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| 1. **Title of Request**   *The Intake Analyst will prefill this section using project information collected on the Intake Form, prior to meeting with the requestor for the Guided Interview. Record the corresponding Intake Number on this form, to ensure all documents associated with this request remain connected.* |
| |  |  | | --- | --- | | Title | **Emergency Medicine Experience** | | Date Submitted | **06/19/2018** | | Intake Number | **180026 (Measurement) 180028 (HCD) 180029 Education Campaign** | | Guided Interview Completion Date | **06/28/2018** | |
| 1. **Requestor Information**   *The Intake Analyst will prefill this section using project information collected on the Intake Form, prior to meeting with the requestor for the Guided Interview.* |
| |  |  | | --- | --- | | **Requestor Name (to include position and office information)** | Dr. Chad Kessler, National Program Director | | Program Office/Affiliation | VHA, Emergency Medicine | | Phone | 919-474-3985 | | Email | Chad.Kessler@va.gov | | **Interviewee Name, if different from requestor (to include position and office information)** | VEO: Erin Siminerio–I&D, Paula Stokes – PX, Anil Tilbe – Measurement (30 min late), Curtis Carie – I&A (30 min late)  VHA: Josh Geiger, Program Manager (Detailee) for Emergency Medicine | | Program Office/Affiliation |  | | Phone | 352-727-9329 | | Email | Joshua.Geiger@va.gov | | **Executive Sponsor Name (to include position and office information)** | Dr. Chad Kessler, National Program Director | | Program Office/Affiliation | VHA, Emergency Medicine | | Phone | 919-474-3985 | | Email | Chad.Kessler@va.gov | |
| 1. **Description of the Request**   *Using probing questions, the Intake Analyst will capture additional details about the request needed for VE to decide if there is a clear role and need for VE on the project. Please note that given the diverse nature of the requests VE will receive, the Intake Analyst will use his/her best judgement (in addition to questions listed in this section) to capture what/why/how; gaps/needs/opportunities; and expectations from VE/nature of VE’s involvement in the requested project.* |
| |  |  |  | | --- | --- | --- | | *1. Describe the request* | Description:  **Human Centered Design (HCD)** to develop a **Journey Map** of the Veteran experience with Emergency Medicine. This may include looking at Veterans who use community emergency care vs. going to VA, if time/resources permit.  **Customer Experience Measurement** related to Emergency Medicine based on HCD Insights**.**  **Support to develop an** **educational campaign** for VA employees about Emergency Medicine. This may include education for community partners who serve Veterans if time and resources permit. | | | *2. Please describe the current landscape regarding this request and why the issue to be addressed by this request is a problem.*  *Please be specific and clearly indicate gap or opportunity that is prompting this request.* | Description:  There is limited understanding of the customer experience and feedback of the emergency medicine experience in VHA currently. Currently, Dr. Kessler reports he has very little if any qualitative data from EM customers/Veterans/Patients. Some timeliness data that is collected nationally is only one small piece of the experience. EM/ED is a melting pot/collaboration of everything across medicine – Nursing, EMS, Radiology, Lab draws, Consultants, Imaging, etc.  Many Veterans use community emergency care at a cost to VA of approximately $1 Billion/annually, while VA has the biggest Emergency Room (ER) system in the country. Other Veterans who are near death are driving themselves to VA ER when they should be calling 9-1-1. Emergency Department (ED) would benefit from having customer experience measurement both for service recovery and identifying patterns of customer feedback. VA has 141 Emergency Departments and Urgent Care Centers.  One goal of this project is to help inform how VA can save money by working collaboratively with community care and to drive the future of Emergency Medicine for the next 5+ years. Dr. Kessler does not want to wait for a crisis to make positive changes.  The employee education campaign would be geared towards improving awareness of what services VA offers in emergency medicine. Their preliminary research from talking to other employees across VA shows that many employees do not understand what VA offers and how emergency medicine in VA works. This can impact what information is shared with Veterans and therefore what choices Veterans make in how/where to seek emergency care. | | | *3. Is there dissatisfaction with the current situation?*  *Please be specific and clearly indicate who (Customers, Employees, Business Lines, etc.) is dissatisfied and how the current state of affairs hinders VA operations.