



Town Hall Meetings Emphasze Communications

Communications. If there was a theme that came forward during the recent set of Employee Town Hall Meetings held in CAVHCS' Tuskegee and Montgomery campuses and telecasted to Community Based Clinics in Dothan, Ala. and Columbus, Ga. it was clearly improving communications.

"We've adjusted the timing that we conduct our Employee Town Hall Meetings to follow our Network Business Meetings," explained CAVHCS Interim Director Ms. Shirley Bealer. "The adjustment is designed to allow me to share with you what is expected and identified as important by the network director.

"First, let me share with you a prediction Dr. Biro (Network Director) made to all of us during our meeting," said Bealer. "Dr. Biro predicted that all of the facilities in VISN 7 would make improvements in Quality, Access and Customer Service."

Ms. Bealer went on to share the specific directions where these improvements would be sought. She encouraged staff to participate and



CAVHCS Interim Director, Ms. Shirley Bealer answers questions from CAVHCS staff during a recent Employee Town Hall Meeting in the Montgomery VA Medical Center multipurpose Room. Two town hall meetings were held in January, with both being video telecasted to CAVHCS facilities throughout Central Alabama and Columbus, Ga.

assist in CAVHCS' Systems Redesign efforts of; Fixed Flow – Emergency Department; Fixed Flow – OR/ Surgery; Fee; Human Resources and Outpatient Care.

One of the areas concerning Access dealt with Compensation and Retirement Examinations. "Our national standard is 30 days," said Bealer of the vital examination conducted to evaluate and support veteran claims of service connectivity. "But, our network target is 20-22 days. I recognize this can be a challenge, but I can tell you we are already working on action plans to make sure we rise to the challenge and meet this goal."

Another area of planned improvement crosses over all three areas of Quality, Access and Customer

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The Revenue Cycle

The Business of Treating Veterans

By: Helen Booker
Chief, CAVHCS Business Office

CAVHCS' Business Office and the Facility Revenue Director (FDR) have the oversight responsibility of the Revenue Cycle, but every employee has a role. CAVHCS' FY 09 Medical Cost Care Fund (MCCF) expected collections are \$9,015, 620, and this relates directly to the patient flow process. Increasing teamwork and collaboration between clinical services and business functions is the leading opportunity to offset revenue cycle problems which result in a direct loss of revenue. This lost revenue inhibits our ability to maintain and expand services.

There are 14 core functions of the Revenue Cycle: Patient Registration, Insurance Identification, Insurance Verification, Clinical Documentation, Precertification/certification, Continued Stay Reviews, Coding and Documentation, Bill Creation, Claims Correspondence and

Inquiries, Establishment of Receivables, Process Payment, Collection Correspondence, Referral of Indebtedness and Appeals.

Our insurance verification, bill creation, accounts receivables, and process payment is performed by our new partners, the Mid Atlantic Consolidated Patient Accounts Center (MACPAC). Not only was the CAVHCS MCCF Section consolidated July 2008, but all VISN 7 facilities have been consolidated.

All patient encounters (clinic visits) and discharges (inpatient hospitalization) must be completed and transmitted by the 14th day after the event. Therefore, any delays in any area of the Revenue Cycle are costly. If we all follow through and complete the steps necessary to improve the process we will surely be successful in achieving the expected goal and perhaps exceeding it. This calls for a team effort and the Business Office is here to assist any way we can.

From the Director

Shirley Bealer, MS, RN, CNA, BC, CPHQ

I hope all of you enjoyed the Holiday Season and are refreshed and ready to take on the challenges ahead of us in the New Year. I also hope those of you who were able to attend our recent Town Hall Meetings are conveying the messages shared – to those of you who were unable to attend. While there's coverage of the meetings within this edition of CAVHCS Salute there are a few topics that bear repeating.

During our recent business meeting – Dr. Biro made a prediction. His prediction was that all VISN 7 facilities will see an improvement. And, while we are indeed looking at a number of changes and challenges to achieve that prediction, none of them are totally new or insurmountable.

