**VA Northern California Health Care System**

*Sacramento, California*

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*Background*

The Veterans Administration Northern California Health Care System (VANCHCS ) serves more than 377,700 veterans in 17 counties. There are 463 Registered Nurses (RN’s) and License Practical Nurse’s (LPN’s) as Full Time Employees (FTE). There is currently a sufficient amount of staff to patient ratio. The overall medical center’s budget for Fiscal Year (FY) 2011 is $518,658,192 and $529,387,493 for FY 12. This is not including non-reoccurring maintenance and equipment. In 2011, 43 percent of the budget was dedicated to Quality of Care staffing and programs, but decreased to 39 percent in 2012.

**Quality of Care**

The NCHCS uses the Institute for Healthcare definition for quality of care and is defined as, “an organized, systematic approach to planning, delivering, measuring and improving health care linking VHAs core values to the day-to-day operations while ensuring safe, effective, patient centered, timely, efficient and equitable care. Quality encompasses many interrelated activities that are the responsibility of senior leadership. These include but are not limited to: Quality Assurance, Performance Improvement and measurement, Patient Safety, Internal and External Reviews and Customer Satisfaction, Utilization Management, Risk Management and Systems Redesign.”

In addition to the VA Performance Measures and Monitoring Programs mentioned above, VA Central Office, VISN 21 and NCHCS have an ongoing review processes both internal and external which continuously monitors the performance and delivery of care at each facility. Internal review is defined as an oversight group within VHS that surveys or monitors VHA performance or adherence to VHA policies and procedures. External reviews are conducted by private or other governmental agencies for the purposes of accreditation and/or monitoring of adherence to VHA policies or other federal laws and regulations. NCHCS participates in external audits by agencies such as, Office of Inspector General (OIG), College of American Pathologists (CAP), Commission on Accreditation of Rehabilitation Facilities (CARF), Food and Drug Administration (FDA), Occupational Safety and Health Administration (OSHA), Long Term Care Institute (LTCI)and Joint Commission (JC). Additional internal audits are conducted on a reoccurring basis as well, such as Annual Workplace Evaluations (AWE), Green Environmental Management System (GEMS), VA Surgical Quality Improvement Program (VASQIP), System-wide Ongoing Assessment and Review Strategy (SOARS) and a VISN lead review team (VORP/GORP/HORP). Once the review or survey is completed the QM collaborate with organizational leaders to develop, trace, track, and monitor action plans to closure.

*Quality Manager (QM)*

The QM ensures that all components of the quality management system and patient safety improvement program are integrated. The QM has a systematic process in place for monitoring the facility quality data. Also, serves as the quality consultant to the facility leadership, Quality Improvement (QI) or Performance Improvement (PI) teams, and employees. Lastly, the QM serves on executive committees and workgroups where quality data and information is reviewed, analyzed, and acted upon*.*

The challenges exist with keeping up with the amount of performance measures set by central office. The QM notes that in the year 2000 there were 11 performance measures, and now there are over 600. There are even performance measures for performance measures. The QM also notes it becomes unclear what we are measuring and why.

*Patient Safety Manager*

The Patient Safety Manger ensures that the components of the Quality Management System and Patient Safety Improvement Program are integrated. They also implement and coordinate patient safety improvement programs based on guidance and tools from the National Center for Patient Safety (NCPS) and which meets the needs and priorities identified by the Facility Director. These include addressing important standards, requirements, and recommendations promulgated by The Joint Commission (JC) and other organizations working to improve patient safety.

*Utilization Management*

UM does 100 percent of admission and continued stay reviews.  The goal is to have the right patient at the right level of care at the right time with the right care provider.  NCHCS has a very low average length of stay, freeing up beds at all levels for Veterans needing hospital admission, minimizing the use of Civil hospital admissions, and providing optimal continuity of care. Quarterly data is aggregated, summarized and reported through Executive Nursing Council and QM to LQPC.  Particularly, the avoidable reasons are discussed and action plans are defined and acted upon, as able. UM reports any unusual documentation or potential risks/ safety questions to QM or risk management, including admissions to non-VA facilities that may be from a complication of care received within the VA.

