



What's New at VA Ann Arbor Healthcare System November 15, 2019

Dr. Kristin Chrouser, VA Urology Section Chief

Earlier this week, we celebrated Veteran's Day, so I would like to share a quote from a recent president which nicely sums up our attitude towards the veterans we serve...*"It's about how we treat our veterans every single day of the year. It's about making sure they have the care they need and the benefits that they've earned when they come home. It's about serving all of you as well as you've served the United States of America."*
–Barack Obama

Thanks to all the residents and faculty who serve our veterans with the professionalism and integrity they deserve!



Staffing Updates

Deb Mark, RN (formerly Deb Hagan) was briefly our clinical care coordinator but was promoted to nurse manager almost a year ago. We appreciate that she did "double duty" for urology much of this year, managing the tasks of the clinic care coordinator as well as being the nurse manager. We are very excited to welcome **Sarah Bess, RN** who joined the VA Urology team in September as our new clinic care coordinator. She has been doing a great job learning the ropes and dealing with the day-to-day challenges of coordinating a busy clinic.

Finally, **Linda Wood, NP** will join our team in early December. She has extensive urological experience and is coming to us from the Detroit VA. She brings a "can do" attitude, a drive for excellence, and will augment our current clinical offerings by adding Ziaflex injections for Peyronie's.

The OR has been busy hiring more nurses and we are hoping this quickly translates into increased access to OR time, since we are currently booking cases into February.



Dr. Chrouser was acting chief of the section of urology for the first half of 2019 while Dr. Skolarus was in the UK, and in August officially assumed that role when Dr. Skolarus was promoted to become the surgery section chief. More on the surgery section to follow...

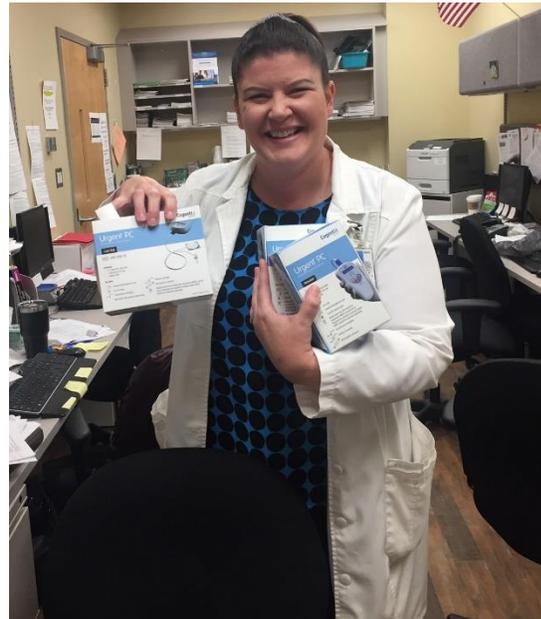
In the News...

The **Mission Act** went into effect this summer to much fanfare. This makes it easier for veterans to obtain care in the community. It has decreased some of our clinical volume, particularly those referrals from primary care clinics in the surrounding areas. However, we are still struggling to get veterans consistently seen within 28 days (the VA target). We are mainly limited by our OR and procedure clinic access. Currently we are scheduling out 6 weeks for local procedures and into February for surgical cases. We continue to advocate for more nursing resources in an effort to maximize our ability to provide care in a timely fashion.

Increasing Range of Procedures Offered

Our new percutaneous tibial nerve stimulation (**PTNS**) program is finally off the ground after a very long wait for equipment and approvals. Shawn Northrup, PA is taking the lead in providing this valuable service, and in the picture below you will see how happy she was when the supplies arrived recently.

Dr Arvin George was instrumental in getting our fusion biopsy program off the ground at VAAAHCS last year. Now we have obtained the equipment to do **transperineal** prostate biopsy and soon will have the software to offer transperineal fusion biopsy to our veterans as well. We are also offering vas reversals, cord denervation, microscopic varicocelectomy, AUS, and IPP implants. Our application for Rezume therapy for BPH has been submitted and we are hoping to get approval in the near future.





Toledo Urology Expansion Project

The VA is opening a urology clinic at its Toledo primary care site in early 2020. Dr. Chrouser has been leading the effort to organize and outfit this clinic so they not only see patients but also provide basic procedures (cystoscopy, etc) This clinic will be staffed by attending urologists from the University of Toledo, and patients will be encouraged to stay within the VA system and come to Ann Arbor for surgical care. Given the importance of its educational mission, the VA is applying for a 0.5 FTE for a urology resident at that site as well.

