharmacy operations for accountability and patient safety. The Miami Herald published an article in April 2017 titled, "Powerful prescription drugs are missing from Miami VA medical center, four others in Florida." According to the Miami Herald report, the Miami VA Healthcare System could not account for fentanyl and other Class II drugs at the main campus facility or at community-based outpatient clinics or CBOCs in outlying areas.

Scope

The American Legion's System Worth Saving (SWS) team performed assessments and observations at the Miami VA Health-

care System May 15-16, 2018. The American Legion limited its assessment to data provided by MVAHS and observations of operations at the main campus. The SWS team conducted structured and unstructured interviews with the medical center's executive and departmental staff about general business and clinical operations other than pharmacy data. The American Legion provided MVAHS with a document called the Mail-Out Questionnaire or MOQ. The MOQ contains questions and requests for data related to various business and clinical operations. The SWS team also used an internally developed In-Facility Questionnaire (IFQ) as its primary tool for the on-site, structured interviews.

The SWS team did not visit any CBOCs, review pharmacy data, or collect reports relevant to any investigations concerning the diversion of Class II drugs. The team did not request or knowingly talk with anyone directly involved with the alleged incident or subsequent investigations other than the medical center's director and Chief of Pharmacy. During the sessions with either the director or Chief of Pharmacy, the SWS team asked high-level questions about pharmacy operations and general questions about the investigation.

Overview of Miami Veteran Affairs Healthcare System

- Miami Veterans Affairs Healthcare System is a Level 1A facility with the main campus located in downtown Miami, FL. MVAHS provides tertiary health care services to more than 57,000 veterans/patients.
- MVAHS includes also eight Community-based Outpatient Clinics and supports three Veteran Centers.
- MVAHS catchment area or market comprises Broward, Miami-Dade, and Monroe. The hospital avows that its market penetration is 68.27% with 101,778 eligible veterans and 69,485 enrollees at the end FY17 enrollees.
- VAHS has strong access rates for health care appointments for both new and established patients for primary care, specialty care, and mental health (Figures 1 & 2). MVAHS averages 96.34% completion rate for appointments within 30 days for all categories – Primary Care, Specialty, and Mental Health.

