

1. Reason for Action:

Problem Statement:

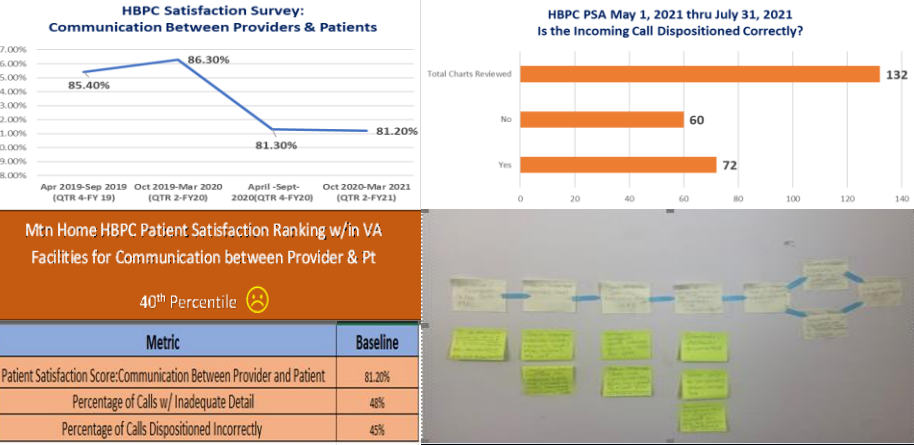
During the course of the pandemic, Home-Based Primary Care(HBPC) experienced challenges to effective communication due to remote working, staffing shortages, employee and veteran stress, and fragmentation in work flow processes. These challenges resulted in worsening patient satisfaction scores for communication between providers and patients as well as consistent complaints from staff regarding poorly dispositioned incoming telephone calls.

**Process Start:** Veteran/caregiver contacts HBPC via telephone.  
**Process Stop:** Veteran/caregiver’s issue is satisfactorily resolved by HBPC team.

**In Scope:** Any communication with veterans enrolled in Home Based Primary Care.

**Out of Scope:** Veterans referred to Home Based Primary Care but not admitted to program. Veterans enrolled in traditional primary care.

2. Current State:

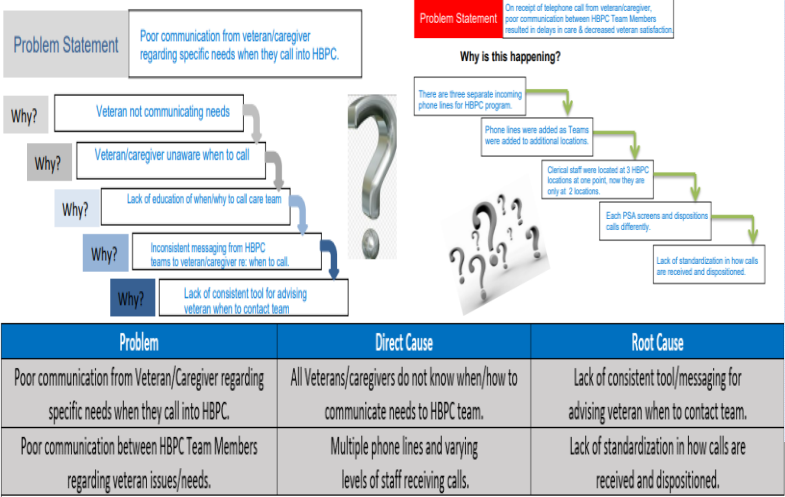


3. Future State:

Aim Statements	
Increase patient satisfaction score at least 2 % & VA Patient Satisfaction Ranking to 65 <sup>th</sup> percentile or higher by QTR 2-FY22.	
Increase % of calls dispositioned correctly to 75% or greater by end of QTR 2-FY22.	
Negative Attributes	Positive Attributes
Program Support Assistant Time	Improved Communication from Veteran to HBPC Team
RN CM Time	Improved Communication Between PSA & HBPC Team
Provider Time	Decreased Delays in Needs Being Communicated
	Decreased Staff Frustration
	Increased Patient Satisfaction



