

VA



U.S. Department of Veterans Affairs
Veterans Health Administration

MINNEAPOLIS VA HEALTH CARE SYSTEM

Annual Report 2021

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VETERANS





As I look back at my 2020 annual report comments, many of those very same issues can be carried right over into this report. COVID-19 hardships, challenges at work and at home, increased need for resiliency, etc. We had all hoped 2021 would be the year of “getting back to normal,” but it was not to be. What we thought would be a sprint has become a marathon. As a testament to your commitment and passion for caring for Veterans, you have weathered these challenges and performed remarkably well despite the on-going difficulties. I am continuously impressed and grateful.

We have the great mission of caring for Veterans and the ‘COVID work’ needed to be done while we re-engaged fully into all other things. Veterans came back for their health care which had been previously delayed. This increased the full burden in 2021 and we grew our number of unique Veterans getting their care through the Minneapolis VA along with a record number of visits and encounters. We opened new or expanded services in several of our Community Based Clinics. Through your resiliency the work continues.


100 years ago, shortly following World War I, the medical needs of returning Minnesota Veterans exceeded the capacity of our area hospitals to care for them. As a result, an existing hospital in Minneapolis and a hotel in St. Paul were commissioned to treat these Veterans returning from having served their country. This was the steppingstone of the Minneapolis VA Health Care System and the beginning of a legacy of serving those who have

served us. The Minneapolis VA started small and has grown into a health care system that today serves over 110,000 unique Veterans.

2021 did allow us to get re-engage in the community for some events. We were able to show our support for Military Appreciation Day at the Minnesota Fair. Other outreach and community events were also attended by staff to show the support of the VA to the community. Adaptive sports were hosted locally across the country instead of one large event allowing Veterans to still participate and learn more about the program. There may have been restrictions, but we were still able to provide Veterans with services they are used to the VA providing.

Even though this year was another difficult one for all to manage we got through it again, just like last year. There were some negatives but also many positive highlights and signs of hope. We have been serving Minnesota Veterans for 100 years with the best possible care. We now look to the future to provide another 100 years of care to the Veterans who have served us.

Thank you for your unwavering commitment, dedication, and self-sacrifice in serving our Veterans.


Patrick Kelly, Director
US Navy (ret)



Kurt Thielen
Associate Director
US Air force (ret)



Teresa Tungseth
Nurse Executive



Kent Crossley, MD
Chief of Staff
US Army Medical Corps



Mandy Smoot
Chief Experience Officer

Main Hospital Building – 1940’s





The Minneapolis Pathology and Laboratory Medicine Service (P&LMS) has partnered with the clinical services of the Minneapolis VA Health Care System (MVAHCS) to meet the continuing challenges of the SARS-CoV-2 pandemic throughout 2021. In addition to maximizing use of the rapid test platforms Cepheid and Biofire, a large capacity Roche Cobas 6800 instrument was installed in the molecular laboratory during January 2021, and two additional DiaSorin instruments were added as back-up units in the microbiology laboratory during the same time frame, bringing weekly SARS-CoV-2 testing capacity up to 2500 tests per week. All testing for SARS-CoV-2 has been performed in house as of February 16, 2021, allowing for excellent turnaround times for results: 90% available within 24 hours and 99% available within 48 hours. This expanded capacity was used to rapidly assess symptomatic patients and staff, screen admissions to the hospital prior to entry to the facility to reduce the risk of in-house transmission, test patients prior to scheduled aerosolizing procedures, meet the VA directive regarding routine screening of staff working in our Community Living Center and Spinal Cord Injury and Disorder Center areas, and now implement the executive order regarding screening of unvaccinated staff. Throughout this process the microbiology and molecular biology laboratories and P&LMS service have been in constant communication with infectious disease, occupational health, the Rehabilitation Extended Care service line, and other workgroups confronting issues arising from the pandemic.

To allow for social distancing in the blood draw room, satellite draw stations were set up on four outpatient clinics, which generated many positive comments from

patients and staff. Laboratory continues to participate in meetings to plan for a primary care super-clinic which will have blood draw stations within the clinic area. Wait times were reduced to < 5 minutes on average in the basement blood draw room, again substantially improving patient satisfaction.

A key feature of our success in meeting the challenges of SARS-CoV-2 was collaboration with other P&LMS laboratories within VISN 23, and cooperation with VISN23 logistics to obtain needed supplies. A weekly call attended by representatives of all eight VISN laboratories allowed us to share best practices, identify potential challenges early, and work together to ensure that we helped each other succeed and obtain what we needed to support the clinical mission. In addition, in September 2021, Minneapolis VA Health Care System began to process and interpret surgical pathology specimens for the Black Hills VAHCS in addition to the St. Cloud VAHCS, with positive responses from the Black Hills VAHCS clinicians.

P&LMS pursued other opportunities for improvement as well in 2021. A core lab chemistry automation line went live on May 4, 2021, improving efficiency, reducing potential exposure to pathogens by core laboratory staff, and decreasing turnaround times for release of chemistry results. We successfully prepared for our first ever Joint Commission-laboratory branch inspection, resulting in full 2-year accreditation. Our SAMHSA-accredited Workplace Drug Testing laboratory also had 2 successful accreditation inspections.

Challenges include supply chain shortages, such as those impacting the supply of blood draw tubes, and reduced blood supply in our Twin Cities community affecting the availability of blood components for transfusion. A workgroup has been set up including our Red Cross blood supplier, blood bank, anesthesia, surgery and nursing to mitigate any impact that reduced blood supply might have on clinical care. We are also working with QSV, surgery, nursing and anesthesia, to review our massive transfusion protocol processes for any potential improvements to the plan that could improve communication and speed up delivery of blood products.

We are proud to recognize our employees who have been commended for their efforts during this past year: Rose Miller, core lab chemistry and BDR supervisor was the January 2021 employee of the month, while Brad Wigton, microbiology supervisor and Dr. Gloria Niehans, director, were among the 2021 Civil Servants of the Year.



Voluntary Service Recreation/Creative Arts Therapy

Highlights:

Managed screening staff at entrances for screening and mask distribution.

Scheduled COVID vaccine series for 500+ Volunteers.

Distributed \$8,115 in gift cards: \$3,240 in general/ grocery, \$1,750 fuel/transport, \$1,625 Visa, \$630 VCS vouchers, \$620 fast food, \$250 Great Clips.

Coordinated American Legion & Auxiliary holiday distribution in December 2021 of new fleece blankets to every inpatient.

Created and distributed Easter baskets to each inpatient and Client Assisted Services (CAS) Program outpatients (basket, duffle bag, word search book, 2 pair socks, flashlight).

Created 6 new Volunteer opportunities: COVID Inpatient Ward Supply Runner, Educational Materials Assistant (Vascular/Neuro), Inpatient Pharmacy Volunteer, Patient Escort – Emergency Dept., First Impression – Emergency Dept., First Impression – Wayfinding.

Expanded Compassionate Contact Corps volunteer opportunity.

Recreation/Creative Arts Therapy

Despite the pandemic and COVID-19 precautions and restrictions, the Recreation/Creative Arts Therapists continued to think creatively to assist, Veterans receiving care through Minneapolis VA Health Care System (MVAHCS) to participate safely in unique ways in VA National Sports Programs.

Due to COVID, Veterans were not able to participate in-person locally for the National Veterans Creative Arts competition. Recreation/Creative Arts staff created a process utilizing virtual platforms to record Veterans performing from their homes. This process was shared nationally as a “Best Practice”. Visual art and creative writing entries were submitted electronically. Allowing 38 Veterans to submit 63 visual arts entries, 19 Veterans to submit 40 performing arts entries, and 17 Veterans to submit 35 creative writing entries. A virtual show was posted on the MVAHCS Facebook site. Local winners had the opportunity to advance for national competition.

In August the hybrid National Veterans Wheelchair Games (NVWG) took place in New York City with some as “AtHome events”. Recreation Therapy staff attended the New Your City games with five Veterans who competed in eleven events, bringing home nine gold and two silver medals. Veteran’s participating in the “AtHome Events” added to the medal count with eleven gold, three silver, and one bronze metal.



