



Department of MN VA&R Committee Site Visit Report

- **Facility Name:** St. Cloud VA Health Care System
- Date:** 9/23/2022
- Location:** Virtual Meeting
- Attendees:** VA&R Committee and key facility staff; Brent Thelen, Dr. Scott Bartley, Cheryl Thieschafer, and Breta Monroe



- **Wait times** *Per MISSION ACT access standards, 20 days for primary care & mental health and 28 days for specialty care. Does your Healthcare System fall within these standards?*
 - **VA Medical Center**
 - What are the average wait times for primary care patients?
 - New Patient average wait time is 3.9 days.
 - Established Patient average wait time is 6.1 days.
 - What are the average wait times for specialty care patients?
 - New Patient average wait time is 12.7 days.
 - Established Patient average wait time is 5.5 days.
 - What are the average wait times for mental health patients?
 - New Patient average wait time is 1.6 days.
 - Established Patient average wait time is 2 days.
 - What specific services/care do most veterans have to wait for?
 - Renal/Nephrology (excluding Dialysis) average wait time is 50.6 days.
 - Urology's average wait time is 44 days.
 - Low Vision Services' average wait time is 43 days.
 - Podiatry average wait time is 41.7 days.
 - Pulmonary average wait time is 35 days.
- *If Veterans are unable to be scheduled within the Mission Act Access Standards or are eligible for additional Mission Act/Care in the Community eligibilities, they are offered a referral to a community provider.

VA&R Committee Questions

1. Regarding services that have a longer wait time than 28 days, is there an increase in veterans, or is this due to a staffing issue? Most of the appointment wait times exceeding 28 days are with specialty services that we refer to the community. Optometry's wait time, for example, is due to a mix of staffing

and lack of space enough to provide services which results in referrals to the community or the MPLS VA.

2. For services over 28 days, are you referring patients out knowing that the wait time exceeds 28 days? Are you referring patients out on day one or waiting 28 days and then referring them out to the community for care? Patients are offered a referral to care in the community if our wait times are beyond the specified waiting period for any service. We are in the process of developing a consulting service to help the veteran get a better understanding of the wait time in the community and the VA and then allow them to make a decision.

➤ **CBOCs**

- What are the average wait times for primary care patients?
 - Brainerd:
 - New Patient average wait time is 3.7 days.
 - Established Patient average wait time is 8.4 days.
 - Montevideo:
 - New Patient average wait time is 2.7 days.
 - Established Patient average wait time is 6.3 days.
 - Alexandria:
 - New Patient average wait time is 1.9 days.
 - Established Patient average wait time is 2.1 days.
- What are the average wait times for specialty care patients?
 - Brainerd:
 - New Patient average wait time is 17.4 days.
 - Established Patient average wait time is 6.5 days.
 - Montevideo:
 - New Patient average wait time is 4.1 days.
 - Established Patient average wait time is 5.1 days.
 - Alexandria:
 - New Patient average wait time is 4.8 days.
 - Established Patient average wait time is 3.2 days.
- What are the average wait times for mental health patients?
 - Brainerd:
 - New Patient average wait time is 1.3 days.
 - Established Patient average wait time is 6.1 days.
 - Montevideo:
 - New Patient average wait time is 0 days.
 - Established Patient average wait time is 2.7 days.
 - Alexandria:
 - New Patient's average wait time is 0 days. The established Patient average wait time is 6.0 days.

- What specific services/care do most veterans have to wait for?
 - Brainerd:
 - Podiatry average wait time is 74.2 days.
 - Optometry average wait time is 40.7 days.
 - Endocrinology average wait time is 29 days.
 - Montevideo:
 - Hepatology average wait time is 24.5 days.
 - Gastroenterology average wait time is 24 days.
 - Audiology average wait time is 17.5 days.
 - Alexandria:
 - Vision Impairment Coordinator Appt average wait time is 16 days.
 - Anesthesia Consultation average wait time is 12 days.
 - Nutrition average wait time is 9 days.

