ST. CLOUD VA HEALTH CARE SYSTEM | ST. CLOUD, MN

Date: December 16 -17, 2015
Director of Veterans Affairs and Rehabilitation Division: Louis Celli
Deputy Director for Health Care, Veteran Affairs and Rehabilitation (VA&R): Roscoe Butler

Overview

On December 16 -17, 2015, The American Legion's (TAL) System Worth Saving (SWS) team conducted a site visit to the St. Cloud VA Health Care System (SCVAHCS). The SWS team was accompanied by TAL Department of Minnesota staff including Past National Commander (PNC) Dan Ludwig, Dept. Commander James Kellogg, Dept. Adjutant Randy Tesdahl, Dept. Veterans Affairs & Rehabilitation (VA&R) Chairman Wilson Spence, and Interim Department Service Officer (DSO) Jeremy Wolfsteller. TAL met with SCVAHCS leadership to discuss the status of the SCVAHCS. Before the site visit, a town hall meeting was hosted by American Legion Post 621, to hear firsthand from veterans about their health care experiences at the SCVAHCS. The last SWS site visit to the SCVAHCS was in April 2013.

The SCVAHCS is located in Central Minnesota in the city of St. Cloud. The city and surrounding communities have a population of more than 100,000 people. St. Cloud is about seventy miles northwest of the Twin Cities of Minneapolis and St. Paul. The medical center began serving veterans in 1924 and delivers care to more than 39,000 veterans in the upper midwest region.

Areas of care include: primary and specialty care, mental health care, surgical and specialty care, urgent care, acute psychiatric care, telemedicine, extended care and rehabilitation, imaging, laboratory and pharmacy services.

Specialty care services include audiology, cardiology, colorectal, dentistry, ear, nose and throat, general surgery, hematology, nephrology, neurology, oncology, plastic surgery, optometry, ophthalmology, oral surgery, orthopedics, podiatry, pulmonology, urology, and rheumatology care. A new Ambulatory Surgery (same-day) Center opened in the fall of 2011 and now provides access to additional outpatient surgical procedures.

The medical center offers extensive mental health programming that includes acute psychiatric care, residential rehabilitation treatment programs, and an outpatient mental health clinic. The programs use a recovery model to treat post-traumatic stress disorder (PTSD), substance abuse, and a variety of mental health conditions. Outpatient programming includes treatment for severe mental illness, vocational rehabilitation, and supported employment.

The medical center's Community Living Center (extended care and rehabilitation) provides skilled care through home-based primary care, nursing home care, adult day health care, ventilator-dependent care, memory care, hospice care and a variety of rehabilitation programs.

The SCVAHCS operates three Community Based Outpatient Clinics (CBOCs) in Alexandria, Brainerd, and Montevideo, Minnesota.

Alexandria, Minnesota

Services

- Primary Care
- Specialty Care Referrals
- Mental Health services (Individual, Group and Family Counseling)
- Psychological assessment and testing
- Medication management
- Social Work services
- Clinical Pharmacy services
- Home-Based Care
- Tobacco cessation counseling
- Prescription processing
- Laboratory: Blood drawing
- Chronic disease management

- Care Coordination for Home
- Telehealth classes for diabetes and weight loss

Brainerd, Minnesota

Services

- Primary Care services
- Specialty Care Referrals
- Mental Health services including individual, group and family counseling
- Psychological assessment and testing
- Medication management
- Social Work services
- Clinical Pharmacy services
- Home-Based Care
- Tobacco cessation counseling
- Prescription processing
- Laboratory: Blood drawing
- Chronic disease management
- Care Coordination for Home
- Podiatry Services
- Telehealth classes for diabetes and weight loss

Montevideo, Minnesota

Services

- Primary Care services
- Specialty Care Referrals
- Mental Health services including individual, group and family counseling
- Psychological assessment and testing
- Medication management
- Social Work services
- Clinical Pharmacy services
- Home-Based Care
- Tobacco cessation counseling
- Prescription processing
- Laboratory: Blood drawing
- Chronic disease management
- Care Coordination for Home
- Podiatry Services
- Telehealth classes for diabetes and weight loss

Executive Leadership Briefing

The SWS team met with the SCVAHCS Executive Leadership team including Barry Bahl, Medical Center Director; Dr. Susan Markstrom, Chief of Staff; Cheryl Thieschafer, Associate Medical Center Director; and Mark Aberle, Associate Director for Nursing/Patient Care Services.

During the meeting, the Executive Leadership reported the top challenges faced by the SCVAHCS:

- **Aging infrastructure, construction, and space:** Although their almost 90-year old buildings are well maintained, many internal structures require significant renovation or replacement. Clinics are very crowded and not designed to support current care delivery models. Multiple construction projects create a need for swing space. Additionally, project delays and cost limits are causing much-needed space to in turn be delayed due to necessary domino sequencing. While there is a long term plan, they have short-term needs that are increasingly difficult to meet.
- **Growth and access to care:** SCVAHCS has experienced a 155 percent increase in unique patients, growing from 12,111 patients in fiscal 2000 to 38,603 in fiscal 2015. Despite a declining veteran population in the SCVAHCS service area, more veterans continue to seek care. SCVAHCS experienced patient growth in every year since fiscal 2000, except for fiscal 2013, when they experienced a slight decline in the number of unique patients. This was due to the opening of the Northwest Metro VA Clinic in Ramsey, MN, (aligned under the Minneapolis VAHCS) which resulted in several thousand patients shifting care away from St. Cloud.
- Fiscal 2014 and fiscal 2015 saw the resumption of steady unique patient growth. Although the increase in enrollment is a positive thing, the growing demand for services has put a strain on their capacity in many clinics. SCVAHCS utilizes Choice and traditional Non-VA Care Coordination (NVCC) to assist with meeting demand. They also continue to recruit for providers in primary care, mental health and specialty care (surgical and medical, all subspecialties) to meet the increased demand internally. They have had difficulty keeping up with demand. Provider Recruitment has been a focus area and will continue to be for years to come.
- **Succession Planning:** The SCVAHCS faces a significant succession challenge along with tremendous competition for skilled health care providers and staff. With 12.7% of the total workforce and 17.2% of supervisors projected to be eligible

for retirement by 2018, the healthcare system is charged with developing creative and innovative methods of staff development. Less experienced staff may struggle to fill the knowledge vacuum that is created when experienced managers retire. This is especially relevant when it comes to clinical leaders who are or soon will be retirement eligible. The facility should prepare new Clinical Leaders to ensure a smooth transition.

- **Work Environment:** Fiscal 2014 All Employee Survey revealed that SCVAHCS has system-wide challenges with employee satisfaction and workplace perceptions. The facility intends to become a safe and productive workplace with satisfied employees who would recommend SCVAHCS as an exceptional place to work. It is incumbent upon facility leadership to enable this shift toward an excellent work environment. The Fiscal 2015 survey results indicate improvement in employee satisfaction and many other metrics across the healthcare system. St. Cloud still has work to do, but has made progress.
- **Affordable Care Act:** The Affordable Care Act provides veterans with new options for health care that will compete with VA services. SCVAHCS should proactively address veterans' questions and concerns, and communicate the benefits associated with VA services to prevent a loss of veterans to the other new options for health care.
- **Veterans Choice Act:** The Veterans Choice Act enables veterans who live more than 40 miles from the nearest VA facility or who have appointment times greater than 30 days out to receive care in the community. SCVAHCS needs to communicate broadly and clearly to ensure veterans understand their rights and eligibility. Additionally, the medical center should monitor internal processes and work in close collaboration with community partners to ensure a smooth transition to and continuation of the new practice.
- **Agency Restructuring:** The VA is undergoing a phase of restructuring. It is hard to foresee how the VA will look at the end of all the changes. This uncertainty is challenging to employees and veterans.