In September the Minneapolis Recreation Therapy Program, in collaboration with local community partners, hosted 3 National Veterans Summer Sports Clinics (NVSSC) locally. Minnesota Veterans with limb loss, traumatic brain injury, post-traumatic stress disorder and/or stroke, and who had been accepted to attend the NVSSC, had the opportunity to participate. Ten Veterans participated in a kayaking clinic, eight Veteran participated in a cycling clinic, and five Veterans participated in an adaptive fitness clinic. Staff also supported Veteran’s participation in national virtual programs.

FY 2021 Monetary Donations	\$265,789.77
FY 2021 Non-Monetary Donations	\$387,271.40
FY 2021 Total Donations	\$604,061.71
FY 2021 Total Volunteer Hours	97,188
FY 2021 Total RS Volunteers	722
FY 2021 value of volunteer time (\$28.54/hr)	\$2,773,745.22
FY 2021 FTE equivalent of volunteer hours	46.7 FTE

FY 2021 total value added by Voluntary Service (donations + volunteer service) = \$3,377,806.93

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*Asbury Methodist
Hospital –1921*

2021 Annual Report





The Education Service Line (SL) supports all aspects of education across the facility including staff and patients. The team is versatile, innovative, and remains a top department to work in across all areas in the Minneapolis VA Health Care System (MVAHCS). The Education SL exist to empower patients and all employees to leverage resources and foster a culture of growth; we value partnership, innovation, trust, growth, and leadership.

The Clinical Application Coordinators (CAC) department delivered over 1,000 training courses for our electronic computer applications and completed over 580 support requests in addition to over 75 National reminder installations to support patient care.

The Education Business welcomes over 2,000 trainees annually for many health disciplines including

medicine, nursing, social work, psychology, occupational therapy, physical therapy, dietetics, radiation technology, speech language pathology, optometry, and pharmacy. This year marks the Minneapolis VA's 75th year of academic affiliation with the University of Minnesota. This year Nursing began its Collaboratory with the University of Minnesota School of Nursing, the first in the history of the MVAHCS.

Staff Education is comprised of Educators, Healthcare Simulation Experts, and administrators of our Talent Management System (TMS) online learning platform. Through the Field Accreditation Services (FAS) program, we can deliver evidence based, quality education programs to our staff. The FAS program offers continuing education credit for 20 National and 3 Local Accreditations and completed 13,806.75 Continuing Education Hours for staff across 530 scheduled sessions.



This year we welcomed our first Advanced Practice Educator and are developing a residency program to support new graduate advanced practice nurses and expand healthcare access to rural Veterans.

Two professional development experts in Education created what became the National Gold Standard process for COVID-19 Vaccination requests using the Light Electronic Action Framework (LEAF) system.

The Library at MVAHCS remains a top performer supporting a variety of patient, staff, and administrative needs. Over 102,000 COVID-19 Patient Education materials were developed by our patient librarian and our medical librarian was nominated to serve on the national jury for the Medical Library Association Janet Doe Lectureship.

Early in the COVID-19 pandemic, our team provided training to over 200 nursing staff to support patient care needs. We continue to deliver various training programs including just in time training (JITT) and orientation to staff that has required flexibility, adaptability, and innovation as we meet the challenges of rising cases and a staffing crisis among health care workers. In the last quarter alone, our staff educators have supported the training of over 2,300 staff.





PACT Pharmacist Provider

pain to rural veterans by offering pharmacist provider services in underserved areas. Additionally, pharmacist providers in primary care have expanded their role and increased access to treatment for substance use disorders.

Another clinical area of focus has been providing safer care for aging Veterans through deprescribing initiatives. Working with the Geriatric Research, Education and Clinical Centers (GRECC) Patient Safety center for Medication Safety in Aging we implemented a program encouraging safe use of prescription medications for heartburn. Emily Harder, pharmacy resident, and her team were awarded Third Place by the American Geriatrics Society for Quality Improvement/Clinical Innovation for their project reducing the use of medications in dementia patients that have a high risk of side effects in the elderly.

A summary of this past year would not be complete without mentioning the various challenges faced with the COVID-19 pandemic. There were new treatments to put into distribution, staffing adjustments to make, and the implementation of new telehealth modalities. One of the greatest hurdles was figuring out how to respond to intermittent shortages of medications and supplies due to supply chain disruptions. Our team of procurement pharmacy technicians stepped up and did an outstanding



HD Compounding area – pharmacy technician preparing an IV.

job of making sure veterans received what they needed! And lastly, pharmacy provided oversight of the successful COVID Vaccine initiative, resulting in the administration of over 110,000 vaccinations to Veterans, spouses, caregivers, and staff.

It has been an exciting and challenging year and, as we look ahead to 2022, we remain committed to fulfilling the VA's mission by providing exceptional delivery of pharmaceutical care at the MVAHCS.

Pharmacy

The Minneapolis VA Health Care System (MVAHCS) Pharmacy Service oversaw completion of our 2-1/2 year long inpatient pharmacy remodel in 2021. The result is a well-designed space allowing for safer handling of hazardous products, better regulatory oversight, and room to accommodate new technologies. The addition of an IV room specifically designed for compounding hazardous products will provide a safer environment for staff to make IV products and was accompanied by the implementation of BD Pyxis IV Prep®. This new technology uses barcoding and gravimetric analysis during the preparation of IV medications to ensure accurate, safer products are prepared for patients.

This past year, pharmacy expanded the use of technology in other areas as well. ScriptPro® Inventory Management software was incorporated into

our existing dispensing automation allowing for better tracking of medication inventory, reduced waste, and fewer out-of-stock medications. Barcoded medication administration (BCMA) was expanded into the Emergency Department, ensuring the right medication is given to the right patient at the point of administration. Lastly, point of care (POC) INR testing was successfully implemented at the MVAHCS for warfarin patients.

Outside of dispensing operations, pharmacist providers at the MVAHCS provide a wide range of medication management services including anticoagulation, hypertension, dyslipidemia, diabetes, heart failure, pain, substance use, and mental health treatment. This past year, through a grant by the Office of Rural Health we have implemented two new CRVA (Clinical Pharmacy Specialist Rural Veteran Access) initiatives focused on increasing access to treatment for mental health and



ScriptPro Robot – New inventory management technology

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Dedication
Ceremony – 1927



Adaptive Design & Engineering (MADE)

The Minneapolis Adaptive Design & Engineering (MADE) Program was founded in 2010 by a rehabilitation physician and a biomedical engineer at the Minneapolis VA Health Care System (MVAHCS). By FY2021, the MADE Program has grown to over 30 interdisciplinary personnel including physicians, nurses, therapists, psychologists, engineers, designers, health scientists, and students working within the Rehabilitation & Extended Care, Research, and Prosthetics service lines.

Funded by the VA, Department of Defense, and others, MADE has successfully developed and licensed five products to date that support Veterans with spinal cord injury and Veterans with lower limb amputations. Two new technologies licensed in FY2021 include a prosthetic ankle-foot system that improves Veterans' ability to use different footwear with their prostheses (Figure 1), and another that automatically adapts to

Prosthetic ankle-foot system

uneven terrain on every step of walking. The latter system was tested by six Veterans in FY2021 with excellent results. Both systems are licensed to industry partners for commercialization in the near future.

MADE is developing several other technologies with funding from the VHA's Innovation Ecosystem and Technology Transfer Assistance Program, including a system to help Veterans manage residual limb volume changes. It's called the Prosthetic Sock Management Tool (PSMT-Figure 2). Hundreds of PSMT prototypes are now being distributed and used throughout the national Amputation System of Care.

In FY2021, the MADE Program was included as a new site for the Technology Transfer Assistance Program, employing the MADE Program team to help VA inventors across the United States in development of new prototypes to improve health care for Veterans.

MADE is a valued research and development group within the MVAHCS, providing a local and national resource toward improving health care for Veterans.

For more information on the MADE Program - <https://www.va.gov/minneapolis-health-care/programs/minneapolis-adaptive-design-engineering-program/>

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VA Hospital grounds -1941
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Prosthetic Sock Management Tool.



