



Insights from the Health and Medicine Division on VA health facilities staffing and operations issues

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Presentation goals

- Outline the National Academies' work in military and veterans health
- Summarize relevant results from studies that address staffing and operational issues in VA medical facilities
- Highlight related research on the effects of building operations and maintenance on occupant health and workforce productivity



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National Academies' military and veterans health research

- During WWII, the National Academies' Division of Medical Sciences convened more than 700 meetings and conferences to advise the War Department on military health issues.
- In 1946, the US federal government formalized this function, funding the creation of the Medical Follow-up Agency (MFUA).
- MFUA's initial task was to collect and analyze data on the health and wellbeing of WWII veterans.



Office of Military and Veterans Health

- Established in 2017 as the point of contact for anyone seeking information on the National Academies current or past work in military and veterans health or who has an inquiry about future work
- Coordinates the efforts of manages the data and biospecimens under the aegis of MFUA



NASEM Military Health Studies

- Health impacts of the military & veteran experience
 - characterizing military exposures
 - physical outcomes
 - mental health outcomes
- Military and veterans health research and health policy reviews
- Delivery of medical services to active duty personnel and veterans

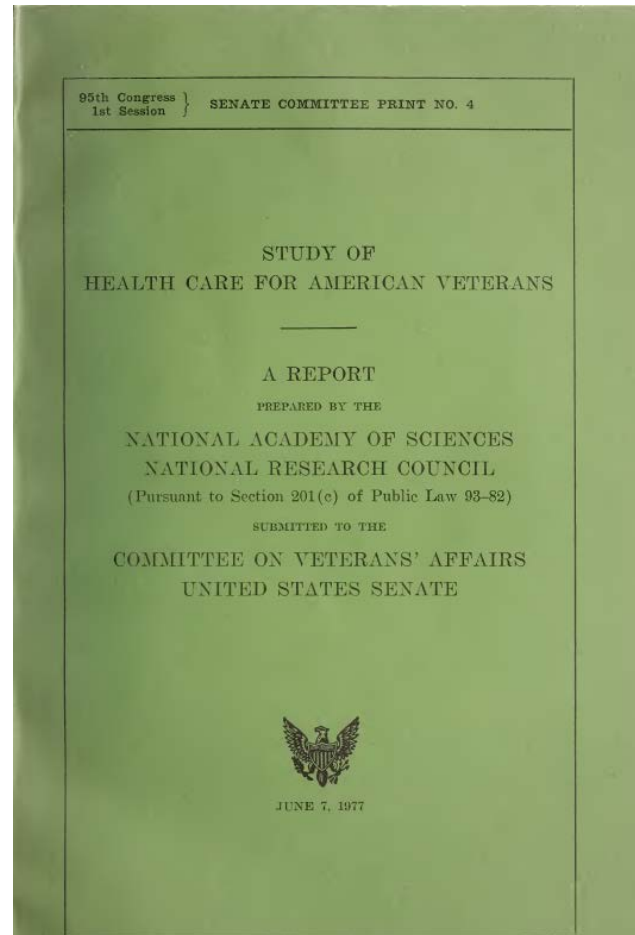


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Study of Health Care for American Veterans (1977)



Study of Health Care... (1977)

Section 201(c) of the Veterans Health Care Expansion Act of 1973 (PL 93-82) directed the VA to contract with the National Academies to

“...conduct an extensive review and appraisal of personnel and other resource requirements in Veterans Administration hospitals, clinics, and other medical facilities to determine a basis for the optimum numbers and categories of such personnel and other resources needed to insure the provision to eligible veterans of high quality care in all hospital, medical, domiciliary, and nursing home facilities.”



Study of Health Care... (1977)

Study conduct (in part)

Stratified sample of 171 facilities drawn, with detailed information collected (including site visits) from 27 facilities

Subcontracts let to management consulting and other firms to gather more detailed information, including an effort to

“assess the adequacy of current staffing in each of the occupational categories and to evaluate the applicability of a set of staffing assessment techniques previously used in a wide variety of nonfederal hospitals.”



