VA HEALTH CARE | Defining EXCELLENCE in the 21st Century

2012
The Secretary of Veterans Affairs Robert W. Carey Award Application

Harry S. Truman Memorial Veterans' Hospital
Columbia, Missouri

Truman VA
the pulse of Veteran health care in the heart of Missouri

Organizational Profile

P.1 Organizational Description The Harry S. Truman Memorial Veterans' Hospital (Truman VA) in Columbia, Missouri, is one of seven medical center facilities in the VA Heartland Network (VISN 15). Truman VA's primary service area is within a 200-mile radius of Columbia and includes more than 26,000 square miles encompassing 45 counties with a Veteran population of approximately 113,000. The majority of the counties that Truman VA serves are rural and designated as health care shortage and underserved areas.

P.1a(1) The facility operates 123 beds with main health care service offerings of inpatient and outpatient services. In 2011, Truman VA provided care for more than 34,950 Veterans and had more than 388,300 outpatient visits. Truman VA delivers a full continuum of support services. These services include pharmacy, radiology, laboratory, and benefits management. The delivery mechanisms used to provide health care services to patients and stakeholders are identified in Fig. P.1-1.

Figure P.1-1 Service Offerings and Delivery Mechanisms

Product/ Service	Delivery Mechanisms	Relative Importance
Medical center 123 beds	• Acute Medicine • Surgery(CT Referral Center) • Inpatient • Outpatient (Secure Messaging) • Observation/Lodging • Acute Inpatient Mental Health • Mental Health Outpatient & Rehabilitation • Long-term Care • Vocational Rehabilitation • Primary Care • Specialty Clinics • Research	+34,000 Veterans served 200 open heart surgery procedures in FY2011
Community Based Care	• Community Based Outpatient Clinics (CBOCs) • Home Based Primary Care • Residential Community Care • Comprehensive Homeless Center • Homeless Contracts • Independent Living • Community Nursing Homes • Telehealth (Secure Messaging) • OEF/OIF Outreach Programs	+34,000 Veterans served Highest patient satisfaction results in VISN 15

P.1a(2) The distinctive characteristics of Truman VA's organizational culture are delivering high quality in a compassionate though complex healthcare atmosphere, emphasizing an ongoing quest for excellence. This quest is shown through our Veteran-centered care, proactive strategic planning, organizational transparency, and an environment of learning, which includes our decision to continue the Carey/Baldrige journey for excellence. Moreover, Truman VA had the highest number of trained mentors in VISN 15, had multiple local training opportunities organized by the Learning Organization (LO), and received a FY 2011 Bronze Cornerstone Recognition Award from the National Center for Patient Safety for Root Cause Analyses (RCA) completed. In 2012 Truman VA application for the Missouri Center for Patient Safety (MOCPS) was accepted for the Missouri Excellence in Safe Care Award. The patient safety award is tangible evidence of our patient-focused excellence. This award recognized the visionary leadership and management by fact elements in the actions associated with the Executive Patient Safety WalkRounds®. MOCPS recognized the cycles of learning that resulted in sustained psychological safety. Patient safety culture was evident in results from elements of the All Employee Survey and number of patient incident reports submitted for non-injury, close call events.

Truman VA managed and successfully expanded long-term housing vouchers and case management for homeless Veterans. The HUD-VA supportive housing program has provided housing for more than 100 homeless Veterans. Also, Truman VA is participating with the St. Louis VA Regional Office on a team to expedite claims and exams within 30 days for returning combat soldiers at Fort Leonard Wood. Significant efforts have been undertaken to maintain a positive relationship with the Veterans Center at the University of Missouri (MU). Regular meetings with the center's director are conducted as well as regular interactions with many of the more than 300 Veterans enrolled at MU. Similar efforts have been made with the Student Veterans Center at Columbia College. Truman VA's Veterans Outreach Committee (VOC) collaborated with EES to produce a 15 minute outreach video consisting of four Veteran's stories for our outreach efforts. Other community investments include partnership with Lincoln University, a historically black college, to initiate a student temporary employment program. Truman VA has a 14-year partnership with Frederick Douglass High School in which the student classroom is located within the medical center. For half the day, students have traditional classroom offerings and, during the other half, they work in paid health care support jobs. The program has benefited more than 100 students over the years and led to permanent employment at the facility for several. Truman VA and MU School of Medicine have a long-standing relationship. Medical students and physician residents are involved in the delivery of care. Truman VA is located adjacent to the MU campus, allowing easy access for the sharing of staff and clinical resources. In 2002, Truman VA and MU School of Medicine met and formed the Quality and Patient Safety Education (QPSE) task group to develop Quality Management (QM) and Patient Safety curriculum for medical students. The curriculum was based on VA's National Center for Patient Safety (NCPS) training modules and provided about 11 hours of instruction to medical students. In 2004, the curriculum was enhanced and training was provided to medical, senior nursing, pharmacy, and Health Management students. In addition, Truman VA works with the MU Department of Internal Medicine to aid resident physicians in quality improvement projects. In 2011, staff from VA and MU educated more than 200 students from five disciplines – medicine, nursing, respiratory, health management, and pharmacy.

Truman VA's Purpose, Mission, Vision, and Core Values promote a culture of collaboration with the Veteran customer, who is the primary focus. Our mission of patient care, teaching, research, and emergency preparedness supports the high quality care we provide our patients. Our Research Service, for example, has 42 active investigators involved in 80 research projects in both VA-funded and industry trials. Truman VA has four core competencies that are directly related to our mission and strategic direction by enhancing

focus to providing exceptional health care that is Veteran-centric (Fig. P.1-2).

Purpose/Legacy Statement: In the provision of health care and related services, we are to serve with honor, dignity, and the highest degree of excellence, those who have served their country.

Fig P.1-2 Mission, Vision, Values, and Core Competencies

Mission
To improve the health of the Veterans we serve by providing primary care, specialty care, extended care and related social support services in an integrated health care delivery system.
Vision
Achieve a national reputation for excellence in health care services by meeting the changing health care needs of our patients, their families and our community.

VA Core Values	
I	Integrity: Act with high moral principle.
C	Commitment: Be driven by an earnest belief in VA's mission.
A	Advocacy: Advance the interests of Veterans and other beneficiaries.
R	Respect: Treat those I serve and with whom I work with dignity and respect.
E	Excellence: Strive for the highest quality and continuous improvement.

I CARE Characteristics		
• Trustworthy	• Quality	• Agile
• Accessible	• Innovative	• Integrated

Core Competencies	
• Patient Safety	• Quality of Care
• Customer Service	• Access

P.1a(3) Truman VA, with more than 1,300 employees, is the 9th largest employer in the region. Truman VA has more than 770 volunteers who contributed more than 60,000 hours in 2011. Truman VA also has a Compensated Work Therapy (CWT) program that employs Veterans. CWT may be provided to Veterans who are actively participating in Behavioral Health (BH) programs and require a significant level of work adjustment services to return to a normalized work environment. Work adjustment is defined as providing a realistic working environment conducive to the development of work tolerance and effective learning of appropriate work habits in preparation for successful re-entry into the community. The workforce profile is represented in Fig. P.1-3.

Figure P.1-3 Workforce Profile

Race	% of staff	Relevant Civilian Labor Force
White	82%	89%
Black	12%	3.95%
Asian	4%	1.97%
American Indian	1%	0.58%
Hispanic	0.74%	0.49%
Native Hawaiian	0.24%	0%
Other	0.65%	0.16%
Gender:	Female: 61%	Male: 39%
Veterans:	28%	
Persons w/ Disability:	11%	

Age					
0-20	**21-30**	**31-40**	**41-50**	**51-60**	**61+**
1%	13%	18%	23%	34%	11%

Education Level			
≤High School	≤Associates	Bachelors	≥Graduate
20%	34%	22%	24%

Position		
Physician- 8%	Nursing- 27%	Other clinical- 23%
Administrative- 27%	Wage- 10%	Other- 5%

Volunteers		
2009- 584	**2010-** 660	**2011-** 771
55,276 hours	57,250 hours	60,096 hours

The key factors that engage the workforce include the mission of the medical center (providing Veterans with the best health care possible), respect, open communication with leadership, positive working conditions, recognition, feedback on performance, competitive pay, benefits, and opportunities for individual growth and development. These opportunities include Facility LEAD, VISN LEAD, GHATP, MHI internships, ECF, HCLDI, and tuition reimbursement programs. Truman VA offers unique opportunities in research and teaching, utilizes advanced technology not widely available in the community (Fig P.1-4), and engages employees at all levels to gain exposure to leadership principles. Organized bargaining units include professional and non-professional locals of the American Federation of Government Employees (AFGE). The unions engage through collaborative participation on quality management teams and membership on key committees and boards including our Joint Leadership Council (JLC). Key benefits include the following: annual and sick leave, health and life insurance, long-term care insurance, dental and vision insurance, professional liability insurance, retirement plans, flexible spending accounts, Employee Wellness Program, and student loan repayment programs. Special health and safety requirements are essential for patients, visitors and employees. Environment of Care (EOC) rounds are conducted weekly. Safety topics are part of mandatory annual training requirements.

P.1a(4) Facilities, Technologies and Equipment Truman VA provides a full range of patient care services supported by state-of-the art technologies (Fig. P.1-4).

Figure P.1-4 Major Technology and Equipment

Major Technology	Major Equipment
Conscious Monitoring System in the OR	PET CT Scanner (Research)
Picture Archiving & Communication System	Automated Core Laboratory
PACS	Radio Frequency Identification Device (RFID)
Computerized Patient Record System (CPRS)	TempTrak
BCMA	Medical & Surgical Lasers
Wireless Internet Access	Bar Code Expansion (BCE)
Virtual Private Network (VPN) with Affiliate	Diagnostic Imaging
Bed Management System (BMS)	Endovascular Suite
Fee Basis Claims System (FBCS)	
Code Orange Lynx	

Truman VA has embraced social media to engage patients and stakeholders. We have implemented Facebook and Twitter as well as Secure Messaging. Social networking was utilized during a medical center emergency (blizzard of 2011). Telemedicine has been widely implemented and is present at all of our Community Based Outpatient Clinics (CBOCs), which allows for enhancement of clinical delivery including tele-health in BH, dermatology and Primary Care (PC). Truman VA makes full use of the technology purchasing options available through VA and VISN 15 along with national/local contracted vendors. Truman VA optimizes resource acquisitions by leasing needed property whenever possible to ensure available upgrades prior to implementation as well as utilizing blanket purchasing agreements with MU. Clinical leaders play a significant role in innovation processes through the use of templated progress notes in CPRS and extensive use of clinical alerts and quick order sets. OIT uses project management to ensure safe and efficient

implementation of clinical transitions. For example, with Truman VA's imaging relocation, multiple walkthroughs were done as well as systems testing. This resulted in a safer transition for patients as well as staff.

P.1a(5) Operating in a heavily regulated and medico-legal environment, Truman VA has processes to comply with and often exceed relevant laws, regulations and standards established by key regulatory organizations. Many regulations are unique to specific entities and departments. Truman VA successfully participated in the surveys noted in Fig. P.1-5. In addition, Truman VA medical records undergo a monthly review of quality care indicators through the External Peer Review Program (EPRP).

Figure P.1-5 Regulatory Requirements

Agency	Outcome	Last Review
College of American Pathologists (CAP)	Full Accreditation – Every 2 years	2011
Commission on Accreditation of Rehabilitation Facilities (CARF)	Full Accreditation – Every 3 years	2010/ 2011
Nuclear Regulatory Commission (NRC) and the National Health Physics Program (NHPP)	Fully compliant – Quarterly internal audits	2011
Office of Inspector General (OIG)	Fully compliant – Audits as appropriate	2010
Drug Enforcement Agency (DEA)	Fully compliant – Monthly	2012
The Joint Commission (TJC)	Full Accreditation – Self assessment & survey every 3 years	2010
OSHA	Fully Successful - Random & for cause	2010

P.1b(1) The JLC, chaired by the Medical Center Director, is the governing body of the medical center. The JLC is comprised of the Executive Leadership Team (ELT) and all board committee chairs and co-chairs. The board structure mirrors Baldrige criteria and includes:

1) Clinical Executive Board (CEB),
2) Strategic Management Resource Board (SMRB),
3) Customer Service Board (CSB),
4) Compliance and Business Integrity Board (CBI),
5) Performance Improvement Board (PIB),
6) Workforce Development Board,
7) Operational Board (OB).

Because each board has linear responsibility for a number of committees, subcommittees, and workgroups, this structure promotes participation and communication from the lowest to the highest levels in the organization, allowing for transparent governance. The reporting relationships are organized around services with the individual service chiefs and administrative officers reporting directly to members of the ELT. Critical advisory program offices such as Compliance/Ethics, EEO, Public Affairs, QM, Research Compliance, and Patient Safety report directly to the Director to address the most sensitive topics and assist with expedient executive decision-making. The Director is a voting member of the VISN 15 Executive Leadership Board.

P.1b(2) Truman VA's customers are the Veterans we serve, their family members, students, Veteran service organizations (VSO), and non-VA providers (Fig. P.1-6). Veterans are the direct customers/consumers of the health care services provided at Truman VA. Sixty-seven percent of our patients have no health insurance and have numerous major health problems that require complex treatment. Besides face-to-face or telephone communication, electronic two-way communication is utilized through Facebook, MyHealtheVet, secure electronic messaging and Twitter for both patients and families. Service organizations serve dual roles as a stakeholder group and a great two-way communication link for Veterans and families. Through our educational affiliations previously mentioned, many of our providers have faculty appointments or attend meetings that allow for flow of communication. In addition, our ELT holds quarterly medical school affiliation meetings.

Figure P.1-6 Customers and Stakeholders

Key Group/Segment	Key Requirements/Expectations
Veterans	Quality of Care, Accessibility, Coordination of Care, Patient Safety
Family Members	Emotional Support, Care Guidance
Students	Appropriate Training, Access to technology, Job opportunities
Service Organizations	Two-way communication
Non-VA providers	Quality, Efficiency (Care and Timely payments)
3rd party payers	Business Compliance Principles
Taxpayers	Effective resource management

P.1b(3) Truman VA maintains many relationships to ensure essential supplies, equipment and services are sustained. Key suppliers/partners include medical/surgical suppliers and pharmaceutical, medical equipment, facility services, and technology vendors. These partners assist us in achieving best practice and are often critical to the provision of patient care. Many of our surgical vendors are present during OR procedures to ensure adequate two-way communication. We sponsor vendor fairs to evaluate best suited equipment and enhance two-way communication with vendors. As important partners, physicians work in concert with the facility to achieve a common goal - the delivery of high quality medical services to patients. Important to a successful partnership is a clear understanding of individual and mutual roles and benefits to both parties. Clinical leaders play a significant role in strategic planning, decision making, performance improvement, and organizational innovation processes through involvement in operational boards and committees. Specialty clinical services such as dialysis are purchased when the business plan supports that a "purchase versus build" decision is more cost effective. Key two-way communication mechanisms with suppliers and customers occur during regularly scheduled (daily, weekly, monthly, etc.) intervals. Truman VA has two of the five approved Department of Defense (DoD) mental health Joint Incentive Fund programs in the country. The programs utilize both tele-mental health services (at existing CBOCs) and onsite counselors to provide care. VA employees who are co-located within Behavioral Health at Fort Leonard Wood (FLW) CBOC provide onsite mental health counseling. This allows early mental health intervention for "future" Veterans, creates a potential for the seamless transition of mental health care from the DoD to VA and creates a positive experience for returning military personnel.

Figure P.1-7 Communication Methods

Key Customer	Communication Methods
DoD	Telephone, Commander meetings, Email, Meetings with returning Veterans
VSOs	Missouri Association of Veteran Organizations, Telephone and written notification of changes
CBOCs	Quarterly face-to-face meetings at medical center, Email, Telephone, Visits by PC
MU and other affiliates	Partnership Affiliation meetings, ACOS/E, Shared staff members, Emails

P.2a(1) Truman VA's competitive position is affected by 138 VAMCs nationally and seven VISN 15 facilities competing for appropriated funds. Truman VA is classified as one of 15 Complexity 1C facilities within VA and one of two within VISN 15. VISN 15 distributes resources to its medical centers based on previous workload. Therefore, appropriate capture of workload is essential to ensure Truman VA is allocated the necessary resources. For FY12, Truman VA received the highest increase in budget allocation for VISN 15. In addition to payroll, Truman VA purchased $104.5M in goods and services in 2011. The facility has also purchased in excess of $30M of health care in the local communities. We have maintained our market share and expanded the growth of our services through additional outpatient clinics and services offered at those clinics. Fig. P.2-1 illustrates Truman VA's strategic advantages and challenges. Truman VA's two community competitors are the MU Healthcare System and Boone Hospital Center (BJC System). Throughout our service area, there are many community medical centers. Truman VA's main key collaborator is the MU Healthcare System. As such, $8.1M of our purchased care has been provided by MU.

P.2a(2) As a government-funded healthcare system, Truman VA's competitiveness depends on the services provided, efficiency in terms of cost and return on investment, ability to recruit health care professionals, and quality as measured by key Performance Measures (PM). As such, Truman VA benchmarks within the VA system with published health care quality websites and with key PMs (www.hospitalcompare.hhs.gov). Our success is a result of multiple factors: a well-trained work force; a collaborative and respectful relationship between leadership and staff; an attractive recruiting environment; a commitment to quality health care in an environment of growth and continuous improvement; a clean and modern environment; ongoing training; and available technology. Changes in the needs of our patients, staff and other partners are addressed through a well-defined governance structure, two-way communication, and ongoing review of data. Key changes taking place at Truman VA include:

- National Economy and Health Care Reform,
- Ongoing wars in the Middle East,
- OR enhancement with endovascular suite and SPS,
- ICU System Redesign (SR),
- VA/DoD Integration & Coordination,
- Expanding CBOCs to include larger locations,
- Social media, i.e. COS Blog described in 1.1b(1).

Figure P.2-1 Strategic Advantages and Challenges

Core Competency	Strategic Advantages	Strategic Challenges
Patient Safety	Nationally recognized patient safety program Culture conducive to reporting close calls	Sustained culture of blame-free environment Infection control benchmarks
Customer Service	Development of creative parking solutions Ambassador program Focus groups Highest customer satisfaction scores for VISN 15	Limited parking Customer Service Scores Staff courtesy
Quality of Care	Distinguished Specialty Services Research and education Momentum from improved PMs Critical Care Intensivists	PMs for last five years Culture of continued readiness Heavy reliance upon purchased care
Access	High CBOC utilization Implementation of the PACT teams Open access in BH Social media utilization	44/45 counties are defined rural Influx of OIF/OEF Veterans Priority 8 enrollment PC&SC providers

P.2a(3) Within VHA, we compare ourselves to other like VAMCs to evaluate our performance. Comparative and competitive data sources include other Carey/Baldrige recipients, best in industry, national data, and VHA and VISN 15 data. Key available sources of comparative and competitive data with the healthcare industry include NCPS, VA Surgical Improvement Program (VASQIP), Office of Quality, Safety, and Value (OQSV), PMs, ORYX, HEDIS, Institute for Healthcare Improvements (IHI), Inpatient Evaluation Center (IPEC), and Survey of Healthcare Experiences of Patients (SHEP). The Hospital Compare measures allow the VA to raise the bar and monitor key data not usually measured in other health systems, which include ASPIRE and VA Linking Information Knowledge and Systems (LinKS). ASPIRE is a dashboard that documents quality and safety goals for all VAMCs that are compared at the national, regional and local level. When available, VA uses external benchmarks, but most often sets VA standards or goals at a higher level. Comparative data from outside the non-VA healthcare system come from sources such as American Society for Training & Development (ASTD) and relevant Carey/Baldrige award recipients. The data limitations include the reluctance of healthcare organizations to share data, especially of a proprietary nature. Since the data are proprietary and we do not provide the same services as many other healthcare organizations (i.e., obstetrics and pediatrics), Truman VA has identified other VAMCs that are similar in size, location and mission for comparative data.

Figure P.2-2 Comparative / Competitor Data

Context	Data Source	Limitations
Within VA	VA Compare IPEC VASQIP Financial DSS SOARS OIG	Data availability and analysis Subjectivity of reviewers
Outside VA	TJC ORYX Hospital Compare Public Health Department University Consortium Missouri Hospital Association (MHA)	Transparency Access/availability Data integrity
Outside Industry	EEO data Diversity data	Collection ability Significance

P.2b Executive leadership identifies key health care services, operational, societal responsibility, and human resource strategic challenges and advantages by soliciting mass input throughout the organization. Challenges and advantages are identified through (Fig. P.2-3):

- AES,
- Town hall meetings,
- Strategic Retreat,
- Integrated Ethics Survey,
- Patient Safety WalkRounds®,
- Leadership Development Institute graduate input,
- Leadership positions on VISN 15 boards and committees,
- Partnership Council Meeting with medical school affiliate.

Figure P.2-3 Strategic Challenges and Advantages

Strategic Context	Advantages	Challenges
HealthCare Services	• Engaged Customers • Excellent clinical quality outcomes • Excellent patient safety outcomes • Enhanced scope of service	• Sustaining excellence in clinical quality outcomes • Sustaining excellence in patient safety outcomes • Maintaining clinical competence with more diverse Veteran demographic
Operational	• Using technology to improve clinical quality and patient safety • Excellent financial stewardship while increasing enrolled Veterans • Developing new care models to grow Primary Care • Culture of system improvement • Largest integrated healthcare system in US	• Engaging and reaching rural population • Ability to compensate for fluctuations in workload and staffing • Emergency Preparedness • Managing effectively in a challenging economic environment • Space requirements throughout the facility
Societal Responsibility	• Culture of supporting learning environment • Workforce willingness to contribute to community needs • Research innovations • Emergency preparedness	• Maintaining and growing community partnerships • Emergency preparedness • Increasing our environmental responsibilities
Human Resources	• Recruiting, retaining and training a highly skilled workforce • Low turnover • Culture of learning and mentoring	• Recruiting and retaining highly skilled workforce • Aging workforce and succession planning • Generational gaps • Maintaining a highly diverse workforce

P.2c A focus of performance improvement (PI) is embedded in the culture at Truman VA and reinforced through systematic FOCUS-PDSA driven processes. Our "no blame" culture of reporting empowers frontline employees to identify quality or safety issues and participate in improvement processes including Rapid Response Teams (RRTs), Process Action Teams (PATs), Systems Redesign (SR), Root Cause Analysis (RCA), Healthcare Failure Mode Effects Analysis (HFEMA), Preventive Ethics Operational Cycles, and defined focus groups. The multidisciplinary teams recommend PI initiatives, prioritization of resources, and process improvements. They focus on Baldrige criteria of organizational learning in order to understand the organizational implications of their proposed recommendations. They also solicit input from our stakeholders including Veterans and their families, affiliation partners, VSOs, contractual partners, and our Congressional delegation. PI team charters mandate metrics for evaluation of recommendations and the organizational structure requires six month evaluation on the status of the actions to the PIB. Utilizing frontline staff and stakeholders on our teams fosters innovative process development. Organization learning from PI initiatives is accomplished through championing by executive leadership, involvement by bargaining unit members on teams, leadership commitment to storyboards, digital signs, social networking, committee meetings, town halls, and WalkRounds®. Ethics has also been integrated throughout the facility by being part of every board/committee agenda (1.2b(2)). Our organizational PM system has matured as we continue our quest for quality. Based on Baldrige core competencies of patient-focused excellence, learning, agility, focus on future, management by fact and for innovation, systems perspective, and results orientation, in 2012 ELT made commitment to address core values and concepts with application and acceptance in the University of Nebraska-Lincoln Healthcare Analytics Certificate Program (UNL HACP). Truman VA ELT was supportive of this effort as they realized the implication of having useable data on which to base decisions and the staff knowledgeable to get that data. An application was submitted based on our current use of data and systems redesign results along with the support from ELT, and Truman VA was selected to participate in the pilot. A data analytics committee and projects are in various stages of development. Planned projects align with our mission, vision, and values, and address LTC and revenue cycle issues.

Category 1: Leadership

Truman VA is led by the ELT, a five member senior leadership team. This team includes the Director, Associate Director, Chief of Staff, Associate Director for Patient Care Services, and the Assistant Director.

1.1a(1) The development of Truman VA's mission, vision and values (Fig. P.1-2**)** is initiated by the VA Under Secretary for Health, Dr. Robert Petzel. Subsequently, it is then deployed to the facility through the network office. Using the guidance from VHA and VISN 15, Truman VA holds an Annual Strategic Retreat to brainstorm, collaborate, and identify key initiatives and action plans for the upcoming fiscal year. Workgroups are formed to put key initiatives into action following the Strategic Retreat. The mission, vision, and values are deployed to all stakeholders (Fig. 1.1-1) by facility postings, promotional materials, and face-to-face meetings (Fig. 7.4-1). Annually, all stakeholders have the option to receive a paper copy of our annual report. With the FY11 annual report, a cover letter to stakeholders reaffirms our commitment to those we serve.

Figure 1.1-1 Deployment of Mission/Vision/ Values

Stakeholder	Workforce	Veterans	Family Members	Students	Service Organizations	Non-VA Providers	3rd Party Payers	Suppliers/Partners
Intranet	X							
Town Halls	X							
New Employee/ Volunteer/Student Orientation	X			X				
New Patient Orientation		X	X					
ID Badge Cards	X			X	X			X
External Website	X	X	X	X	X	X	X	X
Annual Report Cover Letter	X	X	X	X	X	X	X	X

The ELT, along with the seven board chairs, serves as Truman VA's JLC, the governing body for the medical center. JLC provides guidance and approvals for boards and committees as well as ensuring adherence to the organizational structure. The ELT ensures that Veterans are the basis for every decision and reinforces this by soliciting active and continuous Veteran participation and shared decision making. Many committees, boards and workgroups include participation from Veteran employees, Veteran volunteers, Veterans from the community, as well as Veteran caregivers to ensure that Veterans are at the forefront of all decisions. Veterans from the community participate on teams such as the VOC, CSB, ICU Redesign Team, and Secure Messaging Implementation Team to help maintain the Veteran focus. Beginning with new employee orientation, employees are educated about Truman VA's mission, vision and values. The Director is first to welcome new employees, thanking those who are Veterans for their service and setting the tone for Truman VA's culture. New employees are given a reminder card to wear with their name badge that displays our mission vision and values. Moreover, senior leadership continues to reinforce our commitment through ongoing communication, resource alignment and evidence based practice.

1.1a(2) The ELT demonstrates and promotes appropriate behavior through formal reporting processes, WalkRounds®, and informal discussions. Formal processes were established to require the review of ethical practice throughout the organization including the CBI Board, Integrated Ethics Committee (IEC), board and committee ethical discussions, peer review processes, PATs, RCAs, ethics consults, and the annual ethics survey. Beginning in FY10, the board and committee meeting format was revised to include discussion of ethical matters to ensure routine and consistent tracking, reporting, and follow-up of concerns to the IEC. Truman VA also has an Ethics Consultation Team that is available to review any clinical ethics issues. The ELT also notifies VISN 15 leadership of potential legal and ethical issues through issue brief reporting. The IEC reports directly to the JLC and is chaired by the Director and co-chaired by the COS. Additionally, ELT supports mandatory educational opportunities such as compliance, computer security and patient privacy. These various avenues promote ethical behavioral as part of Truman VA's work environment and strengthens the "no blame" culture.

WalkRounds® are scheduled meetings with the ELT and frontline staff from different areas of the organization. These meetings are used to obtain feedback from employees about a variety of issues including ethical concerns, patient safety and any other issue that employees would like to discuss. Questions consistently asked are shown in Fig. 1.1-2.

Figure 1.1-2 Questions asked during WalkRounds®

1	Are you able to care for your patients as safely as possible? If not, why not?
2	Can you think of a patient we harmed recently while delivering care?
3	In what way does the system fail you consistently?
4	When faced with a tough ethical decision, what do you do?
5	If you could ask Leadership for one or two things that would improve your area, what would they be?
6	Can you describe the unit's ability to work as a team?

During WalkRounds®, employees are reminded to enter ethics consults and all employees are repeatedly encouraged to complete the annual ethics survey. The ethics survey is used to identify opportunities for improvement and subsequent action plans are created.

RCAs, RRTs, and PATs are initiated to review and improve processes and identify ethical issues. Members include frontline staff from different disciplines to ensure ethical practice and review are held at all levels of the organization and, many times, patients will participate as well. Employees have easy access to the Compliance Officer to report ethical or compliance concerns, ensuring that these issues receive appropriate action. The CBI provides another forum for reviewing business practices to ensure compliance with ethical and legal standards. Standing agenda items include review of the percentage of employees that have completed mandatory annual education related to compliance, computer security, and patient privacy. Prior to hiring, all employee backgrounds are checked via the List of Excluded Individual Employees and the Health Integrity and Protection Data Bank. Upon

hiring and annually thereafter, all employees are required to receive training regarding patient abuse, patient confidentiality, sexual harassment, and other legal and ethical issues. This commitment was further evidenced through a required review of ethical and conflict of interest policies by all employees.

1.1a(3) The ELT creates a sustainable organization by involving a diverse group in the strategic planning process, supporting employee development through a variety of workforce development activities, and encouraging staff flexibility and preparation for the dynamic work environment. In 2010 and 2011, employees completed learning needs and succession planning assessments in their annual evaluation. This input was utilized by ELT to develop action plans, which included scheduling training classes (Fig. 7.3-24).

In addition to the annual strategic planning retreats, the ELT also holds space planning retreats in order to plan for future expansion, space modifications, and to accommodate workforce needs. Each year, services and programs requesting resources are required to submit business plans to request new FTEE, space, and equipment to be reviewed, prioritized and budgeted by the ELT.

Morning Report meetings are led by the COS and include the ELT members, service chiefs, and other appropriate employees. This meeting provides a forum to discuss events from overnight as well as upcoming challenges. This meeting allows staff to be agile with issues requiring immediate action so problems can be identified, discussed and addressed in a timely and efficient manner. Attendees have the opportunity to request a "second" morning meeting to further discuss details surrounding an issue and delegate assignments with appropriate members if needed. Examples of action plans resulting from morning meetings include (1) a communication plan for contingency phone use during a telephone system switchover, and (2) a two-step action plan addressing pharmacy's drug shortage of Versed.

The ELT uses feedback from the AES, ethics survey, and patient safety survey to identify areas for improvement in employee satisfaction and workplace culture.

The LO serves as a comprehensive unit that shapes the structure of education and training in the facility. Beginning at end of year FY10, all employees were asked to complete an annual learning needs assessment in order to identify employee training interests and career goals. Surveys were reviewed with supervisors and then forwarded to the respective ELT member, Designated Learning Officer (DLO), and Director. Feedback was compiled to select the educational workshops for the upcoming fiscal year. Some educational offerings provided in 2011 as result of the learning needs assessment survey included "7 Habits of Highly Effective People," "Working at the Speed of Trust," time management, and customer service.

Employees expressing interest in advancement and organizational learning on their Learning Needs Assessment can apply to participate in the Facility LEAD and VISN LEAD programs. The Facility LEAD program was created in 2004 and 58 employees have completed the program while ten employees have completed the VISN LEAD Program. Selected participants are paired with mentors and complete organizational projects of interest. All members of the ELT are certified mentors and participate in mentoring relationships.

Mentors are drawn from a group of employees who have participated in the VHA Mentoring Program and have achieved either Resident or Fellow certification. Goals of the VHA Mentor Certification Program are:

1) Bring consistency, experience and uniformity to VHA mentor training;
2) Enhance the quality of VHA mentors, coaches or preceptors;
3) Recognize the contributions of VHA mentors, coaches, and preceptors;
4) Create a VHA Learning Culture.

Members of frontline staff also participate on committees and RCAs, enhancing their organizational awareness and systems perspective. ELT members are involved in a variety of leadership development activities including serving as preceptors for various trainees, mentoring VHA and facility staff and encouraging facility staff to take advantage of the array of leadership development opportunities provided.

A culture of patient safety is fostered by encouraging widespread use of incident reporting. Each incident report is reviewed by the ELT. During leadership WalkRounds®, tracers and EOC rounds, frontline staff is asked directly about patient safety and ethics. During the past 6 years, Truman VA has sent eighteen employees to the annual Patient Safety training conference to prepare them to lead HFMEA and RCAs. During executive WalkRounds®, the Director uses a script based in part on the Harvard Executive Patient Safety WalkRounds® project. Comments are reviewed and actions are taken, if necessary. Along with other senior leaders, the Patient Safety Manager (PSM) and the Quality Manager meet with frontline staff and discuss patient safety, quality and ethical concerns. The PSM was realigned under the Director's Office in 2007 to create a direct link to leadership. Since 2002, Truman VA's PSM has helped MU partner with NCPS and facilitates the annual interdisciplinary RCA training for future health care professionals.

As a measure of leadership's commitment to enhancing patient safety, the ELT is active in the RCA process as evidenced by meeting with the team before close-out and engaging all members during the RCA close-out meetings. RCA close-out meetings include ELT review of RCA team recommendations, and final approval for appropriate actions. Approved, implemented actions have included RFID surgical sponge process, Medical Team Training for OR teams, Radiology and Cardiac Cath Lab teams, Nursing Crew Resource Management training, implementation of the VA Daily Plan on the Community Living Center (CLC), and dramatic reduction in fall related injuries. One project from Medical Team Training was pre-operative and post surgical briefings that incorporated all aspects of the World Health Organization checklist and key elements pertinent to the patient population at Truman VA.

1.1b(1) The ELT uses a variety of communication methods to deploy expectations, goals, visions, and key decisions with the workforce, community and other stakeholders. Communication venues and evaluation sources are summarized in Fig. 1.1-3.

Figure 1.1-3 Communication Methods

Communication Method	Target Audience	Frequency	Two-way
Morning Meetings	Service Chiefs, Services	Daily	X
Intranet Page	Employees, Volunteers	Ongoing	
Bulletin Boards	All Stakeholders	Ongoing	
Letters to the Director	All Stakeholders	Ongoing	
Digital Signs	All Stakeholders	Ongoing	
Internet Page	All Stakeholders	Ongoing	
SCOOP Emails	Employees	Ongoing	
Social Media Sites	All Stakeholders	Ongoing	X
Gov Delivery Email List Serve	All Stakeholders	Ongoing	
Leadership Rounds	Employees	Ongoing	X
Chief of Staff Blog	Employees	Ongoing	X
Truman Bulletin	Employees, Volunteers	Bi-monthly	
Medical Staff, Service and Department meetings	All stakeholders	Monthly	X
Veteran Stakeholders Meeting	Veteran Service Officers, Congressional Offices, College Affiliates	Monthly	X
Town Hall Meetings	Employees	Quarterly	X
Academic Affiliation Partnership	Director, COS, clinical SLDs, Medical school dean, Department leaders	Quarterly	X
State of Mo. Veterans Commission Meetings	All stakeholders	Ongoing	X
State Conventions for DAV, VFW, and POW	All stakeholders	Annually	x

Senior leaders continuously strive to improve two-way communication with staff, stakeholders and patients. Two-way communication is promoted through daily morning meetings, social media sites and monthly stakeholder meetings with senior leaders. On a quarterly basis, the ELT facilitates town hall meetings with staff at different times of the day to accommodate all shifts. These quarterly meetings allow the ELT to share strategic direction, clarify key decisions and answer staff questions and concerns. The ELT analyzes the results from the AES to provide feedback on communication and recognition efforts. Beginning in FY12, the COS began scheduled employee rounding on a quarterly basis to engage in two-way communication and seek ideas from staff. To supplement the face-to-face rounding, the COS also launched an internal web blog for staff members to review and contribute their ideas (3.1a(1)). ELT members also facilitate regular VSO, stakeholder, affiliation partner, and VA Voluntary Service (VAVS) meetings to facilitate two-way communication. During these meetings, stakeholders and partners communicate with members of the ELT, providing an opportunity to 1) update stakeholders/partners on current events (i.e., patient programs, construction, site visits, etc.); 2) request assistance of VSOs to communicate information to Veterans within their respective organizations; 3) solicit feedback from stakeholders/partners; and 4) thank them for their continued support. Key decisions are communicated with employees through these various stakeholder meetings, daily medical center meetings, special announcements posted in the Truman VA Bulletin and intranet website, and electronic messaging. Those key decisions are reinforced through personal correspondence and supervisor discussion.

The employee awards and recognition program is a key component for promoting high performance and patient care focus throughout the organization. All services are allocated an annual awards budget in order to recognize employees for contributions in implementing improvements to organizational and patient care processes. Any employee can submit a nomination for facility-wide awards including Customer Service Recognition (STAR Awards), Employee of the Month, Medical Staff of the Year, Spotlight Award and Torch Award. Employees can also be nominated for patient safety Good Catch Awards. Recognition of award recipients is posted on bulletin boards throughout the facility, and STAR Award nominations are displayed on a bulletin board outside of the canteen for maximum exposure. Supervisors are encouraged to nominate employees for national awards. In past years, Truman VA employees have been recipients of the national VA Excellence in Nursing Awards. On a monthly basis, the service pin/award ceremony is held to recognize employees for their tenure and contributions. The ELT is present at this ceremony and the Director actively participates by personally congratulating and thanking employees for their work and service and presenting them with their pin and/or certificate. Photos from service pin/awards ceremonies are then displayed on posters throughout the facility. The ELT also attends the Annual Volunteer Recognition Banquet to recognize and express their appreciation of facility volunteers.

1.1b(2) The ELT creates a focus on action to accomplish its objectives, improve performance and attain its visions by creating a culture of continuous improvement within the organization, utilizing the strategic planning process to put PMs into actions. Each service is required to develop a business plan based on objectives identified at the annual strategic planning retreat and results from PMs. The ELT reviews the business plans and prioritizes requests for construction, space and equipment and assigns each business request to appropriate subcommittees. Specific feedback and responses are provided to the services regarding the status and priority of their requests. This detailed planning process of prioritized request lists allows for agility and continuous readiness within the organization for when periodic and special purpose funds are available for appropriation.

The ELT identifies ongoing needed action through incident reports, surveys, unmet PMs, focus groups, committee minutes, patient feedback, and WalkRounds®. The ELT investigates each identified area for improvement to determine an appropriate action plan. If improvement is needed, PATs, SR teams, RCAs, RRTs, or HFMEAs are deployed. The ELT is actively engaged with these teams, present at briefings and assigned specific action items. Each SR team is led by a member of the ELT and they review and approve all minutes. All future space designs undergo the formal SR process to ensure optimization of facility space, flow and resource utilization. Each year, new SR projects are identified, prioritized and deployed to improve both clinical and administrative processes, as reflected: FY09, 14 teams; FY10, 10 teams; FY11, 9 teams; FY12, 8 teams.

1.2 Governance & Social Responsibility

1.2a(1) The ELT is held accountable through the VISN 15 and VACO reporting structure as well as through transparency of reporting to media, Congressional stakeholders, VSOs, and Veterans. Goals and measurements are outlined within the Executive Career Field (ECF) Contract. Senior leaders receive performance evaluations biannually. Within the facility, the JLC ensures management is accountable for the organization's actions and financial performance. Since FY09, the JLC has completed an annual review of the governance structure. Each board completes a review to evaluate the performance of the board and actions are made based on that feedback. For example, at the beginning of FY11, the VOC was realigned under the CSB to ensure streamlined reporting. The Compliance Committee and PI Committee were both disbanded and rolled up into the PI and CBI Boards. In order to provide transparency and accountability across the governance structure and organization, all board and committee minutes are available on the internal SharePoint that is accessible to all employees. Each board and committee completes an end of the year report to discuss successes, changes made, goals for the upcoming year and any membership changes. Fiscal accountability is achieved through the governance structure by ensuring staffing, overtime, and control point increases are approved by the Resource Management Committee (RMC). Senior leaders are required to use the Fiscal Glide Path data to compare operations metrics critical for decisions on resource allocation. Ongoing fiscal performance is reported at monthly executive budget briefings with the ELT and certified at the end of the fiscal year.

Internal audits of the governance structure are performed through SOARS during periodic visits. Each year, external reviews of the medical center as well as board performance are completed (Fig. P.1-5). During the last three years, 105 external auditors have reviewed the facility's performance, ranging from Office of Research Oversight (ORO) to The Joint Commission (TJC) to OSHA. Stakeholder interests are protected through oversight and transparency of quality information. Truman VA performance data are shared through multiple external quality reporting websites including ASPIRE, IPEC and Hospital Compare as well as the facility PM dashboard.

1.2a(2) The SES OPM-approved Director and other ELT members are evaluated under a standardized VHA annual performance contract. This contract correlates directly with organizational PMs and an executive core qualification standards contract that is then rolled down to the respective ELT member and down to appropriate service chief and employee. The ELT also routinely participates in comprehensive evaluations conducted and analyzed by the VA National Center for Organizational Development (NCOD). Systematic reviews of PMs provide the basis for organizational learning. Truman VA continually searches for organizations that are renowned for expertise in the Baldrige categories. We compare and benchmark with facilities that perform the best in VISN 15, the best in VHA, facilities in the 1C complexity level, and Carey/Baldrige Award winners. In the fourth quarter of each year, the performance of senior leadership is evaluated against organizational and individual goals for the year. Clinical and administrative senior leadership are evaluated at the top levels of the High Performance Development Model (HPDM). Based on the performance rating, ECF bonuses may be awarded to senior leaders. Clinical providers undergo a peer-review process linked to organizational clinical PMs before their privileges are renewed. Goal performance is integrated into the strategic planning process to develop educational training plans and to improve the overall organizational performance on short and long-term horizons.

