



VISN 23 SWS Site Visit Report



Date: May 29, 2020

Location: VISN 23 Eagan, MN (Virtual Meeting)

Dept. Rehab Committee Members: Wilson Spence, Gary Munkholm, Bill Brockberg, Lynn Lyons, Dan Tengwall.

RE: The American Legion Dept. Rehabilitation Committee is tasked with staying engaged with agencies that aid Minnesota veterans. The committee does this by conducting System Worth Saving Site Visits throughout the year. These locations include Sioux Falls, Fargo, St. Cloud and Minneapolis VA Health Care Systems, St. Paul and Fargo Regional Offices, Minneapolis, Hastings, Luverne, Fergus Falls and Silver Bay Veterans Homes. Additional Site Visits are conducted at VA CBOC's, Vets Centers, and Minnesota nonprofits that serve veterans when the budget allows.

Meeting Attendance: Chairman Spence, Gary Munkholm, Bill Brochberg and DSO Jeremy Wolfsteller. VISN23 Director, Robert McDivitt and PAO, Ron Woolery.

2020 VISN 23 System Worth Saving Site Visit

Meeting Minutes:

- George Floyd Protests/Riots are affecting some of the MPLS VA Health Care Systems operations. The Community Resource and Referral Center located Downtown Minneapolis is temporarily closed along with Maplewood Community Based Outpatient Clinic. A temporary police station was constructed on Ft. Snelling.
- VISN wide they have added over 400 additional beds specifically for COVID-19 patients. The average census for occupied beds is 20 a day.
- The VISN has been tasked by VA's 4th mission working with FEMA providing 50+ nurses working in community nursing homes.
- Minneapolis VA has transferred all their community living center patients to St. Cloud VA. This allowed MPLS to open the Acute Respiratory Clinic for COVID-19 patients.
- Personal protective equipment has been replenished to allow for a 60-day supply. Typically, PPE is only stocked for a 15-day supply.
- VA received \$16.9 billion from the CARES Act to implement COVID-19 changes. VISN 23 received \$270 million in supplemental funding. Funds are being used for PPE, more ICU beds, and more tele-health equipment.
- Tele-health has increased 4,000% since March 2020.
- VA's Comprehensive Caregivers Act expansion under the MISSION Act was set to rollout Summer of 2020 but because of COVID19 VA is expecting it to be delayed until Fall of 2020. In the first phase, VA will begin accepting applications of eligible Veterans who incurred or aggravated a serious injury in the line of duty on or before May 7, 1975. The final phase, due to begin two years later, will include eligible Veterans who incurred or aggravated a serious injury in the line of duty after May 7, 1975, to September 10, 2001.
- VA expanded its Tele-ICU in over 50 VA Hospitals using mobile carts that have the technology. This works in place of installing the full IT equipment in each ICU room.

2020 VISN 23 System Worth Saving Site Visit

Meeting Minutes:

- VA has begun a three-phase plan to reopen to regular business operations. For VISN 23, Fargo is the lead facility rolling out their plan to regular operations. Their goal is increasing services to 50% in June VA medical facilities will be permitted to embark on Phase 1 of the plan once certain local conditions have been met. These conditions include falling numbers of patients exhibiting COVID-19 symptoms, reduced numbers of people testing positive for the virus, and increased testing capacity.
 - Once these and other conditions are met, local VA facilities will maintain their current risk-mitigation activities (such as continued telework when possible) but may also begin assessing how best to permit elective procedures and resume certain face-to-face visits that have been postponed.
 - Phase 2 of the plan is the resumption of services that have been postponed, again as deemed possible based on local conditions, and subject to safety protocols deemed as necessary by local staff.
 - In Phase 3, VA facilities will again allow visitors to hospitals, community living centers, senior living facilities, and spinal cords injury and disorder units after a full assessment of the risks and only amid continuing improvement in their part of the country. Most VA employees will also return to work in this phase.
 - VA's national cemeteries, benefit administrators and Board of Veterans Appeals will also be using this same three-phase approach to determine whether and how best to resume things like public cemetery interments and face-to-face meetings with Veterans about their benefit status.

Chairman: *Wilson Spence*

DSO: *Jeremy Wolfsteller*



**American Legion Rehabilitation Committee
Department of Minnesota**

May 15, 2020

**Questions for Robert McDivitt
Director-VISN 23**

- 1. Are the VA Medical Centers prepared to handle the influx of patients once the shutdown of non-essential services is lifted and will attribute mandatory overtime and employee burnout?**

Answer:

HR: In support of the health care system directors, HR has a number of hiring flexibilities available to us to meet immediate short-term staffing needs to include temporary and intermittent hires. VHA has a 4-phase plan to resume normal, pre-COVID operations and the pace with which we move through those phases will be determined by our ability to meet staffing needs. Liberal leave policies as well as regular communication with union partners has been valuable in supporting employees and keeping a pulse on the workforce during these challenging times.

