



## **ATLANTA VETERANS AFFAIRS HEALTH CARE SYSTEM (ATVAHCS) | ATLANTA, GA**

**Date:** September 17-19, 2018

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

**Veterans Affairs & Rehabilitation Division Member:** Phillip Youngblood

**Veterans Affairs & Rehabilitation Commission National Staff:** Roscoe Butler, Deputy Director,  
Edwin Thomas Assistant Director

### **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 a System Worth Saving visit at the Atlanta Veteran Affairs Health Care System (ATVAHCS) to assess the medical center's clinical operations and managerial accountability. A report released January 23, 2017 by the Veteran Affairs Office of the Inspector General (VAOIG) prompted the visit a report on of its Healthcare Inspection Clinical Assessment Program Review. The VAOIG report identified deficiencies in credentialing, utilization management, cleanliness of the facility, point-of-care testing, and the management of disruptive behavior involving patients. Additionally, the VAOIG recommended made numerous

recommendations concerning accountability for quality of care, patient safety and value, and coordination of care.

### **Scope**

The American Legion conducts as many as 18 System Worth Saving (SWS) visits per year based on reports from the VAOIG, media, and requests from a veteran, caregiver, or a department of The American Legion. Each SWS visit follows a triangular model depicted in Figure 1. The American Legion requests data from the VA medical center via a Mail-Out Questionnaire. The SWS team reviews the data and constructs an In Facility Questionnaire used to conduct structured interviews the Executive Leadership Team, department managers, and other staff.

The VAMC conducts a tour with the SWS of the various departments such as the Emergency Department, Community Living Center, Sterilization Supply, and call centers. During both the tours and structured interview sessions, the SWS team notes their observations for cleanliness, procedures, employee morale and interaction, and patient care.

### **Overview of the Atlanta VA Health Care System**

The Atlanta VA Health Care System's main hospital is a complexity Level 1A facility with a total of 466 beds; 273 med-surgical beds; a Community Living Center or CLC that can house up to 120 veterans, a 60-bed domiciliary, and a 12-bed Psychosocial Residential Rehabilitation Treatment Program. The PRRT unit provides evidenced-based psychotherapy to individual veterans with complex mental health problems. The main campus is a few minutes from downtown Atlanta in Decatur, Georgia.

The medical center presently has 61% penetration in an area home to 253,245 enrolled veterans and 417,000 eligible veterans. More than 4,000 full-time employees care and provide care support for 109,000 unique veterans. While the number of unique veterans in other VA medical centers decrease, unique veterans at the Atlanta VAHCS grew by 6 percent from Fiscal Year 2016 to FY 2018.



The medical center's women veterans population grew from 14,180 in FY16 to 15,319 by 15, Q3 FY2018. In keeping with that growth, the Veterans Integrated Services Network – 7 (VISN-7) funding allocation has also grown since FY2016 from \$708,170,093 to \$869,384,710 or 23%.

## Town Hall Meeting

Commander Walt Cusick of American Legion Horace Orr Post 29, Marietta, Georgia, served as host to the town hall meeting held on September 17, 2018. Dignitaries from The American Legion that included current and past department commanders, a district commander, and a member of the National Executive Council. The entire Executive Leadership Team (ELT) of the Atlanta VA Health Care System attended and actively participated in the meeting by responding to questions from veterans about benefits, personal experiences, and care at the medical center.

The American Legion System Worth Saving team facilitated the hour-long meeting where 13 veterans joined, as mentioned, 9 other persons for a total attendance of 22 persons. The SWS team and ELT responded to questions from veterans. A veteran inquired about ways the medical facility would absorb an additional 5,000 consults since released by former Third Party Administrator HealthNet under the former Veterans Choice Act.

Annette Walker, Director, Atlanta VA Health Care System responded to the question with help from other members of the ELT. Roscoe Brown, Deputy Director for Health Care, also responded promising to talk with the Veterans Administration Central Office or VACO in Washington, D.C. about the issue. Mr. Butler wanted to determine if the problems were pervasive in the VA health care delivery system or just an isolated occurrence at the Atlanta facility.

