## Texas Site Visit Report

**l. VISN 17 VA South Texas Veterans Health Care System (STVHCS)**
San Antonio and Kerrville, Texas

**ll. Date of Visit: July 14-15, 2003**

**lll. Sites visited During Trip**
a. Audie L. Murphy Memorial VH
b. Kerrville VAMC

**lV. Commissioners/Staff in Attendance**
Commissioners: Michael Wyrick
Sister Patricia Vandenberg
Chad Colley

Commission Staff: Rebecca Wiley
Sara Lee

**V. Summary of Meeting with VISN/Medical Center Leadership**

**i. Names and titles of Attendees:**
VISN 17 STVHCS
Thomas Stranova, Network Director
Jose R. Coronado, Director, STVHCS
Jason Fisher, Executive Assistant to Director
Richard Bauer, M.D., Chief of Staff
A.J. Dvron, Administrative Resident, Office of Director
Amjed Baghdadi, Office of Director
Danna Malone, Administrative Resident, Office of Director
Natalie Sutto, Public Affairs Officer
John Mendoza, Chief, Medical Administration
Patricia Mormando, director, Geriatrics Extended Care
Sandy Berrigan, Associate Director for Patient Care Services (Nurse Executive)
Roger Roehl, Primary Care Service Line
Ken Burns, Chief, Engineering Service
Mike Dumfee,
Jason H. Fisher,
Kerrville VAMC:
Robin Gutierrez, Administrative Officer
Katherine Ferrell, Chief Medical Officer
Patricia Muguasdy, Acute Care Supervisor
Audie L. Murphy:
Meghan Gerety, ACOS, GEC

Virginia L. Barrera, AFGE Local 432
Jose R. Vasquez, AFGE Local 3511

**ii. VISN/Medical Center Leadership Meeting**

The meeting was informal with Mr. Stranova providing an overview of the South Texas Veterans Health Care System (STVHCS), its issues and needs. The STVHCS was established in March 1995 through the consolidation of the Audie L. Murphy Memorial Veterans Hospital, San Antonio, and the Kerrville VA Medical Center, Kerrville and is comprised of three Divisions, Audie L. Murphy, Kerrville, and the Satellite Clinic Division, which is VA staffed. The consolidations included the realignment of staff and provided the system with the ability to modify programs as needs change. It also provided a better utilization of resources.

The STVHCS provides services to 62 counties and has a proposed FY-03 operating budget of $3331.5 million. The Division is currently serving 196,000 veterans, which is a 61% increase since 1998. However, it does not have tremendous penetration and there continues to be a need for presence in the lower Valley area. There is a need to build a presence and double access in the Austin area. Options include the development of new outpatient clinic sites in the STVCS that are consistent with veteran's demographics. These sites will provide primary care that includes mental health care. Contracting with community facilities was a considered option, however, it was not selected as it would not lend itself to the needed continuity of care provided by the VA to the veterans (portions of care would be received through the VA, record documentation would also present a problem as the community facilities are not connected to the VA online record system).

With the consolidation of Audie L. Murphy and Kerrville, a transportation system was established to transport patients, lab specimens, medical records, etc between the two Divisions. However transportation remains an issue in terms of the long distance in transporting veterans between San Antonio, Corpus Christi, McCallan and Kerrville. Getting patients moved from one part of the state to another continues to be problematic. Initially bus transportation was utilized, and then vans, however, van use was not viable, as some vans were not air-conditioned. This issue is currently being addressed.

All female veterans receiving services were originally admitted as service connected, however, both service and non-service connected are now admitted. All female veterans needs are currently being addressed at the Women's Place in San Antonio.

**Tour of Facilities:**

Kerrville Division

The Kerrville Division is an aging facility with an increasing challenge to provide appropriate health care. It is described as the center of geriatric care. It is located 65 miles northwest of the Audie L. Murphy Division and provides acute medical, primary and long-term care services (154 transitional beds) to approximately 16.000 veterans. The facility currently has 430 FTEs.

The core hospital's infrastructure appears to require considerable ongoing maintenance and is refurbished primarily with non-recurring maintenance funds. There is little evidence of any substantial rehabilitation in the core except such areas as the dining facility and long-term beds located in the newest part of the hospital proper. The facility has a significant amount of empty or underutilized space; no use for this space was identified.

However, an area undergoing rehabilitation will house an assisted living program for couples and single veterans. The facility does not currently have an assisted living program, but proposes to establish such a program. This protocol is contingent upon an Enhanced Use Lease with a private contractor. The project will be either a timely decision that will be implemented through a currently non-existent authorization and lease or a questionable expenditure of funds to remodel a building for a specific use that did not materialize.

