2011 Military Health System Conference
VA and DoD Operating as One

Captain James A. Lovell Federal Health Care Center

The Quadruple Aim: Working Together, Achieving Success

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V9

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OBJECTIVES

- **Overview of Captain James A. Lovell Federal Health Care Center (FHCC)**
- **Challenges to success in combining processes, systems and people**
- **Lessons learned**
- **Questions**

FHCC MISSION & VISION

Mission

As the first integrated health-care federal facility, we are proud to provide comprehensive, compassionate, patient centered care to our veterans and DoD beneficiaries while maintaining the highest level of operational readiness.

Vision

Creating the future of federal healthcare through excellence in world-class patient care, customer service, education and research.

Values

Respect; Integrity; Trust; Accountability; Teamwork/Camaraderie

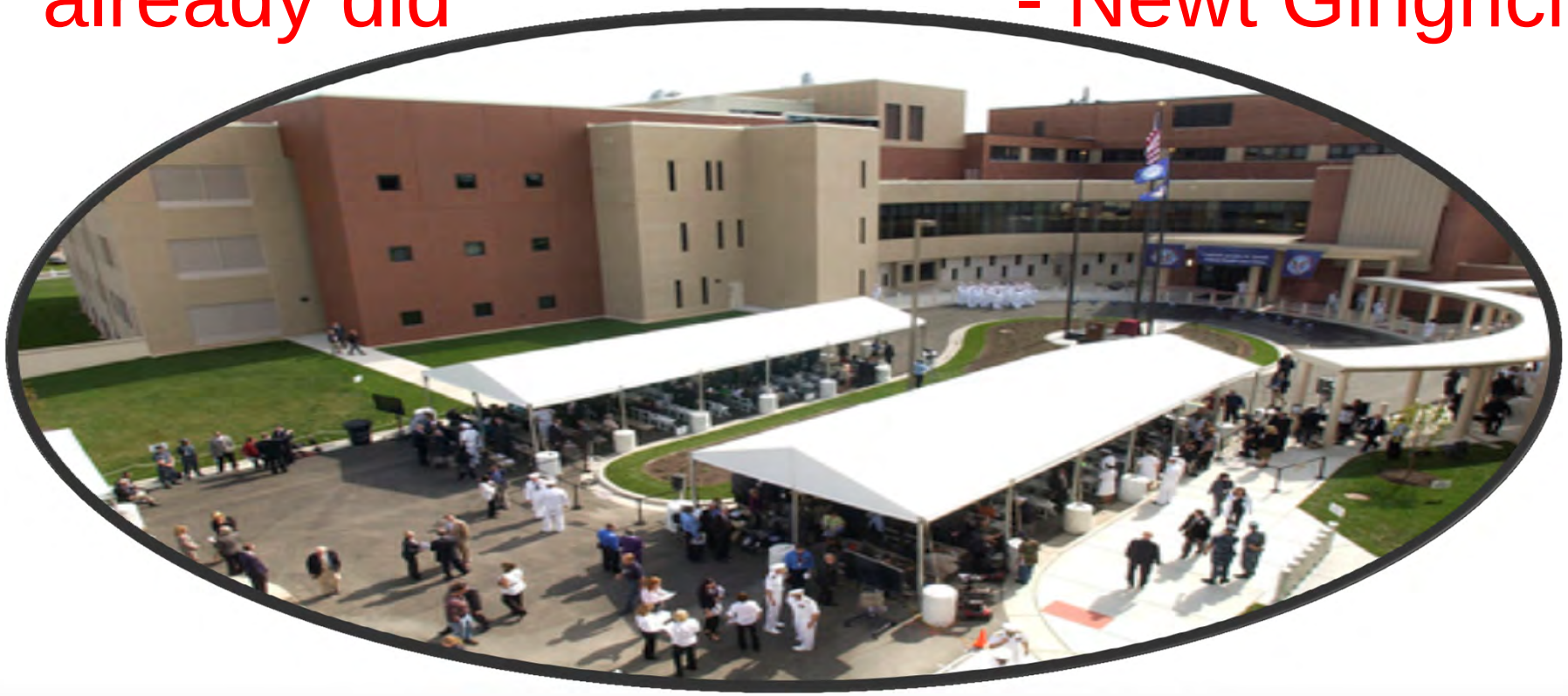
CAPTAIN JAMES A. LOVELL FHCC

- **First-of-its kind integration** between VA and DoD. FHCC **includes**:
  - **West Campus:** Former North Chicago VA Medical Center buildings, including the new MILCON funded ambulatory addition
  - **East Campus**: USS Osborne, USS Tranquillity, USS Red Rover and Fisher Branch Medical Clinics
  - **Clinics**: Kenosha, McHenry and Evanston Community Based Outpatient Clinics