## Summary

### Executive Briefings

The American Legion's SWS team conducted structured interviews with the Atlanta VA Health Care System Executive Leadership Team. The SWS team uses a questionnaire to conduct its structured interview with the ELT (In-Facility Questionnaire). The SWS selects the questions based on data received from medical center prior to the visit.

The entire ELT attended the meeting: Annette Walker, Director; David Bower, MD, Chief of Staff; Lance Davis, MD, Interim Associate Director; David Carden, Acting Associate Director for Patient Care Services; Al Rosado, Assistant Director; Tincie Lynch, Congressional Liaison, and Delena

Chappell-James, ANE VACC/Call Center. A few department managers also attended the executive briefing. Philip Youngblood, VA&R Commission, led the discussion with the ELT and assisted by Roscoe Butler, Deputy Director Health Policy.

### Best Practices

- **Interdisciplinary Huddles:** The ELT felt that morning huddles of health care professionals from various disciplines helps improve the delivery and quality of care
- **Community Living Center:** The ELT believed their Community Living Center operations was among the best in VISN 7. High – quality and attention given to veterans by professionally trained geriatric care staff contributes
- **Neurology National Tele-Stroke Program:** In 2016, ATVAHCS began serving veterans with neurology stroke consult 24-hour phone support through its Primary Stroke Center. ATVAHCS implemented its year-round Telestroke Consultation services through the VA's National Telestroke Program (NTSP). The NTSP serves Veterans with acute stroke symptoms at VA facilities that lack around-the-clock "in-hospital" acute stroke neurology coverage and/or comprehensive acute stroke treatment capabilities.

Under the direction and leadership of the Chief of Neurology, ATVAHCS improved its acute stroke management for veterans by becoming a fully functional NTSP facility on September 30, 2018. NTSP now provides the medical facility with acute stroke expertise consult services via video-telecommunications and functions as a virtual "hub" comprised of VA stroke neurologists located throughout the United States. ATVAHCS offers veterans suffering cardiovascular accidents latest technology complemented with quality and timely response.

- The Atlanta VA Health Care System identified and provided The American Legion with additional "Best Practices." We have included that document as an addendum.

### Challenges and Recommendations

1. **Space:** The Executive Leadership Team and department managers consistently cited space as a major challenge. According to one member of the team, ATVAHCS needs an additional 1 million square feet of space to adequately serve veterans and house the staff needed.

*Recommendation 1:* The president of the United States enacted earlier this year The VA Mission Act of 2018. The Congress established the VA and Infrastructure Review Act as a major component of the new law. Title II, Subtitle A, §202 establishes the 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 2:* The American Legion recommends ATVAHCS continue monitoring and documenting access issues created by lack of space. The facility should submit reports to their VISN office and, if allowed, to the American Legion. Three representatives from Veteran Service Organizations must serve on the Commission. The American Legion expects an invitation to serve on the Commission. Furthermore, VSOs will make recommendations to the Commission regarding modernization of VA medical facilities and veterans' access to high-quality care provided in environments that demonstrate efficiency and effectiveness. The American Legion along with other VSOs played an integral role toward the enactment of the VA Mission Act of 2018.

**2. Recruitment and Retention:** Patient Aligned Care Teams care for veterans using a model that includes a small cadre of health professionals typically led by a primary care physician. However, the Atlanta VA Health Care System is experiencing trouble staffing their PACTs.

The Atlanta VA Health Care System is experiencing the same problem as many other health care systems in the United States regarding its difficulty recruiting nurses and physicians. The shortage is quickly reaching crisis level in the United States. The shortage at VA medical centers is acute and compounds other issues such as access, funding, employee and patient satisfaction, patient engagement and, most importantly, patient health outcomes.

