

PATIENT ADVOCACY PROGRAM

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) Directive provides expectations and requirements for the Patient Advocacy Program in all VHA facilities, and helps promote a meaningful understanding and utilization of the program.

2. SUMMARY OF CONTENT/MAJOR CHANGES: The Patient Advocacy Program was established to ensure that all veterans and their families, who are served in VHA facilities and clinics, have their complaints addressed in a convenient and timely manner. It operates under the broader philosophy of Service Recovery, whereby patient complaints are identified, resolved, classified, and utilized to improve overall service to veterans.

a. The Patient Advocate is a highly trained professional who proactively seeks out opportunities to resolve patient concerns about any aspect of their health care experience, particularly those that cannot be resolved at the point of care.

b. The feedback and support to patients provided by the Patient Advocate conforms to standards defined by current VHA National Veterans' Service Standards, the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), the National Committee for Quality Assurance (NCQA), the Rehabilitation and Accreditation Commission (CARF) and Baldrige Criteria.

3. RELATED ISSUES: None.

4. RESPONSIBLE OFFICE: The Chief Network Office (10NC) is responsible for the contents of this Directive. Questions regarding the Patient Advocacy Program may be directed to 202-273-5852.

5. RESCISSIONS: VHA Manual M-2, Part I, Chapter 37, "Patient Representation Program," dated February 15, 1994, is rescinded.

6. RECERTIFICATION: This VHA Directive will be recertified on or before the last working day of June 2005.

S/ by Frances Murphy, M.D. for
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Acting Under Secretary for Health

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PATIENT ADVOCACY PROGRAM

1. PURPOSE

This Veterans Health Administration (VHA) Directive provides expectations and requirements for the Patient Advocacy Program in all VHA facilities, and helps promote a meaningful understanding and utilization of the program.

2. BACKGROUND

a. The Patient Advocacy Program was established to ensure that all veterans and their families, who are served in VHA facilities and clinics, have their complaints addressed in a convenient and timely manner. The Patient Advocacy Program operates under the broader philosophy of Service Recovery, whereby patient complaints are identified, resolved, classified, and utilized to improve overall service to veterans. The Patient Advocacy Program is an important aspect of patient satisfaction and contributes proactively to VHA initiatives to provide world class customer service.

b. The Department of Veterans Affairs (VA) Patient Advocacy Program operates under the philosophy that patient advocacy is the responsibility of every VA employee and that patient complaints and concerns should be resolved as soon as they occur. The Patient Advocate is a highly trained professional who proactively seeks out opportunities to resolve patient concerns about any aspect of their health care experience, particularly those that cannot be resolved at the point of care. Patient Advocates are leaders in assuring patient satisfaction and representing patient concerns. Each VHA Patient Advocate is to be empowered and trained to ensure that patients, their families or designated representatives, receive the maximum benefits entitled them by law.

c. The feedback and support to patients provided by the Patient Advocate conform to standards defined by current VHA National Veterans' Service Standards, the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), the National Committee for Quality Assurance (NCQA), the Rehabilitation and Accreditation Commission (CARF) and Baldrige Criteria. In conforming to these standards, the Patient Advocate performs a critical role in coordinating with facility and Network quality and performance management systems.

3. POLICY: It is VHA policy that VHA facilities and clinics establish a Patient Advocacy Program. The Patient Advocacy Program is established to ensure that all veterans and their families who are served in VHA facilities and clinics have their complaints addressed in a convenient and timely manner.

4. ACTION

a. Each Network is responsible for ensuring that a Patient Advocacy Program is in place at each of its health care facilities and meets the following resource and performance expectations:

(1) There are sufficient resources devoted to the Patient Advocacy Program to ensure timely resolution of complaints, as well as identification and resolution of systems issues. Specific administrative and resource requirements for the Program are outlined in Appendix A.

(2) Response to all patient complaints, with a resolution effort documented, occurs as soon as possible but no longer than 7 days of the patient's complaint.

(3) Initial documentation of all complaints into the Veterans Health Information Systems and Technology Architecture (VISTA) Patient Representative Tracking Program for Complaints and Compliments system occurs daily; this includes patient's name, date of complaint or compliment, issue code, and treatment status. Full documentation is to occur as soon as possible, but no longer than 7 days after the end of the quarter. Patient encounter data must include information pertaining to veteran (consumer) issues identified through face-to-face contact, written correspondence, and telephone contacts.

(4) The Patient Advocacy Program operates as an integral part of the Network and facility's patient and veteran service-related committees, providing feedback regarding effectiveness in meeting veterans' needs with recommendations and assistance in resolving issues relating to the facility's interactions with veterans. Patient complaint data are integrated into both facility and Network strategic and customer service plans, quality and performance monitors and used to identify and support decisions that improve care to veterans. Specific patient complaint information determined to be pertinent to Network and facility risk management and patient safety activities is reported to appropriate facility and Network committees addressing quality, performance and patient concerns and issues.

