

## VHA PATIENT ADVOCACY

**1. PURPOSE:** The Veterans Health Administration (VHA) directive addresses the establishment of the Office of Patient Advocacy and defines responsibilities, operation, policy, procedures, expectations and standards of Patient Advocacy.

**2. SUMMARY OF MAJOR CHANGES:** This VHA directive includes the following revisions:

- a. Defines policy, procedures and responsibilities for the Office of Patient Advocacy (10H).
- b. Defines significant patient complaint and the requirements for entering those into the patient advocate tracking system.
- c. Establishes specific roles and responsibilities of Patient Advocates as outlined in Public Law 114-198, Comprehensive Addiction and Recovery Act, Section 924.

**3. RELATED ISSUES:** VHA Directive 1003 VHA – VHA’s Veteran Customer Service Program; VHA Handbook 1003.1 - Key Elements of VHA’s Veteran Customer Service Program; VHA Handbook 1003.2 - Service Recovery in the Veterans Health Administration; VHA Handbook 1003.3 - Responding to Electronic Inquiries from the VA Internet Homepage.

**4. RESPONSIBLE OFFICE:** The Office of Patient Advocacy (10H) is responsible for the content of this directive. Questions may be referred to [VHA10HAction@va.gov](mailto:VHA10HAction@va.gov).

**5. RESCISSION:** VHA Handbook 1003.4, dated September 2, 2005, is rescinded.

**6. RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of February 2023. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

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## VHA PATIENT ADVOCACY

### 1. PURPOSE

This Veterans Health Administration (VHA) directive defines the policy and responsibilities of the Office of Patient Advocacy (OPA) (10H) and the Patient Advocacy Program within VHA and outlines expectations for each Department of Veterans Affairs (VA) Facility. **AUTHORITY:** Title 38 United States Code (U.S.C.) 7301(b).

### 2. BACKGROUND

a. The Office of Patient Advocacy (10H) was established on June 12, 2017 as directed by the Comprehensive Addiction and Recovery Act (CARA), Public Law 114-198. The Office ensures patient advocacy on behalf of Veterans with respect to health care delivery received and sought by Veterans, provides training in patient advocacy and reporting, and carries out the responsibilities detailed in the legislation (Sections 922, 923 and 924).

b. The Patient Advocacy Program includes the promotion of an inclusive care environment and a positive patient experience for Veterans and their family members across all categories of racial or ethnic group, gender/gender identity/gender expression, age, geographic location, religion, socio-economic status, sexual orientation, cognitive, sensory or physical disability, military era, mental health diagnosis, and disability status. The Patient Advocacy Program plays a vital role in ensuring patients have equitable access to quality care in an inclusive environment.

c. The Patient Advocacy Program is an important aspect of patient satisfaction and significantly contributes to the VHA strategic goal of providing personalized, proactive, patient-driven health care.

d. Many VA facilities have a leader who serves as the Patient-Centered Care Coordinator (PCCC). This person may oversee the Patient Advocacy Programs. Alternately, the Veteran Experience Officer may oversee patient-driven care efforts. Linking the facility's patient-driven approach to the Patient Advocacy Program will lead to greater collaboration, organizational alignment and integration of programs and services that impact the experience of Veterans. **NOTE:** See Appendix A for more information on PCCC.

e. Use of Veteran and family feedback for quality improvement is built upon the foundation of the VA ICARE principles: Integrity, Commitment, Advocacy, Respect, and Excellence. This framework is based on a whole person approach which seeks to optimize health and well-being by placing the patient at the center of care. The VHA model of whole health care is personalized, proactive, patient-driven health care, delivered across the continuum from prevention through tertiary care and end of life. In our commitment to continuously improve Veterans' experience and the process of patient advocacy, this directive addresses recommendations from Veterans, staff, the Office of Inspector General (OIG), General Accounting Office (GAO) and the Office of Patient Advocacy's analysis of issues and of opportunities.

### 3. DEFINITIONS

a. **Caregiver.** Family Caregivers include Primary, Secondary, and General Caregivers served by the Department of Veterans Affairs' (VA) Program of Comprehensive Assistance for Family Caregivers and/or Program of General Caregiver Support Services for Caregivers of enrolled Veterans from all eras. **NOTE:** *In the community, outside of VA, Family Caregiver is the term used by most health care organizations and non-governmental agencies to describe family members and/or close friends who serve as non-paid Caregivers. A similar term used is informal Caregiver.*

b. **Clinical Appeal.** A clinical appeal or dispute is an impasse that occurs between a patient, or the patient's representative, and a VA medical facility over the provision or denial of clinical care. Clinical disputes generally arise when a patient and a provider disagree with plans or decisions regarding treatment. Clinical appeals must be filed in writing by the Veteran or his/her representative through the facility or directly through the Veterans Integrated Service Network (VISN). See VHA Directive 1041, Appeal of VHA Clinical Decisions, dated October 24, 2016, or subsequent policy.

