

VA PITTSBURGH
HEALTHCARE SYSTEM



2014
ANNUAL
REPORT



Mission

To honor America's Veterans with world-class health care, train their future providers and advance medical knowledge through research.

Vision

To partner with Veterans and their families to optimize their health and quality of life through integrated, innovative and compassionate care.

Values

I CARE: Integrity, Commitment, Advocacy, Respect and Excellence

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Our current
strategic plan,
forged in 2014, has
three main goals.
These are:

1

TO ENHANCE THE VETERAN EXPERIENCE.

2

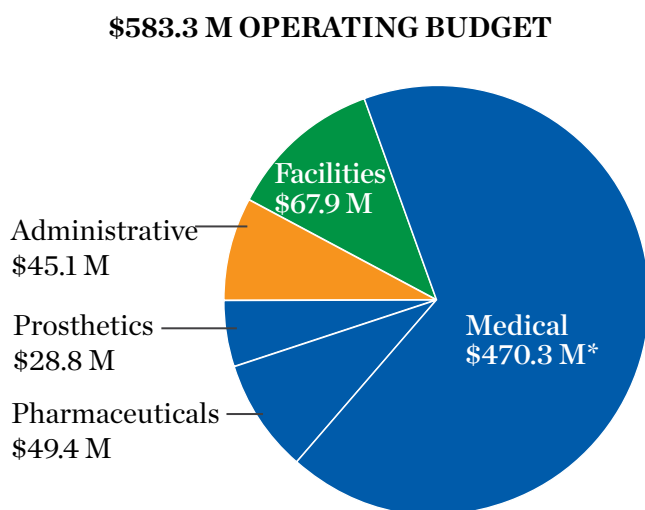
TO IMPROVE EMPLOYEE SATISFACTION.

3

TO INCREASE THE NUMBER OF VETERANS
WHO USE OUR HEALTH CARE SYSTEM.