In this unprecedented and challenging year, the Minneapolis VA Health Care System (MVAHCS) has been a local and national leader in the COVID-19 pandemic response. We provided care for 493 hospitalized Veterans and 3,335 outpatient Veterans with COVID-19 and completed 42,058 COVID-19 tests.

Health care superheroes shined across our system. From our outstanding emergency room team quickly assessing and initiating care, to our medicine and specialty providers admitting and treating, our invaluable nurses providing exceptional patient care, to our medical support, laboratory, imaging, housekeeping, pharmacy, chaplaincy, screening, administrative, police, volunteers, logistics, engineering, biomedical, technology, nutrition, rehabilitation teams, and so many others - assuring we delivered on our mission. The pandemic response required a lot of teamwork, and consistently we met and exceeded the challenge.

The MVAHCS was the first health care system in Minnesota to administer the COVID-19 vaccine. In December 2020, in preparation of COVID-19 vaccine authorization, we created the software program which was adopted by the VA Assistant Under Secretary for Health for Operations as VA's national model for vaccine scheduling.

Following national guidance and working through priority groups, we maintained an unparalleled vaccination rate and were recognized as one of the nation's best performing vaccination sites. Vaccine clinics were held at 12 VA Community Clinics, the Community Resource and Referral Center, a mass vaccine clinic was held at a strip mall in Shakopee, Veterans who were homebound were vaccinated in their homes and a team was organized to vaccinate Veterans experiencing homelessness. Our nurses, pharmacy, eligibility and enrollment teams, and many others worked countless hours to vaccinate Veterans and their caregivers. This effort continued through the spring and picked up again in the late summer for booster rollout.

The COVID-19 pandemic has taught us many things, but the resilience and dedication of our workforce has been our greatest lesson.



Minneapolis VA Health Care System (MVAHCS)
Facility Infrastructure Upgrade Projects

Pharmacy upgrade USP 800 – This \$6.3M project renovated approximately 10,500SF in the main inpatient pharmacy (in the basement) of the medical center and in the satellite chemotherapy pharmacy to meet the national requirements for USP 800 (United States Pharmacopeia). USP 800 was established to protect patients, personnel and the environment from exposure to hazardous drugs. Improvements were made to the locations where hazardous drugs are compounded and stored.

Prevent Stormwater Infiltration into Patient Wards (Tuckpointing) – This project removed and replaced deteriorated mortar from the brick exterior that was the source of rainwater intrusion into patient wards. It also installed new thru-wall flashing system including steel drip edge and rope weeps at window headers for length of entire wing at second and third floors. Cost = \$2.5M.

Lab modernization – This project upgrades the electrical service to the lab area to meet the growing equipment load demands. It updated the electrical transformers and panelboards with more breaker capacity and replaced the existing AHU’s with energy efficient state of the art units. Also provided site prep for the new chemistry and hematology analyzers. Cost = \$4.3M.

Sterile Processing Service (SPS) closet upgrade – This project improved temperature and humidity controls for storage of SPS products throughout the medical center to meet new infection prevention standards. Cost = \$363K.

Commenced Renovations

1K – 3-phase construction project to expand the inpatient Mental Health ward from 24 to 30 beds and add treatment and recreation space. Cost = \$11.5M.

2K – This is the second project to convert inpatient wards into single room use. Ward 2K was originally constructed as a patient ward with primarily 2-, 3-, and 4-bed patient rooms. The new 19-bed ward will open in May 2022 and incorporates over 50 best-practices from the private sector. Space outside the ward was included in this renovation to support our Resident program, Simulation training, and a new conference/ training space. Cost = \$5.7M.

1E – The project constructs a new Memory Care unit that will occupy 3,400 SF of wing 1E and include 1000 SF of new construction for 4,400 SF of total space. In addition to the Memory Care unit on 1E. The project will construct a physical therapy gym in the Canteen Atrium and an employee breakroom. Cost = \$4.3M.



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1st Deep Brain Stimulator Surgery at Minneapolis VA Health Care System

The Minneapolis VA Health Care System (MVAHCS) performed its first Deep Brain Stimulator (DBS) implantation surgery on November 24th, 2021. This is a huge milestone for both the MVAHCS as well as VISN 23. Veterans within the MVAHCS and VISN 23 are able to be referred to Minneapolis for consideration for DBS as a treatment for essential tremor, Parkinson’s Disease and dystonia. Previously, Veterans from VISN 23 had to travel to the San Francisco VA or access care in the community to be considered for the surgery. While Scott Lewis, MD, PhD within neurology at the MVAHCS has managed patients with DBS for many years, the surgeries were performed elsewhere. Now, Veterans who are appropriate can be referred and complete the work-up process in Minneapolis, have the surgery, and be managed either in Minneapolis or closer to home.

The surgery consists of placing an electrode into a specific area of the brain depending on the patient’s condition. Dr Robert McGovern and the neurosurgical team “map” the area of the brain using a combination of brain recordings and the patient’s active movements. During mapping, the patient is woken up and asked to perform a series of coordination and fine motor tasks. This ensures the electrode location in the brain is where the patient will get the most benefit.

After the surgery, the Veteran works closely with neurosurgery and neurology to program the device in order to optimize function. Neurology will continue to manage the Veteran’s DBS device as well as medications for their neurological condition over their lifetime.

Throughout the workup process and after the surgery, the veteran is also co-managed from a self-care and daily function perspective by the Physical Medicine and Rehabilitation team, which includes providers and



physical, occupational, and speech therapists. The Rehabilitation, Neurology, and Neurosurgery providers work as a team to maximize the Veteran’s function and overall quality of life.

With funding received through a VISN 23 strategic initiative, the MVAHCS has expanded its care for Veterans with Parkinson’s Disease and other Movement Disorders, including performing the Medical Center’s first Deep Brain Stimulator Implantation surgery. To learn more about the Parkinson’s Disease and Movement Disorders Program at the MVAHCS, request a referral to neurology through your primary care provider. If already established with neurology but not Physical Medicine and Rehabilitation, request a referral from your neurologist. We look forward to continued expanded programming and services for Veterans with Parkinson’s Disease and other movement disorders.



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Despite the ongoing pandemic, the Minneapolis VA Health Care System (MVAHCS) research service line continues to be highly productive. In FY 2021, overall research funding was \$26.5 million from VA, NIH, DOD, and other funding sources, making MVAHCS the 12th largest VA research program out of 103 stations. The funding supported studies in laboratory science, therapeutics, clinical trials, epidemiology, and biomedical engineering. Our major areas of research focus are shown in the figure. Over the past 3 years MVAHCS researchers have published an average of 444 articles per year in peer-reviewed scientific journals. Several notable 2021 achievements are listed below.



VA Lung Precision Oncology Program (LPOP) gives VA clinicians tools to proactively provide state-of-the art lung cancer treatment to Veterans. Precision oncology uses patients’ unique genetic profiles from their tumor to tailor individualized treatment and connect them with new therapies through clinical trials. Under the leadership of Mark Klein MD, MVAHCS joined the LPOP in 2021 as the hub site for VISN 23.

The Minneapolis Adaptive Design and Engineering (MADE) Program developed and licensed 5 products to industry partners. These devices were developed specifically to improve Veterans’ ability to fully participate in life activities. You can learn more at <https://www.va.gov/minneapolis-health-care/programs/minneapolis-adaptive-design-engineering-program/#made-success-stories>

The Center for Care Delivery and Outcomes Research (CCDOR) tackled high-profile topics including care delivery during the COVID-19 pandemic, the implementation of evidence-based medications for opioid use disorder, racial and ethnic disparities in healthcare and suicide prevention. To learn more about CCDOR’s research, go to <https://www.ccdor.research.va.gov/>.

Publications

Of note this year were 2 publications in the prestigious *Journal of the American Medical Association*. Orly Vardeny PharmD, MS and her team reported that high-dose trivalent flu vaccine compared with the standard vaccine, did not reduce all-cause mortality or cardiopulmonary hospitalizations (10.1001/jama.2020.23649). Dimitri Drekonja MD, MS and his team reported that 7 days of antimicrobials was as effective as 14 days for the treatment of men with urinary tract infections, a common condition in male Veterans (10.1001/jama.2021.9899).

