

VHA VETERAN PATIENT EXPERIENCE

1. REASON FOR ISSUE: This directive establishes policy, requirements, and accountability for the Veteran Patient Experience in accordance with Title 38 Code of Federal Regulations (CFR), Chapter 1, Part 0. It delineates the essential components of an effective Patient Experience practice to be implemented nationally.

2. SUMMARY OF MAJOR CHANGES: This directive establishes policy for Veteran Patient Experience and combines previous policy for the Veterans Health Administration (VHA) Veterans Customer Service Program. It has been updated to reflect the administrative and operational responsibilities of VHA personnel in ensuring all Veterans, Servicemembers, their families, caregivers, and survivors receive a consistent world-class experience across the Department of Veterans Affairs (VA).

3. RELATED ISSUES: VHA Directive 1003.04, VHA Patient Advocacy, dated February 7, 2018.

4. RESPONSIBLE OFFICE: The Office of the Deputy Under Secretary for Health for Operations and Management (10N). Questions may be referred to the Executive Director, VA Veterans Experience Office (VEO) Patient Experience at VAPX@va.gov.

5. RESCISSIONS: VHA Directive 1003, VHA Veteran Customer Service Program, dated August 6, 2003; VHA Handbook 1003.1, Key Elements of VHA's Veterans Customer Service Program, dated August 6, 2003; VHA Handbook 1003.2, Service Recovery in the Veterans Health Administration, dated February 4, 2004; and VHA Handbook 1003.3, Responding to Electronic Inquiries from the VA Internet Homepage, dated October 15, 2003 are rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of April 2025. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

**BY DIRECTION OF THE OFFICE OF THE
UNDER SECRETARY FOR HEALTH:**

/s/ Renee Oshinski
Deputy Under Secretary for Health for
Operations and Management

NOTE: All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.

April 14, 2020

VHA DIRECTIVE 1003

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VHA VETERAN PATIENT EXPERIENCE

1. PURPOSE

This directive establishes policy, requirements, and responsibilities for the Veteran Patient Experience to ensure all Veterans, Servicemembers, their families, caregivers, and survivors receive consistent world-class experiences across the Department of Veterans Affairs (VA). **AUTHORITY:** Title 38 United States Code (U.S.C.) 7301(b), Title 38 CFR 0.603.

2. BACKGROUND

a. 38 CFR Chapter 1, Part 0 describes the Core Values, Characteristics, and Customer Experience Principles of VA and serves as internal guidance for employees of VA. These principles define the responsibilities of VA employees, articulate what VA stands for, and underscore its moral obligation to Veterans, their families, and other beneficiaries. It enforces VA employees' commitment to provide the best experience to Veterans, Servicemembers, their families, caregivers, and survivors.

b. In May 2019, 38 CFR Chapter 1, Part 0 was amended to add 0.603 VA Customer Experience Principles - Ease, Effectiveness, and Emotion - to further demonstrate that VA is a Veteran-centric organization. The regulation provides operating principles that guide the delivery of services and benefits to eligible Veterans and beneficiaries. It also ensures the Veteran Patient Experience is smooth, easy, and meets customers' expectations and satisfaction in a manner in which Veterans feel honored and valued in their interactions within the organization, which impact customers' overall trust in the organization.

c. VA is committed to providing a world-class patient experience to Veterans within a Veteran-centered culture and embraces The Joint Commission standards, Commission on Accreditation of Rehabilitation Facilities (CARF), Long Term Care Institute, Inc. (LTCI), the Baldrige Health Care Criteria for Performance Excellence, and industry-standard best practices. These criteria support a planned approach to the Veteran Patient Experience.

d. Public accountability on the Veteran Patient Experience is mandated in 38 U.S.C. 1703C which directs VA to collect quality measures including Veterans' satisfaction with service and the quality of care at VA medical facilities. Under 38 U.S.C. 1703C(b)(1) VA must publish Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) data on these quality measures on the Centers for Medicare and Medicaid Services' (CMS) Hospital Compare Web site (www.medicare.gov/hospitalcompare) to give Veterans the information necessary to compare performance measures between VA and community health care providers.

e. The Joint Commission recognizes that a positive patient experience leads to improved care quality and patient safety. As VHA strives to be a High Reliability Organization (HRO), it is important that Patient Experience is a strategic driver for organizational improvement efforts and initiatives. The VA Patient Experience Framework (see Appendix A) and the VA Patient Experience Roadmap to Excellence