* | Description:  Many Veterans use community emergency care at a cost of approximately $1 Billion/annually, while VA has the biggest Emergency Room (ER) system in the country. Other Veterans who are near death are driving themselves to VA ER when they should be calling 9-1-1 because they are afraid of getting a bill. We do not know about the Veterans that use community care ER but don’t bill the VA; however, Community Care does have access to the data for all the bills paid/claims for Veteran emergency care in the community.  Preliminary research EM is conducting with Community Care (Mark Upton) reveals that VA ER/ED care is cheaper and better than community care, so they would like to identify why Veterans are not using VA care to the tune of $1B/year. If they need to reallocate resources to meet varying needs in rural vs. urban areas, etc. They have been working with Jennifer MacDonald with the Office of Connected Care due to Triage Points and Linda McConnell for Office of Nursing Services. | | | *4. What data exists to support the need for this request? Please be specific.*  *If documentation is available showing this is a problem, provide and highlight or indicate the relevant sections (ask the requestor to provide this data; include any submitted materials in the intake packet, and highlight decision-relevant details in the project profile).* | Description:  65-75% of inpatient admissions are initiated at the ER; however, there has not yet been any HCD study of this journey to obtain insights, nor any measurement to obtain customer feedback and initiate direct service recovery from that feedback.  Strategic Plan for Emergency Medicine (draft) attached:    VEO’s research on Inpatient Experience and Community Care both intersect with this project request. The admission to inpatient is one of the missing pieces of the Inpatient process.  They have started doing some preliminary work with American Colleges of Emergency Physicians (ACEP) and find that community care providers also do not know what VA offers in emergency medicine. They would like to potentially consider an education campaign to community hospitals through ACEP. | | | *5. Who is the intended user/audience?* | User(s): Veterans who use the VA Emergency Medicine (ER/urgent care). Veterans who use Community Care Emergency Room services. And their families.  Internal VA departments/ employees, as EM works with almost all/ all departments to meet Veterans emergency needs and refer for acute or inpatient care. Relation to Clinical Contact Center referral processes and Community Care choice.  VHA employees, and Community providers potentially, for education campaign. | | | *6. Which organizations and offices have you surveyed for similar work that is ongoing, planned or has been completed?*  *Please summarize what your communications have been with these organizations.* | Description: Per Anil Tilbe, there is existing feedback in Medallia regarding emergency visits, as they capture the stop code from the Outpatient Survey; they have 16,000 responses with 8,400 comments. They can sort by demographics and see the top 5 comments/topics, as well as sort by most trusted VISN and most trusted Facilities. Dr. Kessler reports they are interested in both Stop Code 130-Emergency Department and 131-Urgent Care as he covers both of these in Emergency Medicine.  This work request aligns with several other projects VEO is working on, including Inpatient Experience (a missing piece of the puzzle for how Veterans get into inpatient beds nearly 70% of the time via ER/ED), Community Care (why Veterans choose to go to community care for ER/ED vs. VA to the tune of $1B/annually), Clinical Contact Center Modernization (how Veterans are referred to go to the ER/ED vs. to community ER/ED services and understand what care is available to them locally).  Emergency Medicine has been working with VA Office of Community Care to do research that will be published soon, which evaluates the existing data on VA vs community emergency care; however, Dr. Kessler reports they are missing the Veteran subjective feedback. He believes much of this will be surrounding issues other than “care,” because the medical care is being provided regardless – but would like to know more about what other issues impact Veteran satisfaction and trust in VA emergency medicine and choice to use VA vs. community care. | | | *7. If you have not found anyone else working in this space, please describe how you came to this conclusion.* | Description: N/A | | | *8. What is the “ask” of VEO and how do you see VEO supporting this request?*  *Please be specific and clearly state how you see the nature of VEO’s involvement, including VEO’s Level of Effort (LOE). Interviewer may have to elicit more details, or conduct further research post-interview to appropriately estimate LOE*  *Interviewer should afford more space to capture answer for this question; and crosswalk this question with #4 on the Intake Form.