VHA Diffusion of Excellence

IMPROVING COMMUNICATION IN HOME-BASED PRIMARY CARE

IMPLEMENTATION GUIDE

VA
U.S. Department of Veterans Affairs
Veterans Health Administration
Office of Healthcare Innovation and Learning

VHA Innovation Ecosystem

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Chapter 1: Welcome

Welcome, and thank you for your participation in implementing Improving Communication in Home-Based Primary Care at your facility. This implementation guide is intended for Home-Based Primary Care (HBPC) staff leading implementation at your facility.

The goals of this implementation guide are to provide:

- **Background Information** on Improving Communication in Home-Based Primary Care;
- **Instructions and tips** for how to implement this practice at your facility; and
- **Access to tools and resources** for staff and Veteran education.

Recognition

The following individuals were instrumental in developing Improving Communication in Home-Based Primary Care at James H. Quillen VA Medical Center (James H. Quillen VAMC):

- Kelli Jones, HBPC Nurse Manager, Kelli.Jones@va.gov
- Rebecca Haynes, Registered Nurse, Rebecca.Haynes4@va.gov
- Shannon Rider, Registered Nurse, Shannon.Rider@va.gov
- Angela (Hope) Ledford, Chief Nurse, Angela.Ledford@va.gov

Origin of Improving Communication in Home-Based Primary Care

Throughout the pandemic, James H. Quillen VA Medical Center's Home-Based Primary Care (HBPC) Program in Mountain Home, Tennessee experienced challenges with effective communication due to remote working, staffing shortages, employee and Veteran stress, and fragmentation in workflow processes. These challenges resulted in declining patient satisfaction scores for communication between providers and patients and the receipt of consistent staff complaints regarding poorly dispositioned incoming telephone calls.

James H. Quillen VA Medical Center's HBPC Program was able to improve its communication between providers and patients and increase staff satisfaction through streamlined calls, standardized processes, and the addition of guided tools.

The Improving Communication in Home-Based Primary Care is **1 of 11** Promising Practices to emerge from the eighth VHA Shark Tank Competition, selected from a total of **286** practice submissions.

In 2022, Kelli Jones and her HBPC team at James H. Quillen VA Medical Center applied to the eighth **Veterans Health Administration (VHA) Shark Tank Competition**, a Diffusion of Excellence initiative for sourcing clinical and operational Promising Practices that originate at VA facilities. After several rounds of rigorous evaluation from subject matter experts (SMEs) and program office representatives, the Improving Communication in Home-Based Primary Care practice pitched in the 2022 VHA Shark Tank Competition and received designation as a Promising Practice to replicate at the Orlando VA Medical Center.

What is Improving Communication in Home-Based Primary Care?

Improving Communication in Home-Based Primary Care is a process improvement and standardization initiative within HBPC that can impact and be adapted to replicate to other clinical areas such as Primary Care and Specialty Care clinics. The practice aims to decrease delays in care, increase accuracy in incoming telephone calls disposition, and improve Veteran satisfaction scores for communication.

After assessing deficiencies in communication between Veterans and the HBPC team, as well as between the HBPC team members, the practice:

- Streamlined all phone calls coming into HBPC to one main phone line;
- Developed a Wellness Checkup tool to guide Veterans and caregivers as to when and how to contact the HBPC team;
- Created a standardized tool for how the clerical staff should disposition calls to each discipline within the care team or when to elevate the call to the Telephone Triage Nurse; and
- Educated staff, including care team and triage team, and Veterans/caregivers on relevant tools.

Standardization of these processes facilitated more effective communication by the HBPC team.

How Does This Practice Work?