(5) Each Network will designate one facility-level Patient Advocate to function as a Patient Advocate Mentor. The Mentor will provide consultation for and coordination of facility Patient Advocates. The Patient Advocate Mentor is also responsible for providing support and consultation on Network patient and veteran service issues, as determined by the Network.

b. There are several models for the Patient Advocacy Program. Regardless of model, the Patient Advocate Program must meet the following requirements:

(1) Is visible and easy for patients to access.

(2) Offers clear pathways for complaint resolution.

(3) Provides access to an impartial review of complaints, when issues cannot be resolved at the point of service.

(4) Addresses issues across organizational lines.

(5) Directly links with, and is visibly a part of, top management.

(6) Promotes management's genuine interest in veterans' concerns.

(7) Integrates with other veterans' service, service recovery, telephone call center and appeals initiatives.

(8) Documents and tracks patient complaints using the VistA Patient Representative Tracking Program for Complaints and Compliments.

(9) Contributes to the identification and resolution of system issues and feeds into the overall facility and Network quality and performance monitors.

c. The National Patient Advocacy Program is organizationally aligned under the Chief Network Office as a component of the Veterans Integrated Service Networks' Support Service Center (VSSC). The National Patient Advocacy Program provides technical support and assistance to facilities, Networks, and the Chief Network Office in operating the Patient Advocacy Program. Responsibilities include:

(1) Consultation and training on Patient Advocacy.

(2) Development of the VistA Patient Representative Tracking Program for Complaints and Compliments.

(3) Roll-up of patient complaint information.

(4) Linking of patient complaint information with other data in VHA (e.g., veteran service standards, quality, and performance monitors).

(5) Coordinating responses to patient complaints, compliments, and inquiries received on the VA Homepage.

5. RESPONSIBILITIES

a. Networks Directors are responsible for operating a comprehensive Patient Advocacy Program that ensures timely resolution of complaints and contributes to identification and resolution of systems issues.

b. Facility Directors or care line managers are responsible for operating a comprehensive Patient Advocacy Program that ensures timely resolution of complaints and contributes to identification and resolution of systems issues.

c. Patient Advocates' roles and responsibilities are outlined in Appendix B to this Directive.
NOTE: The required competencies are provided in Appendix C.

**PATIENT ADVOCACY PROGRAM ADMINISTRATIVE
AND RESOURCE REQUIREMENTS**

1. Organizational Alignment. The Patient Advocate staff will be organizationally linked to top management, since a solution to the concerns addressed by the Patient Advocate may require the involvement of multiple services crossing broad organizational lines. Programmatic placement with the office of the facility Director ensures prompt and effective resolution of the issues as well as interface with facility and Network quality and performance management.

2. Staffing

a. There will be sufficient staffing devoted to the Patient Advocacy Program to ensure timely resolution of complaints identification and resolution of system issues and tracking, trending and reporting to appropriate areas. There should be a minimum of one lead Patient Advocate at each medical center or health care system, who is responsible for overall coordination and management of the program. The Patient Advocate is to be selected based upon required competencies identified in Appendix C.

b. A staff member should also be identified to handle patient complaints, advocate for the patient, and coordinate with the designated Lead Patient Advocate at each separate location where care is delivered within individual health care systems.

3. Ancillary Support. Appropriate administrative, technical and clerical support will be provided to the Patient Advocacy Program to allow efficient performance of defined responsibilities. Specific back-up coverage during any absence of a Patient Advocate will be provided to ensure continuity of the program.

4. Physical Environment. The Patient Advocate will be provided office space that ensures patient privacy, easy accessibility, with sufficient room for families and conforms to the standards of the Americans with Disabilities Act.

5. Computer Support. The Patient Advocate will have adequate supplies and equipment, including computer access with a personal computer (PC). Appropriate software to allow for spreadsheet and word processing will be included. Computer access will allow for an efficient tracking and trending of patient complaints and utilization of the Veterans Health Information Systems and Technology Architecture (VistA) and Microsoft Outlook software packages supporting the Patient Advocate Program.

6. Internet and Intranet Access. All Patient Advocates will have access to the Department of Veterans Affairs (VA)'s Homepage on the World Wide Web (Internet) and to the VA's Intranet on their computer. This is necessary to manage the growing number of inquiries about health care issues from veterans accessing the customer service page within the VA Homepage on the Internet.

7. Documentation. Documentation of individual interactions with patients and aggregate data should be sufficient to provide a reliable record supporting quality improvement and risk management activities at the facility. Records related to the Patient Advocacy Program are not

protected under the confidentiality regulations for quality management documents. Complaint data are not included as a part of the patient's medical or administrative record.

