**Baltimore, Maryland VA Medical Center**

*Baltimore, Maryland*

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**Background**

The Baltimore, Maryland Department of Veterans Affairs Medical Center (VAMC) serves more than 51,229 veteran patients. Their staffing methodology is Nursing Hours Per Patient Day (NHPPD) as opposed to staffing ratios. Their turnover rate is due to retirements, resignations, transfers, career advancements and terminations. The overall budget for Fiscal Year (FY) 2011 and 2012 is $286 million and $303 million respectively.

**Quality of Care**

Quality is defined as the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.

The Performance Improvement (PI) Program Plan provides the structure and guidance for the design, measurement, assessment and improvement of medical center’s performance. This is in compliance with the laws, directives, mandates, and regulations of the federal government; Veterans Health Administration (VHA), Veterans Integrated Service Network (VISN), and organizational strategic goals, objectives, and expectations as well as to external regulatory and accrediting agencies. The PI Plan applies to all disciplines and employees, including contracted staff. It applies to all settings within the full continuum of the VAMC including all outpatient, inpatient, long-term care, behavioral and home care settings. Quality is also measured through the results of external reviews, VHA reviews, Office of Inspected General (OIG) reviews and ongoing in-house monitoring.

The facility demonstrates and maintains accountability for quality of care by participating in the accreditation processes of external accrediting organizations including: The Joint Commission (TJC), Commission on Accreditation of Rehabilitation Facilities (CARF), These organizations include, the Association for the Accreditation of Human Research Protections Program (AAHRP), College of American Pathologists (CAP), American Society of Health System Pharmacist (ASHP), American College of Surgeons Commission on Cancer (ACoS COC), American College of Radiology (ACR). Additional non-federal organizations that have conducted reviews include, but are not limited to Long Term Care Institute, and Mathematica. The VAMC also participates in numerous VHA reviews as well as other federal reviews.

In 2011, OIG conducted a review to determine the validity of two allegations regarding hospice care at the Baltimore VA Rehabilitation and Extended Care Center, which is part of the VA Maryland Health Care System. OIG substantiated that two patients did not have adequate pain management as defined by Veterans Health Administration policy and hospice industry standards. The review identified five factors that contributed to the pain management deficiencies: (1) facility staff did not develop individualized and comprehensive pain management care plans, (2) patient pain reassessments were not appropriately documented, (3) clinical staff did not have sufficient training on the principles of pain management for hospice patients, (4) hospice interdisciplinary teams were not effectively used, and (5) clinical pharmacists were not actively involved in the pain management process. OIG did not substantiate that the lack of “piped in” oxygen, suction, and air compromised hospice patient safety and comfort. OIG found that the facility provided appropriate oxygen, suction, and air. OIG made four recommendations to address the factors that contributed to the pain management deficiencies. Management agreed with the findings and recommendations and provided acceptable improvement plans.

*Quality Manager*

The Quality Manager (QM) is responsible for ensuring that a systematic process is in place for monitoring the facility quality data. This individual serves as the performance improvement/quality consultant to the VAMC leadership, PI teams and employees. Additionally, this individual serves on executive committees and workgroups where quality data and information are reviewed, analyzed, and acted upon. Also, the QM serves as the primary coordinator for all major facility wide clinical surveys.

Some concerns the QM had were the individuals on the quality committee are on a two year rotating bases. This creates a disruption in processes to craft a new committee every two years. Additionally, documentation has been an ongoing problem. There is no standardized documentation template, especially from Emergency Room procedures.

*Patient Safety Manager (PSM)*

PSM is responsible for implementing a coordinating safety improvement program at the VAMC based on guidance and tools from the NCPS, which meet the needs and priorities identified by the Medical Center’s Director. The PSM coordinates with the Director, Performance Improvement & Accreditation to ensure that components of the Quality Management System and Patient Safety Improvement Program are integrated.

Staffing has been a concern and due to this fact the VAMC is unable to track all patient safety needs. There are only four primary areas of tracking patient safety: falls, suicides, prescriptions, and missing patients. There are many other areas the PSM and team should be tracking, but unable to due to lack of staffing.