MPLS VA: We anticipate that we will gradually, and based on gating criteria, be seeing more Veterans in a face to face setting. The lifting of non-essential services will be deliberate and planned to manage demand, social distancing requirements and continued virtual care opportunities. We will gauge the need for overtime as needed and be mindful of employee burnout. We will continue to offer self-care and integrative health opportunities for our self to enable them to deal with added stressors.

St. Cloud: On May 7, the Department of Veterans Affairs announced a three-phase plan for resuming regular operations at its medical centers, benefit offices and national cemeteries in a post-COVID-19 setting.

VA never closed its doors during the pandemic but did implement a wide range of actions to ensure the safety of its patients and employees. Under VA's plan, conditions on the ground will determine how quickly each facility resumes normal operations, and each phase of the plan is aimed at making sure that Veterans' safety comes first.

In St. Cloud, current conditions do not allow us to move forward to expand services.

The St. Cloud VA HCS continues to implement numerous actions to safeguard Veterans served by the St. Cloud VA, our employees and the public. The safety of Veterans and staff is the highest priority when we consider how we provide health care services and procedures during the ongoing COVID-19 pandemic. We apologize for any inconvenience and greatly appreciate the patience and understanding shown by our Veterans.

In reintroducing services, we will consider unique circumstances of our state and local markets, environmental safety preparedness and clinical risk assessments.

VA has developed a risk-based framework to prioritize non-urgent procedures in addition to the urgent procedures currently being performed. Evaluation of such factors as patient health, staff safety and resource considerations will guide expansion, scheduling decisions and which services will be reintroduced.

Using this framework, on May 18, VHA began implementing a phased approach to reintroducing select health care services at one Lead Site in each Veterans Integrated Service Network (VISN).

In VISN 23, the VA Midwest Health Care Network selected the Fargo VA HCS as the Lead Site.

The lessons learned from these initial sites will help to inform how other facilities plan for expanding services in their facilities.

Currently, there is no change to St. Cloud VA HCS operations, and we do not have a timeline for transitioning away from our current operations. Safe care remains our goal.

Rigorous safety measures including employee and Veteran COVID-19 screening, physical distancing and appropriate personal protective attire such as face coverings, remain in place. Additionally, we will continue to maximize the personalized virtual care options of telehealth, phone consults and wellness checks, as these services have been a valuable link to Veterans during this challenging time.

As for impacts to employees, this phased approach will allow us to build-up services over time, thereby minimizing negative impacts to employees and keeping workloads manageable and within prescribed standards.

2. Are the VA Medical Centers staffed and equipped to continue all medical services and simultaneously accommodate testing and care for VAMC personnel and veteran patients who contract the Corona Virus?

Answer:

MPLS and St. Cloud VA: Yes. Corona Virus patients have become part of our care rhythm. COVID positive patients needing hospitalization are like other sick Veterans with the added need for increased protection for Veterans and staff. We are accustomed to treating very sick Veterans and anticipate continuing to treat COVID Veterans in our 'Hot Zones' while gradually opening up other services.

3. What is the VISNs need for additional nursing personnel due to the COVID-19?

Answer:

HR: VISN 23 has been in the fortunate position of being able to provide critical nursing support to the National DEMPS program, VISN to VISN and to FEMA state support. VISN 23 added 148 temporary positions in support of COVID-19, 44 of which were nurses.

MPLS VA: The Minneapolis VA has hired 12 additional RNs full-time in the areas of ICU, ED and Acute Care. We do not anticipate the need for additional nursing staff beyond our ability to recruit and retain those on staff.

St. Cloud: Currently we have approximately 12 Nursing Assistant vacancies, with most vacancies in our CLC. We are actively recruiting for additional nursing assistants. Thus, St. Cloud, has no need for additional nursing personnel.

4. What is the number of COVID-19 patients in Minnesota VAMC's/CBOC's, inpatient/outpatient and how many veteran deaths have been attributable to COVID-19?

Answer: The data is from the National Surveillance Tool (NST) as of 5/27/20.

Minneapolis

- Total COVID Positive (cumulative inpatient & outpatient) = 155
- Active cases: 33 (inpatient & outpatient)
- Convalescent (recovered) = 94 (inpatient & outpatient)
- Deaths: 28 (12 Inpatient & 16 known other)

St. Cloud

- Total COVID Positive (cumulative inpatient & outpatient) = 28
- Active cases: 8 (inpatient & outpatient)
- Convalescent (recovered) = 19 (inpatient & outpatient)
- Deaths: 1 (0 Inpatient & 1 known other)

5. How are your VAMCs handling COVID differently than CBOC's regarding COVID-19? What are some of the "wins" and successes that you've experienced when solving the issue of how to operate in a COVID19 environment? Medical Centers

Answer:

MPLS VA: Minneapolis CBOCs have remained open during the COVID crisis. Just like at the medical center, Veterans are screened and over 80% of the appointments are virtual visits. When a Veteran needs face to face care, this is provided, just like at the medical center.

