

2013 PACT RECOGNITION BEST PRACTICES

**The Appleton EAST Team Clinic
VISN-12
Appleton, Wisconsin**



ROLL OUT HISTORY: 6 MARCH 2012

- ❖ Team was tasked with ensuring our Department of Veteran Affairs National PACT Initiative agenda goals were implemented by 6 March 2012
- ❖ The consensus amongst team members was that there was a need to collaborate in development of a system of practical administrative tools that would deliver same day care with various disciplines
- ❖ No discipline was exempt from upholding the ethics deeply seeded within each tenants of the VA's *I.C.A.R.E.* Core Values
- ❖ Our multi-disciplinary skilled clinical team brought 200 years of Clinical experience

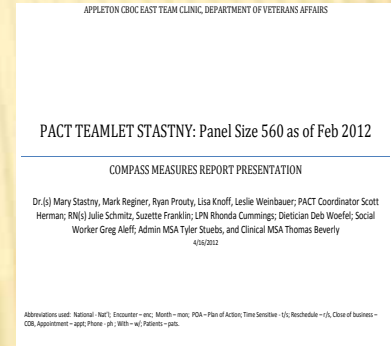
CREATION OF SYSTEM REDESIGN TOOLS

PACT East Patient Flow Process



Our initial tool was a “Patient Flow Process” Layout Briefed w/ leadership on 23 Mar 2012

Our 2nd was a detailed COMPASS “Teamlet Goals” Plan which was rolled out to leadership on 16 April 2012



Primary Care Telephone Encounters

By: Rhonda Cummings, LPN

3rd was the creation of the a CPRS “Primary Care Tele-Encounters” how-to method of capturing additional phone encounter time for our care team staff

Lastly, development of the “CPRS QUERY TOOL PANEL MANAGEMENT REPORT” which eliminated the need for manual panel management, tracks 3 day encounter note completion, and ensures new recall orders have been entered.

CPRS QUERY TOOL PANEL MANAGEMENT REPORT FOR: **RECALL ORDERS**

Computerized Patient Record System

CLINICAL INSTRUCTIONS

This is based on a document created and generously shared by Richard V. Sipe, Jr., Clinical Applications Coordinator, Portland VA Medical Center
Modified for use at Zablocki VA Medical Center, Milwaukee, Wisconsin



PROBLEMS ENCOUNTERED

- ❖ LACK OF PCP PANEL ACCESS (ACCESS/COORDINATION OF CARE)
- ❖ SHARED APPOINTMENTS (ACCESS/COORDINATION OF CARE)
- ❖ PATIENT FLOW PROCESS (SYSTEM REDESIGN)
- ❖ TEAMLET UNITY (COMMUNICATION/SYSTEM REDESIGN)

SOLUTION 1 OF 2:
WEEKLY ^P.A.L. REPORT REVIEW
**(ACCESS / CONTINUITY OF CARE / SYSTEM
REDESIGN)**



PRE AND POST APAL MEETING RESPONSIBILITIES FOR

- ❖ RN'S
- ❖ LPN'S
- ❖ MSA'S

SOLUTION 2 OF 2 :

CPRS QUERY TOOL PANEL MANAGEMENT REPORT (ACCESS / CONTINUITY OF CARE / SYSTEM REDESIGN)



