STATEMENT OF
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DEPARTMENT OF VETERANS AFFAIRS (VA)
BEFORE THE
SENATE COMMITTEE ON VETERANS' AFFAIRS

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Chairman Isakson, Ranking Member Blumenthal, and distinguished Members of the Committee, thank you for the opportunity to discuss how the Department of Veterans Affairs (VA) is improving Veterans' health care by systematically diffusing operational best practices. As you may know, ensuring consistency and scale of best practices is one of Under Secretary for Health Shulkin's top priorities. We are delighted to discuss the main program addressing this priority, the Diffusion of Excellence Initiative. I am pleased to be accompanied today by Dr. Shereef Elnahal, Senior Advisor to the Under Secretary for Health and Initiative Lead for Diffusion of Excellence; Dr. Kimberly Garner, Associate Director for Education and Evaluation at the Veterans Integrated Service Network (VISN) 16 / Central Arkansas Veterans Healthcare System Geriatric Research Education and Clinical Center in Little Rock; and Mr. Scott Bryant, Innovation Specialist and Chief of Quality, Safety, and Value at the Chillicothe, Ohio VA Medical Center.

With more than 1,700 sites of care and over 300,000 employees, it is inherently challenging to deliver care with consistent processes and outcomes across the Veterans Health Administration (VHA). Large systems in the private sector also face this challenge. While decentralized leadership provides discretion for individual facilities to address local issues, VHA and U.S. health care at large have experienced challenges

standardizing practices that maintain local flexibility, as appropriate, and consistently deliver value, no matter where they are applied.

Through the Diffusion of Excellence Initiative, dedicated front-line employees are now changing that story and influencing the system far beyond their individual workplaces. The goal of this initiative is to identify clinical and administrative best practices, disseminate these practices to other sites of care, and encourage standardization of practices that deliver positive outcomes for Veterans and their families. Ultimately, identifying and spreading best practices can be a major driver of consistent, high-quality health care for Veterans.

Because of the hard work, dedication, and passion of front-line employees like Dr. Garner and Mr. Bryant, Dr. Elnahal and his team have built an infrastructure that leverages our scale as a system to deliver positive outcomes to thousands of Veterans across the Nation. This infrastructure begins with innovation, proceeds to implementation, and after much vetting and analysis, crafts a pathway to standardization.

There are many program offices at VA that fuel innovation. One is the VA Center for Innovation, which sponsors the VA Innovators Network, a collaboration of highly-skilled change agents who lead and facilitate best practice implementation at VA's front lines. The Innovator's Network plays a key role in the first phase of innovation implementation and in the second phase, helping to scale practices once they have delivered positive outcomes for Veterans. Other offices, such as VHA's Office of Rural Health, play a key role in driving field-based innovation and best practice standardization for priority groups, including rural Veterans. The Diffusion of Excellence

Initiative has created a governance structure that removes bureaucratic hurdles and allows for resources to be targeted to the front line in places where they are most needed.

Armed with successful innovation pilots, the Diffusion of Excellence Initiative identifies the best projects and prototypes that can be replicated. And, with the support of the Innovators Network, front-line employees are co-designing new practices with Veterans and other stakeholders, allowing VA to respond rapidly to Veterans' needs in front-line settings and accelerating our service delivery. This enables the best practices to rise to the top and spread. We have also leveraged a technology platform, developed by the Veterans Engineering Resource Center, that is useful for front-line employees as they begin implementation and allows for national-level oversight and transparency about progress.

In just the past year, this model has generated over 260 ongoing innovations in 70 facilities, including over 40 completed replications of 13 Under Secretary for Health Gold Status Best Practices (described in full below).

Identifying, selecting, and diffusing best practices is changing Veterans' lives. For example, in Madison, Wisconsin, Clinical Pharmacy Specialists (CPS) practicing at the top of their licenses furnished direct patient care that resulted in increased access for Veterans. CPS monitored patients with chronic diseases and managed medication in their own clinics, collaborating closely with Veterans' primary care physicians. As a result of this practice, the CPS were able to save primary care providers 20 minutes per new patient appointment, and were able to convert 27 percent of patient appointments from the primary care provider to the CPS, opening access on the primary care

providers' schedules for other Veterans with acute care needs. Currently, over 30 VA and non-VA sites are either planning or have begun implementing this practice.

