CAPTAIN JAMES A. LOVELL FEDERAL HEALTH CARE CENTER

READYING WARRIORS & CARING FOR HEROES

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VETERANS ADMINISTRATION HOSPITAL
DOWNEY, ILLINOIS JUNE, 1966

LOVELL FHCC AT-A-GLANCE

First Fully Integrated DoD and VA Facility:

- Single Mission, C2 and Budget
- **3,200** Combined VA-Navy Staff
- **300** Bed Hospital/CLC/Residential
- **4** Navy Branch Medical Clinics and **3** CBOCs
- $503M budget (66% VA 33% USN)

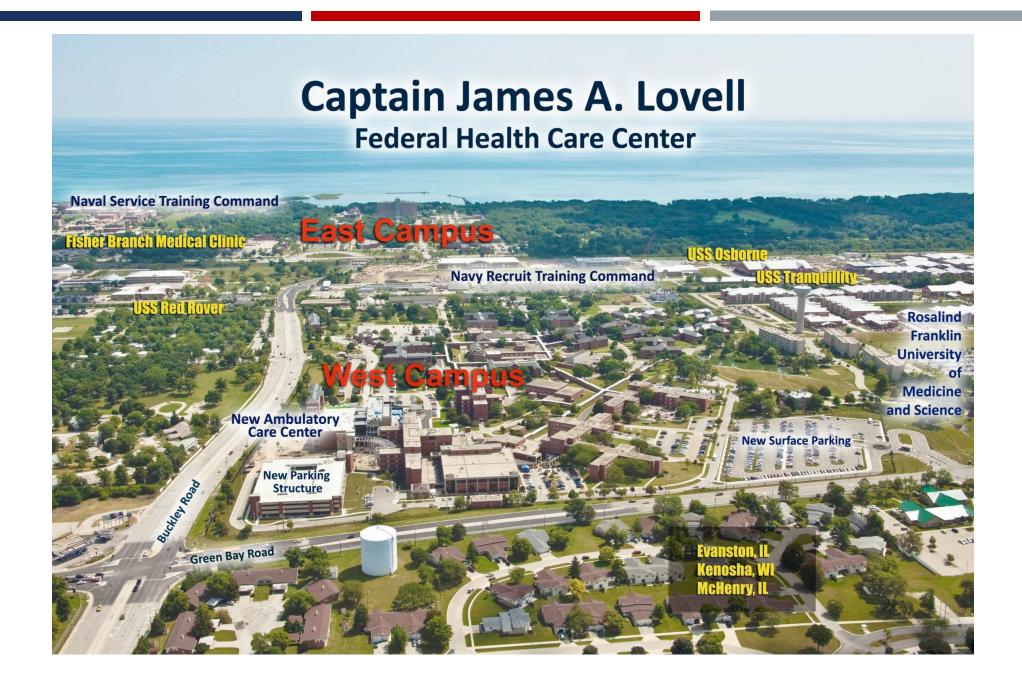**Approx. 80 K unique/enrollees per year:**

- 27,306 Veteran enrollees
- 13,669 Tricare enrollees
- 35,980 USN Recruits
- 3,490 USN Students

Captain James A. Lovell
Federal Health Care Center

CARE OFFERED

- **Medicine and Surgery:** ICU Beds – 10 and Med Surg Beds – 34 and Specialties and Sub-Specialties (e.g.: Cardiology, Endocrinology, ENT, Urology, Pediatric Primary Care, etc.)

- **Mental Health:** Inpatient Psychiatry (Acute Beds – 32), Outpatient Care, PTSD Programs, Homeless Care and Residential Alcohol/Drug Rehabilitation.. MH OPT Clinic

- **Women's Health:** Mammography/Gynecology

- MRI/CT/X-Ray, Lab/Path, Pharmacy

- Community Based Outpatient Clinics (CBOCs): Evanston, Kenosha & McHenry

- Telehealth (From CBOCs or Home)

- Skilled Nursing Facilities (Community Living Center with four Green House homes)

FHCC IN REVIEW-SUCCESSES

- Continued Mission Success
  - Over 40K Sailors ready for the Fleet each year

- Joint Registration
  - Ability to simultaneously loading the registration data into two separate EHR's (AHLTA and VISTA)

- Orders Portability
  - Software allowing providers to enter orders in either AHLTA or CPRS resulting in population in both the VA and DoD's electronic health record.

- Cook County Trauma Center Parentship
  - Mitigate a gap in trauma knowledge, exposure, and clinical experience for the emergency and critical care nurse (RNs) and hospital corpsmen (HMs)

- COVID 19 Operations
  - Lovell FHCC responded with unbelievable resolve and determination resulting in the vaccination 84K patients while maintaining medical care for recruits-the only branch of service who maintained that pipeline.