COVID-19

Researchers at MVAHCS participated in several clinical trials designed to test the efficacy and safety of new treatments for COVID-19 and its complications. Ken Kunisaki MD led several of these including clinical trials of hyperimmune intravenous immunoglobulin (hIVIG), monoclonal antibodies, and antibody mimetic proteins in adult hospitalized patients; and of antithrombotic strategies in patients with COVID-19 following hospital discharge.

Research Focus Areas

(# of funded studies in FY20)

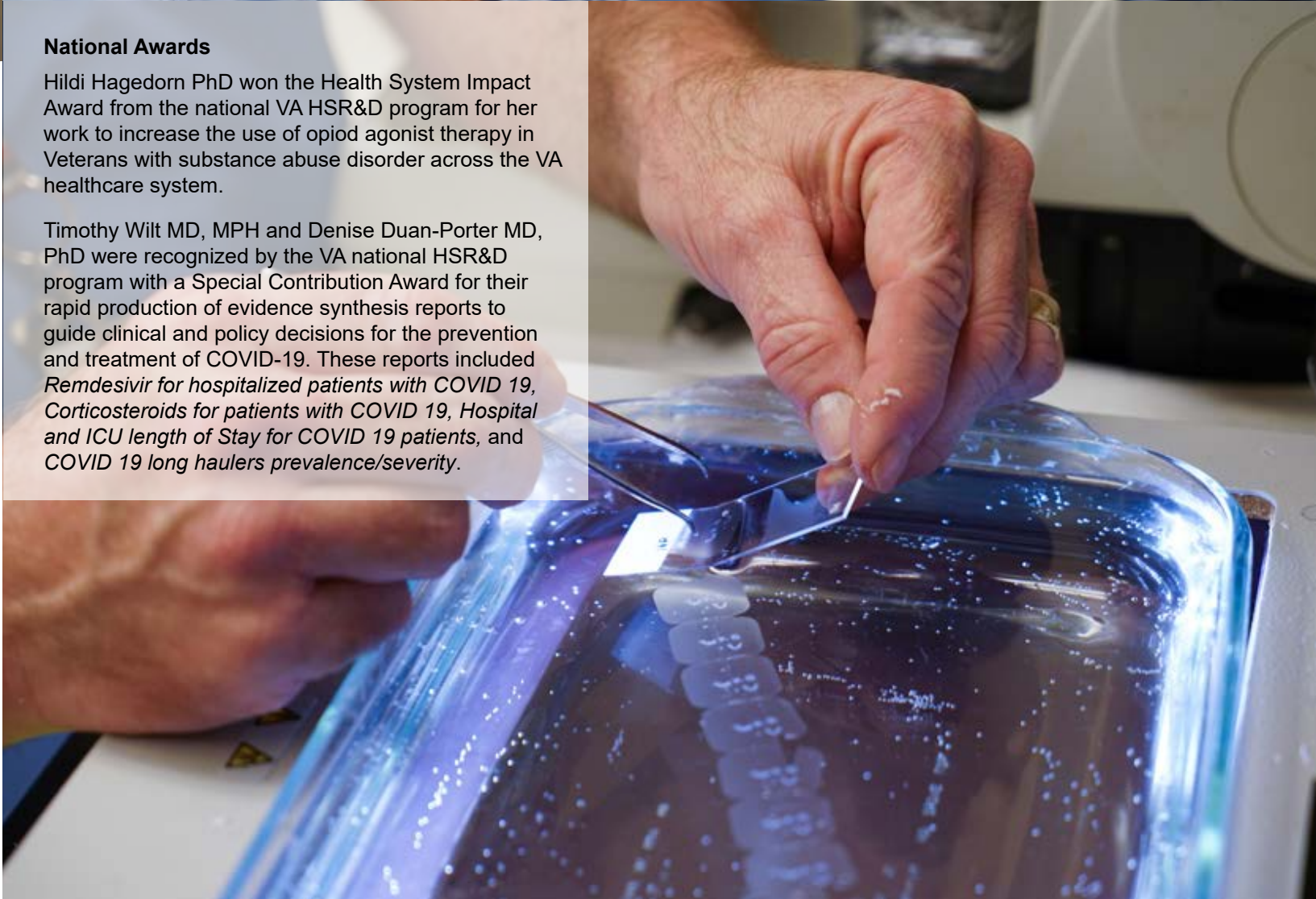
- Rehabilitation medicine (29)
- Pulmonary & infectious disease (27)
- PTSD, other mental health disorders (22)
- Cancer mechanisms, prevention, treatment (21)
- Brain sciences & traumatic brain injury (18)
- Cardiovascular disease (17)
- Aging including dementia & Parkinson’s (13)
- Pain management & opioid reduction (12)
- Health care delivery & other (17)



National Awards

Hildi Hagedorn PhD won the Health System Impact Award from the national VA HSR&D program for her work to increase the use of opioid agonist therapy in Veterans with substance abuse disorder across the VA healthcare system.

Timothy Wilt MD, MPH and Denise Duan-Porter MD, PhD were recognized by the VA national HSR&D program with a Special Contribution Award for their rapid production of evidence synthesis reports to guide clinical and policy decisions for the prevention and treatment of COVID-19. These reports included *Remdesivir for hospitalized patients with COVID 19*, *Corticosteroids for patients with COVID 19*, *Hospital and ICU length of Stay for COVID 19 patients*, and *COVID 19 long haulers prevalence/severity*.





The Minneapolis VA Health Care System Homeless Programs is located downtown Minneapolis at the VA Community Resource and Referral Center (CRRC), which provides multiple services to homeless Veterans under one roof. The spectrum of care provided includes primary care, mental health services, employment, legal assistance, housing supportive services and basic services (laundry, showers, and computer lab). The MH Homeless Programs has 55 full time employees. During FY21, the Homeless Program served 1,576 Veterans with 13,425 visits. The Grant and Per Diem program has four separate community grantees within our catchment, who provide a total of 97 transitional beds and services, in which 28 beds were added in FY21. We also have 14 beds for Contract Emergency Residential Services (CERS). Our HUD VASH program

has 885 Section 8 vouchers throughout our catchment and were recently awarded an additional 75 vouchers in FY21. The majority of vouchers are allocated in the Twin Cities; however, we also have vouchers in Duluth, Rochester, Mankato, Plymouth, Dakota County, Washington County, Superior, WI, Eau Claire, WI and Chippewa Falls, WI. We are strong participants with the MN Statewide Homeless Veteran Registry, which is a by-name list of every homeless Veteran in MN. The registry ensures that Veterans experiencing homelessness have access to appropriate housing and services. Today there are 244 Veterans experiencing homelessness statewide who are currently accessing Veteran service providers via our registry process. We, along with community partners, are steadfast toward our goal of ending homelessness among Veterans.

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Hospital Addition
-1953





The Minneapolis Covid Rehabilitation Unit

The Minneapolis VA Health Care System (MVAHCS) Covid Rehabilitation Unit (CRU) was developed in response to the COVID-19 pandemic to serve Veterans needing rehabilitation care after acute hospitalization. It officially opened in May 2020 with a low number of Veterans needing care. As cases continued to climb in the fall of 2020, and to facilitate the maximum benefit to the Veterans and the facility, other rehabilitation populations were consolidated into the Spinal Cord Injury and Disorder Center (SCI/D) to allow full use of the rehabilitation unit for post-covid patients. The surge that Minnesota experienced in the fall/winter of 2020-2021 resulted in a typical census on CRU of >12 patients. This lasted until the early Spring of 2021.

The goals of CRU were to provide comprehensive, inter-disciplinary care for Veterans following hospitalization with COVID-19. The treatment team

included physical therapy, occupational therapy, speech and language pathology, rehab psychology, nutrition, pharmacy, social work, respiratory therapy, recreation therapy, rehab nursing and rehab physicians. Outcome measures were tracked including Veteran satisfaction and functional independence measures.

