

2013 ANNUAL REPORT AFRH ADVISORY COUNCIL



January 1, 2013 – December 31, 2013

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Congressional Requirement

(As mandated by the National Defense Authorization Act for FY 2012):

“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.”

The AFRH Advisory Council

Establishing Authority: 24 USC, Title 10 – the AFRH Act of 1991, as amended

Council Mission: The Advisory Council shall serve the interests of both facilities of the Retirement Home. The Chair and members of the Advisory Council shall provide advisory guidance/recommendations regarding any facet of the administration of the Home.

2013 Advisory Council Meetings: During calendar year 2013, the Advisory Council (former Board) held two advisory meetings: one via video teleconference in both Gulfport, MS, and Washington, DC, on April 25, 2013 and one in Washington, DC, on December 12, 2013.

2013 Advisory Council Membership:

Colonel John Spain
Pharmacy Consultant to the Army Surgeon General
Council Position: Council Chair

Mr. Paul Aswell
Division Chief, Enlisted Accessions
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 & Health Sciences
Council Position: Civilian expert in gerontology from the geographical area of the facility.

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

Ms. Nancy A. Quest
Director, Home & 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.

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

Dana G. Venenga, Col, USAF, MSC
Administrator, 81st Medical Group
Keesler AFB, MS
Council Position: Senior representative of the military hospital nearest in proximity to the facility

Cynthia Jones



Budget Analyst
OUSD(C), Revolving Funds Directorate
Council Position: Financial Expert

Master Chief Petty Officer of the Coast Guard
Michael P. Leavitt
U.S. Coast Guard
Council Position: Senior noncommissioned officer of one of the Armed Forces

Sgt. Major of the Army
Raymond F. Chandler III
U.S. Army, 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
Council Position: Senior noncommissioned officer of one of the Armed Forces

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

Sergeant Major of the Marine Corps Michael P. Barrett
Headquarters U S Marine Corps
Council Position: Senior noncommissioned officer of one of the Armed Forces

Mr. Brian Hawkins
Director – VA Medical Hospital (Wash DC)
DC VAMC
Council Position: Representative of the Department of Veterans Affairs regional office nearest in proximity to the facility (Wash DC)

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

Colonel Tom Zimmerman, USAF
Staff Judge Advocate for Air Force District of Washington
Council Position: Senior judge advocate from one of the Armed Forces

Mr. Joseph Wachter
Chairperson, Resident Advisory Committee
Armed Forces Retirement Home – Washington, DC
Council Position: Representative of the resident advisory committee or council of the facility.

Mr. Raleigh Player
Chairperson, Resident Advisory Committee
Armed Forces Retirement Home - Gulfport
Council Position: Representative of the resident advisory committee or council of the facility.

Mr. David Watkins
Administrator, Air Force District of Washington
Council Position: Director of the facility

Mr. Charles Dickerson
Administrator, AFRH-Gulfport
Council Position: Director of the facility

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

Non NDAA Council Members

Allen W. Middleton, SES
Acting Deputy Director, Defense Health Agency
Council Position: Senior Medical Advisor to the AFRH

Ms. Margaret Class
Program Analysis, Clinical Quality Division
Council Position: Office of the Chief Medical Officer, Defense Health Agency

Larry A. Bolton
Director, Human Resources Division, Defense Health Agency
Council Position: Member-At-Large

Mr. John W. Radke
Chief, Army Retirement Services, HQDA
Council Position: Member-At-Large

CAPT Cheryl Ann Borden
Acting, Chief of Staff, Defense Health Agency
Council Position: Liaison for AFRH for Defense Health Agency

SgtMaj Bryan B. Battaglia, USMC
Council Position: Senior Enlisted Advisor to the Chairman, Joint Chiefs of Staff



AFRH VISION, MISSION, GUIDING PRINCIPLES

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.



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 US 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.

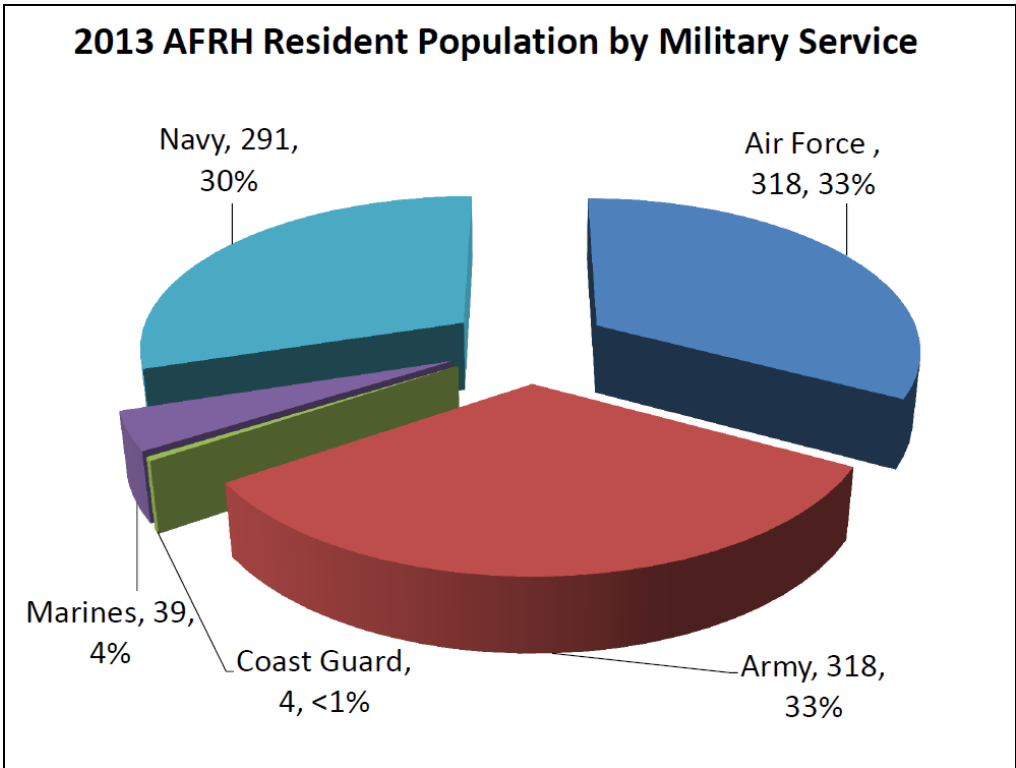
One Vision / One Mission / One Organization: Success depends on our devotion to an unwavering Vision and Mission. Working together in different locations, under various managers and leaders, we maintain a distinct focus to serve our Residents. We collaborate and respond in a unified and single voice.