*If Veterans are unable to be scheduled within the Mission Act Access Standards or are eligible for additional Mission Act/Care in the Community eligibilities, they are offered a referral to a community provider.

- **Panel Sizes** VHA patient-centered management module (PCMM) standard, via Directive 1406 for primary care range 1,000-1,400. Recommended baseline for FTE Physician PACT is 1200. For mid-level, FTE PA or N, recommended range is 800-900. Panel sizes refer to the assigned veterans a PCP has per year. *Please include VA-operated CCBOCs*

- **VA Medical Center**

- What are your current estimated PCP panel sizes?
 - FTE MDs: 111% Average panel size with 8 FTE and 2 vacancies
 - FTE NP/PA's: 115% Average panel size with 12 NP/PA and 8 vacancies

- **CBOCs**

- What are your current estimated PCP panel sizes?
 - 118% overall
 - Brainerd: 99%
 - Montevideo: 86%
 - Alexandria: 298%
 - New MD starting in Alexandria on 09/11/22 will bring the average panel size down to 107%
 - FTE MDs: 5 FTE and 3 FTE vacancy
 - FTE NP/PA: 4 FTE, 1 FTE vacancy

- **Facility Demographics**

- What type of care/services does your medical center offer?

The St. Cloud VA HCS provides primary and subspecialty medical, urgent, specialty, surgical, and mental health care; acute psychiatry services; and extended care and rehabilitation services.

Specialty outpatient services offered include audiology, dental, general surgery, endoscopy, ambulatory surgery, laboratory, orthopedics, optometry, podiatry, pulmonology, radiology, urology, otolaryngology, respiratory therapy, rheumatology, hematology/oncology, cardiology, neurology, nephrology, and women Veteran's health care.

The HCS does not maintain an inpatient medical unit. Those needs are met by utilizing the local St. Cloud Hospital and transfers to the Minneapolis VA HCS 80 miles to the south.

The HCS also provides several special emphasis services including residential and outpatient mental health and substance abuse programs, a Post Traumatic Stress Disorder (PTSD) treatment program, a Mental Health Residential Rehabilitation Treatment Program (MH RRTP), outpatient programming for serious mental illness, Homeless Veterans Programs, a Suicide Prevention Program, an Operation Enduring, and Iraqi Freedom program, a Women Veterans Program, an Incarcerated Veteran Program, a Veterans Justice Outreach Program, Native American sweat lodge ceremonies to meet diverse spiritual needs, Vocational Rehabilitation and Supported Employment programs, Adult Day Health Care, Home-Based Primary Care, and ventilator care.

Extended Care and Rehabilitation services include Home-Based Primary Care, Adult Day Health Care, Memory Care, Hospice Care, Short Stay, and Nursing Home Care.

Community-Based Outpatient Clinic (CBOC) services are currently located in Alexandria, Brainerd, and Montevideo, Minnesota. These CBOCS provide primary care services, specialty care referrals to both St. Cloud VA HCS and Minneapolis VA HCS, mental health services (including individual, group, and family counseling), psychological assessment and testing, medication management, social work services, clinical pharmacy services, home-based care, tobacco cessation counseling, prescription processing, laboratory blood drawing services, chronic disease management, care coordination for home telehealth, and telehealth classes for diabetes and weight loss. Additionally, Brainerd offers podiatry services.

- What is your authorized bed capacity?
 - Available services are delivered through outpatient clinics and the following authorized bed capacities:
 - Acute Psychiatry: 15 beds

- Community Living Center: 225 beds
- Residential Rehabilitation Treatment Program: 148 beds

- What is your current number of beds occupied?

Current Census by Inpatient Program (updated 08/29/22)			
Inpatient Program	Authorized Beds	Operating Beds	Current Census
Acute Psychiatry	15	15	6
Domiciliary (RRTP)	148	148*	95
Community Living Center	225	167**	128

*Bed change letter submitted 08/30/22 to reduce operating beds to 118.

