Manchester Task Force Data Due Outs

- Survey
  - Please provide a list of the "Other" responses for the question that offered free text option
    - Comments provided in spreadsheet
  - Valuate further the demographics, including age and geography of Veterans who responded to Questions 1, 2, and 3 (regarding inpatient care)
  - Add a question – Where do you prefer to receive your outpatient/ambulatory specialty care? Options: clinic visits at Manchester with day surgery at WRJ VA; clinic visits in Manchester with day surgery at a community hospital (e.g., Catholic Medical Center or Elliot Hospital); all care referred out to your local area through Choice;
  - Add a question – Would you be in favor of receiving specialty and/or inpatient care at White River Junction. This should be presented as a multiple choice questions, with options similar to the question listed above.
  - Focus groups need to be conducted with Veterans in the White River Junction capture area regarding their feelings/willingness about coming to Manchester for some services
    - Conversations regarding these focus groups have been started with WRJ leadership
- Mental Health
  - Data from the community: how long do Veterans lodge in ERs awaiting mental health beds? How does this compare to non-Veterans waiting in ERs?
    - Average Wait from Urgent Care to another VA Facility: Recently dropped from 8 hours to 6 hours, with the goals of reducing it to 4 hours
    - CMHA Report from Dave is included
  - Data needed on the number of Veterans who present at both community emergency rooms and Manchester urgent care for mental health needs
  - How many times in the past 1-2 years have Veterans been referred from Manchester Urgent Care on an IEA (involuntary admission) to New Hampshire Hospital? Or to other community hospitals (ie Franklin Hospital, Elliott, Portmouth Regional and Cypress Center).
    - Wanda Hunt is reaching out to the Suicide Prevention Coordinators at Manchester to see if they know
- Rehab
  - Data is needed about White River Junction's current gap/need when it comes to rehab services
    - Question referred to Rehab Subgroup
- GEC
  - Data needed on the White River Junction Need/Demand for CLC space
    - In FY16 an executive decision memo from WRJ was considered requesting 14 short stay CLC beds, but it was never put forward

- Data needed as to the average Length of Stay at the Manchester CLC currently (e.g., case-mix between Long-stay Veterans, short-stay rehab Veterans; hospice Veterans, etc)
  - Attached charts including Average Length of Stay, Unique Patients, and Bed Days of Care
- In the data presented, are Veterans using private nursing homes paid for by the VA included? Including the New Hampshire Veteran's Home? What is the number of currently contracted beds within the community?
  - Contracted Nursing Home Beds: 250 Dom Beds
  - Uniques (there were usage numbers from October)
    - Manchester – 49
    - Non-Manchester – 4
    - Number of contracts 7
  - Current Veteran census at the NH Veterans Home in Tilton – 195
  - Along with the other GEC data – chart from the long Term Care Projection Model utilized CNH indicating in-house and community beds for FY2016 and for FY2026
  - Manchester CLC has 41 physical beds and 39 Bed Days of Care currently
- How many Veterans are receiving compensation benefits that are eligible for long-term care through the VA?

- Primary Care
  - Why did Option 4 (Veteran and Employee Wellness Center) only have a 2 for feasibility?
    - The rationale was that space is very hard to come by and typically the type of open space for group visits, wellbeing programing and even MOVE, tobacco cessation, shared medical appointments, etc has been very difficult for Medical Centers to support. However, if space is not an issue, than creating the right ambience for a wellness center and resources/equipment is a smaller hurdle.
- Imaging
  - A question was raised about whether there was space at the CBOCs to move some Imaging services there now
    - Imaging Service Line was unclear, and suggested the question be referred to Engineering at Manchester. Question referred to Garrett Stumb
  - A question was raised about the ideal location for Imaging services within the Manchester campus footprint (ie should it be its own building or in a different location than the basement)
    - Ground level is the ideal location for Imaging services due the weight loads of the equipment. Imaging location should also give consideration to easy patient access and access to emergency medical back up should there be a contrast reaction. The primary issue with the current space is

that the age and design of the building itself is not conducive to the installation of modern imaging equipment.

- Medicine/Surgery
- Culture/Process
  - Are there private sector benchmarks and/or external analysis that addresses cultural metrics and clinical quality metrics for facilities similar to VA Complexity Level 3 facilities/Manchester.
    - Question referred to Culture Task Force
  - Ask the Culture Task Force – has John Kotter in Oklahoma City tackled the issue of metrics to effectively measure/monitor culture over time? Are there any community comparisons for benchmarking?
    - This question has already been referred to the Culture Task Force group