# The QPS Quarterly

**U.S. Department of Veterans Affairs**
Veterans Health Administration

## Highlighting People and Achievements in the Office of Quality and Patient Safety

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Enterprise-Level Measure Set: Driving quality efforts at all levels of VA  *Watch* ▶

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## Signals from the Bridge

By Gerry Cox, MD, MHA
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Office of Quality & Patient Safety

Dear Colleagues,

Spring is seen as a time for renewal, growth and new beginnings. As the days grow warmer and we start to venture outside again to spend time with friends and family, it's also a great opportunity to create change and embark on new projects with fresh ideas. The Office of Quality and Patient Safety is doing just that.

In April, a team of QPS employees and leaders kicked off a major new initiative, conducting a series of engagements with VISN leaders, VISN patient safety officers (PSOs) and quality management officers (QMOs) to discuss Veteran Health Administration's (VHA) quality and patient safety programs. We hope these engagements will help establish closer relationships with VISN and facility leaders, cultivate a shared vision and better align patient care priorities across all levels of VHA.

During these meetings, we've shared the latest data available through the Enterprise-Level Measure Set, our comprehensive dashboard of VHA quality and patient safety measures that helps set our priorities for the entire system. We also shared a near-final draft of a new directive that outlines the priorities and expectations for national patient safety programs at the regional and facility level. This directive identifies areas for improvement and will help guide our performance goals in the future.

These meetings have also provided us with an opportunity to listen and learn. VISN teams shared how they approach and manage quality and patient safety programs, insights into their priorities, and important topics they discuss with colleagues and staff members. The conversations have been enlightening and reinforce that patient safety is a team sport. I look forward to the remaining meetings with VISN consortia in the coming months and will share key insights in a future town hall.

The Center for Strategic Analytics and Reporting recently launched a series of training videos about the Strategic Analytics for Improvement and Learning (SAIL) quality improvement tool and the Enterprise-Level Measure Set. These videos do an excellent job breaking down difficult concepts into step-by-step guides on how to use the tools. Keep reading this issue of QPS Quarterly to learn more.

You'll also read about the critical role VHA Support Service Center plays, in collaboration with EHRM IO's Data Migration team, in ensuring data integrity in the Cerner implementation and rollout. The transition of millions of records from VistA to Cerner is a huge undertaking and requires a meticulous team of data validation experts to authenticate and syndicate information. This safeguards patient care and ensures we can generate valid and accurate reports.

The work QPS experts are doing to create and refine the many tools, reports and records VHA manages and relies on, is nothing short of extraordinary. I'm proud of the great work that we do in service to those who served.

Gerry

# SAIL provides improvement insights to VHA facilities

With VA medical centers (VAMCs) spread out across the country, how does VHA determine which facilities need the most support and how to best leverage resources to provide support? The answer is data models like the Strategic Analytics for Improvement and Learning Value Model (SAIL), which help paint a clear picture of how VA facilities are performing.

SAIL, developed by the Office of Analytics and Performance Integration's Center for Strategic Analytics and Reporting (CSAR), is a benchmarking tool that summarizes hospital system performance within VHA. SAIL collects data from 127 VAMCs that provide Veterans acute inpatient medical and/or surgical care and 16 non-acute care facilities. The majority of measures in SAIL come from program offices outside CSAR, including VA's Inpatient Evaluation Center, Performance Measurement, and the Office of Productivity, Efficiency, and Staffing.

To help break down the tool's many capabilities, CSAR recently launched a training video series that provides a comprehensive, step-by-step visual introduction to SAIL and its reporting features. For each measure in SAIL, facilities are ranked and categorized in quintiles of performance. The SAIL radar chart and scatter plot are two key features that allow a facility to see their relative ranking compared to other VA facilities. To dive deeper into a facility's metrics, the facility scorecard and opportunity matrix features allow tracking of relative performance over time and facilitate sharing of strong practices across facilities. Additionally, SAIL users can look at absolute facility improvement or decline compared to a previous time period.

SAIL provides a high-level view of health care quality, efficiency and productivity, allowing leadership to examine a wide breadth of existing VA measures. "SAIL is heavily used at all levels in VHA, from senior leadership all the way down to frontline staff," shares Ron Freyberg, Director of CSAR. "SAIL is one tool that gets a lot of use throughout VHA because it allows users to evaluate performance and quality improvement on a wide array of domains and measures."

For Kirsten Aghen, Director of the Center for Improvement Coordination (CIC), SAIL plays a vital role in the work of her program office. CIC uses SAIL, along with other data sources, in a model developed by the CSAR team to help identify medical centers with opportunities for improvement. Through this model, CIC can prioritize sites that have the most opportunity for improvement and connect with them to offer support and expertise. VAMC participation is voluntary and each facility can work with CIC's improvement team to determine the best approach for their site's needs. CIC provides both in-person and virtual support to facilities and VISNs.

"Our mission is to drive improvement using data and we use SAIL to help focus and prioritize opportunities for improvement in partnership with the medical centers," shares Aghen. "Improvement is a marathon, not a sprint. We focus on improving the process, building improvement capacity and capability, and improvements in outcomes will follow."

In addition to SAIL, CSAR builds other analytic tools to help drive improvement. The VA Community Care Comparison (VAC3) tool compares VAMC performance to community hospitals, while the Enterprise-Level Measure Set explores key factors driving quality and patient safety across all of VHA.

For more information on SAIL and other CSAR tools, please visit the CSAR SharePoint site and additional resources linked throughout this article.

# VHA Support Service Center plays key role in EHR implementation

For nearly four years, the VHA Support Service Center (VSSC) has played a key role in supporting VA's migration to Cerner, a single-platform Electronic Health Record (EHR), with the goal to modernize Veteran health care.