The FHCC is the "integration" of:
* The present NCVAMC (West Campus)
* The newly constructed Ambulatory Care Center (West Campus), replacing 12 story former Naval Hospital (200H)
* The Navy Fleet Medicine Clinics (East Campus)
* VA Community Based Outpatient Clinics
Captain James A. Lovell
Federal Health Care Center
2010
Naval Health Clinic
200H
Naval Service Training Command
Fisher Branch Medical Clinic
East Campus
USS Osborne
USS Tranquillity
USS Red Rover
Navy Recruit Training Command
Buckley Road
Rosalind
Franklin
University
of
Medicine
and Science
North Chicago Veterans Affairs
Medical Center
New Ambulatory
Care Center
New Surface Parking
West Campus
New Parking Structure
Greenbay Road
VA Medical Clinics
Evanston, IL
McHenry, IL
Kenosha, WI

FHCC WASN'T BUILT IN A DAY

"Perseverance is the hard work you do after you get tired of doing the hard work you already did" - Newt Gingrich



Phase I

Sharing Relationship

October 2003

- Inpatient Mental Health transferred
- Reimbursement methodology:
  - As TRICARE Network Provider Status
- Local VA/DoD Working group chartered
- Multi-disciplinary

December 2004

- DoD Blood Donor Processing Center transferred
- Reimbursement methodology:
  - –Navy leases VA laboratory space
  - –VA purchases blood products
- Avoids $3M construction cost to Taxpayer

Phase II

Network Relationship

January 2005

$13M NCVAMC Project

- Construction of 4 new OR's
- Renovated 4 existing OR's
- Expansion of existing Emergency Department

June 2006

- Transfer of inpatient med/surg/pediatric
  - Prof. svs. by Navy MD's for Surgery and Peds
- Transfer of operating room
- Transfer of ICU
- Transfer of ER service
- Reimbursement methodology:
  - Facility charges at TRICARE Network negotiated rate.

Phase III

Federal Health Care Center

FY2007

Navy construction project began 2 JUL 2007:

- Surface parking (staff) completed DEC 2007

FY2008

- Parking Garage completed SEP 2008
- Renovated 45,000 square foot of existing NCVAMC spaces - completed SEP 2009.
- Begin 201,000 square foot ambulatory care center

Fall 2010

- Construction completed in SEPT 2010
- FHCC activated on 01 OCT 2010
- Clinics & Admin functions relocations completed by FEB 2011

FY04 - Women's Health & Mammography

FY05 – MRI, Oncology & Fiber Optic Connectivity

FY06 – Hospitalist & Digital Radiography (PACS)

