2014 ANNUAL REPORT

Changing lives.

One Veteran at a time.

DALLAS BONHAM FORT WORTH TYLER POLK

From Our Director

Every day I am honored to be a part of VA North Texas and try to make a positive difference in the lives of our Veterans, their families and our employees.

2014 was a very challenging year for VA and VA North Texas. VHA came under intense scrutiny regarding access to care. We still have a lot of work ahead of us, but VA North Texas has experienced a significant improvement in our overall access. Our average wait times for Primary Care, Mental Health and Specialty Care are the best in VISN 17. VA Central Office identified us as one of the most improved 1a facilities in the nation. I want to thank each of our employees for all the hard work to improve health care access to North Texas Veterans. We must build on this momentum and continue our efforts to restore our Veterans trust in their VA. Only together can we accomplish this.

Jeff Milligan
Director

Three Pillars *of* VA *North Texas*

Quality, Safety and Value

At VA North Texas, we are working very hard to become a high reliability organization focused on further developing a culture of patient safety and continuous improvement. In 2014 VA North Texas implemented VACO Directive 1026 VHA Enterprise Framework for Quality, Safety and Value in a bold manner, aligning previously separate programs of Quality Management, Patient Safety, Systems Redesign and the Analytics and Information Management Center. With a primary focus on patient safety, this new service, Quality, Safety and Value (QSV) has completed a patient safety program assessment and improvement plan. This plan highlights a few key initiatives such as:

- "Stop the Line" - focused on building a culture of patient safety
- "Speak Up" - Empowers staff at all levels with the education, tools and processes to speak up if they believe improvement to care can be made.
- Root Cause Analysis process improvement
- National Patient Safety Goal data collection and reporting

In October 2014, QSV led the preparation efforts for the organization's triennial Joint Commission Survey. Overall, VA North Texas experienced a 40% reduction in the number of findings from the last Joint Commission survey – a major accomplishment for this large and growing organization. This new service also led efforts to prepare for the Office of Inspector General, Combined Assessment Program review in December 2014. The limited findings from this visit were anticipated and the work to address them began immediately.

Patient Centered Care

In FY14, our Patient Centered Care & Cultural Transformation Program continued to lead our journey towards a more Patient Centered Organization by utilizing Whole Health principles. Bonham VA was chosen to participate in a Whole Health pilot project with Boston VA and Duke University to study personalized health planning in a shared medical visit clinic.

The pilot included Veterans in the primary care clinic with uncontrolled hypertension. Participants completed a Personalized Health Inventory before the initial shared medical visit where group discussion and goal setting focused on the Circle of Health model. Each Veteran created a Personalized Health Plan which was documented in his/her medical record, and a survey completed at each visit shared perceptions and feedback of the care provided.

Patients set individual self -care goals for each visit, and positive survey results were consistent regarding Personalized Health Plan and the shared medical visit approach. Enrollment has expanded to Veterans with metabolic syndrome.

This project was supported by Dr. Alan Schonfeld, Bonnie Whittington, Sherrie St. Cyr, Sherry Gilbert, Nicole Williams and Rhonda Reeves in hopes to provide a more patient-centered approach to health care delivery.

Servant Leadership

2,472 employees responded to the 2014 All Employee survey and expressed overall satisfaction with their job and direction of the organization. They felt their work groups are involved in quality management and systems redesign and that VA cares about their general satisfaction at work.

Employees want to see improvements in their work groups demonstrated by a spirit of cooperation, treating each other with respect, willing to adapt to change and communicating well with each other. Employees want their supervisor to be their advocate, fair in recognizing accomplishments and build a spirit of cooperation and teamwork.

Initiatives below will address low areas of satisfaction and build a culture of respect in the work group.

Develop a coaching program aimed at front line supervisors to address:

- Advocacy
- Cooperation
- Fairness

Get the good news out by arming employees with impactful success stories to share with friends, family and Veterans on the high quality care VA North Texas provides.

Improve respect and civility in the workplace with the aim of developing team-building activities, enhancing communication between staff members, celebrating success and finding fun in our work.

I look forward to continuing this progress in 2015. —Jeff Millligan

Our Misson

Honor America's Veterans by providing exceptional health care that improves their health and well-being.

Our Vision

To be the health care provider of choice for our Veteran patients by ensuring a continuous focus on Quality, Safety and Value, Patient Centered Care, and Servant Leadership.