1.2b(1) Monitoring and WalkRounds® occur on an ongoing basis to ensure employees are following policy and to identify early signs of adverse impact. Employees are empowered and encouraged to report occurrences of non-compliance through incident reporting. However, if adverse events occur at Truman VA, issue briefs are immediately sent to the VISN 15 Office and local teams are put into place for expedited review. Public concerns are anticipated through environmental scans, review of current events and trends. External inquiries are sent through the Public Affairs Officer (PAO) and guidance is provided nationally through the Office of Public and Intergovernmental Affairs. Key processes for addressing risk include patient incident reporting and WalkRounds® with staff. Process measures for risk and operations include a number of metrics including incident reports, EEO and patient advocate complaints, and Congressional inquiries. Tracking identified risk through resolution is hard-wired into committee structures (Fig. 1.2-1). Truman VA strives for continual readiness and embraces review of legal behavior, regulatory behavior, and accreditation from internal and external reviewers. Areas identified for improvement are often incorporated into our mock tracer team, EOC round survey team processes, and RRTs (Figs 7.1-35 & 36).

1.2b(2) Ethical behavior is promoted through the ELT and the Compliance and Business Integrity Officer (CBIO). Upon hire, employees are introduced to the IE Program. All employees are required to complete annual ethics awareness training in order to keep ethics a top priority. WalkRounds® allows ELT members to meet with frontline staff without supervisors present (Fig. 7.3-11) where ELT members ask questions related to patient safety, ethics and needs (Fig. 1.1-2). Employees are empowered to report suspected incidents of fraud, waste and abuse. Telephone numbers are posted in the facility providing stakeholders access to report suspicious activities to VA's Compliance, OIG, or TJC Hotlines. The key process for monitoring ethical behavior through the governance structure is through reporting to the IE Committee. The IE Committee incorporates Clinical Ethics Consultations, Preventive Ethics, and Ethical Leadership. The governance structure was reorganized in FY11 to elevate ethical monitoring by aligning the IE Committee directly to the JLC. Ethical reporting flows through the governance structure board/committee meetings by adding ethical issues into the meeting agenda (1.1a(2)). Ethical monitoring is conducted throughout the organization. For example, when acquisition of resources occurs, checks and balances are in place to ensure that all contract negotiations are handled in a fair and equitable manner. Conflicts of interest are assessed annually.

The clinical ethics consultation process allows for a proactive approach for clinical review and advisement when possible ethical concerns by staff arise. In FY11, the Ethics Consultation Team placed posters in resident physician work rooms to elevate the profile of this activity (Fig. 1.2-2).

Figure 1.2-2: Promotion of Ethics Consultation

Any potential breach of ethical behavior identified by individuals or boards/committees is reported to the IE Committee. When a breach in ethical behavior is suspected, (1) the ELT is notified; (2) VA Regional Counsel is called; (3) an issue brief is sent to VISN 15; and (4) an Administrative Board of Investigation may be chartered to conduct an investigation. If warranted, follow up will occur with appropriate disciplinary action and referral to appropriate authorities.

1.2c(1) Truman VA embodies the I CARE core values through programs to benefit Veterans and the community at large. Truman VA offers outreach and special programs to targeted Veteran populations that have a social and economic impact for Veterans and society. For homeless Veterans, the HUD/VASH program provides comprehensive case management services that reduce substance abuse, psychiatric relapses, improve the health status and social integration of Veterans and facilitate access to community resources. In addition, the Voucher Based Incentives in the CWT program's main objective is to improve CWT outcomes by improving abstinence rates and program compliance. For incarcerated Veterans, the Veteran Justice Outreach (VJO) initiative is part of the VA's system-wide efforts to ensure access to services for the justice-involved Veteran at risk for homelessness, substance abuse, mental illness, and physical health problems. Truman VA's VJO Specialist oversees development of the program, which involves direct outreach to justice-involved Veterans and education/training to law enforcement, court professionals, VA staff and community providers. Veterans who live in rural areas benefit from improved access to care through CBOCs and Home-Based Primary Care (HBPC). Truman VA recently relocated and expanded the FLW Clinic in 2011 to meet the needs of area Veterans. In addition, Veterans who have difficulty leaving their home may also participate in the HBPC Program.

Truman VA has implemented a Green Environmental Management System (GEMS) based on the ISO 14001 Environmental Management System standard. Through the GEMS program, environmental aspects of the facility's activities, products, and services are identified and managed to ensure compliance with applicable environmental regulations. The GEMS program is used to identify and evaluate continual improvement opportunities in support of waste minimization and pollution prevention. Through the GEMS program, management has established an environmental policy that reflects a commitment to environmental compliance, pollution prevention, waste minimization (Figs 7.4-21 & 22), the conservation of cultural and natural resources, and the continual improvement of environmental programs.

In order to reduce energy waste, OIT deployed a workstation power management (WPM) setting to all workstations. This is an energy saving feature that turns off workstation power or switches the workstation power state to reduce energy usage when inactive for more than thirty minutes.

1.2c(2) Members of Truman VA's key communities, 45 counties included in our service area, are reached through outreach events and community involvement. At the facility, Truman VA holds events and activities to build community health such as the annual flu shot clinic, prescription drug take-back, wellness activities, and blood drives for patients and staff. In the community, Truman VA is involved in activities benefiting the community at-large, including the Combined Federal Campaign (CFC) (Fig. 7.4-20), Heart of Missouri United Way, Columbia Chamber of Commerce, civic clubs/organizations, colleges, the Basic Needs Coalition, Central Missouri Honor Flight, Columbia Meals on Wheels, and Partners in Education with Frederick Douglass High School. Additionally, many Truman VA employees are involved on an individual basis with various community organizations as listed above as well as Habitat for Humanity, Voluntary Action Center, Central Missouri Food Bank, Joplin Tornado Relief, Marine Parents.com, and Big Brothers Big Sisters. The ELT, in concert with our workforce, contributes to improving these communities by fostering open two-way communication through a number of modalities as previously noted (Fig. 1-1.3).

Category 2: Strategic Planning

2.1 Strategy Development Truman VA's strategic planning process is clearly proactive. It is derived, essentially, from the Strategic Objectives of the VISN 15 Annual Strategic Plan as well as the VA Strategic Plan. The plan, subsequently, provides a structure and means for continual revision of tactical action plans to support the mission, vision, and values of the organization (Fig. 2.1-1).

2.1a(1) The facility's strategic planning process is conducted in concert with members of the ELT, local union representation and participation from supervisors as key participants in the planning cycle. The process of inclusion

from frontline supervisors, local labor partners and all supervisors across the continuum of responsibility up to and including the ELT ensures a narrow, if not negligible, blind spot for strategic planning. The process is threefold and includes (1) the SMRB as a recommending and governing body for the provision of strategic oversight and resources; (2) the annual strategic planning retreat for the identification of short-term action plans and strategies; as well as (3) the Strategic Capital Investment Plan (SCIP) as a process for the identification of long-term capital improvements.

Figure 2.1-1 Strategic Planning Process

The SMRB has leadership and oversight responsibility for all issues of strategic planning and strategic resource evaluation for the organization. Primary areas of focus in strategic management are to provide recommended direction and oversight to the ELT for all planning activities to include operational planning, action planning, performance planning, space optimization planning, CBOC market analysis and implementation of VHA Goals, as well as PMs identified by VACO and VISN 15. An ongoing vital step in our strategic planning process is an environmental scan to gather information regarding our institution and the performance as it relates to our customers, competitors, partners, and community. This environmental scan includes resource utilization, market penetration, Veteran population, actuarial tables, and emerging health care trends in local and national markets. This body is the conveyance mechanism for organizational level strategic planning to the JLC, the governing body of the Truman VA.

Changes in Market, Competition, and Patient/Stakeholder preferences are addressed utilizing systematic data analysis. Examples of the process were demonstrated during the planning for a second, southern location for HBPC. The ELT examined data alongside the facility's core competencies to justify construction of a southern location for the HBPC program. During the analysis, the ELT reviewed the most recent data from VHA Support Service Center (VSSC). Changes in Inpatient Admissions and Inpatient Days after HBPC Enrollment indicated that hospital admissions of HBPC patients decreased by 32% and the bed days of care (BDOC) decreased by 71% for patients in our facility's HBPC program. Previously, we provided HBPC services to any eligible Veteran who lived within 70 miles of the medical center. There are 6,144 active Veterans receiving care at three CBOCs in our southern catchment area. Locating HBPC in the Waynesville/St. Robert area allows us to provide services to these Veterans, as needed, to keep the Veterans in their homes, decrease hospital admissions, and decrease the BDOC.

The annual strategic planning retreat is a one-day event for Truman VA leadership to self-determine key action plans to meet the intent of the VISN 15 Strategic Objectives in support of the VA Strategic Plan. During this time, the attendees review local and national trends in emerging programs and demographic and financial resource information, and tasked with the identification of action plans to redirect the course of the organization through the Strengths, Weaknesses, Opportunities, and Challenges (SWOC) process (2.1a(2)). These action plans are short-term in nature (one to two years) and provide direction for budgeting and resource direction to meet short-term organizational needs. The annual strategic planning retreat is the precursor for the annual organizational budget planning process, as resource requests must be directly tied to the action plans developed during the retreat.

The SCIP is a process that utilizes projected workload and current medical center abilities as the primary driver for directing capital investment funding. The process predicts future workload using proven modeling schemes that take into account Veteran population, market penetration, and demographic population shifts. Workload projections generate the requirements for space, clinical utilization, access to care, functional deficiencies, and infrastructure needs. The requirements are compared to current medical center capabilities and conditions, and gaps are subsequently identified for meeting the future workload. The SCIP process requires Truman VA to develop a plan to eliminate the gaps via new construction, remodeling, leasing space, contracting out workload, or sharing workload with intra or interagency resources (i.e., other VAMCs or DoD healthcare facilities). The plan also includes addressing our responsibilities to provide a safe, secure environment and for reducing energy consumption and our carbon footprint. Measurable outcomes from the SCIP process are, in part, provided as approved capital investment projects (P.2a(2)) approved for construction or as line item requests from VA to the President as reflected in the annual budget submission to Congress.

2.1a(2) At Truman VA, the SWOC analysis tool is utilized to identify measures within our organization and those outside the organization for consideration. The SWOC analysis is incorporated into the comprehensive strategic plan. The SWOC is used in conjunction with the internal assessment, external assessment, and demographic analysis that is done as part of the strategic plan. Each service in the organization conducts individual analyses as part of the annual strategic planning retreat, which is a requirement of the action planning process. This information is incorporated into the organizational SWOC as a roll-up from individual services. Past performance is assessed and ongoing processes are checked as completed or underway. Each portion of the analysis tool is compiled as an electronic document and includes AES, PM results, SHEP scores, and resource information from prior year approvals as a baseline for future resource needs to meet action plans identified through the annual strategic planning retreat.

2.1b(1) The Strategic Plan (Fig. 2.1-2) includes specific objectives with achievable goals and target dates. Truman VA boards develop implementation plans for accomplishing the goals and objectives. The boards also have stakeholder membership allowing individuals to establish the mechanism for implementation. Boards, services, and staff assign strategic goals and objectives in the Operational Plan to persons or service chiefs responsible for taking action and tracking progress. The board chairs submit annual reports to show progress toward achievement of the goals and objectives. Input from partners is obtained as appropriate. JLC reviews these reports, makes recommendations and, if necessary, recommends allocation of resources to assure project completion.

2.1b(2) As part of VISN 15, Truman VA receives Strategic Objectives as an output from the VISN 15 Annual Strategic Plan. The responsibility remains with Truman VA to interpret these objectives using local resources. Truman VA continuously involves patients, staff members, other key customers, and stakeholders in our strategic planning cycle. Involvement by suppliers and contractors is assured by participation on VAMC committees. The input from these forums assists the organization to match stakeholder needs with operational requirements and available resources. The organization reviews patient demographics regularly in order to make changes to patient care and services that will benefit the Veteran. The organization solicits feedback from patients, families and other external stakeholders through focus groups, the CSB, VAVS, VSOs, and through attendance at Missouri Veterans Commission meetings. The SR initiative demonstrates how objectives address strategic challenges. Truman VA leadership charters SR teams to identify problems and to design and implement solutions.

Figure 2.1-2 Strategic Objectives and Goals

Strategic Objective	Measure of Success	Short-Term Target	Long-Term Target
Goal One: Specialty Care Access Truman VA, in coordination with the facilities within the VISN 15, will study, as a group, the growth and deployment of specialty services within the geographic region.	Increase Specialty Care access	• Meet minimum SHEP score criteria • Enact PACT Team in PC Clinics	• Exceed SHEP Score criteria • Enact PACT
Goal Two: Revenue Cycle The Network will standardize and improve the revenue cycle. Working collaboratively, the Network will formalize expectations and develop a tool kit for use at all VISN 15 medical centers.	Increase revenue collection	Maintain market penetration and drive time standards	Increase market penetration and exceed 70% primary care threshold PM
Goal Three: Non-VA Care Collaborative In coordination with the facilities within the Network, Truman VA will explore the opportunities and viability of creating referral centers for services.	Reduction in Non-VA Fee	Flat-line Non-VA Fee expenditures	Reduce Non-VA expenditures
Goal Four: Care Coordination Collaborative VISN 15 will set up a Network collaborative for inter/intra facility coordination of care to ensure excellence in care to our Veterans through improved coordination of care projects.	Increased Access PM	• Meet Behavioral health access measures • Become comphrensive VISN Open Heart center	• Exceed Behavioral health access measures • Exceed open heart program goals
Goal Five: Mental Health The Network will continue to ensure that exceptional quality mental health services are provided to Veterans. Efforts will continue to aggressively manage the Homeless Veteran population.	Improve efficiency in mental health	Initiate Peer Support Services & improve initiation of Evidence-Based Psychotherapy treatments.	Exceed all elements of Uniform Mental Health Services Handbook (UMHSH)

2.2 Strategy Implementation

2.2a(1) Action Plans to meet the short and long-term targets from the organization's Strategic Objectives are developed and approved as part of the annual action planning process. As it were, service chiefs are required to include AES results for their section of the medical center requiring improvement as aggregated, identified, and prioritized prior to the Strategic Planning Retreat. This ensures a direct tie with current employee satisfaction, two-way communication, and employee engagement for each of the action plans submitted to meet the Strategic Objectives. The inclusion of HR information in workforce succession planning includes efforts to recruit critical occupations. Recruitment incentives, such as recruitment/relocation, have proven indispensable in recruiting historically hard-to-fill vacancies including ICU RNs and a variety of physician specialties. RMC provides input on resources available in the form of FTEE salary dollars available, overtime, equipment, and space. Scores from customer service surveys provide feedback (3.2a(2)) that is used to determine whether action plans are effective in providing service to our customers. A focus on hiring individuals with targeted disabilities emphasizes the organizational responsibility to provide for a diverse workforce in accordance with expanded legal requirements of the Equal Employment Opportunity Commission (EEOC) (Fig. P.1-3). The ability to provide meaningful work and lasting employee satisfaction in accordance with action plans is again reflected in subsequent AES results to complete the cyclical nature of Truman VA's action plans (Fig. 2.2-1) to meet Key Strategic Objectives. In early 2012, Truman VA received a "Flag of Freedom" award for participation in the Missouri Show-Me Heroes program. The governor of Missouri initiated this program, under the direction of the Missouri National Guard, in January 2010 to encourage businesses and organizations to hire returning Veterans. Truman VA was recognized for its continued efforts to hire Veterans, which also supports a national goal of the Secretary of Veterans Affairs.

Truman VA understands the importance of new technology, organizational knowledge, evidence-based medicine, and health care service excellence. As a result, the facility uses each element to be effective in its work processes. The need for agility spans each of these pillars, providing opportunities for others to react and be proactive (6.2a(1)). This agility enables the facility to address our key engagement element of positive working conditions and can be seen in AES results. A recent example is our use of medical support authority to hire Sterile Process Service (SPS) technicians when SPS staffing levels became critical through attrition.

The SCIP process is a robust, data-driven and prioritized listing of capital expenditures proposed by Truman VA to meet both near future (<5 years) and long-term (>5 years) planning horizons. Composed of multiple sub-parts that are linear in nature, the SCIP process provides for a means to request capital improvement projects to meet the Strategic Objectives of the organization. The SCIP process begins with a gap analysis of information including, but not limited to, access, workload/utilization, space, condition, security, energy, and other gap data. A required assessment of the proposed plan includes a narrative document explaining how gaps will be reduced and assumptions gleaned through the analysis phase. Truman VA then prioritizes plans based on the reasonableness of available capital, historical requests, and an established timeline for capital improvement developed through the VSSC Master Space Plan. Plans then require the development of a business case analysis to determine return on investment, net present value, cost benefit ratios, and additional financial determinations, i.e., build versus buy versus lease analysis. Plans are then scored and approved based on set criteria including lifetime costs of the property, plant or capital requested. Capital improvement requests not approved through the SCIP process remain forever in the electronic SCIP database and are re-evaluated at the beginning of the out-year. SCIP plans that are approved reach the final step of execution. This step includes transfer of funds, obligation for design, award of design, obligation for construction, award for construction, and, finally, activation of the capital expenditure. Truman VA's SCIP plan has yielded many key changes (P.2(a)2) to critical infrastructure and capital improvements. The facility has successfully identified and garnered $28.8M in improvements to meet Key Strategic Objectives from FY07-FY10 and received an additional $30.7M in FY11 to meet Strategic Objectives.

Figure 2.2-1 Cyclical Nature of Truman VA's Action Plans

Action plans are developed and finalized at the Strategic Planning Retreats. Action plans are discussed at the monthly SMRB meetings by the responsible reporting individual. Each service discusses the applicable action plans with their staff in service and program meetings. The strategic plan is available to all staff on the facility's website. Action plans are systematically deployed to key suppliers, partners, and collaborators during the execution of the plan through a variety of modalities including stakeholder membership on teams and direct communication with suppliers, distributors, partners, and patients. Action plan deployment is through organizational structure of boards and committees where all action plans are assigned reporting responsibility through the appropriate board or committee including regular status reports. Sustainability of the action plan is tracked over several years to ensure that these items can be maintained in the long-term as they are deployed and integrated into the organization. One example of this alignment is a requirement that SR teams report back to the PIB six months after the completion of the team's work. The six-month follow up includes a status report on how the action's results were sustained and, if positive results were not sustained, an action plan is submitted for PIB to approve and assign.

Truman VA does not consider short and long-term objectives as challenges. Rather, they are seen as opportunities to monitor and track progress, allowing significant time to accomplish. Key measures by which to track and compare performance include the SR six month follow up reports to the PIB, the Financial Management dashboard reported at the OB, and compliant action plans presented and reported at PIB based on Patient Advocate reports.

2.2a(2) The business plan process is the tool that defines the initial workload and budget targets for the upcoming fiscal year. Each service within the facility participates in the business plan process to request resources. The process includes succession planning when services identify persons eligible for retirement within 3-5 years. In addition, services identify training requirements to ensure that new staff receives proper preparation to assume duties of a new position. ELT determines and approves the service budgets, the ELT rolls out a final budget to each individual service. The business plans are referenced continually by RMC during the course of implementation to ensure that the plans are still in alignment with the direction of the medical center. Additionally, an Executive Decision Memorandum (EDM) is required for any new major initiative or program. The EDM is a template document that addresses information related to clinical care, business processes, reimbursement possibilities, construction and infrastructure impact, and any crosscutting issues. Use of the EDM allows for identification of impact prior to implementation.

2.2a(3) The budget process and resource requests continue throughout the year and, at a the mid-year point, leaders conduct evaluations to discuss budget variances, deficits and progress on strategic initiatives. During these evaluations, service chiefs have an opportunity to communicate any significant challenges or opportunities in their service during the first six months of the year. The mid-year evaluations serve as another internal environmental scan to capture

significant challenges. The ELT tracks and monitors the facility's budget and ensures alignment and compliance with both the strategic plan and the operational plan. RMC provides a mechanism for service chiefs to request resources as demands become apparent in their area. When a service chief faces resource deficits or challenges, the RMC reviews and develops appropriate actions and communicates recommendations back to the respective service to develop a precise action plan. RMC also reviews requests for equipment, through the equipment committee, as well as any new requests for additional funding, equipment and new medical technology. RMC and the service chiefs collaborate on a gap analysis of service or program and review the analysis to determine whether the organization has appropriate human and technological resources to assure current and future needs.

As previously noted, the need for agility spans each of the facility pillars. Organizational agility can also be seen in the use of the Fiscal Glide Path tool. This provides useful data to be used in planning purposes, productivity, cost control, efficiency, and effectiveness factors to guide the medical center (6.2a(1)). RMC requires requests for FTE to document alignment with organizational mission and core competencies along with a business case for the FTE. In order to implement a shift in plans to meet core competencies, the facility will utilize various resources such as temporary appointments. This principle was demonstrated recently by RMC with its recommendation to recruit for an intermittent anesthesiologist. The position effects core competencies and the justification included analysis of overtime currently being utilized to address the position being requested.

2.2a(4) The annual AES is administered by the NCOD for the purpose of measuring employee satisfaction, workgroup factors affecting productivity and satisfaction, and organizational culture. Regular Voice of VA (VOVA) Surveys are used to collect information on staff perceptions of learning, training, inclusion, utilization of library services and job competencies. Action plans are developed and completed by each service and shared with staff to continuously improve Truman VA's workforce. The Reward and Recognition program was reconfigured to focus on performance oriented awards. This process encourages employees to achieve positive outcomes and reinforces the medical center's results-oriented culture. The facility addresses key workforce plans including potential changes to workforce capability and capacity through ELT review and requests for action plans based on analysis by the ELT. A recent example was the OR activation and the potential impact on our workforce as a result of the increase in vascular services. Another example was the analysis when VHA Medical Care Collections Fund (MCCF) operations were nationally mandated to consolidate into regional Consolidated Patient Account Centers (CPACs). The ELT chartered a CPAC Transition Team to help diminish the impact of financial and other risks to our workforce capability and capacity. As a result, the team successfully placed all affected MCCF staff.

Truman VA conducts annual budget hearings in which the services lay out their plans for the subsequent fiscal year. Part of the business planning process is a comprehensive SWOC analysis and action plans to mitigate any weaknesses, opportunities, and challenges. The services present their plans and resources are allocated appropriately. These action plans are referred to continually throughout implementation to ensure that the objectives are still in alignment with the strategic objectives of the facility.

2.2a(5) One element of Truman VA's Strategic Plan looks at management of human resources, which includes consideration of capacity and capabilities as described in 5.1a(1) to meet the facility's short and long-term objectives. Advance planning allows review of critical knowledge gaps and allows the organization to take proactive steps utilizing HPDM competencies. Service business plans identify staffing and succession planning needs to meet the facility's short and long-term objectives.

Human resource and workforce development plans are an integral part of our strategic and business planning process. The organizational process, cumulative FTEE monitors, and fiscal monitors assure compliance with individual service budget and workload targets.

2.2a(6) Truman VA tracks key PMs and strategic action plans from VACO, OQSV, VISN 15, and TJC using an Organizational PM Dashboard. The data on the dashboard are analyzed to confirm improved results. Our strategic planning approach serves as an environmental scan of key measures by conducting monthly on-site audits to evaluate progress by tracking through the board structure (Fig. 2.2-2). The organization tracks results and compares performance month-to-month from the following reviews: EPRP, OIG, SOARS, VISN CRR, NHPP, TJC, AAHRPP, CAP, and OSHA. Truman VA measures performance, monitors quality care, and substantiates accurate performance. The dashboard is cross-functional in covering key development areas, core competencies, and deployment to stakeholders, VISN 15, service chiefs, and staff through various reports and forums.

In the event that circumstances require a modified action plan, the ELT, in conjunction with partners and stakeholders, reexamine current plans against the anticipated shift in priorities. One recent example is the unanticipated equipment funding by Congressional appropriations in FY2012. All services worked together in eight teams to define equipment needs, costs, priorities, standardizations, life expectancy and submitted comprehensive reports within a week to VISN 15 for acquisition decisions.

2.2b Truman VA tracks performance to identify opportunities for improvement and for projecting short and long-term performance. The projections are determined by the established national and local benchmarks and goals. Interventional and projection reports and graphs are developed for tracking performance and actions put in place for identified improvements**.** The results of the data comparison demonstrate Truman VA's progress with other facilities in VISN 15, our Medical Center Grouping (MCG), TJC accredited organizations and the VAMC as a whole. As performance gaps are identified, leaders prepare strategic and action plans to improve Truman VA's position.

Figure 2.2-2 Key PM Tracking

Measure	Reported to	Specifics	
Appropriate Admissions	CEB	By specialty	
Mortality Rate	CEB	By specialty	
Lost Time Employee Accidents	ARB	Manager reports	
AR > 90 Days	OB	Action plans when below goal	
Fiscal Accountability Audits	OB	Travel clerk 1358 Review	General post-fund audits
SHEP Satisfaction Data	PIB & CSB	Action plans when below goal	
After Action Reports	EMC	Developed based on findings	
Clinical PM Outcomes	PIB & CEB	Pneumonia care- antibiotics in 6 hours Pneumococcal vaccine Influenza vaccine Surgical care- correct antibiotic Appropriate hair removal	VTE prophylaxis ordered Post-op infections/ complications Prophylactic ABX started timely Central line associated bacteremia

Category 3: Customer Focus

3.1a(1) In keeping with VA's I CARE core values, Truman VA has wide-ranging methods in place to acquire actionable information from current patients and stakeholders. As displayed in Fig. 3.1-1, various listening/learning methods ensure the voice of the customer is heard no matter what patient, stakeholder, or market segment group they represent.

Figure 3.1-1 Patient & Stakeholder Listening Methods

Listening / Learning Mechanism	Predominant Customer Segment Targeted	Mechanism Type	Data/Info Type Collected
SHEP Survey	Inpatients & Outpatients	Survey	Quantitative
CSB Focus Groups		Focus Group	Qualitative
MHV / Secure Messaging		Online	Qualitative
Letters to the Director		Letters	Qualitative
Patient Advocate Program		PATS	Quantitative & Qualitative
VISN Post Discharge Telephone Survey	Inpatients	Survey	Quantitative & Qualitative
CLC Resident Council		Meeting	Qualitative
OEF/OIF/OND Focus Groups	Outpatients	Focus Group	Qualitative
Stakeholder Meetings within BH		Meetings	Qualitative
TeleHealth		Televideo	Qualitative
Chief of Staff Blog	Internal Stakeholders	Online	Qualitative
All Employee Survey		Survey	Quantitative
Voice of VA Survey		Survey	Quantitative & Qualitative
RN Satisfaction Survey		Survey	Quantitative
WalkRounds		Rounding	Qualitative
Morning Meeting		Meeting	Qualitative
Staff Meetings		Meeting	Qualitative
VOC Events	External Stakeholders (including potential & former stakeholders)	Events	Qualitative
Bereavement Survey		Survey	Quantitative
Family Conferences & Caregiver Support		Meeting	Qualitative
Academic Partner Meetings		Meeting	Qualitative
Various VSO & Stakeholder Meetings		Meeting	Qualitative
Town Hall Meetings	All Patients & Stakeholders	Meeting	Qualitative
Director & Program-Specific Comment Cards		Comment Cards	Qualitative
Gov Delivery E-mail List Serv		Online	Qualitative
Social Media Using Facebook & Twitter		Online	Qualitative

Listening methods constantly evolve to promote the delivery of patient and family centered care and services. Central to this concept is the fully engaged partnership that includes Veteran patients, family members and/or caregivers and health care team members. Consistent attention is given to engage patients and stakeholders in decisions affecting them. Currently, membership of all SR, PATs and RRTs include a Veteran if the group's recommendations will impact the delivery of care or services. Listening and attending to the expectations and needs of customers ensures that the wants, needs and preferences of Veterans are respected and exist at the center of all decision-making (4.1a(3)). A key component in listening to current patients is the SHEP survey. SHEP surveys are systematically administered via mail to both inpatients and outpatients. Results are analyzed to identify strengths and opportunities for improvement. Special work groups are formed to make positive changes within Truman VA. As an example, a recent team was formed by the CSB to make inpatient visiting hours more patient-centered. The team's work resulted in a policy change making visiting hours 24/7 within the medical center with few exceptions to maintain a healing environment.

Use of social media and other web-based technologies is increasingly essential to communication with patients and stakeholders. Many younger OEF/OIF/OND Veterans enter VA with the expectation of using the most convenient means of communication available. Through rollout of My HealtheVet (MHV), VA's online personal health record, many primary care teamlets and coordinators of special programs such as MOVE are utilizing secure messaging. This web-based messaging system allows VA patients and health care teams to communicate non-urgent, health related information in a private and safe online environment. Additionally, Truman VA's use of Facebook and Twitter provides a means for patients and stakeholders to engage in two-way communication through wall posts and tweets providing new insights to our customers' perceptions. Examples of success stories in connection with social media include assisting a community member find local support for post-traumatic stress disorder, communicating during a winter storm emergency and reaching out to a dissatisfied Veteran wishing to transfer his care to Truman VA. Figure 7.2-19 summarizes Truman VA's use of secure messaging through MHV with responses within three business days. Likewise, social media

and web-based technologies provide additional opportunities to interact with internal stakeholders. Truman VA's COS recently began placing blog posts on the medical center's intranet home page. This blog and the opportunity for employees to post comments in response to all posts has created an additional means for two-way communication with staff members and tremendous opportunities for recognition of employees at all levels of the organization. As a final electronic means of communication, all stakeholders have the opportunity to sign up for an email listserv (GovDelivery) and receive featured stories direct to their inbox. In summary, the voice of the customer is captured by gathering and integrating survey data, focus group findings, and written, verbal, and web-based correspondence making Truman VA's current patients and stakeholders partners in the provision of VA health care and services.

3.1a(2) Through a wide range of outreach programs, Truman VA listens and learns from both potential and former patients and stakeholders. Established in December 2009, the VOC (1.1a(2)) is comprised of representatives from special programs (e.g., Women Veterans, Minority Veterans and Homeless Veterans), HAS, CBOCs, local Vet Center staff, and various other key personnel. VOC members collaborate to identify and attend community outreach events throughout the medical center's primary service area. Outreach performed is intended to raise awareness of VA and reach new Veterans who may be eligible for health care services. For each outreach event, Truman VA ensures eligibility and enrollment experts are present to answer questions and assist with completion of applications for health care benefits. Examples of events recently staffed by VOC members in order to provide outreach to potential patients and stakeholders include: Missouri State Fair, OEF/OIF/OND Welcome Home, Yellow Ribbon Ceremonies, Post Deployment Health Reassessment Programs, Veterans Appreciation Days, community Veteran benefits briefings and various VSO conventions.

In addition to the extensive efforts made by VOC members, the ELT has established close working relationships with key VSOs such as the American Ex-POWs, The American Legion, Disabled American Veterans, and Veterans of Foreign Wars. These relationships foster invitations to conferences and conventions providing a forum to engage Veterans in their own communities. Furthermore, consistent contact with the Missouri Veterans Commission and the Missouri Association of Veterans Organizations (MAVO) provides Truman VA opportunities to share information and collect feedback. In fact, MAVO brings together the common interests and concerns of 22 VSOs. At a minimum, Truman VA presents to this group once a year making medical center operations one of the core common interests shared among MAVO's member organizations. Given that these organizations represent a significant proportion of Missouri Veterans, this relationship is essential to receiving feedback from both potential and former patients and stakeholders as well as competitors' patients and stakeholders. Executive leadership has also guided the establishment of relationships to student groups within MU and Columbia College. Representatives from each of these groups attend a monthly stakeholder meeting facilitated by Public Affairs that allows consistent communication to these current and potential patients and stakeholders. The VAVS Committee is a similar forum comprised of 19 Veteran, civic, fraternal, and community organizations. Chaired by the Associate Director, this committee meets quarterly to provide and receive feedback regarding Truman VA care and services. Given consistent struggles with parking, the VAVS Committee played a role in establishing a valet parking program that operates from the main entrance of the medical center. This program has been beneficial in improving overall satisfaction with parking at Truman VA and praise has been specifically received from spouses of residents within the CLC. These spouses often express their gratitude in light of the assistance valet provides them when picking-up or dropping-off their loved ones, especially TBI patient families.

3.1b(1) Truman VA determines patient and stakeholder satisfaction and engagement through the qualitative and quantitative approaches noted in Fig. 3.1-1. SHEP survey data, Patient Advocate Tracking System (PATS) complaint/compliment data, focus groups, letters to the Director from Veterans and Congressional offices, post discharge telephone calls, comment cards, employee surveys, meetings, WalkRounds®, and other mechanisms allow a level of satisfaction and engagement to be ascertained. These feedback instruments also assist in identifying positive and negative trends that lead to opportunities for improvement. SHEP data is reported to the CSB on a monthly basis, JLC on a quarterly basis and is available to all employees via the governance structure SharePoint site found on Truman VA's intranet. Additionally, SHEP results are regularly posted on digital signs so that all employees are able to view the most recent patient satisfaction survey results that include both outpatient data (CAHPS) and inpatient data (HCAHPS). This public display of data assists in maintaining Truman VA's commitment to patients, employees, contractors, volunteers, and other stakeholders to be a transparent organization. This transparency is crucial given the customers and stakeholders noted in Fig. P.1-6. Dimensions of patient satisfaction for inpatients and outpatients as measured by SHEP are depicted in Fig. 3.1-2.

Figure 3.1-2 Dimensions of Patient Satisfaction

Patient Satisfaction Dimensions of Care	Inpatients	Outpatients
Communication with Providers	X	X
Overall Rating of Provider		X
Communication about Medication	X	
Pharmacy Mailed		X
Pharmacy Pick-Up		X
Responsiveness of Hospital Staff	X	
Provider Wait Time		X
Getting Needed Care		X
Getting Care Quickly		X
Discharge Information	X	
Pain Management	X	
Cleanliness/Quietness of Hospital	X	
Overall Rating of Hospital	X	
Willingness to Recommend Hospital	X	
Shared Decision Making	X	
Privacy & Noise Level in Room	X	
Overall Rating of Health Care		X

Recently, efforts to turn SHEP data into actionable information have been advanced by the OQSV's Attributable Effects analysis report. This analytic tool designed to identify key SHEP questions associated with the "Overall Rating of the Hospital" is an effective method to categorize the most influential drivers of patient satisfaction.

Actionable information is also gathered through various focus groups and stakeholder meetings. Patient and stakeholder input were recently utilized to develop an additional service offering within BH. Truman VA's Psychosocial Rehabilitation and Recovery Center (PRRC) is a transitional outpatient program that assists Veterans with serious mental illness to reclaim their lives by instilling hope, validating strengths, teaching life skills, and facilitating community integration. The strategic direction and goals were developed by reviewing the requirements for formal designation as outlined by VACO. Additional input was gathered from Veterans and stakeholders and used to develop the future plan and vision for the PRRC to meet the specific needs of the target population. That included Veterans directly served by the PRRC, family members of Veterans served, and the providers of programs who have a stake in the successful operation of the PRRC. Information gathered during stakeholder meetings guide strategic planning, program development, organizational advocacy, financial and resource planning, and performance improvement. Building on the success of this two-way communication within the PRRC, two additional BH programs, the CWT and the Transitional Residence programs, now utilize regular stakeholder meetings. In summary, multiple methods are employed to determine patient and stakeholder satisfaction and engagement by segment. Only when Veterans and stakeholders are engaged can we expect them to partner in their care, which creates true customer satisfaction and loyalty.

3.1b(2) Truman VA utilizes SHEP comparison data from other VA facilities to benchmark scores and identify strong practices. The SHEP Synovate website provides a peer index score allowing further comparison. This peer index adjusts for differences in patient characteristics between VA facilities known to influence satisfaction ratings (e.g., perceived health status, age, etc.). Strong performance on the SHEP patient satisfaction survey is illustrated in the many dimensions where Truman VA scores are higher than the peer index by statistically significant amounts depicted in Figs 7.2-1 & 2. In the future, VA's transparency program and the ASPIRE dashboard will provide the ability to compare VAMC patient satisfaction scores with non-VA facilities. A current example of benchmarking a strong practice occurred when the CSB contacted the Philadelphia VAMC regarding its implementation of an ambassador program. All ELT members are fully engaged in the Ambassador program along with many service chiefs. CSB coordinated a wayfinding project and it was believed that an ambassador program would be beneficial to the patients and stakeholders served by Truman VA. Lessons learned were gathered from the manager of the program in Philadelphia and Truman VA employee ambassador training materials were developed. Employee ambassadors now greet Veterans and visitors as they enter the main entrance and offer to provide directions or escort customers where they need to go. Once the program was deployed, patient and stakeholder feedback was captured via comment cards for a period of six months to determine the program's effectiveness. Positive feedback resulted in the JLC's endorsement of the program as an ongoing service offering.

3.1b(3) Dissatisfaction with Truman VA care or service is predominantly identified through PATS, SHEP, post discharge telephone calls, focus groups, and Congressional correspondence. PATS data are summarized in a quarterly report and reported to JLC through the PIB. A recent emphasis on service recovery and the involvement of service chiefs when a complaint arises has increased accountability for the resolution of issues at the point-of-service prior to referring the patient or stakeholder to the Patient Advocate. Based on dissatisfaction data, input was obtained from all services to develop measures to capture actionable information for use in meeting patient and stakeholders requirements and exceeding their expectations in the future. A new process was established in FY2012, in that Patient Advocate data are summarized into the top 80% of issue codes each quarter and provided to service chiefs and key supervisors. The PIB is responsible for monitoring and trending these data and for identifying or assigning improvement opportunities. Action plans are required from the top 80% of services comprising the top 80% of complaint codes. Completed action plans are due 30 days from the date of PATS report distribution and the PIB tracks progress towards established goals.

3.2a(1) Truman VA identifies and innovates health care service offerings to attract new patients and provide expanded services for existing patients and stakeholders. Our challenge is to continually review and update services to match the changing needs of the Veterans we serve. Through strategic planning processes, we collect and analyze information to ensure that a full continuum of health care services is offered. This goal is balanced with the need to provide cost effective, non-redundant care that is characterized by fiscal responsibility. As an example, Truman VA developed a lodging and transportation program to expand upon our designation as the Cardiothoracic Referral Center for VISN 15. In an effort to reduce the burden on Veterans and their families when traveling for cardiothoracic surgery, and to decrease the cost of sending Veterans to non-VA facilities via fee basis appointments, Truman VA implemented a transportation and lodging program for this specific patient population and their caregivers. Known as the CT Referral Program, not only has the program greatly reduced the anxiety of patients and their caregivers, but it saved VISN 15 an estimated $1.7M in fee basis expenditures in FY11. This reduction in non-VA care is reflective of goal three depicted in Fig. 2.1-2. Additional examples of expanding health care service offerings for new markets with data and information analysis include Truman VA's expansion of women Veterans, CBOC, and HBPC programs.

3.2a(2) Truman VA uses a variety of customer feedback mechanisms to identify health care service offerings that align with patient and stakeholder needs. Multiple listening and learning approaches (Fig. 3.1-1) are utilized to collect this information, which is extremely important in our strategic

planning process. Customer contact requirements depend upon age, physical/mental condition, education, and technological abilities. In part, Truman VA keeps service offerings current by including customers on boards, committees, and workgroups. In FY11, Veterans and family were included on the CSB, three construction SR teams, a SR team aimed at improving patient flow, a FM workgroup looking at the design of a proposed parking garage, and other groups. Additionally, providing convenient and easy access to health care service offerings is a key driver of patient and stakeholder satisfaction. Therefore, Truman VA's network of CBOCs is important in making care and services accessible and convenient. Delivering a wide array of services attracts and retains Veterans who choose VHA as their provider of choice. Patients and stakeholders are able to seek information and support through the various means previously discussed, but the VOC, enhanced website, email ListServ, MHV secure messaging, and social media puts this ability at our customers' fingertips. Fig. 3.2-1 is a summary of the opportunities to provide information and receive feedback categorized by market segment.

Figure 3.2-1 Patient & Stakeholder Support

Group	Provide Information	Receive Feedback
Veterans	CLC resident council Comment cards Comment Cards Focus groups Letters MHV & secure messaging PC teams & other providers Phone SHEP Survey Telehealth Town Halls Web & social media	CLC resident council Digital signage MHV & secure messaging Other online resources Patient Communication Center PC teams & other providers Phone Response letters Social media Telehealth Town Halls
Family Members	Comment cards Email ListServ Family conferences Focus groups Letters Phone Telehealth Town Halls Web & social media Vet commission meetings MAVO meetings	CLC resident council Focus groups MHV Patient Communication Center PC teams & other providers Phone Response letters Telehealth Town Halls Web & social media F/up calls from call Center
Students	Academic affiliation partnership meeting Comment cards E-mail ListServ Phone Web & social media	Academic affiliation partnership meeting Comment cards E-mail ListServ Phone Web & social media
Service Organizations	Email ListServ Letters Phone Town Halls VAVS meetings VSO/Stakeholder meetings Web & social media	Email ListServ Letters Phone Town Halls VAVS meetings VSO/Stakeholder meetings Web & social media

3.2a(3) Patient, stakeholder, market, and health care service offering information is used to anticipate future needs as part of the strategic and business planning process. As a recent example of new market segmentation, the VJO program has been formalized to ensure access to services for the justice-involved Veteran at risk for homelessness, substance abuse, mental illness and physical health problems. Many actions were taken to expand outreach efforts to justice-involved Veterans. Due to networking and education of community agencies, Veterans coming from the Missouri State Public Defender System, Drug Courts, and Probation and Parole are now referred to the VJO program. More than 270 Veterans have been referred to the program since June 2009. A total of 184 have participated in case management services through VJO that involved more than one visit. The VJO program is one recent successful program that extends the care and support provided to Truman VA patients and stakeholders.

