

# VA PALO ALTO HEALTH CARE SYSTEM

## FISCAL YEAR 2021

# ANNUAL REPORT



Committed to Serving those Who Served

VA



U.S. Department of Veterans Affairs  
Veterans Health Administration  
VA Palo Alto Health Care System



# MESSAGE FROM THE DIRECTOR





*“Innovation comes from people who take joy in their work.” – William Edwards Deming*

William Edwards Deming is broadly considered to be the father of continuous improvement with his well-published approach to managing quality and performance in an organization. In this spirit, we celebrated some of our most brilliant and innovative minds at VAPAHCS who received prestigious honors such as the Eisenberg Award, VHA Under Secretary for Health’s Linda H. Danko Award for Excellence, Service to the Citizen Award, VA Shark Tank Competition winner, and the Innovators Network Investee of the Year Award.

As we strive to become the number one health care system, our vision for VAPAHCS is to be a place where our teams and colleagues are empowered to try new things, and be excited, as we positively transform healthcare. I also want everyone to know

that you will be supported through both the success and challenges. In the words of professor Brené Brown, “There is no innovation and creativity without failure. Period.” “Vulnerability is the birthplace of innovation, creativity, and change.” In a similar way, we want you to know, it is ok to take risks and fall forward as this is required for our ultimate success. We grow and learn when we are able to try new methods and approaches, and to lead even without a formal leadership title. These concepts are the heart of a high reliability organization; a place where all of us are focused on continuous improvement.

Our mission of caring for America’s Heroes is both a tremendous responsibility and opportunity. I am here to provide the strongest support as you carry that mission in your heart each and every day.

Our Veterans and their families have earned our commitment, many times over.

Thank you for choosing VA and public service.

Lisa



# EXECUTIVE LEADERSHIP TEAM



**Megan O'Connor**  
Interim Deputy Director



*Healthcare in itself is a mission, but caring for those who fought for the freedoms we enjoy makes every day at VAPAHCS special. Having worked in both clinical and administrative positions gave me great insight as an executive. I learned it truly takes a village to provide the excellent care that our Veterans deserve. From our housekeeping aids and supply technicians to our nurses and physicians, it is an honor to be a part of an amazing team that is all working towards the same mission of serving those who have served.*



**Chandra Lake**  
Associate Director



*I found my career at VA as I transitioned from active duty Air Force to the reserves. Not only am I able to honor my father by serving Veterans like him, I also find comradery working beside others who have the same goal - providing quality health care. I believe people are our greatest asset. It takes all of us together to accomplish the mission, one Veteran at a time and there is no better health care in our nation than VA. It's truly an honor to be a part of this team.*



**Michael Kozal, MD**  
Chief of Staff



*I always knew I wanted to work in the healthcare field and like many others, I was inspired to work at the VA because of my father who served in the military. Throughout my career, I have had the opportunity to work in biotech, academic medicine, public health, and the government. I try to use these diverse work experiences to bring innovation to the VA. I feel extremely lucky to be part of the leadership team at VAPAHCS as their passion, tireless efforts, and innovative spirit are ensuring that VA achieves extraordinary success in clinical care, education, and research.*



**Rina Shah, MD**  
**Deputy Chief of Staff**



*During my residency, I completed a rotation in VA. I wanted to give back to the country that gave me citizenship nearly 17 years ago, so I made the decision to work for VA and serve Veterans. It was through that decision that I found a passion supporting my fellow physicians. As an executive, it is my responsibility to remove barriers for our staff so they can innovate and improve the experiences as well as the quality of the health care we offer to our Veterans.*



**David Renfro, RN**  
**Acting Associate Director for Patient Care Services/Nurse Executive**



*Being a Veteran has a large influence on my public service, especially at VA. I don't see myself as a nurse, I see myself as a VA nurse. I am honored to serve my fellow Veterans and as the Nurse Executive, I have an opportunity to drive servant leadership so that our nursing staff feel empowered to take lead when and where they hold the expertise necessary to fulfill our mission, regardless of rank or grade.*



**Aileen Naungayan, RN**  
**Acting Deputy Associate Director for Patient Care Services/Deputy Nurse Executive**



*I started in the New Grad Nursing Program at VAPAHCS and appreciate every person that helped me along the way. My journey helped me to understand how important it is to empower, engage, and develop the future generation of leaders. Partnering with other services within the healthcare system, whether we are improving processes or innovating health care, sets an example to remove silos and build a unique experience for such a deserving population.*





**T**O CARE FOR HIM  
WHO SHALL HAVE BORNE THE BATTLE  
AND FOR HIS WIDOW AND HIS ORPHAN...

Abraham Lincoln

"Above It All" by Sandy Scott



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# ORGANIZATIONAL OVERVIEW

## 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 in Palo Alto, Menlo Park, and Livermore, with an additional seven Community-Based Outpatient Clinics (CBOCs) in San Jose, Capitola, Monterey, Stockton, Modesto, Sonoma, 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 the Veterans Health Administration (VHA) with annual funding of approximately \$58 million. 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.



# MISSION, VISION, VALUES

## VHA Mission

Honor America's Veterans by providing exceptional health care that improves their health and well-being.

## VHA Vision

VHA will continue to be the benchmark of excellence and value in health care and benefits by providing exemplary services that are both patient centered and evidence based.

This care will be delivered by engaged, collaborative teams in an integrated environment that supports learning, discovery and continuous improvement.

It will emphasize prevention and population health and contribute to the nation's well-being through education, research and service in National emergencies.

## VA Values

VA's five core values underscore the obligations inherent in VA's Mission: Integrity, Commitment, Advocacy, Respect, and Excellence. The core values define "who we are," our culture, and how we care for Veterans and eligible beneficiaries. Our values are more than just words – they affect outcomes in our daily interactions with Veterans and eligible beneficiaries and with each other. Taking the first letter of each word—Integrity, Commitment, Advocacy, Respect, Excellence—creates a powerful acronym, "I CARE," that reminds each VA employee of the importance of their role in this Department. These core values come together as five promises we make as individuals and as an organization to those we serve.

**Integrity:** Act with high moral principle. Adhere to the highest professional standards. Maintain the trust and confidence of all with whom I engage.

**Commitment:** Work diligently to serve Veterans and other beneficiaries. Be driven by an earnest belief in VA's mission. Fulfill my individual responsibilities and organizational responsibilities.

**Advocacy:** Be truly Veteran-centric by identifying, fully considering, and appropriately advancing the interests of Veterans and other beneficiaries.

**Respect:** Treat all those I serve and with whom I work with dignity and respect. Show respect to earn it.

**Excellence:** Strive for the highest quality and continuous improvement. Be thoughtful and decisive in leadership, accountable for my actions, willing to admit mistakes, and rigorous in correcting them.

## HIGH RELIABILITY ORGANIZATION

VA Palo Alto Health Care System is embarking on a journey of being a **High Reliability Organization** – an organization that experiences fewer than expected accidents or events of harm despite operating in highly complex, high-risk environments.

HROs establish trust amongst leaders and staff by creating a **Just Culture** that balances individual accountability with systems thinking. HRO leaders empower all staff to lead continuous process improvements within their own workspace. Creating an environment where employees feel safe to report harm or near misses requires our leaders to focus on the why, not the who, when errors occur.

**HRO Baseline Training** is for all frontline staff, supervisors, and executive leaders to develop behaviors that foster a Just Culture, error prevention, and continuous improvement.

**Clinical Team Training (CTT)** is a training focused on how to integrate team-based error prevention and management practices to improve patient safety and job satisfaction by facilitating clear and timely communication through collaborative teamwork in the clinical workplace.

Implementation of daily **continuous process improvement (CPI)** management systems and tracking of improvement efforts including expanded training in Lean methodologies.

In FY2021, 85% of all supervisors completed HRO baseline training. HRO Baseline Training was opened to all staff at the end of the fiscal year. CTT was rolled out in June 2021 and 178 staff have been trained.

