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<td>12</td>
<td>Quality</td>
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<td>Safety</td>
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<td>16</td>
<td>Innovation</td>
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<td>18</td>
<td>Stewardship</td>
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</tbody>
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MESSAGE FROM
THE DIRECTOR

Thomas J. Fitzgerald III
U.S. Army Veteran

VA Palo Alto Health Care System (VAPAHCS) has always been a place of healing for all Veterans with a large continuum of services powered by a first class workforce. However, this year, we were challenged with the COVID-19 global pandemic, wildfires and civil unrest that has changed the world we live in. Through all of this, VAPAHCS was still able to go above and beyond in its mission. From the start of the pandemic, our staff sprang into action with a combined effort from both clinical and administrative employees, creating a solid COVID-19 response that successfully treated the first Veteran case in the nation. Following orders to shelter-in-place, we took all safety precautions by limiting in-person care, setting up screening checkpoints, and quickly embracing the latest technology VA has to offer, completing more than 38,000 virtual visits.

On top of the pandemic, our state endured devastating wildfires that displaced many Californians and placed us under a smoky haze during the summer. We sheltered our screeners and other staff working outside from the heat, while upgrading their masks for better protection from the smoke, so we could begin welcoming more Veterans back onto our facilities. My heart goes out to our Veterans, staff and any Californian family that was impacted by these wildfires.

Even as we face these ordeals, we brought new services and amenities to our health care system. From the expansion of our technology and equipment, to utilizing the Enhanced-Use Lease Program that will bring more supportive housing for homeless and at-risk Veterans and their families. These advancements only help continue to build the legacy of VAPAHCS.

As you review this annual report, we hope that we have made everyone proud in the way we serve our Veterans and I know this is only a fraction of the hard work our VAPAHCS family puts forth every day. I am proud to have been a part of the leadership of this great health care system since 2000 and look forward to seeing its future from only the perspective of the Veteran as I enter retirement in 2021.

Thank you!
WHO WE ARE

VA Palo Alto Health Care System (VAPAHCS) is part of VA Sierra Pacific Network (VISN 21), which serves Veterans in northern and central California, Nevada, Hawaii, the Philippines, and U.S. Territories in the Pacific Basin. VAPAHCS consists of three inpatient facilities located at Palo Alto, Menlo Park, and Livermore, in addition to seven Community Based Outpatient Clinics (CBOCs) in San Jose, Capitola, Monterey, Stockton, Modesto, Sonora, and Fremont; as well as two residential homes for Veterans in the Compensated Work Therapy program. VAPAHCS operates over 800 beds, including three nursing homes and a 100-bed homeless domiciliary - all to serve more than 67,000 enrolled Veterans.

VAPAHCS operates one of the largest integrated health care systems in VA in terms of specialized programs, research and graduate medical education; primarily affiliated with Stanford University School of Medicine. Comprehensive health care is provided through primary, tertiary and long-term care in areas of medicine, surgery, psychiatry, physical medicine and rehabilitation, neurology, oncology, dentistry, geriatrics and extended care.

VAPAHCS is home to a variety of regional treatment centers, including Spinal Cord Injury, Polytrauma Rehabilitation, Blind Rehabilitation, Homeless Veterans Rehabilitation Program; and Men’s and Women’s Trauma Recovery Programs.

VAPAHCS’ Research Program is the second largest in VHA with an annual funding of approximately $58M. National VHA Research Centers at VAPAHCS include: Cooperative Studies Program; Health Services Research and Development, Center for Innovation to Implementation, Health Economics Resource Center; Geriatric Research Education and Clinical Center; Mental Illness Research Education Clinical Center; National Center for PTSD; VHA Performance Evaluation Resource Center; VHA National Center for Collaborative Health Care Innovation; Defense and Veterans Brain Injury Center; VHA Office of Public Health and Environmental Hazards, War Related Illness and Injury Study Center, and Office of Public Health Surveillance and Research.
STRATEGIC PYRAMID

Everything we do is driven by our strategic plan, which has a foundation based on the VHA mission, vision, and values that honor our nation's Veterans. This annual report aligns with each of the priorities of our strategic plan and support our efforts to become #1 in quality and #1 in patient experience.
# STRATEGIC PLAN: FISCAL YEARS 2019-2021

