HVAC Hearing Deliverables

May 22, 2018 – Redesign VISN 1, 5 and 22

June 14, 2018

Rep. Moulton:

1. **What is the timeline for addressing the whistleblower complaints at the Bedford VAMC?**

The Office of Accountability and Whistleblower Protection (OAWP) continues to work together with the VISN to address the whistleblower claims regarding the Bedford VAMC. VA is working to address all of the whistleblower complaints by the end of Summer 2018.

Rep. Poliquin:

1. **Dr. Gamble was invited to visit the Togus VAMC in Maine. When will that take place?**

Dr. Gamble is currently planning to visit the Togus VA Medical Center in late June/early July of 2018. The agenda for the site visit, and travel arrangements, are currently under development with plans to complete the visit as soon as feasible.

2. **Who was in Dr. Thomas Franchini's chain of command at the Togus medical center, between himself and the medical center director?**

At the time of Dr. Franchini's removal, his chain of command was as follows:

Dr. Franchini → Dr. Bert Sampson (Chief of Surgery) → Dr. Tim Richardson (Chief of Staff) → Brian Stiller (Medical Center Director). Of these individuals, only Dr. Richardson remains at VA Maine, and he was demoted from his Chief of Staff position due to a failure to ensure that the review of Franchini was completed in a timely manner.

3. **Who was responsible for reporting Dr. Franchini's malpractice according to VHA policy?**

At the time of Dr. Franchini's removal, VA policy did not allow for reporting of Podiatrists to the National Practitioner Data Bank (NPDB). This policy was revised in 2017 to allow VA facilities to report Podiatrists to the NPDB. VA policy at the time did allow for reporting to State Licensing Boards, and SLB reporting is primarily a Human Resources function.

Rep. Arrington:

1. Please provide the rank and order/scorecard for VISNs.

Rank order of VISN performance based on the Strategic Analytics for Improvement and Learning (SAIL) tool as of 1st Quarter, Fiscal Year 2018:

Rank	VISN	Star Rating
1	10	5
3	4	5
2	23	4
4	1	4
5	12	4
6	6	3
7	20	3
8	8	3
9	9	3
10	17	3
11	15	3
12	5	3
13	2	3
14	19	2
15	16	2
16	7	2
17	21	1
18	22	1

2. **What are the VISNs' performance metrics? How do they each score individually? How do they score in comparison to each other to develop the rank order?**

Network Directors are evaluated using the Senior Executive Service performance plan that includes the following elements: Leading Change, Leading People, Business Acumen, Building Coalitions, and Results Driven.

The specific criteria in the plan changes year to year based on VA and VHA priorities. Highlights of this year's performance plan include:

Leading Change

- Spreading innovation and best practices
- Implementing best practices associated with suicide prevention
- Implementing whole health initiative

Leading People

- Improve All Employee Survey targeted areas
- Demonstrate servant leadership

Business Acumen

- Focus resources on foundational services
- Expand virtual care modalities

Building Coalitions

- Improve revenue collections/workload capture
- Improve claims payment timeliness
- Improve referral timeliness

Results Driven

- Improve access satisfaction scores
- Increase telehealth
- Strategic Analytics for Improvement and Learning (SAIL)

The largest driver network directors' performance is in the SAIL component of the Results Driven element. SAIL includes the following components:

- Adjusted Length of Stay
- Acute Admission

- Acute Care 30 day standardized mortality ratio
- Acute Care in hospital standardized mortality ratio
- Acute care risk adjusted length of stay
- Acute continued stay reviews met criteria
- All cause hospital wide 30 day readmission rate
- Ambulatory care sensitive condition hospitalizations
- Best Places to Work
- Call center answer speed
- Capacity
- Care Transition – inpatient
- CMS 30-day risk standardized mortality rate: Acute Myocardial Infarction, Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, Pneumonia
- CMS 30-day risk standardized readmission rate – Acute Myocardial Infarction, Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, Pneumonia
- Days waited for an appointment for urgent care

- Efficiency
- Healthcare associated infections
- Healthcare Effectiveness Data and Information Set
- Mental Health Domain
- ORYX (Joint Commission metrics)
- Patient safety index
- Patient satisfaction

- Preventable in-hospital complications
- Registered nurse turnover rate
- Stress Discussed