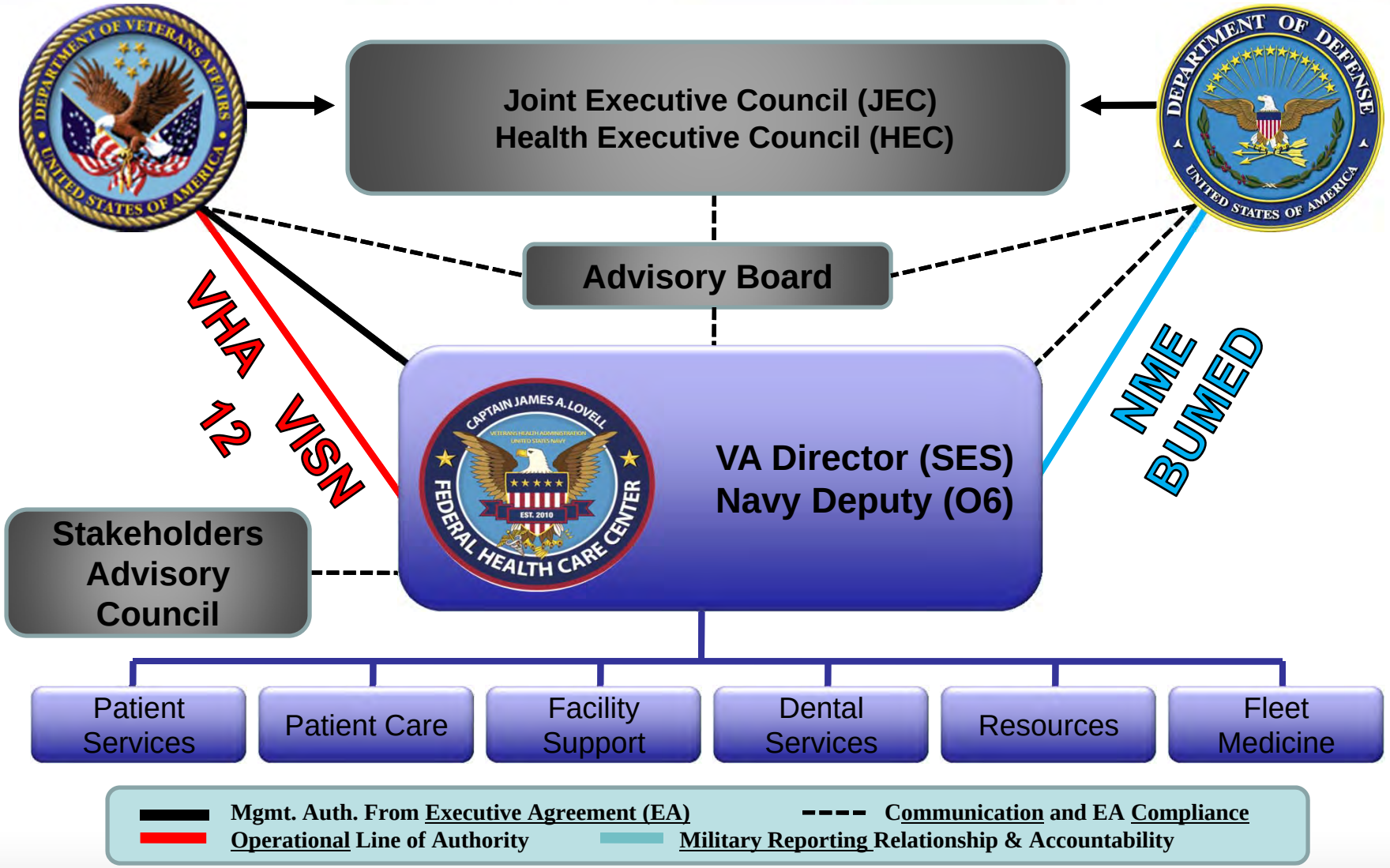
FY07 – Project Management Support

FY08 – Enterprise IM/IT Requirements

FY09/10 – Enterprise IM/IT Development

Captain James A. Lovell Federal Health Care Center

FHCC Reporting Structure

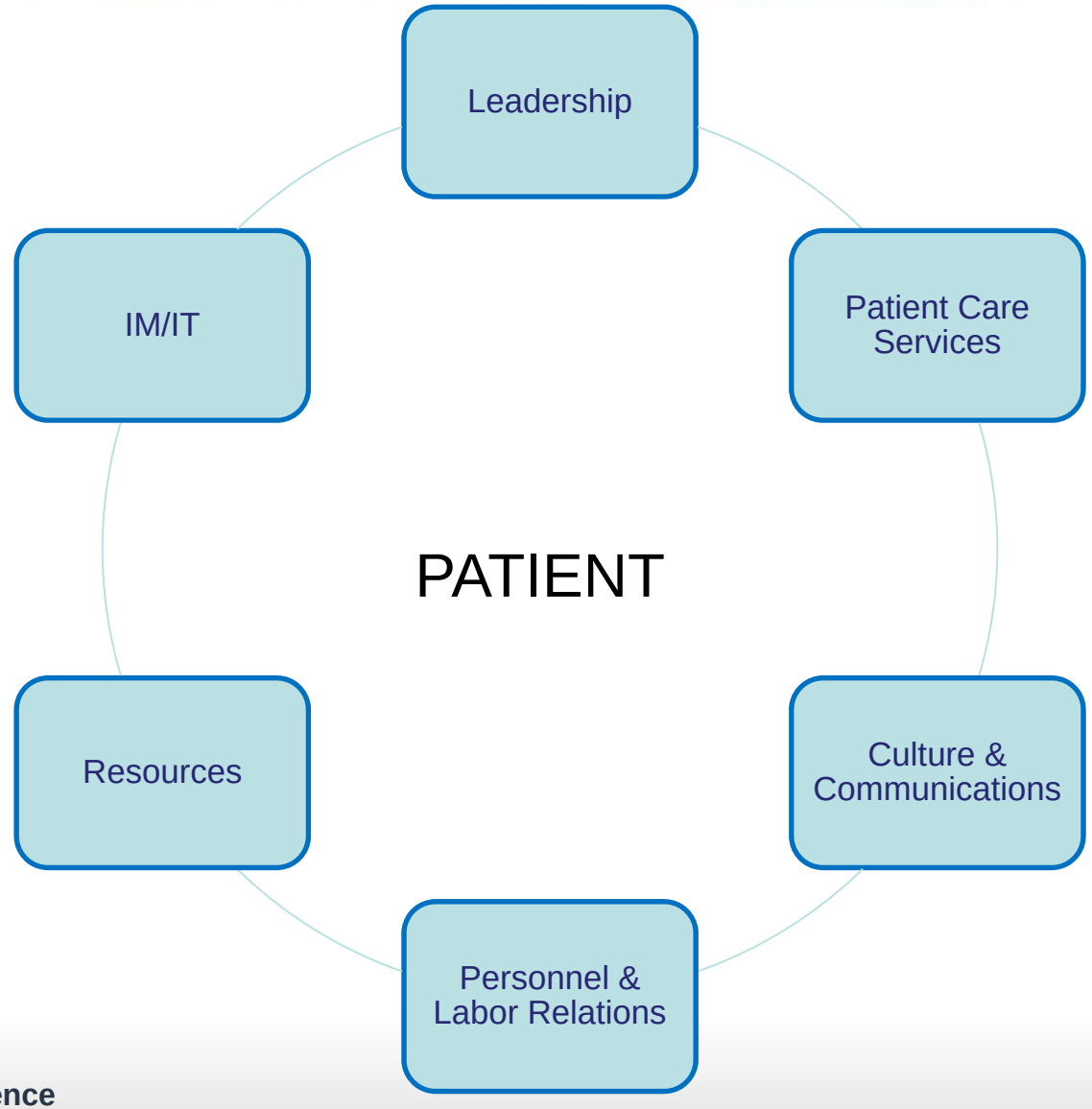


MHS QUADRUPLE AIM

- READINESS: Operational Readiness, Training Opportunities for Corpsman and other medical professionals.
- EXPERIENCE OF CARE: The Right Care, at the Right Time and Place
- POPULATION HEALTH: Leveraging VA & DoD Computer Systems to Improve Outcomes
- PER CAPITA COST: Cost Synergies from Internal Economies of Scale.

CREATING A LEARNING ORGANIZATION:
An Ongoing Process of Continuous Improvement, Staff Engagement and Course Adjustment

MHS QUADRUPLE AIM



LEADERSHIP

- Early Establishment Of FHCC Leaders
- Deputy Director On Board Early
- Leadership Training (VA & DoD)
- Co-Location of Direct Reporting w CMD Suite
- Communication (Vertical & Horizontal)
- Executive Steering Committee (ESC)
- FHCC Advisory Board
- Role Definition
- Integration Teams
- Visibility (Town Halls, All Hands)
- Executive Sharing Agreement
- Mission, Vision & Values

PATIENT CARE/SERVICES

- Patient Safety #1
- Clinical Service Integration
- Communication to Beneficiaries
- Patient Priority
- Access To Care
- State Of The Art Equipment
- Corpsman Integration / IDC
- Integrated Policies
- Education and Research
- Synergies of Scale
- Product Line Recapture

CULTURE & COMMUNICATIONS

- Establishing Our Brand
  - Logo
  - Promise Kept: *Readying Warriors and Caring for Heroes*
- External Communication
  - Community Events
  - Speaking Engagements
  - Press Releases
  - Social Media

CULTURE & COMMUNICATIONS

- Internal Communication
  - Newsletter
  - Town Halls / Captain's Calls
  - Off-Site Retreats
  - Focus Groups & Surveys

  (NCOD / NPGS)

Captain James A. Lovell Federal Health Care Center

The APOLLO

Readying Warriors and Caring for Heroes

Historic VA/DoD integration accomplished

In This Issue...