(see Appendix B) provide the foundational components and a standardized operating model necessary for a comprehensive Veteran Patient Experience practice.

f. The VA Patient Experience Framework and Roadmap to Excellence (see Appendices A and B) also highlight the role of Employee Experience in Patient Experience. Employees who have a strong positive experience with the organization will be engaged, and that engagement transfers to a personal and emotional investment in doing their jobs well. Employees will actively participate in promoting a just culture, alert for opportunities to improve the experience of Veterans receiving care in the organization.

g. The Veterans Patient Experience Framework includes Service Recovery and continuous process improvement as a critical ecosystem of processes and interactions that ensure exceptional service to the customers. The principles and guidelines of Service Recovery recognize that it is everyone's responsibility and empower employees with the tools and leeway to resolve service failures as close to the original point of service as possible and appropriate.

3. DEFINITIONS

a. **Best Practice.** Best practice is a procedure or process that has been shown by research, experience, and evidence-based practice to produce optimal results and that is established or proposed as a standard suitable for widespread adoption.

b. **Complaint.** A complaint is an expression of a perceived gap between service and expectations that is expressed verbally, electronically, or in writing to any employee as well as to officials outside of the facility, such as members of Congress or Veterans Service Organizations.

c. **Customer Experience.** Customer experience is the provision of access and delivering VA care, benefits, and memorial services in a way that is smooth and easy for Veterans, and meets their satisfaction encompassed in the measures of Ease, Effectiveness, and Emotion.

(1) **Ease.** Ease is a measure which indicates VA will make access to care and services smooth and easy. VA employees excel in the dimension of Ease when they ensure that services feel predictable, set expectations with Veterans, and make sure they understand where they are in the process and what is coming next.

(2) **Effectiveness.** Effectiveness is a measure which indicates VA will deliver care, and services to the customer's satisfaction. VA employees excel in the dimension of effectiveness when they ensure the delivery of a consistent, high-quality level of service for Veterans, within and across VA medical facilities.

(3) **Emotion.** Emotion is a measure which indicates VA will deliver care and services in a manner that makes customers feel honored and valued in their interactions with VA. VA employees excel in the dimension of emotion when they strive to engage and connect with Veterans through personal interactions that demonstrate empathy, making them feel like they are valued and heard.

d. **Evidence-Based Practice.** Evidence-based practice is the conscientious use of current best evidence in making decisions about patient care. It is a problem-solving approach to clinical practice and administrative issues that integrates a systematic search for and critical appraisal of the most relevant evidence to answer a burning clinical question; one's own clinical expertise; and patient preferences and values (Academy of Medical Surgical Nurses; VHA Office of Nursing Service, 2015).

e. **High Reliability Organizations.** HROs are organizations that operate in complex, high-hazard domains for extended periods without serious accidents or catastrophic failures. HROs uphold three key pillars: leadership commitment, safety culture, and continuous process improvement.

f. **Just Culture.** Just culture is an environment that balances the need for an open and honest reporting environment with the end goal of organizational and behavioral improvement. While the organization has a duty and responsibility to employees (and ultimately to Veterans), all employees are held responsible for the quality of their choices. Just culture requires a change in focus from errors and outcomes to systems design and management of the behavioral choices of all employees.

g. **Moments that Matter.** Moments that Matter are key points that Veterans identify throughout the Veteran Patient Experience journey during which VA can build trust with Veterans. These moments have an impact on the Veteran's overall experience with VA.

h. **Own the Moment.** Own the Moment (OTM) is a principles-based approach to meet the needs of the Veteran and provide exceptional Veteran Patient Experience. The three principles of OTM align with the VA Customer Experience Principles: Connect and Care (Emotion), Understand & Respond to Needs (Effectiveness), and Guide the Journey (Ease).

i. **Patient Advocacy.** Patient advocacy is the act of supporting, recommending, educating, and influencing to improve the health and health care delivery system for Veterans. A part of advocacy is ensuring documentation of events to create a proactive environment based on trending and understanding how to resolve micro and macro complexities.

j. **Promising Practice.** Promising practice is an intervention, method, or technique with sufficient evidence that demonstrates improved quality of care or outcomes among Veterans that has been replicated across several VA sites.

k. **Service Recovery.** Service Recovery is a fundamental element of VA's commitment to world-class customer service that empowers all staff to quickly acknowledge concerns, clearly communicate the plan for resolution, and make needed amends to fulfill VA's duty to Veterans and their families, beneficiaries, caregivers and survivors. Service Recovery is integral to VA culture; it is considered everyone's responsibility and reflects an opportunity to turn a potentially negative experience into a positive one.