Step 1: Veteran and/or caregiver receives and is educated on Wellness Check-Up Tool (which advises when and how to call their HBPC Team)

Step 2: Veteran calls HBPC using the main streamlined HBPC phone number

Step 3: Clerical staff dispositions call following the standardized HBPC Incoming Telephone Call Disposition Guide:

- Call may be dispositioned as 'Routine' to specific discipline
- Call may be dispositioned as 'Non-Routine, No Clinical Triage'
- Call may be dispositioned as 'Non-Routine, Clinical Triage'

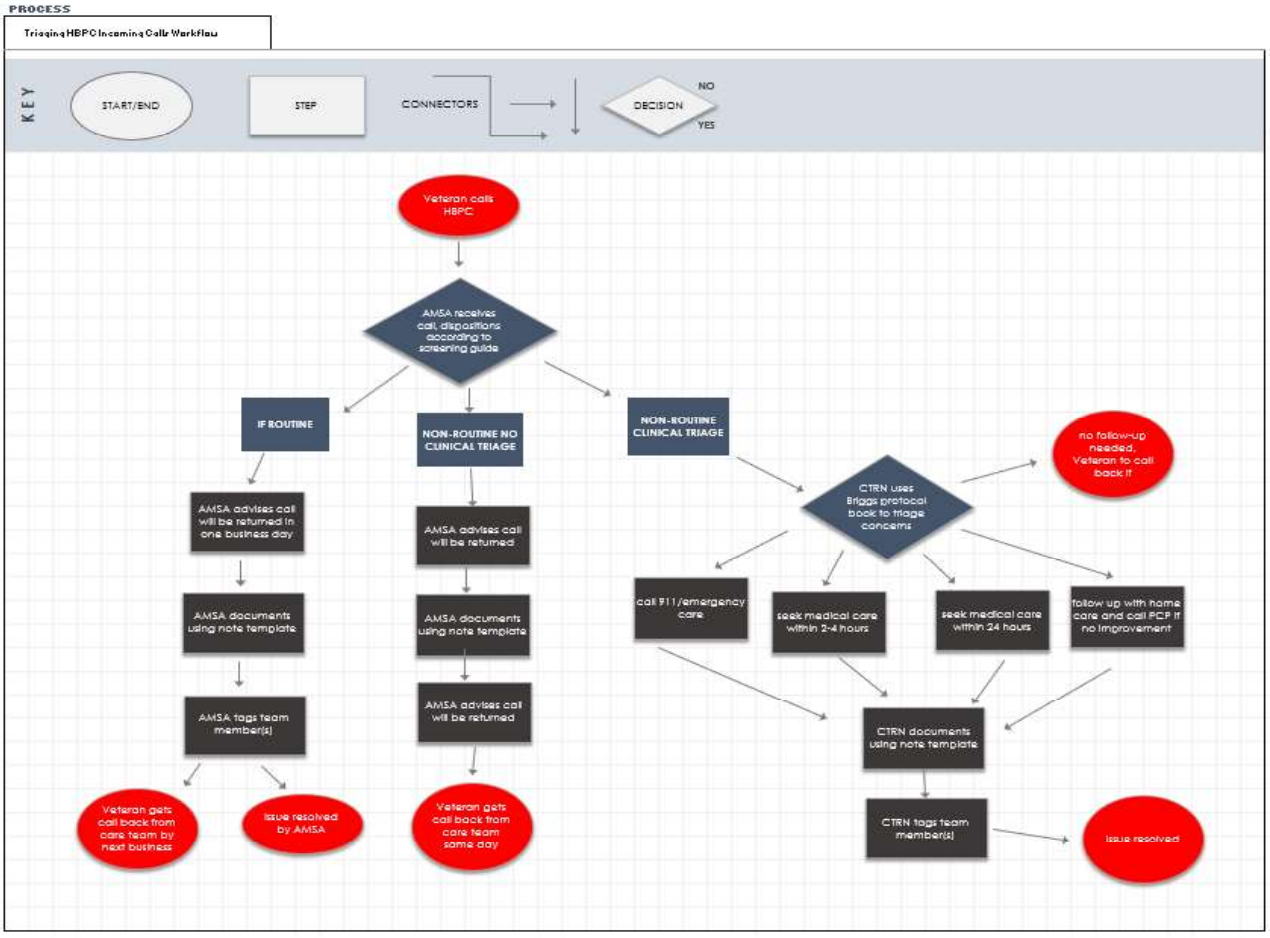
Step 4: Clerical staff documents using note template in CPRS

Step 5: Veteran receives follow-up as needed

At James H. Quillen VAMC, HBPC calls are dispositioned by clerical staff, such as Program Support Assistants (PSAs), and triaged to the HBPC Telecare Nurse. Your site might not have a telecare or triage nurse. You may use a facility call center if you do not have a designated nurse for triaging HBPC calls.