RESULTS: COENEN TEAMLET



COMPASS ACCESS METRIC: PCP Total Encounters

Pre Roll Out FY 2011:
1986

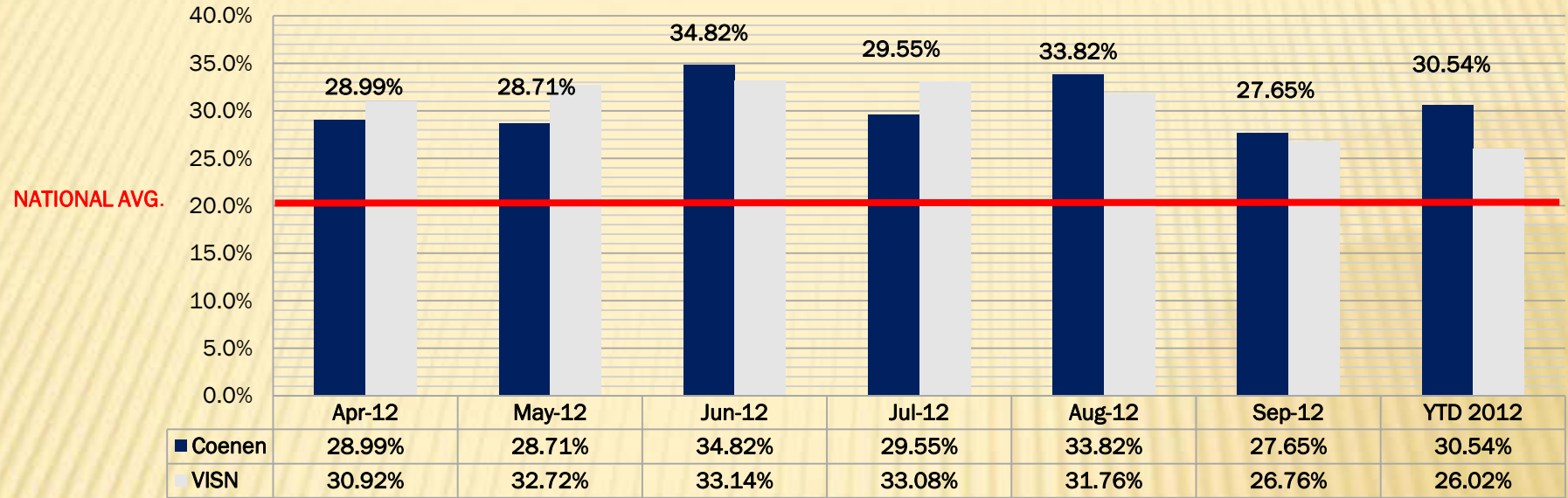
Post Roll Out FY 2012:
2957

Post Roll Out FY 2013:
5850

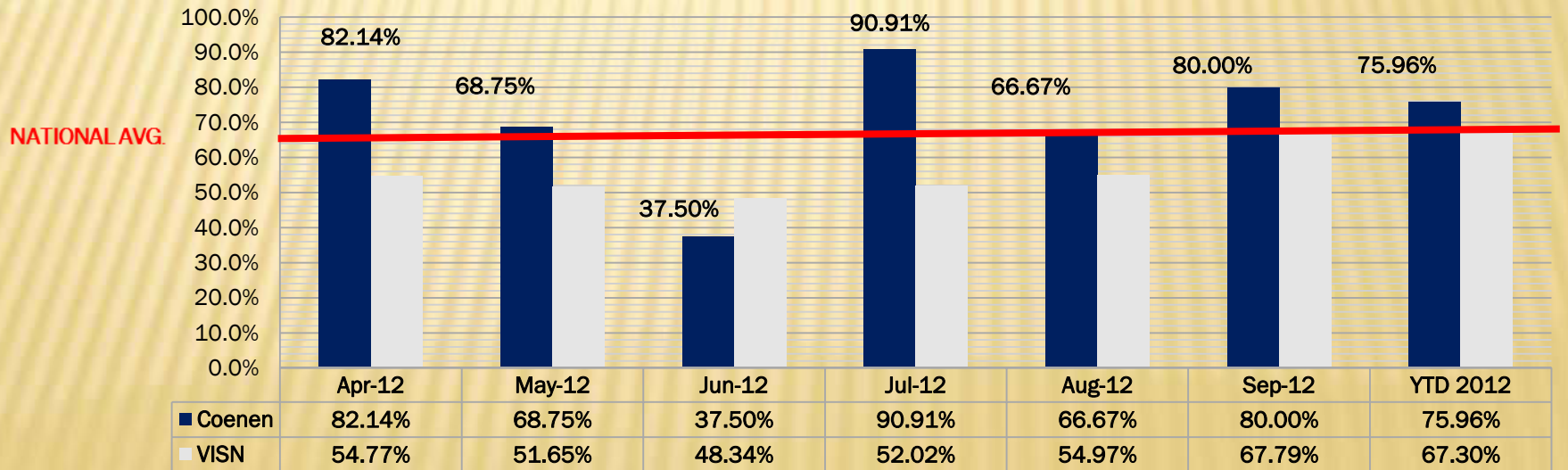
Total Increase of 3864