4. Gap Analysis:



5. Solution Approach:

If we.....	The we can expect to.....
1 Have one phone number for all HBPC incoming calls....	Create consistency in who and how calls are received.
2 Create a standardized tool for incoming telephone calls.....	Inform the MSAs of who to disposition calls to and improve the % of calls dispositioned correctly.
3 Create a user friendly tool that details when and how the veteran and/or caregiver should contact HBPC....	Improve communication between the veteran/caregiver and the HBPC Team regarding their needs resulting in more efficient resolution of their care needs.
4 Educate staff on the new tools...	Increase standardization of processes both for education between Veteran/caregiver and HBPC staff as well as within the HBPC Team.

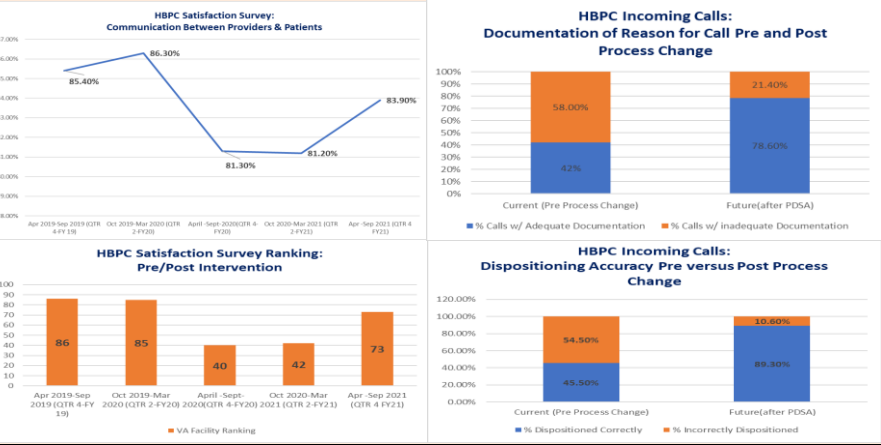
6. Rapid Experiments:

Description of PDSA	Who	Hypothesis	Actual PDSA Trail Results	Benefit
Reroute all HBPC Phone lines into 1 telephone number.	Angela Hope Ledford, Dr. Bryan Watson, Kelli Jones, Randy Kitmiller, and Brian Sawyer	This will streamline phone lines to create consistency in who and how calls are received.	Phone lines consolidated as planned which has resulted in all incoming calls received through one phone number.	Simplifying contact information for Veterans receiving care within HBPC as well as decreased demand on additional staff to answer phones.
Created standardized tool for call intake.	Dr. Bryan Watson, Kelli Jones, Shannon Rider, Torrey McClurg	The tool will streamline communication between clerical and clinical staff.	HBPC Incoming Telephone Call CPERS Alert Notification Guide created, education completed with all clerical staff, and implemented successfully.	Decreased fragmentation of call disposition process. Decreased unnecessary view alerts for clinical team member resulting in an increase in staff satisfaction.
Create a tool for Veterans/Caregivers to use to direct them on when and how to contact the HBPC teams when the Veteran is unwell.	Rebecca Haynes, Ruth Quejada, Kelli Jones	A standardized tool will improve communication between veteran/caregiver and HBPC team regarding their needs allowing for more efficient resolution of their care needs.	Wellness Check-Up Tool created and approved by Patient Education Committee. Tools printed in color and laminated. Tools mailed to all current HBPC Veterans and added to admission packet for all new HBPC enrollees.	Continues to be issued to all HBPC Veterans/Caregivers. Feedback from Veterans and Caregivers re: usability has been positive. HBPC INCMs have noted laminated copies
As a result of feedback regarding FY21's top reasons for admissions and Emergency Dept visits for HBPC veterans, added "nausea, vomiting, diarrhea, and/or flu like symptoms" to list of trigger words requiring immediate HBPC RN triage and CPS attention.	Dr. Bryan Watson, Kelli Jones, Daniel Bulger	Elevating the symptoms of nausea, vomiting, diarrhea, and/or flu like symptoms to the HBPC Telephone Triage RN and CPS will enable early assessment and intervention including the need to hold specific medications that can lead to dehydration and potential ED and hospital admissions.	Added as planned to CPERS Alert Notification Guide. Chart audits reveal some improvement in dispositioning but reinforcement of this plan was needed. Met with clerical staff. Reviewed results of chart audits and reinforced education.	Improved disposition of some calls with this chief complaint. Increased CPS level of patient care involvement.
As a result of QM's review of HBPC falls, added to "Yellow Zone" of Wellness Check-Up Tool for Veterans/Caregivers to call HBPC with ANY FALL.	Angela Hope Ledford, Rebecca Haynes	Improve communication between Veteran/Caregiver to HBPC team re: the need to report all falls to mitigate future fall risk and provide timely triage.	Added as planned and Wellness Check Tool provided to all HBPC Veterans/Caregivers.	Increased Veteran/Caregiver and HBPC Team awareness to report all falls.
Educated all HBPC staff on new "HBPC Incoming Telephone Call CPERS Alert Notification Guide" and "Wellness Check-Up Tool"	Kelli Jones, Dr. Bryan Watson, Angela Hope Ledford	Education will gain buy-in from staff and increase standardization of communication processes within HBPC.	Education completed as planned. Both tools are actively used within HBPC.	Standardization of communication within HBPC.

