**Cincinnati VA Medical Center | Cincinnati, Ohio**

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**Background**

The Cincinnati VA Medical Center (VAMC) is a two division campus; serves 17 counties and five community-based outpatient clinic (CBOCs). It was opened in 1954 and consists of 116 beds. The medical center provides comprehensive tertiary health care through primary care, specialty outpatient services, and tertiary care. The facility offers surgery, psychiatry, physical medicine, neurology, oncology, dentistry, and geriatrics. Currently, the Cincinnati VAMC has 210,000 veterans residing in their catchment area and treated 41,000 veterans. In 2011, the Cincinnati VAMC’s overall budget was $355,510,201 million and $349,531,855 million in 2012. Of the total budget, 62 percent is dedicated to quality of care staffing and programs in 2011 and 70 percent in 2012.

**Quality of Care**

Cincinnati VAMC defines quality as a healthcare facility by assessing their outcomes of care, compared to Veterans Affairs (VA) and non-VA facilities. In addition, whether any patient incidents would suggest that their processes for providing care should be improved and assessment of the medical center’s staff. To ensure quality of care, the VA Central Office (VACO) provides a blueprint for network director’s, which lists all the requirements to establish quality of care.

To measure quality as a healthcare facility, the Cincinnati VAMC utilizes SHEP scores and Quikcard surveys. Quikcard surveys enable to the facility to receive immediate feedback from patients, rather than waiting three months for SHEP scores. When an employee is hired, he or she receives initial training, most of the training is nationally mandated. A significant amount of training is available online through VA’s Talent Management System (TMS).

The Cincinnati VAMC is nationally recognized for its innovation and the quality of care and services. Examples of innovated services are as follows; post traumatic stress disorder (PTSD), women’s health initiatives, health promotion/disease prevention programs, and a new initiative to promote healthy life styles.

*Quality Manager*

The quality manager ensures that the quality management plan is integrated and the system to monitor quality is in place. In addition, he or she serves as the quality consultant to the facility leadership, quality improvement teams, and employees. There are several committees and work groups the quality manager serves on, where quality is reviewed, analyzed, and solutions are found. The quality manager has unrestricted access to data and information that are relevant to improve quality of care and other related topics. The quality management program is integrated at the Cincinnati VAMC, community living center (CLC), domiciliary, PTSD program, and six community based outreach center.

*Patient Safety Officer*

The patient safety manager is responsible for implementing a patient safety program at the facility level. The program is based off of the guidance and tools from NCPS (National Center for Patient Care Services). The patient safety manager addresses the concerns of the director, Joint Commission (JC), and other organizations that are working to improve quality of care. The patient safety manager consistently works with other managers and the Veterans Integrated Service Network (VISN) patient safety manager.

The patient safety manager supports root cause analysis (RCAs) process in response to an unexpected outcome by providing team training and support. He or she also serves as the facility point of contact for patient safety alerts/advisories including tracking actions. The manager is the point of contact for communicating issues to NCPS and serving as the facility expert on the Veterans Health Administration (VHA) handbook.

*Utilization Manager*

The utilization manager is responsible to ensure utilization review nurses are examining medical records, attend interdisciplinary rounds daily, and collaborate with doctors. Overall it is the utilization manager’s role to ensure every patient receives the proper care, at the correct time and in the correct setting. The manager received initial training by teaming with mentors for a five to six week orientation. Additional career training is conducted through webinar, conferences, live meetings, and software.

The utilization manager uses tools to improve quality of care by using computer software geared to assist utilization review nurses for medical record analyses. In addition, there are data specific tools used to track and trend data that is unique to the facility. The data acquired is used to improve and promote patient flow throughout the facility. The data may address issues that hinder flow, that ultimately decreases patient satisfaction.

*Risk Manager*

The risk manager mitigates risk by proactive identification and management of issues that pose a risk to patients and staff. The manager receives training through VA risk manager conferences, quarterly national risk management calls, and VISN patient/risk management committee. The risk manager collects data to monitor tort claims and provider reviews to improve quality of care. He or she also works with the patient advocates to improve patient satisfaction.

*System Redesign*

The system redesign manager is responsible for serving as a consultant to work groups throughout the medical facility. He or she analyzes performance data, identifies performance gaps, barriers, and any negative aspects that could hinder quality of care. This individual also serves on the customer focus and quality performance committees.