- » The medical facility has a nurse turnover rate of 6.5 one of the highest in the country. When asked about the high rate of turnover, the ELT stated nurses left for better pay while retirement accounted for nearly 60% of the attrition rate.
- » ATVAHCS experiences challenges recruiting board certified emergency room physicians and retaining physicians interested in research. As one staff physician stated, "The challenge here is the lack of opportunity for doctors to participate in meaningful research." Many doctors, in lieu of large salaries, like to conduct scientific research or become involved in research activities. Most doctors whom have left have said the time demands of the job didn't allow enough time for them to dedicate to medical research." Moreover, as part of their jobs, medical staff have an extraordinary amount of administrative work to complete.

- » Lastly, the lack of staff, in general, inhibits the hospital from implementing plans to improve the delivery of health services. The ELT remains hopeful of getting vacancies filled soon that will enable achievement of projects and operational objectives. Additionally, a few physicians felt the shortfall among physicians contributed to the closure of one of the facility's surgical suites.

*Recommendations:* The American Legion recommends ATVAHCS plan actions that reduce or completely alleviate physician turnover by:

- Creating a cadre of scribes who can help ease the burden physicians feel when doing administrative tasks.
- Simplifying the credentialing process without sacrificing quality of the hire.
- Emphasizing 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 will in the future.

#### **Physician Recruitment Campaigns**

- » The American Legion recommends highlighting the benefits of the new Educational Debt Reduction Program that provides an increase in the debt repayment amount from \$180,000 to \$200,000 during recruitment campaigns.
  - » The American Legion recommends that all the hospital's recruiters remain transparent about the advantages and disadvantages associated with the VA allocation model and the influence it may or may not have on the debt repayment program at ATVAHCS.
- 3. Patient Safety (Purpose of Visit):** ATVAHCS continues experiencing adverse patient safety events. Adverse patient safety events in the past year have include patients found with weapons while in the emergency department, delays in surgical interventions, and steadily increasing medication errors involving outpatients and inpatients. Furthermore, the hospital lacks defined procedures for critical problems involving patient safety. For instance, the medical facility declared that a "standardized process will be implemented for implant management surgical." However, the leadership team did not offer any accountability for developing, communicating, implementing, monitoring, and enforcing the policy or policies. The ELT team did not offer any proof of an action plan or strategic plan outlining the planned actions to improve patient safety. In fact, ATVAHCS's Strategic Plan



for 2018-2021 did not indicate any strategic initiatives for Patient Safety.

With patient safety incidents throughout 2017 and the absence of Patient Safety initiatives in the hospital's strategic plan, one remains uncertain as to the hospital's long-term level of commitment to improving patient safety. The Patient Safety Annual Report for FY 2017 (page 27) revealed a table showing compliance with selected standards for the Joint Commission's National Patient Safety Goals. ATVAHCS indicates with all goals set forth by the Joint Commission. Nevertheless, the table appeared incomplete because the table is missing Goals 10-13. Finally, ATVAHCS does not disclose the date of accomplishment of the goal or compliance.

#### *Recommendations:*

- The American Legion recommends Patient Safety not only becomes a tactical priority but a strategic priority, too.
- The American Legion recommends that ATVAHCS develop action plan to address patient safety issues that emerged during 2017.
- The American Legion recommends senior leaders revise its Strategic Plan for FY2018 to FY 2021 by including patient safety improvement especially in the areas such as Care Management, Laboratory/Pathology Activities, Monitoring Process, and Supply Service Activities.
- The American Legion recommends another SWS site visit in late 2019 to assess patient safety activities and accountability.

## **Conclusion**

### **Data**

The Executive Leadership Team at the Atlanta Veterans Affairs Health Care System compiled and delivered to The System Worth Saving team various reports. The data and information is embedded in PowerPoint slides including their strategic plan, patient safety reports, and other documents not protected by VA's privacy policies.