**Operating beds were reduced from 225 to 167 on 12/27/21. Request for additional reduction to 140 submitted 08/30/22.

- What is your average daily census for each inpatient program?

Inpatient Programs' Average Daily Census (FY22 through 08/29/22)			
Inpatient Program	Authorized Beds	Operating Beds	Average Daily Census
Acute Psychiatry	15	15	11.00
Domiciliary (RRTP)	148	148*	94.91
Community Living Center	225	167**	131.39

*Bed change letter submitted 08/30/22 to reduce operating beds to 118.

**Operating beds were reduced from 225 to 167 on 12/27/21. Request for additional reduction to 140 submitted 08/30/22.

➤ **Enrollment**

- What is the total estimated number of veterans in your catchment area?
 - 57,029 estimated Veterans in FY22
- What is the total number of enrolled veterans in SCVAHCS?

St. Cloud VA HCS Enrollees (updated 08/29/22)			
Fiscal Year	Non-Veteran	Non-Enrolled Applicants 8E & 8G	Enrollees Priority 1 to 8D
FY21	1,717	1,951	40,923
FY22 (through May)	1,901	1,896	39,310

- Of the number of enrolled veterans, please provide the number of males and females:

St. Cloud VA HCS Enrollees by Gender (updated 08/29/22)			
Fiscal Year	Female	Male	Unknown

FY21	1,939	38,980	4
FY22 (through May)	1,950	37,356	4

- What is the total number of unique veterans (Been seen once and counted once)?

St. Cloud VA HCS Unique Veterans Served by FY (updated 08/29/22)		
Facility District	FY21	FY22 (as of 08/29/22)
Unique Veterans	38,132	37,977

- Total Outpatient Visits

St. Cloud VA HCS Outpatient Visits by FY (updated 08/29/22)		
Facility District	FY21	FY22 (as of 08/29/22)
Outpatient Encounters	615,585	573,120

- Please identify the counties included in your catchment area.
 - Aitkin, Benton, Big Stone, Cass, Chippewa, Crow Wing, Douglas, Grant, Isanti, Kanabec, Kandiyohi, Lac Qui Parle, McLeod, Meeker, Mille Lacs, Morrison, Pope, Redwood, Renville, Sherburne, Stearns, Stevens, Swift, Todd, Wadena, Wright, Yellow Medicine.

➤ **Funding Allocations** Please provide a breakdown of your funding allocations for the past **TWO** fiscal years (Operating budget, salaries, etc.) *Not including Community Care

	FY 2022 To Date	FY 2021	
Personal Salaries (Salary/Benefits)	\$ 206,829,323	\$ 198,362,076	
All Other	\$ 99,232,412	\$ 86,185,049	
TOTAL OPERATING FUNDS (W/O OCC)	\$ 306,061,736	\$ 284,547,124	
Percentage Change (Current FY/Prior FY)	7.6%	-30.0%	
Cumulative FTEE at end of Fiscal Year - Total	1,754	1,770	
Actual # of Employees - MSC, MS & MF	1,842	1,847	
Actual # of Employees - Fee Basis	8	10	
Actual # of Employees on Payroll - Total	1,850	1,857	includes FEE basis
Equipment Funds	\$ 7,487,090	\$ 4,915,511	
Non-Recurring Maintenance and Repair Funds	\$ 12,540,791	\$ 34,764,192	
Construction (Headquarters Funded)	\$ 306,227	\$ 20,421,124	
GRAND TOTAL ALL FUNDS	\$ 326,395,844	\$ 344,647,952	
External Revenue (Included in Operating Funds)			
Medical Care Cost Recovery Collections	\$ 8,977,279	\$ 7,928,304	
Other: e.g. TRICARE, Sharing Agreements	\$ 272,726	\$ 269,008	
TOTAL EXTERNAL REVENUE	\$ 9,250,005	\$ 8,197,312	
Percentage Change in Revenue (Current FY/Prior FY)	13%	-53%	