The EHR is now live at three locations: VA Central Ohio Healthcare System in Columbus, Ohio, as well as the Spokane and Walla Walla VAMCs and their affiliated clinics in Washington. The Cerner system will be rolled out in phases across all VA medical facilities, the Department of Defense (DOD) and the Department of Homeland Security's U.S. Coast Guard (USCG).

The challenge to implement a new EHR for the nation's largest integrated health care system is no small feat, and VSSC has been involved in the process since the beginning. VSSC Clinic Director Betsy Lancaster chairs the EHRM's Reporting and Registry Workgroup, which has helped develop about 300 custom VA reports, 15 custom HealtheRegistries, analyst training, Federal Content Catalog and more within the Cerner Federal Enclave. VSSC servers are now uploading data directly to the Cerner environment.

The VSSC effort has extended beyond the Clinical office. VSSC Operations Director Stacey Campbell, VSSC Management Director Scot Dingman, and their teams have been very involved in this work.

As part of the integration, Lancaster and Campbell established a solid partnership with DOD, forming the Joint Data, Analytics, Reporting and Registry Board, recently renamed to the Federal Electronic Health Record Modernization (FEHRM) Analytics Governance Board, to establish joint policies, processes and standards concerning access, roles, training, data, reports, registries and training.

The collaboration among VHA, DOD and the USCG will yield a new health record that gives providers unprecedented access to a full patient health history from military service through their transition to Veteran status.

## A Transformation in Patient Care

Today, nearly all VA patient medical records are stored within Veterans Health Information Systems and Technology Architecture (VistA). Because each VA medical center is able to customize their facility's VistA software, there is immense variation in the data, process and even care, which can lead to patient safety risks. The new system, hosted on a Cerner platform, will be consistent and standardized across all facilities, ensuring that all patient records contain the same data and all facilities meet the same standards for care.

Lancaster emphasizes that the Cerner-based EHR is much more than just a new product. "It represents a transformation of how VA delivers care, from a facility-centered approach to a patient-centered approach," she said. "Patients will have much more uniform experiences across VA, with greater ease of use for clinicians and a greater ability to track care across the entire VA, DOD and USCG health care systems."

## Transition for Clinicians and Staff

Because VistA and Cerner are significantly different, the transition to the new EHR is not an easy one for clinicians and users of the system. Once fully trained and comfortable with the new system, clinicians will find that the new EHR puts all of a patient's essential data at their fingertips, enabling them to quickly order tests and renew prescriptions. Importantly, providers are also able to access much richer, more detailed information about the patient.

"Right now, providers don't get to see a whole lot of data about a patient's prior medical treatment with DOD, but that is changing," said Dingman. "Ultimately, we will have one continuous record, allowing providers to connect Veterans' time on active duty with potential medical issues they might experience later in life." When Cerner is fully implemented, if a patient is seen at a different VA hospital, the new provider will have access to all the essential information from the patient's other doctors.

## Richer Data will Improve Patient Experience

The new EHR will also enable highly sophisticated tracking of a patient's experience at a VA medical center—every step of the way.

Using VistA, when a patient sees a provider, VA has information showing that the patient came in for a visit and which provider they saw. The new system tracks the entirety of the patient's experience at the medical center—from arrival at the registration desk, to check in, to when the patient sees the nurse, when they see the doctor—as well as what happens during each interaction. "We are acquiring an enormous level of detail, which will give us unprecedented insight into performance management and measurement," Lancaster said.

It will also speed up access to those insights. "Today, information about provider performance is available by the end of the month," Lancaster said. "With the new system, that information will be available instantaneously, allowing us to continuously monitor performance in real-time."

As implementation of the Cerner-based EHR continues, VSSC staff know their colleagues have questions and concerns. "We want to assure people that they will have access to data as they had before—and much, much more," Lancaster said.

# QPS updates and announcements

- Eileen Moran, Jian Gao, and Andrew Toporek, from the Office of Productivity, Efficiency and Staffing, published a paper in the Journal of Internal Medicine. The study concludes that in the VHA system, primary care is associated with substantial cost savings. Primary Care's Effects on Costs in the US Veterans Health Administration, 2016-2019: an Observational Cohort Study

- Stephen Waldo, Thomas Glorioso, and Meg Plomondon, from Clinical Systems Development and Evaluation, published a paper in the Journal of the American Heart Association. The paper evaluated the association of postprocedural follow-up visits and antiplatelet prescriptions with clinical outcomes among patients undergoing percutaneous coronary intervention for stable angina at community or Veterans Affairs hospitals. Transitions of Care Among Patients Undergoing Percutaneous Coronary Intervention for Stable Angina: Insights from the Veterans Affairs Clinical Assessment Reporting and Tracking Program

- Dr. Makoto Jones was selected for the 2021 Health Services Research & Development Health Systems Impact Award. The award honors research that has had a direct and important impact on clinical practice or clinical policy in the VA Healthcare System. Dr. Jones serves as the director of Biosurveillance, Antimicrobial Stewardship and Infection Control (BASIC) at VHA's Office of Analytics and Performance Integration.

- Dr. Hardeep Singh was selected for the John M. Eisenberg Patient Safety and Quality Award. Dr. Singh was recognized for his expansive, pioneering career in diagnostic safety and health IT safety. He serves as the chief of the Health Policy, Quality & Informatics Program at the Center for Innovations in Quality, Effectiveness and Safety (IQuESt) at the Michael E. DeBakey VA Medical Center in Houston, Texas. Dr. Singh's research is funded by the National Center for Patient Safety.