

VA-CASE Begins Mentorship Program

To gain a competitive advantage over the private sector in hiring, President Obama signed an Executive Order entitled "Recruiting and Hiring Students and Recent Graduates," on December 27, 2010.

The Executive order established the Internship Program for current students and the Recent Graduates Program for people who have recently graduated from qualifying educational institutions or programs. These programs, collectively called the Pathways Programs, are developmental programs tailored to promote employment opportunities for students and recent graduates in the Federal government.

Effective July 10, 2013 the Human Resource Management Service (HRMS) at Roudebush VA Medical Center is authorized to hire current students from qualifying institutions to explore VA careers while completing their education. VA can also hire recent college graduates (RCG) with an associates, bachelors, masters, professional, doctorate, vocational or technical degree or certificate to gain developmental experience and to promote a possible career in the VA. When the interns graduate and at the conclusion of one year of employment for RCGs, the Pathways employees can be converted to regular employees.

VA-CASE is excited to be a part of the Pathways program and has tasked Jeff Bailey and Josh Rose to coordinate our



Josh Rose and Jeff Bailey

efforts. Through the program we will hire interns and RCGs with relevant degrees.

Although employees of VA-CASE, the interns and RCGs will be assigned to other services within the facility to gain institutional experience.

As a part of their first year with VA-CASE, their current skills will be assessed with an eye toward future placement within VA-CASE. They will also be given the opportunity to develop other skills through training and work experience. At the end of their internship period, they can be brought into VA-CASE and assigned to an appropriate program

Look for the bios of our recent college graduates and interns in the next issue of the VA-CASE Quarterly Newsletter.

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Leadership Corner

Clinical Partnerships in Healthcare Transformation (CPHT)

CPHT Growth Beyond Collaborative Programs



CPHT achieved its goal of expanding its clinical partnership in healthcare transformation into four new areas outside of the regular Collaborative program for FY14-15 by partnering with the National Activation Office, Mental-Health Chaplaincy Program, Specialty Care Transformation Office and Detroit Homelessness

Community Outreach Program (Homeless Programming-Veterans Community Resource & Referral Center).

National Activations Office (NAO)

Balmatee Bidassie and Shaiju Eapen

NAO Activation Process Management is a standardization project for the activation of new facilities and new clinical programs. In order to prevent undesirable outcomes, standardizing and sequencing of tasks, developing a standard package of documentations to regulate the execution of activation projects as such that there is a standard roadmap to achieve success. The CPHT team will coordinate with NAO, SPS and ICU subject matter experts to gather information on tasks, documentations of each activation project phase, map the flow of activities and design standardized checklists and sequencing of tasks. The CPHT team will create a check list for teams to follow during each phase of the activation project in order to facilitate the successful opening of new services, determine the dependency among tasks and sequence the tasks for SPS and ICU projects so that activation team can follow the designed path. A dashboard will be created to track the project status in general and tasks in particular will also be developed to present management with a visual friendly interface to monitor each activation project. The checklist and sequencing developed will be improved and validated by multiple users and subject experts before implementation.

Improving Patient-Centered Care via Integration of Chaplains with Mental Health Care

Balmatee Bidassie, Christine Corum, Carlos Garcia

This project seeks to conduct a VA/DOD Mental Health and Chaplaincy (MH&C) learning collaborative that will bring together motivated teams of chaplain and mental health representatives to develop and implement tools to

enhance integration (e.g., enhanced charting, collaborative assessments, joint clinical conferences). This project aims to improve health care services provided to Veterans and Service members by incorporating chaplains into VA and DoD mental health care systems.

Specialty Care Transformation (SCT) Hybrid Collaborative Model

Balmatee Bidassie, George Ponte, Carlos Garcia, Shaiju Eapen

The goal of the project is to develop team-based multi-specialty care, referred to as Specialty Care (SC) Neighborhood to improve access to specialty care for Veterans. In addition to improving quality of care overall, specific intended outcomes include:

- to coordinate care across specialties for complex conditions
- to extend the reach of specialty care to all associated community-based outpatient clinics (CBOCs) through virtual modalities and
- to enhance the Veteran experience by allowing them to receive care for these conditions in their neighborhood.

Detroit Homelessness Community Outreach Program

(Homeless Programming- Veterans Community Resource & Referral Center)

Balmatee Bidassie and Shaiju Eapen

Operation Safe Place (OSP) is a homeless outreach program which will connect community agencies and engage them in Veterans' homelessness. OSP will be executed as a pilot study conducted in Wayne, Oakland, Macomb and St. Clair counties in Michigan. The Homeless Outreach Program will advertise OSP in various community agencies such as fast food restaurants, stores, etc. by providing information on who to contact when a homeless Veteran is found. Once the community agency contacts the homeless outreach program, it will provide assistance to the homeless Veteran. The program hopes to reach as many homeless Veterans as possible in four counties and eventually plans to roll out OSP nationally.

Balmatee Bidassie, PhD is the Associate Director of the Clinical Partnerships in Healthcare Transformation Program (CPHT). For more information, she can be reached at Balmatee.Bidassie@va.gov.

Staff Announcements

Meet the VA-CASE Administrative Officers

With the advent of our new management structure, the position of Administrative Officer (AO) was created to assist the Associate Directors with the day-to-day management of their programs. Each program has their own AO whose responsibilities to their program include:

1. Maintain Level 1 Contracting Officer representative (COR) status for low-risk procurements, such as supply contracts and orders. This involves eight hours of training every 2 years.
2. Be the Program's Automated Data Processing Application Coordinator (ADPAC) to act as the service-line point of contact skilled in VisTA service applications and basic IT troubleshooting (all HELP Desk requests go through them), – providing quick triage for computer issues.
3. Maintain purchase card to make purchases and to reconcile and track all purchases.
4. Track weekly reports, time cards, travel, budget, invoices, training, and contact roster for auditing purposes and to help their Associate Director (AD).
5. Track daily attendance, leave and training dates.
6. Store weekly reports, time cards, travel authorizations/SF-182, travel expense reports, budget information, invoices, and contact roster.
7. Maintain and administer their program's SharePoint site so that employees can have access to necessary forms, instructions, and documents. Also to store information needed to share with their AD.
8. Conduct VA-CASE new employee orientation and set-up. This includes introducing the program's processes, request new employee OI&T needs and track their progress, set up Office Communicator, update the GAL, fill out paperwork for FedTraveler, US Bank, COR and purchase cards.
9. Update Candace Kingma with employee's info for Org chart and phone roster.
10. Set up basic header information on Performance Appraisals.
11. Make business cards for Program's personnel.
12. Locate any administrative documents personnel might need or want.
13. Fulfill building requests such as for keys, repairs, and electronic work orders.
14. Maintain program-specific documents including updating handbooks, building policies, etc.
15. In some programs act as the alternate preparer for Travel linked to other VAs.
16. Attend weekly AO meeting to communicate current and future needs.
17. Perform any additional administrative duties associated with their program that will help their AD complete their missions more efficiently.

