



Department of  
Veterans Affairs



**VISN 9**  
**STRATEGIC PLAN**  
**FY 2006 - 2010**  
**STAGE 1**

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## **VISN 9 Summary**

The Department of Veterans Affairs (VA) Mid South Healthcare Network (VISN 9) is an integrated healthcare delivery system comprised of six JCAHO accredited medical centers. More than 350,000 veterans seek care annually at VISN 9 medical centers located in Lexington and Louisville, Kentucky; Memphis, Mountain Home, Murfreesboro, and Nashville, Tennessee; and Huntington, West Virginia. There are 266 counties within the Mid South Healthcare Network covering almost 110,000 square miles, including a wide mixture of rural and urban settings. The VA Mid South Healthcare Network's mission is to provide comprehensive, appropriate health care services to veterans consistent with mandated benefits. In addition, VISN 9 strives to manage the provision of services in the optimal setting to provide high quality, accessible, cost-effective care to veterans while supporting VHA's priorities, teaching, and research. Approximately 9,000 full time employees are dedicated to providing area veterans a full range of quality and cost-effective medical, specialty, psychiatric and extended care services. A high priority for the VA Mid South Healthcare Network is not only the scope of services provided, but also how those services are delivered. Improving customer satisfaction, service efficiencies, reducing waiting times and more convenient access to primary and preventive care are key areas of focus to ensure the Network is the healthcare provider of choice for veterans.

Strategic Planning initiatives that have been and continue to be a focal point for Network planning include:

- Primary Care / Specialty Care / Backlog Reduction
- Mental Health
- Long-term Care
- Tele-medicine
- Information Security
- Financial Metrics
- Security Awareness
- Management Efficiencies
- Emergency and Disaster training

The Mid South Healthcare Network utilizes a systematic approach to deploy and achieve strategic goals and targets. A governance structure was approved to enhance the Network decision approval process. Network clinical operations will remain focused on meeting the specialized healthcare needs of veterans. Enhancements in primary care, clinical outcomes, and special emphasis programs will be a Network-wide coordinated effort. VISN 9 is a vital link to the education and training of area healthcare professionals through the Network's affiliations with seven medical schools. These affiliations support basic, clinical and applied research in a variety of areas to further enhance patient care. VISN 9 will continue to align skills and competencies to achieve specific workforce needs. The VA Mid South Healthcare Network is committed to

supporting and enhancing the Network research enterprise. Research is a key component of the mission of the VA Mid South Healthcare Network.

The Network's planning process has identified the following key strategies: continued integration of programs, improved access to a comprehensive continuum of care, reducing waiting times for primary and subspecialty care, improved customer service, enhance financial stability and human resources planning. While VISN 9 is fully supportive of all the fifteen VHA strategies there are some areas of particular interest including strategies 2, 4 5, 8, 12 and 15. These are areas where we are currently working on assessment and implementation and that we believe require are attention in FY 05 as well as in the FY 2006-2010 planning cycle. Support for these initiatives, demonstrates the Network's commitment to providing high quality healthcare that ensures veterans the right care, at the right time, and in the right place.

While the VA and VHA goals and accompanying strategies are significant action drivers there are a number of additional focus areas within VISN 9. Significant are the ongoing efforts towards a regionalized system of care that is inclusive of both internal VA resources and community health care resources, standardization of business practices across the network, enhancements to mental health programs and ongoing development of a business strategy that address access, quality and efficient use of resources.

### **Mission**

The VA Mid South Healthcare Network's mission is to provide comprehensive, appropriate health care services to veterans consistent with mandated benefits. In addition, VISN 9 strives to manage the provision of services in the optimal setting to provide high quality, accessible, cost-effective care to veterans while supporting VHA's priorities, teaching, and research.

### **Vision**

To be the healthcare system of choice for veterans.