c. **Complaint.** A complaint is a perceived gap between service expectations and actual experience. A complaint may be 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 Officers.

d. **Complaint Resolution.** Complaint resolution consists of initial documentation of the complaint, steps taken to resolve the complaint, and final documentation of the resolution in the patient advocate tracking system within 7 business days. The 7 business day requirement must include initial contact, documentation of complaint(s) and/or compliment(s), final resolution for all issues and closing the report. In the event of complex matters, proceed with documentation until the complaint is closed. Full resolution is complete when the resolution outcome is communicated to the complainant, and the Report of Contact is closed.

e. **External Advocates.** External advocates are stakeholders such as Veterans Service Organizations, individuals with a Power of Attorney, lawyers, congressional offices or representatives of a state protection who seek to represent patients in VA facilities. A Veteran's family and friends are not considered external advocates.

f. **Facility Patient Advocate.** A Facility Patient Advocate is an employee who is specifically designated at each VHA facility to manage the complaint and compliment process, including complaint resolution, data capture and analysis of issues/complaints and communicate this information to facility leadership to help drive system improvements. 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 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.

g. **Inquiry Routing and Information System.** The Inquiry Routing and Information System (IRIS) allows open correspondence for questions, complaints, compliments, and suggestions through the VA Web site. The inquirer self-directs correspondence that is

routed to the appropriate VA Central Office Program Offices, VISN, or VA medical facility (<https://iris.custhelp.com/app/ask>). The VHA preferred method of electronic communication with constituents is through the use of IRIS.

h. **Patient Advocate.** A patient advocate is one who pleads the cause, is the voice for and advocates for Veterans' rights consistent with law, policy and professional standards. The advocate protects the Veteran's health and health care rights and provides assistance in asserting those rights if the need arises. Advocates within VHA have numerous duties and responsibilities, to include educating the Veteran on the Patient Advocacy program and their appeal rights.

i. **Patient Advocacy.** Patient advocacy is the act of supporting, recommending, educating and influencing to improve the health and healthcare 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. **Patient Advocate Tracking System (or a successor system).** A patient advocate tracking system is a VHA-wide computer application that tracks patient complaints, compliments and other key program data at each VA medical facility.

k. **Patient-Centered Care.** Patient-centered care is a philosophy that prioritizes the Veteran and their values, and partners with them to create a personalized, proactive strategy to optimize health and well-being. This personalized approach is a dynamic adaptation or customization of recommended patient-centered education, prevention and treatment that is specifically relevant to the individual user, based on the patient's history, clinical presentation, lifestyle, behavior and preferences.

l. **Patient-Centered Care Coordinator.** The Patient-Centered Care Coordinator (PCCC) is a VA medical facility staff member who supports cultural transformation and patient-driven care activities. The position is not required but is encouraged at all facilities. If it exists, it should be organizationally linked to the Veteran Experience Officer and the Patient Advocacy Program to ensure continuity and coordination of strategies.

m. **Patient-Driven Approach.** A patient-driven approach is an engagement between a patient and a health care system where the patient is the source of control on their health and health care. Patient-driven approach is based on their needs, values, and preferences for engaging in decision making and how the patient wants to live.

n. **Proactive Approach.** A proactive approach includes acting in advance of a likely future situation and taking initiative to make things happen, rather than adjusting to a situation or waiting for something to happen. Proactivity implies strategies that strengthen the person's innate capacity for health and healing, such as more holistic, "mind--body" approaches, including nutrition, exercise and healthy behaviors related to tobacco, alcohol, prescription medications, and other substances.

o. **Program Model: Centralized.** Patient advocates are designated as the primary point-of-contact for Veterans and are responsible for ensuring the resolution of complaints/concerns/issues.

p. **Program Model: Decentralized.** Service level advocates are available within each department or clinical area to resolve concerns at the point-of-care. This model seeks to resolve Veteran issues at the lowest level possible. A centrally located patient advocacy office is available for walk-in service. **NOTE:** *Some programs consist of both centralized/decentralized models and are considered a hybrid model. It is determined by leadership which program model best serves the organization and Veterans.*

q. **Report of Contact.** A patient advocate or service level advocate must enter a Report of Contact (ROC) in the patient advocate tracking system that consists of all contacts that have an issue to be solved. ROCs need to be resolved and closed within 7 business days.

