



Hospital Report Cards

2009

This report provides comparative data about Vermont hospital quality, patient satisfaction, pricing and financial information. In addition, it provides information about **VA Medical Center, White River Junction, VT** quality improvement initiatives, strategic initiatives, governance and process for filing a complaint. To view this information, click on any of the topics below.

INFORMATION ABOUT INFECTIONS AND SURGERIES

See information about the following [Infection Rates and Surgeries](#):

Knee Replacement Infection Rates

Hip Replacement Infection Rates

Abdominal Hysterectomy Infection Rates

Central Line Associated Bloodstream Infections

- Central Line Infection Rates
- Preventing Central Line Infections

Antibiotic-Resistant Infection Prevention and Control

Preventing Complications from Surgery

Volume and Mortality Rates for Certain Surgeries

- Abdominal Aortic Aneurysm Repair
- Esophageal Resection
- Pancreatic Resection
- Pediatric Heart Surgery

INFORMATION ABOUT HEALTH CARE CONDITIONS

See information about [Hospital Treatment, Readmissions and Mortality Rates](#) for the following conditions: *(Scroll down page at BISHCA Site)*

Heart Attack

Heart Failure

Pneumonia

Stroke

Hip Fracture

NURSE STAFFING INFORMATION

See information about [Nursing Care Hours](#) per patient day.

PATIENT SATISFACTION INFORMATION

See [Vermont Hospital Results](#) from a national survey of how hospital patients rated their experiences during recent inpatient stays. *(Scroll down page at BISHCA Site)*

Patient Satisfaction Information and Reporting Measure Results specific to VA Medical Center, White River Junction, VT is included on page 5 of this document or [click here to view](#).

PRICING AND FINANCIAL INFORMATION

[Hospital Discount and Free Care Policy](#) (This link will take you to BISHCA's website where you will find all Vermont hospitals and their discount and free care policies).

Information regarding eligibility for VA Hospitals and/or VA medical care are included in the following paragraph:

[CLICK HERE TO SEE ELIGIBILITY AND ENROLLMENT PRIORITY GROUPS](#) for VA Medical Center, White River Junction, VT. Veterans who meet these criteria may receive care at any VA Hospital nationwide. Veterans can obtain enrollment assistance by calling VA's Health Benefits Service Center, Monday through Friday between the hours of 8:00am and 8:00pm (EST) at 877-222-VETS or [CLICK HERE](#) for VA Medical Center, White River Junction home page.

QUALITY IMPROVEMENT AND PATIENT SAFETY INITIATIVES

Read about [Quality Improvement Projects](#) we have undertaken to make patient care safer and more effective.

STRATEGIC INITIATIVES

Read about [Strategic Initiatives](#) to meet health care needs in our community and opportunities for public participation in strategic planning.

HOSPITAL GOVERNANCE

Read about [Hospital Governance](#), including our public meeting schedule and contact information.

FILING A COMPLAINT

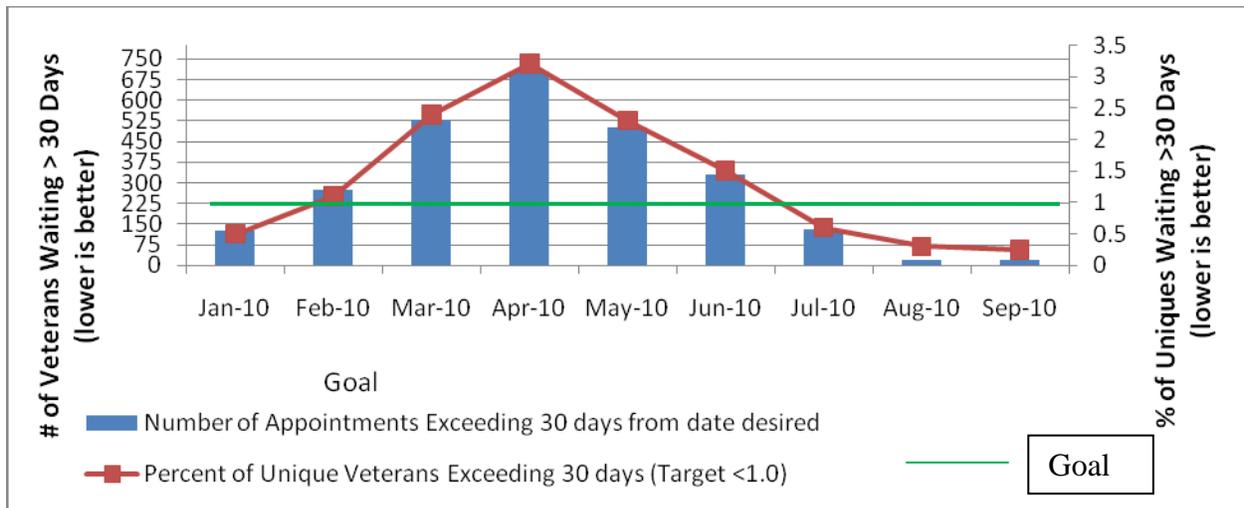
Read about the [Hospital Complaint Process](#).