Many of our adjusted goals are just that - adjustments. The challenges represent a rare opportunity in government service – an opportunity for innovation. During the Town Hall Meetings I asked everyone to take a long look at what policies inhibit our progress, and I want to repeat that here. If you have a policy that inhibits our abilities, then I want you to communicate that opportunity to your supervisors, and if that doesn't do the trick, I want to hear about it myself.

Which brings me to another issue that bears repeating – communications. You will find another article in this edition of Salute regarding the changes to the SHEP survey. While most of the program is the same- the focus of many of the new performance measures has changed.

- 1) How well nurses communicate with patients,
- 2) How well doctors communicate with patients,
- 3) How responsive the staff is to patient needs,
- 4) How well staff helps the patients manage pain and
- 5) Whether pertinent information was provided when the patient was discharged.

However, there is a theme that transcends these changes and that is an increased focus on effective communications. For CAVHCS to succeed in the new SHEP survey environment all of us must make a daily commitment to improve our communications with veterans. Finally, as an added motivation, Dr. Biro has informed me that when he conducts his monthly visits – he'll be asking staff about these changes and what you're doing to address them during his rounds.

CAVHCS All-Stars

I would like to express my thanks to RN Bernice E. Parker, the Nurse Manager on 4A3. She has trained her staff to be compassionate and loyal to the Veterans. She is very knowledgeable about her duties. I would like to tell her thank you and keep up the good work. -- Sincerely, Shalawn R.

I have been coming to the Montgomery CAVHCS for several years and has been greeted and assisted by unconcerned workers, until I met Ms. Harris. This letter is for her to be recognized as the Employee of the Month, for her kindness and helpful ways to the Disabled Vet. She goes out of her way to help and assist you in every way she can, and this needs recognizing. Please let her know that someone knows she cares about them.

-- Thank you, Marcus H. Selma, Alabama

I would like to commend the VA staff. Everyone was "Great"! Everyone made me feel comfortable and at ease. I enjoy my visit. Thanks Ann, Mary, and the rest of the staff. -- Thanks so much, Lolita R. J.

I am very pleased with how I was treated today here. Everyone was very, very nice. They was there to answer every question and need I had. I would come again if I needed to and recommend them to anyone. Ward 2A and OR Staff. -- Mickey P. Uria, Ala.

I received outstanding service from Dr. J. Harris and Barbara A. Bristow. They were very professional and outstanding at their work. On a scale of one to ten, they were a 10! -- Sincerely, Eli H.

The CAVHCS Salute

The CAVHCS Salute is produced by the Central Alabama Veterans Health Care (CAVHCS) Public Affairs Office. CAVHCS Salute is an unofficial, internal communications publication.



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Chief of Staff
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Employees of the Month



Montgomery Campus Ms. Evelena Johnson

The NOD/Nurse Supervisor Tour III is nominating Evelena Johnson, LPN, as a candidate for Employee of the Month. She goes above and beyond what is required on 3A to ensure that our veterans' needs are met. Her mission each day is to provide excellent care to the veterans on 3A and throughout the hospital. She is one that takes pride in the treatment, safety, and recovery of acutely and chronically ill veterans.

She is trusted by her patients and valued by her co-workers as a highly skilled and compassionate caregiver. For example, there was a hurricane watch and all the veterans were placed in the hall. During that process she continued to provide personal care to each veteran using any means of privacy available. She also used her experience to prevent a "code green" by assisting a confused veteran onto a stretcher for transportation to the Birmingham VA. She was praised by the family and the physician. She is also President of the LPN Chapter, Division 7 in Tuskegee and Director of the AFLPN, Inc. of Alabama Nursing Chapter. She is focused on assisting veterans and their families in maintaining and recovering to optimal health care and functioning. She is always willing to assist her co-workers to make what can be a heavy load much lighter.

Some See Another Reimbursement Increase

Service-disabled and low-income veterans who are reimbursed for travel expenses while receiving care at Department of Veterans Affairs (VA) facilities saw an increase in their payments as of January 9.