r. **Service-Level Advocate.** A Service-level advocate is an employee designated at the service level, or point of service, who assists in resolving issues after first attempts at resolution have not been successful. A Service-level Advocate resolves Veteran issues as a collateral duty, working in collaboration with the facility Patient Advocate staff to identify opportunities for improvement. Service-level Advocates may be granted access to enter data into the patient advocate tracking system.

s. **Service Recovery.** Service recovery is part of the Patient Advocacy Program and should have the direct attempt to recover at the point of service/department where the complaint originated. It is the process used to recover dissatisfied or lost customers or patients by identifying and fixing the problem or making amends for the failure in customer service. Excellent service recovery can effectively retain patients, improve their level of satisfaction, and engender loyalty.

t. **Significant Patient Complaint.** A complaint that may take longer than 7 business days to resolve, for example: Congressional, complex case, and involves multi departments or outside stakeholders. A ROC must be entered at the time of contact, the process of review documented and the Veteran informed of the status of the review. In the event of a Clinical Appeal, the timeline and requirements are outlined in Directive 1041, Appeal of VHA Clinical Decisions, dated October, 24, 2016, or subsequent policy.

u. **Site Information Taker System.** Site Information Taker System (SITS) access may be given to Service-level Advocates, administrative support staff, and others deemed appropriate by the facility Patient Advocate for entry of complaints into the patient advocate tracking system. SITS access allows entry of demographic information, issue and resolution text.

v. **Station User Coordinator.** A person designated to ensure that only employees who need access to PATS have it.

w. **Veteran Experience.** The Veteran Experience is defined according to each person's needs, values and preferences. Every employee has an impact on the Veteran's experience and the goal is to ensure that every encounter with a Veteran, Veteran's family members, and/or caregiver is positive. Every interaction should intentionally and appropriately address the patient's physical, intellectual, social, spiritual and emotional needs.

x. **VA Veteran Experience Office.** The VA Veteran Experience Office (VEO) is the enterprise source for the Voice of the Veteran and supports the organization in

understanding, measuring and optimizing the Veteran Experience. The VEO partner with VHA to assist with the design, development, and implementation of its experience programs.

y. **Veteran/Family Advisor.** The Veteran/Family Advisor serves as an important voice of the Veteran/family population, and helps communicate the perceptions, concerns, and needs of Veteran patients and/or their family members. A Veteran/Family Advisor participates in monthly Council meetings, contributes broad perspectives, offers constructive feedback, promotes partnership with staff and individual viewpoints. All Veteran/Family Advisors must register as a Volunteer through the VA medical facility Voluntary Service Program to ensure understanding of VA policies and procedures.

z. **Veteran/Family Advisory Council.** The Veteran/Family Advisory Council (VFAC) is a forum for including Veteran patient and family preferences in clinical care delivery, and input into program development. The VFAC helps promote key principles of Veteran and family centered care. The Veteran/Family Advisor works together with staff to ensure that Veteran and family points-of-view are heard.

#### 4. POLICY

It is VHA policy that the Patient Advocacy Program promotes a positive Veteran experience as a fundamental value in VHA's culture. Needs, preferences, priorities and values of Veterans are considered in a proactive, convenient, and timely manner consistent with law, professional standards, and VA policy.

#### 5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for overseeing the Office of Patient Advocacy program in accordance with CARA requirements.

b. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management, or designee, is responsible for:

(1) Communicating the contents of this directive to each of the VISN Directors.

(2) Confirming that each VISN has, and utilizes on an ongoing basis, a means for ensuring the terms of this directive are fulfilled in all the VA facilities of the VISN.

(3) Ensuring the use of patient advocacy tracking system, trending reports, and collecting input from the VISN and facilities related to customer issues.

c. **Executive Director, Office of Patient Advocacy.** The Executive Director, Office of Patient Advocacy, or designee, is responsible for:

(1) Coordinating the Patient Advocacy Program and similar Veteran experience activities for VHA.

(2) Providing policy, national guidance, technical support, education, and tools for patient advocates.

(3) Ensuring proper management of the national patient advocate tracking system. This includes ensuring data is reported and assessed for VHA leadership based on data from the patient advocate tracking system, and providing linkages with data such as VISN Service Support Center (VSSC), Hospital Consumer Assessment of Healthcare Providers (HCAHPS), and Strategic Analytics for Improvement and Learning (SAIL).

(4) Maintaining, communicating, and coordinating necessary revisions to all the Veteran Rights and Responsibilities documents for field use. See Appendix A.

d. **Veterans Integrated Service Network (VISN) Director.** The VISN Director, or designee, is responsible for:

(1) Ensuring that each VA medical facility has a Patient Advocate Program in place to include the following:

(a) An identifiable Veteran Experience Officer/Lead Patient Advocate with direct reporting and connection with the executive management team.