Figure 1 provides a flow chart for triaging HBPC calls and can also be found in the Attachments section of this guide.

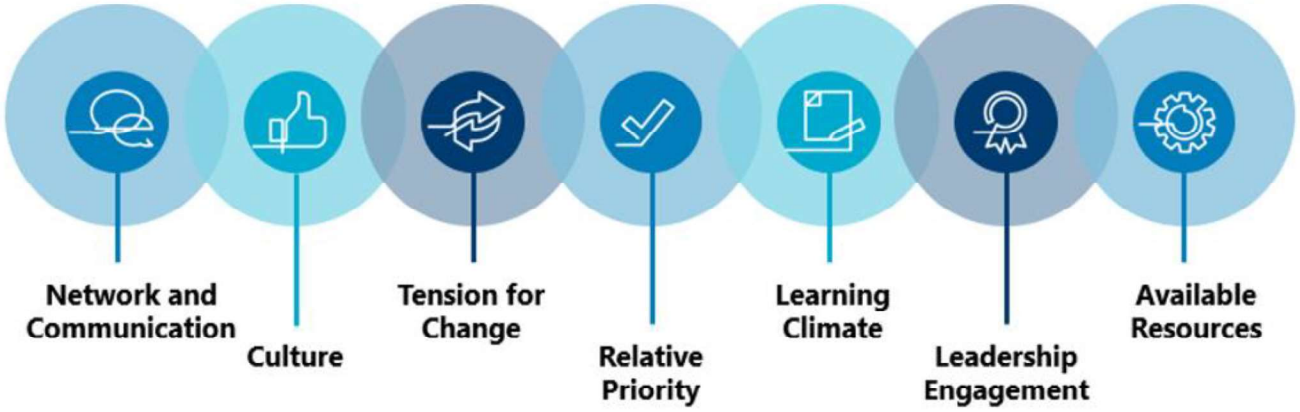
Figure 1. Process Flow for Triaging HBPC Incoming Calls



Chapter 2: Organizational Readiness

An Organizational Readiness Assessment can be employed to ensure maximum success in implementing Improving Communication in Home-Based Primary Care. This assessment takes stock of your site's existing processes, which is a key step in preparing for the assimilation of a new intervention into your facility's culture and work systems. One way of approaching this is through the Consolidated Framework for Implementation Research (CFIR), which is an implementation science model that offers several considerations to prepare your organization for a successful implementation. While any number of the CFIR considerations may be useful, we recommend focusing on evaluating your facility's barriers and facilitators, and developing a plan to proceed by following these seven considerations:

Figure 2. Seven considerations when evaluating barriers and facilitators



Refer to the Attachments section for an embedded worksheet to assist your team in conducting this assessment. This exercise could shed valuable light on the existing work systems within your facility by identifying and planning for potential barriers, as well as understanding ways to leverage facilitators. Each consideration will allow you and your team to increase the likelihood of a successful implementation!

Chapter 3: Implementation Roadmap

Implementation of Improving Communication in Home-Based Primary Care can take approximately four to seven months, followed by post-implementation activities. At minimum, the four months include about two months in collecting pre-change data and adapting the HBPC educational tools followed by another two months in staff education, disseminating the tools to the Veterans, and Veteran education. The timeline may vary due to staff buy-in, fund appropriation, dedicated time, and medical media volume/support (applies to on-site printing and media support). Implementation can move quickly if your HBPC Program Director, Manager or practice champion has dedicated time. The lack of a HBPC Telecare/Telephone Triage nurse could also greatly challenge your implementation timeline due to staffing delays and onboarding.