* PCP accepted panel APR 2012 / FTE 1.0 M.D. *

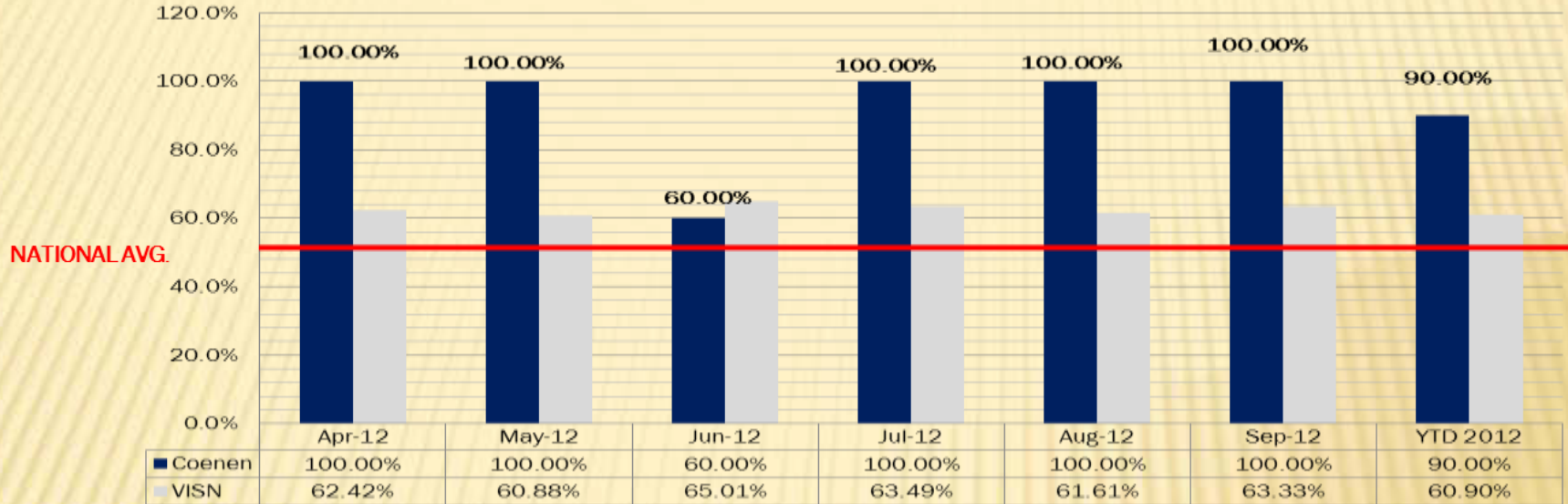
Ratio of PC Telephone Encounters to All PC Encounters National Goal: 20%



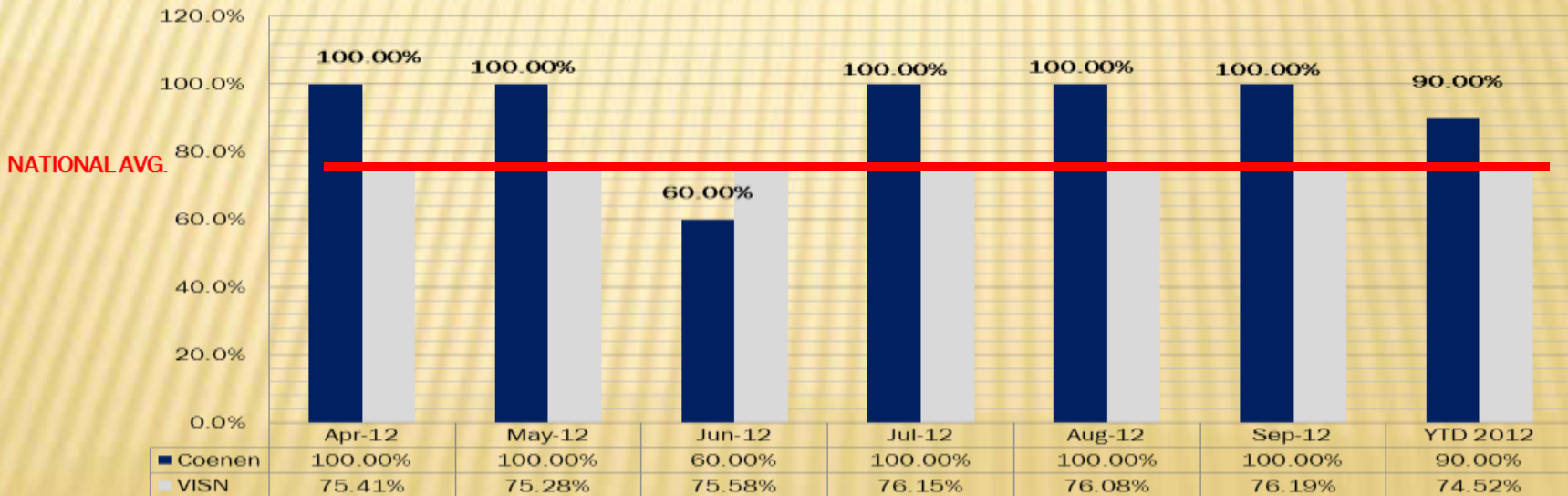
Same Day Appointments w/ PCP Ratio Total National Goal: 66%



