

Special Edition

WA

Roseburg

Healthcare System

Fiscal Year 2012

Achievements

And

Looking Ahead

VISN 20



COMPLIMENTS FROM THE DIRECTOR

All of us at VA Roseburg Healthcare System (VARHS) are dedicated to working toward one purpose – fulfilling the needs of our patients. We are honored to serve our Veterans, America’s heroes. Our mission, “To honor those who have borne the battle,” is reflected in our continued growth, daily processes and future plans.

I am proud of the accomplishments VARHS staff has achieved this year especially with our excellent results in our performance metrics and other successes such as the implementation of a plan to advance patient centered care, the expansion of the use of Telehealth technology, decreased turn-around time by 50% for instrumentation preparation in Sterile Processing Service, and the many construction projects that have been approved to enhance the services we provide for Veterans. The dedication of VARHS staff is evident in these accomplishments.

This special edition showcases some of these initiatives and implemented programs, and lists the many projects for the coming years.

Thank you VARHS staff and volunteers for your dedicated serve to our Veterans.

Carol S. Bogedain, FACHE
Director

FY12 NON-VA PURCHASED CARE

Several changes took place in Fiscal Year (FY) 2012 with the authorization and payment processing for Non-VA Purchased Care. Many new tools were introduced in an effort to improve the tracking, budgeting, and payments of medical claims.

The Fee Basis Claims System is in full swing and several new enhancements continue to be introduced to speed up the payment process. Reports are being generated to track medical care authorized to better ensure continuity within the VA nationwide. By using these reports, facilities can determine if care was received. If the Non-VA provider had billed the VA, the reports reveal if the payment has been made on the Veterans behalf.

Improved access to verify the status of a Non-VA medical claim has been implemented. The claims are responded to within 72 hours. This increased customer satisfaction and immensely improved the timeliness to identify incorrect payment amounts or incorrectly processed claims that were erroneously denied.

The Roseburg Healthcare System has estimated to pay more than \$13.7 million in outpatient medical services during Fiscal Year 2012. We provided outpatient medical services to a total of 6,045 Veterans for a large variety of medical procedures. At the end of the year, an additional 2,155 Veterans received authorizations for care at an estimated \$2.7 million for outpatient medical services.

2012 PATIENT CENTERED CARE 2012

December of 2011, VA Roseburg Healthcare System (VARHS) was introduced to the Patient Centered Care (PCC) Implementation process by the Office of Patient Centered Care and Cultural Transformation (OPCC&CT) from Region One, VA Central Office (VACO). The VARHS leadership made the decision and commitment to implement the PCC roll out process for VARHS in March 2012. The role out included a five step process consisting of: Executive Leadership Readiness and Commitment; Information Sessions; Organizational Assessment; The Leadership Engagement Session and Employee Engagement Sessions. The PCC process began in March and the final phase (Step 5) was completed in September. The next step is to provide enhanced PCC principles to all VARHS staff through New Employee Orientation and existing staff through regularly offered sessions.

In April 2012, the PCC Program submitted and was awarded a grant of \$413,000 to provide a more healing and welcoming environment to visitors, patients and family members, caregivers and staff at VARHS. Some of the improvements completed are:

- A piano to provide a relaxed atmosphere in the Ambulatory Care area.
- Scenic privacy curtains were installed in the Emergency Department bays, exam rooms and in the first floor lab to promote less stress by use of guided imagery.
- Made in the USA hand held flags to give to all visitors at all locations.
- Funding for PCC staff.
- Scenic murals to be installed in stairwells of Building One.
- Furnishings for the women's dorm in Building Two.
- Vests for the Ambassador Program.
- Training and presentation equipment.
- Furniture for the training room and new lobby area for staff, visitors and patients.

To bring to the forefront the excellent patient centered care provided at VARHS, services have been highlighted in the VARHS newsletter, *The VA Relay*, this past year.

Patient Centered Care was also one of the five areas chosen by leadership as part of the FY12 Strategic Plan. The plan determined by the PCC Strategic Planning Committee was completed and includes implementation of the PCC roll out at our facility; expansion of the Ambassador Program to include the escorts and research and planning for remote internet access for patients and visitors.