l. **Systems Approach.** Systems approach is the thinking in management that emphasizes the interdependence and interactive nature associated with elements in and external to the organization.

m. **Veteran Patient Experience.** Veteran Patient Experience is the sum of all interactions, shaped by the organization's culture, that influence Veterans' and their families' perceptions along their health care journey. Veteran Patient Experience encompasses the range of interactions that patients have with the health care system, including their care from health plans, and from doctors, nurses, and staff in hospitals, physician practices, and other health care facilities. As an integral component of health care quality, Veteran Patient Experience includes several aspects of health care delivery that patients highly value when they seek and receive care, such as getting timely appointments, easy access to information, responsive and compassionate Service Recovery, and good communication with health care providers.

4. POLICY

It is VHA policy that all levels of the organization understand and are accountable for how their roles and responsibilities affect the Veteran Patient Experience and ensure every employee adheres to the Core Values, Characteristics, and Veteran Patient Experience Principles of VA, to provide the best experience possible to Veterans, Servicemembers, their families, caregivers, and survivors.

5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall compliance with this directive.

b. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary of Health for Operations and Management is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Service Networks (VISNs).

(2) Ensuring that each VISN Director has the sufficient resources to implement this directive in all the VA medical facilities within that VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive, relevant standards, and applicable regulations.

(4) Developing national policy and procedures for Veteran Patient Experience in conjunction with the VA Chief Veteran Experience Officer and the Executive Director, Office of Patient Advocacy; and ensuring that these policies and procedures are consistent and current with Federal law; VA and VHA strategic goals and plans; evidence-based, best, and promising practices literature; VHA's mission, goals, and objectives, and other authorizing documents that may be issued.

(5) Ensuring VISN representation on the National Leadership Council, Whole Health Committee, and Patient Experience Sub-committee.

c. **VA Chief Veteran Experience Officer.** The VA Chief Veteran Experience Officer has assumed responsibility for:

(1) Developing national policy and procedures for Veteran Experience in conjunction with the Deputy Under Secretary for Health for Operations and Management and the Executive Director, Office of Patient Advocacy; and helping to ensure that these policies and procedures are consistent and current with Federal law; VA and VHA strategic goals and plans; evidence-based, best, and promising practices literature; VHA's mission, goals, and objectives, and other authorizing documents that may be issued.

(2) Providing subject matter expert consultation and services on health care industry standards and best practices on Veteran Patient Experience.

(3) Providing evidence-based tools, data, and technology and promoting engagement to support VHA work in improving the Veteran Patient Experience. See paragraph 7 for additional information.

d. **Executive Director, Office of Patient Advocacy.** The Executive Director, Office of Patient Advocacy is responsible for:

(1) Serving as a key member of the VHA senior management team responsible for overseeing and driving critical strategies toward VHA's cultural transformation for improving the Veterans' experience in Patient Advocacy.

(2) Developing national policy and procedures for Veteran Patient Experience in conjunction with the Deputy Under Secretary for Health for Operations and Management and the VA Chief Veteran Experience Officer; and helping to ensure that these policies and procedures are consistent and current with Federal law; VA and VHA strategic goals and plans; evidence-based, best, and promising practices literature; VHA's mission, goals, and objectives, and other authorizing documents that may be issued.

(3) Providing consultation and guidance to VISNs and VA medical facilities in the management of the complaint resolution process and execution of Service Recovery strategies.

(4) Emphasizing that patient advocacy is everyone's responsibility. This means empowering employees, regardless of their assigned roles in the organization, to assist Veterans, Servicemembers, their families, caregivers, and survivors.

(5) Designing Veteran Patient Experience education, training programs, and national conferences by working in collaboration with Employee Education Service (EES).

e. **Director of VHA Program Offices.** The Directors of VHA Program Offices are responsible for:

(1) Ensuring all personnel within their respective program offices comply with this directive and Veteran Patient Experience-related VA policies.

(2) Ensuring all personnel within their respective program offices understand their responsibility to uphold the VA Core Values, Characteristics, and Customer Experience Principles of VA and complete all training required by this directive (see paragraph 8).

(3) Ensuring Veteran Patient Experience is incorporated into all program office strategic planning, improvement efforts, and initiatives.