In FY2021, Maria Dean, MSN, RN, PHN became the HRO Coordinator. With a passion for healthcare ethics, quality, and safety, Maria brings more than 20 years of ICU nursing experience to help facilitate the VAPAHCS HRO journey.



**MARIA DEAN**

*We have an ethical responsibility to provide the safest and highest quality care to our Veterans. An empowered and educated workforce that integrates HRO principles into our everyday work allows VAPAHCS to accomplish that goal.*



## THREE PILLARS OF HRO



### Leadership Commitment

Safety and reliability are reflected in leadership's vision, decisions and actions.



### Culture of Safety

Throughout our organization safety values and practices are used to prevent harm and learn from mistakes.



### Continuous Process Improvement

Across the organization, teams use effective tools for continuous learning and improvement.

## 5 PRINCIPLES



### Sensitivity to Operations

Focus on Front Line Staff and Care Processes.



### Preoccupation with Failure

Anticipate Risk-Every Staff Member is a Problem Solver.



### Reluctance to Simplify

Get to the Root Causes.



### Commitment to Resilience

Bounce Back from Mistakes.



### Deference to Expertise

Empower and Value Expertise and Diversity.

## 7 VALUES



### It's About the Veteran

Safe care for Veterans is the driving force behind all that we do.



### Support a Safety Culture

Create a Just Culture that focuses on improving care to Veterans-where it is safe for employees to make mistakes and to speak up safely.



### Commit to Zero Harm

Always strive to reduce errors and to eliminate risk of harm in all that we do.



### Learn, Inquire, and Improve

Learn from our mistakes and collaborate to make things better.



### Duty to Speak Up

All clinical and non-clinical staff have a duty to speak up any time they see a safety risk.



### Respect for People

Create a daily environment in which staff, patients, and caregivers are trusted and valued.



### Clear Communication

Adopt simple communication tools to ensure safety in all that we do.

# FY2021 YEAR IN REVIEW



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

## OFFICE OF QUALITY, SAFETY, AND VALUE SERVICE



In 2021, Maisha Moore, DNP, RN, CNL, NEA-BC, VHA-CM, joined the VAPAHCS team as the Chief of Quality, Safety, and Value Service. Dr. Moore brings a wealth of knowledge and experience to the health care system. She will lead a dynamic team of professionals who are responsible for Education, Infection Prevention and Control, Process Improvement, Quality and Safety, as well as our HRO journey.



**Laura J. Markman**, Director, Infection Prevention and Control received the 2020 Under Secretary for Health's Linda H. Danko Award for Excellence in Infection Prevention and Control. Ms. Markman has over 13 years in the area of Infection Prevention and Control and has been the Director of Infection Prevention and Control at the VA Palo Alto Health Care System since 2014.

## ACCREDITATION



Founded in 1951, The Joint Commission seeks to continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value. VAPAHCS is fully accredited by The Joint Commission through February 2022.



The Commission on Accreditation of Rehabilitation Facilities (CARF) is an independent, nonprofit organization with a focus on advancing the quality of services in health and human services. While many physical accreditation site visits had been paused due to the COVID-19 pandemic, this year's CARF surveys included assessments of the Western Blind Rehabilitation Center and Veterans Recovery Center - Mental Health Intensive Case Management, these programs received full accreditation statuses.



VAPAHCS consistently ranks among the top 10 in patient satisfaction and trust scores in VA.

Vsignals Outpatient Trust Score		SHEP PCMH Overall Satisfaction		SHEP Community Care Overall Satisfaction	
FY2020	92.1	FY2020	85.7	FY2020	77.3
FY2021	93.2	FY2021	87.9	FY2021	79

## Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

The Centers for Medicare and Medicaid Services Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey is the first national, standardized, publicly reported survey of patients' perspectives of hospital care.

Patients who reported that their nurses "Always" communicated well.

- VAPAHCS 80%
- National average: 81%
- California average: 77%

Patients who reported that their doctors "Always" communicated well.

- VAPAHCS 83%
- National average: 82%
- California average: 78%

Patients who reported that they "Always" received help as soon as they wanted.

- VAPAHCS: 65%
- National average: 70%
- California average: 64%

Patients who reported that the staff "Always" explained about medicines before giving it to them.

- VAPAHCS: 68%
- National average: 66%
- California average: 63%

Patients who reported that their room and bathroom were "Always" clean.

- VAPAHCS: 75%
- National Average: 76%
- California average: 73%

Patients who reported that the area around their room was "Always" quiet at night.

- VAPAHCS: 57%
- National average: 62%
- California average: 51%

Patients who reported that YES, they were given information about what to do during their recovery at home.

- VAPAHCS 87%
- National average: 87%

- California average: 86%

Patients who "Strongly Agree" they understood their care when they left the hospital.

- VAPAHCS 58%
- National average: 54%
- California average: 50%

Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest).

- VAPAHCS: 79%
- National average: 73%
- California average: 70%

Patients who reported YES, they would definitely recommend the hospital.

- VAPAHCS: 81%
- National average: 72%
- California average: 70%

Data as of July 2021

The patient survey rating is typically based on a one year response period.

Number of Completed Surveys 348. Survey response rate 34%.

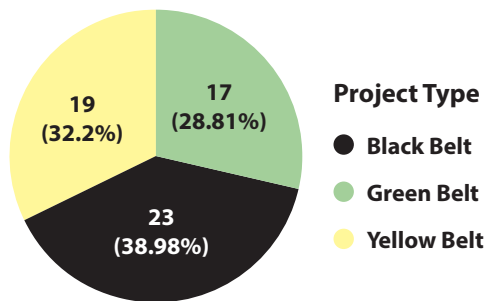
# CONTINUOUS PROCESS IMPROVEMENT

In line with the VA's journey to becoming a High Reliability Organization (HRO), VAPAHCS is committed to training all staff in Lean, VA's official improvement methodology and management system. Lean Six Sigma is a combination of two popular Process Improvement methods—Lean and Six Sigma—that pave the way for operational excellence. Lean focuses on increasing value to the customer by removing waste. The 2 guiding principles of lean are: 1) Respect for people and 2) Continuous improvement. Six Sigma focuses on improving quality by reducing variation and defects. Lean Six Sigma provides a systematic approach and a combined toolkit to help employees build their problem-solving muscles. Both Lean and Six Sigma are based on the Scientific Method and together they support organizations looking to build a problem-solving culture. This means that “finding a better way” becomes a daily habit.

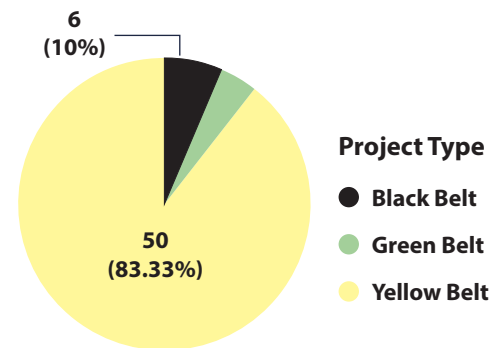
## Lean certifications are measured in “belts” at the following levels:

White Belt	Yellow Belt	Green Belt	Black Belt
Individual who has an introduction to Lean ideas and processes	Individual who has a basic understanding of Lean tools and can facilitate unit based projects	Individual who thoroughly understands all aspects of Lean and facilitates projects that cross multiple service lines. Mentors Yellow Belts	Lean professional who can teach Lean philosophies and principles, manage a portfolio of projects, mentor Green Belts and allocate resources.

As of the end of FY21, VAPAHCS had the following number of **certified belts**:



The following number of belts in **progress towards certification**:



## Orthopedic Length Of Stay LSS Project For Total Hip/Knee Surgery

One LSS project that successfully reduced the length of stay (LOS) for orthopedic patients who underwent total hip/knee surgery was the Orthopedic LOS Project, a partnership of the Office of Process Improvement and black belt candidates Marianne Yeung, MD, Deputy Chief of Staff, Acute Care Hospital Operations; David Renfro, RN, Acting Associate Director for Patient Care Services/Nurse Executive; and Aileen Naungayan, RN, Acting Deputy Associate Director for Patient Care Services/Nurse Executive.