VARHS PCC Program Coordinator and Program Manager presented "*Building Patient Centered Care on a Foundation of Values*" at the annual Planetree Conference held in October, 2012.

This year has been a busy for the PCC Program in aligning VARHS with the OPCC&CT model and vision of VA to meet this initiative. The program has made great strides in a relatively short amount of time and will continue on this journey in the year(s) to come.



TELEHEALTH

2012 ACHIEVEMENTS

To increase timely and efficient access to healthcare, improve clinical outcomes, improve patient satisfaction, and reduce health care costs, VA Roseburg Healthcare System (VARHS) has leveraged technology and focus on patient-centric care opportunities. VARHS encourages the use of Telehealth modalities for clinical care, consultations, and coordination of care, where such use is deemed appropriate, to maximize access and reduce unnecessary travel for Veterans.

Performance Measures

Fiscal Year 2012 has certainly been a promising year for the use of Telehealth with patient populations not only at VARHS but also for VISN 20 and for the entire VA network. Each facility was expected to achieve a goal of 15% for all modalities of Virtual Care. VARHS met the measure and exceeded the measure to end the year at 32.88%. VISN 20 is leading the nation in Virtual Care Performance! In VISN 20, VARHS has done an exemplary job in exceeding the performance goals and contributing to the overall success of VHA.

Another great benefit from using Telehealth for patient care is the number of miles saved to provide direct patient care. For VARHS, the number of miles saved for FY12 is estimated to be 409,486. For VISN 20, the amount of miles avoided is 3,140,477. Yes, you read that correctly – that is over 3 million miles saved!

Fiscal Year 2013's Performance has been announced as 30% for all Virtual Care and 15% for Telehealth Use (all Telehealth modalities combined). VARHS is already meeting the Virtual Care performance measure at 33.38% and is very close to the 15% performance measure in Telehealth use at 12.95% at the end of FY12. We are exceeding next fiscal year's performance measures but the momentum of the Telehealth staff is on target for achieving even more.

Clinical Video Telehealth added several new clinics including Tele-Endocrinology, Tele Compensation and Pension, Tele-Post OP, Tele Arrhythmia, and Tele-Cardiology. Tele-Mental Health clinics have expanded dramatically. Mental Health Clinics were held in every Community Based Outpatient Clinic and Outreach Clinic, with at least 30 clinics per week conducted. For the year, 1383 diabetic patients were screened and imaged for retinopathy and 1350 patients with dermatology issues were imaged with many

dangerous skin lesions diagnosed and treated to avert skin cancer. By the end of the fiscal year 2012, the Home Telehealth Program met the measures for number of unique patients being treated, the number of encounters, and the Tele-Move measure.

Major Milestones

Conditions of Participation (COP) Review – Conditions of Participation review were held in April 2. Fran Sutherland, Facility Telehealth Coordinator, along with all team members and providers of the Clinical Video Teleconferencing (CVT), Store and Forward Imaging, and Home Telehealth (HT) programs, did an outstanding job in preparing the required written responses for this intensive survey. The “live” survey was conducted by V-Tel with the survey team located at the VISN 20 offices in Vancouver. Representatives from all the Roseburg Telehealth programs were interviewed by the survey team and everyone did an outstanding job. As a result of the preparation and live interviews, the VA Roseburg Telehealth program did not have any conditional findings!

Master Preceptors – Fran Sutherland and Debra Tennis have completed and successfully graduated from National Certification programs. Fran has graduated as a Master Preceptor in the Clinical Video Technology/Facility Telehealth Coordinator Program and Debra Tennis has graduated as a Master Preceptor for the Tele-Dermatology Program. Fran and Debra are now certified to teach and certify other staff to be tele-presenters and to perform Tele-Dermatology imaging, respectively. Kathy Andersen, Telehealth Care Coordinator, has been participating in the Home Telehealth Master Preceptor training and recently graduated.

