

VHA PATIENT ADVOCACY PROGRAM

- 1. PURPOSE.** This Veterans Health Administration (VHA) Handbook provides requirements and responsibilities for the Patient Advocacy Program in all VHA facilities.
- 2. SUMMARY.** This VHA Handbook provides guidance for establishing Patient Advocacy programs at VHA facilities, guidance to VHA staff in resolution of patient complaints and concerns. The Handbook outlines the requirements for utilization of patient complaints to facilitate system changes.
- 3. RELATED ISSUES.** VHA Directive 1003.
- 4. FOLLOW-UP RESPONSIBILITY.** The Office of the Deputy Under Secretary for Health for Operations and Management (10N) is responsible for the content of this Handbook. Questions may be referred to the Director, National Veteran Service and Advocacy Program at 518-626-5673.
- 5. RESCISSIONS.** VHA Directive 1050.2, dated June 12, 2000, is rescinded.
- 6. RECERTIFICATION.** This VHA Handbook is scheduled for recertification on or before the last working day of September 2010.

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CONTENTS

VHA PATIENT ADVOCACY PROGRAM

PARAGRAPH	PAGE
1. Purpose	1
2. Definitions	1
3. Scope	2
4. Responsibilities	2
5. Program Models	6
6. Data Entry, Information and Analysis	6
7. Minimum Expectations	8
8. External Advocacy	9
9. Collective Bargaining	10
10. References	10
APPENDIXES	
A Patient Advocate Tracking Package Issue Codes	A-1
B Patient Advocate Issue Codes Not Associated with Customer Service Standards	B-1
C Required Competencies for Facility Patient Advocate	C-1

VHA PATIENT ADVOCACY PROGRAM

1. PURPOSE

This Veterans Health Administration (VHA) Handbook defines procedures and responsibilities for the Patient Advocacy Program at all levels of the Veterans Health Administration (VHA) organization and outlines minimal expectations for each VHA healthcare facility.

2. DEFINITIONS

a. **Complaint.** A complaint is a gap between service expectations and actual experience. A complaint may be expressed verbally or in writing to any employee as well as to officials outside of the facility, such as congressional officers or veteran service officers.

b. **Clinical Appeal.** A clinical appeal is a higher-level reconsideration request to override a medical decision made at the facility level. VHA Networks administer the clinical appeals process in accordance with current VHA regulations. Clinical appeals may be filed, in writing, from the patient or their representative through the facility or directly through the Network.

c. **Privacy Complaints.** A privacy complaint is any violation of a systemic breach of privacy policy or of protected privacy related information by an unauthorized access or disclosure of protected information. Privacy complaints must be referred to the Privacy Officer and processed in accordance with VA privacy regulations and tracked using the Privacy Violation Tracking System (PVTS).

d. **Discrimination Complaints.** If an individual believes that an employee treated the individual in an improper fashion because of race, color, national origin, age, sex, handicap or reprisal discrimination, the individual may file a discrimination complaint through the Federally-conducted external program with the facility's Equal Opportunity Manager, in accordance with VHA regulations.

e. **Facility or Medical Center Patient Advocate.** A Facility or Medical Center Patient Advocate is an employee who is specifically designated at each VHA facility to manage the complaint process, including complaint resolution, data capture and analysis of issues/complaints in order to make system improvements. Facility or Medical Center Patient Advocates assist front line staff in resolving issues that occur at the point of service and address complaints that were not able to be resolved at the point of service. Facility or Medical Center Patient Advocates work directly with Service Chiefs and Service management to facilitate resolution to problems beyond the scope of front-line staff, and participate in resolution of system problems by presenting the patient's perspective of the problem and desired resolution.

f. **Service-level Advocate.** A Service-level Advocate is an employee designated at the service level, or point of service, who assists front-line staff in resolving issues after first attempts at resolution have not been successful. A Service-level Advocate resolves patient issues, working in collaboration with the Facility or medical center Patient Advocate to identify

opportunities for improvement. Service-level Advocates may be granted access to enter data into the Patient Complaint/Compliment Tracking Package.

