**New Jersey Healthcare System| Lyons, New Jersey**

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**Background**

Lyons Veteran Affairs Medical Center (VAMC) is part of Veteran Affairs New Jersey Healthcare System (VANJHCS). This system is comprised of two main campuses, East Orange and Lyons. There are 31 full-time employees (FTEE) in the quality management team, however quality of care and patient satisfaction is a responsibility of all employees. There are 355 registered nurses (RNs), 57.5 Licensed Practical Nurses (LPNs), 188 Nursing Assistants (NAs), and 5 SCI-Hats. Lyons VAMC’s overall medical center budget for 2011 was $424,573,187 million and $413,061,723 million in 2012.

**Quality of Care**

Executive leadership defines quality as the degree to which health services for individuals and populations increases the likelihood of desired health outcomes and are consistent with current professional knowledge and is further conceptualized as care that is safe, effective, efficient, timely, patient centered, and equitable.

Accountability is maintained through daily oversight by leadership reviewing Veteran Integrated System Network (VISN) performance, performance measure results, Office of Inspector General (OIG), and Joint Commission (JC). The executive staff manages quality through direct problem solving and systematic improvement efforts such as team projects. Employees receive orientation and initial training upon hire. Designated staff and chiefs are afforded Lean Yellow Belt training. Lean Yellow Belt training is a program sent down from Veteran Affairs Central Office (VACO).

*Quality Manager*

The quality manager provides oversight for the risk manager, utilization manager, patient safety, external review, and system redesign. This individual tracks and manages quality of care indicators by Veteran Integrated Support Services Center (VSSC) reports and Inpatient Evaluation Center (IPEC) link reports. In addition, the quality manager is responsible for performance measures and Aspire review and reporting.

The quality manager has a dashboard that allows the individual to monitor all aspects of quality of care and patient satisfaction. If a category within the dashboard turns red, the quality manager must address the situation. Furthermore, the quality manager has access to TruthPoint, which is a program that allows the facility to receive an immediate survey response. TruthPoint works on a tablet similar to the Apple Ipad, it contains a patient satisfaction survey and is user friendly. This initiative can be found throughout VISN 3.

A challenge that the quality manager endures is patients not making scheduled appointments. Prior to the patient’s appointment, the veteran does not call the hospital to inform the facility of their absence, this causes problems for veterans who actually need an appointment. Furthermore, as with many facilities, there has been a problem with staffing.

A continuous problem has been the relationship between Department of Defense (DOD) and the VA, relating to the transition of veterans from active duty to civilian status. When a veteran exits the military, they are not properly educated, nor are they transitioned into the VA system. Another issue involves VACO and its unwillingness to allow the medical center to advertise locally about what the VA medical facility offers. If allowed, family of veterans and support groups would be aware of the VA and particularly the Lyons VAMC. When veterans return home, families are sometimes responsible for the care of their loved ones, however they are unaware of the VA and the services offered.

*Patient Safety Officer*

The patient safety officer provides oversight for patient safety programs. The programs include tracking and trending of adverse events, completion of Root Cause Analyses (RCAs), Healthcare Failure Mode, and Effect Analyses. In addition, the patient safety officer provides education and program representation on committees. The patient safety officer is involved in several committees such as Environment of Care, Mental Health Environment of Care, Reusable Medical Equipment, and Quality Management committees.

The patient safety officer works with the risk manager on a routine basis. During their meetings they report on patient safety goals and initiatives. The programs and initiatives used are; Speak-up, Veteran Safe Driving, and Hand Hygiene.

If a patient safety hazard occurs, the VISN and Central Office created programs to respond to incidents. These programs are NCPS Hazardous Alert and Recall database, Pharmacy VA ADRs, and Safe Medical Device Act. When an issue is determined to be high risk, it is reported to leadership using the following; directly from Service Chief of Staff, morning report, incident report, and monthly patient safety hot button report.

The challenge of the patient safety officer is there appears to be sufficient centralization with the VA Central Office, but a lack of communication downward to the actual facilities.

*Utilization Manager*

The utilization manager coordinates the utilization management program with the purpose to provide clinical care that is evidence-based to insure the best possible patient outcomes in the most cost effective way. The utilization manager receives initial and continuous training through the national utilization management program office. Training is also provided through a live teleconference meeting every 3 weeks, which administers program updates.