Case Management Training for HT Staff – As part of Conditions of Participation Review in April 2012, Home Telehealth Care Coordinators were required to take a case management course. The VISN results were exceptional and in VARHS the four Registered Care Coordinator nurses received the “EXPERT” level for case management! Considering that more than half of the VISN received Beginner or Intermediate levels, recognition is in order for Dayna Kaney, Angie Osburn, Cindy Bright, and Kathy Andersen for achieving this outstanding level.

Secure Messaging – VARHS was number three in the nation and number one in VISN 20 for In Person Authentication (IPA)! Lynda Pope received a national award for participation in the National Pilot for Promoting the MyHealthVet (MHV) program through multiple community media venues. Throughout the year, MHV measures were met and exceeded, allowing more Veterans to review their lab, renew their medications, and communicate with their Primary Care Teamlet.

New Programs for Clinical Video Telehealth and Home Telehealth

Endocrine Clinics

Available clinics are in Roseburg, Eugene, North Bend, Crescent City and Brookings.

We expanded to include White City Southern Oregon Rehabilitation Center and Clinics (SORCC) patient clinics.

Pain Clinic

Available clinics are in Roseburg, Eugene, North Bend, Crescent City and Brookings.

Compensation & Pension – Telehealth clinics for Mental Health patients will be conducted between C&P staff in Roseburg and with all CBOC's in our healthcare system.

Available clinics are in Roseburg, Eugene, North Bend, Crescent City and Brookings.

Providers in Portland Medical Center will also provide care.

Parkinson's Disease Support

Available clinics are in Roseburg, Eugene, North Bend, Crescent City and Brookings.

Providers in Portland Medical Center are providing care.

Post-Op Clinics

The first clinic of this kind to be held in VISN 20.

Available clinics are in Roseburg, Eugene, North Bend, Crescent City and Brookings.

We expanded to include White City SORCC clinics.

Cardiology

General Cardiology Clinics are being held via Telehealth with cardiologists in Portland. In the past, patients would have to travel to Portland for these clinics.

Spinal Cord Injury

In conjunction with the Spinal Cord Injury (SCI) Coordinator, discharge clinics are being held with

patients being discharged from the inpatient ward in Puget Sound Medical Center.