Figure 3 provides a high-level roadmap for implementation.

Figure 3. Implementation Overview for Improving Communication in Home-Based Primary Care

Phase One: Design Phase (Month 1)	*Step One:* Identify Practice Champion
	Step Two: Engage Relevant Stakeholders
Phase Two: Planning Phase (Months 2-7)	*Step Three:* Develop a Plan for Metrics
	Step Four: Compile Resources
	Step Five: Adapt Tools

	Step Six: Gather Supplies and Materials
	Step Seven: Consolidate to One HBPC Phone Line
	Step Eight: Train Staff
	Step Nine: Distribute Wellness Check-Up Tool and Educate Veterans
Phase Three: Implementation Phase (Months 8-9)	*Step Ten:* Practice Go-Live
	Step Eleven: Gather Lessons Learned and Incorporate Feedback
Phase Four: Post-Implementation Phase (Months 9+)	*Step Twelve:* Collect and Interpret Data
	Step Thirteen: Share Success and Celebrate!

Chapter 4: Implementation Phases

Phase One: Design Phase

Step One: Plan and Design

Most of the work involved with implementing the Improving Communication in Home-Based Primary Care practice occurs on the front end. Once you modify the HBPC educational materials, train staff, and streamline phone lines for HBPC communication, implementation launch can follow seamlessly.

Step Two: Engage all Relevant Stakeholders

Implementation of this practice requires actions from Facility Leadership and HBPC Service Line members. Refer to the following table for a list of the commonly involved stakeholder groups. When you initially engage these groups for implementation at your site, consider how you can best communicate with them to get the response you need.

Remember: Your facility might have additional stakeholders that you need to engage, so be sure to tailor this list to fit your facility needs!

Table 1. Implementation Overview for Improving Communication in Home-Based Primary Care

Stakeholder Group (From whom do I need help?)	**Dependencies** (What do I need from them?)
Facility Leadership – Medical Center Director, Assistant Chief of Staff of Geriatrics, Executive Leadership Team	❖ **Support FTE for Telecare Nurse (if your site does not have one)**

Service Line-Level Leadership	❖ **Redistributed workload**
Veterans	❖ **Reception to education**
System Redesign	❖ **Process support**
Medical Media	❖ **Process support**
Clerical Staff	❖ **Redistributed workload** ❖ **Staff education**

You will need to follow your facility's procedure to implement new practices. We have provided links to materials to assist you with engaging stakeholders. Mountain Home's A3 Report is available in the Attachments – If you have similar gaps, you can use the A3 Report and tailor it specifically to your facility to present to your Quality Improvement department and/or service line for approval.

Once you've determined the appropriate stakeholder groups and individuals to engage, and you've received the necessary approvals, you will want to host a meeting with your team members to provide background on the Practice and map out what the implementation process will look like.

Remember: It is important to maintain regular stakeholder engagement during this phase, so we recommend monthly updates to less-involved stakeholders. During your first meeting with them, ask them how they would like to stay engaged in this process (email, in-person, etc.).

Phase Two: Planning Phase

Step Three: Develop a Collection Plan for Monitoring Feedback Metrics

Potential Monitoring and Feedback Metrics

Implementation can be assessed through both process measures and outcome measures. We recommend using **process measures** to assess how the implementation is going for your team. We recommend using **outcome measures** to assess the success of the program from the Veteran perspective.

Ideas for **process measures:**

- Staff (e.g., AMSA/PSA) call collection tracking
- Employee satisfaction survey

Helpful Tip: You may want to pre- and post-survey employee satisfaction on your HBPC incoming call and triage process.

Ideas for **outcome measures:**

- Patient satisfaction score – communication between providers and patients
- Incoming call disposition accuracy rates through chart reviews

Helpful Tip: At James H. Quillen VAMC, the HBPC Program has quarterly chart audits on clerical staff intake and disposition of incoming calls.

Step Four: Compile Resources

There are several core resources to successfully implement Improving Communication in Home-Based Primary Care at your facility. The resources can be broken out into three components (people, process, and tools) as seen in the table below.