In Little Rock, Arkansas, Dr. Garner gathered Veterans to teach them about advance care planning and to discuss their goals of care. This model empowered Veterans to decide how they would like to be cared for in the future, should they be too ill to communicate their wishes. It also provided Veterans with tools to discuss their wishes with their families and loved ones. With Dr. Garner's help, this practice was successfully replicated in Bedford, Massachusetts and is likely to be adopted rapidly in VISN 1 (New England). Using the process described later in this testimony, this practice was selected for national standardization.

In Chillicothe, Ohio, Mr. Bryant championed the reapplication of a best practice developed at the VA San Diego Healthcare System through an Innovators Network grant. This best practice decreased the time to document suicide risk by half, and increased same-day access to mental health care and triage for urgent services by 21 percent, simply by using an iPad questionnaire that Veterans completed in the waiting room. These electronic questionnaires allow clinicians to see responses to questions before walking into the Veteran's room, helping them to make appropriate referrals. This practice has been successfully replicated in 6 other facilities and is in demand at another 50 sites.

Additionally, Mr. Bryant is in the process of implementing a bike-sharing program that helps Veterans and employees quickly commute across the large Chillicothe campus. In addition, through a partnership with the Small Business Administration, this program gives Veterans entrepreneurial experience to start their own small businesses.

The goal of this program is to help support Veterans in vocational rehabilitation and provide an opportunity for Veterans to learn an employable skill and start their own businesses. Mr. Bryant completed most of this program as an Innovation Specialist within the Innovators Network, and it will become an Under Secretary for Health Gold Status Best Practice.

In just the few sites where these best practice innovations originated, the results have been impressive. The potential is great to provide better health care to many more Veterans when these best practices are scaled across the system. For example, if direct patient care by a CPS is instituted nationally, this practice alone could open up more than 35,000 primary care appointments per year.

VA can also learn from the best academic and private sector medical centers. To that end, VA is partnering with the American College of Physicians (ACP) to exchange ideas. VA Innovators, like Dr. Garner and Mr. Bryant, who, without prompting, sought to improve the system for Veterans, will serve on regional advisory panels to guide ACP best practice infrastructure. Likewise, ACP will appoint clinicians and systems improvement experts to a Diffusion External Advisory Board, consisting also of Veterans and Veterans Service Organization representatives. This exchange is designed to diffuse VA best practices into the private sector and to enable VA to learn what some of the highest-performing and most prestigious institutions are doing to address emerging operational challenges in health care.

Another example of how VA is sourcing and learning from the private sector is through a recent VA partnership with the YMCA. VHA's Office of Community Engagement developed a Memorandum of Understanding with the YMCA that allows

VA facility staff to partner with YMCAs locally to expand and enhance services for Veterans in their communities. These services include wellness and fitness programs, sports, recreation, and other activities that speak to veterans' holistic needs. In less than a year, 36 sites have developed or are in the process of developing local partnerships. Other partnerships are being fostered to achieve the same objectives: to educate private sector medicine about VA best practices, and to obtain best practices from American medicine that will improve our performance in VA.

How are we achieving all of this at VA?

We are building an Innovation Ecosystem comprised of mutually reinforcing parts: the VA Center for Innovation (VACI), the Innovators Network, and the Diffusion of Excellence Initiative. VACI is an enterprise entity that works with all lines of business and focuses on delivering operational breakthroughs for strategic priorities, building innovation as a capability at VA, and driving future thinking. The Innovators Network, a VACI program, empowers front-line innovators with training; a tiered grant program, which seeds and cultivates specific innovations; and continued integration into agency strategy. The Diffusion of Excellence Initiative provides a critical link in this chain by identifying, prioritizing, and driving the dissemination of top innovations and best practices across VHA. Each element in this ecosystem performs a vital function.