2 day Contact Post Discharge Ratio-VHA D/C National Goal: 50%



7 day Contact Post Discharge Ratio-VHA D/C National Goal: 75%



RESULTS: STASTNY TEAMLET



COMPASS ACCESS METRIC: PCP Total Encounters

Pre Roll Out FY 2011:
2982

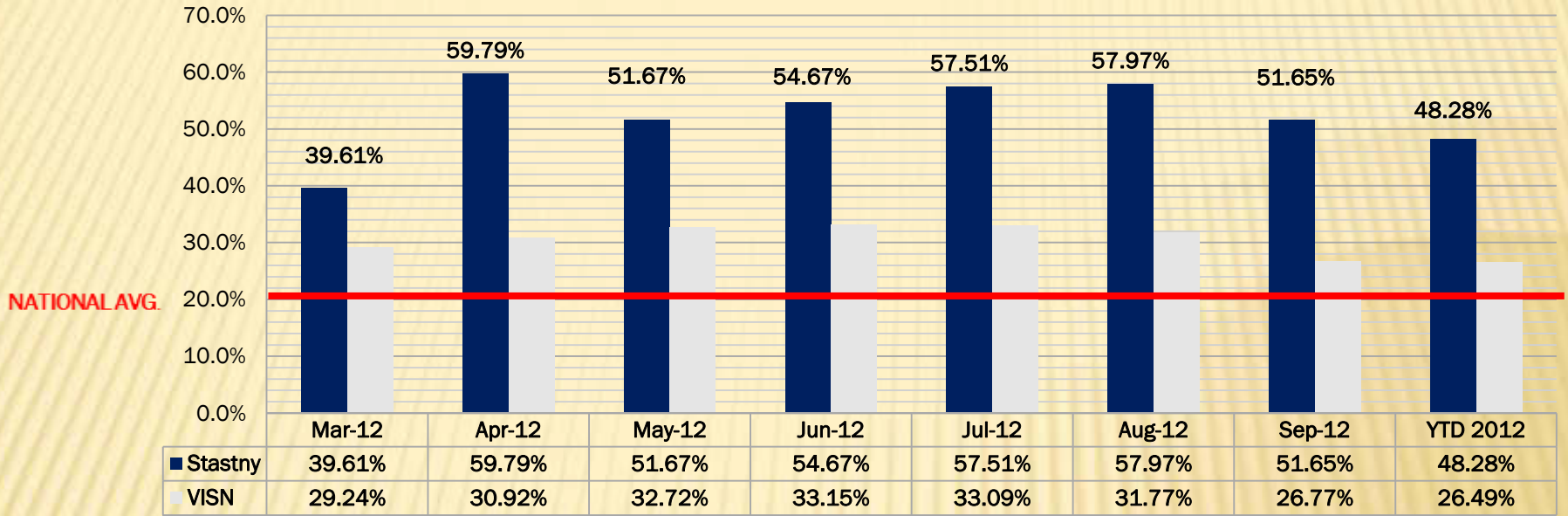