## Be #1 in Quality and #1 in Patient Experience

<table>
<thead>
<tr>
<th>Quality: SAIL Ranking (Overall)</th>
<th>Patient Experience: SAIL Patient Experience Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategy 1:</strong> Improve SAIL</td>
<td><strong>Strategy 2:</strong> Establish and Implement Model of Care*</td>
</tr>
<tr>
<td><strong>Strategy 3:</strong> Establish Stable Workforce**</td>
<td></td>
</tr>
</tbody>
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### FY 2019 Goals:
- 3 Stars
  - Define what care and where we can offer it in VAPAHCS and in the community
  - Current state assessment of staffing resources

### FY20 Goals:
- Improve SAIL
  - Implement the model defined in FY19 High performance of community care program
  - Reconciliation of staffing resources against operational needs and functions in support of the model of care

### FY21 Goals:
- % of SAIL Quality measures in the 4th and 5th quintile at the end of the Performance Year (Reduction by 40% in 4th and 50% in 5th quintile by FY21Q3)
  - Coordinated VISN market
  - Design reliable staffing model

---

*How we coordinate the services we provide to Veterans within the VA and the community

**Staffing that meets the operational needs to support high quality and efficient care
### STRATEGIC PLAN: FY2020 INDICATORS

#### Strategy 1: Improve SAIL Star Rating

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>Performance</th>
<th>Indicator</th>
<th>Target</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>HAI – Catheter Associated Urinary Tract Infections (CAUTI)</td>
<td>&lt;1.0 infection per 1000 device days</td>
<td>0.9 infections per 1000 device days (EOY)</td>
<td>HAI – MRSA Infections</td>
<td>&lt;0.13 infections per 1000 bed days (EOY)</td>
<td>0.15 infections per 1000 bed days (EOY)</td>
</tr>
<tr>
<td>HAI – Central Line Associated Bloodstream Infections (CLABSI)</td>
<td>&lt;1.3 infections per 1000 device days</td>
<td>0.89 infections per 1000 device days (EOY)</td>
<td>Adjusted Length of Stay (ALOS)</td>
<td>&lt;4.4 days</td>
<td>4.08 days (FY20Q3)</td>
</tr>
<tr>
<td>HAI – Ventilator Associated Events (VAE)</td>
<td>&lt;1.9 events per 1000 device days</td>
<td>3.29 events per 1000 device days (EOY)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Strategy 2: Establish and Implement Model of Care

*Implement the model defined in FY19 High performance of community care program*

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>Performance</th>
<th>Indicator</th>
<th>Target</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telemedicine Expansion</td>
<td>14,000 visits***</td>
<td>38,142 Visits</td>
<td>Community Care - Standard of Care</td>
<td>100%</td>
<td>100% (Phase 1: Oncology/Radiation Oncology)</td>
</tr>
<tr>
<td>Operating Beds</td>
<td>94 Rehab beds 290 ECS beds</td>
<td>84 Rehab beds 276 ECS beds</td>
<td>Community Care - Active Consults less than 30 days</td>
<td>&gt;=90%</td>
<td>72.8%</td>
</tr>
<tr>
<td>iPACT Staffing</td>
<td>&gt;=85%</td>
<td>Core Team: 91% Extended Team: 85%</td>
<td>Community Care - Scheduled Consults less than 90 days</td>
<td>&gt;=90%</td>
<td>85.2%</td>
</tr>
</tbody>
</table>

#### Strategy 3: Establish Stable Workforce

*Reconciliation of staffing resources against operational needs and functions in support of the model of care*

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>Performance</th>
<th>Indicator</th>
<th>Target</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reconciled Organizational Charts</td>
<td>100%</td>
<td>0%</td>
<td>Onboarding Lead Time</td>
<td>TBD</td>
<td>UNK*</td>
</tr>
</tbody>
</table>

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*A Value Stream Analysis (VSA) was initiated in FY20 to analyze baseline data and determine a target. Because of COVID-19, the VSA was not prioritized. During COVID-19, many HR hiring processes were changed which resulted in quicker onboarding; however, no target was established; therefore, no end of year performance to share.*
Our people – the employees, volunteers, students, trainees, contractors, and others who serve our Veterans – are our most important resource

VAPAHCS Welcomes VA Secretary During Nationwide Tour

Secretary of Veterans Affairs, Robert L. Wilkie, visited VAPAHCS on October 11, 2019 to discuss national VA initiatives with leadership. The Secretary toured the Defenders Lodge and Rehabilitation Center at the Palo Alto Division, and the Welcome Center and Willow Housing at the Menlo Park Division. During the visit, Secretary Wilkie presented 100-year old World War II Veteran Tom Dimperio with a challenge coin for his dedicated service. In addition, several employees received the Secretary’s challenge coin for their outstanding work supporting our Veterans.