Study of Health Care... (1977)

The “Allied-health, technical, and support staffing” section of the study addressed

- Building management
 - housekeeping
 - laundry/linen
- Engineering and plant maintenance

“After a review of VA-developed staffing guidelines and a series of pretests, the data collection protocols were administered over a period of 6 weeks in the sample of nine hospitals in which the other staffing studies were conducted.”



Study of Health Care... (1977)

A management engineering analysis evaluated

- the specific scope of various work activities,
- the volume of work produced,
- the work methods and equipment used, and
- operating conditions that influence staffing requirements.



Study of Health Care... (1977)

This information was combined with data accumulated in time-and-methods studies in non-VA hospitals to set time standards.

These standards were then applied to the recorded volume of work to yield an estimate of needed staffing.

TABLE 5-28

Current Staff as a Percentage of Needed Support Staff Based on Service Workload for Selected Hospitals

Service	Hospital									Weighted Average	Median	FTE deviation	Actual FTE
	A	B	C	D	E	F	G	H	I				
Engineering	94	104	77	102	91	97	80	99	108	92	96	-63.2	754.1
Housekeeping	102	105	73	100	78	78	83	91	111	92	91	-50.7	573.9
Laundry/Linen	99	124	83	100	135	100	107	96	110	104	100	+5.8	164.2



Study of Health Care... (1977)

TABLE 5-29

Manpower Utilization Estimates

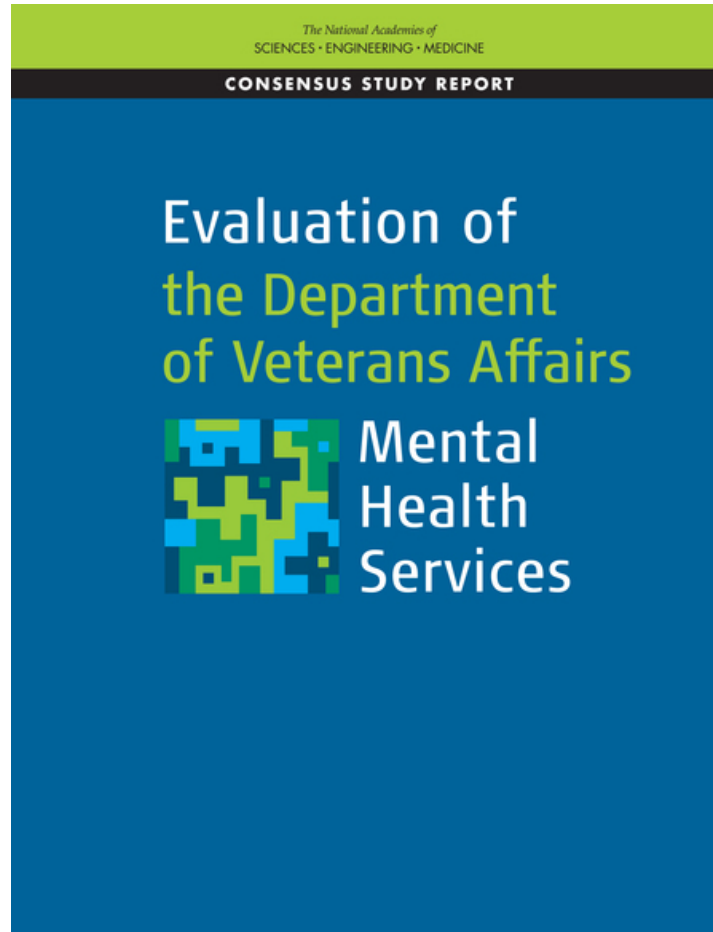
Service	VA, %	Non-VA, %
Engineering	96.4	95.9
Housekeeping	111.8	176.5
Laundry	93.4	94.4

The Committee found that, **overall, current allied-health, technical, and support staffing is 97% of needed staffing**, with moderate variation among hospitals and greater variation by type of service. The appropriateness of the current workload was not examined.

