



2015 ARMED FORCES RETIREMENT HOME ADVISORY COUNCIL ANNUAL REPORT



January 1, 2015 – December 31, 2015

The estimated cost of this report or study for the Department of Defense is approximately \$13,000 for the 2016 Fiscal Year. This includes \$7,530 in expenses and \$5,210 in DoD labor.

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The Armed Forces Retirement Home (AFRH) Advisory Council provides this report as a record of its activities during the calendar year 2015.

AFRH ADVISORY COUNCIL

Establishing Authority: Title 24, United States Code (U.S.C.), chapter 10—Armed Forces Retirement Home, section 416

Council Mission: In accordance with section 416 of title 24, U.S.C., “the Advisory Council shall serve the interests of both facilities of the Retirement Home.” “The Advisory Council shall provide to the Chief Operating Officer (COO) and the Administrator of each facility such guidance and recommendations on the administration of the Retirement Home and the quality of care provided to residents as the Advisory Council considers appropriate.”

Reporting Requirement

Section 416(b) of title 24, U.S.C. directs: “Not less often than annually, the Advisory Council shall submit to the Secretary of Defense a report summarizing its activities and recommendations with respect to the Retirement Home as the Advisory Council considers appropriate.”

2015 Advisory Council Meetings: During calendar year 2015, the Advisory Council held two advisory meetings, both in Washington, District of Columbia (DC) on May 9, 2015 and on October 29, 2015. Both were shared via audio/video teleconference for those not traveling to the meetings. Issues facing AFRH were the focus of the 2015 meetings as noted in the Advisory Council Observations and Recommendations section of this report. Council members assisted AFRH staff, as requested, in between the formal meetings.

2015 Advisory Council Membership

Colonel John Spain
Army Pharmacy Program Manager and Pharmacy Consultant to the Surgeon General, Falls Church, Virginia
Council Position: Council Chair

Mr. Paul Aswell
Division Chief, Enlisted Accessions, Headquarters, U.S. Army, Washington, DC
Council Position: Senior representative of one of the chief personnel officers of the Armed Forces

Dr. Raya E. Kheirbek
Deputy Chief of Staff
Washington, DC Department of Veterans Affairs Medical Center
The George Washington University School of Medicine and Health Sciences
Council Position: Civilian expert in gerontology from the geographical area of the facility (Washington, DC)

Dr. Richard Allman
Director, Home and Community Based Services
Department of Veterans Affairs Central Office
Council Position: Civilian expert in nursing home or retirement home administration and financing from the geographical area of the facility (Washington, DC)

Colonel Stuart A. Roop
Director of Medicine, Walter Reed National Military Medical Center, Bethesda, Maryland
Council Position: Senior representative of the military hospital nearest in proximity to the facility (Washington, DC)

Colonel Robert Edwards, U.S. Air Force, Medical Service Corps Administrator, 81st Medical Group, Keesler Air Force Base, Mississippi
Council Position: Senior representative of the military hospital nearest in proximity to the facility (Gulfport, Mississippi)

Ms. Cynthia Jones
Budget Analyst, Office of the Under Secretary of Defense (Comptroller), Revolving Funds Directorate
Council Position: Financial Expert

Master Chief Petty Officer of the Coast Guard Steven W. Cantrell
Headquarters U.S. Coast Guard
Council Position: Senior noncommissioned officer of one of the Armed Forces

Sergeant Major of the Army Raymond F. Chandler III (January – November 2015)
Sergeant Major of the Army Daniel Dailey (December 2015)
Office of the Army Chief of Staff
Council Position: Senior noncommissioned officer of one of the Armed Forces

Master Chief Petty Officer of the Navy Michael D. Stevens
Headquarters U.S. Navy
Council Position: Senior noncommissioned officer of one of the Armed Forces

Chief Master Sergeant of the Air Force James A. Cody
Headquarters Air Force/Command Chief Master Sergeant
Council Position: Senior noncommissioned officer of one of the Armed Forces

Sergeant Major of the Marine Corps Ronald Green
Headquarters U.S. Marine Corps
Council Position: Senior noncommissioned officer of one of the Armed Forces



Mr. Brian Hawkins
Director, Veterans Affairs Medical Hospital (Washington, DC), DC Veterans Affairs Medical Center
Council Position: Representative of the Department of Veterans Affairs regional office nearest in proximity to the facility (Washington, DC)

Mr. Anthony L. Dawson
Director, Veterans Affairs Medical Hospital (Gulfport, Mississippi), Gulfport Veterans Affairs Medical Center
Council Position: Representative of the Department of Veterans Affairs regional office nearest in proximity to the facility (Gulfport, Mississippi)

Colonel Thomas Zimmerman, U.S. Air Force
Staff Judge Advocate for Air Force District of Washington
Council Position: Senior judge advocate from one of the Armed Forces

Mr. S. Philip Ford, Chairperson
Resident Advisory Committee
AFRH–Washington
Council Position: Representative of the resident advisory committee or council of the facility (Washington, DC)

Mr. Henri Gibson, Chairperson
Resident Advisory Committee
AFRH–Gulfport
Council Position: Representative of the resident advisory committee or council of the facility (Gulfport, Mississippi)

Non-Voting Members

Mr. Charles Dickerson (January – June 2015)
Administrator, AFRH-Gulfport
Colonel Dwayne Wilhite (June – September 2015)
Interim Administrator, AFRH-Gulfport

Council Position: Administrator of the facility (Gulfport, Mississippi)

Mr. Shaun Servais
Administrator, AFRH-Washington
Council Position: Administrator of the facility (Washington, DC)

Mr. Steven G. McManus
Chief Operating Officer, AFRH
Council Position: Agency Chief Operating Officer

Allen W. Middleton, Senior Executive Service (January – March 2015)
Acting Deputy Director, Defense Health Agency
Paul Hutter, Senior Executive Service, (March – October 2015)
Acting Deputy Director, Defense Health Agency
Guy T. Kiyokawa, Senior Executive Service (November – December 2015)
Deputy Director, Defense Health Agency
Senior Medical Advisor to the AFRH

Ms. Margaret Class
Program Analyst, Clinical Quality Division
Office of the Chief Medical Officer, Defense Health Agency

Mr. Larry A. Bolton
Director, Human Resources Division, Defense Health Agency
Senior representative of one of the chief personnel officers of the Armed Forces

Mr. John W. Radke
Chief, Army Retirement Services, Headquarters, Department of Army
Representative of 1.1 million retired Soldiers and surviving spouses

Mr. Charles Bowen
Vice President, Government Relations
Enlisted representative of the Services' Retiree Advisory Council

Sergeant Major Bryan B. Battaglia, U.S. Marine Corps (January – December 2015)
Sergeant Major John Troxell, U.S. Marine Corps (named, but not officially put on orders)
Senior Enlisted Advisor to the Chairman, Joint Chiefs of Staff

AFRH ORGANIZATIONAL INFORMATION

The AFRH Advisory Council's activities support AFRH's strategy.

Vision:

A retirement community committed to excellence, fostering independence, vitality, and wellness for veterans, making it a vibrant place in which to live, work, and thrive.

Mission:

To fulfill our nation's promise to its veterans by providing a premier retirement community with exceptional residential care and extensive support services.

Strategic Goals:

Goal 1: Embrace Resident-Centered Care

Each person will understand each resident's individual needs and take realistic action to fulfill them within AFRH resources and capabilities.

Goal 2: Maintain Exceptional Stewardship

Pursue and implement innovative ways to deflect, reduce, and manage costs by maximizing assets, resources, and programs to fulfill needs and wishes of current and

future residents.

Goal 3: Promote a Staff-Centered Environment

Expand staff knowledge that directly impacts the accountability and efficiency of the agency, which will, in turn, empower all employees to be proactive.

Goal 4: Leverage External Stakeholders

Harness, cultivate, and focus our external stakeholders to become increasingly active participants who are engaged in AFRH operations in each of the next five years.