When asked about what they are doing to ensure that there is open communication between the medical center, veterans and the community as a whole, the executive leadership responded as follows:

The SCVAHS maintains a continuous dialog with veterans and the community through a number of means. They maintain a significant public presence in the news media, hosting two monthly radio shows in the St. Cloud market area, responding to numerous inquiries and informing the public of activities through frequent press releases. They also maintain a public website (www.stcloud.gov) and Facebook page (SCVAHSC). For veterans, SCVAHCS publishes an electronic newsletter (*Update.*) bi-monthly, which is distributed via a self-enrolled listserv accessible via www.stcloud.vs.gov. Veterans visiting their facilities are informed via electronic message boards and poster displays. Additionally, SCVAHCS also hosts quarterly town hall meetings. Significant efforts are made to participate in community organizations, and they are members of the St. Cloud, Brainerd, Montevideo and Alexandria Chambers of Commerce.

The facility has extensive working relationships within the health and human services sector in the communities they serve, e.g. the homeless program, vocational rehab, and the Veterans Justice Outreach Program. They also send a representative to the steering committee for a Veterans Resource Center currently planned by the local St. Cloud Technical and Community College. SCVAHSC has acted upon more feedback than ever before thanks to the Press Ganey survey responses received from their veterans. Leadership attends meetings, programs, and conventions organized by internal and external stakeholders to foster collaboration and ensure that the voice of the veteran is heard and responded to appropriately as much as is possible within their power. The director personally attends conferences by the American Legion, Disabled American Veterans, and the Veterans of Foreign Wars.

Additionally, SCVAHCS sponsors meetings and programs in the interest of collaboration, including County Veteran Service Officers, Accredited Representatives quarterly meetings, Veterans Administration Voluntary Service (VAVS) quarterly meetings, Toastmasters monthly meetings, annual Memorial Day Tribute, annual Veterans Day parade, and annual Veterans Rendezvous. In the interest of strengthening relationships, SCVAHSC also maintains a presence at the facility of representatives of the American Legion, Veterans Benefits Administration, and Minnesota Department of Veterans Affairs.

In the facility's strategic plan, the facility identified aging infrastructure, construction, and space as challenges. A significant number of patient care buildings are over 90 years old, and many of the internal structures require significant renovation or replacement. It was also noted that the clinics are very crowded and space was not designed to support current care delivery models.

When asked how SCVAHCS is planning to address these concerns, they responded that SCVAHCS participates in the VA annual capital planning process that consists of the Health Care Planning Model (HCPM) and Strategic Capital Asset Planning (SCIP) Process. HCPM helps VA Health Care Systems project demand in various clinical areas and evaluate alternatives. SCIP is the process through which multi-year business and action

plans are developed. SCVAHCS has been fortunate in getting project approval to meet facility needs. However, the projects don't always occur exactly as planned. SCVAHCS is beginning a new SCIP Cycle developing its fiscal 2018 action plan. Over the next few months, SCVAHCS will reassess the capital situation and make necessary adjustments to the plan from the past year.

Human Resources Department

As of November 22, 2015, SCVAHCS indicated their authorized employee ceiling was 1,722 employees. Of the 1,700 positions, the SCVAHCS reported 143 vacancies. Of the 143 vacancies, 94 positions were for physicians, nurse practitioners, physician assistants, dentists, psychiatrists, psychologists to keep consistent, social workers, occupational and physical therapists, registered nurses, advanced practice registered nurses, and licensed practical nurses. Based on the information provided by SCVAHCS, the majority of clinical vacancies identified were in Nursing: Registered Nurse (RN) – 15.1 and Licensed Practical Nurse (LPN) – 14.4, totaling 29.5.

During the discussion with Human Resources (HR) staff the SWS team was informed that the processing time to fill a vacant position varies based on the following variables:

- Title 5 vs. Hybrid or Title 38 position. If it is a Title 5 position, HR needs to verify if the job description is current or if it requires reclassification. This could add significant time (months) to the timeline.
- Their mission critical occupations and specialized experience positions take longer than entry level or common positions.
- How the position is announced. Internal positions or those filled with a non-competitive hiring authority are filled more quickly than those requiring external vacancy announcements or use of the Delegating Examining Unit.
- Application significant Veterans Preference. This may create a delay in the final selection if a request to pass over is submitted; minimal qualifications are a low standard.
- Credentialing requirements. Licensed positions require primary source verification of some items that are dependent on external entities to respond timely.

There is a National Speed of Hire measure (60 days) that measures the time from when a position is approved to fill to a tentative offer being made. The national speed of hire goal is 80%. Monthly data reflects a fiscal 2015 average of 87.08% for the speed of hire performance for Title 5 and Title 38. This exceeds the VISN average of 81.08% for the same period. SCVAHCS quarterly performance was Qtr. 1: 93%, Qtr. 2: 87%, Qtr. 3: 89% and Qtr. 4: 81%.

According to HR staff, the SCVAHSC experiences difficulties recruiting primary care and internal medicine physicians. Across the board, HR faces significant challenges in attracting, hiring, and retaining qualified candidates and employees in mission-critical health care occupations. Hiring processes are complex and regulations can prevent the most qualified person from being hired.

To ensure positions are filled promptly, SCVAHCS has taken the following actions:

- HR devotes three HR specialists to recruitment and staffing and has further shifted employee relations work from them to permit more dedicated time to post qualifying positions. HR, Office of Information Technology (OIT), and Occupational Health work collaboratively to identify and resolve onboarding process delays.
- SCVAHCS utilizes recruitment incentives as well as a wide variety of hiring flexibilities.
- A new item was added recently to the HR Officer weekly meeting: "certificates not returned by selecting officials within 30 days to provide visibility of pending selection actions."
- Per the Field Guide for the VA's Enhanced Physician Recruitment and Onboarding Model, the following recommended practices already in place:
- Proactive forecasting of needs
- Staffing to demonstrated need
- Backfills authorized as required
- Pre-approval of recruitment incentive before recruitment
- Position risk and sensitivity levels determine before recruitment
- Leveraged increases to the physician pay tables
- Maximize use of Title 38 hiring authorities
- Engagement with national recruiter and identification of a facility recruitment liaison; onsite tour coordination and travel
- Efficient Vet Pro processes
- Expedited Credentialing Committee Meetings
- Trained HR technical advisor to the boards
- In fiscal 2016, SCVAHCS will focus on the following actions within the facility or national control:
- Consistent utilization of WebHR for accurate tracking of approved recruitment action
- Initial candidate engagement by the Selecting Official with 24-48 hours of candidate referral
- Option to schedule pre-placement physical with provider of

choice, including non-VA provider

- Standardize physician and dentist (P&D) assignment coding
- Linkage of VA Form 10-2850 to autofill within VetPro
- HR participation in cross-disciplinary training, communication and collaboration with credentialing operations

The SCVAHCS HR staff denied that the physician pay scale and the ability to request pay and tier exceptions had been a barrier for hiring primary care physicians. However, HR staff do run into issues with some specialty areas and have looked towards part-time and fee basis appointments to meet those needs. The Nurse Practitioner (NP) and Physician Assistant (PA) special salary schedules are reviewed and adjusted annually based on local labor market data. This is above and beyond the equivalent General Schedule increase.