g. **External Advocates.** External advocates are external stakeholders who seek to represent patients in VA facilities and may include veterans service organizations and representatives of state protection and advocacy system. A patient's family and friends are not considered external advocates.

h. **Service Recovery.** Service Recovery is a systematic approach to proactively solicit veteran feedback and simultaneously respond to complaints to build confidence and loyalty, while utilizing veteran feedback to make systems improvements. Service Recovery entails taking a negative experience and turning it into a positive memorable experience. The VHA Patient Advocacy program operates within the structure of Veteran Customer Service and Service Recovery. Further information about Veteran Customer Service is found in Directive 1003 and Handbook 1003.1. Service Recovery information is found in VHA Handbook 1003.2, Service Recovery in VHA.

i. **Inquiry Routing and Information System (IRIS).** IRIS allows veterans to submit questions, complaints, compliments and suggestions through the VA website. The veteran self-directs inquiries that are routed to the appropriate VA Central Office Program Offices, Network or facility where care was provided (<https://iris.va.gov/scripts/iris.cfg/php.exe/enduser/home.php>). The preferred method of electronic communication for VHA with its constituents is through the use of IRIS. Responding to electronic inquiries is addressed in VHA Handbook 1003.3 and through IRIS Guidebooks located at: <http://vaww.va.gov/irisinfo/>.

j. **Patient Advocate Tracking System (PATS).** PATS is an application that tracks patient complaints and compliments at each medical center. The current Veterans Health Information Systems and Technology Architecture (VistA) Patient Representative Tracking application will be re-hosted into this single centralized system with a web front-end. Until PATS is available for full implementation, the current VistA Tracking Package must be utilized.

3. SCOPE

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.

4. RESPONSIBILITIES

a. **National Veteran Service and Advocacy Program (NVSAP) of the VISN Support Service Center (VSSC).** NVSAP and VSSC coordinate Veteran Customer Service and Service Recovery activities for VHA and:

(1) Provide national guidance, technical support, education and tools for Patient Advocates in support of Patient Advocacy, Veterans Service and Service Recovery.

(2) Manage the National Patient Advocate Tracking System and produce reports that provide a quarterly assessment of complaint trends based on data from the Patient Advocate Tracking package, and provide linkages with satisfaction and other pertinent VHA data.

b. **Director of Veteran Integrated Service Network (VISN)**. The VISN Director is responsible for:

(1) Ensuring each facility has a Patient Advocacy Program in place and a policy for resolving veteran complaints in a proactive and timely manner.

(2) Designating a second-level point of contact to address concerns not resolved at the facility level.

(3) Appointing a VISN Patient Advocate Coordinator, whose duties include attending appropriate VISN-level committees.

(4) Ensuring a consistent approach to Clinical Appeals across the VISN according to current VHA regulations.

c. **VISN Patient Advocate Coordinator**. The VISN Patient Advocate Coordinator is responsible for:

(1) Acting as liaison between NVSAP and Facility Patient Advocates.

(2) Developing VISN-wide consistent approaches for entering patient complaints and compliments into the Patient Advocate Tracking System. *NOTE: This allows for effective data analysis across facilities.*

(3) Assisting, orienting and guiding Facility Patient Advocates as needed.

(4) Communicating VISN complaints and satisfaction data which may include identification of system approaches, and identify customer service trends across the VISN, to VISN leadership including but not limited to Network Director, Chief Medical Officer, Deputy Director and Quality Manager.

(5) Serving on appropriate VISN-level customer service committees.

d. **Facility Director**. The facility Director is responsible for:

(1) Ensuring the facility has a Patient Advocacy Program in place.

(2) Ensuring the Facility or Medical Center Patient Advocate is included in leadership meetings, as appropriate.

