

ED-PACT Tool



Implementation Workbook

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What is the ED-PACT Tool?

Veterans discharged home from Emergency Departments (EDs) may have one or more urgent follow-up care needs. Not receiving needed follow-up care after an ED visit puts Veterans at risk for having poor outcomes, including delays in diagnoses, worsening of the patient's condition, ED revisits or hospitalizations, and/or experiencing adverse drug events. Rapid, brief, and reliable information flow from EDs to PACT assures that Veterans receive the post-ED follow-up care they need. The ED-PACT Tool facilitates this communication for Veterans who are discharged from VA EDs.

The ED-PACT Tool was developed and implemented at VA Greater Los Angeles (VAGLA) by a multidisciplinary quality improvement (QI) team with funding by VA's Office of Patient Care Services (PCS) and Quality Enhancement Research Initiative (QUERI). Utilizing Plan-Do-Study-Act (PDSA) cycles, the QI team iteratively developed, formatively evaluated, and spread the ED-PACT Tool for use with all PACT teams within VAGLA.

The ED-PACT Tool utilizes a care coordination order within VA's Computerized Patient Record System (CPRS) to communicate a message with post-ED care recommendations to the PACT Registered Nurse (RN) Care Manager. The PACT RN care manager receives the message and communicates with the primary care provider (PCP) and other PACT team members to address follow-up care needs.

The ED-PACT Tool facilitates communication using principles that have been studied and recommended in the literature and by patient safety organizations as "best practices" for supporting effective transitions. The ED-PACT Tool leverages CPRS to send communications across care settings, and subsequent messages are embedded in the workflow of the end users. When sending messages, providers use a standardized process and form, which identifies the information needed by the receiver for effectively assuming management of the patient's care. The last step involves the RN care manager "completing" the order, signaling receipt of the message and thereby creating a "closed loop" communication system.

How should this workbook be used?

This workbook outlines the essential steps for deploying the ED-PACT Tool at your site. There are 10 steps. For each step, we provide a brief narrative describing the step, how GLA implemented this step, and the insights the QI team gained during the GLA development and implementation process. When applicable, screen shots are included from the GLA system. This is followed by a "checklist" which provides an outline of the tasks associated within each step. In addition, in GLA's deployment, we developed promotional and training materials. These are contained in the appendices as examples.

Who should I contact for additional information?

For additional information or assistance, please contact:

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Step #1: Engage key leadership and staff

There are five groups of stakeholders that need to be engaged for the ED-PACT Tool to be implemented. We used a promotional and educational “Fact Sheet” to assist in communications with stakeholders (Appendix A).

ED leaders and providers: The ED-PACT Tool provides several potential benefits to the ED. The ED-PACT Tool establishes a reliable mechanism to communicate with PACT teams in a timely fashion. ED providers who are part-time or intermittent do not need to learn the intricacies of the VA system to successfully use the ED-PACT Tool – it is designed to work without the ED provider having pre-existing knowledge about mechanisms for communicating follow-up care needs. The extent to which using the ED-PACT Tool can be integrated into the pre-existing workflow of the ED (see step 2) will also enhance success and usefulness of this tool.

PACT nursing:¹ PACT RN care managers also need to view the ED-PACT Tool as useful. PACT nurses will receive and triage the messages. The ED-PACT Tool brings nurses into the communication loop (if they are not already getting alerted about ED visits), helps nurses and PACT teams manage their workflow, and points their attention to Veterans who need their help. It is important to jointly establish with the PACT nursing leadership the “business rules” for acting on the messages. At GLA, this has been established as the nurses are to initiate acting upon the message within 3 calendar days (inclusive of weekend days), except for when there is a 3-day weekend, when they are allowed a 4th calendar day.

PACT primary care providers (PCPs):¹ By bringing the care managers into the communication loop, the ED-PACT Tool helps ensure PCPs do not miss critical post-ED care needs, and empowers the care managers to maximally contribute to managing Veterans’ care needs. The message in the ED-PACT Tool is designed to initially bypass PCPs, and go directly to the care managers, who then relay the information to the PCPs (according to their triage of the situation and standard practices). The PCPs need to agree to trust the RNs to do this. Alternatively, the PCP can receive the ED-PACT Tool notification in parallel to the RN, however, this will add to the number of notifications the PCP receives, and potentially contribute to “notification fatigue.”

Informatics leaders and staff: Clinical Applications Coordinators (CAC) will need to set-up and maintain the CPRS menus and alert notifications. Although this involves a good amount of initial work and a commitment to sustainment, the ED-PACT Tool embodies the informatics goal of leveraging health information technology to improve Veterans’ care. We highly recommend that your CAC communicate with us directly so that we can send templates and explain our processes.

Facility leaders: To be maximally effective, the ED-PACT Tool requires ongoing monitoring – ideally twice weekly audit of active orders and feedback to the PACT teams regarding “overdue” messages (those that have been active for more than 3 days). This will require ongoing administrative support. This work is in line with VA Secretary Priorities of Improving Timeliness of Services (Access to care and wait times) as well as Modernizing our System (Veteran and Employee Experience).

