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VA Proposes Removal of Three Leaders at Phoenix Health Care System

WASHINGTON – The Department of Veterans Affairs (VA) today announced that it has issued notices of proposed removal to three senior officials at the Phoenix VA Health Care System.

Today, the Department proposed the removal of Lance Robinson, the facility's Associate Director; Brad Curry, Chief of Health Administration Service; and Dr. Darren Deering, Chief of Staff.

"It is vitally important to Veterans in Phoenix and across the nation to understand that we will take appropriate accountability action as warranted by the evidence," said VA Deputy Secretary Sloan Gibson. "Frankly, I am disappointed that it took as long as it did for proposed actions to be made but I am satisfied that we carefully reviewed a massive amount of evidence to ensure the accountability actions are supported. These cases have served as a distraction to the progress being made to improve the care we provide in Phoenix and across the nation. Today marks an important step in moving past the events of the past and refocusing solely on caring for our nation's Veterans."

In January, Gibson changed VA policy to ensure that employees who were part of administrative investigations would not be placed on paid administrative leave, instead they would be moved into non-patient care functions and continue performing other duties as assigned.

Today's announced actions follow the appointment of a new medical center director for the Phoenix VA Health Care System (PVAHCS). On November 20, [Deborah Amdur was named Health Care System Director](#) after serving as Medical Center Director of the White River Junction VA Medical Center in Vermont.

Since 2014, the Phoenix VA Health Care System has expanded its access to care working to effectively and timely treat Veterans with the care they have earned. Specifically, PVAHCS has:

- Hired needed staff. Since January 2014, they have hired a net gain of more than 700 full time equivalent employees. These new employees have increased Phoenix's ability to care for more Veterans in both inpatient and outpatient settings. Through the Veterans Access Accountability and Choice Act, Phoenix has hired 164 medical center staff fully utilizing all funding for hires through that program.
- Extended clinic hours into evenings and weekends for primary care and mental health to leverage limited space and increase clinic time preferred by Veterans. Phoenix clinics conducted more than 957,000 outpatient visits in FY15, which is an increase of 6.8 percent over the previous 12 month period.
- Focused additional staff for urgent and emergency care. PVAHCS has made a concerted effort to improve care to Veterans in the Emergency Department where patient volume has grown by roughly 80 percent since 2008. Key staff have been added, improved training has become routine and a "Fast Track" process has been implemented so Veterans with less severe needs can be seen more quickly.
- Significantly increased needed clinical space. Last May, a new 7,000 square foot Community Based Outpatient Clinic opened in northeast Phoenix. In addition, two leases have been signed – one in west Phoenix and a Primary Care Center located within 5 miles of the main campus – both of which are expected to open this summer. Construction of a dental clinic is underway and the Health Care System has completed a 400-space parking garage addressing a regular complaint of patients.
- Worked with medical providers in the community. They have fully implemented the Choice Program and improvements to the program are underway including co-locating TriWest staff with VA employees to improve communication and coordination of care.
- Increased outreach to Veterans and key stakeholders. Leadership of the Phoenix VA Health Care System regularly conduct community town halls and all-employee forums to hear needed feedback. Currently, a facility-wide campaign is underway to promote respect and safety for Veterans, visitors and staff.

Since 2014, VA has taken many actions to increase accountability and create a Veteran-centric culture:

- VA was the first cabinet-level agency to secure certification from the U.S. Office of Special Counsel (OSC) under OSC's 2302(c) Whistleblower Protection [Certification Program](#), which ensures that Federal agencies meet the statutory obligation to inform their workforce about the rights and remedies available to them under the Whistleblower Protection Enhancement Act and related civil service laws.
- As of April 2015, VA has worked closely with OSC to provide relief for VA employees who have filed whistleblower retaliation complaints, including three individuals at the VA Phoenix Health Care System.
- VA has established the Office of Accountability Review (OAR) to ensure leadership accountability for improprieties related to patient scheduling and access to care, whistleblower retaliation, and related matters that impact public trust in VA.
- VA established of a Department-wide program office to implement our Anti-Harassment Policy.
- VA's goal continues to be strengthening its culture of accountability and putting renewed focus on employee-led, Veteran-centric change. Improvements in workforce culture, with a focus on ICARE values, will allow VA to address issues as they arise, rather than necessitating employee termination following repeated and/or pervasive poor behavior.
- Over 34,000 staff have completed the VA-developed training "Access and Scheduling Core Concepts and Business Practices" online or face-to-face.
- All VA supervisors are required to take annual "Whistleblower Rights and Protection & Prohibited Personnel Practices" training.

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