AFRH 2013 RESIDENT DEMOGRAPHICS (as of September 30, 2013)

<u>BY GENDER</u>			<u>BY WAR THEATER*</u>		
Male	874	(90%)	World War II	340	25%
Female	96	(10%)	Korean War	448	34%
			Vietnam	523	39%
			Grenada	10	1%
			Panama	13	1%
			Gulf War	5	<1%
 <u>BY ELIGIBILITY*</u>					
Retiree	870	82%			
Service-connected Disability	49	5%			
War Theater	89	8%			
Female (served before 1948)	51	5%			

**Some served in more than 1 war and are eligible under more than one criteria
(Some qualify under several criteria)*

ALL BRANCHES OF SERVICE ARE REPRESENTED



**MAJOR AREAS OF INTEREST
With ADVISORY COUNCIL
OBSERVATIONS AND RECOMMENDATIONS**

COMPLIANCE WITH GOVERNMENT REGULATIONS

24 USC, Title 10 and DoD Instruction 1000.28 dated February 1, 2010

Council Observations:

- All NDAA 2002, 2005, 2008 and 2012 legislative requirements have been satisfied, as well as the requirements of DoD Instruction 1000.28.
- Per the direction to inspect no less than every 3 years, the DoD Inspector General (IG) inspected AFRH in August/September 2012. A draft report was delivered to AFRH in December 2013.

Council Recommendations:

A summary of the 2012 DoD IG final report will be presented to the Council when available.

AFRH CHIEF OPERATING OFFICER (COO)

Council Observations:

- The AFRH COO understands his responsibilities, completes them thoroughly and meets legislative requirements.
- The AFRH leadership provides accurate and timely information, when requested, concerning the Home – achievements, goals, and challenges.
- The AFRH Staff is eager and willing to brief and work with Advisory Council members, as needed.

Council Recommendations: No recommendations.

POLICY

The AFRH uses a two-tier policy issuance system. Agency-level guidance is issued as AFRH Agency Directives or Notices. Each facility of the Home is responsible for implementing Agency-level policy and for developing and issuing facility-level Standard Operating Procedures (SOPs) at their individual Home.

Council Observations:

- Throughout this year the AFRH overhauled many of its regulations. The AFRH revised 6 Policy Statements, 9 Notices, 7 Directives, and 4 Fact Sheets.
- Correspondingly, the facilities also revised their SOPs.
- The AFRH saw changes in leadership positions. Administrator, AFRH-W retired. A new Healthcare Services Director, AFRH-W, and a new Chief Financial Officer at Corporate were hired.

Council Recommendations:

In keeping with Advisory Council requirements to review policies annually, members are available resources for policy consultation and review based upon their area of expertise.

INSPECTIONS (CARF, DoD and Others)

The National Defense Authorization Act for 2008 (PL 110-181) requires the 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). AFRH currently maintains a national accreditation with the Continuing Accreditation of Rehabilitation facilities/Continuing Care Accreditation Commission (CARF/CCAC). In 2011 regulatory changes (PL 112-81) made to Section 418, Inspections, 24 USC 10, requires the DOD IG to assess AFRH every 3 years.

The law requires that the Chief Operating Officer request a nationally recognized civilian accrediting organization to conduct surveys to cover all aspects of the operations. To meet

ambulatory and nursing care accreditation, AFRH has requested The Joint Commission (TJC) complete a survey of the AFRH facilities in the 4th quarter FY 2014. In 2013 AFRH engaged the Joint Commission Resources, Inc. to conduct a healthcare assessment on both campuses to provide recommendations to meet Joint Commission guidelines in preparation for the TJC survey. Reports on additional inspections must be submitted to the Under Secretary of Defense for Personnel and Readiness, the Senior Medical Advisor, and the Advisory Council.

The AFRH Inspector General is the principal advisor to the Chief Operating Officer on all matters relating to the detection and prevention of fraud, waste and mismanagement.