We have many lessons learned throughout this pandemic, highlighted by our ability to successfully provide virtual care and the ability to protect our staff through telework while maintaining work capacity.

St. Cloud: Other than some slight differences in initial screening methods, our operations have been consistent, with triage, testing and referral available at the CBOCs and the St. Cloud VAMC. Use of connected health and telehealth modalities has provided a bridge to our patients. Telehealth and connected care use have increased over 300% from the same point in time a year ago.

6. As Tele-health becomes more of a focus for the delivery of care, how will this affect things like space, remodeling and expansion projects, budget, and staffing for VAMCs and CBOCs? Medical Centers and Dr. Faughnan and CMO

Answer:

Dr. Faughnan and CMO : We are growing telehealth in 3 broad areas: specialty and mental health telehealth services delivered to Veterans seen in our clinics (CBOC), telehealth to non-VHA care sites especially County Veteran Services offices, and telehealth to home.

Our clinics have incorporated telehealth into their design for years and our newer clinics are build around providing those services. Our current clinic focus is increasing their connectivity. We've completed one round of updates across the VISN and we're starting on a new round. We're also incorporating mobile telehealth technologies into our clinics so we can deliver telehealth services to Veterans in rooms built for Face-to-Face.

Across all of Telehealth settings of care we are increasing support for VHA providers doing telehealth and for Veterans receiving telehealth services. Nationally there is a heavy emphasis on expansion and improvement of telemedicine into the home in addition to clinic –based face-to-face appointments.

For Telehealth services delivered to the home we are continuing to provide iPads with built-in connectivity for Veterans lacking personal device options.

MPLS VA: This will have an impact on our space use and is being considered in future projects and leases. There are a variety of factors to consider:

The size of the waiting area to accommodate social distancing requirements.

Protective barriers in waiting areas to enhance social distancing.

Different means of seating Veterans to minimize the need for open waiting areas. For example, having Veterans remain away from the clinic until they are ready to be seen or immediately seating Veterans in exam rooms instead of general waiting areas in clinics. We will be doing far less face to face based on what we've learned in providing virtual care which will help us with sizing waiting areas.

We anticipate no significant impact on staffing other than an increased use of telework technologies to provide care-good for employees and accepted by Veterans.

St. Cloud: Our construction plans, budget and staffing levels for FY 20 are unchanged. Lessons learned from the COVID-19 pandemic will certainly influence future planning in terms of adding capabilities to meet another viral pandemic threat. We will be looking to maintain a larger percentage of tele-health visits in our future way forward model.

7. How will COVID19 affect VHA's FY2021 Budget request? Are the VISN's expecting a negative impact on funding requests based on the "VERA" reimbursement model during several months of hospitals conducting less appointments during COVID19? Stomberg and Helming

Answer:

Finance: We are confident about funding levels for FY21 for two reasons:

The CARES act supplemental funding provided is available for two years to support potential additional surge in requirements.

FY21 funding allocations for VERA are based on FY19 and prior workload information so it should not be heavily impacted by FY20 workload fluctuations.

8. Care Giver Program Updates

Overview of the VA Program of Comprehensive Assistance for Family Caregivers (PCAFC)

- VACO
 - Currently 20,000+ enrolled (125,000+ applications processed)

- \$400 million+ in financial assistance & \$13 million+ in health care provided to caregivers
- 400,000+ Caregiver Support Line calls (rolled-out February 2011)
- VISN 23
 - 789 enrolled
 - Special Purpose Funding – Total FTE 48
 - Anticipate 4-5 times growth with expansion of the program

VA Mission Act – Expansion of the Program of Comprehensive Assistance for Family Caregivers (PCAFC)

- Expansion is planned to occur in late summer/early fall 2020
 - First phase of eligibility will be for veterans d/c from the military prior to 5/7/75
 - Second phase of eligibility will be for veterans d/c from the military after 5/7/1975 and before 9/11/01
 - Two objectives that need to be resolved prior to expansion occurring:
 - 1) Regulations and Final Rule completed
 - New Proposed regulations have been written
 - Released 3/6/20 – entered a public feedback phase of 60 days – which ended 5/6/20
 - All comments will be responded to in the Final Rule
 - 2) IT Tracking System – CARMA (Caregiver Record Management Application)
 - Currently using and solving any technical issues
 - Beyond these 2 pieces:
 - Working on multiple logistical and systemic issues to prepare for this expansion
 - A General Caregiver Coordinator position has been hired at each facility to build programs and resources for caregivers of all era veterans.
 - Another Phase of hiring will also be completed to meet the anticipated increase in volume of applicants