The SWS team analyzed data and concluded that:

- From FY2017 to Q2 FY2018, Strategic Analytics for Improvement and Learning performance indicators for ATVAHCS did not improve significantly. Those performance measures include Acute Care Mortality, Hospital Acquired Infections, Length of Stay and Utilization Management, Care Transition, and Physician Capacity.
- Yes, a few performance measures did change from Q4 FY2017 to Q3 FY2018 but not so significantly as to improve

the hospital's overall performance rating.

- Financial data suggested a 16% increase year-over-year from \$799,244,540 (FY2016) to \$869,384,710 (FY2018) in the facility's Medical Care Budget.
- Patient Wait Times will likely continue improving as the trend indicates. The SWS team anticipates ATVAHCS will continue its exemplary performance in this access category even as their market penetration (enrollment) continues its growth.
- Data indicate the potential for strained access in some segments of the healthcare system if the number of vacancies do not continue their downward trend in FY2019. According to the data the SWS team analyzed, total vacancies fell from 677 to 602 representing a 14.3% decrease.

### **Observations**

The System Worth Saving team collectively made the following observations during the structured interview sessions and tours of the facility.

- Overall, the staff had a very pleasant and professional attitude.
- Physicians voiced their concerns about hiring and retaining quality physicians to meet the needs of veterans and conduct medical research at the hospital.
- The SWS team toured areas in the facility that seemed very clean and patients in the Community Living Center
- Medical waste disposal appeared to be a problem at the hospital as identification or proper labeling of medical waste appeared lacking at the facility.
- One SWS team member noted that specialty and primary care physicians did not seem to act as a cohesive team. The SWS team member noted that during the structured interviews and breaks several physicians brought the problem to his attention.
- The Executive Leadership Team appeared motivated and driven to provide the best health care service to veterans.
- During the interview sessions and Exit Briefing one SWS team remarked that he "did not detect any major deficiency that the medical center was not aware of and had a plan to correct. There is always room for improvement in any organization whether it is a Sunday school class or operation of a Veterans Affairs Medical Center."



Lastly, a few weeks after The American Legion conducted its System Worth Saving, The Atlanta Journal Constitution<sup>1</sup> published an article that stated the Atlanta VA Health Care System's Performance Ranking dropped from a 3-Star to a 1-Star rating in the VA five-star ranking system. The drop effectively placed the facility among the one percent of VA medical facilities with very low quality. The article also alleged the hospital's vacancy rate was "the worst in the country." Subsequently, the Veterans Health Administration announced the retirement or reassignment of members of the Executive Leadership Team in place during the SWS visit. The interim ELT wanted to submit an Addendum to this report.<sup>1</sup>

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<sup>1</sup> <https://www.ajc.com/news/breaking-news/atlanta-quality-drops-one-the-worst-the-nation/AO9UmFuyN5y3eI-lnzpJCQK/>



**ADDENDUM**



**DEPARTMENT OF VETERANS AFFAIRS**  
**Atlanta VA Health Care System**  
**1670 Clairmont Road**  
**Decatur, Georgia 30033**

NOV 08 2017

Mr. Edwin D. Thomas, MBA, M.Sc.  
Assistant Director, Health Policy  
The American Legion  
1608 K Street, NW,  
Washington, DC 20022

Dear Mr. Thomas

The following information is submitted as a follow-up to the American Legion System Worth Saving site visit at the Atlanta VA Health Care System (HCS) on September 17 - 19, 2018. We are including our "Best Practice" submission as requested.

Our current facility rating is a 1 Star. This is not a direct reflection of the quality of health care services the Veterans is receiving from the Atlanta VA HCS, nor is it a reflection of the potential of this organization. It is an indication of improvement opportunities we have in several areas and we are well on our way to addressing them.

Just last year, our internal VA rating system identified us as a 3 Star Health Care System. Challenges such as turnover in key leadership positions, increasing needs of our Veterans, and transitions in our community care programs are just a few areas that led to improvement opportunities.

