



Spotlight

ON EXCELLENCE

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Editor's Note

Welcome to the inaugural issue of *Spotlight on Excellence*, the quarterly newsletter published by the Office of Organizational Excellence (10E).

We'd like to thank the many 10E staff who responded to our newsletter naming poll. While *Spotlight on Excellence* was the top vote-getter, the number and creativity of suggested alternatives were impressive; so much so, that we're keeping these titles at the ready for future newsletter headings, features on 10E's soon-to-be launched website and other communications materials.

We hope you enjoy reading this new publication and invite you to send any comments to VHA10EDUSHOE1@va.gov.

Dr. Clancy's Column

In June, I had the privilege of delivering the commencement address at the Oregon Health and Science University convocation. There, at the Oregon Convention Center in Portland, more than 1,200 graduates received their professional degrees before family and friends. Like all commencements, it was a joyous day of celebration and new possibilities.



The occasion, however, was tempered by a recent hate crime that occurred on a Portland commuter train. Less than 10 days prior, an extremist shouting anti-Muslim rants had fatally stabbed two men coming to passengers' defense. One of those killed was Rick Best, an Army Veteran. Rick did what Veterans have done throughout history, even once they leave service: he boldly headed toward trouble, not away from it.

Another Veteran who put aside his own safety, was Marcus Knipe. A Veteran of the Iraq War, and an employee at the Portland VAMC, Marcus saw someone stumble from the train platform and immediately rushed to provide first aid.

Both Rick and Marcus remind us once again of the exceptional men and women we serve, and our commitment to ensuring they receive the highest quality care anytime they seek our assistance. The tragedy surrounding their bravery reminds us that we work in a time of unprecedented uncertainty; from changing dynamics in the health care system at-large to ransomware and viruses that can bring health care to a halt. How do we stay focused?

At our recent 10E Town Hall, I talked about the three Cs: capacity, capability and consistency. Not only do I see these concepts as framing mechanisms for thinking about health care overall, I view them as ways to "stay on task."

The first concept, capacity, is an issue facing U.S. health care at large: do we have the right mix of clinicians, providers and specialties in the right places? By 2025, according to the Association of American Medical Colleges, the Nation faces a projected shortage of more than 130,600 physicians. Along the way, the health care

system will be challenged in many other ways, such as straining to care for an increasing number of aging baby boomers.

Capacity is also an issue for VA, as we seek to fill hundreds of physician positions nationwide. And like the private sector, we also serve an increasing number of older Veterans (many of whom already have chronic health care needs). Additionally, our system is also challenged by the complex health care needs of younger generations of Veterans, such as those diagnosed with traumatic brain injury or post-traumatic stress disorder.

Our office supports capacity building in several critical ways, beginning with our Office of Medical Staff Affairs which onboards new physicians through credentialing and privileging. This office also provides guidance for ongoing professional reviews to ensure that providers are competent to practice within their own area of specialty. Through the National Center for Patient Safety, we partner with the Office of Academic Affiliations to sponsor the Chief Resident in Quality and Patient Safety Program. Each year, the program trains chief residents from programs, such as Internal Medicine, Radiology, Psychiatry and Surgery on quality and safety.

Additionally, 10E plays a lead role in VA's Physician Ambassador program, an initiative introduced last year that allows non-VA physicians (general practitioners and specialists) to volunteer part time at facilities nationwide. I encourage you to read

more about this program elsewhere in this newsletter.

Turning to capability, the question here is whether we have the right tools (data) and do clinicians know how to use these tools? Or, stated more broadly, do our colleagues in the field have what they need to do their jobs?

This is an area which makes 10E particularly unique: no other VHA program office is charged with ensuring that clinicians – as well as program managers, patient safety managers, systems designers, and other staff – have the resources needed to ensure high-quality care for Veterans.

Our office sponsors a diversity of on-the-ground training initiatives; from one-week boot camps that bring professionals together to months-long clinical team trainings at individual VA facilities. We've also launched educational efforts designed to empower facility and VISN staff to serve as "change agents" through the Improvement Advisors Academy and Inpatient Flow Academy. (See "What's Happening Now" for these and other training initiatives.)

On the analytics side, our Office, through Reporting, Analytics, Performance, Improvement and Deployment (RAPID), oversees the measures and measure sets used to assess facility performance. Known collectively as Strategic Analytics for Improvement and Learning (SAIL), these measures include assessments of factors considered to enable quality and safety improvement, such as nursing turnover, employee morale,

and leadership vacancies, among others.

The third "C", consistency, is about providing the right care at the right place at the right time, every time. Here's where the first two Cs—capacity and capability—are joined. If we have the right number and mix of clinicians and are providing the tools they need, the stage is set for leveraging evidence-based research and best practices to ensure consistency in care.