* | Description:  **Human Centered Design** – This is a complicated process with many interrelated parts, both internal and external to VA. This would take a consolidated effort between PX and I&D to accomplish this project.  **Journey Map** – This is fed by the HCD process.  **CX Measurement**-This is fed by the HCD process. Some piece of Outpatient feedback already captures ER/ED – can we leverage that to provide needed feedback/Dashboard for Emergency Medicine vs. developing a new survey? (If there are 2.5 M visits per year, why only 16,000 respondents to date?)  Support in developing an **employee education program**, and possibly a community provider education program, about VA emergency medicine – Define it, Difference between ER and Urgent Care, Services offered, Branding and Marketing. This could be fed by the HCD research findings. Level of effort to complete will depending on internal only vs. internal and external campaigns.  Existing EM Fact Sheets: [https://www.va.gov/COMMUNITYCARE/docs/pubfiles/factsheets/FactSheet\_20-02.pdf#](https://www.va.gov/COMMUNITYCARE/docs/pubfiles/factsheets/FactSheet_20-02.pdf)  [https://www.va.gov/COMMUNITYCARE/docs/pubfiles/factsheets/FactSheet\_20-05.pdf#](https://www.va.gov/COMMUNITYCARE/docs/pubfiles/factsheets/FactSheet_20-05.pdf) | | | *9. Please indicate the expected request/project’s key deliverables.*  *Interviewer should inquire about high-level deliverables if the requestor is not able to provide detailed project deliverables. If no answer can be obtained, Interviewer should ask for the contact information of the appropriate Point of Contact (POC) from whom additional information can be obtained.* | Description:  Recommendations from HCD research  Journey Map  Survey/Measurement and Dashboard for Medallia (Stop Code 130 and 131)  Education Campaign – create materials, branding and marketing | | | *10. What are the request/project key assumptions and constraints?*  *Project assumptions and constraints are important to capture, as they may impact project risks and project feasibility.* | Description:  Staff and Contract resources for HCD – large scope project  Measurement Prioritization + VHA leadership approval – Emergency Medicine is one of VHA’s top priorities currently. Can we leverage existing Veteran Feedback per Outpatient surveys?  Education campaign – internal vs. external – Level of effort | | | *11. Is this request based on VA policy or Congressional or other regulatory requirements?* | Yes  No | If yes, please list the policy(ies)/requirement(s): | | *12. Is this request based on security considerations?* | Yes  No | If yes, please list the considerations: | | *13. Is this request based on considerations other than those described above?* | Yes  No | If yes, please list the considerations: | |
| 1. **Stakeholders**   *In this section, the Intake Analyst will capture key stakeholders’ involvement in the proposed project in addition to their level of engagement/commitment. Please be sure to capture names (who are the stakeholders), stakeholder involvement nuances (buy-in that might be needed to move the project forward) and how VEO’s involvement on the proposed project will affect stakeholder commitment.* |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | *14. Are there key stakeholders to be aware of?* | Yes  No | If yes, please list stakeholders’ names and contact information:   |  |  |  |  | | --- | --- | --- | --- | | **Name** | **Title/Role** | **Email** | **Phone Number** | | Dr. Chad Kessler | Emergency Medicine, National Program Director and Durham VAMC ER clinician | Chad.Kessler@va.gov | 919-474-3985 | | Joshua Geiger | Program Manager (Detailee to EM) | Joshua.Geiger@va.gov | 352-727-9329 | | Laurence “Larry” Meyer | Chief Officer Specialty Care Services (10P11)/Chad Kessler’s supervisor | [Laurence.Meyer@va.gov](mailto:Laurence.Meyer@va.gov) | 202-461-7163 | | VISN Leads – each VISN has a EM Lead | (information provided in NOTES section of this document) |  |  | | EM Directors - Chad reports he knows every EM Director nationally in VA. | (information provided in NOTES section of this document) |  |  | | | *15. Are key stakeholders committed to assisting with necessary policy changes, providing resources, etc.?*  *Please clarify the nature of the engagement/commitment and whether it will remain the same with VE’s involvement in the project.* | Yes  No | If yes, please provide a description:  Steve Young, DUSHOM, has placed Emergency Medicine in the top 3 priorities for VEO-VHA partnership. Dr. Kessler is very excited about this opportunity to partner with VEO on this work request and reports having the support of his boss, Larry Meyer. He also plans to bring up this work request in his meeting with Dr. Carolyn Clancy tomorrow to gain her support. | |
| 1. **Alignment with VA Priorities and/or VEO Mission Priorities** |
