Statement of Work
Real Time Feedback Program
VA Palo Alto Health Care System (VAPAHCS)

1.0 General Information

1.1 The Veterans Affairs Palo Alto Health Care System (VAPAHCS) has identified improving Veteran satisfaction and enhancing Veteran and family centered care as a key strategic priority. A key component to improving the Veteran experience is to identify areas for improvement and make necessary changes in a prompt manner using the PDCA/rapid cycle change strategy. It is also important to reinforce actions and desired behaviors that staff demonstrate which lead to high levels of patient satisfaction. To work towards achieving this priority, VAPAHCS has identified the need to enhance our capability to collect and trend patient experience data and support front-line teams with improvement coaching to increase service excellence for our Veterans. Additionally, VA's Veteran Experience Office has mandated the implementation of leadership rounds as part of the Secretary's priority to provide excellent customer experience as a strategic imperative to the VA's long-term viability.

1.2 VAPAHCS requests a Contractor that can provide planning and implementation services, technology software and support compatible with VAPAHCS existing hardware to provide "real-time" feedback via a mobile computer at the point of service, leadership rounding software solutions in line with VEO's initiative, in addition to on-going operations and coaching consultation. Coaching should be available at least bi-weekly via phone in addition to up to 3 in-person site visits. Coaching will be provided on appropriate question selection and sequencing, interpretation of results, and improvement initiatives that can be implemented to address opportunities. Coaches should have expert skills in service improvement using the Plan Do Check Adjust (PDCA) improvement methodology. Venues shall include, but not be limited to, inpatient, outpatient clinics, and community living centers. The Contractor shall provide software user licenses and data hosting, as well as cellular connection services to provide real-time patient feedback to staff. Patient responses will be immediately processed by the contractor's host and saved to a secure data vault. The contractor shall provide performance improvement coaching for the duration of the contract. VA currently has historical data provided by TruthPoint (Vertical Systems) and the contractor must be able to use this historical data for any required reporting, trending and comparison purposes.

1.3 Period of performance: The Period of Performance (POP) shall begin on/about October 30, 2018 and end October 29, 2021.

1.4 Location of performance where technology (hand-held devices and cellular transmission devices) and consultations may continue to be implemented and/or expanded:

Palo Alto Division
3801 Miranda Ave
Palo Alto, CA 94304

Menlo Park Division
795 Willow Rd
Menlo Park, CA 94025

Livermore Division
4951 Arroyo Rd
Livermore, CA 94550

Capitola CBOC
1350 41st Ave
Capitola, CA 95010

Fremont CBOC
39199 Liberty St
Fremont, CA 94538

Modesto CBOC
1225 Oakdale Rd
Modesto, CA 95355

Monterey CBOC
201 9th Street,
Marina, CA 93933

San Jose CBOC
80 Great Oaks Boulevard
San Jose, CA 95119

Sonora CBOC
13663 Mono Way
Sonora, CA 95370

Stockton CBOC
7777 East Freedom Road
French Camp, CA 95231

Point of Contact for all locations is:
Amin Eddebbarh
Patient Satisfaction Program Manager
650-493-5000 x67013

2.0 Scope of Work

2.1 The Contractor shall provide ready-to-use tablet computers and cellular data transmission devices to facilitate the collection, analysis and dissemination of real-time patient feedback. The contractor shall provide the capability to redirect resources from any of these locations to new areas of the healthcare system pulling for the tool. The contractor shall collaborate on the design and implementation of a plan that will allow the health care system staff to obtain point of care patient feedback, 24 hours per day, 365 days a year.

2.1.1 Additionally, the contractor shall support health care system-wide Leadership Rounding with an easy to use, time-saving software to automate the rounding process, including documentation, data collection, expedited service requests, response time tracking and issue categorization. This system shall be designed to meet the guidance provided by VACO's VEO.