Figure 1: Innovation and Diffusion

We are also implementing a permanent and sustainable diffusion process that allows us to continually identify and diffuse best practices across the system. VHA has achieved success in implementing this model by leveraging the following organizing principles: Process (a consistent framework for evaluation and reapplication of practices, with clearly-defined roles); Governance (ensures vertical accountability to agency priorities, with regular engagement to achieve consistency and sustainment of high performance)[i]; and Technology (enables rapid, transparent information flow across organizational boundaries and regions). These foundational elements underlie five steps to achieving a high performance, learning health system. Below, we describe the process we developed and how we are leveraging these principles to drive organizational improvement, enabling VHA to better serve our Veterans.

5-Step Process for Identifying and Diffusing Best Practices

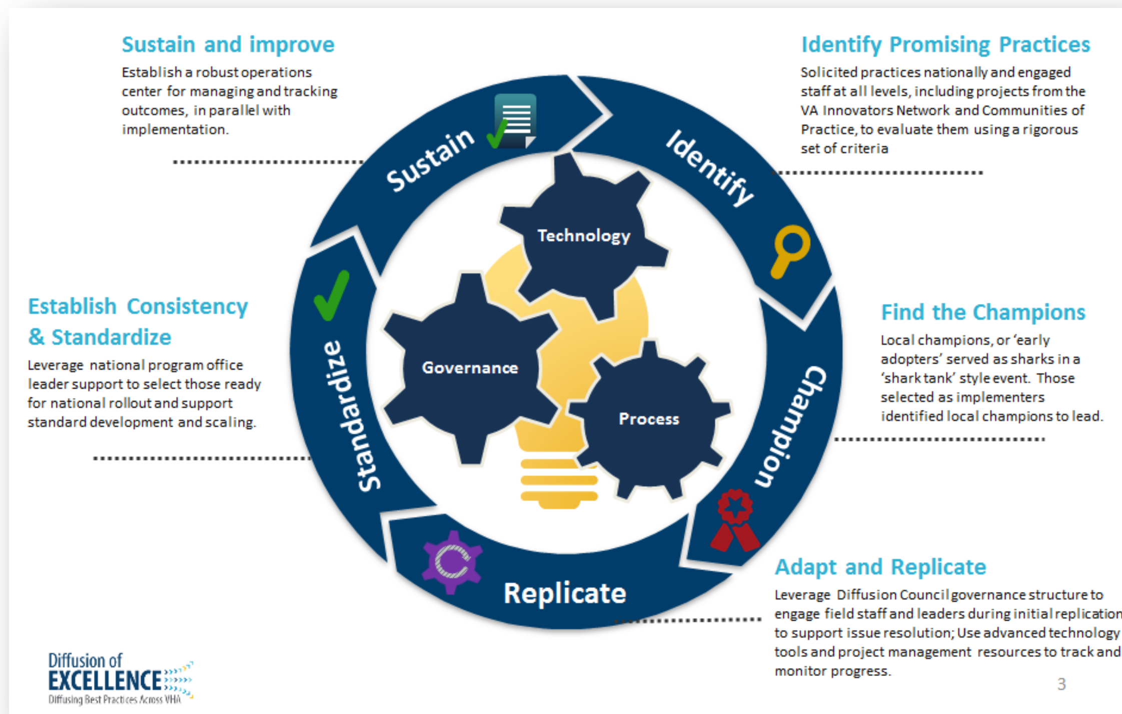

Figure 2: Diffusion Model

Step 1: Identify Promising Practices

We sought to identify promising practices by launching a national solicitation through an internal social media platform. This solicitation attracted over 250 submissions from front-line employees, each of whom changed their local environments to improve care. Selection criteria included: 1) sustained high-performance or improvement along strategic priorities; 2) efficient resource utilization; 3) applicability to different care environments; and 4) implementation feasibility within 6-12 months. The submissions were reviewed by subject matter experts and senior leaders, as well as other front-line employee stakeholders across the system to assess feasibility for wide application. The selection process leveraged both technology and

effective governance: evaluations occurred at every level of the organization, but in a structured manner.