A recently passed law allows VA to cut the amount it must withhold from their mileage reimbursement. The deductible amount is now \$3 for each one-way trip and \$6 for each round trip - with a calendar cap of \$18, or six one-way trips or three round trips, whichever comes first. The previous deductible was \$7.77 for a one-way trip, and \$15.54 for a round trip, with a calendar cap of \$46.62.

In November, Peake announced VA's second increase in the mileage reimbursement rate during 2008, from 28.5 cents to 41.5 cents a mile.

Service-disabled and low-income veterans are eligible to be reimbursed by VA for the travel costs of receiving health care or counseling at VA facilities. Veterans traveling for Compensation and Pension examinations also qualify for mileage reimbursement. VA can waive deductibles if they cause financial hardship.

Tuskegee Campus Ms. DeAnne Smith



Ms. De Anne smith was nominated by her supervisor, Helen Booker for Employee of the Month. Ms. Smith exudes a very positive outlook on life especially in performing her job as a Claims Assistant (Scheduling Clerk) within the Fee Services Department of the Business Office. Her devotion to duty is unmatched, as well as her dedication, commitment and loyalty to the veterans she so proudly serves.

She voluntarily assumes the lead on scheduling the most complex cases within the Fee Services Department and always does it with a smile. Her attention-to-detail, coupled with her thorough knowledge of the fee scheduling process and her pleasant personality causes her to be sought out daily by CAVHCS staff, veterans and vendors daily "to get the job done right the first time.

Employee of the Year

Mr. Shonie Shepherd

Mr. Shepherd was employee of the month for June 2008 for the Tuskegee Campus and is an excellent and deserving worker. He exemplifies the exceptional customer service and work skills so necessary in today's work force. He goes above and beyond to do his part to get a job completed, get additional copies if needed and never panics about last minute requests. His willingness to help is why he was nominated back in June and remains a hallmark of his character.



Employee of the Year

Ms. Sharon James

Ms. James was nominated for the August employee of the Month for Montgomery. She is an RN and was nominated originally by the staff of PACU/OR, which speaks to her character and the working relationship she has with those around her. Support from your peers is a tremendous recommendation and according to them, she is always ready and willing to help in any way possible. She takes her job as the Charge Nurse very seriously and her smiling face and calm demeanor not only give comfort to the employees but to the patients she serves as well at CAVHCS.



SHEP Survey Changes, Communications Key

It can get a little confusing when describing the changes in the VA's Survey of Health Experiences of Patients (SHEP). Results of the new survey are still being reported to the VA by a third-party, independent administrator. And, actively monitoring patient experiences through a series of survey questions continues to represent the VA's commitment to improving those patient experiences. But that's where the changes begin.

"There's a new company administering the survey," said CAVHCS' Chief of Customer Services, Dr. Susan Barfoot. "The former company had proprietary questions that could not be used when the contract was shifted to the new company, so the first change is that many of the questions are new."

One of the renowned complaints by veterans taking the survey was that at almost 100 questions – the survey was simply too long. Another change - the new survey has a long and short version. "Ninety percent of veterans will receive the short version," said Barfoot. "But, even those 10 percent of veterans who receive the long version should be a little happier to see that even the long version has been reduced to about 80 questions."

But changes involved in the new SHEP survey questions deal with far more than just the volume. "The VA used a proprietary survey that, because it was different from the civilian survey, only allowed us to compare our results to other VA facilities...and even then it had to be weighted, because while the questions remain the same, facilities are not the same," explained Barfoot. "Now, the new survey is the same survey used by our civilian counterparts. The results will be reported to us faster and already weighted."

Having survey results returned to CAVHCS sooner and in a form that is more readily understood means that information is far more useful. "We'll be a lot more capable when it comes to being responsive to identified trends," said Barfoot. "We used to get a primary report, which was then processed or weighted and then reported upon again. I used to have to provide the initial reports with kind of a disclaimer, which meant that sometimes supervisors waited until the second report to take action."

