Improving the Efficiency and Accuracy of the Interfacility Transfer Process at the MVAMC

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Reason for Action

Problem Statement: The current interfacility transfer process at the Minneapolis VAMC has led to several adverse outcomes due to its overall inefficiency, and has been determined by the Office of the Inspector General to need revision. There is a need to develop a more accurate and efficient process to safely transfer our veterans to outside hospitals when the need arises.

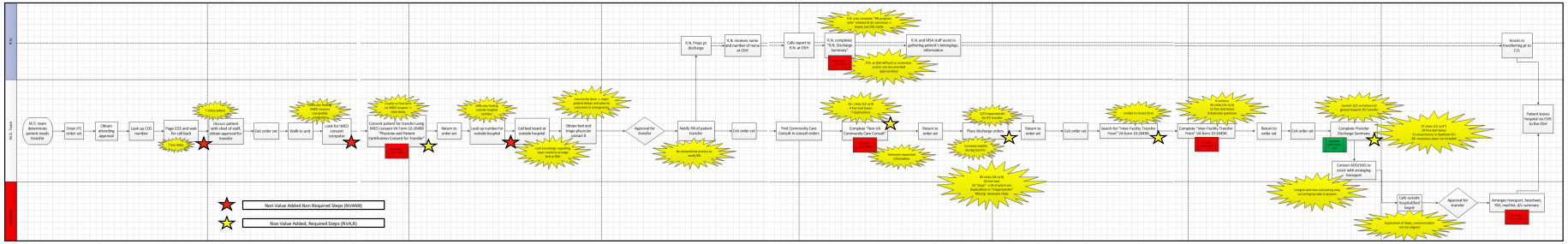
Target State

Relation to True North	Metric	Current State	Target State
Improving accuracy of required documentation completion	% of OIG documentation completed accurately per audit	31% of OIG requirements completed accurately	> 90% of OIG requirements completed accurately for 3 consecutive months
Eliminate all non-value added, unnecessary steps in process	Value stream mapping → eliminate all "red" boxes	10 non-value added, unnecessary steps	0 non-value added, unnecessary steps
Eliminate duplication of work, create parallel process	Value stream mapping for process, documentation	Process works in series Duplication in process/docs	Process works in parallel 0 duplication in process/docs
Add "value added steps," remove NVANR steps and align documentation/orders more closely w/ IFC transfer	Documentation: # of duplications, unnecessary steps, missing value added	~ 50 non value added steps/duplication in documentation, missing 20 value added elements	0 duplication/NVANR steps, streamlined CCC and IFC note, new D/C orders and summary
Move major non-value added but required steps outside of patient care window	Value stream mapping → move "major yellow" boxes to after patient transfers	3 major non-value added, but necessary steps inside critical patient care window	0 non-value added but necessary steps during critical patient care window

Gap Analysis

Problem Statement	Direct Cause	Root Cause
OIG requirements are not being fulfilled	- Required tasks are unknown/forgotten	Complex & lengthy process that is difficult to navigate with little instruction
Process results in delays in critical care	- Time delays securing bed at OSH - Communication lapses - Extensive documentation rqmts	Process flow is in series, with critical steps performed late and non-value added documentation in the middle
Process is frustrating to providers, nursing staff, and administrative staff	- Confusion regarding process steps, required documentation	Non-value added steps in documentation and process
Elements of discharge orders, discharge summary do not align with setting of patient transfer (to OSH)	- IFC discharge order set and summary not created/available	IFC discharge order set and summary not created/available

Current State (11/2017)



Solutions Approach

If we…	Then we can expect…	Effect on OIG Compliance	Effect on Value Added Care
Restructure/reword order set to improve flow and clarity	Decreased provider confusion	Increase accuracy of completion	Improve timeliness of value added care
Eliminate COS approval (*most*)	Improved efficiency & timeliness	May improve (more efficient)	Reduces non-value added steps
Involve AOD/HAS staff early in process to assist with transfer logistics	Expedited patient care, improved communication, and major duplications eliminated	May improve as process is more efficient and time is freed to complete other tasks	Removes significant non-value added step from MD part of process
Increase # of iMed consent computers	Reduced time spent on NVA steps	May improve: ↑ ease of completion	Eliminates non-value added care
Remove NVANR required documentation after the critical steps of patient care are completed	Improved patient care, timeliness of transfer, and confusion of process for MD, AOD, RN staff	Effect may be positive or negative (improved process efficiency, but forms may be forgotten)	Significantly ↓ non-value added care and expedites value added care
Remove duplicate or non value added aspects of community care consult & IFC transfer form	Decreased provider time spent on form, frustration with overall process	Increase due to improved clarity and reduced time required	Significantly decreases non-value added steps
Create new D/C order set and D/C summary aimed at IFC transfers	Improved patient care during transfer from MSP VA to OSH Less time/frustration spent on documentation for providers	Improves OIG compliance as required aspects will now be included in the streamlined forms	Reduces non-value added care Adds value added care

