# A QUALITY IMPROVEMENT INITIATIVE FOR OCCOSSMARK DESIGNING AND IMPLEMENTING A MILITARY SERVICE SCREENING TOOL FOR A COMMUNITY EMERGENCY DEPARTMENT

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**Problem:** Veterans eligible for health care in the Veterans Administration (VA) health system often receive care in community emergency Departments. In line with initiatives from Joining Forces and the American Academy of Nursing, emergency departments have an opportunity to screen for veterans during routine ED visits and provide resource information regarding various VA services.

**Methods:** Our aims were to design and implement a screening process to identify veterans during an ED visit, notify ED providers of veteran status, and develop a Veteran Resource Guide to be distributed at the time of discharge. We embedded the mandatory question, "Have you ever served in the military?" in the electronic medical record (EMR). This question was asked of all patients 18 years and older.

**Results:** During an 80-day period, we screened 9364 patients and identified 415 veterans who would not be known to the providers using standard methods. We were able to deliver the Veteran Resource Guide to 77 of the 277 veterans discharged home.

**Implications for Practice:** The addition of the mandatory question about military service to the EMR during the primary care assessment successfully identified veterans who presented for care in a community emergency department. Future initiatives should include automated processes to ensure that the Veteran Resource Guide is provided and to foster collaboration between community emergency departments and the VA.

**Key words:** Veterans; Emergency departments; Electronic medical record; Patient-centered care; Process improvement

ational attention is focused on veterans' access to health care. Although the Department of Veterans Affairs (VA) operates the nation's largest health care

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Published by Elsevier Inc. on behalf of Emergency Nurses Association. http://dx.doi.org/10.1016/j.jen.2015.11.009 system, only 8.93 million (40.5%) of the estimated 21.97 million veterans are currently enrolled in the VA health care system,<sup>2</sup> and of those enrolled, only 28% receive their health care through the VA.<sup>3</sup> Veterans routinely present to community hospital emergency departments for treatment; however, there is no process to identify those who served in the military and thus no recognition of potential co-morbidities related to military service such as posttraumatic stress disorder, traumatic brain injury, or exposures to toxins. Staff members at community emergency departments in the 5 United States cities with the largest Veteran populations (Jacksonville and Fayetteville, NC, Hampton, VA, Clarksville, TN, and Killeen, TX) reported no standardized process for identifying veteran status of patients accessing the emergency department. 4 Staff members at all 5 emergency departments mentioned using TriCare insurance, the military's health care insurance, as a proxy for military service. However, using TriCare insurance as a gauge of military service is fraught with inaccuracies, because many

veterans do not qualify for this insurance. In addition, some family members of active and retired military are eligible for TriCare insurance. Thus, veterans would be missed if TriCare insurance was used as the only identifier of veteran status. Therefore, we sought to establish an alternate method of identifying veterans who present to the emergency department.

### Integration of Veteran Care Initiatives

National initiatives encourage health care providers to ask about current or past military service. The "Have You Ever Served in the Military?" campaign, launched by the American Academy of Nursing (AAN),<sup>5</sup> supports the "Joining Forces" campaign initiated by First Lady Michelle Obama and Dr Jill Biden.<sup>6</sup> Both campaigns recognize health conditions unique to military service. AAN developed a pocket card (Figure 1) for health care providers that outlines

conditions endemic to a veteran's time of service and questions that should be asked of veterans for better screening and overall health care. In addition, the American Medical Association (AMA) recently approved the inclusion of military history and veterans' status as a "social history" Current Procedural Terminology (CPT) code. This step gives weight to the importance of identifying those who have served in the military. However, the CPT code can only be entered if the patient is asked about military service. A critical starting point is asking about military service in all community settings where veterans receive health care. 8–12

### The Role of Community Emergency Departments

Readiness to screen and the provision of culturally competent care for veterans first requires emergency departments to have

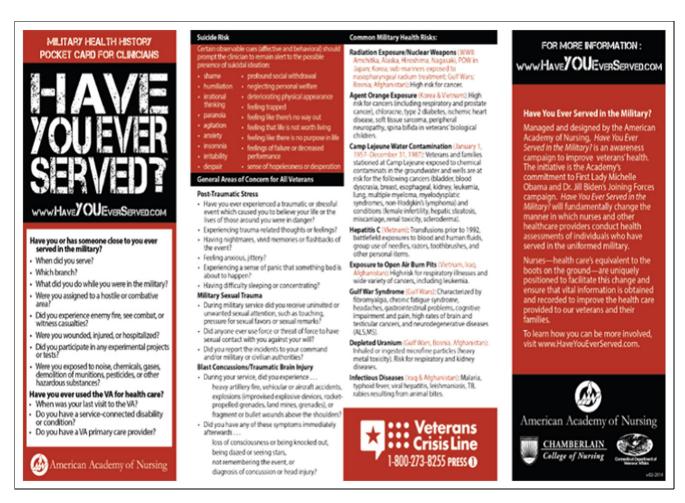


FIGURE :

A laminated pocket card for clinicians that is also given to all members of the ED staff.

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