(4) Providing the necessary guidance and resources to support the execution of this directive in their respective program offices.

f. **Veterans Integrated Service Network Director.** VISN Directors are responsible for:

(1) Ensuring all personnel within their respective VA medical facilities comply with this directive and Veteran Patient Experience-related VA policies.

(2) Ensuring all personnel within their respective VA medical facilities understand their responsibility to uphold the VA Core Values, Characteristics, and Customer Experience Principles of the VA and complete all training required by this directive (see paragraph 8).

(3) Ensuring Veteran Patient Experience is a driver in all VISN strategic planning, improvement efforts, and initiatives.

(4) Providing the necessary guidance and resources to support the execution of this directive in their respective VA medical facilities.

(5) Designating a VISN Chief Patient Experience Officer (CPXO) responsible for the management and coordination of Veteran Patient Experience activities across the VISN.

g. **Veteran Integrated Service Network Chief Patient Experience Officer.** The VISN CPXO is responsible for:

(1) Overseeing all Veteran Patient Experience-related collaborations and initiatives within the VISN, to include collaborations across VA sub-agencies, VHA program offices, and local health care community providers.

(2) Complying with this directive and Veteran Patient Experience-related VA policies.

(3) Sharing evidence-based, best, and promising practices on Veteran Patient Experience across VA (e.g., actively participating in VA Veteran Patient Experience Community of Practice forums).

(4) Overseeing and managing Veteran Patient Experience action plans within their respective VISNs.

(5) Collaborating on employee experience initiatives in conjunction with their respective Human Resources Department.

(6) Collecting and utilizing the information gathered from the data and tools listed in paragraph 7.b. to inform decision making, identify priority areas and opportunities for improvement, and communicate to internal and external stakeholders.

h. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring all personnel within the VA medical facility comply with this directive and Veteran Patient Experience-related VA policies.

(2) Ensuring all personnel within the VA medical facility understand their responsibility to uphold the VA Core Values, Characteristics, and Customer Experience Principles of the VA and complete all VA and VHA-training required by this directive (see paragraph 8).

(3) Incorporating the Veteran Patient Experience into all VA medical facility strategic planning, improvement efforts, and initiatives.

(4) Providing a clearly defined Veteran Patient Experience vision and demonstrating commitment to the provision of service excellence, Service Recovery, and patient advocacy.

(5) Ensuring all personnel within the VA medical facility are empowered to assist Veterans, Servicemembers, their families, caregivers, and survivors in fulfilling exceptional Patient Experience.

(6) Ensuring an annual Veteran Patient Experience assessment is completed within the VA medical facility to identify targeted improvement efforts and initiatives and reporting this information to the VISN CPXO.

(7) Developing an annual Veteran Patient Experience performance improvement plan for the VA medical facility.

(8) Designating a VA medical facility CPXO responsible for the management and coordination of Veteran Patient Experience activities across the VA medical facility.

i. **VA Medical Facility Chief Patient Experience Officer.** The VA medical facility CPXO is responsible for:

NOTE: This role may go by different titles at VA medical facilities such as: Patient Advocate Supervisor, Customer Experience Manager/Supervisor, Veterans Experience Officer.

(1) Overseeing and assisting in the facilitation of Veteran Patient Experience-related collaborations and initiatives within the VA medical facility, to include collaborations across VA sub-agencies, VHA program offices, and local health care community providers.

(2) Complying with this directive and Veteran Patient Experience-related VA policies.

(3) Leading, facilitating, and collaborating on Veteran Patient Experience practices in VA medical facility improvement efforts and initiatives.

(4) Sharing evidence-based, best, and promising practices on Veteran Patient Experience across VA (e.g., actively participating in VA Patient Experience Community of Practice forums).

(5) Overseeing and managing action plans within their respective VA medical facility on Patient Experience. See paragraph 7 for additional information.

(6) Collaborating with the Human Resources Department on employee experience initiatives and efforts.

(7) Collecting and utilizing the information gathered from the data and tools listed in paragraph 7.b. to inform decision making, identify priority areas and opportunities for improvement, and communicate to internal and external stakeholders.

j. **VA Medical Facility Personnel.** All VA medical facility personnel are responsible for:

(1) Demonstrating commitment to VA Core Values, Characteristics, and Customer Experience Principles of the VA according to employee performance plan standards (see paragraph 7.c.(1)).

(2) Complying with this directive and Veteran Patient Experience-related VA policies.

