



# PACT MODEL: SIOUX FALLS VA



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*DISCLAIMER: The views and opinions presented in this case study are those of the author and do not necessarily represent the views of the Department of Veterans Affairs, the federal government, or its components.*

## About Ms. Sarah DeKramer and Sioux Falls VA

In this interview, we talk with Ms. Sarah DeKramer, RN, BSN from Sioux Falls VA Health Care System about the PACT model of team-based care. Ms. DeKramer works in the Cardiology Clinic within the Specialty Medicine Department.

The Sioux Falls VA Health Care System located in Sioux Falls, SD provides inpatient and outpatient care for Veterans in eastern South Dakota, northwestern Iowa, and Southwest Minnesota. Services include primary and specialty medical care, mental health services, and rehabilitation.

*Thank you to Sarah DeKramer for sharing this story.*

## What populations do you serve in your clinic?

Sioux Falls VA Health Care System serves US Veterans. The majority of patients are between the ages of 30-80.

## Who is part of the care team?

The healthcare team within Primary Care includes a physician, RN, LPN, and scheduler. Within the Cardiology Clinic there is a physician, RN, and scheduler.

## How do patients access care?

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**Sarah shares: “We have an all-access walk-in clinic for primary care with a triage nurse stationed adjacent to the check in scheduler. This enables patients who would like to be evaluated the same day without an appointment and receive the most appropriate medical care within Primary Care or the ED.”**

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Other ways patients and providers communicate are through telephone calls, secure messaging, and a new program called VEText which is a text message-based appointment reminder and cancellation system.

## What technology do you use in delivering care?

Veteran patients have access to a web-based portal called MyHealtheVet where they can log in and see their medical information. “They can see key things that have happened with their medical care, including medication prescriptions, appointments, secure messaging, and health records,” says Sarah. “Patients can send secure messages to their providers and nurses through the portal’s secure messaging system.” Because this messaging system is tied into the electronic health record system the messages can be transferred to the patient’s electronic medical record chart so it is visible to all health care staff.

## What are some of the benefits of this model for the patient?

“Patients get to know their providers and nurses creating a trusting relationship. Patients receive timely responses because [the nurse] is responsible for the PACT panel rather than entire clinic,” Sarah explains.

Patient follow up is timely. After patients are discharged from the hospital they receive a 48-hour follow-up. “There is open communication between nurses and Veterans within the PACT.”

## What are the benefits of this model for providers?

One of the benefits to providers is that they work with the same core team and they get to know each other’s work styles. They’re able to rely on each other to ensure optimal efficiency. Sarah says, “The team gets to mesh better and it’s not changing every day.”

## What are some challenges to this model of care?

As with any health care team, fluctuations in staffing are always a challenge. Staff turnover or staff going on vacation or taking sick leave, can be challenging.

## Do you have policies in place for providing care in this way?

“We follow primary care medical protocols,” explains Sarah. There is also a comprehensive VHA Patient Aligned Care Team (PACT) Handbook that provides detailed guidelines using the framework of the PACT model.

## What advice would you give other facilities considering a team-based care approach?

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**“I would recommend incorporating the staff you have at their highest scope of practice within your clinic. Utilize each role (LPN, RN) to whatever best suites your clinic...,” making the most of the health care team members’ scope of practice,” says Sarah.**

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Sarah also advises, especially for rural facilities, “managing the best you can with the staff you have and getting a policy and protocol in place before rolling out...it helps having a written handbook to follow with detailed acute and chronic disease management protocols.”

And finally, Sarah recommends “continuing to audit and pull data to see what works, and what doesn’t, and making modifications as time goes on with whatever you implement to enable you to be as successful as possible.”

## Anything else?

Sarah concludes the interview by saying, “Preventative care is a big thing. We try to encourage and educate patients early in a disease process creating increased patient awareness, keeping everything patient-centered, providing patients with autonomy of their care. We’re always looking for ways to improve the patient care process, such as with the recent development of telehealth and VEText. The overall goal is to expand the role of PACT to reach as many Veterans as possible maintaining a user-friendly system to communicate and ensure we’re accessible to our Veterans.”

To learn more about how Sioux Falls VA uses the PACT model, you can contact Sarah DeKramer at [Sarah.DeKramer@va.gov](mailto:Sarah.DeKramer@va.gov).