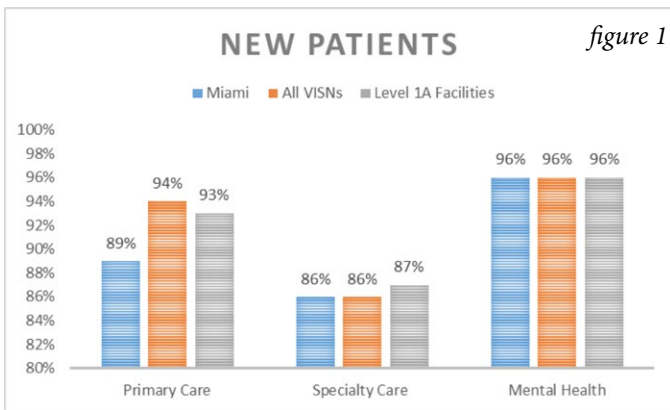


figure 1

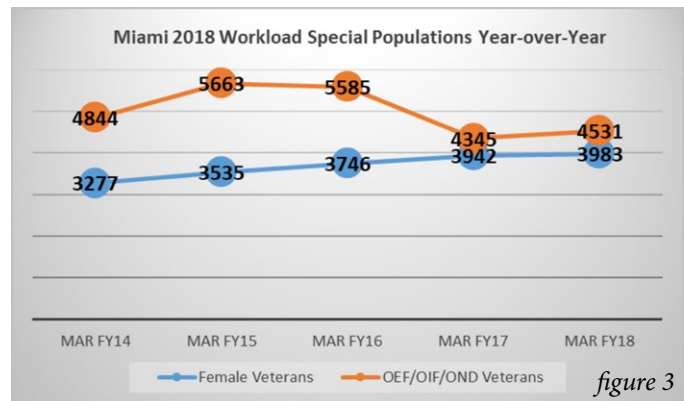


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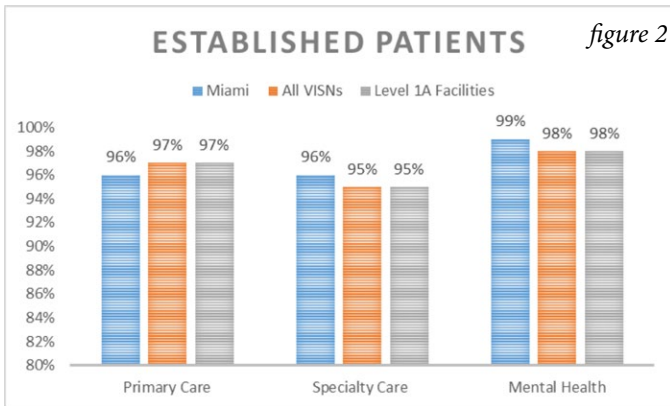


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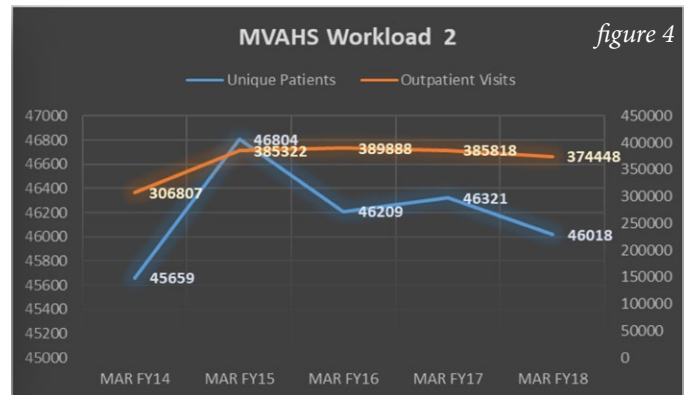


figure 4

- The health care system has an FY18 budget of \$467.2 million.
- With leadership and guidance from its current Director, Paul Russo and the Chief Financial Officer, Albert Tucker, MVAHS balanced its budget for five consecutive years.
- The medical center faces the same challenges with recruiting medical and nursing professionals as most VA medical facilities throughout the United States.
- The workload at MVAHS for Special Populations has steadily increased year-over-year in categories such as Female and OEF/OIF/OND veterans (Figure 3). In contrast, former growth categories such as Unique Patients and Outpatient Visits have experienced slight decreases recently (Figure 4).
- The medical center continues establishing its presence in medical research with Alexander Zaika, Ph.D. Dr Zaika is conducting research on the “Regulation of gastroesophageal reflux associated tumorigenesis.”
- Research appropriations at MVAHS totaled \$13.5 million in FY18 and FY19.
- The medical facility is expanding with minor and major renovations along with facility maintenance projects either planned or underway. The VISN plans to invest nearly \$95

- million in capital improvement projects at MVAHS in 2018.
- The facility has one major construction project for completion by the end of June 2018. The Women’s Center renovation project, upon completion, will house Primary Care Teams, Mental Health unit, gynecology, pharmacy, nutritionists, several procedure rooms, and a Women Health Specialty Care unit.

Town Hall Meeting

More than 45 people attended the town hall meeting in Coral Gables, Florida, at American Legion Post 98. Commander Michael Pelton and his staff acted as excellent hosts of the town hall meeting. The post’s accommodations enabled great discussions about health care at MVAHS, including access to care, geographical growth, Care in the Community, and rumors about privatizing VA health care.

In addition to the more than 45 veterans, staff from the offices of U.S. Senator Bill Nelson and U.S. Representative Mario Diaz-Balart also attended the town hall. A congressional aide, Jennifer Blanco (Senator Nelson), and Regional Director Jennifer Rojo Suarez (Representative Diaz-Balart) attentively observed and took notes of veterans’ concerns. Ms. Rojo-Suarez and Ms.



Blanco assured veterans that Representative Diaz-Balart and Senator Nelson take great strides to hear the voices of veterans and act promptly to address their concerns about the VA.