➤ **Community Care Program Budget** Please provide a breakdown of the last **TWO** years of the OCC budget:

- Preauthorized Care (MISSION ACT) Primary care, specialty care, contract nursing care, homemaker health care, etc.
- Unauthorized Emergency Care (Mission Act 17.4003 CC, USC1725, USC1728)

St. Cloud VA HCS Community Care Budget by FY		
Authorization Status	FY21	FY22 YTD
Authorized	\$160,507,830.10	\$174,428,730.98
Unauthorized	\$2,105,391.54	\$982,857.70
Total	\$162,613,221.64	\$175,411,588.68

VA&R Committee Questions

1. Is your funding adequate to do all of the things you want to in a year? It's been enough. The issues are more around bringing in staff. We have a surplus in that area because we struggle to bring staff on and this is a nationwide issue. Nursing is the biggest area we struggle to recruit staff with housekeeping aids second. There is a significant staffing shortage across the field and not just with the VA. The number of patients going into the community continues to increase and for continuity of care we like to keep a number of them in the system and so as we lose patients to outside care there is an increase in the cost of community care. Costs have increased to more than what we anticipated and making sure we have that number is important. Since 2018 that number has doubled and so we need to keep a close eye on this to determine what 2024 looks like. There is a direction that needs to be looked at very strongly and how we are going to try and control that aspect VA-wide.
2. Are you seeing an increase in staff turnover rate in your facility that would be above normal? Our turnover is COVID related; to pay and vaccinations. Outside organizations can offer a lot more than we can, but their rates are decreasing. We have one of the lowest vacancy rates within the VISN. Our efforts have been effective but it's an uphill battle. We offer more opportunities for time off than in the civilian world which will help us turn the staffing issue around.

➤ **Staff Vacancies (by occupation)**

- What is your total number of Clinical vacant positions?
 - Physician: 8 active recruitment and 2 selected
 - CRNA: 1 active recruitment and 2 selected
 - Nurse: 39 active recruitment and 23 selected
 - PA: 0 active recruitment and 2 selected
 - LPN: 45 active recruitment and 3 selected
 - NA: 33 active recruitment and 7 selected
 - Pharmacy Tech: 4 active recruitment and 1 selected
 - Social Worker: 15 active recruitment and 7 selected
 - Psychologist: 7 active recruitment and 3 selected

- Audiologist: 0 active recruitment and 0 selected
 - DRT: 0 active recruitment and 0 selected
 - Pharmacist: 1 active recruitment and 1 selected
 - Total: 203
- What is your total number of Clinical Support Staff vacant positions?
 - MSA: 30 active recruitment and 7 selected
 - Medical Records: 3 active recruitment and 0 selected
 - Total: 40
- How long have the positions been vacant?
 - There is a wide range of timeframes for the vacant positions. Some of the harder-to-fill positions can be vacant for approximately one year, while some of the high-turnover positions have just become vacant.
- Reason for vacancies?
 - There is also a wide range of reasons for the vacancies such as employees accepting other positions within the medical center, retirements, people transferring to other VA Health Care Systems, and people leaving the VA completely.

VA&R Committee Questions

1. How has Title 38 affected your healthcare system by offering a specific group of employees reasonable accommodations? We can evaluate our employees differently now than when we were under VHA Directive 1193 (COVID mandates) and we are waiting for additional direction regarding hiring. The changes have helped by allowing us to bring in people without having vaccinations.

➤ Mental Health Program

- Number of psychologists
 - 20
- Number of Psychiatrists
 - 9
- What types of modalities are currently offered to treat PTSD, Anxiety, and Depression, and is there one that is preferred among patients? (EDMR, PE, CPT)
 - Psychotherapy, there are currently six types of psychotherapies that are recommended by VA (Acceptance and Commitment Therapy ACT, Behavioral Therapy/Behavioral Activation BT/BA, Cognitive Behavioral Therapy CBT, Interpersonal Psychotherapy IPT, Mindfulness-Based Cognitive Therapy MBCT, and Problem-solving Therapy PST.