	Lawanda Cheatham Lawanda.Cheatham@va.gov	CPHT		John Iversen John.Iversen@va.gov	VE-TAP
	Bruce Vannice Bruce.Vannice@va.gov	TSP		Gabriel Christy Gabriel.Christy@va.gov	SPDER
	Keith Henry Keith.Henry@va.gov	Professional Development		Kahlil Mariani Kahlil.Mariani@va.gov	SPDER

VA-CASE Quarterly Newsletter

Welcome our New Employees!

James Hundt, MBA, MSSI, is an Industrial Engineer for the VA-CASE VE-TAP Program. He is a former Army (Mustang) officer. He most recently served in the Executive Office of the President as a Program Examiner of the National Security Division of the Office of Management and Budget. James earned a bachelor's degree in Systems Engineering from the U.S. Military Academy at West Point, a finance MBA from Northwestern University's Kellogg School of Management and a master's degree in Strategic Intelligence from the National Intelligence University where he serves as an adjunct professor.



Anthony Pak, BSIE, is working with the VA-CASE Transactional Systems Program as an Industrial Engineer for the Non-VA Care National Standardization project. He is an Army National Guard Veteran having served one tour in Iraq. Anthony earned a bachelor of science degree in Industrial and Systems Engineering from The Ohio State University. He recently worked for the Department of Defense – Navy as a Process Improvement Engineer, where he received a Lean Six Sigma Black Belt certification. Some of Anthony's major work with the Navy included leading Lean initiatives to improve transactional and manufacturing processes, improving facilities through 5S events, and leading strategic planning sessions. His latest assignment was as the embedded Black Belt on a ballistic missile submarine overhaul project team.



Gabriel J Christy is an engineering intern with the SPDER program. He is currently a member of the Indiana Army National Guard; his MOS is air traffic control. He has a bachelor of science degree in Aerospace Administration from Indiana State University and is

currently pursuing a second bachelors degree at IUPUI in Mechanical Engineering. He is an instrument rated private pilot with approximately 240 hours of flight training. Gabe will be serving as the Administrative Officer for the SPDER program.



Serge Yee, BSE, JD, has moved from Detroit to Indianapolis where he will continue to serve as a project manager in the VE-TAP Program. He manages the Interactive Visual Navigator (IVN) project and will continue to manage development as IVN is extended to 20 VHA facilities. Prior to joining VA, Serge was a subcontractor working through Wayne State University in Detroit. Mr. Yee holds a BSE degree in Industrial and Operations Engineering from University of Michigan – Ann Arbor, and a Doctor of Jurisprudence (JD) degree from Wayne State University Law School.



Dalton Lancaster, is a student intern in the Clinical Partnerships in Healthcare Transformation (CHPT) Program. He is presently a junior in the Indiana University School of Informatics and Computing Program, majoring in Health Information Management. Prior to working with VA-CASE, he worked as administrative services officer at Max A. Henry M.D. Ophthalmology and was the Corporate Communication Chair for IU Dance Marathon. At VA-CASE he has assisted in developing the Specialty Care Collaborative measurement tool database form, and is currently working on a centralized database project for National Activations Office developing standard policy/procedure processes along with checklists for equipment and staffing guidelines for Intensive Critical Care Units and the Sterile Processing Service.



Congratulations to our Staff

Virginia Daggett, PhD, RN, has been selected to serve as a member on the Nursing Research Advisory Board (NRAG). The NRAG presently consists of 17 doctorate nurses across our VA Health Care System and each member serves a three-year term, with an opportunity to be reappointed for a second term.



The NRAG is chartered with establishing, implementing and evaluating the strategic plan for nursing research in the VA to advance knowledge to promote health and excellence in healthcare for Veterans and the nation. They also serve as an advisory council to the National Nurse Executive Council (NNEC) for strategic planning and research.

Current NRAG goals include:

- research mentorship to strengthen the Nurse Scientist Workforce in the VA,
- research infrastructure to support nursing research, increasing opportunities for Nurse Researchers in the VA and
- research dissemination to share work and accomplishments of VA Nurse Researchers.

Please contact Virginia if you have any questions related to NRAG or nursing research, Virginia.Daggett2@va.gov or at 317-988-3155.

Virginia Daggett, PhD, RN has published an article in the April issue of the Journal of Rehabilitation Research and Development (J Rehabil Res Dev). The article is the foundation of the VeteranS Compensate, Adapt, REintegrate (VETS-CARE) Traumatic Brain Injury (TBI) mobile app designed and programmed by Dr. Virginia Daggett and our VA-CASE development team. *Daggett VS, Bakas T, Buelow Y, Habermann B, Murray LL. Needs and concerns of male combat Veterans with mild traumatic brain injury. J Rehabil Res Dev. 2013; 50(3): 327-40.*

Cyrus Hillsman, PhD has published an article in The International Journal of Advanced Manufacturing Technology (Hillsman C, Wang Y, Nazzal D. A semi-automatic mold cost estimation framework based upon geometry similarity. *Int J Adv Manuf Technol* DOI 10.1007/s00170-013-4929-6). The article and accompanying research involve estimating the cost of an

injection mold. One of the ways of making plastic parts is through a process known as injection molding. The molds themselves must be manufactured and the cost of the mold is affected by the complexity of the geometry of the part to be produced. Cyrus' research uses the geometry of the part to estimate the cost of the injection mold.