10E plays an important role here, as well. Since the late 1990s, VA has partnered with the Department of Defense to develop and disseminate evidence-based clinical practice guidelines. More recently, we launched the Diffusion of Excellence Initiative, an effort aimed at standardizing clinical (and administrative) practices, and reducing variations in care.

These are just a few of the myriad ways 10E supports the field to support Veterans' health care. It seems appropriate, given this first edition of the 10E newsletter, to take special note of these and other achievements. New speaking engagements, like commencement exercises, also celebrate success and new possibility. Uncertainty may be inevitable, but our mission and commitment endure. I hope you find this inaugural issue informative, and that you'll stay tuned as we continue to shine the *Spotlight on Excellence*.

Q&A with Dr. Gerard Cox, ADUSH, Office of Integrity

How would you describe the role of the Office of Integrity?

The Office of Integrity's main purpose is expressed in our mission statement, which is to strengthen trust and confidence in Veterans' health care by fostering an ethical and just culture and by integrating information from oversight activities. This focus aligns with one of the five priorities Secretary of Veterans Affairs David J. Shulkin developed as VHA Under Secretary for Health; restoring trust and confidence to Veterans, their families, stakeholders, Congress, VSOs, the media and the public. We work every day to accomplish this by providing awareness that VA has its own internal processes for reviewing and responding to issues, and by objectively identifying problem areas when we recognize them. The Office of Integrity provides an independent assurance function for the Under Secretary that conducts investigations, inspections and audits, and uses the findings to improve Veterans' health care.



How do the goals and objectives of Integrity speak to you personally?

As a Veteran with more than three decades in uniform, I'm especially passionate about our mission. Working at VA allows me to serve with those who also have worn the cloth for our Nation and to help ensure VHA delivers high quality health care services. It's especially important for VHA to approach these issues objectively and in a coordinated fashion. In other words, there needs to be that higher level, independent internal oversight for managing problems and addressing risks. Our office has been promoting a "three lines of defense" model for addressing issues, which plays a substantial role in how we respond to the Government Accountability Office (GAO) and its placement of VA on the high-risk list.

Can you describe the three lines of defense in more detail and how your Office is operationalizing this concept across VA?

The first line of defense is at the point of service delivery, usually at a medical center within a particular clinic, with a scheduling clerk, nurse manager, provider or individual service. Each facility has policies or processes established to deliver specific programs, whether it's women's health, mental health or suicide prevention. Someone at the front line develops policies and procedures to ensure that the established processes are working properly, that clinicians are doing their jobs well, and that the desired outcomes are being accomplished for Veterans.

The second line of defense consists of oversight activities at the VISN level, where there are staff who interact with facilities in that region and perhaps the national program office level. We're trying to promote the idea that we need a stronger second line of defense, so that we can ensure VA's policies are implemented with fidelity; that facilities and program offices are functioning in the way intended; and, that they're producing the right outcomes.

The third line of defense is the independent internal assurance function within the Office of Integrity. By design, this function is outside of the operational chain, and is performed by independent investigators and auditors who conduct objective assessment and provide that independent review to the Under Secretary. This comprises much of the work by the Office of the Medical Inspector and our new Office of Internal Audit and Risk Assessment. Keep

in mind that there are also external oversight agencies (in addition to Congress) such as the Inspector General, GAO and Office of Special Counsel (OSC). Some of these external bodies visit our facilities, identify problems, write reports and make recommendations to VA and VHA. Integrity is the channel through which these reports pass, with Management Review Services as the liaison with GAO and the Office of the Inspector General, and the Medical Inspector as VHA's principal liaison with the OSC.

How does your Office also work to support the field?

Within Integrity, there are two program areas whose day-to-day work directly supports front-line staff.

The National Center for Ethics and Healthcare (NCEHC) is largely focused on clinical and ethical dilemmas involving Veterans with consent for treatment and surgery and decisions made for end of life care. NCEHC develops tools and guidance to the field for improving the culture within their own organizations.

We also have the Office of Compliance and Business Integrity (CBI) which is typically focused on nonclinical financial transactions and other business activities and charged with helping the field foster a culture of business integrity and quality. Their efforts include an extensive internal education program for the field.

Both NCEHC and CBI work with a network of facility/VISN ethics and compliance officers. They develop policy, as well as provide training, support and consultation to these people in the field.

What other initiatives within Integrity would you like our readers to know about?

We're leading a number of efforts that directly align with Secretary Shulkin's top priorities.

For example, NCEHC recently launched an initiative that focuses on moral distress among VA employees. Moral distress refers to situations where employees may feel they know the right thing to do, but are reserved about speaking up, or bringing it to the attention of superiors, because they may not feel empowered or fear retribution.

