DEPARTMENT OF VETERANS AFFAIRS

VETERANS INTEGRATED SERVICES NETWORK 22

VA DESERT PACIFIC HEALTHCARE NETWORK

FACT FINDING REVIEW REPORT

Greater Los Angeles Health Care System

JULY 7-8, 2015

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Executive Summary

The Acting VA Greater Los Angeles Healthcare System (GLAHCS) Director, Mr. Michael Murphy and Dr. Dean Norman, VA Greater Los Angeles Healthcare System Chief of Staff, requested a site visit to review numerous allegations made by Dr. Andrew Shaner, Deputy Chief of Psychiatry against Dr. Barry Guze, the current Associate Chief of Staff for Mental Health Services and Chief of Psychiatry. The charge of the site visit was to conduct a Fact Finding Review of the numerous allegations of mismanagement and poor leadership regarding Dr. Guze.

On July 7, 2015 and July 8, 2015 Dr. Brian Cook, VISN 23 Mental Health Service Line Medical Director, and Dr. Edward Landreth, VISN 12 Mental Health Lead, interviewed 11 staff and reviewed relevant documents over the two day period. In addition, two interviews were completed via telephone post site visit. The review specifically addressed allegations that Dr. Guze MD, Associate Chief of Staff for Mental Health / Chief of Psychiatry, management style is creating a "very serious threat to the care of mentally-ill veterans" treated at the GLAHCS and the CBOCs.

More specifically, it is alleged that:
"Dr. Guze's actions have caused great turmoil, substantial waste of resources, and frustration and low morale among the staff."
"He has
(a) ordered unjustified reassignments of personnel that are age-biased, gender-biased and punitive
(b) ignored severe staffing shortages that prevent veterans from getting mental health care
(c) deliberately let lapse well-crafted internal systems designed to comply with federal regulations and oversight."
"Moreover, he is actively promoting a climate of fear to such an extent that two psychiatrists have quit, several have filed EEO complaints, and over a dozen seasoned psychiatrists are seeking work elsewhere."

Over the past few years, there have been a number of interim Chiefs of Mental Health Heath including Dr. Shaner, Dr. Rubin and Dr. Daniels. In November, 2014, Dr. Guze was hired as the Chief of Psychiatry and the Associate Chief of Staff for Mental Health at GLAHCS. Dr. Guze had worked 32 years at UCLA in both clinical and administrative roles. Previous to starting at GLAHCS, Dr. Guze had no VA Leadership experience.

Dr. Norman stated that Dr. Guze's immediate and primary task was to "increase productivity". During the fact finding conversation with Dr. Guze, he discussed his perceptions about how the Mental Health department was functioning. In general, he believes that Mental Health staff could be more productive with regards to direct Veteran care and that there "has not been robust teaching happening for years". To begin addressing the goal of increasing clinical productivity, Dr. Guze initiated a redesign of the mental health organization chart. In addition, Dr. Guze believes that the department is "split, non-collegial and fractured" and the psychiatry department and psychology department are especially "polarized". As a result, Dr. Guze is

attempting through the redesign of the organization chart to create a “single integrated service system” which includes the Department of Psychology reporting directly to the Department of Psychiatry. It is our opinion that the redesign of the organization chart and the Mental Health department is the central point of contention, anxiety and concern among many former and some current Mental Health Leadership team members. Various individuals across the Leadership and staff of GLA conveyed that there is a serious lack of communication and collaboration with the redesign of the Organizational Chart which facilitates a sense of alienation and the result is staff members who are very confused about their current roles and professional futures at GLAHCS.

Fact Finding Review

The fact finding review was conducted by a two member team external to VISN 22.The members consisted of:

1) Dr. Brian Cook, VISN 23 Mental Health Service Line Medical Director
2) Dr. Edward Landreth, VISN 12 Mental Health Lead

The following individuals were interviewed by Dr. Cook and Dr. Landreth. Interviews were performed in person (unless otherwise indicated) on site at the VA Greater Los Angeles Healthcare System, 11301 Wilshire Blvd Los Angeles, CA.