Table 2. Core Resources for Improving Communication in Home-Based Primary Care

Core Resources		
People	**HBPC Telecare RN 1.0 FTE**	Triages HBPC Calls
	PSA 1.0 FTE	Dispositions HBPC Calls
	Patient Education Coordinator or Committee	Reviews and approves new communication tools (2-4 hours)
	Information Technology	Assists with setting up phone lines (1-2 hours)
Process	**Adaptation, duplication, dissemination, and education of Wellness Check-Up Tool to Veterans and caregivers**	Initial education spans over 6-7 weeks; ongoing education occurs on Veteran admission to HBPC
	Adaptation and education to clinical and administrative staff along with quarterly follow-up	Initial education may take a few hours collectively; ongoing and follow-up education as needed is highly recommended
Tools	**Wellness Check-Up Tool**	See attachment for Mountain Home's Wellness Check-Up Tool and next step for tool description
	HBPC Incoming Telephone Call Disposition Guide	See attachment for Mountain Home's HBPC Incoming Call Disposition Guide and next step for tool description
	Print Shop Resources	E.g., laminator, lamination tools
	Briggs Telephone Triage Protocol Books (6th edition) or Technical Reference Model (TRM) software	Make sure Briggs or selected TRM software are accessible on and off station

Step Five: Adapt Process Improvement Tools

Your team can modify the HBPC tools to fit the needs of your program. Certain aspects of the tools are flexible based on your facility's procedures and the discipline areas listed. You should discuss these with your Interdisciplinary Team and adapt accordingly. Once the HBPC tools have been modified – this may require the help and involvement of your medical media department – it will need to be approved by your facility's Patient Education or Veteran Health Education Committee.

- **HBPC Incoming Telephone Call Disposition Guide**: This tool directs frontline staff, mostly Program Support Assistants (PSAs) or Advanced Medical Support Assistants (AMSAs), on how to disposition calls based on the Veterans and/or caregivers voiced needs. It includes a trigger list of signs, symptoms and incidences that signal immediate transfer to the Telephone Triage RN, a guide for emergent mental health crisis calls, and a disposition tree for all other needs to indicate which discipline needs to receive the view alert for the particular request.

- **Wellness Check Up Tool**: This tool assists Veterans and their caregivers in monitoring their level of wellness as well as any signs and symptoms they should report to their HBPC care team. The colorful stop light visual indicates when all is well (green), when they should call their care team (yellow), and when they should call 911 (red).

You may also need to review and update your nursing triage template and any other templates used by your HBPC team to reflect any changes to your process and workflow.

Step Six: Gather Supplies and Materials

- Determine price quotes for supplies and confirm funding authorization. Consider identifying different office supply sites and complete cost comparisons with GSA Advantage.

Helpful Tip: James H. Quillen VAMC has an on-site print shop, so price quotes were not needed.

- Supplies for the printed educational materials may include but are not limited to a laminator, lamination sheets, sleeve protectors (if lamination is not immediately available), and refrigerator magnets.

Helpful Tip: Check with Supply Chain Management (SCM) if any of the needed supplies can be provided.

- Other triaging supplies include the Briggs protocol books (6th edition recommended) or a similar VA Technical Reference Model (TRM) software.

- Follow your facility's procedures for ordering supplies. For instance, you may need to submit a LEAF request for special orders and involve the Logistics team. There is also the option of using a purchase card on special order websites if available. Once you have placed and received your supplies, then you or your designated staff can prep the materials once the HBPC tools have been adapted and approved.

Helpful Tip: Check with your medical media department (if applicable) if assistance for sorting the printing and laminating is available.

Step Seven: Consolidate to One Main HBPC Phone Line

It is recommended to consolidate all incoming HBPC telephone lines into one main number. Work with IT to set up the appropriate phone line extensions for nurses that do not have an existing VA extension.

James H. Quillen VAMC uses CISCO Jabber, which allows for warm transfers and returning calls. Please note that there may be a limit on the number of available Jabber extensions. This will need to be discussed with IT and your team to determine who needs a Jabber extension assigned.

