



Department of Veterans Affairs

# Veterans Health Administration

2020 Action Plan

Federal Customer Experience

**US** BY THE PEOPLE  
FOR THE PEOPLE  
WITH THE PEOPLE

# Who are we?

The Veterans Health Administration is America's largest integrated health care system, providing care at 1,255 health care facilities, including 170 medical centers and 1,074 outpatient sites of care of varying complexity (VHA outpatient clinics), serving 9 million enrolled Veterans each year.

VHA Medical Centers provide a wide range of services including traditional hospital-based services such as surgery, critical care, mental health, orthopedics, pharmacy, radiology and physical therapy.

In addition, most of our medical centers offer additional medical and surgical specialty services including audiology & speech pathology, dermatology, dental, geriatrics, neurology, oncology, podiatry, prosthetics, urology, and vision care. Some medical centers also offer advanced services such as organ transplants and plastic surgery.

In many areas of the country, several medical centers and clinics may work together to offer services to area Veterans as a Healthcare System (HCS) in an effort to provide more efficient care. By sharing services between medical centers, Healthcare Systems allow VHA to provide Veterans easier access to advanced medical care closer to their homes.

Examples of Healthcare Systems include the VA Pittsburgh Healthcare System which serves the Pittsburgh area of Pennsylvania, and the VA Puget Sound Healthcare System which serves the Seattle and Tacoma areas of Washington state.

The U.S. is divided into 18 Veterans Integrated Service Networks, or VISNs — regional systems of care working together to better meet local health care needs and provides greater access to care. Each VISN is made up of multiple neighboring Healthcare Systems.



# How do we deliver value to the public?

## Occasion

Our Veteran Patients may need to be hospitalized due to chronic or emerging medical condition.

Our Veteran Patients will need to then be discharged from VA Medical facility once their inpatient hospitalization is complete.

Our Veteran Patients may need to seek emergency medical care at VA medical center or a local non-VA hospital.

## High-Impact Service

Medical Service in a VA Medical Center, Nursing Services, and more.

Primary Care Service, Voluntary Service, Escort Service, Clinical Call Centers, Medical Service, Surgery Service, Radiology Service, Pharmacy Service, Social Work Service

Emergency Medicine Service, Community Care

## Offering

Healthcare as an admitted inpatient at a VA Medical Center

Discharge from Hospital

*(Journey Map is included on next slide)*

Emergency Medicine

# Where could we improve?



## VA INPATIENT DISCHARGE EXPERIENCE JOURNEY MAP

The VA Inpatient Discharge Experience Journey Map represents a common set of moments Veterans experience while they are preparing to leave a VA Medical Center. The moments represented here are not linear. Rather, the map aims to capture a generalized experience, highlighted by the key moments that matter, as well as bright spots and pain points. By understanding the discharge experience from the Veteran's perspective, VA can better understand where to focus time and resources to maximize Veteran trust. This map is meant to be read in continuation from the Hospitalization Experience Journey Map.

**Moments that Matter:** Moments that are likely to have a more significant negative or positive impact than others within the hospital inpatient experience.