Who SHOULD get Vaccinated?

In general, anyone who wants to reduce their chances of getting the flu can get vaccinated. However, certain people should get vaccinated each year either because they are at high risk of having serious flu-related complications or because they live with or care for high risk persons.

People who should get vaccinated are:

- * Children aged 6 months up to their 19th birthday
- * Pregnant women
- * People 50 years of age and older
- * People of any age with certain chronic medical conditions
- * People who live in nursing homes and other long-term care facilities
- * People who live with or care for those at high risk for complications from flu, including:
 - * **Health care workers!**

Taking action to address survey results may ultimately be guided by various supervisors, but understanding the increased focus on communications of the new survey, will allow all staff to have an immediate and continued impact. "The new inpatient survey is based on the Hospital Consumer Assessment of Healthcare Providers and Systems or H-CAHPS Survey (pronounced H-CAPS)," explained Barfoot. "Results are reported in 10 measures. Two deal with the individual measures of Cleanliness and Quietness of the patient's room. Two are overall ratings of the hospital and whether the patient would recommend the hospital, and the rest are summary measures.

The common thread found within those six measures is communications," explained Barfoot. "Those six measures are:

- 1) **How well nurses communicate with patients,**
- 2) **How well doctors communicate with patients,**
- 3) **How responsive the staff are to patient needs,**
- 4) **How well staff helps the patients manage pain and**
- 5) **Whether pertinent information was provided when the patient was discharged."**

Prior to the change of the survey CAVHCS had already adopted a strategy when dealing with providing pertinent information during the discharge. "The discharge process was provided with a new, edited script that not only dealt with ensuring the veterans received and understood patient education material," said Barfoot. "That script also incorporated elements of the actual survey, so that veterans might remember those same elements when they took the survey."

This strategy seems to have paid dividends heading toward the end of the year. "Overall, the final report of Fiscal Year 08 for the SHEP Performance Measures demonstrated improvement over FY07 in all five customer service measures," said Barfoot. "Inpatient Overall Quality was up 10.9 percent; Outpatient Overall Quality was up 1.5 percent; Provider Wait Time was up 8 percent; Appointment as Soon as Wanted by Established Patients was up 4.7 percent and Appointment as Soon as Wanted by New Patients improved by 9.1percent."



[www.centralalabama.va.gov/
The_Flu_and_You.asp](http://www.centralalabama.va.gov/The_Flu_and_You.asp)

New Appointees to Women Veterans Committee

Four new members have been appointed to the Advisory Committee on Women Veterans for the Department of Veterans Affairs (VA), an expert panel that advises VA on issues and programs affecting women veterans.

Established in 1983, the advisory committee makes recommendations for administrative and legislative changes. The committee members are appointed to one, two, or three-year terms. The new committee members are:

- Davy Coke of Poway, Calif., a retired Navy second class petty officer who served in Vietnam. He currently is a trainer and mentor for new service members in the aerospace field.
- Yanira Gomez of Germantown, Md., a former Army medical specialist who served in Iraq. She is currently serving as national outreach officer for the Veterans of Foreign Wars.
- Gloria Maser of Alexandria, Va., a colonel in the Army Reserves. She is a former deputy chief of

staff for health affairs with the Multi-National Security Transition Command in Iraq.

- Barbara Ward of Sacramento, Calif., a former staff nurse in the Air Force. She currently serves as the deputy secretary for women and minority veterans affairs in the California Department of Veterans Affairs.

Women veterans are one of the fastest growing segments of the veteran population. There are approximately 1.8 million women veterans. They constitute nearly 8 percent of the total veteran population and about 5 percent of all veterans who use VA health care. VA estimates that by 2020 women veterans will make up 10 percent of the veteran population.

VA has women veterans program managers at VA medical centers and women veterans coordinators at VA regional offices to assist women veterans with health and benefits issues.