One of the challenges were that the UM does not track all the outpatient quality of care. The UM only track the financial aspect of sending a patient to an outside clinic, but has no indication of its quality.

*Risk Manager*

At NCHCS the Risk manager is responsible for the Peer Review for Quality Management process. The peer review process contributes to quality management efforts at the individual provider level and can result in both immediate and long-term improvements in patient care by revealing areas for improvement in the practice of one or multiple providers. This ultimately contributes to organizational improvements and optimal patient outcomes. Peer Review encompasses multiple disciplines and requires active involvement from physicians, nurses and other allied health care professional who are required to exercise autonomous clinical judgment. The Risk Manager reviews the electronic patient incident reports and occurrence screens to determine if the patient event/occurrence meets the requirement for quality peer review. The Risk Manager is contacted by the facility clinical and administrative services to discuss risk assessments including ways to mitigate risk in the individual programs. The Risk Manager collaborates with Patient Safety Manager as a resource to members of the medical staff to perform disclosure to veterans and/or their families regarding adverse events. The Risk Manager works closely with the Chief of Staff and Regional Counsel when tort claims are filed by patients or their families*.*

*Systems Redesign Manager*

The SRD manager seeks to find ways to balance patient care demand with available resources that provide that care. Incorporates other organizational programs and leaders in improving the way we deliver our care. NCHCS currently recruiting a Process Improvement/System Redesign Coordinator to oversee the PI activities, provide education, and serve as a resource to the organization on conducting PI project aimed at improving efficiencies of systems. Process Improvement activities are embedded within Quality Management and throughout the Services across NCHCS.

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

The Chief Information Officer (CIO) directs the Office of Information & Technology (OI&T) to deliver adaptable, secure and cost effective technology services to the Department of Veterans Affairs (VA) and acts as a steward for all VA's IT assets and resources. The CIO mission is to provide and protect information necessary to enable excellence through client and customer service.

The primary challenge is developing an infrastructure that is secure and having the ability to link data collected to quality. Not all services has the ability to funnel quality performance measures through informatics, allowing informatics to aggregate it and interrupt it.

*Women Veterans coordinator*

The VHA standard for Women Veteran healthcare is complete, comprehensive primary care. Complete comprehensive primary care, by definition, should fulfill all primary needs, be provided by one primary care provider at one site, and include care for acute and chronic illness, gender-specific primary care, preventive services, mental health services and complete coordination of care. A designated Women’s Health Primary Care Provider should be on site, exclusive space-a separate physical location for the delivery of primary care to women-not shared by male veterans, should be available and Military Sexual Trauma counseling should be provided. This is the standard for which all Women Veteran Programs are measured.

The Sacramento VA Medical Center consists of the main VA center and nine outlying CBOCs, located in McClellan, Redding, Chico, Yuba, Yreka, Fairfield, Mare Island, Martinez and Oakland. Two of these sites, Redding and Chico, are rural sites. Only three of the ten sites – Chico, Redding, and McClellan provide complete comprehensive primary care; plans are currently underway to provide comprehensive primary care at the Sacramento Medical Center and the Martinez CBOC . Of the three sites that provide comprehensive primary care, only one, McClellan, has a separate clinic and waiting area. The remaining sites that provide comprehensive care, Chico and Redding, provide mixed gender primary care. The Women’s Clinic currently under construction at the Sacramento Medical Center will have a separate clinic and waiting space for women veterans. Ongoing construction at the Martinez CBOC will result in a separate waiting area and exam rooms for women veterans. The clinic at Yreka is a contract clinic with a Family Practice physician available; the Fairfield clinic provides only women’s preventative health exams and breast surgery consultation. Two of the clinics, Oakland and Yuba, provide only women’s preventative health exams, and one clinic, Mare Island, provides nothing specifically geared to women’s healthcare.