PATIENT ADVOCATE RESPONSIBILITIES

It is the responsibility of the Patient Advocate to:

1. Resolve patient and/or family complaints and engage in service recovery.
2. Assist the patient in understanding his or her rights and responsibilities.
3. Mediate on behalf of the patient.
4. Advocate for patients within the facility and Network, representing patient issues, concerns and suggestions for improving their health care experience.
5. Document and track patient complaints utilizing the Veterans Health Information Systems and Technology Architecture (VistA) Patient Representative Tracking Program for Complaint and Compliments database.
6. Collect, trend, monitor and report in a timely and accurate manner, patient concerns to senior management, performance management and patient care providers at the facility.
7. Provide patient and staff education regarding the expected outcomes of the Patient Advocacy Program.
8. Actively participate in appropriate committees and meetings relating to organizational leadership, patient rights, patient satisfaction and quality of care.
9. Research, as needed, the medical and administrative records of patients. Patient Advocates are not required to have the patient's permission to access medical and administrative records, which are needed to research and resolve a concern. Confidentiality is inherent in the role of patient advocacy.
10. Understand and represent facility and the Veterans Health Administration (VHA)-wide directives, laws and other governances which apply to patient rights and responsibilities, and the appeals process afforded veteran patients as outlined in: VHA Directives pertaining to Patient Advocacy and Customer Service Initiatives; regulations regarding Protection of Patient Rights incorporated in Title 38 Code of Federal Regulations (CFR) 17.34 and 38 CFR 17.34a; and Joint Commission on the Accreditation of Healthcare Organizations (JCAHO); the National Committee for Quality Assurance (NCQA); and long-term care standards.
11. Work cooperatively with external stakeholders who work with patients; for example, members of veterans service organizations or representatives of Protection and Advocacy for the Mentally Ill Systems. External patient advocates may have access to the patient's medical record with the patient's prior written consent specifically authorizing the external stakeholder to have access. Records pertaining to treatment for alcoholism or alcohol abuse, infection with human immunodeficiency virus (HIV) and/or sickle cell anemia may be accessed only when the patient has signed a specific consent, i.e., VA Form 10-5345, Request for and Consent to Release of

Medical Records. Requests for access by an external patient advocate on behalf of an incompetent patient should be referred to Release of Information for a determination whether the consent is sufficient before access is granted. Access to electronic patient records must be limited to those individuals for whom the external patient advocate has a prior written consent.

12. Build strong professional alliances with veterans and their families, veterans service organizations, appropriate community agencies, medical facility staff and other Patient Advocates in VHA and non-VHA facilities throughout the country.

13. Provide patients with relevant brochures and information about external resources and services.

14. Ensure mental health patients are aware of their rights under Public Law 102-173, which establishes external advocates to assist mentally ill patients.

REQUIRED COMPETENCIES

1. MANAGING PATIENT SATISFACTION

- a. **Assessment.** Identify the real problem by asking open-ended questions, focused questions and probing questions. Learn events surrounding the problem, the “who, what, when and where.”
- b. **Problem-Solving Skills.** Assist others in resolving problems, by helping to clarify issues and identifying and evaluating alternatives. Involves facilitating the process, rather than providing the answers.
- c. **Interview Skills.** The ability to obtain specific information from either one individual or a group by effectively using questioning, clarifying, testing discrepancies (probing), summarizing, closing.
- d. **Crisis Intervention** - The ability to focus on resolution of immediate problems and emotional conflicts, making them manageable.

2. COMMUNICATION

- a. **Active Listening Skills.** Listening with the intention of understanding. Listening with your ears, eyes and an open mind. The active listener demonstrates attention to what the speaker is saying through non-verbal and verbal reassurance.
- b. **Questioning Skills.** Appropriately uses the following types of questions to learn, clarify, gain understanding and encourage a speaker (open-ended questions, focused questions, closed questions, probing questions).
- c. **Feedback Skills.** The ability to give and receive information, most importantly, feedback to the customer about a concern brought to the attention of pertinent staff. Feedback is vital in tracking information for the process of change.
- d. **Writing Skills.** The ability to creatively organize and communicate information, thoughts or feelings in written words that conform to generally accepted rules of style and form that are appropriate for the audience and accomplishes the intended purpose.
- e. **Observation Skills.** The ability to receive and interpret information accurately by “seeing” how a person communicates through body language expressed in body movement, facial expression, eye contact, posture, and stance.

f. **Presentation Skills.** Ability to effectively communicate thoughts, feelings and/or information to a specific group, generally with a purpose to influence or educate. Platform skills include effective use of body movement, posture, positioning, eye contact, verbal and non-verbal skills, as well as knowledgeable use of any presentation devices (e.g., overhead, projector, Power Point).

3. HEALTH CARE MANAGEMENT

a. **Knowledge of VA System.** Knowledge of the system in which we work and which serves the veteran includes the ability to use appropriate pathways or develop pathways to resolve patient concerns; to maintain a knowledge base of national veterans' and health care issues (e.g., eligibility, medical terminology); to understand the critical interface between Patient Advocate data and quality and performance monitors.

b. **Clinic And Business Ethics.** Understand the principles of ethics, confidentiality, autonomy, justice, and patient rights.

4. DATA INFORMATION MANAGEMENT

a. **Computer Skills.** Ability to effectively utilize the computer and/or Veterans Health Information Systems and Technology Architecture (VistA) Program to compile and extract data for reports.

b. **Data Presentation Skills.** Interrelate, summarize, and present data that includes quantitative and qualitative information about the organization.

c. **Analytical Skills.** Ability to analyze and interpret data in order to understand a process and make effective decisions.