By emphasizing the use of data along with Lean principles, they were able to reduce the LOS from an average of 3.4 days in FY 2019, to an average of **2.2 days** in FY 2021, with a median of 2.05 days. Their outcome even surpassed hospitals in the community that averages a LOS of 2.4 days. The net cost savings for this project is an estimated **\$3,659,526.15** for regular case volume and \$2,391,337.35 for COVID-19 case volume. With an additional Physical and Occupational Therapy support infrastructure developed, they were also able to offer an outpatient Ortho hip/knee surgery option for Veterans.



## AUGMENTED REALITY MICROSCOPE (ARM)

The Augmented Reality Microscope is an advanced Artificial Intelligence and Augmented Reality enabled system which is currently programmed to detect prostate and breast cancer on pathology slides as a clinical decision support tool. The National Center for Collaborative Healthcare Innovation (NCCHI), the Defense Innovation Unit, and VA Palo Alto Pathology leadership have been collaborating to optimize the performance of this cutting-edge system to better serve our nation's Veterans.



**DR. KRISTIN JENSEN**

*The Augmented Reality Microscope has exciting potential to aid pathologists in identifying areas in tissue biopsies that are suspicious for cancer and that need closer examination. Not only does this aid in diagnosis but it also helps to improve the education of pathologists in training.*

## FALL PREVENTION



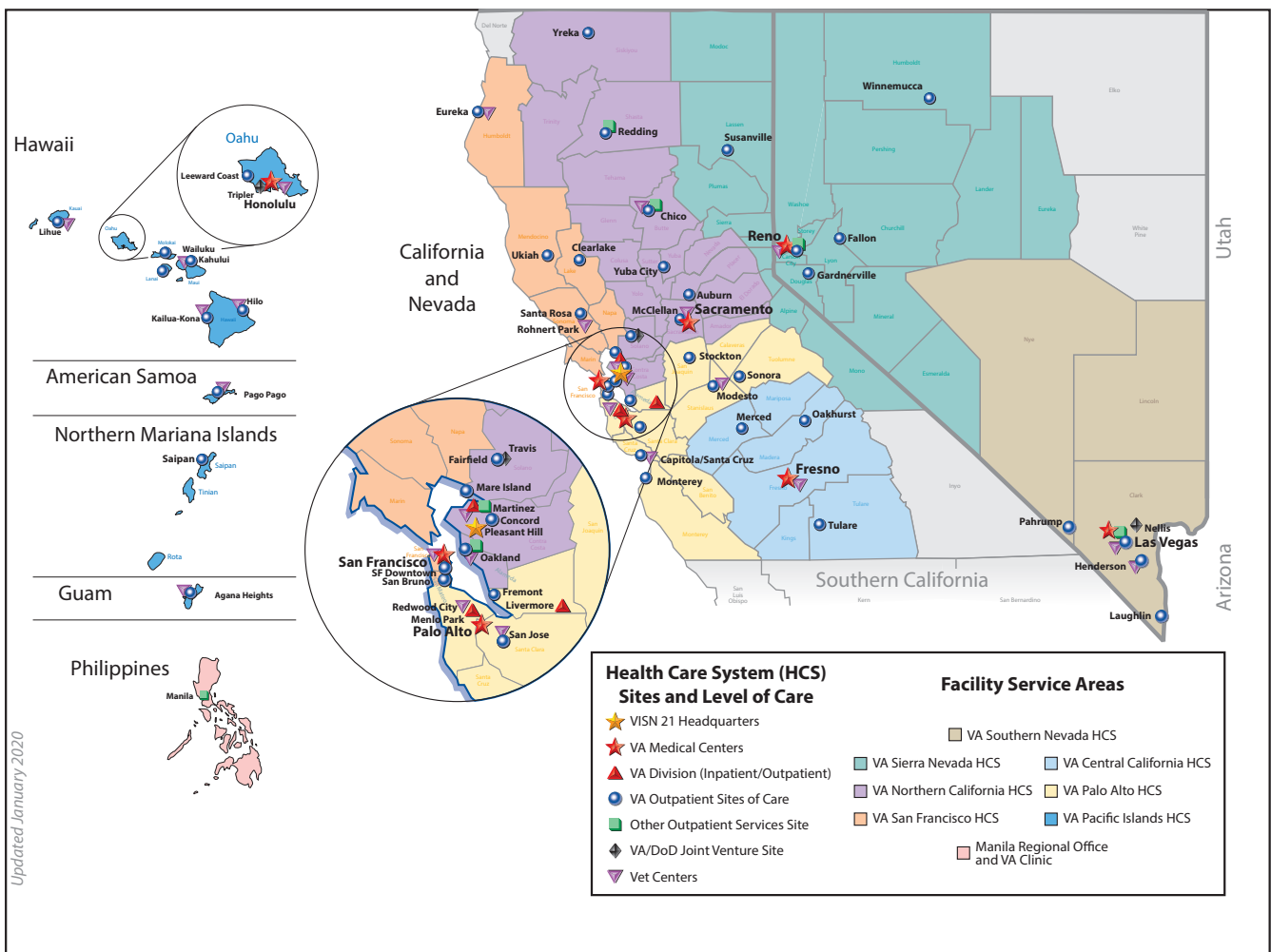
NCCHI collaborated with Palarum on a project that utilizes a smart integrated sock sensor system to alert nurses when a fall-risk patient attempts to get out of bed. The system is optimized for efficient clinical response and nurses are empowered to be in the right place, at the right time. Since falls disproportionately impact older adults, it is a particularly important issue for VA to address.



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

## WHERE WE ARE

VA Palo Alto Health Care System 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.

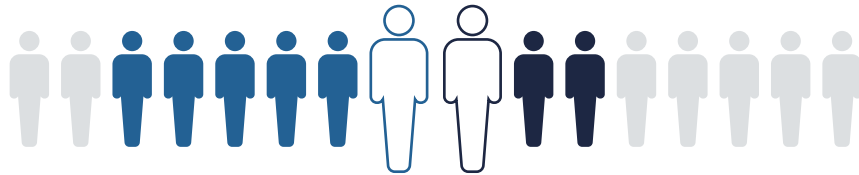


Updated January 2020

# HEALTH CARE SYSTEM PROFILE

**Enrolled Veterans: 69,673**

**86%**  
Male Patients



**14%**  
Female Patients

**1,095,872**  
Outpatient Encounters



**769,646**  
Inpatient Encounters

**90,028 Telehealth encounters**

*\*Includes Store and Forward, Clinical Video Telehealth, and VA Video Connect*



Inpatient discharges: 7,205



ER visits: 13,883



Operational beds: 769



**Bed days of care: 134,823**



**Total admissions: 7,282**

CLINIC GROUP	APPOINTMENT CATEGORY	VAPAHCS	VISN 21	VA NATIONAL
MENTAL HEALTH	NEW	94%	93.7%	90.8%
	ESTABLISHED	97.7%	96.3%	96.7%
PRIMARY CARE	NEW	93.3%	89.2%	85.5%
	ESTABLISHED	95.2%	95.8%	96.4%
SPECIALTY CARE	NEW	77.5%	78.2%	77.8%
	ESTABLISHED	86.6%	88.2%	91.8%

\*Access for new patients is compared to the date the appointment is created. Access for established patients is compared to the date the patient wants to be seen.



## VISN 21 SPECIALTY CARE CLINICAL RESOURCE HUB



VAPAHCS was designated in 2021 as the VISN 21 Specialty Care Clinical Resource Hub, providing collaborative clinical services including eConsults, telephone, Clinical Video Telehealth, and VA Video Connect. Some sites even provide in-person visits.

Clinic Resource Hubs (CRH) are located at designated facilities within each VISN across the nation, supported by a team of Primary Care, Mental Health, Specialty Care, and Rehabilitation Providers, as well as Clinical Pharmacists. At VAPAHCS, Dr. Lori Danze was appointed the Specialty CRH Medical Director.