The unit has proved to be versatile functioning in different capacities and with different staff as normal operations returned and staff was pulled back to their original duties. Despite these challenges the need persists for rehabilitation for those most severely affected and unable to return home. To date, there have been over 100 Veterans cared for in this unit with the vast majority of them discharged to home at the completion of their rehabilitation course.

ALS Program

Amyotrophic lateral sclerosis (ALS), also known as Lou Gehrig's disease, is a progressive and fatal neurodegenerative disease that affects motor neurons and can cause cognitive impairment. The disease course varies in site of onset and rate of progression among individuals. Because of its progressive and changing nature, it requires special expertise to diagnose and manage. The multiple effects of ALS necessitate an interdisciplinary team for the delivery of a comprehensive, well-planned approach to care.

The Minneapolis VA Health Care System (MVAHCS) Spinal Cord Injury and Disorder Center (SCI/D) has a strong interdisciplinary approach to care that is compatible with the needs of the Veteran diagnosed with ALS and serves as the VISN 23 "ALS Identified Interdisciplinary Team Clinic."

The mission of the SCI/D ALS Program is to address and manage the multiple medical, physical, functional, psychological, and social effects of ALS in order to make the symptoms more bearable, and to enhance quality of life of Veterans with ALS through clinical care, education, and research.



Eye Gaze – Controlled Wheelchair Drive System



The ALS Program in the SCI/D Center at MVAHCS provides a full array of specialized care directed to the holistic needs of the Veteran with ALS. A team of trained, licensed, and credentialed professionals provides care. The Program is designed to target participant-specific changing needs throughout the disease course. Evaluation and treatment address physical, cognitive, psychosocial, emotional adjustment, behavioral, educational, health and wellness, recreational, cultural, and end of life issues.

The MVAHCS has been named a Certified Treatment Center of Excellence by the ALS Association and is the fourth Minnesota health care system to receive the designation. The others are Mayo Clinic in Rochester, University of Minnesota and Hennepin County Medical Center. The MVAHCS cares for 60-65 ALS patients.

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Community Based Outpatient Clinics (CBOCs)

The Minneapolis Community Based Outpatient Clinics (CBOCs) include 13 locations across Minnesota and western Wisconsin. There have been some changes in operations including the Albert Lea Clinic transitioning from a contracted clinic to a VA staffed clinic in February. The new location expanded to 10,000 square feet with 17 employees. Services at the clinic include primary care, mental health, radiology, laboratory, social work, dietitian, telemedicine and pharmacy. The Shakopee Clinic transitioned from a contracted clinic to a VA staffed clinic in March. The new location expanded to 14,000 square feet with 29 employees. Services at the clinic include primary care, mental health, radiology, laboratory, social work, dietitian, telemedicine, physical therapy and pharmacy.

The Ely VA Clinic underwent a renovation and expansion this year and moved into their new space in July. The growth of the clinic allowed for a Patient Aligned Care Team (PACT) team area for better collaboration amongst the team. The clinic provides primary care, mental health, laboratory, social work, dietitian, physical therapy, telemedicine and pharmacy. The Hibbing VA Clinic moved into their new location in September and expanded to over 18,000 square feet. Hibbing provides primary care, mental health, radiology, laboratory, social work, dietitian, physical therapy, telemedicine and pharmacy.

Rice Lake VA Clinic will relocate in early 2022 with an expansion to 14,500 square feet and will be adding physical therapy as well as radiology.

Planning is underway for FY22-23 construction for Maplewood's new clinic as well as transitioning Lyle C Pearson (Mankato) and St James from contracted to VA staffed clinics.

Other highlights from this year include: Secretary Denis McDonough made a visit to the Rochester VA Clinic in May and recognized multiple staff for their excellent service. The CBOCs have led the way in COVID Vaccine administration over the past year. Overall the CBOCs have given 45,607 doses of COVID Vaccine including Pfizer, Moderna and Janssen during the week and weekends. The CBOCs also hosted drive-up flu clinics this October that the veterans much appreciated. Twin Ports added TECS (Technology based Eye Care Services) to their location. The CBOCs continue to collaborate with specialty care to provide services at many locations. The CBOCs held 4 virtual townhalls this past year with Director Kelly and VBA representation.

Northwest Metro CBOC



Northwest Metro – Lobby



Grand Opening of new Shakopee CBOC – MVAHCS Director Kelly, Representative Angie Craig, Kassidy Karnik, Scott County Commissioner Jerry Brua, CVSO Tom Wolf.

The mental health service line has a number of programs that are of high priority in VA. The suicide prevention team has been very active both within VA and in the community. Twenty-four signs were installed in the parking lots across the Minneapolis VA & Ft. Snelling campuses, promoting the veterans crisis line and the Veterans Crisis Line resulting in over 1300 consults passed down to the Minneapolis VA. More than 200 High Risk Flags were assigned and nearly 1,300 safety plans were completed by the service line. The Community Engagement and Partnership Coordinators developed three community coalitions across the region – NE Minnesota, SE Minnesota and the Twin Cities and is actively involved in the Minnesota State Governor’s challenge on addressing Veteran suicides and were recognized by Central Office with a personalized letter from Dr. Matthew Miller stating that VISN 23 is paving the way and the progress we’ve made in our state is ahead of all others.

With the pandemic the Mental Health service line has focused on promoting and utilizing alternative deliveries of care, particularly VA Video Connect (VVC) to ensure safe and effective Veteran access to outpatient mental health care. VVC encounters expanded from 20% in Q4 FY20 to 34% in Q4 FY21. The Mental Health service line Point of Contact, Nicole Welle, M.D. received the “VA Video Connected

Distinguished Leader Award” from VHA Office of Connected Care. The service line participated in the National OVAC Virtual Scheduling Check-Out Process Pilot. This mimics the in-person appointment checkout process for VVC appointments with positive outcomes for Veterans and staff. Veteran feedback includes feeling happy to see administration staff virtually, and appreciation for having the follow-up appointment scheduled during their VVC encounter. The new process reduced administration staff’s time to close VVC RTC orders by 33%.

For the first time in history, the United States has surpassed 100,000 opioid overdose deaths within a year. Much of the Twin Cities’ heroin, methamphetamine, and cocaine supply is laced with fentanyl. Nationally, alcohol sales increased by over 25% during the course of the pandemic. COVID-19 has left patients struggling with isolation and uncertainty about their future, leading some patients to self-medicate with drugs and alcohol as a coping strategy. Minneapolis VA’s Addiction Recovery Services (ARS) is taking an aggressive, patient-centered, harm reduction approach to treating addiction. ARS offers life-saving medications, such as naloxone (Narcan), buprenorphine-naloxone (Suboxone, Sublocade), methadone, and naltrexone for management of substance use disorders.



ARS also offers an abundance of evidence-based individual and group therapy options for treatment of addiction along with comorbid mental health disorders, including our Intensive Outpatient Program, Relapse Prevention, Aftercare, Cognitive Behavioral Therapy, Contingency Management, Peer Support, and SMART recovery. Finally, ARS offers training opportunities for students, residents, fellows, and staff (such as our buprenorphine simulation experience) along with cutting edge research studies to engage veterans in the latest available treatments.

Lastly, research continues to be an important focus for the Mental Health Service line. Clinician Investigator Team (CIT) is multi-disciplinary team of researchers studying various mental health conditions and their impact, mental health risk and protective factors, and mental health treatments, in Veterans. This past year CIT investigators, Drs. Paul Arbisi and Noah Venables, received a grant to be the first VA in the nation to introduce the MMPI-3, a substantially revised version of the world’s most widely used assessment tool for diagnosing mental illness. The MMPI-3 revisions include new clinical items and additional changes to make the instrument more applicable for the current diversity

of US population. Another CIT investigator, Dr. Scott Sponheim, successfully completed data collection for a large National Institutes of Health-funded Psychosis Human Connectome project, which is attempting to map brain connectivity in patients with psychosis and their biological relatives to better understand brain wiring and activity that leads to psychotic experiences. The CIT investigators also led several program evaluation and quality improvement projects, such as a survey of the impact of COVID-19 pandemic and pandemic-related stressors on mental health among Veterans receiving care through two outpatient teams within the service line. This was a productive and exciting research year yielded 69 publications in peer-reviewed scientific journals in the calendar year 2021 so far. In FY2021, the CIT investigators were awarded \$8,026,099 in total research funds.