Guiding Principles:

Person-centered: Person-centered care is defined as the careful manner in which resident needs are considered while developing responsive plans of care and delivering meaningful services.

Accountability: We expect our workforce to achieve what we promise to residents, staff, and service partners. To ensure success, we measure progress and provide feedback to our customers.

Integrity: We will strongly uphold the mission of AFRH. We are honest and ethical and deliver on our commitments. We recognize that good ethical decisions require individual responsibility enriched by collaborative efforts.

Workforce Growth: We strive to hire and retain the most qualified people. We maximize their success through training and development as well as maintaining and promoting open communication.

Honor Heritage: We honor the rich history of the U.S. Armed Forces, from our veterans to our victories. As such, our facility reflects that military heritage with memorabilia and tributes.

Inspire Excellence: We continuously work to improve each process, service, and its delivery, while striving for excellence in all we do. We expect excellence and reward it.

One Vision/One Mission/One Organization: Success depends on our devotion to an unwavering vision and mission. Working together in different locations, under various managers and leaders, we maintain a distinct focus to serve our residents. We collaborate and respond in a unified and single voice.

Two Facilities



AFRH-Gulfport, Mississippi



AFRH-Washington, DC

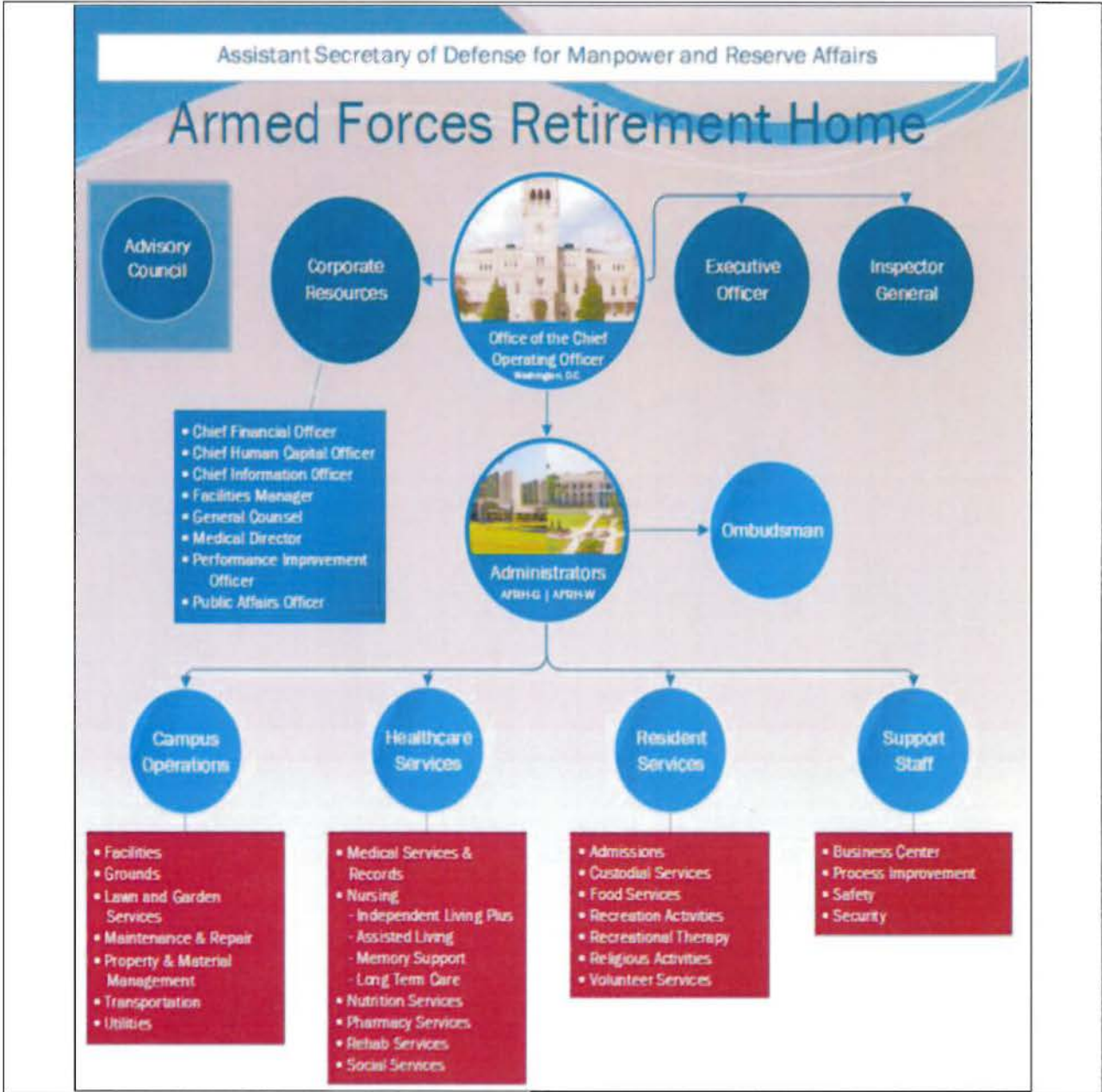
Under Secretary of Defense for Personnel and Readiness Oversight

The Secretary of Defense delegated duties of chapter 10, title 24, U.S.C. to the Under Secretary of Defense for Personnel and Readiness (USD(P&R)). Day to day oversight is delegated to the Assistant Secretary of Defense for Manpower and Reserve Affairs (ASD(M&RA)). The USD(P&R) has supported and assisted AFRH in all aspects of its operations.

One Model for Operations

Both facilities use the same organizational model. The “One Model” translates to having the same staffing, policies, procedures, and standards of care at each site. Both the Gulfport and Washington facilities provide comparable state-of-the-art amenities and the configuration of staff is similar. Each facility delivers the same high level of care in two similar environments.

The AFRH One Model for Operations



AFRH 2015 Resident Demographics
(As of September 30, 2015)

Total Residents 981

BY GENDER

Male	881	90%
Female	100	10%

BY WAR THEATER*

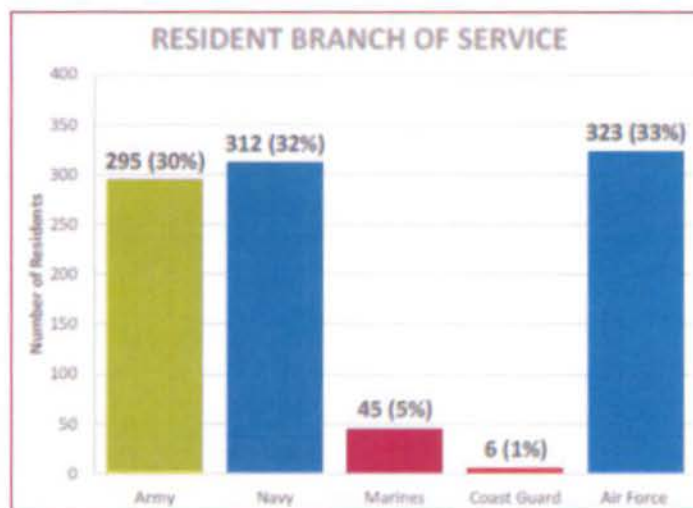
World War II	251
Korean War	380
Vietnam	515
Grenada	14
Panama	12
Gulf War	18
Operation Enduring Freedom/ Operation Iraqi Freedom	4

BY ELIGIBILITY CATEGORY

Retiree	824	84%
Service-connected Disability	31	3%
War Theater	84	9%
Female (served before 1948)	42	4%

**Some served in more than one war*

AFRH is home to Service members from all branches of the military. All Services are represented at both facilities.



ADVISORY COUNCIL OBSERVATIONS AND RECOMMENDATIONS

As part of the annual report, the Advisory Council compiles comments on various aspects of AFRH's operation, service delivery, and resident and employee satisfaction. Council recommendations, where warranted, are noted.