(3) Ensuring that patient complaint data are collected, trended, analyzed, and included along with other quality improvement data in the appropriate facility committees and forums.

(4) Ensuring that patient complaint data and the quality improvement initiatives resulting from them are communicated at least quarterly to the facility Director, Associate Director, Chief of Staff, Nurse Executive, and Quality Manager. *NOTE: This communication may be through a separate report or the minutes of the quality improvement committee(s).*

(5) Deciding which model (decentralized or centralized) to follow based on most effective manner to resolve complaints.

(6) Promoting an environment that fosters the timely and responsive resolution of complaints.

(7) Providing the resources and support to fully utilize the VistA Patient Representation Tracking Program to include the re-hosting of the PATS.

(8) Ensuring Clinical Appeals requirements are met in accordance with current VHA requirements.

(9) Ensuring mechanisms are in place to proactively solicit veteran feedback.

(10) Ensuring Patient Advocates and other identified staff who serve as points of contact for service recovery work collaboratively to develop an organized, proactive approach to customer service.

(11) Ensuring that patient complaint data is utilized to identify trends indicating a need for change in the system process(es) and ensuring that those changes occur.

e. **Facility or Medical Center Patient Advocate.** The Facility or Medical Center Patient Advocate is responsible for:

(1) Resolving complaints that cannot be resolved at the point of service level and/or across disciplines.

(2) Presenting patient issues at various facility meetings and committees.

(3) Interpreting patient rights and responsibilities.

(4) Managing the use of PATS.

(5) Providing trends of complaints and satisfaction data at the facility level.

(6) Ensuring a process is in place for distribution of the information to appropriate leaders, committees, services and staff.

(7) Identifying opportunities for system improvements based on quarterly complaint trending.

(8) Ensuring any significant single patient complaint is brought to the attention of appropriate staff to trigger assessment of whether there needs to be a facility system analysis of the problem.

(9) Supporting service-level Patient Advocate programs, if applicable.

(10) Ensuring entry of all clinical appeals and final decisions into the Patient Advocate Tracking Package as indicated by VHA policy.

(11) Understanding facility and VHA-wide directives, laws, and other governances which apply to patient rights and responsibilities, and the appeals process afforded veteran patients as outlined in the Reference paragraph of this Handbook.

(12) Ensuring mental health patients, or their surrogate decision makers, are aware of their right to seek representation from external advocacy groups established and authorized under Title 42, Chapter 114, Subchapter 1, Part A of United States Code (U.S.C.).

(13) Fulfilling the requirements, pertaining to the Patient Advocacy program as outlined in VHA Handbook 1108.2, Inspection of Controlled Substance.

(14) Reporting and documenting potentially threatening behavior to appropriate authorities in accordance with VHA regulations.

f. **Service-level Advocates.** Service-level Advocates are responsible for:

(1) Assisting front line staff in resolving issues after first attempts at resolution have not been successful and identifies opportunities for improvement.

(2) Entering data into the Patient Advocate Tracking System, as needed..

g. **Facility Quality Manager.** The Facility Quality Manager is responsible for ensuring mechanisms are in place to:

(1) Trend, report, and distribute quarterly reports based on data from PATS.

(2) Identify opportunities for system improvements based on quarterly complaint trending.

(3) Ensure any significant single patient complaint is brought to the attention of appropriate staff to trigger assessment of whether there needs to be a facility system analysis of the problem and follow-up.

(4) Integrate data from PATS with facility, VISN, and National QM reporting mechanisms

h. **Staff.** Staff, within the scope of their position, are responsible for pro-actively soliciting veteran feedback., and for:

(1) Informing patients who have unresolved complaints/concerns regarding the complaint process of options that are available to them.

(2) Reporting complaints resolved to the Service-level Advocate or in the absence of a Service Level Advocate, to the Facility or Medical Center Patient Advocate for tracking purposes.

(3) Reporting potentially threatening behavior to appropriate authorities in accordance with VHA regulations.

