



DEPARTMENT OF VETERANS AFFAIRS
Washington DC 20420

June 16, 2015

The Honorable Carolyn N. Lerner
Special Counsel
U.S. Office of Special Counsel
1730 M Street, NW, Suite 300
Washington, DC 20036

RE: OSC File No. DI-14-3424 (Supplemental)

Dear Ms. Lerner:

This Supplemental response is in reference to the Office of the Medical Inspector (OMI) report, TRIM 2014-D-1264, dated March 26, 2015 in regard to OSC File No. DI-14-3424. The OMI report focused on a variety of allegations at the Eugene J. Towbin Healthcare Center in North Little Rock, AR or, as it is also known as, the Central Arkansas Veterans Healthcare System (CAVHS). A recommendation was made by OMI to the VA regarding one particular allegation, i.e., "deficiencies in the PACT telephone system create barriers to patient care". The recommendation by OMI read as follows: "Conduct an administrative investigation of the role of senior Medical Center leadership in the lack of adequate oversight of the Medical Center's telephone system's implementation and on-going management issues, and take appropriate action."

In April 2015, the VA Office of Accountability Review (OAR) convened an Administrative Investigation Board (AIB or Board) at CAVHS to investigate the above allegation. Following are the AIB's findings:

1. Until the most recent telephone system was installed, the previous system, which covered the Little Rock and North Little Rock campuses, had been in place since 1998. There are over 7,000 CAVHS-wide lines throughout the system. The facility's Systems Redesign staff had tried to install new telephone systems, to no avail, for many years. In addition, in approximately 2011, when a viable new system was being prepared, facility leadership was contacted by the Region 2 Office of Information & Technology (OI&T) team and notified that implementation of the system was being canceled due to resources being shifted to another project within the Region. It was not until 2014 that OI&T was "ordered" by Region 2 to do the telephone system upgrade.

2. The Automated Call Distribution (ACD) System was intended to provide better access for patients to make appointments as well as better customer service. Once a patient called into the North Little Rock call center, a patient was to be directly transferred to the PACT team for personal service. However, when the system was set to transition, the calls simply fell into a loop.

3. According to Dr. Mathew Jennings, Associate Chief of Staff for Primary Care, senior leadership at the facility did not hear about the transition, which was to occur in August 2014, until just before it happened. However, according to OI&T staff, they provided frequent updates to senior leadership regarding the telephone system transition. It appeared to the Board that communication between OI&T and senior leadership was extremely lacking.

4. The OI&T point of contact for the ACD System, Mr. Wendell Phillips, switched the system over on August 27, 2014. He retired from the VA on August 28, 2014. When it was discovered that the system was not working as intended, no one in OI&T knew what Mr. Phillips had done and therefore, they were unable to diagnose the problems immediately. It took approximately three weeks to resolve the system issues in such a way that it was operating fairly effectively.

5. There was a Root Cause Analysis (RCA) conducted by the facility into the problems revolving around the failed telephone system switchover in August 2014. Witnesses were asked to convey to the Board what lessons had been learned based on the RCA. Overwhelmingly, witnesses cited that there had been "no back up or back out plan". As referred to above, this speaks to the fact that Mr. Phillips was the primary owner of the entire telephone project. Despite having sent several new employees to training and assigning a mentee to Mr. Phillips, it appears that OI&T did not share the project plan with any of those employees. In addition, OI&T did not allocate their human resources adequately or effectively for this project. Therefore, when the time came to flip the switch to the new phone system, no one knew why it had failed, and fixing the system was an arduous and lengthy process.

6. Ron Kulaga, previous supervisor to Mr. Phillips, testified that "I'm not a technician...I manage the people." However, this attitude was part of the reason he was not familiar with Mr. Phillips' overall plan. When asked if Mr. Phillips would update him, he stated he would receive updates as needed. In addition, he seemed uncertain whether or how often Mr. Phillips met with or coordinated with facility leadership on the details and date for the switchover, however, he stated that Mr. Phillips brought his concerns to facility leadership.

7. Other lessons learned from the RCA included that the end users, or “soldiers” as Dr. Jennings stated, should be engaged from the beginning in the discussions and evaluation of what kind of system is required and what possible implications exist. In addition, a witness testified that signatures should have been obtained from Pentad members and Service Chiefs upon finalizing details at each stage. Communication between OI&T and senior leadership came up time and time again as a problematic issue with this project.

8. For continuity of operations, there has been one non-OI&T employee selected to be the central point of contact for the new telephone system, Ms. Mary Jo Moody, Executive Assistant to Associate Director for Patient Care Services. Her OI&T counterpart is Jim Hall, Chief of OI&T. Ms. Moody reports up through the Customer Service Executive Board which was chartered as a telephone improvement workgroup and is responsive to any telephone issues that might be reported to this group. This arrangement has allowed system users to have one main contact person with which to speak and submit issues. According to many witnesses, this has been an integral part of the success of the newly implemented telephone system. Ms. Moody is also keeping a log book which allows for the capturing of the project’s historical information.

9. A Regional OI&T telephone expert, Brad Stagner, was loaned to the facility for the migration of the telephone system currently being implemented. He created a workbook for each stage of the migration. Witnesses testified that he is extremely knowledgeable and has made the migration much easier.

10. According to OI&T personnel interviewed, there was an insufficient number of staff to answer the calls adequately. The August 2014 transition was said to have “failed miserably” partly due to this reason, i.e., patients could not speak with their PACT teams. Fifteen scheduling clerks have since been hired to handle the additional calls coming into the ACD call center. As a result of this and fixing the initial switch issues which occurred in August 2014, patient complaints have decreased significantly.

11. The end date for the completion of the new telephone system is set for the end of May - beginning of June 2015. The system had already been partially installed and tested when the Board was at the facility conducting this investigation. Thus far, the stages of migration to the new telephone system have been successful.

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There were several conclusion reached by the AIB:

1. There was a significant lack of clear and effective communication between facility medical center leadership and OI&T leadership/supervisors, as well as within OI&T, in regard to the failed attempt at installing a new telephone system in August 2014. None of the communication gaps appear to be a result of malfeasance or ill intent on anyone's part.
2. Since OI&T is a tenant of the medical center rather than a direct report to facility leadership, there appears to have been a gap in overall responsibility for the outcome of the telephone switchover. From what the Board learned from testimony, medical facility leadership should have been more involved in the planning and implementation process.
3. There was insufficient project management oversight by OI&T leadership.
4. An RCA identified several lessons learned and, as a result, both facility and OI&T leadership took steps to create a more thorough action plan to install a new facility-wide telephone system.

In summary, there was no malfeasance by either facility or OI&T leadership in regard to the telephone system issues, therefore, no further action should occur. However, in the future, effective project management must require robust communication and specific documentation to memorialize the planning and decision process. Facility leadership and OI&T should meet on a regular basis to provide status updates to each other.

I am hopeful that this information sufficiently answers any questions you may have regarding the PACT telephone issues at CAVHS. However, if you have any additional questions, please feel free to contact my office.

Thank you for the opportunity to respond.

Sincerely,



Michael V. Culpepper
Deputy Director
Office of Accountability Review