Medical Center Budget

Annual Report Calculations

	FY 2015	FY 2014	FY 2013	FY 2012	FY 2011	FY 2010	
Personal Salaries (Salary/Benefits)	$ 149,260,975	$ 139,542,056	$ 129,811,321	$ 122,661,649	$ 124,380,339	$ 108,564,368	
NonVA Care	$ 52,493,164	$ 37,572,770	$ 33,271,320				
All Other Operating	$ 60,600,948	$ 55,392,808	$ 51,381,717	$ 92,532,452	$ 87,845,592	$ 74,353,531	
TOTAL OPERATING FUNDS	$ 262,355,087	$ 232,507,635	$ 214,464,358	$ 215,194,101	$ 212,225,932	$ 182,917,899	
Percentage Change (Current FY/Prior FY)	12.8%	8.4%	-0.3%	1.4%	16.0%	5.3%	
Cumulative FTEE at end of Fiscal Year - MSC, MS & MF	1,584	1,545	1,460	1,402	1,410	1,284	
Cumulative FTEE at end of Fiscal Year - OIT	13	14	16	20	21	20	
Cumulative FTEE at end of Fiscal Year - Total	1,597	1,559	1,476	1,422	1,431	1,304	
Actual # of Employees - MSC, MS & MF	1,704	1,684	1,608	1,504	1,481	1,450	
Actual # of Employees - Fee Basis	11	11	8	7	7	9	
Actual # of Employees - OIT	13	14	14	18	22	21	
Actual # of Employees on Payroll - Total	1,728	1,709	1,630	1,529	1,510	1,480	includes FEE basis
Equipment Funds	$ 2,021,236	$ 6,635,381	$ 3,844,468	$ 2,886,331	$ 5,610,564	$ 6,208,740	
Non-Recurring Maintenance and Repair Funds	$ 11,664,797	$ 3,931,623	$ 10,102,113	$ 10,478,394	$ 25,395,032	$ 8,635,117	
Construction (Headquarters Funded)	$ 1,795,626	$ 8,606,421	$ 19,774,979	$ 9,421,508	$ 9,154,831	$ 2,522,696	
GRAND TOTAL ALL FUNDS	$ 277,836,746	$ 251,681,060	$ 248,185,918	$ 237,980,335	$ 252,386,359	$ 200,284,452	
External Revenue (Included in Operating Funds)							
Medical Care Cost Recovery Collections	$ 20,955,819	$ 17,108,717	$ 15,706,252	$ 17,905,452	$ 19,670,298	$ 18,164,337	
Other: e.g. TRICARE, Sharing Agreements	$ 600,013	$ 569,250	$ 466,307	$ 427,390	$ 535,317	$ 519,512	
TOTAL EXTERNAL REVENUE	$ 21,555,832	$ 17,672,967	$ 16,172,559	$ 18,332,842	$ 20,205,615	$ 18,683,849	
Percentage Change in Revenue (Current FY/Prior FY)	22%	9%	-12%	-9%	8%		

Non-VA

	FY 2015	FY 2014
TOTAL OPERATING FUNDS	$ 262,355,087	$ 232,507,635
Equipment Funds	$ 2,021,236	$ 6,635,381
Non-Recurring Maintenance and Repair Funds	$ 11,664,797	$ 3,931,623
Construction (Headquarters Funded)	$ 1,795,626	$ 8,606,421
GRAND TOTAL ALL FUNDS	$ 277,836,746	$ 251,681,060

	9/30/2013	12/2/2015	9/30/2014	12/2/2015	9/30/2015	12/2/2015
Authorized Outpatient	$ 10,812,659.02	$ 11,477,048.47	$ 12,127,090.96	$ 13,217,603.97	$ 20,058,900.60	$ 12,635,093.69
Authorized Inpatient	$ 10,098,679.99	$ 9,907,336.44	$ 11,953,073.79	$ 12,002,975.53	$ 17,014,921.51	$ 15,984,444.00
Mill Bill	$ 1,719,148.39	$ 1,719,148.39	$ 2,374,178.38	$ 2,369,206.52		
Unauthorized Outpatient	$ 706,627.97	$ 706,627.97	$ 805,697.33	$ 770,703.55	$ 4,558,000.89	$ 4,478,789.90
Unauthorized Inpatient	$ 2,631,486.97	$ 2,631,486.97	$ 2,114,755.74	$ 2,094,286.77		
Home Care	$ 7,815,495.59	$ 6,527,076.00	$ 7,930,204.54	$ 7,424,430.22	$ 10,978,512.70	$ 6,993,262.72
Total Budget	$ 33,784,097.93	$ 32,968,724.24	$ 37,305,000.74	$ 37,879,206.56	$ 52,610,335.70	$ 40,091,590.31

Outpatient Wait Time Results[1]

Pending Primary Care	Completed Primary Care	Pending Specialty Care
5.00	1.5	13.73

Completed Specialty Care	PENDING MENTAL HEALTH	COMPLETED MENTAL HEALTH
6.88	5.91	3.34 Days

[2]At the time of the site visit, the SCVAHCS reported outpatient wait time (>30 days) in the following clinics:

- Mental Health Compensation and Pension (C&P) – 80.3 days
- General Internal Medicine - 44.8 days
- Optometry - 33.1
- Ophthalmology - 51.7 days (New Patients only)
- General Surgery - 39 days (New Patients only)
- Audiology - 34.4 days (New Patients only)
- Podiatry - 31 days (Brainerd CBOC New Patients only)

The SWS team was informed that the medical center recently hired a new psychologist for Mental Health Compensation & Pension (C&P), which should decrease their outpatient wait time for C&P exams.

Staff Vacancies

Based on the recruitment log that is used by Human Resources to track vacant positions, as of December 3rd, 2015, the total number of full-time and part-time vacancies was 143.

The top reasons for vacancies were:

- Competitive recruitment environment for providers
- Retirements or resignations of current staff
- Transfers of current staff to other VA facilities
- Staff accepting positions outside of the VA system or within the facility to other service lines/departments
- Fiscal 2016 VACA funding for hiring additional providers and support staff was initially limited to the amount needed for employees hired before October 1st, 2015. In the final budget

1 Source: VHA Access Audit released Nov 19th, 2015 for the period ending Oct 31st, 2015

2 Source: Pending Appt Cube as of Dec 1, Wait Times based on Preferred Date

distribution, St. Cloud received additional salary funding for employees hired up to December 2015 with hiring actions in progress before October 1st.

- Lower salaries versus private sector
- Negative VA media coverage

The SCVAHCS HR department developed the facility Workforce Strategic Succession Plan which included action plans for initiatives that include recruitment and retention in mission critical occupations, succession planning pipeline, and employee development.

A Recruitment Committee meets monthly and as needed to discuss and plan recruitment events, efforts, advertisement, and strategies. Additionally, there is a facility Workforce Development Committee which focuses on programs for employee and leadership development. Centrally directed career development programs and successes include:

Student (Intern) Program

- **Pathways Internship Program** - The health care system utilizes the Pathways Internship Program to provide students the opportunity for employment while going to school and for advancements to higher grades in the federal government. Other authorities available under Pathways are the Recent Graduates Program and the Presidential Management Fellows Program.

Local/VISN Career Development Programs

- **Facility Leadership Development Program** - The facility Leadership Development Program for 2015 selected 14 individuals, and for the 2014 program, 15 people graduated in December 2014.
- **Network LEAD Program** - Three people from the SCVAHCS were chosen to participate in the Class of 2012 and 2013 and four individuals in the Class of 2013 and 2014.
- **Career Ladder Positions:** The SCVAHCS continues to announce vacancies under the Merit Promotion Plan at a grade level below the full journeyman or target grade. This allows employees who would normally not qualify at the target grade level to be considered.
- **Non-Title 38 Tuition Funding** - This funding is available for staff in Non-Title 38 positions to continue their education. In fiscal 2015, 62 employees utilized $97,540.
- **Local VA Career Development Program** - The objective of the program is to provide VA career guidance, Human Resources process information, and tips on career self-development. There were three scheduled offerings of VA Career Day in fiscal 2015. Two sessions were held with a total of 27 attendees (33 registered), and a third session was canceled due to registration not meeting the minimum of 12 participants. It is possible the majority of the employees interested in this type of program had completed it during fiscal 2014. SCVAHCS will continue to offer two sessions each fiscal year with a minimum of 12 employees registered.
- The health care system education programs provide opportunities for continuing education and training. Some examples of these programs include 7 Habits of Highly Effective People, 5 Choices, and the Employee Career Development Program.
- **Chamber Leadership Program** - The health care system sponsored two employees for this local program which develops participants for leadership roles within the community.

