



VETERANS HEALTHCARE SYSTEM OF THE OZARKS (VHSO) | FAYETTEVILLE, AR

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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 System Worth Saving visit to the Veterans Health Care System of the Ozarks (VHSO), in Fayetteville, Arkansas due to an incident that was brought to the attention of the organization concerning a Department of Veterans Affairs investigation of a pathologist who was found to be “impaired” on the job and misdiagnosed patients, resulting in at least one death (Jones, 2018). In June 2018, the VHSO announced a review of 33,806 pathology cases involving the provider, who the healthcare system had previously fired (Veterans Health Administration, 2019).

Scope

The American Legion performed assessments and observations through its System Worth Saving program. The American Legion limited its assessment to data provided by the facility’s staff and observations at the Fayetteville, Arkansas VA Medical Center. The American Legion’s System Worth Saving team conducted structured and unstructured interviews with the medical center’s executive and departmental staff about general business operations, clinical management, and patient access. VHSO provided data through The American Legion’s Mail-Out Questionnaire (MOQ). The SWS team also used the internally developed In-Facility Questionnaire as its primary tool for the on-site, structured interviews.

The SWS team did not review the medical center’s or any Community-Based Outpatient Clinic’s medical records, physically assess drug control practices, review physician prescribing profiles, or complaints lodged by patients or others to the Department of Veteran Affairs Office of the Inspector General about Waste, Fraud and Abuse. Furthermore, the SWS team did not visit any of the Community Clinics affiliated with the Veterans Healthcare System of the Ozarks due to time constraints. However, during the discussion with the Clinical Service Line Managers on Tuesday, representatives from each of the satellite clinics participated via video conference and voiced their concerns to the SWS site visit team.

Overview

The Veterans Health Care System of the Ozarks (VHSO) consists of one Veterans Health Administration (VHA) facility located in Fayetteville, Arkansas, and seven community based outpatient clinics (CBOCs) in Fort Smith, Harrison and Ozark, Arkansas; Branson, Springfield, and Joplin, Missouri; and Jay, Oklahoma. All clinics are VA staff, with the exception of Harrison, AR, which is contract staff. These seven CBOCs serve veterans in north and west Arkansas, southwest Missouri and east Oklahoma. There are two Vet Centers in VHSO’s catchment area, one located in Fayetteville, Arkansas and the second in Springfield, Missouri. The VSHO catchment area also has two State Veterans Homes: one in Mt. Vernon, MO;



and one in Fayetteville, AR. VHSO is a 72 bed acute care facility classified as a Level 1c on the VA Complexity Model. Comprehensive healthcare is provided through primary and secondary care in areas of medicine, surgery, mental health, physical therapy, neurology, audiology and speech pathology, dentistry, ophthalmology, oncology and women's health. Referrals are made to tertiary care facilities. VHSO is part of the South Central VA Health Care Network (VISN 16), which includes facilities in Arkansas, Alabama, Louisiana, Mississippi, Texas, and Florida. The VHSO serves more than 53,000 enrolled veterans.

Town Hall Meeting

American Legion Post 27 in Fayetteville, Arkansas served as the host for the town hall meeting. Eighteen local veterans attended the town hall as well as Mr. Birch Wright, the Associate Medical Center Director and other staff from the VA medical center, two local news organizations, and the Constituent Services Representative from Senator John Boozman's Lowell, Arkansas office. The town hall meeting allows local veterans and their families to discuss the quality of care at the local facility. It also can be used as a measurement of any status changes at the facility that may have occurred since the most recent System Worth Saving site visit.

The town hall's attendees consistently gave high marks and praise to the VHSO for the quality of health care received.

The issues raised by veterans concerned the following:

- Some veterans voiced concerns with scheduling appointments with a primary care physician. A few mentioned receiving advice to "use the emergency room if unsuccessful in making a new appointment." Mr. Wright assured the group that there is no excessive wait time issue at VHSO and subsequently, that there should be no issue with wait time and that any patient with this issue can contact him personally for resolution. The Associate Director wanted to make sure that veteran patients understand that the emergency room should be used for actual emergency treatments only;
- Another veteran mentioned that he had experienced a situation wherein he had previously used medication that worked for him, but the pharmacy began to experiment with a cheaper substitute that he thinks does not work. Mr. Wright explained that the pharmacy has a formulary of medications to choose from that the facility must use first, but if the patient requests a brand name medication the provider can request that particular medication;
- One veteran complained that Compensation and Pension (C&P) exams had been scaled back and that the Fayetteville community was not getting good service. VHSO C&P exams

are completed by a staff of two program support assistants scheduling in conjunction with one full time general medical examiner, one part time general medical examiner, two psychiatric providers and one part time Neurosurgeon provider, ten part time audiologist and a few specialty care doctors. The system makes every effort to ensure C&P exams are timely and are scheduled within a reasonable distance from the veteran's home. The system attempts to address concerns quickly.