AFRH Operations

Compliance with Government Regulations

AFRH must meet the requirements of chapter 10 of title 24, U.S.C., and Department of Defense Instruction (DoDI) 1000.28, "Armed Forces Retirement Home (AFRH)," February 1, 2010.

Council Observations:

- The council understands that all National Defense Authorization Act (NDAA) 2002, 2005, 2008, and 2012 legislative requirements have been satisfied, as well as the requirements of DoDI 1000.28 as described by AFRH leadership.
- In accordance with the requirement in section 218 of title 24, U.S.C., for the DoD Inspector General (IG) to inspect not less than every three years, the DoD IG last inspected AFRH in August and September of 2012, and released their report in 2014. The council had requested and received a progress report at its spring meeting on May 9, 2015, regarding AFRH's responses to the DoD IG recommendations. The council agrees with the direction AFRH leadership has taken with its forward looking actions in response to the DoD IG report.

Council Recommendations

- The council requests progress reports in the coming year to learn more about continuing follow-up to the IG recommendations.

Chief Operating Officer

The AFRH COO leads the organization and is the prime contact for Advisory Council members to communicate to and with AFRH staff. Steve McManus, the COO in 2015, continued to support Advisory Council members in their aim to assist AFRH in fulfilling its mission. The COO has personally forged relationships among the members so they were more able to contribute their subject matter expertise, experience, and knowledge. These interactions have helped AFRH to be a more effective organization.

Council Observations:

- The AFRH COO fulfills his duties in a responsible, even-handed manner. He consistently met legislative requirements and provided strong leadership in guiding the AFRH staff.
- The AFRH leadership is commended for its ability to provide accurate and timely information, when requested, concerning the AFRH's achievements, goals, and challenges.
- The COO has been a key contributor in the successful interactions between

Advisory Council members and AFRH staff. His active participation in making connections between members and staff has enabled and encouraged successful collaboration in health care oversight, financial discussions, and resident concerns.

- The council recognizes the significant contributions of Steve McManus in ensuring that the Advisory Council functions efficiently. Congratulations on his accomplishments and on his 2016 retirement.

Council Recommendations:

- The council recommends that the new COO continue in the steps of Mr. McManus in forging relationships that establish opportunities for AFRH.

AFRH Leadership

One goal of the AFRH human capital strategy is to create a leadership culture that fosters organizational excellence and mission accomplishment. With several leadership positions changing throughout the year, AFRH 2015 priority hires in Washington included the Chief, Healthcare Services; Chief Medical Officer; and Ombudsman. Each position was filled within the year. Gulfport experienced significant leadership challenges during 2015. Increased communication breakdowns between Gulfport management and employees were apparent, and the AFRH COO took action by reassigning staff to alleviate the leadership issues at Gulfport. A new Administrator takes the helm in 2016.

Council Observations:

- The Advisory Council recognizes the difficulties AFRH faces with providing competitive salaries in attracting and sustaining medical providers.
- Leadership's adept handling of Gulfport's management issues proved supportive to staff and maintained a high level of resident services.

Council Recommendations:

- In the interest of ensuring AFRH provides a high level of resident services, the council wants to be informed about key leadership vacancies, timelines for replacement, and any impact to operations.

Policy

AFRH uses a two-tier policy issuance system. Agency-level guidance is issued as AFRH Agency Directives or Agency Notices. Each facility of the Home is responsible for implementing agency-level policy. In turn, each facility develops and issues facility-level standard operating procedures (SOPs) and policy at their individual Homes.

Council Observations:

- Throughout 2015, AFRH continued to update its policies and the facilities revised procedures in accordance with The Joint Commission (TJC) recommendations following TJC surveys held in September of 2014.
- Some Advisory Council members assisted in the development of the policies (personnel, finance, health care) and in activities related to the DoD IG

recommendations.

Council Recommendations:

- Review policies annually and call upon council members for policy consultation and review based upon their area of expertise.

Inspections

Section 411(g) of title 24, U.S.C., requires AFRH to secure and maintain accreditation by a nationally recognized civilian entity for every aspect of each facility of the Home (including medical and dental care, pharmacy, independent living, assisted living, and nursing care). The law requires that the COO request a nationally recognized civilian accrediting organization to conduct surveys to cover all aspects of the operations.

In 2015, AFRH maintained multiple accreditations through the Commission on the Accreditation of Rehabilitation Facilities-Continuing Care Accreditation Commission (CARF-CCAC) and TJC.

Both facilities were assisted throughout 2015 by operational assessments in all levels of health care by consultants from Joint Commission Resources, Incorporated (JCRINC) who specialize in advising facilities on Joint Commission methodologies and standards requirements to meet TJC accreditation.

Commission on the Accreditation of Rehabilitation Facilities-Continuing Care Accreditation Commission

AFRH currently maintains a national CARF-CCAC accreditation for Continuing Care Retirement Communities. The Washington operation was first inspected by CARF-CCAC in August 2008 and received accreditation for five years. The Washington facility was successfully reviewed again by CARF-CCAC in late September of 2011. Gulfport underwent their first CARF-CCAC review in October of 2011. CARF-CCAC reported that Gulfport had no major findings and validated its accreditation through 2016. CARF-CCAC and AFRH maintain a quality improvement plan, implementing recommendations that emphasize person-centered care, improve safety, break down silos, and streamline guidelines for resident transitions. Recommendation milestones are updated annually and reviewed by CARF-CCAC.

In 2012, to comply with CARF-CCAC accreditation standards, AFRH developed a formal policy for the council's participation by establishing AFRH Agency Directive 1-13, "AFRH Advisory Council." In 2015, the council continued to maintain internal policies recommended by CARF-CCAC. The following requirements within the directive are based upon recommendations by CARF-CACC:

- A policy that addresses loans, stock ownership, and other matters of financial interests
- Annual personal self-assessment of individual council members
- Annual written and signed council member conflict of interest statement
- Written and signed Council Member Code of Ethics
- Annual review of the council's policy and its directive

Council Observations:

- The Advisory Council has incorporated CARF-CCAC requirements as directed in the AFRH directive into its governance process. AFRH administrative support continues to assist the Advisory Chair in maintaining documentation and tracking council member compliance with these requirements. Compliance with these requirements is addressed at bi-annual council meetings. A schedule for completing these requirements has been shared with AFRH administrative support to ensure compliance.

Council Recommendations:

- In the interest of AFRH maintaining accreditations, the council requests updates at meetings regarding any inspection-related issues.
- Review of AFRH Agency Directive 1-13 will be scheduled for the April, 2016, meeting.

The Joint Commission

Accreditation for nursing and ambulatory care is required by law and CARF-CCAC does not offer this accreditation. AFRH chose to pursue nursing and ambulatory care accreditation with TJC because it is an independent, not-for-profit organization that accredits and certifies more than 20,500 healthcare organizations and programs in the United States. TJC accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards.

While TJC does not have an Assisted Living accreditation, applicable elements of Assisted Living, Long-Term Care, and Memory Support are covered under their nursing care accreditation. Both facilities received their ambulatory and nursing care TJC accreditation in October (Gulfport) and November (Washington) of 2014. Throughout 2015, both Gulfport and Washington updated their standards for the Independent Living Plus level of care in preparation to achieve TJC home care accreditation by September of 2016.

The agency and both facilities are aligning relevant policy documents with TJC accreditation. Consistently, inspections and surveys recommend reducing the number of SOPs. The AFRH goal is to condense and align procedures with their associated accreditation: ambulatory care, nursing care, and home care. Where applicable, CARF-CCAC standards are also included in policy documents.