- Prescription medications which include the following: selective serotonin reuptake inhibitors (SSRIs), serotonin-norepinephrine reuptake inhibitors (SNRIs), tricyclic antidepressants (TCAs), monoamine oxidase inhibitors (MAOIs). Mirtazapine and Bupropion are other antidepressant medications that don't fall into the above categories but are safe and effective for many patients.
 - Self-management, engaging in physical activities and exercise, making time for activities you enjoy, spending time with people who can support you and practicing relaxation, taking small steps to take care of the larger problem, avoiding making major life decisions while depressed, eating nutritious and balanced meals, avoid alcohol and illegal drugs, follow your health care providers instructions about your treatment and remain hopeful.
 - Other treatments for depression include Bright Light Therapy, hospitalization, Electroconvulsive Therapy, and Repetitive Transcranial Magnetic Stimulations.
- Is there an MST Coordinator identified on campus?
 - Yes, Joy Finkelson.

VA&R Committee Questions

1. I've been hearing a lot about various PTSD treatment modalities such as EMDR. Do you offer EMDR in St. Cloud? No, we do not.
2. Do you have a care in the community service partner established that offers EMDR? I don't know off-hand, I'd have to go into the network and find out if we have anyone contracted for that.
3. We looked at this with the MPLS VA HCS and they make a lot of referrals through their third-party network, Optum. We have access to the same network that MPLS VA has, so the answer is yes.
4. Do you have good collaboration between your healthcare system and the community third-party in-network providers to help support the specialty care referrals? Centracare is in the majority of counties that we cover. We have access to their medical records and our Care in the Community has regularly scheduled meetings with their services to help coordinate what we can regarding wait times and emergency referrals. We also have a good relationship with the Essentia Health system up towards Brainerd and do have access to their medical records and also regular communication with them. Of the smaller systems, we don't have as good of contact with although, in Montevideo, Chippewa County we have good contact with that hospital and a clinic on their grounds, and they can help and support us when they have those services available very strong and we continue to work with Alomere Health in Douglas County.
5. Is there typically a wait time to get into the RRTP Treatment program and how long do veterans usually wait? There is a wait time for the program, it varies quite a bit. We are

still working under some COVID constraints, so the size of our program, and the number of available beds is 109 instead of 148. One of the things we had done was that other treatment programs hadn't offered an outpatient RRTP service that is done both virtually and through other modalities. The wait time also depends on some of the services that are needed and when they are available. We can see veterans wait up to about 49 days but that was during our COVID peak. In general, it's a matter of when they can be scheduled. We do have veterans who need services more quickly and we reach out to them to offer services virtually. We try to address them based on the priority of where they are and what services are available on that track. During COVID, we kept our backlog minimal by bringing patients into the program in small batches and quarantining them. We could then put them into the general population which allowed us to continue to have veterans in the program throughout COVID. Because of this, our backlog is small today.

6. If a veteran were to walk into your ER clearly in distress, is the St. Cloud VA able to get them a bed and care, or are you sending them somewhere else? We do not have an emergency room; if a veteran presented in severe distress needing emergency care, we can transfer them to the St. Cloud Hospital ER. We have a Mayo Clinic ambulance stationed here in our ambulance bay and it's about a 5-minute transport to the local hospital.
7. What about a veteran presenting with a mental health need because with veteran suicide we don't see a lot of the warning signs? We do have staff here that manage patients coming with mental health crises and they are treated to the level we can provide. If they need additional medical services because often there is a combination of medical and mental health, we will coordinate their medical care over at St. Cloud Hospital and then transfer them back to our appropriate mental health unit when they are medically stable. If they are medically stable, we'll take them into the appropriate unit here.