[Prior Years Hospital Report Cards](#)

Quality Improvement Projects

1. **Improvement Initiative Project Name:** Improving Veterans' Access to Outpatient Care
2. **Timeframe of Project:** December 2009 through August 2010 and ongoing
3. **Description:** In October of 2009, the VA established requirements to monitor timeliness of patient appointments using the patients "date desired", versus "next available appointment" as the measure. By April of 2010, WRJ had approximately 670 (3%) waiting for their outpatient appointments greater than 30 days.
4. **Project Goal:** 1) 99% Veterans will be seen for their outpatient appointment in 30 days or less from their date desired.
5. **Interventions Taken:**
 - Identification, appointment of service level POCs to manage and address day to day clinic profile and cancellation/rescheduling requests for providers across the hospital allowing schedulers across the facility to have access to trouble shooting assistance in real time.
 - Establishment of a multidisciplinary team to provide oversight and input
 - Frequent and regular local data pulls, reconciliation and communication of current / real time performance allowing for real time corrections as appropriate
 - *Significant* leadership support - Development of a culture of ownership.
 - Identified "bottle-necks", smoothed patient flow using IHI / Systems Redesign principals
6. **Evaluation and Results:**

Since March 2010, our team has met regularly and all team members have been actively engaged. As a result of our actions, WRJ achieved 99.7% of Veterans being seen for their outpatient appointment in 30 days or less.



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Quality Improvement Projects

1. **Improvement Initiative Project Name:** Improving the Primary Care Telephone Advice Program (TAP)
2. **Timeframe of Project:** June 2009 through August 2010 and ongoing
3. **Description:** We identified patient complaints regarding the ease and ability of obtaining access to telephone advice services. Complaints included extensive waits on hold, and abandoned calls, etc. Based on this information, using systems re-design we applied the mathematics of telephone systems and quieting theory as we pursued an integrated, coordinated, efficient system of telephone services hospital-wide. In October, 2009 our abandoned call rate for our TAP was at 22% with an average speed of answer of 368 seconds, both well above the industry standards of 5% and 30 seconds respectively.

4. **Project Goal:**

Definitions:

- *Call Handle Time:* time the patient/caller is interacting with the staff member on the phone
- *Time to Answer:* time the caller remains in the Que waiting for a staff member to begin interaction
- *Abandoned call:* caller who was in the Que for at least 30 seconds but hung up before a staff member began interaction

- A. Reduce the mean call handle time by 20 seconds from a baseline of 200 seconds to less than 180 seconds;
- B. Reduce the mean time to answer to less than 30 seconds from baseline of 368 seconds;
- C. Reduce the abandoned call rate to less than 5% from baseline of 22%.

5. **Interventions Taken:**

- A. Reduce demand - asked patients calling for opioid renewals to call after hours so calls can be handled by agency national call center, educated providers on optimum way to handle med renewals;
- B. 2) Increase capacity - installed dual computer screens at two work stations in TAP, filled two vacant staff positions, TAP clerks analyzing individual call cycle with the goal of standardizing it and reducing handle time by 10% from 200 sec to 180 sec.;
- C. 3) Improve demand / capacity mismatch at busy times - installed state of the art CISCO™ phones at 5 additional locations in Primary Care so others can take calls out of the queue at busy times.