| ***Needs Met***  16. Whose need does this request meet?  Veteran  Family Member  Caregiver  Employee (EM Training/Resource Tools)  Other: \_\_\_\_Potentially Community Providers, if training is designed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Top 10 White House Priorities for VA***  17. Does your request meet any of the Top 10 White House Priorities for VA?  Yes (Please check all that apply)  No   |  |  | | --- | --- | | **Employee Accountability Legislation**   * Ensure employees are held accountable to the ethic and value standards maintained by VA | **Temporary Extension to the Veterans Choice Program**   * Extend legislation beyond the August 2017 deadline to continue resources to allow for outside medical care appointments | | **Redesign of the Choice Program**   * Reduce complexity and steps needed to get outside medical care | **Improving VA Infrastructure**   * New VA construction projects and closing outdated or underused VA facilities | | **Enhance VA Foundational Services**   * Continue to be on the cutting edge of department specialties and continue investing in programs such as prosthetics work, post-traumatic stress disorder care and other Veteran-related research | **Better collaboration between VA and the Defense Department**   * Better coordination of VA and Pentagon records systems, transition programs, and a host of other services overlapping military service and Veteran status | | **Interoperable Electronic Health Records and Improvements to VA Information and Technology (IT) Systems**   * Continue the push towards modernization of systems and a digital “paperless” environment | **Suicide Prevention Programs**   * Top clinical priority to include getting more mental health research and experts into the VA system | | **Appeals Modernization**   * Improve the appeals process to include cutting benefits appeals wait times from years to months | **Improving Performance at Veterans Benefits Administration**   * Continue to improve claims processing times and reduce the number of backlogged claims | | 18. Describe how your request meets each applicable White House Priority. Please be specific  Redesign of Choice: Veterans can choose VA vs. Community Care for emergency care; impact on knowledge and understanding of VA services available and quality of care/experience can impact Veteran choice and ease of obtaining care at the time of need  Enhance VA Foundational Services: Emergency medicine is a touchpoint for all other VHA services  Improving VA Infrastructure: Understanding why Veterans use VA vs community care for EM/Urgent Care can help feed understanding of where services may be unavailable/needed or underutilized/not needed.  Suicide Prevention: EM is a key factor in emergency mental health services as well as a feeder to other VHA services that can impact overall mental health and suicide prevention. | |   ***Secretary of Veterans Affairs (SECVA) Priorities***  19. Does your request meet any of the Secretary of VA Priorities?  Yes (Please check all that apply)  No   |  |  | | --- | --- | | **Greater Choice for Veterans** Redesign 30/40 Rule Build a High Performing Integrated Network of Care  Empower Veterans through transparency of information   * Veterans and their families deserve greater access, choice, and control over their health care. VA is committed to empowering Veterans to make decisions that work best for them and their families. | **Improve Timeliness of Services** Access to Care and Wait Times Decisions on Appeals Performance on Disability Claims   * Some Veterans are still waiting too long for care and services. We can and must do better. | | **Modernize our systems** Infrastructure improvements and streamlining Electronic Health Record (EHR) Interoperability and IT Modernization   * Veterans and VA employees need systems and technology that enable us to deliver the high-quality care and services our Veterans deserve. Investing in 21st century technology is critical for our modernization effort.   *\*This priority is specifically focused on IT modernization* | **Suicide Prevention** Getting to Zero to help us end Veteran suicide   * Suicide prevention is VA's highest clinical priority. Suicide is a national health crisis that must be addressed through a whole government approach along with public-private partnerships. | | **Focus Resources More Effectively** Strengthening Foundational Services @ VA VA/Department of Defense (DoD)/Community Coordination Deliver on accountability and effective Management efforts   * VA owes it to Veterans and taxpayers to ensure resources are being spent on the care and services Veterans need the most. We will streamline our services by eliminating redundancies and align our employee resources by focusing on the core functions and services that VA is uniquely positioned to deliver and administer. If VA continues to try and be all things to all people, quality and timeliness of care and services will continue to decline. | | | 20. Describe how your request meets each applicable Secretary of VA Priority. Please be specific  Emergency Medicine has an expectation to play a major part in Secretary Shulkin’s top priorities of reducing Veteran suicide, providing greater choice in care, modernization, focus on resources, and improving timeliness and access to care. (each is outlined in detail in the Emergency Medicine Strategic Plan, which is embedded in this document under Section C.4.) | |   ***VA Modernization***  21. Does your request meet any of the VA Modernization Efforts?  