➤ **Suicide Prevention Efforts**

- Our local suicide prevention team is responsible for implementing VA's national strategy to prevent suicide. This encompasses a wide variety of efforts, including but not limited to universal suicide risk screening for all Veterans that access VA services regardless of care settings, various mental health evidence-based psychotherapies to treat a range of diagnoses and drivers of risk, lethal means safety discussions, safety planning, etc. SP team manages a list of Veterans that have been identified as high risk, tracking and enhancing their care. In addition, we have a suicide postvention team to provide resources and support for suicide loss survivors (Veteran's family and friends, as well as providers). We have a full-time staff person that is working on a public health approach to suicide prevention, organizing community-level coalitions aimed at preventing suicide. Ongoing outreach within the community to reach Veterans. Ongoing educational efforts for staff on a local level. Ongoing suicide data surveillance to better understand and treat Veterans that may be at risk.

VA&R Committee Questions

1. With the coalitions, can you give a couple of examples of how those come about, are they already existing and the suicide prevention coordinator is going to them, are they being invited, and are there groups coming together? All of those things have groups they work with, coalitions, group functions that occur, and a variety of things. Through those meetings we have we talk about a variety of things so everyone has an update on what's happening and we try to work together as best we can where, as one we can reach a larger cross-section of veterans and address their needs more effectively.
2. Who is on the suicide prevention team? Four people, an RN, and three social workers. They have different roles, some are education specialists and some are community outreach and some do direct prevention.

➤ Women's Veteran Program

- What percentage of women veterans utilize the Women's Clinic vs Primary Care Clinics?
 - The St. Cloud VA Medical Center Women's Clinic is in Building 4 and has two women's health providers. Wednesdays in this clinic are reserved for appointments for female Veterans only but women can be seen in this area any day of the week. A total of 43% of the female Veterans assigned to primary care are seen in this space. There are approximately 1,500 female Veterans seen by primary care with 95% of these Veterans assigned to a women's health provider at various locations throughout the healthcare system.
- Has this number of utilizations increased from the previous year?
 - The women's clinic was opened this fiscal year and we have seen an increase in 50 female Veterans assigned to primary care providers fiscal year-to-date.
- How many female physiologists/psychiatrists, gynecologists, and primary care physicians are staffed at the Women's Clinic?
 - The women's clinic has two female primary care providers who are both nurse practitioners. There are no other providers located in the Women's Clinic. There are seven other female designated women's health providers within the healthcare system. The St. Cloud VA Healthcare System does not employ a gynecologist and there are 20 female psychologists/psychiatrists within the Healthcare System.
- What women-specific services are offered internally at SCVAHCS?
 - The St. Cloud VA offers Intrauterine Device insertions and removals, birth control implant insertion and removals, colposcopies, endometrial biopsies, pelvic ultrasounds, and tubal ligations.

VA&R Committee Questions

1. I noticed that your list of services for women veterans is basic OBGYN. We have a growing number of female veterans; one in eight is struggling with fertility issues. We are seeing more female veterans with hysterectomies before age 40 and needing hormone replacement therapy. Is the plan in the long run for your facility to be able to accommodate that? We can accommodate hormone replacement therapy. Because the volume of patients we see is too limited to offer enhanced services, we must partner with the MPLS VA. The MPLS VA now has an OBGYN to help provide some of those additional services additionally, we are contracted with community services for some of these services. If we see an increase in female veterans and the need arises, we would be happy to offer those services.
2. Do you offer mammograms? We do not provide mammograms here. They take a large volume and to remain certified, radiologists would have to perform 1900 plus mammograms a year. We do not have enough veterans who require mammograms to maintain their competency of that. It is efficient to send them out to the local community. We also offer veterans the option to go to the MPLS VA

➤ **Outreach Activities** *Plans to conduct shortly?*

- How many outreach events did your medical center participate in during the pandemic if any? Did the pandemic negatively impact SCVAHCS outreach?
 - Participated in 73 Outreach Events
 - The pandemic negatively impacted outreach at the beginning of FY2022 due to the no-travel restrictions for SCVAHCS.
- How many outreach events is your medical center planning to participate in this fiscal year?
 - 73 Outreach Events