National Healthcare Food Service Week at Lovell FHCC

Lovell FHCC Outlines Fall 2010 Flu Shot Schedule

WWII Veteran honored as first FHCC patient

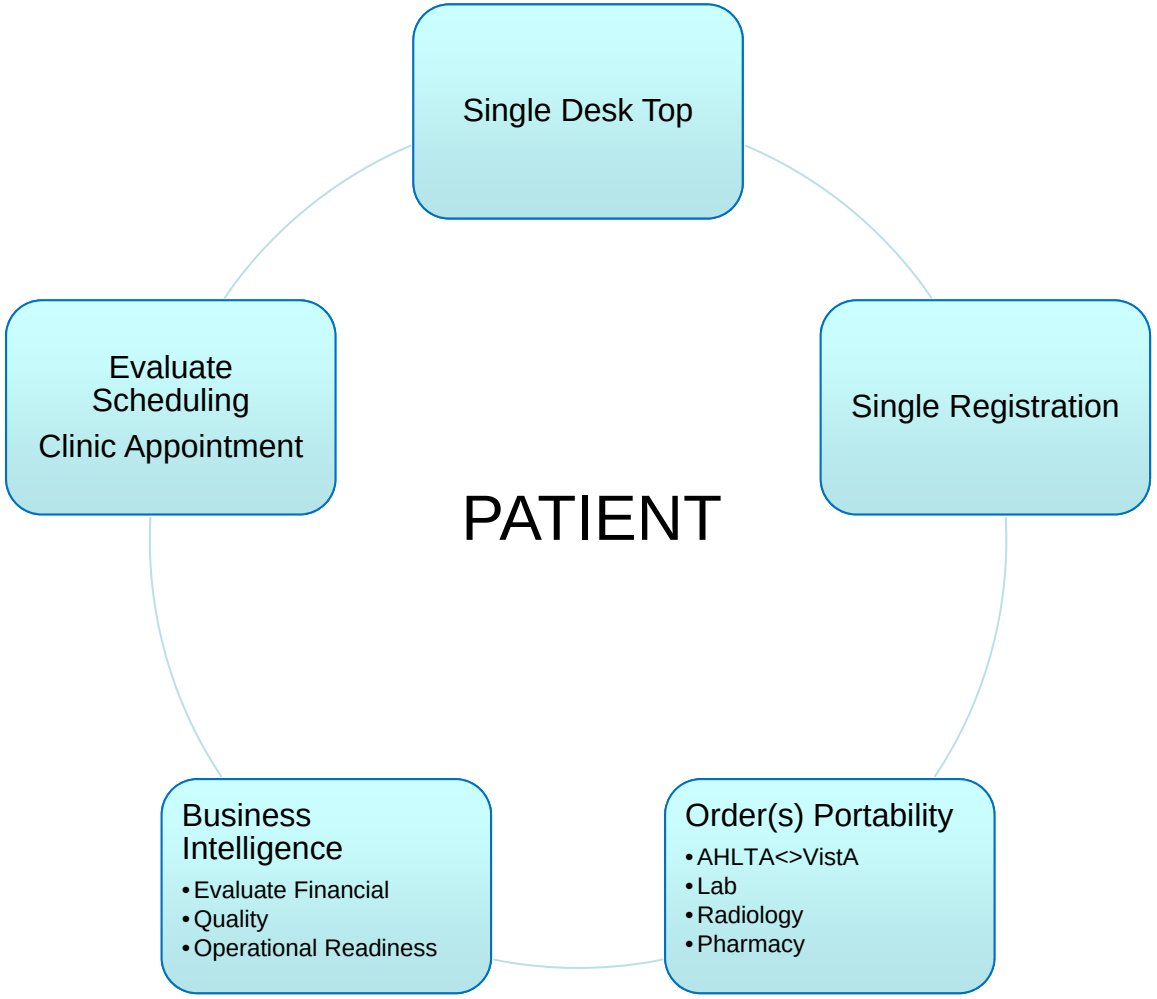
PERSONNEL & LABOR RELATIONS

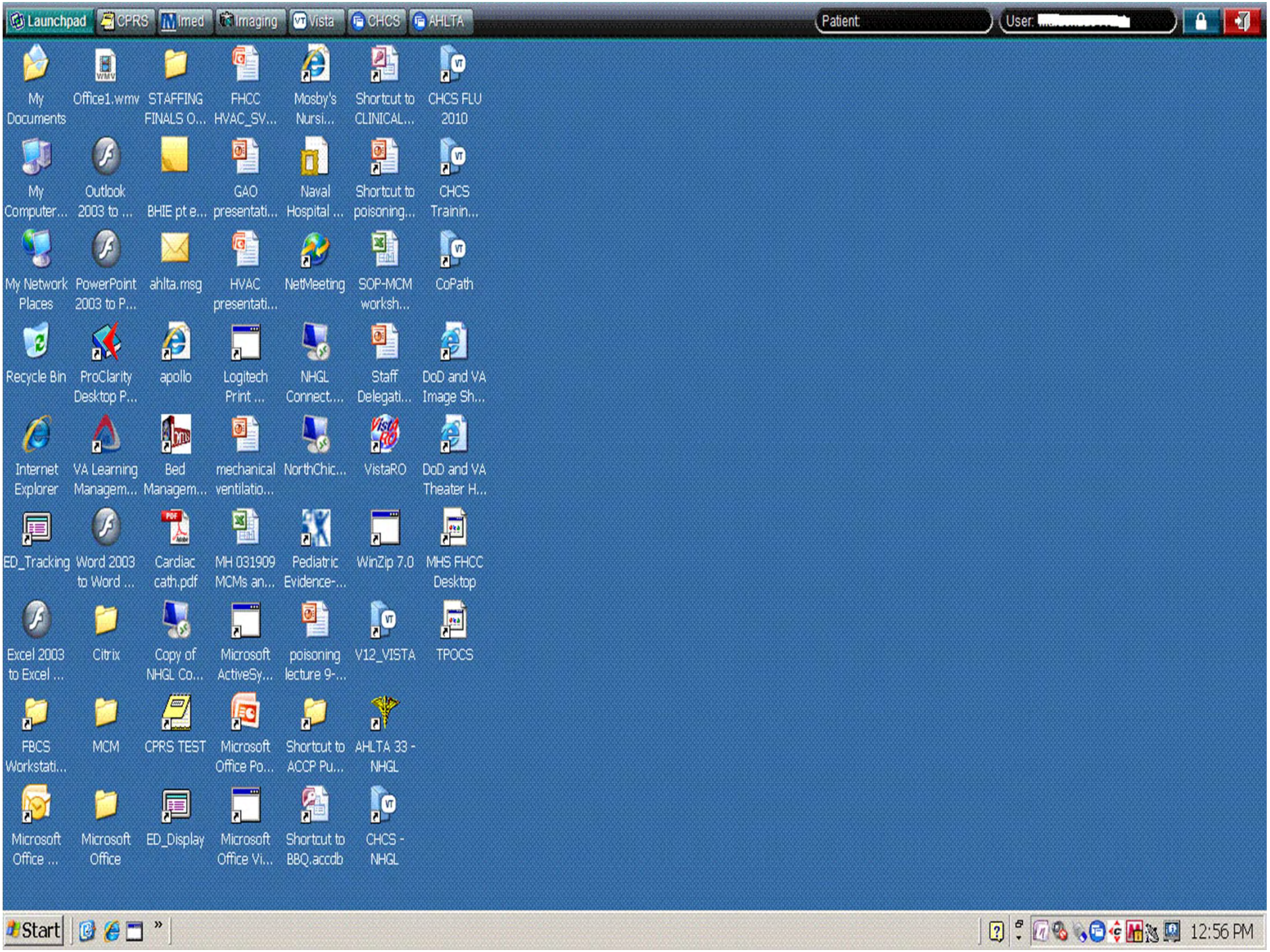
- Transfer Of Function
- Military / Civilian
- Combining Labor Unions
- Labor Partnership
- Position Descriptions
- Education & Training (LMS/NKO)
- New Organization Structure
- Total Work Force Management