(b) A mechanism to ensure Veteran feedback is incorporated into facility improvement efforts.

(c) Communicating and reinforcing the importance of ensuring positive Veteran experiences at all levels of the organization.

(2) Establishing policy for resolving Veteran complaints in a proactive and timely manner. **NOTE:** *Initial documentation of a complaint resolution should occur as soon as possible, but no later than 7 days after initial contact with the Veteran.*

(3) Ensuring a process for service recovery and the evaluation of patient complaint trends.

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

(5) Designating a VISN Patient Advocate/Veteran Experience Coordinator. It is recommended that the VISN Patient Advocate/Veteran Experience Coordinator also serve as the VISN Patient-Centered Care Coordinator, if this role exists.

(6) Ensuring consistent guidance for developing a facility clinical appeal process as outlined in VHA Directive 1041, Appendix A.

(7) Ensuring that each VISN, or facility per VISN decision, utilizes this directive regarding access to patients by external stakeholders who seek to represent patients in VA medical facilities, including Veterans Service Organizations and representatives of state protection and advocacy systems.

(8) Ensuring the patient advocate tracking system reports, and all other pertinent patient advocate tracking system reporting mechanisms, are assessed for trends and communicated across the VISN facilities to inform and incorporate Veterans' concerns and feedback into all program decisions.



e. **Veterans Integrated Service Network (VISN), Patient Advocate Coordinator.**

The VISN Patient Advocate Coordinator is a designated collateral position, acts as a liaison between Office of Patient Advocacy and facility Patient Advocate staff, and is responsible for:

(1) Promoting standardization with program requirements, ensuring policy in accordance with law, professional standards and policy.

(2) Developing VISN-wide approaches to ensure timely (7 business days), consistent documentation of patient complaints and compliments into the patient advocate tracking system. **NOTE:** *This allows for effective data analysis across facilities.*

(3) Training, assisting, mentoring, and guiding facility Patient Advocate staff as needed.

(4) Communicating VISN complaints, satisfaction data, and program outcomes that may include identification of system approaches and Veteran experience trends across the Network, to VISN leadership, including but not limited to the Director, Chief Medical Officer, Deputy Director, and Quality Manager.

(5) Serving on appropriate VISN-level and national committees that are focused on enhancing the Veteran experience.

(6) Ensuring consultation is provided with Facility Patient Advocates, to include, addressing concerns not resolved at the facility level. Should conflict of interest situations arise with a Veteran complaint, the VISN Patient Advocate Coordinator will work with the Facility Patient Advocate to resolve the complaint.

f. **VA Medical Facility Director.** The VA Medical Facility Director, or designee, is responsible for:

(1) Ensuring the VA medical facility has a Patient Advocacy Program in place, utilizing a program model that may include Service-level Advocates as well as the key elements defined in paragraph 6, Program Model.

(2) Assigning an identifiable Lead Patient Advocate with direct reporting to the VA medical facility Director or senior leader designee (QUAD/PENTAD level).

(3) Ensuring the Patient Advocacy Program is adequately staffed with, at a minimum one Patient Advocate at each facility (or three-digit station number). Factors may include: size of facility, workload, complexities, number of unique Veterans served, and number of ROCs to help determine the program model and staffing level.

(4) Ensuring Patient Advocates understand their roles and responsibilities, including responsibility for the overall coordination and management of the program.

(5) Ensuring mechanisms are in place for proactively soliciting and incorporating Veteran feedback, for example: Veteran/Family Council, listening sessions, Town Hall Meetings.

(6) Communicating and reinforcing the importance of positive Veteran experiences at all levels of the organization.

(7) Implementing the Patient Advocate Program organizational structure, ensuring it is clearly identified for patients and residents, including information on who, where, when, and how to contact staff. This information should be posted in all inpatient units, outpatient clinics, and other high-traffic areas throughout the facility.

(8) Ensuring timely resolution of Veteran complaints. **NOTE:** *Resolution and documentation will occur within 7 business days.*

(9) Including facility patient advocates in leadership meetings and other key committees.

(10) Ensuring that patient complaint data are collected, analyzed and trended along with other quality improvement data and can be utilized within areas such as strategic planning, committees, team meetings and risk management.

(11) Promoting a culture that fosters a proactive approach to the Veteran experience with timely (7 business days) and effective service recovery.

(12) Providing the resources, training and support to fully utilize the Patient Advocate Tracking System.

(13) Ensuring clinical appeals are conducted in accordance with VHA Directive 1041.