Yes (Please check all that apply)  No   |  |  | | --- | --- | | Access to Care   * Improve VA existing technology to make the delivery of care more seamless and make same-day access to primary and mental health care a reality. | Paying Providers   * Work with the private sector to ensure more claims are submitted electronically to allow faster adjudication and payment. | | Community Care   * Strengthen our connections with community health care networks and providers | Quality of Care   * Offer Veterans access to the best care in their community through the new Choice pan. | | Disability Claims & Appeals   * Redesign the claims exam process around the Veteran to improve customer satisfaction. Work with Veterans Service Organizations, Hill staff, and the White House to develop legislation that simplifies the claim appeals process. | Information Technology   * Implement a single enterprise IT strategy to better support staff and therefore better serve Veterans. | | Capital Assets   * Modernize VA’s capital asset infrastructure through a national realignment strategy. Improve VA’s buildings and facilities to meet local Veteran demand, and provide better healthcare services. | Construction   * Make it possible to award projects quicker. | | Accountability   * Push for changes in existing legislation to ensure employees are held accountable across the VA. | Staffing   * Help with staffing shortages; aim to fill leadership and other key vacancies more quickly. | | Bureaucracy   * Reduce burdensome regulations that do not make sense and launch new tools that make it easier for Veterans to engage with VA. | Fraud, Waste & Abuse   * Detect and prevent fraud, waste, and abuse to ensure VA’s resources are spent on what they were meant for – care and services for Veterans and their families. | | Veteran Suicides   * 20 Veterans a day are dying by suicide. Getting to Zero initiative: to help end Veteran suicide. |  | | 22. Describe how your request meets each applicable VA Modernization Effort. Please be specific  Access to Care, Community Care, Quality of care, Bureaucracy, and Veteran Suicides would all be impacted by this project based on insights and feedback gained related to emergency and urgent care, as well as improving knowledge and understanding of what is available and how to access emergency care at VA. | |   ***VEO Mission Priorities***  VEO's Mission Priorities are those functions and tasks that VEO has organizationally aligned its talents and capabilities towards achieving.  23. Does your request align with VEO's Mission Priorities and Core Capabilities?  Yes (Please check all that apply)  No   |  |  | | --- | --- | | **Insight & Analytics**   * Capture and analyze the voices of the Veteran, family members, caregivers, and survivors | **Multi-Channel Technology**   * Deliver easy and effective Veteran experiences through all communication channels | | **VA Patient Experience**   * Build and deliver Veteran experience tools and products for Health Administration (VHA) and Staff Offices | **Community Engagement**   * Support Veterans through coordination and integration of local VA and non-VA services | | **VA Benefits experience**   * Build and deliver Veteran experience tools and products for Veterans Benefits Administration (VBA)/National Cemetery Organization (NCA)/Board of Veterans Appeals (BVA) and Staff Offices | | | 24. Describe how your request meets each applicable VEO Mission Priority. Please be specific.  This project request would be directly handled by I&A (HCD and Measurement) and PX. There is some, at least tangential, relationship to Multi-channel projects (e.g. Clinical Contact Center Modernization) and Community Engagement (e.g Education/marketing tools and strategy, and community care -sharing information through CVEB networks, etc.) | | |
| 1. **Actions To Date**   *In this section, the Intake Analyst will capture activities that have been accomplished to date pertaining to the request. Actions described may have been initiated/completed by the requestor, or by another party. Clearly define the actors and responsible parties when describing actions taken, and when possible, document outcomes.* |