Leadership Rounding platform capabilities shall include:

2.1.2 VAPAHCS designated user accounts that allow self-directed operation, including rounding, data analysis, and work status dashboards

2.1.3 Workflow rules as defined by VAPAHCS in conjunction with the contractor in order to route service recovery and or work orders to the appropriate party in real-time. This system must be able to communicate the status of requests to relevant parties both within the software platform and by service request emails. Users must be able to update the status of requests both within the software platform and by responding to service request emails generated by the system

2.1.4 Provide high-yield reports tailor fit to individual leaders/job roles and other stakeholder groups with delivery schedules in line with the needs of each individual user

2.1.5 Have the capability to measure leadership rounding adherence by leader, trending of findings and service requests, including measurement of request frequency and time to resolution by both rounding area and service. This must include the capability of benchmarking data to other VA healthcare systems' leadership rounding programs

2.1.6 Leadership rounding platform shall have the capability to operate on PCs, tablets, iPhones and Android smartphones

2.2 The Contractor's system/program/plan <u>shall</u>:

2.2.1 Facilitate capturing real-time ratings and comments from patients

2.2.2 Be customizable based on the service area, team and current opportunities for improvement

2.2.3 Capture demographic data, such as gender, race, and age

2.2.4 Require minimal IT support

2.2.5 Transmit non-patient specific data to vendor without utilizing the VA's IT network

2.2.6 Allow VAPAHCS to automatically collect, track, and trend data by question at the provider/staff, service, and facility level.

2.2.7 Provide a variety of report options that identify opportunities for improving the patient experience: daily reports, top box reports, ranking reports and the ability to track actions (service intervention closure) toward improvement goals

2.2.8 Provide at least 12 light-weight (less than 4 pounds), portable, hand-held, ready –to- use tablets (requiring less than 30 minute orientation) and portable wifi devices to facilitate real-time transmission of feedback

2.2.9 Provide initial training, administrative support in the management of scheduling process, maintenance, and customer support for the devices

2.2.10 Provide general troubleshooting for technical issues encountered by VAPAHCS related to the software platform and devices running it

2.2.11 Have the capability to send automated real-time alerts related to concerns categorically identified as service recovery priorities

2.2.12 Have the capability to initiate service requests and track them to completion, including the collection of data on request frequency, and time to resolution. Request resolution must be able to be

completed through the software platform or through email and status of a request should be transparent across both

2.2.13 The patient feedback software shall be touch-enabled, easy-to-use, available in English, Spanish and other languages, if deemed necessary, and employ branching logic to gain insights behind the ratings. The Contractor's software shall be a stand-alone program that does not require connection to the Veterans Affairs IT network. Leadership rounding software must be compatible across computer, tablet and smartphone devices to allow for in-process data capture by VAPAHCS leaders during their rounds

2.3 Consultative / Coaching Services: The Contractor shall provide expertise, guidance, and tools to lead VAPAHCS in managing an effective real-time feedback program and successful leadership rounds. Coaches will have at least 10 years of experience in healthcare and at least 18 months of experience working with VA healthcare systems. The coaching services provided shall include:

2.3.1 Ongoing Operations and Improvement Coaching for continuation of the current locations, as well as leadership rounds and new locations of use.

2.3.2 Establishment and tracking of measurable objectives for each location utilizing the services

2.3.3 Active involvement in the design, development, and deployment of specific assessments to meet objectives for each location/unit.

2.3.4 Expertise in best practices and training, along with ongoing support, to efficiently and effectively administer and collect patient assessments

2.3.5 Up to 3 on site strategic visits per year by the Contractor's Improvement Coach to meet with key VAPAHCS staff from areas utilizing the resources. On site visits shall have the following agenda:

- Review of administration process and success in obtaining sufficient volume for actionable feedback
- Review of analysis of data, including strengths, opportunities for improvement and trends for all implemented areas
- Discussion of improvement activities and barriers to improvement at VAPAHCS
- Collaboration on prioritization of real-time feedback improvement efforts as opportunities and strategic initiatives are defined

2.3.6   Bi-weekly calls with the Contractor's Improvement Coach and the VAPAHCS program manager as needed to aid in optimizing the use of software, including the provision of detailed meeting minutes summarizing all decisions, status updates and action items

2.3.7   Weekly calls during the early implementation of rounds in order to ensure the system is meeting the needs of all users and that learnings are being documented and acted upon

2.3.8   Quarterly Performance Improvement Review and Prioritization Planning meetings for each area where the real-time feedback tool is deployed, to include all preparation, facilitation, documentation and follow-up by the Contractor's Improvement Coach and Client Services Team. The standard meeting agenda will include:

- Analysis and review of key findings, including strengths, opportunities and trend analysis
- Updates to the PACE based on previous feedback and new priorities for improvement
- Updates to information use plan and reporting package
- Discussion and selection of priority Performance Improvement initiatives, including the establishment of goals and successful practices to meet targets
- Identification and escalation of any barriers impeding current improvement initiatives
- Establishing action plans and commitments for the next cycle of improvement.