Education Support Programs

- **National Nursing Education Initiatives Program (NNEI)** - This program provides opportunities for nurses who do not have bachelor or masters degrees to return to school to obtain their degree. In fiscal 2015, seven participants received benefits from this program valued at $62,140.
- E**mployee Incentive Scholarship Program (EISP)** - This program provides opportunities for employees to further their education. In fiscal 2015, one participant received benefits from this program.
- **Employee Debt Reduction Program (EDRP)** - This program is used as a tool to assist in the retention of present employees and as a recruitment incentive for difficult to fill positions within the health care system. In fiscal 2015, 11 employees received a total of $150,821 in benefits. This total amount includes those that had service periods that were paid out in fiscal 2015 and those that were approved for fiscal 2015, but their first payout is not until fiscal 2016.
- **Student Loan Repayment Program (SLRP)** - The health care system utilized VISN SLRP funds to provide up to $10,000 student loan repayments to a total 47 applicants comprised of one human resource specialist, 31 LPNs, eight pharmacists, and seven psychologists. Up to $5,000 repayments were awarded to 18 candidates (five medical records techs, one occupational therapist, two physical therapists, two health system specialists, seven social workers, and one diagnostic radiologic tech) for a total of $49,8237 in benefits until the funds were withdrawn in mid-fiscal 2015.

Facility Demographics

The SCVAHCS catchment area expands to the following counties: Aitkin, Benton, Big Stone, Cass, Chippewa, Crow Wing, Douglas, Grant, Isanti, Kanabec, Kandiyohi, Lac qui Parle, McLeod, Meeker, Mille Lacs, Morrison, Pope, Redwood, Renville, Sherburne, Stearns, Stevens, Swift, Todd, Wadena, Wright,

and Yellow Medicine.

Operating Beds:

- Community Living Center (CLC) - 225
- Residential Rehabilitation and Treatment Programs (RRTP) - 148
- Inpatient Mental Health Unit -15

Average Daily Census for each Inpatient Programs:

- Community Living Center (CLC) - 194.4
- •Residential Rehabilitation and Treatment Programs (RRTP) - 144
- •Inpatient Mental Health Unit -Acute/Observation Status -7.72

Outpatient Encounters:[3]

According to SCVAHCS Business Office staff, they are projected to see approximately 611,906 Unduplicated Encounters in fiscal 2016. VA projects utilization using the Enrollee Health Care Projection Model (EHCPM), which combines clinic stops, bed days of care, procedures, and others into utilization for various strategic planning categories. This is internally consistent and useful for planning purposes but does not translate well when compared with historical encounters. However, this model projects an estimated 3.75% increase in utilization for SCVAHCS fiscal 2015-fiscal 2016.

Using historical data from the Veterans Health Administration (VHA) Support Service Center Encounters Cube, SCVAHCS grew approximately 2.3% from fiscal 2013 to fiscal 2014 and 5.7% from fiscal 2014 to fiscal 2015. Since this averages four percent, the EHCPM projection of 3.75% seems reasonable. A 3.75% growth rate would project SCVAHCS to see 611,906 Unduplicated Encounters in fiscal 2016. [4]

Strategic Plan

VHA Strategic Priorities is based on their Blueprint for Excellence, which contains four overarching themes and ten essential strategies within those themes. The four overarching themes are:

- Improve Performance
- Promote a Positive Culture of Service
- Advance Health Care Innovation for Veterans and the Country
- Increase Operational Effectiveness and Accountability

3 Source: VSSC Projected Utilization by Parent Facility BY 2014 Cube

4 Source: VSSC Encounters Cube

SCVAHCS Leadership Priorities

SCVAHCS Leadership has expressed the following strategic priorities:

- Improve access so no veteran has to wait for needed services.
- Promote a Culture of Excellence and Service among all staff in the Health Care System.
- Deliver more than veterans expect through superb customer service.
- Increase Operational Effectiveness and Efficiency to make the best use of the constrained budget.
- Improve outreach efforts to increase workload and the number of veterans served, thereby securing funding to continue providing services for future Minnesota veterans.
- Conduct intensive capital improvements to accommodate expansive growth and adapt outdated infrastructure to new models to deliver high-quality health care.

In addition to the centralized planning that occurs throughout VA and VHA, there are also VISN and Nationwide Service Line Strategic Planning efforts that result in initiatives for the Service Lines. These link to the larger strategic plan, bringing it to a more operational and clinical level. The SCVAHCS has identified the following Service Line Priority Planning Initiatives:

Surgical and Specialty Care Service Line

- Increase veteran access.
- Increase the use of students.
- Increase the use of Telehealth.
- Increase access to specialty services.
- Expand Shared Service Center Catalog (SSC) Service Line Services.
- Increase surgical case volume and complexity.
- Expand ambulatory surgical procedures offered.
- Increase surgical referrals from VISN 23.
- Increase the use of technology.
- Implement the Anesthesia Record Keeping System (ARKS).
- Expand simulation training.
- Develop the Real-Time Electronic Patient Tracking System.

Primary and Specialty Medicine Service Line

- Patient Aligned Care Team (PACT) sustainment
- Promote personalized, proactive, and patient-driven health care.

- Utilize evidence-based care.
- Integrate InterQual in all specialty clinics.
- Increase the use of E-Health modalities.
- Increase the use of home telehealth.
- Increase Clinical Video Telehealth (CVT) including CVT to home.
- Increase use of secure messaging.
- Improve Workload Capture.
- Veterans Access, Choice, and Accountability Act of 2014 (VACAA) implementation
- Increase access to primary care providers and specialty providers.
- Follow implementation guidelines.
- Increase staff awareness of the importance of access for patients.

Extended Care and Rehabilitation Service Line

- Support the needs of highly complex veterans and integrate Hospice & Palliative Care (HPC) principles throughout the facility and community.
- Improve Pain Management as part of HPC.
- Maintain an effective HPC Team.
- Integrate HPC principles into PACT Model of Care.
- Increase the use of HPC e-Consults and Telehealth.
- Promote the development of dementia care best practices utilizing an interdisciplinary and multi-service line team model.
- Develop a multi-service line staff Dementia Education Plan.
- Expand the development of telehealth resources.
- Enhance and continue partnering with Minneapolis and VISN 23 Geriatrics Research Education and Clinical Centers (GRECC).
- Support non-institutional long-term care needs of special veteran populations.
- Improve Special Populations (Spinal Cord Injury & Disorder) PACT.
- Increase Home Based Primary Care (HBPC) CVT to home and Rural Outreach.
- Expand community partnerships to meet Adult Day Health Care (ADHC) demand.
- Promote the development of new special population rehabilitation treatment models such as a Community Living Center (CLC) cardiac rehabilitation program (outpatient program).
- Continue Development of Step Two – VAHCS Spoke Pain Consultation Teams and Programs.
- Cardiac Rehabilitation Program
- Physical Therapist in CBOC
- Support Rehab and Prosthetics partnership in utilization of Assistive Technologies.
- Innovative Telehealth models to improve access and Veteran Outcomes

Mental Health Service Line

- Veteran-centered recovery-based care
- Veteran Centered Care – Show expansion and enhancement of existing programs
  - » Peer Support Program
  - » Mental Health Treatment Suite
  - » Mental Health Intensive Case Management (MHICM)
  - » Therapeutic and Supported Employment Services (TSES)
  - » Primary Care-Mental Health Integration (PC-MHI Model)
  - » Clinical Practice Guidelines (CPGs)
  - » Evidenced Based Therapies (EBTs)
  - » Pilot Innovations such as:
    - Behavioral Health Interdisciplinary Program (BHIP)
- Recovery – Expansion and Enhancement of existing programs
  - » End Homelessness by 2015
  - » Supportive housing initiatives HUD/VASH
  - » Homeless outcome measures
- Number of Homeless housed
- Number of Vouchers used
- Point in Time (PIT) surveys
- Supported Employment fidelity
  - » Veterans with jobs in the community
  - » Housing First expansion
  - » Support "No wrong door" model.
  - » Expand Inpatient Acute Psychiatry Recovery Model Programming
- Maximizing Access
- New approaches to access and quality measures
  - » Veteran satisfaction with access measure

