OPTOMETRY SERVICE
CONFERENCE CALL

AGENDA

December 18, 2009
3 p.m. Eastern Time
1 (800) 767-1750, Access Code: 16019

1. Announcements:
    a. Open VA Optometry Staff Positions
    http://vaww1.va.gov/optometry/page.cfm?pg=35
    Full time permanent position at the Decatur, IL VAMC, Little Rock, AR is still posted with some full time permanent positions, Cleveland and a part time position at the Coatesville, PA VAMC
    b. VHA Handbook 1174.03, Visual Impairment Services Team Program Procedures. This handbook describes the scope of the VIST Program and procedures for providing outpatient VIST services in VHA medical facilities.
    http://www.navao.org/documents/12_18_09/VHA_Handbook_1174.03,_Visual_Impairment_Services_Team_Program_Procedures.pdf
    c. VHA Handbook 1174.04, Blind Rehabilitation Center Program Procedures. This VHA Handbook defines Blind Rehabilitation Centers (BRCs) and describes the procedures for the provision of comprehensive interdisciplinary blind rehabilitation and coordination of care.
    http://www.navao.org/documents/12_18_09/VHA_Handbook_1174.04,_Blind_Rehabilitation_Center_Program_Procedures.pdf
    d. VHA Handbook 1011.06, Multiple Sclerosis System of Care Procedures. This VHA Handbook establishes policy and procedures for health care services for Veterans with multiple sclerosis (MS). It describes the essential components and procedures of the MS program that are to be implemented nationally to ensure that all enrolled Veterans have access to MS care.
    http://www.navao.org/documents/12_18_09/VHA_Handbook1011.06,_Multiple_Sclerosis_System_of_Care_Procedures.pdf
    VHA Office of Public Health & Environmental Hazards, H1N1 Influenza Advisories: http://vaww.vhaco.va.gov/pubhealth/swineflu/index.htm Dr. Townsend comment. Check out this link if you want to see the latest updates on the H1N1 Influenza.

2. Optometric Education Programs - Drs. Grimes/Messer
    a. Dr. Slagle comment. He want to pass along some comments reminding us of the memorandum of the ACOE dated Dec 3 regarding the policy of personal health information de-identification which was distributed by the ACOE and Dr. Townsend to the residency coordinators and directors. In summary the residency programs submitting annual reports, progress notes, self studies and any other information to the ACOE must have all the personal health information de-identified. This includes, during the site visits when the ACOE comes in the review records, all those must be de-identified.

b. Also included in the memo was clarification concerning the certification of professional liability protection for VA programs that have residents that rotate outside of federal agencies. ACOE consultants will want to see an accompanying memorandum of understanding for any external rotations to determine if the resident's liability coverage for any external sites has been provided.
c. Finally, for any programs that have submitted a request to the office of academic affiliations for funding of new residents or fellow positions, those decisions regarding funding support are expected to be communicated by Jan 15.
d. Dr. Townsend comment. There is a form that has to be filled out from the VA so residents can be covered by the VA for outside rotations. This is for malpractice coverage for residents in non-VA healthcare facilities which are posted on the administrative page of our intranet website in the residency training. Form 10-0094 is a way for residents to train outside the VA facility.

3. Optometry Field Advisory Committee - Dr. Horn unavailable for comment.

4. Infection Control/Reusable Medical Equipment Reprocessing - Drs. Horn/White
Dr. Townsend comment: Dr. White left a message that there is no new information.
Later discussion came about during Item #6 regarding reusable medical equipment reprocessing.
    a. Dr. Chiara in Las Vegas comment. They had a recent OIG Cap Survey conducted. One surveyor made an issue of the reprocessing of slit lamps, head rests and chin rests and was wondering if there was any RME updates on this equipment.
    b. Dr. Townsend commented that there were a lot of questions submitted to the office of infectious diseases and is on the administrative page of the intranet website, in the clinical practice section under infectious prevention and control. Click on the link "supply processing and disinfection questions and answers" on the infectious disease website and it's under optometry/ ophthalmology Q and A. If this does not answer your questions, make an inquiry to the SPD program office through Dr. Townsend's office.
    c. Barbara Hetrick comment. Their infectious control practitioner has it standardized for the entire hospital in which they use SaniWipes, which is a contract item, which is a wipe used for all equipment including chairs, counters, keyboards, etc. She believed that is to be used for the touchpoints of the slitlamp. These wipes meet the 2 standards needed which are disinfection ability and low toxicity but the manufacturer does not have a specific guideline for disinfection.
    d. Dr. Townsend commented on the infectious diseases website, question #24, we are being required to disinfect chin rests and head rests on equipment with Saniwipes which have an unpleasant smell and are caustic on the skin. The response to that was that there are a number of low level disinfectants on the market that would be suitable for non critical items.