Veterans voiced their concerns about parking, veteran outreach, and the inordinate length of time it takes to receive travel reimbursement – four weeks or more. The well-informed group of veterans even asked questions and discussed the Cerner Electronic Health Records presently used by the Department of Defense – DoD Military Health System.

The entire executive leadership team of 12 persons attended the event. Director Paul Russo answered the majority of veterans' questions or directed questions to other members of the staff.

Veterans discussed concerns about:

- Staff using parking spaces near the entrance of the facility normally reserved for veterans. **NOTE:** The ELT resolved the parking issue the next day following the town hall meeting by sending out emails to all employees instructing them not to park in spaces closest to the hospital out of respect for veterans. The director also informed campus police to report any car parked in spaces reserved for veterans that displayed an employee parking decal.
- Some veterans who do not show for medical appointments and the effect “No Shows” have on other veterans.
- Staff demonstrates dedication and hard work caring for veterans.
- Access

The discussion on “Access” lasted longer than any other segment and included the subject of expanding MVAH's footprint. Several veterans identified one such opportunity at Homestead, Florida, which is 41 miles from Miami. The veteran stated a building once operated by the DoD as a commissary is available for use. The building is large enough to facilitate caring for veterans and military personnel. Mr. Russo added the medical center submitted a proposal to DoD and the VA regarding the vacant building.

Finally, a non-veteran who is a member of the board of directors for Baptist Hospital offered his assistance with helping MVAMC secure the property and assist with veterans. The attendee offered to help in “any way possible” to benefit veterans. The gentleman also stated his wife is actively involved in healthcare in the local area and familiar with the mission of The American Legion.

Executive Briefings

Summary

The System Worth Saving team included Steven Kleinglass, Consultant, and member of the Veterans Affairs and Rehabilitation Committee, and Edwin Thomas, Assistant Director

(Health Policy), from the American Legion's national headquarters in Washington, D.C. The SWS team conducted structured (planned questions) and unstructured (unplanned or unscripted questions asked during discussions) interviews with the medical center's Executive Leadership Team (ELT) and line managers about their “Challenges” and “Best Practices” at the facility. Moreover, the SWS interviewed staff from Environmental Care, Sterilization Supply, Human Resources, Clinical Services including Nursing Administration, Business Office and Finance, Quality Management, and the Women's Health Clinic.

Beyond questions and discussions about “Challenges” and “Best Practices,” the SWS team also asked questions about the facility's operations in each respective area. Many of the staff's answers about “Challenges” and “Best Practices” and operations often overlapped. The author reflected those overlapping comments in this report as “common themes” under categories like “Space” or “Access to Care.”

Challenges

The decline in the number of “Unique Patients”

Health System Director Paul Russo discussed this as a major challenge because the decline affects the overall allocation of the Veterans Equitable Resource Allocation model or VERA. Yet, the medical facility received sizeable funding for FY2018 despite the 1% (rounded) decrease in their unique patient population between FY2017 and FY2018 (Figure 3). Nevertheless, the director believes the downward trend will have a negative effect on the hospital's budget in coming years. One cannot attribute the decline in the number of patients seeking care to a single factor. However, inpatient care has declined in both the private and public sectors as outpatient care has increased over the past several years.

Staffing

MVAHS has 147 Critical Positions vacant. Nearly 60% of those vacant positions consist of physicians and nursing professionals. The medical center faces a challenge with its recruiting operations since Miami remains an important center of immigration and migration in the United States. Contrastingly, MVAHS has solid academic affiliations with several local and regional academic leaders with strong nursing and medical programs. Yet, MVAHS experiences the same challenges related to recruiting as other VA medical facilities – the long on-boarding process.

Appointment No-shows

During the structured interview sessions, several of the clinical and administrative staff mentioned “No-show” appointments as “very serious.” The SWS team heard similar complaints from



several veterans during the town hall meeting the previous night. Therefore, a patient who schedules appointments and does not keep them poses a serious challenge for the medical center. The challenge seems acute in patients seeking specialty care appointments. However, the number of no-show appointments for specialty care decreased slightly from FY2016 (49,315) to FY2017 (49,145) by 0.34%.