Checklist

- ☐ Obtain buy-in from stakeholders
- ☐ Determine “business rules” for time to PACT nursing to initiate action on messages

¹ At VAGLA obtaining engagement for these leaders was done separately for each PACT clinic site, with an in-person meeting with the PACT clinic medical director and nurse/site manager. This led to a high level of leader engagement and enabled feedback to the QI team, which was essential for the iterative development and evaluation of the ED-PACT Tool. However, it was also labor-intensive and resulted in a staggered and slow implementation across the healthcare system.

Step #2: Assess how the ED-PACT Tool will fit into the ED’s existing workflow for discharging patients from the ED

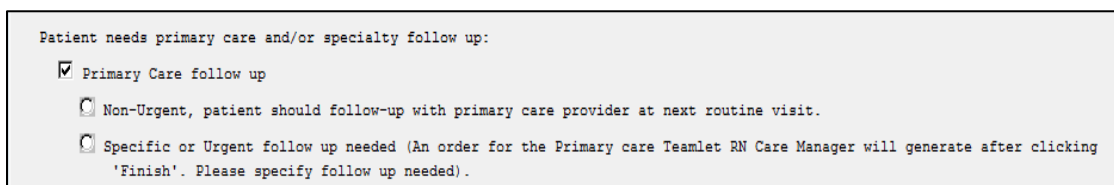
ED providers initiate each use of the ED-PACT Tool. The extent to which this initiation, and then the process of using it, is integrated into the pre-existing workflow of the ED, will determine the extent to which the tool is used, when indicated. When possible, devising mechanisms to prompt the ED provider to consider using the ED-PACT Tool, with instructions on indications for utilizing it, will be useful for encouraging its use, especially when it is first introduced within the ED and, later, for providers who are new to working in the ED.

At VA Greater Los Angeles, for patients seen in our main ED, the ED provider generates aftercare instructions when discharging patients from the ED. Within these aftercare instructions, the provider answers a question about whether the patient has urgent or specific primary care follow-up care needs (Figure 1). If the answer to this is “yes,” the ED-PACT Tool is launched.

For patients seen in the “fast track” area of the ED, aftercare instructions may not be generated. In these cases, the ED provider can launch the ED-PACT Tool from the main ED order menu, where it is listed under a section specific to “Consults and Follow-up Care” (Figure 2).

EDs vary in their workflow with respect to discharging patients, so this process will need to be tailored to fit the workflow within each ED. Creating a process map of the ED workflow for discharging patients may be a useful tool for investigating how the ED-PACT Tool will fit into your ED’s workflow.

Figure 1: ED provider specifies, within aftercare instructions whether the patient has specific or urgent primary care follow-up care needs. If “specific or urgent follow-up” is selected, the ED-PACT Tool is launched.



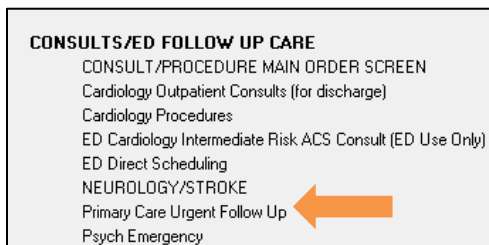
Patient needs primary care and/or specialty follow up:

☒ Primary Care follow up

☐ Non-Urgent, patient should follow-up with primary care provider at next routine visit.

☐ Specific or Urgent follow up needed (An order for the Primary care Teamlet RN Care Manager will generate after clicking 'Finish'. Please specify follow up needed).

Figure 2: Alternatively, the ED provider can activate the ED-PACT Tool directly from the ED order menu.



CONSULTS/ED FOLLOW UP CARE

CONSULT/PROCEDURE MAIN ORDER SCREEN

Cardiology Outpatient Consults (for discharge)

Cardiology Procedures

ED Cardiology Intermediate Risk ACS Consult (ED Use Only)