3.2a(4) While Truman VA does not engage in traditional marketing of services, we do have an aggressive outreach program in place to communicate our health care services to eligible Veterans. Coordinators for the OEF/OIF/OND, Minority, and Homeless Veterans programs work very closely with Health Administration Service (HAS) and Public Affairs to attend community events to educate Veterans about benefits for which they may be entitled. Established relationships with VSOs, the Missouri Veterans Commission, and other partners assist in outreach efforts and ensure that coordinated messages are received by potential patients and stakeholders. Additionally, Truman VA continually strives to build and sustain a patient and family centered culture. A project on the CLC to develop a Welcome Book exemplifies these efforts (project development included a CLC family member). The team's final product was a book that is provided to residents and their family members during the admission process. The book familiarizes the resident and various stakeholders with the CLC mission, care goals, and amenities. It eases the transition during what can be a difficult period for new residents and their family and friends. Similar opportunities for innovation by market segment are identified through the methods of patient and stakeholder support depicted in Fig. 3.2-1.

3.2b(1) Truman VA continually strives to improve on the commitments made to patients and stakeholders in our core values and I CARE characteristics (Fig. P.1-2). We understand that patient satisfaction is not based solely on the outcomes of health care services, but on the complete experience with our organization. We seek to build and manage relationships that consistently result in exceeding customer expectations. We build loyalty and secure future referrals by establishing close supportive relationships with Veterans, family members and other stakeholders. Since our mission and programs are designed around a lifetime connection with the Veterans we serve, we understand that we are uniquely positioned to excel at relationship building. Truman VA acknowledges that rather than treating illness or disease, a patient and family centered organization always seeks to treat the individual. This means encouraging shared decision making whenever possible and keeping patients and stakeholders engaged with the options available to them within treatment plans. Our continuum of services includes the PACT initiative, which is further enhancing care delivery. We know patients and stakeholders have unique needs and desires so we seek to approach each person as an individual, allowing them to guide the care and services they receive from us.

As an example of this approach, implementation of the Veterans Indicated Preference (VIP) program was completed on Truman VA's 4-Medicine Unit during FY11. Use of the VIP model allows each Veteran to select three of ten behaviors from a VIP card that, to them, best demonstrate feelings of being cared for as an individual. Staff are trained and reminded to model these behaviors during the Veteran's inpatient stay. The ten behaviors, extensively researched, selected from the VIP card are then documented in the Veteran's electronic medical record and displayed in patient rooms on whiteboards so that providers and all other staff members who come in contact with the Veteran are aware of their selected VIP. VIP seeks to improve the inpatient experience in order to exceed patient and stakeholder expectations and increase their level of engagement.

3.2b(2) Truman VA's Patient Advocate program is responsible for helping patients and stakeholders resolve concerns and complaints as well as to capture positive feedback. The formal tracking mechanism is the PATS. When possible, complaints brought to the Patient Advocate are resolved immediately or, if necessary, forwarded to a subject matter expert. While there is a formal complaint management system, all employees are empowered to resolve complaints at the point of service. This service recovery concept means that we are able to catch many unmet expectations before a patient considers making a complaint, and help to recover stakeholder confidence. Complaint data are aggregated and analyzed on a quarterly basis by service leaders and supervisors, PIB and JLC. The PIB is responsible for monitoring and trending these data and for identifying or assigning improvement opportunities. Prior to FY2012, action plans were required from services demonstrating a 20% or greater percentage share in the top ten complaint codes. Completed action plans were due 30 days from the date of PATS report distribution and the PIB tracks service progress towards established goals. Based on an improvement cycle through PIB, the process has been updated as discussed in 3.1b(3). The complaint management program ensures that patients and stakeholders receive timely follow-up once they have voiced their concern. When a trend of specific complaints is found, PIB may direct a team to find and correct any systemic issues negatively impacting the delivery of care and services.

Category 4: Measurement, Analysis and Knowledge Management

4.1a(1) Truman VA's data-driven and evidence based culture continuously integrates information systems to support innovative solutions, decision making, management of operations, improve key processes, and align organizational directions and resource use at the work unit, service, and organizational levels. This provides strategic direction in our knowledge management to select, collect, align, and integrate our data sources across our key drivers.

Fig. 4.1-1 provides a summary of the process for selection, collection, alignment, and integration of data and information. Through the PM Dashboard (Fig. 7.1-2), Truman VA has established a process to track organizational performance including progress relative to the strategic plan. Truman VA's organizational PMs are contained within the different dashboards used throughout the organization.

All PMs and Strategic Objectives are continually collected, linked, aligned, and tracked to sustain balance, organizational excellence and support innovation. During the Strategic Planning Retreat, Truman VA conducts a SWOC analysis based upon the changes in the PMs, key drivers, market analyses, industry trends, budget restrictions, and mandatory directives (Fig. 2.1-2). The key organizational PMs are driven by the prioritized strategic objectives and are tracked in the governance board matrix (2.2a(1)). The governance boards help to identify measures, determine leading and lagging indicators and define targets to summarize their specific areas of responsibility. Services are also responsible for establishing targets, developing timelines, identifying key personnel, and monitoring progress to support overall strategic decisions, i.e., making changes based on the PI process. The JLC monitors the outcomes and assigns new action items on a monthly basis. The ELT and PIB monitor the PMs weekly and monthly. The primary dashboard is accessible to all employees on the PI service SharePoint site and it is posted on our digital signs as well as the "Eye On Quality" board located near the entrance of the cafeteria. The dashboard is a color-coded spreadsheet in which green represents achieving 100% or the met levels, red demonstrates failure to meet within 10% of the measure and purple is failure to meet greater than 10% of the measure goal. VISN 15 also monitors Truman VA's PMs and holds monthly calls related to the process of meeting them.

Monitoring of organizational progress is through the facility's organizational dashboard, boards, and service level dashboards. The use of dashboards and matrices to monitor and track the identified key metrics is used throughout the different boards and committees. These boards and committees review the measures on a continuous basis and make recommendations to the next higher committee or board for consideration. Fig. 4.1-1 identifies the frequency of review. This innovative approach ensures that staff effectively uses data to support Truman VA's operational and strategic decisions. Staff analyzes and identifies needs for improvement and redesign processes, and corrects issues continually by using the PM process. The results are communicated and disseminated throughout the organization and appropriate action plans are initiated. Individual performance plans include performance goals and outcomes are reported through the performance appraisal system. Truman VA also utilizes comparative data to benchmark and find high performers. Examples of these include CMS's Hospital Compare, VA's Hospital Compare, VA-Thompson Reuters (TR) Value Model data (7.1-38), and VSSC reports. This information is analyzed and assists with identifying potential best practices for sharing and learning.

Figure 4.1-1 PM Selection, Collection, Alignment and Integration Process

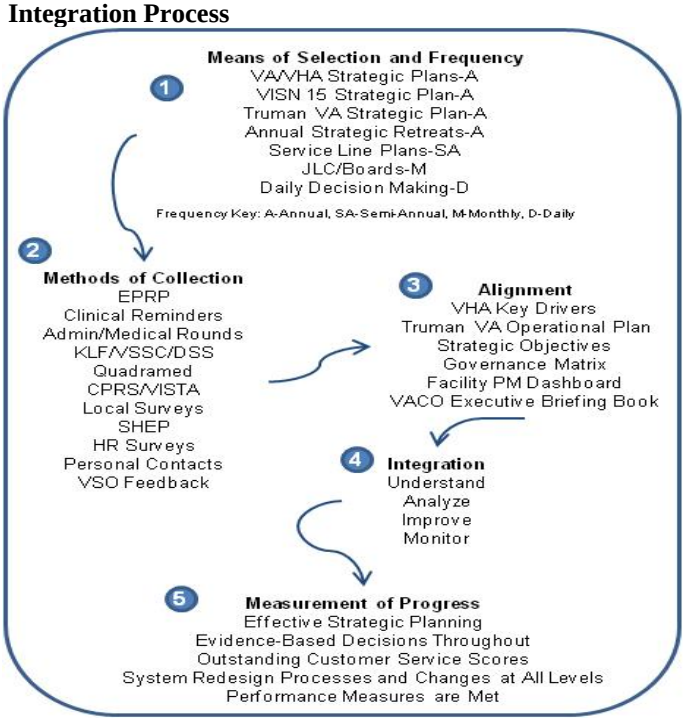


Fig. 4.1-2 lists our key financial measures. The ELT and financial staff review the overall financial health of the organization by reviewing overall revenues and expenses "actual to date" compared to "budgeted plan." The different account codes are reviewed for balances and, as appropriate, to inventory on hand. Truman VA also monitors both 1st and 3rd party reimbursements with a goal of improving them over the past year's performance. This is accomplished through improving/maintaining our medical record coding accuracy and timeliness in processing documentation. Fiscal Glide Path data allows Truman VA to compare fee costs, unit costs and collections with other VAMCs in our VISN and with other VAMCs of similar complexity.

Figure 4.1-2 Financial Measures

FINANCIAL INDICATORS	
Costs per unique patient	Aging of Travel Obligations
FTEE per 1000 unique patients	Aging of Obligations
MCCF-Receivable	Approval of Card Payments
Aging of Payables	Outstanding Timecards
Timely Reconciliation and Matching	

4.1a(2) Truman VA selects and uses comparative data such as the Hospital Compare Report and information like the VSSC website to rank our success in the organizational performance process. PMs are evidence-based medical practices developed at the national level and implemented at the local level. Data sources (Fig 4.1-1) are routinely used to support day-to-day operations and are aggregated at the individual Veteran level, the provider level, the service level, the organizational level, and the corporate level. Truman VA uses the VA DSS that is structured for the selection and development of comparative data and information. There are 15 "1C" facilities in VHA that we use to benchmark against. Truman VA also uses VHA PM benchmark goals and associated national comparative data. Locally, we also benchmark against measures instituted by our medical school affiliate. Other comparative data are obtained from TJC Strategic Surveillance System, IPEC, ORYX, HEDIS, and SHEP. Fig. 7.1-38, the TR model, shows us 3rd in the country for LOS, a great indicator of productivity and efficiency. All VAMCs are classified into "complexity levels" based on case mix of patients treated, types of specialty services, academic affiliations, etc. Comparisons are used in a proactive manner to find best practices and to identify innovative programs and practices. Data are analyzed by all services, boards, committees, and the JLC. Organization PMs are assigned to boards and committees in order to monitor progress toward attainment of goals and select improvement activities required to satisfy established thresholds. Dashboard representations of PM progress are shared through multiple forums. The ELT meets with service chiefs each morning during Morning Report to review daily operational data, "in process" measures, and reports that include numbers of patient falls, restraint usage, bed status, community beds occupied, police reports, special projects, and efforts to improve especially challenging measures.

4.1a(3) Veterans/stakeholders/partners are engaged in organizational improvement efforts – especially those which directly affect their experience - through membership on committees, action teams, resident boards, focus groups, and other forums (6.1a(2)). Nationally, VA has HCAPS survey data utilizing questions that are scripted and standardized. Improvements are made based on the results of these data. We have an effective patient advocate system, augmented by service partners for ease of access to Veterans. This system is designed to capture both complaints and compliments. Complaints are categorized through the PATS to capture trends and implement improvements, when indicated. The voice of the customer is also heard through the VSOs. Monthly meetings are held with the VSOs to address issues and action plans are assigned to teams for improvement. The Topeka call center contacts our patients upon discharge to ask about their stay. We receive all detailed responses that rate our care as Extraordinary, Reportable Incidents or Near Misses. We fact-find and provide responses along with process changes related to the outcome. We also receive aggregate responses monthly. Customer service data information supports operational/strategic decision making and innovation.

4.1a(4) Truman VA's robust communication structure ensures that our PMs are regularly and rapidly updated using input from services, committees, boards, and stakeholders. Services provide input into indicator development through business plan hearings and mid-year updates. Truman VA reviews its PM system to ensure that it is sensitive to rapid or unanticipated organizational or external changes. This is accomplished through monitoring and reviewing professional and regulatory literature along with monthly communications with peer facilities, affiliates and national or VISN organizations. The assigned board/committee reviews PMs to make recommendations and forward them to the next higher committee/board in the governance structure. This method allows the system to be maintained and responsive. All levels of the organization are informed and have input into the change prior to its implementation. For example, alcohol counseling for positive screens required multiple attempts as well as collaboration between PC and BH in order to implement a successful process for meeting the measure.

4.1b Truman VA systematically aggregates, analyzes and summarizes performance information for review on a daily, monthly, quarterly, and yearly basis. Leading indicators of performance are monitored to anticipate future trends. Data analysis is performed at all levels within Truman VA from workgroup to service level and at the organizational level. Data analysis includes data presentation and analytical tools associated with process improvement and six sigma methodologies. Performance analysis is validated through the involvement of all of those engaged with the process, including the customer, to assure valid conclusions are made. Also, video conference calls with the VISN Director are used to discuss successes and challenges. Truman VA analyzes PM trends by benchmarking with established VHA trends, VISN 15 scores, VA best and external best in class practices. Truman VA communicates performance review findings through numerous mechanisms. The sharing and timely communication of performance data engages our staff to seek improvements to those opportunities that are identified. Review of data pertinent to each board/committee is built into the structure to create consistent review by those who best understand the data and can champion improvement.

4.1c(1) Truman VA translates performance review findings into priorities through communicating a clear measure of success and by obtaining buy-in from all those who will be involved in the process of accomplishing the goal. Best practices are identified and shared in many forums throughout the facility. Both clinical and administrative teams participate in collaboratives and communities of practice that share effective practices across VHA. We have participated in SR collaboratives in improving bedside care, access to primary care, access to telephone services, and practices for streamlining the hiring process. We participate in national calls where best practices are shared for improving both clinical quality as well as tips to improve clinical access. We are involved with the national effort to clean up clinic profiles and are using effective practices started in VISN 15 and shared nationally. We also share effective practices within the organization through board/committee oversight of organizational performance, daily huddles, multidisciplinary teamwork and professional training. Our open, sharing, empowered environment allows us to conduct cycles of learning, which encourages us to experiment, so that communication of effective practices is accomplished. Locally, we publish an annual PI Yearbook and distribute copies throughout the facility including waiting areas for patients and visitors to review.

4.1c(2) Changes in our demographics, number of customers, fiscal constraints, staffing, and mandated programs are all considered on trended performance data to ensure that future performance is accurately reflected and that variation in performance is adequately explored. Truman VA uses trended data as an input to the strategic planning process to determine future program viability and resource needs and to stretch organizational performance goals. Truman VA projects future performance based on trended data of our performance and those comparative organizations in alignment with short-term and long-term strategic initiatives. One example is the increase in mental health patients and the services and treatments needed and/or offered.

4.1c(3) The dashboard is the primary tool used to communicate the status of many key processes at Truman VA. There are also digital signs posted throughout the facility that are used to disseminate PM goals and other pertinent information. First priority is given to any opportunity for improvement that impacts safety or quality of care, two of Truman VA's key drivers. All PMs have an assigned process owner, through our performance contract process, so continual measurement of processes and comparing to benchmarks and trends are key factors for the work group that owns the process. For example, in addition to staff training, national patient safety goals are deployed to all staff via a plastic card that attaches to the ID badge. These goals are prominently displayed throughout the facility so that all staff may review them. All new employees, including resident physicians and other trainees, are introduced to the goals during orientation. As appropriate, priorities and opportunities are deployed to Truman VA's suppliers and partners. Technological developments drive changes in the system. Recent examples include implementation of the Bed Management Solutions (BMS) system. Upcoming nationwide roll-out will allow VISN and even national capability to identify available beds in an emergency.

4.2 Truman VA utilizes integrated computer applications. The hallmark, CPRS, provides for comprehensive charting (i.e., notes, vital signs, ordering, consults, problem lists, reports), integration across all levels of care (i.e., Emergency Department, Outpatient, Inpatient, long-term care) and all locations of care (main facility, CBOCs, other VA facilities). It features clinical decision support (clinical reminders, order checking), imaging (radiographs, scanned documents), remote data access, and Bar Coded Medication Administration (BCMA). A wealth of bibliographic databases and full-text resources have been deployed to staff in support of evidence based practice. Provision of published bibliographic information unavailable through the full-text resources provided at the desktop are available through the library website or at the onsite library. Other options are MHV (health information, health journals, etc.) for our Veteran customers, Outlook (email, calendars, scheduling), and electronic phone book (telephone and pagers) for all Truman VA staff. These computer applications comprise a comprehensive information system available to staff at all times via 1,500 workstations within the medical center and CBOCs. Truman VA also provides a secure Citrix network connection for providers that allows remote access to VA patient information.

4.2a(1) Redundancy of VISN 15 servers (Western Orbit vs. Eastern Orbit) located in Kansas City and St. Louis allow continual and reliable back-up of information. Truman VA ensures data accuracy by 1) direct provider order entry to eliminate errors in transcribing handwritten orders; 2) order checking; 3) logical software checks; 4) data transmission error reports; and 5) data validation activities. The integrity and reliability of all CPRS and BCMA transactions are monitored via numerous automated checks. Truman VA routinely runs Integrity Checker software to look for corrupted data fields. Information in CPRS and BCMA is available in real time. Integrity and reliability are maintained by the database being backed up to disk and tape daily. The backup disk is readily available, should corrupted data become an

issue. This provides a method to efficiently locate correct data and update corrupted fields. The tape backup is stored off site each day to ensure full system recovery should a disaster render the live system unavailable and unrecoverable. Data documenting the amount of downtime per planned maintenance events and for unplanned events are entered into a national database (Fig. 7.1-30). Truman VA has experienced very favorable comparative data to document the reliability of our systems. The timeliness of data is regularly evaluated for effectiveness through metrics substantiated in the board/committee structures. A dashboard is developed each year tailored to the priorities of the facility and the newly developed PMs.

Security and confidentiality are continuously emphasized. Each user must attend information security training beginning at the time of employment. Employees are assigned a unique account, sign the VA national rules of behavior, and receive both system user training and security training prior to logging into the system. Menus and keys allow access to aspects of the database needed for current job responsibilities. This is reviewed with staff each year during performance evaluations. Staff members must sign a Minimum Necessary Standards form indicating they understand what access they should have in order to complete their role. Privacy screens have been added to PCs in all public areas to ensure privacy of sensitive information. PC screens turn off at 10 minutes. The PC locks at 15 minutes, requiring staff to log in, and the PC will sleep at 30 minutes. The Information Security Officer (ISO) and Privacy Officer conduct regular rounds, looking for violations of privacy and security. Users must take security and HIPAA refresher training each year. Truman VA provides information security training for employees, volunteers and contractors. Police officers assure physical security through special computer rooms, restricted key access, audible alarms and annual reviews of security requirements. Fig. 4.2-1 provides a summary of the linkages of our data, information and knowledge management process.

4.2a(2) Communication with Truman VA's workforce, partners, suppliers, collaborators, stakeholders, and customers occurs through multiple and various ways including email, conference calls, sharing desktops, live meeting, webinars, satellite broadcasts, and periodic face-to-face meetings (Fig. P.1.7). Secure messaging is available for communication with providers and PACT teams (Fig. 7.2-19). Websites like SharePoint are also growing sources of information and data including areas for policies and procedures, feedback reports, Truman VA strategic plan, AES results, CPRS tutorials, cyber security, HIPAA training and the VA Learning University (VALU), which provides a plethora of information and training opportunities. MHV is an innovative project linking information between providers and Veterans. It allows the Veteran to order prescription refills and to enter data on specific health monitors such as weight, blood pressure and blood sugars. These data are then available to their care providers. Data and information on key health care services and supporting processes are made available to the appropriate people including suppliers and partners through a variety of information resources. Services, educational resources, employee wellness information, facility specific information, news and policy and program reference materials are available on our intranet home page. In addition, wireless internet has been installed in many areas throughout the facility for patient and staff use.

4.2a(3) Truman VA disseminates knowledge through all levels of the organization. Input flows upward from/through Veterans, individual employees, internal and external groups (suppliers, partners and stakeholders), programs, and services to senior leadership via focus groups, incident reports, town halls, contract representatives, and committees. Volunteers and students provide knowledge transfer through their respective services. Input is proactively sought through evaluations. HR also conducts exit surveys with departing staff. Some key positions are allowed to over-hire prior to departure of retirees in order for knowledge transfer. All staff members are asked to complete a learning needs assessment each year with their evaluation (5.2a(1)). These are forwarded to the LO for future class scheduling as well as the Director for needs, training, communication and succession planning. Knowledge also flows downward from the JLC to/through boards, committees, service chiefs, individuals, and is incorporated into the strategic planning process so that best practices may be shared and implemented throughout the facility. Communication occurs via board/committee meetings and minutes. "Scoop" email messages to employees are a mechanism for the daily flow of this information as well as morning report with leadership, service chiefs, and clinical program managers.

The digital signs posted at various areas throughout the facility also assist with dissemination of information. Services have monthly meetings and larger services have additional section meetings. The bi-weekly *Truman VA Bulletin* newsletters are also important avenues for communicating knowledge and learning opportunities to all staff. The Executive Briefing Book is a comparative data tool from all VAMCs that provides Truman VA's score, national mean and standard deviation from the mean. The data are provided for every measure for all facilities and allows for a more refined data comparison. Any PM that Truman VA is not meeting is benchmarked against the best facility. Truman VA recognizes that the "best facility" has superior processes in place that can be reviewed to see if current exemplary performance has been sustained. This information is fed into Truman VA's planning process to provide stretch goals. Facilities similar to us in size, complexity, affiliation status, etc., are best candidates for benchmarking. Once a facility is selected, they are contacted and their journey to success is explored. Leadership involvement in policies and procedures, processes, SR, key staff roles, training, and education are all discussed and "lessons learned" documented so that innovative and strategic planning processes can occur. This allows for a rapid identification, sharing and implementation of best practices. These lessons learned are discussed with facility managers and staff and are incorporated into local processes, sometimes on a trial basis. If successful, the new processes are made permanent. Tracking of performance before, during, and after trial periods is a key component to data comparison, benchmarking, and performance improvement activities.

Patients are given access to limited CPRS information through the internet based MHV and home-based healthcare support such as "Health Buddy." Suppliers access information through

the federal purchasing system and through contract specifications. Partners are granted limited access to various information and data sources as defined by their business agreements. We also have a dedicated Voluntary Service that provides direct communication and feedback with our volunteer groups as well as VSOs.

4.2b(1) The Data Validation Committee, OIT and the ISO are responsible for ensuring that access to our system data is secure, reliable and consumer friendly. Through their efforts, Truman VA staff receives mandatory training on information security and contingency testing. The CPRS/VistA software is regularly updated via national development processes involving key staff from individual VA facilities. PC-based software is regularly updated via the VA's enterprise contract. Hardware reliability is assured through scheduled replacements and upgrades. These replacements and upgrades typically occur every three years for laptops, servers and PCs. Truman VA does have an Information Security and Privacy Committee that meets monthly and reviews any related issues. Employees have access to the information system once they have completed the new employee orientation. Electronic signature codes, developed and known only by the employee, provide a critical security element. Auto log off and automatic screen locks supplement other security features. User-friendliness is a major component of VA's information system. The Truman VA OIT helpdesk is available during regular business hours and staff is on call during off hours to assist with information system needs and questions. OIT staff track electronic work orders for completion and problem resolution and trend incidents across time. Employees attend security awareness training during orientation. In addition, they receive job-specific training related to IT systems.

4.2b(2) Local OIT and Region 2 OIT are responsible for contingency development and contingency testing. Information system contingency plans, including those for VistA, CPRS and BCMA, are written, disseminated and regularly tested. VistA Read-Only is the contingency system available through the intranet at any VA site. This makes critical patient information available in case of CPRS/VistA failure. The VistA hardware system moves tasks if one processor fails. Truman VA requires hardware replacement within 48 hours if the processor becomes nonfunctional. Each service has contingency plans. Temporary paper forms are utilized for patient and tracking accountability in some instances. Forms are then scanned into the system and paper records appropriately disposed. Maintenance is performed every two weeks on the VistA/CPRS system. During this time, contingency plans are tested. Truman VA has virtual servers that provide enhanced reliability and back-up capability. Partner and supplier contingency plans are addressed by the ISO-approved Information System Contingency Plan (ISCP) to maintain electronic storage media for restoration in case any electronic equipment or data used by the contractor needs to be restored to an operating state. If copies are made for restoration purposes, the copies must be appropriately destroyed after the restoration is complete.

Regularly scheduled hardware and software replacement helps Truman VA keep pace with technological developments. Software updates are made in response to changing user needs, identified problems, and evolving business needs elevated through the business planning process and information management planning process. The Health Information Committee develops new clinical reminders, order sets and progress note templates to help staff better manage and improve patient care at Truman VA.

Figure 4.2-1 Knowledge Management System

	Accuracy	Integrity & Reliability	Timeliness	Security & confidentiality
Data	• Audits • Inter-rater Reliability • Verification of data against multiple resources • Spot checks • Deployment of findings to supervisors for data validation • Extrapolate data directly from original sources without transcription	Use of standardized data collection procedures and sources, review and certification of data monthly	• Technology infrastructure and staff investments • Use of innovative local routines for real time data to compare slower downloads	• ISO audits • Restricted drives • Restricted levels of network and physical access
Information	• Use of templates designed to ensure accurate input • Health Information Committee • Automated Routines	Provision of timely software package updates	• Scheduled reports • ProClarity Platform • Ongoing PC workstation upgrades	• Policies, procedures, training and monitoring of staff compliance through audits • Warnings to those about to enter restricted sites or records • Flags to show what sites/ records have been accessed
Knowledge Management	• Subject matter experts analyze and benchmark data sources and collection procedures • Subject matter experts are used to facilitate training and lead improvement/redesign teams	Data Management Workgroups, Clinical Informatics workgroup and OIT programmers develop standardized databases and reports	Subject matter experts network within and external to VHA to identify emerging trends and blind spots	• 38 USC 5705 • Email encryption • Limited access permission to LAN folders
Examples	• Inter-rater reliability is used to validate National Utilization Management Integration (NUMI) criteria • VistA routines are run and data compared to KLF, ProClarity and other national packages • Providers receive warning of potential drug interactions, suicide risk or other health care concerns. • ISO receives flags when sensitive records have been accessed and audit appropriate need to know. • CPRS has a feedback tool that has been cited as a best practice for its interface and ease of use and ability to quickly correct potential incorrect entries in CPRS.			

Category 5: Workforce Focus

5.1 Workforce Environment

5.1a(1) Assessing Workforce Capability and Capacity Senior leaders, service chiefs and key managers utilize strategic and business planning processes and elements of our performance management system (performance evaluations and competency assessments) to assess workforce capability and capacity. Human capital plans for capability and capacity to meet strategic action plan and PM goals are developed during the business planning process. The ELT set annual organizational capacity for FTEE levels according to appropriated budget allocations and projected revenue collections. Service chiefs develop and submit service specific staffing plans based on assessment of skills and level of staffing required. Staffing methodology looks at skill mix, numbers, and workload units of direct patient care areas based on data analysis. Performance based interviews ensure the duties align with current organizational measures and goals and candidates have the capability and capacity to respond. The Director's PMs link the performance plans for both supervisors and employees to the overall organizational vision.

To enhance the competence of current employees, the medical center developed a six-part competency assessment folder for every employee. This folder provides a snapshot of the employee's current job assessment and empowers supervisors to develop plans to educate staff. Supervisors are responsible for completing the initial competency assessment within the first 90 days of employment and annually in conjunction with the performance appraisal or proficiency.

5.1a(2) Recruitment and Retention Recruitment, hiring and placement of new employees are guided by Federal regulations to ensure equal opportunity and fair hiring practices. To recruit and hire a diverse workforce, Truman VA employs multiple recruitment venues such as advertising in local newspapers, military journals, professional journals, social media, and national websites. We participate in various job fairs and form partnership/affiliations with the five local universities/colleges, including one Historically Black Colleges and University (HBCU).

Truman VA has collaborated with the Columbia Public School District's Partners in Education (PIE) Program for 14 years. PIE provides a vehicle through which our schools and business community can come together. Truman VA is a partner with Douglass High School (P.1a(2)). We provide a classroom and employment opportunity for ten (10) students during the school year. Through this program, we have successfully hired a number of former students.

We utilize multiple training programs to attract and develop a talented workforce. Based on EEO reports, Truman VA aggressively recruits underrepresented population to ensure we hire a diverse workforce that reflects the Veterans we serve and our community. We are able to recruit highly qualified candidates with generous benefits packages and for those hard to fill positions we use recruitment incentives, relocation incentives and Education Debt Reduction Program. We are able to retain key staff though the use of retention incentives. We also encourage participation in various leadership programs (Fig. 5.2-3).

5.1a(3) Organizing and Managing the Workforce The ELT has overall responsibility for organization and management of the workforce though the organizational governance system. Truman VA manages employee hiring through the RMC by requiring all services to review the current workforce to see how to accomplish the work (2.2a(2)). PMs and core competencies are a part of the performance plan for all ECF employees. For non-ECF employees, core competencies are annotated on a separate document. Performance measures focus on the patient and their healthcare needs.

5.1a(4) Preparing Workforce for Changing Capability and Capacity Needs The ELT prepares the workforce for changing capability and capacity needs through communication, education opportunities, and continuous analysis and planning. Changes associated with strategic planning and long and short-term action plans are openly communicated. This is accomplished through close analysis of staffing levels by the RMC.

SR and lean management are the structural approaches that focus on enabling all stakeholders to make improvement to manage both internal and external workforce changes. Supervisors manage internal workforce change through staffing effectiveness to ensure proper staffing mix are appropriate. Truman VA staff gains and losses are reported on a biweekly basis through the use of HR Gains and Loss Report. This report provides services with information necessary to monitor staffing levels. All staffing needs are addressed through RMC or during annual and mid-year business planning. By closely monitoring positions through these venues, the Medical Center avoided layoffs and terminations related to 24 positions associated with CPAC implementation (2.2a(4)).

5.1b(1) Addressing Workplace Environment Oversight of maintaining a healthy, safe and secure environment is the function of EOC Committee. All new employees undergo a thorough background check and pre-employment health screening prior to entry on duty. Employees actively engage in improving their work environment by participating in training modules via TMS. Onsite workplace health is enhanced through various programs.

Safety survey results provide vital information on safety issues and are used to implement needed safety changes. Reasonable accommodations training is provided to educate supervisors on how to address reasonable accommodation requests from employees with disabilities.

The EOC Committee regularly evaluates and improves these programs based on feedback and data gathered, aggregated and analyzed throughout the year. This process provides continuous feedback on workforce health, safety and security for each of our workforce environments. In addition, each employee and supervisor is required to ensure a safe work environment as identified in each performance plan, and all employees must complete annual safety training.

5.1b(2) Workforce Policies and Benefits Truman VA's workforce is supported through policies, services and use of family friendly leave benefits. Policies are available to all staff through the Truman VA SharePoint. Highly technical areas have very specific SOPs for work processes.

HR provides the following programs in support of the Truman VA staff. The Employee Assistance Program is available through a contracted third party to obtain counsel for non-work related problems that affect their ability to perform job duties. Employee health fairs provide staff with information regarding health, life, and long-term benefits. Retirement seminars provide staff with information on the Civil Service Retirement System and the Federal Employee Retirement System. In 2011 life events planning sessions were offered in response to a number of employee deaths. Workforce benefits include a variety of competitive and flexible health, dental and vision plans with a range of options that allows eligible segments of our diverse workforce to select plans best tailored to their needs. Benefits also include paid annual and sick leave, military leave, family care leave, advanced sick leave, optional leave donation, optional child care support, and medical spending accounts. Staff may elect to supplement their Federal retirement programs with participation in the Thrift Savings Program.

The EEO Committee and the Employee Satisfaction Committee, in collaboration with the Workforce Development Board, sponsored Employee Career Development Fairs, employee wellness programs, and variety of programs to recognize our diverse workforce throughout the year. The Columbia VA Employee Association (CVAEA) aims to improve morale and provide discounted activities for employees. The EEO Program also offers Alternate Dispute Resolution (ADR)/Mediation to help resolve differences within the workplace and reasonable accommodations to employees who are unable to perform certain functions due to physical or mental limitations.

5.2 Workforce Engagement

5.2.a(1) Elements of Engagement Determining key elements that affect workforce engagement and satisfaction involves leaders and managers receiving feedback from the workforce. Feedback is received from departing employees through exit interviews. Employees also complete an annual analysis of training needs to the DLO (4.2a(3)). These actions foster a culture of open communication between employees, supervisors and leadership. Information is also gathered through the AES and is segmented by workgroups. As a result, each workgroup is enabled to develop action plans based on specific feedback and to execute strategic changes in their area.

Service chiefs and supervisors are held responsible for oversight. The use of multidisciplinary teams promotes inclusion of frontline staff, enhanced communication, knowledge sharing, and global support of strategic objectives. AES results identified several topics as a source of conflict including promotion opportunities, rewards, and supervisory support. In response, leadership identified a strategic action plan to increase employee satisfaction in those areas. Beginning in 2009, an annual Employee Career Development Fair was introduced with workshops on PBI, writing Knowledge/Skills/Abilities statements, preparing resumes, and dressing for success, as well as inviting local colleges and technical schools to provide information for adult learning opportunities. In 2011, we began offering training to assist staff members in developing personal development plans (PDPs) and providing additional learning opportunities to assist them in achieving their goals, which helps increase promotional opportunities. In addition, a system was established to enable peer/peer nomination for recognition of high performance work and workforce engagement.

Employee satisfaction is directly correlated to employee-supervisor relationships. This indicates a continuous need to provide effective training to new and experienced supervisors. VISN-wide New Supervisor training was implemented in 2007. New supervisors are assigned training modules in our TMS. Within their first year, supervisors are scheduled to attend a 3-day workshop to reinforce their understanding of those modules and additional information with an opportunity to participate in interactive activities.

New supervisors receive training on how to conduct PBIs to assist them in selecting the "right" employee to fit into their workgroup plus ADR with the aim of resolving disagreements at the lowest level. They take both pre- and post-tests to evaluate their successful understanding of material presented. All supervisors receive coaching/mentoring training to enhance existing skills. The training is also provided to all Facility LEAD participants and is open to other interested staff (Fig. 5.2.2). Mentors are available to all staff.

Figure 5.2-2 Mentors

Level	FY10	FY11	FY12	Total
Apprentice	76	29	48	**153**
Resident	7	65	70	**142**
Fellow	13	38	40	**91**
Total	**96**	**132**	**158**	

"The ABCs of Effective Communication" training has been required of all supervisors. A significant component of this program is the completion of a "Behavior Minder," which is filled out by supervisors and their peers and subordinates. This instrument helps to develop the ability to see themselves as others see them. The supervisor then meets one-on-one with each person who provided feedback to have a review discussion. This program further enhances two-way communication and improvement in workforce engagement between staff and supervisor, resulting in greater employee satisfaction, productivity, and retention. Evidence that our employees are engaged is reflected in the high scores of the AES, participation in LEAD programs, and mentoring activities.

The VANOD Survey focuses on the nursing segment of our workforce. Results from the survey are identified and addressed by NEB. Groups are chartered and action plans are implemented to address challenges identified by the survey.

The SMRB provides a mechanism for service chiefs to analyze their current vacancies and potential new positions. The committee conducts in-depth analysis of the requests including the possibility of redesigning current positions as well as addressing space and equipment requirements.

5.2a(2) Organizational Culture Truman VA fosters an organizational culture that is characterized by high-performance work and open communication with a highly performing and engaged workforce by utilizing the developmental program as described in Fig. 5.2-3. The success of these programs is reflected in the number of participants being promoted to higher level positions. Graduates of the Facility LEAD, VISN LEAD, and HCLI programs provide a pool of highly trained and motivated employees. They are utilized by serving on a variety of facility committees and special projects. These activities provide employees with continued growth and development opportunities.

Truman VA has a volunteer workforce that provides essential support. The volunteers receive orientation and refresher training to perform their duties. Competencies are developed and evaluated to assure that they are appropriately completing assigned tasks. An annual recognition ceremony and banquet is held to honor, recognize, and reward these individuals for their hours of service to the facility (Fig. 7.3-6).

Effective information flow and two-way communication occurs in Medical Staff and JLC meetings with joint responsibility for promoting participation and communication from the lowest to the highest levels in the organization. The result is seamless governance. Additional communication methods are outlined in Fig. 5.2-4.

Figure 5.2-3 Succession Planning Programs

Program	Description	FY12	FY11	FY10
Facility LEAD	Leadership development for high performing and high potential employees at medical centers, VISNs and VACO.	10	8	8
VISN LEAD		2	3	3
Leadership Columbia	A 12-session program developed by the Columbia Chamber of Commerce to identify, cultivate and motivate future community leaders.	1	1	1
Leadership VA	A 1-year corporate leadership development program to develop high-performing leaders and foster lasting relationships among them. Open to VA employees from GS13 to GS15 (or title 38 equivalent).	1	1	1
Health Care Leadership Development Program (formerly ECF)	VHA-wide program for GS-13 and above. 1-year collateral program designed to sharpen leadership competencies for senior managers.	0	1	1
New Executive Training Program	Comprehensive orientation program for first-time health care executives.	0	1	0
GHAPT Fellows, TCF Interns	Centrally-funded leadership training program.	6	4	4

Figure 5.2-4 Methods to foster cultural characteristics

Method	Example	Effect
1-Way Communication	Truman VA Intranet Home Page All employee "Scoop" emails Policies & procedures Guidelines & protocols Storyboards, posters & bulletin boards Electronic communication boards Share point posting of Board/Committee and JLC minutes	Educated staff Clarification & consistency of processes Communicates results Reminders at a glance Transparency
2-Way Communication	Teleconferencing Morning Report Staff Meetings Town Hall Meetings Hand-Off Process AES Process Email Council & Board Committees Workgroups New Employee Orientation WalkRounds®	Foster teamwork Quality care Improved access Fosters innovation & transparency Clarification & understanding Sharing VA, VISN and Truman VA culture & values Open communication at all levels
EEO Program & Special Emphasis Groups	Demonstrated Commitment to Diversity Holistic View of Employees Access to Opportunity Accommodation of Diverse Physical & Developmental Abilities 360 Degree Communication Sharing Equitable Systems of Recognition and Reward Shared Accountability & Responsibility Demonstrated Commitment to Continuous Learning Participatory Work Organization & Work Process Alignment of Organizational Culture & Process Collaborative Conflict Resolution Process Demonstrated Commitment to Community Relationships (Netter Principles)	Welcome, value and appreciate differences and similarities. View employees as whole persons with identities/lives that extend beyond the organization. Equitable access to opportunities for personal and professional growth. Effective workplace adaptations to eliminate barriers to performance and participation. Communication flows from all directions and levels of responsibility. Recognize/reward employees' diverse contributions & achievements. Uphold organizational values/goals in a mutually respectful work environment and reflected in stakeholder relations All employees are learners/teachers and create an organizational culture that prioritizes learning. Recognize employees' skills, education, experiences, and knowledge and structure organization/ processes to utilize these diverse skills. Recognizing the organizational culture and aligning this culture to support organizational values. Utilize Alternative Dispute Resolution processes to empower employees to work collaboratively to solve problems and resolve conflicts. Collaborate with local schools, organizations and professional associations to outreach to diverse communities and enhance opportunities.

While all employees are encouraged to develop PDPs, they are required for all managers, supervisors, participants in leadership development programs and internship programs. This allows employees to identify and accomplish personal goals. At the end of the Performance Appraisal Rating period, officials are required to discuss and determine what learning requirements are needed during the coming year to facilitate individuals in reaching or getting closer to their goals. Staff members are encouraged to complete and submit a Personal Needs Assessment identifying career goals and learning opportunities to enhance their personal development. Examples of actions that might assist employees reach their goals include training, mentoring, and assigning a preceptor.

A performance-oriented awards and recognition program drives positive outcomes and reinforces our results-oriented culture. Our awards program supports high performance work and activities that align with accomplishing strategic goals and action plans that reinforce patient-centered outcomes. Each month, the Director conducts a Service Pin/Award Ceremony to recognize employee's length of service and honors recipients of these awards shown in Fig. 5.2-5, several initiated by fellow employees, volunteers, patients, or customers (1.1b(1)).

Figure 5.2-5 Award Programs

Employee of the Month	Customer Service Recognition STAR
Medical Staff of the Year	Special Contributions
Spotlight	Torch
Good Catch	Time-Off
VA Secretary's Hands and Heart Award	

Innovations through SR teams are used to improve the work environment and work processes. Examples of fostering employee innovation are found in the SR teams for the laboratory and imaging sections, which found processes for improvement and increasing efficiencies by using front-line staff as subject matter experts in the process, ensuring buy-in for the final products.

Truman VA introduces its culture during the NEO by sharing the organizational values and core competencies on an employee's first day. Annual training occurs to maintain a highly trained and informed staff. The diversity and values of the workforce at Truman VA closely mirror those of the Veteran population we serve (P.1-3 & 7.3-7). Many health care students choose to conduct their clinical training at our medical center, providing us with the opportunity to recruit individuals of various ethnicities who share our goals and values. Diversity of the workforce is also maintained through the strategies implemented by our Special Emphasis Program Managers (SEPMs). Each SEPM is responsible for promoting diversity and advising the EEO Program Manager and Director on the employment concerns of their respective groups as well as providing on-going activities throughout the year to help foster a culture that respects and appreciates diversity and values. The facility core competencies are deployed throughout the organization by appropriate placement into employee performance plans. Annual performance appraisals provide feedback to employees to identify and develop areas where improvement may be needed. The appraisals are also used to provide incentive awards for high performance. Employees are encouraged to provide a self-assessment of their performance, which is reviewed with their supervisor. We empower and develop employees through mentoring programs (Figs 5.2-2 & 3). In 2011 there were 10 SR projects undertaken with more than 125 employees participating in those projects. This engages employees, patients, and stakeholders, and encourages innovation.

5.2a(3) Performance Management Truman VA utilizes a variety of communication methods for workforce engagement (Fig. 5.2-6). High performance work and workforce engagement is rewarded through the incentive awards program (Fig. 5.2-5). A five-level performance rating system is utilized to evaluate the performance of the staff. This system links organizational goals, strategic challenges, and competency assessment to specific job duties, customer service behaviors and safety issues. Each performance plan includes core competencies, PMs and position-specific performance standards and is individualized to the employee's level and position. Supervisors and service chiefs evaluate their staff at mid-year and at the end of the year. The rating official provides verbal and written feedback. Competencies are evaluated throughout the year. Employees that receive an outstanding or excellent rating during their annual review may receive a percentage of their salary as an award. The supervisor encourages the employee to develop a PDP for his/her continuing development. The HR staff periodically conducts salary surveys for occupations that are hard to recruit and retain in an effort to remain competitive within our local labor market. Incentive pay is provided to certain occupational groups such as physicians and dentists as well as special pay for nurses, pharmacists, physical therapists and certified registered nurse anesthetists (CRNAs).