Helpful Tip: Download the Jabber software on-site for a quicker download.

Step Eight: Train Staff

Educate all HBPC staff on new communication tools. Please see photo (left to right) of Jessica McDaniel, HBPC Program Director at Orlando VA Medical Center, and Kelli Jones, HBPC Nurse Manager at James H. Quillen VAMC, reviewing the updated HBPC communication tools.

Staff will need training on how to appropriately disposition incoming calls to each discipline within the care team, following along with the HBPC Incoming Telephone Call Disposition Guide. This includes listening to the Veterans' and/or caregivers' voiced needs, identifying signs, symptoms, and incidences, identifying the call as routine versus non-routine, and identifying whether clinical triage is needed or not during non-routine calls. Non-routine calls should be elevated as they require clinical triage to the Telephone Triage Nurse.

Staff will also need to be informed and familiar with the Wellness Check-Up Tool to properly educate Veterans and caregivers on how to use the tool.

The amount of time for training varies based off the size of your HBPC Program. Initial training at James H. Quillen VAMC took approximately 30 minutes per team, with 8 HBPC teams in total, resulting in 2-3 hours collectively. Follow-up education was provided as needed.

At Orlando VAMC, multiple staff trainings were held. A 30-minute initial training was provided to nursing to prepare for the process change. Then a 4-hour training was

provided to clerical (e.g., AMSAs) and nursing staff to test the newly adapted tools. Orlando VAMC then held three 20-minute comprehensive sessions to the entire HBPC team, covering 12 teams in total, including providers of all disciplines involved in the HBPC Program (i.e., nurse practitioners, occupational therapists, dietitians, etc.).

Helpful Tip: Ongoing follow-up education to staff is highly recommended.

Step Nine: Distribute Wellness Check-Up Tool and Educate Veterans and Caregivers

Once the Wellness Check-Up Tool has been approved by the Patient Education or Veteran Health Education Committee, the tool should be printed, laminated, and disseminated to currently enrolled Veterans in the HBPC Program. This can be done by mailing the tool and enclosing a letter that explains the reason for the tool, how to use the tool, and recommendations for posting it in their home for quick access (recommended posting on refrigerators/another location that is easily accessible on a daily basis).

In addition to mailing and/or handing out the Wellness Check-Up Tool, the RN Care Manager or appropriate HBPC staff should follow-up and complete in-person education on the Wellness Check-Up Tool to Veterans and caregivers. This will allow Veterans and caregivers to better monitor their level of wellness as well as recognize any signs and symptoms they should report to their HBPC care team.

Initial education at James H. Quillen VAMC took about 5-10 minutes per Veteran and/or caregiver over the span of 6-7 weeks. A total number of 500+ Veterans were and continue to

be served in James H. Quillen VAMC's HBPC Program. Once this practice is implemented, Veterans and/or caregivers are trained on admission to HBPC.

Similar time commitments were made at Orlando VAMC as the first replicating site. Initial education at Orlando VAMC took about 5-10 minutes per Veteran and/or caregiver over the span of 4-6 weeks as that is how long it took to see all the Veterans of their HBPC Program. A total number of 725 Veterans were and continue to be served in Orlando VAMC's HBPC Program.

Please see photo (above) of Rebecca Haynes, Registered Nurse, educating a Veteran on the Wellness Check-Up Tool.

Phase Three: Implementation Phase

Step Ten: Practice Go-Live!

Now that you have completed the pre-implementation portion of Improving Communication in Home-Based Primary Care, you have a roadmap to properly educate staff and Veterans regarding HBPC calls.

Step Eleven: Gather Lessons Learned or Incorporate Feedback

You can follow up with staff on utilization of both tools to solicit feedback on their effectiveness and/or issues so your team may be more proactive while monitoring Veterans' levels of wellness. You can also evaluate Veteran satisfaction on their communication with providers.