A Diffusion Council of mid-level managers and subject matter experts; a Governance Board of senior leaders; and most importantly, a community of practice of front-line providers all had an equal stake in identifying the 13 Under Secretary for Health Gold Status Best Practices (fully described below) to be disseminated across the system, assuring both value assessment at the point of care and alignment with leadership priorities. We used the same technology platform for swift data collection from hundreds of employee evaluators. By the end of 2016, every regional service network will use similar criteria to identify promising practices in their own forums.

Step 2: Find the Champions

Local champions, or "early adopters," are crucial for front line implementation of best practices. VHA held a competition to identify locations where Under Secretary for Health Gold Status Best Practices would be replicated initially. Nineteen innovators pitched best practices to 28 VA Medical Center directors, and directors had to bid resources, including employee time, space, and funding needed to enable implementation. Most importantly, they had to identify a champion to own the initial phase of implementation at their facility. This format solidified leadership commitment at field sites, ensuring alignment to local priorities and the resources necessary to inculcate the practice. Because participating facilities spanned the entire Nation, the competition was held virtually, enabling efficient information transfer and communication, without any cost. As noted previously, 13 of 19 finalists were ultimately

chosen as Under Secretary for Health Gold Status Best Practices, based on bids from the VA Medical Center directors and national leadership endorsement.

Step 3: Adapt and Replicate

Before national deployment, the Diffusion model calls for "phase 1" implementation of each practice in at least one other location to learn about implementation challenges in different contexts. To achieve this, we brought local implementing champions together with innovators (who initially developed the practices) in person for a planning summit to engage in intensive project planning. The two-day intensive session allowed for rapid-fire planning, minimizing time away from clinics and overall cost. Along with a lean-trained project manager, these individuals constituted Action Teams, which conference regularly and track implementation. Four Action Teams, defined by strategic priority (access, care coordination, quality and safety, and employee engagement), report to an operational body called the Diffusion Council.

The Diffusion Council is a governance body composed of different operating units that span from central program offices to local leadership. Its purpose is to recommend policy changes or resource allocation decisions to a Governance Board composed of senior VHA leadership, specifically to enable Under Secretary for Health Gold Status Best Practice implementation. This structure provides ongoing operational support to Action Teams, but also accountability for progress at each level. An online tool called the Integrated Operations Platform (IOP) allowed both innovators and local implementing champions to conduct lean implementation against milestones, useful for local project execution. The IOP also serves as a knowledge hub that is searchable by

any employee in the system. This allows champions to find projects that have worked at other sites of care for similar challenges. In addition, registration of milestones generates structured data, allowing the Diffusion Council and Governance Board transparency into progress (or lack thereof) when data is aggregated for national view. Systemic barriers are therefore identified and addressed proactively with resources or policy changes.

Step 4: Establish Consistency and Standardize

After initial replication efforts, certain Under Secretary for Health Gold Status Best Practices are chosen for national standardization based on two parameters: 1) relative success with initial implementation, and 2) similar outcomes achieved when replicated, in a reasonable time frame. Within just five months, 12 of 13 practices have been replicated at more than 14 sites (and the 13th is in the process). With this success, Action Teams have begun developing national roll-out plans for several of the practices that leverage shared resources (e.g., central information technology servers for applications) and system-wide channels of communication (e.g., national communities of practice for clinicians or social workers). Because the Diffusion Council is composed of representatives from many program offices, national roll-out can be supported for most practices. To enable consistent execution operationally, champions must be identified in both regional service networks and individual facilities, which use a road-map generated by the Action Teams during the first phase of implementation to ensure consistency. Standardization is defined by the equivalence of Veteran or employee outcomes, rather than strict adherence to a defined process, allowing for

facility and network champions to use human-centered design and adapt practices to their local environments. Finally, because the IOP cumulatively records every facility's experience with implementation and barriers, data about system-wide resource needs allow the Governance Board to make targeted investments accordingly.