(14) Designating staff for defining and adhering to a process for complaint resolution and data analysis for the facility. See Section 6. Program Model.

g. **VA Medical Facility Patient Advocate.** The facility Patient Advocate is responsible for:

(1) Collaborating with other facility staff in the creation, development, and implementation of initiatives that improve the Veteran experience throughout the organization.

(2) Resolving complaints by Veterans that cannot be resolved at the point of service.

(3) Presenting at various meetings and committees the issues experienced by Veterans receiving health care at the facility.

(4) Ensuring that patient complaint data and the resulting quality improvement initiatives are communicated monthly to the VA medical 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) Ensuring ongoing communication with Veterans about their concern including final resolution.

(6) Implementing a facility-wide understanding and training resources for all staff to know the complaint process and options that are available to assist Veterans and their families regarding unresolved complaints.

(7) Managing the use of the patient advocate tracking system, including the timely entry (7 business days) of patient complaints and compliments.

(8) Identifying complaint, satisfaction, and Veteran feedback trends at least quarterly.

(9) Ensuring a process is in place for distribution of complaint and satisfaction trends to appropriate leaders, committees, service lines, and staff.

(10) Identifying opportunities and assisting with system improvements based on complaint, satisfaction, and Veteran feedback data trending.

(11) Ensuring significant patient complaints are brought to the attention of appropriate staff to trigger assessment of the need for facility system analysis of the problem.

(12) Supporting service-level complaint resolution.

(13) Ensuring entry of all clinical appeals and final decisions into the patient advocate tracking system as indicated by VHA Directive 1041.

(14) Understanding statutes, regulations, facility and VHA-wide policies which apply to patient rights and responsibilities, and the appeals process afforded Veteran patients (see section 12, References).

(15) Designating a patient advocate tracking system Station User Coordinator to ensure, on a monthly basis, the access keys are correct.

(16) Reporting and documenting potentially threatening behavior to appropriate authorities in accordance with VHA policies, procedures and standards.

(17) Collaborating with PCCC, Veterans Experience Officer and other key staff to provide training and assist all employees in understanding:

(a) The role each employee has as an advocate on behalf of Veterans and to create a positive Veteran experience.

(b) The complaint process and options that are available to assist Veterans and their families regarding unresolved complaints.

(c) Reporting complaints and their resolution to the Service-level Advocate or, in the absence of a Service-level Advocate, to the facility Patient Advocate Staff for tracking purposes.

(18) Ensuring Veterans who receive mental health care are aware of their rights to seek representation from systems established under section 103 of the Protection and Advocacy for Mentally Ill Individuals Act of 1986 (42 U.S.C. 10803) to protect and advocate the rights of individuals with mental illness and to investigate incidents of abuse and neglect of such individuals.

(19) Reporting and documenting in a patient's record potentially threatening behavior to appropriate authorities according to VA policy, procedures and standards.

h. **Patient-Centered Care Coordinator.** Some facilities have a Patient- Centered Care Coordinator (PCCC). In those facilities, the PCCC should be organizationally linked to the Patient Advocate/Veteran Experience Officer and the Patient Advocacy Program to ensure continuity and coordination of responsibilities, including collaborating in the creation, development, and implementation of patient-driven care concepts that improve the Veteran experience throughout the organization.

i. **Service-level Advocates.** Service-level advocates are responsible for:

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

(2) Entering data into the patient advocate tracking system.

j. **VA Medical Facility Quality Manager.** The facility Quality Manager (QM) is responsible for ensuring mechanisms are in place for:

(1) Trending, reporting, and distributing monthly reports based on data from the patient advocate tracking system.

(2) Identifying opportunities for system improvements based on complaint trending and Veteran feedback.

(3) Ensuring significant patient complaints that are brought to the attention of appropriate staff designated by VA medical facility Director trigger assessment of the need for facility system analysis of the problem and/or follow-up.

(4) Integrating data from the patient advocate tracking system with facility, VISN, accreditation requirements and National QM reporting mechanisms.

## 6. PROGRAM MODEL

There are two common patient advocate program models currently used in VHA:

a. **Decentralized Model.** The decentralized service level model involves, at a minimum, designating one employee within each care-line, service or department level to listen to Veteran complaints and compliments, work to resolve the issues and/or concerns, and enter information, including resolution into the patient advocate tracking system. This model is highly recommended to assist in effectively implementing service recovery at the point of service, with the patient advocate serving as a liaison to the services and working to resolve complaints that are not resolved at the service level. The patient advocate is not the primary point of contact for the Veteran or designee in assisting in resolving complaints. However, they are responsible for accurate data entry, creating reports, and analyzing and trending issues. Site Information Taker (SIT) access may be given to Service-level Patient Advocates to enter patient compliments and complaints. This access does restrict the Service-Level advocates from viewing other contacts. The facility patient advocate oversees the program, codes the complaints for

reliability, and is available to train staff and take a proactive role in improving system issues and Veteran satisfaction.

