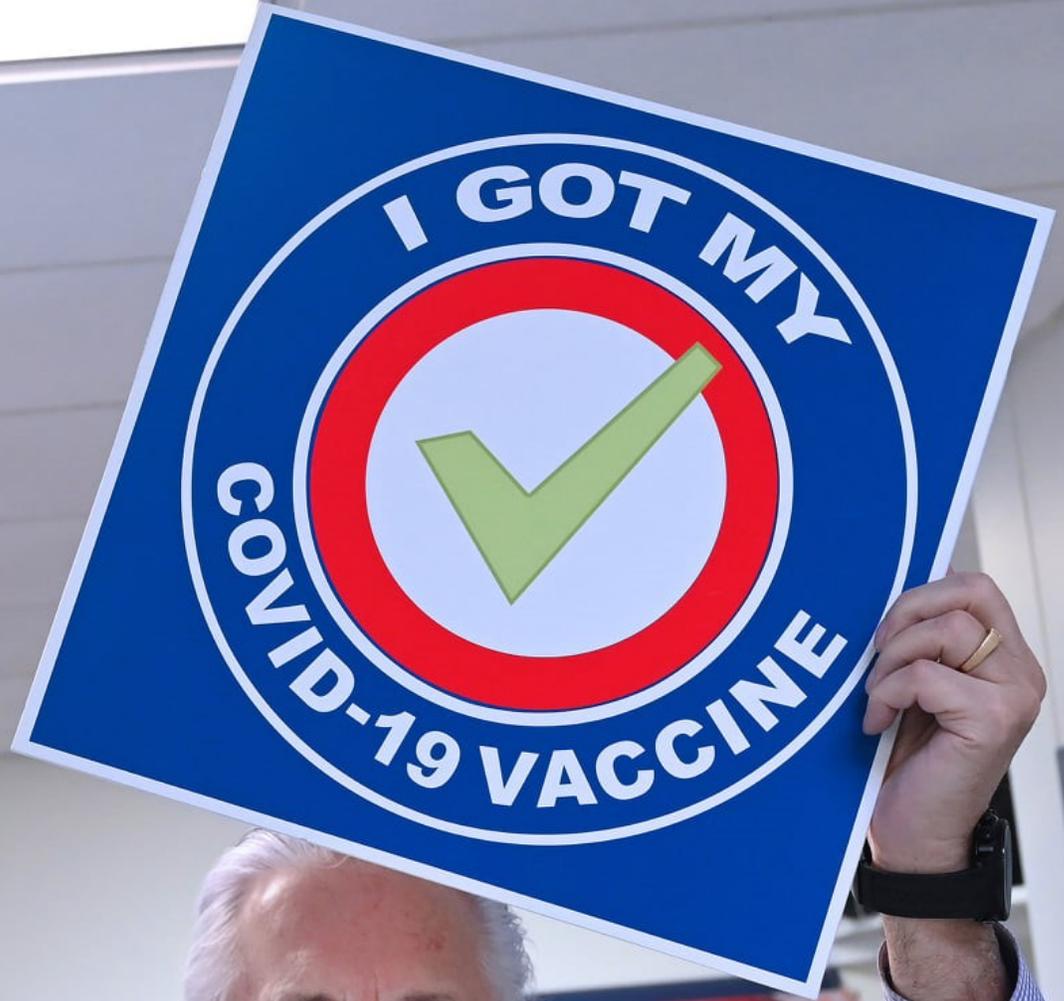


VA



U.S. Department of Veterans Affairs
Veterans Health Administration
VA Great Lakes Health Care System (VISN 12)



ANNUAL REPORT 2020



FROM THE EXECUTIVE DIRECTOR

As we begin a new year, I'd like to take the opportunity to reflect on the extraordinary efforts the staff and volunteers of this network accomplished during 2020. As the Executive Director of Veterans Integrated Service Network (VISN 12), it has been my honor to serve our nation's heroes, providing them the best care they have earned and deserve, and to lead this awesome team of health care professionals. From our office located in the Chicago suburb of Westchester, Illinois, VISN 12 oversees clinical activities for eight VA Medical Centers, 41 outpatient clinics, eight nursing homes and seven domiciliaries, offering health care services to over 800,000 Veterans who reside in Illinois, Wisconsin, Michigan's Upper peninsula and Northwest Indiana.



This annual report highlights some of our significant accomplishments over the past year. The COVID-19 pandemic was undeniably the greatest challenge of 2020. Through the high-tempo operations and long hours, our staff didn't skip a beat. Many of them made sacrifices that impacted them personally and, in many cases, their family members as well. Yet, they showed up every day and got the job done with excellence and pride to ensure the safest environment for our patients and staff.

VISN 12's many accomplishments were a direct result of the highly-skilled, talented, and committed staff who gave their best, day-in and day-out, to make a positive and lasting impact on the health and well-being of our patients. We offered our patients a wide variety of options, from preventive care to kidney, liver, lung and heart transplant programs, a nationally-recognized whole health program, and everything in between. We were also busy helping others: caring for humanitarian under VA's Fourth Mission, supporting referrals from the community, and deploying staff to support COVID-19 efforts at sister VA facilities, private hospitals across the country, and State Veterans Homes.

Moving forward, we remain motivated, committed, and focused on providing our patients world-class medical care. With the incredible team that makes up VISN 12, 2021 is destined to be another outstanding year!

Sincerely,
Victoria P. Brahm, MSN, RN, VHA-CM
Executive Director





LEADERSHIP TEAM

Executive Director

Victoria P. Brahm, MSN, RN, VHA-CM

Deputy Network Director

Lynette Taylor, MHSA, BSN, RN

Chief Medical Officer

Praveen Mehta, MD, MBA, FACP

Chief Nursing Officer

Shavetta Williams, MSPH, RN

Quality Management Officer

Barbara R. Kelly, MS, RN

OUR PHILOSOPHY

MISSION

To serve the health care needs of America's Veterans. This is accomplished through a comprehensive, integrated health care delivery system that provides excellence in health care value, excellence in service as defined by customers, and excellence in education and research.

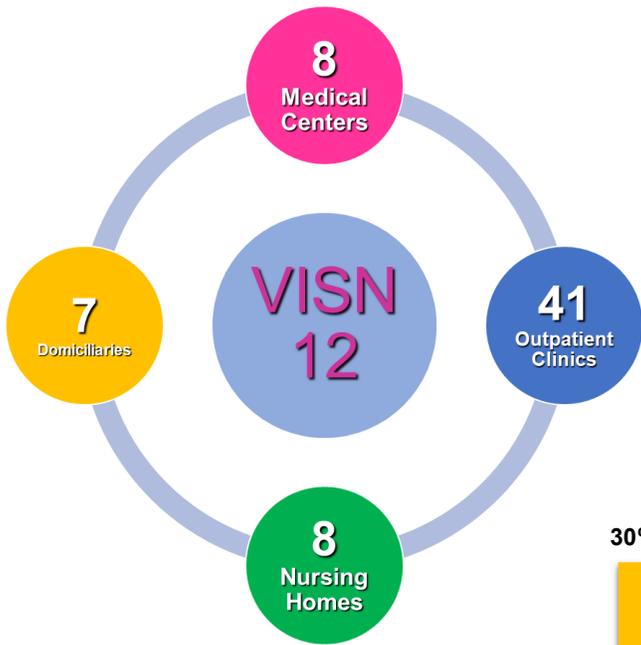
CORE VALUES

*Integrity
Commitment
Advocacy
Respect
Excellence*

VISION

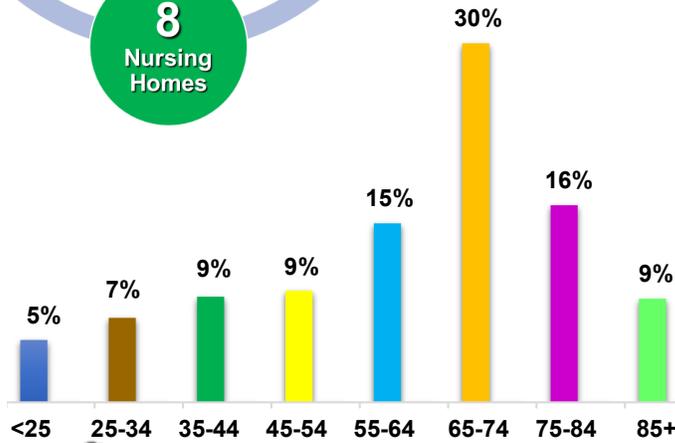
To be a Veterans' health care system that supports innovation, empowerment, productivity, accountability, and continuous improvement. Working together, a continuum of high-quality health care is provided in a convenient, responsive, caring manner.