RESOURCES

- Budget - Joint Medical Facility Demonstration Fund (JMFDF)
- Reconciliation
- Continuing Resolution Authority (CRA)
- Supply Chain
- Contract Issues
- Construction

INFORMATION MANAGEMENT INFORMATION TECHNOLOGY

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Shortcut to poisoning...
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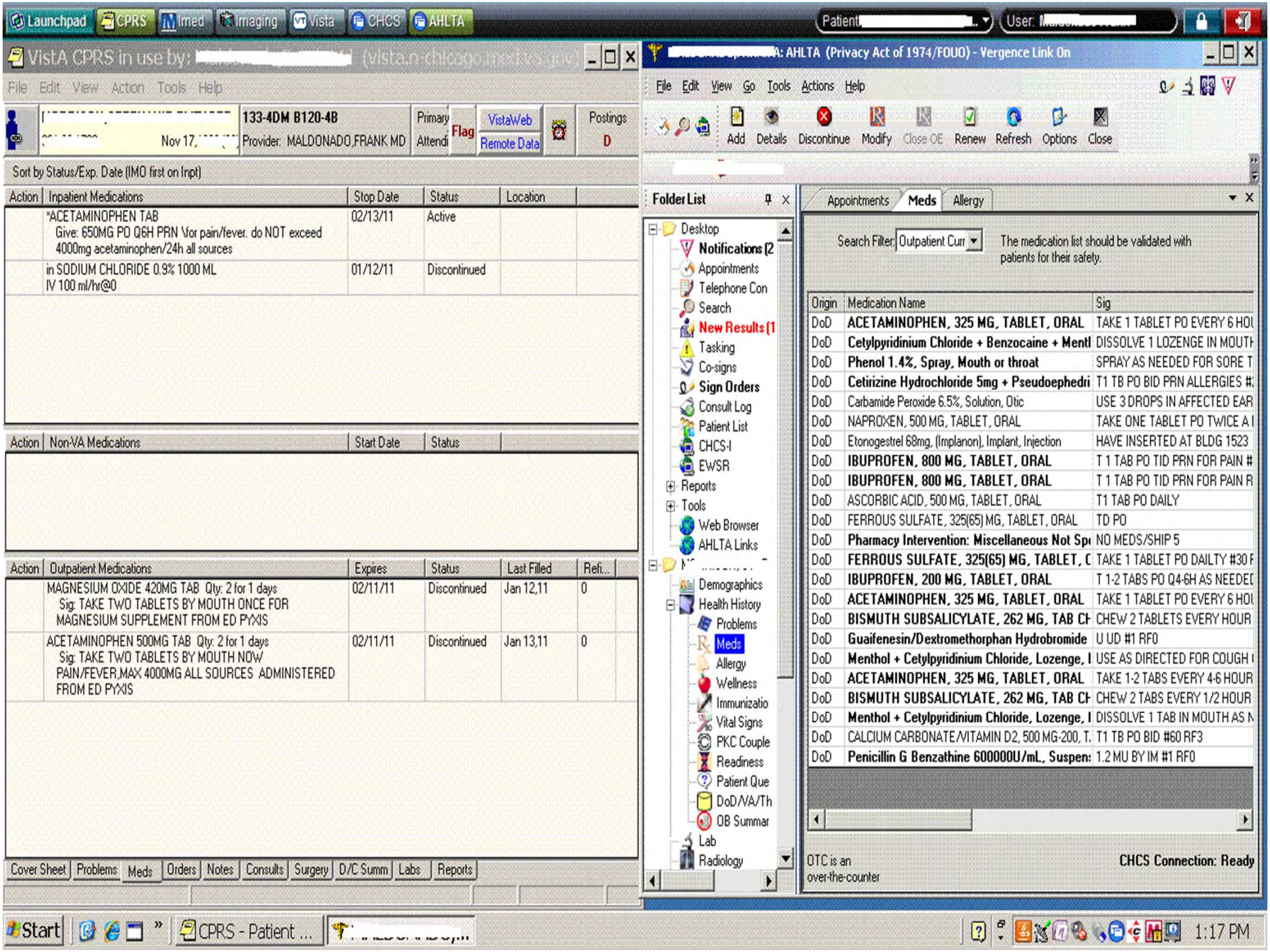
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Stop Date
Status
Location
*ACETAMINOPHEN TAB
Give: 650MG PO Q6H PRN \for pain/fever. do NOT exceed 4000mg acetaminophen/24h all sources
02/13/11
Active
in SODIUM CHLORIDE 0.9% 1000 ML
IV 100 ml/hr@0
01/12/11
Discontinued
Action
Non-VA Medications
Start Date
Status
Action
Outpatient Medications
Expires
Status
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MAGNESIUM OXIDE 420MG TAB Qty: 2 for 1 days
Sig: TAKE TWO TABLETS BY MOUTH ONCE FOR MAGNESIUM SUPPLEMENT FROM ED PYXIS
02/11/11
Discontinued
Jan 12,11
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ACETAMINOPHEN 500MG TAB Qty: 2 for 1 days
Sig: TAKE TWO TABLETS BY MOUTH NOW PAIN/FEVER,MAX 4000MG ALL SOURCES ADMINISTERED FROM ED PYXIS
02/11/11
Discontinued
Jan 13,11
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Orders
Notes
Consults
Surgery
D/C Summ
Labs
Reports
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Modify
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Renew
Refresh
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Medication Name
Sig
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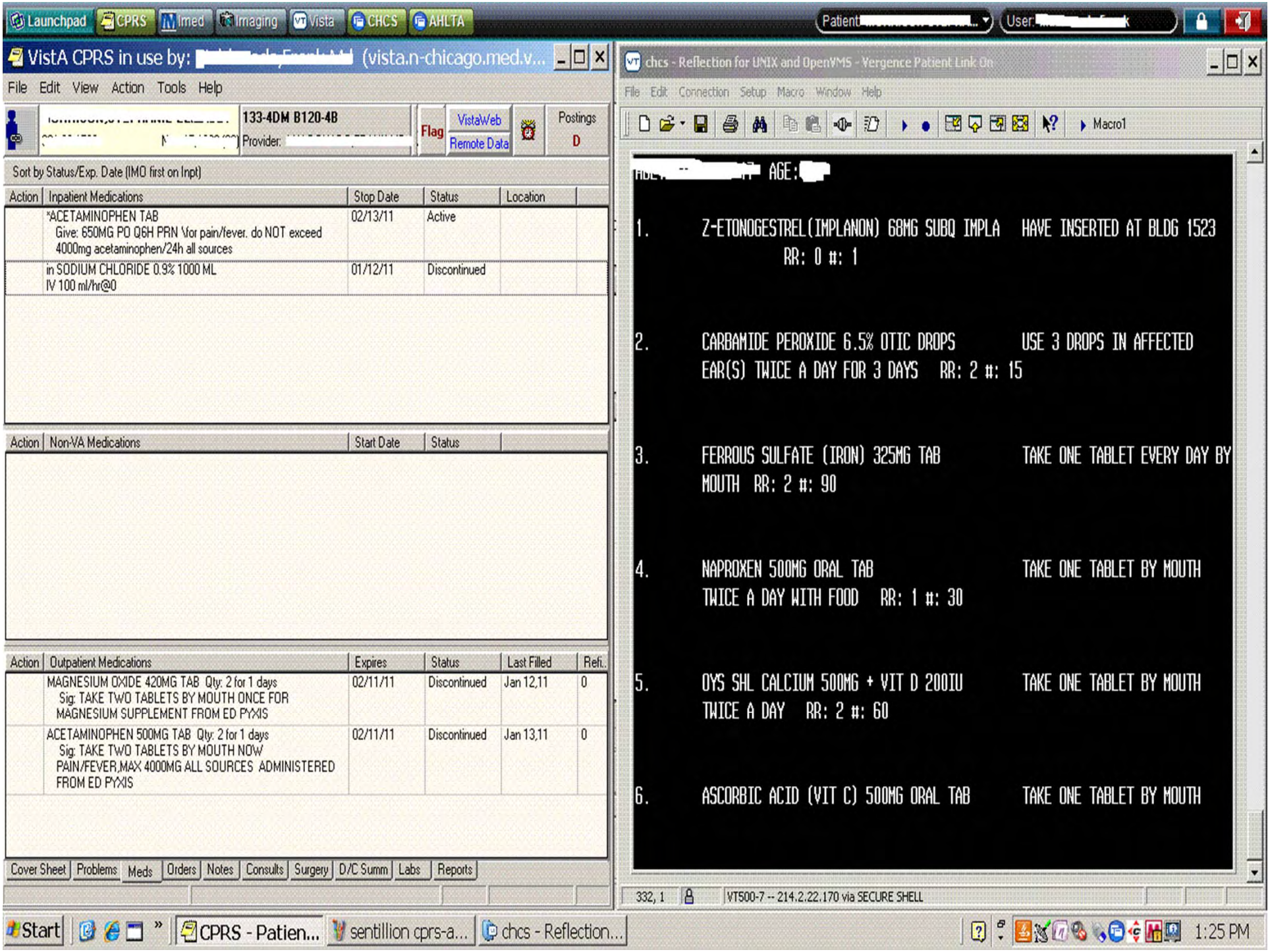
DoD Cetylpyridinium Chloride + Benzocaine + Mentl DISSOLVE 1 LOZENGE IN MOUTH