- Dr. Dean Norman, Chief of Staff
- Dr. Barry Guze, Associate Chief of Staff for Mental Health / Chief of Psychiatry
- Dr. Peter Hauser, VISN 22 Mental Health Coordinator via conference call
- Dr. Andrew Shaner, Deputy Chief of Psychiatry
- Dr. Robert Rubin, Former Chief of Psychiatry
- Mary Moore, Chief Employment Labor Relations (HR Consultant)
- Dr. Angel Cienfuegos Acting Deputy, MH
- Dr. Peter Graves Acting Chief of Psychology
- Dr. Stephen Marder, VISN 22 MIRECC Director
- Dr. Nick Caskey, Acting West LA Site Manager
- Dr. Bill Daniels, Acting Director Community Care
- Dr. Chandresh Shah (Telephone Interview)
- Dr. Paul Lo (Telephone Interview)
- Dr. Joel Rosanski, Northern CBOC Site Manager (Telephone Interview)

In addition to the interviews, VSSC and Mental Health SAIL Report data, Mental Health Management Planning Tool, and the VACO Consultative Site Visit report dated March 12-13, 2013 were reviewed.

Methodology

The charge for Dr. Cook and Dr. Landreth was to conduct a Fact Finding site visit to review many of the allegations against the current Associate Chief of Staff for Mental Health Services for mismanagement and poor leadership. As the interviews progressed there were additional claims made which the review team brought to the attention of The Facility Director, Facility Chief of Staff, Network 22 Chief Medical Officer, and VISN 22 Mental Health Lead during the exit report. There were six allegations for which facts were gathered and four other issues of alleged concern. Finally, other prominent issues that were brought to the attention of the review team have also been addressed in this report.

Dr. Cook and Dr. Landreth focused the fact finding review on the following primary and secondary allegations as well as other issues:

- **Allegation 1 (Primary): East Los Angeles CBOC (ELA)**
  The PTSD Clinical Team (PCT) has been closed to new patients and current patients have very limited access to its psychiatrist.

- **Allegation 2 (Primary): Los Angeles Ambulatory Care Center (LAACC)**
  The Substance Use Disorder (SUD) program has been closed SUD patients are referred to the West Los Angeles SUD program. There are excessive waits to see the three psychiatrists providing general psychiatric care and the clinic is often unable to see walk-in patients. Several suicidal patients were told to go to the Emergency Department (ED) at West Los Angeles.

- **Allegation 3 (Primary): TelePsychiatry**
  TelePsychiatry to northern CBOCs is now almost entirely uncovered. No new consultations are being accepted and follow-up appointments for some 200 patients have been postponed.

- **Allegation 4 (Secondary): Geriatric Psychiatry**
  Excessive waits for Geriatric Psychiatry Consultation at West Los Angeles.

- **Allegation 5 (Secondary): Domiciliary RRTP**
  More than two dozen veterans await psychiatric consultation. Veterans have been waiting months.

- **Allegation 6 (Secondary): Homeless Patient Aligned Care Team (HPACT)**
  Excessive waits to see a psychiatrist in HPACT.

- **Other Issues:**
  a) **Organizational Chart**
  b) **Professional Practice Evaluations**
  c) **Understaffing Of Psychiatrists**
  d) **Mental Health Chief and Associate Chief of Staff for Mental Health Hiring Process**

Fact Finding Results

Allegation 1: East Los Angeles CBOC (ELA)

Staff stated that there have been "serious" longstanding issues with Psychiatry coverage at ELA CBOC that preceded Dr. Guze's arrival. Staff agreed that Veteran access to the PTSD Clinical Team (PCT) has been limited and that they no longer are taking new patients and current patients have extended wait times. Primarily, this is the result of very limited access to Dr. Grieder, the primary psychiatrist at the location. It was explained by some of those interviewed that due to health reasons, Dr. Grieder was not able to care for Veterans to his fullest extent. It was also reported that there have been times when Dr. Grieder has abruptly walked out of clinic and did not return for the remainder of the day.

