**Chalmers P. Wylie VA Ambulatory Care Center| Columbus, Ohio**

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**Background**

Chalmers P. Wylie VA Ambulatory Care Center (VA ACC) is located in central Ohio and serves 13 counties. The VA ACC supports four community-based outpatient clinics (CBOCs), the ambulatory center does not offer inpatient amenities such as beds. The facility’s overall budget for 2012 is $178,738,119 million and was $174,327,283 million in 2011. In 2011, the budget for quality of care staffing and programs was $599,318; there has been no change for the 2012 budget.

**Quality of Care**

The VA ACC defines healthcare as the care, treatment, and services for individuals and populations served to increase the likelihood of desired health. Aspects that ensure quality healthcare includes efficacy, efficiency, timeliness, accessibility, safety, continuity of care, and environmental safety. The quality program structure includes areas such as patient safety, infection control, and risk control.

Chalmers P. Wylie measures and manages quality by using multiple electronic data sources. These data sources include customized reports, data comparison through VA Central Office (VACO) and the Veterans Integrated Service Network (VISN). The facility utilizes best practices through local data monitoring and reporting, in addition to national best practices.

All staff receive general orientation on the day of hire, in addition to their service specific training. All training is dependent on the specific position and role. VACO offers education and training through programs such as team projects and conference calls. Regarding staff turnover, there has been a 3.75% turnover rate in 2011 and recruitment has been above average, with 35% of staff being veterans. Currently, the facility has 58 licensed practical nurses and 135 registered nurses.

The VA ACC last Joint Commission (JC) inspection was in August 2011 in reference to laboratory and in October 2010 for ambulatory care, behavioral health and homecare. The last Commission Accreditation Rehabilitation Facility (CARF) inspection was in June 2011, both CARF and JC inspection issues have been resolved.

Recruitment for mental health providers, specifically psychiatrist have been difficult. Currently, Columbus is a outpatient hospital, but would like to have inpatient capabilities. They fee-base 60 to 69 veterans a year.

*Quality Manager*

The quality manager also known as the quality management coordinator supports and advises the executive leadership in planning, developing, and implementing the quality program. The quality manager analyzes and establishes improvement in models of care, while coaching staff and leaders.

The quality manager has quality of care committees that monitors and reports performance measures at both VACO and the VISN. At the facility, there are committees reporting on clinical measurement outcomes, non clinical measures, and the CRC committee to ensure compliance to action plans. In general the quality manager is responsible in setting standards for reviewing agencies such as JC, CARF, and the Office of Inspector General (OIG).

Space accommodations is needed, but also and technology to support.

*Patient Safety Officer*

The patient safety manager ensures that VA ACC provides safe care to all eligible veterans, by conducting root cause analysis (RCAs) and other investigations on concerns that may prevent the delivery of safe and quality care. In addition, he or she monitors all incidents that occur at the facility, this allows the patient safety manager to facilitate RCA teams. The goal of the patient safety program is to improve quality and safety of care to veterans.

To prevent patient safety hazards, the National Center for Patient Safety (NCPS) provides guidance and support to the facility. During an event of high risk, the patient safety manager reports directly to the facility director and senior leadership. The patient safety manager is considered separate from the quality manager, utilization manager, risk manager, and the chief health informatics officer. The patient safety manager may collaborate with the systems redesign manager and cross cover positions.

Presently, the facility has conducted six RCA’s as of 2012, thus far there has been reviews of medication errors and home oxygen fires. the “lessons learned” from an RCA can be distributed throughout the nation and is available through the National Center for Patient Safety.

*Utilization Manager*

The utilization manager ensures that appropriate care is provided to the veterans in the appropriate setting. The manager arranges the placement of patients into advanced care settings such as inpatient, outpatient, and extended care; then monitors the care of patients. Everyday the status of patient care is evaluated and given in the morning report. During the morning report experts in attendance include quality manager, patient safety manager, director, chief of staff, chiefs of primary care, specialty care, surgery, social work, mental health, and patient advocacy. If there is an issue with patient safety, it is addressed during the morning meeting.

The utilization manager is a highly trained registered nurse who works with a staff of senior nurses and social workers. The utilization manager can call upon the expertise of medical staff for advice. He or she attends annual required training related to their profession and conduct courses required by the VA.

*Risk Manager*

The risk manager is responsible for managing the risk management program including the Protected Peer Review and tort claims. When patient complaints involve practitioner practice and a Protected Peer Review in order to properly track and monitor ongoing issues with providers identified by veterans. Identified outstanding risks or issues that require correction or mitigation are addressed using the Open Action Tracking List.

The risk manager participates in committees that impact veteran safety and satisfaction. A list of committees the risk manager attends is as follows; environment of care, infection control, and safe patient handling to name a few. The risk manager receives new employee training and individualized training with the executive leadership. In addition to the training, the risk manager conducts monthly calls with other risk manager’s throughout the VISN and national levels.