VISN 12 AT

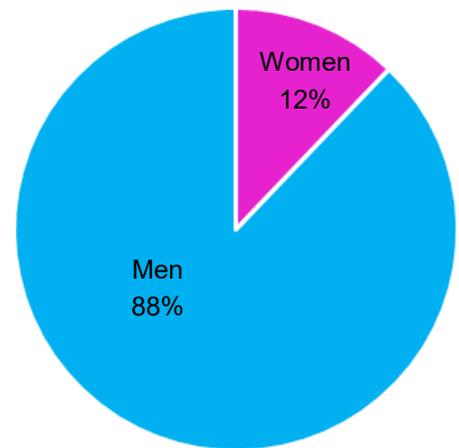


**343,723
VETERANS
SERVED**

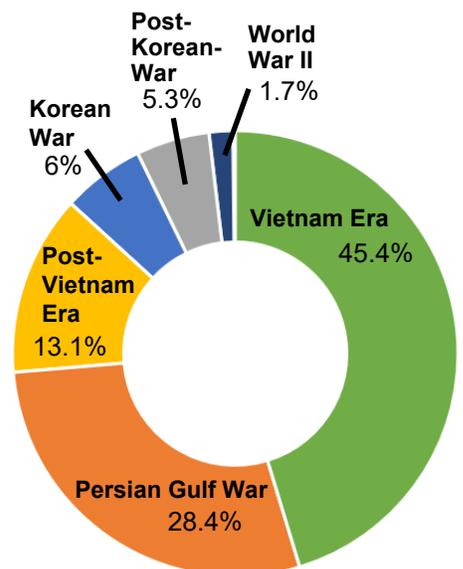
AGE



GENDER



SERVICE ERA



A GLANCE

OPERATING BUDGET

| | |
|-------------------------------|-----------------|
| Total Operating Budget | \$4,085,462,708 |
| Salaries & Benefits | \$2,145,969,379 |
| Consolidated Mailout Pharmacy | \$194,769,041 |
| Community Care | \$669,399,605 |
| In-House Drugs & Medicine | \$187,760,639 |
| Medical Care Collection | \$171,536,515 |
| Supplies & Equipment | \$359,069,908 |
| Lands & Structures | \$109,569,672 |
| Prosthetics | \$117,533,160 |
| Contract Services | \$280,625,081 |

WORKFORCE

| | |
|-------------------|--------|
| Total Employees | 22,008 |
| Employee Veterans | 4,709 |
| New Hires | 7,801 |
| Physicians | 1,680 |
| Nurses | 3,716 |

VOLUNTEERS

| | |
|-----------------------|---------|
| Total Volunteers | 2,846 |
| Total Volunteer Hours | 259,609 |
| Average Hours | 91 |

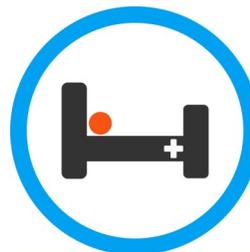
DONATIONS

| | |
|--------------------------|-------------|
| Total Value of Donations | \$5,497,065 |
| Items | \$3,891,536 |
| Monetary | \$1,313,088 |
| Activity | \$292,439 |
| COVID-19-Related | \$710,439 |

OPERATING STATISTICS



707,468
OUTPATIENT
VISITS



343,723
TOTAL
ADMISSIONS



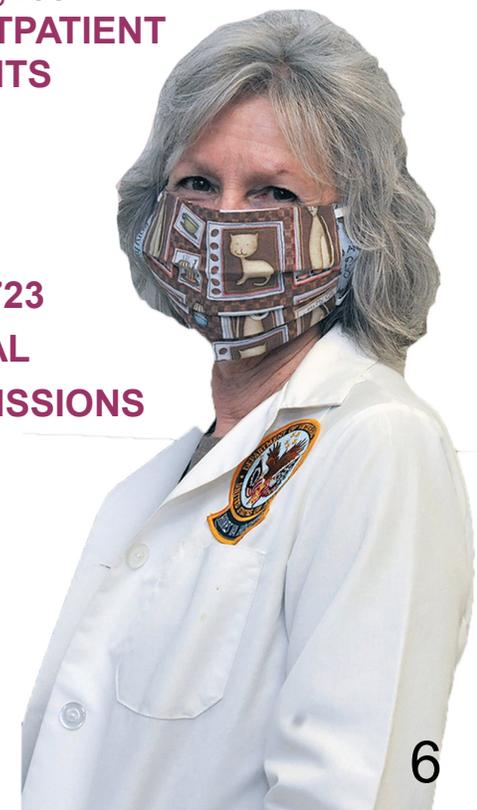
146,201
EMERGENCY
DEPARTMENT
VISITS



2,264
OPERATING
BEDS



15,528
SURGERIES
PERFORMED



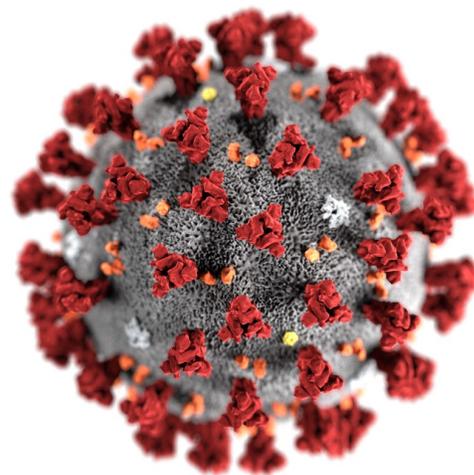
COVID-19

NAVIGATING THE PANDEMIC

VISN 12 was proactive in our actions to address the surge planning and work force assessment to respond to COVID-19. On March 3, 2020, VISN 12 leadership established incident command across the entire VISN 12 coverage area, including all eight VA medical facilities in Illinois, Wisconsin, Northwest Indiana, and the Upper Peninsula of Michigan. The VISN 12 Incident Command structure ensured that daily communication with our medical facilities was established to oversee the COVID-19 response. On March 8, 2020, the State of

Illinois confirmed seven cases of COVID-19 in the community and the Governor declared the State of Illinois a disaster area. On March 13, 2020 the White House announced the proclamation declaring a National emergency concerning the Novel Coronavirus Disease Outbreak.

VISN 12 Incident Command established two calls per day; one call as a VISN-level leadership call and one call with medical center directors. Incident Command focused on implementing CDC guidelines on screening for COVID-19, reallocating core surge response components such as personal protective equipment (PPE), ventilators, dialysis machines, and workforce to manage the outbreaks. The medical branch of Incident Command, in conjunction with the Chief Medical Officer and facility Chiefs of Staff, developed protocols, identified areas of need, and determined locations for testing. All information was captured to provide updates on daily Veterans Health Administration Central Office (VHACO) calls with the Executive in Charge (EIC).