We recently experienced an extensive evaluation of our internal processes by medical center leadership, the VISN, and VA Central Office to ensure we were delivering safe, high-quality care. This led to our VISN office assigning several key leaders from the VISN and other VHA facilities to support the Atlanta VA HCS and to ensure we continue providing the health care Veterans earned and deserve. VISN experts are on-hand to ensure we maintain a stable and effective organization during this transitional period. Several corrective actions have already taken place to shore up health care delivery, which have led to improvement in access measures in critical areas such as Primary Care and the Emergency Department.

We fully understand that during this time, transparency is key to maintaining the trust of our Veterans and our most trusted stakeholders. This organization remains committed to our Mission and every Veteran that seeks care here at our facility. As always, it is our mission to provide outstanding services to Veterans and their families.

Ajay Dhawan  
Interim Director



**WRITTEN AND SUBMITTED BY THE ATLANTA  
VETERANS AFFAIRS HEALTH CARE SYSTEM  
RECEIVED NOVEMBER 8, 2018**

**Health Professional Training for the Nation**

The Atlanta VA Health Care System (VAHCS) has 164 Program Specific Academic Affiliations. The education program has Graduate Medical Education Affiliations with Emory School of Medicine, Morehouse School of Medicine and Gwinnett Medical Center. In addition, the VA Nursing Academic Partnership partners with Emory School of Nursing with 59 positions in 4 programs and Post-Baccalaureate Nurse Residents with 10 positions. Associated Health Education has 78 positions in 8 disciplines.

**Specialized Training**

The Atlanta VA Health Care System (VAHCS) has advanced Fellowships in Advanced Geriatrics, Multiple Sclerosis (MS), and VA Quality Scholars (VAQS). The VAQS Program is an interprofessional training program that was awarded renewal in August 2018. A post-residency program as Chief Residents in Quality and Patient Safety is available in Internal Medicine and General Surgery. There is an interprofessional collaborative Practice in Cognitive Disorders and Women's Health and Clinical Residencies for Advanced Practice Providers.

**Neurology National Tele-Stroke Program**

The Atlanta VA Health Care System (VAHCS) has been a Primary Stroke Center with neurology stroke consults available via phone round the clock since 2016. In response to recently updated advances in acute stroke care and Acute Stroke Care Guidelines, Atlanta has implemented 24/7/365 Telestroke Consultation capabilities via the VA National Telestroke Program (NTSP). The NTSP serves Veterans with acute stroke symptoms at VA facilities that lack around-the-clock "in-hospital" acute stroke neurology coverage and/or comprehensive acute stroke treatment capabilities. Under the direction and leadership of the Chief of Neurology, the Atlanta VAHCS improved its acute stroke management for Veterans by becoming a fully implemented NTSP facility effective September 30, 2018. NTSP now provides Atlanta VAHCS with acute stroke expertise consult services via video-telecommunications 24/7/365 and functions as a virtual "hub" comprised of VA stroke neurologists located around the country provide acute stroke consultation services to participating facilities. Implementation of this program keeps the Atlanta VAHCS on the cutting edge of providing top

quality, timely stroke response to the Veterans it serves.

**VA Regional Multiple Sclerosis Center of Excellence (MSCoE)**

The Atlanta MS Center of Excellence (MSCoE) hub site was named a Regional MS Center of Excellence by the National Director of the MS Centers of Excellence East and the National Director of VA Neurology. The Atlanta VA Regional MS Center of Excellence is one of the largest providers of MS care in the MSCoE system, serving hundreds of veterans in the Southeast with multiple sclerosis. The Atlanta MS Center also provides training for medical residents and fellows in MS care and participates in cutting edge MS research.

**Clinical Best Practices for our Women Veterans within the Atlanta VA Healthcare System**

The Atlanta VA Health Care System serves one of the largest population of Women Veterans in the country. We are committed to ensuring that we provide our Women Veterans the best care. To this end, we have a myriad of services uniquely developed to address the healthcare needs of our Women Veterans. During fiscal year 2018, the Women Veterans Program, with support from The Office of Women's Health Services and local VA staff providers, conducted three on-site Women's Health Mini-Residencies that resulted in the training of over 50 primary care providers in the care of the Woman Veteran. These providers are called designated Women's Health Primary Care Providers. As a result of this training, there are at least 2 designated WH-PCP providers at each of the 15 sites of community based outpatient care available to meet the needs of our Women Veterans.