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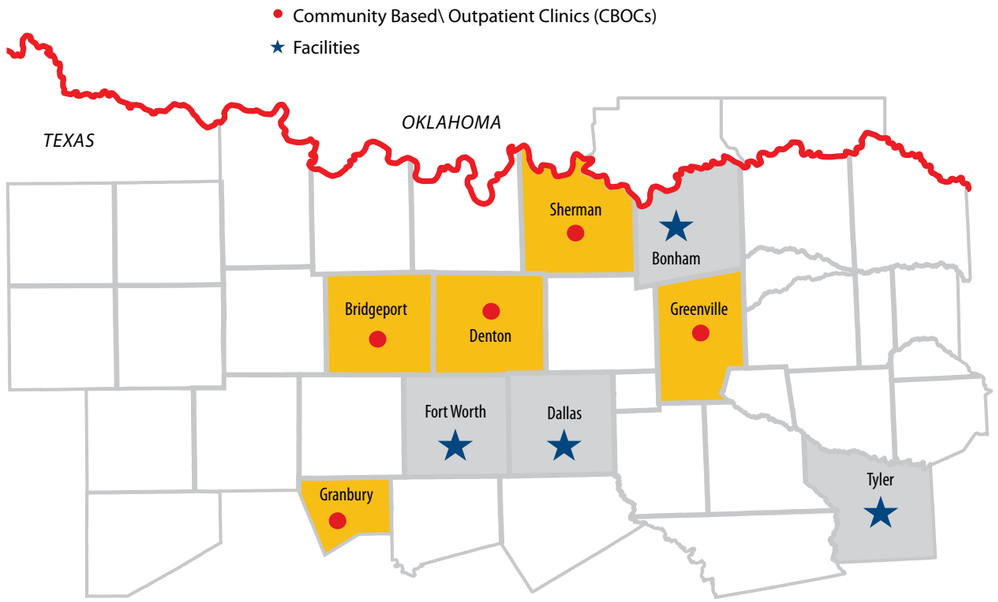
***Communicate with your primary care team through secured messaging on* MyHealtheVet.**

VA North Texas Health Care System



Operating Statistics

Fiscal Year 2014

Breakdown of Cost

Medical Care Collections
$54,162,084

Medical Services Rendered
$165,394,053

Salary and Benefits
$495,103,065

Lands and Structures
$15,791,972

Consolidated Mail-Out Pharmacy
$51,037,822

Equipment
$33,066,427

Medicines
$47,869,078

Workload

Operating rooms
13

Surgeries
7,981

Inpatient Visits
82,068

Outpatient Visits
1,384,554

Average Daily Outpatient Visits
3,793

Average Daily Emergency Department Encounters
86

Enrollees
175,809

Active Users
108,067

Total Value of Gifts and Donations Received

$1,841,563

	Dallas Donations	Bonham Donations	Fort Worth Donations
Total Monetary	$251,456	$18,114	$7,753
Total Activity	$156,242	$68,370	$180
Total Item	$844,817	$432,659	$61,969
Grand Total	$1,252,516	$519,144	$69,902

Research Funding

$8,065,718

VA
$3,983,606

UT Southwestern
$2,864,506

Dallas VA Research Corporation
$1,217,606

Number of Projects
325

Number of Investigators
95

2014 Facility Highlights

- VA North Texas and The Lone Star Chapter of Paralyzed Veterans of America will host the **35th National Veterans Wheelchair Games** in Dallas, June 21-26, 2015. This year's theme is "Big City, Big Wheels, Big Hearts." Dallas is known for its bigger-than-life attitude, and Veteran wheelchair athletes are gearing up to show Texas what they are made of.

- In November 2014, VA North Texas Health Care System's Cardiology unit made history by being **the first VA facility to perform MitraClip**. This procedure was a huge success.

- **Homeless Mobile Medical Mental Health Unit for Veterans (HMMM-V)** The HMMM-V is the first in the nation to provide both medical and mental health services from a mobile unit directly where homeless Veterans live on the streets, in shelters and under bridges. Social services are provided as well as enrollment and benefits information.

- VA North Texas Health Care System was the first VA facility in the country **approved to perform Transcatheter Aortic Valve Replacement (TAVR)**.This procedure benefits patients deemed unsuitable or too high risk for open heart surgery.