It is a good idea to identify your lessons learned. Some of the initial lessons learned at James H. Quillen VA Medical Center and Orlando VA Medical Center include:

- Engaging staff and Veterans on the front end when implementing the practice leads to more positive reception to change and effective education.

- Effective communication is vital for improving both the Veterans' and caregivers' experience and staff satisfaction.
- Simulate patient calls with your clerical staff, such as AMSAs, and the Triage RN using the tools, templates, Briggs protocol, and transferring calls through Jabber will result in a more successful "Go-Live."

Phase Four: Post-Implementation Phase

Step Twelve: Collect and Interpret Data

Collect and measure the following data/scores along with any additional process and outcome measures determined during the development of your metrics and collection plan (step 3):

- Patient satisfaction score, particularly 'Communication between Providers and Patients'

Helpful Tip: This data can be found in the VSSC Database Cube linked in the National HBPC SharePoint Dashboard.

- Call disposition accuracy pre- and post- process change

Previously, HBPC patient satisfaction scores per VISN facility could be found in the VSSC national data. Data reporting changed on Pyramid in 2023; however, there is potential to drill down to specific question responses to determine needs/areas for improvement.

As part of best practice and analyzing data, you should continue to chart audits on clerical staff intake and disposition of incoming calls quarterly or at a regularly determined cadence.

Step Thirteen: Share Success with Stakeholders and Celebrate!

Be sure to share your success with leadership and other stakeholders to gain their continued support.

The celebration is of course an optional step, but after successfully Improving Communication in Home-Based Primary Care at your facility, you and your team deserve some recognition and celebration! Regardless of how you choose to celebrate, it is important to acknowledge the hard work put forth and the outcomes accomplished, because this practice directly enhances the experience of the Veterans that visit your facility.

Chapter 5: Resources

Questions?

Do you have questions or need advice about implementing Improving Communication in Home-Based Primary Care at your facility?

Check out the Improving Communication in Home-Based Primary Care Diffusion Marketplace page!

- https://marketplace.va.gov/innovations/improving-communication-in-home-based-primary-care

Or contact:

- Kelli Jones at Kelli.Jones@va.gov

Acronym Key

Acronym	Definition
AMSA	Advanced Medical Support Assistant
HBPC	Home-Based Primary Care
PSA	Program Support Assistant

RN	Registered Nurse
SCM	Supply Chain Management
TRM	Technical Reference Model

Attachments

Document	File
A3 Improving Communication in HBPC (James H. Quillen VAMC)	HBPC_A3 Improving Communication in HB
HBPC Incoming Telephone Call Disposition Guide	HBPC Incoming Telephone Call Dispos
Improving Communication in HBPC One-Pager	Diffusion_One Pager_Improving Con
Improving Communication in HBPC Process Flowchart	BC23_Process%20Mapping_Improving%20

Document	File
Organizational Readiness Assessment	Organizational Readiness Assessmen
Wellness Check-Up Tool	Wellness Check-Up Tool.pdf

Acknowledgements

The following individuals were instrumental in developing and replicating Improving Communication in Home-Based Primary Care:

- Kelli Jones, HBPC Nurse Manager, James H. Quillen VAMC
- Shannon Rider, Registered Nurse, James H. Quillen VAMC
- Rebecca Haynes, Registered Nurse, James H. Quillen VAMC
- Angela (Hope) Ledford, Chief Nurse, James H. Quillen VAMC
- Jessica McDaniel, HBPC Program Director, Orlando VAMC
- Chessie Mathews, Assistant HBPC Program Director, Orlando VAMC
- Stephanie Sinnett, Innovation Specialist, Orlando VAMC
- Christine Chen, Diffusion of Excellence Support Team

Please see photo (left to right) of Kelli Jones, Stephanie Sinnet and Jessica McDaniel attending 2023 Diffusion of Excellence Base Camp.

Please see photo (left to right) of Jessica McDaniel, Kelli Jones and Chessie Mathews showcasing updated HBPC communication tools at Orlando VA Medical Center during their 2023 Diffusion of Excellence Facilitated Replication period.