<u>Step 5: Sustain and Improve</u>

Even before a best practice is scaled nationally, Diffusion of Excellence engages staff, resources, and technology to ensure sustainment once it is scaled. "Practice-based service lines" will combine the original innovators with an appropriate, national level executive partner for ongoing validation and monitoring. This combines content knowledge of the practices with the operational expertise required to monitor for variation or changes in performance. VISN and facility champions in every site of care will continue to monitor the sustainment of practices that achieve implementation and adapt to changing needs as necessary. To ensure sustainment, lagging indicators (outcome data) must be tied and correlated with already-established implementation metrics in the IOP, combining self-reporting with objective analytics. This allows for proactive assessments of performance shortfalls, now incorporated into a centralized operations center that will be replicated at every level of the organization.

In addition to a diffusion process based on implementation and dissemination science best practices, a fail-safe governance process and a technology platform that promoted information sharing were key to success.

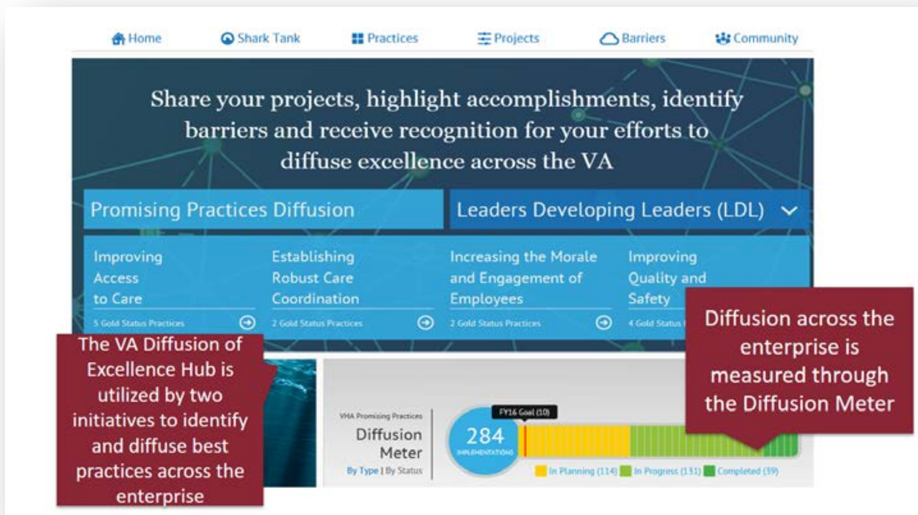

Figure 2: Integrated Operations Platform: VA Diffusion of Excellence Hub

Gold Status Practice Summaries

Brief descriptions of each practice are provided below, including information about the fellow(s) that designed it and their facility, and the facilities that are replicating this practice.

Improving Same-Day Access Using Registered Nurse (RN) Care Manager Chair Visits. At the Boise VA Medical Center (VAMC), the primary care team created a process where same-day appointment requests are triaged and scribed by RN Care Managers, saving primary care providers' time when they see patients between appointments to assess and confirm the care plan. The originators, a primary care physician and nurse duo, Dr. Henry Elzinga and Debra Hendricks Lee, took this practice on the road, providing real-time coaching to their peers to support implementation, including the Albany Community-Based Outpatient Clinic (CBOC). Together, these facilities serve many rural Veteran patients.

- **Gold Status Fellows**: **Dr. Henry Elzinga and Debra Hendricks Lee**, Boise VAMC
- Implementing Facilities: Central Alabama Veterans Health Care System (Montgomery, Alabama),Carl Vinson VAMC (Dublin, Georgia), Albany CBOC (Albany, Georgia)

Access Data Dashboard to Improve Clinic Management. As VA staff continues its dedication to the core ICARE values, transparency, and a "we can fix that" attitude, the data analysis team at Harry S. Truman Memorial Veterans' Hospital (Columbia, Missouri) implemented a dashboard for clinic access metrics (no shows, completed appointment wait times, clinic utilization, etc.). These metrics are posted monthly on an accessible dashboard that can be used by staff to solve problems and make key decisions that help Veterans get timely access to care. This dashboard encourages thoughtful discussion on ways to improve measures and mutual accountability for results. For example, clinic teams use the no-show data to actively engage in preventing future no-show appointments. Use of the dashboard has shown positive results include improved no-show rates and improved wait times. This team helped to design a similar dashboard for the Kansas City VAMC, and has been working closely with VHA's clinical analytics and reporting team to integrate this model into the national Health Care Operations Dashboard.