- Telephone abandonment rate
- Timeliness in getting appointments, care and information
- Timeliness in getting Specialty Care urgent care and routine care appointments
- Wait time for completed appointments

3. **Provide all instances of a VISN director being removed for poor performance**

VHA does not maintain a system of records for network directors who were removed for poor performance; however, recollection of staff demonstrate multiple instances of network directors voluntarily leaving their position and/or government employment as their performance or conduct was under scrutiny. They include:

- VISN 15 (~1998)
- VISN 8 (~2004)
- VISN 7 (~2005)
- VISN 15 (~2008)
- VISN 9 (~2011)
- VISN 4 (~2013)
- VISN 18 (2014)
- VISN 10 (2015)
- VISN 6 (2016)

- VISN 5 (2018)
- VISN 1(2018)
- VISN 22 (2018)
- VISN 21 (2018)

4. **Provide all instances of a VISN director being denied a performance or retention bonus for poor performance.**

Poor performers are not eligible for performance awards (bonus). No network directors currently receive a retention incentive.

The number of network directors who did <u>not</u> receive a performance award in recent years compared to those who were eligible is as follows:

- FY14 - 0/17
- FY15 – 12/12
- FY16 – 14/18
- FY17 – 16/17

Rep. Roe:

1. **Provide all instances of a VISN director firing a medical center director. (This is distinct from the Secretary or other VA or VHA Central Office entity firing the medical center director.)**

Based on VA records, the following Medical Center Directors were removed from their Senior Executive Service Medical Center Director positions after the agency completed due process. Terminations of medical center directors where the VISN Director was part of the removal process include:

- James Talton
- Linda Weiss
- Therese Gerigk Wolf
- Brian Hawkins
- Sharon Helman

In addition, the following individuals were demoted due to poor performance:

- Brian Stiller
- Anthony Dawson

2. **What is successful VISN 23 doing that VISNs 1, 5 and 22 are not?**

The Veterans Health Administration's (VHA) Veterans Integrated Service Networks (VISN) 23 (and other VISNs) has shown consistently strong performance across a number of VA and VHA's performance management measures, most notably the Strategic Analytics for Improvement and Learning Value Model (SAIL), a system for summarizing hospital system

performance within VHA. VISN 23 has been a strong performing VISN for several years in multiple aspects of operations, including those monitored by SAIL metrics. Strong practiced are also being collected from around the system, to include VISNs 8 and 10.

While having varied performance in SAIL, VISNs 1, 5, and 22 each demonstrated different operational challenges worthy of additional review and support. In comparing the performance of VISN 23 to VISNs 1, 5 and 22, Dr. Bryan Gamble's VISN Redesign Team noticed three distinct differences: Leadership, communications and a structure that supports a positive culture.

3. **What best practices of VISN 23 are being incorporated into the VISN redesign plan?**

The best practices of VISN 23 that are being incorporated into the VISN redesign report are outlined in the paragraphs below specifically focus on leadership, communications and a structure that supports a positive culture.

Leadership in VISN 23 is seen as being engaged and responsive to Medical Centers (MC) and Medical Center Directors (MCD). MCDs function as a member of a board and the network director serves as its chairperson. In this regard, MCDs are champions for their medical center, but decisions for the entire VISN would be made in the best interest of the collective group. VISN leadership's goal is to make the MCDs successful as a group, in addition to individually. In return, the MCDs understand the needs of the VISN have a higher priority than an individual facility. This culture of interdependence sets a tone of collaboration and issues of one MC is an issue for the entire VISN. The culture eliminates any stigma associated with self-identifying potential issues.

Communication practices throughout VISN 23 are strong. VISN and MC leadership are frequently walking the halls and engaging directly with staff. Engagement with community stakeholders is consistent and allows for issues to be addressed locally, at the source. Strong communication is not limited to just MC and VISN leadership. Strong communication channels also exist through the VISN's service lines, which helps foster frequent communication and collaboration between MCs and with VISN experts.

In addition, VISN 23's current management structure supports a culture focused on improvement. Through the service line models, the VISN has established strong communities of practice for most major aspects of MC operations. These groups allow the VISN to address issues and opportunities in a collective manner and ensure consistency across the VISN, ultimately reducing variation. This consistency also allows the service lines to shift staff and resources easily to assist the collective needs of the VISN. Additionally, the collaborative nature of the VISN allows them to reach across VISN lines and look at the regional market for opportunities for collaboration.