6. **Evaluation and Results:** *we have met the goal of reducing the abandoned call rate to less than 5%; we have improved our average speed of answer to 49 seconds from 368 seconds, a marked improvement but still not at the goal of less than 30 sec.; we have met the goal of reducing the call cycle time by 10%; patient satisfaction improved; and the number of calls per work day decreased by 18% (fewer patients with repeat calls)*



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INPATIENT SATISFACTION INFORMATION
Reporting Period: October 2008 through September 2009

| BISHCA Definition | Dept of Veterans Affairs Definition |
|-----------------------------|---|
| Clean Room | Cleanliness of Hospital Environment |
| Quiet at Night | Quietness of Hospital Environment |
| Nurse Communication | Communication of Nurses |
| Doctor Communication | Communication of Doctors |
| Explained Medicines | Communication about Medication |
| Pain Well Controlled | Pain Management |
| Received Help Quickly | Responsiveness of Staff |
| Discharge Information | Discharge Information |
| Overall Rating | Overall Rating |
| Would Recommend Hospital | Willingness to Recommend |
| Number of Surveys Completed | Shared Decision Making |
| | Number of Surveys Completed: 55.3% Response Rate |

RESULTS

| Reporting Measures | WRJ FY 07 | WRJ FY 08 | 4th Qtr FY 09 WRJ AVG | 4th Qtr FY 09 VISN AVG | 4th Qtr FY 09 Nat'l AVG |
|-------------------------------------|----------------------|----------------------|--|---|--|
| Communication w/nurses | - | - | 96 | 95 | 93 |
| Communication w/doctors | - | - | 95 | 95 | 92 |
| Communication about medication | - | - | 92+ | 81 | 77 |
| Nursing services | - | - | 87 | 87 | 84 |
| Discharge Information | - | - | 86 | 86 | 81 |
| Pain Control | - | - | 93 | 90 | 88 |
| Cleanliness of hospital environment | - | - | 95 | 93 | 91 |
| Quietness of hospital environment | - | - | 88 | 85 | 85 |
| Overall Rating of hospital | - | - | 71 | 67 | 63 |
| Willingness to recommend hospital | - | - | 81+ | 68 | 67 |
| Shared Decision Making | - | - | 79+ | 73 | 70 |



VA HEALTH CARE

Fact Sheet 164-2
June 2010

Enrollment Priority Groups

| Priority Group | Definition |
|----------------|---|
| 1 | <ul style="list-style-type: none"> • Veterans with VA-rated service-connected disabilities 50% or more disabling • Veterans determined by VA to be unemployable due to service-connected conditions |
| 2 | <ul style="list-style-type: none"> • Veterans with VA-rated service-connected disabilities 30% or 40% disabling |
| 3 | <ul style="list-style-type: none"> • Veterans who are Former Prisoners of War (POWs) • Veterans awarded a Purple Heart medal • Veterans whose discharge was for a disability that was incurred or aggravated in the line of duty • Veterans with VA-rated service-connected disabilities 10% or 20% disabling • Veterans awarded special eligibility classification under Title 38, U.S.C., § 1151, "benefits for individuals disabled by treatment or vocational rehabilitation" • Veterans awarded the Medal Of Honor (MOH) |
| 4 | <ul style="list-style-type: none"> • Veterans who are receiving aid and attendance or housebound benefits from VA • Veterans who have been determined by VA to be catastrophically disabled |
| 5 | <ul style="list-style-type: none"> • Nonservice-connected veterans and noncompensable service-connected veterans rated 0% disabled by VA with annual income and/or net worth below the VA national income threshold and geographically-adjusted income threshold for their resident location • Veterans receiving VA pension benefits • Veterans eligible for Medicaid programs |
| 6 | <ul style="list-style-type: none"> • World War I veterans • Compensable 0% service-connected veterans • Veterans exposed to Ionizing Radiation during atmospheric testing or during the occupation of Hiroshima and Nagasaki • Project 112/SHAD participants • Veterans exposed to the defoliant Agent Orange while serving in the Republic of Vietnam between 1962 and 1975 • Veterans who served in a theater of combat operations after November 11, 1998 as follows: <ul style="list-style-type: none"> o Currently enrolled Veterans and new enrollees who were discharged from active duty on or after January 28, 2003, are eligible for the enhanced benefits for 5 years post discharge o Veterans discharged from active duty before January 28, 2003, who apply for enrollment on or after January 28, 2008 are eligible for this enhanced enrollment benefit through January 27, 2011 <p>Note: At the end of this enhanced enrollment priority group placement time period Veterans will be assigned to the highest Priority Group their unique eligibility status at that time qualifies for.</p> |
| 7 | <ul style="list-style-type: none"> • Veterans with gross household income below the geographically-adjusted income threshold (GMT) for their resident location and who agree to pay copays |
| 8 | <ul style="list-style-type: none"> • Veterans with gross household income above the VA national income threshold and the geographically-adjusted income threshold for their resident location and who agrees to pay copays <p>Veterans eligible for enrollment: Noncompensable 0% service-connected and:</p> <ul style="list-style-type: none"> o Subpriority a: Enrolled as of January 16, 2003, and who have remained enrolled since that date and/or placed in this subpriority due to changed eligibility status o Subpriority b: Enrolled on or after June 15, 2009 whose income exceeds the current VA National Income Thresholds or VA National Geographic Income Thresholds by 10% or less <p>Veterans eligible for enrollment: Nonservice-connected and:</p> <ul style="list-style-type: none"> o Subpriority c: Enrolled as of January 16, 2003, and who have remained enrolled since that date and/or placed in this subpriority due to changed eligibility status o Subpriority d: Enrolled on or after June 15, 2009 whose income exceeds the current VA National Income Thresholds or VA National Geographic Income Thresholds by 10% or less <p>Veterans not eligible for enrollment: Veterans not meeting the criteria above:</p> <ul style="list-style-type: none"> o Subpriority e: Noncompensable 0% service-connected o Subpriority g: Nonservice-connected |