- There is a slight communications deficit. Many veterans in the crowd were unfamiliar with the provisions of the MISSION Act. Mr. Wright gave a brief update of the expected changes coming in June of 2019.

Executive Briefings

Summary

Mr. Ivan McAllister, member of the Veterans Affairs and Rehabilitation Commission's Health Administration Committee led the SWS team for the site visit. National staff members Gerardo Avila, Deputy Director of DoD Boards & Memorial Benefits and Melvin Brown, Health Policy Program Coordinator, along with leaders from The American Legion's Department of Arkansas, R. D. Kinsey, Commander, Mary Erdman, National Executive Committeeman and Bob Renner, Adjutant, assisted during the visit to the medical facility.

The SWS team began the first day of the visit by discussing the purpose and expectations of the SWS visit with the Executive Leadership of the facility. The remainder of the first day included structured and unstructured interviews with the following facility staff sections: human resources, financial management, clinical service line management, business office, quality/safety/value services, woman veterans manager and the patient advocate and patient experience manager. The second day of the visit included tours of the Leroy Pond Mental Health Residential Rehabilitation Treatment Program (MHR RTP) and the main facility building/Building 21. The site visit concluded with an exit brief with the Executive Leadership prior to departure.

NOTE: The remainder of this report DOES NOT reflect every challenge/best practice mentioned in the interviews with the staff sections. It does, however, capture the reoccurring issues/facility highlights from the final day and a half of discussions.

Challenges

1. Space

The Veterans Healthcare System of the Ozarks is the latest SWS visited facility to express space constrictions as a concern. The



issues revolve around the following conditions:

- The main medical center building is an older building, having been originally constructed in 1932;
- The Ft. Smith (AR) VA Clinic outgrew its allotted facility and a new clinic was recently confirmed that will increase access to veterans in that area and provide much needed new dental and eye services;
- Small and crowded operating rooms and a minimal number of recovery rooms complicates in-patient surgeries;
- Bottom line is that the facility is in desperate need of modernization of its main facility's building.

2. Human Resources/Staffing

As most of the site visits in the last few years have highlighted, staffing and recruiting/retention issues are found in the VHSD and are noted by the following examples mentioned during the interview process:

- Onboarding of possible new hires can extend out to six months, which the human resources director believes that the long amount of time causes the system to lose quality candidates;
- Community medical facilities can offer candidates higher wages, although the system has been granted the authority to compensate specialty care providers at a maximum rate of \$225 thousand, which is up from a previous high of \$210 thousand;
- The system has a 10% turnover rate, a higher level of turnover occurs at lower level positions;
- The system has a difficulty filling many housekeeping positions due to the wording of the Veterans Preference Act, and requirement to hire preferential eligible veterans;
- There is a need to hire clinical staff and find providers in order to grow/add services, although the current services that the system provides "they do well";
- The system needs licensed practical nurses with mental health backgrounds;
- The system would like to hire nurses from the University of Arkansas, but although the university has a nursing program, most graduates tend to leave the area for better opportunities in Texas;

3. Contracting

A few of the staff members highlighted the following challenges concerning contracting:

- Construction delays due to the inability to replace a local contractor due to the 80/20 rule of accounting; (Petroulas,

2014)

- The contracting process as a whole can use modifications. Projects take too long for approval;
- An exception to policy is needed to modify 1930 contracts and the VHSD is a landlocked campus, which hinders expansion efforts.

4. Information Technology (IT)

According to leadership, IT has been relocated to a centralized location away from the campus. The loss of a dedicated IT team has hurt productivity in many ways, including long wait times for resolving trouble tickets and lags in gaining system access. Moreover, the campus is in desperate need of a Wi-Fi upgrade.

5. The system's CBOCs listed the following challenges:

- Ft. Smith: Staffing/Retirements/Spacing
- Joplin: Growth & Access/IT (no Wi-Fi)
- Jay: More Local Services/Staffing
- Ozark: Lack of Providers taking VA pay/Onboarding
- Springfield: IT/Getting caught up on new patients/New facility
- Branson: Hiring

Best Practices

1. "Great Catch" Award

As a means of addressing safety and quality issues, the facility developed a program that rewards employees that help prevent accidents, injury or illness called the "Great Catch" award. Any prevention of an event that may cause any of the previously mentioned safety/quality issues or close calls that leads to a learning opportunity can be deemed a 'great catch'. The award recognizes people who report quality issues and the facility director can issue a coin and certificate for their diligence.