To improve quality of care and patient satisfaction, the utilization staff conducts reviews on patient admissions. The reviews determine if the veteran received correct and quality medical procedures. The data collected is then sent to the utilization management committee, where it is used to guide improvements to meet patient needs.

*Risk Manager*

The risk manager coordinates administrative investigations, screens deaths, manages tort claims, and collaborates with the Chief of Staff in reviewing malpractice claims. In addition, this individual oversees the Protected Peer Review program and facilitates action plans that emerge from the program. The risk manager receives initial orientation, which involves a two day class on all aspects of the position. This individual is also a member of the American Society for Healthcare Risk Management and attends yearly conferences. To limit patient risk and monetary loss, the risk manager conducts analyzes peer reviews, morbidity, mortality, disclosure, and tort claims. The information retained would be used to improve systems and minimize patient risk.

*System Redesign*

The system redesign manager core function is to improve quality of care and patient satisfaction. This individual attends several system redesign conferences and meetings, in addition to Green Belt Lean training.

*Chief Medical Officer*

This individual is responsible for working with providers and staff to evaluate current systems. When a deficiency is found, it is the chief medical officer’s responsibility to research possible solutions. Furthermore, the chief medical officer must be knowledgeable on the latest technology to ensure software is current.

To effectively track quality of care and patient satisfaction indicators, the chief medical officer adopted the Planetree Model. Planetree is a non-profit organization that collaborates with healthcare organizations to educate and provide information to create patient centered care. The VA Office of Patient Centered Care selected Planetree to assist in creating a patient centered care model for veterans.

The challenges of the chief information officer is technology being used it old and the new technology being used has been a challenge to put together.

*Women Coordinator*

The women’s clinic provides complete primary care including a gynecology (GYN) clinic, but mammograms and prenatal care are fee-based. The women’s clinic is a separate clinic and it is located on the second floor of the Lyons VAMC. The GYN clinic is closed on Wednesday and Thursday, emergency situations are fee-based. If a veteran has MST (Military Sexual Trauma), the individual is sent to a MST counselor. The women’s coordinator developed a women’s health committee, which includes veteran participation.

A challenge for the women coordinator is affording mammograms and prenatal care. Currently, the facility has to fee-base the procedures.

**Patient Satisfaction**

The executive leadership measures and manages patient satisfaction through a system called Truth Point. This tool is a contracted system with Vertical Systems, Inc. This technology is touch screen and is used to capture patient feedback from VISN 3 facilities. In addition to Truth Point, the facility uses SHEP and HCAPS and We’re Listening Patient Feedback System.

The data received from the tools mentioned is analyzed for trends on monthly and daily data. The data is used to drive decisions that will improve patient satisfaction at the executive committees. Since the last SHEP survey, Lyons has made improvements in noise control and quietness beyond the VHA national average.

The facility had a decline in responsiveness to patients, therefore NJHCS received funding to purchase the Vocera Hands Free Communication system for 150 Patient Care Services and nursing staff. The system enables communication throughout the hospital, which will help drive better outcomes for patients.

*Director of Patient Care Services*

The Director of Patient Care Services is responsible for all nursing care standards. Patient satisfaction is tracked and managed through Truth Point, survey questions, and monthly tracking. This information is shared with the patient centered care staff. Furthermore the director holds an internal focus group to find the needs of the veterans, this information is communicated to the nursing staff.

The director of patient care services most challenging issue is supervising both Lyons and Orange campuses.

*Patient Advocate*

The purpose of this position is to work on behalf of the veteran and families to resolve issues and questions. The patient advocate assures patient effective use of their rights and entitlements. This individual receives and listens to grievances from patients or individuals on behalf of the patient. When a complaint arises, the patient advocate informs all levels of leadership. The issue is examined thoroughly and appropriate action is taken.

The patient advocate’s most prominent challenge is the complaints of the food in the facility’s cafeteria.

*PACT Coordinator*

The Section Chiefs and Director of CBOCs are responsible for implementing the PACT model. The duties of the coordinator is to insure that PACT teams are educated and trained in PACT principles. PACT data is tracked through the VSSC program which consists of care coordination, 2 day post discharge call and MyHealthy Vet program, access to same day visits, access to appointment within 7 days, telephone conversations, and continuity of provider. PACT has no problems, but the system is too early to find any real issues.

**Recommendations**