5. PROGRAM MODELS

There are fundamentally two models of Patient Advocacy:

a. **Decentralized**

(1) The decentralized (service level) model involves at minimum designating one person at each care-line, service or department level to listen to complaints, work to resolve patient issues and/or concerns, and enter information into PATS.

(2) Site Information Taker (SIT) access may be given to Service-level Patient Advocates to enter patient complaints, but be restricted from viewing other contacts. The Facility or Medical Center Patient Advocate oversees the program, codes the complaints for reliability, and is available to train staff and to take a pro-active role in improving system issues and veteran satisfaction. *NOTE: This model is recommended to assist in effectively implementing service recovery.*

b. **Centralized.** The centralized model involves one centralized Patient Advocate office at the medical center that is responsible for the management of all patient complaints. The Patient Advocate listens to patient complaints, facilitates resolutions, and analyzes and trends the data. The Patient Advocate is also responsible for improving veteran satisfaction by taking a pro-active role in increasing staff awareness of patient perceptions and veteran services through supporting medical center efforts to reduce the number of complaints, and by supporting proactive veteran service initiatives. The Facility or Medical Center Patient Advocate enters codes and can edit all contacts in the Patient Complaint/Compliment Tracking Package.

6. DATA ENTRY, INFORMATION AND ANALYSIS

a. **Data Entry.** The goal is for all complaints to be entered into PATS in order to enable a comprehensive understanding of veteran issues and concerns. Entry of complaints into PATS needs to include official contacts made to the Facility or Medical Center Patient Advocate, as well as to management officials and service level advocates, and when feasible, congressional inquiries; and IRIS inquiries. Requests of an informational nature and compliments are considered non-complaint and may also be entered; this information is useful in determining

common areas of question or confusion that could be addressed in a proactive manner. Examples of issues to be tracked are listed in Appendix A, Issue Codes. **NOTE:** *The local Privacy Officer in accordance with VA Handbook 6502.1, Privacy Violation Tracking System, enters all privacy complaints into PVTS.*

b. **Initial Documentation of Complaint.** Initial documentation of a complaint needs to occur as soon as possible, but no later than 30 calendar days after initial contact. In order to properly identify trends, the minimum data fields required for documentation of a complaint or compliment includes:

- (1) Date of contact,
- (2) Veteran's name and SSN (if known),
- (3) Information taken by,
- (4) Treatment status,
- (5) Issue code,
- (6) Service or discipline, and
- (7) Date resolved.

c. **To Assist in the Entry of Complaints into PATS.** To assist in the entry of complaints into PATS, the SITS access may be given to Service-level Advocates, administrative support staff and others deemed appropriate by the Facility or Medical Center Patient Advocate. SITS access allows entry of demographic information, issue and resolution text. To maintain consistency in reporting, the Facility Patient Advocate or designee will enter Issue Codes and close entries made by SITS. **NOTE:** *Additional instructions for the Patient Advocate Tracking Package are located at <http://nvsap.vssc.med.va.gov/default.aspx>.*

d. **VA Records.** Data entered in PATS is covered under the Patient Representation Program Records-VA" (100VA10NS10) Privacy Act System of Records. As such, the information in PATS is subject to the provisions of VHA Handbook 1605.1, Privacy and Release of Information. Requests for copies of information in PATS are to be processed in accordance with VHA Handbook 1605.1, and may be referred to the facility Privacy Officer or Release of Information Office.

e. **Analysis.** Utilizing data from PATS, complaint trends are available from a local, VISN and National perspective. Reports are available from the local VistA package as well as from the Patient Advocate Portal located at: <http://nvsap.vssc.med.va.gov/default.aspx> This data needs to be integrated into facility QM reporting mechanisms. **NOTE:** *Question level analysis are available on the Office of Quality Performance (OQP) website.*

f. **Satisfaction Data.** Satisfaction data needs to be used for analysis of veteran feedback and can be found on the National Veteran Service and Advocacy Program portal under the One-Stop Shop for reports, as well as on the OQP Web page at: <http://vaww.oqp.med.va.gov/default.htm>.