ONE HUNDRED
YEARS
of Serving
VETERANS
VA Hospital
– 1970’s
2021 Annual Report



The Minneapolis VA Health Care System (MVAHCS) has 155+ social workers assigned to all inpatient and outpatient settings, including Community Based Outpatient Clinics and the Community Resource and Referral Center. Social workers are leaders, clinicians and are integral to the many interventions and programming (administrative and clinical) across the MVAHCS. They lead programs which remain a top priority for the VA such as the Mental Health Homeless Program, Suicide Prevention, Caregiver and Intimate Partner Violence to name a few. Social workers focus on Veteran-centered care and the systems which impact care delivery and are a vital interdisciplinary team member.

The social work staff have shown an incredible amount of resilience, dedication and commitment as they continue to navigate the many challenges of working and helping others in a pandemic. Many of our social workers have remained on the front lines throughout the pandemic at all levels of the organization assisting in identifying process issues and resources to assist our Veterans, their families and the larger VA system as the pandemic has intensified needs and many more are vulnerable and in need of assistance. Many social workers shifted to providing virtual care, working remotely while continuing to meet Veteran needs through telehealth. Social Work implemented the digital divide consult so Veterans have the technology and connectivity to access essential care and programming.

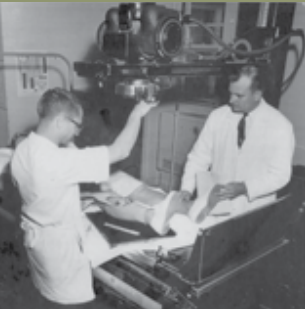


In addition to the clinical role of social work, we have social work driven workgroups such as the Social Work Staff Development Workgroup, MVAHCS Social Work Action Team to Address Racism and Social Work Education Advisory Workgroup which promote diversity, increase staff satisfaction and enhance the educational experience of our social work trainees. Social workers serve on numerous service lines workgroups/committees and their perspective is invaluable to process improvement and resolving system barriers. Our social work staff are also committed to training social workers and over this past year 9 trainees were trained and many of them were hired as VA social workers.

Our social workers have always been and will continue to be essential to the services we provide at throughout MVAHCS.



ONE HUNDRED
YEARS
of Serving
VETERANS



We offer radiology and imaging services to diagnose and treat many medical conditions. Our services include: X-ray, Ultrasound, Mammography (mammograms), Computer tomography (CT), Positron emission tomography (PET), and Magnetic resonance imaging (MRI).

The Imaging and Radiology Service Line (SL) is staffed 24 hours a day, 7 days a week, 365 days per year. In FY 2020 our team performed 124,650 imaging procedures, serving approximately 500 Veterans per workday.

Our team consists of 208 full time employees, to include 20 Board Certified radiologists, 6 Interventional Radiology Nurses, 95 certified technologists, and 87 support staff and management.

General Imaging services provided include emergent and routine exams: chest, abdomen and orthopedics exams, mobile radiography, OR, GI fluoroscopy imaging and Neuro/MSK injections. In 2020 we provided support service in the fight against COVID-19.

Service provided withing the Imaging and Radiology SL include: Computed Tomography, Magnetic Resonance Imaging, Ultrasound/Sonography, Interventional Radiology, and Breast Imaging (serves female, male, and transgender Veterans).

Nuclear medicine/CT uses trace amounts of radiopharmaceuticals to examine organ function and structure with detailed anatomy images through state-of-the-art Technology, PET-CT Scanner (Used for cancer diagnosis and staging) and SPECT and Hybrid CT scanners (used to provide detailed tomographic images of body parts for diagnosis and treatment of disease).

The Minneapolis VA Health Care System is the only VA system to offer the VA School of Radiology and Technology. We have successfully graduated hundreds of students into radiology-related careers. Our program effectiveness has a 90% Passing Rate for Registry Exam, 98% Completion Rate, and a 100% Employment Rate.



VA Community Care expanded dramatically when the MISSION Act was implemented in June 2019. Community Care coordinates scheduling for Veterans in the community who meet eligibility requirements based on their drive time from the VA, their wait time for VA appointments, and whether services are available at the Minneapolis VA Health Care System (MVAHCS).

The MVAHCS Community Care Department had a successful 2021. We continue to exceed national metrics in getting pending consults to active, scheduling consults within 30 days of consult entry, and made significant progress toward completing consults within 90 days of scheduled care. From October 2020 to October 2021, our percentage of consults scheduled within 30 days increased from 81.9% to 92.7%.

ONE HUNDRED
YEARS
of Serving
VETERANS

New Construction
-1985



Community Care received 83,298 consults in FY21 and scheduled 67,606 community appointments. In addition, over 89,000 follow up calls were completed to obtain Veteran’s scheduled appointments. Over 37,000 records from community providers were requested, over 110,000 faxed medical records were received, and over 800 were requested for additional services for Veterans.

The call center handled 69,025 calls in FY21 with an average answer speed of 39 seconds. The call volume has doubled since the call center first opened in September 2020. The monthly average of calls increased from 3,437 calls in September 2020 to 6,933 calls in October 2021. Call center hours of operation were expanded to 0830-1530, adding an additional hour to ensure agents were available to assist Veterans during peak times.

The top five referrals to community care in FY21 are Skilled Home Care, 7735 referrals at a cost of \$27,236,900; Dental, 5883 referrals at a cost of \$4,566,760; Optometry, 5603 referrals at a cost of \$1,379,168; Homemaker/Home Health Aide, 4493 referrals at a cost of \$14,003,278; and Audiology, 3944 referrals at a cost of \$4,496,352.

Community Care added several new services in the past year that created scheduling challenges with new community providers including Biofeedback, Hypnotherapy, Long Term Acute Care, Acute Rehabilitation, and Residential Rehabilitation Treatment. Some of the biggest challenges have been scheduling for mental health and home care services. Vendors are having trouble hiring and retaining experienced staff leading to delays in scheduling Veterans’ care.

Some successes to be proud of in FY21 include hiring and retaining outstanding clinical and administrative staff. Demonstrating that community care duties can be successfully performed via telework. Assigned and tracked workload through a variety of reports and

created clear performance standards to ensure staff understand expectations. Created a pilot team for consult closure and have been able to increase the number of consults closed within 90 days of scheduled care from 50% to 74%.

Community care has persevered through multiple program additions in FY21. Staff were trained on Community Relationship Manager, Consult Tracking Manager, Vet-text and Consult Toolbox 2.0. We created a refresher training program and trained 100% of administrative staff. All administrative and clinical staff who schedule care, completed nationally mandated scheduling training. We also implemented a High Reliability Organization program and a Unit Based Council.



Health Administration Services (HAS) formerly known as the Business Office has been busy with a number of updates and procedure changes over the past fiscal year to improve our processes and better meet Veteran and facility needs. The services that fall under HAS umbrella include Beneficiary Travel, Veterans Transportation Services (VTS), Decedent Affairs, Clinic Profile Management, Eligibility and Enrollment, Administrators of the Day (AODs), Health Information Management Systems (HIMS), Transcription Services, Coding, Clinical Documentation Improvement (CDE) Partnership with Quality Safety and Value, Client Assistance Services (CAS), Records Management, Records Scanning, Cancer Registry, Clinic Profile Management, and Release of Information (ROI).

A couple of 2021 key highlights include **Client Assistant Services** has expanded services to actively seek and recruit new Veteran referrals where CAS can assist with navigating the Minneapolis VA Medical Center by providing a centralized location, tracking appointments, pharmacy prescriptions, and providing escorts to and from appointments, (some criteria apply). CAS also expanded to consider enrollees from Spinal Cord Injury and Disorder Center. CAS partners with the Veteran Transportation Services to identify Veterans who may benefit from this level of oversight.