- VA North Texas aggressively prepared for reviews by The Joint Commission and Office of Inspector General. Conducted only a few months apart, **the surveys resulted in many successes!**

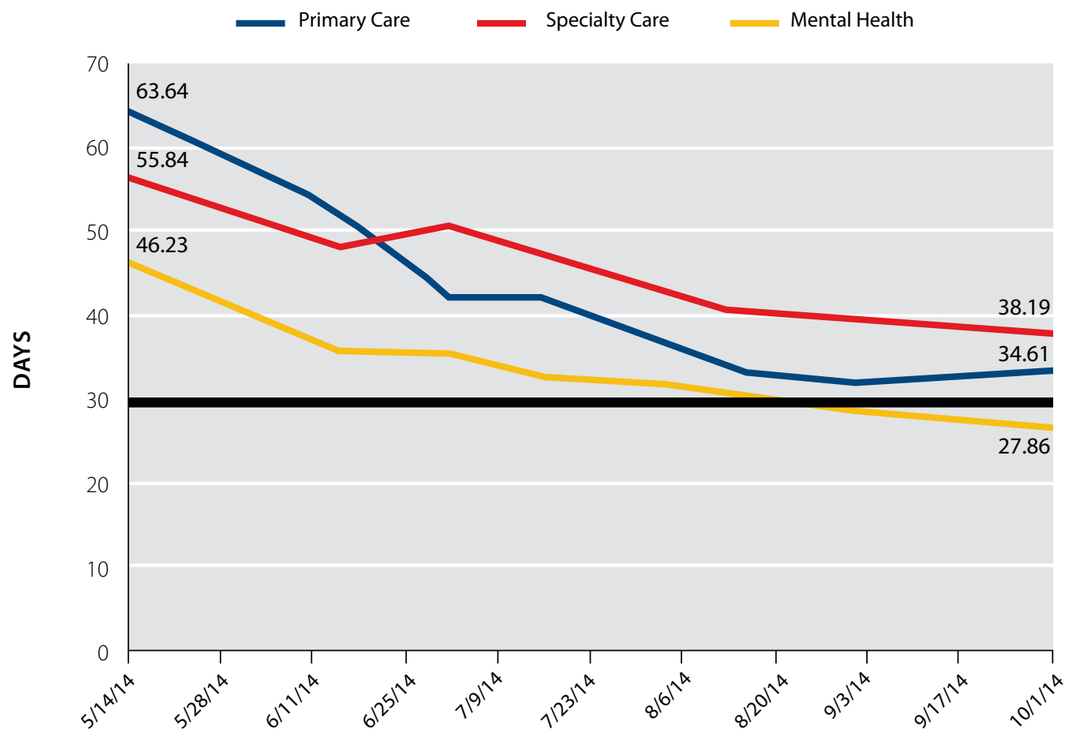
Nursing Service

Nursing Service developed its Clinical Caring Behavior Model that reminds nurses of their mission to serve Veterans by providing excellent Nursing care with a vision to promote health and caring through patient centered care. The model blends beliefs and approaches that encourage nurses to remain patient focused and position themselves to help the patient achieve their best health care outcome.

The signature logo for Nursing Service marks their commitment to strive for excellence building on the organization's three pillars: Quality, Safety & Value, Patient Centered Care, and Servant leadership — these are the heartbeat of VA North Texas.

FY14 New Patient Average Wait Time

Computed Using Desired Date and Create Date



On August 7, 2014, President Obama signed into law the Veterans Access, Choice, and Accountability Act of 2014 (VACCA). The legislation attempts to improve VAs ability to deliver high-quality health care to Veterans.

Veterans Access, Choice and Accountability Act

VACAA requires VA to expand the options for eligible Veterans to elect to use non-VA health care for a period up to three years based either on the distance a Veteran lives from a VA facility or if he/she is experiencing wait times beyond the 30-day standard. VACAA includes a $10 billion fund from which VA must pay for non-VA care furnished as part of the Choice Program. Choice Cards were provided to all Veterans enrolled in the VA health care system as of August 1, 2014, and to recently discharged combat Veterans.

For more information on the Veterans Choice Program, visit www.va.gov/opa/choiceact or call 1-866-606-8198.

Access Improvements in FY14

During the challenging times in 2014, the innovative spirit of VA North Texas staff triumphed with the creation and development of a new tool — Analytics and Information Management (AIM). Essentially, AIM is an electronic dashboard focused on managing data pertinent to system-wide operations. AIM provides quality, safety and value data and analysis in the most timely manner and facilitates the Accelerating Access to Care Initiative to include daily updates on:

- Status of new and established patient wait times by stop code or by date ranges
- Scheduling across the system
- Electronic Wait List
- Unresolved consults
- Inpatient flow
- Options for graphs and patient-specific information for follow-up

AIM has become the daily imperative for leadership and facilitates an increasingly focused review and analysis of various aspects of access. In addition, AIM supports analysis for systems redesign, including several patient flow projects, as well as action teams focused on improving access on a systemic level. In addition to the hard work staff have put into access improvements in 2014, they have also been working very hard to apply Advanced Clinic Access principles to extend weekend and clinic hours, recruit additional physicians, expand space and services in Tyler and Plano, identify and implement clinic profile efficiencies and increase non-VA care.