SELECT SYSTEM-WIDE

Financial Snapshot

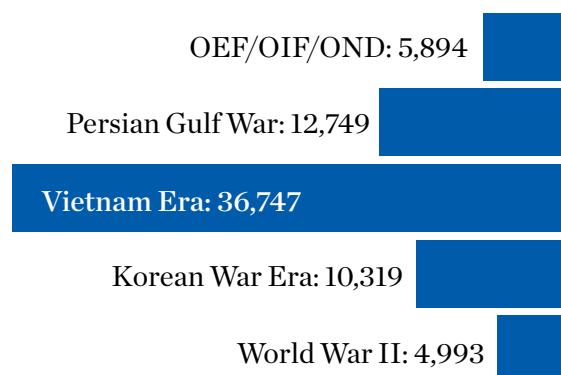


Salaries: \$317.4 M

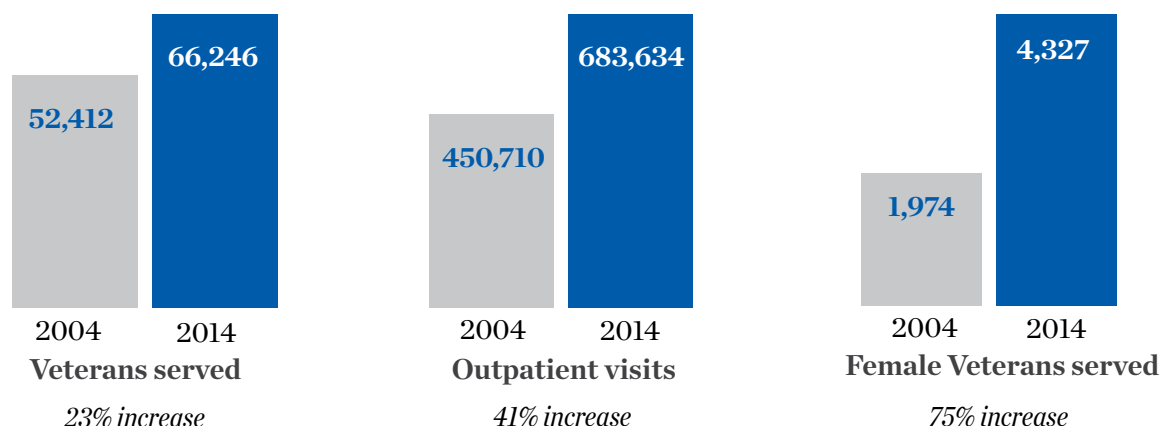
Information and Technology: \$5.1 M

**includes \$43.7 M in first- and third-party collections.*

Veterans Served



A Decade of Growth



5,462 Surgeries | 39 Kidney Transplants | 30 Liver Transplants | 821 Nurses | 257 Physicians | 255 Research Projects

STATISTICS

Accreditations

Area or Program	Accrediting Organization
Hospital, Behavioral Health, Home Care and Nursing Care Center	The Joint Commission
Opioid Treatment Program	The Joint Commission
Intensive Rehabilitation Program	Commission on Accreditation of Rehabilitation Facilities
Behavioral Health and Employment and Community Services	Commission on Accreditation of Rehabilitation Facilities
Interdisciplinary Pain Rehabilitation Program	Commission on Accreditation of Rehabilitation Facilities
Cancer Program	The American College of Surgeon's Commission on Cancer
Radiation Therapy and Oncology Program	American College of Radiology
Laboratory Services	College of American Pathology
Blood Bank	American Association of Blood Banks
Research Program	Association for Assessment and Accreditation of Laboratory Animal Care
Research Program	Association for the Accreditation of Human Research Protection Programs

Awards and Accomplishments

IN 2014 WE:

Received the American Heart Association's Gold Quality Achievement Award for long-standing success treating Veterans for heart failure.

Received 337 housing vouchers to aid Veterans who are homeless.

Supported the career development of 199 Veterans via our Homeless Veterans Supported Employment Program.

Earned 5-Diamond status from the 5-Diamond Patient Safety Program for exceptional dialysis care.

Facility Enhancement

STEP DOWN UNIT

In November 2014, we opened a new Step Down Unit on our University Drive campus. This state-of-the-art, eight-bed unit has larger rooms and a design layout that enhances access to clinical care staff. It serves patients whose needs are a step lower than intensive care but are more complex than offered in a general ward setting.

COMPREHENSIVE CARE FOR VETERANS WHO ARE HOMELESS

Nationally, VA has made ending homelessness among Veterans a top priority. Locally, we continue to lead this charge. One key factor in our success? HPACT.

Since launching in 2012, our Homeless Patient Aligned Care Team (HPACT) program has **offered seamless clinical care and support to more than 240 Veterans who are homeless or at high risk of becoming homeless.**

This program pairs each Veteran with a multidisciplinary team of physical and behavioral health experts. These team members partner with Veterans to expedite housing placements and address any underlying medical, behavioral health and substance use-related needs.



In the last 12 months, Veterans enrolled in VA Pittsburgh's HPACT program have experienced a:

64%
drop in emergency
department use

69%
drop in
hospitalization stays



This program—beyond enhancing care for Veterans who are homeless—has resulted in:

approximately
\$1.8 million
in cost savings



ADVANCING MODERN MEDICAL RESEARCH

Our \$30-plus million research program supported 255 projects by 198 researchers in 2014. It is home to a Clinical Trials Center as well as the following four VA Research Centers of Excellence:

1

HERL

HUMAN ENGINEERING RESEARCH LABORATORIES

Center highlight: The program, which **celebrated its 20th anniversary in 2014**, published a paper on the interdisciplinary science needed to achieve a breakthrough in braincomputer interface. Co-authors included individuals from the Federal Food and Drug Administration, Johns Hopkins University and the Defense Advanced Research Projects Agency.