Composite scores that measure not only access to the first appointment but access to ongoing care in appropriate programs at intensity needed

  - » Full implementation of PC-MHI to maximize access
- Suicide Prevention Initiatives – Must do everything possible to prevent suicide among veterans
  - » Tracking of all Veteran's Crisis Line (VCL) workload
  - » Support the Suicide Prevention Coordinator Role (SPCs)
  - » Enhance knowledge/practices and education of all staff around safety plans and family meetings
  - » Tracking of seven-day post-discharge follow-up
  - » Screening in all Mental Health and Primary Care settings
- Expand and measure Interdisciplinary Models of Care.
- Primary Care-Mental Health Integration (PC-MHI)
  - » Surveys about PC-MHI team structure, personnel function
  - » Percentage of Primary Care (PC) veterans who receive integrated mental health care in PC
  - » Percentage of veterans who receive same day care
- Integrated care in CLC
  - » Develop measures to access and quality
- Expand Behavioral Health Interdisciplinary Program (BHIP) team models in MH
- Integration of Housing/Compensated Work Therapy (CST) personnel with MH teams and vice versa
  - » Stable housing, education, stable families and good jobs/meaningful activity improve quality of life
  - » Implement Quality of life (QOL) measures throughout mental health (MH) programming
- Expand functional outcome measures for veterans in The Mental Health Rehabilitation and Residential Treatment Program (MHRRTP), Psychosocial Rehabilitation and Recovery Center (PRRC), Outpatient Substance Use Disorders (SUD), and Mental Health Intensive Case Management Program (MHICM).

Business Office

The Veteran Population Projection Model 2014 estimates the total number of veterans residing in the SCVAHCS catchment area is 71,071 as of 9/30/2015. The SCVAHCS does get many referrals from outside of their catchment area due to the positive reputation of their programs.

As of 9/30/2015, there was 39,986 enrolled veterans in the SCVAHCS catchment area. Of that number, 38,273 are men and 1,713 are women. SCVAHCS treated 38,147 unique veterans in fiscal 2015. Of those, 29,363 of these were from the SCVAHCS catchment area counties.

SCVAHCS Unique Patients

St. Cloud VAHCS Unique Patients
Thru Feb 5 2016

	FY12	FY13	FY14	FY15	FY16
All Home County	37,419	36,495	37,303	38,147	27,654
(27001) Aitkin,MN	775	770	754	761	538
(27009) Benton,MN	1,124	1,112	1,132	1,155	906
(27011) Big Stone,MN	176	176	172	183	121
(27021) Cass,MN	1,063	1,050	1,034	1,087	772
(27023) Chippewa,MN	471	469	459	443	349
(27035) Crow Wing,MN	2,917	2,933	2,967	3,040	2,310
(27041) Douglas,MN	1,468	1,460	1,457	1,501	1,149
(27051) Grant,MN	108	99	100	107	86
(27059) Isanti,MN	795	742	768	781	493
(27065) Kanabec,MN	459	443	484	473	354
(27067) Kandiyohi,MN	1,305	1,255	1,273	1,247	893
(27073) Lac Qui Parle,MN	302	299	290	282	204
(27085) McLeod,MN	910	891	921	909	702
(27093) Meeker,MN	713	730	759	793	633
(27095) Mille Lacs,MN	1,241	1,254	1,315	1,337	997
(27097) Morrison,MN	1,719	1,697	1,691	1,735	1,343
(27121) Pope,MN	378	393	386	398	320
(27127) Redwood,MN	224	226	216	247	157
(27129) Renville,MN	438	421	417	418	293
(27141) Sherburne,MN	2,317	2,287	2,364	2,394	1,824
(27145) Stearns,MN	6,108	6,182	5,645	5,773	4,596
(27149) Stevens,MN	207	196	193	193	138
(27151) Swift,MN	353	352	352	342	253
(27153) Todd,MN	816	758	697	694	520
(27159) Wadena,MN	521	566	635	647	462
(27171) Wright,MN	2,017	2,032	2,065	2,140	1,609
(27173) Yellow Medicine,MN	349	340	327	333	244

	FY12	FY13	FY14	FY15	FY16
Total	37,419	36,495	37,303	38,147	27,654
Central MN Catchment	29,269	29,133	28,873	29,363	22,266
% Patients from Central MN Catchment	78.2%	79.8%	77.4%	77.0%	80.5%

Non-VA Coordinated Care Program

According to the SCVAHCS Business Office, their Non-VA Coordinated Care fiscal 2016 budget excluding the Choice program has a hard cap for the year of $41 million. They say that they received word from VA Central Office that if they exceed this amount, the overage would have to be pulled from the medical center operating budget. The medical center business office chief stated that their projected Non-VA Coordinated Care budget for fiscal 2016 was $48,850,000 which is $7 million below the $41 million cap.

The end of fiscal 2015 Choice data below is broken down by type of Choice eligibility:

Eligibility	Number of Veterans	# of Appointments Cancelled/ Returned	# of Scheduled Appointments	Appointments Pending Scheduling
VA Choice-40 Mile	845	184	611	50
VA Choice-Choice First	1930	251	981	698

Eligibility	Number of Veterans	# of Scheduled Appointments	# of Appointments Cancelled/ Returned	Appointments Pending Scheduling
VA Choice-Wait list	707	137	476	93
Total	3482	572	2068	841

Joint Commission, Commission on Accreditation of Rehabilitation Facilities (CARF) and other Reviews Conducted between 2013 and 2015

Date	Type of Visit
October 29-31, 2013	Joint Commission Accreditation
November 3, 2014	Office of Inspector General (OIG) VA Combined Assessment Program Review
November 4, 2014	Office of Inspector General (OIG) Review of Community Based Outpatient Clinics Of St. Cloud VA Health Care System St. Cloud, Minnesota
December 2-3, 2014	Office of Mental Health Operations Review
March 23 – 25, 2015	CARF Survey - Mental Health Rehabilitation and Recovery Services
June 18-19, 2015	Joint Commission Special Focus Survey
June 6-9, 2015	Long Term Care Institute (LTCI) inspection
June 9-11, 2015	Office of Women's Health Services (WHS) Assessment of Comprehensive Primary Care for Women Veterans Site Visit
July 14-17, 2015	National Program Office for Sterile Processing (OSP) site visit
December 2-4, 2015	CARF Survey – Residential Rehabilitation and Treatment Programs (RRTP) and Psychosocial and Recovery-Oriented Services (PRRC)

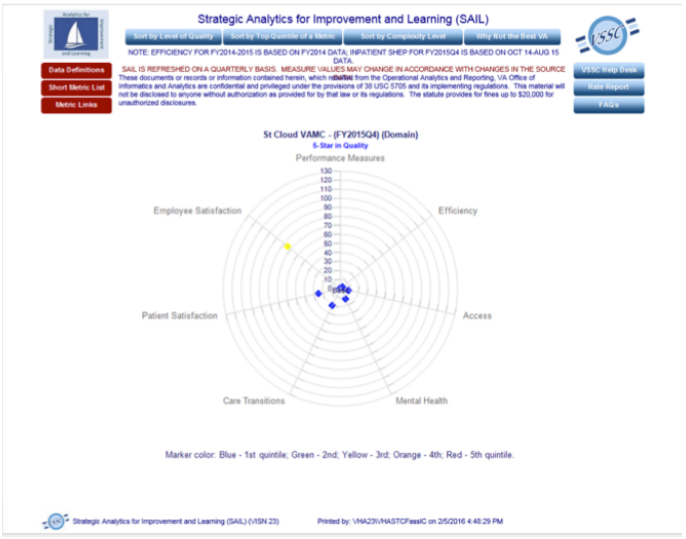
Performance Measures

The SCVAHCS identified performance measures that are below the national average:

- Best Places to Work: St. Cloud VAHCS falls in the 60-80th percentile in the national ranking for this measure. This measure includes the annual All Employee Survey results.
- Mental Health Wait Time: St. Cloud falls in the 60-80th percentile in the national ranking for this measure.