A big dynamic for the Kerrville Division is the move from inpatient to outpatient care. Kerrville has developed an extensive and growing primary care service system but also continues to focus on long-term care. According to the VISN, the up stick to this dynamic is the demand for inpatient care and insufficient inpatient capacity. While WWII veterans are aging out, Viet Nam veterans are now coming of age, 55 years, and as a result the demand for inpatient services is increasing. Their analysis of inpatient capacity indicates the Kerrville acute medical beds will not need to be re-allocated to the Audie L. Murphy Division until FY-12. Likewise, the conversations of the five Kerrville ICU beds to acute medical telemetry beds will not meet the needs of Kerrville. The STVHCS analysis also indicated that the community couldn't absorb the Kerrville demand for acute medical beds.

The Kerrville medical ward, ICU and Urgent Care, did not appear to be representative of the quality of care one expects for its veteran population. A more recently rehabilitated area-housing portion of extended care beds and an Alzheimer ward are more viable and better placed to fulfill the Division's mission.

The primary care teams consist of approximately 1000 patients per team and have a ceiling of 1200 (the average is 950 to 1000 patients). There is no waiting list to access the facility. While the primary care service system is growing, it also is an example of the difficulty in moving from hospital-based care to an outpatient-based facility. The treatment rooms and staff offices are small and contrary to positive treatment outcomes by the veterans receiving treatment.

Medical emergencies at the Kerrville Division are serviced by the city ambulance system. A Kerrville city ordinance states that internal moves of patients costs $500.00 and moves to San Antonio costs $1000.oo per patient. The Kerrville Division has used this system for over ten years and the ordinance has never been challenged. Non-emergencies situations are handled by facility van.

Kerrville has a state of the arts computerized laundry facility that services this health care system as well as other organizations. This is another viable part of the Division.

Community support among the veterans and their families is strong, there appeared to be a lack of evidence of support from the general community. While the VA is the third largest employer in the region, there appears to be little indication of its importance to the regions economy. Likewise there appears to be a lack of relationship between the civilian medical community and the VA.

**Kerrville Specific Issues:**

- While the Kerrville site infrastructure appears to require ongoing maintenance, it is well maintained.
- There did not appear to be a large volume of workload in the acute inpatient unit, the urgent care area or in many of the Primary Care clinics.
- The complexity if inpatients care at the Kerrville site was stated by staff to be more of a step down/holding type until patients can be stabilized and transferred to other sites.
- There is wide community support for the continued presence of a VA in the area.
- There are opportunities to work with the community to decrease costs of transportation when moving veterans from the VA to the local facility.
- As assisted living project is underway which will use one of the patient care units. This concept was of great interest to the team and would require further explanation.

<u>Audie L. Murphy Division</u>

The Audie L. Murphy Division is a 350 beds (which includes a 30 spinal cord injury beds) providing acute medical, surgical, psychiatric, geriatric and primary care services. It also provides tertiary services including bone marrow transplants, open-heart surgery, magnetic resonance imaging and positron emission tomography services to veterans residing locally, regionally and nationally. In addition, a 90 bed extended care therapy center located on its grounds. This facility, which opened in 1973 with some 1960's structure, is not designed to support primary care.

The core hospital is well suited to provide Tertiary Care and support services to medical facilities within its catchment area. Rehabilitation of existing wards continues and the plan is to develop medical beds and room that can provide the most comprehensive care

to the veteran without having to move him or her to another location. A new ward of this type is anticipated within the next four years.

Overall, the facility environment is one of professionalism and the quality of care is provided in a timely and individualized manner. Academic, research, and medical school affiliations are in evidence and contribute positively to the overall operation of the Division.

Previously the psychiatric wards at the Audie L. Murphy Division were open, but the increasing number of elopements led to an increase in security. A year ago a 50 bed closed unit was opened. At this time, there are no open psychiatric wards. While the wards have been renovated and present a caring and therapeutic environment, the patients use pajamas instead of their own clothes. Upon admission and assessment veterans clothes and other personal items are taken from them and put in a secured locker. The average length of stay for the patient is eight (8) days. While the patients have the services of an intensive case management program while they are on the ward, follow-up services after discharge are a problem.

Those veterans who receive their primary care from the CBOCS are also in need of follow-up care. There is a need to have capacity close to where the veteran resides.

STVHCS are moving in the direction of Transitional residence. Space has been leased for 80 beds in a nursing home. Forty of these beds are for existing homeless veterans and 25 for Detox residential.

In summary issues for STVHCS (Kerrville and Audie L. Murphy Divisions)

- Need to develop presence in the lower Valley area as this area is underserved.
- Transportation, getting patients moved from one part of the state to another. This problem is being address.
- Care is excellent on the inpatient psychiatric ward, but community follow-up is not at the same level.
- Audie L. Murphy structure is inadequate in terms of functional ability and space. This is being address with remodeling of the ALMD Triage area, expansion of specialty clinics.