In response to the concerns for inadequate psychiatric care at ELA CBOC, it was reported that Dr. Guze assigned Dr. Grieder to GLA to complete C&Ps. In turn, Dr. Guze assigned, as a detail and not a permanent transfer, Dr. Shaner to ELA to cover the provider gap in care and to "clean up ELA". During Dr. Shaner's intended absence from GLA, Dr. Guze planned for Dr. Grieder to provide psychiatric care for Dr. Shaner's clinic which appears to be a significant decrease in work load for Dr. Grieder. Dr. Shaner refused to go to ELA CBOC and he claims that Dr. Guze retaliated by assigning Dr. Shaner to cover the HPACT and Dom. Dr. Shaner stated that when he "raised serious ethical and clinical concerns about the reassignment", he was re-reassigned to the Homeless Patient Aligned Care Team (HPACT) at West Los Angeles.

Dr. Guze described the situation at ELA CBOC as "A tempest in a teacup"; A disturbance or uproar about little or nothing. This may be true to some degree, but not entirely. For example, it was reported that "Dr. Grieder became too ill to continue work and many veterans were without care, prompting numerous congressional inquiries". Congressional inquiries indeed were received by GLA concerning coverage at the ELA CBOC and at the time of this report the exact number and nature of the inquiries were still being collected by the COS AO. The Fact Finding Team is concerned about the size of Dr. Grieder's clinic and that it is likely that there are Veterans currently assigned to the clinic who are not receiving timely Psychiatric care. It was reported that while Dr. Greider was "cleared" to return to his responsibilities at ELA. It was also reported that he is "back to his old behaviors". In addition, it was reported that there are "hundreds of incomplete notes". This was not confirmed by these reviewers; however it does appear quite possible that this could be valid, by the fact that Dr. Greider's patient encounters and productivity are low which could be due to lack of CPRS note entries. An open encounter report could determine if this is the case . It is unclear to the review team if Dr. Grieder was cleared to return to ELA before Dr. Guze transferred him to other clinical duties at West Los Angeles. It does appear that Dr. Guze's intent was for Dr. Shaner to be "immediately" detailed to ELA to rectify any and all gaps in care, but he refused the assignment.

Allegation 2: Los Angeles Ambulatory Care Center (LAACC)

There are concerns by staff that programs at LAACC have been closed "for months" and that Veterans are being referred to West Los Angeles. This allegation was not confirmed by staff who know intimately the LAACC program. There were also claims that "suicidal patients" were directed to go to the Emergency Department (ED) at West Los Angeles. The diversion of suicidal patients claim was not substantiated by those interviewed; however there does appear to be difficulty providing services in a timely manner at LAACC. It was reported that the MH staff (especially PCMHI staff) are overwhelmed and that Veterans have been sent to West Los Angeles ED for services primarily that only MH prescribers can perform. Some staff interviewed could not explain how Veterans diverted from LAACC ED made it to GLA ED. In addition, the claim that there are excessive waits to see the three psychiatrists providing general psychiatric care and the clinic is often unable to see walk-in patients was supported by these providers

Allegation 3: TelePsychiatry

The allegation that TelePsychiatry to northern CBOCs is now almost entirely uncovered appears to have merit according to those interviewed. There are alleged "uncovered" clinics consisting of Veterans who were being treated by Dr. Young Mee Choi who also served as Lead TelePsychiatrist. However, telemental health data does not entirely support the accusation. There is the possibility that no new consultations are being accepted and follow-up appointments are being postponed. It appears, after a brief review of longitudinal data, that there is not much telemental programming occurring in general within GLA and the telemental health program has never been strong. That said, one must consider validity of the data and that the data may not be rigorous, thus misrepresenting the actual TelePsychiatry workload to the Northern CBOCs.