We're also leading the Under Secretary of Health's (USH) efforts to identify and prevent fraud, waste and abuse. Until now, information on how offices combat fraud or whose programs may be subject to fraud (e.g., due to major contracts with large vendors), among other issues, has been decentralized. The USH has identified Integrity as the "hub" for coordinating this information and also overseeing several inter-related efforts VACO-wide.

Another Integrity initiative is working with "big VA" to provide the foundation for an enterprise-wide risk management program across VHA. Here, we're asking facilities and leaders to identify major risks and vulnerabilities to their operations; meet with senior leaders, assess trends and patterns; and exam IG reports, GAO reports and other sources of oversight information.

Excellence in Action: Building Community Ties to Improve Care for Veterans

VA is undertaking a major effort to bring private sector physicians and clinicians on board to enhance health care for Veterans and their families. Through the Physician Ambassador Program, VA is recruiting medical providers to volunteer at the more than 1,700 VA health care facilities across the Nation.

The program, piloted at Baltimore and Indianapolis VA Medical Centers before VA's national rollout, recruits fully licensed physicians and clinicians and places them in a health care team at a VA medical facility. It's a win-win. VA benefits from much-needed support in areas and specialties where staffing shortages and long appointment wait times exceed established VA goals, and providers have a unique opportunity to give back to Veterans.

The physician and clinician ambassadors are qualified, trained and licensed health providers who meet the same requirements as VA professionals in terms of credentials, supervision and evaluation.

"Having retired from the VA after 32 years serving Veterans in Charleston, South Carolina, I feel honored and privileged to continue that service as a volunteer for those that fought for our freedom," says Dr. Jan Basile, a volunteer with the program and retired primary care chief at VAMC Charleston. "This has been a very fulfilling way for me to continue to give back."

By leveraging the expertise of community physicians, the program recruits and re-trains physicians who want to volunteer their knowledge to help meet the specialized

medical needs and concerns of Veterans. Dr. Basile believes the VA offers an attractive volunteer work environment for physicians.

VA now has more than 500 physician ambassadors already volunteering in more than 100 VA hospitals. In addition, the VA is engaged in a partnership with the physician volunteer corps of the American Red Cross, leveraging a strong network of volunteer clinicians to meet the mission of expanding access in areas where permanent employees are hard to recruit.

"The Physician Ambassador Program offers community health care professionals the opportunity to give back their time and expertise to our Veterans using the VA's state-of-the-art technology," says Dr. Basile. "The VA's advanced medical technology and philosophy to provide evidence-based care to the most deserving and appreciative patients creates an extremely gratifying environment in which to work."

The Physician Ambassador Program will enhance access to urgent care, rural health care and emergency medicine for Veterans. In addition, the program expands VA's relationship with local medical associations and hospitals to create a stronger collaboration and allow both VA and community health providers to benefit from the sharing of best practices and experiences.

"The Physician Ambassador Program is another example of the kind of best-practice approach VA takes in caring for those who have served this great Nation," says Dr. Shereef Elnahal, Assistant Deputy Under Secretary for Health for Quality, Safety and Value. "Whether the volunteer health care professional is a general practitioner or a mental health specialist, the VA is excited to implement a national program designed to recruit volunteer physicians and clinicians so they can give back to their community."

Physicians or health care providers interested in volunteering as a part of the Physician Ambassador Program can contact their [local VA medical center](#).

**Volunteer program
places physicians
and clinicians at
medical facilities**



Become a
Physician Ambassador

Give Back to America's Heroes

Feature from the Field: New Access to Care Tool Rolled Out in Record Time

The release of an easy-to-use, easy-to-understand website to access patient wait time and quality of care data was announced April 12 by Secretary of Veterans Affairs Dr. David J. Shulkin. By visiting www.accesstocare.va.gov, Veterans can compare the distance, wait times, services, quality and feedback for VA health care facilities within a selected mile radius. They can also compare the quality of care provided by VA medical centers with that of local non-VA hospitals.

“Veterans must have access to information that is clear and understandable to make informed decisions about their health care,” said Secretary Shulkin. “This allows Veterans to see how VA is performing.”

The tool was prepared in record time—just under one month—thanks to an effort led by VA’s Office of Quality, Safety and Value (QSV). On the morning of March 13, QSV leadership and others attended a brainstorming session. By mid-afternoon, a mockup of the website had been created and sent to Dr. Shereef Elnahal, Assistant Deputy Under Secretary for Health for QSV.

Dr. Elnahal refined the ideas that night, and the work of building a sophisticated website, in a month’s time began.