Benetravel has been working to transition to a new processing system known as BTSSS which allows Veterans who are BeneTravel eligible to submit their travel claims from the ease of their smartphone or from the convenience of a home or non-VA computer. Patient specific computers are available in Benetravel to assist Veterans with registration.

Veterans Transportation Services has expanded to include two Office of Rural Health (ORH) van drivers to further expand our catchment area.

Since VTS has flexibility in providing transport for non-Benetravel eligible Veterans the service is in high demand and has assisted in reducing length of stay for patients who are ready to discharge but have no mode of transportation. During the early part of the pandemic HAS partnered with other VTS services in VISN 23 to assist in cross state transfers. Records Management and HIMS areas have converted to a scanning system that allows for a quicker and automated process of scanning records into a Veteran’s chart. This service has been adopted nationally and continues to expand across services, reducing overtime costs for both clinical and administrative services who were completing scanning of records in a more manual format. Customer facing services in the Flag Atrium include ROI, Eligibility and Enrollment, Veteran Health Identification Card (VHIC) have remained open during the start and throughout the pandemic and remain open to assist Veteran in updating information. HAS has partnered with CPAC to better communicate billing issues and update Veterans on sources of information. Email groups were created for County Veterans Service Officers to better communicate Veteran applications, questions and disseminate resources.

The Primary Care and Specialty Care Service Line (SL) is the largest SL at the Minneapolis VA Health Care System (MVAHCS).

The Primary Care SL includes all of primary care provided at the main campus and through our 13 Community Based Outreach Clinics (CBOC) and Community Resource and Referral Center (CRRC), specialty medicine (i.e., cardiology, pulmonary), the inpatient medicine service, emergency department, and a variety of other areas. Overall, the SL employs just over 900 full time employees.

The Primary Care and Specialty Care SL focuses on all three missions (Clinical Care, Education and Research)

This year we have been focused on COVID operations (again). This has included caring of COVID patients on the inpatient side, ensuring capacity in our clinics while trying to maintain social distancing.

Caring for COVID patients has been a herculean task. We have a ward dedicated to COVID (3E) and have had overflow patients’ numerous times to 3K. Our ICU teams have been very busy.

We have also built a referral case management operation to ensure our Veterans receive the highest quality care and that we prioritize using VA services over those in the community. We feel we provide the best care for Veterans and want to ensure every veteran can access care when needed. Additionally, we have been sending many of our specialists to the various CBOCs to bring specialty care closer to the Veterans. Currently, we have outreach programs for renal, allergy, rheumatology, and endocrine.

Our primary care operations provide high quality care to approximately 70,000 Veterans, including about 5000 women veterans. Our Emergency Department sees about 2,500 patients a month. We also have several highly advanced procedures that we provide including advanced TAVR’s, complex electrophysiology procedures, and advanced GI endoscopic procedures.

Education wise we are an affiliate site for the University of Minnesota medical school. We educate numerous medical students, residents, and specialty fellows. We also have training programs for nurses, Nurse Practitioners, Physician Assistants and numerous techs.



Research is also a cornerstone of our SL. We have been involved in several COVID clinical trials, we have 2 cooperative studies (CSP) originating from our site and participate in numerous CSP studies. Our evidence synthesis team was recognized this year in their support of VA’s COVID -19 response. We had numerous grants funded and papers authored.

Overall, we have an outstanding SL. Most of all we have outstanding people that provide high quality care, education, and research. We are very proud of what we have accomplished and thank each of our staff members for their work in these trying times.



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Main hospital building implosion – 1994



How Minneapolis VA quickly reached Veterans for vaccine scheduling

Of 140 qualifying VA medical centers, Veterans at the Minneapolis VA Health Care System (MVAHCS) have received the most COVID-19 vaccines. In April 2021, MVAHCS reached a huge milestone in COVID-19 vaccination of their Veteran population. Out of 73,000 Veterans, more than 67% have been fully or partially vaccinated. MVAHCS attributes its success to a multipronged approach in notifying Veterans of local vaccine opportunities. In addition to using traditional communication methods, such as mailed Veteran letters and press releases to County Veteran Service Offices and Veteran Service Organizations, MVAHCS used digital communication to spread the word. Communications methods included email, snail mail and social media. Early in the communication process, a data analyst pulled thousands of email addresses of Veterans who received care in the past 24 months at MVAHCS and added them into the GovDelivery email marketing system. All MVAHCS Veterans received a mailed letter regarding vaccine eligibility, beginning with the oldest age groups and expanding to younger Veterans as national, regional and local guidance allowed.

How we notified over 74,000 Veterans

Sending letters to every Veteran in a tiered manner was no small feat. In addition to notifying Veterans Service Organizations, we provided COVID-19 vaccine information via a radio program/podcast. More than 60 local radio stations carry the podcast weekly. With over 308,000 Veterans and Reserve and Guard troops in Minnesota, this program has a wide following and reaches a lot of Veterans. Our three main social media channels played an important role in reaching Veterans, caregivers and other stakeholders. MVAHCS Facebook, Instagram and Twitter accounts have almost 12,000 followers combined. Our website acted as the authoritative source of current, accurate information. Between December 1, 2020, and April 5, 2021, there were 36,558 views of the MVAHCS COVID-19 vaccine webpage.

VEText let Veterans schedule their own vaccines

More than 60% of Veterans have cell phones with texting capability. VA’s VEText (used for Veteran health appointment notifications) played an integral role in our success in keeping Veterans up to date on current vaccination eligibility. We kept in constant contact to keep the correct information flowing out through all channels. Utilizing the broadcast message feature was a great way to send mass updates to our Veterans in an efficient, fast way. We started utilizing VEText to allow Veterans to self-schedule their

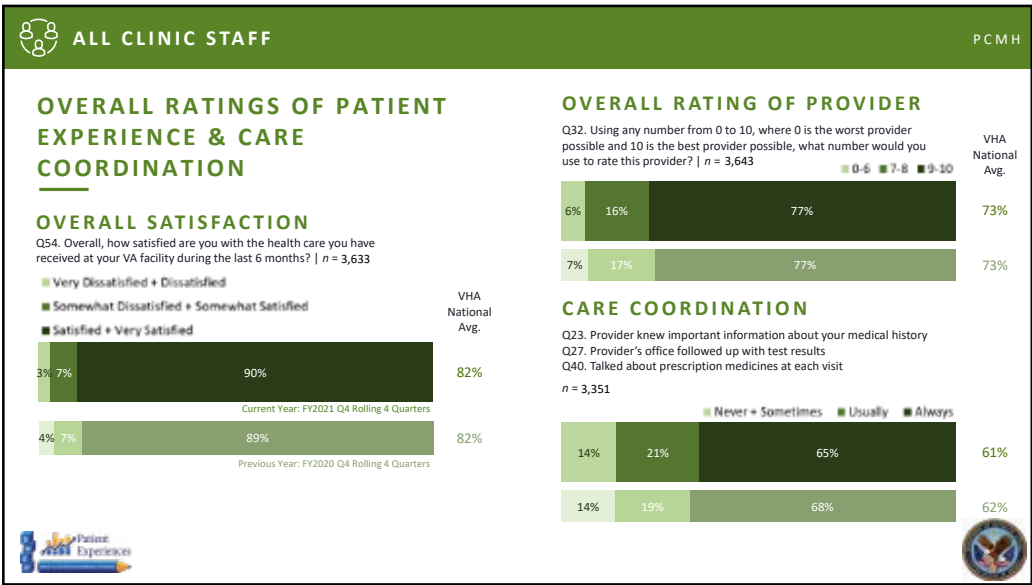
vaccines. This reduced the appointment scheduling traffic that our Call Center was experiencing. Once COVID-19 vaccinations started, eligibility changed daily as new recommendations were handed down from the CDC. We kept in constant contact to keep the correct information flowing out through all channels.

Veterans asked their doctors using My HealtheVet messaging


Secure Messaging also played a large part in our communication with Veterans. As word got out about vaccine availability, Veterans started sending messages to their care providers asking if they were eligible. They asked if they should get the vaccine based on their health, how they could go about scheduling their vaccine, what they could do if they were a “snowbird,” and what to do if they already got their vaccine elsewhere. MVAHCS clinical staff answered those questions. We’re now using Secure Messaging to allow Veterans to send in copies of their vaccine cards so that a non-VA vaccine could be recorded in their official VA Medical Record.