Anna-Maria d'Ambrosio has been promoted from a student intern with the VA-CASE health informatics initiative (hi2) project to become the Project Manager for the project. Her duties include overseeing the project, managing the RoH reports and scheduling recruiters, interviews and observations for the study.



Lawanda Cheatham will be recognized on August 21 at the Roudebush VA Medical Center's Employee Recognition and Award Ceremony for her 25 years of Federal Service. Her service has included four years in the U.S. Army serving as a Personnel Management Specialist, one year at the Indianapolis Finance Center, one year in the Roudebush Health Information Management Service (HIMS), one year in Radiology, 13 years as a Transportation Assistant in the Employee Travel Section of Fiscal and one year with VA-CASE as the Administrative Officer for CPHT. Congratulations Lawanda!



Weddings

Lauren Kelly, Program Analyst for the SPDER Program, married Corey Ausra in February and is now Lauren Ausra. She can still be reached at lauren.kelly@va.gov. Congratulations Lauren!

Joshua Rose, Program Analyst for the SPDER Program, married Jessica Donna in June. Congratulations Josh!

Strategic Programs and Data Engineering Resources (SPDER)

Training Opportunities

Program Management Training

The VA Acquisition Academy has instituted a Program Management School offered to all Program and Project Managers in the federal government. The Program Management School was created to address the development requirements from the Office of Management and Budget mandate to certify all federal government program and project managers.

The training provides a structured approach to developing program and project managers. The FAC-P/PM focuses on essential competencies needed for program and project managers and teaches all



the steps of program management. There are four courses: Concept Definition; Concept Planning; Development and Implementation; and Operations, Maintenance, and Closeout with a final Capstone class for certification. The trainee's current responsibility level and role as a project or program manager of large or small projects will determine the certification level needed as there are three tracks: Entry, Mid-Level, and Senior. All courses are offsite and the travel and tuition costs are fully funded through the VA Acquisition Academy.

After completing the training, participants can receive the federally-recognized Federal Acquisition Certification for Program and Project Managers (FAC-P/PM) certification, which is also recognized to meet the training requirements for the Program Management Professional certification from the Program Management Institute.

For more information about the training go to www.acquisitionacademy.va.gov/schools/ppm/ or contact the VA Acquisition Academy by email at vaaaprogrammanagementschool@va.gov.

VA-CASE Graduate: Kristen Colwell, Senior FAC P/PM

VA-CASE Enrollees: Jeff Bailey, Gail Edwards, Anna Langford, Kahlil Mariani, Marcus Oliver, Josh Rose, Bruce Vannice

Program Management for Success Workshop

On May 21 and 22 sixteen VA-CASE staff members attended a two day workshop presented by Mario Torres, Director of Instructional Services for the VA Acquisition Academy. The staff and faculty members represented SPDER, VE-TAP, CPHT, Professional Development and TSP.

The participants learned how to:

- Set up a program/project for success
- Understand the Program Management process and common language
- Access Program Management resources and tools, and
- Utilize Action Planning principles to attain short-term and long-term goals.



For more information about Program and Project Management courses, contact Anna Langford at anna.langford@va.gov

Virtual Green Belt Training

As more people realize the need for process improvement, the demand for Lean Healthcare classes keeps growing. The recent budget cuts, however, have created a shortage of travel funding. As a result, the Virtual Rapid Process Improvement Event (RPIE) class was created to allow for distance learning for students interested in learning about conducting RPIEs.

The need for virtual learning for the Lean classes was realized by Deanna Suskovich, a Master Black Belt certified VA-CASE faculty member. She and her team of Ro Hurley (Associate Director of VHA Systems Improvement), Tonya Reznor (SPDER Application Development Team), and George Ponte (Associate Director of Professional Development) developed a pilot class for teaching Rapid Improvement Workshop material virtually using VHA-wide tools. While distance learning is not new, the use of SharePoint to automate processes is. Utilizing SharePoint as scaffolding, the Virtual RPIE team created a way for automating enrollment and permissions using workflows in order to centralize virtually the content and processes. This allows an administrator to help everyone easily, no matter where they are, and allows a student anywhere in the country to learn the content with the instructor and virtual classmates.

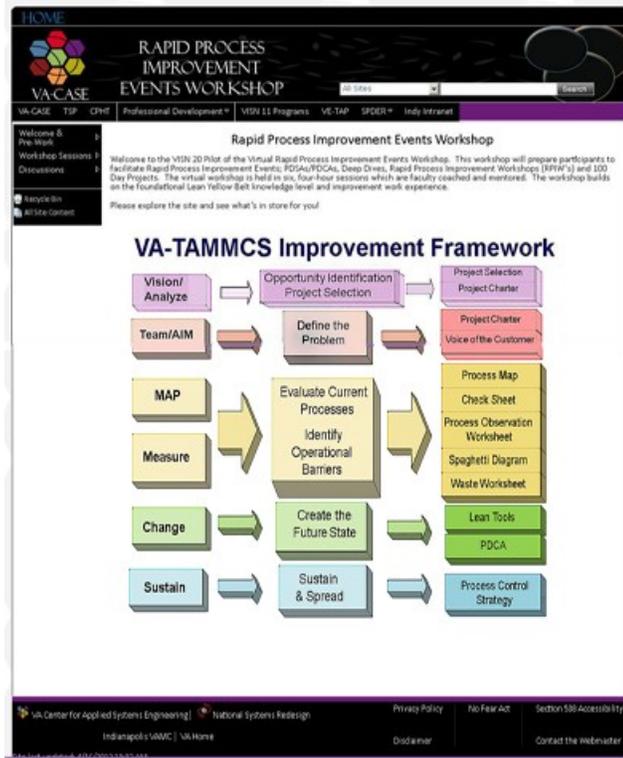
Prospective students go through an admission process where the student has to commit to completing a process improvement project. This admission process uses workflows in SharePoint to automate how documents travel through the approval chain. Instead of documents being collected by an administrator and then being forwarded via email to other people on the administrative team for approval, the documents are uploaded onto SharePoint where the system automatically sends notifications to the next person in line telling them to approve or reject the pending documents.