g. **Data on IRIS.** Data on E-mail complaints is available from the IRIS system and can be obtained from the portal from static reports or may be created by following instructions outlined in the IRIS instruction guides located at: <http://vaww.va.gov/irisinfo>

7. MINIMUM EXPECTATIONS

Regardless of the model of advocacy employed by the facility, the following must be met:

a. **Patients Must Have Easy Access to Someone Who Will Hear Their Complaint**

(1) The Patient Advocate Program is clearly identified for inpatients and outpatients, including information on who, where, when, and how to contact a patient advocate. The medical center's complaint and compliment reporting processes must be clearly identified. The telephone number of the Service-level Advocate (if applicable) as well as the Facility or Medical Center Patient Advocates must be posted in all Inpatient Units, Outpatient Clinic areas, Admission and/or Triage areas, and other applicable (high-traffic) areas throughout the facility (e.g., cafeteria, billing offices, etc.) and be included in inpatient informational brochures and other media.

(2) Patient Rights and Responsibilities must be posted along with the availability of the Patient Advocacy Program, as well as a copy provided to patients at the time of admission to the facility.

b. **Patients Must Have Their Complaints Addressed in a Timely Manner**

(1) There must 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. Response to complaints occurs as soon as possible, but no longer than 7 days after the complaint is made. Should the complaint require more than 7 days, staff are responsible for continuously updating the patient on the status of the complaint and/or resolution. *NOTE: Privacy complaints are to be processed in accordance with VHA Handbook 1605.1, Privacy and Release of Information.*

(2) There needs to be a minimum of one Patient Advocate at each medical center (or three digit station number) who meets the required competencies listed in Appendix B. The Patient Advocate is responsible for the overall coordination and management of the program.

(3) 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 will be provided during the absence of a Patient Advocate to ensure continuity of the program.

(4) In the event that a patient voices a complaint and/or concern and the patient's behavior poses as a threat to the patient or others, compromising the delivery of quality health care the patient records must be flagged in accordance with VHA policy.

(5) Individuals have the right to file a complaint regarding VHA privacy practices. It is recommended the complaint be in writing. Complaints regarding privacy are to be made to the VHA Privacy Officer, 810 Vermont Avenue, NW, Washington, DC 20420, or the VA health care facility Privacy Officer, or designee. **NOTE:** *Any privacy complaints received by the Patient Advocacy Program need to be referred to the appropriate privacy official.*

c. **Utilization of PATS.** In order to fully utilize PATS, each Facility or Medical Center Patient Advocate and Service-level Advocate must have software and hardware. This includes access to Outlook mail, the Intranet, and Excel. Full package requirements are outlined at: <http://vaww.vistau.med.va.gov/VistaU/pats/default.htm>.

d. **The Advocacy Program must be integrated with Facility Veteran Customer Service and Service Recovery Activities.** Patient complaint data must be utilized in medical center committees to represent patient views and to identify and report trends. All customer service initiatives including the Patient Advocacy and Service Recovery Programs, the Consumer Affairs and Patient Satisfaction Committees, and programs that recognize employees for providing excellent customer service, etc., need to be elements of a collaborative program. **NOTE:** *Ensurance of the involvement of each of these components at the VISN and Facility levels creates a strong customer service initiative.*

e. **Semi-Annual Focus Groups.** It is recommended that semi-annual focus groups are conducted to determine service-related failures toward enhancement of veteran services. Medical Center Directors must determine the desired frequency and assign responsibility as appropriate. **NOTE:** *Further information regarding focus groups is located in VHA Handbook 1003.2.*

8. EXTERNAL ADVOCACY

Each VISN (or facility per VISN decision) needs to have a Patient Advocacy Program policy addressing access to patients by external stakeholders who seek to represent patients in VA facilities, including veterans service organizations and representatives of state protection and advocacy systems.