	DISCHARGE PLANNING		DISCHARGE PREPARATION					DISCHARGE FROM FACILITY		HOME		
	1 Hospitalization	2 Ready for discharge	3 Consults & training	4 Set up follow-up appointment	5 Discuss transit & destination	6 Review Discharge Instructions	7 Pick up supplies	8 Exit facility	9 Travel home	10 Arrive home	11 Follow-up phone call	12 Follow-up appointment
<b>WHAT OCCURS IN THIS MOMENT</b>	Veteran health care and discharge needs assessment.	Veteran is eager to change into "street clothes" and go home within the day.	Veteran interacts with support services to prepare for discharge.	Schedule follow-up for soon after discharge.	Talk about discharge travel to home or other options.	Discharge Instructions reviewed with the Veteran.	Pick up supplies or receive them in the room before discharge.	Veterans exit the facility.	Travel with support network or VA-affiliated transport to home or other facility.	The next stage of the Veteran engaging in their own health care.	Primary Care RN calls Veteran within 24-48 hours.	PCP or Specialist appointments.
<b>BRIGHT SPOTS</b>	<ul style="list-style-type: none"> <li>Feel cared for by their medical staff.</li> <li>One trusted person to tie everything together.</li> </ul>	<ul style="list-style-type: none"> <li>Hearing "discharge" is exciting and relieving.</li> </ul>	<ul style="list-style-type: none"> <li>Support staff conveniently available in the facility can help solidify recovery procedures.</li> </ul>	<ul style="list-style-type: none"> <li>When appointments scheduled before the Veteran leaves, anxiety is minimized.</li> </ul>	<ul style="list-style-type: none"> <li>"I really appreciate how they take the time to go through everything."</li> <li>Veterans appreciate that the Social Worker values their whole health.</li> </ul>	<ul style="list-style-type: none"> <li>Support network included in discharge review.</li> <li>Care teams are thorough and patient.</li> </ul>	<ul style="list-style-type: none"> <li>Supplies delivered to the room.</li> <li>Bypass the outpatient pharmacy line (wrist band, "golden ticket").</li> </ul>	<ul style="list-style-type: none"> <li>Well prepared and educated about follow-up care.</li> <li>Staff/Volunteer helps the Veteran.</li> </ul>	<ul style="list-style-type: none"> <li>Ride home or to another facility with support network.</li> <li>Public or VA-affiliated transit options.</li> </ul>	<ul style="list-style-type: none"> <li>Being home.</li> <li>Acting upon their discharge instructions in a more comfortable setting.</li> </ul>	<ul style="list-style-type: none"> <li>"I was surprised I was called so quickly."</li> <li>Waiting 24-48 hours after the Veteran has returned home allows them to take stock of their situation.</li> </ul>	<ul style="list-style-type: none"> <li>Physician seen within a few weeks of discharge.</li> <li>Phone consultations.</li> <li>Appointments scheduled prior to discharge.</li> </ul>
<b>PAIN POINTS</b>	<ul style="list-style-type: none"> <li>"Talked to so many doctors, I didn't know who was who."</li> <li>Receive (or perceive that they are receiving) conflicting information.</li> <li>Veterans are uncertain of where they are in the discharge process.</li> <li>Support network may lack information.</li> </ul>	<ul style="list-style-type: none"> <li>Mentioning "discharge" primes Veterans' expectation to leave now.</li> <li>"They say I'm leaving, but no one can tell me when."</li> <li>Hours may pass while Veterans sit dressed, waiting to leave.</li> <li>Delay in discharge orders due to provider availability.</li> </ul>	<ul style="list-style-type: none"> <li>Rush of consultation instructions can be difficult to retain.</li> <li>Times spent training on equipment prior to discharge is not always enough.</li> <li>Equipment at home is not always the same as in the medical center.</li> <li>Equipment room closures on the weekend.</li> </ul>	<ul style="list-style-type: none"> <li>When scheduling falls to the Veteran it can cause support network anxiety and inconvenience.</li> </ul>	<ul style="list-style-type: none"> <li>Home or support challenges not always disclosed.</li> <li>Veterans not always eligible for Beneficiary transport.</li> <li>Lack of social/support services may impact discharge planning or safe transition to home.</li> <li>Ambiguous or late discharge times can impact options.</li> </ul>	<ul style="list-style-type: none"> <li>Instructions are not always easy to read or follow.</li> <li>Support network not always involved in discharge review.</li> <li>Veteran may be dissatisfied if they do not have a follow-up appointment scheduled.</li> </ul>	<ul style="list-style-type: none"> <li>"Wish they had asked me before filling my meds, these bottles of this prescription at home."</li> <li>Weekend or late discharges may hinder prescriptions being filled.</li> <li>Provision of necessary supplies upon discharge can be challenging.</li> </ul>	<ul style="list-style-type: none"> <li>Different discharge protocols at different facilities can confuse Veterans.</li> <li>When support network is solely responsible for escorting the Veteran, it can be overwhelming and at times, dangerous.</li> </ul>	<ul style="list-style-type: none"> <li>Time of discharge impacts transportation availability.</li> <li>"My ride is waiting on me and has waited for hours."</li> <li>Without transportation a longer stay may be required.</li> </ul>	<ul style="list-style-type: none"> <li>Realization of the lack of Discharge Instruction understanding. May start to question how to take care of themselves at home.</li> <li>Not prepared for physical limitations.</li> <li>Lack of a support network.</li> <li>Readmission could occur due to multiple factors.</li> </ul>	<ul style="list-style-type: none"> <li>For some, too many calls (specialty and PCP) after discharge can feel intrusive, repetitive, and annoying.</li> <li>Friday discharges limit contact until the following Monday.</li> </ul>	<ul style="list-style-type: none"> <li>Unnecessary in-person appointments. "My doctor could have addressed it over the phone."</li> <li>Appointments scheduled too soon to be beneficial.</li> </ul>
<b>THIS IS A MOMENT THAT MATTERS BECAUSE...</b>	<p><b>MOMENT THAT MATTERS</b></p> <p><b>I heard the word discharge and assumed I was about to leave.</b></p> <p>When Veterans hear different members of their care teams mention discharge, they develop certain expectations. Not effectively managing these expectations leaves Veterans and their support network angry and frustrated.</p>		<p><b>MOMENT THAT MATTERS</b></p> <p><b>I'm overwhelmed with all the information. How am I possibly going to remember this at home?</b></p> <p>Veterans know the instructions they are receiving are important, but are typically overwhelmed or distracted. They are not always in the mindset to register the deluge of information or think through what care they will require at home.</p>					<p><b>MOMENT THAT MATTERS</b></p> <p><b>I need to let my family know when to pick me up. I wish the doctor could give me a day and time.</b></p> <p>Getting the method, timing, and destination correct can separate a good discharge from one riddled with frustration. Having a good hospitalization experience, followed by a poor facility departure, can damage a Veteran's entire experience.</p>				
<b>WHAT THE SURVEY WILL ASK</b>	<p><b>MEASURING EQUITY, TRANSPARENCY &amp; EFFICIENCY</b></p> <p>When I was notified that I would be leaving the hospital, it was clear what needed to be done and how much time it would take.</p>		<p><b>MEASURING QUALITY &amp; CARE</b></p> <p>Efforts were made to have my family, friends, or caregivers involved in the explanation of my discharge instructions, when desired.</p> <p>The instructions that I received before I left the hospital were easy to understand.</p>					<p><b>MEASURING EMPLOYEE HELPFULNESS &amp; QUALITY</b></p> <p>I understood my transportation options before I left the hospital.</p> <p><b>MEASURING TRUST</b></p> <p>I trust VA for my healthcare needs</p>				