It is reported that Dr. Guze directed Dr. Choi to provide only clinical care and told her to cease teaching Psychiatric residents. Dr. Guze's mandate that Dr. Choi "provide only clinical care" allegedly halted her teaching of residents, "effectively blocking any further academic advancement at UCLA". In addition, her administrative time was decreased significantly. As a result, Dr. Choi resigned. Dr. Guze stated that "…mental health is unproductive" and it was made clear through many of the interviews that Dr. Guze was looking closely at provider productivity and labor mapping. It appears that Dr. Guze's intent was to increase TelePsychiatry productivity to the Northern CBOCs (Lancaster, Oxnard and San Luis Obispo CBOCs) by "mandate[ing] that [Dr. Choi] provide only clinical care". Dr. Choi wrote, "without any discussion with me, Dr. Guze changed my labor mapping to 97.5% clinical time, 0% administrative, and 2.5% educational time" The specifics of the type of teaching in the allegation was not made clear. Indeed, if the teaching was in a clinical setting no education time should be mapped to that type of teaching. Her teaching of formal classroom didactics would be a different matter. No administrative role could be detected, so the 0% administrative time appears correct. At the time of the Fact Finding review there was not a Psychiatrist providing TelePsychiatry to the Northern CBOCs.

Allegation 4: Geriatric Psychiatry

Dr. Pei-Huey, a geriatric psychiatrist, requested a reduction from full-time to three quarters time and Dr. Guze refused the request As a result, Dr. Nei resigned. It was

reported that extensive wait times exist for Geriatric Psychiatry Consultation at West Los Angeles. Dr. Guze is currently recruiting two psychiatrists to fill the position.

Allegation 5: Domiciliary RRTP

It appears that the DRRTP is severely understaffed for psychiatry services and there is no dedicated Psychiatrist assigned to serving the Veterans in that program. It was reported that there are many Veterans waiting for psychiatric consultations and they have been waiting for extended periods of time.

Allegation 6: Homeless Patient Aligned Care Team (HPACT)

It was reported that there are “excessive waits to see a psychiatrist” at the HPACT because there are vacant psychiatrist positions. It was reported that the “HPACT psychologists had to send the patient to the Emergency Department (ED) to be seen by the emergency psychiatrist.” This was neither confirmed nor denied during the interviews however, exploration by the GLA COS Office or Systems Redesign Team into these allegations will be important. It should be noted that the LAACC ED Psychiatrist is overwhelmed at times and he refers Veterans to the HPACT in Building 402 or the GLAHCS ED.

Other issues

a. Professional Practice Evaluations:

It was reported that Dr. Guze was responsible for overdue Psychiatrist’s performance evaluations as a result of his management style, lack of communication and neglect. With regards to FPPE/OPPE reports, there are no delinquent FPPE reports in Psychiatry or Psychology. It was reported that “due to some administrative changes in Mental Health, June 2015 OPPE reports (i.e for the period Jan to June 2015) have been delayed in the case of 5 psychiatrists and 3 psychologists”. This did not affect their timely renewal.

b. Organizational Chart

It was support by several staff members that that Dr. Guze distributed an organizational chart that has reorganized the department in such a way that has created “a lot of tension and anxiety among his staff”. Several of those interviewed stated that there was a lack of “collaboration, communication and input” from those who could have added valuable insight into the realignment. This has contributed to a sense of alienation thorough out the department. It appears that Dr. Guze has separated himself from strong and useful alliances and is depending on a small group for consultation and guidance.