New technology for Home Telehealth

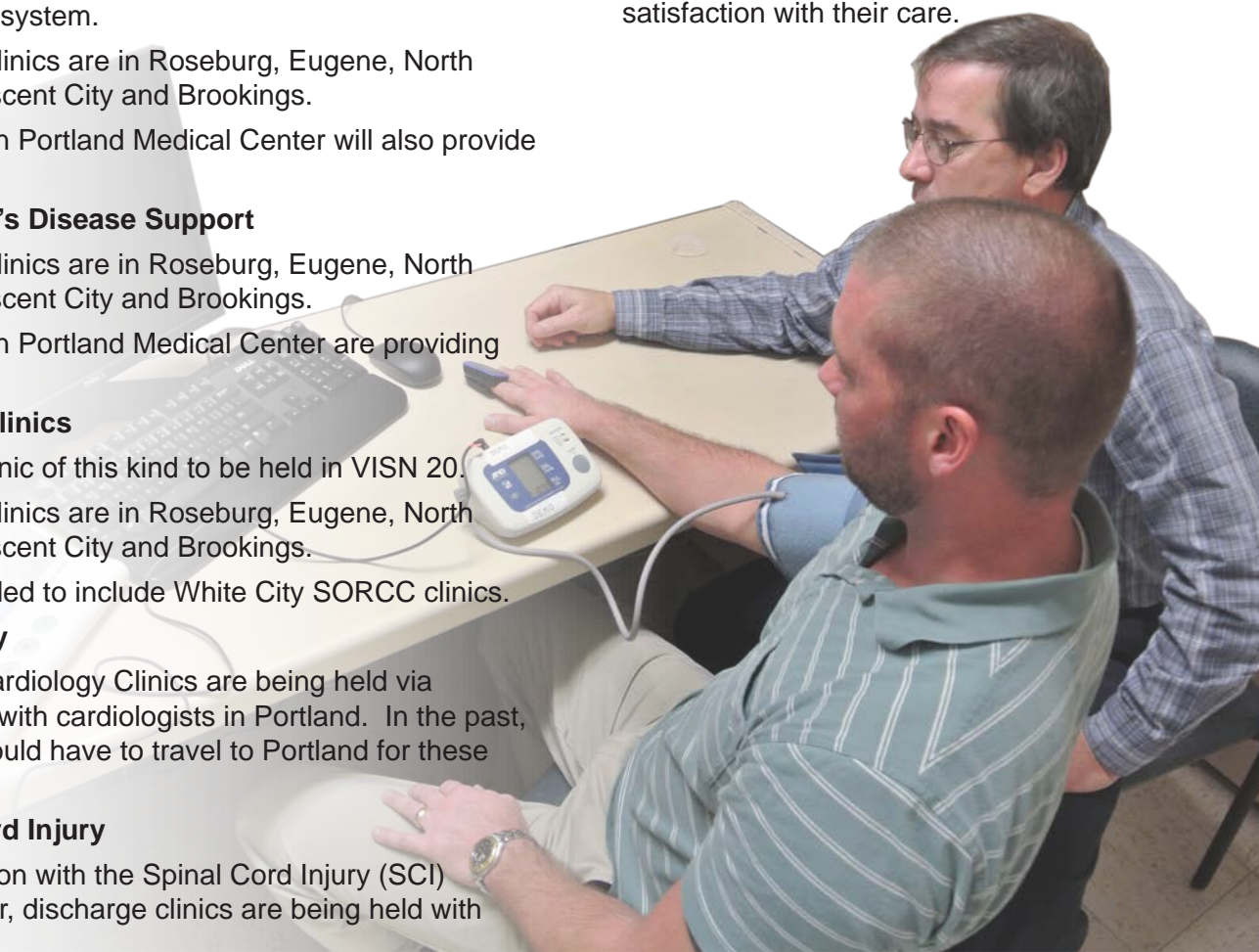
IVR – (Using cell phones to call in vital signs and to reply to health status questions.)

Smoking Cessation

Will begin in FY 2013 with a pilot program including two sites in the nation: VA Roseburg Healthcare System and VA San Diego Healthcare System.

Patient Satisfaction

- Tele-Mental Health patients reported 95% satisfaction.
- Tele-Mental Health providers reported patients feel very good about being in a non-threatening atmosphere and feel better about opening up about their feelings.
- Tele-Device clinic patients like the fact that they see world class specialists without having to travel long distances to see them.
- Tele-Retinal patients are happy to get eye screening that does not include eye drops that prevents them from driving.
- Home Telehealth patients are reporting 91% satisfaction with their care.





To improve care for all of our Veterans, the VA introduced Patient Aligned Care Teams (PACT). Now, in addition to single providers, Veterans have their own RN, health tech or LPN, and medical assistant. Each provides specialized care. We have initiated several improvements to our services- earlier access to appointments, notes about primary care visits at the time of departure, alternative visits (telephone or group appointments), and enhanced efforts in preventive care.

Our progress:

1. Teams members were hired, trained and their responsibilities were defined. They meet regularly; working together for up to two years. There is a larger support structure involving Mental Health Integration, Social Work, Pharmacy, and Nutrition.
2. **Access:**
 - a. The goal is the right care in the right place at the right time.
 - b. Patient visits occur 75% of the time with primary care provider/team, which is an increase in continuity.
 - c. We established alternatives to traditional face-to-face care:
 - i. Telephone visits are common and popular.
 - ii. Secure messaging established- we are national leaders in this area.
 - iii. Home Telehealth is growing.
 - iv. We are also leaders in Tele-Dermatology and have many other telephone care processes that decrease the need for travel and provides specialty care.
 - v. Group visits occur for many problems which allows for patients with similar problems to learn from one another.