2

MIRECC

MENTAL ILLNESS RESEARCH, EDUCATION AND CLINICAL CENTER

Center highlight: Armando Rotondi, who has a doctorate in health systems engineering, helped develop a **new e-health design model, called the Flat Explicit Design Model (FEDM)**. The FEDM provides evidence-based guidelines for designing e-health applications that cater to users with a severe behavioral health disorder.

3

GRECC

GERIATRIC RESEARCH, EDUCATION AND CLINICAL CENTER

Center highlight: Physician Debra Weiner completed a VA Rehabilitation Research and Development-funded clinical trial on **electroacupuncture, a safe and moderately effective treatment for reducing chronic pain**. This study specifically focused on patients seeking pain relief due to osteoarthritis of the knee.

4

CHERP

CENTER FOR HEALTH EQUITY RESEARCH AND PROMOTION

Center highlight: Three VA Pittsburgh researchers published a study suggesting that as quality performance measures in American hospitals improve, so does racial and ethnic equity. The team **presented their findings in the December 2014 issue of the *The New England Journal of Medicine***.

A COMMITMENT TO TIMELY,

No matter what type of care, our approach is simple: Give Veterans the

Primary Care

In 2014, we improved our system of serving Veterans who were waiting for an initial primary care appointment at VA Pittsburgh.

Working with our New Enrollee Appointment Request (NEAR) list, we **reached out to 600-plus Veterans by telephone and, if necessary, by certified letter.** To expedite these appointments, we extended primary care clinic hours to evenings and weekends. Today, more than 200 of these Veterans are receiving care at VA Pittsburgh, and our NEAR list contains just two dozen names on any given day.

To ensure that we continue offering timely primary care appointments to new enrollees, we monitor our NEAR numbers daily and initiate scheduling calls with Veterans as soon as their names autopopulate on the list.

Specialty Care

In 2014, we succeeded in offering Veterans faster access to speciality care. Specifically: We **connected nearly 500 Veterans with speciality care in the community.** We also cut wait times for specialty care at our own facilities, with 9 out of every 10 Veterans surveyed reporting that they received timely appointments for speciality care (see bar below).

While we will continue to offer non-VA speciality care options as necessary, Veterans can always choose to receive their care from a VA Pittsburgh provider, if they so desire.

THE VETERAN EXPERIENCE

94%

OF SPECIALTY CARE
PATIENTS SURVEYED

91%

OF PRIMARY CARE
PATIENTS SURVEYED

report no delays
in scheduling their appointment

CONVENIENT CARE

care that they want—and offer it when and where they want it.

Virtual Care

VA Pittsburgh has one of the highest virtual care usage rates in the country (36 percent of our patient population; 24,277 total users) thanks to four technology-enabled services:



TELEHEALTH

18,771 encounters completed

Veterans receive VA care by utilizing photos, live videos and health data sent via a communication unit in their homes.



SECURE MESSAGING

42,475 messages sent

Confidential computer-based conversations between a Veteran and his or her clinical care team.



E-CONSULTS

5,222 encounters completed

Computer-based collaborations between medical specialists and primary care doctors.



SCAN-ECHO CONSULTS

6 sessions conducted

Videoconference-based collaborations between medical specialists and primary care doctors.

Community-Based Care

Thirty seven percent of our patient population receives care at one of our five community-based outpatient clinics.

These clinics offer Veterans primary care services and access to select specialty care services such as podiatry, dermatology and behavioral health care.

As part of our ongoing efforts to enhance access to care, we scheduled **5,413 non-VA care appointments** in 2014.

CHAMPIONING EASY, OPEN

No matter how Veterans reach out to us—via phone, computers, letters to improve their VA experience.