(3) Completing all applicable VA and VHA required training on Veteran Patient Experience, service excellence, and Service Recovery (see paragraph 8).

(4) Providing exceptional Veteran Patient Experience, as well as taking every opportunity to Own the Moment with every patient interaction, utilizing the OTM guiding principles, WECARE behaviors, and the SALUTE model for Service Recovery. See paragraph 8.a.(5).

(5) Seeking guidance and advice from supervisor, manager, or VA medical facility CPXO to resolve any questions or concerns related to Veteran Patient Experience.

(6) Supporting implementation of best practices and utilizing Veteran Patient Experience tools.

6. SERVICE RECOVERY

a. Organizational Structure and Strategies.

(1) Service Recovery is an ecosystem of critical processes and interactions that ideally turns a negative patient experience into a positive one. A fundamental operating principle of Service Recovery is that staff at the point-of-service are trained, equipped, empowered, encouraged, and rewarded for Service Recovery with the Veteran as soon and effectively as possible. Service Recovery recognizes a service failure, effectively resolves a service problem, identifies root cause(s) and solutions based upon them, and

yields data that can be integrated with other sources of performance measurement to assess and improve the Veteran Patient Experience.

(2) The use of data to inform accountability and performance measures is a critical component of Service Recovery and is key to ensuring an exceptional Veteran Patient Experience and a customer service-focused culture. It is the responsibility of leaders at all levels to champion the importance and prioritization of these activities, and to champion them within their own organizations. Likewise, it is the responsibility of individuals at every level of the organization to engage in both Service Recovery and continuous process improvement related to Service Recovery commiserate with their position responsibilities.

b. Effective Service Recovery Program Components. Effective Service Recovery programs contain the following components:

(1) A process that is user-friendly and allows easy access for Veterans to voice complaints.

(2) A personalized Service Recovery experience that involves the Veteran in the decision or resolution.

(3) A designated process owner, either an individual or team. The process owner identifies compliance with Service Recovery standards and processes; oversees implementation and evaluation of improvement activities; and ensures staff members receive training on Service Recovery strategies and tools.

(4) A Service Recovery system in place that promotes and rewards a culture of Patient Experience excellence. This often involves the use of a VA medical facility Service Level Advocate Program.

(5) A clear and deliberate sense of Just Culture within the organization (see paragraph 3.f.).

(6) Integration of continuous process improvement to address reoccurring and surfacing issues within the operating environment.

c. Principles. Service Recovery starts before a complaint is ever filed. Employees must be empowered to adjust and modify how services are rendered for issues arising due to systems and process errors or failures. Employees must have the ability to remedy a situation on the spot at the point of service with minimal supervisory involvement. Once remedied, the Service Recovery must be documented in the Patient Advocate Tracking System (PATs). Principles of Service Recovery include:

(1) Focusing on achieving fairness and true Veteran satisfaction.

(2) Anticipating and correcting problems before they occur.

(3) Acknowledging mistakes without placing blame or making excuses.

(4) Apologizing for not meeting service expectations.

(5) Taking corrective actions in a timely manner.

(6) Ensuring appropriate follow-up and feedback to the Veteran (i.e., through Service Level Advocates).

(7) Utilizing an effective data collection and continuous process improvement to drive improvements (e.g., PATS, see paragraph 7.b.(2)).

(8) Utilizing SALUTE model for Service Recovery. See paragraph 8.a.(5).

7. PROCESS IMPROVEMENT

These instruments inform continuous process improvement within VHA and ensure the delivery of exceptional Veteran Patient Experience.

a. **Voice of the Veteran.** VA is an organization that values feedback from Veterans, Servicemembers, their families, caregivers, and survivors. VA actively seeks to understand the needs of Veterans and ensure that VA policies, processes, and services are aligned to meet and exceed their needs. Veterans are treated as critical partners in planning, developing, and monitoring care and services to make sure they meet their needs. This means including Veterans, their families, and caregivers in decisions about their health care throughout the continuum of care. VA utilizes other forums to ensure the voice of the Veteran is considered, which includes but are not limited to the following:

(1) Digital Comment Cards.

(2) Organizational Rounding.

(3) Social Media Platforms.

(4) Townhall Meetings.

(5) Listening Sessions and Input from Veteran Focus Groups.

