**Washington, DC VA Medical Center**

*Washington, DC*

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**Background**

The Washington D.C. Veterans Affairs Medical Center serves more than 50,000 veterans and has over 500,000 outpatient visits each year and 1,700 staff members. There are currently 720 full-time employees Registered Nurses (RN’s) and Licensed Practical Nurses (LPN’s). The 2011 Fiscal Year (FY) budget was $349,781,588 and increased to $414,754,866 in 2012. One percent of both the budget in FY11 and FY12 was dedicated to the Performance Management Center and Quality Management.

**Quality of Care**

The VAMC measures and manages quality as a healthcare facility by performance measures determined by VA Central Office (VACO), the Veterans Integrated Service Network (VISN), and the facility, culminating in an Executive Career Field (ECF) plan for performance for each fiscal year. There are only two quality of care training programs offered; one is a two hour new employee orientation and then four day yellow/green belt training. The facility responded to how quality is measured and managed by noting, VA Central Office, the VISN, and the facility, culminating in an Executive Career Field plan for performance. These are an example of how employee performance is measured but not necessarily quality.

The last Combined Assessment Report (CAR) was conducted in 2009 and Joint Commission Inspection (JC) completed in 2011. Both the CAR and JC responded and had recommendations on improvement on planning, documentation of care, medication management, and environment of care issues.

*Quality Manager*

This position is responsible for the implementation of the Quality Management program which includes accreditation & oversight, admissions, risk management, quality & process improvement, and utilization management. The quality of care indicator and measurements tracked and managed by the Performance Measures Dashboard. Quality is managed by everyone in the organization from leadership to the front-line employee. Patient care and satisfaction is a top priority for the medical center and is measured via the ECF performance plans.

The three primary quality of care committees at the VISN and/or facility level are the following: Quality Council is facility committee w/multi-disciplinary membership including Quadrad, physicians, nurses, and support services, Medical Executive Committee is senior level committee chaired by the COS w/membership of service chiefs, CNE, QM, and Patient Safety. Lastly, Performance Measures Workgroup is multi-disciplinary w/membership representative of teams responsible for specific measure performance.

Some challenges have been with meeting the demands of VACO and the VISN. There are an overwhelming number of performance measures directed from these offices; however, these performance measures pose a strain on the facility without the sufficient number of staff to perform the tasks.

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*Patient Safety Manager*

The duties and responsibilities the Patient Safety Officer does is patient safety compliance and monitoring, Root Cause Analysis and Healthcare Failure Mode and Effects Analysis (HFMEA’s) and Risk Assessments. Also, the Patient Safety Specialist and Health Systems Specialist report directly to the Patient Safety Manager. Patient Safety is defined as a healthcare system as a “No Blame” culture. Everyone is a safety officer and when issues occur the blame is not put on each other.

The primary concern is how to change the culture so that everyone is a safety officer. Training in safety could be more present in the employee orientation and continue throughout the evolution of the medical center’s patient safety program.

*Utilization Management*

UM coordinators are responsible for the review, assessment, and monitoring of admissions appropriateness and the continued stay for inpatients in meeting defined criteria for best practices. UM coordinators review patient charts daily evaluating care and patient progress towards discharge. They work collaboratively with physicians, Case managers, and Social Workers, to identify the appropriate level of care based upon the patient’s current condition.

The challenge has been to integrate the Fisher House’s available space with the medical center. There are not enough beds available in the medical center and difficult to account for availability in the Fisher House.

*Risk Manager*

Medical Risk Management involves monitoring for variations in provider practice and their subsequent impacts upon patient care & outcomes. This monitoring includes review of 16 triggers and 3 occurrence screening daily for peer review and patient safety purposes. In addition, Risk Management is involved with Regional Counsel in the review and management of tort claims. Mortality and complications are two primary interests of risk management, and integrated into the peer review process. In addition, this individual plays a key role in disclosures. The RM is also responsible for VASQIP which is related to tracking complications and deaths within 30 days of surgery. This in turn provides us with a quarterly Mortality and Morbidity ratio that is measured statistically for quality of surgery. As the chart is reviewed for complications, the SCNR also reviews for issues related to patient satisfaction.