➤ **Facility Remodeling Projects**

- **Construct a Parking Structure for Patient Access:** Creates an additional 254 parking spaces in the patient parking structure across from Building 1. Construction completion is planned for fall CY22.
- **Renovate Building 4 Basement for SPS and SPD:** Relocate and update the SPS department from Building 50 to Building 4. A total of 8,250 square feet in Building 118 and 9,700 square feet in Building 4 will be renovated for this project. The relocation creates adjacency efficiencies to the center of campus. Construction completion is planned for CY23.
- **Install Legionella Prevention:** This project upgrades the domestic water system in all bedded buildings to reduce the risk of legionella complications in persons on campus. Completion is planned for CY23.
- **Construct Adult Health & Extended Care Support Building:** This project constructs a new building on campus to support the expansion of the adult day

healthcare program. It is about 16,691 square feet. Completion is planned for CY23.

- **Renovate Building 28 First Floor East Side RRTP:** This project will remodel approximately 13,000 square feet of Building 28 1st floor east side from offices into bedded RRTP space for patients. Completion is planned for CY23.
- **Expand/Construct Outpatient Mental Health:** This project creates an approximate addition of 12,000 square feet to support the mental health services on campus. Completion is planned for the winter of 2022/2023.
- **Construct PACT Clinic Building 4 First Floor:** This project is in design. This project will relocate and update PACT clinic services to the first floor of Building 4. This project creates a building expansion of approximately 2,000 square feet. Pending construction funding.
- **EHRM Infrastructure Upgrades:** This project upgrades the communication infrastructure for electronic healthcare record management systems across campus.
- **EHRM Training Space and Admin Support Space:** This project relocates services on campus to support the needed EHRM training space. This project supports the EHRM implementation requirements of EHRM.
- **Montevideo CBOC Lease:** This project will construct a clinic of approximately 11,033 square feet in Montevideo. It will house services of PACT, mental health, and specialty clinics amongst others. Construction is planned to be completed in the summer of 2023.
- **Alexandria CBOC Lease:** This project will construct a clinic of approximately 15,061 square feet in Alexandria. It will house services of PACT, mental health, and specialty clinics amongst others. Construction is planned to be completed in the spring of 2023.

VA&R Committee Questions

1. What is an acceptable time frame for the Patient Advocacy office to address patient concerns? Is that office reaching back out to the veteran with a receipt confirmation? I know they are tracking the response time and I don't know what that number is off the top of my head. I do know that we do reach back out to the veteran and that we do a really good job with this program. We take the data we track and proactively address those things as best we can. We added a patient experience office to help address concerns in a more systematic approach. This year will be a lot different with a concentrated effort on homing in on those patient concerns that are coming out of that office. We send surveys to patients and our trust scores are some of the highest in the nation. For the month of August, our turnaround time to resolve patient complaints is one day.
2. Could you share a couple of great stories from the Patient Advocate Office? I don't have any off the top of my head, but I'll send them to you as we receive them all the time.

Comments from the Patient Advocate Office

Veterans continue to express their trust in the St. Cloud VA. In the fiscal year 2022, 95% of Veterans responded that they either “agree” or “strongly agree” when asked the question: “I trust the St. Cloud VA for my health care needs?” (Source: Veteran Signals Survey)

In August 2022, the St. Cloud VA’s Patient Advocate office received a total of 338 compliments from Veterans, well exceeding the monthly average of about 200 compliments received per month in the fiscal year 2022.

- "The service I receive is excellent. I tell all other service members every chance I get. Thank you"
- "We vets are extremely fortunate to have your services available. I would be lost without you."
- "All the nurses and staff at St Cloud V A go above and beyond caring. Private practice should talk about lessons from this VA. I always look forward to any appointments, because of the care I receive. Outstanding care. Thank You, St Cloud VA"
- "I find the folks at VA caring and pleasant and more than willing to help KEEP UP THE GOOD WORK"