This drop box method with automated reminders eliminates the time spent uploading documents and sending emails to the next person.

Once accepted into the program, the system then automates the process of giving the student access to the course materials. The course has six sessions, with three sessions in the first week and three more a week or so later. For the actual teaching sessions, Adobe Connect (web conferencing software) is used, allowing the instructor to go through the course material with the class in real time. A VANTS line is used so everyone has the ability to ask the instructor questions throughout the sessions. As the sessions take place, additional course content becomes available to the

students. Students have access to the material on the SharePoint site from that point forward, allowing students to review materials whenever they like without having to print materials.

This Virtual Rapid Process Improvement Event class structure is currently being piloted with initial open sessions starting in October 2013. The innovative use of automating workflows keeps everyone on the same page and allows for day to day minutia to be taken care of by computers, freeing up the instructors and administrators to focus on delivering the best virtual learning environment to their students.



If you are interested in creating a SharePoint site or creating Workflows within an existing SharePoint site or need other Web Applications created for your department, please contact Kristen Colwell, Associate Director of SPDER at Kristen.Colwell@va.gov or 615-773-5005.

If you are interested in setting up a Virtual RPIE for your staff, please contact Julie Morgan at Julie.Morgan@va.gov.

VISN 11 Programs

The VISN 11 Program works in partnership with VA-CASE to design, develop, pilot and implement improvement initiatives across the VA Veterans in Partnership Veterans Integrated Service Network (VISN 11). This program works to integrate Systems Redesign principles and methodology coupled with the expertise of experienced Industrial Engineers to execute improvement initiatives across the Network. Jake Fong, MBA, CSSBB is the VA-CASE Associate Director of the VISN 11 Program.

In FY 2013, the VISN 11 Program is assisting with five major VISN 11 initiatives for improvement including:

- Homelessness
- No Harm
- Commodity Standardization
- Green Environmental Management System
- Lean Sensei Partnerships

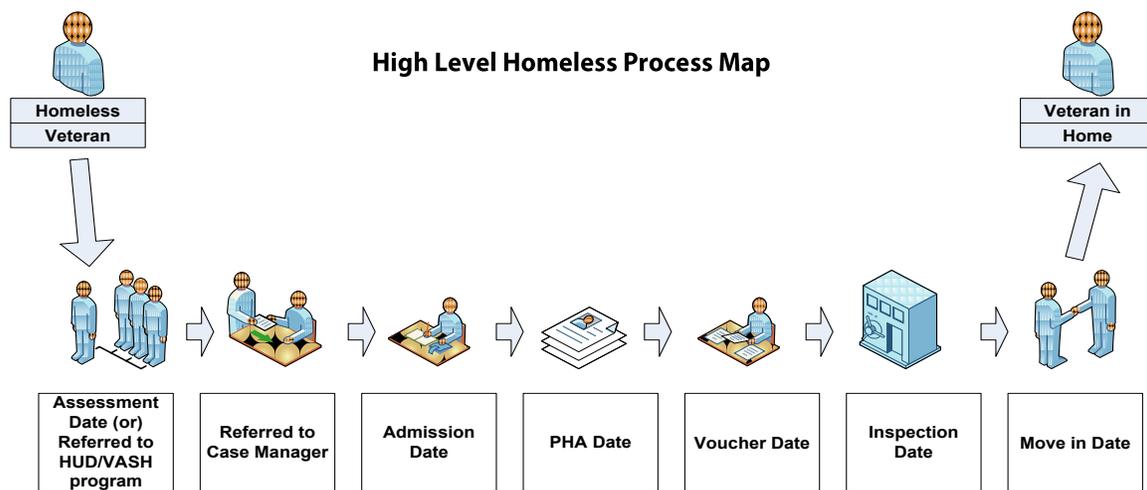
VISN 11 Homelessness Project

The U.S. Department of Housing and Urban Development – Veterans Affairs Supportive Housing (HUD/VASH) program plays a critical role in the 5 year plan to end Veteran Homelessness. However, internal and external processes within VA, HUD, and Public Housing Authorities can create complex interagency barriers to efficiently house Veterans. As of 2011, the average national rate at which an eligible homeless Veteran was able to secure permanent housing through HUD/VASH was 130 days. The average in VISN 11 was 158.89 days.

In FY12 the Goal of the VA-CASE VISN 11 HUD/VASH Improvement Project was to reduce the time it takes for a

homeless Veteran to secure permanent housing through HUD/VASH to 75 days. At that time a VISN-wide systems redesign effort focused on streamlining the HUD-VASH housing process. At the end of FY12, the VISN average of days from admission to lease was reduced to 74.39 days, surpassing the baseline goal of 75 days.

In FY13 the Goal of the VISN 11 HUD/VASH Improvement Project is to reduce the time it takes to house a Veteran from HUD-VASH admission to lease in 75 days or less, while implementing Housing First philosophy. Currently (as of May 2013), the VISN average of days from admission to lease is 72.81 days, surpassing the baseline goal of 75 days.



Clinical Partnerships in Healthcare Transformation (CPHT)