3. **Prevention:**

- a. Transition from traditional model to a preventive model is underway.
- b. The health promotion disease prevention coordinator has revitalized patient and employee preventive activities, in particular the MOVE program.
- c. The Behavioral health coordinator is providing training using *TEACH*, (Motivational Interviewing and Cognitive Behavioral Therapy) for staff caregivers who help Veterans change habits for better health.
- d. Chronic disease management, particularly care management by RN's, has improved the control of diabetics. Many of our measures have improved, which means less death and less disability for patients.
- e. We have new screening (Ultrasound) for Abdominal Aortic Aneurysm.

4. **Multidisciplinary activities established and reinforced this year:**

- a. A pilot Mental Health Integration program in Eugene and Roseburg. The program is in place in North Bend. The Mental Health Integration Program ensures when necessary, patients can see a Mental Health professional the same day as their Primary Care appointment.
- b. Effective collaboration with Women's Health has created a successful, high quality program.
- c. We have worked well with Social Work Service and OEF/OIF coordinators to provide outreach services to help with smooth transitions, community care and to prevent homelessness.
- d. Care Coordination
 - i. Early in the year, collaboration with Inpatient Services led to successful two-day follow up phone calls to patients hospitalized in Roseburg.
 - ii. Collaboration with Inpatient Service to decrease Congestive Heart Failure readmissions.
 - iii. Collaboration with the Flow Team (staff who coordinate support to hospitalized Veterans) has led to improved management of discharged patients.

5. **Patient Aligned Care:**

- a. Training and discussion has helped all to be more patient centered.
- b. A primary care "discharge note" has been developed, which provides patients with substantive information about their visit, their medication reconciliation and with plans for follow-up care.
- c. PACT members have developed team names and Veterans are being informed.

6. **Continuous Improvement:**

- a. A focus on performance measures as a primary responsibility has become second nature for PACT.
- b. A monitoring dashboard was developed and implemented to ensure compliance with performance measures.
- c. We provided a well received half-day training in team building.
- d. PACT teamlets participated in multiple system redesign projects and *Plan-Do-Study-Act* cycles to improve performance.



OPTIMIZING VALUE 2012

Optimizing Value Improvement Team (OVIT) Initiative

Optimization- Adds value and improves efficiency with results in process improvement.

Vision: In December 2011, the VARHS Optimizing Value Team had a vision to create improvement opportunities throughout the healthcare system during Fiscal Year 2012. To support this vision, the team developed a number of objectives aimed at involving employees at all levels of the organization. Each service was tasked with participating on an improvement team, developing measurable goals, and documenting their work. To assist the service teams, the facility OVIT provided Just-in-Time System Redesign Training and feedback on monthly status reports.

Accomplishments: Twenty-two OVIT Teams were chartered for FY2012 with participation from 97% of VARHS services. All teams developed measurable goals and the vast majority submitted regular monthly progress reports.

Final Reports have been approved for 14 OVIT Teams with eight teams approved for extensions due to the detailed scope of their project. Posters highlighting OVIT Teams were included in the FY2012 Performance Improvement Fair in October, with over 100 employees voting for the project with the most impact on the facility.

One of the three poster project winners was an OVIT Team, Nutrition & Food Service/Ambulatory Care. The other winners were the Call Center Improvement Team and Women Veterans Comprehensive Primary Care.



Success Stories (Estimate of dollars Saved/Avoided/Generated)

- Chaplain Service: A 30% improvement in staff Satisfaction, and improved Patient Centered Care and quality of communications.
- Human Resources/Occupational Health: A 37% decrease in wait time for scheduling new employee physicals.
- Sterile Processing Service: A 50% decrease in turn-around time for instrumentation.
- Eligibility/Primary Care: Decreased wait time from more than 60 minutes to less than 15 minutes, and improved patient centered care related to traveling Veterans presenting for episodic care at Community Based Outpatient Clinics.
- Utilization Management/Medicine Service: Improved efficiencies with impatient discharges.
- Mental Health Access: Improved timeliness for new patient evaluation and improved follow-up for post-discharge and at-high-risk of suicide patients.

- Logistics Service: Improved customer satisfaction and efficiency for ordering office supplies.
- Prosthetics & Sensory Aids Service/Ambulatory Care: \$5,040 (Decrease in re-work); Prosthetics improved timeliness of care and decreased re-work from incomplete requests.
- Nutrition & Food Service/Ambulatory Care: \$25,800 (Cost avoidance for patient care) and improved health of diabetic patients participating in Shared Medical Appointments.