The AIM tool has been a major asset to continuously monitor access across the organization, and we have seen a dramatic decrease in wait times. VA North Texas remains committed to continue this success in 2015, one Veteran at a time.

Analytics & Information Management

Recognized Best Practice by The Joint Commission

PURPOSE

Leverage information & analysis for decision-making, performance & operations:

Meet & Anticipate Veteran needs

EXECUTION

- Quality, Safety, Value & Performance
- Accelerating Access to Care intiative
- Scheduling
- Consult Management

FUTURE DEVELOPMENT

- HRO Metrics
- Tracking National Patient Safety Goals
- Internal/External review data requirements

HRO

High Reliability Organization

Compensation and Pension Success

A Team Effort

The VA North Texas Compensation and Pension (C&P) section assists Veterans with medical examinations for military service-connected disability compensation (a monthly tax-free benefit paid to Veterans with disabilities that are the result of a disease or injury incurred or aggravated during active military service). Medical examinations are also performed for Veterans for pensions which are not service connected.

C&P relocated from Dallas VAMC to Fort Worth VA Outpatient Clinic in May 2011 to provide better access and space as well as a more convenient travel option for Veterans. Since relocating to FWOPC, full time provider staff has increased 45% to support the claims volume.

In 2014, C&P markedly improved the timeliness of disability evaluations for North Texas Veterans. An average processing time of 58.7 days was decreased to an average of 30 days by the end of the year to meet national target goals established for VHA facilities.

Using this momentum to plan further improvements, processes were reviewed to see how actions and protocols could be streamlined. Joint collaboration between Ambulatory Care, Mental Health, Medical Administration and others services focused on training, quality, safety and efficiency.

Recruitment is on-going to improve in-house capacity, including specialties. A Physical Medicine & Rehabilitation physician joined the team to conduct traumatic brain injury examinations, and a Physician Assistant was added. A fee basis Gynecologist has recently been recruited to improve our capability for female Veterans. An Orthopedic Surgeon with spine specialty training is also available on fee basis.

Full time provider staff has increased 45% *to support the claims volume.*

Timeliness of disability evaluations decreased average days

58.7 days
to
30 days

2014 Site Reviews and Surveys

VA North Texas Health Care System continues on the journey toward becoming a high reliability organization and strives daily to provide safe, quality care to its Veterans. VA North Texas is building an organizational structure that supports "continuous readiness" for all internal and external site reviews and surveys. In 2014, VA North Texas aggressively prepared for reviews by The Joint Commission and Office of Inspector General. Conducted only a few months apart, the surveys resulted in many successes!

What is the purpose of site reviews and surveys?

They ensure the organization provides high quality health care in a safe environment. The Joint Commission accreditation is nationally recognized as a symbol of high quality and is considered one of VHA's major external quality assessments. The Joint Commission accreditation confers recognition that a health care organization meets certain standards of quality and safety and is in compliance with specific health care quality standards of payors, both public (e.g., Medicare) and commercial. In addition, the American College of Graduate Medical Education requires that healthcare organizations sponsoring or participating in GME programs be accredited by The Joint Commission or by another recognized body with reasonably equivalent standards.

Combined Assessment Program (CAP) reviews are part of the Office of Inspector General's efforts to ensure that high quality health care services are provided to our Nation's Veterans. CAP reviews combine the knowledge and skills of the OIG's Offices of Healthcare Inspections, Audit, and Investigations to provide collaborative assessments of VA medical facilities and regional offices on a cyclical basis. The purposes of CAP reviews are to:

- Evaluate how well VA facilities are accomplishing the mission of providing Veterans convenient access to high quality medical and benefits services.
- Determine if management controls ensure compliance with regulations and VA policies, assist management in achieving program goals, and minimize vulnerability to fraud, waste, and abuse.
- Provide fraud and integrity awareness training to increase employee understanding of the potential for program fraud and the requirement to refer suspected criminal activity to the OIG.

In addition to typical coverage, CAP reviews may examine issues or allegations referred by VA employees, patients, Members of Congress, or others.

Why are site reviews and surveys important to VA?

Consistent with VHA's goals to "Provide excellence in health care value," The Joint Commission's gold seal of approval signifies that VA North Texas is providing safe and quality care to patients. As we pursue status as a high reliability organization, these assessments highlight safety and provide opportunity for continuous improvement.

How did VA North Texas prepare?

Strike teams were incorporated and structured to provide engagement of employees at all levels of the organization, which ultimately corresponded to success. Strike teams allowed a proactive approach where any standard requiring improvement could be identified and addressed beforehand.

What was the overall outcome?

VA North Texas Health Care System had very successful Joint Commission and OIG-CAP surveys! Some of the highlights are listed below.