- **Gold Status Fellow: Michelle Pruitt,** Harry S. Truman Memorial Veterans' Hospital (Columbia, Missouri)
- Implementing Facility: Kansas City VAMC

Planning for Future Medical Decision via Group Visits. When a patient is critically ill or mentally incapacitated, family members or even staff may be forced to make difficult, life-altering decisions. This interactive and patient-centered group visit approach to engaging Veterans in planning for future medical decisions allows patients' wishes to be honored while reducing unwanted treatments. Now, thanks to Dr. Garner and a social worker-led team at the Bedford VAMC, more Veterans are having those important discussions early, bringing peace of mind to themselves, their families, and those who care for them. This team has also been working tirelessly with VHA's Social Work Office and the National Center for Ethics to develop a toolkit for implementing this practice throughout the VA.

- **Gold Status Fellow: Dr. Kimberly Garner**, Central Arkansas Veterans Healthcare System (Little Rock, Arkansas)
- Implementing Facility: Edith Nourse Rogers Memorial Veterans' Hospital (Bedford, Massachusetts)

Increasing Access to Primary Care with Pharmacists. At the William S. Middleton Memorial Veterans' Hospital (Madison, Wisconsin), Dr. Ellina Seckel, a CPS, and her colleagues knew that VA's CPS, when authorized by their scope of practice, may prescribe medications and monitor patients with diabetes and other chronic diseases. They are also key members of the Patient Aligned Care Team (PACT). The facility matched CPS with multiple PACTs to conduct New Patient Intake calls one week before a new patient has his or her first appointment with a provider, collecting medications, noting any formulary conversions, and orienting the patient to VA. This effort has saved

the provider an average of 20 minutes during the initial appointment. The team was also able to convert 27 percent of appointments from the primary care provider to the CPS, opening up hours of access for acute care patients. By practicing true team-based care, the facility has shifted the chronic disease workload off the primary care providers. The CPS are able to work to the top of their scope of practice as pharmacist providers. Primary care providers have more time to spend with patients and Veterans can get the care they need more quickly. With the support of the innovating team, the El Paso VA Health Care System has begun integrating CPS into PACTs to practice true team-based care. In just 4 months of implementation with one CPS paired with three PACTs, El Paso VA Health Care System has already seen improved access to care for Veterans, and is expanding the practice to include all PACTs. This practice has also achieved significant recognition in the private sector, with health systems in the U.S. and United Kingdom requesting to shadow and learn from the William S. Middleton Memorial Veterans' Hospital team.

- **Gold Status Fellow: Dr. Ellina Seckel**, William S. Middleton Memorial Veterans' Hospital (Madison, Wisconsin)
- Implementing Facility: El Paso VA Health Care System (El Paso, Texas)

Unit Tracking Board. Michael Finch, a clinical nurse leader at the C.W. Bill Young VAMC saw that key clinical unit data were not being presented and shared effectively with nursing staff. He developed a simple and accessible Unit Tracking Board to post on floor units. Now, all staff involved in care can quickly see important data about their patients. They are empowered to use that information to make the best decisions that

help improve the care experiences of Veterans. This practice also supports VA's mission to foster a culture of transparency since the board is posted publicly. Michael helped a nurse-led team at the White River Junction VAMC develop a similar board for the Intensive Care Unit, and similar boards will soon be placed in all inpatient units at White River Junction. This team is also working with the national nursing leadership at VHA to standardize a model for all medical centers.

- **Gold Status Fellow: Michael Finch**, C.W. Bill Young VAMC (Bay Pines, Florida)
- Implementing Facility: White River Junction VAMC (White River Junction, Vermont)

Journey to Open Access in Primary Care. Using system redesign principles and VA's PACT model, this practice focuses on implementing new protocols that increase same-day access opportunities for Veterans. Dr. Michael Tom, Chief of Primary Care Services at the VA Central California Health Care System (Fresno, California), has worked hand-in-hand with the team at Gulf Coast Veterans Health Care System (Biloxi, Mississippi), a facility with significant access to care challenges, to mentor and help with this significant transformation.