Physician, nurse, physician assistant, optometrist, and podiatrist performance evaluations are linked to professional standards of patient care, professionalism, education and other key elements. Physicians are entitled to performance pay that is based on specific criteria linked to patient care outcomes and professional activities. Nurses, physician assistants, optometrists, and podiatrists are eligible for awards linked to performance and achievements.

Competencies in performance appraisals specifically address employee customer service behaviors. The level of goal attainment determines learning needs of the employee and assists employees in meeting educational, career and developmental goals, which promotes high individual performance consistent with organizational goals.

5.2b(1) Workforce engagement is assessed through the AES and engaged through SR projects; Employee Satisfaction Committee programs, and CVAEA activities (i.e., family bus trips to the zoo, Cardinal/Royals baseball games, TGIF events, "Lucky Duck" recognition and the annual Christmas dinner/dance). Truman VA has initiated several programs to assist employees with personal fitness as a method of workforce engagement. These programs include the Employee Wellness Committee, a Smoking Cessation Program, Tai Chi, lunch and learn activities (i.e., life event planning; how to apply for USAJobs; benefits fair; managing stress; retirement seminars; employee health fair; and a biggest loser contest for

interested employees). An annual Employee Recognition week is celebrated in May with activities co-sponsored by the facility and the CVAEA or the VA Canteen Service. Past activities have included employee career development fairs, ice cream socials, lunch in the park, pizza for evening staff, continental breakfast for night staff with drawings for prizes, and tokens of appreciation (i.e., insulated cup and movie ticket, lunch bag, messenger bag). A facility logo contest was held resulting in a unique Truman VA Logo. A facility logo contest was held resulting in a unique Truman VA Logo as a means of employee engagement. It has been used on a variety of promotional items for rewarding staff in lieu of monetary awards. The WorkLife4You Program was introduced at the 2011 employee health fair that was attended by more than 500 staff. This program is an agency-paid benefit that can assist with work/life responsibilities. WorkLife4You's specialists are available 24/7 – by telephone and via the web to help with issues involving family, health/wellness, education, financial/legal, and daily life.

Informally, workforce engagement is assessed through participation in a variety of voluntary programs. Examples include the Combined Federal Campaign (CFC), a silent auction to benefit CFC, "Take the Stairs" fitness challenge, American Red Cross blood drives, United Way "Day of Caring." Recently, CVAEA organized an employee volunteer group to spend a Saturday assisting in the Joplin, MO tornado cleanup. Workforce engagement and satisfaction are also gauged by the number of grievances, EEO complaints, and mediations filed each year. The number of EEO complaints remains low. We are able to resolve a number of formal cases filed before they go to a hearing.

5.2b(2) Evidence that workforce engagement directly impacts organizational results is reflected in a number of areas. ELT provides organizational structure through reorganization of some departments, hiring new leadership and staff with technical expertise, and development of dashboards to communicate achievements. A variety of staff members are engaged in RCAs. WalkRounds® provides employees an opportunity to voice issues regarding patient safety or identify barriers that might keep them from being able to do their job. A few examples, which have resulted in continued excellent patient care and improved customer service, include improved signage at the Compensation & Pension (C&P) Clinic entrance, increased stock levels on wards, night shift housekeeping coverage, a code orange system deployed to all CBOCs, and purchase of roll around computers.

5.2c(1) The learning and development needs of the staff at our facility are addressed through the LO Service. The Director chairs the VISN Workforce Development Committee and the Truman VA DLO is a member of the JLC as well as a participant in strategic management planning meetings. Our LO staff participate in the VISN 15 Employee Education and Employee Satisfaction Committees as well as the VISN 15 Workforce Development Council. As a result, we not only utilize local resources, but also have VISN and national resources available as well. Supervisors and senior leaders are encouraged to contact the LO with requests for training, group facilitation and simulation as needed to accomplish both short-term and long-term action plans. The LO facilitates NEO with involvement of key staff throughout the facility. We also utilize the TMS to enhance learning during the first few days of employment and beyond.

All employees are asked to complete a Learning Needs Assessment annually to indicate their goals for the future as well as their needs for training and advancement opportunities (4.2a(3) and 5.2a(1)). The learning needs assessment shows employees what learning opportunities are available and provides staff an opportunity to recommend topics for which training may be warranted. Staff have indicated a need for leadership training, computer program training and customer service training. We utilize these data to request training sessions from the VALU ADVANCE program. Workshops and webinars have or will be offered in response to the survey. We are a diverse staff and attendance at our workshops reflects this diversity. We work closely with the services, boards/committees to facilitate learning opportunities that are designed to address clinical issues such as new equipment, new procedures, or reinforcement of current knowledge. We often combine online learning through the TMS modules with a follow-up discussion. Recently, we used this method to develop critical care skills in nursing staff. Our Learning Center provides a welcoming, well-equipped area for learning opportunities. We have a simulation room in which simulated clinical experiences take place. Most recently, we provided simulation training in response to a clinical review that took place on the CLC. Staff was actively involved in reinforcement of knowledge and in learning about new policies and procedures. This is an example of the many requests received from RRTs, RCA teams, and from senior leadership.

Our librarians provide up-to-date clinical and administrative information to all staff through the use of our electronic databases and interlibrary loan. The library has computers available to staff, patients and stakeholders so that electronic resources can be accessed as well. Patients may access MHV in the library and are provided assistance from the librarians on how to access other resources. We have collections of books on teamwork, learning and ethics that are readily available to staff and supervisors for individual development or group discussions.

Ethical decision making is proactively addressed through a 3-tier system carefully implemented into the governance structure of Truman VA. The three domains of this model are Ethical Leadership, Preventive Ethics, and Ethics Consultation. Ethical Leadership is established and demonstrated by maintaining committees representing these three tiers in the governance hierarchy between the JLC and all of the other boards and committees. In every committee/board meeting, ethical concerns are addressed as a standard agenda item. This communicates the importance of and facilitates engagement in recognition and decision making related to ethical concerns. All boards report ethics concerns to executive leadership. Committees may report to their respective board or directly to the ELT.

Several other mechanisms have been established in order to ensure that all employees are aware of the importance of ethics and of the methods for addressing such concerns. First, a policy of "No Blame Ethics" is utilized to establish an

environment conducive to reporting concerns and engaging in ethical decision-making. The minutes of all leadership, board and committee meetings are posted on the Truman VA SharePoint for all employees to view. Ethics consults can also be requested through the SharePoint. In order to ensure that all employees are aware of the above components and practices, ethics training is provided in NEO through the presentation of Standards of Conduct. In addition, items reflecting ethics are embedded in the annual AES and a standard question in WalkRounds®.

5.2c(2) Learning and Development Effectiveness. The effectiveness of our workforce and leadership development is accomplished through periodic evaluations completed by employees in various programs. Succession planning is a significant issue with VA and our leadership development programs. We have had 96 staff participants in these programs. Of those graduates, 37 have assumed positions of greater responsibility, reflecting that 38.5% of the participants have filled important vacancies throughout our organization. Graduates of these programs are utilized to chair/serve on/facilitate PATs, SR teams and collaboratives that provide additional exposure to hospital governance and further develop and reinforce the leadership skills learned in their training programs. Feedback from service chiefs and other senior leaders has validated the effectiveness of these programs. Improved self-confidence and more self-initiative are just a couple of the consistent positive comments received.

The LO solicits feedback from new employees quarterly to evaluate whether NEO met their needs in their new job and to ask for suggestions for improvements to the orientation. This information is compiled, shared with the ELT and NEO presenters and used to improve the orientation.

5.2c(3) Career Progression. Succession planning activities have been improved to help address the growing numbers of retirement eligible staff. These planning activities include increasing leadership development initiatives such as SCEP, VANEEP, EISP, NNEI, LEAD, GHAP, and TCF programs. These initiatives, in turn, have broadened workforce leadership and assured continuity of expertise. Student programs, internships, and administrative residencies, as well as leadership development programs (Fig. 5.2-3), are utilized to promote opportunities for career progression.

LO, HR, and the EEO Committee partner to promote Truman VA's leadership development and coaching/mentoring programs as well as to provide career development training opportunities, which includes developing PDPs, preparing for PBIs, applying for VA jobs, dressing for success, and writing resumes.

Truman VA employs coaching/mentoring to prepare employees at all levels for career progression. All supervisors and managers receive mentoring training and certification at the Fellow level by completing 50 hours of mentoring. This requirement is tied to performance evaluations. Participants in leadership development programs are paired with a certified mentor and employees at all levels are encouraged to participate in the coaching/mentoring program.

Truman VA annually audits hard-to-fill positions and anticipated vacancies as part of its succession planning process. We employ a variety of targeted recruitment strategies including upward mobility, recruitment/retention bonuses and scholarship reimbursement programs. In addition, Truman VA utilizes over-hire authority to double encumber key positions, enabling outgoing staff to transfer their institutional knowledge with their replacement.

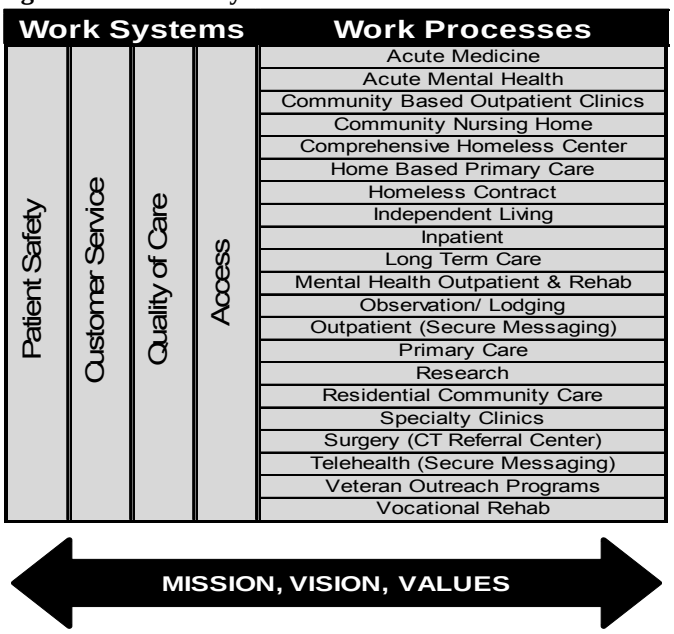
CATEGORY 6 – Operations Focus

6.1a(1) Design Concepts Truman VA deploys a multifaceted approach to the innovation of our work systems. The main framework of our design begins with VA-TAMMCS. Teams can select from a multitude of tools derived from Lean and Six Sigma and follow a PDSA process that allows for the understanding of the impacted change and determines its efficiency and effectiveness. Multiple types of teams are chartered by the Director to create improvements including SR teams, RRTs, and PATs. Each deploys the VA-TAMMCS framework to guide improvements. In addition to VA-TAMMCS, the work system is continually improved through other perspectives. The ELT is very intentional about listening to patients and employees in order to create a culture of change and innovation. This is accomplished through ELT WalkRounds® and the COS employee rounding. Both approaches provide an opportunity for frontline staff to have input on health care delivery design and innovation. Other opportunities for improvement are accomplished through the Ambassador Program, Patient Safety Incident Reports, the AES, and Congressional correspondence. These activities provide a pathway for change and lead the medical center to be people-centric, results-driven, and forward looking. These approaches have led to the success of programs including MHV and radiation monitoring. MHV has provided the greatest impact of health care delivery innovation by changing clinical processes to provide patients real time information from their medical record, in addition to streamlining the process for patients to refill their medications, schedule appointments, and learn ways to contribute to a healthy lifestyle through a personal online portal. The new design of radiation monitoring has had a great impact on both clinical practices and patient safety.

It is a priority for Truman VA to achieve and capitalize on all its core competencies through the current redesign and innovation approaches. Through integration and systems thinking, all tools to cultivate redesign and innovation have a direct impact on patient safety, customer service, quality of care, and access (Fig 6.1-1). All decisions at the executive and frontline staff levels take into account our core competencies that lead to the achievement of our mission, vision and values. VA-TAMMCS leads SR and innovation. If this approach does not provide a tool to achieve the success that we desire, tools and opportunities external to VA are sought. This decision is made through analyzing many drivers including costs, outcomes, capabilities, and resources.

6.1a(2) Key Work System Requirements Truman VA determines key work system requirements through open communication with patients, stakeholders, suppliers, partners, and collaborators. Open communication can be seen across the medical center including focus groups, open houses, feedback loops, and site visits with other facilities and agencies. A focus group was recently put together to understand the customer's expectations for a new parking garage. This facilitated two-way communication and better understanding for the function of the garage including preferences and resources that will be involved. In addition, a team was put in place to design and plan for a new ICU. Truman VA requested the community's support and input through an ICU design open house. This generated new ideas and spurred innovation from the public, Veterans, their families, and other stakeholders. The ELT decided that all projects and redesign teams would have a Veteran as a participating member. Veterans bring a new and refreshing aspect to the teams that has challenged thought processes and pushed us further to reach our goal to be more patient centric (4.1a(3)). Site visits have also been a great tool for members of our project and redesign teams to see how other facilities operate. This provided opportunities to learn from others' successes and to continually refine our own processes. Many of the key requirements for our suppliers, partners and collaborators are determined through sharing agreements and contracts. Finally, incident reports drive many of the key requirements. All requirements for key work systems relate to the mission, vision and values of the organization. If it is a function that allows for the success in meeting the organizational mission, it becomes a key requirement.

Figure 6.1-1 Work Systems and Work Processes



6.1b(1) Work System Implementation Truman VA's work systems are based on our core competencies including patient safety, customer service, quality of care, and access. These systems are managed and improved through VA-TAMMCS, SR teams, and RCA teams. The goal of these teams is to add value to the end stakeholder and achieve organizational success and sustainability. Business case justifications are required for new FTEE and are a part of the RMC committee request process. Business case justifications help ensure that work systems deliver patient and stakeholder value and achieve organizational success and sustainability. For example, through this process, improvements were made to the patient records scanning function (Fig 6.1-2). The team evaluated current processes and reasoning for a large backlog that created negative effects for our Veterans and care providers. The improvements made affected the system as a whole including patient safety, customer service, quality of care, and access.

Figure 6.1-2 Inches of Pending Scanning

Month	Outpatient Inches	Fee Basis Inches
Oct 2010	244.0	67.0
Jan 2011	283.0	77.0
Apr 2011	291.5	67.5
July 2011	144.0	1.0
Oct 2011	11.5	2.0

In another example, two-way communication and action plans improved our accounts receivables in the Fee Basis department. Through feedback and monthly meetings with our outside providers, we decreased the amount of time it takes to pay our suppliers. This has increased vendor satisfaction and ensured strong relationships with our suppliers. Sustainability of these systems is completed through the reporting of metrics. These metrics focus on quality and satisfaction and are reported on a routine basis to the CBI. In 2009, the AES identified that employees did not understand how resources were allocated across the facility. Action plans were implemented and now employees are included in the planning process. Prior to 2011, business plan hearings were presented to services individually. In 2011, the ELT responded and the business hearing results were presented to all services simultaneously, which allowed for questions to the ELT.

Sustainability of improvements is monitored through the reporting of measures to the PIB at 6 months after completion. Unless the PIB or JLC requests additional information, the project is considered complete. Sustainability for Truman VA has been accomplished through building centers of excellence and serving in the role as a referral center to increase the number of unique patients and Resource Intensive Based Treatments. For example, Truman VA is the cardiothoracic referral center for VISN 15. Truman VA is continually looking forward to maintain its referral center status as well as planning for new CBOCs to serve our Veterans in rural areas. The VOC is another communication mechanism to increase the public's awareness about the services that Truman VA is able to provide and to reinforce a goal to be the health care provider of choice for Veterans in central Missouri.

Much of our organization's success can be attributed to successful planning and accountability. It is through the success of our clinical staff and VERA committee that we ensure that workload is captured and converted to financial support that can sustain our health care mission. Fiscal Glide Path is another metric that is used as a benchmark for our facility to compare ourselves to other facilities. This allows us to identify our strengths as well as opportunities for improvement.

6.1b(2) Cost Control There are many checks and balances related to the finances of Truman VA. Costs are viewed through a variety of perspectives including committees, service budget meetings, appropriations law, monthly budget briefs with the ELT, and budget status reports with the VISN. Due to our budgetary and VERA efficiency, our facility has helped other VISN 15 facilities with budget deficits. In FY 11, Truman VA provided $8M to other facilities and $5M in FY 12 to those that were in tighter budget situations. Other resources including FTEE and overtime are monitored closely to ensure proper management.

Truman VA uses and manages resources through a lean thinking process. In addition, it is our goal to decrease and eliminate rework and errors, especially medical errors and unintended harm to patients. This is accomplished right now in the OR with the use of timeouts and the correct surgical site process. These processes prevent wrong site surgeries and ensure that the right procedure is being done on the right patient.

The cost of inspections, tests, and process and performance audits are minimized through the active management of multiple safety committees, EOC rounds, and internal audits. In addition to committees and audits, Truman VA has created a culture of safety and continual readiness. A culture of continual readiness aids the ELT in anticipating weaknesses and vulnerabilities and minimizes deficiencies during inspections and audits. It has been noted and reported that our staff feels comfortable reporting close calls. The use of our electronic medical record, computerized physician order entry, digital imaging, and BCMA provide the ideal mechanism to catch any errors before they have any harmful impact on the patient.

6.1c Emergency Readiness Truman VA maintains an Emergency Operations Plan (EOP) designed to maintain a state of readiness for any emergency situation including community-wide/region-wide disasters, activation of the VA/DoD Contingency System, or activation of the National Response Framework. The EOP was developed as the result of the Hazard Vulnerability Analysis (HVA) and defines the mitigation, preparedness, response, and recovery efforts necessary to minimize adverse impacts of emergency incidents. Emergency supply caches are established to extend the medical center's normal 30-day supply inventory in preparation of possible pandemic outbreaks. The budgeting process includes specific control points established for emergency management acquisition of supplies and equipment utilized or needed to expand our capabilities.

Truman VA maintains 7 CBOCs to provide access to medical care to Veterans closer to their homes. The services provided are routine primary care, mental health counseling and group therapy as well as routine laboratory specimen collection. They do not have urgent care capability. In the event of an emergency, the CBOC staff is to call 911 for local emergency response teams. Assessment of each clinic's needs is conducted on an annual basis to assure that we are meeting the needs of Veterans. The medical center maintains communication with CBOCs during emergency responses.

Truman VA provides for non-hospitalized patients through the HBPC program. Significant planning for the continued provision of medical services to these patients has led to a comprehensive program in preparedness and response. A risk-based assessment for all patients in HBPC is completed and identifies the highest risk patients requiring priority attention in the event of a disaster or emergency. This assessment is reviewed annually or anytime there is a change in patient conditions. Staff responsible for HBPC patients works with local counties to identify emergency contact telephone numbers for utilities, fire, police, and other critical emergency response entities. This information is incorporated into training material and pamphlets designed by the facility and provided to all home-based patients.

The CWT/TR is a community-based transitional housing program for homeless Veterans. BH staff developed a risk management plan that addresses possible hazards, who might be harmed and how, what we are already doing, what further action is necessary, by whom, and when it will be completed. Hazards identified include abuse and neglect, bio-hazardous accidents, communicable disease, information security, illegal drugs, violence or aggression, accidents with minor injury from slips, falls, and cuts to a medical emergency, risk of suicide attempt, vehicular accidents and fire loss. VA staff including the Safety Officer and the Infection Control Practitioner visit the CWT/TR on a quarterly basis and conduct an inspection and provide education and training for Veterans living at the residence. Fire drills are conducted on a monthly basis and bomb threat, severe weather, and utility failure drills are conducted annually.

Truman VA works with community partners to ensure effective interaction during all phases of emergency management. Several examples of that involvement include participation in the Columbia/Boone County Health and Medical Planning Committee and Region F Emergency Healthcare Coalition. Emergency Program Coordinators (EPCs) from Columbia meet monthly with the Columbia/Boone County Health Department EPC and discuss policy, events and plan community exercises.

In a major disaster, processes are in place at both the facility and VISN levels to ensure that patient care is not compromised. Drills are conducted to prepare staff to react appropriately in the event of an emergency. Exercises and real-world events provide opportunities to test the EOP and develop areas of improvement. Representatives from all services form the Emergency Management Committee, which oversees the development of exercise preparation and review of event after-action-reports. Identified areas of improvement are tracked to completion (Fig 7.1-34).

The winter storm/blizzard of February 2011 along with 17+ inches of snow paralyzed the community and set into motion emergency operation plans throughout the city and state. Activation of the medical center's Incident Command Center provided the framework to mobilize assets and supplies to weather the predicted snowfall. Staffing issues needed to be addressed for those stranded at home or in the medical center. Numerous avenues of communication for patients and staff were utilized and evaluated. Recovery efforts provided lessons

learned. Mobilization of the shelter-in-place plan identified several areas for improvement including 1) the need for an SOP that better defines the process, tracking of staff, and sleeping locations; 2) the need to expand the inventory of cots; and 3) the need for an SOP for the sanitation of the used emergency equipment. Staff from all services providing medical care and support services pulled together to maintain the high quality of patient care expected.

6.2a(1) Design Concepts During the design and innovation of the work process, the ELT examines the workflow in any given area to identify bottlenecks and inefficiencies. All end users are included in any process change in order to ensure that all key requirements are met. The best example of this can be seen through the OR Activation Committee. This committee was chartered to have the new operating room suites up and running as soon as the newly constructed building was completed. Anyone that would be involved in the OR had a role on the OR Activation Committee. These members were the key to ensuring that all equipment, instruments, supplies, design, and engineering factors were completed as needed. Through this type of design, when the OR construction was finished, everyone was ready to start the first surgical case in the safest manner possible.

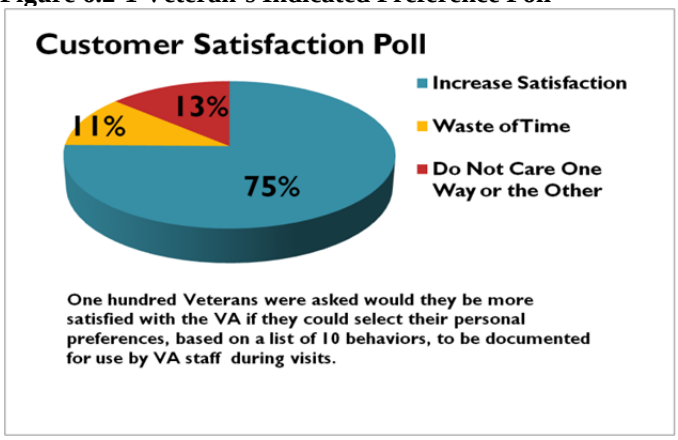
Technology can be seen throughout the medical system, yet the most innovative and current system is MHV utilization. MHV provides Veterans with a streamlined personal health record that enables them to be an active member in their care. Organizational knowledge can be seen through its acts of transparency. Truman VA strives to be transparent with its employees and resources by providing real time budget information, minutes of boards/committees for all to view and better understanding where open encounters lie within the facility. Evidence based medicine (EBM) has been shown to play an important role in excellent quality care. Currently BH is active with its use of EBM through the use of evidence based therapies. Health care service excellence is exemplified through PMs and benchmarking. This provides all stakeholders an opportunity to see how Truman VA is performing with the PM set before them, while comparing ourselves to the other facilities. Truman VA understands the importance of new technology, organizational knowledge; EBM, health care service excellence and uses each to be effective in its work processes. The need for agility spans each of these pillars, each providing opportunities for others to be proactive and to react. Organizational agility can also be seen in the use of the Fiscal Glide Path tool. This provides useful data to be used in planning purposes, productivity, cost control, efficiency, and effectiveness factors to guide the medical center.

6.2a(2) Key work process requirements Key work process requirements must enable work systems, provide the ability to achieve strategic goals, and are guided by the organization's mission, vision and values. Truman VA's key work processes are examined in Fig. 6.1-1. As seen in the figure, our work processes cover every aspect of the medical center, which enhances the care and service to our Veterans and their families.

6.2b(1) Key Work Process Implementation Key work processes are determined by their ability to facilitate our core competencies of patient safety, customer service, quality of care, and access. Day-to-day operations ensure that individual processes meet key process requirements through system checks and balances, PMs and organizational structures. Examples can be identified in the operation of the PIB and its reporting of PMs monthly. In addition, internal audits, financial indicators and external audits all provide support to meeting key process requirements (Figs 7.4-6 – 10). Key PMs or indicators of system operations include tracer teams, action plans, financial reporting and reconciliations, end of year certifications, and travel and purchase card audits. In-process measures and improvement opportunities are monitored and outliers are dealt with appropriately. These key PMs and identification of outliers has led to the improvement of beneficiary travel and streamlining the electronic funds transfer (EFT) process due to be fully implemented in the future.

6.2b(2) Patient Expectation and Preferences Patient expectations and preferences are critical when determining Veteran-centric care. Truman VA values its customers and has recently developed a New Patient Orientation to meet Veteran expectations. During this orientation, the delivery system is explained, patients learn to navigate the system and safety expectations are discussed. In addition, the VIP program takes patient expectations a step further (3.2b(1)). Upon admission, Veterans get to choose three things from a list of ten expectations that they can expect during their hospital stay. Each is tailored to the patient to ensure the best experience possible is achieved (Fig. 6.2-1). Patient expectations are also set and exceeded through the Ambassador Program, focus groups, patient advocate complaints, SHEP surveys (Figs 7.2-1 - 4), and Veteran participation on SR teams.

Figure 6.2-1 Veteran's Indicated Preference Poll



The healthcare service delivery process is structured in a manner to set and achieve realistic expectations. Many expectations are identified through Patient Advocate data. This is where many patients' concerns can be corrected and realistic measures provided. As mentioned before, the New Patient Orientation is a first glimpse for patients to understand what is expected from them as well as what they can expect from the system. Discharge planning is another process that reinforces realistic patient expectations concerning patient

decisions and preferences, which are factored into delivery of the health care services. Realistic expectations are also well managed through the walk in clinic. Expected wait times are provided to the patient and, to reduce wait times, appointments are recommended.

Other forms of meeting patient preferences and allowing for patient decision making can be seen through advanced directives, treatment plans and bedside rounding, which includes the patient in the rounding process. Cultural transformation is a new initiative for Truman VA's CLC. This is an opportunity for the staff to enhance Veteran experiences. While this takes on many different forms, it is the goal to increase the Veteran's experience each week through entertainment, food, or anything else that the resident may want to do. Residents in the CLC have participated in lobster dinners, trips to the gambling boat for casino night, fishing trips, therapeutic horseback riding, and facility happy hours.

6.2b(3) Supply Chain Management Truman VA manages its supply chain through the logistics service. It is responsible for the ordering and accountability of all equipment, instruments, and supplies. Supply chain management is done through a variety of databases and inventories. New equipment is managed through the new technology request form and business planning that involves the end users. The new technology request form was developed from a HFMEA and is a tool to create efficiency for equipment requests. It determines training and competencies needed to use equipment and determines if there are other users that may benefit. Another key component is the equipment inventory listing. This database comprises all equipment that is in use at the facility and manages its use and lifecycle and ensures that equipment actions are taken care of before causing any budget constraints or safety issues.

The Contract Committee plays a vital role in the formulation, justification, execution, and quality of all contracts across the organization. Suppliers are determined qualified by meeting qualifications established by the federal government. Logistics service manages an active exclusions list that identifies specific vendors that are not allowed to do business with VA. In addition, the Clinical Product Review Board reviews all expendable items to determine their ability to meet expectations.

One way that Truman VA ensures patient and stakeholder satisfaction is through the Prompt Pay Act. This act makes a promise to all suppliers that VA will pay our invoices within 30 days of receiving supplies. Other metrics to determine satisfaction are through our facility stoplight report. This report examines the payment backlog for patient bills being paid. It is our goal to have no backlog, which ensures our timeliness to pay vendors and to sustain a good relationship (Fig. 6.2-2).

Supplier performance is determined through several methods including the review by the Contract Committee, clerk review process, and purchase card audits. Purchase card audits provide an excellent opportunity to identify vendor issues. During the audit process, our system is designed to ask if there are any "vendor disputes." Problems are sent forward for review and follow-up is made by logistics service as well as contracting service. If a contractor is determined to be providing poor services, the contract will be discontinued. Truman VA has discontinued a Contract Nursing Home due to the nursing home's lack of patient safety by not having an emergency generator. Other discontinued contracts have occurred because of poor accounts receivable follow-up and noncompliance with VA policy for record storage.

6.2b(4) Process Improvement Process Improvement at Truman VA is done through a multidisciplinary approach with the VA-TAMMCS framework to support change. Truman VA improves administrative and clinical process performance while reducing variability through the use and implementation of Incident Report trending, RCA, HFMEA, PDSA cycles, PM external reviews as well as tools from TJC, SOARS, VA OIG, and CARF.

Truman VA proactively uses RCA, HFMEA, RRTs, PATs and SR teams to evaluate past and current issues as well as potential failure points in high-risk and problem-prone processes. These teams have played an active role in the recent elimination of a daunting backlog in fee basis.

Truman VA work processes are continually being evaluated in order to improve performance and functionality, decrease variability while improving health care services. It is through these mechanisms that Truman VA has been able to succeed in its mission and commitment to our Veterans. With such a rich data environment, Truman VA has been successful in identifying opportunities for improvement and capitalizing on them through the use of our process improvement tools and knowledge. With a patient-centric, forward-looking and results-driven motivation, Truman VA has been able to grow its patient population (Figs 7.5-1 & 19) and provide the excellent care that our Veteran heroes deserve.

Figure 6.2-2 Fee Basis Payments- Average Days to Pay

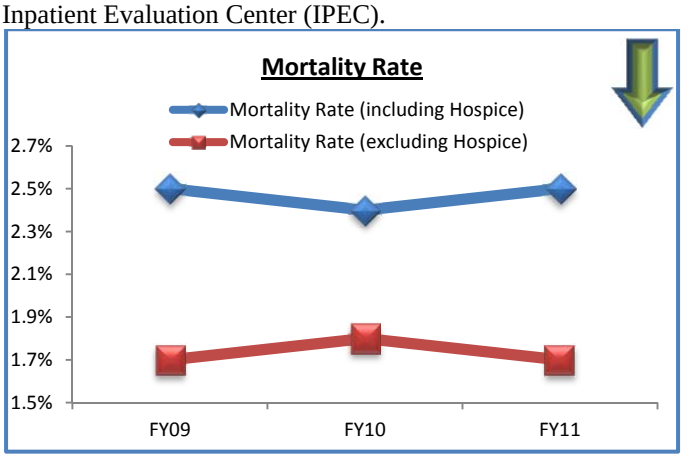
Month	Average Days to Pay (Date Paid - DOS)	% Change from Oct 2010
Oct 2010	85	n/a
Nov 2010	93	9.4%
Dec 2010	99	16.5%
Jan 2011	94	10.6%
Feb 2011	103	21.2%
Mar 2011	146	71.8%
Apr 2011	123	44.7%
May 2011	125	47.1%
Jun 2011	83	-2.4%
Jul 2011	84	-1.2%
Aug 2011	81	-4.7%
Sep 2011	86	1.2%
Oct 2011	78	-8.2%
Nov 2011	68	-20.0%

Results

7.1 Health Care and Process Outcomes

7.1a Patient Focused Health Care Results

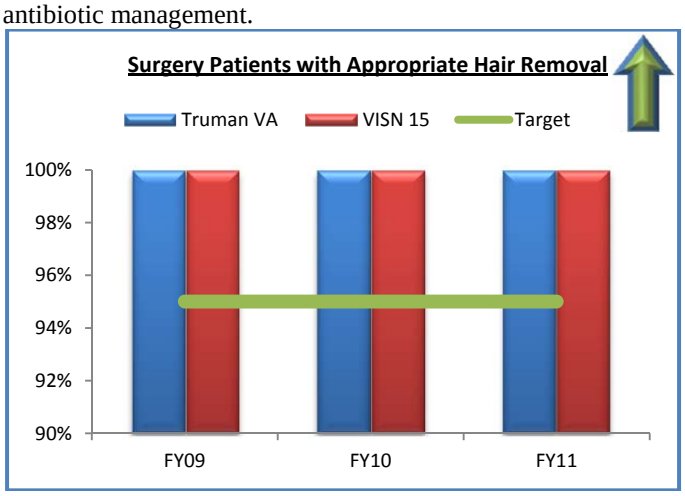
7.1-1 Mortality Rate: This broad measure of quality (a core competency) of inpatient care is a means of comparing patient mortality after application of a risk adjustment model by VA's Inpatient Evaluation Center (IPEC).



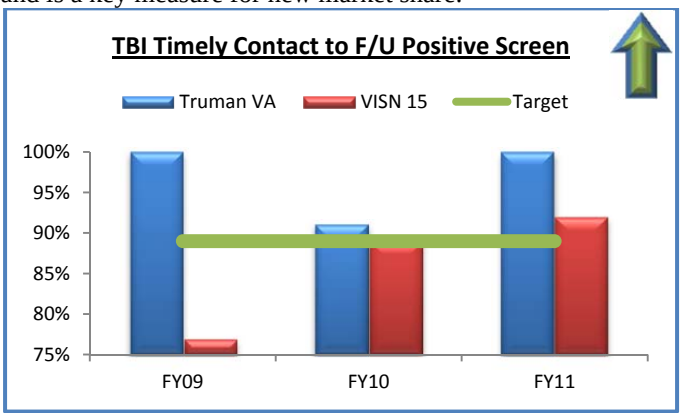
7.1-2 Dashboard: The PM dashboard is updated monthly. Below is a selected portion of core measures.

Selected Performance Goals	FY09	FY10	FY11	Goal
Surgical				
Prophylactic Abx timely	97%	94%	97%	95%
Surgery Pts approp VTE Prophyl rec'd 24 hrs before/after surgery	93%	100%	99%	95%
BH Screening				
SUD Alcohol Misuse Screening	96%	95%	96%	95%
PTSD OPT screened for PTSD at regular intervals	99%	100%	100%	95%
Diabetes				
DM: OPT BP <140/90	70%	75%	76%	81%
DM: OPT LDL-C <100	71%	62%	66%	69%
Prevention				
CA-appropriate Colorectal Screen	87%	88%	89%	82%
IMM OPT Pneumococcal Nexus	97%	94%	95%	95%

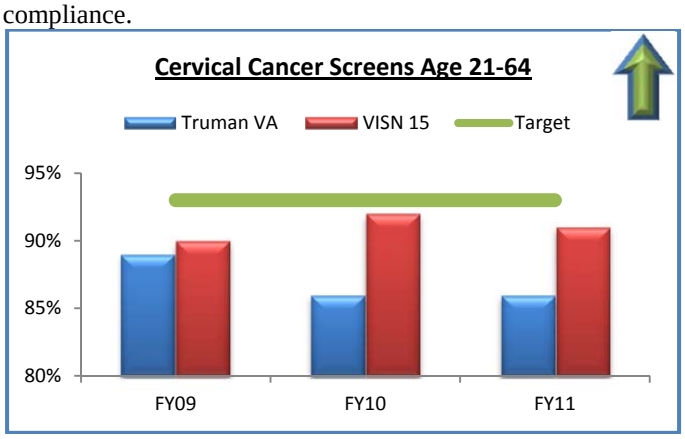
7.1-3 Surgery Patients with Appropriate Hair Removal: Prevention of operative wound infection shows benchmark performance through new hair removal technique and antibiotic management.



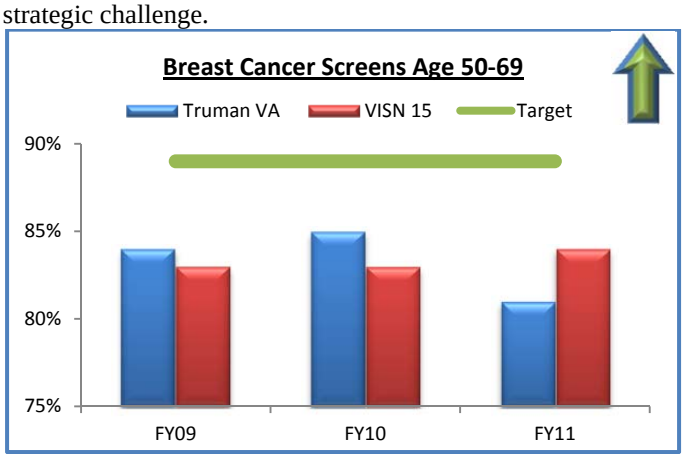
7.1-4 OEF/OIF/OND TBI Timely Contact to F/U Positive Screen: TBI screening identifies Veterans with potential TBI and is a key measure for new market share.



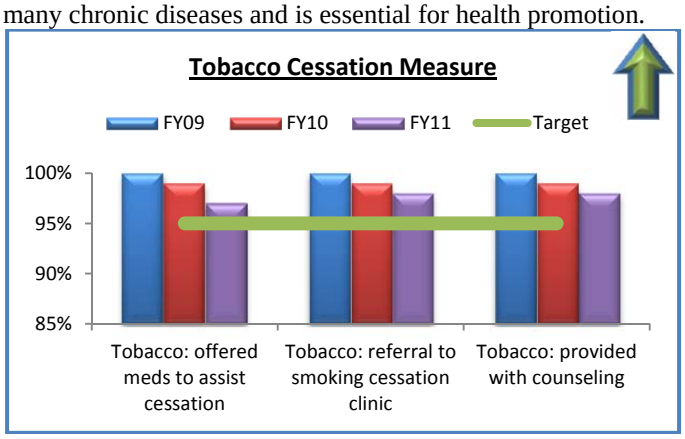
7.1-5 Cervical Cancer Screening Age 21-64: To meet this demand, cervical cancer screening was improved through placement of a provider at each clinic to provide gender specific care, re-engineering of the clinical reminder plus an extensive education program. Engagement with Women Veteran Manager has improved this and mammogram compliance.



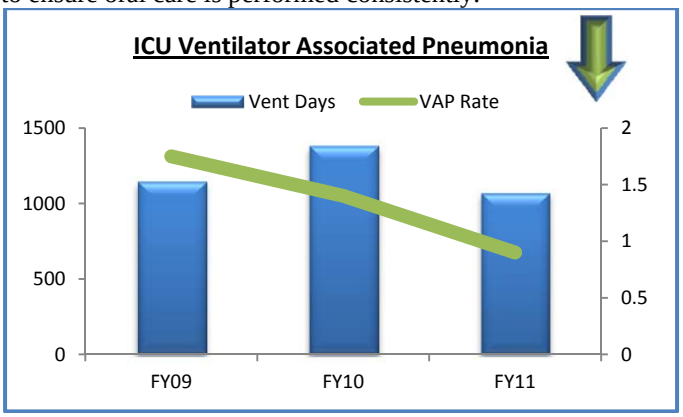
7.1-6 Breast Cancer Screens Age 50-69: Figures 7.1-5-6 represent two key measures for our female Veteran patients. The breast and cervical cancer prevention screenings are important aspects of the care of these patients. Finding early cancer leads to higher success rates in treatments and cures. These measures have components of prevention and patient safety, a core competency of Truman VA and are a recognized strategic challenge.



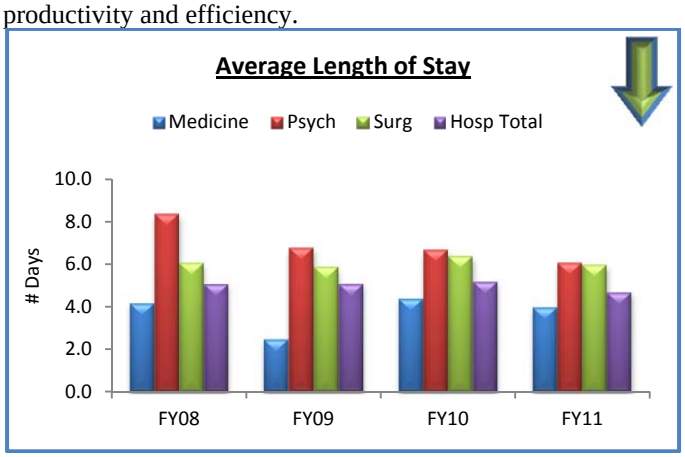
7.1-7 Tobacco Cessation: Smoking cessation helps prevent many chronic diseases and is essential for health promotion.



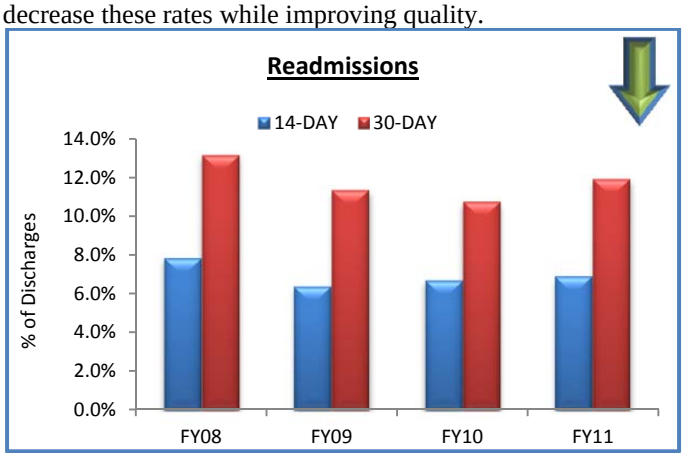
7.1-8 Ventilator Associated Pneumonia: Reduction of ventilator-associated pneumonia (VAP) has been the subject of intense efforts throughout VHA and the nation for the last several years. At Truman VA, the key to dramatically decreasing the rate of VAP has been the application of a series of interventions called the "VAP bundle" by an interdisciplinary team. Innovation has also helped this key measure with the introduction of a bar coded oral care product to ensure oral care is performed consistently.