## CLINICAL COMMAND CENTER



Since establishing the Clinical Command Center (C3) in March 2020, in an effort to realign the health care system's Transfer Center with more support, C3 has helped improve patient transfers to the health care system by 36%. VAPAHCS saw transfers increase from 230 transfers in 2019 to 356 transfers in 2021. These efforts include easing the patient load of outside hospitals in the community and other VA facilities in VISN 21.

Through a continuous process improvement project, the C3 flow coordinators also identified barriers in hospital admissions from the Emergency Department (ED) to Acute Inpatient Units. The implemented interventions decreased admission times from approximately 133 minutes to 89.9 minutes, making a significant impact on wait times for Veterans. This collaboration even improved ED throughput ratings on VA's Strategic Analytics for Improvement and Learning (SAIL) report, a balanced scorecard model used by VA to measure, evaluate, and benchmark quality and efficiency at medical centers. The ratings moved from the 2nd quintile to the 1st quintile, meaning VAPAHCS is now among the top 20% of VA facilities nationwide in this area.

## MOVING FORWARD

VAPAHCS is undergoing an unprecedented amount of construction and expansion to enhance health care for Veterans throughout our health care system. The VAPAHCS capital portfolio totals more than \$1.5 billion. Each project is a tremendous opportunity to augment and improve the delivery of services to Veterans.

### **New Radiology Suite opened with unique PET/MRI scanner**

In 2021, VAPAHCS opened a multi-level, 34,000 gross-square-foot addition to the main hospital at the Palo Alto campus, which replaced the existing radiology facility. The space features a new scanner, that combines a PET scan and MRI scan into one machine. VAPAHCS is one of only two VA facilities with this new hybrid technology that produces highly detailed images for better diagnosis.

Renovations also occurred to improve approximately 10,000-square-foot of the existing radiology department. The space centralizes and accommodates a large variety of new radiology services for Veterans.



### **New Basic Science Research Center to open**

VAPAHCS will be opening a three-floor, 95,000-square-foot research facility, which will house basic science research and a vivarium. The design of the Basic Science Research Center is based on the idea that collaboration is vital to the advancement of research and ultimately for Veterans' health care.



### **Stockton Community Based Outpatient Clinic and Community Living Center**

Major progress has been made for the construction of the new Stockton Community Based Outpatient Clinic and Community Living Center (CLC).

Faustino "Tino" Adame is featured on the cover of this annual report as he looks on at the clinic. Mr. Adame previously served as the American Legion Karl Ross Post 16, post commander for 25 years, a district commander for two years, and the Department of American Legion California commissioner of affairs and rehabilitation, covering an area from San Joaquin County to Bakersfield and Mojave. He has been a strong advocate for Veterans and VAPAHCS to help establish this clinic.

Once completed, the four-floor, 158,000-square-foot outpatient clinic will feature VA's integrated Patient Aligned Care Team design. The 150,000-square-foot CLC will be based on VA's new design guide to create a resident-centered environment of care.



# VA POLYTRAUMA SYSTEM OF CARE

VAPAHCS is home to the Polytrauma System of Care. This is an integrated national network spanning the US and Territories. The VAPAHCS serves as a hub within this system, one of five such centers nationally. The Polytrauma System of Care spans the continuum of care; inpatient, transitional care and a network of outpatient Clinics and Services. The in-patient unit, Polytrauma Rehabilitation Center (PRCs), the Polytrauma Transitional Program (PTRP), and the Polytrauma Network Sites (PNS) provide specialized Traumatic Brain Injury (TBI) and polytrauma care, balancing access and the expertise necessary to manage rehabilitation, medical, surgical, and mental health needs for Veterans and Active Duty Service Members. The VAPAHCS PRC is designated as a Traumatic Brain Injury Center of Excellence (TBICoE), meeting specific benchmarks established for quality of care, patient satisfaction, research, and clinical outcomes. During FY21, there were also multiple initiatives to expand the services offered to Veterans and Active Duty Service Members through our collaboration with the Department of Defense. Here are the highlights of two major initiatives of FY21, as well as the expanded focus on use of technology in service delivery.

The first initiative focused on the expansion of the Stroke Specialty Program; a specialized program dedicated to meeting the specific needs of patients following a stroke. It is one of four unique programs within the VA that has been accredited by the Commission on the Accreditation of Rehabilitation Facilities since 2016. The program originated in the acute inpatient rehabilitation unit. In FY21, the program was expanded to include services for patients served by the PTRP and the PNS; thereby, enhancing service access throughout the continuum of recovery and rehabilitation for the patients served.

The second initiative in FY21 was the development and implementation of the Intensive Evaluation Treatment Program, a specialized program dedicated to meeting the needs of Active Duty Special Operations Force Service Members. The program provides services for individuals with a diagnosis of TBI and sequelae associated with polytrauma, such as chronic pain, headaches, cognitive, physical, and psychological deficits.

The VAPAHCS Polytrauma System of Care also launched multiple initiatives focused on technology.

- The Assistive Technology Center launched a 3D printing pilot project to create customized solutions for Veterans that allow for enhanced precision in the design and fabrication of innovative objects, such as prosthetics. One of the most recent applications of this technology was within the adaptive sports program, where clinical teams collaborated with volunteers to design an enlarged paddle shifter for a recumbent bicycle to enable Veterans with diminished hand strength to better maneuver safety controls when riding.
- Customized 3D printed skull caps are also being prototyped by the PNS's Headache Center of Excellence with the support of the VHA Innovators Network. The caps are used for precise neuroanatomical navigation while providing repetitive Transcranial Magnetic Stimulation (rTMS), a non-invasive therapeutic treatment that helps in alleviating pain, depression, and cognitive issues for Veterans.
- Virtual Reality technology is being utilized for pain and stress management in the clinic and has recently expanded into the patient's home during the COVID-19 pandemic.
- Increased utilization of rehabilitation services delivered via telehealth and integration of mobile applications for remote patient care.
- In collaboration with a local community organization, TeachAids, a video Storywall project was launched to highlight patients' stories such as their military experience, injuries, healthcare to better understand their symptoms and recovery process.

In Fiscal Year 2022, we will continue to build upon the FY21 initiatives as well as introduce new programs to meet the ongoing rehabilitation needs of our patients.





500

500  
Rehabilitation  
Center



**We embrace continuous learning, improvement, and research as fundamental to our ongoing success.**



## **iNET INVESTEE OF THE YEAR AWARD**

Safe and independent navigation is one of the biggest challenges for those who are blind or visually impaired. After losing his vision more than 20 years ago, U.S. Navy Veteran Brian Higgins set out to overcome these challenges. His efforts have paid off when he became the winner of the 2021 Innovators Network (iNET) Investee of the Year Award for his prototype of a smart white cane.

The white cane is a nearly 100 year old invention that is commonly used by people with visual impairments to scrape the ground in a 3-foot arc but it misses many obstacles above the ground that could potentially hurt them. With Higgins background in technology as a consultant and instructor for the Western Blind Rehabilitation Center at the VA Palo Alto Health Care System, as well as his love for robotics, he was inspired to improve this tool that he uses every day.

For the past three years, Higgins has been actively using his prototype of the smart white cane, which is packaged with a sensor package that includes Light Detection and Ranging, sensor, commonly known as LIDAR, as well as two ultrasonic sensors. The cane can also be paired with a phone for enhanced features.

His project was backed by the VA's innovators Network Spark-Seed-Spread Investment Program, a program aimed at accelerating employee-inspired innovations to improve health care experiences for Veterans, their families and employees. With the support of the this program, he looks forward to pushing the smart white cane through the patent process and working on other inventions already in the works!





## iBOT PERSONAL MOBILITY DEVICE

On July 19, 2021, VA Palo Alto participated in the Operation Mobility Tour with an event featuring the receipt of a new iBOT® Personal Mobility Device as part of a national donation of 25 devices to VA Spinal Cord Injury/Disability Centers around the country.