Our VISN 12 plan focused on the facilities as a Northern Tier (Upper Peninsula Michigan, Wisconsin) and Southern Tier (Illinois). The surge plan included two aspects of surge response: 1) phased surge plans at each facility to increase beds as a response to the COVID-19 wave and 2) effective coordination led by a dedicated triage team to decompress stable patients to ensure available bed capacity. These two initiatives allowed VISN 12 to manage capacity efficiently, which helped the network throughout our response to COVID-19.

In late March and early April 2020, VA medical facilities in the Chicagoland area and Milwaukee VAMC began to see COVID-19 positive inpatients. At the same time, Chicago community hospitals experienced high demand and were nearing ICU capacity above 85%. The Governor of



PANDEMIC

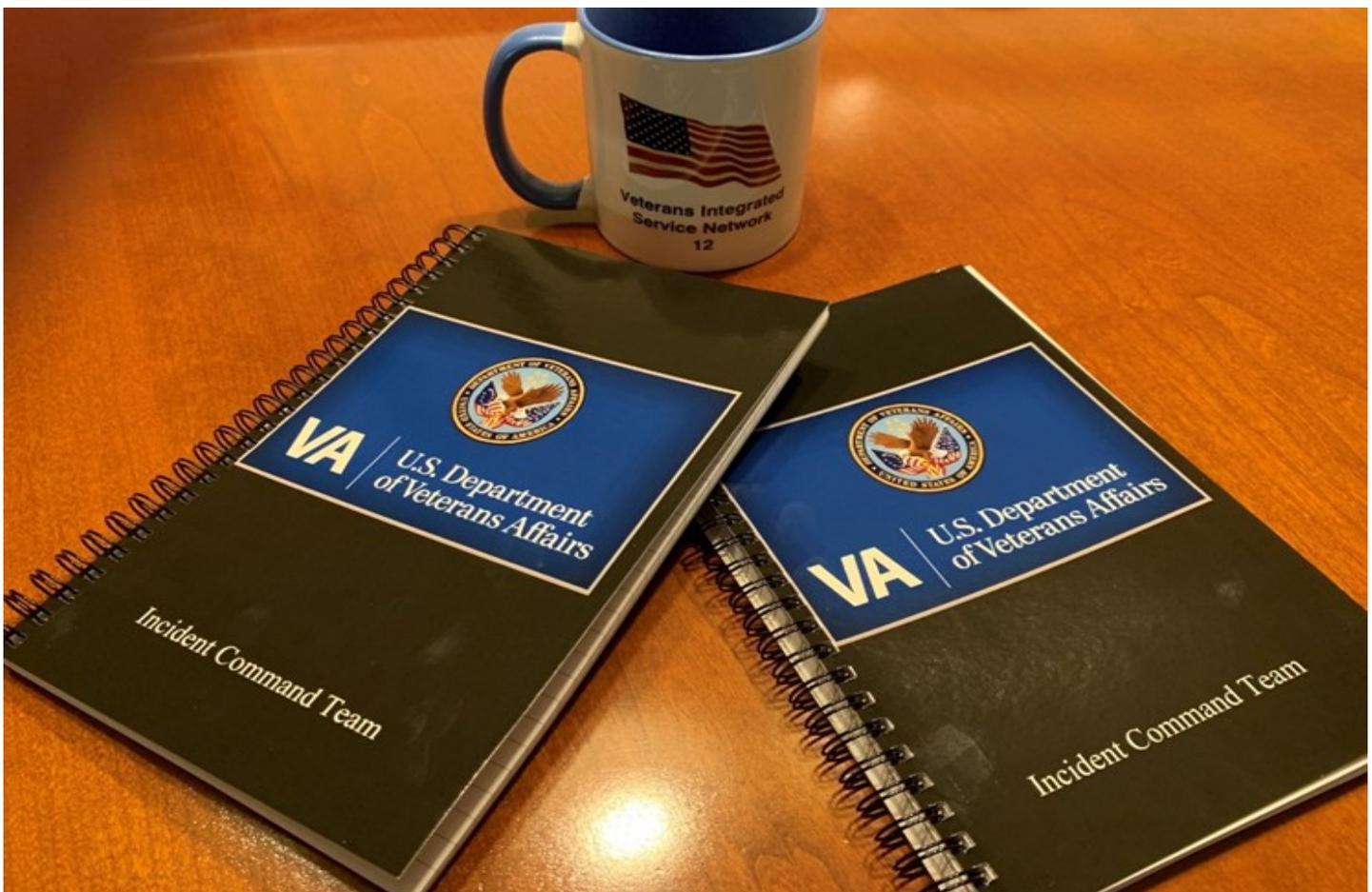
Illinois requested federal assistance to increase community bed capacity. VISN 12 responded to VA Fourth Mission Assignment (MA) by accepting ICU, med-surg patients from the community.

Utilizing the New England Journal of Medical article “Clinical Characteristics of Coronavirus Disease 2019 in China,” VISN 12 developed and implemented a proactive surge plan. We developed a phased approach to each facility surge plan to decompress occupancy. The medical branch of Incident

Command and Chief Medical Officer worked with Chiefs of Staffs to design an incremental plan to expand capacity when the VA Medical Centers crossed certain predetermined thresholds to trigger need decompression. VISN 12 worked with facilities to prepare proper surge plans and ready them for the influx of med-surg and ICU patients prior to COVID surge utilizing consultant projected data (NEJM). The medical branch of the incident command reviewed CDC and VHACO guidance to ensure that the

medical facility clinicians understood the guidance and implemented it with standardization across the VISN. We implemented a creative solution to both decompress hospitals within VISN 12 as well as the community hospitals (4th Mission) with the triage team comprised of clinical experts to direct patient flow and send patients to the right level of acuity.

Frequent calls were established by the patient movement section of Incident Command with each facility to focus on current bed capacity



COVID-19

and staffing to establish smooth transfers from one facility to another in order to decompress VISN 12 medical facilities that were experiencing COVID-19 surges.

EMERGENCY MANAGEMENT

The VISN 12 Emergency Management program's focus through most of FY2020 was the COVID-19 pandemic response, with an unprecedented 241 consecutive days in Incident Command. The Emergency Management program in VISN 12 made critical improvements to the program despite the COVID-19 pandemic.

The VA launched the Employee Alerting and Accountability System (EAAS) and VISN 12 facilities started the transfer to this new, internal emergency notification system. Six of the eight VISN 12 medical facilities, the VISN office in Westchester, IL, and Honey Creek, WI, migrated to the new EAAS system. This system allow each facility to contact VA employees via multiple sources such as phone and email as well as other methodologies.

VISN 12 received significant Emergency Management Performance Improvement (EMPI)

funds in FY 2020. Collectively, VISN 12 facilities submitted 21 project proposals to the VA Office of Emergency Management (OEM) for EMPI funding to improve the individual medical facilities' Emergency Management programs. The proposals aimed to improve the program in the preparation, mitigation and response to emergency events. VISN 12 received in total \$1.35M in EMPI funding in FY20, representing a significant investment in the VISN 12 Emergency Management program.