Strategic Analytics for Improvements and Learning (SAIL) Report

The SCVAHCS was recognized as a high performing VA medical center and was awarded five stars in quality in quarter four of fiscal 2015.



Patient Aligned Care Team (PACT)

During the facility tour, the SWS teams had an opportunity to speak with several clinicians. The clinicians voiced concerns about staffing vacancies, their panel sizes, and working extended hours.

Upon returning from the tour, the SWS team brought these concerns to the executive leadership's attention. The health care system director informed the SWS team that if a clinician abruptly leaves the SCVAHCS, their patient workload is spread out between the other clinician panels until a replacement is hired. The Director acknowledged that some of the patient panel sizes were more than 16 or 17 hundred patients. On December 17, 2015, a request was made for a copy of the clinician panel sizes. A copy was provided to the SWS team after the site visit.

PCMM ENROLLMENT TRACKING -- FY 16

PROVIDER	Funded FTEE	PC Direct Patient Care (PCDPC) FTEE	Benchmark	90% of benchmarK	12/17/2015	Difference between ACTUAL and benchmark	Difference between ACTUAL and 90% of benchmark	Percent of Benchmark
Aberle, NP (9/14/15)	1.00	0.05	100	90	100	0	10	100.00%
Barnswell, PA (12/17/15)	0.09	0.09	100	90	94	(6)	4	94.00%
Becker, PA (10/7/15)	1.00	0.94	800	720	822	22	102	102.75%
Buhr, PA	1.00	0.94	1080	972	1375	295	403	127.31%
Burkholder(locum), MD	1.00	0.94	1350	1215	1412	62	197	104.59%
Busch, MD	1.00	0.08	100	90	100	0	10	100.00%
Czech, MD *WH*96F(116*20%=23) **1327**	1.00	0.89	1327	1194	1716	389	522	129.31%
Forsell, NP (6/14/15)	1.00	0.94	500	450	504	4	54	100.80%
Gravgaard, PA (3/8/15)	1.00	0.94	1080	972	1073	(7)	101	99.35%
Hardman, PA (11/25/15)	1.00	0.94	300	270	325	25	55	108.33%
Krueger, MD	1.00	0.91	1350	1215	1731	381	516	128.22%
LeBlanc , MD	1.00	0.93	1350	1215	1738	388	523	128.74%
Leen, NP	0.60	0.56	648	583	858	210	275	132.41%
Linares , MD	1.00	0.91	1350	1215	1734	384	519	128.44%
Manthe, NP	0.50	0.46	540	486	537	(3)	51	99.44%
Markstrom, MD (ACBOC)	0.75	0.03	40	36	39	(1)	3	97.50%
Mattison, DO	1.00	0.91	1350	1215	1705	355	490	126.30%
Neuman, NP*WH* (14*20%= 3) **547 (5/31/15)**	1.00	0.94	697	627	552	(145)	(75)	79.20%
Pittman-leyendecker, NP *WH*(833*20%=167) **913**	1.00	0.89	913	822	829	(84)	7	90.80%
Rohlfs, NP *WH* (87*20%=17) **1063**	1.00	0.91	1063	957	1354	291	397	127.38%
Sather, MD (0.85)	0.80	0.77	1080	972	1093	13	121	101.20%
Smith, MD	1.00	0.94	1350	1215	1693	343	478	125.41%
Waletzko, NP (10/29/15)	1.00	0.94	500	450	437	(63)	(13)	87.40%
Wynne, NP (10/28/15)	1.00	0.94	300	270	302	2	32	100.67%
TOTAL ST CLOUD	**21.74**	**17.79**	**19268**	**17341**	**22123**	**2855**	**4782**	
BRAINERD CBOC								
Hayes, MD	1.00	0.93	1320	1188	1430	110	242	108.33%
Skarp, MD *WH* (102*20%=20) **1300**	1.00	0.93	1300	1170	1378	78	208	106.00%
Plested, NP *WH* (60*20%=12) **1044**	1.00	0.93	1044	940	961	(83)	21	92.05%
Polovitz, MD	0.50	0.56	660	594	770	110	176	116.67%
Vilen, MD	0.70	0.64	924	832	1094	170	262	118.40%
TOTAL BRAINERD	**4.20**	**3.99**	**5248**	**4723**	**5633**	**385**	**910**	
MONTE CBOC								
Worsech, NP*WH* (54*20%=11) **1119**	1.00	0.93	1119	1007	913	(206)	(94)	81.59%
Kass, PA	0.70	0.76	791	712	706	(85)	(6)	89.25%
Vandenberg, DO	1.00	0.93	1350	1215	796	(554)	(419)	58.96%
TOTAL MONTE	**2.7**	**2.62**	**3260**	**2934**	**2415**	**(845)**	**(519)**	
ALEX CBOC								
Boe, MD *WH* (79*20%=16) **1016**	0.90	0.82	1016	914	1255	239	341	123.52%
Markstrom, MD (SAINT CLOUD)	0.25	0.01	10	9	8	(2)	(1)	80.00%
Montgomery, NP (10/19/15)	1.00	0.93	550	495	387	(163)	(108)	70.36%
Sudmeier, MD	0.60	0.55	660	594	775	115	181	117.42%
TOTAL ALEX	**2.75**	**2.31**	**2236**	**2012**	**2425**	**189**	**413**	
SUM TOTAL	**31**	**27**	**30012**	**27011**	**32596**	**2584**	**5585**	

Based on a review of the clinician panel sizes, there were only two clinics whose panel sizes exceeded 1,700 patients: Dr. Linares, 1734, and Dr. Mattison, 1705. Based on further dialogue with clinicians at the SCVAHCS, although the number of patients they see is maxed out at 12-14 (they can have an additional 2 "shared medical appointments" a day), they still have to meet all the medical needs of all the patients on the panel. That means they have a substantial number of phone calls, medication requests, labs to review, consults to request, and forms to complete each day. This can range from 60 to 100 per day. It also means that patients that are not able to get appointments must be handled remotely and evaluated over the phone, meaning and medical decisions are made without an exam. All of their providers have complained that this increases the risk to their patients.

According to management, providers have bookable hours that include 12 slots per day (12 x 30-minute appointments) and they have the discretion to overbook. Additionally, Urgent Care is always an option and is open seven days per week for walk-in care. Panels are also assigned a PACT "team" that is comprised of a minimum of provider, RN, LPN, and clerk. The team assists in panel management and the handling of phone calls, lab and consult reviews, and remote requests from patients.

It was further pointed out to the SWS team that over the past years, providers have tried to explain this to leadership. It seems leadership simply doesn't understand what they do in primary care, nor do they have any interest in dealing with issues directly affecting staff morale, retention, and patient safety. While quality measures are high, these are specifically chosen data indicators that can be selectively "buffed" and are inaccurate indicators of overall quality and patient risk.

It was discussed with management that VA facilities should not "buff" metrics or indicators. Metrics and indicators are nationally selected, reported, and measured through the Strategic Analytics for Improvement and Learning (SAIL) report (compiled at Veterans Administration Central Office) and the External Peer Review Program (EPRP), where an independent contractor audits VA medical center records. Department service lines can choose to monitor any issue that they deem appropriate.

Women Veterans

The SCVAHCS provides health care services to women veterans in Model One and Model Two clinics. The numbers in the table below under SCVAHCS include all unique women who received care in the women's clinic (Model Two) and the general primary care clinics (Model 1) for the past three fiscal years.