Continuing Accreditation of Rehabilitation facilities/Continuing Care Accreditation Commission (CARF/CCAC)

The AFRH-Washington operation was first inspected by CARF/CCAC in August 2008 and received accreditation for the Washington facility for 5 years. Most recently, the Washington facility was successfully reviewed again by CARF/CCAC in late September 2011. The AFRH-Washington had no major findings. CARF accreditation is valid through 2016. The AFRH has developed a tracking matrix (submitted to DoD in January 2012) to monitor the adoption and implementation of CARF recommendations. The Quality Improvement Plan (QIP) tracks all progress. Throughout 2012, AFRH has implemented about 84% of CARF's recommendations.

AFRH-Gulfport underwent their first CARF/CCAC review in October of 2011. CARF reported that AFRH-Gulfport had no major findings and validated its accreditation through 2016.

In 2012 CARF recommended that AFRH develop a formal policy for the Council's participation. An AFRH directive was created based on the CARF recommendations:

- Policy that addresses loans
- Stock ownership
- Other matters of financial interests
- Annual personal self-assessment of individual members
- Annual written and signed conflict of interest statement
- Written and signed Code of Ethics
- Annual review of policy and directive

Council Observations:

AFRH Agency Directive 1-13 addresses the list of CARF recommendations as annotated above.

Council Recommendations:

The advisory council will be briefed on the tracking matrix progress to date until all required actions are completed.

Council members are available for consultation to assist AFRH in maintaining CARF accreditation and preparing for the 2014 Joint Commission Survey.

The Joint Commission (TJC)

Accreditation for Ambulatory Care is required by legislation which means the AFRH must be accredited in all levels of care including ambulatory services. In October 2013, the Joint Commission Resources, Inc. (JCRINC) completed an operational assessment of AFRH's healthcare operations at both facilities. Both Homes were assessed by the JCRINC in preparation for an accreditation survey that will be conducted by The Joint Commission (TJC) in September 2014. This operational assessment allowed each Home to self-assess their processes for compliance with The Joint Commission's standards in Nursing Care and

Ambulatory Care. To ensure the integrity of both operations there is a firewall between the services provided by JCRINC and TJC.

Council Observations:

The AFRH leadership is appropriately preparing for its first Joint Commission Survey in September 2014. Preparation timelines and accountability have been established to ensure survey readiness.

Council Recommendations:

Council members are available for consultation to assist AFRH in maintaining CARF accreditation and preparing for the 2014 Joint Commission Survey. The advisory council will be provided with a summary of findings from the October 2013 JCRINC assessment and progress to at its next scheduled meeting.

Under Secretary of Defense (Personnel & Readiness) - USD(P&R)

USD (P&R) conducted a review of AFRH-Washington initiated in April 2013 based on concerns verbalized by then DoD IG. The USD P&R Review Implementation Plan presented 44 recommendations for AFRH-W to implement. The status was reported at the December Council meeting:

- 43 Completed (Green)
- 1 In-Progress (Yellow)

Council Observations:

The Council commends AFRH for good progress on implementation of the recommendations.

Council Recommendations:

The Council will look forward to receiving updated reports in this area.

DoD INSPECTOR GENERAL

The tri-annual DoD IG inspection was conducted in 2012. The AFRH Inspection Draft Report was reviewed by the DoD IG OGC during October 2013. The draft report was delivered to AFRH in December 2013 for comments. The final report is expected during 2014.

Council Observations:

None.

Council Recommendations:

A summary of the 2012 DoD IG final report should be presented to the Council when available.

SENIOR MEDICAL ADVISOR

The NDAA of FY 2012 mandated the designation of a Senior Medical Advisor (SMA) to the AFRH by the Secretary of Defense. The Secretary of Defense delegated duties of Chapter 10 title 24, U.S. Code to Under Secretary of Defense (Personnel and Readiness (USD(P&R))). Day to day oversight is delegated to the Assistant Secretary of Defense for Readiness and Force Management Program (ASD(R&FM)).

Title 24 directs the Secretary of Defense to designate the Deputy Director of the TRICARE Management Activity to serve as the Senior Medical Advisor for the Retirement Home (note: the information for request to update statutory language to reflect the change of names to Defense Health Agency was provided to ASD(R&FM) staff .) Mr. Allen Middleton, Deputy Director, Defense Health Agency is the 2013 SMA. CAPT Cheryl Ann Borden, USN, acts as

the AFRH Liaison. DHA Staff provides support to SMA as requested, particularly from the Healthcare Operations Directorate, Clinical Support Division, and the Administration and Management Directorate, Human Resources Division.

The SMA Oversight Plan was approved by DHA Health Affairs and USD((P&R) in October 2013. The plan includes guidelines for organizing and coordinating SMA oversight reviews, oversight strategy, reporting oversight activities, findings and recommendations, SMA oversight plan review and revision. The plan also established a SMA Oversight Tracking Log to document DHA interactions with AFRH.

The SMA attended the initial external assessment at Washington and Gulfport campuses. Due to the timing of the contracting process, government furloughs and participants' schedules, an organizational self-assessment was not completed prior to the consultation by the external reviewers. The external reviewers used the Foundational Accreditation Requirements for the Nursing and Rehabilitation Center Program, including additional requirements for Veterans Affairs Community Living Centers which include nationally recognized Centers for Medicaid and Medicare Services (CMS) and Joint Commission long term care standards. The review provided AFRH with valuable information to improve the care provided to the residents and to ensure compliance with the standards. Based on initial reviews, aligning the SMA annual review with the external review process is feasible and beneficial.

