**Tennessee Valley Healthcare System| Memphis, Tennessee**

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**Background**

The Memphis Veteran Affairs Medical Center (VAMC) has been serving veteran since 1922. It serves 53 counties in western Tennessee, northern Mississippi, northeast Arkansas. The VA medical center has the capability to serve their 196,000 veterans. In addition to the medical center, there are ten community-based outpatient clinics (CBOC). The facility’s overall budget in 2012 was $340 million.

**Quality of Care**

The Memphis VAMC defines quality as providing the best care available, at the right time, by caring and exceptional employees and exceeding the veterans expectations. The facility measures quality by using performance measures, PEC data, Joint Commission and ORYX measures. The staff responsible for quality of care are performance measure champions, quality manager, and patient safety manager. To ensure employees are sufficient on quality, employees are required to complete annual training.

The Memphis VAMC measures and manages patient satisfaction by SHEP scores and the patient advocate tracking system (PATS). The executive leadership reports patient satisfaction data to the VISN level on a monthly basis. To ensure patient satisfaction, staff conducts hourly rounds through inpatient units, created a no pass zone policy, MyHealthy Vet, secure messaging, and marketing of service.

*Quality Manager*

The responsibilities of the quality manager is to ensure that the quality management program is implemented, comprehensive, and productive. The quality manager monitors quality in community-based outpatient clinics (CBOC) by conducting weekly clinical reminder reports, daily morning reports, monthly and quarterly visits. The quality manager has made improvements in reducing in-patient mortality and morbidity due to hospital acquired infections.

A challenge the quality manager endures involves directives and how it should be made policy, which would cause standardization. The quality manager felt policy would make initiation of processes at VA facilities be implemented smoother.

*Patient Safety Officer*

The patient safety officer is responsible for advising the root cause analysis (RCA) teams, reviews policies and procedures, review and disseminate patient safety alerts, educate and review national patient safety goals, and reinforce the culture of patient safety throughout the medical center.

The patient safety manager, patient safety specialist, and program support work specifically on patient safety issues. The VISN patient safety manager identifies similar issues and shares best practices throughout the VISN. In addition, The National Center for Patient Safety shares results of RCA actions with the group of patient safety managers via monthly calls.

*Utilization Manager*

The utilization manager reviews charts and evaluates patient level of care. Per patient, the manager must ensure all procedures and treatments have been afforded for the veteran. It takes the utilization manager about 15 minutes to review each chart. The reviews are conducted to ensure that the care administered meets the standards. The Physician Utilization Management Advisory (PUMA) board assists in upholding the standard with quality of care. The system redesign manager and utilization manager work together to identify gaps with the health care administered.

*Risk Manager*

The risk manager provides oversight of the peer review process and tort claim review. This individual looks at all patients, charts, and reason for patients who have been readmitted. If a patient has been determined to be harmed, a review is conducted with staff and leadership. For example, the risk manager would look at all patients who have been readmitted and reviews all the charts. This process involves the system redesign manager, risk manager, and utilization manager. Once all the information is gathered, it is given to leadership and the best course of action is administered.

*System Redesign*

The system redesign manager provides oversight of system redesign projects and working with improvement teams. The system redesign manager tracks patient flow in each department. When an issue is found, system redesign manager and leadership meet to discuss the details. It is the system redesign manager’s responsibility to find out who was involved and the details of the incident. Every month, system redesign managers throughout the VISN conduct conference calls to communicate best practices.

The system redesign manager needs additional staff to help with projects and work load.

*Women Coordinator*

The women coordinator has three PACT teams, with 2,800 veterans currently using the clinic. The facility location is a separate location within the Memphis VAMC, however a new clinic new clinic will be opening on October 1, 2012. Currently, the women health clinic offers full comprehensive primary care and a part-time mental health clinician. The women coordinator has a women health committee, but the committee attendance has declined in the recent years. The women health committee encompasses; veterans, vet centers, mental health nurse, women health director, and the associate director.

The women coordinator has a challenge in recruiting veterans and staff to attend the women health committee. The women coordinator would like to have at least one leader from leadership to be more proactive in the committee meetings. Secondly, the women coordinator is not able to be at all CBOCs, therefore the coordinator would like to have a women health liaison at all CBOCs. Finally, the women health coordinator would like to have a full-time Gynecologist, also the ability to provide onsite ultrasounds and mammograms, currently both are fee-based.

**Patient Satisfaction**

The Memphis VAMC measures and manages patient satisfaction via SHEP scores and the Patient Advocate Tracking System (PATS). To ensure patient satisfaction, hourly rounds are conducted in the inpatient units. In addition, the facility ensures patient satisfaction by using PACT, Myhealthy Vet, and secure messaging. The customer service manager, executive leadership, managers and supervisors are responsible for patient satisfaction.

*Director of Patient Care Services*

The VISN leadership assigns performance measures on a yearly basis. The Memphis VAMC reports monthly regarding their scores and action plans. The Director of Patient Care Services works with all staff to develop action plans related to patient satisfaction. In the last SHEP survey, the facility met the patient satisfaction target in 10 out of 13 categories and 4 out of 10 categories in outpatient.

*Patient Advocate*

The patient advocate is responsible for implementing service recovery mechanisms in order to assist veterans in resolving their concerns with the Memphis VAMC. Currently, there are three patient advocates, they all document and code patient interactions into the PATS system for the director of patient care services. When a patient advocate receives a complaint, the issue is sent to the director and may be sent to the VISN level if necessary.

The complaints are usually solved within 24 hours, or 72 hours at the latest. If a veteran disagrees with the decision, he or she may see the director of patient care services. If he or she is still not satisfied with the decision, a meeting would be scheduled with the director.

The patient advocates have a problem with following up with patient complaints. The director only allows the patient advocates to have two hours to follow up on patient inquiries.

*PACT Coordinator*

The Memphis VAMC has 31 care teams, with an average panel size of 1100 patients. Each appointment block is an average of 30 minutes, but may exceed 30 minutes if needed. Once a patient is released, he or she will receive a post discharge call. The primary care aligned care team (PACT) coordinator assists team leaders in each primary care area. The coordinator acts as an interface with the nursing and business office to insure staff are trained. In addition, the coordinator monitors PACT data to formulate action plans for targets not met.

Since the implementation of PACT, the PACT coordinator has experienced a few challenges such as PACT teams being understaffed. Currently, the PACT coordinator has four teams that are understaffed and one nurse quit due to work load. A second challenge involves Congress and their lack of support for the PACT model. The PACT coordinator would like Congress to be more aware of the PACT model and to administer additional support for the facility.

**Town Hall Meeting**

The town hall meeting took place at Post 27 in Memphis, Tennessee. There were 23 veterans in attendance and all were current, or former users of the Memphis VAMC. Veterans stressed that most of their complaints are given to the appropriate staff, but it never reaches the director. In specific, the patient advocate never returns veteran calls, nor does the general phone line answer, because it seems there is not enough staff. A huge issue veterans stressed was the VA medical center call system. Currently, when a patient calls, an automated recording starts by informing patients of the background of the facility. The background summary should be at the end of the recording, in case of an emergency the recording should have an emergency and suicide number in the beginning of the message. If a patient needs pain medications, he or she must provide a valid phone number and address, however many veterans do not own a phone. VA requirements basically hinder veterans who do not have a valid phone number from receiving their pain medications.

*Recommendations*