David Jensen, a QSV health systems specialist, took the information and used it to build a functioning website, as did Jack Bates from VA’s Office of Information and Technology (OI&T).

Website allows Veterans to make comparisons of VA health care quality and wait times; conceived, developed and activated in 30 days!

“We looked at ideas from both sites to incorporate into the final site,” Jensen tells us.

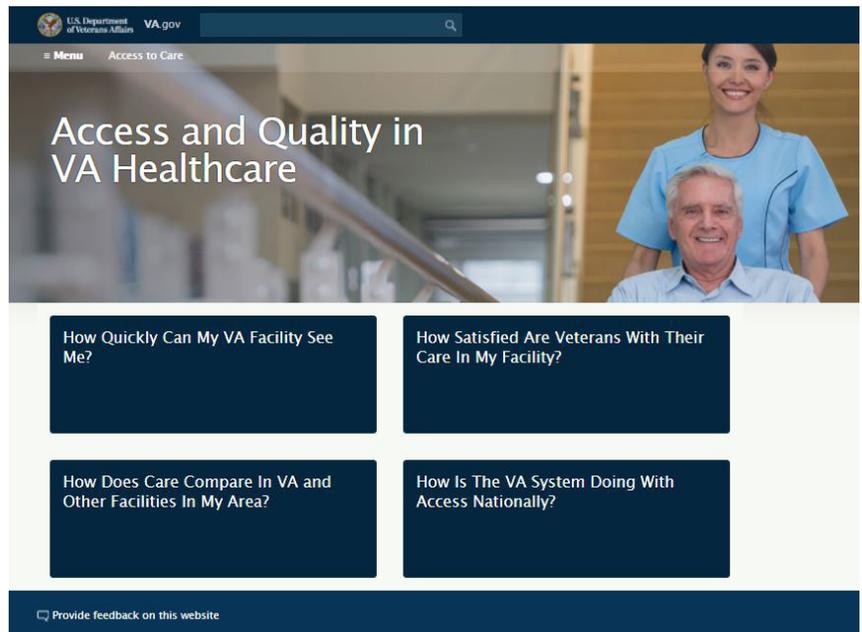
“Technically, it wasn’t very difficult, but we were working under severe time constraints,” he continues. “I spent a lot of time on it, and so did a lot of other people.” The intention was to present information in a meaningful way by giving it context. Wait time data would be displayed hierarchically starting with all scheduled appointments. Facility quality data would be displayed alongside national, regional and local facility comparisons.

Multiple groups in the VA dropped everything they were doing to meet Secretary Shulkin and Dr. Alaigh’s important priority regarding the transparency of performance data access and the quality of health care.

“All parts of the organization did a great job of working together,” says Jensen. “VHA and OI&T and the Microsoft team OI&T contracts with; it took a lot of teamwork to get it all done.”

Veterans accessing the site should feel that VA is not trying to hide anything and that the Department wants to be fully transparent.

“We want to help them develop and sustain the feeling that we’re all on the same team,” according to Mike Harrelson, Director of Health System Innovation, Planning and Coordination. “10E should be pretty proud of its contribution to this accomplishment.”



Video: VHA Excellence in Health Care, Part I: The Road to Excellence

What does “excellence” mean in VA health care? Dr. Carolyn Clancy, Deputy Under Secretary for Health for Organizational Excellence, [discusses](#) what it means for everyday care to Veterans with Jacob Gadd, VHA-VSO liaison.



What’s Happening Now

July

Biomedical Engineer Patient Safety Boot Camp

Ann Arbor, Mich.
July 25-27

Patient Safety Fellowship Orientation

Ann Arbor, Mich.
July 31-August 4

August

Women Veterans Art Exhibit

Washington, D.C. (VACO Lobby)
Exhibit: August 1-11
Reception: August 8 at 5 p.m. EDT

2017 VA All Employee Survey

August 7-28

VHA Transitions Collaborative: Optimizing Patient Flow (virtual meeting)

August 2-3

VA Innovation Demo Day and Planning Summit

Washington, D.C.
August 8-11

CPG Exhibit Booth at American Psychological Association Convention

Washington, D.C.
August 3-6

VHA Inpatient Flow Academy

Orlando, Fla.
August 15-17

Patient Safety Training Academy (PS 101/201)

Orlando, Fla.
August 7-11

Risk Management Boot Camp (Risk Managers)

Washington, D.C.
August 22-24

September

Healthcare Improvement Center Ribbon Cutting Ceremony

Washington, D.C. (VACO)
September 6

Chief Resident in Quality and Patient Safety (CRQS)

Summer Institute 2017

Orlando, Fla.
September 18-22

Compliance & Business Integrity (CBI) All Staff Meeting

Washington, D.C.
September 12