The Veterans Administration is committed to the prevention of breast cancer through early detection and treatment. To achieve this breast health care, the Atlanta VA builds relationships and agreements through community care collaborations with breast health centers across the Atlanta area, rural regions and suburban catchment areas. During fiscal year 2018, the Atlanta VA developed the Breast Health Team. This team consists of 2 nurse mammogram coordinators and a NP navigator. The role of this team includes collaboration with the Atlanta VA Office of Community Care in tracking and coordination of care for screening and diagnostic mammography services. This team is an essential component of the bi-directional health information sharing and dissemination to achieve effective coordination of care within the community.

**Community and Women Veteran Patient Engagement**



### **Best Practices within the Atlanta VA Health Care System**

The Atlanta VA Health Care System understands the importance of reaching Women Veterans where they work and live within the community. We are engaged in a myriad of community and patient outreach engagement opportunities. This outreach ranges from participation in health fairs within the community to educational outreach efforts in collaboration with institutions of education to enhance the care of Women Veterans beyond VA. The collaboration between the Women Veteran's Program and the VA Nursing Academy Partnership with the Emory University Neil Hodgson Woodruff School of Nursing provides an opportunity for up and coming nursing practitioners to better identify health issues unique to Women Veterans and to explore the post deployment challenges and exposures experienced by Women Veterans during their service to our country.

The Atlanta VA Health Care System created the first local VA Women's Baby Shower. This initiative become national in 2018 with the first VA Nationwide Baby shower. This gender specific program, which also involves participation from local and national community partners, provides an opportunity for our pregnant Women Veterans to be celebrated and supported in their motherhood journey. During the baby shower our Veterans are able to connect with one another and participate in a supportive celebration of their pregnancy, as well as receive important information regarding the benefits of lactation, safe sleeping practices, and car seat safety techniques. This event also includes the sharing of shower gifts to our expectant Women Veterans that include car seats, diaper bags, and strollers.

### **Suicide Prevention Program**

The Suicide Prevention Program is an educational and clinical service that helps VA staff and community stakeholders identify and care for Veterans who are at high risk for self-directed violence. In addition to educational and outreach efforts, Suicide Prevention provides supplemental case management and oversight for Veterans who have been identified as being at increased risk for self-directed violence. The program also supports the national Veterans Crisis Line (VCL) by providing local follow-up for Veterans experiencing emotional and mental health crises. The program is staffed with clinical social workers, and administrative support staff. For the past several years, the Atlanta Suicide Prevention team has received the largest number of VCL consults for any individual site nationally. The average number of VCL consults received per month is 300. There are approximately 250 Veterans currently on the Atlanta VAHCS high risk list.

### **Mental Health Intensive Case Management**

The Atlanta VA Health Care System (AVAHCS) Mental Health Intensive Case Management Program (MHICM) is designed to address the biopsychosocial needs of Veterans having serious mental illnesses; they are the highest users of inpatient services. The Atlanta VAHCS MHICM Program was established in 1994 and is modeled after assertive community treatment. Its mission is to decrease the use of psychiatric inpatient services and improve the community functioning of Veterans, resulting in a better quality of life. The program is evidenced based and operates using principles from the Recovery Model, such as self-direction, hope, holistic, responsibility, person-centered, strength-based, non-linear, respect, peer support and empowerment. The clinical case managers serve a small caseload of Veterans, providing frequent intensive mental health services where the Veteran lives. MHICM clinicians are trained in evidenced-based treatments including Social Skills Training, Acceptance and Commitment Therapy, Behavioral Family Therapy and CBT for Psychosis. The MHICM Program Peer Support Specialists conduct community integrative activities such as group visits to The American Legion Luncheon and an Equine Assisted learning program. The Atlanta VAHCS MHICM Program is accredited by the Joint Commission and the Commission on Accreditation for Rehabilitation Facilities (CARF).