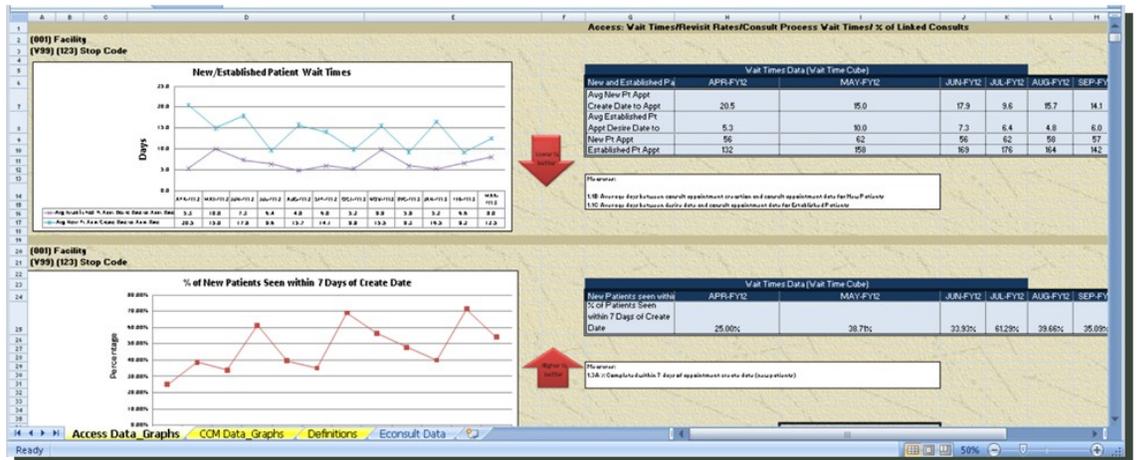
Project Updates

Specialty and Surgical Care Collaborative (SSCC) – Phase 2

Balmatee Bidassie, Chris Corum, Willena Nkanga

During this collaborative, teams comprised of leadership and point of care teams work intensively together for nine to twelve months to test and refine new models of patient-centered care. By working collaboratively with experts and practitioners,

sharing ideas and knowledge, and learning a methodology of change and measuring progress, teams build upon existing knowledge and generate new innovations to transform the delivery of Specialty Care. The industrial engineers (Willena Nkanga and Chris Corum) were innovative in the design of a monthly data analysis report to



pull data directly from VSSC data cubes which can be easily refreshed for most measures including data and graphs related to appointment delays, missed opportunities, revisit rates, octane ratio and care outside of face-to-face visits. The monthly data analysis report is sent to each team. The goal of this report is to have a tool that can be handed off to the teams at the end of the collaborative to support them as their sustain and spread efforts. As screen shot of a portion of this report is included above.

Support for the Specialty Care Toolkit – FY13

Balmatee Bidassie, Willena Nkanga

Tools created during process improvement initiatives are being collected via email, during Industrial Engineering office hours, and via team reports. The VA-CASE industrial engineers also reach out to specialty care services outside of the collaborative to collect tools. Once the tools are collected, they are uploaded to the on-line Specialty Care Toolkit.

VAO Measures Dashboard

Balmatee Bidassie, Shaiju Eapen, Jihan Wang, and Willena Nkanga

The VA-CASE team created a high level one page report that shows the status of metrics in the VA (VISN and National level) via outpatient, inpatient, telephone, consult, and virtual. There will be a report for every VISN and for the USH. The report will

also provide the best/worst VISN's and best/worst facilities within VISNs of all metrics in order to decipher the areas that need the most improvement.

Surgical Flow Improvement Initiative FY12

Balmatee Bidassie; Shaiju Eapen

National Surgery Office (NSO) conducted a national Surgical Flow Improvement Initiative (SFII) in FY2012. The national SFII was designed to improve VHA operating room flow, efficiency, and operations. CPHT faculty and industrial engineers conducted a series of local Rapid Process Improvement Workshops (RPIW). At the end of the collaborative, in FY13, the CPHT team provided IE support to the existing SFII FY12 teams with their Sustain and Spread goals. VA-CASE IEs participated on regular calls with teams, assisted with PDSAs, and provided data analysis.

Professional Development

The Lean Sensei Program

The Lean Management System (LMS) Pilot program, or Lean Sensei Program, has been launched within VA. Primarily funded by the National Systems Redesign office or by the individual medical centers, the LMS pilot is a “proof of concept” for VA to look at the startup and implementation of structured Lean Management Systems within medical centers, utilizing on-site systems redesign staff and VA-CASE Lean sensei as support. Many other hospitals and healthcare systems throughout the

country have embraced this approach to improvement and have been highly successful. Among the successful institutions are ThedaCare, Denver Health, New York City Health, and Virginia Mason.



Southeast Louisiana Veterans Health Care System- Transformational Plan of Care

Traditionally, VA medical centers employ numerous processes such as Lean training and several random RPIWs (Rapid Process Improvement Workshops) or 100-day projects based on immediate needs. Instead, VA-CASE staff and faculty are helping these organizations set strategic/organizational priorities to deploy Lean in a larger, systematic manner that will help them achieve goals. It’s a huge amount of work, but if done well, can mean significant benefit to the Veterans we serve as well as the organization and staff who do the work.

There are a total of seven different VA medical centers participating in this pilot program: Roudebush VAMC in Indianapolis, VA Palo Alto Health Care System, Cincinnati VAMC, FHCC Lovell in North Chicago, Jesse Brown VAMC in Chicago, Southeast Louisiana Veterans Health Care System in New Orleans, and Erie VAMC. The Indianapolis VAMC started in December 2012 and the other sites have been staggered in their launch with the most recent in June 2013.

Sensei is the Japanese word for “master teacher” or “someone who has come before”. The idea is that the sensei have experiences in Lean transformation and can help guide organizations in the Lean journey by helping to gain insight from their activities and avoid the major pitfalls that could harm their progress. While leading in a VA environment is not new to these organizations, leading in a Lean environment is, and the sensei are there to help support this change.

So far, each of the sites have completed their strategic A3 for their Lean deployment and started launching activities/events. These activities include launching multiple value streams, monthly RPIWs within these value streams, establishing a small scale test for daily improvement CDI/MDI (Continuous Daily Improvement/Managing for Daily Improvement), and supportive Lean training for A3 thinking and CDI/MDI.

As part of the implementation, VA-CASE is gathering qualitative and quantitative data from the sites and will have more to share in the future months about the actual outcomes and stories/insights from these efforts.



Primary Care RPIW Team Thinking It Through... Using the A3 methodology

The initial year of seed funding will be ending in September, therefore sites are putting together their plans for continued support by VA-CASE for FY 14. We are also receiving additional requests for support from other facilities interested in the program. It’s a very

exciting time within VA-CASE as we develop the next generation of VHA Lean applications.

Jamie Workman-Germann, MSME, is the Program Manager for the LMS Pilot and has been implementing Lean and Six Sigma programs in healthcare since 2005. For more information, Jamie can be reached at Jamie.Workman-Germann@va.gov.