*Systems Redesign Manager*

The System Redesign Manager noted that the Chief of Staff office has the overall responsibility for quality of care provided to patients. The manager spoke about the need to be included in more of the planning process. The System Redesign Manager is responsible for the action, but is not included in most of the planning process. For example, the new construction of the pharmacy, which has had a considerable amount of complains.

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

The VA’s comprehensive use of its electronic medical record (CPRS) is more than just a replacement of a paper record. It’s a quality initiative. The 100% availability of the comprehensive record, built-in clinical decision support (clinical reminders), automatic drug interaction checks, and more all have a profound impact on the quality of care delivered. Informatics is responsible for maintaining CPRS and where possible optimizing the record that better ensures quality of care is delivery.

The DCVAMC is launching a pilot program called “clinic in hand.” This program will allow VA patients to access their personal healthcare records through their IPAD or model device. It will also allow them to make appointments. Most of the barriers that exist are within the security of the program.

**Patient Satisfaction**

Patient satisfaction is defined by measuring the patient’s level of contentment with the overall experience at the medical center including quality of care and services received.

There are 9 Full Time Employees (FTE) with goals to expand. However, we partner with all employees in the medical center to improve patient satisfaction scores. Staffing costs include salary, educational efforts, and initiatives such as Patient-Centered Care, WRIISC, Change Academy, Strategic Planning retreats, etc.

Patient satisfaction is measured and managed as a healthcare facility on both in-patient and out-patient. Inpatient and outpatient care is surveyed to generate daily, monthly, and quarterly reports, focus Groups, Clinical Outcome measures, access, etc.

These tools are used to improvement to patient satisfaction through Truthpoint, which provides the ability for on the spot correction and service recovery. It is the voice of the Veteran while they are a patient in the medical center. It also provides prospective information for tailoring patient visits in the future. SHEP scores provide trended data to assess areas requiring focused intervention and provide management teams opportunities to perform rapid cycle process improvements.

The following are the results of the last two SHEP scores: outpatient overall in 2011

November 2011 – 44.0

December 2011 – 48.9

Inpatient Overall

November 2011 – 49.0

December 2011 – 38.5

The following two areas of the most recent SHEP survey showed improvement and decline, compared to the last SHEP survey are as follows:

Improve

* Inpatient –
* Privacy in Room
* Pain Management

Decline

* Quietness of Hospital Environment
* Shared Decision Making

There have been multiple patient-centered care initiatives including OR Liaison, Capital Excellence Application. Also, working with floor staff/EMS to establish quiet times has shown improvement as well.

*Director of Patient Care Service (DPCS)*

Senior registered nurse executive directly responsible for nursing clinical quality, education, and care management in inpatient and outpatient settings.

Some challenges the executive leadership notes having as a healthcare facility is security with technology used to track quality of care such as IPAD’s, and smart phones. Secondly, employee engagement has always been a concern. The VA should promote a culture and motivates employees to be more proactive and engage in the veteran’s healthcare. Lastly, the new pharmacy is causing many delays and confusion in receive medications. There is not sufficient space nor does it have a design to direct the veteran through the medications filling process. After observation many veterans seem confused, standing at the Pharmacy’s entrance questions their peers.

*Patient Advocate*

The primary purpose of the position as Department Chief is to provide the coordination necessary for an effective, comprehensive, and integrated consumer affairs program that supports VHA (Veteran's Health Administration), VISN (Veteran's Integrated Service Network), and DC VA Medical Center goals. Additional responsibilities functioning as the Chief of Service include serving as a change agent while serving on Medical Center and VISN level committee's along with daily duties of ensuring that quality service is provided to veterans, their families, and other internal and external customers.

*Patient Aligned Care Team (PACT) Coordinator*

Education of staff about PACT and increasing buy-in, dissemination of data regarding PACT benchmarks, developing action plans on how to achieve benchmarks, weekly PACT meetings with stakeholders, writing minutes for weekly meetings, attending PACT collaborative meetings