Post Roll Out FY 2012:
3906

Post Roll Out FY 2013:
4338

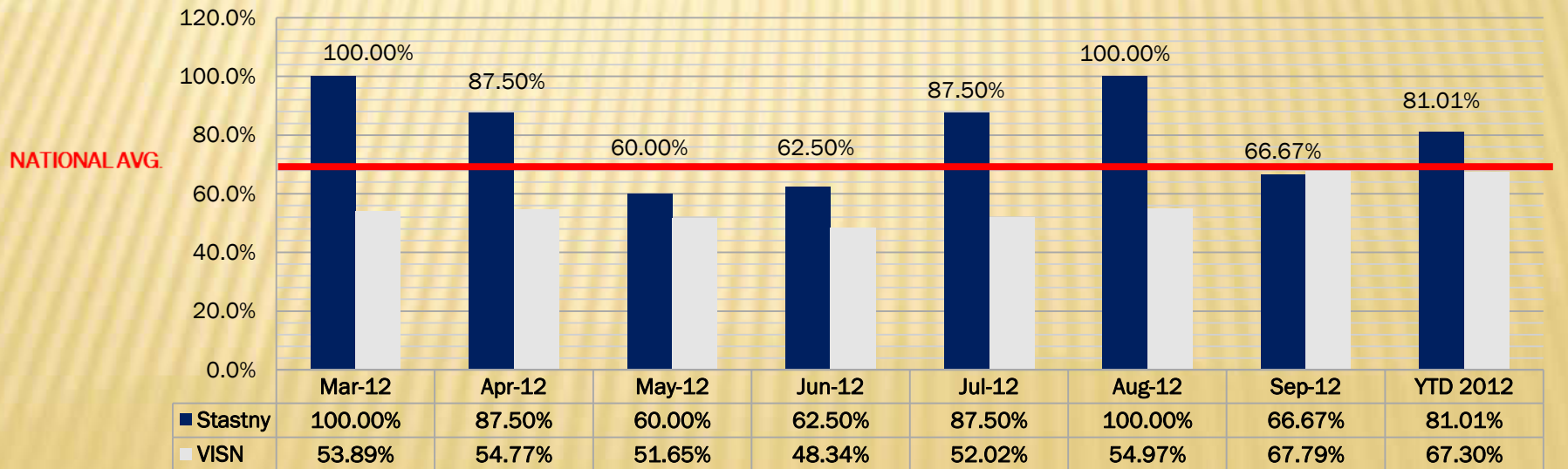
Total Increase of 1356

* PCP is FTE 0.5 M.D. *

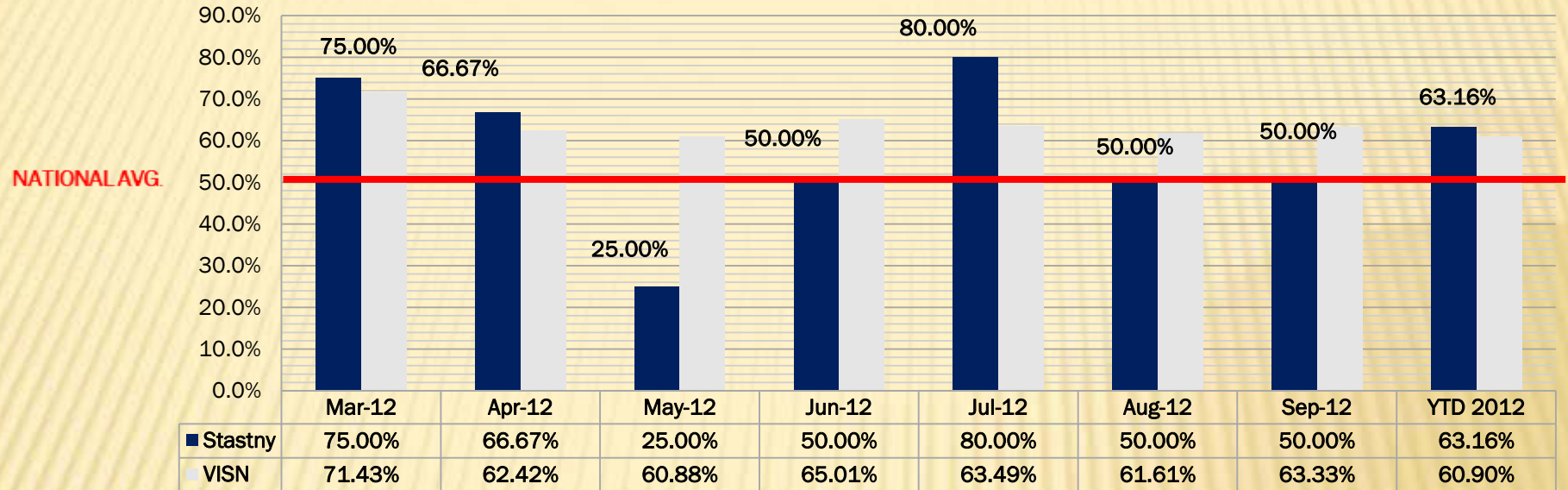
Ratio of PC Telephone Encounters to All PC Encounters National Goal: 20%