This robotic, multi-modal mobility product provides people with disabilities, including disabled Veterans, with new levels of freedom and independence. The donation is the first engagement coming out of the VA New England Center for Innovation Excellence, benefiting Veterans by providing life enhancing technology solutions for those who are experiencing chronic and/or complex illness and injury.

### LISA M. HOWARD

*This device is a life-changer making the connection between technology and human capability. I am excited to see a collaboration between VA and industry that innovates and supports the joys of life we sometimes take for granted.*



## PROJECT CONVERGENT RESPONSE

In early 2020, Dr. Thomas Osborne, Chief Medical Informatics Officer for VA Palo Alto and Director of VA's National Center for Collaborative Healthcare Innovation launched "Project Convergence, which made VAPAHCS the first VA 5G-enabled hospital, and one of the first in the world. For this project, Dr. Osborne also won

the 2021 Service to Citizen Award, a program created to recognize those public servants who demonstrate excellence in their delivery of services that impact the public's lives.

As the U.S. ramped up its efforts to combat COVID-19, Dr. Osborne quickly understood the need to pivot this project to help thousands of Veterans in isolation and teamed up with Verizon's Critical Response Team on the West Coast. Their new mission, coined "Project Convergent Response," focused on providing fast assessments to ramp up wireless connectivity for Veterans in Community Living Centers, homeless shelters and other parts of the health care system. The team also provided nearly 20 hot spots and 200 wireless devices for homeless Veterans and staff, even helping an employee who had no wireless signal at her home.



## HEADACHE CENTER OF EXCELLENCE TRANSCRANIAL MAGNETIC STIMULATION

The VAPAHCS Headache Center of Excellence (HCOE) now houses a new and innovative robotic arm with a Transcranial Magnetic Stimulation (TMS) machine at the Livermore Division. TMS is used for research and clinical care for Veterans with various health problems. Brain stimulation with TMS is an FDA approved treatment for major depressive disorder and obsessive-compulsive disorder and is clinically administered at various VA hospitals. The HCOE interdisciplinary team is currently supported by VA, the Department of Defense, and the National Institutes of Health in research clinical trials.



## MILLION VETERAN PROGRAM 10-YEAR ANNIVERSARY

More than 850,000 Veteran participants have enrolled in the Million Veteran Program (MVP), the groundbreaking VA research program which allows Veterans to securely share their health and genetic information for research to advance precision healthcare. Since its nationwide launch a decade ago, more than 19,000 Veterans have been recruited in Palo Alto alone.

VA Palo Alto is also home to one of the MVP Coordinating Centers, responsible for regulatory oversight and administrative and budgetary operations. It is also the hub for MVP data generation and access activities under the leadership of Dr. Phil Tsao.

With over 65 publications already generated from this resource, researchers have new insights into how DNA, health and lifestyle factors impact



VA's Chief of Staff, Army Veteran Tanya Bradsher, who served multiple deployments in Korea, Iraq and Guantanamo Bay, recently joined the Million Veteran Program.

disorders like PTSD, breast cancer risk, and anxiety. Over the past year, his team successfully completed the processing and quality control analysis of the 100,000th whole genome sequence from MVP samples. The team is now working to securely make this data set available to the research community.

## HUB FOR VA SHIELD

VA Science and Health Initiative to Combat Infectious and Life-Threatening Diseases (VA SHIELD) is a comprehensive, secure biorepository of specimens and associated data related to COVID-19 and other emerging diseases. These specimens and data are available to authorized VA investigators—and, under certain circumstances, to their external collaborators—to advance scientific understanding in support of developing diagnostic, therapeutic, and preventative strategies for use in clinical care.

VA Palo Alto is one of several VA biorepository sites within VA. (Pictured: Dr. Mark Holodniy, Director of the Office of Public Health Surveillance and Research.)



## VA RESEARCH IN SPACE

In space, astronauts must keep a strict workout regimen to keep their muscles from deteriorating in the weightless environment. VA Palo Alto's Huang Lab is one of the selected research projects now onboard the International Space Station (ISS) to study the effects of "muscle wasting" with engineered tissue samples in a microgravity environment.

Dr. Ngan Huang, a biochemical engineer and principal investigator at VA Palo Alto, and her team worked with implementation partner, BioServe Space Technologies, to develop customized bioreactors to house the samples and guides for the astronauts to fulfill experiments on the ISS. The project was funded by a joint program between the National Science Foundation and the Center for the Advancement of Science in Space (manager of the ISS U.S. National Laboratory) specifically looking for projects in the field of tissue engineering.



Dr. Ngan Huang and her lab team attend the shuttle launch that brought their research to the space station.





The safety of our Veterans and workforce is essential every day.

## SAFETY STAND DOWN

In June 2021, VHA conducted an enterprise-wide safety stand down: a statistically significant system-wide review focused on safety practices and reaffirming the organization's commitment to delivering safe and highly reliable care for our Veterans. Every service met with their teams to facilitate discussions around:

- What is one current strong practice that your team employs to prevent harm to Veterans?
- What is one safety concern that your team identified in your current environment or operations?
- What is one system barrier that your team identified that impacts the ability to provide safe and reliable care?
- What is one commitment that your team has made to address concerns and/or improve the overall culture of safety across VHA?



## SAFETY FORUMS

In 2021, Safety Forums were introduced at VAPAHCS. A Safety Forum is a foundational leadership practice that provides a venue for communicating patient safety goals and the importance/appreciation of reporting, while promoting a Just Culture. Leadership demonstrates its commitment to transparency, a culture of safety and the HRO principles through role modeling, and reinforcing Just Culture behaviors. The Safety Forums are a place for organizational self-reflection and learning, a place to recognize Continuous Process Improvement success stories and share best practices and a place to publicly recognize, and reward staff members. These activities build teamwork across the organization.



## LYNX

VA Palo Alto Police Service launched a new internet-based panic alarm system called Lynx that allows employees to quickly and discretely communicate emergent situations to police dispatch in the event the user cannot place a phone call. With the simultaneous stroke of two keys, a panic alarm alerts police dispatch with the user's location. Lynx can also provide mass notifications of facility alerts or emergencies to all workstations.

The software is currently piloted at Palo Alto, Menlo Park, and Livermore Divisions, with plans to install it at Community-Based Outpatient Clinics in 2022.



## ATLAS POLICE K9



VA Palo Alto Police Service's newest recruit, Atlas, brings a whole new level of skill to the team. The European Labrador Retriever is trained to track down lost patients and help with any drug-related cases, all with his nose.

When Police Chief and U.S. Marine Corps Veteran Martin Sizemore joined VA Palo Alto, one of his first initiatives was to implement a K9 program. With the support of executive leadership, Sizemore contracted a kennel that flew to Holland to find Atlas.

His handler is Christian Mattei, a Lieutenant Detective and Air Force Veteran with more than 11 years of service with VA Palo Alto Police. After making his way to lieutenant with a solid track record, he was the obvious choice to become the first K9 handler in the health care system.

While drug detection isn't a frequent task, Atlas is based at the VA Menlo Park Division, which is home to several nursing facilities dedicated to elderly patients, some suffering from dementia or Alzheimer's Disease. The value of having an officer like Atlas is high when it comes to these populations.

These tracking skills are also key to strong partnerships with community law enforcement as he can be an asset for cases like missing people. Ultimately, police dogs can make officers more approachable and with Atlas' puppy face, you can see why!





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



**Families Served**

**768**

**Nights Stayed**

**1,498**

**\*Fisher House 1 closed until June 2021**

**Hotel Savings**

**\$299,600 at \$200 / night**

## FISHER HOUSE

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.

This year marks the 15th anniversary of the grand opening of our first Fisher House. Our second Fisher House was built in 2019 and in 2020, VAPAHCS was selected as 1 of 12 sites to receive a third Fisher House.

Fisher House Foundation builds comfort homes where military and Veteran families can stay free of charge, while a loved one is in the hospital. On any given night, over 1,000 families are staying in one of the 90 Fisher Houses in districts throughout the country.