JCRINC made site visits in March and June of 2015. They completed an operational assessment of AFRH's healthcare services at both facilities in September of 2015. To ensure integrity of operations, there is a firewall between the services provided by JCRINC and TJC. This operational assessment allowed each facility to self-assess their processes for compliance with TJC's standards in nursing, ambulatory care, and home care. The outcome of the operational assessments was positive. The team identified revisions needed in SOPs.

Council Observations:

- The AFRH managers prepared well for operational assessments in 2015.
- The Defense Health Agency (DHA) Office of the Chief Medical Officer performed a joint site visit when JCRINC visited AFRH in September of 2015.
- Sharing the operational assessment was a good partnership and learning experience for both AFRH and DHA. In 2015, this partnership again reduced “survey fatigue” for AFRH staff who have to participate in numerous surveys.

Council Recommendations:

- AFRH is encouraged to ask council members to be available for consultation to assist AFRH in maintaining CARF-CCAC and TJC accreditation. Request AFRH leadership provide a summary of direct and indirect findings and responses provided to TJC.
- Recommend DHA continue joint site visits with TJC and JCRINC in the future.

Department of Defense Inspector General

Section 418 of title 24, U.S.C., requires the DoD IG to assess AFRH every three years. The last triennial DoD IG inspection was conducted in 2012. The AFRH inspection draft report was reviewed by the DoD IG Office of General Council during October of 2013. The draft report was delivered to AFRH in December of 2013 for comments. AFRH, working with ASD(M&RA), identified and resolved or created an action plan for all recommendations in April of 2014. Residents and staff were informed of the report findings in town hall meetings. The results of the 2012 DoD IG report were released publicly in July of 2014. To date, DoD IG has not scheduled a subsequent review of AFRH operations.

Council Observations:

- At the May, 2015, Advisory Council meeting, AFRH reported that about 50 actionable items required ongoing responses. About one third were completed by mid-year. All remaining actions were addressed at the Oct 2015 meeting.
- The AFRH IG is available for council members with questions on the DoD IG report.
- The council commends AFRH staff for exploring and implementing solutions in response to DoD IG recommendations and looks forward to preparation for the next DoD IG inspection.

Council Recommendations:

- AFRH should call upon council members with particular expertise to resolve DoD IG inspection action items as needed in the future.

Senior Medical Advisor

DHA performs consulting roles to AFRH in accordance with section 413(a) of title 24, U.S.C. The Secretary of Defense designates the Deputy Director of DHA to serve as the Senior Medical Advisor (SMA) for AFRH. DHA staff provides support to the SMA as

requested, particularly from the Healthcare Operations Directorate, Clinical Support Division, and the Administration and Management Directorate, Human Resources Division.

The SMA provides advice to the Secretary of Defense, the USD(P&R), the COO, and the Advisory Council with regard to the direction and oversight of medical administrative matters at each AFRH facility and the provision of medical care, preventive mental health, and dental care services.

SMA activities during 2015 included the following:

- Monthly meetings with the AFRH Performance Improvement Officer (PIO) and AFRH's Chief Medical Director (CMD)
- Participated in ongoing principals' phone calls with Gulfport and the USD(P&R) working group (May-September 2015)
- Supported development of tracer methodology for health care
- Supported interviews for clinically-related hiring actions
- Performed annual site visits
- Prepared semiannual briefings to the AFRH Advisory Council
- Provided SMA input to the AFRH annual report to Congress

SMA site visit results are forwarded to AFRH leadership and USD(P&R). SMA input about AFRH goes into the AFRH annual report to Congress.

Mr. Allen Middleton, who was on the Advisory Council as SMA in 2015, retired and was replaced, in the interim, by Mr. Paul Hutter between March and October of 2015. In October of 2015, Mr. Guy Kiyokawa assumed the position of Deputy Director of DHA and SMA for AFRH.

The SMA provided ideas to assist AFRH:

- **E-Prescribe Initiative:** This affords a civilian provider the ability to electronically send (e-prescribe) an accurate, error-free, and understandable prescription directly to a local military pharmacy from the point-of-care. This will enhance the quality of a resident's access to care.
- **Tracer Methodology:** The AFRH PIO and CMD have been working with the SMA liaison on tracers. For example, medication administration will be tested as tracers at a site visit. The AFRH PIO and CMD will use this methodology as an ongoing tool.

Council Observations:

- The DHA liaison continues to provide valuable insight and assistance as the SMA to AFRH.
- Joint site visits during surveys and operational assessments are advantageous for both DHA and AFRH. Each organization understands simultaneously what reviewers assess and how standards and practices are properly applied.
- Although Mr. Middleton retired midyear in 2015, his support and guidance

was significant. The council members look forward to working with the new leadership.

Council Recommendations:

- The council strongly encourages continuation of alignment of the SMA annual review with the external healthcare review process to facilitate the overall assessment process and decrease unnecessary survey fatigue, given AFRH's robust oversight requirements.
- The council requests that surveys continue to be shared with the AFRH leadership and the council.
- The Chair supports AFRH's continued use of the TJC web product that assists with tracers (i.e., tracers that follow the experience of care through the entire healthcare process).

The upcoming inspection schedule by all oversight organizations is shown below:

Inspecting Agency	Accreditation	Date of Inspection/Survey	Anticipated Return
DoD IG	Legislative requirement for triennial inspection	August -September 2012	2017*
TJC	Home Care	Initial Survey 2016	2017
TJC	Ambulatory, Nursing Care, and Home Care	September 2014	2017
CARF-CCAC	Continuing Care Retirement Community	August 2011	July/August 2016

*DoD IG informed AFRH that the next survey would be scheduled during 2017.

AFRH Healthcare Services

AFRH has five levels of care: Independent Living, Independent Living Plus, Assisted Living, Memory Support, and Long-Term Care. The Independent Living Plus program (similar to a home healthcare model) was created as a pilot program to reduce the number of residents moving to higher levels of care. Fewer falls, decreased medication errors, and improved environmental supports have been the hallmarks of AFRH's move to this home healthcare model. The program which had been a pilot since 2010 became a permanent level of care on September 1, 2015, with a separate fee structure to recognize services provided.

Throughout 2015 both facilities focused on meeting TJC standards during the operational assessments and to prepare for home care accreditation in 2016.

A software contract was awarded to manage electronic nursing personnel scheduling. Training proceeded and implementation is underway.

Gulfport had additional healthcare services initiatives in 2015, which included the following:

- Nurse staffing contract in place, October of 2015
- Pharmacy contract with electronic component, implemented partially and working toward completion of electronic piece
- Occupational health contract to establish a local occupational health clinic to complete pre-employment physicals and fitness evaluations

Council Observations:

- Working towards achievement of the home healthcare accreditation is an impressive endeavor.
- Efforts to maintain resident independence through Independent Living Plus is commendable.

Council Recommendations:

- Continue to seek ways that allow residents to maximize an independent living lifestyle.

Adopting Person-centered Care

Following the accreditation by CARF-CCAC, an emphasis on person-centered care has become a key component of the AFRH philosophy and service. Part of the cultural change has involved a physical change in the buildings both in Gulfport and Washington. In 2010, AFRH opened the new Gulfport facility which has many features that promote person-centered care; and in 2013, AFRH opened the new Scott Building at the Washington facility which promotes the small house concept for upper levels of care. Dining in both facilities was also transformed in the past few years to accommodate the personal schedules of residents. The key to truly achieving person-centered care is to listen to the resident population and individualize service delivery (within AFRH's capabilities and resources) rather than trying to fit the residents' needs into pre-existing programs and services. Today, AFRH's day-to-day operations and physical plant meet person-centered care principles.

The person-centered care initiative that both Gulfport and Washington undertook in 2015, was to develop accurate person-centered care measures. AFRH will continue to use a nationally acclaimed tool to assess and collect data on readiness, implementation, and sustainability of person-centered care.

Council Observations:

- The council commends AFRH for the continuing progress made in person-centered care.

Council Recommendations:

- Request reports at Advisory Council meetings on designated person-centered care measures and the results of these assessments.
- The council is interested in efforts to develop patient tracers.