‘Town Hall’

From Page 1

Service. “Discharge by noon is our standard,” said Bealer. “Maintaining this standard represents a clear indication that we are doing things in a manner that is clearly patient centered. Meeting this standard not only represents a commitment to quality, but promotes customer service, and of course increases our available census so it increases Access.”

Ms. Bealer also challenged staff to improve communications by coming forward with ideas for improvement. “I’d like each of you to take time to consider and identify any policy that inhibits our ability to improve Quality, Access or Customer Service,” said Bealer. “Our commitment to the renewed Patient Centered Care program has already started to see results as a result of veterans and staff identifying opportunities to improve. We’ve recently started to implement using electronic devices similar to the ones used in restaurants - to inform patients their about to be seen instead of having to announce their name in an open waiting room. And, we’ve started to put foldout couches into some of our rooms so that family members can stretch out and rest, while visiting with inpatient veterans.”

While most of the other topics presented in the town hall meetings crossed over the areas of Quality, Access and Customer Services all of the goals and areas of importance had a foundation in improved communications.

One renowned method of measuring CAVHCS performance is the Survey of Health Experiences of Patients (SHEP) survey - a questionnaire sent to recently seen veterans and conducted by an independent, outside source - not the Department of Veterans Affairs. Before turning the floor over to CAVHCS Customer Service representatives,

Ms. Bealer announced that the SHEP exam had recently been changed. Not only had the number of questions been reduced, but the content of the survey had changed adding a focus on...communications.

The new survey is based on the Hospital Consumer Assessment of Healthcare Providers Systems or H-CAHPS (pronounced H-CAPS). Results will be reported for 10 performance measures. These 10 measures are broken down into six summary measures, two individual items and two global ratings.

The two individual items address the cleanliness and quietness of the patient’s room. The two global ratings deal with the overall rating of the hospital and whether the patient would recommend the hospital to others.

The six summary measures deal almost exclusively in improved communications. They are;

- 1) **How well nurses communicate with patients**
- 2) **How well doctors communicate with patients**
- 3) **How responsive the staff are to patient needs**
- 4) **How well the staff helps the patient manage pain**
- 5) **How well the staff communicates with the patient about medicines**
- 6) **Whether pertinent information was provided when the patient was discharged.**

Emphasizing this increased focus on communications Ms. Bealer shared another direction provided from the network. “Our commitment to improving our communications with veterans is essential,” said Bealer. “Many of you know that Dr. Biro visits CAVHCS on a monthly basis. He has assured me that when he visits and conducts rounds he’ll be asking staff if they know about the six measures, and don’t be surprised if he asks you what you’re doing to address improving communications with our veterans.”

CAVHCS
 Minority
 Veterans Program
 coordinator,
 William Wheat
 leads the Pledge
 of Allegiance
 during the recent
 Dr. Martin Luther
 King Day
 celebration held in
 Tuskegee's Bldg.
 90 Theater.
 (CAVHCS photo
 by Eric Johnson)



February

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|---|---------------------------------|---|----------|-----------------------------------|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | American Heart Month - | | www.americanheart.org , www.goredforwomen.org | | | |
| | | | National Patient Recognition Week – www.nprw.com | | | |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|  | Black History Month - | | asah.org | | | |
| | National Salute to Hospitalized Veterans – | | | | |  |
| | http://www.volunteer.va.gov/NatlSaluteHospVets.asp | | | | | |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| Wise Health Care Consumer Month - | | | | | National Woman's Heart Day | |
| www.healthylife.com | | | | | | |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| | | Stakeholder's Meeting | | | | |
| | | Tuskegee's Bldg. 90 10 am | | | | |
| National Eating Disorders Awareness Week - www.myneda.org , www.NationalEatingDisorders.org | | | | | | |

The CAVHCS Community Calendar is not intended to be an all-inclusive, official calendar. It is intended rather to provide a medium for CAVHCS Salute to share upcoming events.

If you would like to add a CAVHCS event please email details directly to alan.bloom@va.gov. Submissions are not guaranteed to be published. Editorial considerations will be made for propriety, promptness and print space.