b. **Centralized Model.** The centralized model involves one centralized patient advocate office at the facility that is responsible for the management of all patient complaints and compliments. The patient advocate listens to patient complaints, facilitates resolutions, documents in the patient advocate tracking system, and analyzes and trends data. The patient advocate is also responsible for improving Veteran satisfaction by taking a proactive role in increasing staff awareness and understanding of patient perceptions, concerns, and Veteran services. The patient advocate oversees all data entries, edits contacts, and manages all cases entered in the patient advocate tracking system. Implementation of a centralized model requires an adequate staffing ratio to address and resolve issues. Facilities should assess their current patient population and staffing levels to ensure timely responses to Veterans concerns.

**NOTE:** *Examples and resources to support the Patient Advocacy Program model are located in Appendix A.*

Other key components central to achieving success include, but are not limited to:

- (1) Leadership involvement and support;
- (2) Clear plans and strategies for improving the Veteran's experience;
- (3) Excellent customer service and service recovery programs;
- (4) Patient Advocates dedicated to facilitating resolution of Veteran complaints and serving as champions for incorporating the feedback of Veterans across the facility;
- (5) Communication plans to ensure Veterans, families and caregivers are aware of the Patient Advocacy Program, including the appeal process;
- (6) Capturing and tracking complaint and appeal data using the designated patient advocate tracking system, and then trending and analyzing the data on a monthly basis;
- (7) Creating mechanisms for capturing, understanding, and incorporating Veteran expectations, preferences, and needs into organizational improvement processes;
- (8) Employee engagement strategies and training that ensure positive patient experiences, for example: customer service processes, Veteran-centric communication skills for both new and current employees, and recognition of successes, accomplishments and improvements to enhance the Veteran's experience.

## 7. DATA ENTRY, INFORMATION, AND ANALYSIS

a. **Data Entry.** Veteran Feedback, such as complaints, compliments and requests for information must be entered in the patient advocate tracking system within 7 days to enable a comprehensive understanding of Veteran issues and concerns, and provide data to drive change. Entry of complaints into the patient advocate tracking system includes contacts with Veterans and family members, congressional inquiries, VA Central Office, and concerns referred through secure email, Web based systems, and other external sources. Requests of an informational nature and compliments are considered

non-complaints and should also be entered. All patient advocate tracking system data is used to determine, staffing ratios, trending for change, documenting closure, that could be addressed in a proactive manner.

(1) All reported allegations of suspected abuse, neglect, or exploitation must be documented. If a Veteran or their family member believes that an employee treated them inappropriately because of racial or ethnic group, gender, age, geographic location, religion, socio-economic status, sexual orientation, cognitive, sensory or physical disability, military era, mental health diagnosis, and/or disability status the individual may file a discrimination complaint through the federally conducted external program with the facility's Equal Opportunity Manager and tracked in the patient advocate tracking system. For incidents involving patient safety, patient advocates should work with their local patient safety officers to insure documentation and oversight and tracked in the patient advocate tracking system.

(2) 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 and must be referred to the Privacy Officer and tracked in the

(3) Patient advocate tracking system.

(4) When entering free text in the patient advocate tracking system, all information must be regarded with the protection of the privacy of Veterans, their family members and all staff. Limit information regarding personal health information (PHI) and/or personal identifiable information (PII) when addressing Veteran information; keep the content relevant to the issue and from the Veterans perspective. Refer to VHA Directive 1605 VHA Privacy Program, dated September 1, 2017, or subsequent policy.

(5) The patient advocate tracking system privileges and access key review needs to be completed by the facility's designated Station User Coordinator. A report will be generated, at least on a monthly basis, and reviewed by the User Coordinator and patient advocates to ensure the correct personnel have access and the correct access level. A quarterly report must be submitted by the coordinator to the Office of Patient Advocacy to ensure the patient advocate tracking system privileges and key access is monitored and issues resolved.

b. **Documentation of Complaint.** Initial documentation of a complaint, steps taken to a resolution and final resolution are required to occur as soon as possible, but no later than 7 business days after initial contact. In the event of complex matters that require in-depth resolution and continual updates within that record proceed with documentation until formally closed. To properly identify trends, the minimum data fields required for documentation of a complaint or compliment include:

- (1) Date of contact;
- (2) Info Taken By;
- (3) Contacting Entities;
- (4) Issue Text;
- (5) Category and Issue Code;