*System Redesign*

The system redesign manager focuses on performance improvement issues that cross over multiple clinical and non-clinical service divisions. The purpose of system redesign is to promote efficiency and safety, while eliminating waste that would hinder quality of care. The VISN and national system redesign council provides additional education for this position at VA ACC. The system redesign manager utilizes several tools to improve quality of care and patient satisfaction. Some examples of these tools are data, flow maps, spaghetti diagrams, and value stream maps. All of the tools listed serve to translate data into information that can be used to improve activities.

*Chief Health Information Officer*

The chief health information officer (CHIO) position was created in 2010 in a VISN workgroup based on VHA guidance. The CHIO collaborates with other services in developing and using IT that impact patient care. He or she also develops and implementing standards of practice in the field of IT related to patient care delivery. In addition, the CHIO raises health information issues affecting the delivery of care and identifying solutions to problems in software applications.

The CHIO has a health information team (HIT) is responsible for making recommendations for content of documentation and evaluating compliance with health information management standards. The HIT reports to the medical record committee which reviews timeliness and accuracy of record documentation.

There is a need for informatics staff.

*Women Coordinator*

The women’s coordinator currently has 1400 veterans enrolled and two PACT teams with 1 health tech. The women’s clinic is located on a separate floor. The coordinator has a GYN provider that administers service once a week on Wednesday and half-time on Monday, in addition to a mental health social worker. Currently, there is a women veteran health committee (WVHC) that meets quarterly involving Veterans Benefits Administration (VBA), Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and CBOC personnel. The Women’s coordinator has a women health liaison at all CBOC’s. Presently, the women’s coordinator does not receive specific women veteran complaints.

**Patient Satisfaction**

The VA ACC defines patient satisfaction by tracking and analyzing SHEP scores, veteran focus groups, reduced number of complaints and positive customer comments. Currently, the VA ACC spent $236,870 on patient satisfaction in 2011 and 2012. Patient satisfaction at this facility is measured and managed by compiling data from patient advocates. The info is then reviewed by the patient satisfaction committee, which will then provide recommendations.

The patient satisfaction committee utilizes patient advocate tracking system, patient focus groups, and onsite comment cards. The SHEP is conducted on a monthly basis, recently 67.9 percent of patients gave the facility a score of 9. The facility improved its SHEP scores in the following areas; getting care quickly, getting care needed, how well doctors and nurses communicate, and share decision making.

VACO and the VISN monitors this facility through SHEP scores and patient comment cards. To improve the facility, the VISN provided training sessions involving patient care services. Recently, the VISN implemented relationship based care (RBC) in all VISN 10 facilities.

*Director of Patient Care Services*

The director of patient care services is responsible for establishing, maintaining , and providing oversight for nursing standards of practice. This individual functions as the senior nurse executive within a decentralized nursing service model. He or she also provides assistance to the executive leadership regarding issues with nursing. In addition, this individual participates in strategic planning, executive decision-making, and policy determination.

The VA ACC’s last SHEP score for outpatient was 67.9. The SHEP scores and data from the patient advocate tracking system is calculated monthly and given to the director. The director of patient care services oversees other staff such as sterile processing and all other services report in-directly, when nurse personnel are involved.

*Patient Advocate*

The patient advocate works with veterans on a daily basis to address concerns, complaints, and help veteran satisfaction. He or she also assists by making the facility patient centered. It is the patient advocates job to review SHEP scores, customer comments, and recommend initiatives to executive leadership. Along with the patient advocate, the customer service coordinator and supervisory patient advocate help with patient satisfaction initiatives.

Patient satisfaction is monitored through the patient advocate tracking system, which is calculated monthly and is reported to the director. The patient advocate is key for veterans to voice their opinions and issues. To enhance veteran satisfaction, the new valet system and modern atrium patient area has increased patient satisfaction.

When the patient advocate receives a complaint, he or she works with the patient’s health care team to brainstorm a solution. If the patient is not satisfied with the outcome, he or she may speak with the director and executive leadership. The patient advocate has 48 hours to return a phone call and seven days to complete a veteran inquiry.

Specialty Doctor’s are here part-time, staffing is difficult, because the hiring process is long. Pharmacy is a problem, because the facility does not want to mail medication, but have the patient pick them up.

*PACT Coordinator*

The patient aligned care team coordinator (PACT) responsibility is to ensure all PACT teamlets are functioning as a unit. They are also responsible for organizing and leading PACT meetings, generating metrics, and managing CBOC’s. The PACT coordinator identifies needs and delivers training based upon the operational needs of a specific area by training managers, supervisors, and staff.

The PACT coordinator has nine staff members that work specifically on PACT programs and initiatives. In addition, the PACT coordinator is in charge of the PACT Steering committee at the VA ACC, which meets on a monthly basis. The PACT program was developed at VA ACC by formation of a pilot teamlet. The pilot teamlet attended all national PACT training and brought back information learned to VA ACC.

**Town Hall Meeting**

*Recommendations*