Professional Development Moves Forward With Exciting Communication Projects

Carlos M. Garcia, Lean Faculty, Professional Development

The Professional Development Team continues to move forward with two very exciting and promising FY13-14 projects. They are: the introduction of a social media platform (SMP) and the development of VA-CASE's own mobile app, both for use by VA-CASE and VISN 11 staff and Leadership. These new projects are fully supported and encouraged by our VA-CASE leaders and will employ our own internal technical and professional resources.

The SMP installation team includes VA-CASE staff Carlos Garcia and Cyrus Hillsman and Eric James (Albuquerque VA, NM). The mobile app development team is composed of Carlos, Cyrus and Eric representing Professional Development, Industrial Engineering and the voice of the customer, and by Kristen Colwell, Jeff Bailey (Project Manager) and Joshua Rose from the SDPER group providing the technical expertise. George Ponte, Acting Associate Director for Professional Development, oversees both projects.

The planning stage of the SMP project is nearing completion and will be followed by a pilot of the selected platform within VA-CASE. Candidate SMPs include Yammer, LinkedIn, FaceBook and Twitter. The final selection will be made soon and once tested and installed, it will make possible a dynamic blogging, sharing and learning experience.

The mobile app project is also quickly moving forward with

collaboration between Professional Development staff and the technical team. This is a longer term project with a timeline of four to six months to produce a system to pilot within VA-CASE. The mobile operating systems (OS) being considered include those of the iPhone/iPad, Android, BlackBerry and the new Windows 8 smart phone and tablet.

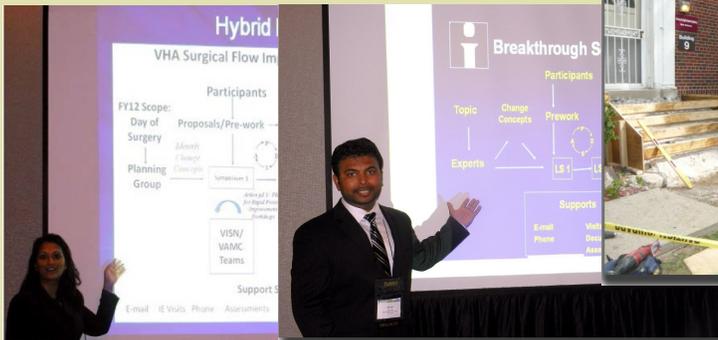


The selection of the final OS platform will be made according to established guidelines from the Office of Information Analytics (OIA).

The app will promote Lean Thinking and will include useful features and utilities to help us improve our work. They will include Lean methods, tools, definitions and examples; Systems Redesign methods and best practices; documents and links to internal and external sources of Lean practices; book lists and links to professional journals and organizations, and "how-to" guidance, just to name a few. All this information will be formatted and presented to the user on an attractive and efficient layout that will include flair, colorful visuals and sound. We plan to build in games, simulations and puzzles to add a touch of fun and entertainment.

When the time comes, we hope that you will participate in the pilots to field-test the initial versions and will give us your feedback. Stay tuned!

VA-CASE at work



Balmaatee Bidassie and Shaiju Eapen presenting at IIE Conference



Renovations at Cold Spring Road!



Wyatt and Lincoln Ridge raising the flag at Cold Spring Road

VA-CASE Quarterly Newsletter

JGIM VHA PACT Supplement

Balmatee Bidassie, PhD

In May 2013 the Journal of General Internal Medicine (JGIM) published a "VA PACT Special Supplement" to highlight the results of qualitative and quantitative evaluations of the

Dr. Bidassie reports that "putting these manuscripts together in this series was an amazing journey and we all have a great appreciation for the great work done at the facility and National level by committed and dedicated VA staff to achieve the PACT vision".

Patient Aligned Care Team (PACT). Balmatee Bidassie, vvv, Associate Director of CPHT organized a team of authors from VA Medical Centers across the country to put together ten manuscripts for the supplement. The VHA VA Central Office and Primary Care helped assemble a team of reviewers who are considered among our top thought leaders and architects of PACT based on their in-depth knowledge and understanding of PACT. Before submission to JGIM, each manuscript had two rounds of review. All authors had the opportunity to review each other's manuscript and provide feedback. Once the authors

made their changes, the manuscripts were submitted to the national team of reviewers to review them for compliance and accuracy as well as provide feedback to the authors before final submission. The national review team consisted of: Kathryn Corrigan, Gail McNutt, Christopher Suelzer, Joanne Shear, Gordon Schectman, Richard Stark, Miyako Wilson, Miyako, Storm Morgan, Sarah Garrison, William Eisenhauer, Michael Davies and Barbara Boushon.

JGIM required manuscripts in three categories:

1. Review,
2. Research
3. Perspective

The ten manuscripts submitted are:

Systematic Review

Business Process by Patient Centered Medical Home Collaborative Model: A Systematic Review for PCMH models *Balmatee Bidassie, PhD; Xiaoyu Ma, PhD*

This manuscript describes the findings through systematically reviewing the existing designs of typical PCMH models, exploring process monitoring tools and comparing outcomes. It was found that the PCMH model is a promising solution to supply patients with advanced primary care service. However, there is a need for a consistent theme to identify key indicators to evaluate PCMH models, a data-driven process monitoring system to track the improvement performance and a standard road map to implement customized PCMH models successfully. The PACT model could work as one of the pilot models to explore solutions.

Research

VA Experience in Implementing Patient Centered Medical Home Using a Breakthrough Collaborative *Balmatee Bidassie, PhD; Michael L Davies MD*

This manuscript describes VA's experience in using a breakthrough series collaborative as the major strategy to introduce and implement the PACT model. Design, execution, and results achieved through the use of breakthrough collaborative methods vary widely among the four categories of the measures used to evaluate the impacts of the PACT Collaborative.

Innovative Implementation Strategies of Industrial Engineers and Process Monitoring Tools in VA PCMH model *Balmatee Bidassie, PhD; Michael Davies, MD*

This manuscript focuses on 1) the contributions from industrial engineers (IE) and process monitoring tools to guide and assist teams and 2) evaluation of the relationship between these supports and the final results of performance improvement in the PACT Collaborative.