The manager has received training through national learning collaborative for system redesign by VHA. In addition, he or she has been trained in six-sigma black belt certification and participated in national system redesign training conference calls. Currently, the system redesign manager is participating in VHA’s pilot program, field-based analytics to improve data analysis skills. The risk manager uses tools to improve quality of care by monitoring indicators for patient satisfaction and quality of care. The tools help in developing improvement projects based on areas that do not meet expected performance measures. In addition, the system redesign manager is aligned within the quality management office and participates in root cause analysis.

The system redesign manager needs a budget, to afford all the equipment required. Furthermore, the Office of Information Technology will be removing Vizio from their computers. Taking this program away would limit their capabilities of the system redesign manager and staff.

*Chief Medical Officer*

The chief medical officer is responsible for the appropriate use of technology as it applies to clinical settings. Indicators are tracked and managed through the quality department by performance measures and quality indicators. The chief provides support for building clinical reminders and templates to track specific measures. Quality of care is reviewed on every department, to assist, the inpatient education center (IPEC) system is available with statistical analysis capabilities.

The measures are used to improve real time performance by using clinical reminders. Clinical reminders are responsible for maintaining and evaluation of key indicators that affect patient care. The clinical reminders are used in every department to measure quality of care, once the information is acquired, appropriate clinical changes are made.

The chief medical information officer department is its own entity, but does not have a set budget.

*Women Coordinator*

The women’s coordinator offers comprehensive primary care for women in a safe secure women’s health center. The facility has full-time staff and a women veterans program manager. Currently, the facility has a gynecologist and in June, will have telegyn for females living in distant regions. The women veteran program manager is active with outreach efforts and holds an annual women veterans appreciation luncheon.

**Patient Satisfaction**

The Cincinnati VAMC defines patient satisfaction as a facility where veterans want to receive care, rather than have to. In addition, the facility defines patient satisfaction through satisfaction surveys for both inpatient and outpatient veterans. The facility uses SHEP, Quikcards, and patient advocate inquires as tools to measure patient satisfaction. These tools are utilized by regularly sharing information with managers and staff, in addition to creating action plans if the scores fall below the national average. Centralized and decentralized action plans are created annually based off of the tools mentioned. The VISN and VACO maintain accountability over Cincinnati VAMC by reviewing SHEP scores and establishing annual monitors for the director. VISN staff meet and help review scores with the facility and create action plans.

*Director of Patient Care Services*

The director of patient care services provides oversight for nursing service, which includes patient care, quality of care, safe care, compliance with standards, and patient satisfaction. Presently, the Cincinnati VAMC has had positive SHEP scores in pain management, communication with nurses in both inpatient and outpatient services. In fact, the facility improved on all categories from last years SHEP scores. Patient satisfaction is monitored through customer service committees, unit based councils, staff meetings, and postings.

*Patient Advocate*

The patient advocate defines patient satisfaction as having no complaints and have patients receive care at the facility, despite having the option to receive elsewhere. The patient advocate serves as the liaison between the medical center director, patients, staff, and community. On a daily basis he or she provides an avenue for patients to seek solutions to their concerns. To resolve issues the patient advocate works with health care providers and support staff. The patient advocate then assists the patient and their family in recognizing provisions to optimize health care to veterans. The patient advocate tracks patient satisfaction indicators by using SHEP scores, Quikcards, and patient advocate reports. He or she meets monthly on a national and local level to discuss and share best practices.

Training is administered on an annual basis, which includes specific training to equal 40 hours and a minimum of four hours of customer service training. Examples of the programs within the training are as follows; 12-hour crucial conversation course, dealing with toxic behaviors in the workplace, team-building, facing the tiger, and treating veterans with care. The patient advocate is supervised by the chief, patient business services and the Office of Patient Centered Care provides guidance to advocates nation-wide. The patient advocate must respond to a complaint no longer than seven days. If the complaint requires more than seven days, the advocate must keep the patient informed of his or her status.

*PACT Coordinator*

The patient aligned care team (PACT) coordinator trains and monitors PACT teamlets within the medical facility’s catchment area. He or she also reviews and interprets data for each PACT teamlet. Currently, there are 42 PACT teamlets across the Cincinnati catchment area, there are no other staff specifically dedicated to PACT. The PACT coordinator has monthly committee meetings, which is staffed by 37 facility staff and planning to have veterans in attendance in the near future. The PACT initiative has improved quality of health care by increasing access and coordination of care. Patient satisfaction has also improved, as shown on the SHEP scores and positive comments from patients.

Specialty care is a weak point, PACT teams do not have pharmacy, nutritional, and mental health support as they would like. In addition, there is a need for RN,LPN, and clerical staff.

*Recommendations*