Women Veterans Uniques

	Fiscal 2013	Fiscal 2014	Fiscal 2015
St. Cloud VAHCS	2,128	2,265	2,374
St. Cloud VA Medical Center	1,716	1,804	1,896
Brainerd CBOC	237	257	268
Western Central Minnesota CBOC	84	104	94
Max J. Beilke CBOC	91	100	116
Difference from previous year	63	137	109
Percent Difference from previous year	3.1%	6.4%	4.8%

Below is a detailed description of all the designated women's health providers by location and percentage of women assigned

to their panels for fiscal 2015.

- Model of Care One & Two
  - » Model One - general primary care clinics
  - » Model Two - separate but shared space
- Four designated Women's Health Primary Care Providers (WH PCP)
  - » One provider - 100% panel is women
  - » Three providers – partial panel is women
- A total of 1,896 unique women received care in St. Cloud.
  - » 58% (1,092) of women assigned in Primary Care Management Module (PCMM) to a designated WH PCP
  - » 42% (804) of women assigned in PCMM who received care from a Non-designated WHP

Alexandria CBOC

- Model One - general primary care clinics
- One designated women's health primary care provider
- A total of 116 unique women received care at Alexandria CBOC.
  - » 68% (79) of women assigned in PCMM to a designated Women's Health Primary Care Provider
  - » 32% (37) of women assigned in PCMM who received care from a non-designated WHP

Brainerd CBOC

- Model 1- General Primary Care Clinics
- Two designated Women's Health Primary Care Providers
- A total of 268 unique women received care in Brainerd CBOC.
  - » 73% (196) of women assigned in PCMM to a designated Women's Health Primary Care Provider
  - » 27% (72) of women assigned in PCMM who received care from a Non-designated Women's Health Primary Care Providers

Montevideo CBOC

- Model 1- general primary care clinics
- One designated Women's Health Primary Care Provider
- A total of 94 unique women received care at Montevideo CBOC
  - » 78% (52) of women assigned in PCMM to a designated WH PCP
  - » 22% (15)of women assigned in PCMM who received care from a non-designated WHP

On page 49 of VHA Handbook 1101.10, Patient Aligned Care Team (PACT) Handbook, paragraph (8) "Panel management" recommended WH-PACT patient provide size is calculated according to the following equation:

- X=Y-0.2(Z); and
- X= modeled panel size adjusted for a number of women Veterans; Y= panel size unadjusted for women Veterans; Z= number of women Veterans assigned to the WH-PACT.

For fiscal 2015, the Women Veterans' Program participated in 32 outreach events. My Mall was the main event held at the SCVAHCS; it is a program where educational classes are developed specifically for women veterans' health care needs. My Mall was created in 2014 and since then have created three initiatives including Stress and Pain Management, Healthy Eating and the most recent, Heart Health. A second event is an Acrylic Paint Workshop just for women veterans. The last class concluded November 2015. This workshop is possible thanks to a local female artist who donates her time to teach women veterans how to paint as a way to cope with stress and pain. The program has been very successful, and SCVAHCS is planning to add a fourth class for the spring.

Data Breaches

Over the last three fiscal years, the medical center experienced 83 data breaches in 2013, 52 in 2014 and 41 in 2015. Due to increased education to all staff on the prevention of breaches and increased monitors and audits, they have seen a significant decrease in data breaches.

Outreach Events

Overall the SCVAHCS participated in 148 outreach events in fiscal 2015 and is planning to take part in 150 events this fiscal year.

Town Hall

On Monday, December 15, 2015, a town hall meeting was hosted by the St. Augusta American Legion Post 621. The meeting was opened by Post Commander Mitch PeLarske and moderated by TAL Director of Veterans Affairs and Rehabilitation Division Louis Celli. Also in attendance were state veteran service officers, TAL state and national staff. Congressional staff included Shawn Schloesser, Veteran Field Representative for Congressman Tim Walz; Zach Friemark, District Representative, Congressman Tom Emmer; and General (Ret.) Tim Cossalter, Outreach Director for Senator Amy J. Klobuchar.

While most veterans voiced they were pleased with the health care provided by the SCVAHCS, some veterans expressed concerns about physician shortages. One veteran said his upcoming scheduled appointment at St. Cloud VA Medical Center will be

the first time he has visited a primary physician in 18 months, having worked through nurse practitioners and physicians' assistants in the interim.

A Coast Guard veteran said he has received his medical care at the St. Cloud VA since his discharge in 1979 and has had a good experience. In recent years, however, he has been assigned to seven different primary care doctors — including one that was replaced within a week, before he ever got to meet the person. He further went on to say:

"I hope there will be some continuity now," the veteran stated. "What's happening is they've been overwhelmed. Maybe Congress wasn't ready for it, or the Veterans Administration wasn't ready for it. But there's been an influx of veterans in recent years to the point that it has overloaded the system. Those of us who were in the system are now getting pushed around."

In response, the medical center leadership acknowledged they are experiencing problems with recruiting clinicians. The patient who stated that he had not seen a physician in 18 months was on a nurse practitioner panel and has been seeing her routinely. It was also clarified the reason why the veteran had seven primary care doctors is per VA policy, all veterans must be assigned in PCMM to a provider. If a provider leaves the veterans are immediately reassigned. When a new provider arrives, patients that have not established care with the newly assigned provider are first to be reassigned to the new provider.

Operation Comfort Warrior

As part of The American Legion's System Worth Saving visit to the SCVAHCS from December 15-17, 2015, the team delivered a $7,857 Operation Comfort Warrior grant to the SCVAHCS to help meet the immediate needs of veterans served by the SCVAHCS.

Homeless Shelter Tour

On December 17, 2015, Mark Walker, Deputy Director for Veterans Employment and Education, visited the Salvation Army in St. Cloud, Minnesota, to discuss and observe their program that assists homeless veterans. This particular Salvation Army has a 62-bed facility that houses seven veterans through the Grant and Per Diem (GPD) Program and eight other veterans in their emergency shelter. Six out of the seven homeless veterans in the GPD Program are currently working. Per SCVAHCS homeless personnel, they have a firm grip on who is homeless in their area through continued outreach and communication with community partners. Also, the staff said that there is housing (transitional and permanent) available for those who need it.

The purpose of the GPD Program is to promote the development and provision of transitional housing and services with the goal of helping homeless veterans achieve residential stability, increase their skill levels and/or income, and obtain greater self-determination. The Salvation Army in St. Cloud is a grantee of the VA. The Salvation Army is a tax-exempt 501(c)(3) organization, which operates 7,546 centers in communities across the country. These include food distribution, disaster relief, rehabilitation centers, anti-human trafficking efforts, and a wealth of children's programs.

Rehab Center Grand Opening

On December 17, 2015, The American Legion attended the SCVAHCS grand opening of their new rehabilitation center. The 19,000 square-foot facility offers expanded treatment areas, state-of-the-art rehabilitation equipment, and more private treatment spaces.

Best Practices

The SCVAHCS is a diverse health care system that has a staff of dedicated employees serving the needs of Minnesota's veterans. The medical center has implemented some best practices which are noted below:

- GLAD+ Customer Service Standards- Clearly defined behaviors appropriate for every customer encounter which assists staff in proactively engaging their veterans and improving the experience of care, sustaining the culture of excellent customer service the SCVAHCS is known for.
- Outreach Team-Full-time team of outreach coordinator and eligibility specialist deployed to assist veterans with on-the-spot VHA enrollment, from application to placement in the new patient appointment queue, and case-management (follow-up) of individual veteran enrollment interest.
- Contacted by Dr. Mike Davies, Executive Director, Access and Clinic Administration, who asked the medical center to share their best practices surrounding their exceptionally low Missed Opportunity Rates. This was an area of weakness for them as recently as last year (peaked in May at 10.97%), and their staff proactively took this on as a component of access improvement. Now they are one of the best in the nation (<nine percent every month of fiscal 2016 so far).
- Operate their Mental Health (MH) inpatient and outpatient programs based on the "Recovery Model" (literature provided about it). The SCVAHCS has a "Recovery Coordinator" whose job is to educate staff on how to integrate this model into all the MH care provided. The Recovery Model of care is veteran-centered where they essentially do not tell veterans what they should do, they ASK them what their goal is and then help them to try and achieve it. There are lots of components to the Recovery Model some of which are best practices in them-

selves such as Dialectical Behavioral Therapy, Cognitive Behavioral Therapy, and Couples Therapy, etc.