5. Teleretinal Imaging Program - Drs. Selvin/Cavallerano unavailable for comment.
6. DoD/VA Vision Center of Excellence & Eye Injury Registry - Dr. Townsend
    a. Dr. Townsend comment. An inquiry was made to central office to advertise the research optometrist position. They are making contacts in HR at this time.
7. TBI Vision Rehabilitation/TBI Sensory Meeting - Drs. J. Kirby/Gagnon
    a. Dr. Townsend commented about the sensory impairment meeting last week. It was the second meeting to look at visual impairment issues and also discussed the hearing loss issues. He believes a lot of reasearch ideas are going to emerge from the conference so we can improve the care given to the veterans.
    b. Interesting to note that most of our older patients, over age 70, have hearing loss and vision loss, and those returning veterans suffering from severe injuries have hearing loss and vision loss not unlike the 70 year old patients. There will be challenges ahead to improve the rehabilitation services we provide.
8. Low Vision Rehabilitation - Drs. Fuhr/Gagnon/Mancil unavailable for comment.
9. Optometry Quality Improvement - Dr. Norden
    a. Dr. Norden comment: He will be forwarding a 2 page document for publication in the minutes regarding quality improvement issues and, more importantly, what the Joint commission has to say in these areas. The two areas are eye drop expiration policy / 30 day disposal and invasive procedures.
    b. What he will do when questions come up is find the source in which the wording for such requirements might come. There are four places in which to get the original wording and rationale behind any infection criteria that Joint Commission may come up with. The notion is the hospital quality management team goes to the eye clinic and this is what the Joint Commission expects which can be contradictory from what you are reading that the Joint Commission expects. It can be a re-interpretation of the guidelines given by Joint commission. The catch is that once a facility sets a particular standard, thinking that is what the Joint Commission wants, that sometimes becomes the new standard. It becomes a circular discussion.
    c. Another issue that came up was that the pharmacy had said that all open eye medication bottles needed to be discarded after 30 days. It had come up before when someone had asked the Joint Commission about this policy and they said that was not their requirement except for, maybe, Fluress. Looking at the website and all available sources now, there is no specific guidance for eye medications, storage or disposal, other than it must be securely stored under lock and key. Discarding of eye meds must follow manufacturer's instructions. Site specific pharmacies may have a blanket policy regarding discarding open medications after 30 days.
    d. What is the JC definition of an invasive procedure? The definition was located in the Joint commission Accreditation Manual Glossary. An

invasive procedure is defined as a puncture or incision of the skin, insertion of an instrument, or insertion of a foreign material into the body. Invasive procedures may be performed for diagnostic or treatment related purposes.

e. The tricky part is listing the procedures as those that need to be monitored. For example, if you are practicing in a situation where you don't see that many foreign bodies you may risk losing that privilege. He would avoid having those procedures listed as needing continual monitoring.
f. The other definition is high risk procedures which is more applicable to ongoing certification needs. High risk is a procedure or a process that if not planned or implemented correctly has a significant potential for impacting the safety of the patient. That would require special training and ongoing monitoring (i.e. intravitreal injections and IVFA). The VA does offer a website to look for sample clinical privileges for the medical profession.

10. VA Systems Redesign/Wait Times - Drs. Belkin/Ficarra
    a. Dr. Ficarra comment. The FY10 NEW patient target, looking at 14 days access as opposed to 30 days, can be found on the website. The new patient target is 69.17% and 78.20% for established patients. The missed opportunities target is 14.34%. The missed opportunities section will either be green or red indicating pass or fail. When you look at the axis, it's not just looking at 30 days but 14 day access. These are the new changes that have occurred for this year regarding the performance measures we will be working towards. Make sure to look at the new measures in KLF and see where your clinic lies.
    b. Dr. George in Columbia SC comment. He is worried administration is going to increase numbers and percentages in this area and is wondering what they will be able to do in order to combat this problem by not increasing personnel with limited space and funding. He inquired whether anyone had any information that can be used to combat this growing issue.
    c. Dr. Ficarra comment. Look at current supply and demand. With the increase in eligibility for veterans to receive glasses, there has been a dramatic increase in patients requesting our services. Recommended to try and project out demand for the resource committee and use the measurements in KLF to justify more resources, space and funding. However, if missed opportunities are high then you aren't using all your unused appointments and you need to look at how you address the cancellation of clinics and how patients are currently being scheduled.
    d. Dr. Townsend comment. There is some information in the VHA Eye Care Handbook about productivity recommendations and space planning criteria for your use.

11. VA Research Announcements & Solitations - Dr. Mancil unavailable for comment.
    http://vaww.research.va.gov/news/announcements/default.cfm
    http://vaww.research.va.gov/funding/solicitations/default.cfm#All_ORD

12. VHA Optometry Service Websites - Drs. Cordes/Ficarra/Hamilton

a. Dr. Ficarra comment. They are changing webpilot and it will no longer be functional. Please send in any changes that need to be made as soon as posible so they can make the updates.
b. All the people working the webpages need to be retrained in the new form of inputing information and changing it. The biggest challenge is the new form is different from webpilot and those applications specifically created for webpilot need to be recreated in webform (ie all directories). The website will the be first thing to be transferred. This will be an enhancement.

13. VA Optometry Service Directory - Drs. Egusa/Lim/Pewitt unavailable for comment.
14. VA Residency Trained Optometrist Directory - Dr. Wang is on leave
15. AFOS Report - Dr. Wasik
    a. Dr. Wasik comment. Their annual meeting will be in Atlanta Feb 9 and 10th. Tuesday, Feb 9, will be the breakout sessions, service specific, and all day Wednesday will be a combination of the annual business meeting and 4 hours of CE. Dr. Musick has speakers lined up of high caliber, as usual. Reminder: the meeting is a little earlier this year and that every year the numbers seem to increase for VA participation.
16. NAVAO Report - Drs. Kawasaki/Storer
    a. Dr. Storer comment. NAVAO is changing over to a new website provider and will be temporarily unavailable for the members on the member's side, but the public side will still be available. As soon as we know when the website will be fully functional we will send out an email.
    b. There will also be an email about the dues process because that is usually done on the member's side at the NAVAO website. The email will, most likely, contain a link to pay dues and will be sent out by the next conference call in January.

Dr. Townsend comment. He will be out of town and Dr. Selvin will be the acting director of the optometry service.

Happy Holidays!