Also, in 2013 the SMA Human Resources helped with HR systems and process sharing as well as HR positions selection support. Support was also provided for clinical measures review and development.

Council Observations:

DHA liaison is providing valuable insight as the Senior Medical Advisor.

Council Recommendations:

The Council strongly endorses a plan to align SMA annual review with an external review process to facilitate assessment process and decrease unnecessary survey fatigue given robust oversight requirements.

REVIEW OF THE HEALTHCARE STRUCTURE

AFRH determined to mirror the healthcare staffing as much as possible between the 2 campuses. The increase in use of Independent Living Plus (ILP) reduced the numbers of residents having to move to higher levels of care.

The numbers in higher levels of care were reduced in Washington through attrition. The LaGarde Building was closed and the new units were opened in Scott and Sheridan. Healthcare staff was reduced for the right-sized population. ILP numbers continue to increase with more residents staying independent.

The decision to not use contract healthcare services in Gulfport resulted in new Federal employee hires at AFRH-G.

Council Observations:

The Council will continue to monitor progress in this area.

Council Recommendations:

None.

ADOPTING PERSON-CENTERED CARE AT THE AFRH

Implementation of Person-centered Care (PCC) Philosophy at AFRH

Since 2011, the AFRH has been working towards a "Person-centered Care" (PCC) model. The key to truly achieving PCC is to listen to the Resident population and individualize service delivery (within AFRH's capabilities and resources), vice trying to fit the Resident's needs into pre-existing programs and services.

AFRH staff learned hands-on about PCC during the move to the new Scott Building in Washington in 2013. PCC procedures to match the small house concept in the new healthcare units in Washington were implemented.

A Dining Survey resulted in a new plan for PCC dining which was implemented at both facilities to the delight of the residents. Extended hours, customized menus, and personal service are the hallmarks of the PCC dining.

Council Observations:

The Council commends AFRH for the progress made in Person-centered Care.

Council Recommendations:

The Council will look forward to reports on further progress in Person-centered Care.



STRATEGIC PLANNING

In 2013, the AFRH finally realized tremendous revitalization that came from 11 years of strategic planning. Starting in 2002, the AFRH Strategic Plan was developed and implemented. Since then, management has significantly improved resident service and staff performance. Moreover, many Agency objectives have been achieved and resident care is stronger than ever. Visionary planning by staff members and business partners made this goal a reality.

The rebuild of the AFRH-Gulfport (AFRH-G) facility after Hurricane Katrina, the construction of the new AFRH-Washington, DC (AFRH-W) Scott Building, and the extensive repairs from the 2011 DC earthquake produced two communities with exceptional and equal care.

Since the first accreditation with the Commission of Rehabilitation Facilities (CARF) in 2008, AFRH has been moving towards Person-centered Care as AFRH's overarching philosophy of care. AFRH has steadily increased the level of Person-centered Care and throughout FY 2013 advanced Person-centered Care on every level of the Home resulting in vital capital improvements and beautifying our facilities as well. In addition, advances in staff training and performance improvement were seen. Altogether these advances make the AFRH an agency constantly aspiring and steadily evolving to provide a better environment for the Residents. Each AFRH employee, partner, and contractor works hard to support our residents, mission and vision.

Achieving the Scott Project objective and opening the Scott Building marked great progress on the AFRH Strategic Plan's Stewardship Goal. Environmental Initiatives replaced the Scott Project as a priority performance objective. In the External Stakeholder goal, Contributions have become a new objective replacing the contact with Congress objective. This is due to changes in oversight which minimized the role of AFRH managers in maintaining direct contact with Congress.

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:

None.

BUDGET/FINANCIAL SOLVENCY

AFRH Trust Fund Balance

The solvency of the AFRH Trust Fund is our most crucial challenge. The AFRH Trust Fund is the self-funded investment that pays for the AFRH operations and capital improvements. In recent years, AFRH management has substantially reduced operating costs and undertaken several major construction projects to further reduce Operations and Maintenance (O&M) costs.

Prior to 2002, the AFRH was on the brink of insolvency. Many models briefed to senior management at DOD, the Office of Management and Budget (OMB), and Congress forecasted that the Home would face closure in the 2005-2007 timeframe. Through innovative approaches such as the adoption of the AFRH "One Model Plan," necessary staff reductions, and much hard work, the AFRH leadership not only turned this dismal projection model around, but actually went on to show a net growth of \$92 million in the AFRH Trust Fund (from \$94M in FY02 to an all-time high of \$186 million in FY10). In 2011 the AFRH expended funds associated with the Scott Project demolition and construction, an investment in its future generations of Residents.

The 2012 Trust Fund Solvency analysis concluded that the AFRH Trust Fund was solvent from FY12-22 assuming revenue remained significantly within historical variation. However, in 2013, a major revenue item (Fines and Forfeitures) fell much more than would be expected from normal variation. In FY13 Fines were only \$30 million which is \$6 million (17%) below FY12 and \$7 million (19%) below FY11. If this source of revenue continues at the reduced rate, the Trust Fund could become insolvent. AFRH is seeking new revenue sources, including the sale or lease of underutilized property and finding donors to contribute to operations and capital improvements.

Council Observations:

The Trust Fund is a topic of great concern for the residents. Recommend periodic updates at the Resident Advisory Committee meetings to address concerns and respond to questions.