External Healthcare Services

Veterans Administration

Key personnel from the Department of Veterans Affairs (VA) serve on the Advisory Council to lend support and guidance. From rehabilitation to supportive community services, the VA provides AFRH residents with veterans' benefits. VA medical services are available to AFRH residents and due to the proximity of VA hospitals near both facilities, many residents take advantage of those services. Increasing awareness of what services are available for AFRH residents is one of the VA's priorities.

Opportunities to share medical records, provide VA medical services at AFRH facilities, and share telemedicine are all part of the VA's involvement with AFRH.

Keesler Air Force Base/Walter Reed National Military Medical Center

The two most supportive military medical treatment facilities are Keesler Air Force Base near Gulfport and the Walter Reed National Military Medical Center (WRNMMC) near Washington. Active participation with AFRH residents and presence on the Advisory Council are hallmarks of the relationship between the medical facilities and AFRH. Most AFRH residents visit one of these facilities while living at AFRH to receive health care.

Keesler 81st Medical Command providers treat AFRH residents on an ongoing basis. A memorandum of understanding between Gulfport and Keesler 81st Medical Group was signed in February of 2015. This training agreement allows Keesler Internal Medicine fourth year residency physicians to hold clinic at Gulfport. This assists the residency program in obtaining geriatric clinical training. Gulfport residents benefit by not having to travel for medical care.

Allowing base access for Gulfport residents without military retiree status to receive medical treatment at Keesler Air Force Base has enhanced healthcare opportunities.

WRNMMC collaborates extensively with AFRH in pharmacy, geriatric psychiatry, neurology, dermatology, enrollment of primary care managers (PCMs), secure messaging, and electronic medical records. A WRNMMC pharmacist is at the Washington facility one full day per week and the Council Chair volunteers two half days every other week. AFRH is also an ambulatory care teaching site for the Pharmacy residency program. A staff psychiatrist and a geriatric psychiatry fellow treat AFRH residents onsite twice weekly. In 2015, a WRNMMC licensed social worker started to treat residents at AFRH and provides individual and group appointments. Colonel Swanberg, Neurologist, treats AFRH residents onsite a half day per week. The WRNMMC dermatology clinic has blocked off appointments for AFRH residents who come to the clinic as a group. With the introduction of secure messaging, the resident

has the option of sending a message directly to their primary care team or directly to their PCM. This messaging also provides a venue to obtain lab results, place refills, make follow-up appointments, and ask questions.

The sharing of data from Keesler and WRNMMC electronic medical records is being developed at both facilities.

Council Observations:

- The council commends AFRH, the VA, and military treatment facilities (MTFs) for close relationships and continuing medical services that benefit the majority of AFRH residents.
- The council recognizes a very successful collaboration, an ideal example of a win-win situation (i.e., working with local MTFs and meeting residents' needs by facilitating appointments and specialty follow up care at both AFRH facilities).
- The AFRH clinics are not the "soup to nuts" solution to health care. These mutually beneficial relationships allow health care to advance and be more streamlined and comprehensive. This is what the residents deserve and we continually aspire to provide them with this type of enhanced health care.

Council Recommendations:

- The council recommends exploring options for additional specialty care access and availability of telemedicine consults through MTFs and the VA.

Strategic Planning

AFRH has consistently followed a well-developed strategic planning process since 2002. The 2002 AFRH Strategic Plan emphasized right-sizing the two facilities. The next five-year plan in 2006 had to focus on the rebuild of the Gulfport facility after Hurricane Katrina and the construction of the new Washington Scott Building to meet the AFRH's vision of person-centered care. Extensive repairs from the 2011, Washington, DC earthquake became a top priority in the next five-year plan. These strategic plans have guided AFRH successfully to produce two communities with exceptional and equal care.

In conjunction with the improvements to the buildings and landscaping, management has significantly improved resident services, fiscal oversight, internal controls, environmental initiatives, and staff performance. Resident care is stronger than ever. Visionary planning by staff members and business partners made this goal a reality.

AFRH is committed, through its strategic vision, to create and maintain an environment that fulfills the mission of the health and wellness philosophy of aging with services and care designed to promote aging-in-place. AFRH's action plans shifted at the end of 2013, from infrastructure improvement projects to sustaining the Trust Fund and operating more efficiently. The strategic planning process is now aligned with the four year Presidential terms, as required per Office of Management and Budget (OMB) Circular A11. A revised plan will be created to line up with the next Presidential

administration's vision in fiscal year (FY) 2017.

The strategic goals focus on residents, stewardship, staff, and external stakeholders. Each goal has objectives to expand person-centered care, maintain cost effective operations, encourage productive employees, and outreach to business, military, and civilian partners. Objectives and actions reach down to individual performance plans to ensure measures are met and goals achieved. Annual achievements in each area are briefed at council meetings and reported in the Performance and Accountability Report each year.

Council Observations:

- The AFRH leadership team is to be commended for their consistent execution of the Strategic Plan and ongoing efforts to ensure this living document remains relevant to meet future challenges.

Council Recommendations:

- Continue briefing Strategic Plan updates at council meetings and with residents at Town Hall meetings.

Budget and Financial Solvency

AFRH Trust Fund Balance

Since its inception, AFRH's funding source has been unique among Federal agencies. The AFRH Trust Fund, a self-funded investment, was created by the FY 1991, NDAA, Public Law 101-510, to pay for AFRH operations at both the Gulfport and Washington Homes and for capital improvements. Since that time, the Trust Fund status has been an integral part of the financial picture.

AFRH's greatest current challenge is the solvency of the Trust Fund. The Trust Fund's largest revenue source, fines and forfeitures, an uncontrollable revenue source, has reduced well outside historical norms from \$41 million in FY 2009, to only \$23 million in FY 2015. Before this reduction occurred, AFRH had two large Trust Fund outlays: \$80 million to replace the outdated Washington Scott Building to meet current accreditation and Americans with Disabilities Act requirements and \$20 million towards the replacement of the Gulfport facility (damaged beyond repair by Hurricane Katrina). These two large construction outlays, coupled with the unanticipated reduction in fines and forfeitures, have resulted in a sharp decline in the Trust Fund balance. This issue became critical in FY 2015, as fines and forfeitures experienced another significant reduction of \$5 million from FY 2014, receipts. AFRH has been working closely with Congress and DoD leadership to overcome this challenge. AFRH is seeking new revenue sources, proceeding with the lease of underutilized buildings and land, and continuing to contain operating costs.

In FY 2015, AFRH successfully implemented two key initiatives to increase revenue:

- A two-step (September of 2015, and January of 2016) fair and equitable resident fee increase which will provide approximately \$1.5 million additional revenue, annually.

- Leasing a portion of the Sherman Building to a Washington DC charter school beginning on August 1, 2015, which will provide approximately \$1 million, annually, beginning in FY 2019.

In the immediate future, AFRH is working with DoD leadership on additional initiatives to assist in providing solvency for the Trust Fund:

- DoD is proposing a legislative change to AFRH's current legislation to allow DoD to transfer funds to the AFRH Trust Fund (up to \$22 million) beginning in FY 2017, and out-years, if needed, to keep the Trust Fund balance at acceptable levels to support operations.
- DoD will implement a top-to-bottom review of AFRH operations in FY 2016, looking for efficiencies and developing future funding and operations models for consideration.

AFRH worked on five initiatives with DoD in 2015, to increase revenue:

1. Resident fees
 - a. Increase fee percentages and maximum fees in two steps in September of 2015, and January of 2016.
 - b. Make Independent Living Plus a permanent level of care with appropriate fees.
2. Increase the active duty pay deduction from \$.50 to \$1.00 per month
3. Lease 80 acres at the Washington facility
4. Audit fines and forfeitures
5. Budget transfer authority
 - a. Until a long-term solution can be identified and implemented, AFRH received \$20 million for FY 2016, from the General Fund.
 - b. DoD has proposed a legislative change which would provide the ability for AFRH to accept future DoD funding transfers.