| |  |  | | --- | --- | | *25. What has been done so far?*  *Please describe what has been done to define and/or take action on the request.*  ***Detailed plan to measure success/failure?*** | Description:  EM has done some preliminary, informal research with employees to learn that VA employees generally don’t understand what is emergency medicine in VA.  Discussion with PX/I&A about capabilities.  Collaboration and research with other VA offices (e.g. community care)  Initiated collaboration with ACEP  Collaboration with Connected Care / Triage / Nursing  Existing EM eligibility/process info: <https://www.va.gov/COMMUNITYCARE/programs/veterans/emergency_care.asp>  YouTube Video on VA Emergency Medical Care: <https://www.youtube.com/watch?v=2gkfgd31Ifk>  Saving money working with community care; open or close ED/Urgent Care facilities to meet Veteran needs/demand; Uncover what, besides medical care, is important to Veterans in receiving EM services. | | *26. Are there other offices that are candidates or partnering with VEO for taking on this project request?* | Yes  No  Description: Community Care, Connected Care, Nursing/ Triage, EMS, Radiology, many/most/all offices across VHA. | |
| 1. **Cost and** **Return on Investment (ROI)**   *In this section, the Intake Analyst will capture cost related details pertaining to the request (if known). Depending on the nature of the request, additional research may be required to appropriately estimate cost. The Intake Analyst will use professional judgement to determine if additional costing can be accomplished by VEO resources, or if further cost analysis is required by the requestor.* |
| |  |  | | --- | --- | | *27. Is the cost of fulfilling this request known?*  *Interviewer should crosswalk this question with #14 on the Intake Form; and make sure to obtain details about VEO related costs from the requestor.* | Yes  No  HCD will depend on contract vs. FTE allocation. Measurement will depend on creation of new surveys vs. Dashboard for existing data from Outpatient survey. Training will depend on internal only vs. internal and external facing resource development.  If yes, please provide an itemized estimate: $ | | *28. Of the total project cost, approximately what percent are you requesting VEO to cover?* | < 25%  25 - 75%  > 75%  Not sure | | *29. Will this request reduce costs/future financial burden?*  *Please quantify the savings where possible and describe how the savings will be achieved.* | Minimal  Moderate  Significant  Description: Potential to discern ways to revert emergency care from expensive community care to VA care. Potential to identify ways to enhance EM services based on Veteran feedback. | | *30. Do you have a business case or any other documentation to support your cost estimate or ROI projections?* | This is part of EM’s strategic plan, which is embedded in this document. | |
| 1. **Impact**   *In this section, the Intake Analyst will capture the intended impact of the request in VA as applicable to Veterans, employees, Administrations, program offices, services, Veterans Service Organizations, etc.* |
| |  |  | | --- | --- | | *31. How will this project impact Veterans?*  *Please be specific and provide clear impact statement.* ***Also estimate breadth of impact:***  *All (100%)*  *Most (75%)*  *Some (50%)*  *Few (25%)*  *Very Few (<10%)* | Description:  In 2016, over 2.5 million patients were treated in VA emergency medicine and served as the source of more than 65% of VA hospital admissions nationwide. VA’s EM department services any eligible Veteran in need. VA EM now also provides emergent mental health care to those with OTH discharges. **The volume of per patient Emergency Department visits varies by VISN/Facility from 11.5% to nearly 94%, per EM strategic plan.**  NOTE: 48% (9.7 out of 20.4 million) of all Veterans used at least one VA benefit or service in FY 2016 | | *32. How will this project impact VA employees?*  *Please be specific and provide clear impact statement.* ***Also estimate breadth of impact****:*  *All (100%)*  *Most (75%*  *Some (50%)*  *Few (25%)*  *Very Few (<10%)* | Description:  Emergency medicine coordinates with all or almost all other VHA offices; therefore, both HCD/measurement and education initiatives could have impact on almost all VHA employees. | | *33. Is the proposed project able to be used across VA?* | Check the Administrations that can use or directly benefit from the project as proposed (not with subsequent scaling)  VHA  NCA  VBA | |
| 1. **Timeline**   *In this section, the Intake Analyst will capture the timeline requested for VEO’s involvement and whether this timeline is flexible. Note that a hard timeline might indicate difficulty for VEO to support the request, considering resource constraints (time, funding,* *Full Time Employees -FTEs). Please be sure to capture key project milestones, if any, and requirements needed in advance of starting the project, to include stakeholder buy-in, approvals, labor involvement, technology requirements, etc. Ask probing questions to determine if other parts of the project can move out even if VEO is not able to engage immediately, and what the impact to the overall project schedule and deliverables might be if VEO involvement is delayed.* |