Improving transition of care with post-discharge calls in the medical home setting *Praveen Mehta MD, MB ; Ledjona Bradshaw MPH; Cliona Archambeault, MBA*

The aim of this observational study was to review the process of implementation of post discharge calls at the health system as part of the medical home implementation in primary care clinics, evaluate the success of the post discharge contacts and examine the correlation between post discharge contact and hospital admissions and emergency room visits.

Perspective

Industrial Engineers Experience in Implementing Patient Centered Medical Home in the VA Nationwide *Balmatee Bidassie, PhD; Matthew Jenkins, BSIE; Cliona Archambeault, MBA; Christine Corum, MSIE; Shaiju M. Eapen, BSIE; Kathryn C. Corrigan, MD*

While the manuscript **Innovative Implementation Strategies of Industrial Engineers and Process Monitoring Tools in VA PCMH model** focuses on the validation of the successful clinician-engineering partnership coaching along with process monitoring tools that lead to a more successful, data-driven PACT Collaborative, this manuscript focuses on the PACT industrial engineers' perspective on their value and experience while assisting the teams implementing the aims in the PACT Collaborative. The industrial engineers perspective on the benefits, guidelines and suggestions will be valuable to any VA and non-VA hospital considering systems/industrial engineers as support staff during the implementation of a PCMH to provide better services to patients.

Education to Support the Development of Patient Aligned Care Teams in the Veterans Health Administration *Sherry Van Horn, MS, RN, Steven L. White, PhD, Janet L. Vertrees, RN, BSN RN, Andrew S. Pomerantz, MD, Storm L. Morgan, MSN, RN, MBA, Laure Veet, MD Michael G. Goldstein, MD*

This manuscript discusses the training approaches in PACT and its evolution to respond to learner and system needs and requests to streamline and integrate training efforts.

Infusing Gerontological Practice into PACT *Jenice Ria S. Guzman-Clark, PhD, GNP-BC, Bobbie Sue Oglesby Johnson, DNP, FNP, Mary E. Mather, MSN, RN-BC, CNL, VHA-CM, Hadiya Williams, MSN, GNP-BC*

This manuscript reviews challenges in caring for older Veterans, strengths and opportunities for improvement in a PCMH setting

(also known as Patient Aligned Care Team in VA), and suggestions of tools for medical home teams to consider incorporating into their practice to improve care provided to older Veterans.

Use of facilitative coaching to support Patient Aligned Care Teams *Christopher J Suelzer, MD., Imtiaz A. Munshi, MD, MBA, Kimberly Zipper, RN, MBA., Debra S Thayer, MBA*

This manuscript describes the components of coaching and shares the result of the PACT coaching model to help teams quickly adopt and implement the core PACT principles and demonstrate significant improvements in core metrics.

Integrating Preventive Care into PACT *Linda S. Kinsinger, MD, MPH*

This manuscript describes the Preventive Care Program section of the Veteran Health Administration's New Models of Care Transformational Initiative which supports the integration of comprehensive health promotion and disease prevention (HPDP) care within the patient-centered medical home model, called Patient-Aligned Care Teams (PACT), and assists PACT staff to help patients make desired health behavior changes. The Preventive Care Program includes three main components: infrastructure and policy; tools, resources, and training; and programming to provide clinical preventive services. Together these components play a critical role in helping VA to provide excellent personalized, proactive, Veteran-driven care.

Optimizing Specialty Care within the Patient Aligned Care Team/Patient Centered Medical Home *Susan R. Kirsh MD, MPH, P. Michael Ho, MD, PhD, David C. Aron MD, MS*

This Manuscript presents a conceptual model of the PCP/ specialty care interface in the context of the Patient Centered Medical Home that delineates a spectrum of specialty care including virtual and non-virtual modalities, formal and informal modalities. It focuses on the effective use of specialists given the lack of access to specialists in geographic locations.

Toolkits

The Toolkit Series is a unique partnership between the Office of Patient Care Services, Office of Quality and Performance, Office of Systems Redesign, Quality Enhancement Research Initiative (QUERI) program and VA-Center for Applied Systems Engineering (VA-CASE). Toolkits are SharePoint sites that offer a collection of ready-to-use, concrete innovations, "tools," that can be implemented in departments and facilities to help improve performance or implement changes in various areas.

The Toolkit team at VA-CASE includes Gail Edwards, Debi Griffith, Anna Langford, and Tonya Reznor. The team meets weekly with the Toolkit Production Team located in California including Steve Asch, Laura York, Jenny Barnard, and Marlin Elenes. The team meets with the sponsors and an evaluation team on a regular basis with Willena Nkanga participating on the Specialty Care Toolkit project. The partnership between VA-CASE and the Palo Alto HSR&D team is unique with most team members never having the opportunity to meet in person. The attached photo shows the team working on a flow map of the process of Toolkit Production. The visit from Laura York was the first face to face meeting with Tonya Reznor after working via teleconference for over four years.

The goal of the Toolkits is to produce and disseminate nationally, quality improvement resource Toolkits that will help VA facilities improve performance. The toolkits are based on the VA-TAMMCS (Team-Aim-Map-Measure-Change-Sustain) model, the framework of systems redesign and continuous improvement tailored to the structure and needs of the VA Systems taught in Collaborative (PACT, Cancer Care, Specialty Care, Surgical Flow). Each of the tools undergoes a vetting process by subject matter experts in the area being addressed before being placed on the electronic toolkit site.

What is a Tool? A tool is any quality improvement innovation that is currently in use at a facility, but is not routine within VA. Tools are matched to one or more of the organizing concepts for the Toolkit to which they are assigned. The Toolkit is then a collection of tools that may help in the area the toolkit addresses. Individual tools are developed by your

VA colleagues nationwide and are evaluated by VA clinical managers and policy makers prior to being posted on the Toolkit site.

In order to help connect the communities of practice and communicate information about the Toolkits, listservs were created. To date, the Quality Improvement Toolkit Series has 4,688 subscribers and the PACT Toolkit has 2,511 subscribers. Whenever

there are new tools or other innovations to be presented, a listserv message is sent. The listservs are also a primary method for gathering new tools. Often after a listserv message is sent the number of visitors to the website increases dramatically and new tool submissions also increase.