A comparison between VA and non-VA hospitals shows overall equivalence, with the VA having ... lower staffing in housekeeping.... When housekeeping is excluded from the comparison, the range of variation by service is considerably greater in the VA.



Evaluation of the VA Mental Health Services (2018)



Evaluation of the VA Mental Health Services (2018)

The VA asked the National Academies to form a committee that would “comprehensively assess the quality, capacity, and access to mental health care services for veterans who served in the Armed Forces in OEF/OIF/OND.”

As part of its data gathering, the committee conducted

- a survey of 19,400 veterans, veterans’ family members, and veterans’ caregivers on the quality of services and service facilities and
- 21 site visits of facilities.



Evaluation of the VA Mental Health Services (2018)

The committee survey explored veteran perceptions of VA mental health facilities. Among VA users, a large majority found the cleanliness to be excellent or very good for the

- reception/waiting area (86 percent),
- restrooms/ lavatory (82 percent), and
- building overall (76 percent).

This is in contrast to more negative opinions about the facilities that the committee heard on the site visits.



Evaluation of the VA Mental Health Services (2018)

TABLE 8-8

Among OEF/OIF/OND Veterans Who Have Mental Health Needs, VA and Non-VA Users' Perceptions of the VA Facility

Perceptions of the VA Facility	All OEF/OIF/OND Veterans				VA Users				Non-VA Users			
	Unwgt n	Wgt N	Wgt %	SE %	Unwgt n	Wgt N	Wgt %	SE %	Unwgt n	Wgt N	Wgt %	SE %
Total	2,007	1,705,168	-	-	849	476,654	-	-	256	272,799	-	-
Cleanliness of reception/waiting area												
Excellent/very good	1,107	752,348	44.3%	1.1%	715	407,969	85.6%	1.3%	92	77,073	28.3%	3.5%
Cleanliness of restroom/lavatory												
Excellent/very good	1,062	726,223	42.7%	1.2%	676	388,346	81.5%	1.4%	86	73,635	27.0%	3.2%
Accessibility of parking												
Excellent/very good	699	499,163	29.4%	1.0%	420	245,379	51.5%	1.9%	63	56,383	20.7%	3.1%
Building overall (attractiveness, quality of building maintenance and upkeep)												
Excellent/very good	1,046	723,364	42.6%	1.0%	642	361,252	75.8%	1.7%	90	77,226	28.3%	2.6%



Evaluation of the VA Mental Health Services (2018)

Negative comments included observations on building operations specific to a patient population experiencing PTSD. For example, facilities with crowded aisles and hallways prevent patients from having a clear view of their surroundings, leading them to be uncomfortable.

The committee concluded that “physical infrastructure issues ... affect both access to care and the quality of the patient experience.”