Staff, former Mental Health Leadership, and some current Mental Health Leadership team members stated that they are not sure of their current responsibilities and roles but most have continued their responsibilities to ensure that vital tasks are being completed. It was brought to our attention by those

interviewed, that the current organizational chart was signed by the previous acting facility director, “on his way out of the door” and Dr. Guze, however the Chief of Staff's signature is not present on the document. Therefore the staff questions the validity of the document. The staff are concerned that there will be a serious threat of department collapse if they discontinued their previous responsibilities despite the appearance that they have been reassigned away from these tasks.

The reorganization has induced low morale for many especially among the Psychology Department staff. The psychologists have reported to a Chief Psychologist since approximately 1954, but now have been realigned to report to the Chief of Psychiatry. Psychologist stated that this has created a decrease in psychological safety and professional autonomy. Dr. Guze stated that one reason for the realignment of the Psychology Department reporting structure was the result of the Psychology Department and the Psychiatry Department being polarized and this was his attempt to unite the departments into a single integrated service system.

From those interviewed, it does not appear that the reassignments or reorganization were “age-biased, gender-biased and punitive”. It was alleged that Dr. Guze is “actively promoting a climate of fear to such an extent that two psychiatrists have quit, several have filed EEO complaints, and over a dozen seasoned psychiatrists are seeking work elsewhere”. It is our opinion that a “culture of fear” has been present for quite some time and that Dr. Guze's leadership was not the genesis but may have exacerbated a well-established culture. We learned of three EEOs filed against Dr. Guze and in fact, it is true that two Psychiatrists, to our knowledge, have resigned. One Psychiatrist was unhappy with the proposed increase in clinical responsibilities and the decrease in her leadership role and faculty responsibilities at UCLA. It was reported that the other Psychiatrist had requested to decrease her clinic time to part time and Dr. Guze refused to allow the reduction.

c. Understaffing Of Psychiatrists

It was reported by staff that there is an understaffing of Psychiatrists resulting in “excess wait” times to see a Psychiatrist in areas which include Homeless Patient Aligned Care Team (HPACT), Los Angeles Ambulatory Care Center (LAACC), Geriatric Psychiatry, and Domiciliary RRTP. The Mental Health Management Planning Tool (6-2015) provides data that confirms extended wait times and access to care challenges. In fact each area considered is .5-1.0 SD below the National mean and in some instances greater. Conversely, Psychiatrist and Psychologist productivity are .5 and1.0 SD above the National mean respectively. High productivity is also confirmed by the SAIL data. In addition, GLA maintains a significantly larger amount of clinical FTEE compared to the national average of similar complexity levels in Psychiatry, Psychology and Social Work. Yet, the FY 2015 Outpatient encounters per FTEE by discipline only shows the Psychology FTEE as highly productive compared to the National average. The other disciplines, including Psychiatry, fall below the national

average in outpatient encounters for a similar complexity group. The scenario alludes to Psychiatrist labor mapping which is mapped "too low" for clinical responsibilities.

The aforementioned data supports Dr. Guze and can help us understand why he "has failed to fill vacant psychiatry and psychology positions or to hire temporary locum tenens psychiatrists". Dr. Shaner "told [Dr. Guze] that Dr. Norman had already approved an emergency staffing increase and that he shouldobtain a locum tenens psychiatrist and to recruit an additional permanent psychiatrist. That said, it was reported by a staff other than Dr. Guze that approval for Locums and additional Psychiatry staff were not approved. There may be confusion about the Locum Tenens approval among Mental Health Leadership. However, it appears that Dr. Guze understands that he does have readily available options to increase Psychiatry staff if the current Psychiatric staff are unable to meet the needs of the Veterans despite his attempts to increase clinical productivity.

d. Mental Health Chief and Associate Chief of Staff for Mental Health Hiring Process

It was stated that the Mental Health Chief and Associate Chief of Staff for Mental Health positions were not posted for the four disciplines, Psychiatry, Psychology, Social Work and Nursing as directed in VHA Directive 2009-011.