Developed by the Veterans Health Administration and the Veterans Experience Office.  
For more information, contact the VA Patient Experience Office at VAPEO@va.gov.

# Where could we improve?

## Steps

### Customer Steps

Name and describe the main steps that a person takes to use the service, left to right, start to finish.

### Service System

Describe the channels, roles, and tools from your agency or partners.

### Pain Points

Describe the highest priority problems to solve

	1: Hospitalization	2: Ready for Discharge	3: Consults & Training
Customer Steps	Veteran health care and discharge needs assessment.	Veteran is eager to change into “street clothes” and go home within the day.  <b>“I heard the word discharge and assumed I was about to leave – one of three moments that matter for the discharge journey.”</b> <i>Moment that Matters</i>	Veteran interacts with support services to prepare for discharge.
Service System	N/A – This is a transition step with a full separate journey map, moments that matter, and pain points.	Different members of care teams may interact with the Veteran here including social workers, nursing services (nurses, nursing assistants, etc.), and physicians (attending, residents, etc.).	Different members of care teams may interact with the Veteran here including social workers, nursing services (nurses, nursing assistants, etc.), physicians (attending, residents, etc.), prosthetics staff, logistics staff, therapy service staff, and other support services
Pain Points	N/A	<ul style="list-style-type: none"> <li>• Mentioning “discharge” primes Veterans’ expectation to leave now.</li> <li>• “They say I’m leaving, but no one can tell me when.”</li> <li>• Hours may pass while Veterans sit dressed, waiting to leave.</li> <li>• Delay in discharge orders due to provider availability.</li> </ul>	<ul style="list-style-type: none"> <li>• Rush of consultation instructions can be difficult to retain.</li> <li>• Time spent training on equipment prior to discharge is not always enough.</li> <li>• Equipment at home is not always the same as in the medical center.</li> <li>• Equipment room closures on the weekend</li> </ul>

