

CY 2022 Q1 National HeRO Awardees



Calendar Year 2022 Quarter 1

(Nomination Period: January 3, 2022 – March 11, 2022)

Category	Awardee Summary for Quarter 1
Clinical Individual from a VISN or Facility	<p>Dr. Amy Arouni, MD, FACC, VISN 23, Omaha VA Medical Center (Omaha, NE)</p> <p>Dr. Amy Arouni, Chief of Cardiology, was conducting an order check stating that her patient had long QT syndrome, when in reality the patient did not have that syndrome. The drug order checking system stated that dofetilide for this patient would be contraindicated with this diagnosis. She became concerned that this inaccurate alert could prevent the future use of certain medications and prevent the necessary care. Demonstrating a Reluctance to Simplify, Dr. Arouni investigated the issue. The investigation resulted in an accurate drug order check, but an error emerged on the differences between long QT syndrome and a prolonged QT interval on the electrocardiogram. This can be caused by a lack of familiarity with the two diagnoses, as terms can be used interchangeably, and a lack of clear documentation guidance for the two diagnoses. Approximately 28 patients were found to have been inappropriately flagged as having long QT syndrome, leading to Dr. Arouni collaborating with the Business Office and Quality Management to update patient records. Dr. Arouni practiced Preoccupation with Failure, providing Health Information Management Systems with a tip sheet to assist with appropriate coding between the two diagnoses on electrocardiograms, while following up with involved clinicians to provide education on the topic. She also alerted the VISN 23 Cardiology Community of Practice about the Patient Safety Event to bring awareness to cardiologists throughout the VISN and prevent this event from recurring at a different facility.</p>
Non-Clinical Individual from a VISN or Facility	<p>JB Edwards Jr., Public Affairs Specialist, VISN 17, VA North Texas Health Care System (Dallas, TX)</p> <p>JB Edwards Jr. worked diligently to connect a Veteran with the long-term mental health care he needed. The Veteran, who was homeless and struggling with suicidal ideations, was denied enrollment by Veterans Benefits Administration in 2020 due to his Other than Honorable Discharge status and pending Character of Discharge review. Mr. Edwards contacted the VBA Arlington Texas Office, and the case was escalated. Upon review, it was determined that the Veteran was not listed as homeless in the system, and VBA had been mailing letters to the Veteran that the Veteran never received. Within less than one business day, Mr. Edwards coordinated with several VA business offices to escalate the claim, resulting in the Veteran receiving mental health treatment he greatly needed and was entitled to under 38 U.S. Code Chapter 17. The VA North Texas HCS was promptly notified of the positive decision to treat this Veteran. Mr. Edwards' sense of compassion and urgency played a critical role in ensuring this suicidal and homeless Veteran was cared for.</p>
Clinical Team from a VISN or Facility	<p>Low Vision Rehabilitation Team, VISN 2, VA Western New York Healthcare System (Buffalo, NY)</p> <p>Carolyn Ihrig, MD, has spent years working on ways to bring low-vision rehabilitation services to Veterans who live in rural communities or are unable to drive to VA facilities to receive care. The pandemic added additional barriers to this effort. Dr. Ihrig and her team, deferring to the expertise of Telehealth Coordinator Paul Galantowicz, developed a modified basic Low-Vision Home Optometry telehealth rehabilitation evaluation option using video connections already accessible to Veterans. By mailing or emailing visual acuity measurement tools prior to the scheduled virtual appointment, the team was able to accurately measure visual acuity and introduce visual magnification in the Veterans' homes without an in-person visit. As a result of this new process, 86% of Veterans requesting low-vision appointments received timely and safe low-vision care. The program is currently implemented at four other VA sites, with seven additional sites also working to establish their own program. The team's commitment to caring for visually impaired Veterans and passion for Continuous Process Improvement will help ensure all Veterans receive the best possible low-vision care.</p>
Non-Clinical Team from a VISN or Facility	<p>Missing Documentation Team, VISN 5, Hershel "Woody" Williams VA Medical Center (Huntington, WV)</p> <p>During an External Peer Review Process, the Risk Management team realized that intensive care unit (ICU) nursing documentation and respiratory care records were missing for one patient during a four-day stay. The team demonstrated a Reluctance to Simplify and investigated the cause of the missing records. The Risk Manager and the Informatics Team worked with the electronic database vendor and discovered that the automatic, daily data transmission had failed. The team demonstrated a Preoccupation with Failure by manually reviewing 48 records that were potentially impacted. Of these 48 records, 15 had not been transmitted properly. During the database and informatics repair process, the ICU manager assigned a Clinical Care Coordinator to track daily record transmissions. As a result, the systems error was corrected and the missing data in the medical records was restored. The team showed a Preoccupation with Failure to anticipate the risks of errors from the lack of patient care documentation and the associated harm that comes with it.</p>
Individual or Team from VHACO	<p>Medication Management Team, VHACO</p> <p>VIONE (Vital, Important, Optional, Not needed, Every medication has an indication) is a safe medication management and medication deprescribing methodology created by Dr. Sara Battar at the Central Arkansas VA HCS. Dr. Battar's methodology and associated electronic CPRS tool helps Veterans and providers identify, reduce, taper, or stop unnecessary, ineffective or inappropriate medications. Since its launch in 2016, VIONE has received national visibility and credibility. The team continued to grow and developed a VIONE starter kit with clear instructions for any VHA facility or pharmacy to implement the VIONE deprescribing tool. They created real-time, easy-to-read dashboards to track implementation, medications deprescribed and Veterans impacted. The team educates VHA clinicians and administrators on the benefits of VIONE and the reduction of polypharmacy through VIONE Academy. VIONE has impacted more than 376,000 unique Veterans, been implemented at 118 VA facilities and is used by more than 9,600 medical providers. Leveraging VIONE, providers have deprescribed over 843,000 unnecessary medication orders, achieving a cost avoidance of over \$68 million. VIONE has empowered an enterprise-wide culture of accountability to reduce errors and prevent harm.</p>