Best Practices

Great work environment (Employee Engagement, Patient Experience, Patient Satisfaction, and Hospital Operations)

The SWS team talked with staff and observed their work during the tour of the Miami facility. Employees demonstrated a spirit of genuinely caring about the well-being of veterans. Many of the employees attributed the great work environment to the leadership and guidance of the director, Paul Russo. Some employees said they enjoyed working at the facility because of a combination of their sense of professionalism and caring for veterans because some of their family members who served in the military.

LiveData PeriOp Manager™ (Hospital Operations, Access, Patient Experience, Patient Satisfaction)

MVAHS wanted to increase a variety of metrics related to its surgical operations. The qualitative goals included increased patient satisfaction and safety, team collaboration, and coordination. Equally, leaders at the facility wanted to improve quantitative measures such as efficiency of its 10 operating rooms, scheduling accuracy, and quality. Before acquiring LiveData PeriOp Manager, only 37% of surgical cases started on time. Five months after the implementation of the software on-time surgical starts increased to 82%. According to a case study published by LiveData, Incorporated, “When armed with data collected through PeriOp Manager, surgeons and staff have a more realistic idea of their activity, and are able to more accurately allot the amount of time scheduled per case. This means that patients’ expectations of surgery length are more closely met. Patient and family satisfaction has risen along with the certainty of start times.”¹

Zero-Sum Budget Hybrid Model (Hospital Operations)

The Chief Financial Officer, Albert Tucker, uses a zero-sum budgeting model that requires department leaders to report budget balances at the end of each quarter. Managers in every department must provide an explanation and account for every expenditure. Departments must justify keeping unused portions of their budget or return funds to the CFO if not used for the intended purpose. Managers must also provide budget and

operational rationale for new positions before making a requisition for the position. Mr. Tucker stated the facility’s financial practices afford it the opportunity to accomplish its workload despite a downturn in the number of unique patients.

Door Art Project (Patient Experience, Patient Satisfaction)

MVAHS started the “Door Art Project” with one nurse who drew a painting on a patient’s door in the Community Living Center or CLC. The one painting ignited an entire project with paintings on almost every door in the CLC. In addition to the aesthetically pleasing effect, the paintings also help patients with dementia feel comfortable and find their way back to their rooms without the need for assistance.

Katherine Kolcaba, an Advanced Practice Nurse and health blogger, developed the framework for the “Comfort Theory.” Kolcaba believed patients and their families should feel comfortable in health care settings based on the physical, psychospiritual [sic], environmental, and sociocultural framework of her model. The paintings on the doors of the rooms in the CLC of the hospital is aligned with the model.²

Recommendations

The decline in the number of “Unique Patients”

Private and public health care providers over the past decade have witnessed a sharp decline in the number of patients needing either primary or specialty care. The trend is moving toward more outpatient care and the use of urgent care facilities. While the public sector has experienced this trend over the past decade for a variety of reasons including cost controls and regulatory constraints, the Department of Veterans Affairs has not identified the contributing factors for the decline or has not elected to make their findings available to the public.

Recommendations

- The American Legion recommends the Department of Veterans Affairs conduct a series of market-specific analyses where declining unique patient usage exists. The VA should identify the underlying causes of the decline in unique patient usage. The problem seems acutest in certain markets like Miami, Florida and Durham, North Carolina.
- The American Legion recommends the staff at the National Headquarters in Washington, D.C. arrange meetings with officials responsible for administering the Veterans Equitable Resource Allocation (VERA) of the Veterans Health Administration. The meeting, in part, should include discussion on the potential effect of a shrinking workload on the allocation processes at both the VERA and Medical Center Allocation System (MCAS) levels. Staff will report the outcomes of the



meetings and subsequent conclusions with the Chair of Veterans Affairs and Rehabilitation Commission before submitting additional recommendations related to this report.

Staffing (Primarily Physician and Nursing Professionals)

Physician and nurse staffing issues have become chronic conditions not only at VA medical facilities but at hospitals in the public sector, too.