# Where could we improve?

Steps →	4: Set up Follow-Up Appointment	5: Discuss Transit & Destination	6: Review Discharge Instructions
<p><b>Customer Steps</b> Name and describe the main steps that a person takes to use the service, left to right, start to finish.</p>	Schedule follow-up for soon after discharge.	Talk about discharge travel to home or other options.	Discharge Instructions reviewed with the Veteran.  <b>“I’m overwhelmed with all the information. How am I possibly going to remember this at home?”</b> <i>Moment that Matters</i>
<p><b>Service System</b> Describe the channels, roles, and tools from your agency or partners.</p>	Primary Care Service, Specialty Care Services, Medical Support Assistants, and Nursing, may all be involved depending on the particular inpatient admission.	Social work, nursing, therapy services, medical support assistants and sometimes physicians may be involved in discussing transit and destination.	Care teams including social workers, nurses, and physicians may be involved in reviewing discharge instructions with patients, and/or their family, and/or their caregivers.
<p><b>Pain Points</b> Describe the highest priority problems to solve</p>	When scheduling falls to the Veteran it can cause support network anxiety and inconvenience.	<ul style="list-style-type: none"> <li>• Home or support challenges not always disclosed.</li> <li>• Veterans not always eligible for Beneficiary transport.</li> <li>• Lack of social/support services may impact discharge planning or safe transition to home.</li> <li>• Ambiguous or late discharge times can impact options.</li> </ul>	<ul style="list-style-type: none"> <li>• Instructions are not always easy to read or follow.</li> <li>• Support network not always involved in discharge review.</li> <li>• Veteran may be dissatisfied if they do not have a follow-up appointment scheduled.</li> </ul>

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## Steps →

### Customer Steps

Name and describe the main steps that a person takes to use the service, left to right, start to finish.

### Service System

Describe the channels, roles, and tools from your agency or partners.

### Pain Points

Describe the highest priority problems to solve

	7: Pick Up Supplies	8: Exit Facility	9: Travel Home
Customer Steps	Pick up supplies or receive them in the room before discharge.	Veterans exit the facility.	Travel with support network or VA-affiliated transport to home or other facility.  <b>“I need to let my family know when to pick me up. I wish the doctor could give me a day and time.”</b> <i>Moment that Matters</i>
Service System	Various support services including prosthetics, logistics, information services (IT), therapy service staff, pharmacy, medical support assistants, and more	Nursing Service, Voluntary Service, Escort Service may all be involved in assisting the patient exit the facility	Social workers or nurses may be involved in arranging transportation to home or another facility with support network.
Pain Points	<ul style="list-style-type: none"> <li>• “Wish they had asked me before filling my meds, I have bottles of this prescription at home.”</li> <li>• Weekend or late discharges may hinder prescriptions being filled.</li> <li>• Provision of necessary supplies upon discharge can be challenging.</li> </ul>	<ul style="list-style-type: none"> <li>• Different discharge protocols at different facilities can confuse Veterans.</li> <li>• When support network is solely responsible for escorting the Veteran, it can be overwhelming and at times, dangerous.</li> </ul>	<ul style="list-style-type: none"> <li>• Time of discharge impacts transportation availability.</li> <li>• “My ride is waiting on me and has waited for hours.”</li> <li>• Without transportation a longer stay may be required.</li> </ul>