ED Direct Scheduling

NEUROLOGY/STROKE

Primary Care Urgent Follow Up

Psych Emergency

Checklist

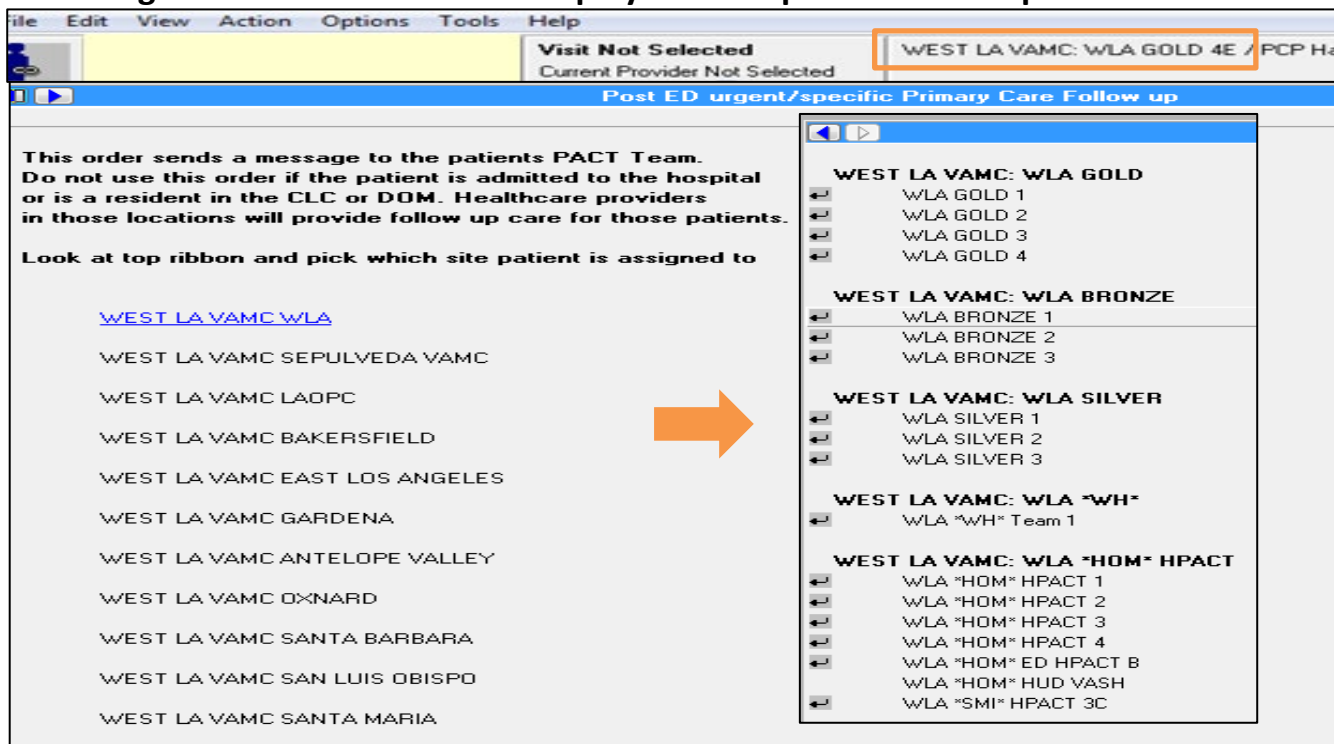
- ☐ Create a process map for current ED workflow for discharging patients
- ☐ Modify your process map to insert using ED-PACT Tool, considering impact on workflow, and, when possible, opportunities to prompt ED providers to use it when indicated
- ☐ Decide where to insert links to ED-PACT tool in appropriate ED templates and menus as determined by fit within ED discharge workflow (do not insert links until ready to launch)

Step #3: Create ED-PACT Tool menus

It is essential that, as much as possible, the menus for the ED-PACT Tool be intuitive to use, and not require ED providers to have pre-existing knowledge of the clinic names or organizational structures. The main feature for achieving this is that the names of the sites, clinics and teams listed on the ED-PACT Tool menus exactly match with how those clinics are being displayed in the top ribbon on CPRS, imported from the Primary Care Management Module (PCMM) (shown in the yellow box in Figure 3). Although it may be tempting to use other abbreviations, or terms that are commonly used by staff who are “in the know” in your healthcare system, this will create confusion for any ED provider who may be new or have limited familiarity with your healthcare system. If there is an exact match in wording, the ED provider will only need to be able to match the wording in the menus with that displayed in the top ribbon to route the message to the correct team.

Start with creating the main menu for the ED-PACT Tool, listing all the primary care sites in your healthcare system. Then, for each site, create a sub-menu listing all the PACT teams at that site. Consider creating groupings of PACT teams under headers if there are many teams at one site.²

Figure 3: ED-PACT Tool ED menus, with primary care site and team names matching the PCMM information displayed the top ribbon of the patient’s record



Checklist

- ☐ Determine the names of the primary care sites, and PACT teams for each site, as they are listed in and imported from, PCMM
- ☐ Create the “main” ED-PACT Tool ED menu, listing each of the primary care sites in your healthcare system
- ☐ For each primary care site, create a “submenu” of the names of the PACT Teams

² Because VAGLA launched one site at time, during the roll-out several of these links were not active, but rather produced a message indicating that the ED-PACT Tool was not available for this site. The link was then activated once that PACT site was ready to launch.

Step # 4: Create a templated order/orderable item for each PACT teamlet

For each PACT Team, create an orderable item. These orderable items are nursing orders. GLA created a subtype of a nursing order entitled “care coordination” orders (Figure 4). These orders have an automatic expiration date of 14 days.

Create the order template (Figure 5) so that it imports from CPRS the patient’s phone number. The template should then ask the provider to verify the phone number and make corrections if needed. This is important for enabling the PACT team to contact the patient. The template should also include the sentence inserted “RN Care Manager-Please work with your team to initiate communicating and/or coordinating the following post-ED care needs/ recommendations.” This sentence was inserted upon request of the American Federation Government Employees (AFGE) to clarify that this is a message to the PACT teams, being received by the RN Care managers, rather than an order for the RNs to take any specific action. Finally, the template should prompt the provider to select the type of follow-up care need, and enter a brief message to the PACT team explaining the need. We found that it was necessary to have the questions regarding phone number, type of need, and explanation of need be mandatory so that this essential information was not omitted by ED providers.