| |  |  |  | | --- | --- | --- | | *34. What is your requested delivery dates and major milestones?* | | | | **Date** | **Milestone** | | | Flexible | HCD research report and insights | | |  | Journey Map | | |  | Measurement/ Medallia Dashboard | | |  | Training – Employee-facing / Community-facing | | | *35. Is there flexibility in the time requested for VEO support? Please provide specific details around the timeline requested.* | | Yes  No  Description: | |
| 1. **Future Benefit**   *In this section, the Intake Analyst will capture information about how easily this project could be expanded to meet the needs of a broader user group.* |
| |  |  | | --- | --- | | *36. What is the potential to leverage the project across additional user groups?*  *Could this eventually be used across an entire Administration, or the entire enterprise?* | N/A  Description of opportunities to scale: Emergency Medicine is a touch point for all or nearly all other VHA services. The information captured from this research could be used to leverage other projects across VHA as well as to strategically feed recommendations for changes in how VA Emergency Medicine operates nationally to improve the Veteran experience. This information could be leveraged across VHA; however, no direct impact to VBA or NCA is anticipated. | | *37. Is there a known potential secondary-gain value to the organization beyond what is to be delivered in the current proposed project?* | N/A  Description of potential future uses/benefits of the project beyond the present proposed scope: the information gathered in this project would fill in a gap that has not been covered in the Inpatient Experience research, which is the admissions – nearly ¾ of admissions to inpatient are initiated via emergency medicine at VA. | | *38. What is the level of effort to make this project scalable?*  *Please describe what would need to occur to support the level chosen.* | Very High Effort: Redesign  High Effort: Major enhancements/improvements needed  Moderate Effort: Some rework needed  Minimal Effort: Additional training materials, documentation, and/or communications will suffice  N/A  Description: | | *39. How long would it realistically take to achieve the anticipated scalability?* | < 1 year  1- 3 years  3 -5 years  5+ years  N/A | | *40. What is the estimate for the total cost to scale the project?* | N/A  Estimate (if available) and additional information: Unknown | |
| 1. **Project Risk**   *In this section, the Intake Analyst will capture main project risks associated with the request. The likeliness that the risk will occur as well as the estimated negative if it does occur are also captured. Finally, the Intake Analyst will inquire as to how the team would plan to mitigate the risk and assess whether the approach seems reasonable and sufficient.* |
| |  |  |  |  | | --- | --- | --- | --- | | ***41. Project Risk*** | ***Likeliness to Occur***  ***(Improbable, Possible, Probable)*** | ***Impact if it does Occur***  ***(Minor, Moderate, Severe)*** | ***Credible Mitigation Plan?*** | | Large Scale/Scope Project – Time and Resource allocation, Scope Creep Likelihood | ***Probable*** | ***Severe*** | Yes  No | | Risk 2 |  |  | Yes  No | | Risk 3 |  |  | Yes  No | | Risk 4 |  |  | Yes  No | | 42. Description of mitigation plan, if applicable:  Scale: Requestor is flexible on the project timeline and open to VEO recommendations on scale/scope. Project documentation (Charter, PMP, etc.) will need to be outlined with specific parameters on scope and scale, as well as resource allocation. | | | | |

***If non-technical request, stop here.***

***For requests for technical project support, please provide the following information***

|  |
| --- |
| 1. **Minimally Viable Product (MVP)** |
| |  |  |  | | --- | --- | --- | | *43. Is a MVP acceptable with sufficient features to satisfy early customers that allows for feedback for future development?*  *(Be prepared to inform applicant of the concept of iterative delivery.)* | Yes  No | Please describe the minimum features required to have an initial deployment of this product  (Request copy of any completed/draft requirements document). | | **MVP Definition:** An MVP is when something is developed or provided with the minimal features needed to support the request and allow the product to be productive. Having an MVP allows for data or usage of a product to be observed and recorded so that the feedback obtained can be used to improve the product when implementing to its full potential. | **Technical Example:** eFolder exposure in eBenefits.  