7.1-9 Average LOS: Ongoing efforts, to decrease the LOS for all inpatients includes daily patient care conferences, discharge planning meetings, and 100% continued stay reviews, have helped to keep the observed minus expected LOS one of the lowest in all VHA. This is a measure of productivity and efficiency.

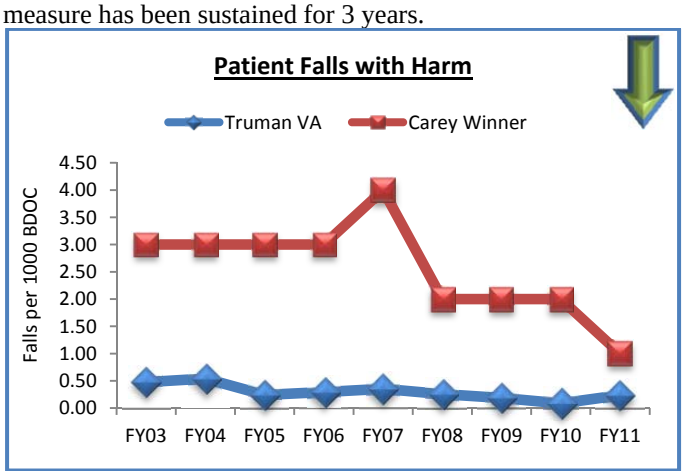


7.1-10 Readmissions: All cause readmission rate is impacted by the quality of inpatient care, the discharge process and by post-discharge follow-up. Truman VA has been able to decrease these rates while improving quality.

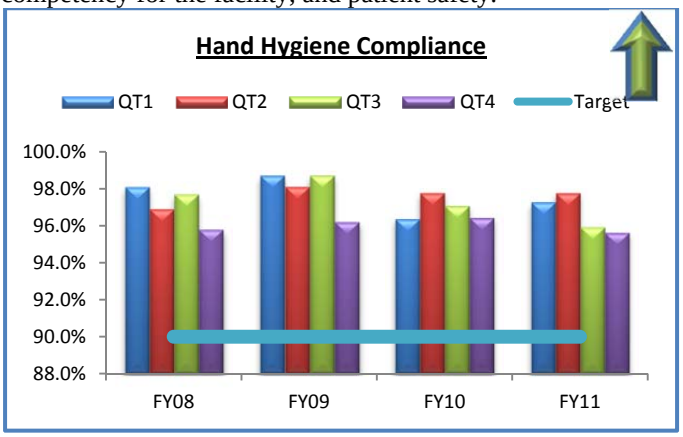


7.1b(1) Operational Process Effectiveness Results

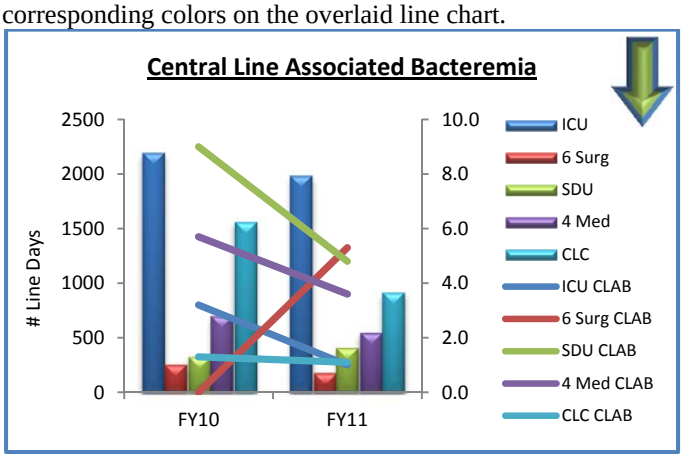
7.1-11 Patient Falls with Harm: Patient falls event with a major injury is a good indicator of the success of staff's efforts in patient safety related to falls. Implementation for improvements include hip protectors, low beds, post fall huddles, and floor mats. Truman VA has one of the lowest fall related serious injury rates in VA. This key patient safety measure has been sustained for 3 years.



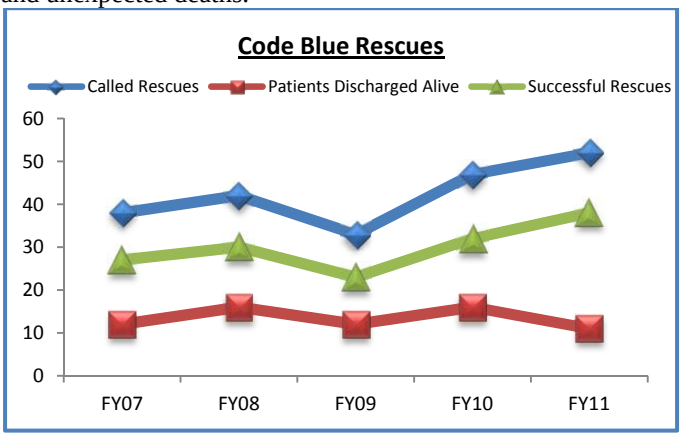
7.1-12 Hand Hygiene Compliance: Hand hygiene is one key measure for infection control and prevention, a core competency for the facility, and patient safety.



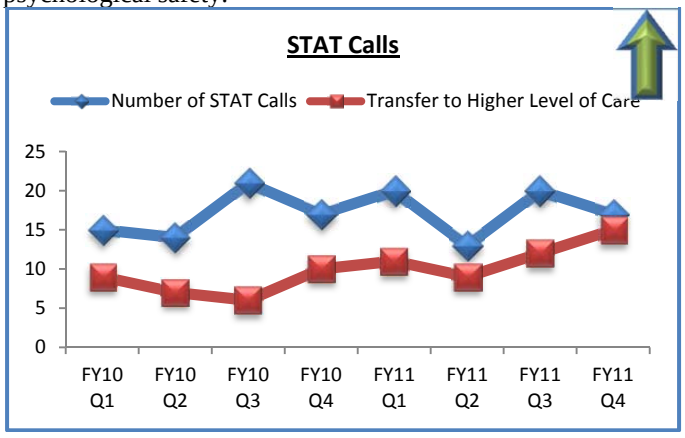
7.1-13 Central Line Infections: Central line infection data have been collected for ICU for several years, but only since 2010 for all other units. Below are the number of line days per unit in columns and the CLAB rate for each unit in corresponding colors on the overlaid line chart.



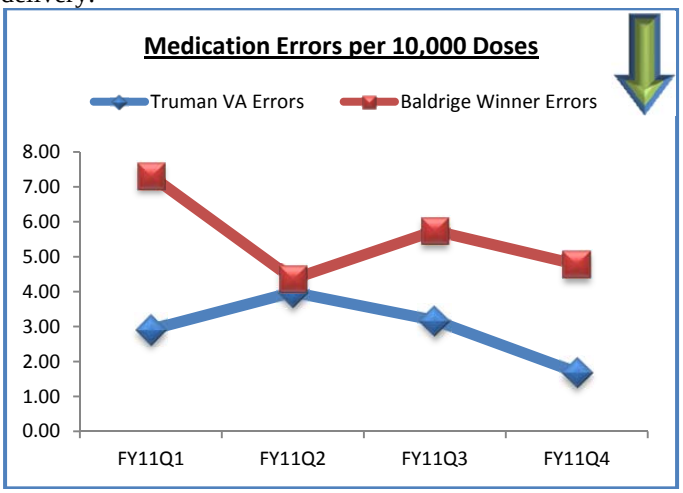
7.1-14 Code Blue Rescues: Operational effectiveness for core competency (quality) is evident with decreases in code blues and unexpected deaths.



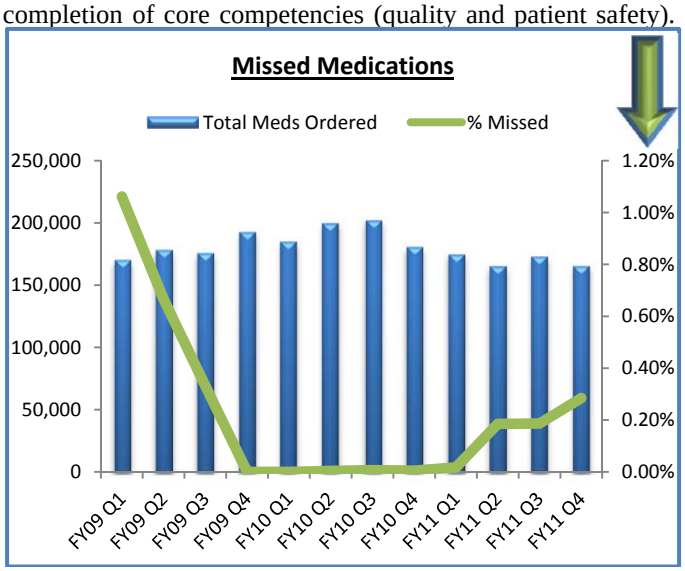
7.1-15 STAT Team: The IHI, TJC, and VA adopted the idea of identifying patients who were deteriorating prior to the need for an actual code blue event and quick intervention. The Truman VA had a form for RRT for many years but, upon review, concluded that this system was not achieving the desired results. As discussed in 6.2b(4) a new process called a medical STAT team was developed. A key change was the interdisciplinary composition and providing staff psychological safety.



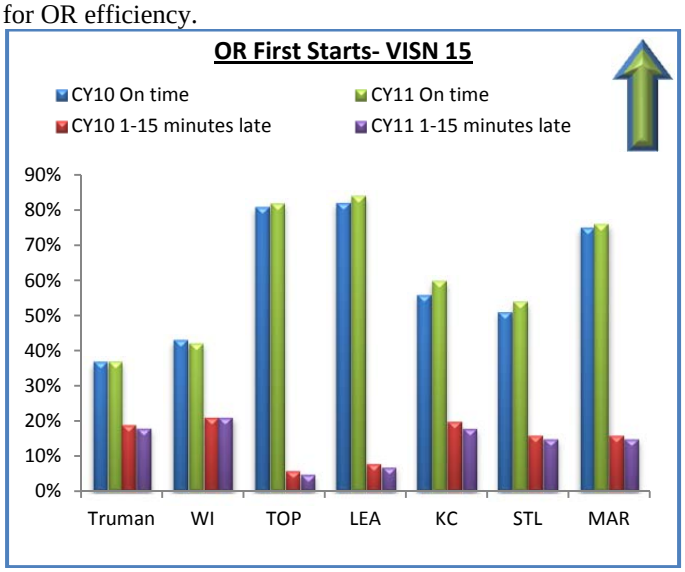
7.1-16 Medication Errors: A key measure for core competency of quality and safety is accurate medication delivery.



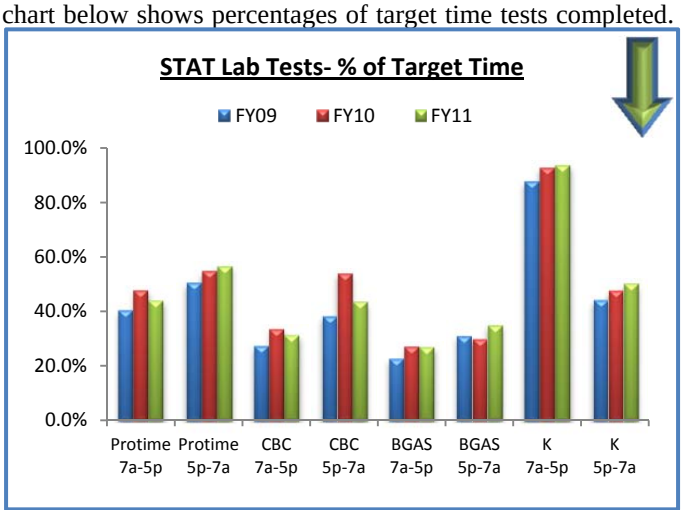
7.1-17 Missed Medications: This is a key cost control measure for prevention of re-work (6.2) and a measure of completion of core competencies (quality and patient safety).



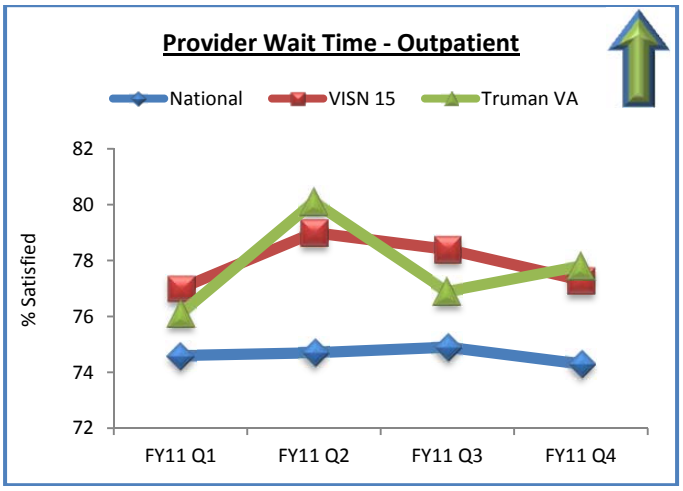
7.1-18 OR First Starts: This is another cost control measure for OR efficiency.



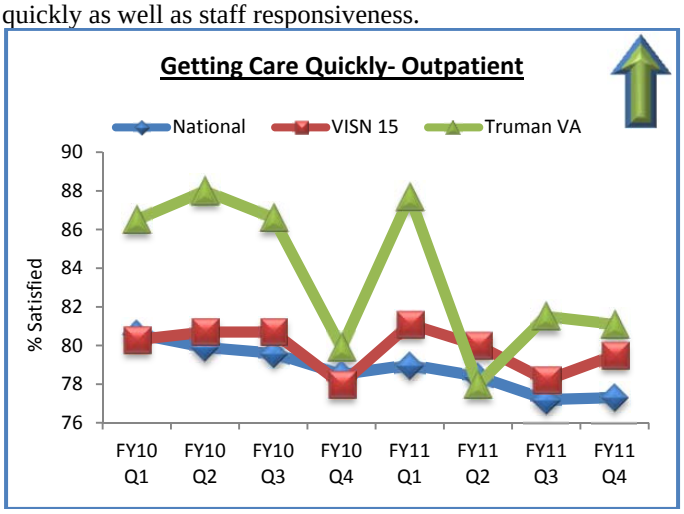
7.1-19 Lab STAT Turnaround Time: All STAT lab tests were completed under target times from FY09 to FY11. The chart below shows percentages of target time tests completed.



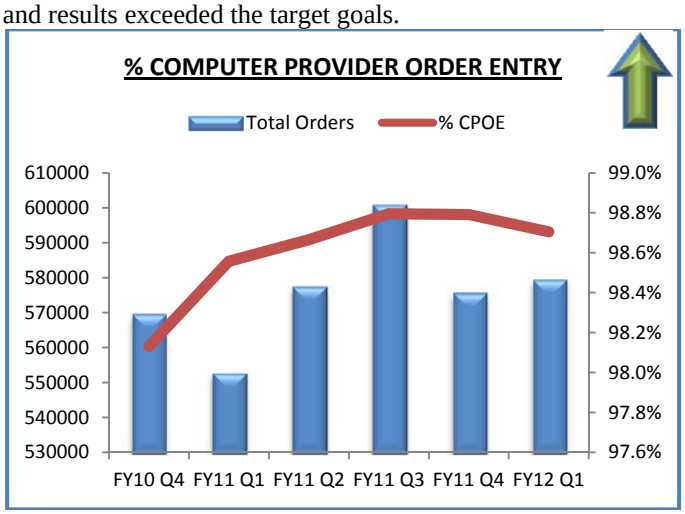
7.1-20 Wait Time: Truman VA meets access timeliness targets despite targets being reduced from 30 to 14 days in FY09 (strategic objectives as defined in 6.1 and 2.2). Wait time is also a measure of core competency achievement access to care.



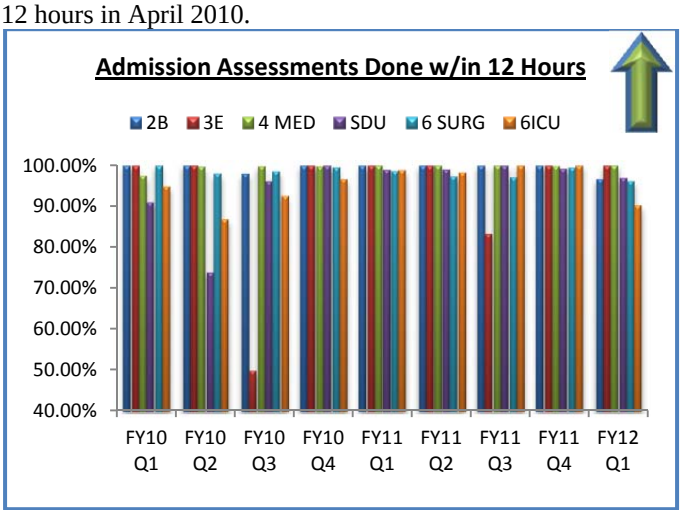
7.1-21 Access: An outcome of our operational measure for access is the increase in patient perception for getting care quickly as well as staff responsiveness.



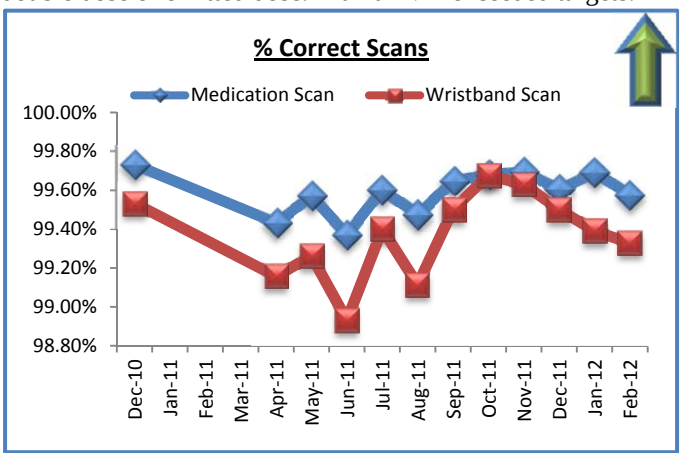
7.1-22 Provider Order Entry: This was a quality and patient safety action plan to reduce verbal orders by 20% in a year and results exceeded the target goals.



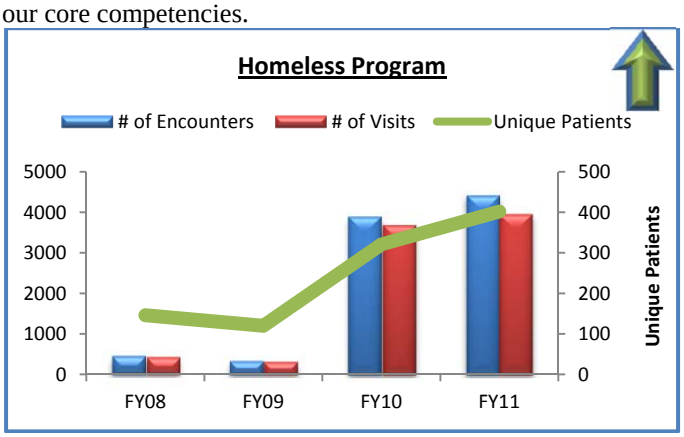
7.1-23 Admission Assessments: Data below reflect percentage of assessments completed within 12 hours of admission. 1st and 2nd Quarter FY10 data reflect assessments completed within 8 hours of admission, prior to the change to 12 hours in April 2010.



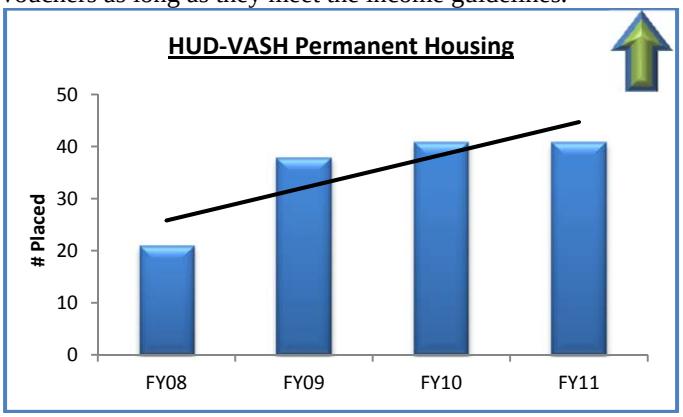
7.1-24 Managing Scanning Failures: A key result for measuring prevention of re-work, patient safety, and quality of care is failed scanning which could result in medication double dose or omitted dose. Truman VA exceeded targets.



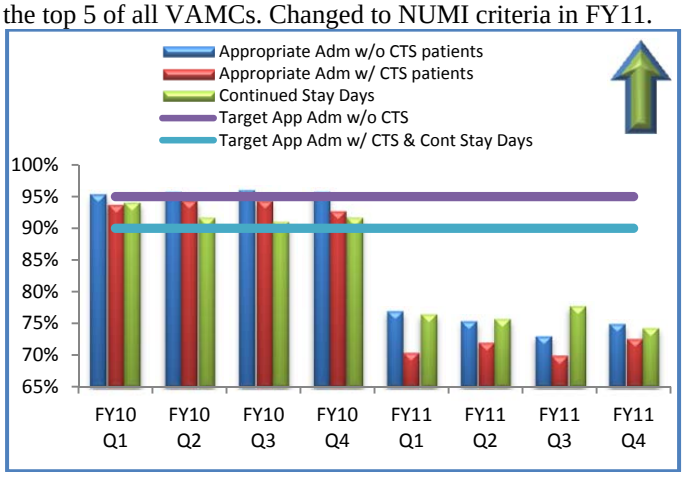
7.1-25 Homeless Program: Outreach to homeless Veterans starts with initial contact and intake exam that results in coordination of care for BH and PC services. The number of encounters, visits, and uniques for all encounters are key measures for this vulnerable patient segment and align with our core competencies.



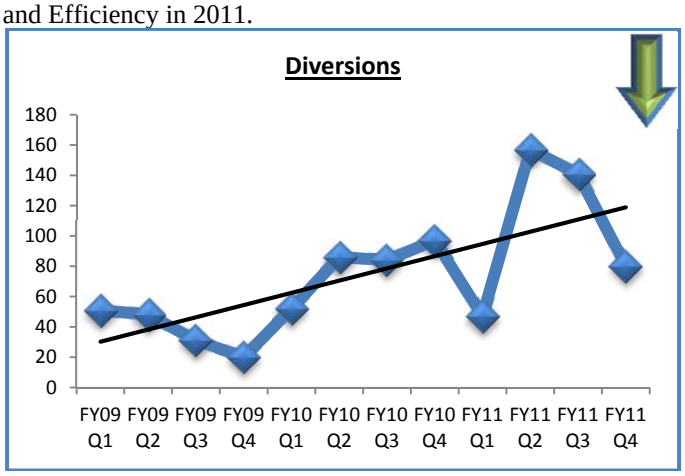
7.1-26 Homeless- HUD-VASH Permanent Housing: HUD-VASH includes case management, so some homeless Veterans do not wish to participate. Some Veterans are assisted to find employment in other programs and are able to find their own housing. There are only 70 vouchers at Truman VA for permanent housing (all are used) and Veterans may keep the vouchers as long as they meet the income guidelines.



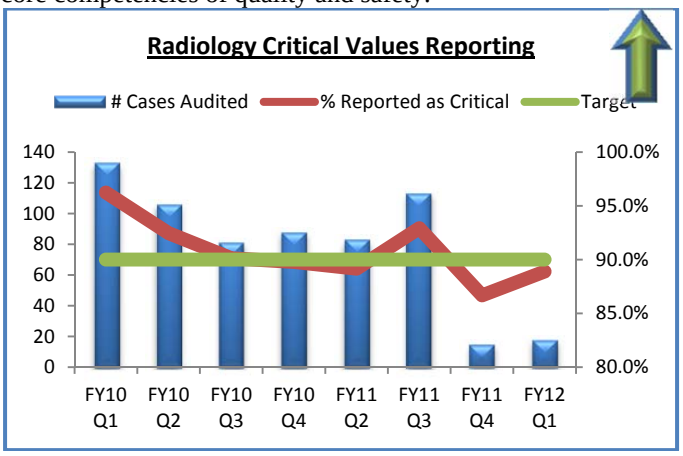
7.1-27 Appropriateness of Care- Utilization Management: Another efficiency measure is appropriateness of admissions per established criteria. A recent OAR measure noted Truman VA as a 4 (of 5) star center for efficiency with the LOS among the top 5 of all VAMCs. Changed to NUMI criteria in FY11.



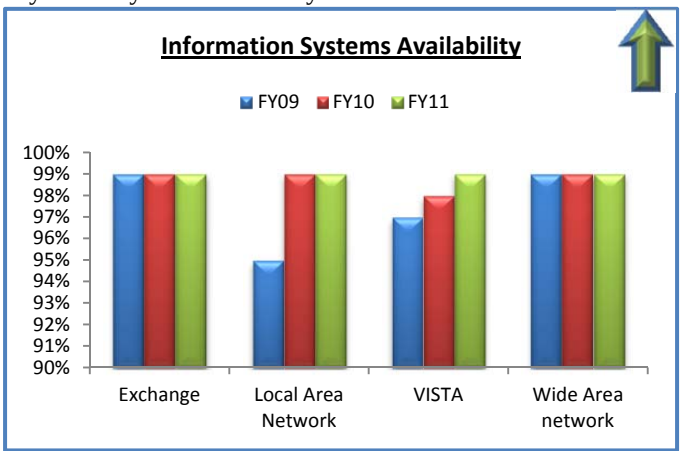
7.1-28 Appropriateness of Care- Diversions: This is a hospital throughput and ER efficiency measure (6.1). Upward trends are recognized opportunity for improvement and one of the decision points as ELT makes "build or buy" decisions for care. The use of a patient flow action plan and application of Interqual Criteria have led to the facility being among the top 5 of all VAMCs for adjusted LOS according to the VA-TR Value Model. The model ranks several quality and efficiency measures and Truman VA was a 4-Star facility in both Quality and Efficiency in 2011.



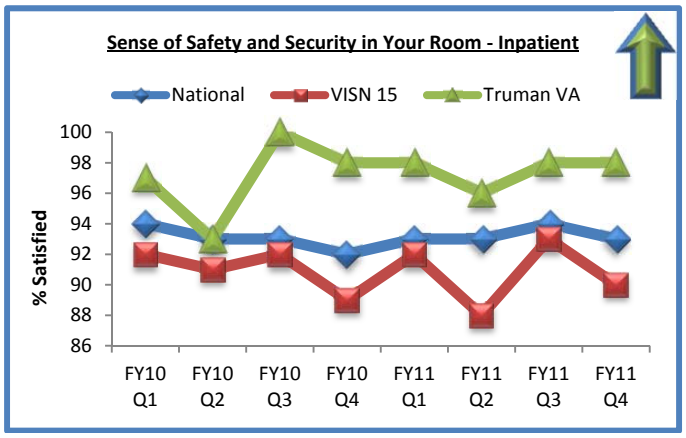
7.1-29 Radiology Critical Values: This is a key result for the core competencies of quality and safety.



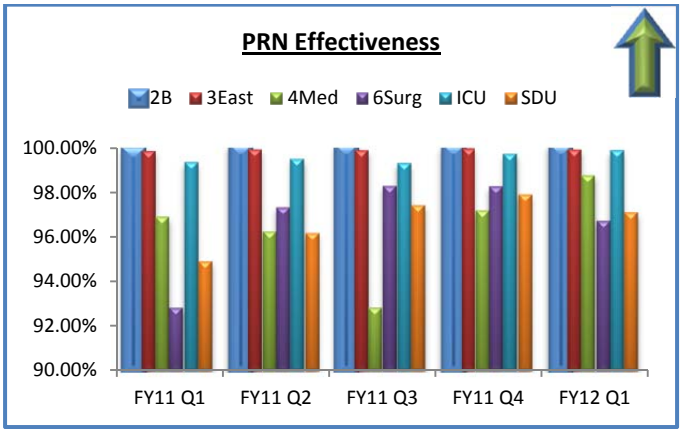
7.1-30 IT System Availability: A key operational measure for operation is IT availability. More than 95% of medical records rely on IT System availability.



7.1-31 SHEP- Inpatient Sense of Safety and Security: A key measure for patient satisfaction is feeling safe and secure at Truman VA.

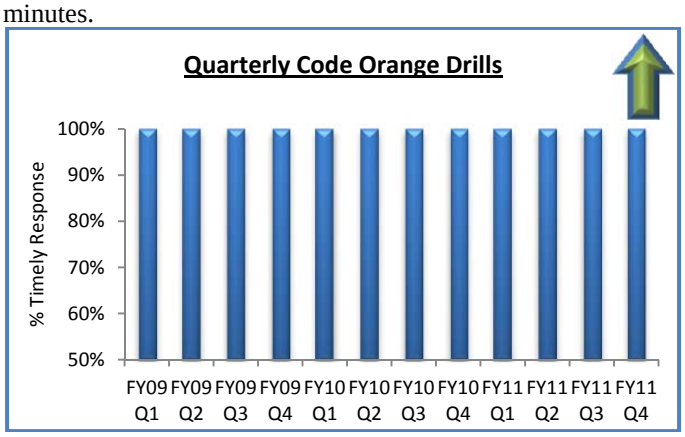


7.1-32 PRN Effectiveness: A key operational result is compliance with regulatory measure PRN medication documentation. Truman VA exceeds VISN and VHA benchmarks.

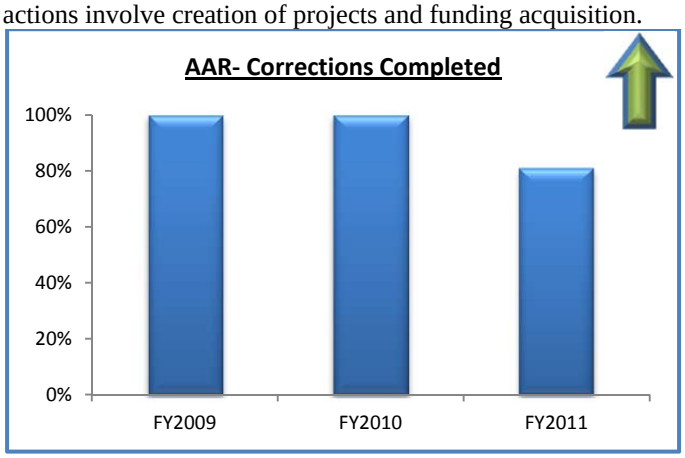


7.1b(2) Emergency Preparedness

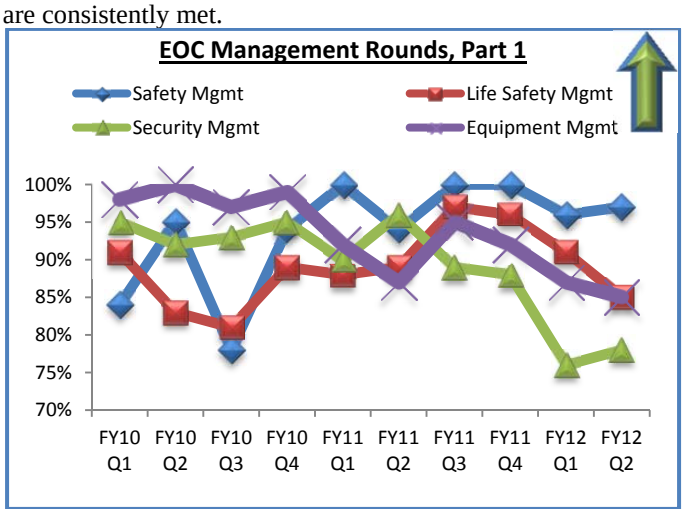
7.1-33 Code Orange Drills: Code Orange is a behavioral emergency that requires police presence in a timely manner. Even though 86% of the Code Orange calls are classified as false, a rapid response to the other 14% may prevent serious injury to staff and patients. Unannounced rapid response drills are conducted quarterly. To meet the policy requirements, an officer must be able to respond to the location within 4 minutes.



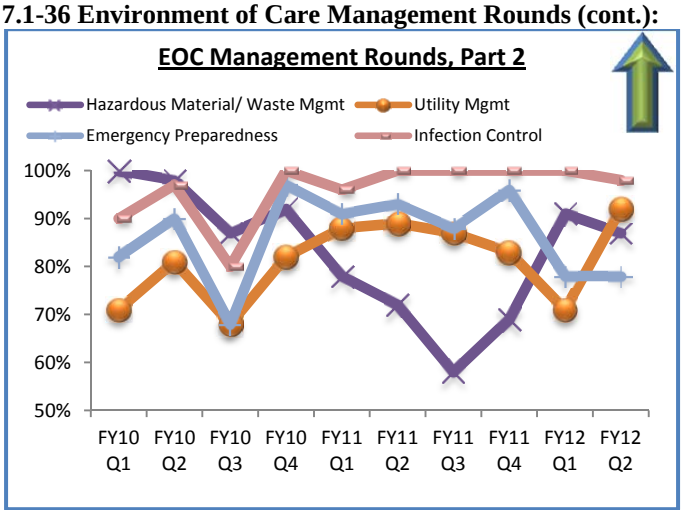
7.1-34 After Action Reports: After Action Reports (AAR) are prepared in response to disasters or planned exercises. The purpose of the report is to analyze the facility's response and identify potential areas for further improvement, and support the development of corrective actions. Some corrective actions involve creation of projects and funding acquisition.



7.1-35 Environment of Care Management Rounds: Survey questions are asked of employees each week during management rounds. These rounds reflect operational measures and core competencies (quality and safety) and include completion of hundreds of actions per quarter. Goals are consistently met.



7.1-36 Environment of Care Management Rounds (cont.):



7.1c Strategy Implementation Results

7.1-37 Strategic Capital Investment Planning (SCIP): These investments have positioned Truman VA to continue serving its community well into the future with new facilities and technologies such as the 25,000SF OR addition and new imaging center. Capital additions are significant in recent years due to the construction of a number of major facility additions. These are key measures that balance short and long-term strategic challenges and opportunities.

FY	Project Name	Project Description / Justification	Budget	FY Total
FY11	Construct Parking Structure	Project partially corrects a severe parking deficiency. Current and future workload projections estimate the need of 535 spaces by FY19.	$ 9,376,000	$ 26,531,000
	Relocate Sterile Processing	Project relocates SPS below the new Operating Suite to align the two services for optimum functionality and sterile transport of supplies & surgical instruments.	$ 8,119,000	
	Relocate Intensive Care Unit	Project aligns the ICU directly above the Operating Suite to correct patient transport issues, improve infection control practices, increase patient privacy and update critical care space with new technologies.	$ 9,036,000	
FY12	Upgrade Electrical Ph. 9	Project expands distribution of emergency power beyond NFPA requirements. Project will increase the facility's ability to provide all levels of tertiary care in the event of local or national disasters.	$ 2,100,700	$ 5,706,500
	Relocate Cardiology	Project relocates Cardiology to space adjacent to the new Operating Suite for increased efficiency and access to critical care services.	$ 3,605,800	
FY13	Relocate Nuclear Medicine	Project relocates the only remaining patient service from the basement to the 1st floor. Relocation will improve patient safety, customer service, and Imaging staff efficiency by co-locating Nuclear Medicine with the rest of the Imaging Department.	$ 3,638,000	$ 13,617,000
	Expand Ambulatory Care Addition	Project creates additional space in the existing Ambulatory Care Addition to accommodate current and projected workload increases. Project will increase access to care, reduce fee-basis costs and increase the continuity of care provided.	$ 9,979,000	

7.1-38 Adapted Thomson Reuters Top Health Systems Model for VAMCs: In an effort to understand a value framework within VA, the Operational Analytics & Reporting Office (OAR) has adapted a model used in the Thomson Reuters 10 Top Health System Study. Additional VA metrics were included and provide a mechanism to benchmark VAMCs on a Star rating system encompassing quality and efficiency. Health care quality, employee satisfaction, quality of life, and efficiency measures were used to create standardized scores by which VAMCs were ranked. The star rating system is designed to make model results more intuitive and accessible to the average user. The measures were divided into two groups: Efficiency (SFA) and Quality (all other measures). A composite score was calculated for each group. Based on the distribution of hospitals on the composite scores, each VAMC was rated on a star system separately for Quality and Efficiency. Preliminary findings suggest that 5-Star hospitals performed better than 1-Star hospitals for the majority of Quality and Efficiency measures.

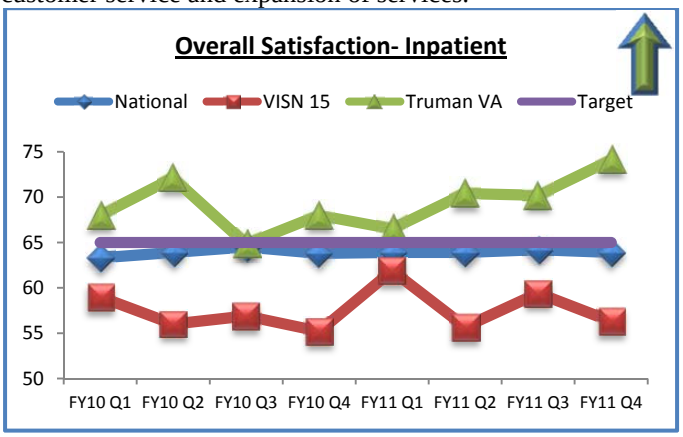
FY2011 Adapted Thomson Reuters Top Health Systems Model for VA Medical Centers	Overall Scores =Benchmark/Mean Higher number is more favorable			Z-Score Rank Ranking of 128 facilities Lower number is more favorable		
	Truman VA 4-Star Quality 4-Star Efficiency	Carey Winner #1 2-Star Quality 3-Star Efficiency	Carey Winner #2 2-Star Quality 3-Star Efficiency	Truman VA	Carey Winner #1	Carey Winner #2
Acute care SMR	55.58	49.78	57.74	86	105	103
Acute care SMR30	55.16	74.29	68.67	125	68	78
In-hospital complications	100.00	91.15	93.40	3	70	31
Healthcare associated infections	63.98	56.75	78.96	66	51	63
Patient safety indicator	22.16	22.54	61.47	123	114	57
RSMR CMS AMI 30-day mortality	91.44	96.35	95.00	96	52	76
RSMR CMS CHF 30-day mortality	67.39	95.25	75.61	123	29	102
RSMR CMS Pneumonia 30-day mortality	81.49	91.34	62.21	62	22	128
RSRR CMS AMI 30-day readmission rate	99.12	89.56	89.56	26	77	84
RSRR CMS CHF 30-day readmission rate	76.77	75.89	81.37	96	100	101
RSRR CMS Pneumonia 30-day readmission	76.15	67.80	94.29	105	123	36
Adjusted length of stay	95.81	65.17	80.76	3	113	77
Inpatient PM	99.71	98.59	97.38	20	71	109
Outpatient PM	95.85	98.43	97.64	109	34	57
Patient satisfaction	97.56	94.29	98.05	30	82	27
Employee satisfaction	95.53	95.81	100.00	72	68	2
RN turnover	60.88	90.86	83.41	92	27	39
ACSC hospitalizations	79.78	62.83	57.72	37	93	111
Physical health status	88.94	81.08	85.17	94	126	114
Mental health status	100.00	89.45	94.57	13	107	63
Primary care wait time >14 days	41.94	56.52	30.23	40	29	56
Specialty care wait time >14 days	25.53	27.27	56.25	64	58	27
Efficiency (1/SFA)	84.00	61.05	69.93	28	73	51

Legend	
Star Level	Overall
5-Star	90-100
4-Star	70-89
3-Star	30-69
2-Star	10-29
1-Star	0-9
Quintile	Z-Score
1st	0-25
2nd	26-50
3rd	51-77
4th	78-103
5th	104-128

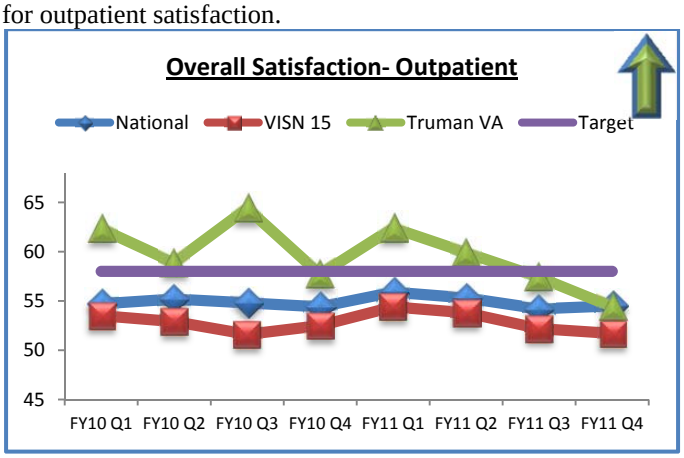
7.2 Customer-Focused

7.2a(1) Patient and Stakeholder Satisfaction

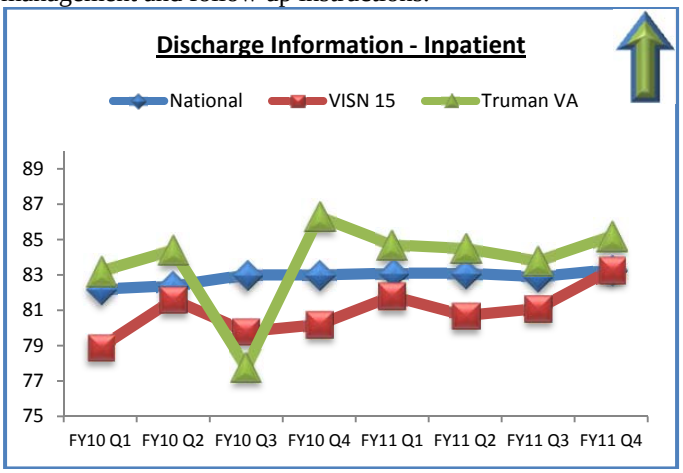
7.2-1 SHEP- Inpatient Satisfaction: This is key measure for patient and stakeholder satisfaction (3.1). We continue to show favorably when compared with our VHA and VISN competitors. Inpatient and outpatient scores reflect satisfaction over the course of the customer relationship. We project high satisfaction scores to continue with on-going emphasis on customer service and expansion of services.