Figure 4: ED-PACT Tool orderable item category

Care Coordin. >> ED-PACT TOOL *TESTING*: PATIENT PHONE NUMBER: Phone: 000 000 0000 Work: 000.000.0000	Start: 11/20/17 14:34 Stop: 12/04/17
---	---

Figure 5: ED-PACT Tool order template

Reason for Request: ED-PACT TOOL WLA GOLD4_

ED-PACT TOOL WLA GOLD TEAM 4

PATIENT PHONE NUMBER:

Phone: (213) 815-2359

Work: NONE

Cell: 3104783711

Is the patient phone number in CPRS correct: ☒ Yes ☐ No ☐ Patient has no phone number

Contact phone number if different than CPRS/instructions given if patient has no phone number:

RN Care Manager - Please work with your team to initiate communicating and/or coordinating the following post-ED care needs/recommendations.

REASON FOR REQUEST:
(Select from appropriate boxes)

☐ Symptom/Sign recheck

☐ Blood pressure recheck

☐ Wound care/suture removal

☐ Laboratory recheck

☐ Radiology follow-up/reimaging

☐ Coordination of follow-up care with consultants/specialized testing

☐ Medication adjustment

☐ Other

(EXPLAIN IN DETAIL BELOW)

* Indicates a Required Field

Preview OK Cancel

Checklist

- ☐ Create a care coordination subcategory of nursing orders
- ☐ Create the ED-PACT Tool order template
- ☐ For each PACT team create an orderable item using this template

Step # 5: Create notifications for each orderable item

For each orderable item, create an alert to notify the RN Care Manager for that team and any additional PACT personnel who should receive alerts for this team (Figure 6). Although the main target for notifications is the RN Care Manager, some GLA PACT clinics have requested that additional notifications be sent to others in the clinic to ensure that messages are not missed. For example, some clinics have RN Care Managers working as “buddies,” covering each other’s teams when one is on leave, and have requested that both receive notifications for their teams. In other clinics, the licensed vocation nurse (LVN) also receives this notification, with the intent that the LVN will make sure that the RN is aware of the message. Finally, in other clinics the PCP has requested to also receive these notifications. In short, this feature is customizable by the PACT clinic to fit what will work best for them.

If your site has the ‘Flagged Orderable Item’ alert set as an “informational” alert in CPRS, we suggest changing this parameter so that it becomes an “actionable” alert, since informational alerts disappear when the users click on them. However, discuss this with your CACs and Chief Health Information Officer (CHIO) to adhere to your sites existing protocol on changing this parameter, as it will affect all users who may be using the ‘Flagged Orderable Item’. Also, discuss with your CACs/CHIO designing these alerts so that users can self-subscribe or unsubscribe to a ‘Personal List’ in CPRS to receive these alerts. (Figure 7). When creating the Personal List/Team List, ensure that the subscription status is marked ‘YES’ to allow users to self-enroll. (Figure 8). The Personal List/Team List will then be linked to the ‘Flagged Orderable Item’.

Figure 6: ED-PACT Tool notifications

Patient Selection

Patient List

- Default: GIMED Cordasco
- Providers
- Team/Personal
- Specialties
- Clinics
- Wards
- All

Patients (GIMED Cordasco)

- Ztest A Patient
- Ztest A Patient Andrew
- Ztest A Patient Charles
- Ztest A Patient Charles
- Ztest A Patient Daniel Daniel
- Ztest A Patient Duc Donald
- Ztest A Patient Eddie
- Ztest A Patient Edward
- Ztest A Patient Ezekiel Z
- Ztest A Patient Ezra
- Ztest A Patient George
- Ztest A Patient Grace

Ztest A Patient
SSN: "SENSITIVE"
DNR: "SENSITIVE"
Female
Veteran

Save Patient List Settings

OK
Cancel

Notifications

Info	Patient	Location	Urgency	Alert Date/Time	Message	Forwarded By/When
	Ztest A Patient	ER	HIGH	12/14/2015@04:52	Order placed: ED-PACT TOOL SILVER3 12/14 04:52	