Strategic Initiatives and Process for Public Participation

Strategic Initiatives – WRJ VA Medical Center is a member of the VA New England Healthcare System (Veterans Integrated Service Network {VISN} 1). As such, our planning and decision-making processes are fully aligned and integrated into the larger VA strategic planning system. VISN 1's strategic planning process determines the Network's direction and focus in the delivery of services to veterans now and in the future. Strategic and operational plans are based on established priorities and objectives from the Veterans Health Administration (VHA) and the Secretary of Veterans Affairs.

The **VISN 1 Strategic Plan for 2009 - 2013** identifies key Network goals and promotes VHA initiatives and strategies. The plan outlines how Network 1 will meet veteran health care needs.

VISN 1 Home page: <http://www.newengland.va.gov/>

VISN 1 Strategic Plan: <http://www.newengland.va.gov/network/stratplan.asp>

Process for Public Participation - There are over 90,000 veterans residing in the WRJ VAMC service area of Vermont and four bordering counties in New Hampshire. We currently serve approximately 24,000 individual veterans. While veterans and their families are our primary customers, the WRJ VAMC has identified other key customer/stakeholder groups. They are either directly impacted, or they directly or indirectly impact what we do. The input and feedback from each of these groups noted below (with a sample of listening and learning mechanisms) is critical to the delivery of care and services.

1. Direct Consumers of Health Care – Eligible veterans and family members
 - a. National and local satisfaction surveys
 - b. WRJ VAMC interactive website
 - c. Military Family Community Network
 - d. Patient Representative contacts
 - e. Women Veterans Advisory Committee
2. Internal Providers of Care and Services – All employees, other staff, students and volunteers
 - a. Annual satisfaction surveys
 - b. Learners' Perception Surveys and other student feedback
 - c. WRJ VA Voluntary Service Advisory Board
 - d. Local WRJ intranet "Ask the Director"
 - e. VISN, local facility, and Service Level needs assessments
3. External Providers of Care and Services – Health care partners and suppliers
 - a. Dean's Committee (Affiliate)
 - b. Full-time Community Based Outpatient Clinic Coordinator
 - c. Contracting Officer's Technical Representatives
 - d. Membership on the Vermont Association of Hospitals and Health Systems (VAHHS)
 - e. Staff participation in state and local community boards, councils and professional organizations
 - f. Annual Satisfaction Surveys
4. External "Official Stakeholders" – Public officials, Veterans' Service Organizations
 - a. Quarterly WRJ (VT/NH) Management Advisory Council with local, state, congressional and veterans service officers.
 - b. Veterans' Service Officers (VSO) Advisory Board
 - c. Governor's Veterans Advisory Group

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Description of Hospital Governance

The VA Medical Center at White River Junction, Vermont (and its five Community Based Outpatient Clinics) is one of eight medical centers that comprise the VA New England Health Care System (VANEHS) also known as VISN 1.

The VANEHS is a Veterans Integrated Service Network (VISN), which is one of 21 VISNs nationwide that comprise the Veterans Health Administration (VHA).

The VHA is one of three administrations under the auspices of the Department of Veterans Affairs. The other two are the Veterans Benefits Administration [VBA] and the National Cemetery Administration [NCA].