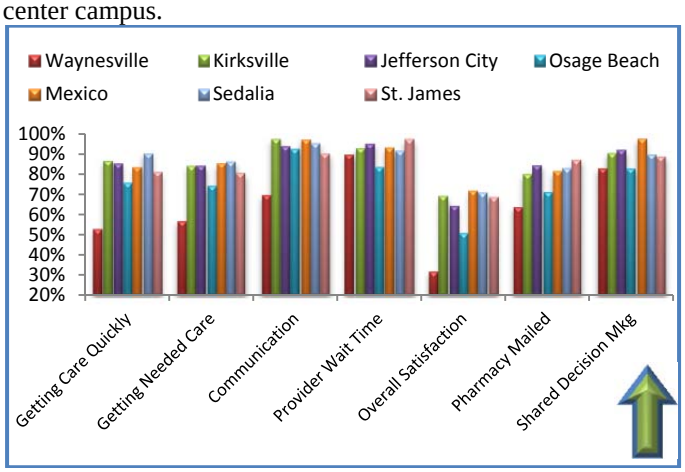
7.2-2 SHEP- Outpatient Satisfaction: This is a key measure for outpatient satisfaction.



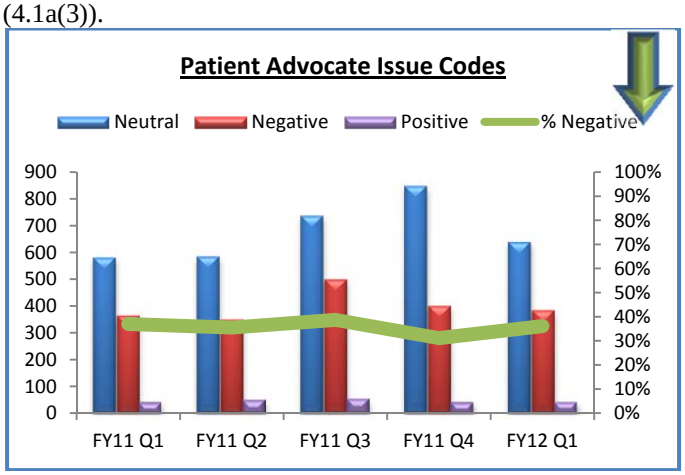
7.2-3 SHEP- Discharge Instructions: In addition to patient satisfaction these results tie into the core competency for quality of care and patient safety with regards to medication management and follow up instructions.



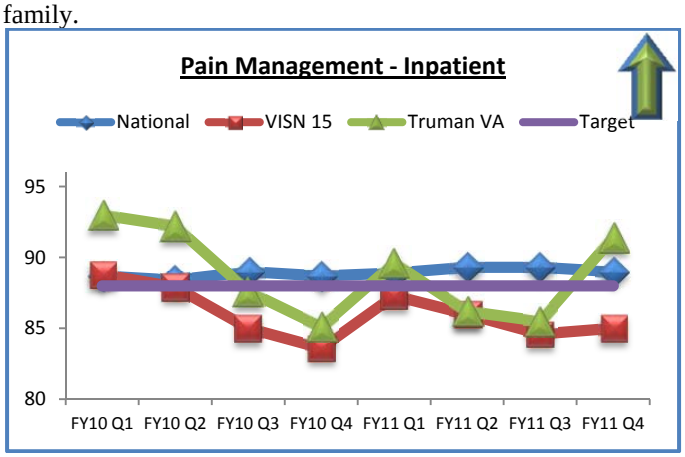
7.2-4 SHEP-CBOC Satisfaction: A seamless communication system is used across Truman VA and is especially important as we ensure quality and safe patient care in the CBOCs, which are geographically separated from the main medical center campus.



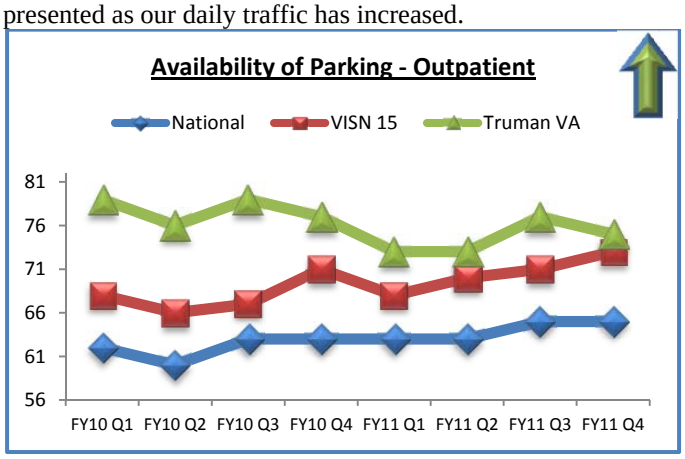
7.2-5 Veteran Dissatisfaction: Patient Advocate data and information (including complaints) are used to support operational and strategic decision making and innovation (4.1a(3)).



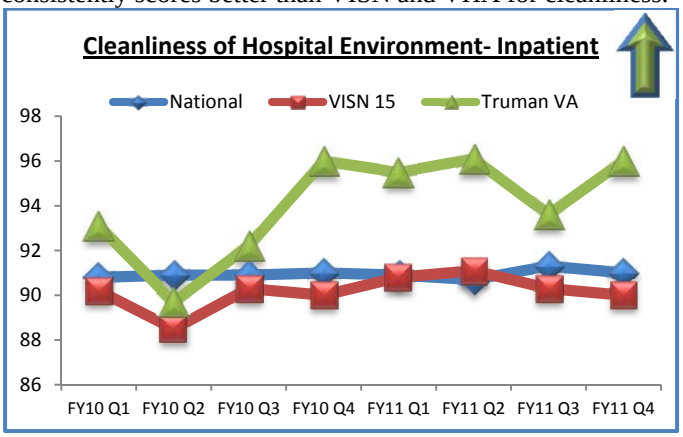
7.2-6 SHEP- Pain Management: As the 5th vital sign, the process of pain management begins with the affirmation that all patients have access to the best level of pain relief that can be provided. Pain management approaches are interdisciplinary in nature and must involve the patient and family.



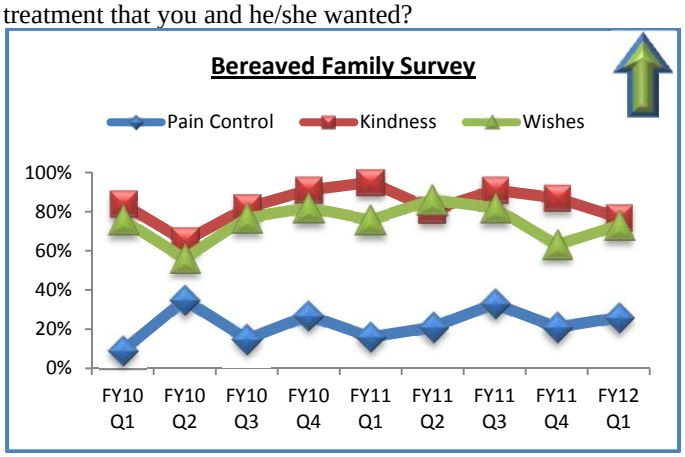
7.2-7 SHEP- Parking: Data and information from patient and stakeholders were used as part of the decision to obtain valet parking and in the current plans for parking garage development. Parking is a strategic challenge that has presented as our daily traffic has increased.



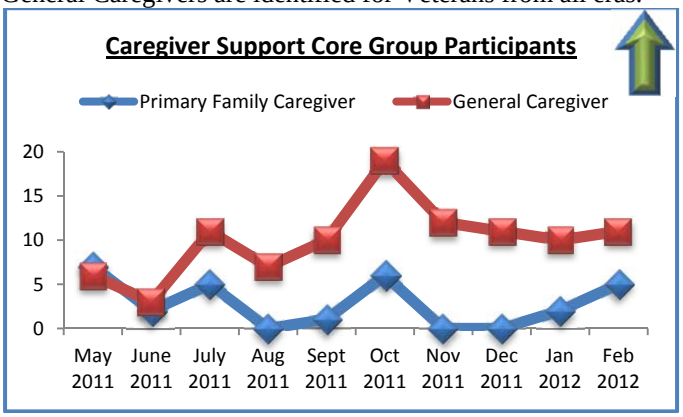
7.2-8 SHEP- Cleanliness of Facility: Truman VA consistently scores better than VISN and VHA for cleanliness.



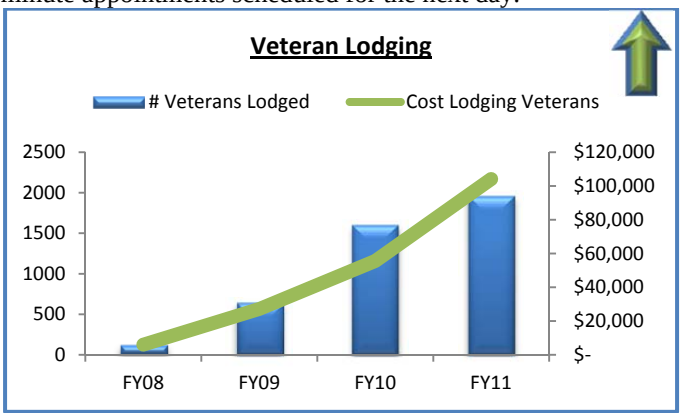
7.2-9 Palliative Care- Bereaved Family Survey: Questions asked: Pain- How often did Veteran's pain make him/her uncomfortable in the last month of life? Scores for this item indicate the proportion of Veterans whose pain NEVER made them uncomfortable. Kindness- During Veteran's last month of life, how often were the doctors and other staff who took care of Veteran kind, caring, and respectful? Wishes- During Veteran's last month of life, how often did the doctors and other staff provide Veteran the medication or medical treatment that you and he/she wanted?



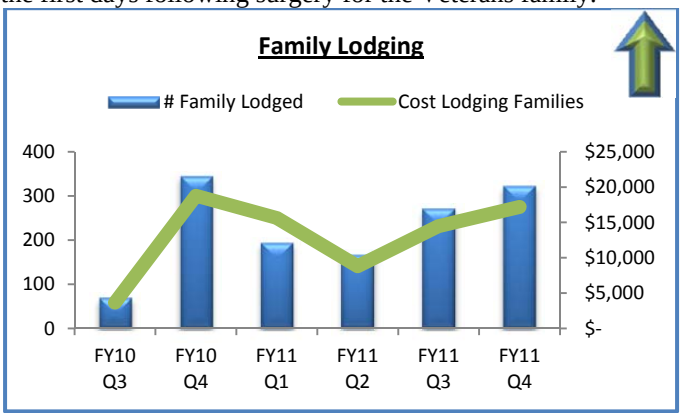
7.2-10 Caregiver Support: Since implementation in May 2011, the Caregiver Support Program educates and engages with Caregivers to provide support and services. The forum provides an opportunity for continued education for internal stakeholders and enables the facility to efficiently serve both Veterans and Caregivers by providing a seamless approach to execution of the program. Primary Family Caregivers are designated for Post 9/11 Seriously Injured Veterans and General Caregivers are identified for Veterans from all eras.



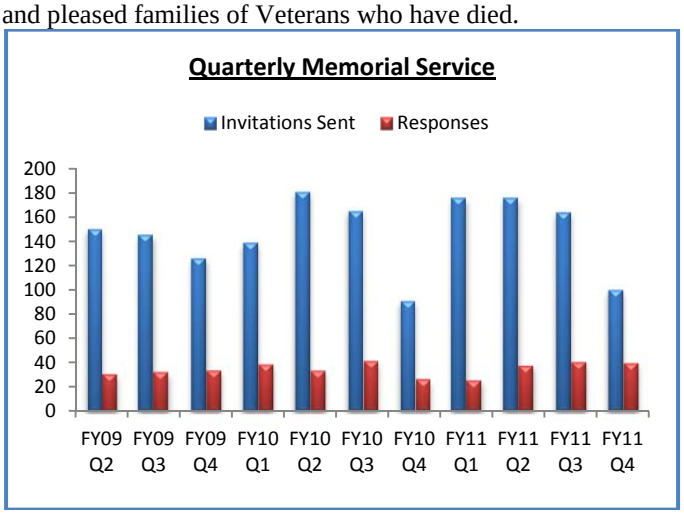
7.2-11 Veteran Lodging: Primary reasons for Veteran lodging include early appointments, travel distance, Veteran not allowed to drive home per physician orders, and last minute appointments scheduled for the next day.



7.2-12 Family Lodging: Satisfaction data showed families traveling as part of our cardiac referral center desired assistance with lodging while their family member was receiving heart surgery. Truman VA added lodging services to meet this need the night before Veteran has heart surgery and the first days following surgery for the Veterans family.

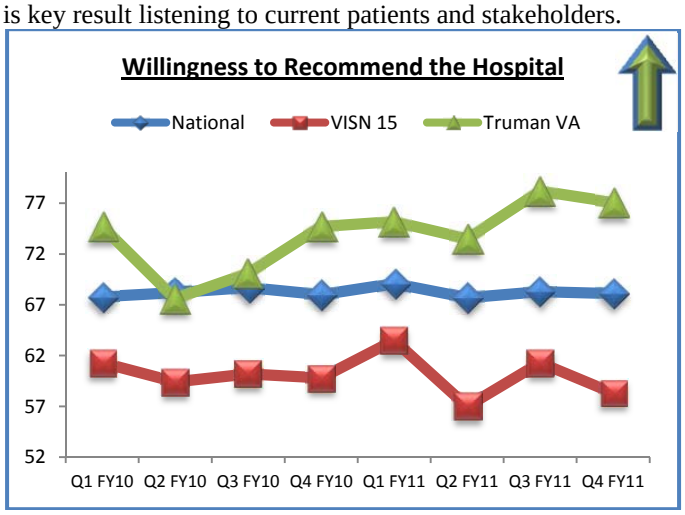


7.2-13 Quarterly Memorial Services: One action as result of listening to stakeholders and patients (3.1a(1)) was a quarterly memorial service for Veterans who died. This multi denominational service has consistently drawn large crowds and pleased families of Veterans who have died.

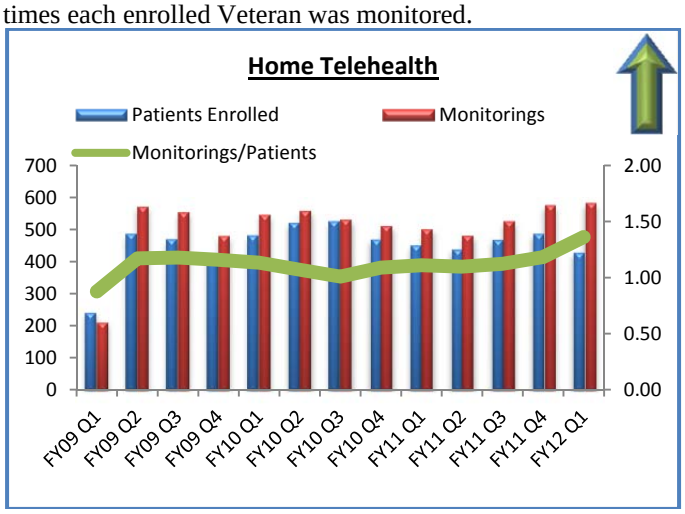


7.2a(2) Patient and Stakeholder Engagement

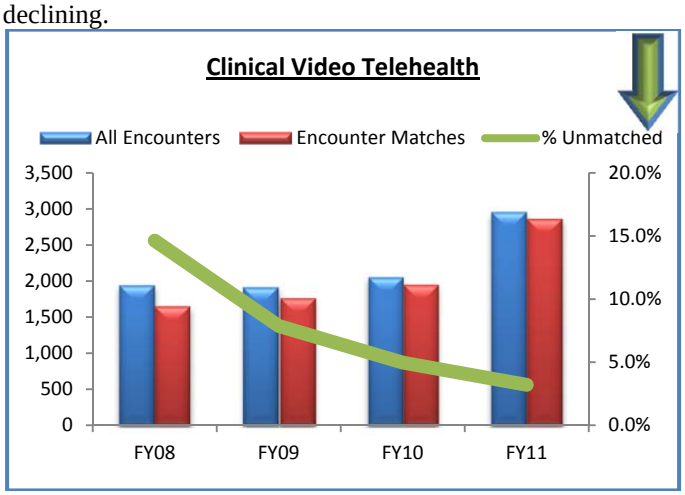
7.2-14 SHEP- Willingness to Recommend- Inpatient: This is key result listening to current patients and stakeholders.



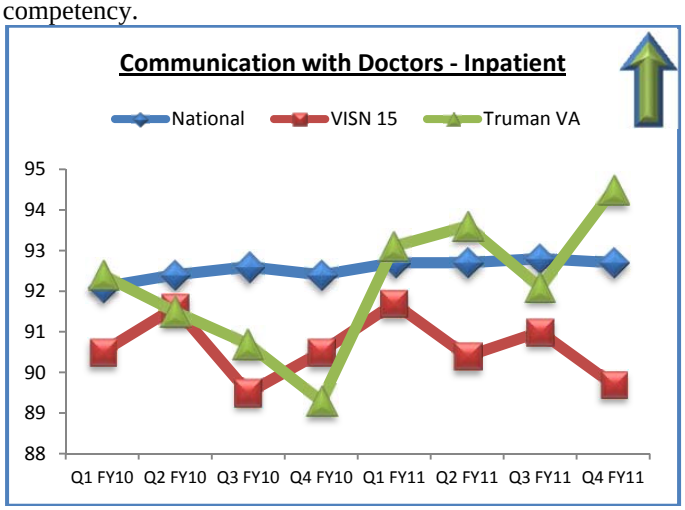
7.2-15 Home Telehealth: Below are the number of Veterans enrolled in our Health Buddy program and the number of times each enrolled Veteran was monitored.



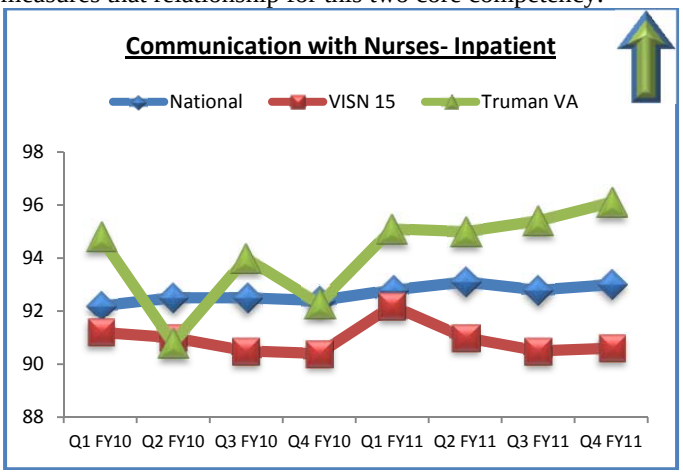
7.2-16 Clinical Video Telehealth: This chart shows the total number of encounters via CVT, how many were correctly matched from one site to another, and the percentage of encounters that were not correctly matched, which is steadily declining.



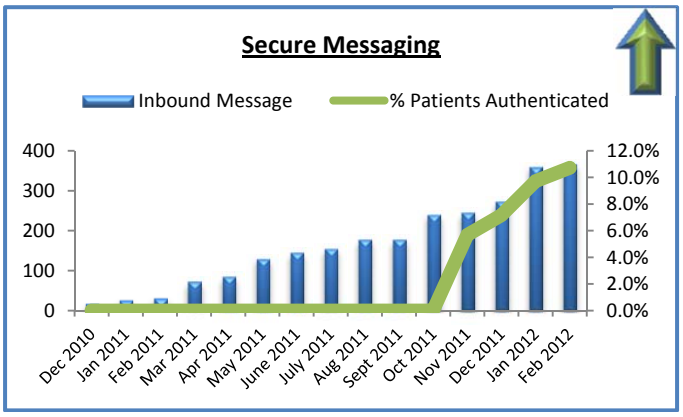
7.2-17 SHEP- Communication with Physicians: The Veteran-physician relationship is key to quality and safe care and this result measures that relationship for this core competency.



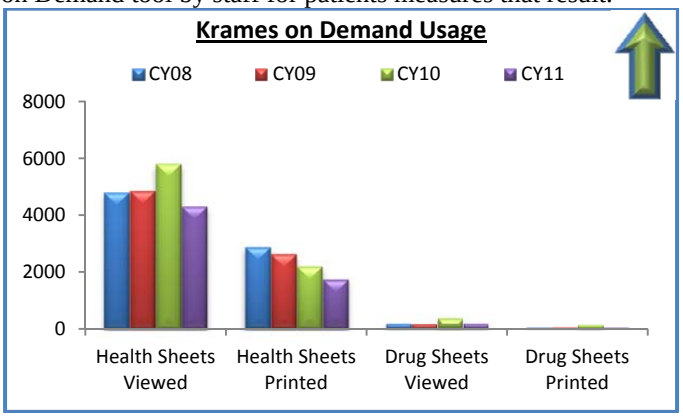
7.2-18 SHEP- Communication with Nurses: The Veteran-nurse relationship is key to quality and safe care and this result measures that relationship for this two core competency.



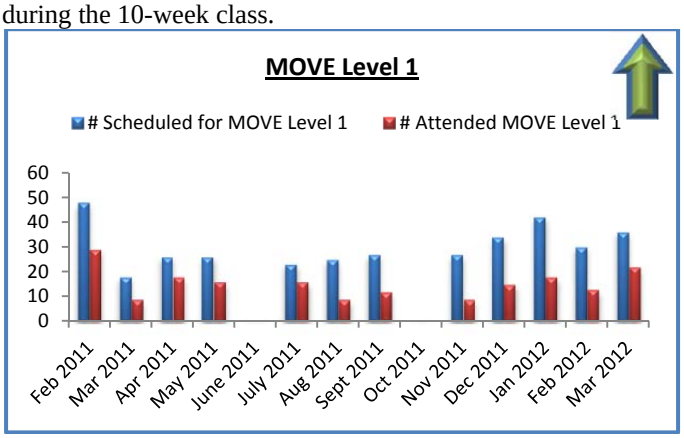
7.2-19 MHV Secure Messaging: Each month, we have seen an increase in the number of messages sent from patients, bringing care closer to home by engaging with their care teams virtually through Secure Messaging between appointments. Authentication data prior to November 2011 is not available.



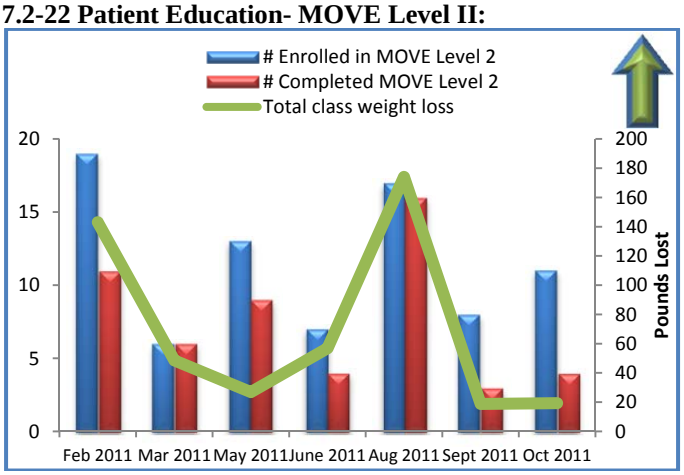
7.2-20 Patient Education- Krames on Demand: One measurement for customer engagement is ability to understand instructions for medication and disease. The use of the Krames on Demand tool by staff for patients measures that result.



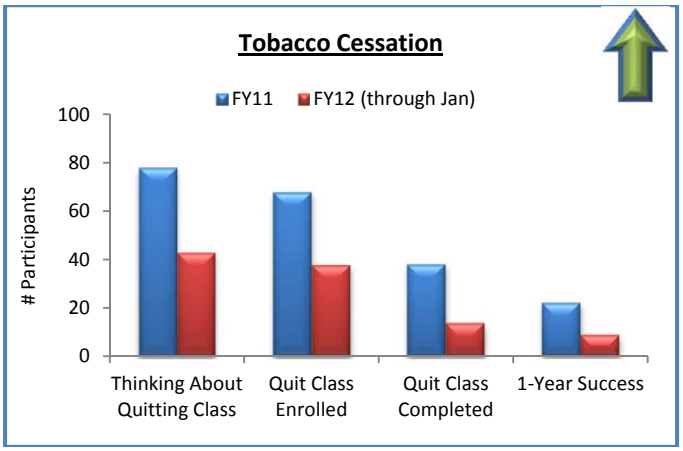
7.2-21 Patient Education- MOVE Level 1: Since the re-structure of MOVE in January 2011, the program offers a one-time, 2-hour MOVE Level I educational class. This class briefly discusses topics of weight management to include additional programming offered by Truman VA. After completing MOVE Level I, Veterans can attend a 10-week MOVE Level II class that has a structured curriculum. Weekly food journals and nutrition/activity goals are required during the 10-week class.



7.2-22 Patient Education- MOVE Level II:



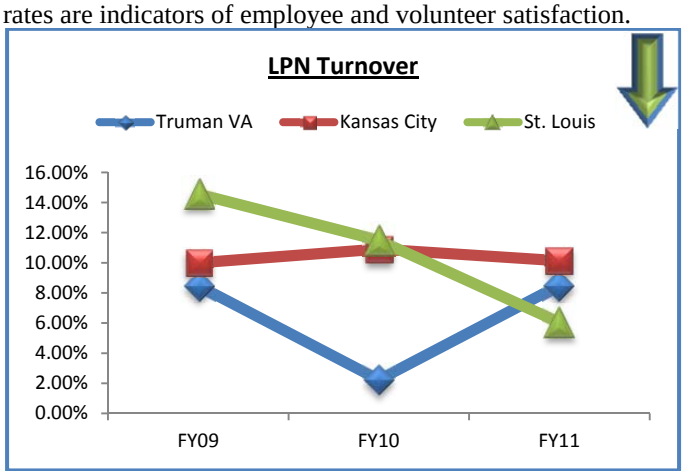
7.2-23 Tobacco Cessation: Since the re-structure of the Tobacco Cessation program in January 2011, the program now offers a one-time, 2-hour Thinking about Quitting Class for those Veterans interested. After completing that class, Veterans can enroll in a 7-week quit class. Veterans quit together during week four and are given the tools necessary to stay quit for life. Mechanisms are in place to follow-up with Veterans at six and twelve month intervals related to their continued abstinence from tobacco.



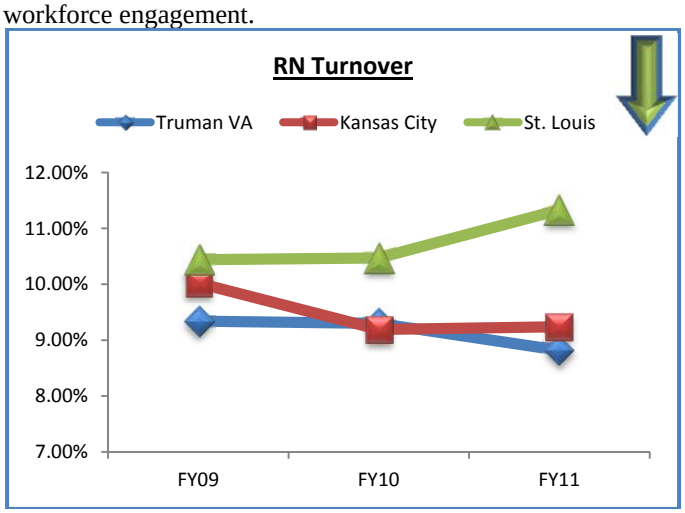
7.3 Workforce Focused Outcomes

7.3a(1) Workforce Capability and Capacity

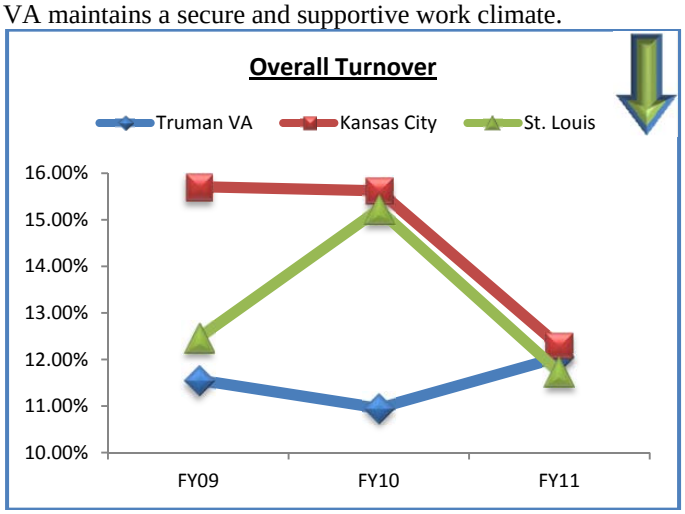
7.3-1 Turnover by Job Group- LPN: Turnover and vacancy rates are indicators of employee and volunteer satisfaction.



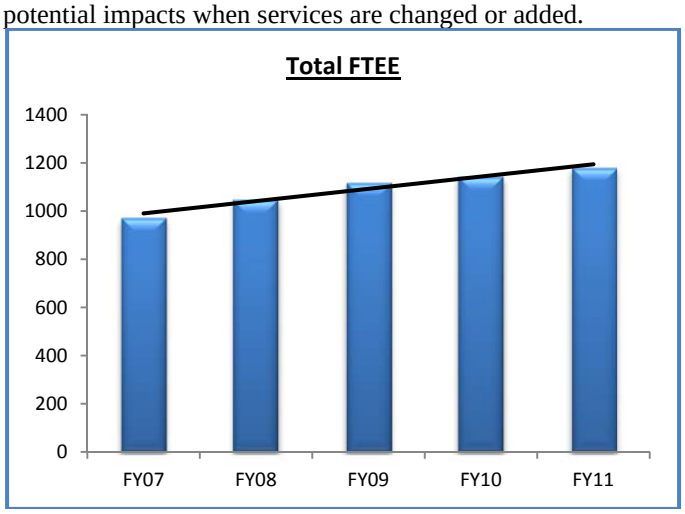
7.3-2 Turnover by Job Group- RN: In another key measure of employee satisfaction, RN turnover, Truman VA exceeds two key competitors. This is one key measure used to assess workforce engagement.



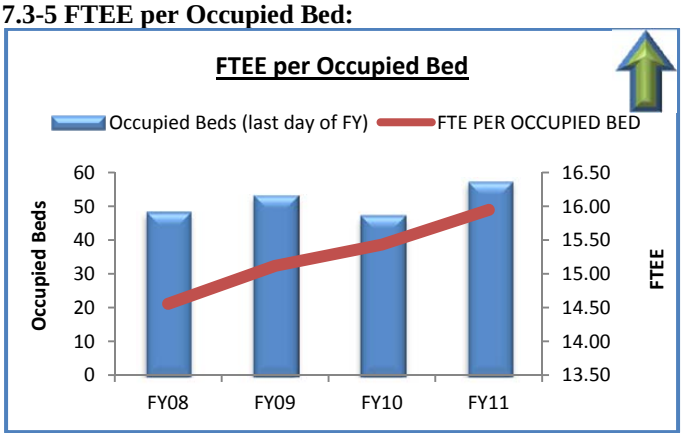
7.3-3 Turnover- Overall: This is a broader key indicator of workforce engagement and indirectly measures how Truman VA maintains a secure and supportive work climate.



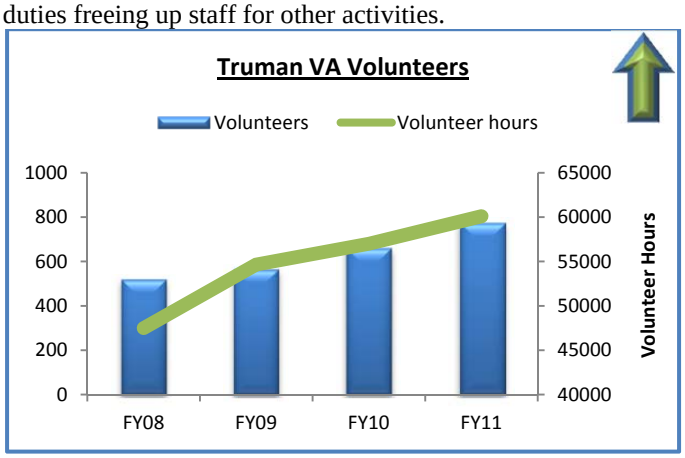
7.3-4 Total FTEE: This is one key measure used when projecting short and long-term action planning. Governance structure through RMC requires FTEE requests to include potential impacts when services are changed or added.



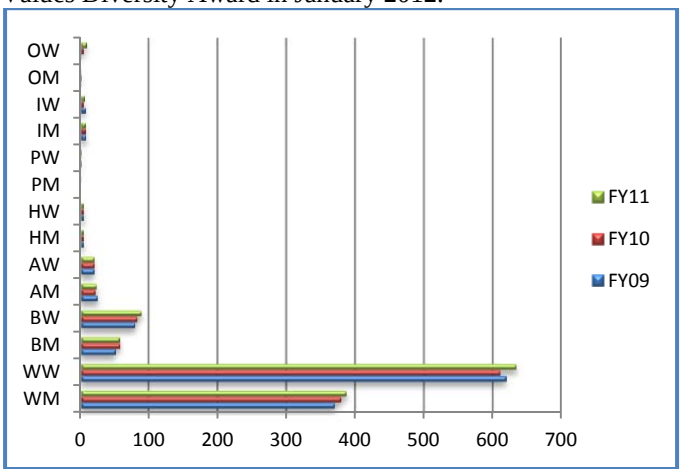
7.3-5 FTEE per Occupied Bed:



7.3-6 Volunteers: Volunteers are an important component of our workforce. Truman VA's commitment to Veterans, their families, and the community is well defined in its exemplary volunteer program with a sustained high level of volunteer participation - in both volunteers and hours. This allows agility in workforce capacity as volunteers can maximize duties freeing up staff for other activities.

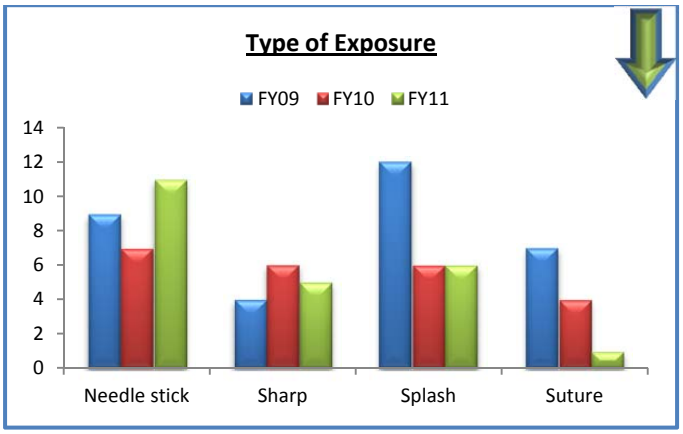


7.3-7 Diversity- Workforce by Race/Ethnicity/Gender: Diversity monitoring allows Truman VA to measure its capability of providing services to a diverse population. The goal is to mirror our community demographics. The shift in the ethnicity percentages over time are shown in Figure P.1-3 Workforce Profile. Truman VA was recognized for its organizational culture on valuing diversity with the Columbia Values Diversity Award in January 2012.

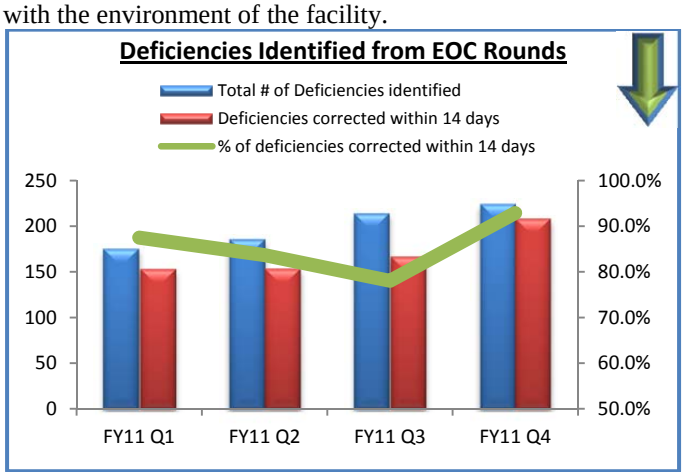


7.3a(2) Workforce Climate

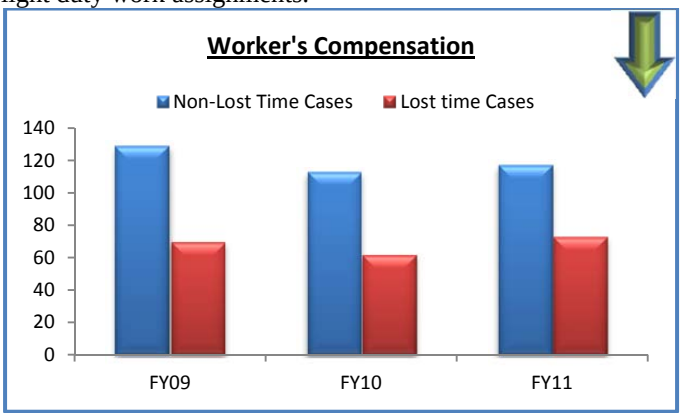
7.3-8 Exposure Log: Our policies, services and benefits provide the structure that allows us to build and sustain a safe, secure, and supportive workforce environment including a safe work climate. One measure of that is workforce exposure to hazards.



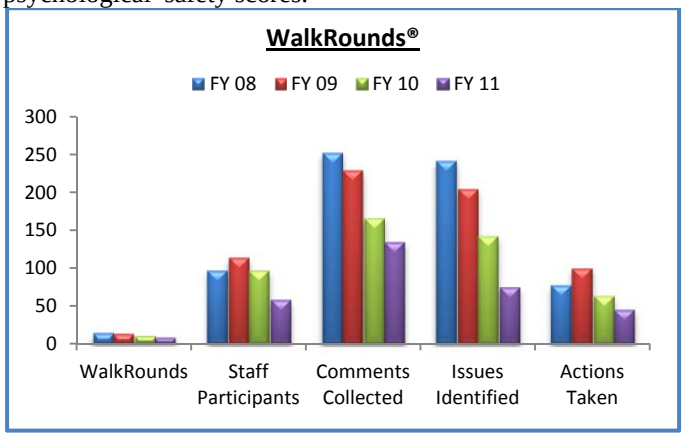
7.3-9 EOC Rounds Deficiencies: Resolution of EOC deficiencies identified during weekly rounds is a key measure for regulatory compliance and patient/stakeholder satisfaction with the environment of the facility.



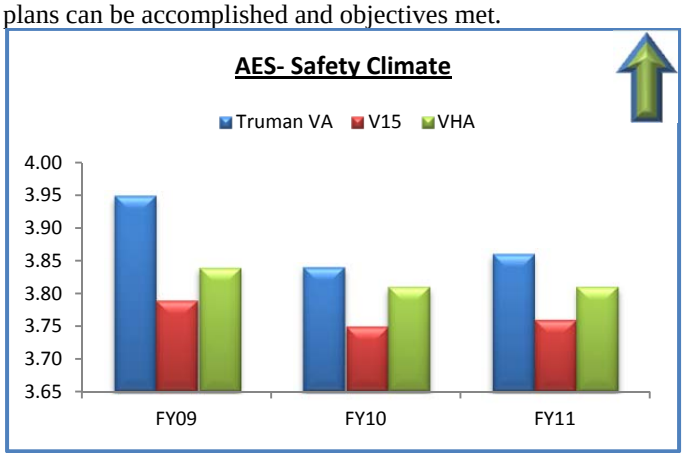
7.3-10 Worker's Comp- Lost Time: Workers compensation is looked at daily by the case manager and monthly by the ELT. We have reduced costs over four years through preventive measures such as lifting equipment, new beds, employee training, and ergonomic furniture. Employees are returned to work and productivity sooner through the use of light duty work assignments.



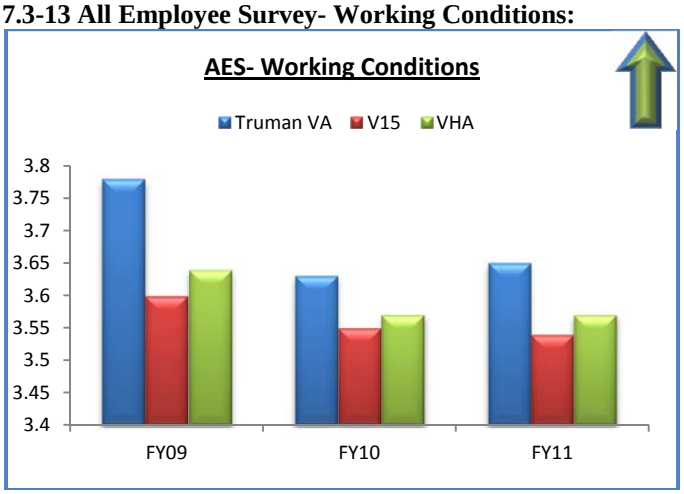
7.3-11 WalkRounds®: WalkRounds® demonstrate two-way leadership communication with employees (1.1b(1)). This key measure for communication, engagement and focus on action was recognized in April 2012. Truman VA was awarded the Missouri Excellence in Safe Care Award in Operations for results from WalkRounds®, sustained increase in reporting close calls, and improvements in Employee Patient Safety Survey results, including overall Patient Safety Grade and psychological safety scores.