(6) Veteran and Family Advisory Council.

b. **Data and Tools.**

(1) **Survey of Health Care Experiences of Patients.** The survey of Health Care Experiences of Patients (SHEP) measures the Veterans' experience across care settings, utilizing CMS' Hospital Consumer Assessment of Health Care Providers & Systems (HCAHPS) surveys, standardized instruments with methodologically rigorous sampling and validated measures. SHEP measures should be the starting point of all patient experience improvement initiatives and efforts. SHEP measures should be utilized to formulate relevant indicators and used in conjunction with PATS and Veterans Signals (VSignals) data to effectively identify opportunities and clearly develop action plans.

(2) **Patient Advocate Tracking System.** PATS is a computer application that tracks patient compliments, complaints, and other key data that captures the full scope of the Veteran Patient Experience. The application helps identify trends and emerging issues to inform performance and process improvement opportunities. PATS should be utilized to formulate relevant indicators and used in conjunction with SHEP and Veteran Signals (VSignals) data to effectively identify opportunities and clearly develop action plans.

(3) **Veteran Signals.** The VSignals platform is used to collect and analyze insights from Veterans, family members, caregivers, and survivors. VSignals helps to identify and inform opportunities for immediate and short-term Service Recovery and long-term program and systems improvement. VSignals measures the Veteran experience through multiple layers, including: (1) the VA-Wide Trust Survey measures trust at the aggregate level, (2) Service-Level Measurement Surveys (e.g., Outpatient Services) measure trust at the micro level (service level), (3) the Digital Comment Card allows Veterans to submit feedback at any time, and (4) Social Media scraping listens to activity on VA social media accounts. VSignals should be utilized in conjunction with SHEP and PATS data to effectively identify opportunities for improvement in Patient Experience.

(4) **All Employee Surveys.** The All Employee Surveys (AES) framework is organized to provide a big picture of the employee experience. The AES framework allows for prioritization of the following: actions and behaviors (what employees do), workplace climate (where employees are), and outcomes and employee attitudes (how employees feel). It should be utilized as the standard in assessing and improving the employee experience. The AES helps to identify ways to continue motivating employees, who provide the patient experience and ensure a culture of high reliability.

(5) **Diffusion of Excellence Initiative.** Through the Diffusion of Excellence Initiative, VHA collects, disseminates, and replicates best practices that improve access to care, care coordination, employee engagement, Veteran experience, and quality and safety for Veterans throughout the country. The Diffusion of Excellence Initiative crowdsources practices from VA medical facility field staff, evaluates return and impact, and selects best practices to disseminate to the field through a six-month facilitated implementation timeframe. The initiative utilizes human-centered design (HCD) concepts to build an implementation action plan and facilitate peer-to-peer learning between sites that originated a practice, and those that are implementing.

(6) **Journey Maps.** Veteran journey maps are developed by the Veterans Experience Office (VEO) through HCD research. Journey maps do not reflect all Veteran experiences. However, they do present a common set of Moments that Matter most to Veterans in their experience and display bright spots and pain points at VA medical facilities. Journey maps should be used in conjunction with quantitative data to prioritize Patient Experience initiatives and efforts. Journey maps should be utilized in the following manner:

- (a) Developing a shared understanding of Veterans' experiences across VA.
- (b) Identifying VA customer service gaps or bright spots along Veterans' journeys.

(c) Recognizing where multiple VA services might touch Veterans simultaneously along their journeys.

(d) Focusing on Moments that Matter as junctures during which VA should design excellent customer service experiences and outreach opportunities.

(e) Referencing life moments as starting points for generating new products or services.

c. **Accountability.** VA is required to publish data on quality measures on the CMS Hospital Compare Web site (<https://www.medicare.gov/hospitalcompare/search.html>) to give Veterans the information necessary to compare performance measures between VA and community health care providers. VA medical facilities should always strive to improve on these performance measures to gain public trust and provide the best health care and exceptional Patient Experience for Veterans.

(1) **Performance Standards.** VA Core Values, Characteristics, and Customer Experience Principles along with expected service behaviors must be included in every employee's Performance Standards.

(2) **Hospital Compare and Patient Experience Compare Data.** CMS reports information about the quality of care at over 4,000 Medicare-certified hospitals, including VA medical facilities. The information is intended for the public to compare the quality of their care in local communities across the country. Since 2008, the VHA Quality of Care Web site (listed in paragraph 7.c.) has published performance information in quality areas such as effectiveness, efficiency, equity, patient centeredness, safety, and timeliness. These performance measures should be used in conjunction with qualitative data to prioritize Patient Experience initiatives and efforts to become the best health care provider for Veterans in local communities.