- The Quality Management program is a model to emulate; centrally located with a Director of Quality, Safety, and Value with Quality Coordinators stationed in the Service Lines who are subject matter experts in their clinical areas.
- Strategic Analytics for Improvement and Learning (SAIL) data metrics (as compared to all VA medical centers). As of fiscal 2015, third quarter, St. Cloud ranked number one in the nation in Outpatient Performance Measures (HEDIS), number two in overall Quality metrics, number four in Mental Health Continuity of Care, and third in Efficiency metrics.
- In Fiscal 2015 the facility was awarded the Gold Cornerstone Award for Patient Safety.
- The Patient Safety Manager developed and implemented a "Good Catch" program which encourages staff to report near misses or potential issues before they happen (thus ensuring safe patient care).
- Audiology and Optometry clinics both operate with open access, meaning that veterans are not required to have a consult to those clinics and can self-refer.
- Audiology has a walk-in model clinic. Veterans who walk in without an appointment and will be seen.
- Use of nursing protocols under the Patient Aligned Care Teams (PACT) and other models of care is especially robust and more evidence of just how extensively they have adopted the PACT model of care with all team members practicing at the top of their scopes.
- Nursing Education program is likewise one to be emulated; a centrally located director with masters-prepared educators stationed in the clinical service lines. All come together periodically to conduct station-wide skills fairs as well as the RN transition-to-practice program.
- Formalized and centralized nursing orientation
- Annual preceptor program
- Ongoing RN Transition to Practice program
- Quarterly Skills and Competency Fairs (Including Extended Care and Rehabilitation)
- Quarterly Simulation Events
- Monthly Service Line Newsletters and Clinical Weekly Updates
- Comprehensive, User-friendly, and popular Nursing SharePoint site - 295 visitors daily and over 2000 monthly hits
- Memorandum of Understanding With Keesler AFB for genetic testing for VISN 23
- Ambulatory Surgery Center (ASC) nursing staff works with EMS staff to ensure the highest cleaning standards are accomplished. ASC Cleaning schedules are displayed to provide transparency. Collaborating efforts ensure all surfaces are sterilized. Multiple audits have been completed verifying compliance and cleanliness. Check off lists and SOP's are utilized to assist in these efforts. These best practices were recognized by VISN 23.
- Women Veteran Painting Therapy Group
- Residential Rehabilitation Treatment Program designated an exemplary practice, and Vocational Rehabilitation Supported Employment selected as an excellent practice

Key Challenges

1. **Space:** Space was identified as a key challenge at the SCVAHCS. The majority of the buildings are over 90 years old but are well maintained. The medical center indicated that they lack adequate space for the number of veterans they are serving today, and the buildings they do have were designed for the way medicine was practiced in the early 20th century.
2. **Non-VA Coordinated Care Program:** When the SCVAHCS is not able to provide health services such as acute inpatient hospital care, it must refer to community health care facilities at VA expense. On average the SCVAHCS has as many as 30 patients hospitalized in community hospitals at VA expense. While the SCVAHCS budget projection for their non-VA Coordinated Care program was projected at $47 million, VA Central Office capped their budget at $41 million. Any amount over the cap must be absorbed within their existing operational budget. The American Legion is concerned that veteran health care may suffer as a result of the hard cap.
3. **Recruitment and Retention:** At the time of the site visit, the SCVAHCS authorized ceiling was 1,722 employees, of which 143 positions were vacant (9.4 percent). While the percentage is low, the perception among some clinicians is that that due to clinician vacancies, their clinic panels are too large, while local management fails to take into account everything they are responsible for. The PACT team does manage many of the alerts, a substantial number of phone calls, med requests, lab reviews, consults to request, and forms to complete each day. These requests average 60-100 per day. Patients that are unable to get appointments must be handled remotely, evaluated and medical decisions are sometimes made over the phone, without an exam.
4. **C&P Wait Time:** In fiscal 2014, St. Cloud VA experienced a turnover rate of eight percent of their medical and mental

health providers within the respective service lines. Primary care and mental health service lines support C&P disability evaluations in addition to the two full-time providers assigned to the C&P section, and this turnover reduced that support. Before January 2014, St. Cloud was consistently completing 94% of the VA form 2507s within 17 to 23 days, with monthly average processing days at or under 30 days. However, from January 2014 to October 2015, St. Cloud's completion rate dropped from 94% to 74% while at the same time the VA 2507 form requests increased by 13% by the end of fiscal 2015.

5. **Surge in Requests for C&P Exams:** The growing surge in VA form 2507 requests and the decrease in provider's availability has caused the pending form requests to grow from fiscal 2013 to fiscal 2015. This contributed to a backlog of pending C&P requests, which when combined with decreased provider availability, causes evaluations to be scheduled more than 60 days from the initial request date. We were advised that management has been addressing and continues to deal with these changes that have had a direct impact on the average processing days to complete the VA form 2507s. On January 5, 2016, we received information from the SCVAHCS to indicate their average processing time for C&P's as of the end of December 2016 was 39 days. On February 17th, SCVAHCS reported their processing time had decreased to 35 days.

Fiscal 2016	Oct-15	Nov-15	Dec-15	Jan-16	Average
Requests Received	437	460	562	503	490.5
Percentage cancelled	12.81%	14.59%	16.83%	14.86%	14.77%
Exams retd complete	497	363	509	464	458.25
Exams ret'd insufficient	3	4	7	7	5.25
Percent ret'd as insufficient	0.69%	0.87%	1.25%	1.39%	1.05%
Pending at the end of month	550	594	539	496	544.75
Average processing time	41	45	39	35	40

The SCVAHCS has developed an action plan to address their C&P average processing time issue. Executive Leadership indicated they will continue to monitor the changing situation closely and will make adjustments as necessary, dependent on the situation. If they experience an increase of incoming requests similar to what was experienced in March and July 2015; in which incoming requests exceeded 600 in each month; they will adjust resources as needed to embrace the impact. The SCVAHCS leadership and staff are fully committed to the plan and believe this strategy is the best approach to reducing the average processing days below the 30-day threshold. However, this is not an overnight fix. It will take six to nine months to meet their objective to reduce the average processing days at or below 30 days.

Recommendations:

1. The American Legion recommends that Executive Leadership host a meeting with all clinical providers to allow them an opportunity to voice their concerns about their work environment at the SCVAHCS and develop a plan of action to address their concerns.
2. The American Legion recommends that VA Central Office reconsider the hard-capped funding limitation placed on SCVAHCS Non-VA Community Care program, which was capped at $41 million. The funding limitation was $7 million below the health care system's budget projections, and due to not having acute medical hospital inpatient beds, the health care system on an average has 30 veterans hospitalized in community hospitals daily. The health care system is being penalized for a situation they have no control over and should be funded at the level they anticipate it will cost to provide non-VA community care to veterans, excluding the VA Choice program.
3. The SCVAHCS C&P action plan calls for their backlog to be resolved within six to nine months. The American Legion requested that the director provide a status update on whether the C&P program is back in line with the national average processing time.

Action Initiated

On Friday, February 5, 2016, the director informed the SWS team that he and the chief of staff met with primary care staff on February 4, 2016 regarding work environment concerns. The director said they acknowledged staff concerns and discussed actions required to mitigate workload and panel sizes.

The director also indicated that since the SWS visit, SCVAHCS had hired five additional clinicians who will help to reduce primary care staff workload and panel sizes.

Clinical staff contacted the SWS team independently to validate the director's report, and were satisfied with the plan to move forward.