**San Francisco VA Medical Center**

*San Francisco, California*

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**Background**

The San Francisco Department of Veterans Affairs Medical Center (VAMC) provides services to more than 310,000 veterans living in an 8-county area of Northern California. The medical center has over 500,000 veteran outpatient visits each year and 2,079 staff member. The medical center has an operating budget of $500 million.

**Quality of Care**

Like Sacramento, San Francisco VAMC 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.”

The medical center measures and manages quality by data management and critical analysis is used for each quality and safety component. Also, setting goals, comparisons of internal and external benchmarks, identification of opportunities for improvement and implementation and evaluation of actions until problems are resolved or improvements are achieved form the basis of performance improvement activities. Veterans Health Administration (VHA) provides several mechanisms for performance measurement including but not limited to:

Access to the national VSSC database (Performance Measurement Dashboards)

* VA TAMMCS (Team,Aim,Map,Measure,Change,Sustain,Spread) improvement model and Systems Redesign (balancing supply and demand for services and adapting to changes that improve care delivery)
* Office of Clinical Consultation and Compliance( ISO 9001 standards for Reusable Medical Equipment and implementing consistent quality systems )
* ASPIRE comparison data and LinKS(Linking Information Knowledge and Systems) for summarizing clinical outcomes(tools that document quality and safety goals for all VA hospitals and the status of meeting compliance with those goals)
* VASQIP(VA Surgical Quality Improvement Program), IPEC(Inpatient Patient Evaluation Center) and EPRP(External Peer Review Program) data
* SHEP(Survey of Healthcare Experiences of Patients) customer satisfaction data

The medical center demonstrates and maintains accountability of quality by an Executive Leadership Board, Medical Executive Committee and Peer review Committee that provide oversight to ensure that quality management components, as defined in VHA Directives 2009-043, are implemented and integrated.)

*Quality Manager*

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. This description is identical to Sacramento VAMC, and the QM was not able to meet with the System Worth Saving team.

*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. This description is identical to Sacramento VAMC, and stated there were no challenges.

*Utilization Management (UM)*

The only job description provided was the following, “Assuring that the right care at the right time in the right setting for the right reason occurs in the healthcare delivery system.” However, the UM did not note any challenges, but it seemed the position was highly disconnected from any other department of service. Also, the position seemed solely finically ran and little involvement with quality.

*System’s Redesign Manager*

The medical center does not have a dedicated SR Manager. There is a Patient Centered Redesign committee (PCRC) which manages systems redesign projects throughout the Medical Center. The were not anyone available to speak with the System Worth Saving team.

*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 San Francisco VAMC was awarded one of VA’s first research fellowships in women’s health and in 1993, the Women Veterans Comprehensive Health center, one of eight national sites, was established to provide comprehensive primary health care services to women veterans. The San Francisco VAMC consists of the main VA center and six CBOCs located in Eureka, Clear Lake, Ukiah, Santa Rosa, San Bruno and Downtown San Francisco. Each location provides comprehensive primary care on site to include care for acute and chronic illness, gender-specific primary care, preventive services, mental health services that include MST, PTSD and depression counseling, coordination of care and maternity care referrals. In addition to a separate Women’s Health Center, there is also a Women’s Mental Health Clinic that provides Women’s Only Group Therapy, Individual evidence based psychotherapy, substance abuse treatment and military sexual trauma counseling. The Women Veterans Health Research Fellowship Program awarded in 1993, trains health care professionals interested in clinical research in women’s health issues. In addition, the Women’s Health staff includes internationally recognized experts in mammography, hormone therapy and incontinence care.

Although the San Francisco VAMV has had a Women Veterans Health Care Center since 1993, it does not have Women Veterans Health Committee (WVHC). When asked why there was not a

WVHC, it was explained that an “informal” committee existed that addressed the responsibilities of the WVHC. This is unacceptable. The WVHC is typically chaired by the WVPM, whose role is to strategically plan, coordinate quality of care, evaluate delivery of care and increase out reach to women. The WVPM has full access to facility leadership because the role of the WVPM is vital – as evidenced by the recently released VHA Handbook 1330.02 that made three major changes – 1) the WVPM is a fulltime position without collateral assignments, 2) it has shifted from a clinical position to an administrative management position in charge of program development and 3) is responsible for direct supervisory reporting to the Facility Director of Chief of Staff. These changes allow full implementation of the WVPM position as originally envisioned, allowing their concerns to be addressed at the facility level. The lack of an official WVHC indicates that the WVPM is not fully leveraged with facility leadership.

In addition to the lack of an established WVHC led by the WVPM, two newly established committees, the Medical Executive Committee and the Leadership Board Committee, do not include the WVPM as a member, when clearly they should, as determined by their purpose. The Medical Executive Committee, established 16 July 2010, serves as an advisory and recommending body to the Medical Center Director on clinical issues affecting the medical center and patient care. The Leadership Board Committee, established 1 November 2011, provides guidance for planning, directing, and evaluating clinical and administrative processes throughout facility; this includes oversight for all aspects of Medical Center Strategic Planning to ensure VHA and VISN Strategic Initiatives are met.

The lack of inclusion of the WVPM on these committees is troubling, and again indicates that the position of WVPM is not fully leveraged with the facility leadership.

**Patient Satisfaction**

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

There was virtually no information provided to the System Worth Saving team in the questionnaire nor the actual site visit to the facility. It is unclear as to why these individuals did not provide any useful information. This led the team to question the facility’s legitimacy of their patient satisfaction program.