Council Recommendations:

Given that 2013 was the last of the transition years, AFRH should continue to update the Council on Trust Fund balances and projections at each meeting.

FY 15 Budget Request

At the December meeting, the AFRH discussed the FY 15 Budget Request to Office of Management and Budget for \$63.4 million (\$62.4 million in O&M and \$1 million in Capital Improvements). The FY15 Budget is a net decrease of approximately 10% below the FY14 Budget.

The FY14 budget was \$6 7.8 million (\$66.8 million for O&M and \$1 million for Capital.

Council Observations:

None.

Council Recommendations:

None.

Budget Testimony

The AFRH COO presented AFRH's Budget Testimony to Congress on March 31, 2013.

Council Observations:

None.

Council Recommendations:

None.

AFRH Financial Audit

As required by legislation, the AFRH has sought and obtained a successful financial audit from Brown and Company, CPAs, PLLC, an independent accounting firm. The AFRH received an "Unmodified" (clean) audit for the past 9 years. Brown and Company did not report any material weaknesses. The 2013 audit is AFRH's 9th consecutive clean audit. Agency management, in partnership with the Bureau of the Fiscal Service (BFS), was accountable for the integrity of the AFRH's financial information. All financial statements and data have been prepared from the AFRH accounting records in conformity with General Accepted Accounting Principles (GAAP).

Council Observations:

The Council commends AFRH on its successful accomplishments 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 (FMFIA), PL 97-255 Section 2, and OMB Circular A-123 – Management's Responsibility for Internal Control (IC).

Council Observations:

The Council commends AFRH on its successful accomplishments in Internal Controls and financial integrity.

Council Recommendations:

None.

Minimizing Risk/Increase Financial Stability

The AFRH Management Team is committed to minimizing risk and increasing financial stability through a variety of strategies.

The AFRH options for maintaining the Trust Fund at acceptable levels are containing costs; completing our Washington, DC Master Plan; and increasing contributions.

- 1) Cost Containment. We have seen improved cost containment with right-sizing in Washington, DC and with the opening of the energy efficient facility in Gulfport. We

have achieved energy efficiencies through our Green LEED facilities at both Gulfport and Washington. The closure of the Washington, DC Power Plant in October 2013 will also reduce utility, infrastructure and staffing costs.

2) Master Plan. We are aggressively pursuing the sale or lease of the excess 77 acres at our Washington, DC campus. The culmination of this effort should take place by the end of FY 2017. In 2008 a contract was awarded for private development, but with the economic collapse the developer could not meet his obligations. Now that the real estate market is rebounding, we are working with our partner, GSA, on the timing for soliciting new bids. An appraisal is being done to determine the current value. We do not recommend land sale or lease unless the market dictates.

3) Contributions. Another focus we have is to increase contributions to the AFRH from families, former Veterans, and other interested stakeholders and organizations. We have received a letter from the Internal Revenue Service (IRS) establishing that contributions to the AFRH are tax deductible. If donors provide contact information, AFRH provides validation of the tax deductible gift.

In summary, starting in FY 2014, the AFRH will see benefits from the reduced footprint and energy efficiencies. Yet AFRH is still seeking cost containment and ways to generate additional revenue. As AFRH closed FY 2013 on a positive note, it is continuing the focus on a vibrant and economical operation for the heroes it serves.

Council Observations:

The Council realizes the efforts that AFRH has taken to increase financial stability are quite effective, but understands that more is still to be done to generate additional revenue.

Council Recommendations:

The Council will look forward to hearing about AFRH’s progress in revenue generation.

ORGANIZATIONAL STRUCTURE

One Model:

Both facilities use the same organizational model.



AFRH Staff Highlights:

OPM EMPLOYEE VIEWPOINT SURVEY:

- Completed in September 2013. Full results were not available at December meeting. In the 2013 PAR job satisfaction remains at 82%, meaning that 82% of AFRH employees are satisfied with working at AFRH.

AFRH HIRING PROCESS:

- Applicants for key positions are screened by a managerial panel.
- The top 3 to 5 ranked applicants are selected to be interviewed by the panel. Applicants who are interviewed are scored.
- Best qualified (highest scores) are recommended to Selecting Official who is the second line supervisor.

RECENT SELECTIONS:

- Cheryl Bobinger, Director of Nursing, AFRH-G
- Ronald Kartz, Chief, Resident Services, AFRH-W
- Henry Young, Chief, Healthcare Services, AFRH-W
- Vicki Marrs, Chief Financial Officer

Council Observations:

Hiring practices are producing results that are on track.

Council Recommendations:

The Council would like to know if there is a metric in place to measure hiring lags.

INTERNAL CONTROLS/PERFORMANCE IMPROVEMENT

Current Improvement Focuses

- Performance Improvement (PI) Restart
- Credentials
- AFRH Accreditation requirements
- External Healthcare survey

Performance Improvement (PI) Restart

The AFRH Restart begins by realigning component groups and performance measures with risk mitigation. Healthcare issues present as key risks, so realignment started with them. Development in other areas will follow. Core of Agency performance measures are being established, to be monitored and documented on both campuses. Each campus will be responsible for developing their own performance measures to be monitored in addition to the Agency measures. Most importantly, performance measures are being developed to align with AFRH Strategic Goals and the Business Plan.