- **Gold Status Fellow: Dr. Michael Tom**, VA Central California Health Care System (Fresno, California)
- Implementing Facility: Gulf Coast Veterans Health Care System (Biloxi, Mississippi)

eScreening. The eScreening Program was developed to facilitate the screening process and improve care coordination and measurement-based care for Veterans. eScreening is a mobile technology that can significantly improve care coordination and business processes. It offers Veteran-directed screening, real-time scoring, individualized patient feedback, instantaneous medical record clinical documentation, immediate alerts to clinicians for evaluation and triage, and monitoring of treatment outcomes. Put simply, the Veteran is handed an iPad when he or she checks in for an appointment, and can complete any required screening on the iPad. The information is then transferred directly from the waiting room to the patient's medical record. The tool can be used in any clinical setting from primary care to urgent care to mental health. This best practice has already spread to three facilities organically and to three other facilities through Diffusion of Excellence. There are 40 more facilities "on deck" and ready to implement.

- **Gold Status Fellows: Dr. Niloofar Afari, and Liz Floto** VA San Diego Healthcare System
- Implementing Facilities: Lebanon VAMC, Ann Arbor VAMC, Edith Nourse Rogers Memorial Veterans' Hospital (Bedford, Massachusetts)

Code Tray Redesign. Certified Pharmacy Technician Kristine Gherardi at VA Boston Healthcare System noticed that the current code tray was not set up in a way that made it easy to find life-saving drugs in an emergency. She created a simple and compelling solution to reduce the time it takes to find a certain drug during a code. This easy-to-implement, low-cost strategy reduces medication distribution errors, improving

outcomes for Veterans. The Loma Linda VAMC is already implementing this code tray and more are quickly following.

- **Gold Status Fellow:** Kristine Gherardi, VA Boston Healthcare System
- Implementing Facility: VA Loma Linda Healthcare System

Regional Liver Tumor Board. The hepatology team at the Philadelphia VAMC combined a regional telehealth-supported Liver Cancer Tumor Board model, a web-based submission process, and a consolidated database to manage and track communications for patients with liver cancer. This practice has shortened the time for Veterans with liver cancer to receive their evaluation and first treatment, as well as reduced unnecessary biopsies – easing the minds and experiences of patients and their families in an incredibly stressful time. Jackson VAMC, a facility without a dedicated hepatologist, is now implementing this practice in partnership with the Central Arkansas VA Healthcare System, giving Veterans faster access to top-notch clinical care.

- **Gold Status Fellow: Dr. David Kaplan**, Corporal Michael J. Crescenz VAMC (Philadelphia, Pennsylvania)
- Implementing Facility: G.V. (Sonny) Montgomery VAMC (Jackson, Mississippi)

Using External (Non-VA) Comparative Data to Achieve Excellence and Engage Employees. To do a better job of comparing outcomes, not only against the VA average, but also against "the best," the Mountain Home VAMC expanded non-VA benchmark data to provide indicators of how Veteran and caregiver stakeholders view

VA care and services in relation to other health care choices in their region. This results in higher performance and employee engagement, so staff can seize opportunities to improve, while also instilling pride in the fact that VA truly provides world-class care for our Nation's Veterans. Using this model, the San Francisco VA Health Care System is replicating the practice for its Engineering service, ensuring that top notch support services are provided at the facility.

- **Gold Status Fellow: Jill Stephens**, James H. Quillen VAMC (Mountain Home, Tennessee)
- Implementing Facility: San Francisco VA Health Care System

WAKE Score© for Recovery from Anesthesia/Sedation. The WAKE Score© replaces a previous anesthesia recovery scoring system, which would often leave patients with nausea/ and vomiting, lightheadedness, and pain. The WAKE Score© takes a "zero tolerance" approach to anesthesia side effects, improving patient experience and outcomes. Developed by anesthesiologist Dr. Brian Williams, the WAKE Score© has been evaluated and the results have been published in several peer-reviewed academic journals. To improve post-surgery outcomes at Martinsburg, the anesthesia team adapted this model. VHA surgery senior leadership are currently assessing the options based on this replication and other models to determine the best standardized model that will improve optimize Veteran outcomes post-surgery.