Recommendations

- The American Legion recommends MVAHS aggressively promote employment opportunities at local colleges and universities that have nursing and medical education curricula. Likewise, the recent enactment of the Mission Act gives the medical facility's recruiters more bargaining power as the law raised the ceiling on educational debt relief from \$120,000 to \$200,000.
- The American Legion recommends the Department of Veterans Affairs create partnerships with local and regional colleges and universities in an effort to get those institutions to:
- Develop a 12-month RN curriculum instead of a 24-month program for nursing students who express an interest in working for the Department of Veterans Affairs. Upon completion of the 12-month program, graduates can participate in a paid practicum in a VA hospital under the guidance of a senior advanced practice nurse also employed by a VA medical facility.
- As part of a broader strategy, the American Legion recommends the Department of Veterans Affairs, where it is appropriate, establish relationships with municipal and state economic development agencies and interested private companies to promote nursing as a career. For instance, Johnson & Johnson, a U.S. global conglomerate, invested \$50 million in broadcast and print advertisements to raise awareness of the rewards of nursing as a profession.

The company also sent recruitment brochures and videos to high schools, colleges, universities, and social service agencies encouraging women and men to consider nursing as a profession. The company's efforts culminated with a "35% increase" in the number of persons applying to nursing programs at schools nationwide.³

Appointment No-shows

The American Legion recommends MVAHS send summary and clean data related to the number, type, and associated costs, if any, by fiscal year of "No Show" occurrences to national headquarters SWS staff. Staff will review data, analyze patterns and trends, and make recommendations regarding potential actions VA/VHA can take to resolve this system-wide challenge. Before

releasing the recommendations, SWS program staff will submit their findings to The American Legion's Veterans Affairs and Rehabilitation Commission for additional considerations or recommendations.

NOTE: MVAHS has provided the SWS team with comprehensive appointment data for FY2016 through the third quarter of FY2018.

CONCLUSION

Observations

The American Legion believes the Miami Veterans Affairs Healthcare System enjoys great operational success because of its current director, Paul Russo, and other senior leaders like Albert Tucker, Chief Financial Officer, Dr. Seth Spector, Chief of Surgery, and Karen Robbins, MSHCM, Chief of Quality Management and Performance Improvement. The SWS team observed employees who strive to care for veterans in the most efficient and caring manner possible. The level of dedication and commitment permeates the entire medical facility.

As mentioned earlier, MVAHS had an interest in assuming ownership of a former commissary building owned by the Department of Defense. The building would have allowed the MVAHS to expand its service reach to both veterans and active duty military in the Homestead, Florida area. After numerous meetings with the Department of Defense and Air Force officials, the Executive Leadership Team decided to forgo the opportunity. MVAHS has found another location to serve veterans in the Homestead area since its clinic there is at capacity for primary care and mental health patients.

Purpose of the SWS Visit

The SWS team did not visit any CBOCs, review pharmacy data, or collect reports relevant to any investigations concerning the diversion of Class II drugs. However, the Chief of Pharmacy explained that the incident involved a nurse who was recording inaccurate use of fentanyl during gastrointestinal procedures. He also pointed out the incident did not occur at the main campus but at a clinic that is part of the Miami VA Healthcare System. The Chief of Pharmacy added that he could not provide any additional comments.

The Healthcare System Director Paul Russo did provide additional comments about the incident. He corroborated what the Chief of Pharmacy told the SWS team. The director added that he and other members conducted their own investigation. At the conclusion of their investigation, Mr. Russo called the proper authorities at the Veteran Affairs Office of the Inspector General (VAOIG). The Department of Veteran Affairs Criminal and Medical OIG directed their own investigation and filed crimi-



nal charges against the nurse. Mr. Russo assured the SWS team the diversion was an isolated incident. In harmony with that statement, Mr. Russo said that new processes and controls have replaced old procedures, and he was 99% sure patients were not affected by the incident and that the medical facility has taken all steps necessary to protect VA assets in the future.

References

- LiveData, Inc. (Date Unknown). Case Study: Miami VA Healthcare System
- Kolcaba, K. (2011). Comfort theory. Nursing Theories. Retrieved from www. http://currentnursing.com/nursing_theory/comfort_theory_kathy_kolcaba.html
- Johnson & Johnson (2016). Campaign for Nursing's Future.