DoD Phenol 1.4%, Spray, Mouth or throat SPRAY AS NEEDED FOR SORE T
DoD Cetirizine Hydrochloride 5mg + Pseudoephedri T1 TB PO BID PRN ALLERGIES #:
DoD Carbamide Peroxide 6.5%, Solution, Otic USE 3 DROPS IN AFFECTED EAR
DoD NAPROXEN, 500 MG, TABLET, ORAL TAKE ONE TABLET PO TWICE A I
DoD Etonogestrel 68mg, (Implanon), Implant, Injection HAVE INSERTED AT BLDG 1523
DoD IBUPROFEN, 800 MG, TABLET, ORAL T 1 TAB PO TID PRN FOR PAIN #
DoD IBUPROFEN, 800 MG, TABLET, ORAL T 1 TAB PO TID PRN FOR PAIN R
DoD ASCORBIC ACID, 500 MG, TABLET, ORAL T1 TAB PO DAILY
DoD FERROUS SULFATE, 325(65) MG, TABLET, ORAL TD PO
DoD Pharmacy Intervention: Miscellaneous Not Spe NO MEDS/SHIP 5
DoD FERROUS SULFATE, 325(65) MG, TABLET, C TAKE 1 TABLET PO DAILTY #30 F
DoD IBUPROFEN, 200 MG, TABLET, ORAL T 1-2 TABS PO Q4-6H AS NEEDED
DoD ACETAMINOPHEN, 325 MG, TABLET, ORAL TAKE 1 TABLET PO EVERY 6 HOU
DoD BISMUTH SUBSALICYLATE, 262 MG, TAB CH CHEW 2 TABLETS EVERY HOUR
DoD Guaifenesin/Dextromethorphan Hydrobromide U UD #1 RF0
DoD Menthol + Cetylpyridinium Chloride, Lozenge, I USE AS DIRECTED FOR COUGH
DoD ACETAMINOPHEN, 325 MG, TABLET, ORAL TAKE 1-2 TABS EVERY 4-6 HOUR
DoD BISMUTH SUBSALICYLATE, 262 MG, TAB CH CHEW 2 TABS EVERY 1/2 HOUR
DoD Menthol + Cetylpyridinium Chloride, Lozenge, I DISSOLVE 1 TAB IN MOUTH AS N
DoD CALCIUM CARBONATE/VITAMIN D2, 500 MG-200, T. T1 TB PO BID #60 RF3
DoD Penicillin G Benzathine 600000U/mL, Suspen: 1.2 MU BY IM #1 RF0
OTC is an over-the-counter
CHCS Connection: Ready
Start
CPRS - Patient ...
1:17 PM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Patient