Pandemic Precautions Expand Use of Telework

Telework became increasingly important in FY2020 at the height of shelter-in-place orders. The Office of Information and Technology (OI&T) was crucial to telework expansion to equip administrative staff to work remotely and allow clinicians to continue providing virtual care through video and telephone appointments. This year, OI&T processed 1,128 mobile equipment requests with a combination of laptops, pagers and phones. In addition, VAPAHCS has 1,767 staff with remote access accounts.

Nurses Collaborate at Every Level to Improve Veteran Care

Shared Governance 2.0 is a collaboration of frontline nurses actively participating with senior leadership in the management process of improving nursing practice and care delivery. Shared Governance consists of four core councils: Coordinating, Clinical Practice, Professional Development and Nursing Leadership. Unit Based Councils (UBCs) are central to Shared Governance. The UBCs work to identify opportunities for improvement in nursing practice in their respective units to enhance excellence in patient care. In FY2020, there were 91 recommendations from UBCs with 29 under review, 10 near completion and 52 completed. Of the completed requests, 8 resulted in a policy change, 10 resulted into protocols/standard work, 24 into nursing practice changes and 10 documentation changes. Some of these changes resulted in hospital-wide implementation and policy change.
YEAR OF THE EMPLOYEE

This year has seen unprecedented highs and lows, but every VAPAHCS employee rose to the occasion. Without the dedication of our VAPAHCS family we would not have achieved everything that we accomplished this year.

Thank you!

<table>
<thead>
<tr>
<th>Volunteer Numbers</th>
<th>Employee Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>812</td>
<td>5362</td>
</tr>
<tr>
<td>Total Number of Volunteers</td>
<td>Total Number of Employees</td>
</tr>
<tr>
<td>76,148</td>
<td>76,148</td>
</tr>
<tr>
<td>Total Number of Volunteer Hours</td>
<td>Total Number of onboarded hires</td>
</tr>
<tr>
<td>41 FTEE</td>
<td>1080</td>
</tr>
<tr>
<td>Full-Time Employee Equivalent</td>
<td></td>
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</tbody>
</table>
ACCESS

We are committed to providing our Veterans and fellow employees the right service, in the right place, at the right time

Telehealth Expansion Critical for Pandemic Response

In response to the COVID-19 pandemic, VAPAHCS saw marked growth in VA Video Connect (VVC), which allow providers to conduct a video visit to a Veteran’s home. VVC became a critical component of emergency plans, helping to ensure both the continuation of services, while increasing Veteran access and satisfaction.

In the beginning of FY2020, only 24 clinical specialties were available to VVC appointments and by the end of the fiscal year, VAPAHCS expanded the availability to 96 specialties. This growth in use led to a total of 31,216 VVC visits with more than 12 percent in the health care system experiencing at least one of these visits.

Wellness Center Expands with Gymnasium and Fitness Studios

A ribbon cutting and open house was held on February 27, 2020, for the expansion of the Wellness Center at the Palo Alto Division. The expansion features a gait track, full basketball court, two state-of-the-art fitness rooms, as well as an area for holistic activities such as tai chi, yoga and Pilates. The surrounding plaza was also updated to include outdoor seating for the Canteen as well as a sensory garden.

The Wellness Center was originally developed in two phases. The first phase included two therapy and lap pools, which opened in July 2013.

VA and U.S. Army Corps Break Ground on New Stockton Clinic

VA and U.S. Army Corps of Engineers collaborated to hold a groundbreaking ceremony on November 8, 2019, to commemorate the start of construction on a new outpatient clinic in Stockton, Calif. U.S. Representative Jerry McNerney was the keynote speaker at the event with more than 300 Veterans, families, staff and community members in attendance. Local city and county representatives as well as a local high school choir joined in celebration of this long-awaited facility.