*Utilization Management (UM)*

The UM is responsible for implementing and maintaining the process, evaluating and determining the coverage, and the appropriateness of medical care services across the patient healthcare continuum to ensuring the proper use of resources. This position evaluates the flow of in-patients and out-patients.

Their primary challenge is determining when a patient is fit to be discharged. Some homeless veterans use the VA healthcare system for food, shelter and a veteran’s friendly environment although in-patient care is not needed.

*Risk Manager (RM)*

The RM is responsible for implementing a comprehensive risk management program that includes incident reporting, sentinel event reporting, and Peer Review.

*Systems Redesign Manager*

The Systems Redesign Program is intended to embody the capacity for an organization to improve and strategically redesign the system. It is the combination of enlightened leadership strategically driving change. The Systems Redesign Manager’s role is critical to ensuring quality of care throughout the facility. This includes serving as a facilitator, teaching, leading, promoting, organizing, arranging, prodding, measuring and doing what’s needed to engage the front line staff in productive meaningful improvement of systems to improve quality of care to our Veterans.

*Chief Health Medical Information Officer/Clinical Lead for Informatics*

Responsible to manage and process clinical data, information and knowledge; facilitate storage and retrieval of patient care information; assist clinicians and administrators in keeping current with new medical technologies; ensure quality patient care by providing tools for data management; and maintain the integrity of computerized data (Security issues, contingency plans, menu management).

The primary concern is that the current informatics architecture is designed for the user and works well for the veterans, but not for the doctors. It can be extremely time consuming to input data and difficult to navigate.

*Women Veterans Coordinator*

The women veterans’ coordinator is responsible for coordinating and facilitating all women veteran programs. These programs are dictated by a national directive and implemented under the PACT teams. Some concerns the medical center have are the location of the women’s clinic and sufficient specialty care.

The primary challenge is integrating the women’s veterans’ clinic with the Patient Aligned Care Teams, especially the specialty providers. Additionally, outreach has been difficult, and hosting the right event and producing the right material to advertise has not been clear.

**Patient Satisfaction**

Patient satisfaction as a healthcare facility is the perception of having their health care needs met. Patients should have a positive customer service experience in all aspects of their health care. Patient satisfaction is measured and managed as a healthcare facility by surveys and assessments assessing the quality of care as seen from the eyes of the patient and family. Data is analyzed and distributed on a daily, monthly, quarterly, and annual basis to all clinical centers and services to use to assess and develop strategies to meet patients’ needs and concerns. The VAMHCS Veterans Satisfaction Committee (VVSC) is an interdisciplinary committee that oversees our efforts to improve patient satisfaction and customer service.

The Survey Healthcare Experiences of Patients (SHEP) Survey (national VHA survey for inpatients and outpatients) and TruthPoint Assessment (local assessments performed each workday with inpatients and outpatients) is the primary measurement tool for accessing patient satisfaction.

These measurement tools are designed to promote health care quality assessment to use for improvement initiatives. Data is analyzed to identify areas for improvement. For example, the inpatient satisfaction performance measure “Discharge Information” was identified as an area for improvement. An action plan was prepared to improve the SHEP patient satisfaction score for this performance measure. From November 2011 to December 2011, our score improved four points.

The areas of the most recent Survey Healthcare Experiences of Patients (SHEP) survey that showed improvement and decline, compared to the last SHEP survey are as follows.

Discharge Information and Shared Decision Making improved; Communication with Doctors and Responsiveness of Hospital Staff remained the same; and Cleanliness of Hospital Environment, Communication with Nurses, Pain Management, and Quietness of the Hospital Environment declined.

The following are some measures taken for improvement: the two performance measures identified by VISN 5 for improvement in FY12 (Discharge Information and Responsiveness of Hospital Staff), Nursing took the lead to prepare action plans to improve patient satisfaction. Individual clinical centers and services, such as Medicine and Pharmacy, have developed their own action plans to improve patient satisfaction. In addition, a collaborative action team was formed to specifically address inpatient satisfaction on our Medicine inpatient units.

*Patient Advocate*

The patient advocate defines patient satisfaction as the patient’s perception of having their health care needs met. Patients should have a positive customer service experience in all aspects of their health care. The duties and responsibilities are to resolve the issues and concerns of Veterans in navigating the health care system. Also, we track Veteran complaints and compliments by month and by service/clinical center.