Council Observations:

- The number one issue for residents is the legacy of the Home. Trust Fund solvency is a topic of great concern for the residents and they want to be kept informed.
- All the initiatives with DoD are positive steps forward to help the ailing Trust Fund.
- The Chair commends AFRH on its transparency on presenting the status of the Trust Fund and congratulates the leadership for helping the Advisory Council, residents, and staff to understand AFRH's financial climate.

Council Recommendations:

- The council recommends continued updates at the Resident Advisory Committee (RAC) meetings and resident town halls to address residents' concerns and to respond to questions.
- The council requests AFRH provide quarterly progress reports on the financial situation.
- The council is looking forward to the results of the DoD review and proposals.

Recommendations must balance greater efficiencies with AFRH's vision and mission statement.

FY 2016 Budget Request

At the October of 2015, Advisory Council meeting, the FY 2016, budget request to OMB was presented for discussion. The AFRH FY 2016, budget request of \$64.3 million covers operations and maintenance (\$63.3 million) and capital improvements (\$1 million) for both facilities.

This request reduced budget authority by 6.5 percent from FY 2014, to FY 2015. The FY 2016, budget reflects a 1.4 percent increase from the FY 2015, budget authority level, although OMB guidance was to reduce the budget two percent. The AFRH COO and Chief Financial Officer decided AFRH could not absorb the decrease without a reduction in services to residents, and submitted an FY 2017, flat line budget. OMB approval of an FY 2017, flat line budget was not received by the end of the calendar year. AFRH is unable to further reduce the budget authority in FY 2016, due to increased costs in Federal salaries, healthcare costs, and food service costs.

Despite additional revenue receipts generated from the resident fee increase and the Washington facility public charter school lease, AFRH was unable to support its FY 2016, budget request from the current available Trust Fund balance, due to the inability to accurately forecast the FY 2015, fines and forfeitures, which unexpectedly dropped by an additional \$5 million from FY 2014, receipts. Working with DoD leadership and Congress, the FY 2016, Omnibus provided \$20 million from the General Fund to ensure adequate funds were available to support FY 2016, annual expenses.

The AFRH Trust Fund is unable to support the FY 2017, budget request from its current limited revenue sources. To support AFRH's FY 2017, budget request, DoD is proposing a legislative change to AFRH's current legislation to allow DoD to transfer funds to the AFRH Trust Fund to support operations for FY 2017, and out-years, if needed. This legislative change is necessary to have adequate resources available to support FY 2017 expenses.

Council Observations:

- The council, recognizing AFRH's efforts to increase financial stability to stabilize the Trust Fund, recommended quarterly meetings to discuss ramifications of the FY 2016, budget. DoD's and Congress's assistance for the FY 2016, budget resolved the concerns for this year.

Council Recommendations:

- The council will look forward to hearing about AFRH's progress in revenue generation.

AFRH Financial Audit

As required by OMB Bulletin 15-02, "Audit Requirements for Federal Financial Statements," AFRH has sought and obtained a successful financial audit from Brown

and Company, Certified Public Accountants, PLLC, an independent accounting firm for FY 2015. AFRH received an “unmodified” (clean) audit. Brown and Company did not report any material weaknesses. The 2015, audit is AFRH’s eleventh consecutive clean audit. Agency management, in partnership with the Bureau of the Fiscal Service, was accountable for the integrity of AFRH’s financial information. All financial statements and data have been prepared from AFRH accounting records in conformity with generally accepted accounting principles.

Council Observations:

- The council commends AFRH on its continuing success in financial management.

Council Recommendations:

- None.

Statement of Assurance

The AFRH COO has certified that the AFRH is in full compliance with all applicable requirements in accordance with the Federal Managers’ Financial Integrity Act, Public Law 97-255 section 2, and OMB Circular A-123, “Management’s Responsibility for Internal Control (IC).”

Council Observations:

- The council commends AFRH on its success in internal controls and financial integrity.

Council Recommendations:

- None.

AFRH Staff Highlights

Office of Personnel Management Federal Employee Viewpoint Survey

Completed in August of 2015. Full results were not available at the October of 2015, Advisory Council meeting. The 2015, results provided to AFRH in November showed that AFRH employees are satisfied working at AFRH. Since OMB required all agencies, not just AFRH, to prepare action plans to address employee concerns that were captured in the 2014, Federal Employee Viewpoint Survey, AFRH developed an action plan and worked with employees to understand their issues throughout 2015. The success of these actions resulted in improved 2015, survey results.

AFRH Hiring Process Steps

1. Applicants for key positions are screened by a managerial panel.
2. The top three to five ranked applicants are selected to be interviewed by the panel. Applicants who are interviewed are scored.
3. The best qualified candidates (highest scores) are recommended to the selecting official, who is the second line supervisor.

Title 38 Physician and Dentist Pay

Title 38 Physician and Dentist Pay is a hybrid pay authority intended to recruit and retain highly qualified physicians and dentists by providing a mechanism to compensate them at levels comparable to private sector physicians and dentists within the same locality area. AFRH has struggled with providers' salaries thereby causing considerable turnover. AFRH began using Title 38 as an incentive to retain physicians and nurse practitioners to date.

2015 Selections

- Michael Bayles, AFRH-Washington Chief Healthcare Services
- Dr. Joyce Fiedler, AFRH-Washington Chief Medical Officer
- Rob Webb, AFRH-Washington Ombudsman

Council Observations:

- For healthcare positions where Title 38 (market pay) is applied, AFRH is improving its hiring results.
- The council praises AFRH leadership on its implementation of an action plan to improve morale.
- The council specifically recognizes the nutrition and housekeeping staff. Residents comment on how they enjoy the food and appreciate the responsiveness of the staff to meet their individual dietary requests.

Council Recommendations:

- AFRH leadership will provide the council updates on other positions using Title 38 authority to improve recruitment and retention at each meeting.
- AFRH leadership will provide the council information on the action plan to improve morale and future efforts to sustain morale.

Internal Controls and Performance Improvement

AFRH Accreditation Preparation

During 2015, AFRH focused on preparing its staff at both facilities for operational assessments in ambulatory, home care, and nursing care. DHA staff assisted in providing expert advice on requirements and measures as well as conducted their own evaluation during the actual operational assessments. Preparations for the operational assessments included reviewing TJC standards, evaluating risks and establishing goals, creating medical guidelines for providers, and holding frequent staff meetings to educate staff on all requirements. The results of this preparation were positive. Recommendations from the assessments are being used to prepare for TJC surveys in 2016.

Performance Improvement

Realignment of component groups and performance measures with risk mitigation, has been the focus of AFRH's performance improvement since 2013. Progress continues to be tracked. The initiative for managers to link performance measures to individual performance gained momentum throughout 2015. Managers were successful in

creating widespread accountability at the individual employee performance level.

Credentialing

AFRH procured credentialing software and began implementation in 2015. AFRH transferred its paper-based process of credentialing and privileging independently licensed medical practitioners to an electronic credentialing service which collects and verifies data. Electronic credentialing facilitates accuracy, keeps information more current and improves the validation process.

Council Observations:

- TJC surveys will continue to strengthen health care at AFRH facilities.
- Moving to managing risks through performance improvement is noteworthy.

Council Recommendations:

- AFRH leadership will provide the council with a summary of staff patient safety concerns and resident reports of inadequate care and associated action plans.

Modernization

AFRH-Gulfport

Projects in 2015, included pool resurfacing, Valor Hall (Long-Term Care) and Loyalty Hall (Memory Support) individual mailboxes, chapel pew and pulpit restoration, nurse station renovation in Allegiance Hall (C tower, second floor), guardhouse fire control panel computer replacement, and the Valor Hall, Loyalty Hall, and Allegiance Hall (Assisted Living) nurse call systems.