"Announcements for filling VHA leadership positions in mental health contain language inviting applicants from the four core mental health professional disciplines: nursing, psychiatry, psychology, and social work".

In addition, there is the claim that Dr. Guze did not submit his application materials before the application deadline; however he was added to the certificate anyway. Dr. Shaner stated that the search committee chair, Dr. Tom Yoshikowa, invited comments from psychiatrists about the various candidates. "Numerous psychiatrists replied to his invitation and pointed out Dr. Guze's lack of administrative experience, previous charges of sexual harassment and his previous demotion at UCLA". However, several committee members have indicated that they were never shown these replies. It is also claimed that composition of the selection committee was ½ UCLA faculty. This has promoted suspicion and accusations of preselection. This was not confirmed during the Fact Finding visit but it is recommended that a thorough investigation into these allegations occur.

Conclusion

Dr. Guze has been in his current position at Greater Los Angeles VAMC since November 2014; approximately 10 months. He has been asked to manage and reform a very large and complex VA mental health department with a strong affiliate relationship with UCLA Neuropsychiatric Institute. While Dr. Guze is quite familiar with the internal structure at UCLA, since he worked in both administrative and clinical roles,

he has not had administrative experience with the Department of Veterans Affairs. This is not to say that Dr. Guze cannot develop into a strong VA leader, but instead to emphasize that he has a very steep learning curve and has been presented with very challenging situations during his short tenure. Dr. Guze has been asked to increase productivity and to increase clinical efficiency for a department that has had multiple interim MH Chiefs over the past few years and has not been operating close to fullest potential for quite some time. In short, it appears that Dr. Guze has inherited many departmental operational problems and engrained professional values that are not in line with the Secretary of Veterans Affairs treatment oriented philosophy.

In a short period of time Dr. Guze has attempted to make radical changes to a well-established and entrenched paradigm of department operations. As a result of Dr. Guze's attempt for change, there has been much dissention among primarily former and some current members of the Mental Health Leadership team. It should be noted that one interviewee stated that the current "problems are between leadership and not front line staff". There are serious concerns regarding Veteran care and this is due to staff resignations, vacancies and lack of immediate action. This combined with Dr. Guze's short tenure and lack of VA Leadership experience has created gaps in Veteran treatment. In addition, Dr. Guze does not have allies with successful leadership experience to assist him with critical decisions. While some in former and current Mental Health Leadership roles do not trust Dr. Guze, it would seem reasonable that Dr. Guze would have similar mistrust of those who should be supporting and advising him.

1. It is the opinion of this fact finding review that Dr. Guze's management style and lack of experience has contributed to, but has not created or is solely responsible for, in some cases, a "very serious threat to the care of mentally-ill veterans" treated at the Greater Los Angeles VA Medical Center and the CBOCs.

2. Dr. Guze's leadership style has caused turmoil, frustration and low morale among the some but not all staff. This is mostly attributed to his methods of communication with staff.

3. It was not clear to the reviewers that Dr. Guze has substantially wasted resources.

4. Dr. Guze has ordered reassignments of personnel but the actions do not appear to be unjustified or age-biased, gender-biased and punitive. It is evident that Dr. Guze has not done well at communicating his intentions.

5. It does not appear that Dr. Guze has ignored severe staffing shortages that prevent veterans from getting mental health care. That said, it does seem to be true that Dr. Guze has not acted quickly enough to fill vacancies.

6. It does not appear that Dr. Guze *deliberately* let lapse well-crafted internal systems designed to comply with federal regulations and oversight.

7. There does appear to be a climate of fear and mistrust, however it appears that this culture is well established and has been in place for quite some time.

Recommendations

1. Further evaluate wait time data and allegations regarding extended wait times for clinics, especially at GLA and the Northern CBOCs, and steps to remediate should be taken immediately.