Winners of the People's Choice Award for FY2012 PI Fair:

- Patient Care Services: \$42,900 (Generated from insurance capture) Improved insurance capture for patients in Operative Care Clinics.
- Police Service: \$59,800 (Saved in overtime dollars) Improved employee satisfaction and decreased overtime with improved scheduling.
- Acute Care & Community Living Center: \$60,660 (Saved in overtime dollars) Decreased nursing costs for Inpatient Services.

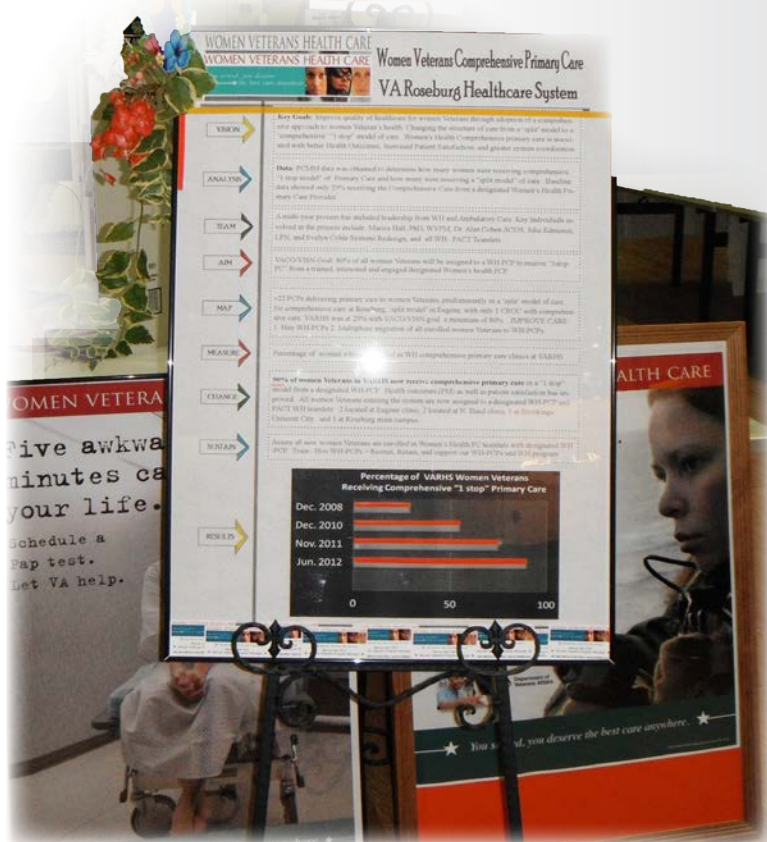


Police Service

OPTIMIZING VALUE

Future Plans:

- Team members will be formally recognized for their work at future All Employee Meetings.
- A request for Service Managers to charter Improvement Teams for FY2013 will be sent from the System Redesign Committee. Target Date: January 2013





Fiscal Years 2013-2017

The VA Roseburg Healthcare System (VARHS) saw great progress in fiscal year 2012 (FY12) on our journey to becoming the most effective, proactive, and patient centered healthcare organization. The accomplishments achieved in FY12, as illustrated by the achievements gained in the five strategic initiatives, set the foundation to move the organization forward in FY13 and beyond.

Looking forward on this path to improvement, several challenges and opportunities appear in the distance. One of these will be addressing the projected growth in number of Veterans served, while anticipating potential reductions in overall funding.

The full implementation of the Patient Protection and Affordable Care Act also presents potentially significant changes. The impact this law will have on VARHS is not yet known, as it provides incentives and options for Veterans to receive care both within and outside the VA system.