Education at the VA

The VA continues to be an important site for University of Michigan resident education (PGY2, PGY3, PGY5), offering more continuity than other rotations. We now also have four internal medicine residents participating in our two weekly clinics. Dr. Chrouser also serves as faculty to support the interdisciplinary patient safety fellowship at **NCPS** (VA National Center for Patient Safety) and is on the steering committee for VA Ann Arbor's High Reliability Organization (**HRO**) rollout focusing on QI/Lean education throughout the institution. Recently we received the exciting news that our application for a "Surgery Chief Resident in Quality and Safety (**CRQS**)" has been chosen for funding starting in July 2020. This allows a newly graduated surgeon (in any specialty) to spend a year focusing on surgical quality improvement projects and expanding their knowledge base in RCA, HFMEA, human factors, device usability, etc. 25% of their time is clinical and the remainder is protected. If you know of any potential candidates, please tell Chrouser.

Urologic Research and QI at AAVA

On the VA research front, Dr. Arvin George has been busy accruing patients for a randomized multi-center clinical trial assessing the diagnosis of clinically significant prostate cancer (PI George, Co-I Chrouser). Participants are randomized to MR-guided vs. 12-core systematic random biopsy. Dr George has also been building support within the VA to participate in the Michigan Urological Surgery Improvement Collaborative (MUSIC). Dr. Ted Skolarus has an NCI R37(R01) examining de-implementation of low value androgen-deprivation therapy across VA (Co-Is: Hollenbeck, Wittmann, Shahinian, Caram, Hawley). UM Medical Student Alan Paniagua-Cruz is leading investigation of finasteride use among a cohort of nearly 500,000 men with BPH through a pilot grant from VA HSR&D Center for Clinical Management Research (PI: Skolarus, Co-I: Chrouser). Along with Dr. Megan Caram in Medical Oncology, Dr. Skolarus is also exploring variation and comparative effectiveness of systemic therapy in advanced prostate cancer among Veterans supported by the Prostate Cancer Foundation. Dr. Chrouser has several local QI projects underway at AAVA in collaboration with both current residents as well as patient safety fellows from the VA National Center for Patient Safety (NCPS). We are working with the VA system redesign team to improve communication between nursing and surgical specialties, especially in emergency situations. While on his VA rotation, Dr. Juan Andino did a QI project where he revised and re-organized our electronic encounter forms to make them more efficient and user-friendly. These revisions will "go live" in the near future, improving efficiency for all clinical providers.



Dr Ted Skolarus will round off this update with a glimpse into his first few months as the new Chief of Surgery at AAVA.

Thank you to Dr. Chrouser for leading our section and continuing our mission of continuous improvement in VA Urology. Thank you to our faculty who care for Veterans across Michigan regardless of their insurance coverage.

As of August, I assumed the role of Surgery Section Chief at the VA Ann Arbor Healthcare System. Over the past 3 months I have learned much about our 10 surgical sections (Ophthalmology, ENT, Orthopedics, Plastic Surgery, Thoracic Surgery, Cardiac Surgery, Urology, Neurosurgery, Vascular Surgery, General Surgery), the OR teams and supply chain, academic affiliations, and surgical and hospital administration. One valuable resource is the National Surgery Office and the Veterans Affairs Surgical Quality Improvement Program (VASQIP) Quarterly Report issued across VA surgical facilities providing data on institutional and service level: Outcomes, Quality, Safety, Access, Productivity, Satisfaction, OR Efficiency, and Policy Compliance. The data available to understand each service's strengths, staffing, gaps, and benchmarks create rich opportunities to inform resource needs, discussions, and strategies to meet our access, quality, and safety metrics. Access is especially important nowadays given the recently enacted MISSION Act allowing more Veterans to choose community care based on VA wait (>20 days for primary care, >28 days for specialty care), drive time (>30 minutes for primary care, >60 minutes for specialty care), or a general category of best medical interest. Currently lots of policy-to-practice activities impacting real-world care delivery inside and outside VA.

Understanding I would need to address optimization of the OR, this spring I reached out to Professor Amy Cohn, the Alfred F. Thurnau Professor in the Department of Industrial and Operations Engineering at the Center for Healthcare Engineering and Patient Safety (CHEPS), for some insights into complex optimization in healthcare. Realizing this could be an interesting collaborative opportunity, we created a team of UM CHEPS staff, students and VA staff to explore the current state of the VA OR. This summer our team conducted a literature review of work in the OR optimization field, both theoretical and applied, offering insights from group practices, institutions, and health systems. For example, learning from classic work on OR optimization in Tyler, et al. "Determining Optimum Operating Room Utilization" *Anesthesia & Analgesia* 96 (2003): 1114-1121. In this paper, the authors developed a simulation to determine optimal OR utilization under certain goals. They aimed to ensure that cases started within 15 minutes of their scheduled time and ended no later than 15 minutes past the scheduled end of day. Their simulation revealed that in order to meet these goals, utilization should not exceed 85% to 90%. I find this work operationally important and intellectually engaging as we continue to learn how to strategically improve and even do some research.

Thanks for taking the time to explore what's new at the VA Ann Arbor Healthcare System! Please contact Dr. Chrouser or Sarah Bess, RN with any VA care coordination concerns.