AFRH-Washington

Projects in 2015, included bollards installation for the Sheridan Building resident only parking area; Stanley Chapel heat lines replacement; cherry tree planting (with the assistance of Japanese tourists); TekTone pendant; the selection of security safes for individual resident rooms; finishing negative/positive rooms in the Dental Clinic heating, ventilating, and air conditioning system; Ruppert's Field Day landscaping; camera installations on the Sheridan Building loading dock and within Assisted Living; the meal ticket kiosk; and new furniture for rooms to include headboards, side tables, dressers, mattresses, and box springs.

AFRH Master Plan

The most promising opportunity to significantly increase revenue is the AFRH Master Plan. The approved AFRH Master Plan allows the lease of approximately 80 acres of underutilized property at the Washington facility for private development. The lease will provide significant annual revenue and support the stewardship of AFRH grounds and buildings.

Capital Improvement Plans

Funding is required to retain proper maintenance of AFRH buildings and infrastructure.

Washington facility capital improvement projects include designs to replace the 70-90 year old water and sewage infrastructure; safety, security, and regulatory deferred maintenance projects; and repairs to preserve historic buildings and quarters. Since the entire Gulfport facility was constructed and opened in 2010, the majority of planned capital improvement projects are for Washington.

Environmental Initiatives

In compliance with multiple environmental Executive Orders along with various Presidential Memoranda, AFRH initiated its environmental reporting in 2012, and created performance goals to emphasize the importance of environmental factors in efficient operations. In addition to the executive order requirements, maintaining proper environmental conditions for seniors has become critical for retaining CARF-CCAC and TJC accreditations as required by law.

Focus areas in FY 2015, included:

- Improving and streamlining data collection
- Improving waste data tracking (generation and diversion)
- Conducting an employee commuting survey
- Collecting sustainable contracts and procurement data
- Sub-metering and analyzing individual buildings data
- Promoting recycling and reducing waste
- Evaluating annual progress and revisiting goals

FY 2015, environmental and sustainability results included:

- Accurate and timely annual reporting of greenhouse gas (GHG) inventory and setting reduction targets, Strategic Sustainability Performance Plan, and Climate Change Adaptation Plan
- Seeking energy conservation opportunities and exploring the viability of an energy savings performance contractor
- Maintaining a 20 percent reduction in fleet below the 2008, baseline although the AFRH fleet is exempt from the Federal petroleum reduction and alternative fuel requirements
- Maintaining 24 percent reduction in GHG emissions below the 2013, baseline
- Remaining compliant with the Guiding Principles for Leadership in High Performance and Sustainable Buildings by meeting more than 50 percent of the principles for two of the three main resident facilities
- Continuing to reduce waste at both facilities and meeting a 50 percent target at the Washington facility in FY 2015
- Reducing water use intensity by 62 percent since the FY 2007, baseline

Council Observations:

- Both facilities are very impressive. All military members should be proud of their monthly contributions that have helped shape AFRH. Those who have volunteered and who reside at AFRH should also be proud of their contributions to these facilities.
- Both facilities are beautiful. The council appreciates the breadth of the

continuous efforts made by AFRH management to improve living conditions for the residents.

Council Recommendations:

- The council fully supports continuing to meet environmental initiatives and to keep pace with needed capital improvements.
- The AFRH leadership will provide the council with a summary of its progress in environmental goals for 2015.

Information Technology Strategic Plan

The AFRH Chief Information Officer (CIO) is responsible for managing the information technology (IT) programs and implementing the IT Strategic Plan. This activity includes gathering requirements with AFRH managers and staff; selecting equipment, hardware, software, and services; installing equipment and services; and training end users. The CIO has responsibilities for day-to-day IT operations as well as for strategic initiatives. To ensure smooth operations, the CIO must plan and implement technology solutions that fit with current and future internal and external technologies.

During the 2012, inspection of AFRH by the DoD IG, some issues were discovered within various areas of security in the AFRH IT infrastructure. These areas did not meet the standards found in National Institute of Standards and Technology (NIST) Special Publication 800-53 and required AFRH to improve these areas to meet the standards:

- Access control
- System access and authorization
- Audit and accountability
- Configuration management
- Contingency planning
- Identification and authentication
- Physical and environmental protection
- Maintenance
- Program management
- Risk assessment
- System services and acquisition
- System and communications protection
- System and information integrity

The AFRH IG is monitoring progress regarding this challenge. To mitigate this management challenge, AFRH established an agreement with the Department of Interior (DOI) Office of the Chief Information Officer (OCIO) in the first quarter of FY 2015, to commence the immediate remediation of all of the IT-related recommendations and related information security concerns. The AFRH IG has been involved in oversight of this effort. The intent of these efforts is to remediate not only the DoD IG recommendations, but NIST requirements as well. AFRH is poised to complete all of the DoD IG remediation efforts and to receive a new certification and accreditation with an approval to operate by the close of calendar year 2015. The AFRH CIO and the DOI OCIO, in concert with the AFRH IG, will continually monitor the various NIST controls

and track any outstanding issues found through the use of a plan of action and milestones to ensure that the remediation is timely.

Electronic Medical Record

AFRH implemented its electronic medical record in September of 2013. A work group of healthcare staff from both facilities and the corporate staff was established in 2015, that met twice a week to customize the software to AFRH-specific requirements. AFRH and DHA have been working side by side to make needed changes, also. AFRH is well on the way to making the system more reflective of AFRH's needs.

Council Observations:

- The council appreciates learning about AFRH's technology strides, especially with the electronic medical record for residents.
- Maintaining connectivity with other military healthcare systems has been problematic.

Council Recommendations:

- How to bridge the information from AFRH to other military healthcare systems and vice versa needs to be addressed. The council will focus on this effort in the upcoming year.

Resident Issues

Military Heritage

Military camaraderie and military heritage set AFRH apart from other retirement communities. Participation by senior enlisted personnel and scores of active duty military in AFRH events and projects keep AFRH residents in touch with their military heritage.

Both facilities cherish their Halls of Honors, which display timelines, photos, and artifacts from the vibrant history of the U.S. Naval Home and the U.S. Soldiers' and Airmen's Home. Military uniforms and personal items from active duty service donated by residents are showcased.

Every military Service and the Coast Guard send volunteers to assist AFRH in their myriad of activities. In Gulfport, proximity of Air Force and Navy bases results in a large presence at the facility and much involvement in many projects. In Washington, the number of military posts and bases in the metropolitan area is large. Army, Navy, Air Force, Marine Corps, and Coast Guard all contribute by volunteering, commemorating military events, leading improvement projects, and befriending their comrades.

Council Observations:

- The council appreciates that all five Services are active at both AFRH facilities.

Council Recommendations:

- The council recommends that the current efforts to keep the Services involved should be continued.
- Additional efforts to share activity calendars with the council should be pursued to facilitate greater engagement by the Services.

Resident Focus Groups

AFRH resident focus groups are held on an as-needed basis. In 2015, numerous focus groups discussed the increases to the withholding of active duty military pay and increases in resident fees.

Resident Advisory Committees

The RAC is comprised of a Chair and representatives from each residential floor in all levels of care. The RAC presents observations, issues, and concerns to the facility Ombudsman. The members continually assist residents in understanding ongoing changes and foster positive working relationships with AFRH leadership. Openness and honest communication increased throughout 2015. A phenomenal rapport has grown between the two facilities due, in part, to the relationships between the RAC Chairs at each facility.