Every Fisher House has a bronze bust of Zachary and Elizabeth Fisher, Founders of the Fisher House Foundation. They established the Fisher House program in 1990 so military and Veteran families would feel like they were guests in their own home.



**TRACY MARINO**

*So many families express their gratitude after each stay because it saves them so much time and money, allowing them to focus on the recovery of their loved one.*

## 2021 VHA National Community Partnership Challenge Winner



The VHA National Community Partnership challenge is an annual award recognizing outstanding partnerships that help Veterans and their communities. This year's theme was "Adaptability in a Changing World" to recognize partnerships that focused on helping diverse populations of Veterans, especially in times of uncertainty such as during the coronavirus pandemic.

VAPAHCS won this year for its medical-legal partnership with Bay Area Legal Aid. VA social workers identified Veterans with civil legal problems during wellbeing assessments and collaborated with Bay Legal lawyers to resolve them. The partnership was honored in a virtual awards ceremony in August 2021 with remarks given by VHA Acting Under Secretary for Health Dr. Steven Lieberman.

Veterans & Caregivers Served

**5,040**

Nights Stayed

**12,564**



### DEFENDERS LODGE

The Defenders Lodge provides free temporary lodging for Veterans traveling long distances and those undergoing extensive treatment or procedures, such as organ transplants or chemotherapy.

This year, one of the Fisher Houses and the Defenders Lodge was also used to provide temporary lodging for staff who were detailed to the Palo Alto Division to support COVID-19 efforts.

\$ Savings in Hotel Expenses for Veterans

**\$2,512,800** (\$200 / night)



**Our people – the employees, volunteers, students, trainees, contractors, and others who serve our Veterans – are our most important resource.**

## DIVERSITY AND INCLUSION

The mission of the VA's Diversity and Inclusion (D&I) Program is to grow a diverse workforce and cultivate an inclusive work environment, where employees are fully engaged and empowered to deliver the outstanding services to our Nation's Veterans, their families, and beneficiaries.

**18.55%**

1,024 of staff are Veterans

**5,488**

Total number of employees onboard as of September 2021.

**21%**

Of the workforce is retirement eligible

### Workforce

Race/Ethnicity	Number	Percentage	RCLF
White	1,863	33.89%	43.62%
Black	636	11.57%	5.74%
Hispanic or Latino	463	8.42%	32.69%
Asian	2,325	42.30%	15.96%
Native Hawaiian or Other Pacific Islander	80	1.46%	0.38%
American Indian or Alaska Native	89	1.62%	0.75%
Two or More Races/ Undisclosed	41	0.75%	0.85%

Age Group	Number
0-20	7
21-30	586
31-40	1,472
41-50	1,298
51-60	1,337
61-70	705

\*RCLF - Relevant Civilian Labor Force



**Health Equality Index (HEI)** – The HEI survey recognizes the work that is being accomplished by our facility to ensure clinical services provided to Veterans with LGBT and related identities are consistent with VHA policies and priorities. In 2020, VAPAHCS reached Leader Status, a rating of 100%. This achievement that garners national attention and shines a light on the work being done within the health care system.



## WORKFORCE DEVELOPMENT

VAPAHCS is committed to providing employees with the training and education they need to provide outstanding service to Veterans. In support of employee engagement and continuous leadership development Education, a section of Quality, Safety, and Value (QSV) Service, facilitates the Emerging Leaders Development Program, Leadership Development Institute, Supervisor Series, All Employee Survey (AES) action planning, and New Employee Orientation.

The Healthcare Leadership Talent Institute (HLTI), a national VA training and development group, is responsible for partnering with local facilities like VAPAHCS on leadership development, talent management, and succession planning for more than 350,000 employees across VHA. HLTI identifies, develops, and strategically manages healthcare leadership talent across VHA, with the goal of growing an engaged workforce that delivers exceptional service to our Nation's Veterans.

In FY2021, the Workforce Development Council was established to provide strategic planning and a structured approach to meet the needs of a diverse and engaged workforce. The council aims to improve the organizational health of the facility by promoting an equitable, inclusive, and safe environment for all staff. The council advocates for a robust recognition and award system, fosters a culture of collaboration, and communication around best practices in employee engagement, promotes opportunities essential for professional development and assists in the implementation of strategies to enhance the employee experience.

## ALL EMPLOYEE SURVEY

The AES is a confidential tool for VA employees to provide feedback to leadership on key areas such as job satisfaction, workplace perceptions, and employee engagement. The AES helps VHA make the changes needed to improve both the employee and Veteran experience.

The AES is administered in June of each year. This year, 287,224 (69.2%) of VA employees across the country completed the survey, surpassing the national response goal of 60%.

### VAPAHCS Breakdown of FY2021 Results

Score Category	# of Responses
Good to Great	12,156
Okay	1,668
Needs Attention	689
<b>Total</b>	<b>14,513</b>

VAPAHCS had a response rate of 57% this year. While the response rate is lower than the national goal, responses have been trending upward over the past few years.

**Best Places to Work** score is a measure of overall job satisfaction. In this area, VAPAHCS scored 72 out of 100, which was higher than VISN 21 and VA nationwide. The VAPAHCS **Engagement** score improved by 2% this year, with 40% engaged, which was slightly higher than VISN 21 (39%), but slightly lower than VA (41%). Training was available for all supervisors so they could learn how to interpret their AES data and share it with staff to create more meaningful action plans.

**When You Speak. VA Listens. Everyone Learns.**

# I AM NOT INVISIBLE

There are roughly two million living women Veterans and some of them are VAPAHCS employees. Women Veterans are the fastest-growing population under VA care. In celebration of Women's History Month in 2021, a permanent display was established at the Palo Alto Division, spotlighting the many faces of this diverse and important segment of the Veteran community. This exhibit is part of the I Am Not Invisible campaign, aiming to increase awareness and dialogue about women Veterans, as well as open viewers' eyes to the myriad levels of expertise of Veterans serving Veterans as VA employees.



**Hanna Kassa**

United States Navy Veteran  
2007-2015  
Nurse Corps



**Christine Salcedo**

United States Army Veteran  
2004 - 2012  
Military Intelligence Analyst



**Doral Gonzales**

United States Army Veteran  
1990-2012  
Nurse Corps



**Christina Deal**

United States Coast Guard Veteran  
1992-2012  
Yeoman-Operations Officer



**Kathryn O'Melia**

United States Marine Corps Veteran  
2000-2004  
Landing Support Specialist



**Anne Jordan**

United States Army  
National Guard Veteran  
2009-2015  
Military Police- Chaplain Candidate



**Kimberly Ranade**

United States Navy Veteran  
2013-2019  
Nurse Corps

## 2020 EISENBERG AWARDS



The Joint Commission and National Quality Forum (NQF) recognized Dr. David Gaba and Dr. Elizabeth Oliva with 2020 Eisenberg Awards, a prestigious program aimed at recognizing the best examples of individual, local, and national efforts to improve patient safety and health care quality.



**Dr. David Gaba** is a staff anesthesiologist and Director of the Patient Simulation Center of Innovation, who received the Individual Achievement Award for his career as an educator, researcher, scholar, physician, and institutional leader. Dr. Gaba's innovations have led the field in the invention, use, and commercialization of modern mannequin-based simulation; Adaptation of Crew Resource Management from aviation to use within anesthesiology was adapted by Dr. Gaba's group in the late 1980s as part of simulation-based training; and creation and promulgation of multi-event "cognitive aids" for real-time use in time-critical, life-threatening situations.



**Dr. Elizabeth M. Oliva** is an Investigator at VA Palo Alto Health Care System's Center for Innovation and Implementation and is the VA National Opioid Overdose Education and Naloxone Distribution Coordinator. Dr. Oliva led VA Rapid Naloxone Initiative implementation efforts in 2018 with support from VA's Diffusion of Excellence program. The initiative was recognized for the National Level Innovation in Patient Safety and Quality award.