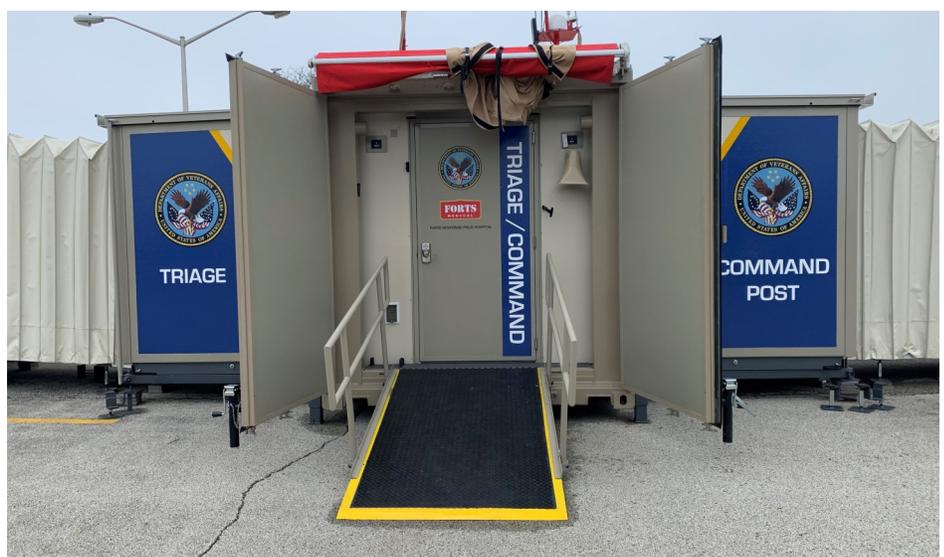
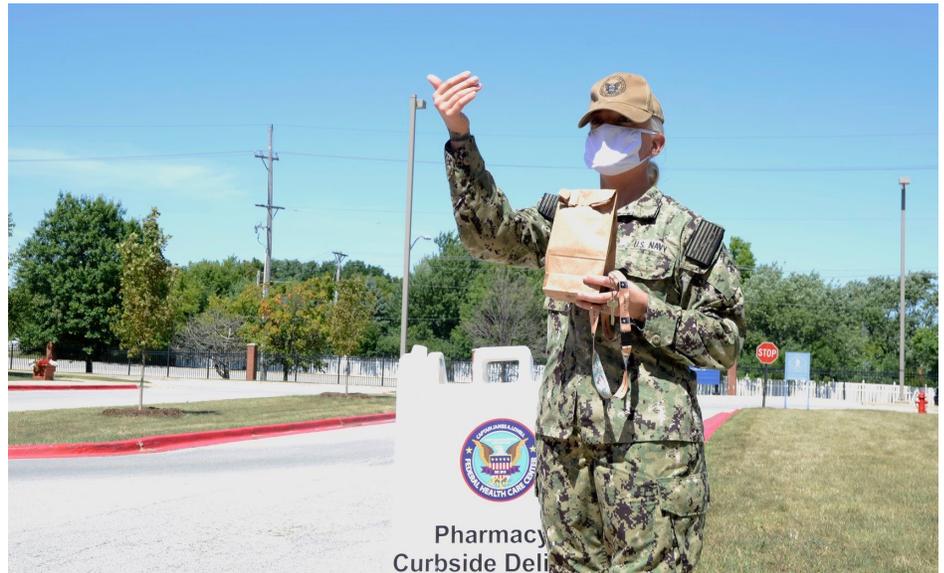
PANDEMIC

WORKFORCE MANAGEMENT

VISN 12 Workforce created standard work to expeditiously place staff to support COVID-19 hotspots in the network. The Midwest Consortium partnership was extremely collaborative. Standard work included integrated workflow between the following key stakeholders:

- VISN and medical facility travel
- VISN Human Resources (HR) special contribution award processing
- Great Lakes Acquisition Center contracting
- VISN and medical facility HR credentialing and privileging
- VISN CHIO/ePAS/CRPS
- VISN Disaster Emergency Medical Personnel System (DEMPS) coordinator
- Medical facility leadership, supervisors and front-line staff
- VA Office of Nursing Services staff
- Survey Monkey feedback

Collectively, our ability to provide staffing support would not have been possible without the personal commitment of staff who volunteered for a COVID-19 detail. These staff took a personal risk during the pandemic, left their comfort zone and their families, and traveled to a new environment for the greater good of the Veterans we serve. Because of their direct patient care in areas critical to our healthcare system during the COVID-19 surge, Veterans received the care they so desperately needed. These staff exemplified and set the bar high for being a true example of what it means to “Put Veterans First.”



SUICIDE PR



SUICIDE PREVENTION: *Public Health Approach to Suicide Prevention*

In each year since 2008, the number of Veteran suicides has exceeded 6,300, and suicide prevention remains highest priority for VISN 12. As a result, VISN 12 was on the forefront of expanding suicide prevention efforts. VISN 12 is one of the first regions in the Nation to implement Community-Based Interventions for Suicide Prevention (CBI-SP) and Suicide Prevention (SP) 2.0 by taking a comprehensive public health approach to suicide prevention that blends

equal weight and emphasis to community-based prevention and clinically-based interventions. VISN 12 supported the establishment of local community coalitions by enhancing and expanding current VISN 12 suicide prevention efforts using and monitoring resources through a comprehensive strategy to hire and train qualified Community Engagement and Partnerships Coordinators (CEPCs). CEPCs serve as members of their local prevention teams to build and engage coalitions at the

community, regional, and state levels, in order to implement community-based suicide prevention. Each VISN 12 facility now has at least one CEPC, and the VISN 12 office hired one Suicide Prevention Lead to oversee, coordinate and expand suicide prevention efforts for the Network.

VISN 12 nominated the states we serve — Illinois, Wisconsin, and Michigan — to participate in partnership with Substance Abuse and Mental Health Services Administration (SAMHSA) in the Governor's Challenges. This is an effort to

REVENTION

prevent suicide among service members, Veterans, and their families, and our Governors accepted. As a result, our VISN is working closely with the states to build strong coalition teams to engage local leaders to implement community-based prevention.

VISN 12 continues to serve as a partner with Illinois Joining Forces (IJF). IJF is a registered 501c3 operating under the provisions of the IJF Foundation Public Act. IJF serves as a statewide public-private partnership that promotes the efficient delivery of growth and wellness initiatives for service members, Veterans, and their families at

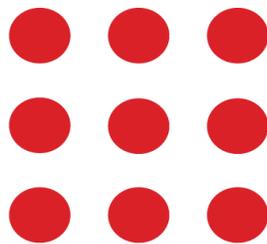
the community level throughout the State of Illinois, in their initiative to end Veteran death by suicide.

As a part of the ongoing effort to address Veteran suicides that occur in VA medical facility parking areas, the Suicide Prevention program has developed Veterans Crisis Line (VCL) resource signs for parking lots and parking structures. All VISN 12 medical facilities now display signage in all parking lots and parking structures to advertise the VCL.

VISN 12 Suicide Prevention Coordinators developed and coordinated a VISN-wide

means reduction campaign in which they visited and educated different communities every month on lethal means reduction strategies. Danville VA Medical Center had one of the best suicide prevention outreach efforts in the Nation. In order to increase community awareness of suicide prevention resources, Madison VA Hospital developed a coffee cup sleeves campaign, which is an innovative way to increase awareness of VCL information. This has also been implemented by other medical facilities in VISN 12.

Veterans Crisis Line



1-800-273-8255

PRESS 1



Suicide Prevention

ACCESS



VA VIDEO CONNECT (VVC)

In fiscal year 2020, VISN 12 increased access to care by providing clinical care to Veterans in their private homes. This is referred to as VA Video Connect (VVC). VVC typically occurs between the Veteran's home and a VA medical center, community-based outpatient clinic, or provider who teleworks.

VVC provides Veterans access to their health care team from anywhere, using encrypted video to ensure the appointment is private and secure. Veterans who have

their own computer equipment can participate. This means Veterans with a laptop, desktop, tablet, or smart phone can see their VA providers from the comfort of their homes if they have the ability to see with a webcam, a microphone to speak, speakers to hear, and a quality picture with high-speed internet access. Veterans who do not have their own equipment can participate using a VA-loaned device. Peripheral equipment is available for Veterans whose appointments require it. There are stethoscopes, pulse oximeters, weight scales, blood pressure cuffs, and/or thermometers.