(3) **VA Trust Scores.** Veteran Customer Experience is part of the Presidential Management Agenda Agency Priority Goals (APG). APGs are a performance accountability structure of the Government Performance and Results Act Modernization Act that provides agencies a mechanism to focus leadership priorities, set outcomes, and measure results, bringing focus to mission areas where agencies need to drive significant progress and change. It is measured with the use of surveys sent out to Veterans with the statement, "I trust VA to fulfill our country's commitment to Veterans." VA medical facility-level trust scores can be found on VSignals. VA medical facilities should use these scores as one of the leading indicators of the Patient Experience.

(4) **VA Medical Facility Action Plans.** VA medical facilities must develop action plans on Patient Experience initiatives and efforts, highlighting how the plan aligns with VA, VHA, and VA medical facility-level strategic goals (see paragraph 5.i.(5)). Effective action plans must clearly indicate goals, objectives, strategies, and measurement necessary to achieve the initiative or effort. Periodic performance reviews on action plans should be completed to ensure proper resource management, goals are achieved, and initiatives or efforts are refined when necessary.

8. TRAINING

a. **Required Training.** Every employee will receive Own the Moment (TMS # 4203124) and other effective training to understand and implement the Core Values, Characteristics, and Customer Experience Principles of VA upon onboarding. Key components should be introduced during new employee orientation (NEO). This training intends to build trust with the Veteran and must include the following:

(1) **ICARE Values.** Integrity, Commitment, Advocacy, Respect, and Excellence.

(2) **Core Characteristics.** Trustworthy, Accessible, Quality, Innovative, Agile.

(3) **Customer Experience Principles (Dimensions).** Ease, Effectiveness, Emotion.

(4) **WECARE Behaviors.** Welcome, Explain, Connect, Actively Listen, Respond, Express Gratitude.

(5) **Service Recovery Principles (SALUTE).** Say Hello, Apologize, Listen to the Concern, Understand, Take Action to Resolve the Issue, Express Gratitude.

b. **Refresher Training.** Every employee must receive annual training to understand and implement the Core Values, Characteristics, and Customer Experience Principles of VA. This training should be tailored accordingly to be relevant to each employee's specific roles and responsibilities, ideally discussed within the context of the operational environment to achieve service excellence.

9. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created in this directive shall be managed per the National Archives and Records Administration (NARA) approved records schedules found in VA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Manager or Records Liaison.

10. REFERENCES

a. Pub. L. 115-182, VA MISSION Act of 2018.

b. 38 U.S.C 1701(b).

c. 38 U.S.C. 1703C.

d. 38 CFR Chapter 1, Part O.

e. 38 CFR 0.603.

f. Ambulatory Care Improvement Guide. Strategy 6P. Service Recovery Programs. U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality. Godfrey M, Young J, Shannon R, et al. <https://www.ahrq.gov/cahps/quality->

[improvement/improvement-guide/6-strategies-for-improving/customer-service/strategy6p-service-recovery.html](https://www.va.gov/health-care/quality-improvement/improvement-guide/6-strategies-for-improving/customer-service/strategy6p-service-recovery.html).

g. Boysen P. G., 2nd (2013). Just culture: a foundation or balanced accountability and patient safety. *The Ochsner Journal*, 13(3), 400–406. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3776518/>.

h. Centers for Medicare and Medicaid Services' (CMS) Hospital Compare Web site. www.medicare.gov/hospitalcompare

i. Evidence-Based Practice. Academy of Medical-Surgical Nurses. <https://www.amsn.org/practice-resources/evidence-based-practice>.

j. How U.S. Health Care Got Safer by Focusing on the Patient Experience. *Harvard Business Review*. <https://hbr.org/2017/05/how-u-s-health-care-got-safer-by-focusing-on-the-patient-experience>. **NOTE:** *This linked document is outside of VA control and may not be conformant with Section 508 of the Rehabilitation Act of 1973.*

k. The Person, Interactions and Environment Programme to improve care of people with dementia in hospital: a multisite study. Southampton (UK): NIHR Journals Library; 2018 Jun. (Health Services and Delivery Research, No. 6.23.) Chapter 4, Person-centered care: meaning and practice. <https://www.ncbi.nlm.nih.gov/books/NBK508103/>.

l. U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, High Reliability, dated January 2019. <https://psnet.ahrq.gov/primers/primer/31/High-Reliability>.

m. What is Patient Experience? U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality. <https://www.ahrq.gov/cahps/about-cahps/patient-experience/index.html>.