Both Gulfport and Washington RACs were in favor of the proposed new resident fee structure. However, they encouraged a modified fee structure for Long-Term Care and Memory Support residents. The RACs supported the increased enlisted monthly contribution to AFRH from \$.50 to \$1 and encouraged senior enlisted leaders to help move the decision to closure. The RAC Chairs encouraged the senior enlisted representatives from all branches of Service to attend Advisory Council meetings in person to gain an improved understanding of AFRH. Budget concerns, in their opinion, may bring possible erosion of resident services as well as impeded growth in staff to provide services. Access to military posts/bases where medical facilities are located is a concern for those AFRH residents who are not retirees. AFRH, in response to the RAC concern, is working on agreements to allow such access at Keesler.

The RAC Chairs invited senior enlisted and all Advisory Council members to take a tour of the facilities from the resident's perspective. The RAC recommends AFRH leadership develop an AFRH virtual tour to increase viewing to those active duty who cannot travel to the facilities. It would show active duty members where their \$.50 per month is going.

The primary concern of residents is whether the facilities would be here ten years from now.

Advisory Council Resident Tracking Log

The Advisory Council Chair maintains a log for minor issues that come up with residents. This gives them an additional venue to express their ideas about living at AFRH. In 2015, a total of three engagements were logged and resolved, down from 26 in 2014. Reports were exclusively from Washington. Topics included pharmacy window hours, lighting in the art gallery, and support for residents interested in arts and crafts. The frequency and need for meetings about issues has dramatically decreased

due to the engagement of the RAC Chairs and their availability to discuss resident issues.

Council Observations:

- The council understands the apprehension of the residents about AFRH remaining operational and viable amidst budget concerns.
- The RAC Chairs reported that 99 percent of residents accept the need for increases in resident fees to increase revenue. However, residents were concerned about the percentage increase proposed at the upper levels of care.
- The Chair thanked the RAC Chairs (Gulfport's Mr. Gibson and Washington's Mr. Ford) for their dedicated work in supporting and informing residents.

Council Recommendations:

- The council recommends that all council members make an effort to visit with residents and listen to their histories as well as respond to their concerns.
- The council appreciates AFRH's flexibility in listening to resident concerns about fees and recommends AFRH include the residents in discussions so they understand when adjustments will be made.

Community Partnerships

The AFRH Strategic Goal 4 (Leverage External Stakeholders) focuses on harnessing, cultivating, and focusing external stakeholders to become increasingly active participants, engaged in AFRH activities. AFRH has focused on amplifying engagement with the AFRH Advisory Council, embracing community partners, and expanding its neighborhood presence. Volunteers provided more than 58,000 hours in 2015, assisting, enlivening, entertaining, and supporting residents and facilities. Active duty military members as well as members of churches, schools, local community groups, military organizations, veteran service organizations, retail businesses, scouts, and government organizations contribute to the vast number of AFRH volunteer hours and bring an extensive array of talents and skills.

Gulfport community events in 2015 included Cruisin' the Coast, Veterans Day Open House and Community Day, Spring Garden Open House, and Ride to Recovery with disabled veterans.

Washington community events in 2015 included the Fall Fest, Memorial Day Open House, and an Independence Day community event.

Council Observations:

- The council is always impressed with the extent of facility activities and the large number of volunteer hours. Community involvement and assistance is very high.
- Active programs and various events with community members and active duty military members contribute immensely to the quality of life for residents and

their contributions promote the AFRH mission.

Council Recommendations:

- The council recommends AFRH continue developing extensive community partnerships.
- The council requests Sergeant Majors, Master Chief Petty Officers, and Chief Master Sergeants become more aware of AFRH activities in order to participate and send active duty personnel to share in those events.

Council Member Contributions

Advisory Council Healthcare Sub-committee

This sub-committee was established to discuss AFRH healthcare issues of concern to the residents. The action plan in 2015, was to assess residents' knowledge of the importance of PCMs; collaboration on medical records between AFRH, the VA, and MTFs; and active participation of residents in hiring of medical providers.

The residents' understanding of PCMs was assessed. If they have a PCM, they should be able to identify the responsibilities of that person as an orchestrator of their care. There was a perception among residents that physicians were not being hired. This is being resolved by informing residents of medical staff hiring actions.

Council Observations:

- The Chair's personal experience is that some residents clearly understand the PCM concept, while others need assistance in understanding it.
- Involving residents in the provider selection process by providing them with the opportunity to speak with the final candidates without management in the room is superb. The Chair feels this is a "best practice" according to TJC standards.
- The Chair appreciates the council's acknowledgement of the Healthcare Sub-committee's action plan.

Council Recommendations:

- Based on the Chair's visit to Gulfport, the concerns related to resident continuity of care with a designated PCM was addressed by the PCM initiative at that location, but needs to be monitored.
- AFRH leadership will provide the council with a progress report on the PCM initiative in order to assess its success with this initiative and evaluate what actions may be needed to enhance residents' understanding of a PCM.

Advisory Council Participation in 2015

Council Observations:

- The Chair expressed appreciation for the support of council members who were unable to attend meetings, but who either participated by teleconference or provided representatives in their place. The Chair welcomed the new faces

to the council.

- The May 7, 2015, meeting had the largest group in attendance of council members during this Chair's service.
- By being active in AFRH matters (hiring, advice, and subject matter expertise) as well as fulfilling their statutory requirements, council members also showed their support to AFRH throughout 2015.
- Council members had good participation in feedback for the council minutes and also to the 2014 Advisory Council Annual Report, including the addendum.

Council Recommendations:

- The council recommends all council members continue to seek opportunities to share subject matter expertise with AFRH leadership as requested.
- The council recommends all council members continue to be available to residents on a routine basis to address concerns and forward compliments about staff performance to senior leadership.

Commitment and Challenges: Preparing for the Future

Council Observations:

- The most critical challenge is to bolster AFRH Trust Fund solvency.
- The council appreciates AFRH's transparency and communication and a sincere effort to keep the council informed.

Council Recommendations:

- The council recommends more frequent updates on issues, challenges, changes, and assistance needs, perhaps quarterly.

2016 FOLLOW UP FROM 2015

The council will look forward to updates regarding the following topics:

- Trust Fund solvency - number one concern
- Combined Federal Campaign as a possible source of income
- Development of a virtual tour of AFRH
- PCM designation as a means of facilitating improved resident care
- AFRH leadership succession plan
- Common access cards (CACs) issued to AFRH staff for access to MTF health systems records
- Military electronic health record system access - explore ways to share data between AFRH's electronic medical record and Armed Forces Health Longitudinal Technology Application and Clinical Healthcare System at both facilities
- AFRH actions to sustain morale
- Overview and routine updates of designated person-centered care measures

2015 FOLLOW UP ACTIONS FROM 2014

The council will look forward to updates regarding the following topics not fully explored

during 2015:

- Accreditation surveys – review recommendations
- Establishment of person-centered tracer teams

ACRONYMS

Acronym	Meaning
AFRH	Armed Forces Retirement Home
ASD(M&RA)	Assistant Secretary of Defense for Manpower and Reserve Affairs
CAC	common access card
CARF-CCAC	Commission on the Accreditation of Rehabilitation Facilities- Continuing Care Accreditation Commission
CIO	Chief Information Officer
CMD	Chief Medical Director
COO	Chief Operating Officer
DC	District of Columbia
DHA	Defense Health Agency
DoDI	Department of Defense Instruction
DOI	Department of Interior
FY	fiscal year
GHG	greenhouse gas
IC	Internal Control
IG	Inspector General
IT	information technology
JCRINC	Joint Commission Resources, Incorporated
MTF	military treatment facilities
NDAA	National Defense Authorization Act
NIST	National Institute of Standards and Technology
OCIO	Office of the Chief Information Officer
OMB	Office of Management and Budget
PCM	primary care manager
PIO	Performance Improvement Officer
RAC	Resident Advisory Committee
SMA	Senior Medical Advisor
SOP	standard operating procedure
TJC	The Joint Commission
U.S.C.	United States Code
USD(P&R)	Under Secretary of Defense for Personnel and Readiness
VA	Veterans Affairs
WRNMMC	Walter Reed National Military Medical Center