As you can see, VVC allows Veterans to get their health care at the time and place that's most convenient to them. VVC eliminates travel times, other transportation issues such as inclement weather, and the need to take time off from work or school. It is more convenient for those who live in rural areas with limited access to VA health care facilities. We have truck drivers who are able to have VVC appointments or employed Veterans who have their appointments during a break or lunch time. If a Veteran finds it psychologically difficult to walk through a hospital, VVC gives them access to the help they need. Whether it's bad

TO CARE

weather, a bad day, or chronic pain, VVC appointments eliminate many of the issues that keep Veterans from showing up for their appointments.

As technology improves, so does the ease and reliability of using secure video on a variety of mobile devices. It's simple to use. The scheduler makes the appointment. The provider and Veteran receive an email with a link to a secure connection. At the time of the appointment, each clicks the link to enter the virtual medical room. For Veterans without email, VVC now provides VVC links via a text message to both the Veteran and provider. In times of unforeseen circumstances where a virtual face-to-face visit is needed, VVC now is an excellent option.

Most Veterans indicate that they like VVC appointments. Research also indicates there are no observed differences in mental health treatment outcomes whether a Veteran is seen via telehealth or in person. VA providers work with their Veterans to see which services are clinically appropriate. Veterans can then decide whether they want in-person care or VVC. Increasingly, VA providers are seeing patients via their smart phones or desktop because it's more convenient.

The VVC program in VISN 12 has increased health care access to our Veterans. We

have been actively expanding VVC by training providers, increasing clinical services, and offering VVC to more Veterans. In fiscal year 2020, we trained many of our providers on VVC. In fact, more than 96% of our Mental Health and Primary Care providers, and nearly half of Specialty Medicine, Surgery, Rehabilitation and Geriatric providers, were trained in VVC.

In fiscal year 2020, nearly 27,000 Veterans participated in a VVC appointment, representing a more than 500% increase from fiscal year 2019. This means that almost 1 out of every 10 Veterans had a VVC appointment in fiscal year 2020. There were numerous clinical areas that provided care to Veterans in their homes. The most common VISN 12 clinics were:

- **Whole Health**
- **Social Work Service**
- **Specialty Medicine**

- **Primary Care and Women's Primary Care**

- **Mental Health**
- **Rehabilitation**
- **Surgery**

In fiscal year 2020, VISN 12 Veterans also participated in VVC groups, such as the Weight Management and MOVE! program group, Mental Health group, Mental Health Integrated Care group, Substance Use Disorder group, Psychosocial Rehabilitation and Recovery Center (PRRC) group, and Residential Rehabilitation Treatment Program (RRTP) group.

In fiscal year 2020, VISN 12 had more than 40,000 VVC encounters to Veterans who live in rural and highly-rural areas. This more than a 500% increase from fiscal year 2019.

We are committed to providing care to Veterans at their preferred location and plan to expand the VVC program.



ACCESS

INCREASING ACCESS TO MENTAL HEALTH CARE

In addition to meeting the expansion efforts for suicide prevention, VISN 12 also implemented actions to improved access to mental health treatment programs and expanded virtual care options. These strategies are integral to VISN 12's efforts to prevent Veteran suicides.

Implemented a Common Operational Clinical Structure to Drive a Consistent Veteran Experience

VISN 12 established the Mental Health (MH) Integrated Clinical Community (ICC) to provide strategic guidance and help optimize the provision of mental health services across VISN 12, establish mental health

policy, strategies, and oversight of Network strategic and mental health performance in accordance with National guidelines and policy to ensure the delivery of best product and practices to Veterans in the health care setting. The MH ICC Committee is dedicated to lead, coordinate, direct and encourage coherent principles to improve mental health care and services while ensuring convenient access to high-quality, cost-effective health care for all Veterans seeking care in VISN 12.

Improved Access to Virtual Out-patient Mental Health Care

VISN 12 facilities in fiscal year 2020:

- Served 88,374 Veterans in need of mental health care

- Served 17.6% of Veterans seen only in mental health care

At the end of December 2020, within VISN 12 there were more than 13,246 documented VA coronavirus disease 2019 (COVID-19) cases. VISN 12 conducted ongoing assessments and altered delivery of care, with inclusion of more telehealth/ phone visits in the context of the COVID-19 pandemic:

- Completed 917,821 mental health encounters
- 46.05% completed via Video or Telephone

VISN 12 established and expanded our Mental Health



#Be There
for Veterans and Servicemembers



TO CARE

Clinical Resource Hub in Chicago, accomplishing many desired outcomes during fiscal year 2020, including:

- Served 3,837 Veterans from 17 sites within 5 states
- Secured funds to add 8 mental health clinicians to provide additional care for Veterans
- Expanded the use of VA Video Connect (VVC) and remotely served 67 Veterans with 664 encounters in a rural area and improved access

[VISN 12 established and expanded relationships with the local jails and the Illinois Department of Corrections to provide mechanisms for access to services using telehealth and VVC technology for justice-involved and homeless Veterans:](#)

- Developed an agreement to supply iPad tablets to ensure continuity of outreach services and case management activities to the Illinois Department of Corrections.
- Distributed iPhones to homeless Veterans as part of pandemic response
- VISN 12 and Jesse Brown VA Medical Center partnered with Cook County Jail and Cermak Health Care System to increase access to mental health and homeless services in the medical center, and addresses recidivism rates among incarcerated Veterans.

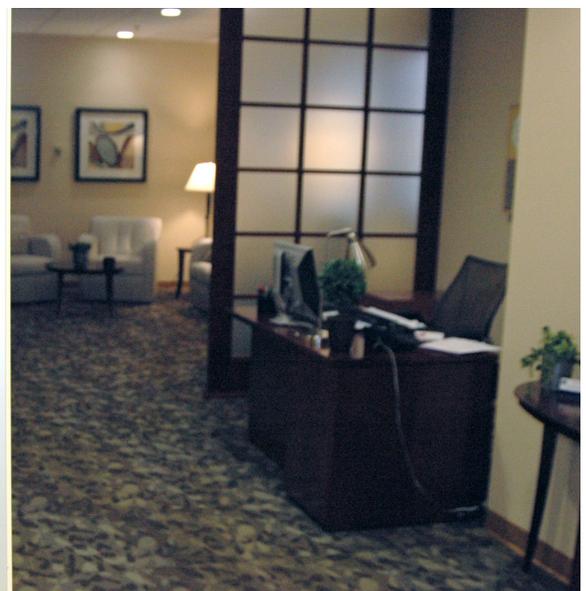
CAREGIVER SUPPORT

The VA Program of Comprehensive Assistance for Family Caregivers (PCAFC) offers enhanced clinical support for caregivers of eligible Veterans who are seriously injured. Under the “Program of Comprehensive Assistance for Family Caregivers Improvements and Amendments Under the VA MISSION Act of 2018,” several changes were implemented to program eligibility and processes, which rolled out on October 1, 2020. These changes include: expanding eligibility for PCAFC and offering legal and financial services for designated Primary Family Caregivers of eligible Veterans. Veterans who incurred or aggravated a serious injury (including a serious illness) in the line of duty in the active military, naval, or air service on or after September 11, 2001, or on or before May 7, 1975, are now eligible. Two years from

October 1, 2020, the program will be opened to all Veterans. In addition to expanding to pre-1975 era Veterans, the enhanced PCAFC eliminates the need for a connection between personal care services and the qualifying serious injury. It also redefines serious injury to now include any service-connected disability, regardless of whether it resulted from an injury, illness or disease. Both these changes greatly expand program eligibility.