## VA SEXUAL ASSAULT AND HARASSMENT PREVENTION WORKGROUP

This year, VA selected members for a new national workgroup on Sexual Assault and Harassment Prevention Workgroup. **Song Hui Miller**, Program Manager for Prevention and Management of Disruptive Behavior, was selected to join the workgroup, representing the VAPAHCS' Office of Quality, Safety, and Value Service. The appointees are selected for their subject matter expertise and will advise the Secretary of VA on department policies and procedures to eliminate sexual assault and harassment in VA facilities.



# DISASTER EMERGENCY MEDICAL PERSONNEL SYSTEM PROGRAM

The Disaster Emergency Medical Personnel System (DEMPS) Program is the VHA's main program for deployment of clinical and non-clinical staff to an emergency or disaster. DEMPS maybe used for internal VHA missions, as well as supporting external missions identified under the VA's 4th Mission and in direct support of the National Response Framework.

Regardless of profession and skill set, participation as a DEMPS volunteer is appreciated by the many people who needed help. This year, VA Palo Alto deployed employees to various parts of the country to provide disaster relief for situations ranging from hurricanes to COVID-19 response, including:

- **Thais Rezio**
- **George Medland**
- **Christopher Lambert**
- **Scott Batson**
- **Sean Potts**
- **Richard Rohr**
- **Joselito Chico**
- **Tho Nguyen**



## GEORGE MEDLAND

“ I wanted to support my fellow Nursing professionals across the country, who were getting overwhelmed by the pandemic. The deployment was the most rewarding clinical work I've ever done.” - George Medland, Pathway to Excellence Coordinator, Nursing Service

### Deployment:

- HCOVID response team for Salem VA Medical Center in Virginia



## THAIS REZIO

“ The Puerto Rico experience changed my life forever. It was incredible and one of the hardest and most rewarding things I've ever done in my life. You build bonds with the patients and people you're deployed with, and I still talk to several of them to this day. - Thais Rezio, BSN, RN-BC PCCN, 3C Staff Nurse, U.S. Navy Nurse Corps

### Deployment:

- Hurricane Maria, Puerto Rico, Sept 2017
- DEMPS National Full-Scale Exercise in Martinsburg VAMC, Virginia, June 2019
- COVID response in Amarillo VAMC, Texas, Nov 2020
- COVID response in Temple VAMC, Texas, Jan 2021



## CHRISTOPHER LAMBERT

“ The ability to provide care for those outside of the VA system, and the opportunity to showcase the VA system as a National Healthcare Leader, was the inspiration behind my volunteerism.” - Christopher Lambert, RN. Nursing Service, SIPS Service Line, G.I. Lab Department, U.S. Navy Corpsman Veteran

### Deployment:

- HCOVID Immunizations to O'Hare Airport Personnel, Chicago, Illinois

## INTERMEDIATE CARE TECHNICIANS

The VA Intermediate Care Technician (ICT) Program is designed to hire former military corpsmen and medics into positions at VA Medical Centers as an integral part of the medical team. VA Palo Alto has been able to leverage this program to innovate the way care is provided with two ICT-based initiatives implemented in 2021.



### Skillbridge

The Department of Defense (DoD) partnered in 2019 with the VA under its Transitioning Military Personnel initiative. The partnership allowed service members from the DoD SkillBridge to receive their DoD salary and benefits at no cost to the VA while providing real-world job experience. Acting Associate Director for Patient Care Services and Nurse Executive David Renfro saw an opportunity to leverage this program to hire VA Palo Alto's first intermediate care technician.

The collaboration of these two programs not only made U.S. Army First Lieutenant Vanessa Gil the first ICT at VAPAHCS, but also the first hybrid VA Skillbridge ICT in the nation. The growth of Skillbridge to more professional fields and facilities in the nation allowed Gil to continue at a VA in Georgia so she can be closer to her family.



### S.C.O.U.T.S

In June 2021, VAPAHCS became one of eleven pilot sites for S.C.O.U.T.S., or "Supporting Community, Outpatient, Urgent Care, and Telehealth Services." The geriatric Veteran program was deployed within the emergency department, where ICTs screen Veterans who are 70 years or older for high-risk conditions such as caregiver burden, limited mobility, or risk of falls.

One month later, they expanded the pilot to complete the screening process in the comfort of a Veteran's home, where an ICT provides a digital consult to ensure Veterans have a smart device and a good connection for virtual appointments. They assist with the first appointment to troubleshoot any technical issues and can enhance the virtual visit with a digital stethoscope that allows doctors to virtually listen to heart health in real-time.

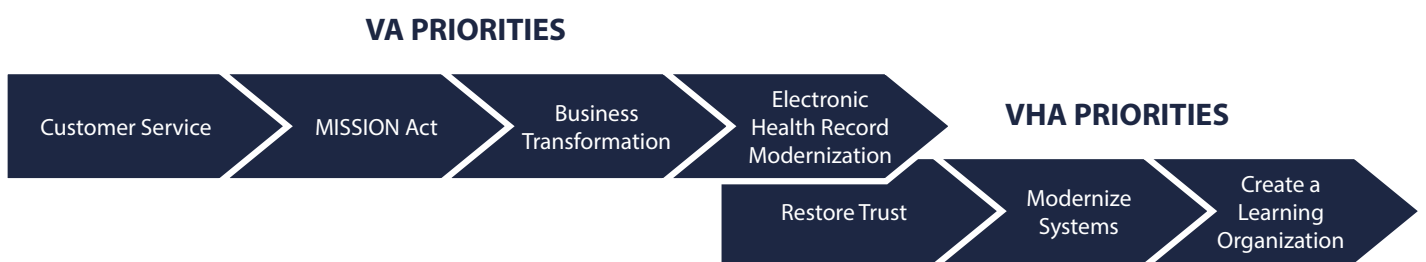
# ORGANIZATIONAL DIRECTION

## VA/VHA STRATEGIC PRIORITIES

To fulfill the requirements of the Government Performance and Results Act Modernization Act of 2010, VA publishes a new strategic plan every four years at the beginning of each new term of an Administration. Developed using a Quadrennial Strategic Planning Process, the VA Strategic Plan builds upon an established set of strategic goals and objectives that are key outcomes of this process. VA's Strategic Goals are simple statements that reflect broad, long-term, outcomes VA aspires to achieve by executing its mission. VA's Strategic Objectives reflect the outcomes (expected results) or management impacts the Agency is trying to achieve. These objectives are used to align the Agency's collective efforts and guide programmatic and budgeting resourcing decisions for IT and non-IT investments and human capital resources.

Veterans Health Administration (VHA)'s plan is known as the VHA Long Range Planning Framework. It is used by VHA Program Offices, Veterans Integrated Service Networks, and VA Medical Centers to articulate and guide organizational change.

### FY 2020-2024 Veterans Health Administration Long-Range Planning Framework



### VHA LONG-RANGE GOALS

Goal 1	Goal 2	Goal 3	Goal 4
Make VHA the provider and care coordinator of choice for Veterans	Deliver comprehensive and integrated whole health care	Innovate as a learning and teaching organization	Increase the efficient and effective use of resources across the enterprise

The VA Palo Alto Health Care System FY2022-2024 Operational Plan provides guidance to drive healthcare system operations. It is living document supports the strategies of the VHA Long Range Planning Framework and is refreshed annually or as needed.