An MVP of this was deployed to gather feedback and see how it works online before expanding it. The MVP included only showing documents to users that they or the representative uploaded through specific systems, before expanding it to full VBMS eFolder exposure. | | | **Non-Technical Example:** The ForeSee surveys used in eBenefits and SEP. The surveys were initially targeted to specific audiences using the systems. Based on the feedback of the surveys received and the feedback from those monitoring help desk activities, the surveys expanded in order to collect more feedback and target specific areas of improvement. Another example for HCD purposes could be going out to interview a specific set of Veterans to gain feedback on a specific product, but during the course of those interviews, it was found there was a need for improvement in areas not being reviewed. Based on that feedback, another round of interviews and HCD work is scheduled. | | |
| 1. **System Delivery and/or Dependencies** |
| |  |  |  | | --- | --- | --- | | *44. Are there any system dependencies?* | Yes  No | If yes, please indicate systems. Examples include vets.gov, Customer Relationship Management (CRM), Digits-to-Digits (D2D), Other:  Emergency Medicine Management Tool (EMMT)  EDIS  Community Care (Mark Upton) has data on bills VA has paid for Veterans using Emergency medicine in community – can use this to ID Veterans who chose community care for HCD research  Medallia Dashboard – Sampling requirements | |
| 1. **Contact Information** |
| ***45. Requirements Support***   |  |  | | --- | --- | | Name | Jay Sanchez (EMMT) Chris McKinney (EDIS) | | Phone | 786-529-0630 615-653-9613 | | Email | [Jay.Sanchez@va.gov](mailto:Jay.Sanchez@va.gov) [Christopher.McKinney2@va.gov](mailto:Christopher.McKinney2@va.gov) |   ***46. Testing and Implementation Support***   |  |  | | --- | --- | | Name | VRM – Jaime Rocha | | Phone | 202-461-9094 | | Email | [Jaime.Rocha@va.gov](mailto:Jaime.Rocha@va.gov) |   *47. If production validation is required of the requested feature, please indicate who will serve as production testers.*  We have already identified 2-3 testers (please provide names): VRM provides testing for Surveys  We are committed to identifying 2-3 testers when the time comes  Not sure/no testers available |

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| 1. **Notes**   *This section is intended to provide additional space for the Intake Analyst to capture pertinent information to the guided interview.* |
| ***Dr. Chad Kessler works ½ time as the Emergency Medicine National Program Director and ½ time in a clinical role in Emergency Medicine at Durham NC VAMC. He and Joshua Geiger (Detailee) make up the EM office currently – there is no official/staffed Emergency Medicine office at VACO. Dr. Kessler reports to Larry (Laurence) Meyer (10P11), Chief Officer Specialty Care Services.***  ***Emergency Medicine has a Community of Practice SharePoint site*** <https://myees.lrn.va.gov/Communities/EM/Resource%20Library.aspx>  ***They hold monthly calls and have field calls, which include all the VISN Leads and EM Directors.***  ***They also have a ListServe with over 500 individuals.***  ***There is also an EMCHAT :*** the webcast [here](https://www.webcaster4.com/Webcast/Page/89/25598).  ***The VISN Leads and Emergency Medicine Field Advisory Council POCs are listed on this recent Newsletter that Dr. Kessler provided after the guided interview call:***  ***There is also an Emergency Medicine Directory on this site that lists POCs, complexity level, whether med/surg beds and/or psych beds are available for each facility. It also lists the VISN Physician Lead and VISN Nurse Lead associated with each facility. This information can assist with site selection and stakeholder engagement.*** <https://spsites.cdw.va.gov/sites/QSV_HSIPC/_layouts/15/ReportServer/RSViewerPage.aspx?rv:RelativeReportUrl=/sites/qsv_hsipc/analyticsreports/dir_sum.rdl&rv:ParamMode=Collapsed&rv:HeaderArea=None>  ***There are also resources at this site:*** <https://myees.lrn.va.gov/Communities/EM/Links%20and%20Tools.aspx> |

***VEO Assessment – Internal to VEO***

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| 1. **VEO Assessment**   *This section is internal to VEO only and is not part of the guided interview with the requestor. The Intake Analyst will use questions this section to assess VEO’s ability to support the request.* |
| |  |  | | --- | --- | | *48. VEO team possesses the appropriate skills or expertise to support the request?* | Pass  Fail | | *49. VEO team is able to meet deadline requested?* | Pass  Fail | | *50. Is the request duplicative of projects already in place within VA?* | Yes  No  If yes, will VEO involvement create potential to enhance or elevate a project to the National or Enterprise level? | | *51. What is the estimated cost for VEO support not covered by the requesting organization?* | Cost Estimate needed. | |