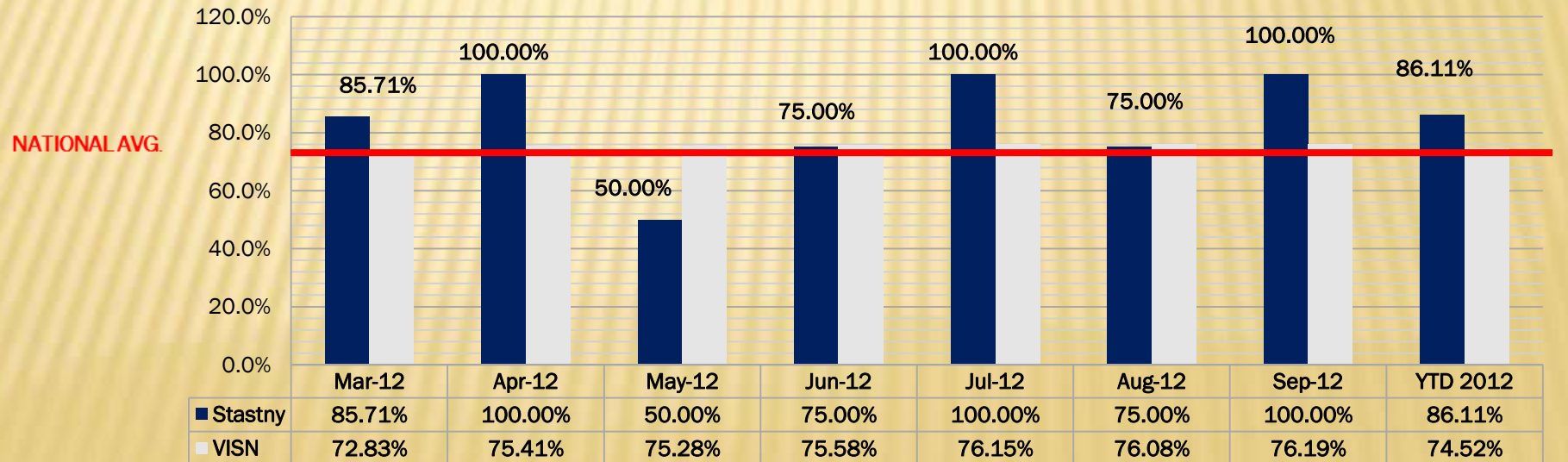
Same Day Appointments w/ PCP Ratio Total National Goal: 66%