AFRH Healthcare Core Performance Areas:

- Wounds (Pressure Ulcers or Skin Integrity)
- Pain Management
- Medication Management
- Consistent Nursing Assignments
- Post-hospitalization Management
- Healthcare Staff Stability

Credentials

The Department of Defense (DoD) Inspector General (IG) recommended that the AFRH Credentialing process be improved. AFRH plans for strengthening the Credentialing process included training for all staff involved in credentialing and obtaining an external review of

credentialing policy documents. Credentialing Training was completed in April 2013. Fifteen (15) staff members from both campuses were trained by National Committee of Quality Assurance (NCQA). Current credentialing documents and procedures were revised using information and skills obtained in training. Revised documents will be examined by another external source that specializes in Credentialing for content and quality.

AFRH Accreditation requirements

The recent Department of Defense Inspector General (DoD IG) survey noted that while all other areas of services were accredited, the Ambulatory Care Services were not covered. Title 24 US Code, Chapter 10 establishes that AFRH requires accreditation of each aspect of the facility, including medical and dental care, pharmacy, independent living, assisted living, and nursing care. The Commission on Accreditation of Rehabilitation Facilities (CARF) has accredited both Washington and Gulfport for five years but does not cover Ambulatory Care Services. AFRH is working with the Joint Commission to obtain accreditation for the Ambulatory Care Services.

External Healthcare Survey

CARF recommended that an external healthcare survey be conducted that looks at the details of healthcare performance. An external survey is being planned that will be conducted annually. The criteria will include CARF's standards as well as the Joint Commission's for Long Term Care facilities. Careful consideration is being made to balance the CARF, and Joint Commission accreditations processes, along with the external healthcare survey. The DHA (formerly Tricare Management Activity) will provide medical oversight on the entire process.

Council Observations:

The proposed annual survey will strengthen healthcare at the AFRH facilities.

Council Recommendations:

The Council will look forward to an update on the progress made in Internal Controls/Performance Improvement at its next meeting.

MODERNIZATION

(Construction, Master Planning)

AFRH-Gulfport

Small projects at AFRH-G include evaporation meters, planting trees, sunscreens removal, landscape front entrance of building, basket strainer, shower dams, safe relocation, C tower 2nd floor, C tower medicine cabinets, culvert project, putting green walking path/bench fencing project, nurse's workstation C-tower vestibule, carpet replacement 2nd floor D-tower, parking garage restriping, and automatic electric shut off. The addition of the Gulfport meadow with wildflowers, the beautification of the front gate, the addition of 150 trees to the property and upgrades to the smoking shack were major projects using residents' feedback to upgrade existing areas.

AFRH-Washington

AFRH-W campus projects in 2013 spread across a large spectrum: the remodel of the Eagle Gate entry, installation of new Sheridan elevators, the Scott Project (see below which included the construction of the Scott Building and the renovation of the Sheridan interior for Assisted Living), the repairs of the historic Sherman (see below). Also, at the end of the year, completed projects included a fire alarm upgrade, the Sheridan/ Sherman boiler project, and the nurse call and resident monitoring systems.

Scott Project

During 2013 the AFRH-W Scott Project was completed. The goal of this multi-faceted endeavor is to reduce costs and improve care. The Project reduced the footprint on sprawling grounds, identified and eliminated excessive maintenance of an aging infrastructure, and improved wellness to stave off costly Long Term Care. The transition started in 2011 with the demolition of the aging Scott Building and groundbreaking. Construction continued for two years. The new Scott Building was occupied in February 2013. Residents moved from LaGarde to Scott's Memory Support and Long Term Care in March 2013. The Assisted Living renovation in Sheridan was completed in March followed by Resident and staff moves. The AFRH-W Open House celebration was held in August 2013 and included tours of the Scott Building and the historic buildings, damaged by the 2011 earthquake, which were renovated.

AFRH Master Plan

AFRH is aggressively pursuing the sale or lease of the excess 77 acres at the Washington, DC campus. The culmination of this effort should take place by the end of FY 2017. In 2008 a contract was awarded for private development, but with the economic collapse the developer could not meet his obligations. Now that the real estate market is rebounding, AFRH is working with its partner, GSA, on the timing for soliciting new bids. An appraisal is being done to determine the current value. AFRH does not recommend land sale or lease unless the market dictates. The Master Plan has the support of the Resident Advisory Committee (RAC).

Capital Improvement Plans (CIP) (AFRH-Washington and AFRH-Gulfport)

As a Federal Agency, management recognizes that the CIP and capital improvement projects are an investment in the future of the AFRH facilities. While management has created a Long Range Financial Plan to evolve and remain solvent, it must continually integrate its Person-centered Care philosophy and modify plans for each facility to realize this new vision. The AFRH updated its 10-year CIPs for both facilities in FY12. These Plans include a compilation of various development projects with detailed descriptions, dependencies, compliance requirements, and costs. An additional purpose for these Plans is to align the Long Range Financial Plan with the Agency's new capital improvement needs.

Environmental Initiatives

Under Federal mandates (Executive Orders 13423 and 13514) the AFRH completed its third comprehensive evaluation of energy usage and greenhouse emissions.

The 'Campaign to Conserve', an Agency-wide green initiative, was launched in the spring 2012. AFRH-G achieved LEED Gold certification and progress was made for LEED Gold for the new Scott Building.