Process Info Process All Process Forward Show Comments Remove

Figure 7: ED-PACT Tool notifications

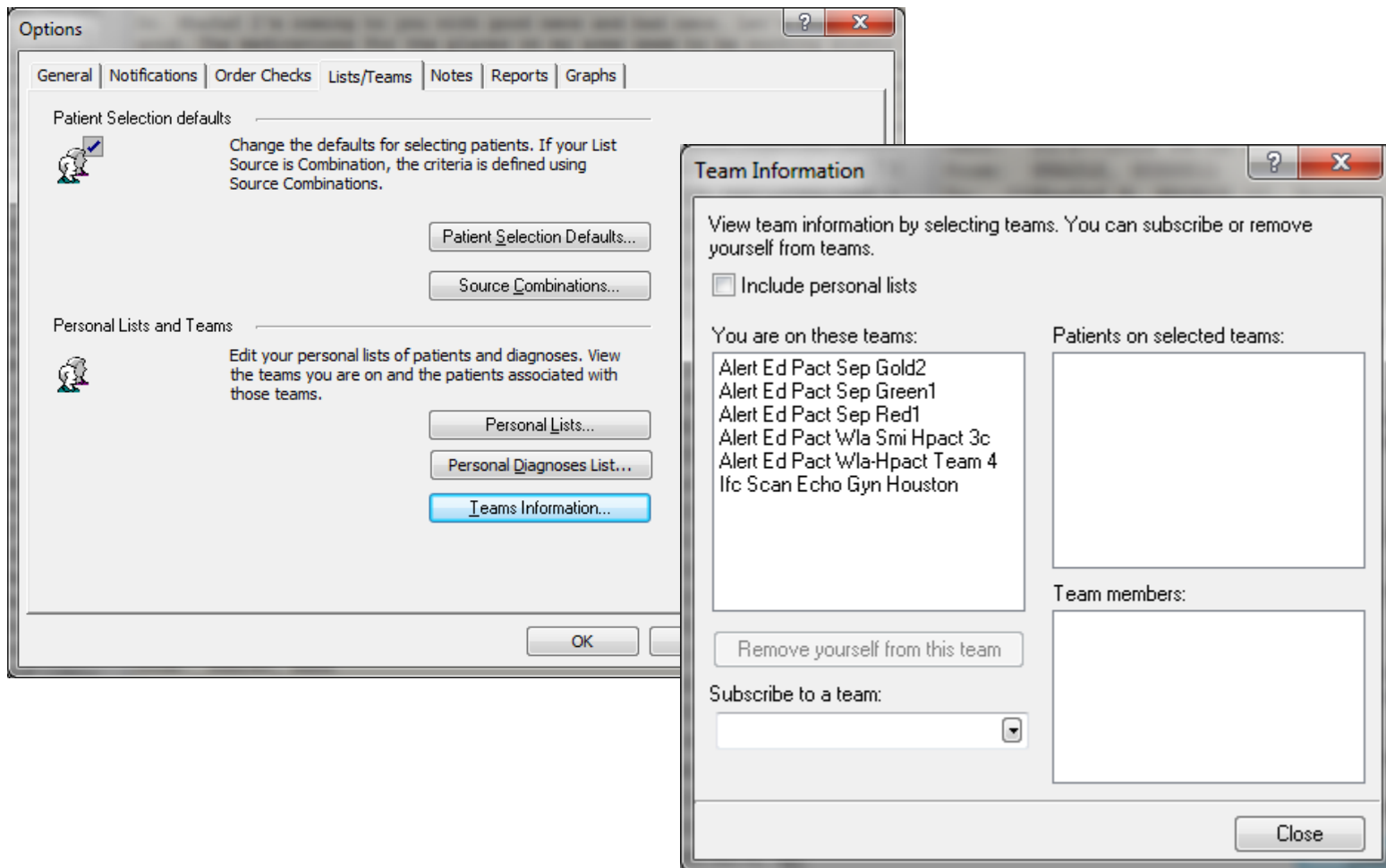


Figure 8: ED-PACT Tool notifications programming

```
Enter subscription status: ?
  YES means users can add or remove themselves as team members (providers).
  Choose from:
  ➔ Y      YES
    N      NO
```

Checklist

- ☐ Determine the names of the RN Care Managers and other PACT personnel who will receive notifications for each PACT team
- ☐ Program alerts to notify the appropriate personnel for each orderable item, allowing users to self-subscribe and unsubscribe into the CPRS team to receive alerts

Step #6 Create an ED-PACT Tool “Dashboard” (optional)

Create an ED-PACT Tool Dashboard using a secure SharePoint site that lists all ED-PACT Tool orders that have been placed for your healthcare system. This dashboard should include fields showing the date the order was placed, the order status (e.g., active, complete), the PACT team to which the order was sent, and the Veteran’s identifying information (Figure 9). Users should be able filter by status (e.g. ACTIVE, COMPLETED) as well as the PACT team to which the Veteran is assigned. This dashboard refreshes nightly (at 12 midnight).

This dashboard will allow RN Care Managers and Clinic Managers to check for active orders in the system (as a backup for receiving notifications). Each RN Care Manager and Clinic Manager will need to be given access to this SharePoint site (which we did by having the individuals request access the first time they navigated to the SharePoint site). In addition, this dashboard may be used by the implementation team to perform audit and feedback (see step #7 below).