- The Joint Commission survey resulted in a 40% reduction of findings from the previous survey.
- OIG reviewers named the Quality, Safety & Value Analytics and Information Management tool a best practice.
- OIG reviewers found zero deficiencies in the environment of care assessment throughout the entire health care system — a major feat for a health care system of this size and complexity.

Both surveys identified areas of opportunity on which VA North Texas began working immediately. These plans and outcomes are monitored by the new External and Internal Review Committee (EIRC), which leverages the success of the strike teams. The EIRC will champion a culture of continuous readiness.

The Joint Commission results

40% reduction in number of findings from last survey

Office of Inspector General results

ZERO
Enivironment of Care findings

Construction / Renovations / Expansions

Bigger, Better, Bolder

1

Parking Garage

Cost: $28M
Construction Start date: October 1, 2013
Projected move in date: Fall 2015
Square Feet: 1,000 cars
Architect: Southerland Page
Contractor: Blackhawk Constructors

Highlights

Replacement and relocation of the underground electric utility included in project.

First building blocks for the construction of Long Term Spinal Cord Injury facility.

Three parking garages planned, one is complete.

2

7C-100

Cost: $1,150,647
Construction Start date: September 1, 2013
Move in date: December 1, 2014
Square Feet: 8,000 GSF
Architect: MPI Architect
Contractor: In-House Construction Crew

Highlights

Patient rooms with private bathroom, flat screen TVs and other amenities.

Nursing coves for better nursing and patient access to each other.

Modern architecture finishes to foster a healing environment.

3

Canteen

Cost: $2.6M
Construction Start date: October 2013
Move in date: February 26, 2015; Projected for all phases in June
Square Feet: 18,000
Architect: Fratto Engineering
Contractor: Tri-Tech Contractors

Highlights

Complete renovation from ceiling deck to sub-basement.

All new kitchen and food service equipment.

Designed by VA North Texas Engineering Interior Designer.

4

Tyler Expansion Clinic

Cost: $950,000
Construction Start date: June 2014
Move in date: June 1, 2015
Square Feet: 10,000
Architect: Caliber and Associates
Contractor: Caliber and Associates

Highlights

Able to accommodate 7,200 Veterans; a 1,200 patient increase from the current 6,000.

Clinic will include a pharmacist, which is a first for VA center in Tyler.

15 new positions.

Whole Health Implementation - Incorporating the Whole Health Program into MHICM and CRCP Programs

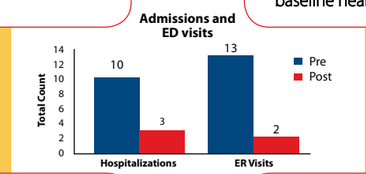
This performance improvement project will help our Veterans by encouraging them to be proactive in their self-care

1 - PLAN

- The goal is to incorporate the Whole Health program into outpatient visits. We will work with Veterans to complete a personalized Health Inventory (PHI) and develop a Personalized Health Plan and SMART goals to work on.
- MHICM and CRCP Veterans have many physical problems and need enhanced support to pursue overall wellness.
- A small number of staff are piloting 3 different modalities to introduce the Whole Health program. Our goal is to determine which method is most efficient and effective for Veterans and staff

2 - DO

- Staff completed PHIs in three formats: individually in one visit, individually over several weeks, and in a weekly group.
- Staff identified and worked with a small number of Veterans from March to September 2014.
- Veteran information was sent to QUANTS data manager to obtain baseline health information data



3 - STUDY

Qualitative and quantitative data were collected on 21 Veterans who completed the PHI during June 2014: Admissions decreased from 10 to 3; Average bed days of care reduced from 18 days to 1.7 days and Emergency Department visits dropped from 13 to 2. Due to small sample size, no statistical significance was taken into consideration.

4 - ACT

Veterans in MHICM and CRCP will continue to be introduced to the Whole Health program individually and in group format. We are working with QUANTS data manager to obtain Veteran health outcome data.

"Feedback has been very positive. Veterans felt cared for and that they were being asked questions not asked before. Some were able to distinguish between their mental health and physical health." —Tara Key

MHICM - The Clinic Without Walls

Mental Health Individual Case Management (MHICM) team and Community Residention Care Program (CRCP) at Dallas successfully pilots program to help Veterans with mental illness take control of their health and well-being.

Morbidity and mortality rates are high for Veterans with mental illness. . VA North Texas was interested to learn how Veterans could be better equipped to improve their individual mental health and in January 2014 piloted a performance improvement project to help Veterans be more proactive in their care.

"Patients with mental illness have unique challenges, and we knew implementing an active approach for these patients to manage their own care would be difficult," said Tara Key, LCSW. Veterans with thoughtfulness or psychosis issues were reluctant to consider new health care strategies or approaches to their care.