2.3.8   As needed by each area utilizing the resource, up to weekly Performance Improvement conference calls and/or web meetings between the Contractor's Improvement Coach and the individual VAPAHCS improvement teams, to include preparation, facilitation, documentation and follow-up necessary to allow for maximum yield of VAPAHCS staff time. Calls should not last more than 30 minutes unless VAPAHCS staff request a longer duration to meet their needs. The standard huddle agenda for these calls will include:

- Review of the response volume from the previous time period
- Review of action plans, commitments and results from the previous time period
- Discussion of any needed changes to the assessment questions or data collection process

2.3.8.2 The design and configuration of report contents, format, and automated distribution via e-mail, to include the tailoring of high-yield reports to fit the needs and focus of the individual clinical managers in areas utilizing the resource. Existing report formats for a specific PACE should be ready within 1 business day of request and new report formats within 2 business days

2.4 Ongoing operations and coaching services shall include:

2.4.1 Software use license, data hosting, and cellular data services for the identified locations

2.4.2 At least 12 configured and ready to use tablet computers and cellular data transmission devices to facilitate capture of patient feedback and IT-security-compliant data to the contractor

2.4.3 Ability to modify questions, response options, reporting, and alerting within two business days as directed by VAPAHCS.

2.4.4 Ability to initiate e-mail and pager alerts based on selected response options as well as capture and provide intervention resolution status

2.4.5 Support for complex branching logic based on question response, demographics, and other criteria

2.4.6 Ability to drill down to specific clinicians for individual locations and services

2.4.7 Reporting and information delivered in specified format via email on the schedule required by each stakeholder

2.4.8 Well-organized meeting notes summarizing all decisions, status updates and action items sent by email to relevant teams and VAPAHCS program coordinator within 3 business days of any calls or meetings as mentioned in items 2.3.6-2.3.8

2.4.9 Training: The Contractor shall provide the technology, training, on-going operations and coaching and consultative services to define roles and responsibilities to ensure successful implementation and management of the program. The Contractor shall help to align the approach with key objectives and outcome measures, determine how to achieve unbiased results, design a tailored assessment using best practice questions and help to identify criteria to assure improvements are implemented.

2.4.10 The Contractor shall provide orientation to the devices within one week of delivery. VAPAHCS requires an implementation of the product and a complete reporting package of relevant data/feedback organized by individual managerial/leadership needs within two weeks following the awarding of the contract.

3.0 Ongoing Operations and Reporting

3.1 **The Contractor shall provide ongoing operations and coaching which includes:**

3.1.1 Unlimited use of the software use license and data hosting, including a wide range of reporting delivered to stakeholders

3.1.2 Configured hand-held tablet PCs and cellular data connection devices (MiFi devices)

3.1.3 Service intervention alerts and resolution status communications

3.1.4 Weekly support calls to department/unit leadership during the first month to help ensure hardwiring of key administrative processes and effective use of information

3.1.5 Ten (10) remote and up to three (3) on-site performance improvement meetings with VAPAHCS' real-time feedback program manager per year facilitated by an experienced coach to include:

- Review of results compared to objectives and new/changed objectives
- Recommendations to improve administration process to obtain patient feedback
- Recommended changes in the design of the assessment questions
- Recommended changes in the design, distribution, and use of reports

4.0 Reports – The Contractor shall deliver the following:

4.1 Reporting shall be delivered via e-mail based on the schedule, form, and format defined for the care and rounding areas.

4.2 A complete database of patient feedback for analysis and ad hoc reporting.

4.3 Quarterly reviews compared to objectives and recommendations to improve execution.

4.4 Relevant updates to assessment questionnaire and reporting.

4.5 The Contractor shall help to evaluate the effectiveness of the program by providing summary reports that measure key objectives and outcomes, continually determine how to achieve unbiased results, and help to identify criteria to assure improvements are implemented.

4.6 Monthly Progress Reports: The contractor shall provide monthly written progress reports. The report shall cover all work completed during the preceding month and shall present the work to be accomplished during the subsequent month. The report shall identify any problems that have arisen, but have not been completely resolved without explanation.

5.0 Quality Assurance Surveillance Plan. The COR will periodically review and monitor the Contractor's performance during contract period with the VAPAHCS real time feedback program manager. The Contractor shall provide reports of work performed as required, and the COR will inspect the work as required.