

**Mountain Home VA Healthcare System (MHVAHCS)
UTVA Report
March 2016**

Current Budget

1. Significant Budget Fluctuations

- MHVAHCS has received their FY16 budget and will be able to meet the budget.
- MHVAHCS' goal for their third-party collections was reduced by \$3M for FY16 due to continued decline in billable insurance and refunds to Blue Cross/Blue Shield.
- MHVAHCS continues to see an increase in Veteran uniques requesting care.

2. Budget Fluctuations Due to Expenses

- With the implementation of the Choice Act we have increased care in the community to meet access demands.
- The aging population of our Veterans continues to create additional workload and expense.
- Since the enactment of the Affordable Care Act, more uninsured Veterans are enrolling with the VA.

Wait List (as of 02/23/16)

- Primary Care – 250 (214 Knoxville)
- Mental Health Intensive Case Management (MHICM) – 2
- Home and Community Based Care (HCBC) – 311
- Home Based Primary Care (HBPC) – 51
- Home Treatment Services – 13
- Specialty Care – 1708 (including 79 Echocardiogram, 273 Sleep Medicine, 83 Sleep study, 548 Knoxville Optometry, 652 Endoscopy)

Patient Satisfaction

1. Current Rating

- Inpatient Overall Rating – 74.8% (national average – 64.2%).
- Willingness to recommend facility- 80.2% (national average 65.6%).

2. Current Strengths

- Added 16 new Service Partners since November 2015 and promoting information to Veterans so they can call partners direct to the service for resolution.
- A Veterans Advisory Board was established to obtain real time feedback from Veterans and they have met twice and it will be ongoing.
- Active Patient Advocacy/Service Partner Program/Service Recovery Program to ensure great patient experience.
- MHVAHCS was recognized as a Top Performer on Joint Commission Key Quality Measures (Heart Attack, Heart Failure, Pneumonia and Surgical Care).
- MHVAHCS is ranked 4-Star Quality on VA Strategic Analytics for Improvement and Learning (SAIL) report.
- Responsive, compassionate staff and engaged leadership.
- Patient Services Executive Board - operates as clearinghouse for customer service suggestions from other committees and forwards recommendations to the Executive Leadership Team for action.
- Service Excellence Committee – reviews customer service issues and trends and develops recommendations for improvements for Veterans.
- A redesign of the HR process has improved speed for hiring.
- Increased focus on clinic management has increased access.
- Same day access initiatives implemented for Audiology, Physical Medicine and Rehabilitation, and Nutrition and Food Services.
- Expansion of Primary Care hours (evenings and week-ends).
- Extended clinic hours at Knoxville Outpatient Clinic (KOPC); facility open six days a week from 7:00 a.m. until 5:00 p.m.
- Implemented Telehealth for new patient exams.
- Established a Veteran Transportation Network at KOPC and MHVAHCS.
- Standardized clinic profiles for all providers.
- Participated in two Access Stand Down events decreasing waits for specialty clinics.

3. Opportunities for Improvements

- Access/wait time.
- Effective communication/education/follow-up; VISN-wide goal to improve two-way communications with Veteran and provider/team.
- Engage/Encourage/Empower Veterans to set their own health care goals – national initiative to encourage Veterans to be vocal about their care and health care choices.
- Encourage and provide opportunities for Veterans to participate on facility committees.
- The centerpiece of the Veterans Access, Choice and Accountability Act of 2014, signed into law on August 7, 2015, is a special, \$10 billion Veterans Choice Fund which entitles eligible Veterans to receive care in the community. Until August

2017, VA is to use the fund as needed to buy care from non-VA care providers for Veterans if they face long waits for VA care, defined initially as VA appointment date more than 30 days or if they reside more than 40 miles from VA care. Working through a third part administrator continues to be a challenge to the successful implementation of the Act.

4. Process to Reach/Maintain Goals

- Feedback from Veterans/Staff, Focus Groups, Town Hall Meetings.
- Patient Satisfaction Surveys (SHEP) provides monthly feedback from Veterans.
- Service Excellence Committee, Patient Services Executive Board, and Patient-Centered Care Committee meet regularly to review the needs of Veterans and make improvements to processes and programs.
- Reward/recognition for excellent customer service.
- Systems Redesign program in place to improve efficiency, quality and customer satisfaction.
- Review of SAIL model.

Continuing Facility Improvements

1. Current Construction Updates

- CSI-331 Construct Special Procedures Room will add a new operating room in Building 200 surgical area which will increase the capacity and surgical services offered by the facility.
- 621-320 (Minor) Emergency Department Expansion was recently completed to build additional exam rooms and waiting room space for Emergency Department, as well as renovate existing space to improve patient flow and privacy.
- Addition of a second linear accelerator for Radiation Oncology to improve access for Veterans.
- 621-321 (Minor) Community Living Center (CLC) Expansion, Building 162, will increase space for patient activities and improve the living environment in the CLC; anticipated completion date of June 2016.
- 621-14-100 Renovate N-Side, Building 160, for Patient Aligned Care Team (PACT) Phase 1 will improve space efficiency and patient flow for Primary Care PACT teamlets that are currently using old DOM 2-person bedrooms as exam rooms.
- 621-330 (Minor) Construct a 297-space Parking Garage which will provide a new parking garage at the rear of Building 160 in order to address identified parking deficiency (3 levels planned with opportunity to add 2 more future levels. Groundbreaking for project held 2-12-16.
- Knoxville Outpatient Clinic (KOPC) has executed a new lease for a 2nd Annex that will house an expanded Eye Clinic and Radiology services, to include MRI

service for the Knoxville area. This will also free up space in the main KOPC, which will allow for more primary care providers in the main clinic.

2. Upcoming Construction Plans

- 621-15-118 Renovate C-Wing Ground Floor, Building 200, for Intensive Care Unit expansion will allow an expansion of the ICU area while also improving on the technology of the services offered.
- 621-14-135 Renovate Building 8 will allow consolidation of administrative services and Director's Suite in one location, which will make additional space available for Mental Health and Primary Care in Building 160.
- 621-15-119 Renovate and expand Operating Room (OR) waiting area will provide additional waiting area for surgical patients and their families, as well as improve patient privacy.
- 621-15-104 Upgrade Building 77/204 switchgear will replace the main electrical distribution system for Pharmacy, IRM, Radiology, SPS, Audiology, Dental and Lab, thereby improving the reliability of the electrical infrastructure for these services.
- Expansion of Radiology Service at MHVAHCS to include 4,300 square feet addition for replacement MRI to be located adjacent to the Radiology department.

Upcoming/Current Activities or Event

- Daniel B. Snyder, P.E., FACHE, was appointed the Acting Medical Center Director effective January 2016. Mr. Snyder was previously the Associate Medical Center Director and has a 34-year career with the VA.
- MHVAHCS held a groundbreaking ceremony on February 12, 2016, for the new 3-level parking garage. The project will take approximately one year to complete and the medical center has created temporary parking to address the loss of parking due to construction.
- MHVAHCS held a National Salute to Veterans the week of February 14-20. Hospitalized Veterans received visits and Valentine cards during this week-long celebration.



Daniel B. Snyder, P.E. FACHE
Acting Medical Center Director