- **Gold Status Fellow: Brian Williams,** VA Pittsburgh Healthcare System
- Implementing Facility: Martinsburg VA Medical Center

Direct Scheduling for Audiology and Optometry Services. Previously, Veterans had to see their primary care provider to receive a referral for simple audiology and optometry services, such as new eyeglasses. This new model, piloted first at Bay Pines VA Healthcare System (Bay Pines, Florida), allows direct scheduling for certain appointment types. This direct scheduling process eliminates redundant consultations, consolidates clinic profiles, and standardizes communications, leading to greatly reduced overall wait times for Audiology and Optometry. It has been rolled out to several VA facilities, and will be in all VA facilities by the end of this year. Next, VA is looking to implement a similar policy and process for other services – for example, podiatry services.

- **Gold Status Fellow: Michelle Menendez,** Bay Pines VA Healthcare System
- Implementing Facility: Multiple Sites

Flu Self-Reporting Desktop Icon to Capture Employee Vaccinations Received Outside the VA. The Flu Self-Reporting Desktop Icon was created by the occupational health team at the VA Boston Healthcare System. This icon allows staff to quickly report with the click of a button on their computer's desktop when they've received the flu vaccine outside VA. Capturing an average of 500 vaccinations annually, not only does this tool help encourage staff to take care of themselves, but it also protects the health of patients and their families. The Boston team worked closely with the Mountain Home and VISN 12 teams to replicate this practice, and to develop a national model for rolling this out at every medical center as a standard. Seeing the potential, more than

40 leaders at other facilities took the initiative to roll this out in their facilities over the last several months.

- **Gold Status Fellow: Vanessa Coronel**, VA Boston Healthcare System
- Implementing Facility: VA Great Lakes Health Care System (VISN 12), Mountain Home VA Medical Center

Conclusion

While VA historically operated as a siloed system, we are transforming that legacy through the Diffusion of Excellence Initiative and the broader innovation ecosystem. This lack of strict standardization has, in part, created fertile ground for innovation, prompting VA's recent listing as a top organization for innovation. The Diffusion of Excellence Initiative has added a critical capability to VA's Innovation Ecosystem and will play a vital role ensuring that Veterans get the best care that the Nation has to offer.

Giving front-line employees the opportunity, resources, guidance, leadership support, and where needed, some bureaucratic relief to re-apply best practices is crucial for standardizing top quality health care. Success requires striking a balance that creates a path to standardization, but also rewards and elevates innovation at the point of care. Dr. Garner and Mr. Bryant exemplify the innovation ecosystem that exists in our system that we are finally able to leverage. While many large systems face similar challenges, especially as they acquire smaller hospitals and sites of care, to our knowledge, no operational system has been able to achieve diffusion or consistency of best practices to this scale. In addition, it is impossible to overstate the excitement and

energy of employees serving Veterans every day seeing their great ideas translated into better access and outcomes for all Veterans.

Moving forward, VHA will continue to refine the model to meet VHA needs, while encouraging continued innovation and best practice development to meet the needs of Veterans across the Nation.

We, therefore, believe that this is not only an initiative that can benefit millions of Veterans across the Nation, but a model that can be used by any health system facing similar challenges in providing consistent care. In the meantime, we will continue to empower front-line employees like Dr. Garner and Mr. Bryant, both of whom have contributed to an effort that allows them to impact countless more Veterans than they otherwise could have themselves.

Mr. Chairman, this concludes my testimony. Thank you for the opportunity to testify before the Committee today. We appreciate your support and are pleased to take questions that you or the other Members of the Committee may have.

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[i] Pronovost PJ, Armstrong CM, Demski R, et al. Creating a high-reliability health care system: improving performance on core processes of care at Johns Hopkins Medicine. Acad Med. 2015 Feb;90(2):165-72.