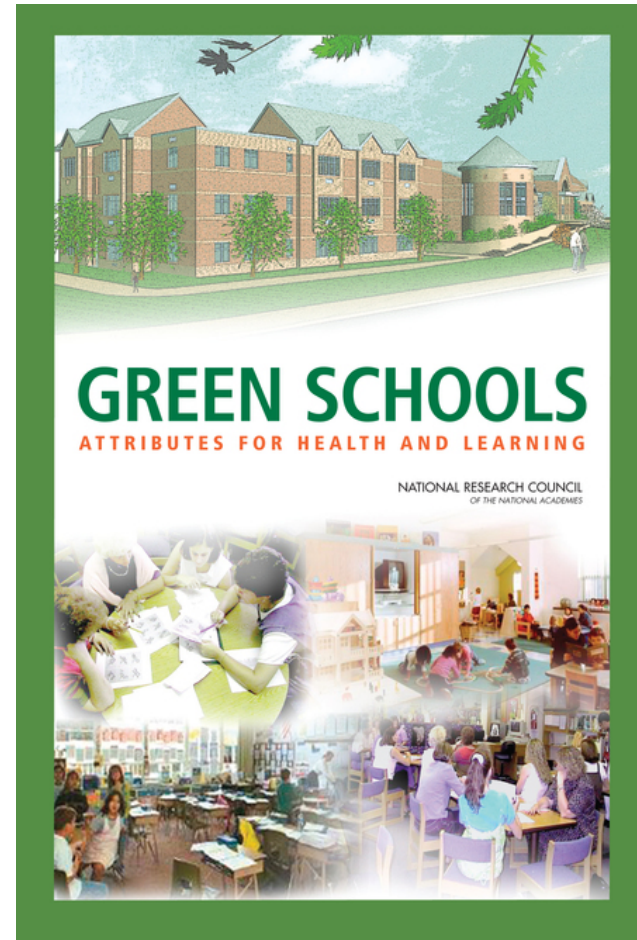
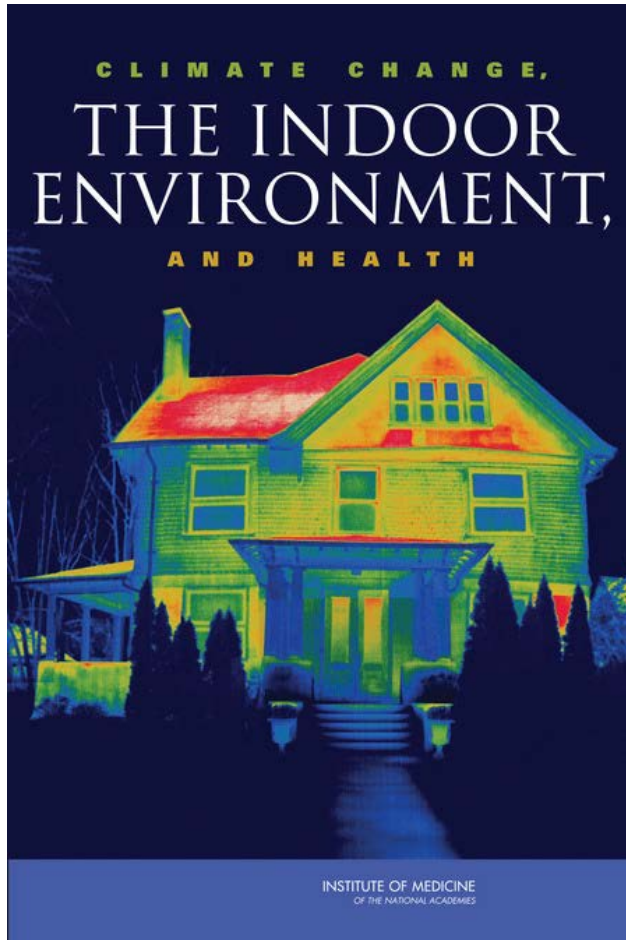


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Indoor environment and health reports



Indoor environment and health reports

A number of National Academies reports have reviewed the scientific and medical literature regarding the association between the indoor environment and the health and productivity of occupants.

Some of these have specifically addressed the effect of building operation and maintenance practices on occupants, including

- *Climate Change, the Indoor Environment, and Health* (2011)
- *Green Schools: Attributes for Health and Learning* (2007)



Indoor environment and health reports

These reports and the research they reviewed suggest that several factors influence occupant health and, in turn, may affect their productivity:

- cleaning intensity, chemicals, and methods (wet mopping, for example)
- HVAC maintenance (clean filters, in particular) and operation (ventilation rate; use of UV irradiation)



Indoor environment and health reports

These reports and the research they reviewed suggest that several factors influence occupant health and, in turn, may affect their productivity:

- building materials: in particular, the use of carpeting and particles and gasses emitted by new or damaged materials
- the failure to quickly and completely remediate excessive moisture, puddling, water spills, leakage, and attendant mold and microbial growth



For more information

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