In fiscal year 2020, VISN 12 had a total of:

- 517 approved caregivers
- 43 newly-approved caregivers
- 465 new PCAFC applications
- 208 referrals from the National Caregiver Support Line

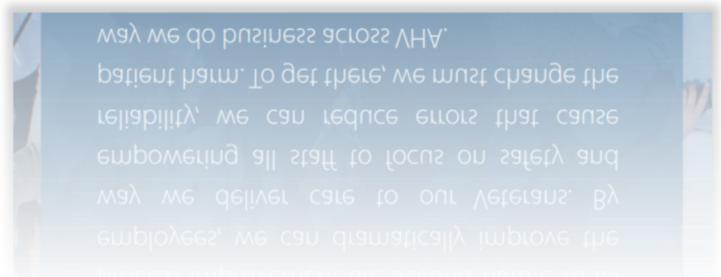
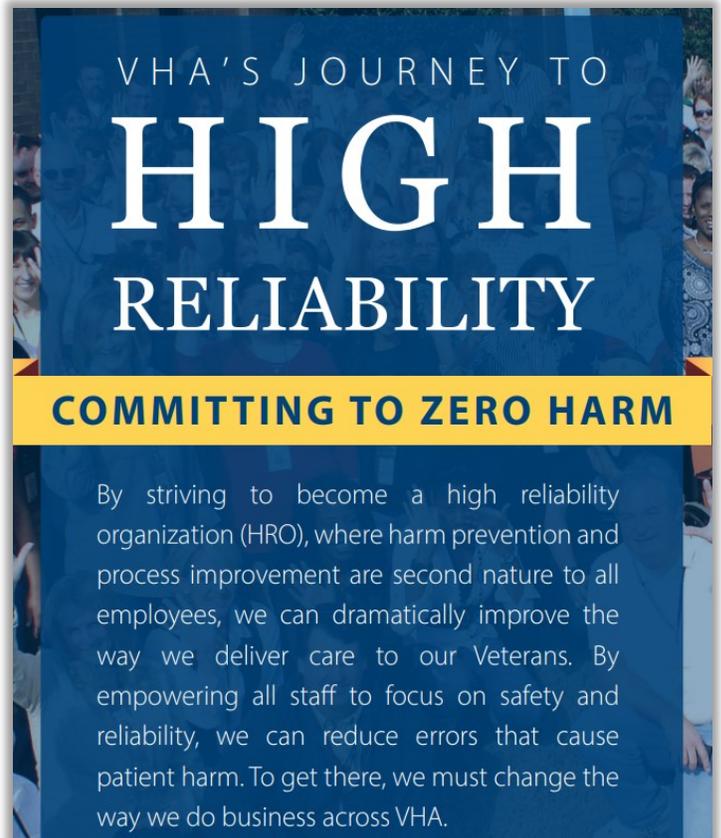


HIGH RELIABILITY

VHA'S JOURNEY TO HIGH RELIABILITY

High Reliability Organization (HRO) is not a new concept in the Veterans Health Administration (VHA). While VHA has led and continues to lead many successful initiatives to prevent harm, this transformation is not an initiative with an end date, but a culture change that will be adopted in a coordinated way across all of VHA. VHA's enterprise-wide HRO journey is a long-term commitment to Veterans and the workforce to continuously improve and drive to Zero Harm. The HRO journey requires the transformation of the workplace culture to empower our invaluable resource: our dedicated, compassionate VA employees. Improving safety and reliability requires a Just Culture of transparency and trust where errors and near-misses are regarded as opportunities to improve processes that could cause harm. Greater reliability requires a work environment where employees at every level of our organization – clinical and non-clinical – are empowered to speak up for safety.

Part of the HRO journey is to leverage strong practices already in place across VHA, as well as introduce new improvement efforts. During 2020, VISN 12 used high reliability principles to assist our staff to safely provide the best possible care to our Veterans during the COVID-19 pandemic. Our staff created and utilized many high reliability tools to enable a coordinated effort throughout VISN 12 as well as across the VHA enterprise, in areas such as supply management, COVID-19 screening and testing, vaccination, employee safety, patient visitation, and the employee workforce, to communicate up-to-date information throughout our



organization, enabling them to provide the best possible care to Veterans. High reliability tools such as huddles, safety forums, town halls and incident reporting mechanisms allowed VISN 12 employees the opportunity to discuss key concerns throughout the pandemic. By striving towards high reliability where harm prevention and process improvement are second nature to all employees, we can dramatically improve the way we deliver care to all Veterans served in VISN 12.

Y ORGANIZATION

Individual Benefit

- A psychologically and physically safe environment
- Empowerment to speak up and effect positive change
- A greater voice in improving your work environment
- Partnership in something bigger than yourself
- Being respected for your expertise

Organizational Benefits

- Shared leadership vision and approach
- Better outcomes and happier Veterans / family
- VHA viewed more positively by public and media
- More Veterans choose VA

Veteran Benefits

- Improved health outcomes
- Improved patient experience
- Greater trust in VA

VHA HRO Principles

1. Focus on Front line Staff and Care Processes
2. Anticipate Risk - Every Staff Member a Problem Solver
3. Get to the Root Causes
4. Bounce Back from Mistakes
5. Empower and Value Expertise and Diversity

VHA HRO Values

1. It's About the Veteran
2. Support a Safety Culture
3. Commit to Zero Harm
4. Learn, Inquire and Improve
5. Duty to Speak Up
6. Respect for People
7. Clear Communications

VISN 12 leadership recognizes that greater reliability requires a work environment where employees at every level of our organization – clinical and non-clinical – are empowered to speak up for safety. To get there, everybody from leadership to front line staff are participating in high reliability training that will assist VISN 12 employees to incorporate into our daily work, the high reliability, pillars, principles and values.

VHA High Reliability Pillars:

1. Leadership Commitment
2. Culture of Safety
3. Continuous Process Improvement

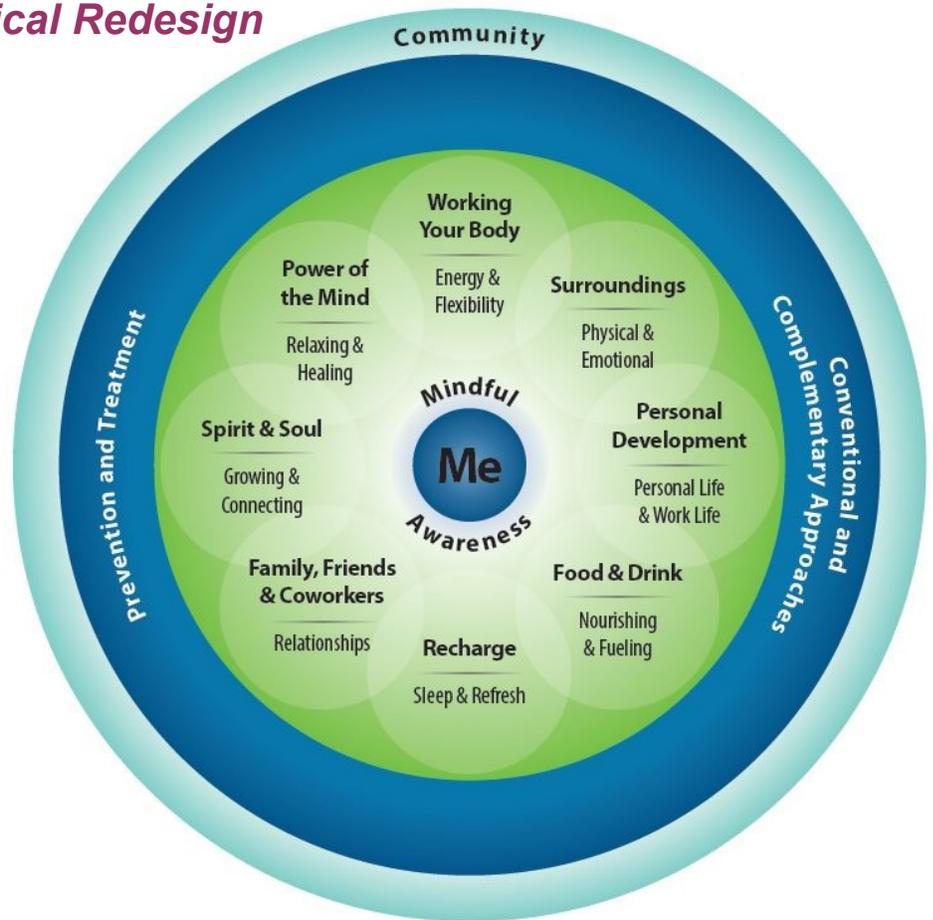


WHOLE

WHOLE HEALTH: A Radical Redesign of the “Status Quo”