# VAPAHCS FY2022 OPERATIONAL PLAN

<b>#1 PATIENT EXPERIENCE</b> <i>(VHA GOALS: 1, 2,4)</i>	<b>#1 QUALITY AND PERFORMANCE</b> <i>(VHA GOALS: 2,3,4)</i>	<b>#1 EMPLOYEE EXPERIENCE</b> <i>(VHA GOALS: 3)</i>
<b>OBJECTIVE</b>	<b>OBJECTIVE</b>	<b>OBJECTIVE</b>
<p><b>A.</b> Provide greater choice and access to care that supports and encourages lifelong health and wellness and addresses Veteran healthcare disparities <i>(VHA: 1.3,1.4)</i></p> <p><b>B.</b> Build relationships with internal and external partners <i>(VHA: 2.3)</i></p> <p><b>C.</b> Optimize facility and VISN resources efficiently <i>(VHA: 4.2)</i></p>	<p><b>D.</b> Transform VAPAHCS into a High Reliability Organization. <i>(VHA: 3.1)</i></p> <p><b>E.</b> Apply research into clinical practice <i>(VHA: 3.3, 3.4)</i></p> <p><b>F.</b> Meet/Exceed VHA Quality Benchmarks</p>	<p><b>G.</b> Retain and recruit talent</p>
<b>STRATEGY</b>	<b>STRATEGY</b>	<b>STRATEGY</b>
<p><b>A.1:</b> Increase access to mental health, women’s health, and suicide prevention services <i>(VHA: 1.3.1)</i></p> <p><b>A.2:</b> Expansion and sustainment of Whole Health</p> <p><b>A.3:</b> Increase utilization of telehealth modality to provide care to Veterans</p> <p><b>A.4:</b> Increase number of newly enrolled Veterans receiving care at VAPAHCS</p> <p><b>A.5:</b> Increase the use of VAPAHCS as a referral site for Veterans currently enrolled in VA</p> <p><b>B.1:</b> Foster information exchange and closer partnership with DoD, Military and Veteran Service Organizations, academic affiliates, and other partners to play key roles in Veterans’ health care delivery <i>(VHA: 2.3.1)</i></p> <p><b>C.1:</b> Advance the alignment of health care infrastructure and delivery of care</p>	<p><b>D.1:</b> Implement and embrace Just Culture principles <i>(VHA:3.1.1)</i></p> <p><b>D.2:</b> Implement and embrace continuous process improvement</p> <p><b>D.3:</b> Reduce Adverse Events</p> <p><b>E.1:</b> Develop a knowledge translation program to move scientific research results into clinical care practice <i>(VHA: 3.3.1)</i></p> <p><b>E.2:</b> Promote VAPAHCS as a thought leader in health care training and delivery <i>(VHA: 3.4.1)</i></p> <p><b>E.3:</b> Promote Evidence-based research and clinical practice</p> <p><b>F.1:</b> Establish excellence regarding VA metrics</p>	<p><b>G.1:</b> Recruit lasting talent and retain human capital</p> <p><b>G.2.</b> Foster a safe environment for employees</p>

## MARKET ASSESSMENTS

The Department of Veterans Affairs (VA) operates the largest integrated health care system in the country. **VA must adapt and evolve its delivery of health care to keep up with the current and future needs of Veterans and remain a leader in U.S. health care.**

An important component of this effort is adapting VA's health care infrastructure to provide care closer to where Veterans live and in line with their preferences. The VA MISSION Act of 2018 established the market assessment process to inform and support an Asset and Infrastructure Review (AIR) Commission, which will help VA modernize its infrastructure to **increase Veteran access to care and improve Veteran outcomes well into the future.**



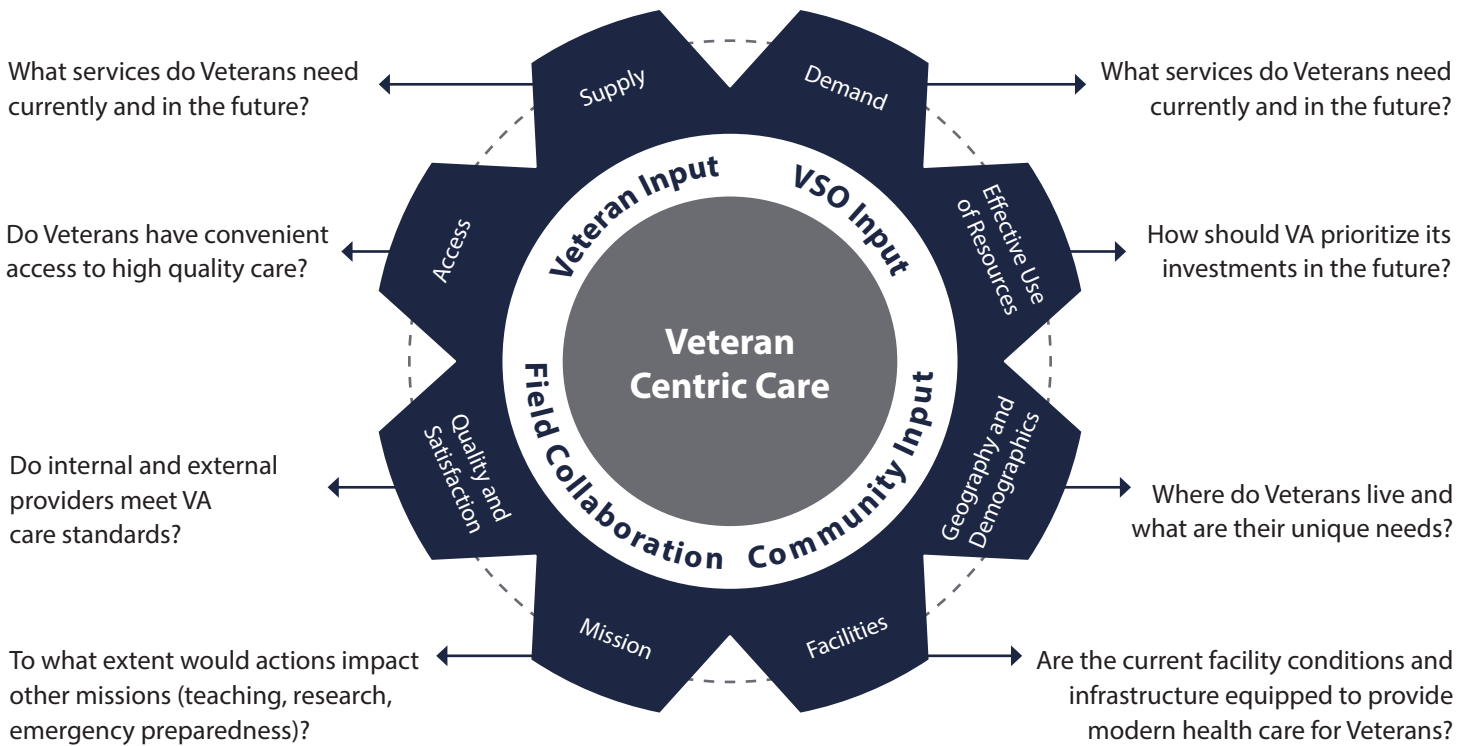
### Market Assessments:

- Will design high-performing integrated health care networks to provide coordinated, lifelong, world-class health care and services that leverage cutting-edge research and equitable access to the Nation's top academic and medical professionals
- Provide VA with the ability to plan for the continuing evolution of Veteran health care, incorporating major trends and events in the national and global health ecosystem
- Will identify strategic opportunities to position VA to:
  - Increase health care access points in locations where demand for VA health care services is not being met
  - Enhance Veteran experience
  - Account for social determinants
  - Consider health equity factors
  - Serve as the coordinator of Veteran health care and services

## Air Commission

As outlined in the MISSION Act, the VA Secretary will submit recommendations regarding the future of VA health care to the presidentially appointed AIR Commission in January 2022. The recommendations will focus on creating Veteran-centric outcomes that improve health care services through the most equitable modalities and at locations that most benefit those VA serves.

The MISSION Act outlines a multi-step process into 2023 to review and validate VA's recommendations through the AIR Commission, the President, and Congress. Recommendations will not be enacted prior to congressional approval.



## The Future of VA Health Care

VA remains committed to delivering exceptional health care for Veterans. Veterans are and will always be at the center of VA's health care services. VA remains committed to a core set of immutable values that empower, strengthen, and encourage a vibrant and healthy Veteran community.

As Veteran needs, preferences, and demographics shift over the coming decades, VA's top priority is to design an integrated system providing coordinated, lifelong, world-class health care and services. VA will remain the primary provider and coordinator of Veteran care.





**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 Place  
San Jose, CA 95138  
(408) 574-9100



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



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

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