- (6) Service and Location;
- (7) Describe the Resolution;
- (8) Communicate final resolution status to Veteran; and
- (9) Resolution date.

c. **Entry of Complaints.** To assist in the entry of complaints into the patient advocate tracking system, Site Information Taker System (SITS) access may be given to Service-level Advocates, administrative support staff, and others deemed appropriate by the facility Patient Advocate. SITS access allows entry of demographic information, issue and resolution text. To maintain consistency in reporting, the facility Veteran Experience staff or designee will enter issue codes and close entries made by SITS. **NOTE:** *Additional instructions for the Patient Advocate Tracking System are located at: <http://vaww.infoshare.va.gov/sites/OPCC/VEP/default.aspx>. This is an internal VA Web site that is not available to the public.*

d. **VA Records.** Data entered in the patient advocate tracking system is covered under the Patient Representation Program Records-VA (100VA10NS10) Privacy Act System of Records. As such, the information in the patient advocate tracking system is subject to the provisions of VHA Directive 1605.01, Privacy and Release of Information, dated August 31, 2016, or subsequent policy. Requests for copies of information in the patient advocate tracking system are to be processed in accordance with VHA Directive 1605.01, and may be referred to the facility Privacy Officer or Release of Information Office.

e. **Analysis and Reporting.** It is essential for Patient Advocacy Program leadership to ensure a process is established for comprehensive analysis, tracking, and trending of patient compliment and complaint for Veteran experience data. This system of reporting is vital to plan, implement, and evaluate organizational progress in improving the total Veteran experience. The data must be utilized in facility committees to represent patient views and to ensure continuous improvement. Data from the patient advocate tracking systems available from a local, VISN, and national perspective and must be submitted to the Office of Patient Advocacy on a quarterly basis. Reports should include top 5 complaints, total number of complaints and average length of time to close a ROC. Trending reports must be integrated into facility Quality Management reporting mechanisms to ensure ongoing concerns and issues can be addressed and actions taken to improve the Veteran experience. Facilities will report all quarterly data on a monthly basis to ensure all complaints are managed in a timely manner for best service recovery.

f. **Satisfaction Data.** Satisfaction data must be used for analysis of Veteran feedback and can be found on the Office of Performance Measurement Home page at: <http://vaww.car.rtp.med.va.gov/>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

g. **Data on IRIS.** Data on email 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>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

## 8. EXTERNAL ADVOCACY

Each VISN (or facility, per VISN decision) must have a policy addressing access to patients by external stakeholders who seek to represent patients in VA medical facilities, including Veterans Service Organizations and representatives of state protection and advocacy systems.

- a. If requested, VA medical facilities can allow such external organizations to post information on the services offered and how they can be contacted.
- b. VA medical facilities can allow such external organizations to make informational brochures available in accordance with 38 CFR 1.218(a)(9).
- c. VA medical facilities must allow such organizations to hold informational meetings for patients on a quarterly basis. Patient attendance at such meetings is strictly voluntary.
- d. External Patient Advocates may offer informational programs for VA staff. 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, for example: An individual with a VA Durable Power of Attorney for Health Care may have access to VA patient records in accordance with VHA Directive 1605.01.

## 9. COLLECTIVE BARGAINING

This VHA directive must be interpreted in accordance with collective bargaining agreements through the Office of Human Resources and Administration, Labor and Management Relations.

## 10. TRAINING REQUIREMENTS

Training will be provided at the national, VISN and local level, and the target audience and source(s) of the training will be identified.

- a. There are several current TMS courses and others still in development which will be distributed to VISN and facility patient advocates. One example is "Understanding Patient Advocacy Tracking System (PATS) Ad HOC Reporting."
- b. If available outside TMS, a link for access to information on the appropriate training will be available on the Office of Patient Advocacy SharePoint site.
- c. If the training does not exist, or is in development, the Office of Patient Advocacy is responsible for developing the training.

## 11. RECORDS MANAGEMENT

All records regardless of format, paper, electronic, electronic systems, created by this directive must be managed per the National Archives and Records Administration (NARA) approved records schedules found in VA Records Control Schedule 10-1. If you have



any question to the regarding any aspect of records management you should contact your facility Records Manager or your Records Liaison.