The new Stockton Outpatient Clinic will more than double the current space available and provide more high-tech equipment to better care for Veterans in the surrounding area.
Number of Patients Served by Gender

- **Women**: 6,918 (11%)
- **Men**: 56,506 (89%)

**WHO WE SERVE: NUMBER OF PATIENTS SERVED BY AGE**

- Total unique patients: 63,424
- Total bed days of care: 159,485
- Total operational beds: 791
- Total admissions (all): 7,189
- Total discharges: 7,347
- Total outpatient visits: 734,542
- Total ER visits: 14,957
QUALITY

Our mission is to provide exceptional health care to all Veterans we serve

Lean Six Sigma Helps Improve Patient Experience

In order to support our commitment to Zero Harm through becoming a High Reliability Organization, VAPAHCS expanded its Lean Six Sigma belt certification program. The belt certifications indicate the qualification of each candidate to play in completing projects that focus on improving quality or patient experience. Once certified, belts help to mentor new candidates entering the program.
Veteran and Family Centered Care Program Celebrates 10 Years

The Veteran and Family Centered Care program celebrated 10 years of supporting the health care system to make Veteran-centered improvements to the care and services offered at VAPAHCS. Over the years, the program has grown to three councils, including the Veteran and Family Advisory Council, Veteran and Family Research Engagement Council, and the Older Adult Veteran and Family Advisory Council. There are many improvements these councils have helped to make, but one example includes the Smile Project, which adds the employee’s smiling photo to their ID badge while their face is covered with masks and face shields. The project provides Veterans with a reassuring smile to help them feel at ease while receiving care.
VAPAHCSC Team Helps with Critical Response to COVID-19 Pandemic

Since February 2020, VAPAHCSC joined with other government agencies in a coordinated response to COVID-19. Our incident management team put in place a comprehensive plan to protect the health of staff and everyone who visits our facilities, including the screening and testing of Veterans who present with symptoms. The plan was put to the test as VAPAHCSC became the first VA in the nation to admit and treat a Veteran who tested positive for COVID-19.

To communicate with everyone affected, weekly COVID-19 Newsletters were published and virtual town halls were initiated on a monthly basis for staff as well as for Veterans and their families. The town halls have drawn more than 3,000 participants each month and have helped to answer immediate questions Veterans and staff might have about VAPAHCSC services.
Wildfires Bring Power Outages During Summer Months

California is no stranger to wildfires, but 2020 proved to be more tenacious than normal with more than four million acres burned in just a few short months. VAPAHCS stood up a second incident management team in parallel to the pandemic team, providing quick action to wildfire threats near our facilities. From relocating Veterans from our Community Living Center at the Livermore Division to the Menlo Park Division, to embracing planned power outages with comprehensive contingency plans, Veterans were still able to receive care at every facility within the health care system.

VAPAHCS also worked diligently to identify vulnerable Veterans in the community and conducted outreach to ensure their needs would be met. Using mapping technologies, we were able to identify Veterans in the affected areas and successfully contact 3,385 Veterans.

AvaSys Continuous Visual Monitoring program

In July 2020, VAPAHCS was the first VA to remotely launch the AvaSys Continuous Visual Monitoring program. Trained VA staff are able to remotely observe Veterans needing more personalized patient safety monitoring to prevent adverse events, such as falls.

In response to the COVID-19 pandemic, AvaSys also allows providers to interact and assess Veterans while maintaining isolation guidelines. In partnership with Nursing Specialty and Hospital Based Services, and OI&T, 10 cameras were installed on medical-surgical inpatient units with plans for additional cameras by early 2021.
We embrace continuous learning, improvement, and research as fundamental to our ongoing success

Veterans Health Administration Innovation Ecosystem Team

The Gears of Government President’s Award recognizes the Veterans Health Administration Innovation Ecosystem (VHA IE) employees responsible for curating, funding and expanding in-house innovations, which include practices to de-prescribe unnecessary medicine to Veterans, prevent hospital acquired pneumonia and reduce opioid overdose deaths at VA campuses.

Thomas Osborne, MD, Director, National Center for Collaborative Healthcare Innovation and Chief Medical Informatics Officer was named one of the Gears of Government President’s Award Winners in 2020.

World’s First Hospital with 5G Coverage

In early February 2020, VAPAHCs became the world’s first fully 5G-enabled hospital. VA partnered with Verizon, Medivis and Microsoft, as part of its efforts to deliver Veterans VA’s first advanced, 5G-enabled, clinical care system.