### **Empower Veterans Program**

Empower Veterans Program (EVP) offers a fuller life to those struggling with high impact chronic pain, which is persistent severe pain affecting approximately 10% of Veterans. EVP bridges VA goals for: better pain care; suicide prevention; opioid use disorder prevention; and Whole Health Coaching. EVP invests 30 hours/10 weeks of integrated self-care coaching to train Veterans, step by step, for success in their life-mission. EVP interdisciplinary teams are made of specially trained Psychologists, Chaplain, Physical Therapist and Social Workers. For EVP graduate stories see [https://www.atlanta.va.gov/services/Empower\\_Veterans\\_Program.asp](https://www.atlanta.va.gov/services/Empower_Veterans_Program.asp).

Systematic change is needed as, no matter the healthcare system in the USA, most patients with high impact chronic pain remain dysfunctional despite many medication trials and procedures.

By the summer of 2018, Atlanta EVP had > 500 Graduates. EVP is spreading nationally; intensive mentoring of other VHA facilities began with VA Maryland HCS in the summer of 2017, and EVP mentors are ready to virtually train new EVP teams several new VHA facilities annually.





EVP Graduates share how their new self-care skills continue to improve their quality of life. Many such Veteran have successfully weaned themselves from using canes and opioids. Many EVP Graduates thankfully note, “The pain is not in control anymore,” and “EVP is the best thing the VA has given me.”

### **Team Atlanta Health Care System Adaptive Sports program**

The Team Atlanta Health Care System Adaptive Sports program formulated and operated as such after the U.S. Department of Veterans Affairs, Office of National Veterans Sports Programs and Special Events announced in 2013 that the mission for Veterans would no longer remain the same. Recreation Therapists from around the world were invited to be trained to take our leisure functioning training abilities to adaptive sports training abilities whereby we would become more capable of meeting the adaptive sporting needs of our Veterans in their varying disabilities.

The vision and outcome of being involved in adaptive sports is to learn, re-learn, and explore new sporting avenues. The goal of being involved in adaptive sports is to help Veterans create a better quality of life and lifestyle. This year Team Atlanta had 9 Veterans compete at the National Veterans Wheelchair games in Orlando, Florida and 23 Veterans compete in the National Veterans Golden Age Games in Albuquerque, New Mexico. Team Atlanta Health Care System has 10 Recreation Therapist working with adaptive sports athletes. Several gold, silver, and bronze medals were earned this year.

Team Atlanta through Recreation Therapy addresses these adaptive needs by working collaboratively with Paralympic Sporting Clubs and other support sporting organizations and clubs throughout the city where Veterans can train and become more efficient or learn to become more adept in the sporting event of their likes. Veterans this year competed in the national games in sporting events like air guns archery, bowling, swimming, power soccer, quad rugby, badminton, pickleball, horse shoes, boccia ball, shuffleboard, hand cycling, 9 ball, wheelchair basketball, track, javelin, shot put, discus, and field events, trapshooting, slalom, power soccer, and weightlifting are supported. Veterans of all ages and abilities report better health, new friendships and a better quality of life when participating in adaptive sports. Veterans with disabilities who are physically active simply just have more fun!

### **Magnet**

The Atlanta VA Health Care System is proud to have been designated twice as a Magnet® organization through the American Nurses Credentialing Center (ANCC). The Atlanta VA Health Care System (AVAHCS) received its first designation in 2009 with a second designation in 2015. This designation is the “gold-standard” in nursing (and organizational) excellence and is currently held by only 477 healthcare organizations in the world, including four VA Medical Centers. This recognition is only awarded by the ANCC and is the result of meeting numerous criteria, reflecting nursing and organizational excellence, through a stringent process.