Figure 9: The ED-PACT Tool “Dashboard”, a secured SharePoint site listing ED-PACT tool orders

Order Status	ACTIVE			
Ordering Provider	(All)			
InactivatedDateTime	(blank)			
PC Team	Patient	SSN	Orderable Item	Entered DateTime
SEP GOLD 1A	zzDoe, John V	999999999	ED-PACT TOOL SACC GOLD 1	9/25/2016 13:04
SEP GREEN 1A	zzDoe, Robert V	888888888	ED-PACT TOOL SACC GREEN 1	9/27/2016 4:13

Checklist

- ☐ Create secured SharePoint Site capturing ED-PACT Tool orders
- ☐ Provide access to this SharePoint site to all PACT RN care managers and clinic managers

Step #7: Create PACT RN Care Manager Note Template (optional)

Some of the RN Care Managers using the ED-PACT Tool, and their clinic managers, prefer to have a note template generated to use to guide them in documenting their response to receiving an ED-PACT Tool Message. It is essential that this note template assist the RN in documenting their actions without automatically filling in actions that the RN may have not performed, and provide enough flexibility for the RN to document the wide range of patients' post-ED care needs and potential interventions and plans.

At GLA, we have created a template using reminder dialogue (Figure 10). We have titled it: "Primary Care Post-ED Follow Up Care Nursing Note." Currently, use of this template is optional. RNs using this template are guided to fill in information about whether they spoke to the patient or patient's family member, what the follow-care need was, and their plan or intervention, including phone numbers provided to the patient. This template can be sent to your CAC upon request (email us at VHAWLAEDPACT@va.gov to arrange).

Figure 10: The ED-PACT Tool PACT RN Care Manager Note Template

Reminder Dialog Template: PRIMARY CARE POST-ED FOLLOW UP CARE NURSING NOTE

Able to reach patient/patient's family member?

☐ Yes. This encounter was with:

☐ No. Attempts made. Action taken:

☒ No. Patient's contact information not correct. Action taken: *

Reason(s) for Post-ED telephone call: (Select from appropriate boxes) *

☐ Symptom/Sign recheck

☐ Blood pressure recheck

☐ Wound care/suture removal

☐ Laboratory recheck

☐ Radiology follow-up/reimaging

☐ Coordination of follow-up care with consultants/specialized testing

☐ Medication adjustment

☐ Other (EXPLAIN IN DETAIL BELOW) *

Plan/Intervention:

Comment:

☒ Clinic Follow-Up:

Patient informed of any follow-up appointments. Future appointments are as follows:

No Scheduled Appointments at this time.

☒ Patient Access:

☒ - Patient given teamlet phone number and asked to call during clinic hours with any questions or concerns.

☐ - Patient given 1-877-252-4866 24-hour nurse advice line number if PACT teamlet unavailable.

☐ - Call Center number 1-877-251-7295.

☐ - Medication Refill phone number 1-800-952-4852.

Visit Info Finish Cancel

Able to reach patient/patient's family member?

Health Factors: PACT DC F/U:PT INFORMED OF F/U APPTS

* Indicates a Required Field

Checklist

- ☒ Create PACT RN Care Manager note template using reminder dialogue (email us for your CAC to receive a copy of our template from our CAC)

Step #8: Educate PACT members and ED providers, and activate tool

RN Care Managers: It is essential that the PACT RN Managers receive training on the ED-PACT Tool – receiving notifications, finding the messages embedded in the order, and how to change the status of the order to “complete” to signify that the message has been received and action initiated. At GLA, this training was done in-person, in a 90-minute session, at each clinical site. However, virtual training is also possible. In addition to training in the mechanics of using the tool, we utilized clinical scenarios with messages to engage the care managers in an interactive portion of the training. The Appendices contain the slides for this training (Appendix B), as well as a companion RN Care Manager User Manual (Appendix C) as well as a separate dashboard user guide (Appendix D).

At the conclusion of the training, we verified that each RN care manager had their CPRS setting configured properly to receive these notifications (Flagged Oi Order-Outpt). Then, we sent each RN Care Manager a message for a “test patient” and she or he practiced changing the status of the order from “active” to “complete.” This both gave them an opportunity to carry out the mechanics, but also verified that the notifications had been programmed properly.

Clinic Managers: The clinic managers commonly sat in on the RN Care Manager training sessions. In addition, we provided the clinic manager with a separate Dashboard guide for the clinic managers (Appendix E).

Emergency Department Providers: Education about the ED-PACT Tool was done via e-mails for the ED providers, distributing and posting an “ED Provider Guide” to the tool in the ED workspace, and inserting this guide into the ED new provider orientation materials (Appendix G). The ED-PACT Tool is designed for intuitive use for the ED (whose providers may be temporary or infrequent per-diem) so limited training should be needed. We reinforced this information by repeating it in each email announcing the launch of tool availability in new PACT sites. See Appendix H for this email template.

We suggest creating an electronic repository for all training materials for the ED-PACT Tool. Ideally this would be a location that is easily and commonly accessed by PACT RNs and clinic managers. At GLA we created a folder on our health care system’s nursing SharePoint.

Once the PACT RN Care Managers have been trained and are ready to receive messages, activate the clinic site/teams on the ED menu by placing the site/teams on the menu and linking the orderable items to the teams. Also, notify the ED providers about the new site activation via email (Appendix H).