a. If requested, VA facilities are to allow such external organizations to post information on the services offered and how they can be contacted. A poster containing this information may be placed in a public (high traffic) area of the facility. External organizations can also place a poster containing this information in a facility's mental health unit. The posting in the designated public area and on the mental health units should be near or adjacent to a VA posting on patient rights and a VA posting of patient advocate services for consistency in communicating the availability of these services to patients.

b. VA facilities are to allow such external organizations to make informational brochures available for inclusion in patient admission materials.

c. VA facilities are to allow such organizations to hold informational meetings for patients on a quarterly basis. Patient attendance at such meetings, unless the patient's health care provider determines that a patient's treatment plan limits their participation, is strictly voluntary.

d. External Patient Advocates may offer an informational program for staff once a year. Staff attendance at such a meeting is strictly voluntary.

e. External patient representatives are allowed access to VA patients and to VA patient records, only with the consent or authorization of the patient, and after complying with all applicable privacy and confidentiality laws and regulations. A legal personal representative of the patient, e.g., individual with Power of Attorney, may have access to VA patient records in accordance with VHA Handbook 1605.1, Privacy and Release of Information.

9. COLLECTIVE BARGAINING

This VHA Handbook must be interpreted in accordance with collective bargaining agreements.

10. REFERENCES

- a. Public Law 105-220, Section 508.
- b. Public Law 107-135, Section 204.
- c. Title 38 Code of Federal Regulations (CFR) 17.33.
- d. Title 38 CFR Chapter 1, Part 15, Enforcement of Nondiscrimination on the Basis of Handicap in Programs or Activities Conducted by Veteran Affairs.
- e. VA Handbook 6502.1.
- f. VHA Handbook 1003.1.
- g. VHA Handbook 1003.2.
- h. VHA Handbook 1003.3.
- i. VHA Handbook 1108.2.
- j. VHA Handbook 1605.1.
- k. RCS 10-1.

PATIENT ADVOCATE TRACKING PACKAGE ISSUE CODES

1. STAFF COURTESY

- a. SCO1 Patient is not Treated with Dignity and Respect; there was perceived rudeness.
- b. SCO2 Perceived Retaliation for Expressing Concerns .

2. ACCESS AND TIMELINESS

- a. AC01 Excessive Wait at Facility for Scheduled Appointment.
- b. AC02 Excessive Wait at Facility for Unscheduled Appointment.
- c. AC03 Excessive delay in Scheduling or Rescheduling Appointment.
- d. AC04 Delay or postponement in Scheduled Tests, Procedures, or Surgical Procedure.
- e. AC05 Delay in receiving test results.
- f. AC06 Excessive Wait for Care (Inpatient).
- g. AC07 Excessive Wait for Equipment.
- h. AC08 Delay Getting Pain Medications.
- i. AC09 Delay Getting Other Medications.
- j. AC10 Excessive wait in Pharmacy.
- k. AC11 Excessive Wait for Pharmacy Mailings.
- l. AC12 Phone Calls not returned, Letters not answered.

3. ONE PROVIDER

- a. OP 01 Patient complains of not having One Provider or Team in charge of the patient's care.
- b. OP02 Patient does not know who is the Patient's Doctor.

4. DECISIONS AND PREFERENCES

- a. PR01 Patient/family not Included in Planning Care.
- b. PR02 Patient/family Disagrees with Decisions About Care.
- c. PR03 Lack of Confidence or Trust in the Caregiver..
- d. PR04 Request for Non-Formulary Medication.

5. EMOTIONAL NEEDS

- a. EM01 Emotional Needs not Met.
- b. EM02 Practitioner's English is Difficult to Understand.
- c. EM03 Lack of Privacy.

6. PHYSICAL COMFORT

- a. PC01 Concerns related to Hygiene, Diet, Feeding, Therapy or Ambulation Needs.
- b. PC02 Problems with Pain.