The Magnet® designation/re-designation process involves four phases: Application for designation/re-designation, documentation of processes and outcomes based on the standards described in the manual, site visits by the appraisers if the document receives a rating of excellence, and the final decision phase. These take place over the course of approximately two fiscal years. Following the initial designation, organizations must re-apply and go through the process every four years to obtain re-designation. The re-designation document for the AVAHCS was submitted October 1, 2018.

### **Million Veteran Program (MVP)**

The Atlanta VA Health Care System is an active participant in the Million Veteran Program (MVP) having recruited over 12,000 veterans. MVP involves a one-time visit with a research coordinator, filling out questionnaires at home, and providing a blood sample. Researchers will use the questionnaire data, information from the Veteran’s electronic medical record, and genetic testing on the blood sample to study causes of disease in Veterans. In addition, two investigators have successfully competed for the initial awards that will analyze data in two major areas: diabetes and cardiovascular disease. One project’s goal is to develop methods to link data from the Million Veteran Program (MVP) baseline examination to the VA electronic health record (Aim 1), assess the relation between causal pathway cardiovascular disease (CVD) risk factors (LDL-C, triglycerides, BMI) and recently performed Genome Wide Association Studies (GWAS) (Aim 2), and evaluate the relation of GWAS with prevalent coronary heart disease (CHD) in MVP (Aim 3). The main objectives of the second project are: 1) creation of a virtual baseline examination for the MVP participants using the clinical and administrative data found in the Corporate Data Warehouse (CDW); 2) evaluation of common and rare genetic variants to determine if there are associations between these variants and diabetes complications such as diabetic retinopathy, glaucoma, diabetic kidney disease,



heart failure and hypoglycemia. 3) assessment of traditional and genetic risk scores by comparing them with the actual outcomes observed in the study population.

### **System Green Environment Management Systems (GEMS)**

The Atlanta VA Health Care System Green Environment Management Systems (GEMS) earned back-to-back Practice Greenhealth Emerald Awards for 2017 and 2018.

Practice Greenhealth is the nation's leading health care community dedicated to transforming health care worldwide so that it reduces its environmental footprint, becomes a community anchor for sustainability and a leader in the global movement for environmental health and justice. Winning hospitals have demonstrated a strong commitment to sustainability and shown leadership in the local community as well as the health care sector.

There were over 600 applicants (all categories of hospitals nationally), with only 140 awarded. Atlanta VA Health Care System ranked in the top 18% of all awarded hospitals nationally. Subsequently, Joshua Jenkins, Atlanta VA GEMS Program Manager, was nominated as VISN7 Practice Greenhealth Awards Mentor for 2019 by VA Central Office.

### **Two AVAHCs Police Officers received National Recognition from the Office of Security and Law Enforcement (OSLE)**

Major Jacalyn Caisse and Major Darren Tooson were recognized nationally by the Office of Security and Law Enforcement (OSLE) as the Outstanding Law Enforcement Officers for 2018. They were also recognized by the Atlanta Federal Executive Board for their relentless service to our organization. They received numerous accolades from both Veterans and employees for their ICARE oriented leadership in the performance of various improvement initiatives that increased departmental efficiencies. Their contribution to the development and sustainment of the overall mission readiness of the service streamlined operations and decreased hire on time for hard-to-fill vacancies.

### **Issues for Advocating by the American Legion**

Our hiring issues are systemic and are the reason the VA as a whole has difficulty with hiring qualified, exceptional providers.

We cannot recruit highly qualified physicians in specialty

occupations due to the salary cap. Most competitive market specialty salaries far exceed our tiered system and in some cases, we are not able to get with 25% of the competitive market salary because of the 400K cap. This severely limits our ability to recruit high performing physicians that our Veterans deserve and demand. Additionally, our inability to pay for overtime/comp-time, on call and/or standby for physicians is a hugely dissatisfying. These are standard expectations in the civilian market and our hired physicians expect the same benefit that their civilian counterparts receive.