The pilot program consisted of 21 patients with similar demographics ~ mostly males with no combat experience and over 50% had a service-connected disability. Their Personal Health Inventory was evaluated six months pre- and post- implementation of the Whole Health plan, and post results were astonishing. Hospital admissions were reduced from thirteen to three and the average number of bed days of care were dropped from eighteen to an average of two. Emergency room visits decreased thirteen to two. Should explain whole health.

The Whole Health program is expected to be implemented at Fort Worth and possibly Bonham. Tara says, "We are proud our Veterans are getting better. That was our goal from the very start."

MHICM is an intensive VHA program based on the 1960's Assertive Community Treatment model. MHICM is provided at Dallas VAMC and Fort Worth VA Outpatient Clinic for Veterans who cannot live on their own in the community and have severe functional impairments traditionally managed in hospitals. The target population for MHICM is Veterans:

- Diagnosed with severe and persistent mental illness
- With severe functional impairment who are inadequately served by conventional outpatient or day treatment
- Who use hospital often and are clinically appropriate for outpatient status.

The case load ratio for the program is relatively small; in high acuity cases there are 7 patients per case manager and in low acuity cases there are 15 patients per case manager. Case managers who provide the day to day home visits are the face of MHICM which serves as a collaborative effort between Dallas VA Medical Center and outpatient mental health teams, supported employment, primary care teams, home based primary care, VA home health and Veterans Benefits Administration to include VA fiduciaries, probation and parole officers, Adult Protective Services and Child Protective Services.

Ebola Preparedness

West Africa Ebola Outbreak Reaches the United States

Dallas, Texas was in the spotlight in 2014 when the country's first case of diagnosed Ebola presented to Texas Health South Presbyterian Hospital.

Capabilities for VA North Texas to care for an Ebola patient were assessed one week prior to the diagnosis during a tabletop training exercise. Many processes and next steps were already in place since VA North Texas maintains and practices an emergency response plan. Conditions such as isolation and containment procedures are part of training required for various levels of health care staff and were quickly assessed for activation in the event an Ebola patient entered our facilities.

VA North Texas immediately enacted safety measures with extra precautions, including collecting travel histories from all patients with fever. Ebola alerts were posted at all entrances with instructions for patients with positive symptoms to present to the Emergency Department.

In-depth training was conducted for staff regarding proper use of personal protective equipment, and a patient care unit was designated as well as staff modalities that may be required for patient contact. Infectious Diseases providers as well as Infection Prevention and Control staff provided updates during special employee town hall meetings, and a Serious Infectious Threat Response Initiative (SITRI) was initiated and available 24/7 for staff questions and concerns. Providing accurate real-time information to staff with our plan of action was paramount to ensure a calm environment throughout the organization.

Because VA North Texas was far ahead of the curve in advanced preparations, we served as a model of care for Ebola and led VA's readiness efforts to other VAMCs across the country.

Although no confirmed case of Ebola presented to a VA North Texas facility, efforts to improve our level of emergency preparedness are on-going. Additional supplies of specialized equipment and other items have been secured as well as continued planning, exercise and educational activities that enhance response.

SITRI work group meets regularly, and the designated unit is on stand-by. Follow-up training continues for staff as we remain vigilant to provide a safe and healthy environment for patients, visitors and employees.

Dr. Carolyn Clancy and VA Secretary Robert McDonald visit VA North Texas.

Special Guests

Secretary 'Bob' at Dallas VAMC

VA Secretary Robert McDonald was confirmed in July and began visiting VA medical facilities and health care organizations across the country. In his vision for the department to continue a legacy of excellence and innovation, he vowed to lead in service delivery and chart new ground in emerging areas of health care. In his Blueprint for Excellence, he outlined a series of goals during his speech to the American Medical Association in Dallas, November 8.

The Secretary also visited Dallas VAMC and met with executive leadership, Veterans, staff and other stakeholders as well as a facility tour. He left with a better understanding of initiatives developed locally to decrease wait times and improve access.

Blueprint for Excellence Goals

- Improve performance of the VA health care system
- Reset VA's culture to place value on job performance
- Transition from sick care to health care
- Develop efficient, transparent process to support VA's span of care, services and programs

First VA in the Nation to Perform Mitraclip Procedure

Mitral regurgitation (MR) is a condition in which the heart's mitral valve leaflets do not close tightly. When this happens, blood flows backward from the heart's left ventricle into the left atrium. The heart must then work harder to push blood through the body which can cause fatigue, shortness of breath and worsening heart failure. MR is the most common type of heart valve insufficiency in the United States, and approximately 50,000 patients require surgery each year.