2 day Contact Post Discharge Ratio-VHA D/C National Goal: 50%



7day Contact Post Discharge Ratio-VHA D/C National Goal: 75%



RESULTS: MIDDLETON TEAMLET



COMPASS ACCESS METRIC: PCP Total Encounters

Pre Roll Out FY 2011:
2871

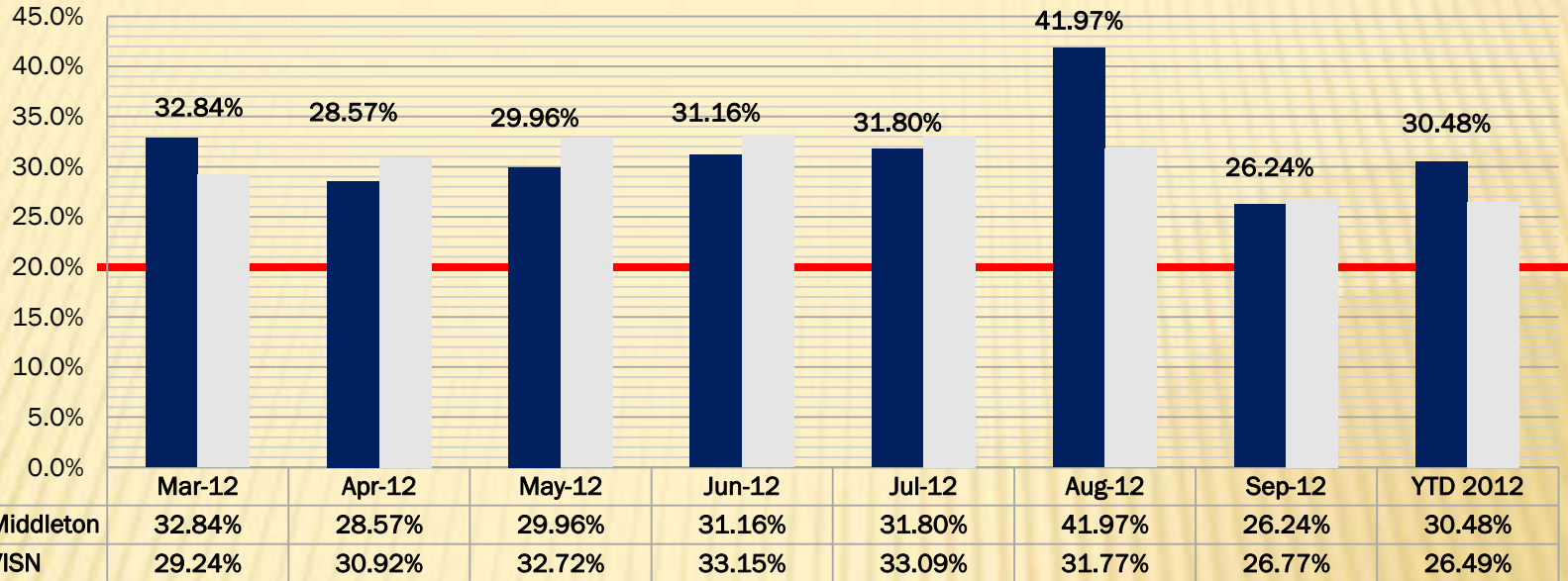
Post Roll Out FY 2012:
3041

Post Roll Out FY 2013:
3268

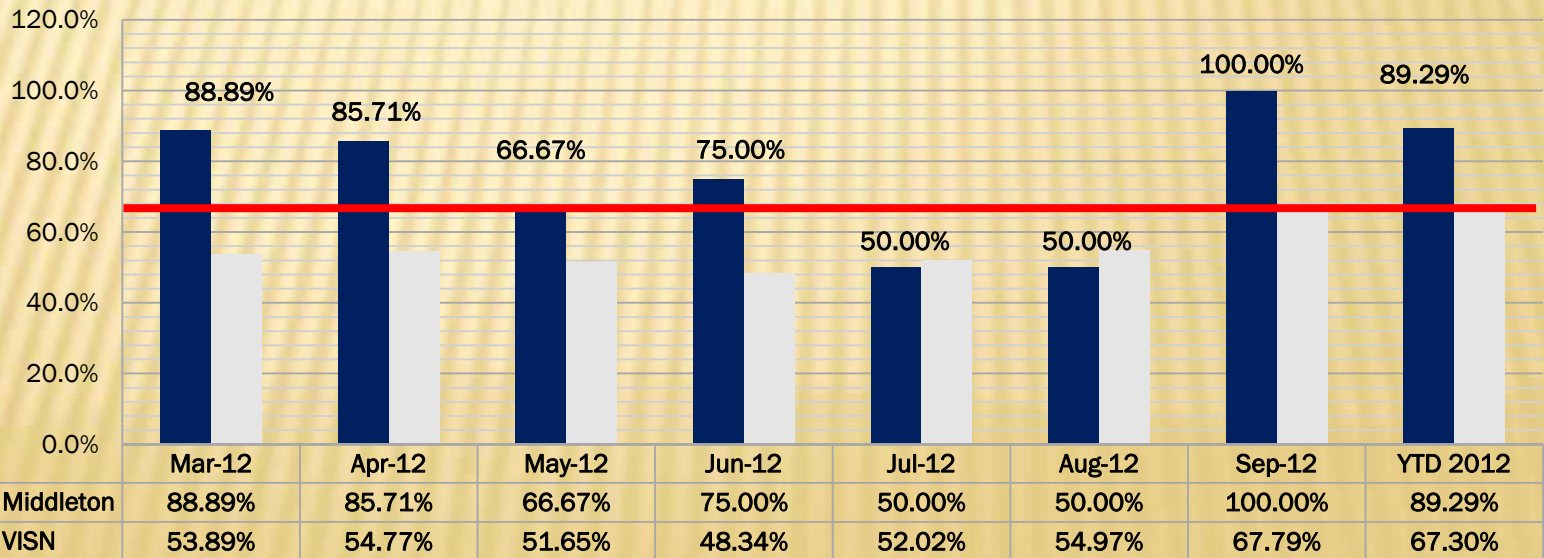
Total Increase of 397