In 2001, the Institute for Healthcare Initiatives (IHI) called for a “radical redesign” of the healthcare system by changing the balance of power, customizing care to Individuals, co-producing health and well-being in partnership with patients, families, and communities, and creating joy at work. The Veterans Health Administration’s (VHA’s) aim is to transform from a conventional disease-focused, episodic care model to one that focuses on the whole person. There is an emphasis on the patient’s health and well-being by connecting them to their mission, aspiration, and purpose (MAP) so they can live their life to the fullest. The Whole Health System (WHS) is VHA’s cutting-edge approach to care that supports the health and well-being of both Veterans and employees.

In the U.S., 18% of gross domestic product (GPD) is spent on healthcare and almost 75% of those funds are spent on treating chronic diseases, which are mostly a result of the lifestyle choices and an individual’s environment. While medical care is



necessary for acute and infectious diseases, there is no magic pill for chronic diseases. In order to achieve healthcare goals, each person must proactively participate, take responsibility, and partner with their healthcare team. The WHS encourages use of complementary and integrative health (CIH) therapies in addition to self-care approaches and conventional medical care for treatment.

Human-beings are complex individuals. An individual is not just their disease or a combination of their body and its parts; they are their mind, spirit, soul,

genetics, and environment. The WHS model encompasses all these aspects and helps them achieve their mission, aspiration, and purpose for their health and well-being so they can live their life to the fullest. The WHS puts an individual in the driver seat and invites them to take charge of their health and live life to the fullest by exploring and discovering, in collaboration with their healthcare team, what motivates them to want their health. The Whole Health (WH) approach does this by changing the conversation with Veterans from asking “What is the matter with you?” “What is wrong with you?”



HEALTH

to asking “What matters to you?” What drives you? What is most important to you in your life?, What makes you wake up every morning?, What or who do you value in your life?, What would you be doing, if you were not here today?. This means the healthcare team gets to know the Veteran as a person before working with them to develop a personalized health plan (PHP) based on their values, needs, and goals. The WH approach helps build relationships and develop trust between the Veterans and providers.

Office of Patient Centered Care and Cultural Transformation

(OPCC) is leading the transformation and has supported the passing of VHA Directive 1137 for provision of CIH, as well as the Comprehensive Addiction and Recovery Act (CARA) legislation (Public Law No: 114-198) that called for 15 pilot ‘flagship’ sites to promote non-pharmacological approaches for treatment of pain and mental health conditions. Tomah VAMC is the flagship site for VISN 12. It is understood that CIH in a vacuum or as a stand-alone approach will not work, so OPCC promoted the entire WHS to be utilized in these

pilot sites. In addition, because healthy people cost less, the Allocation Resource Center (ARC) has created a new VERA price group to incentivize facilities to offer more CIH and well-being approaches under the WH paradigm.

**Whole
Health
for Life** 



WHOLE HI



What is Whole Health?

Whole Health (WH) is a personalized, proactive, patient-driven healthcare approach that empowers and equips people to take charge of their health and well-being and to live their life to the fullest. It includes qualities of compassion, empathy, and responsiveness to the needs, values, and preferences of the individual. At its core, WH centers around what matters most to the individual, is built upon relationships, focuses on

unlocking the body's innate ability to heal, is evidence-informed, holistic and applies to all, including clinicians.

Why is VA trying to focus on Whole Health? What will Whole Health do for the organization?

In order to improve healthcare outcomes for chronic diseases in the U.S., we need to transform healthcare delivery system. VHA is in a unique position to make that "radical redesign" of healthcare delivery system. CIH are now part of Veteran's benefits package. In

addition, in order to stay competitive, VA must continue to meet the demands of its key stakeholders: Veterans and employees. According to Veteran's Health and Life survey item asking veteran's interest in WH services, 97% of respondents were interested in WH. According to the WH demand items, most Veterans indicated that want WH clinicians, and WH coaching and Complementary & Integrative therapies. Moreover, data is showing decrease in healthcare and pharmaceutical costs, along with VHA



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becoming an employer of choice.

And what is in it for me? Is it more work?

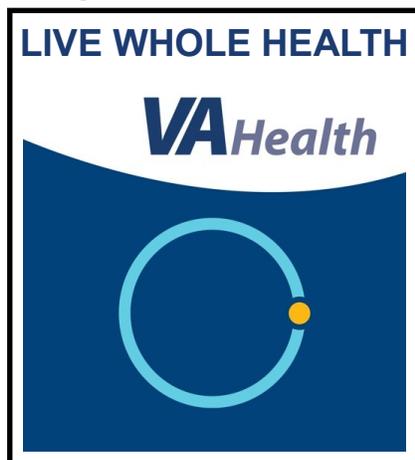
These concerns often perplex, motivate, or deter people. Change is difficult; but it is necessary to sustain the VHA. Like any change, there is an initial learning curve; however, as the individuals start to engage in WH and start participating in their healthcare decisions and assume an active role, healthcare team's burden should decrease. Recent data from a clinical staff survey at the 18 Flagships regarding their involvement in WH, reflects that higher involvement scores were significantly related to an overall increased job satisfaction, workload satisfaction, employee engagement, and decrease in burnout rates. These sites were considered the best places to work.

How can Veterans get involved with Whole Health?

The WH model has three main components: Clinical Care, Wellbeing, and Pathway. Clinical Care is the health and disease management within the WH paradigm that uses conventional and CIH therapies for treatment. The provider can enter a CPRS consult for a facilitator course or a WH coach located in the outpatient consults section. The facilitator course (Introduction to WH) is a peer-led two-hour

course that introduces Veterans to WH. The WH coach helps the individual become mindfully aware of their needs, values, and helps them in connecting with their MAP as well as setting and achieving health goals. Well-being programs include yoga, tai chi, healing, and focus on equipping Veterans with tools and support for selfcare. The Pathway includes programming focused on helping Veterans explore their mission, aspiration and purpose. Introduction to WH, Taking Charge of my Life and Health (a 8 week, group course facilitated by Veteran peers), and WH coaching empower Veterans through knowledge and ongoing support. Veterans can enter the WHS through any of these tracks, but it is preferred that they be referred to Introduction to WH for proper understanding and engagement with the WH system.

Download the Whole Health for Life mobile application to help take charge of your health and well-being and live your life to the fullest!



PATIENT EXPERIENCE

Patient experience initiatives aim to create a consistent, exceptional experience at every VA medical center. Employees at all levels of the organization have been empowered to provide service recovery at the point of service, eliminating wait times for resolution.

VA is using a variety of tools to incorporate the voice of the Veteran in performance improvement initiatives. Veterans enrolled in care may receive an electronic VSIGNALS survey or a paper Survey of Healthcare Experiences (SHEP), and are encouraged to provide their feedback.

Of all Veterans surveyed in the VISN 12 region, 92% said they trust VA for their health care, the 4th highest percentage in the nation.



In addition, 95% of Veterans that use VISN 12 for their care also agree that they feel respected and comfortable at their appointments, the 3rd highest in the nation.