2. MH Strategic Planning meeting to set the course for the future of GLA MH and to also open lines of communication between Dr. Guze and his staff. The Mental Health Service Line will develop and revise the Strategic Plan by holding a total Strategic Planning meeting with MH leadership and other identified staff. An initial two hour planning session that will identify goals will occur in August, while the objectives and action plan supporting those goals will occur in September. The Mental Health Service Line will rely on local Quadrad and VISN leadership to develop, monitor, and report the progress on the objectives developed under the respected platform they are assigned. Prior to the initial planning session in August, front line staff will have the opportunity to provide input into the current strengths, weakness, challenges and opportunities that exist for Mental Health programming and services.

    a. Two planning sessions are recommended.
        i. MH Leadership planning session (2 hours)to determine the overarching goals of the full day meeting based on input from front line staff.
        ii. Day long strategic planning session which will include MH Leadership and chosen front line staff. This could be more of a "grass roots" approach in which many of the positive, problem solving, dedicated staff can assist with the design the MH Department SAP.

    b. In the first meeting, the following staff should be consider for inclusion:
        - Dr. Dean Norman, Chief of Staff
        - Dr. Barry Guze, Associate Chief of Staff for Mental Health / Chief of Psychiatry
        - Dr. Peter Hauser, VISN 22 Mental Health Coordinator via conference call
        - Mary Moore, Chief Employment Labor Relations (HR Consultant)
        - Dr. Angel Cienfuegos
        - Dr. Peter Graves Acting Chief of Psychology
        - Dr. Stephen Marder
        - Dr. Nick Caskey
        - Dr. Bill Daniels
        - Dr. Chandresh Shah
        - Dr. Paul Lo
        - Dr. Joel Rosanski

3. Dr. Guze to participate in the National Mental Health Leadership Mentoring program.

4. Weekly consultation meetings with the VISN 22 Mental Health Lead. The Department could benefit from a much stronger VISN presence and involvement.

5. Arrange for an OMHO Consultative site visit in early FY 2016 to ensure Uniformed Mental Health Services Handbook compliance.

6. Arrange for frequent meetings with the OMHO Technical Assistant and the VISN 22 MH Lead to discuss, but not limited to the following topics:
    a. OMHO site Strategic Action Plan development and progress
    b. SAIL Data

7. Dr. Guze to participate with the VISN 22 MH Lead in the Mental Health Management Planning Tool calls with Dr. Dean Krahn from OMHO to discuss and better understand relevant MH data.

8. MH Staff and Leadership should be educated about the following topics
    a. SAIL Data
    b. Mental Health Management Tool
    c. Uniformed Mental Health Services Handbook

9. Further development of the Department Organizational Chart with a team of MH Leadership inclusive of those who are in MH leadership roles.

10. Consult with VISN and facility Human Resources Leads to determine if MH Chief / ACOS for MH Hiring Guidelines were properly followed.

11. Consult with and involve VISN and facility DSS experts in the Labor Mapping and productivity enhancement efforts.
    a. We recommend the assessment of provider productivity and efficiency and recommend a systematic analysis of workload distribution across the department to ensure that individual productivity targets (wRVUS) and labor mapping accurately reflect clinical and administrative time (e.g., Assess provider productivity, ensure that the time allocation data is accurate, providers are aware of their productivity goals and productivity status, the Missed Opportunity Rate would be at the national average)

12. System Redesign project to redistribute workload and increase GLAHCS CBOC access convened. The CBOC's appear to be facing exceptional demand for mental health services that is overwhelming the ability of mental health staff to provide timely access or appropriate services.

The members of the Site Visit Team wish to extend appreciation to the facility and all of its personnel who provided the hospitality and required information for this fact finding site visit to occur. The team was impressed with the dedication of the staff and their passion for treating Veterans which in turn facilitated their concerns and their request for inquiry into Veteran care at Greater Los Angeles VAMC and the CBOCs. The site visit team members would be delighted to remain available for consultation as needed by the facility in the future.