For Mr. Baker, pressures in his heart decreased and symptoms immediately improved. VA North Texas is proud to have such a great Cardiology team whose passion is to improve health and quality of life for our Nation's Veterans.

Research Successes

World Renowned Research

1

Alina Suris, PhD, ABPP

Chief of Psychology, received the prestigious George Winokur Award from the American Academy of Clinical Psychiatrists for studies published in Annals of Clinical Psychiatry focusing on an exciting approach to potential new forms of treatment for PTSD.

2

Amyn Habib, MD

Neurologist, identified a cell mechanism that plays an important role in brain cancer and may provide a new therapeutic target. Published in Nature Communications, the study sheds new light on why this difficult-to-treat cancer can be resistant to treatment.

3

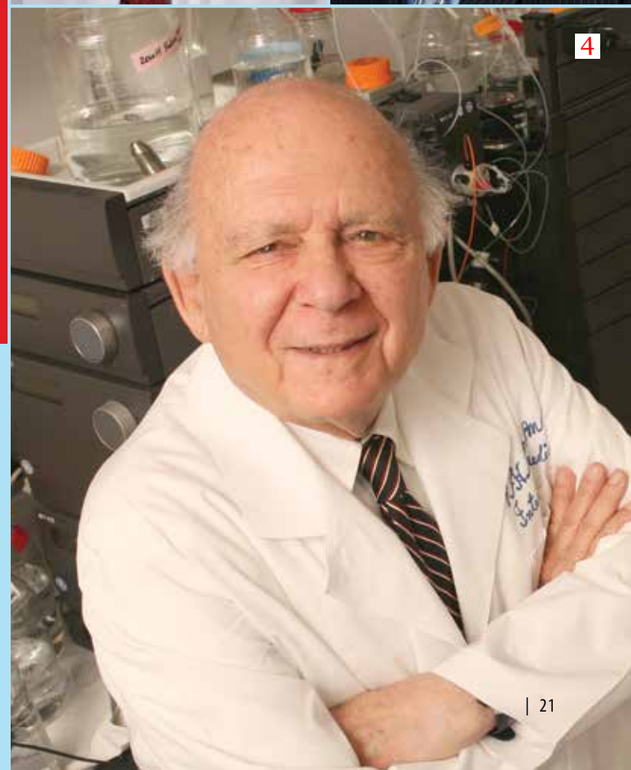
James LePage, PhD

Chief of Research and Development, created an online vocational program for Veterans with mental illness and incarceration. This program improves access to VA care for Veterans who cannot come to the facility for vocational rehabilitation services.

4

Roger Unger, MD

Endocrinologist, awarded the international 2014 Rolf Luft Award for identification of glucagon as a pancreatic hormone that raises blood sugar levels, having the opposite effect of insulin. This award from the prestigious Karolinska Institute medical university in Sweden is also home to the Nobel Assembly that annually honors one scientist worldwide for outstanding contributions to endocrinology and diabetes research.



Looking ahead

VA approved funding for a new and expanded Clinical Research Unit that will enhance access to clinical trials and innovative new treatments.

The Dallas VA Research Corporation is supporting three new initiatives in homelessness, diabetes and obesity, and medical engineering (prosthetics and assistive devices) that will expand resources, clinical care, and new treatments.

TeleHealth Expansion

Virtual Care Modality Report Summary for FY14		
	Target	VA North Texas
Virtual Care Modality	30%	36.57%
TeleHealth Use	9%	12.54%
Home Telehealth	2%	2%
Clinical Video TeleHealth	2%	2.97%
Store and Forward TeleHealth	5%	8.27%
Secure Messaging	25%	21.26%
Econsult	7%	7.73%

"What I like about home TeleHealth is that it places the patient in the middle of his or her health care. It is a very patient-centric model to meet the patient's need."