With only three of ten locations providing comprehensive primary care, and only one of ten locations having a separate physical location for the delivery of primary care to women veterans, there is clearly room for tremendous progress in delivery of women’s healthcare within the Sacramento VA Medical Center. Female patients seen at CBOCs must receive the same high quality comprehensive primary care that is received by female patients at the parent facility; this is currently not available due to the limited services provided at several of the CBOCs. Dedicated Women Primary Care Providers should be located at each site as well as a Women’s Health Liaison, who coordinates and collaborates with the WVPM at the parent facility. This too is not an option as the current Primary Care Providers are over impaneled and there is no ability for panel reduction. Although this facility has been recognized for its Automatic Mammography Tracking Program, the Utilization Manager (UM), who tracks all fee-basis mammograms (those contracted to an outside facility), was unable to explain how fee-basis mammograms were tracked, whether the results were entered into CPRS at the requesting VA facility or whether or not patients had received their results within the required timeline. It was clearly stated by UM that this information is not being tracked by UM. The Chief Health Medical Information/Informantics Officer, when asked how he tracked fee-basis mammograms stated, “That’s a good question.” He relayed that he was able to pull any reports requested but this is difficult to imagine if the information requested is not tracked properly. The Women Veteran Program Manager, when asked to clarify the mammogram issue, provided a completely opposite picture. She identified the tracking mechanism used to order, track, and input fee-basis mammograms into CPRS as well as how the mammogram records were audited to determine if result letters were provided within appropriate timelines.

**Patient Satisfaction**

Patient satisfaction as a healthcare facility is defined as to give every Veteran an outstanding health and healing experience. They want every interaction with Veteran to be positive and help facilitate each Veteran’s health and healing. They also want to do all they can to include in a Veteran’s experience, Veteran’s family members and/or friends who provide support.

Patient satisfaction is measured by using Survey of Healthcare Experiences of Patients (SHEP) scores (monthly reports) and Patient Advocate Tracking System (PATS) data (compiled monthly). Patient satisfaction is managed by the Customer Service Manager and Assistant Manager, yet a key performance element of each employee’s standards.

Survey of Healthcare Experiences of Patients (SHEP) scores and Patient Advocate Tracking System (PATS) data are the most current measurement tools used. They also plan on using focus groups for Veterans in FY 2012-2013.

These measurement tools are utilized to improve patient satisfaction from SHEP scores and PATS data are reported to monthly leadership forums, posted on the Customer Service SharePoint site, and relayed to staff members in Town Hall meetings to each site in VA Northern California Health Care System several times per year. They are communicated to staff at all sites on a regular basis. They also identify areas that are scoring below expectations and look for ways to make improvements.

*Patient Advocate/Patient Aligned Care Team (PACT) Coordinator*

The duties and responsibilities of the patient advocate are to provide a centralized and convenient means for patients to have their complaints and compliments addressed and processed.

The Patient satisfaction indicators and measurements are tracked and managed from patient complaints are logged into the Patient Advocate Tracking System database which is displayed on the Customer Service SharePoint site (monthly), and reported in monthly leadership forums. Service Chiefs with significant amounts of patient complaints are notified and asked to identify and implement improvements.

The procedure for receiving patient concerns and/or complaint is as follows: the complaint is logged into PATS. The concern or complaint is addressed with a solution by the Patient Advocate or forwarded to the appropriate staff (front line or management) responsible for the assessment and resolution of the complaint. They are asked to resolve the complaint and contact the patient and the Patient Advocate with the solution(s). The Patient Advocate will then complete entry of the complaint in PATS.

One of the challenges is that the Patient Advocate is a full-time position, but is pulled to other medical centers to assist other advocates. The other two advocates are part-time and have high turnover rates. Additionally, SHEP scores are almost the only indicators for measuring patient satisfaction, which are not an accurate measure of performance. The other way to track patient satisfaction is by comment cards, but few are filled out, so the sample size too small.