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### Pain Points

Describe the highest priority problems to solve

	10: Arrive Home	11: Follow-Up Phone Call	12: Follow-Up Appointment
Customer Steps	The next stage of the Veteran engaging in their own health care.	Primary Care Registered Nurse calls Veteran within 24-48 hours.	Primary Care Provider or Specialist appointments.
Service System	Care teams may assist Veterans in arranging transport home or to another facility through a transportation benefit, public transportation, or other.	Primary Care Service, Clinical Call Centers, Specialty Care Service, or Surgery Service may be involved in setting up a follow-up call and appointment, but usually this is done through the primary care service.	Primary Care Service, Clinical Call Centers, Specialty Care Service, or Surgery Service may be involved in setting up a follow-up call and appointment, but usually this is done through the primary care service.
Pain Points	<ul style="list-style-type: none"> <li>Realization of the lack of Discharge Instruction understanding. May start to question how to take care of themselves at home.</li> <li>Not prepared for physical limitations.</li> <li>Lack of a support network.</li> <li>Readmission could occur due to multiple factors.</li> </ul>	<ul style="list-style-type: none"> <li>For some, too many calls (specialty and Primary Care Provider) after discharge can feel intrusive, repetitive, and annoying.</li> <li>Friday discharges limit contact until the following Monday.</li> </ul>	<ul style="list-style-type: none"> <li>Unnecessary in-person appointments. “My doctor could have addressed it over the phone.”</li> <li>Appointments scheduled too soon to be beneficial.</li> </ul>

# What will we do?

## Purpose

*Why did your agency undertake this project?  
What does it hope to achieve, in specific performance indicators, if possible.*

*What is the problem?*

When Veterans hear the word discharge, they expect to leave ASAP, and Discharge instructions are not always well-understood. A good hospitalization experience, followed by a poor facility departure, can damage a Veteran's entire experience.

*Desired future state?*

**Discharge Checklist:** The Discharge Checklist is a one-page, editable document for VA's integrated care teams to use with Veterans in preparation for a safe and effective Transition from a VA Medical Center (VAMC) to home or another care environment. It will provide care team members with a series of plain language checkboxes, blank rows for additional notes, and space for staff to initial that they have completed their final consultation prior to discharge

*Any measurable indicators and targets?*

**Veterans Signals Inpatient Survey Question:** When I was notified that I would be leaving the hospital, it was clear what needed to be done and how much time it would take.

**HCAHPS Question:** During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?

## Approach

*Describe the timeline and work plan to achieve that purpose. If this is an ongoing initiative, describe your progress.*

*Process, methods, and expertise?*

Through a human-centered design approach, Veterans Health Administration and Veterans Experience Office worked together to develop journey maps of both inpatient hospitalization and discharge journeys of Veterans. These journey maps identified key customer steps, moments that matter, bright spots, and pain points. Then, several inpatient solutions and an inpatient Veterans Signals survey were developed. The research and design team included subject matter experts in inpatient medicine, nursing, hospital administration, human-centered design, statistics & analytics, graphic design, patient experience, and healthcare research.

*Timeline, stage gates and dates?*

This project has followed a traditional HCD cycle with research and design completed over a time frame of about two years (fall of 2017 – fall of 2019), and now deployment of Inpatient Solutions and Survey to be conducted between FY20 and FY22.

*Deliverables being produced?*

Veterans Signals Inpatient Survey, Journey Map and several Inpatient Solutions including the three highlighted here: **Discharge Checklist, Journey to Discharge, and Caregiver Support Guide.** The work over the next two years is to deploy these solutions.

## Resources

*Describe the stakeholders involved, financial and human capital dedicated to the work, and any partners contributing to the work.*

*Who is responsible?*

Veterans Health Administration and Veterans Experience Office.