Natural Disasters

In 2013 AFRH also completed repairs to the AFRH-W historic buildings damaged by the 2011 earthquake. Emergency funding from Congress provided restoration to the Sherman Building, parts of the Sheridan Building, and the historic Quarters. These older buildings were not in compliance with the American Disabilities Act (ADA) and its requirements for accessibility features (handrails, ramps, grab bars, etc.). Finally, the modernized facilities at AFRH-W can provide up to date advanced care.

November 2012 was the month that Hurricane Sandy passed through the Washington, DC area with minimal damages at AFRH. Lightning struck in Gulfport, but the generator responded and kept operations going normally until repairs could be completed.

Council Observations:

The Council congratulates AFRH on significant progress in all facets of its modernization projects.

Council Recommendations:

None.

MILITARY HERITAGE

Military camaraderie and military heritage are two areas that set the AFRH apart from other retirement communities. Participation by Senior Enlisted and scores of active duty military in AFRH events and projects keep AFRH residents in touch with their military heritage.

In Washington, the new Hall of Honors was opened in the Scott Building. A history and timeline of the Washington campus adorns the walls. Artifacts from the hundred and fifty year history are in showcases.

Every military service participates on the 2 campuses. In Gulfport, proximity of Air Force and Navy bases results in a large presence at the facility and much involvement in many projects. However, on both campuses, Army, Navy, Air Force, Marines, and Coast Guard all contribute in volunteering, in 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.

RESIDENT ISSUES

Resident Focus Groups

The AFRH Resident Focus Groups have been ongoing at both facilities. In Washington focus groups were held all along during the Scott Transition to keep Residents informed about progress and moving dates. In Gulfport emphasis was on active Resident involvement and ways to make the facility more like their home.

Aging in Place/Independent Living Plus

The AFRH created a new way for Residents to Age in Place in comfortable and familiar surroundings. The Independent Living Plus (ILP) Pilot Program allows Residents to stay independent and the AFRH can avoid uprooting Residents to move to higher levels of care. Home healthcare aides provide extra care as needed – services are taken to the Resident, which is a prime example of implementation of Person-centered Care. In 2012, the ILP Pilot Program was initiated in Gulfport. At the end of 2013, ILP consisted of 98 Residents in both facilities. The ILP pilot program is an invaluable tool to assist our Residents in Aging-In-Place. The Aging-In-Place philosophy allows Residents to age gracefully without disrupting the lifestyle they have grown accustomed to.

COMMUNITY PARTNERSHIPS

The AFRH Strategic Goal 4 (Leverage External Stakeholders) focuses on harnessing, cultivating and focusing our external stakeholders to become increasingly active participants, engaged in AFRH activities. The AFRH has focused on amplifying engagement with the AFRH Advisory Council, embracing community partners, and expanding

neighborhood presence. A long term partner has been GSA, the organization behind much of the construction and renovation. Each of the Services send volunteers to both facilities to participate in helping with events, celebrations, moving, construction projects, and programs.

AFRH-G boasts a wide variety of community volunteers. Some of the long list of partners include Keesler Air Force Base, Seabee's NCTC, United Way, Hooters, First Sergeants Association, North Florida HOG Association, Army Band, Navy Band, Marine Corps Band, Ocean Springs Cub Scouts, Gulfport Women's Club, Brownies / Girl Scout Troop 6346, First Presbyterian Church Youth Choir, First Trinity United Methodist Church Choir, Vietnam Veterans of America Chapter 1018, Air Force Sergeants Association, Beach Garden, St. James Elementary, Beau Rivage, AARP, Dixie Line Dancers, and the Blind and Physically Handicapped Library Services.

Community events at AFRH-G included:
Garden Day Open House (April 2013)
Community Open House Memorial Day (June 2013)
Cruisin' the Coast event (October 2013)
Veterans Day Community event (November 2013)

AFRH-W has many groups who volunteer. Some of those include AARP Income Tax Assistance, Accenture, Air Force, Alpha Kappa Alpha, American Legion, Boy Scouts, Buffalo Soldiers, Catholic University, Chief Petty Officer's Association, City Singers/City Choir of Washington, Costco, Defense Information School, Defense Intelligence Agency, Defense Threat Reduction Agency, Discovery Communications, Double Nickels, Friends of the Soldiers Home, Ft. Belvoir, Ft. Meade, GEICO, Girl Scouts, Howard University, Military District Washington, Naval Intelligence Office, Navy Chief Selectees, President Lincoln's Cottage, University of Maryland, Warrior Brotherhood Veterans Motorcycle Club, Washington Gas Company, Washington Navy Yard, White House Communications Agency, and YMCA.

Community events at AFRH-W included:
4th of July Community Day (July 2013)
Open House for the new Scott (August 2013)
AFRH and President Lincoln's Cottage co-hosted Community Day (September 2013)

Council Observations:

The Council understands that Community involvement and assistance with the AFRH mission is very high. Active programs and various events contribute immensely to the quality of life for the Residents.

Council Recommendations:

The Council recommends AFRH continue developing more extensive community partnerships.