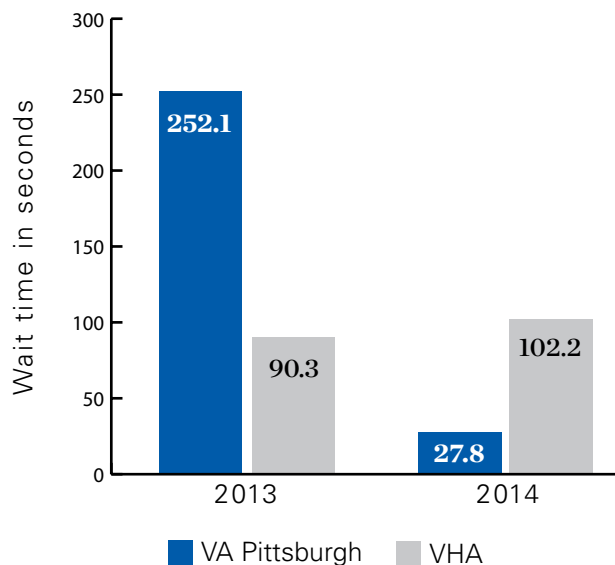
A Dramatic Turnaround

In June 2013, Veterans who dialed our Primary Call Center hung-up nearly 60 percent of the time or waited on hold for up to 45 minutes with each call. Complaints skyrocketed. Some Veterans even opted to hop in their cars and make the hour-plus drive to VA Pittsburgh to receive help in person.

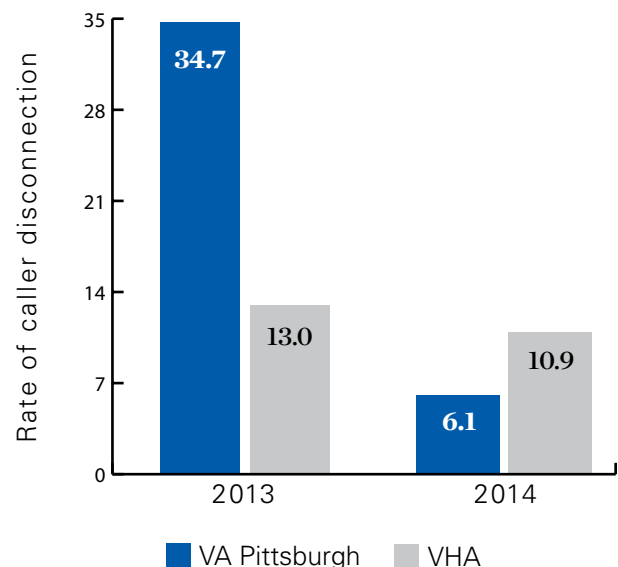
A lot of hard work and 40-plus best practices later, our commitment to fixing the phone system has paid off. In 2014, Veterans waited just 28 seconds and disconnected prematurely only 6 percent of the time. Today, **we have one of the most responsive and active call centers in the VA system.** Even more: Patients are satisfied with this dramatic improvement in service, which has helped enrich care coordination throughout the health care system.



AVERAGE CALLER HOLD TIME



AVERAGE CALLER HANG UP RATE



COMMUNICATION

or congressional offices—we're listening and working hard

Answers at Your Fingertips

Our secure messaging system enables Veterans to play an active role in coordinating their care while receiving timely, confidential feedback from their VA care team.

In 2014, **Veterans exchanged 30,877 messages with their providers**, and our care teams resolved 9 out of every 10 inquiries within 3 business days.

Here's a detailed breakdown of our
3 MOST ACTIVE SECURE MESSAGE TEAMS

Group	Messages Sent
Primary care	20,247
Community-based outpatient clinics	3,688
Behavioral health clinics	1,558

Assisting Political Constituents

In 2014, we **answered approximately 400 inquiries**, which constituents routed through local political offices. Our average response time for resolving these issues was just 3.5 working days.

TOP THREE TOPICS

addressed in these letters were:

1. VA billing and payment concerns.
2. Non-VA care coverage questions.
3. Medical and service-related inquiries.

What is Secure Messaging?