Overall, the COVID-19 vaccination effort has been a massive undertaking throughout the country. MVAHCS stepped up, using multiple methods to quickly communicate with our Veterans about how to schedule their vaccine. Data includes Veterans assigned to MVAHCS who were vaccinated by MVAHCS, other VA facilities and non-VA facilities.


Lara Carson, RN, is the My HealtheVet coordinator at the Minneapolis VA.



Minneapolis, MN	103,225
Northwest Metro, MN	9,194
Twin Ports, WI	8,348
Maplewood, MN	7,761
Chippewa Valley, WI	4,911
Rochester, MN	5,235
Albert Lea, MN	2,242
Shakopee, MN	4,308
Hibbing, MN	3,225
Mankato, MN (Lyle C. Pearson)	3,658
Rice Lake, WI	3,013
St. James, MN	755
Hayward, WI	1,116
Minneapolis, MN Community Resource Center	1,817
Ely	458
UNIQUE PATIENT TOTALS	110,739
Many Minneapolis patients are also enrolled in CBOC's.	

**Pharmacy Totals**

Unique Patients	70,169
Oupatient Prescriptions Monthly	1,826,340
Inpatient Orders	154,286
Inpatient IV Orders	276,010
Patients served by Pharmacist providers	57,401
Outpatient visits covering various services	15,445
70,867	

**FY21 Lab Reports**


Lab Tests	3,684,352
Outpatient Blood Draws	60,020
COVID Tests	42,058
Flu Vaccinations	55,419

ACCESS TO CARE FY21 NATIONAL STANDINGS ALL APPTS (86.7%) WITHIN 30 DAYS			
MINNEAPOLIS	NEW	ESTABLISHED	Appointments Completed <=30 Days
MENTAL HEALTH	2,407	50,063	Established - 96.0%, New - 94.4%
PRIMARY CARE	5,164	111,331	Established - 86.1%, New - 74.4%
SPECIALTY	50,446	245,835	Established - 84.5.7%, New - 78.4%





OUTPATIENT VISITS
1,081,867

Unduplicated Encounters
1,351,325




FY21 Rurality
Highly Rural = 9,346 • Rural = 40,218 • Urban = 61,629

**Acute Care Beds**
Average Daily Census 149
Average Length of stay 5.44 days

**Community Living Center**
Average Daily Census 46

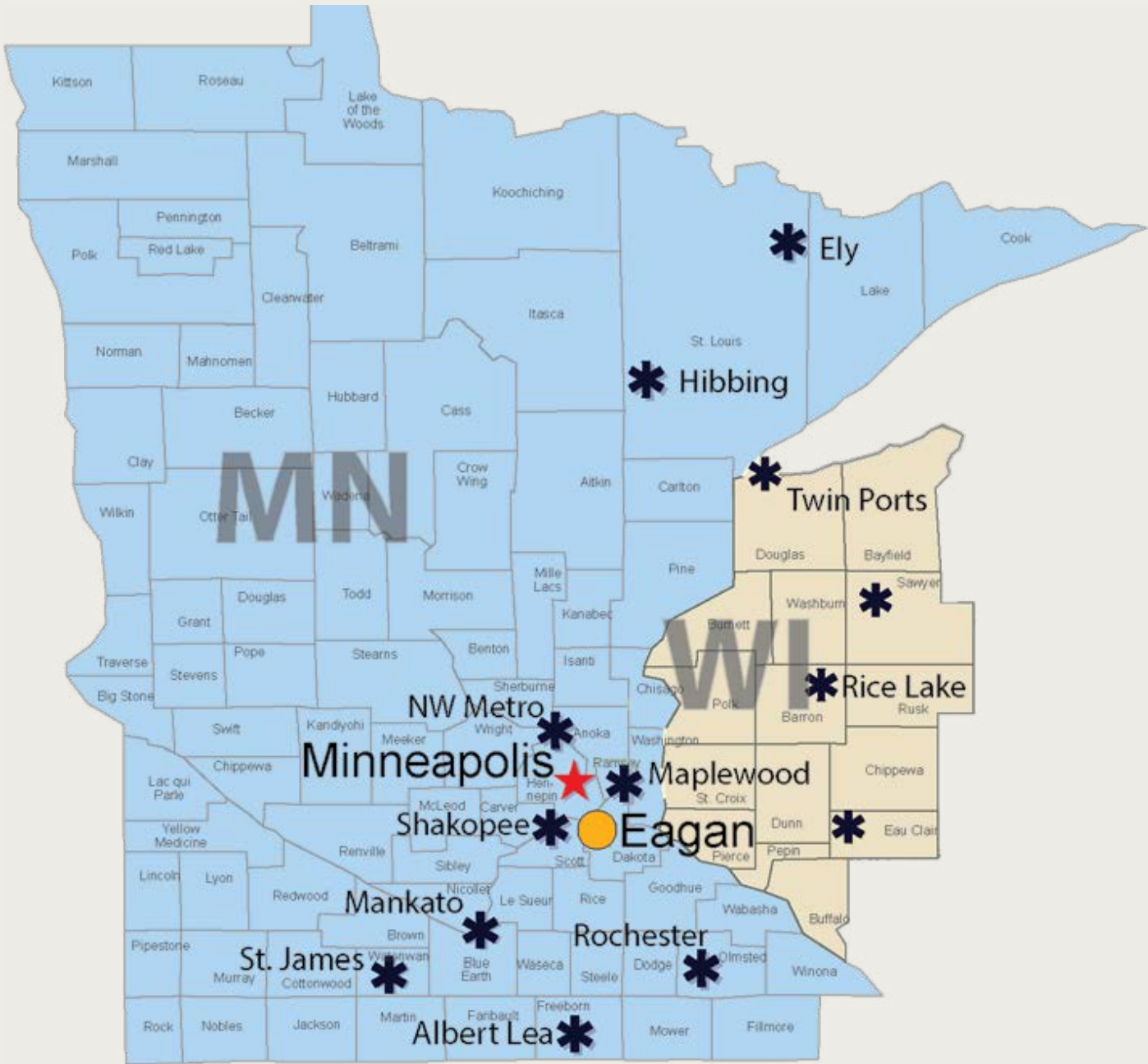
	FY20 Unique Patients	FY20 Encounters
Type of Care		
Women's clinic primary care	1672	3645
Women's clinic gynecology	414	535
General primary care*	2936	5771
All clinics	11,035	134,663

ANNUAL BUDGET
\$1,297,678,206



Staffing Totals

TOTAL EMPLOYMENT	4,708
GS/GM	2,471
Title 38	1,892
Physicians/Residents	431
Dentists/Residents	25
Nurses	1,338
Other	98
EMPLOYMENT of VETERANS	
No. of Veterans	910
Vietnam Veterans	45
Disabled Veterans	368
EMPLOYMENT of WOMEN	3,111
EMPLOYMENT of PERSONS with DISABILITIES	614



Community Based Outpatient Clinics (CBOC's)

- | | |
|---------------------|---|
| Minneapolis, MN | Hibbing, MN |
| Northwest Metro, MN | Mankato, MN (Lyle C. Pearson) |
| Twin Ports, WI | Rice Lake, WI |
| Maplewood, MN | St. James, MN |
| Chippewa Valley, WI | Hayward, WI |
| Rochester, MN | Minneapolis, MN Community Resource Center |
| Albert Lea, MN | Ely, MN |
| Shakopee, MN | |

Clinic Key

- ★ VA Medical Center
- Network Office
- * VA Outpatient Clinics
- CRRC = Community Resource and Referral Center for Homeless Veterans in Minneapolis



Annual Report Staff

Editor

Sandra Roy

Graphic Design

Jack Erickson

Photographer

Keith Langsdorf

VA



U.S. Department of Veterans Affairs
Veterans Health Administration



Minneapolis VA Health Care System

One Veterans Drive
Minneapolis, MN 55417

www.minneapolis.va.gov
(612) 725-2000