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Provider:
Flag
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Action
Inpatient Medications
Stop Date
Status
Location
*ACETAMINOPHEN TAB
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Active
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2. CARBAMIDE PEROXIDE 6.5% OTIC DROPS USE 3 DROPS IN AFFECTED EAR(S) TWICE A DAY FOR 3 DAYS RR: 2 #: 15
3. FERROUS SULFATE (IRON) 325MG TAB TAKE ONE TABLET EVERY DAY BY MOUTH RR: 2 #: 90
4. NAPROXEN 500MG ORAL TAB TAKE ONE TABLET BY MOUTH TWICE A DAY WITH FOOD RR: 1 #: 30
5. OYS SHL CALCIUM 500MG + VIT D 200IU TAKE ONE TABLET BY MOUTH TWICE A DAY RR: 2 #: 60
6. ASCORBIC ACID (VIT C) 500MG ORAL TAB TAKE ONE TABLET BY MOUTH
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sentillion cprs-a...
chcs - Reflection...
1:25 PM

LESSONS LEARNED

- Maintain Focus On The Vision
- Buy -In From All Levels Of Both Organizations Critical
- Everyone Will Function As “One Team” Focused On the Mission (Healthcare and Readiness).
- Use Lessons Learned From Other VA/DoD Efforts.
- Focus On Collaboration, Not Control
- What Is Crafted For FHCC Should Be Exportable To other VA/DoD Efforts.
- Use System Thinking Not Linear Thinking
- Plan For Future Reality
- Cheerful Persistence

LESSONS LEARNED

- Dedicate Resources (Funds / Staff) Early
- Get HQ Engaged Early
- Get Legal Engaged Early
- Remember Murphy's Law
- Expect To Be Under A Microscope
- Mitigate Risks
- Complexity of Legal Process
- Be Willing to Take Risks
- Have A Backup Plan. Be Flexible
- Measures of Success
- Executive Sharing Agreement

QUESTIONS?

Readying Warriors

and

Caring for Heroes