Similar to email, Secure Messaging enables Veterans to compose and send messages to their VA care team and maintain a record of these conversations. Veterans can access Secure Messaging via My HealtheVet, which is an online personal health portal available to Veterans, active duty servicemembers and their caregivers.

Check it out today: myhealth.va.gov

A PUBLIC PARTNERSHIP

Here are three new ways we actively sought community feedback to improve care for Veterans in 2014:

1

Veterans Experience Office

This program, which we launched in January 2014, has one clear agenda: **Focus on the needs of Veterans and work to improve their experiences with our care.**

This four-person team consists of:

- A team leader, called a veterans experience coordinator.
- Two patient advocates, who address any patient care and customer service concerns.
- A patient experience specialist, who visits inpatients daily to gather input on their immediate care needs and experiences.

In 2014, this team **logged nearly 3,300 encounters with Veterans** and collected an overwhelming number of compliments and ideas on how to improve our patient experience.

3

Veterans Advisory Board

Our 12-member Veterans Advisory Board meets monthly to discuss issues that are important to Veterans—such as transportation and communication—and **provide direct recommendations to VA Pittsburgh leadership**. Each board member must be a Veteran who receives care at our health care system and commit to serving a one-year term.

2

Community Town Halls

In 2014, we launched a new quarterly town hall series. At these sessions, **we open our doors and give Veterans and their supporters the floor to ask questions, offer suggestions and share their experiences with VA care.**

Subject matter experts are standing by to offer on-the-spot assistance. This includes representatives from our sister-organization, the Veterans Benefits Administration.

In addition to our Town Hall series, we continued to support monthly roundtable events with key stakeholders, which include representatives from local Veterans Service Organizations and congressional offices. At these sessions, members of VA Pittsburgh leadership answer questions and share information on a variety of Veteran-driven topics.

“My uncle, Raymond T. Palaschak, a Korean War Veteran, was diagnosed with ALS at the age of 84. Everyone at VA Pittsburgh treated him with respect and compassion and worked to ensure that he could spend his final months at home, surrounded by family.

– *Kim Krivda | 2014 Town Hall Participant*

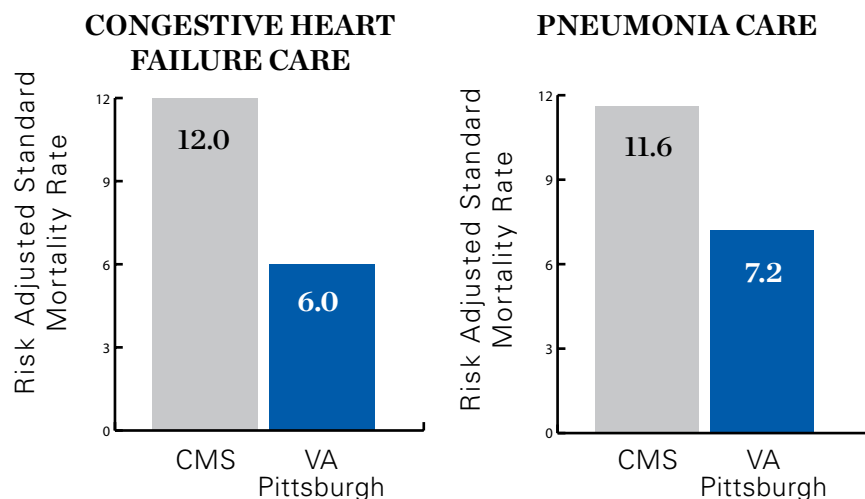
CLINICAL EXCELLENCE IN ACTION

The statistics are clear: VA Pittsburgh care teams perform better than our community counterparts in areas like congestive heart failure care and pneumonia care.

Our multidisciplinary teams utilize evidence-based guidelines to closely case manage patients with complex medical conditions. The end result? Our clinical care continues to improve. In fact, in 2014, **mortality rates for VA Pittsburgh patients with congestive heart failure dropped to 6.0 percent.** For **pneumonia patients, this rate fell to just 7.2 percent.** These outcomes best national averages, which means that our patients are faring better in some of medicine's most difficult scenarios.