2. Learning Resource Center Training

The VHSD is the training center for the other facilities in the VISN on Community Care. The system uses a 5-day "boot camp" training methodology where the other facilities complete 2 days of classroom training, 2 days of hands on training and 1 day of 'Hell'.

3. Hire Right/Hire Fast

The system uses a program that allows for filling certain entry-level positions immediately. Onboarding can be completed in about a month in the best case scenario and there is new employee orientation that occurs every pay period as opposed to once a month.



4. Patient Experience

The VHSO uses the Planetree (Planetree International, 2019) techniques for achieving person-centered care. The system is the only entity Planetree certified in the state of Arkansas. As a means of process improvement the Planetree system has 3 goals: (1) Primary care provider rating, (2) Employee view of involvement & decision-making, and (3) Patient preference.

Recommendations

1. Space

While developing this report, the VA Mission Act of 2018 took effect (June 2019). The Congress established the VA and Infrastructure Review Act as a major component of the new laws. Title II, Subtitle A, Section 202 – The Commission, establishes VA Asset and Infrastructure Review (AIR) Commission. The Commission will report to Congress and will make recommendations about modernization of VA medical facilities including adding additional space where identified and needed.

Recommendation: The American Legion recommends VHSO continue monitoring and documenting access issues created by lack of space. The facility should continue to submit reports to their VISN office.

2. Human Resources/Staffing

The VHSO is experiencing the same problem as many other health care institutions in the United States regarding its difficulty recruiting critical staff shortages. The shortage is quickly reaching crisis level in the United States but it is not only limited to the Veterans Health Administration and its facilities, the civilian sector health care providers currently suffer the same fate.

Recommendations

- The American Legion recommends aggressive advertisement and that the VHSO develops a web page specifically for informing the provider community about critical staff vacancies.
- The American Legion recommends VHSO develop programs and recruitment campaigns that target specific interests of physicians and newly matriculated nurses:

Nurses:

- » Develop a mentorship program for newly graduated nurses from the University of Arkansas. Nurse mentors could help new nurses deal with the stress associated with being a new nurse. Mentors can help new nurses understand the culture of the organization and orient them toward success.

- » Develop a coaching program for nurses after one year of service. This program would pair senior nursing staff with nurses needing support and guidance dealing with complex care challenges.
- » Provide more structure during onboarding at both the facility level and departmental level that ensures ambiguity is not a part of the process.

Physicians:

- » Emphasize the availability of opportunities to conduct research that focuses on implementing or expanding evidenced-based medicine, enhancing patient compliance, or reducing the number of no-shows for mental health or primary care visits if such opportunities exist now or in the future.
- » The VA Mission Act of 2018 provides an increase in the Educational Debt Reduction Program from \$180,000 to \$200,000. The American Legion recommends highlighting this new development when recruiting physicians.
- » Highlight the fact that the system has recently increased the salaries for primary care providers to \$225,000 to be more competitive with the civilian sector.
- The American Legion recommends that VHA SIMPLIFY and SHORTEN the credentialing and hiring processes for all employees interested in working at the VA.

3. Contracting

The local contracting office and the VISN have a good working relationship. The leadership provided a report that stated that the contract office performed many modifications to adjust values, obligations and performance periods.

Recommendation: The American Legion recommends that the VISN assists with barriers to contracting being removed, including but not limited to, some of the funding for construction projects be budgeted separately as opposed to being taken from current year's VA monies.

4. Information Technology (IT)

No organization can overlook the importance of IT support, particularly one that is focused on providing health care services to a rurally spread out catchment area as one like the VHSO. Any delays in access by any employee (either provider or support staff) can have adverse effects on veteran patient care.

Recommendations

- The American Legion recommends that the VHSO get its IT section back on campus to service the campus and that the system, including the CBOCs, get much needed upgrades to



Wi-Fi.

- To continue the current decentralizing of IT functions, The American Legion also recommends that the system continue to develop and make maximum use of telehealth/telemedicine systems to increase access to providers in this highly rural catchment area.

Conclusion

Observations

As mentioned in the Purpose Section of the report, The American Legion's System Worth Saving site visit team went to Fayetteville, Arkansas, and the VHSO due to the incident concerning the "impaired" pathologist and the possibility of misdiagnosis of patients. The SWS team appreciated the forthrightness of the staff at the VHSO in discussing their attention to and the actions taken to address the situation and the since fired provider. A copy of the VHA Issue Brief is attached for the review of The American Legion. The SWS team is convinced that the situation is being handled appropriately and transparently and that the issue will be dealt with to achieve satisfactory outcomes for the veteran population that uses the VHSO.