— Angela Morris, TeleHealth and Rural Access Coordinator

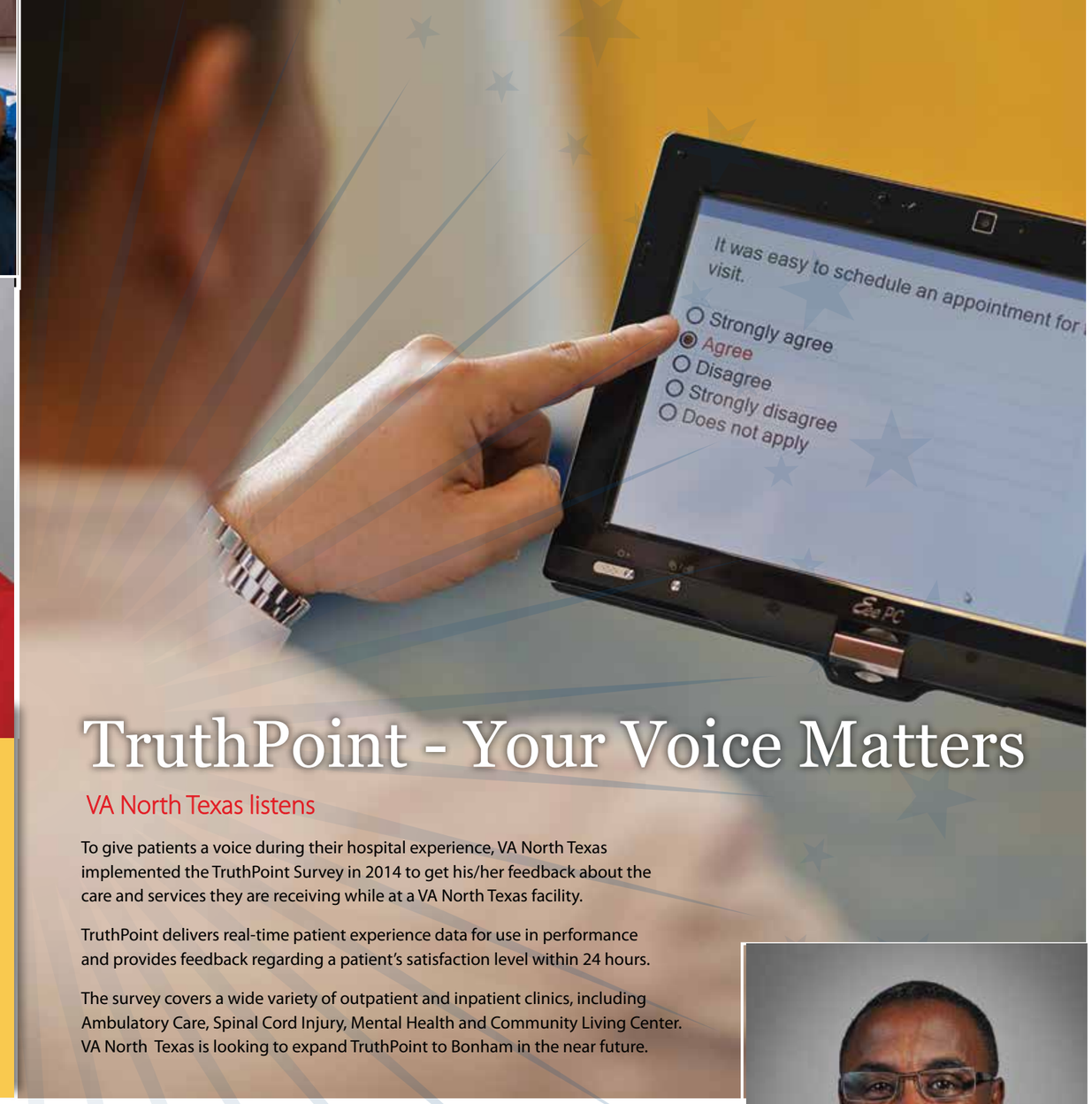
Expanding TeleHealth for Rural Veterans

TeleHealth services at VA North Texas are forever changing the way patients and physicians interact with one another. Patients can receive quality health care without ever leaving their homes.

TeleHealth services have been an active part of patient care since its launch in 2011 to provide timely access to care for patients in rural areas. In 2014, more than nine modalities were added to TeleHealth services, including Speech, Transplant (liver, stem cell), Rheumatology, Pre-op, Pharmacy, Chaplaincy, EKG and Dermatology.

"We have exceeded our goals for FY14." —Angela Morris

Seven additional TeleHealth services are planned in 2015, including Maternity, Gynecology, Wound Clinic, Spirometry, Nuclear Medicine, Insomnia and HIV. TeleHealth also plans on expanding its services to Veterans in Nashville, Tenn. and San Antonio.



TruthPoint - Your Voice Matters

VA North Texas listens

To give patients a voice during their hospital experience, VA North Texas implemented the TruthPoint Survey in 2014 to get his/her feedback about the care and services they are receiving while at a VA North Texas facility.

TruthPoint delivers real-time patient experience data for use in performance and provides feedback regarding a patient's satisfaction level within 24 hours.

The survey covers a wide variety of outpatient and inpatient clinics, including Ambulatory Care, Spinal Cord Injury, Mental Health and Community Living Center. VA North Texas is looking to expand TruthPoint to Bonham in the near future.

"We have captured the voice of the Veteran in everything we do and that includes performance improvement projects, enhanced meal options and much more". —James Douglas, Customer Service Coordinator

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