Checklist

- ☐ Train PACT RN Care Managers in using the ED-PACT Tool
- ☐ Verify that PACT RN care managers’ CPRS settings are configured to receive notifications
- ☐ Send each PACT RN care manager a test message , verifying receipt
- ☐ Distribute and post ED provider guide
- ☐ Activate the clinic site/teams by placing link on ED menu
- ☐ Notify ED providers that a new site has been activated

Step #9: Perform audit and feedback (optional)

We found that performing a twice-weekly audit of orders “overdue” for action was essential for reinforcing RN Care Manager training as well as detecting and overcoming barriers to implementation. We defined “overdue” as orders that were placed more than 3 days prior and not yet changed from “active” to “complete.” For such orders, we provided an additional prompt (i.e., “feedback”) to the RN Care Manager to respond to the message and change the status of the order from “active” to “complete.” One person performed this audit and feedback for all teams/clinics in the healthcare system. This person also provided education and assisted in troubleshooting if the RN Care Manager indicated having technical difficulties. We found that it was best to perform this audit and feedback every Tuesday and Thursday so that RN Care Managers had time on Monday to address (prior to the audit) messages that had come in late the week prior, as well as time on Friday to respond, prior to the weekend, to any feedback prompts they got on Thursday,

You can perform this audit using the dashboard you set up in step #6. To produce a list of “overdue” orders, the filter the orders to those that (1) are “active” and (2) placed four or more days prior to the audit.

Alternatively, the CAC staff can create a VISTA report listing all ED-PACT Tool orders and their status. In this report, for each order include the patient’s name, last four of the patient’s social security number, the name of the orderable item (which indicates the team to which this order was directed), and the order status (e.g., active or complete). This VISTA report enables creating a running audit and feedback spreadsheet (see Appendix I), which can then be used to track performance (e.g., completion rates) by clinic. Maintain this spreadsheet in a limited-access folder on a secured server designated for quality improvement projects, in accordance with VHA privacy rules.

When a new clinic was activated at Greater Los Angeles for the first few months we provided feedback directly to the RN Care Managers, using secured instant messaging to prompt them about the overdue order. We could then detect when that nurse was having a technical issue or knowledge deficit (related to the function of the Tool) and address it directly. This helped establish a friendly and non-threatening rapport between our project team and the RNs. This method is labor-intensive, however, as it requires contacting individual RNs with an overdue message. And, the clinic manager (supervisor) is not receiving these communications, so the clinic nurse manager is not aware of, and cannot assist with troubleshooting, problems. After a few months, we switched to sending encrypted emails to the clinic nurse manager listing overdue orders, who then relayed this information to the appropriate RN Care Managers. The advantage of this approach is that this is less labor-intensive for the project team (although more work for the clinic nurse manager) and the clinic manager is aware of, and can address, any clinic or staff-specific issues (e.g., if a nurse has gone on unexpected leave). Involving the clinic manager has, in some cases, led to changes in the notifications – for example the one clinic that has their LVNs get notified in addition to the RN Care Managers requested this after the clinic manager started getting the emails about overdue messages. This change in practice resulted in this clinic having significantly less overdue messages.

Checklist

- ☐ Identify personnel to perform twice-weekly audit and feedback
- ☐ Consider creating VISTA report to support audit and data spreadsheet
- ☐ Identify limited access folder on secured server if data spreadsheet is to be created
- ☐ Establish audit and feedback processes
- ☐ Launch audit and feedback

Step #10: Maintaining the ED-PACT Tool: notifications, menus, and a training repository

As there is inevitable turnover in the PACT RN Care Manager staff, and the creation, deletion, or renaming of PACT Teams, alterations will need to be made to the notifications, menus and orderable items. The most common need is when there has been a change in a team's PACT RN Care Manager, and therefore there needs to be a change in the notifications for the orderable item for that team. At GLA, we have instructed the clinic managers to email the clinical application coordinator (CAC) group email address directly with these changes, and have included instructions on how to do this in the clinic manager guide. Some of the clinic managers do this, and some continue to email the project team (e.g., the person sending the audit and feedback emails) who then forwards this information to the CAC group. Some clinic managers remember to do this when a new RN Care Manager arrives, and some realize this needs to be done once they receive an "overdue" order (which is the advantage of notifying the clinic manager of "overdue" orders.) Every six months, our implementation team also sends the clinic managers the list of people receiving notifications for each team, asking if there have been changes in staffing, or changes in team names. We also request the list of team names in PCMM to check for any changes in team names or how they are being displayed in the CPRS ribbon, so that the ED-PACT Tool menus are displaying up-to-date information.

We also suggest creating an electronic repository for all training materials for the ED-PACT Tool. Ideally this would be a location that is easily and commonly accessed by PACT RNs and clinic managers. At GLA we created a folder on our health care system's nursing SharePoint site.