The patient satisfaction indicators and measurements are tracked and managed by Surveys/assessments are used to assess the quality of our care as seen from the eyes of the patient and family. Data is analyzed and distributed on a daily, monthly, quarterly, and annual basis to all clinical centers and services to use to assess and develop strategies to meet patients’ needs and concerns. The Consumer Relations Service Business Manager manages, analyzes, and distributes the SHEP patient satisfaction data. A Patient Advocate manages, analyzes, and distributes the Patient Advocate Tracking System (PATS) complaint/compliment data. The VAMC Veterans Satisfaction Committee (VVSC) is an interdisciplinary committee that oversees our efforts to improve patient satisfaction and customer service. The patient advocy is directly responsible for collaborating with the services and clinical care centers to take action to improve all of the patient satisfaction performance measures.

Training comes from the National Patient Advocate Conference Calls (monthly/2 hrs); Regional Patient Advocate Training (1 day); Society for Healthcare Consumer Advocacy(SHCA), (3 days for one Patient Advocate per year); and VA Training Management System (TMS) instruction.

Planetree partnership and Planetree Staff Retreats to promote patient-centered care; CARE Training to improve courtesy and customer service; Veteran-Directed Visitation that allows Veterans to determine family that will provide emotional support during their course of stay; CARE Channel on patient TVs that provides healing music and nature scenes; Quiet/Knock on Door Campaign; two Planetree Model Patient Rooms; project to convert four-patient rooms to two-patient rooms to improve privacy and to reduce noise; project to convert various inpatient rooms to Planetree Rooms; and project to create a Veteran/Family Lounge on Inpatient Medicine Unit 3B.

Patient Advocacy is overseen by conducts interview (in person or by phone) with Veteran/Family; immediate contact made with service/clinical center to resolve concern; and immediate feedback given to Veteran/Family. VACO Veteran Experience Program; VISN 5 Systems Redesign/Patient Advocate Coordinator; and VAMHCS Consumer Relations Service oversee the Patient Advocate Program. The Patient Advocate Tracking System (PATS) is used to monitor compliance with standards. VISN 5 surveyors review the VAMHCS Patient Advocate Program.

The National Veterans Health Administration (VHA) directive that stipulates the number of days a facility patient advocate has to follow up on a complaint or concern filed by a veteran is in the VHA Handbook 1003.4, VHA Patient Advocacy Program requires Veteran/family concerns to be addressed within 7 days; VHA national average is 3.3 days; VISN 5 average is 1.5 days; VAMHCS average is 1.3 days. In general, Patient Advocates attempt to resolve complaints immediately, but no later than the next business day. Complex cases can require more than one day to resolve.

The Chief, Consumer Relations Service with the assistance of the Patient Advocates ensures standards are maintained. Reports are provided to the Executive Committee of the Administrative Services (ECAS) and the VAMHCS Veterans Satisfaction Committee (VVSC).

The principle challenge is taking a different approach to the surveys conducted. The questions asked on any survey produced, require approval from the Office of Management Budget (OMB). The questions that are approved in some cases are not targeted to the local medical center, and more from the perspective of OMB.

*Director of Patient Care Service (DPCS)*

These individuals have administrative responsibility for assuring that the services, functions, and committees under their direct supervision participate fully in the PI program and its identified activities.

*Patient Aligned Care Team (PACT) Coordinator*

As the PACT Director, in coordination with Primary Care I oversee the implementation of PACT in the Primary Care area. I am also responsible for development and implementation of a quality program by redesigning clinics and clinic practices to become Veteran-centric. We utilize a systematic and analytic approach in order to improve care and efficiency, to identify constraints, quality issues and determine needed services in all facilities throughout the VAMHCS.

Some challenges the facility faces is to continue to improve care management and coordination of care, including integration of preventative services and transitions between the inpatient and outpatient setting. Secondly, facilitate coordination between and integration of Behavioral Health, Pharmacy, Nutrition, Social Work, and Specialty Care Services with Primary Care. Lastly, to utilize measurement and evaluation tools pertinent to the PACT to support the VISN5 Mission to honor America's Veterans as heroes by providing the highest quality health care.