The WRJ VAMC is managed and administered by a senior leadership Quadrad (Medical Center Director, Associate Director, Chief of Staff and Associate Director for Nursing/Patient Care Services). In the VA system, the Medical Center Director is the "Governing Body" and is a direct report to the VISN 1 Network Director. Organizationally, the 21 Network Directors report directly to the Deputy Under Secretary for Health for Operations and Management (DUSHOM) who reports to the Under Secretary for Health, (USH), who reports to the Secretary.

The WRJ VAMC leadership team, consisting of the Quadrad, Service Chiefs/Service Line Managers and staff, and supported by our union partners, functions as an "internal Board of Directors" known as the Executive Committee of the Governing Body (ECGB). The ECGB is responsible for gaining knowledge about customers/stakeholders and their requirements/expectations; and in building and strengthening those patient, customer and key stakeholder relationships.

This Executive Committee is responsible for the planning and deployment of our mission, vision and credo; long and short-term organizational planning; and performance management and continuous improvement to carry out the goals and objectives of the Department of Veterans Affairs. These responsibilities are carried out with the regular ongoing input and feedback from our key patient, customer and stakeholder groups as previously discussed in the section on "Strategic Initiatives and Process for Public Participation".

"Community Stewardship" is one of WRJ VAMC's priorities. As such, we regularly host many community organizations for various programs and functions, and we welcome community members to utilize our conference room facilities as available.

We encourage members of our community to contact us and let us know how we can add value, helping us to achieve our mission; "Honor America's veterans by providing exceptional healthcare that improves their health and well-being."

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White River Junction VA Medical Center Process for Addressing Patient Concerns

(“Complaint” Process)

The Veterans Affairs Medical Center in White River Junction takes great pride in providing excellent customer service and patient care at the WRJ campus and its four Community Based Outpatient Clinics in Colchester, Rutland and Bennington, Vermont and Littleton, New Hampshire. A full time Patient Representative plays an integral role in the management of overall patient satisfaction and facilitates the complaint process as needed.

The Patient Representative is consulted when attempts to resolve complaints, concerns, or unmet needs have been unsuccessful at the point of service. The “complaint process” consists of the following steps:

1. Patients are encouraged to address their concerns at the point of service. Respective staff members at the point of service will attempt to resolve the issue to the patient’s satisfaction.
2. If resolution cannot be achieved, the patient may contact any supervisor, including the respective service chief or service line manager, to resolve the issue within the respective service.
3. If necessary, the patient may contact the Patient Representative to assist with resolution at any time.
4. In the rare instance where an issue cannot be addressed to the patient’s satisfaction, the patient may request an appointment with any member of top management including the Medical Center Director.
5. The patient may also contact the VA New England Healthcare System main office in Bedford, Massachusetts: 200 Springs Road (Bldg 61), Bedford, MA 01730. Phone (781) 687-3412, if the patient is unable to address his/her concern at the facility level.
Link: <http://www.newengland.va.gov/contact.asp>
6. Joint Commission on Accreditation of Healthcare Organizations may be contacted if patients continue to have clinical quality or patient safety issues that have not been able to be resolved at the local or regional headquarters level.
Link: http://www.jointcommission.org/report_a_complaint.aspx

The following Patient Representative program elements help the White River Junction VA Medical Center provide exceptional customer service:

- “Point-of-service” rounds, conducted on a regularly scheduled basis, give the Patient Representative the opportunity to collect data to identify any noticeable trends involving patient complaints or other noteworthy issues.
- If routine analysis indicates that possible system issues are causing customer service to be compromised, the appropriate staff are notified so that corrective action can be initiated.
- The Patient Representative conducts bi-weekly rounds with the Medical Center Director, or other member of the top management team, to personally meet with both inpatients and outpatients where input and feedback are solicited related to patient care and services.
- White River Junction has a Service Recovery Program in place that specifically identifies when service has been “compromised”; and staff are encouraged to “do it very right the second time”. In addition, staff apologizes sincerely for any inconvenience or unpleasant experience the patient

may have encountered and may provide small monetary (Canteen coupons) items to promote positive customer interactions.

- The Patient Representative tracks all concerns, and inputs information into the Patient Representative Database for analysis and continuous process improvement.
- The WRJ VA Medical Center policy is that all concerns will be addressed as soon as possible, although not necessarily resolved, but no longer than three business days.
- A quarterly report is presented to all supervisory staff and top management which describes customer service strengths and opportunities for improvement, with action assigned and improvements made as needed.
- Both national and local VA Patient Satisfaction data are routinely collected, analyzed and reported. Public bulletin boards are kept current for viewing by staff, patients and visitors. Actions are taken as needed to continue improvements.

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