A third exciting challenge/opportunity is that the entire VARHS will see unprecedented construction, with planned building projects across the healthcare system over the next several years. Some of the most significant projects planned and/or approved over the next five years and their estimated completion dates include:

- Renovation of Medicine/Surgery Floor Building One (Roseburg Campus 2013)
- Renovations to Building 16 for conference and meeting space (Roseburg Campus 2013)
- Relocation of executive offices to Building 17 (Roseburg Campus 2013)
- New Eagle Landing Permanent Homeless Housing Enhanced Use Lease (Roseburg Campus 2013)
- New Protected Care Unit building (Roseburg Campus 2014)
- New Acute Psych building (Roseburg Campus 2014)

- New Sterile Processing Service collocated with operating rooms (Roseburg Campus 2014)
- Relocation and expansion of Brookings Clinic (Brookings 2014)
- Seismic corrections to Boiler Plant (Roseburg Campus 2014)
- Relocation and expansion of Eugene Clinic (Eugene/Springfield 2015)
- New Residential Rehabilitation Treatment Program building (Roseburg Campus 2015)
- Replacement of water and sewer Lines (Roseburg Campus 2016)
- Additional infrastructure and in-house projects

To chart our course through the upcoming challenges and opportunities VARHS leadership developed and approved a Strategic Plan for FY2013-17. This plan identifies strategic initiatives designed to meet the challenges ahead and aligns the organization with the direction and goals of VA and VHA. These initiatives are in addition to, and work in concert with, the many construction projects planned for VARHS; and may be adjusted as needed to meet the overall mission of VARHS and adapt to an ever changing environment.

Each of the initiatives is designed to meet at least one of the three VHA Goals:

VHA Goal 1: Provide Veterans personalized, proactive, patient-driven health care.

VHA Goal 2: Achieve measurable improvements in health outcomes.

VHA Goal 3: Align resources to deliver sustained value to Veterans.

See Project List...back page



CHARTING THE COURSE

STRATEGIC INITIATIVES

PROJECT LIST

VA Roseburg Healthcare System

Strategic Initiative	Fiscal Year
Expand Non-Institutional Care	2013
Extend Clinic Hours	2013
Implement Cancer Care Navigation Program	2013
Establish Audiology in Eugene	2013
Reorganize Ambulatory Care	2013
Renovate 4 th Floor Building 1	2013
Improve Consult Process	2013
Optimize efficiencies in Pharmacy and develop succession plan	2013
Implement Remote Telemetry Monitoring with Portland VA	2013
Develop Business Case Tool and Provide Training	2013
Implement a Hybrid Emergency Department Staffing Model	2013
Establish a VERA workgroup	2013
Improve Training for Contracting Officer Representatives	2013
Enhance Recruitment Capabilities	2013
Develop Optimal Compensation and Pension Model	2013
Review Options for Brookings/Crescent City Clinics	2013
Review Cost Effectiveness of All Programs	2013-14
Fee Basis Dental Team for Extended Hour Coverage	2013-14
Comprehensive Plan for Geriatric and Extended Care Program	2013-14
Full implementation of Patient Aligned Care Teams (PACT)	2013-14
Enhance employee wellness program	2013-15
Implement Real Time Locator System (RTLS)	2013-15
Expand Virtual Care	2013-15
Improve Pain Management Program	2013-15
Expand Homeless Veteran Programs (HUD/VASH)	2013-15
Develop Master Plan for Surgical Services	2013-16
Implement Culture Change Initiative to Improve Teamwork and Communication	2013-17
Conduct Clinical Space Inventory and Review	2013-17
Continue Patient Centered Care Implementation	2013-17
Develop Patient Transition Options from Inpatient to Outpatient	2014
Develop Plan for Comprehensive Education Program	2014
Revamp Orientation Training Program	2014
Evaluate Medical Specialty Care Programs	2014
Develop and Implement Plan for Growth in Long Term Care Units	2014-15
Expand Occupational Health to CBOCs	2014-15
Establish Medical Resident Training Program	2014-15
Realign Medical Administrative Services	2014-15
Analyze and Develop Plan for Social Work Service	2014-15
Develop and Implement Comprehensive Plan for MH services	2014-15
Develop Cost Effective Physical Medicine & Rehabilitation program	2014-16
Implement Comprehensive Education Program	2015