APPENDIX A

PATIENT EXPERIENCE FRAMEWORK

1. BACKGROUND

Developed in 2017 with the Department of Veterans Affairs (VA) Patient Experience Advisory Committee, the Patient Experience Framework is comprised of seven domains surrounding the core focus which are the employee and Veteran experiences. The domains are interconnected and interdependent. All new initiatives and programs should be aligned to improve one or many of the domains. At the center of the framework are the employee and Veteran experiences, which are tied together and drive the domains.

2. DOMAINS

a. **Leadership.** Leaders are visible, engaged, and set the tone of Patient Experience. Leaders empower employees and build an organization committed to Patient Experience.

b. **Culture.** A culture of kindness, collaboration, innovation, transparency and accountability is obvious and contagious to Veterans, their families, and staff. Veterans feel welcomed and cared for throughout their health care journey.

c. **Patient Communication.** Veterans know what to expect from their health care. Communications with Veterans are consistent, use plain language, and invite engagement. Veterans feel confident that they are being listened to and heard.

d. **Employee Engagement.** Employees feel passionate about serving Veterans, are committed and accountable to the organization and each other, and are empowered by leadership to put discretionary effort into their work. Employees understand and embody the philosophy of Patient Experience.

e. **Environment.** Veterans and their families feel welcomed and supported in an environment that is clean and safe and that exudes healing and mitigates anxiety.

f. **Voice of the Veteran.** The organization proactively gathers and utilizes Veteran feedback and perspectives to make decisions and solve issues that matter most to Veterans and their families.

g. **Measurement and Improvement.** The organization uses meaningful, contextual, and real-time insight to better understand patients' needs and to support continuous improvement and innovation.



NOTE: More information can be found on the Veterans Patient Experience (VA PX) Pulse Page: <https://www.va.gov/ve/>.

APPENDIX B

THE VA PATIENT EXPERIENCE ROADMAP TO EXCELLENCE

1. BACKGROUND

The Department of Veterans Affairs (VA) Patient Experience Roadmap to Excellence was first developed in 2018, designed by the VA Veterans Experience Office (VEO) in partnership with the Veterans Health Administration (VHA). This roadmap integrates ideas from VA medical facility leaders with best practices from the best in class private sector health systems. It is intended to be utilized as the operating model towards Patient Experience excellence. It builds upon the VA Patient Experience Domains, providing an adaptable approach based on five key action-oriented stages to assist with a VA medical facility's journey to Patient Experience excellence. It encourages organizations to start and maintain the dialogue about Patient Experience and follow suit by taking deliberate actions towards Patient Experience excellence.

2. PURPOSE

Patient Experience is not something contained in a program office or a specific function in a health care system. Patient Experience is not a program. It is relevant to every Veteran interaction at every level of the organization and the Patient Experience Roadmap to Excellence assists the organization as a type of compass which provides guidance and direction for VA medical facilities to take on a systems approach in achieving Patient Experience excellence.

3. STAGES

The five stages are iterative and complementary. As VA medical facilities conduct annual assessments, Patient Experience efforts and initiatives may cross over stages throughout their Patient Experience journey to excellence depending on which domain(s) improvement work is necessary.

a. **Understand Patient Experience.** A conversation on Patient Experience must first focus on level setting and aligning perspective on what Patient Experience means and all it comprises. Truly understanding Patient Experience means knowing its definition and establishing what it means at every level of the organization.

b. **Build Patient Experience Structure.** An effective organizational structure supports the achievement of an organization's goals and serves as a cultural foundation for ongoing performance. The right systems and processes must be in place to support a sustained outcome.

c. **Align and Execute Patient Experience Strategy.** The core of execution in the operating system is the regular actions that the system takes to ensure our core commitment to proven Patient Experience solutions.

d. **Measure and Analyze.** A sound Patient Experience strategy deliberately evaluates effectiveness through analysis of relevant metrics and data. Particular focus should be engrained in Survey of Health Care Experiences in Patients and Hospital

Consumer Assessment of Health Care Providers and Systems (HCAHPS) and Voice of the Veteran.

e. **Recognize, Sustain, and Evolve.** Sustainability is about having processes that support continuous improvement. Sustainment also requires investing in staff development and recognition, as well as Veteran and staff engagement.

NOTE: *More information can be found on the Veterans Patient Experience (VA PX) Pulse Page: <https://www.va.gov/ve/>.*