- Readiness Metrics
  - Medical Readiness: NMRTC Great Lakes 96% / AOR 93%
  - Dental Readiness: NMRTC Great Lakes 99% / AOR 96 % /Graduating Recruits 97%

FHCC IN REVIEW-SUCCESSES CONTINUED

- Referral Management
  - Care coordinated by minimal FTE and managed across service lines with both VHA and DoD providers providing referrals and recommendations for our Tricare population.

FHCC IN REVIEW-OPPORTUNITIES

- Leadership and Governance Realignment
  - Currently updating the EA and associated EDMs

- DHA Transition
  - Provides standardization throughout Military Health System, however, will be a challenge at the local level.

- EHRM Deployment
  - FEHRM has been tasked with deploying a joint federal EHR baseline for FHCC by end of calendar year 2023

- Staff Integration Reset
  - Optimizing KSAs through rotational assignments that support FHCC's Readiness and Care Mission

- Fisher House
  - Tentatively slated to break ground in CY 2023

FHCC IN REVIEW-CHALLENGES

- DMLSS Implementation

- IM/IT Hurdles

DMLSS OVERVIEW

CURRENT STATE

- DMLSS is fully operational in Facilities Management (Preventative Maintenance & Work Orders), Logistics, Healthcare Technology Management (HTM/Biomed). Fiscal and Information Technology use DMLSS for supply chain related operations.

- Intensive optimization efforts between the VA Logistics Redesign Office (VALOR), VA Procurement and Logistics Office (P&LO), and FHCC are active and ongoing

REMAINING ACTIONS

- Refinement of Supply Chain system operations to match deployment intent

- Ongoing staff education & engagement

- Ongoing efforts to maximize usability and visibility of data

IMPLEMENTATION BARRIERS

- The DMLSS system did not meet many of the historically identified business needs at the FHCC.

  - The recent optimization efforts and workaround solutions identified by FHCC staff since initial implementation have mitigated or completely resolved many long-standing issues.

- In addition to system and data mapping complexities, DMLSS implementation at FHCC revealed significant differences between VA and DoD business processes:

  - DoD's data standards are more robust and difficult to align to VA processes; VA's initial business process reengineering did not fully account for data differences

- DMLSS use requires continued collaboration from VA Functional Communities

  - DMLSS has dependencies that span across multiple functional areas

LESSONS LEARNED

- VA & DoD Business Process Redesign

  - Identify adoption of VA or DoD policies early on, nationally

  - Critical for VA to continue to work to understand DMLSS data dependencies and DoD to understand VistA data dependencies

- National program office engagement is critical to facility sustainment

- Change Management (CM) fundamentals constantly shifting

  - Ability to implement during the pandemic was solely reliant on adoption of CM and High Reliability Organization (HRO) principles, namely advocacy and resistance management for CM and deference to expertise for HRO

IM/IT

CURRENT STATE

- Two Distinct Networks-> DHA and OIT both mostly available campus wide.
- Two Distinct Email Systems-> DHA and OIT
- Two Distinct agency employees-> DHA and VA
- Two Distinct Auth. Card Tokens-> VA PIV and DOD CAC
- Two Distinct Electronic Health Systems-> DOD/AHLTA VA/CPRS
- Two Distinct Cybersecurity Offices- OIT and DHA
- Use of Remote virtual Systems to perform cross network workflows-DHA to VA and Vice versa.

REMAINING ACTIONS

- Improve end-user experience- Better training and communication to the users (roadshows, Slick Sheets, SOPS and Department rep to help the users).
- Deployment of modern IT Infrastructure.
- Deployment of Cerner
- Improve VA and DHA business applications collaboration.

IMPLEMENTATION BARRIERS

- Difficult to change the culture of two distinct Agencies.
- Standardization of DHA and OIT as IT Enterprises- Local Unique Workarounds Affected. Not Sustainable.
- Cybersecurity Concerns and Data Sharing limitations.

LESSONS LEARNED

- Enhance communication to end users
- Enhance communication of local Network changes to both IT enterprises leadership OIT and DHA. Full transparency.

FHCC-BUDGET

Successes

- **Downsized budgets**
- **Maximized resources**
- **Integrated procurement (DMLSS)**

Opportunities
- Restructuring makeup of billets (categories)
- Restructuring of reconciliation process to ensure adequate funding
- Contract requirements for FHCC by VA Acquisitions

Challenges

- Reconciling both DOD/VA data, different reporting systems and processes to determine future budgets
- Additional funding requirements during the fiscal year from both agencies – Presidential Budget limitations (e.g., COVID, special purpose programs, etc.)
- DoD manpower priorities and mission
- Ongoing Staff Integration

QUESTIONS?