7. COORDINATION OF CARE

- a. CO01 Dissatisfied with Referral Outcome.
- b. CO02 Patient Perceives Care is not Coordinated.
- c. CO03 Inconsistency in Information Given to Family and/or Patient.
- d. CO04 Appointment Date and Time Misunderstood, not Communicated, or Given incorrectly.

8. TRANSITIONS

TR01 Patient perceives lack of coordination between inpatient and outpatient care..

9. PATIENT EDUCATION

- a. ED01 Diagnosis, Care, Prevention
- b. ED02 Purpose, Side Effects of Medication

10. FAMILY INVOLVEMENT

FI01 Family not Involved in Patients Care

ISSUES NOT ASSOCIATED WITH CUSTOMER SERVICE STANDARDS

1. RISK MANAGEMENT COMPLAINTS

- a. RI01 Missing Personal Property
- b. RI02 Allegations of Negligence/Malpractice
- c. RI03 Allegations of Abuse
- d. RI04 Medication Error
- e. RI05 Issue Related to Safety

2. MEDICAL RECORD ISSUES

- RE01 Complaints concerning Medical Records

3. ELIGIBILITY ISSUES

- a. LL01 Eligibility for Medical Care, Clinic Treatment and Follow-up, Hospital, Extended Care, and Nursing Home
- b. LL02 Dental, Prosthetics or Travel Eligibility Issues
- c. LL03 Ambulance, Private Hospital, Private Care, Payment Eligibility
- d. LL04 VA Billing for Service, Pharmacy Co-payment

4. ENVIRONMENTAL ISSUES

- a. EV01 Complaints Concerning Canteen Cafeteria, Store, Vending Areas
- b. EV02 Difficulty Finding Parking
- c. EV03 Cleanliness, Temperature Concerns

5. REGULATION ISSUES

- a. RG01 Medical Center Regulation (understands/disagrees)
- b. RG02 VA Regional Office and/or Compensation and Pension Issues
- c. RG03 Receiving Personal Monies

6. REQUESTS FOR INFORMATION (with no associated complaints)

- a. IF01 Application for Care, Eligibility for Medical Benefits
- b. IF02 VA Billing for Service
- c. IF04 Advance Directives
- d. IF05 Referral Issues (Internal, Community)
- e. IF06 Medical Center Regulations (don't understand regulation)
- f. IF07 Obtaining Copies of Medical Records, Completion of Forms
- g. IF08 VA Regional Office Related Questions Regarding Compensation, Pension, etc.

- h. IF09 Legal Issues
- i. IF10 Patient Rights, Responsibilities

7. COMPLIMENTS

- CP01 Compliment received from patient or a family member.

REQUIRED COMPETENCIES FOR FACILITY PATIENT ADVOCATE

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.** Involves facilitating the process, rather than providing the answer. Assist others in resolving problems, by helping to clarify issues and identifying and evaluating alternatives.
- c. **Interview Skills.** Obtaining specific information, through the use of effective questioning, clarifying, testing discrepancies (probing), summarizing and closing.
- d. **Crisis Intervention.** The ability to focus on resolution of immediate problems and emotional conflicts, thereby making them manageable.

2. COMMUNICATION

- a. **Active Listening Skills.** Listening with your ears, eyes, and an open mind. Listening with the intention of understanding. 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.** The ability to effectively communicate thoughts, feelings and/or information to a specified group generally with a purpose of 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, PowerPoint).

3. HEALTH CARE MANAGEMENT

a. **Knowledge of the Department of Veterans Affairs (VA) System.** Knowledge of the VA system in which serves the veteran including 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. **Process.** Understands the Service Recovery process and concepts as outlined VHA Handbook 1003.2.

c. **Clinic and Business Ethics.** Understands the role and function of the facility's health care ethics committee and knows when to refer a patient for ethics consultation.

8. 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.

d. **Satisfaction Surveys.** Ability to analyze, interpret and utilize satisfaction surveys.