The public-private partnership, Project Convergence, will be led by National Center for Collaborative Healthcare Innovation and work to help identify potential clinical uses for technology that combine emerging health care innovations with 5G capabilities.
Spark-Seed-Spread Innovation Investment Program

The goal of VHA Innovators Network (iNET) Spark-Seed-Spread is to identify and accelerate employee-inspired innovations to improve health care experiences for Veterans, families, caregivers and employees. In 2020, these four innovations from VAPAHCS were selected:

- Animating VA Community as Medicine
- Smart White Cane for the Blind
- In-Home Virtual Reality Rehabilitation
- Enhancing non-invasive brain stimulation treatment with customized 3D skull prints

New Database Helps Match Labor and Resource Needs

The Labor Pool Management Tool (LPMT) was developed at VAPAHCS at the start of the COVID-19 pandemic to help identify available employees that would be able to support other areas that faced critical support needs, such as screening staff and visitors entering the campus. This system was then replaced by a permanent cloud-based staffing management solution called Issio, which allows VAPAHCS to have a centralized database that shows all administrative, nursing and clinical staff resources. This system allows Facility Leadership to quickly identify how staffing needs are being met in various areas so that they can easily relocate employees from highly resourced locations to those areas that are facing sudden staffing shortages.
STEWARDSHIP

Each of us carries the responsibility of ensuring the best use of our nation's resources in performing our duties.

The two Fisher Houses on the Palo Alto Division's campus provide free, high-quality, temporary lodging to families of Veterans and active-duty military personnel who are undergoing treatment.

FISHER HOUSE NUMBERS

$1,211,400

Savings in Hotel Expenses for Families

<table>
<thead>
<tr>
<th>Families Served</th>
<th>Nights Stayed</th>
</tr>
</thead>
<tbody>
<tr>
<td>719</td>
<td>6,057</td>
</tr>
</tbody>
</table>

3D Printing Saves Tax Dollars and COVID-19 Response Efforts

VAPAHCS has always promoted lean thinking and when presented with faulty pieces for important respirators, two services in the health care system did just that. Supply Chain Service (SCS) acquired new Powered Air Purifying Respirators, or PAPRs, but the clips that held disposable lens cuff kept breaking when used. When the vendor could not provide a solution, they reached out to a local organization that uses 3D printing to support COVID-19 efforts. SCS worked with the Simulation Center to print tabs at only 50 cents per tab, a significant difference from the cost of $3.64 per tab from the vendor. The new tabs are still in use and working better than the original.
VAPAHCS Feels Community Love During Pandemic

From the onset of the pandemic, the community has been front and center to help with VAPAHCS’ COVID-19 response. When the rush to gather protective equipment arose, community members and local companies donated hundreds of gallons of hand sanitizer, thousands of face shields, isolation gowns, face masks, food and more.

DEFENDER’S LODGE: The Defender’s Lodge provides free temporary lodging for Veterans traveling long distances and those undergoing extensive treatment or procedures, such as an organ transplant or chemotherapy.

DEFENDERS LODGE NUMBERS

Veterans & Caregivers Served

10,300

Nights Stayed

16,259

$ Savings in Hotel Expenses for Veterans

$3,251,800 ($200 / night)
Where We Are

Palo Alto Division
3801 Miranda Avenue
Palo Alto, CA 94304
(650) 493-5000

Menlo Park Division
795 Willow Road
Menlo Park, CA 94025
(650) 614-9997

Livermore Division
4951 Arroyo Road
Livermore, CA 94550
(925) 373-4700

Capitola VA Clinic
1350 41st Avenue, Suite 102
Capitola, CA 95010
(831) 464-5519

Fremont VA Clinic
39199 Liberty Street, Bldg. B
Fremont, CA 94538
(510) 791-4000

M.G. William H. Gourley VA-DoD Outpatient Clinic
201 9th Street
Marina, CA 93933
(831) 884-1000

Modesto VA Clinic
1225 Oakdale Road
Modesto, CA 95355
(209) 557-6200

San Jose VA Clinic
5855 Silver Creek Valley Pl
San Jose, CA 95138-1059
(408) 574-9100

Stockton VA Clinic
7777 South Freedom Road
French Camp, CA 95231
(209) 946-3400

Sonora VA Clinic
13663 Mono Way
Sonora, CA 95370-2811
(209) 588-2600

Visit our website: www.paloalto.va.gov

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Veterans Crisis Line
1-800-273-8255 PRESS 1