* PCP is FTE 1.0 NP *

Ratio of PC Telephone Encounters to All PC Encounters National Goal: 20%

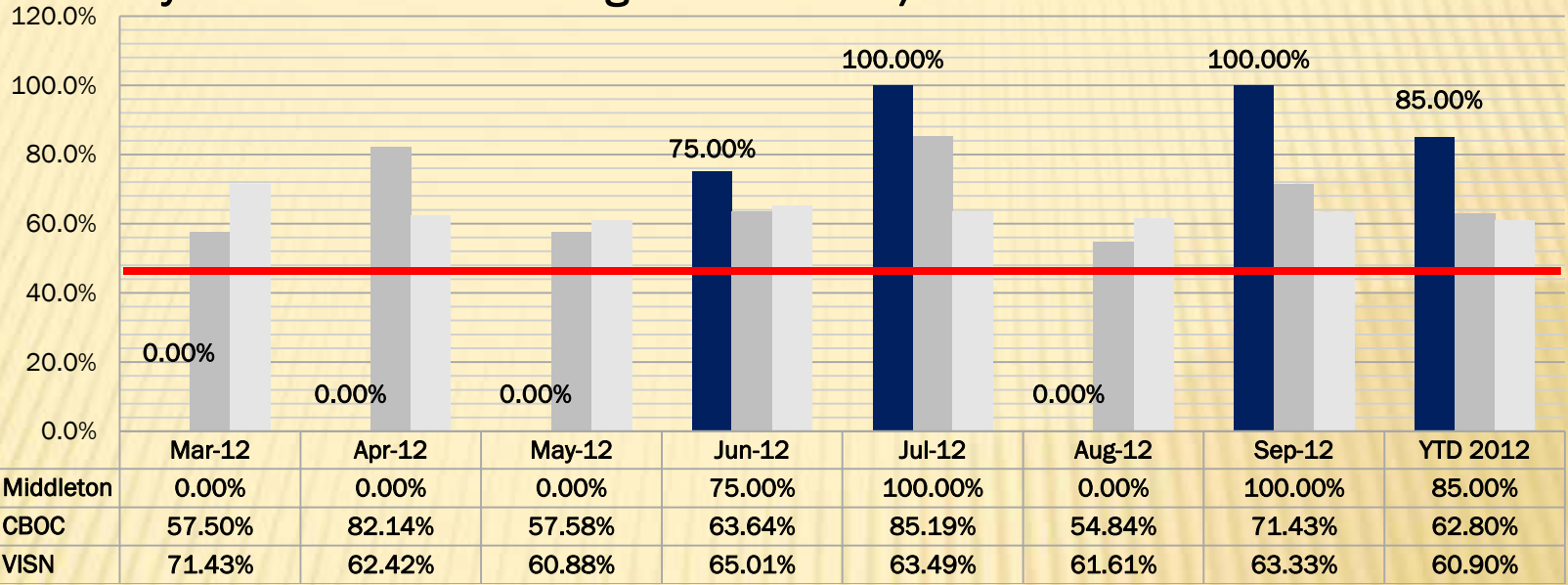


Same Day Appointments w/ PCP Ratio Total National Goal: 66%



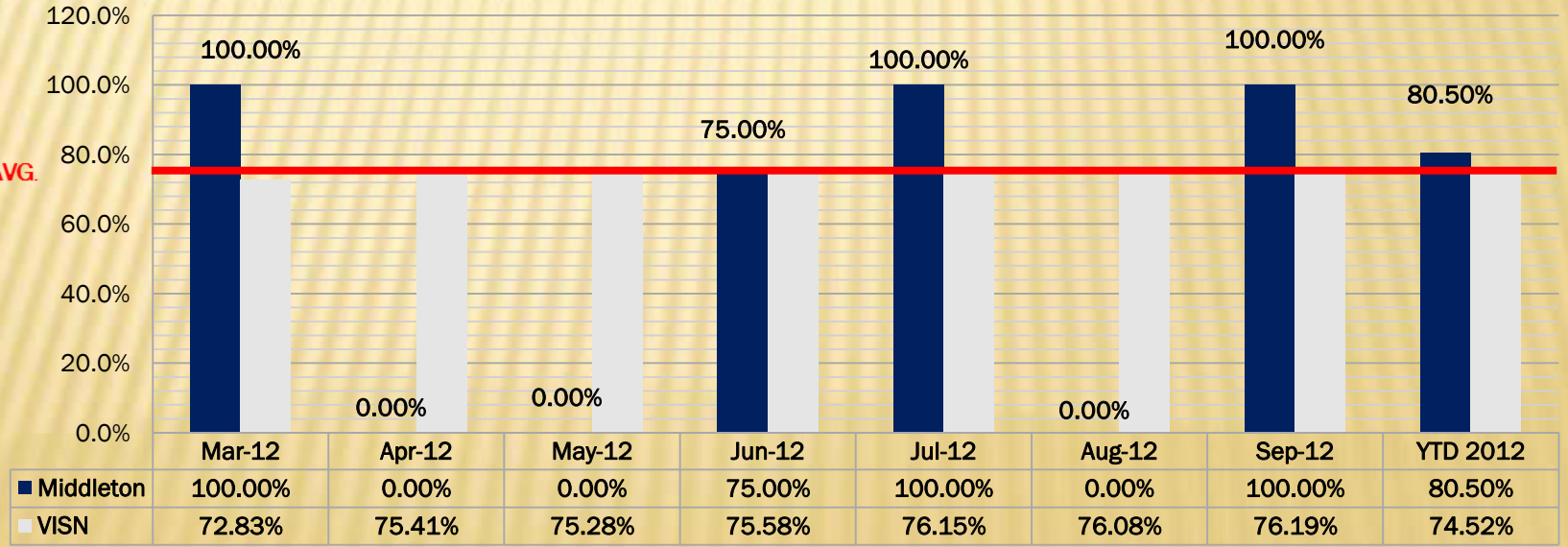
2 day Contact Post Discharge Ratio-VHA D/C National Goal: 50%

NATIONAL AVG.



7day Contact Post Discharge Ratio-VHA D/C National Goal: 75%

NATIONAL AVG.





AST TEAM