With SharePoint 2010, it is possible to keep a count of the number of visitors to the various Toolkit sites. A report is generated weekly that shows the number of unique visitors at the Cancer Care Toolkit and PACT sites. The Toolkits have had the following number of unique visitors:

Cancer Toolkit Series	# of Unique Visitors	Start Date
Cancer	6,039	Nov. 2010
PACT	8,836	Sept. 2011

NOTE: The number of unique visitors to the PACT toolkit continues to grow at a rate of 1,000 a month, with 2,653 unique visitors in June, 2013.



Tonya Reznor, Gail Edwards, Laura York, Debi Griffith

Quality Improvement Toolkit Series

The original Quality Improvement Toolkit Series is a resource guide offering potential solutions to facilities wanting to improve performance on quality indicators for a number of high-priority clinical conditions. The Toolkit Series currently includes Lung Cancer Care, Colorectal Cancer Care, Prostate Cancer Care, Head and Neck Cancer Care and Palliative Care.

Toolkit	# of Tools
Lung Cancer	38
Colorectal Cancer	38
Prostate Cancer	23
Head and Neck Cancer	20
Palliative Care	45

PACT Toolkit

The PACT Toolkit is jointly sponsored by the Office of Systems Redesign, the Office of Quality and Performance, the Quality Enhancement Research Initiative and VA-CASE (Veterans Engineering Resource Center).

The PACT Toolkit is a centralized online library offering access to a range of technical and organizational innovations, or tools, that have been developed by VA colleagues nationwide. The PACT tools are organized around the three key components (pillars) of the PACT initiative – Access, Care Coordination and Management and Practice Redesign.

The mission of the PACT Toolkit is to support the transition of care delivery to the PACT model. VA facilities large and small face similar challenges in redesigning care practices.

Toolkit	# of Tools
PACT	60

The Toolkit’s goal is to make addressing those challenges easier by sharing helpful innovations that other

PACT teams and facilities have already developed.

NOTE: New tools 57-60 were added and announced to the list serv as recently as June 16, 2013.

New tools are still being submitted, vetted and added to the site.

Specialty Care Toolkit

Sponsored by the National Systems Redesign office, the Specialty Care Toolkit will be focused on gathering tools to address issues related to specialty care in much the same way the PACT Toolkit gathered tools relevant to primary care. The Specialty Care Toolkit is in the early stages of development. The main page of the Specialty Care Toolkit has been developed and some tools are in the process of being vetted. The initial tools will be placed on the new Specialty Care Toolkit and the Toolkit link will be disseminated within the next few months.

The Specialty Care Toolkit is organized around the key components of specialty care and will be displayed with a similar pillar organization as PACT.

Future Toolkits

As the reputation of the Toolkits grows, several other groups have made inquiries about the possibilities of developing a Toolkit. Potential future Toolkits are:

- Surgical Flow Toolkit – In connection with the Surgical Flow Collaborative, a surgical flow toolkit was proposed. The Surgical Flow Collaborative is currently on hold. Tools are still being gathered in anticipation of a future Toolkit.
- Women’s Emergency Health Toolkit – Work is starting on the creation of a Women’s Emergency Health Toolkit. This toolkit will contain tools specifically developed to address certain issues in Women’s Health in the VA. The Toolkit will be the method of distribution for the tools.
- Transitioning Levels of Care Toolkit – discussions have begun with National Systems Redesign about the possibility of creating a Toolkit for Transitioning Levels of Care, which is a part of the FIX Collaborative. Tools are being gathered in anticipation of a future toolkit.

If you are interested in creating or submitting a Toolkit, please contact Gail Edwards at Gail.Edwards@va.gov or Debi Griffith at Deborah.Griffith@va.gov.

Transactional Systems Program (TSP) Accomplishments

- **CBO Business Systems Management - Clinical Consulting** The SMEs reviewed the final documentation for the Maternity/Newborn Care NVMCC process including current state map, future state map, list of proposed solutions for RAS, and list of gaps and variations. All documents were submitted to CBO for their review and approval. VA-CASE completed all the deliverables for the Clinical Consulting project marking the conclusion of the project as of 6/30/13! *Virginia Daggett, RN, MSN, PhD; Anna Langford, Project Manager*
- **CBO Purchased Care - Fee Basis Claims System (FBCS) Optimization** FBCS Optimization has been deployed to fourteen VISNs (VISNs 15, 21, 4, 16, 1, 10, 7, 20, 12, 3, 17, 22, 2, & 5) since National Deployment began in June 2012. The targeted completion date for enterprise wide deployment is September 2014. There are fifteen deployments underway, as VISN 15 was divided into two separate deployments. Of the fifteen current deployments, ten are in the Post-Implementation phase and five are in the Implementation phase. *Eric Lammers, Lead IE; Chris Heathcote, IE; Ed Gensert, IE; Lincoln Ridge, IE*

VE-TAP Accomplishments

- **Veteran Centered Design Lab** - The team commenced the Cancer Center Design Project. The MOU-SOW was approved and site visits were conducted at Mayo Clinic, IU Simon Cancer Care Center, Community North Cancer Center, and Community East Hemo/Onc Clinic as a part of the State of the Art review. The team also completed three Stakeholder meetings, consolidated the discovery phase information into a presentation for the stakeholder group, reviewed process flow and "Smart Board" with the Albany Clinic and reviewed draft floor plans. They held a teleconference with the Associate Director of The Office of Patient-Centered Care & Cultural Transformation and briefed her on the VCD Lab and probed her pain points in order to strategize future collaboration and value add. *Andrew Carlstrom, Chris Hughes, Ed Englehart, Midh Mulpuri, Tom Spaethe*
- **Wounded Warrior** VA-CXASE staff and faculty conducted weekly calls with VACO and DOD to discuss data sharing and analysis processes to support the Joint Wounded Warrior Project. Data sharing lines and reporting with DOD and VACO expanded. Team provided recommendations for revisions to data collection plan at stakeholder's request. *Hakim Neemuchwala, Nikila Ravi*