7.3-12 All Employee Survey- Safety Climate: Truman VA has met or exceeded both VISN and VHA measures for safety climate perception each of the last 3 years. Figures 7.3.12–19 represent key measures on how Truman VA maintains a safe, secure, supportive, and engaged work climate so that action plans can be accomplished and objectives met.

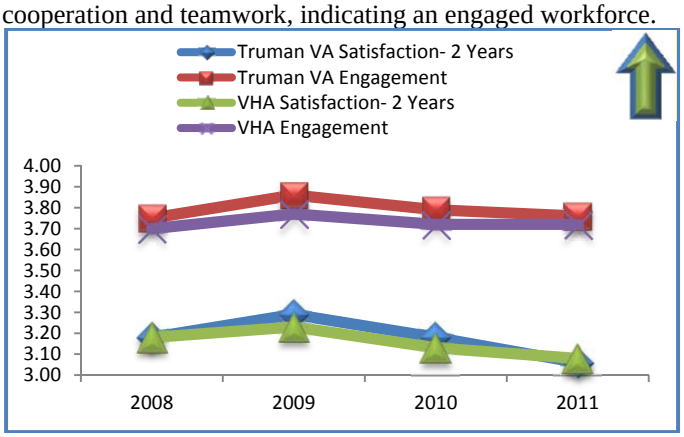


7.3-13 All Employee Survey- Working Conditions:

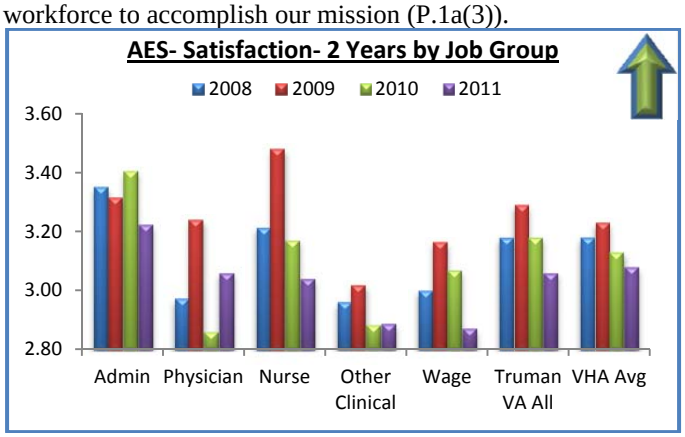


7.3a(3) Workforce Engagement

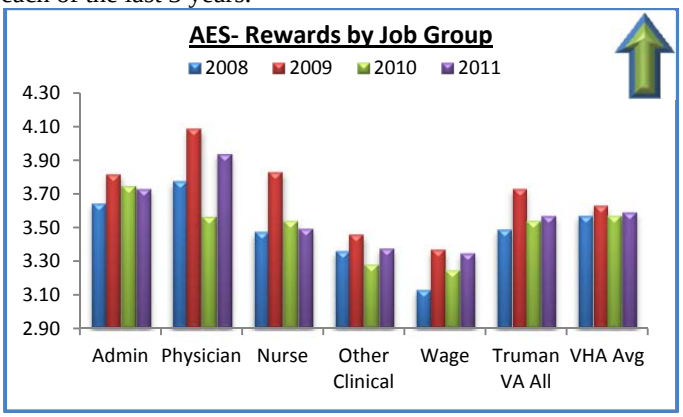
7.3-14 All Employee Survey- Engagement and Satisfaction: Employees consistently rate Truman VA as having a spirit of cooperation and teamwork, indicating an engaged workforce.



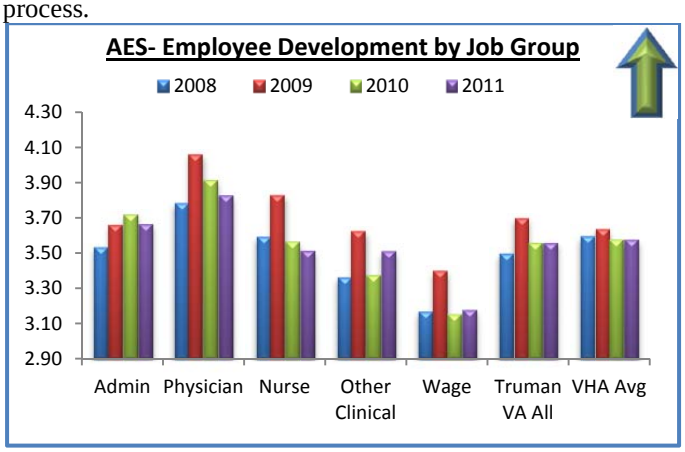
7.3-15 All Employee Survey- Satisfaction over 2 Years: Employee survey feedback is utilized to determine progress/action needed to improve leadership performance through performance improvement initiatives. Previous year action plans and achievements are reviewed during strategic planning, with new service/program specific action plans developed during the business planning cycle to align with key organizational action plans. Overall, performance in all measures shows positive trends and very good performance to benchmarks in areas as identified as important to engage our workforce to accomplish our mission (P.1a(3)).



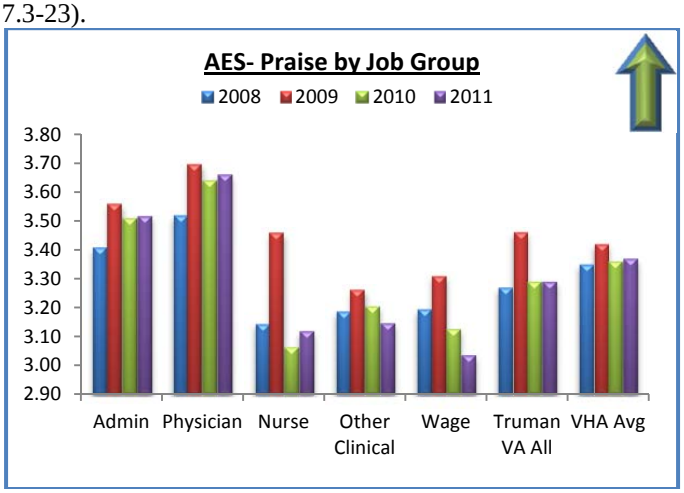
7.3-16 All Employee Survey- Rewards: A key measure for effective recognition and reward systems is the AES survey response on this topic, which has met or exceed VHA average each of the last 3 years.



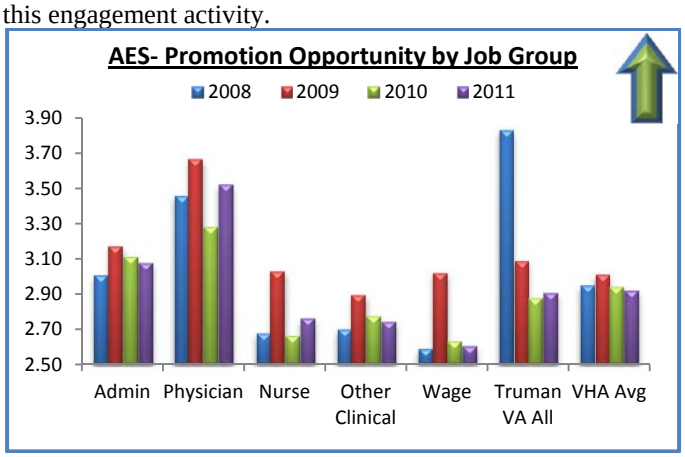
7.3-17 All Employee Survey- Employee Development: One measurement for the key factors contributing to engagement include training and career development, which has been a opportunity for Truman VA and included action planning with new elements in the employee performance evaluation process.



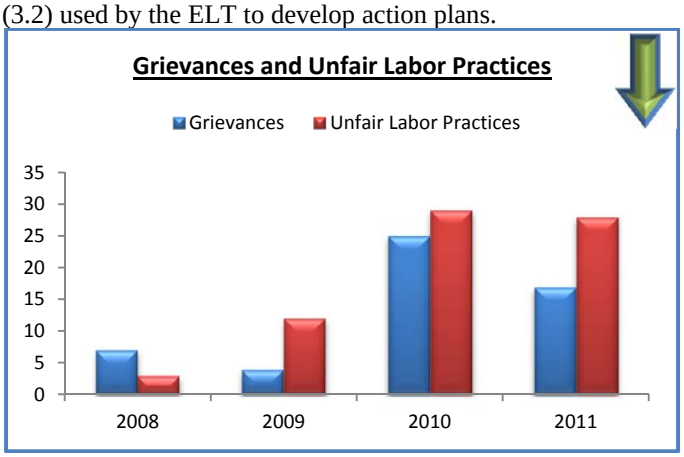
7.3-18 All Employee Survey- Praise: This has been identified as an opportunity for improvement. Action planning directed toward this has included the coaching and mentoring program. Truman VA has led VISN 15 in participation (Fig. 7.3-23).



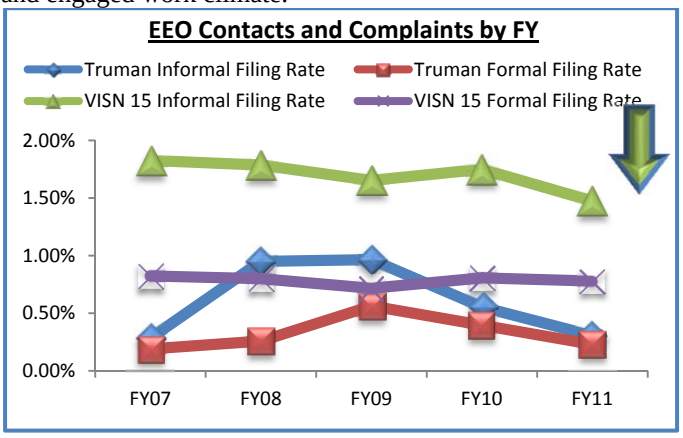
7.3-19 All Employee Survey- Promotion Opportunity: Truman VA has met or exceeded VHA results for this engagement measurement 3 of the last 4 years. Addition of intern positions was a result of leadership action to improve this engagement activity.



7.3-20 Grievances: FY08 and FY09 data are not truly accurate because files were not properly maintained and closely monitored. This is one measure of compliant data (3.2) used by the ELT to develop action plans.

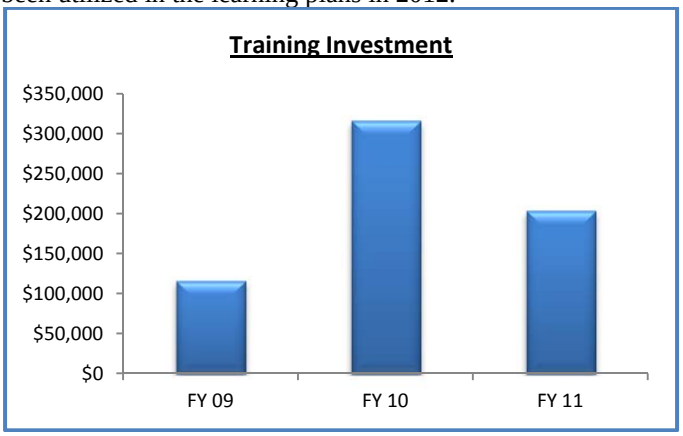


7.3-21 EEO Contacts and Complaints: The relatively low rate of EEO complaints supports the fact that Truman VA has a workforce that is engaged and satisfied with the safe, secure, and engaged work climate.

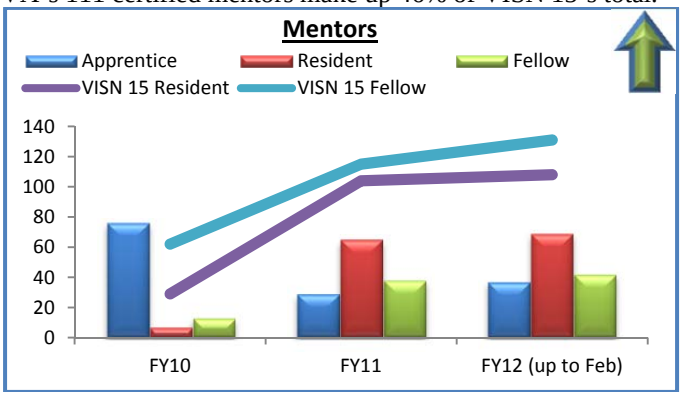


7.3a(4) Workforce Development

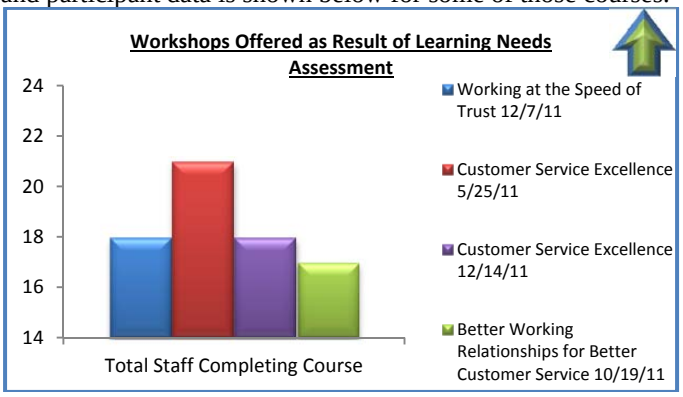
7.3-22 Training Investment: This Includes physician education, tuition, and the LO financial control point. An action plan to increase effectiveness and efficiency of learning was developed. One piece of this was adding two questions in the employee performance appraisals in 2011 that addressed employee learning needs. Results from the questions have been utilized in the learning plans in 2012.



7.3-23 Coaches and Mentors: Apprentice level employees have received 8-hour training. Resident level employees have conducted at least 25 hours of qualified mentoring time. Fellows have performed 50 hours or more. VISN 15 had a total of 239 certified mentors as of FY12 Q2, which is 2.45% of total FTEE, the highest percentage in the nation. Truman VA's 111 certified mentors make up 46% of VISN 15's total.



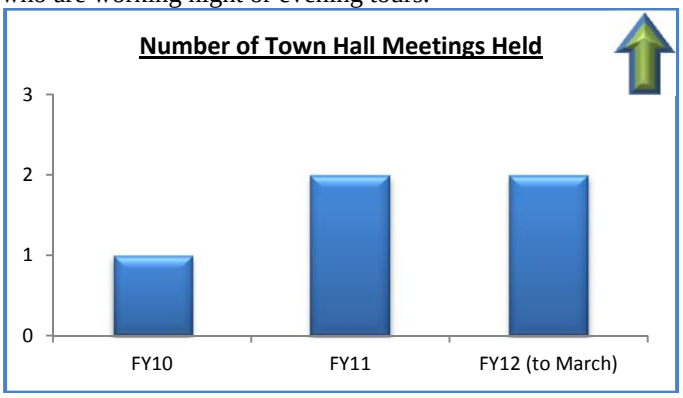
7.3-24 Staff Training: At the end of each fiscal year, staff are asked to complete a Learning Needs Assessment to determine what type of training they might need or want. As a direct result of recent assessments, live training courses were offered and participant data is shown below for some of those courses.



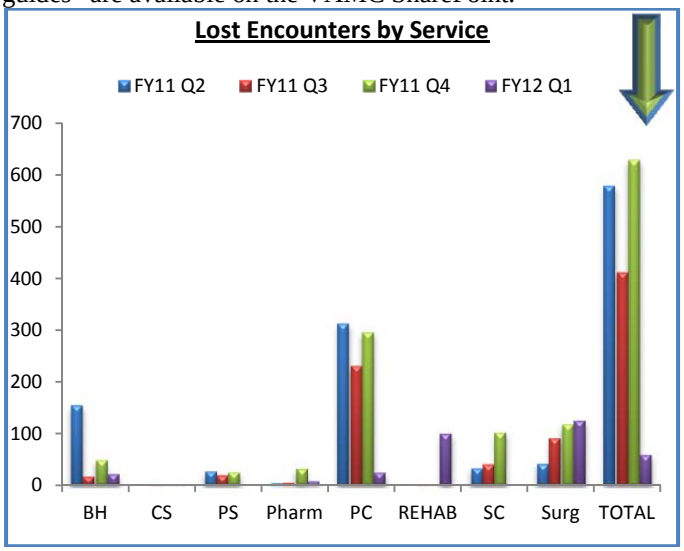
7.4 Leadership and Governance

7.4a(1) Leadership

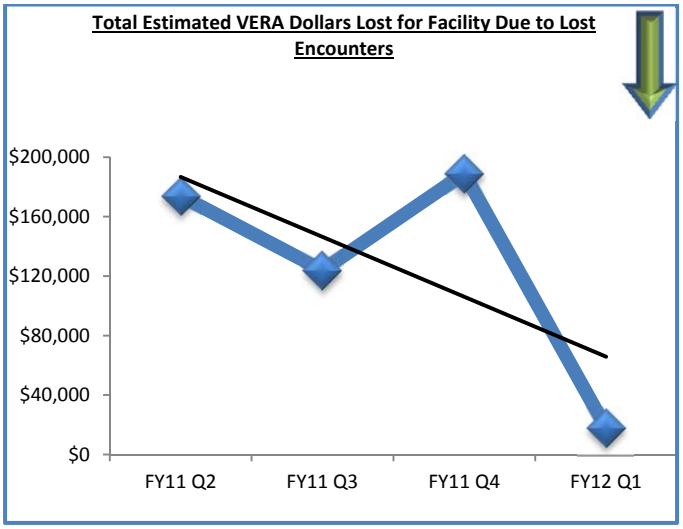
7.4-1 Town Hall Meetings: The ELT uses these meetings to provide another forum in which to present information about medical center activities, programs, and events to interested staff members. The meetings are held at 8:00 a.m. and 3:30 p.m. to maximize participation of employees including those who are working night or evening tours.



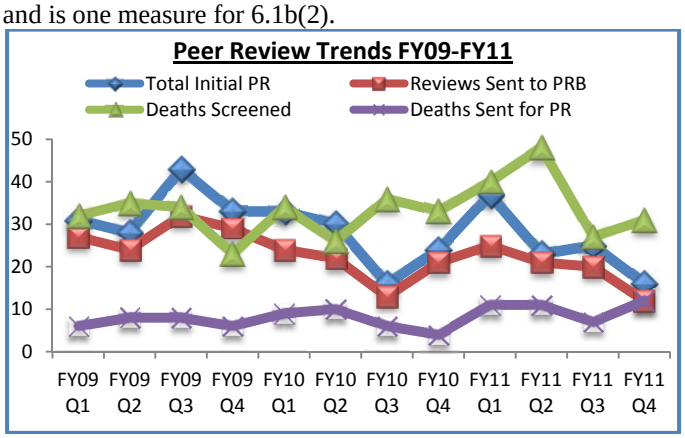
7.4-2 Encounters Lost: Encounter Action Required Reports (EARRs) are run daily. This report lists encounters that have absent critical elements and includes the patient name, social security number, date of the encounter, clinic, and specifically what is wrong with the encounter. This report is sent to assigned staff from each service and shows how many encounters the service has open and how many encounters the service has lost since the beginning of the fiscal year. The Director has made both service chiefs and providers accountable for making sure open encounters are closed because these numbers are now tied to performance. Every Wednesday in morning report, the Chief of HAS gives a report. Also, every Friday, the HAS PAS submits a report to the ELT that tracks the number of encounters lost week to week by service and the potential lost income of those encounters from VERA. While it is impossible to determine the actual lost VERA dollars – even calculated at the lowest possible payout for completed workload, the number of lost encounters can still produce a staggering amount of potential lost revenue for the facility. In addition, training with medical center staff on how to use and complete encounter forms is provided routinely throughout the year. Encounter "how to guides" are available on the VAMC SharePoint.



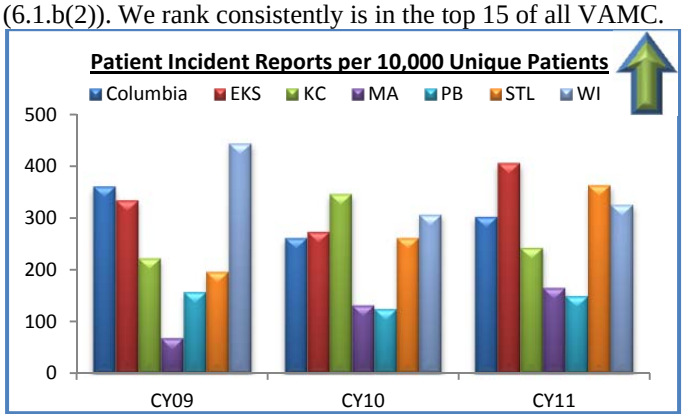
7.4-3 Encounters Lost- Estimated VERA Dollars Lost:



7.4-4 Peer Reviews: One measure of workforce engagement to achieve organizational success and meet core competencies of quality and safety is peer review (5.2). In addition, this process helps ensure Truman VA prevents rework and errors and is one measure for 6.1b(2).



7.4-5 Patient Incident Reports: This is another key measure for our core competencies of quality and patient safety (6.1.b(2)). We rank consistently is in the top 15 of all VAMC.



7.4a(2) Governance

7.4-6 Material Weakness Summary- Real Property Management: Key measures of ethical behavior and breaches of ethical behavior are included in the Material Weaknesses VISN 15 dashboard. Use of the dashboard helps the ELT promote and ensure ethical behavior in all interactions and control costs of facility work systems. This assists in preventing rework, errors, and minimizes the costs of inspections, tests, and performance audits. Real Property Management requires timely and accurate capitalization of the Work In Process (WIP) at a facility. This is performed monthly. All of the projects on the WIP are examined and any projects that were, or should have been capitalized, are evaluated. The key participants are Finance and FM.

Real Property Management	FY11 Q1	FY11 Q2	FY11 Q3	FY11 Q4	FY12 Q1
1c facility	99.2%	99.2%	98.6%	100.0%	98.6%
Truman VA 1c facility	**98.7%**	**92.6%**	**98.8%**	**100.0%**	**98.8%**
1c facility	100.0%	98.6%	98.8%	97.6%	100.0%
2 facility	100.0%	100.0%	97.7%	100.0%	97.7%
1A facility	99.2%	100.0%	100.0%	97.0%	99.0%
1c facility	97.6%	92.4%	98.0%	100.0%	98.0%
3 facility	100.0%	100.0%	100.0%	100.0%	100.0%
VISN Total	99.1%	97.1%	99.7%	99.1%	98.8%

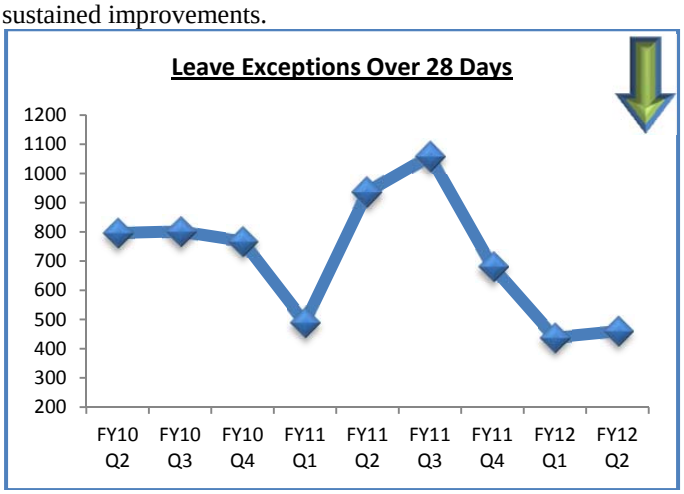
7.4-7 Material Weakness Summary- Undelivered Orders/Accrued Service Payables (UDO/ASP) Follow-up: This standard requires that follow up be performed on every order that has had no activity in the last 90 days, or is a UDO or ASP. A sample of 15 for each facility are evaluated monthly. The key participants are Finance, Logistics and the service that placed the order.

(UDO/ASP) Follow-up	FY11 Q1	FY11 Q2	FY11 Q3	FY11 Q4	FY12 Q1
1c facility	86.7%	60.0%	73.3%	100.0%	86.7%
Truman VA 1c facility	100.0%	100.0%	97.8%	97.8%	100.0%
1c facility	100.0%	100.0%	100.0%	100.0%	100.0%
2 facility	88.9%	97.8%	95.6%	97.8%	88.9%
1A facility	71.1%	75.6%	97.7%	100.0%	71.1%
1c facility	93.3%	97.7%	100.0%	95.6%	93.3%
3 facility	90.0%	100.0%	100.0%	100.0%	90.0%
VISN Total	89.9%	89.8%	94.8%	65.7%	89.9%

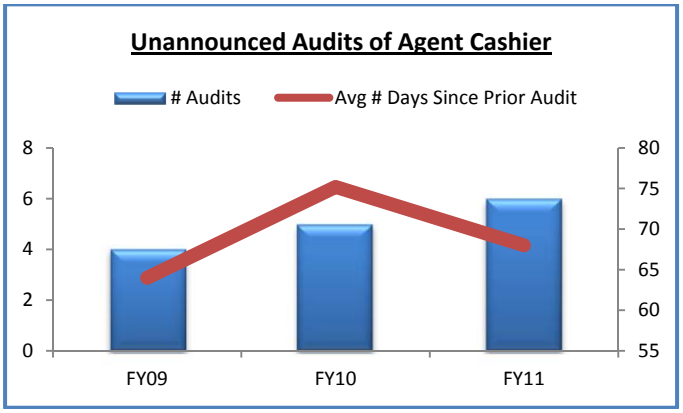
7.4-8 Miscellaneous Obligations (1358): This standard requires that 1358's have proper separation of duties and other key items. A sample of 15 1358's from each facility are evaluated on a quarterly basis. The sample includes all those that are evaluated for the monthly report to VACO. They key participants are Finance and the service that placed the order. This is a more comprehensive review than the monthly certification that VACO requires.

Miscellaneous Obligations (1358)	FY11 Q2	FY11 Q3	FY12 Q1
1c facility	46.7%	100.0%	46.7%
Truman VA 1c facility	93.3%	80.0%	86.7%
1c facility	86.7%	100.0%	100.0%
2 facility	93.3%	93.3%	80.0%
1A facility	86.7%	93.3%	26.7%
1c facility	100.0%	100.0%	73.3%
3 facility	73.3%	93.3%	84.6%
VISN Total	82.9%	94.3%	70.0%

7.4-9 Payroll Leave Exceptions: Leave exceptions are generated when employees fail to enter leave requests for time they take off, which is a key measure for fiscal accountability internally. An action plan was deployed and has resulted in sustained improvements.

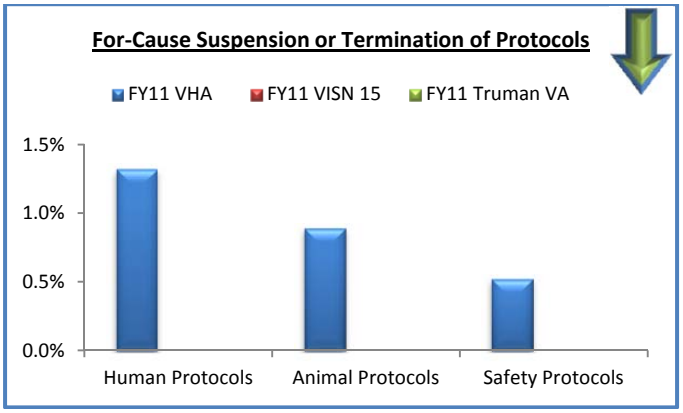


7.4-10 Agent Cashier Audits: This is a key measure for fiscal accountability and regulatory compliance. The Agent Cashier Audits review thousands of cash transactions.

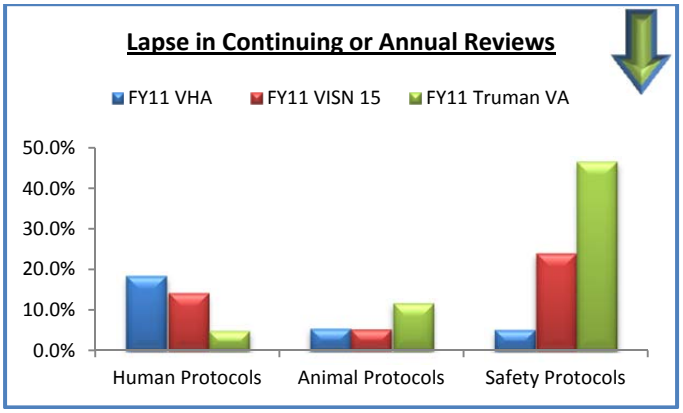


7.4a(3) Law, Regulation, Accreditation

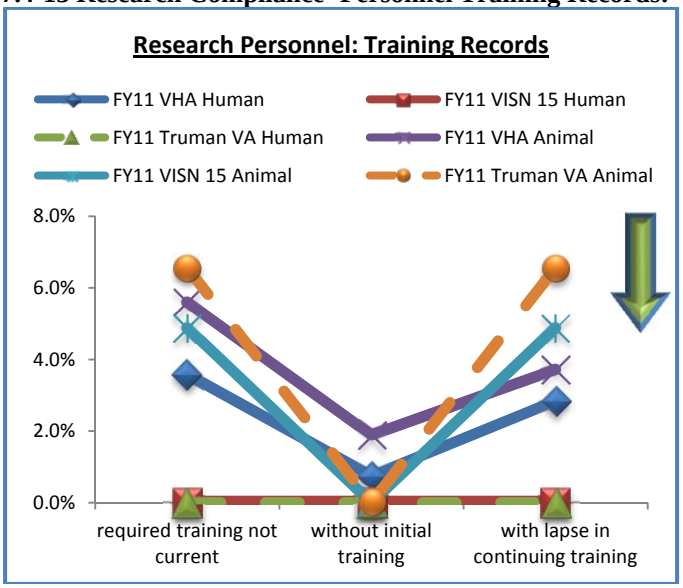
7.4-11 Research Compliance: Truman VA demonstrates ethical behavior by complying with VHA CBI program for research compliance training. Figs. 7.4-11-13 provide the results of selected quality metrics from the July 2011Facility Director's Certification and, for comparison, from the Certifications of VISN 15 and throughout VHA. For the first time, this year's report separates quality metrics related to research overseen by Institutional Review Boards (IRBs), Institutional Animal Care and Use Committees (IACUCs), and Subcommittees on Research Safety. This report assists with our efforts to oversee and improve the quality, safety and value of research at Truman VA.



7.4-12 Research Compliance- Lapse in Continuing or Annual Reviews:

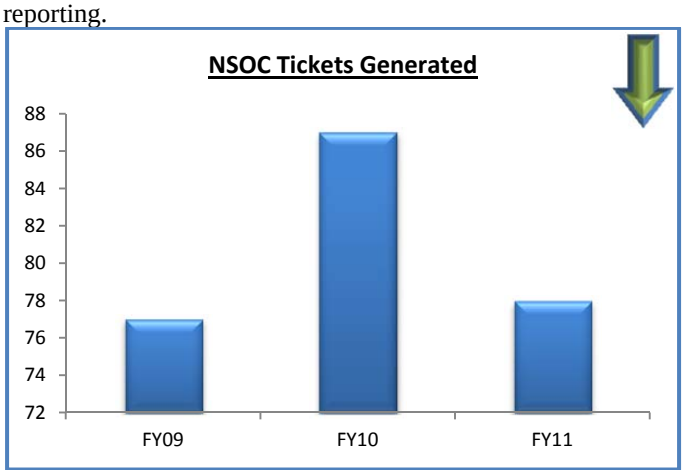


7.4-13 Research Compliance- Personnel Training Records:

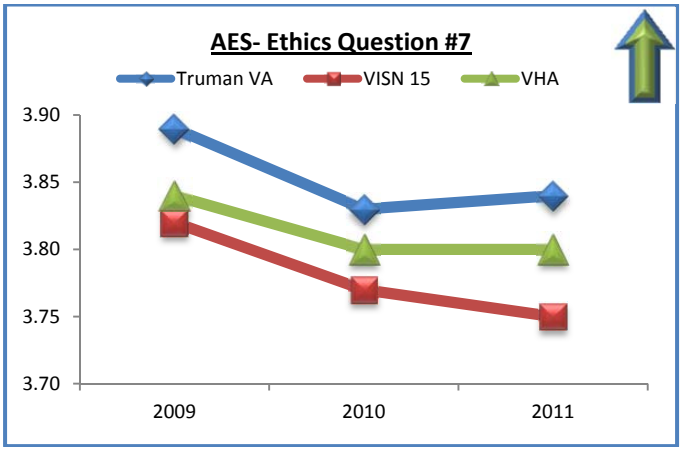


7.4a(4) Ethics

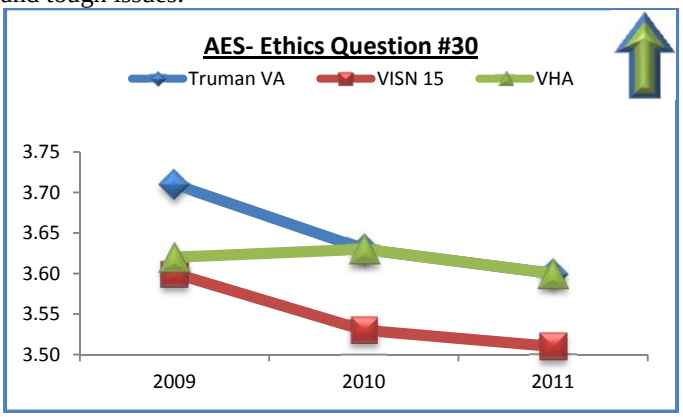
7.4-14 NSOC Tickets: Another measure of ethical behavior is compliance with all privacy regulations through NSOC ticket reporting.



7.4-15 All Employee Survey- Ethics Question 7: "Customers of my work group are informed about the process for seeking assistance, commenting, and/or complaining about products and services." AES and IE surveys are key measures for ethical behavior.

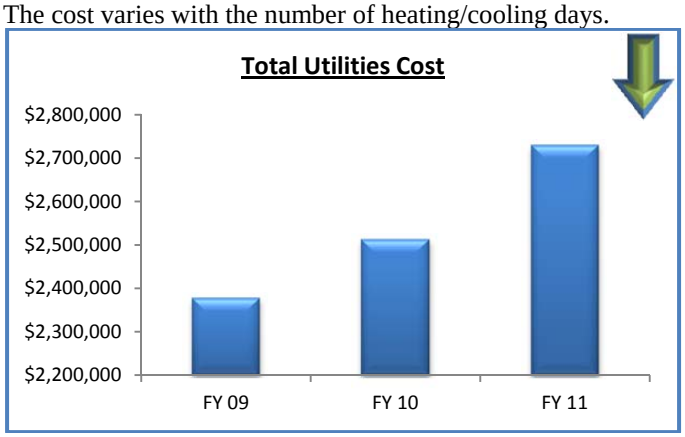


7.4-16 All Employee Survey- Ethics Question 30: "Members in my work group are able to bring up problems and tough issues."

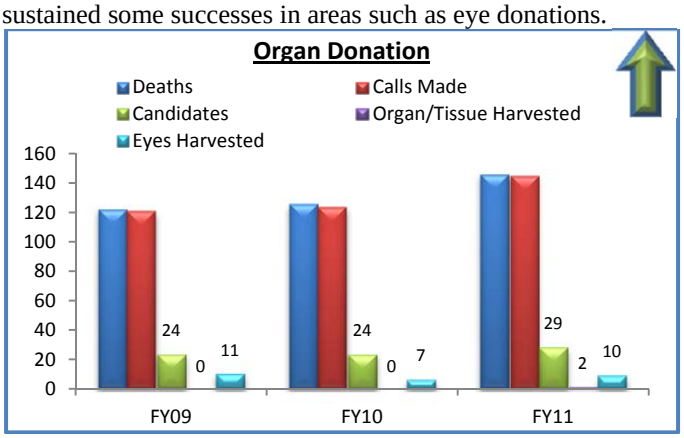


7.4a(5) Society

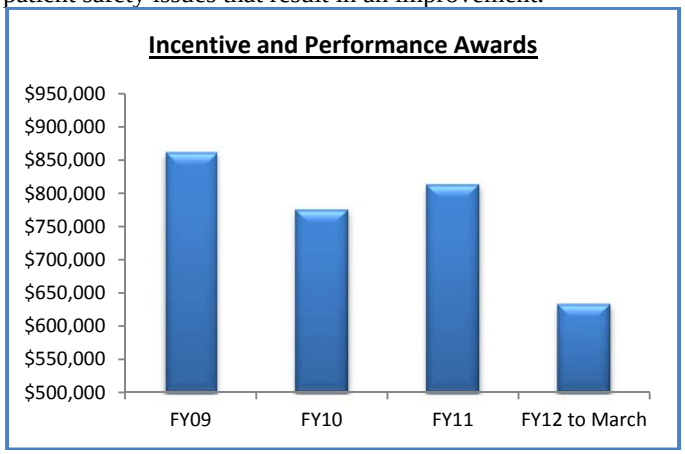
7.4-17 Total Utilities Cost: The Utilities Systems Management Program provides a mechanism to insure proper operation of utility systems to the point of origin and from the utility provider such as the city for electricity, or from the point of origin within our facility such as Medical Air, and Medical Vacuum. The monitoring of the facility's utility systems aids in identifying trends and areas of improvement. Utility failures are reported monthly to the EOCC for the development of a process action plan. One key monitor is cost. The cost varies with the number of heating/cooling days.



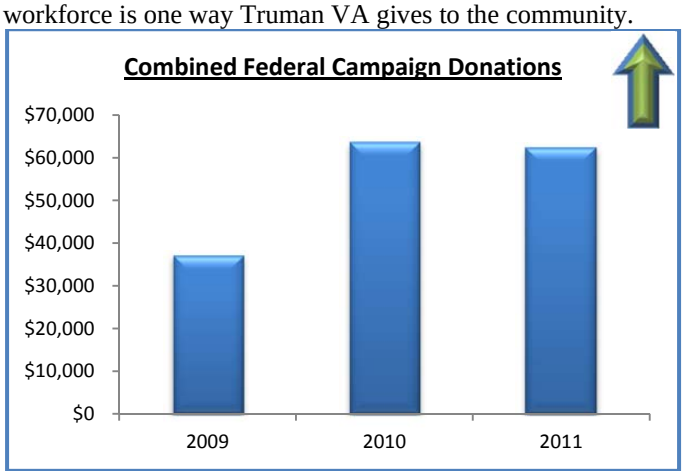
7.4-18 Organ Donations: This is one key measure for societal responsibility. Often deceased Veterans have many disease processes and are unable to donate organs. The program has sustained some successes in areas such as eye donations.



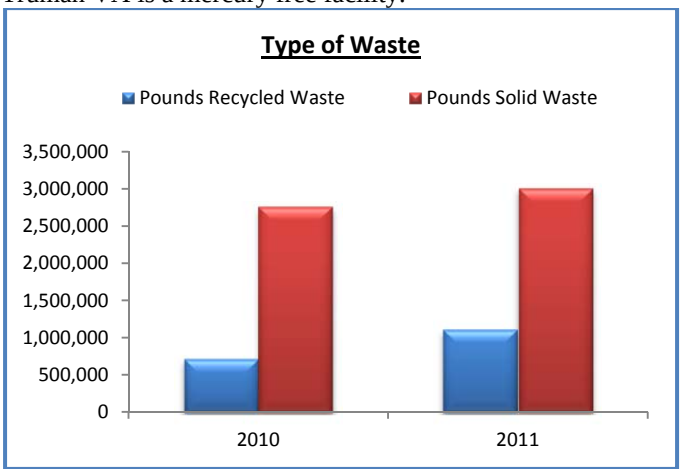
7.4-19 Employee Awards and Recognition: Incentive awards recognize employee efforts and are awarded based upon key performance indicators that support the organization's mission, vision and values that are deployed through two-way communication. Some are used to promote core competencies such as the Good Catch Award recognizing patient safety issues that result in an improvement.



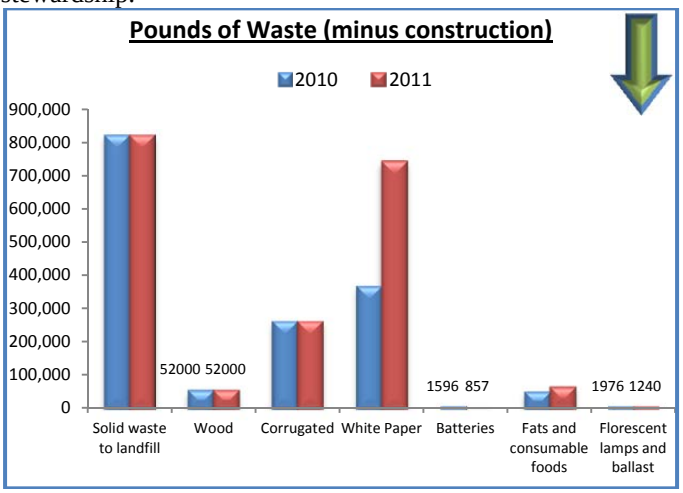
7.4-20 Combined Federal Campaign Donations: Combined Federal Campaign (CFC) voluntary contributions by the workforce is one way Truman VA gives to the community.



7.4-21 Green Stewardship- Type of Waste: Truman VA recognizes and strives to minimize the impact it has on the community through its Green Initiatives. For example, Truman VA is a mercury free facility.



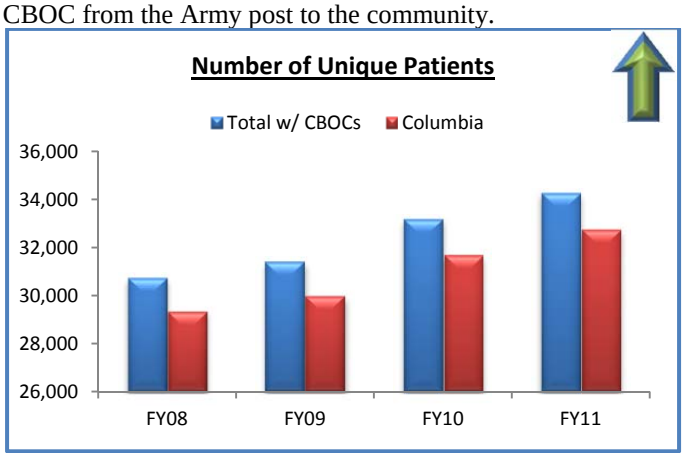
7.4-22 Green Stewardship- Pounds of Waste: Pounds of waste is one current key measure for societal environmental stewardship.