## 12. REFERENCES

- a. Comprehensive Addiction and Recovery Act (CARA), Public Law 114-198.
- b. Public Law 105-220, Section 508.
- c. Protection and Advocacy for Mentally Ill Individuals Act of 1986 (42 U.S.C. 10803), Section 103.
- d. 42 United States Codes 10801 through 10807.
- e. 38 Code of Federal Regulations (CFR) 1.218(a)(9).
- f. 38 Code of Federal Regulations (CFR) 17.33.
- g. 38 CFR Chapter 1, Part 15, Enforcement of Nondiscrimination on the Basis of Handicap in Programs or Activities Conducted by Veteran Affairs.
- h. FR Doc E9-12954, at 74 FR 26766 (June 3, 2009).
- i. VA Records Control Schedule 10-1.
- j. VHA Directive 1041, Appeal of VHA Clinical Decisions, dated October 24, 2016, or subsequent policy.
- k. VHA Directive 1605.01, Privacy and Release of Information, dated August 31, 2016, or subsequent policy.
- l. VHA Directive 1605, VHA Privacy Program, dated September 1, 2017, or subsequent policy.
- m. VHA Handbook 1003.3, Responding to Electronic Inquiries from the VA Internet Homepage, dated October 15, 2003, or subsequent policy.
- n. VHA Handbook 1004.06, Integrated Ethics, dated August 29, 2013, or subsequent policy.
- o. VHA Handbook 1050.01, VHA National Patient Safety Improvement, dated March 4, 2011, or subsequent policy.
- p. VHA Handbook 1120.04, Veterans Health Education and Information Program Requirements, dated September 24, 2015, or subsequent policy.
- q. VHA Handbook 1108.05 Outpatient Pharmacy Services, dated June 16, 2016, or subsequent policy.
- r. Office of Inspector General Audit of VHA's Patient Advocacy Program (Report Number 15-05379-146, Issued March 31, 2017).

## RESOURCES FOR ESTABLISHING A PATIENT ADVOCACY PROGRAM

**1. OFFICE OF PATIENT ADVOCACY (10H): SHAREPOINT SITE:**

<https://vaww.vashare.vaco.va.gov/sites/PatientAdvocacy/>

**2. OFFICE OF PATIENT CENTERED CARE:**

<https://vaww.infoshare.va.gov/sites/OPCC/Pages/Default.aspx>

**3. VETERAN EXPERIENCE PROGRAM TOOLKIT:**

<https://vaww.vashare.vaco.va.gov/sites/PatientAdvocacy/Toolkits>

**4. VOICE OF THE VETERAN TOOLKIT:**

<https://vaww.vashare.vaco.va.gov/sites/PatientAdvocacy/Toolkits>

**5. PATIENT/FAMILY ADVISORY COUNCIL TOOLKITS:**

<https://vaww.vashare.vaco.va.gov/sites/PatientAdvocacy/layouts/15/start.aspx#/Toolkits/>

**6. HEALING ENVIRONMENT TOOLKIT:**

<https://vaww.vashare.vaco.va.gov/sites/PatientAdvocacy/Toolkits>

**7. PATIENT ADVOCACY TRACKING SYSTEM ACCESS KEY TOOLKIT:**

<https://vaww.vashare.vaco.va.gov/sites/PatientAdvocacy/Toolkits>

*NOTE: For items 1-6, these are internal VA Web sites that are not available to the public.*

**8. COMPREHENSIVE ADDICTION AND RECOVERY ACT (CARA):**

<https://www.congress.gov/bill/114th-congress/senate-bill/524/text>

**9. BEREAVED FAMILY SURVEY-INPATIENT:**

[https://www.cherp.research.va.gov/CHERP/PROMISE/The\\_PROMISE\\_Survey.asp](https://www.cherp.research.va.gov/CHERP/PROMISE/The_PROMISE_Survey.asp) and  
<http://reports2.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fOQP%2fPaliative%2fBereavementSurvey&rs:Command=Render>. *NOTE: This is an internal VA Web site that is not available to the public.*

**10. LGBT VCC PROGRAM TOOLS:** <https://www.diversity.va.gov/programs/lgbt.aspx>

**11. THE JOINT COMMISSION:**

[https://www.jointcommission.org/standards\\_information/jcfaq.aspx](https://www.jointcommission.org/standards_information/jcfaq.aspx)

**12. PATIENT ADVOCATE TRACKING SYSTEM ISSUE CODES:**

<https://vaww.vashare.vaco.va.gov/sites/PatientAdvocacy/layouts/15/start.aspx#/PATS%20Resources/Forms/AllItems.aspx>

**13. Rights and Responsibilities of Family Members of VA Patients and Residents of Community Living Centers (CLC) IB 10-284 PDF:**

[http://www.va.gov/vhapublications/viewpublication.asp?pub\\_id=2187](http://www.va.gov/vhapublications/viewpublication.asp?pub_id=2187)

**14. Rights and Responsibilities of VA Patients and Residents of Community Living Centers (CLC) IB 10-89, P91985:**

[http://www.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=1515](http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=1515)