How We Measure Up:

VA PITTSBURGH VERSUS CENTERS OF MEDICARE
AND MEDICAID SERVICES (CMS)*



**Both charts show the most recent year of data available for each respective source. CMS- July 2012 to June 2013 and VA Pittsburgh- October 2013 to September 2014.*

In 2014, we were the only health care facility in the Pittsburgh area and the only VA facility in the country to receive the **American Heart Association's Get with the Guidelines Gold Plus** award, which recognizes our legacy of providing excellent heart failure care.

SUPPORTING SAFER, SPEEDIER RECOVERIES

Our joint replacement patients are seeing big results thanks to one small switch in how we administer anesthesia during surgery.

VA Pittsburgh's anesthesiology program offers a specialized care plan for elective total joint replacement patients. This plan, driven by the two teams below, includes actively screening and treating obstructive sleep apnea pre-surgery and reducing the use of general anesthesia during surgery. Today's knee and hip replacement patients receive regional anesthesia—which leads to localized numbing — instead of its more aggressive, full-body treatment counterpart.

This switch is a win-win for everyone. **Veterans feel better and experience fewer serious side effects post-surgery** and medical staff report a cost savings of at least \$1,000 per patient as a result. Equally important: Since adopting a regional anesthesia approach, **VA Pittsburgh has reduced elective joint replacement mortality to zero.**

Our Nerve
Block team
earned a
**Platinum Fine
Foundation
Award
in 2014**

Thanks to our Regional
Anesthesia program,
patients report a
**50 percent drop in
pain post-surgery**

pain scores
pre-program:
6 out of 10

pain scores
post-program:
3 out of 10

Two Teams Transforming Surgical Care

1

Our IMPACT (Interdisciplinary Medical Pre-operative Assessment Consultation and Treatment) Clinic utilizes an intensive pre-operative evaluation process to **proactively reduce a patient's risk of infections and complications following surgery.**

2

Our Nerve Block team looks for opportunities to apply regional nerve block anesthesia—rather than general anesthesia—when appropriate. Together, these two groups have succeeded in **helping Veterans heal faster while boosting surgical survival rates at VA Pittsburgh.**

LEADING THE WAY IN LEGIONELLA CONTROL

In the last two years, we have not detected a single case of health care acquired *Legionella* pneumonia. The four cornerstones of our expansive *Legionella* control program are:

1

Strict Environmental Surveillance

We collect 70 environmental samples each month as part of our ongoing efforts to search for *Legionella* in all water loops of our two main patient care campuses. We **detected no trace of *Legionella* in 97 percent of the 1,400 samples collected for 2014.**

In addition, we collect 40 water samples daily to ensure that our water continues to meet federal drinking water quality standards.

2

A Zero-Tolerance Treatment Threshold

We treat our water system each time we detect even a single colony of *Legionella*—or in the wake of a disruption to our water system. **This zero-tolerance approach is the most rigorous treatment threshold option available.**

Treatment, when necessary, typically involves one or a combination of the following actions: sanitizing affected fixtures, raising circulating water temperatures or injecting additional chlorine into our water system.

3

Ongoing System Enhancements

In 2014, we **installed instantaneous hot water heaters and more than 3,000 specialized mixing valves.** These improvements enable us to increase circulating hot water temperatures and effectively kill bacteria such as *Legionella* while simultaneously eliminating a scald risk to end users.

4

Comprehensive Clinical Surveillance

We test for *Legionella* in any patient who is exhibiting symptoms of pneumonia. In 2014, this resulted in collecting more than 1,100 respiratory cultures and conducting more than 1,300 urinary tests among Veterans in our care. Despite this systematic surveillance approach, **we did not detect a single case of definite health care acquired *Legionella* pneumonia since launching our new *Legionella* control program in late 2012.**



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