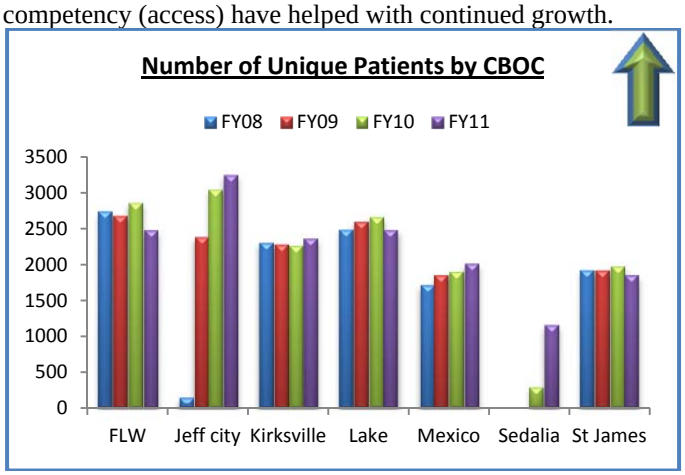
7.5 Financial and Market Outcomes

7.5a(1) Financial Performance

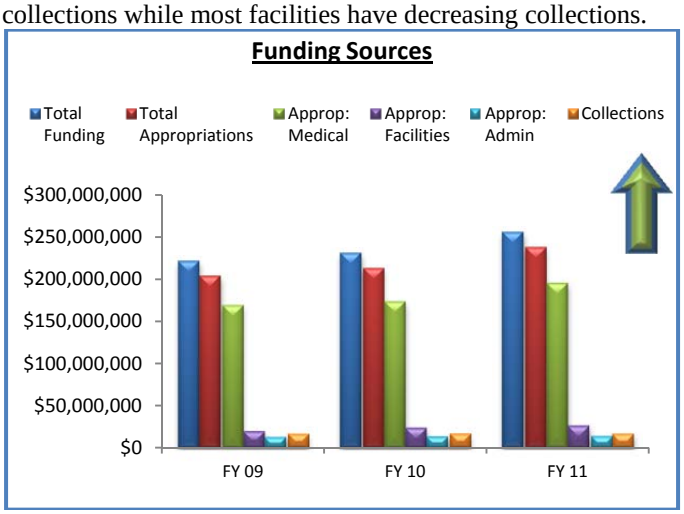
7.5-1Unique Patients: Truman VA outreach efforts have resulted in continued growth while VHA has had steady or decreased enrollment. This key measure is utilized when considering new markets such as the movement of the FLW CBOC from the Army post to the community.



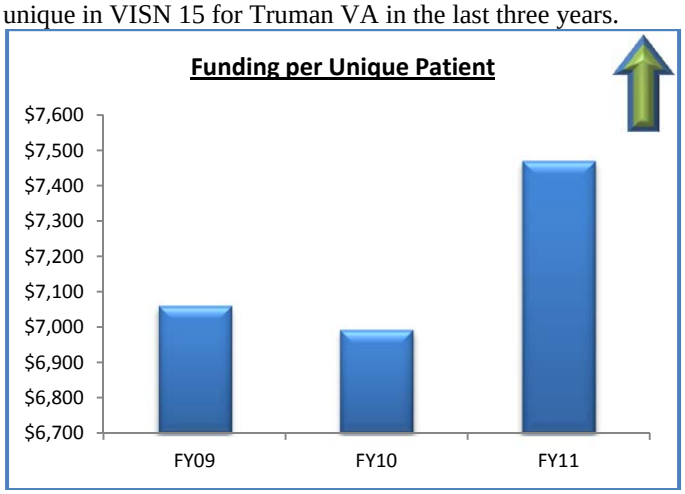
7.5-2 Unique Patients by CBOC: Efforts in this core competency (access) have helped with continued growth.



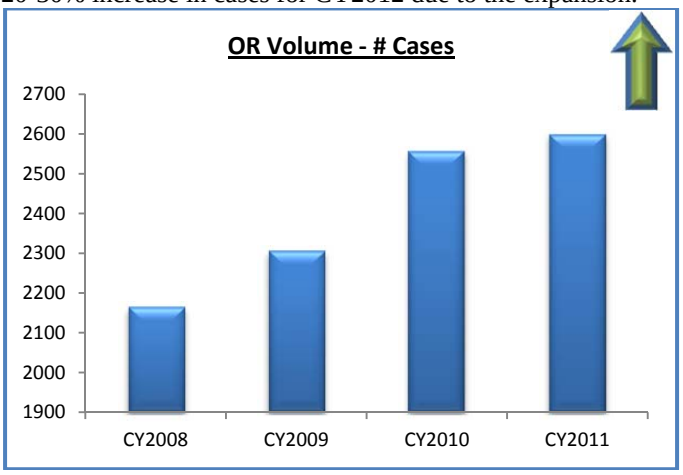
7.5-3 Appropriations and Collections: Collections have been, and are projected to remain, in a downward trend making this a key measure to sustain agility and growth. Truman VA business processes have helped to maintain collections while most facilities have decreasing collections.



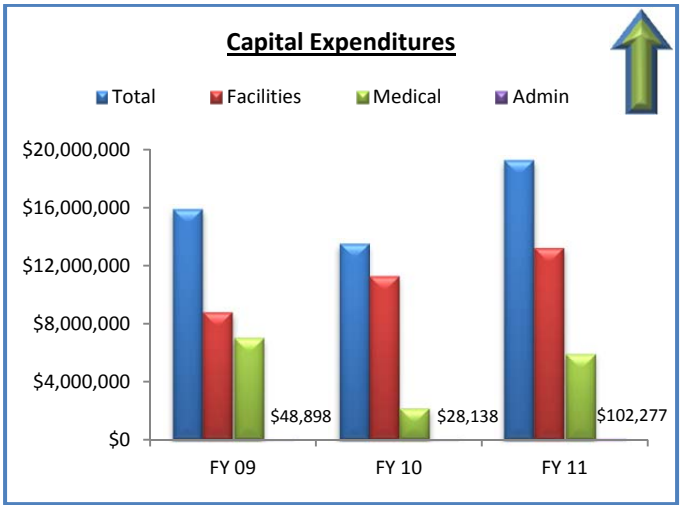
7.5-4 Funding per Unique Patient: Successful business processes have resulted in the highest growth of funding per unique in VISN 15 for Truman VA in the last three years.



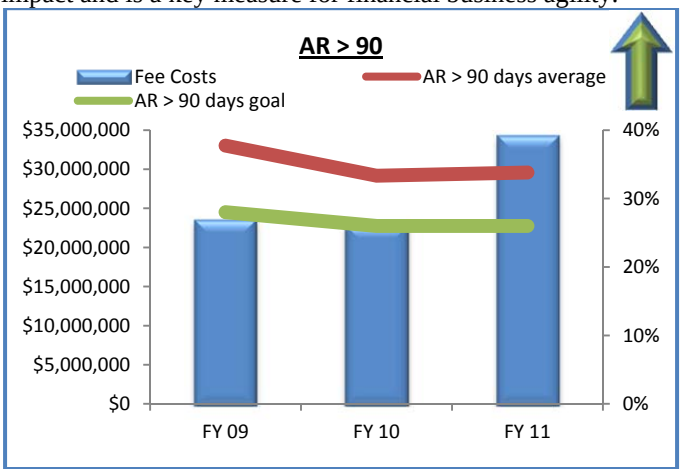
7.5-5 OR Volume: As a result of increasing OR volume and the need to update our OR facilities, a new 25,000SF OR addition has been built and began cases in May. We expect a 20-30% increase in cases for CY2012 due to the expansion.



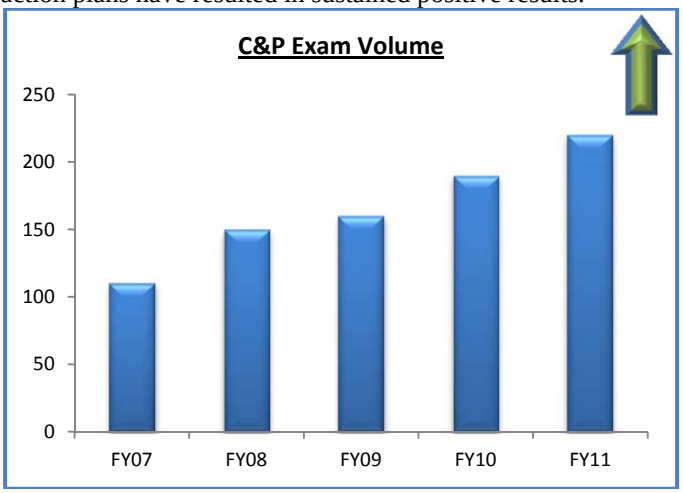
7.5-6 Capital Expenditures: Key to sustained achievement of strategic goals will be infrastructure to support core competencies. Ability to meet capital expenditures is shown below.



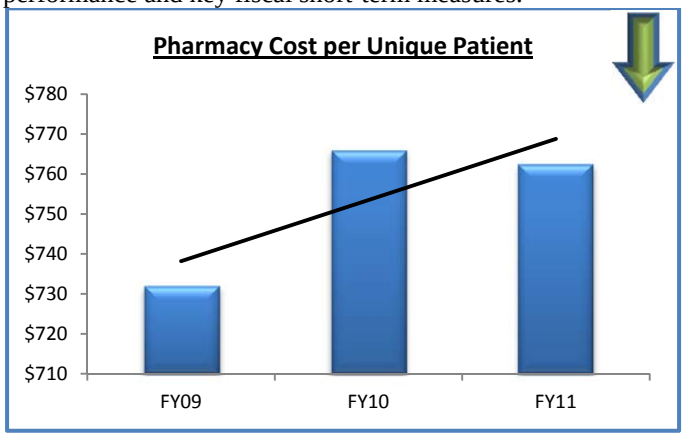
7.5-7 AR > 90 Days: Accounts receivable are outstanding claims owed to VA by third party insurance companies. This funding source is one of the few that the facility can directly impact and is a key measure for financial business agility.



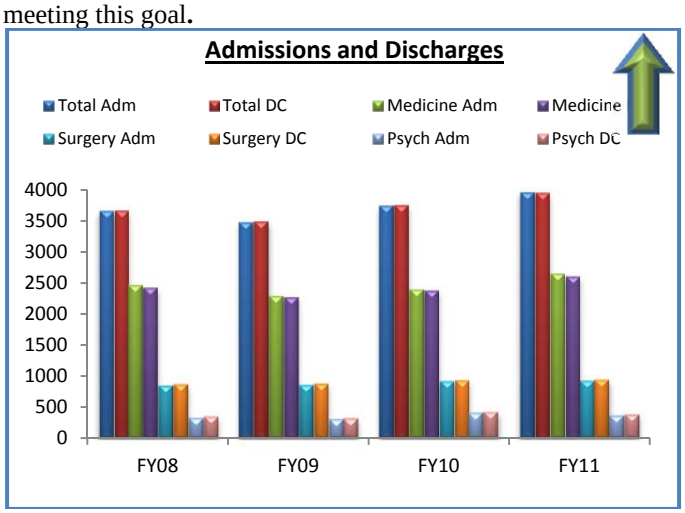
7.5-8 Compensation & Pension Volume: This is a key customer measure that was identified for improvement and action plans have resulted in sustained positive results.



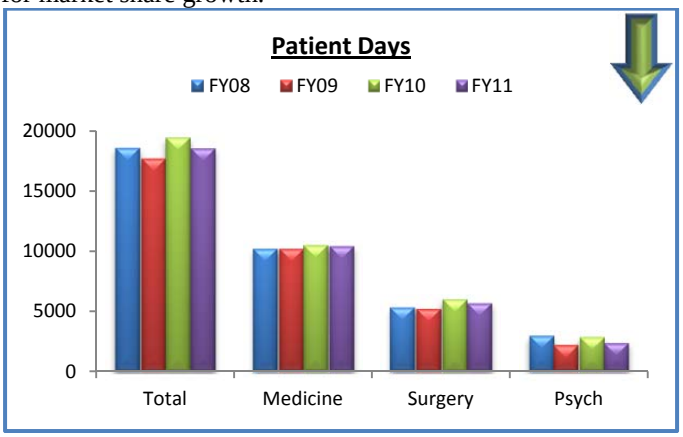
7.5-9 Prescription Costs: Lab and prescription along with admission and discharge costs are measures of financial performance and key fiscal short-term measures.



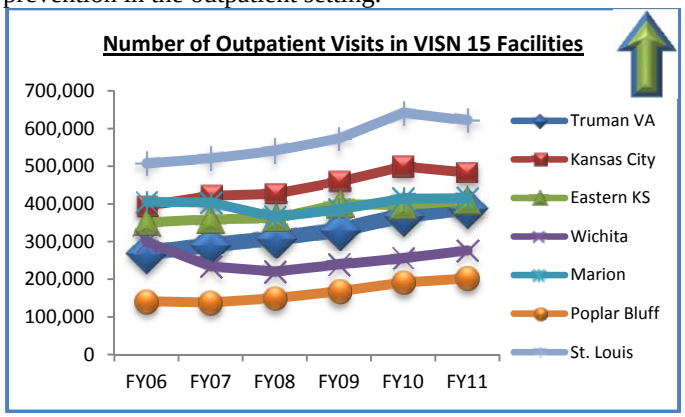
7.5-10 Admissions and Discharges: Our approach to providing health care services is to focus on disease prevention through deployment of preventive care in order to maintain the health of our Veteran population and prevent acute care admissions. This result shows very good performance in comparison to other 1C complexity VAMCs. Our goal is to maintain that performance in admissions. Patient days and admissions/discharges are key measures for meeting this goal.



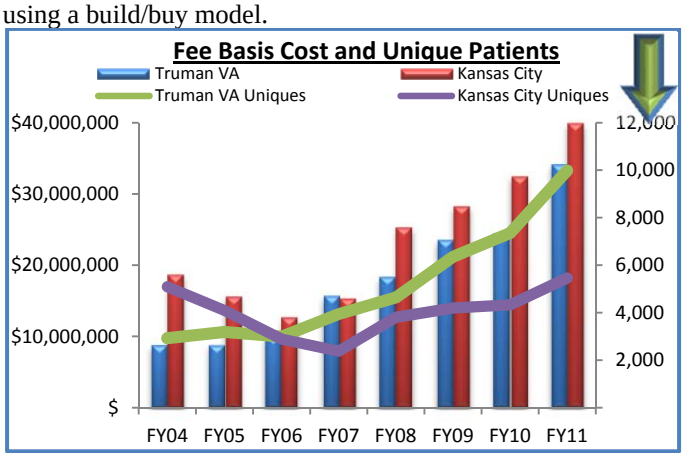
7.5-11 Patient Days: This cost effectiveness and efficiency measure aligns with the diversion data and is a key measure for market share growth.



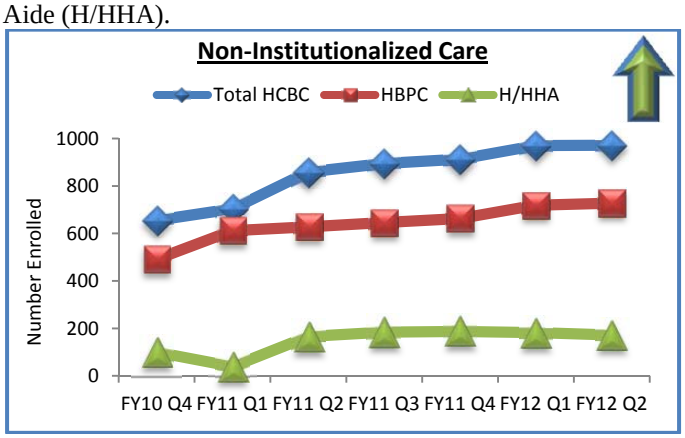
7.5-12 Clinic Visits: This is a key measure for our goals to maintain health of Veteran population through disease prevention in the outpatient setting.



7.5-13 Fee Basis Cost and Unique Patients: Fee cost is a strategic challenge. Data below show a drastic rise in both fee basis cost and number of Veterans referred for fee basis care. This occurred due to a PM requiring Veterans to be seen within 14 days of appointment request. Due to the financial impact of this PM, and the fact that we can only guarantee quality care if Veterans are seen at a VA facility, Truman VA has decided in FY12 to begin reducing fee basis referrals using a build/buy model.

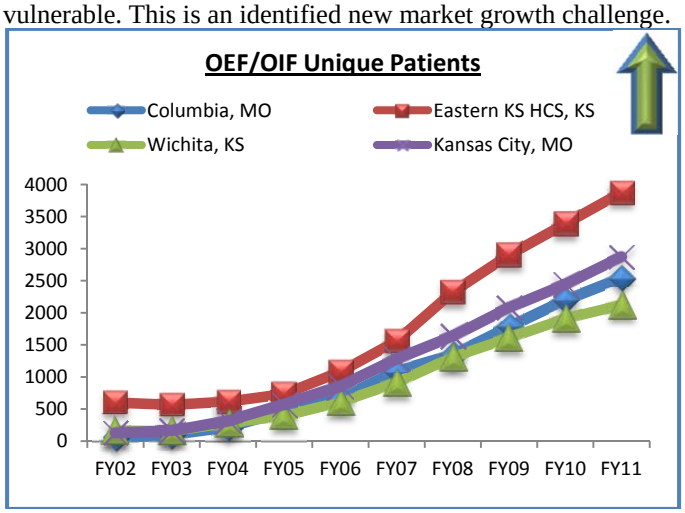


7.5-14 Non-Institutionalized Care: Another avenue for care for Veterans is Home Community Based Care (HCBC). A multidisciplinary team approach is utilized to care for these Veterans in their homes. The two major components are Home Based Primary Care (HBPC) and Homemaker Home Health Aide (H/HHA).

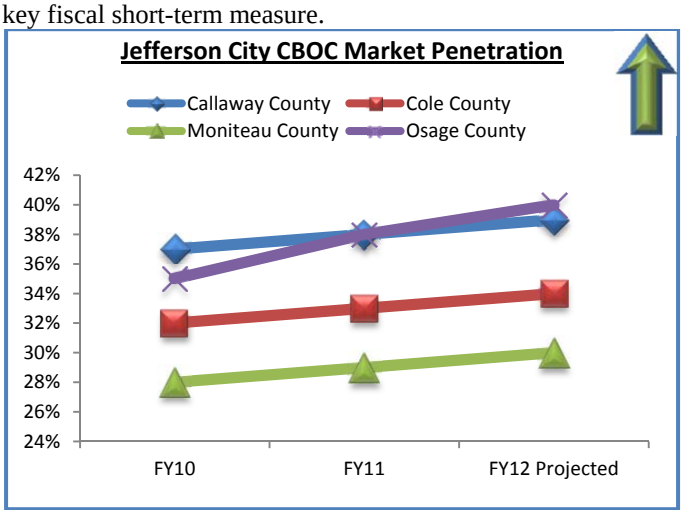


7.5a(2) Marketplace Performance

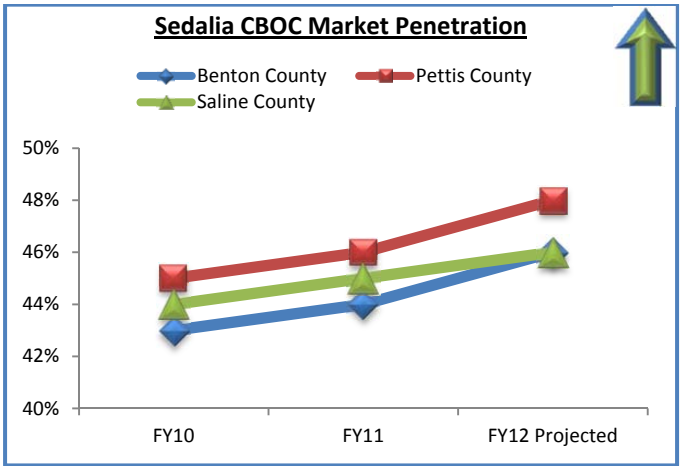
7.5-15 Market Share- OEF/OIF/OND Uniques: This is a key measure for a targeted market that is extremely vulnerable. This is an identified new market growth challenge.



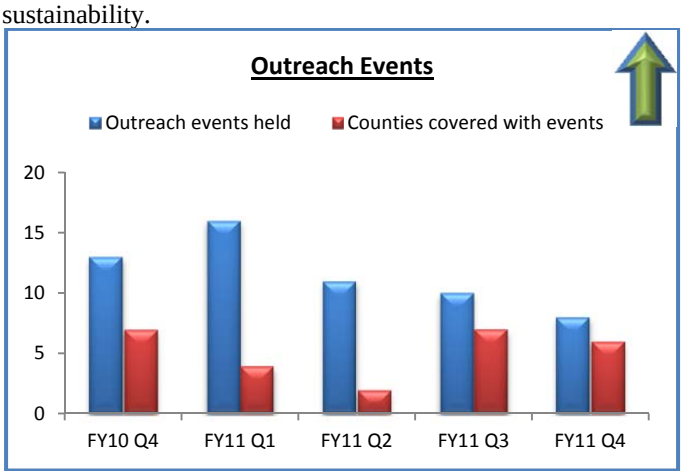
7.5-16 Projected Market Penetration- Jefferson City CBOC: These data are a percent penetration of calculated enrollees within the Veteran population of market. This is a key fiscal short-term measure.



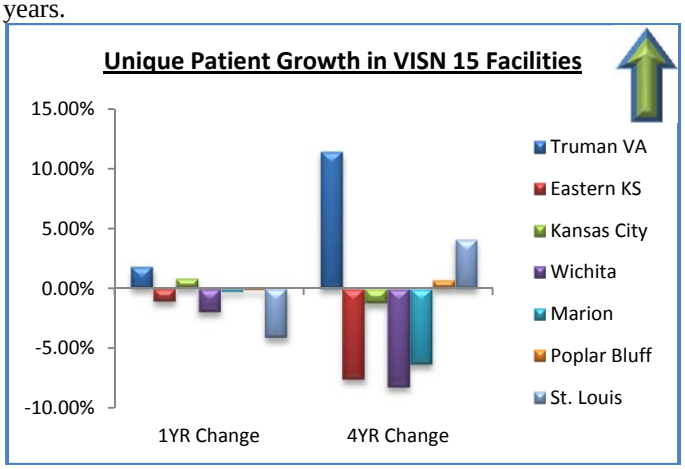
7.5-17 Projected Market Penetration- Sedalia CBOC: These data are a percent penetration of calculated enrollees within the Veteran population of market. This is a key fiscal short-term measure.



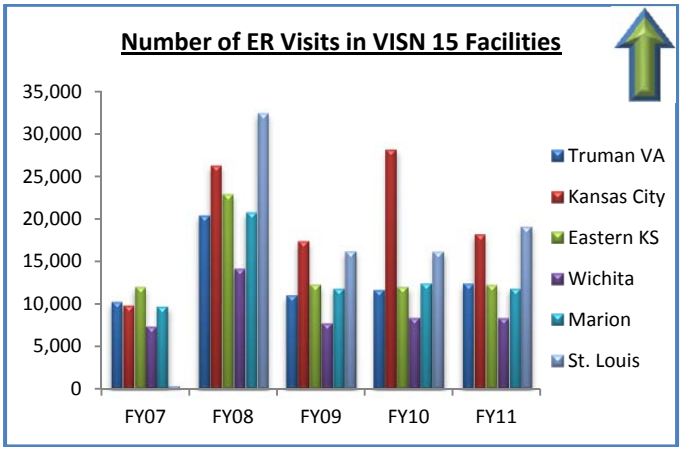
7.5-18 Community Outreach Events: Outreach activities target Veterans not yet enrolled in VHA. Outreach is one activity to increase market share and ensure agility and sustainability.



7.5-19 Growth in Unique Patients: Below is the percentage of growth (or loss) in unique patients throughout VISN 15. Initial data were from October 2011 and compared to data from October 2010 and October 2007. Truman VA has had the highest percentage of growth for the last year and the last four years.



7.5-20 Emergency Room Visits throughout VISN 15: Market share within VISN 15 can also be shown by number of ER visits for the last five FYs. The FY07 & 08 data reflect stop code entry issues that were identified and corrected for FY09-11.



GLOSSARY OF TERMS AND ABBREVIATIONS

A

ACGME: Accreditation Council for Graduate Medical Education - organization responsible for the accreditation of post-MD medical training programs within the United States, accomplished through a peer review process and is based upon established standards and guidelines

ACHE: American College of Health Executives - an international professional society of more than 30,000 healthcare executives who lead hospitals, healthcare systems and other healthcare organizations

ACOS: Associate Chief of Staff

ACSC: Ambulatory Care Sensitive Conditions

ADIR: Associate Director (COO)

ADC: Average Daily Census – average number of patients in hospital beds for a given period of time

ADL: Activities of Daily Living - activities performed during a normal day such as getting in and out of bed, dressing, bathing, eating, and using the bathroom

AEMS/MERS: Automated Engineering Management System/Medical Equipment Reporting - an engineering module provided for management of information to support key responsibilities assigned to VA engineering organizations

AES: All Employee Survey

AFGE: American Federal of Government Employees

AHA: American Hospital Association

ARC: Allocation Resource Center

ASPIRE: Publicly reported dashboard of VA performance measures and clinical data

ASSITS: Automated Safety Incident Surveillance and Tracking System - a computerized system used by VHA facilities to track and monitor occupational safety and health incidents

ASTD: The American Society for Training and Development

B

BCMA: Bar Code Medication Administration - a system that provides all units of medication leaving the VA pharmacy with a bar coded label that corresponds with a bar code on the patient's wrist band , which assists with proper patient and medication identification as well as missing dose tracking and audit trails of medication dispensing

BDOC: Bed Days of Care

BH: Behavioral Health (service)

BJC: Barnes Jewish Christian hospital system based out of St. Louis; is the owner of a local hospital in Columbia

BMS: Bed Management System - software system that tracks current and pending bed availability; and patient movement through the system. System helps identify and anticipate peak demands; maximizes use of hospital capacity; reduces fee basis use, days and costs

BOA: Blanket Order Agreement; allows needed contracted services with the University of Missouri providers

C

CAHPS: Consumer Assessment of Healthcare Providers and Systems

CAP: Combined Assessment Program (in reference to OIG reviews)

CARF: Commission on Accreditation of Rehabilitation Facilities

CBI: Compliance and Business Integrity Board

CBIO: Compliance and Business Integrity Officer; serves in an advisory role to executive leadership regarding the CBI function and is charged with assisting in the design and implementation of CBI program activities

CBOC: Community Based Outpatient Clinics - an outpatient clinic in an outlying community; the clinic is part of a larger VAMC. Provides primary care, basic mental health and a few specialty care services.

CEB: Clinical Executive Board - the executive committee of the medical staff is responsible for oversight of all medical staff activities as well as all clinical programs within the medical center

CFR: Code of Federal Regulations – VA rules and regulations are contained in Title 38 of the Code of Federal Regulations (38 CFR)

CLAB: Central Line Associated Bacteremia i.e., central line infection

CLC: Community Living Center - provides resident-centered care; the name change from nursing home care unit demonstrates VA's commitment to accommodate the age-specific needs of the new cohort of OEF/OIF/OND Veterans seeking long or short term care

GLOSSARY OF TERMS AND ABBREVIATIONS

CMOP: Consolidated Mail-Out Pharmacy

COS: Chief of Staff

COTR: Contracting Officer's Technical Representative

Code Orange Lynx: Software system to alert VA Police and specially trained team that assistance is needed to de-escalate a behavioral disturbed person

Cornerstone Recognition Award: NCPS program recognizing high levels of performance on RCAs and Aggregated Reviews

C&P: Compensation and Pension - applies to benefits expenditures for the following categories: compensation payments, pension payments, Dependency and Indemnity Compensation, and burial allowances

CPAC: Consolidated Patient Account Center; VA's revenue cycle centers.

CPRS: Computerized Patient Record System - VA electronic medical record

CSB: Customer Service Board - develops and monitors strategies and programs aimed at promoting a customer-focused culture to assure a high-level of customer satisfaction. Board employs systematic processes for collecting and analyzing Veteran satisfaction data and information from national surveys and local mechanisms.

CT: Cardio Thoracic

CWT: Compensated Work Therapy/ - a work adjustment incentive program providing a realistic working environment conducive to the development of work tolerance and effective learning of appropriate work habits in preparation for successful re-entry into the community

D

DEA: Drug Enforcement Agency

DLO: Designated Learning Officer

DM: Diabetes Mellitus

DoD: Department of Defense

DRG: Diagnosis Related Group - patient classification system based upon the patient's diagnosis or procedure. Each DRG is based upon an allocation of consumption of resources.

DSS: VHA Decision Support System - an automated management information system that tracks health care utilization (VHA workload) and assigns an approximate cost.

E

EARR: Encounter Action Required Report

ECF: Executive Career Field

EDM: Executive Decision Memorandum; a proposal presented to request resources for a new initiative

ED: Emergency Department

EEO: Equal Employment Opportunities

EES: Employee Education System

ELT: Executive Leadership Team; consists of the DIR; ADIR, AD/PS, Assistant Director and COS.

EEOC: Equal Employment Opportunity Commission

EOC: Environment of Care

EOP: Emergency Operations Plan

EPRP: External Peer Review Program

F

FBCS: Fee Basis Claims System - software system to improve fee basis claims management and adjudication. It will bring efficiencies to the processing of claims as well as provide a knowledge base of information needed to strategically guide the decisions made about Non-VA care.

FOCUS PDSA: Find a process to improve; Organize a team that knows the process; Clarify current knowledge of the process; Understand causes of process variation; Select the process improvement; Plan-Do-Study-Act

FTE: Approved organization positions

FTEE: Full-time Employee Equivalent - an expression of personnel resource utilization. The expression refers to the amount of hours paid to one employee in one business year.

F/U: Follow-up

FY: Fiscal year

G

GEMS: Green Environmental Management Service

GHATP: Graduate Healthcare Administration Training Program - program to recruit, train and retain highly-

qualified individuals to become future leaders in the Veterans Health Administration (VHA).

H

HAS: Health Administration Service

HBPC: Home Based Primary Care

HCAHPS: Hospital Consumer Assessment of Health Providers and Systems; standardized satisfaction survey

HCLDI: Health Care Leadership Development Institute - program for senior managers to develop effective leadership

Health Buddy: Piece of equipment similar to an answering machine that can be placed anywhere in Veteran's home where there is a power outlet and a working telephone jack. Specific questions about Veterans and their illnesses are programmed into the Health Buddy. Veterans simply answer the questions each day. Information obtained such as blood pressure and blood glucose, along with other patient information in the electronic system, allows their care coordinator to anticipate and prevent avoidable problems

HEDIS: Healthcare Effectiveness Data and Information Set - a tool used by more than 90% of America's health plans to measure performance

HFMEA: Healthcare Failure Mode and Effect Analysis - a performance improvement process that identifies and improves steps in a process ensuring a safe and clinically desirable outcome. It is a systematic approach to identify and prevent product and process problems before they occur.

HIPAA: Health Insurance Portability and Accountability Act of 1996 (HIPAA) - a law passed by Congress in 1996 that requires the Department of Health and Human Services to implement regulations that will require the use of specific standards related to health care claims, code sets, identifiers and security

HIPDB: Health Integrity and Protection Databank

HMI: Health Management and Informatics

Homeless Grant Per Diem: Program offered annually (as funding permits) by VA to fund community-based agencies providing transitional housing or service centers for homeless Veterans. Under the Capital Grant Component, VA may fund up to 65% of the project for the construction, acquisition or renovation of facilities or to purchase van(s) to provide outreach and services to homeless Veterans. Per diem is available to grantees to help off-set operational expenses.

HPDM: High Performance Development Model - provides a framework for VHA to develop a highly skilled, customer-centered workforce by focusing on eight core competencies

HR: Human Resources

HUD-VASH: Housing Urban Development Veterans Affairs Supportive Housing (HUD-VASH) program that combines Housing Choice Voucher (HCV) rental assistance for homeless Veterans with case management and clinical services to support independent living provided by VA

HVA: Historical Variable Attributes

I

I CARE: VA's core values- Integrity, Commitment, Advocacy, Respect and Excellence

ICU: Intensive Care Unit

IE: Integrated Ethics

IEC: Integrated Ethics Consultation

IHI: Institute for Healthcare Improvement

IMED: Informed Medical Consent

Intermittent: refers to staff that only work occasionally

IPEC: Inpatient Evaluation Center - a national program to improve patient outcomes from acute care hospitalization through feedback of outcomes and processes to providers and managers

IRIS: Inquiry Routing Information System

ISO: Information Security Officer - staff responsible for information security at each VAMC. In contact with Regional Information Security Officers (RISOs).

IT: Information Technology

IV: Intravenous

J

JLC: Joint Leadership Council – Management functions needed to accomplish facility goals and carry out the mission are the responsibility of the Director, who, under the VHA structure is the "Governing Body." The JLC serves as the forum for discussion and review of issues advanced by the hospital's boards (CEB, CBI, CSB, PIB, OB, SMRB and Workforce Development) and respective subsidiary committees/councils as indicated. The JLC is the highest-level leadership group at the facility and is advisory to the Director (i.e., the Governing Body).

K

L

LEAD: Leadership Effectiveness and Development Program –accomplished at the facility and VISN level to identify strengths, career goals and ambitions and determine how participants can find the best fit in VA for their unique talents; build and sustain effective relationships with peers and with senior leaders; understand VAMC operations outside their own area of expertise and develop a "One VA" perspective

LEIE: List of Excluded Individual Employees

LINKs: LINking Knowledge & Systems

LO: Learning Organization

LOS: Length of Stay

LTC: Long Term Care

M

MAVO: Missouri Association of Veterans Organization

MCCF: Medical Care Cost Fund or Medical Care Collection Fund

MCG: Medical Complexity Group

MHA: Master's of Health Administration

MHI: Master's of Health Information

MHICM: Mental Health Intensive Case Management

MHS: Mental Health Services

M&M: Morbidity & Mortality

MOCPS: Missouri Center for Patient Safety

MOD: Medical Officer of the Day is a licensed, privileged physician who provides medical and administrative coverage for the facility during other than regular working hours.

MOVE: VA weight loss program

MRI: Magnetic Resonance Imaging

MU: University of Missouri

My HealtheVet *also* MHV: a web-based product that gives Veterans information and tools to improve their health. Registration is required to have full access to all features. Registrants can access more than 18 million pages of health information from the site's health education library.

N

NCOD: National Center for Organizational Development

NCPS: National Center for Patient Safety

NCQA: National Commission for Quality Assurance

NEO: New Employee Orientation

NHPP: National Health Physics Program

NNEI: National Nursing Education Initiative

NRC: Nuclear Regulatory Commission

NUMI: National Utilization Management Initiative

O

OB: Operational Board - serves as an administrative advisory body to the JLC on all facets of operations including fiscal, human resources, capital asset management, space and equipment, security, and use of information technology resources

OEF: Operation Enduring Freedom

OFI: Opportunities for Improvement

OIF: Operation Iraqi Freedom

OIG: Office of the Inspector General - each government agency, including VA, is required to have an independent Inspector General to investigate waste, fraud, abuse, and/or mismanagement

OIT: Office of Information and Technology - a program office that delivers available adaptable, secure and cost effective technology services to VA and acts as a steward for all VA's IT assets and resources

OND: Operation New Dawn

OPIA: Office of Public and Intergovernmental Affairs

OPM: Office of Personnel Management

OR: Operating Room

ORO: Office of Research Oversight

ORYX: The Joint Commission initiative to integrate performance measures into the accreditation process

GLOSSARY OF TERMS AND ABBREVIATIONS

OSHA: Occupational Safety and Health Administration

P

PACS: Picture Archiving & Communication System - firmware that allows access and archiving of digital radiology images

PACT: Patient Aligned Care Team - VHA began implementation of the patient centered medical home model (PCMH), now known as PACT, in the beginning of FY10. The initiative is to transform the VA health care delivery system to one providing more patient-centric care.

PAO: Public Affairs Officer

PAT: Process Action Team

PATS: Patient Advocate Tracking System

PBI: Performance Based Interviewing

PC: Primary Care

PM's/PM: Performance Measure(s) - mix of program outcomes that measure the impact that VA programs have on the lives of Veterans and their families, program outputs that measure activities undertaken to manage and administer these programs, and program efficiency that measures the cost of delivering an output or desired outcome.

PI: Performance Improvement

PIB: Performance Improvement Board - group assists the JLC in establishing, implementing, maintaining, and achieving excellence in organizational performance; provides organizational performance issues impacting care, treatment and services of Veterans; assesses organizational performance; reports issues/concerns to the JLC for review, discussion, resolution; provides oversight for OIG CAP, SOARS and The Joint Commission reviews.

PM&R: Physical Medicine and Rehabilitation Service

POC: Point of Contact

POW: Prisoner of War

PRRC: Psychosocial Rehabilitative Recovery Center - an outpatient multidisciplinary program designed for patients who are suffering from severe and persistent mental illness with significant functional impairment

PSM: Patient Safety Manager

PTF: Patient Treatment File

PTSD-OPT: Post-traumatic Stress Disorder- Outpatient Treatment

PVA: Paralyzed Veterans of America

Q

QM: Quality Management

QPSE: Quality and Patient Safety Education

QSV: Office of Quality, Safety and Value

R

RCA: Root Cause Analysis

RFID: Radio Frequency Identification

RMC: Resource Management Committee

RRT: Rapid Response Team – a team chartered for a less than 90 days project.

RSMR: Rolling Standardized Mortality Ratio

S

SC: Specialty Care service

SCIP: Strategic Capital Investment Plan

Secure Messaging: Ability to communicate with patients via secure email

SEPM : Special Emphasis Program Manager

SES: Senior Executive Service

Senior Leaders: Excluding the ELT, other service leaders throughout the facility

Service Connected: Indicates a Veteran has a service-related injury/illness recognized by VA as a disability

SHEP: Survey of Healthcare Experiences of Patients

SMRB: Strategic Management Resource Board - provides leadership and oversight responsibility for all issues of strategic planning and strategic resource evaluation

SMR: Standardized Mortality Ratio

SOARS: System-Wide Ongoing Assessment & Review Strategy

SPC: Statistical Process Controls

SPS: Sterile Processing Service

ST: Short Term (in reference to a goal)

GLOSSARY OF TERMS AND ABBREVIATIONS

STAR: Customer Service Recognition Award

SWOC: Strengths, Weaknesses, Opportunities, and Challenges

SWS: Social Work Service

SUD: Substance Use Disorder

SR: Systems Redesign - VA performance improvement process that utilizes principles of Vision, Analysis, Team, Aim statements, Flow Mapping, Outcome Measures, and identifies actions for sustained, spreading improvements

Systems Redesign Coordinator: Staff that provides oversight and leadership for the implementation, spread, and maintenance of SR processes and techniques across services

T

Telehealth: Health care provided via telephone/video

TJC: The Joint Commission - an organization that certifies the compliance of health care organizations with a number of specific accreditation standards

TMS: Talent Management System - on-line education system for training

Truman VA: Harry S. Truman Memorial Veterans' Hospital

U

UH: University Hospital

UM: Utilization Management

V

VA: Department of Veterans Affairs

VACO: Department of Veterans Affairs Central Office

VALU: VA Learning University

VAMC: VA Medical Center

VANOD: VA Nursing Outcomes Database - program to support strategic planning that includes nurse staffing levels, patient care interventions, identification of best practices, intra– and inter– facility comparisons, and health policy decisions

VAP: Ventilator Associated Pneumonia

VA Regional Office: VBA field office composed of divisions which carry out the functions of VBA. Fifty-seven such offices currently exist with at least one office in every state, Puerto Rico and the Philippines

VASQIP: VA Surgical Quality Improvement Project

VA-TAMMCS: Vision, Analysis, Team, Aim, Map, Measure, Change, Sustain – in relation to SR framework

VAVS: Veteran Affairs Voluntary Service

VBA: Veterans Benefits Administration

VERA: Veterans Equitable Resource Allocations

V HA: Veterans Health Administration - organization responsible to the Secretary of Veterans Affairs for providing health care services to eligible Veterans

Veterans Health Information Systems and Technology Architecture (VISTA): VA's health care information system that encompasses in-house developed applications, office automation applications, locally developed applications and commercial-off-the-shelf applications

VOC: Veterans Outreach Committee - responsible for providing outreach and information on eligibility and benefits to Veterans, their families and their communities.

VISN 15: Veterans Integrated Service Network 15 (VA Heartland Network is comprised of VA health care facilities in Kansas, Missouri, Illinois, Indiana, Kentucky and Arkansas.)

VJO: Veterans Justice Outreach - initiative to avoid the unnecessary criminalization of mental illness and extended incarceration among Veterans by ensuring that eligible justice-involved Veterans have timely access to VHA mental health and substance abuse services when clinically indicated, and other VA services and benefits as appropriate

VIP: Veterans Indicated Preference – a local initiative designed to increase customer satisfaction and enhance patient centered care

VOVA: Voice of VA – used in conjunction with surveys

VPN: Virtual Private Network - encryption function that allows users remote access to VA VISTA medical record

VSO: Veterans Service Organizations - organizations dedicated to advocating Veterans' causes and interests, and assisting Veterans in their interactions with VA

VSSC: Veteran Support Services Center

W

GLOSSARY OF TERMS AND ABBREVIATIONS

WalkRounds: Executive leadership discussion with front line staff specifically related to patient safety and ethics though staff can discuss whatever topic they would like

WHO: World Health Organization

WPM: Women Veterans' Program Manager

: Down indicates better outcomes for the results

: Up indicates better outcomes for the results