*Who is contributing to the project?*

Veterans Health Administration: Nursing Program Office; Field Operations Program Office; Primary Care Program Office; Food & Nutrition Program Office; Quality, Safety, and Value Program Office; Women's Health Program Office; Voluntary Service Program Office; Office of Patient Centered Care; Office of Patient Advocacy; National Center for Patient Safety; VHA Office of Reporting, Analytics, Performance, Improvement & Deployment; Caregiver Support Group  
VHA Medical Facilities: social workers, nurses, therapists (physical, occupational, speech, etc.), physicians, residents, & interns (medicine service, radiology, primary care, specialty care, mental health), patient experience officers, and many others.  
Veterans Experience Office: Enterprise Measurement & Design Directorate (including government contractor support for Human-Centered Design and Survey Design), and VA Patient Experience Directorate (including Research & Design and Implementation, Consultation, & Education Divisions).

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Veterans feel “overwhelmed with all the information. How am I possibly going to remember this at home.” One research study indicated that nearly 20 percent of patients experience an adverse event within 3 weeks of discharge. Of these adverse events, 75% could have been prevented.

*Desired future state?*

**Journey to Discharge Booklet:** The Journey to Discharge is a printable booklet that provides a place for Veterans, family members, and caregivers to organize their thoughts for what they want to accomplish with their care team.

*Any measurable indicators and targets?*

### **Veterans Signals Inpatient Survey Questions:**

Efforts are made to have my family, friends, or caregivers involved in the explanation of my discharge instructions when desired.

The instructions I received before I left the hospital were easy to understand.

### **HCAHPS Questions:**

When I left the hospital, I had a good understanding of the things I was responsible for in managing my health. When I left the hospital, I clearly understood the purpose for taking each of my medications.

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Veterans feel “overwhelmed with all the information. How am I possibly going to remember this at home.” 41 million family caregivers in the United States provided an estimated 34 billion hours of care to an adult with limitations in daily activities. Building trust with caregivers and improving communication about available services may increase trust with the VA.

*Desired future state?*

**Caregiver Support Guide:** A Caregiver Support Guide is a printable resource that can be provided to caregivers on caregiver support programs and services that are available from VA. It provides a location for resources each care team member can use to help guide caregivers towards resources they need.

*Any measurable indicators and targets?*

**Veterans Signals Inpatient Survey Questions:** Efforts are made to have my family, friends, or caregivers involved in the explanation of my discharge instructions when desired. The instructions I received before I left the hospital were easy to understand.

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# What are we proud of this year?

## Capacity Building – Own the Moment Training

*Was this a governance, measurement, organizational, customer understanding, service development, or service delivery capability?*

It develops both customer understanding and service delivery capabilities. The Own the Moment (OTM) Veterans Customer Experience workshop reinforces the idea that employees should “own the moment” when faced with decisions that affect Veterans.

*What was the new action taken capability and it’s goal or purpose?*

Our goal is to train all VHA employees in Own the Moment. OTM builds on the delivery of providing positive customer service (utilizing ease and effectiveness) by encouraging the creation of positive customer experiences (through the addition of emotion).

*What was the resulting impact? Include numbers whenever possible.*

As of June 2<sup>nd</sup>, over 26.8% of VHA full-time employees have taken Own the Moment Customer Experience workshop.

*Any lessons for other agencies emulating this work?*

Having a standardized customer experience workshop/training has allowed VHA to use a single language when discussing customer experience.

## Capacity Building – Patient Experience Governance Committee

*Was this a governance, measurement, organizational, customer understanding, service development, or service delivery capability?*

This is a governance capability.

*What was the new action taken capability and it’s goal or purpose?*

VHA has stood up a new governance committee for all things patient/customer experience which reports to VHA’s Governance Board (VHA’s senior governance committee) through VHA’s Organizational Health Council. The Patient Experience Committee is currently developing a five year VHA patient experience enterprise wide plan.

*What was the resulting impact? Include numbers whenever possible.*

Having a single governance committee for all things customer/patient experience (with sister committees for employee experience and whole health) has helped VHA provide effective leadership for customer experience.

*Any lessons for other agencies emulating this work?*

Having a clear governance approach for customer experience will greatly facilitate improving customer experience for your agency.