Checklist

- ☐ Every six months consider verifying PCMM team names
- ☐ Every six months consider verifying notifications with clinic managers
- ☐ Create repository for training materials and let clinic managers know about it for training new RN Care Managers is ED-PACT Tool processes

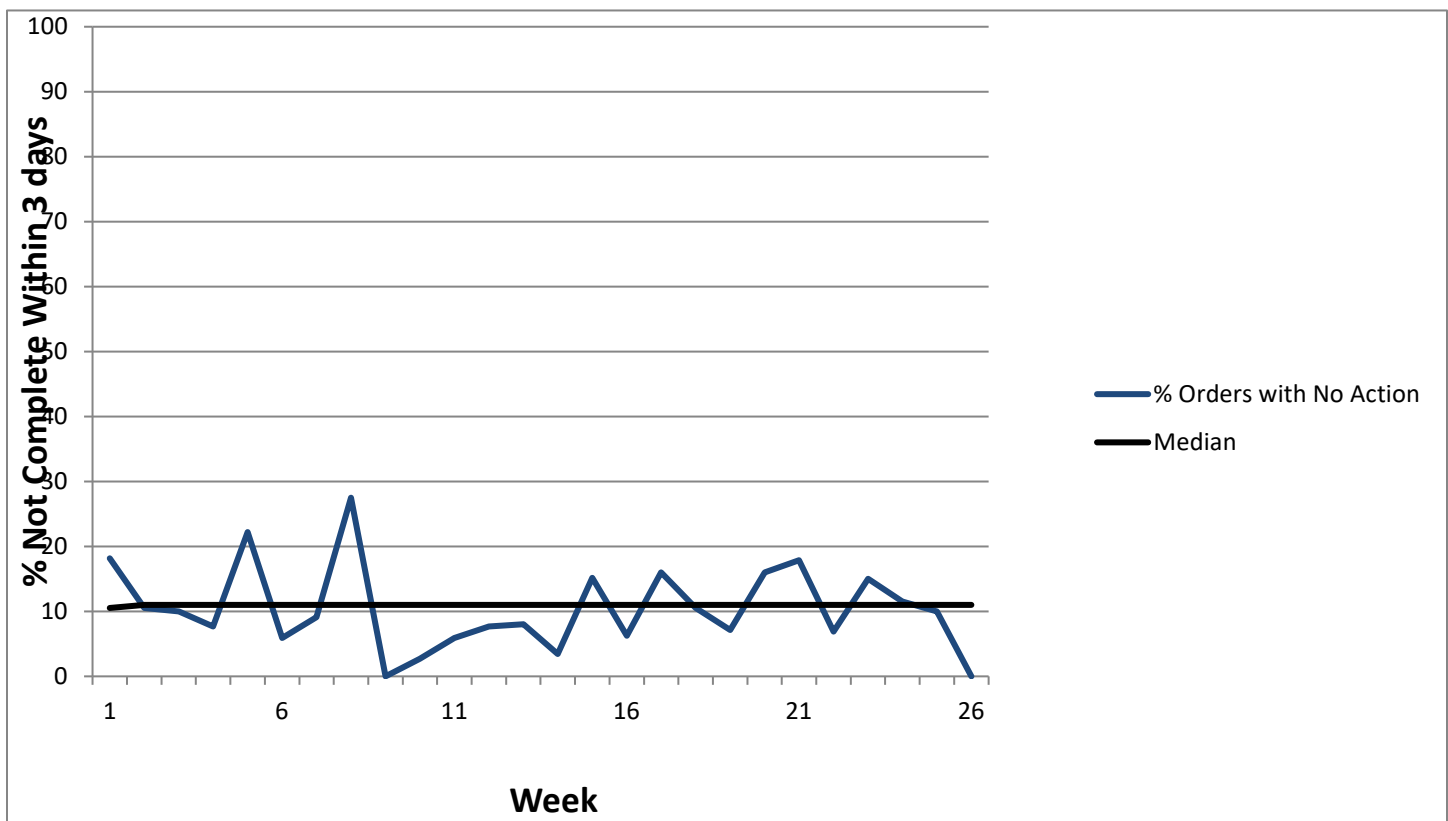
Post-implementation performance feedback to clinics

Creating a VISTA report to generate an audit-and-feedback tracking spreadsheet (see step #8), allows you to track overall and clinic-specific completion rates within 3 days and provide this information back to clinic leaders. VA Greater Los Angeles used EXCEL pivot tables to create run charts of weekly rates of non-completion for the healthcare system overall, and by clinic (Figure 11). We sent these run charts to clinic managers to provide them with an overview of how their clinic was doing on this measure over the prior 6 months.

To provide this feedback:

1. Sort and then extract from your audit-and-feedback tracking spreadsheet all orders for each clinic. Sort these by date, and then specify the week number.
2. Assign “1” for orders completed prior to the audit that were executed at more than 3 days after the order was placed. Assign a “0” for orders not completed in more than 3 days.
3. Use the pivot table function in EXCEL to create the line graph shown in Figure 11.

Figure 11: Example of run chart of weekly rates of non-completion (by 3 days) to provide to clinic leaders



Acknowledgements:

The quality improvement workgroup that formulated the initial version of the ED-PACT Tool was funded by the VISN 22 Veterans Assessment and Improvement Laboratory (VAIL) PACT Demonstration Lab, Office of Primary Care. Iterative development, spread and evaluation of the ED-PACT Tool was funded by the VA Quality Enhancement Research Initiative (QUERI).

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In addition, this project was made possible with the support of GLA leaders, including:

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Neil Paige, MD