Rapid Experiments

Description	Hypothesis	Actual	Benefit
Reduce number of required providers to approve transfer (COS)	Reduces 3 non-value added steps, time spent on completion	Eliminated required chief of staff approval → 3 non-value added steps eliminated	Makes process more efficient, reduces time spent on the process
Increase number of iMED consent computers on the floor	Will eliminate 1 non-value added step, decrease time and frustration spent on process	5-10 iMED consent capable computers are now on the floor → 1 non-value added step eliminated	Reduces time and frustration with process
Contact AOD/HAS staff early in process for transfer logistics	Significantly reduces time spent on process, eliminates miscommunication and duplication of processes	AOD/HAS staff now calls OSH, bed control, and triage doctor → eliminates 3 non-value added steps	- Significant reduction in time spent, confusion, and improved communication - AOD/HAS: earlier completion of steps

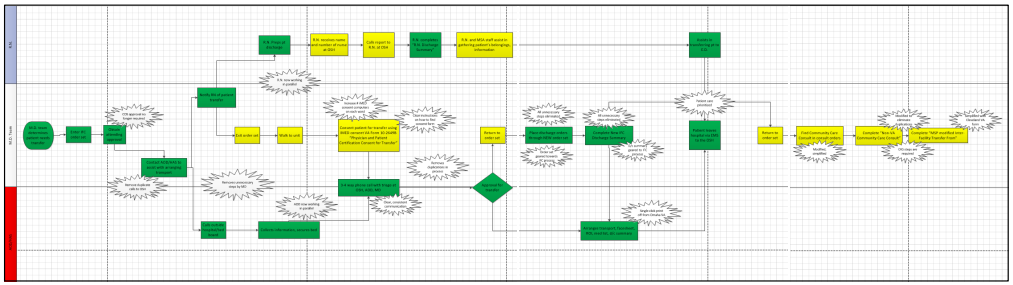
Description	Hypothesis	Actual	Benefit
Move IFC transfer form and community care consult (NVA/req steps) to end of process	Value added steps completed in more efficient manner, improved patient care, possibly reduced OIG compliance	- 9 non value added steps moved to AFTER completion of value added, critical patient care steps - Decreased OIG compliance with forms	Improvement in patient care, process flow, and expedited completion of whole process
Restructure/create novel IFC D/C orders and D/C summary	Eliminating NVA steps/duplicate steps and adding value added orders & documentation will improve patient care and improve process efficiency	- 25-33 non value added steps removed - 14 value added steps added	- Improved continuity of patient care during transfer - Clarity for admitting physician at OSH - Reduced liability - Expedited documentation

Description	Hypothesis	Actual	Benefit
Re-evaluate CCC and IFC transfer form → eliminate NVA/duplicate steps, make OIG required steps more accessible/ clear	- Reduction in time to complete and inherent confusion in documentation - Improved compliance with OIG requirements	- 17 non-value added/ duplicated steps removed - 3 value added/OIG clarifying steps added	- Reduces "clicks" and time required for completion of documentation - Effect on OIG requirements pending

Completion Plan

What	% Completed	% Sustained
Increase number of iMED consent-capable computers	100%	100%
Simplify number of providers needed to approve transfer	100%	100%
Create process in parallel, not series with early involvement of AOD/HAS staff and nursing staff	100%	100%
Streamlined and simplified community care consult	100%	100%
Creation of streamlined IFC transfer form "MSP IFC Transfer Form v1.0"	90%	0%
Move completion of non-value added IFC transfer form and CCC to after critical patient care steps	100%	100%
Develop and implement streamlined discharge order set	90%	0%
Develop and implement targeted discharge summary	90%	0%

Revised State (05/2018)



Confirmed State

Relation to True North	Previous State	Target State	Actual
OIG required documentation is completed accurately	31% of OIG required documentation is completed accurately	90% for 3 consecutive months (overall and in each independent category)	97% VA overall in March 2018 (N=17) * 15/17 categories 91% VA overall in April 2018 (N= 27) * 9/17 categories
Eliminate all NVA/NR steps	10 NVA/NR steps	0 NVA/NR steps	0 non-value added, unnecessary steps
Eliminate duplication of work, create parallel process	Process works in series Duplication in process/docs	Process works in parallel 0 duplication in process/docs	AOD, RN, MD teams now work in series, all duplications removed
Add "value added steps", remove NVANR steps and align documentation/orders more closely w/ IFC transfer	~ 50 non value added steps/ duplication in documentation, missing ~ 20 value added elements	0 duplication/NVANR steps, streamlined CCC and IFC note, new D/C orders and summary	Revamped orders and documentation resulting in removal of all duplication/ NVANR steps
Move major NVA/Req documentation outside of patient care window	3 major NVA/Req steps inside critical patient care window	0 NVA/Req steps during critical patient care window	One NVA/Req step remains (iMED consent) → unable to move