7. Completion Plans:

What (Description of the task or action?)	Who (Who is in charge of implementing the task?)	When (When is the task due?)
Consolidate all incoming HBPC telephone lines into one main number.	Angela Hope Ledford	September 9, 2021
Create standardized tool for how to disposition incoming telephone calls.	Kelli Jones, Dr. Bryan Watson, Shannon Rider	September 30, 2021
Create "Wellness Check-Up Tool" for Veterans/Caregivers.	Rebecca Haynes, Ruth Quejada	November 30, 2021
Modifications to "Wellness Check Up Tool" to include all falls & distribute to all HBPC Veterans/Caregivers.	Rebecca Haynes, Kelli Jones	January 31, 2022
Modification to "HBPC Incoming Telephone Call CPERS Alert Notification Guide" to include gastrointestinal symptoms in trigger word list for Triage RN and CPS.	Dr. Daniel Bulger, Kelli Jones	Distribute to all newly enrolled HBPC Veterans as they are admitted
Educate all HBPC staff on new communication tools.	Kelli Jones, Dr. Bryan Watson, Angela Hope Ledford	October 31, 2021
Chart audits on clerical staffs intake and disposition of incoming calls.	Kelli Jones	December 31, 2021
Follow up with staff via email on utilization of both tools to solicit feedback on their effectiveness and/or issues.	Kelli Jones	Ongoing education to all new HBPC team members quarterly
		Initial – July 31, 2021: Follow Up March 31,2022
		Ongoing monitoring to be completed quarterly
		April 15, 2022
		Ongoing monitoring quarterly for 1 Year

8. Confirmed State:



9. Insights:

What Went Well	What Didn't Go Well	Lessons Learned
Good collaboration with other services (IT, Print Shop, QM & E&SD).	Extended time to work with all disciplines to compromise on view alert disposition responsibilities.	The importance of front line staff being empowered to solve process issues.
Roll-out of information to Veteran and HBPC Teams.	Issues with lamination of the Wellness Check-Up Tool resulting in need to reorder and have printed on heavier paper.	Effective communication is vital for improving both the Veteran/Caregiver experience and staff satisfaction.
Clerical staff accepted the challenge and actively participated throughout the process.		