STRATEGIC



Strategic planning is very important for the Veterans Health Administration (VHA), the nation's largest integrated healthcare system with a vast, dynamic, and complex network that provides a wide array of care and services to our nation's Veterans.

In VHA, this planning process integrates budget, capital assets, information technology, human resources, workforce development, performance management, evaluation of sites of care, and clinical restructuring for new programs and services as considerations into our strategic and operational planning – all focused on our primary and abiding goal which is to meet the needs and expectation of our Veterans.

Healthcare planning has always been an adaptable endeavor due to constant advances in medical research and care and quickly evolving technologies. However, increases in the pace of these changes, as well as changing consumer expectations, and, most recently, the COVID 19 pandemic have affected healthcare and healthcare planning both within the VA and in the private sector. Specific to the VA, the MISSION Act of 2019 was another recent impact causing far-reaching changes to VHA healthcare.

VISN 12's planning process is part of a continuum that starts with the main VA Strategic Plan. That plan is the overall vision for the Department of Veterans Affairs, which is to

become more Veteran-centric, rebuild Veteran trust, and modernize our systems.

VHA's strategic and operational plan translates the VA's broad goals into more specific objectives and actions that also support the VHA's mission, vision, and core values. The four specific goals in VHA's current plan are to:

- Make VHA the provider and care coordinator of choice for Veterans
- Deliver comprehensive and integrated whole health care
- Innovate as a learning & teaching organization, and
- Increase the efficient and effective use of resources

In turn, those guiding principles, along with focus areas identified by our VISN leaders, form the basis of the VISN 12 Strategic/Operational Plan.

VISN 12 is focused on maintaining and increasing our Veteran patients and optimizing their access to care, suicide prevention, our Journey to High Reliability, the implementation of a Cerner as our new electronic health record (EHR), and increasing organizational efficiency.

VISN 12 is focused on integrating many ongoing activities to optimize access for our Veterans. Our goal is to ensure that we reach both existing and new Veterans

PLANNING

with options that are appropriate and convenient for them. This includes traditional face-to-face appointments plus any of several telehealth modalities such as Clinical Video Telehealth (CVT) and Veteran Video Connect (VVC). Strengthening our Integrated Clinical Communities (ICCs) and use of timely and relevant data will also factor into our success.

Suicide Prevention is a second focus area. VISN and facility Mental Health staff work every day on a huge variety of programs and services aimed at decreasing Veteran suicide. Two of those many initiatives are highlighted in the VISN Strategic Plan. They are the Veterans Justice Outreach program and the Together with Veterans

campaign. The Veterans Justice Outreach program involves VA staff that work with special Veteran courts to facilitate Veterans' progress through the justice system and into VA services. Together with Veterans is a campaign where Veteran peers outreach to each other for decrease suicide within their local communities.

Another focus area is VISN 12's Journey to High Reliability. The VISN plan tasks all sites to begin or continue this journey to a culture of high reliability where a safer environment exists that is focused on reducing errors and preventing patient harm. Ensuring awareness of the principles of a High Reliability Organization (HRO) is a crucial first step, and all VISN

12 staff were required to complete HRO baseline training to begin this journey.

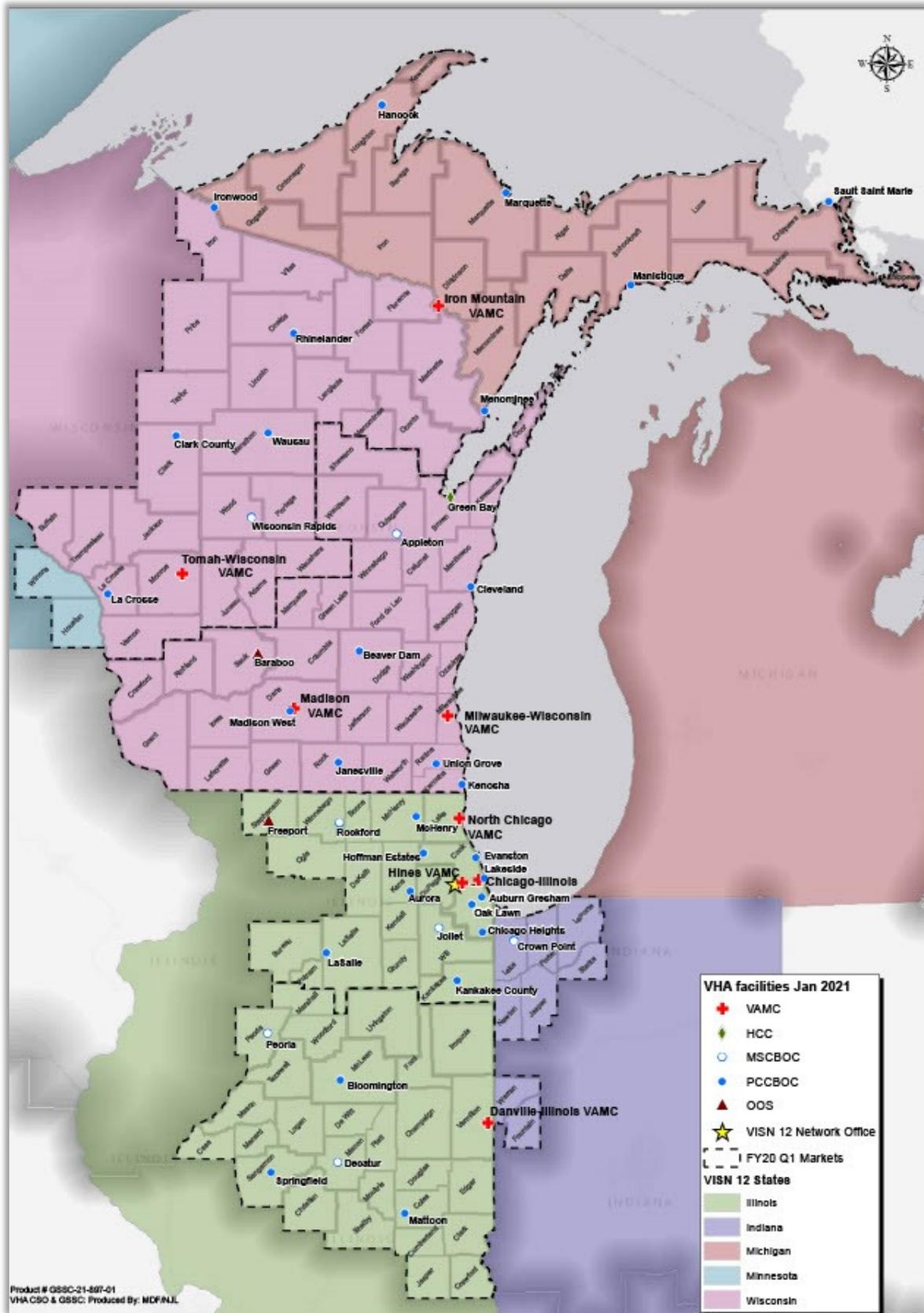
VHA measures both clinical and administrative operational efficiency via a range of metrics including staffing data, cost data, productivity data and others. VISN 12 is focused on increasing organizational efficiency and this will be highlighted in the VISN 12 2021 Strategic Plan.

Strategic planning is an ongoing process. VISN 12 will soon refresh our plan to reflect current priorities while continuing the ongoing work on the tasks outlined above. The over-arching VA goals of becoming more Veteran-centric, rebuilding Veteran trust, and working to modernize our systems will always form the basis of our work and will allow us to continue to advance the provision of care and services to our Veterans.



Integrity, Commitment, Advocacy, Respect, and Excellence (I CARE) define “who the VA is,” VA’s culture, and help guide the actions of staff across VA. Staff - at every level within VA - play a critical role to support VA’s commitment to care and serve our Veterans, their families, and beneficiaries.

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