COUNCIL MEMBER CONTRIBUTIONS

Raleigh Player, Retired Air Force Staff Sergeant, Resident of AFRH Gulfport Campus
Acting CHAIR of the Resident Advisory Committee, AFRH-G

2013 CONTRIBUTIONS

- Resident Advisory Committee representative for B-Tower 2nd floor and C-Tower 3rd floor
- Security Desk volunteer
- Resident Driver (recreation / wellness)

- Volunteered for position of the Chairperson of the Resident Advisory Committee
- Member Military Memorabilia committee
- Member Honor guard
- Member MWR Committee
- Member Resident Fund Advisory Board
- Member RAC Executive Sub-Committee
- Sponsored Pie and Ice cream socials for the residents and Staff of the home on Valentine's
- Day and Halloween with the local Waffle House Corporation of Gulfport, MS
- Received Presidential Volunteer Certificates for 2011 and 2012 for volunteer service
- Provide transportation service for residents to Mobile, AL, New Orleans, LA and other cities within Mississippi to take trips on other transports, such as Cruise Ships, Air travel and Bus lines
- Volunteer other transportation services to residents in and around the local area.

Nancy A Quest, MBA

Director Home & Community Based Services, Department of Veterans Affairs
Expert in Long Term Services & Supports (LTSS)

2013 CONTRIBUTIONS

- Provided consultation on options for meeting compliance with industry standards in long term care facilities.

COL John Spain

Pharmacy Consultant to the Army Surgeon General, Advisory Council Chair
Expert in Pharmacy

2013 CONTRIBUTIONS

- Served as Council Chair
- Provided clinical services monthly at AFRH Wellness Center
- Issues addressed:
 - Issue: Lack of Advisory Council feedback to residents at AFRH-W
 - Resolution: COL Spain or other committee member will provide feedback on open issues to the Resident Council Committee Chairperson each month. 18 DEC 13, COL Spain available to RACs at AFRH-W and AFRH-GP for invitation to provide updates after each advisory council meeting to provide feedback and at other times as determined valuable by the RAC.
 - Issue: Request for an update on the AFRH-W campus plans for redevelopment at a future residents council meeting
 - Resolution: COL Spain will request that AFRH leadership provide a briefing to update residents on future campus plans at their next resident meeting. 18 DEC 13, Agency and AFRH-W leadership available to brief RAC membership on plans for campus development by invitation.
 - Issue: Concern with lack of physicians at AFRH-W. Specific concerns include availability of a healthcare provider 24/7.
 - Ongoing: Make Agency leadership aware of residents' concerns and establish action plan to address. Report concern at next Advisory Council meeting on 12 DEC 13. 18 DEC 13, share plan on establishment of Healthcare subcommittee charter and request for resident health committee involvement.
 - Issue: Enclosed bicycle storage. Request has been made for last 6 years at AFRH-W. Partial enclosure behind the Scott building is not sufficient given continued weather damage to bicycles.
 - Ongoing: Make AFRH leadership aware of residents' concerns and establish action plan to address. Report concern at next Advisory

Council meeting on 12 DEC 13. 18 DEC 13, engage resident campus committee for action plan. Follow up with AFRH-W leadership on support of plan/assistance.

- Issue: Request for an increase contribution to the enlisted fund. Request for consideration has been made for the last 4 years. Historically enlisted members have donated 50 cents. The request asks that the twice monthly contribution be raised to \$1.
 - Ongoing: Make AFRH leadership aware of residents' concerns and establish action plan to address. Report concern at next Advisory Council meeting on 12 DEC 13. 18 DEC, summary of Advisory board discussion provided and plan to review Agency plans to pursue.
- Issue: Concerns related to limited space in room if switching from Independent Living room to Assisted Living. Are there rules that guide what can be brought from an Independent Living room to an Assisted Living room? Is it possible to offer storage space to residents?
 - Ongoing: COL Spain will follow-up with AFRH-W leadership for feedback on this request.

Council Observations:

Council members actively engaged in advising AFRH leadership and interacting with residents.

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 FUTURE GENERATIONS

Council Observations:

Now that the two facilities have been "right-sized", it may be beneficial for the Home to think of expansion – i.e., to serve eligible members who currently reside in the mid-west or west coast.

The Council realizes the limitations currently for investments available for the AFRH Trust Fund monies.

Council Recommendations:

The Council believes expansion possibilities should be studied as soon as possible.

The Council recommends exploring other investment venues for the AFRH Trust Fund.

2014 FOLLOW UP ACTIONS FROM 2013

SMA

- Continue to clarify and document roles and responsibilities of DHA staff in supporting Deputy Director in meeting SMA responsibilities.
- Design processes to consistently meet mandates in SMA Oversight Plan and implement plan.
- Monitor pending reports from DoD IG Report from 2012-2013 inspection, NDAA language, and Joint Commission Resources report from Gulfport assist visits for SMA related information.
- Establish briefing schedule for ASD(HA) and support for ASD(HA) briefing to USD(P&R).
- Write input for annual report to Congress for submission to MC&FP by February 15, 2014.

Chief Operating Officer

- Provide update on the USD(P&R) recommendations.
- Provide summary of DoD IG 2012 observations and recommendations.

CHCO

- Report OPM Employee Viewpoint Survey results from September 2013.
- Report on metrics of hiring lags.

Chiefs, Healthcare Services, AFRH-G & -W

- 30 Jun 14 was set as the goal to complete all the items for improvement identified by The Joint Commission (TJC). Report on progress.

PII

- Report on progress in Internal Controls/Performance Improvement activities at next meeting.

Chair, Advisory Council

- Address Ongoing Issues (from 2013 Council Member Contributions)