### **Guiding Principles: Core Strategies:**

- Enhance quality care - Reduce waiting times
- Improve access - Increase MCCF collections
- Improve customer service - Optimize service configuration
- Reduce costs - Enhance organizational performance
- Increase performance measure scores on all measures



## **STRATEGY 1**

### **LEAD THE NATION IN HEALTH CARE FOR PATIENTS WITH DISABILITIES COMMONLY ASSOCIATED WITH MILITARY SERVICES**

#### **I. Evaluate VISN capabilities to provide the full continuum of care for visually impaired veterans.**

##### **A. How you plan to implement this initiative?**

Based on Network subject matter expert review and recommendations provided from the Optometry Service Director in Central Office (CO) which indicated that VISN 9 should consider assessing the potential for moving the continuum of care from the current basic level services defined as; BASIC – *Minimum Low Vision Care Clinic* - Clinic for veterans with beginning acuity/field/contrast loss, problems limited to reading small print, illumination control. Veterans with minimum low vision can be managed within eye clinics with current staff. No additional space required. Many medical centers have these clinics as part of their Eye Care Services up to an intermediate level, defined as; INTERMEDIATE - *Maximum Low Vision Care and Alternative Sensory Enhancement Clinic* - For veterans whose vision loss is severe, but they maintain useful vision that can be enhanced for every day tasks; and, *Enhanced Low Vision Care Clinic* – For veterans with acuity/field/contrast loss so severe that it has affected more areas of daily activities, i.e., grooming, writing, recognizing faces, cooking, health care.

VISN 9 will conduct an analysis of the demand, geographic and volume based for intermediate level low vision services. Based on the assessment a build-buy analysis will be conducted with the focus on addressing access, timeliness of quality service either through direct VA provision of services or through contractual provision.

##### **B. Major milestones and timelines for implementation.**

The initial assessment of demand will be conducted in the first quarter of FY 2006 and dependent on results the cost benefits (build-buy) analysis will be conducted in the second quarter of FY 2006. Implementation of any program expansion, which may come from the analysis, would be resource dependent and would not be initiated any earlier than fourth quarter FY 2006.

##### **C. Significant accomplishments in this area.**

Memphis VAMC currently has an active low vision clinic and a resident that comes from the Southern College of Optometry one day a week to see the visually impaired patients. All basic low vision services and some, but not complete intermediate services are provided.

##### **D. Recommendations for improving the strategy or initiatives.**

Resource and recruitment dependent so none at this time.

**E. Best practices.**

Memphis VAMC currently has an active Low Vision Clinic and a resident that comes from the Southern College of Optometry one day a week to see the visually impaired patients. All basic low vision services and some, but not complete intermediate services are provided.

In addition the medical center has a full time Visual Impairment Services Team (VIST) Coordinator (Social Worker) assigned to provide assistance to all legally blind patients. The Coordinator began in this position on August 1, 2004. The VIST Program is for veterans who have reached the level of legal blindness. Some of the services coordinated include complete eye exam; annual exams for vision, hearing and primary care, if needed; review of veteran and other benefits; review of needs for (visual) assistive devices; referral to the VA Birmingham Blind Rehab Center; and, referral for other community services regarding visual needs (vocational education for instance, state services for the blind). Community-based computer training is also available if the blind person needs this service. Supportive counseling services are offered to blind veterans and their families depending on emotional and community adjustment needs/issues. A quarterly VIST Newsletter is mailed and a monthly support group is conducted for blind veterans and their families.

**F. Anticipated barriers or hurdles to surmount.**

Weaknesses of the Low Vision Care Program are as follows: Staffing issues relative to availability of specialized staffing required continues to be a national issue, resource availability and unforeseen is the increased cost of program development and projected budget positions for FY 06 and future.

**G. Suggested monitors for tracking progress.**

Dr. Gary Brough, Memphis VAMC, has been identified to take the lead in assessing and monitoring individual facility programs movement in the area of low vision care.

Facility VISN 9	Vision Rehabilitation			Advanced BROS
	Basic	Intermediate	Advanced VISOR	
<b>INPATIENT</b>				
Huntington	X			
Lexington	X			
Louisville	X			
Memphis	X			
Mtn Home	X			
Nashville	X			
Murfreesboro	X			
<b>OUTPATIENT</b>				
Knoxville CBOC	X			
Chattanooga CBOC	X			

**II. Evaluate VISN capabilities to provide the full continuum of services in the amputation care program.**

**A. How you plan to implement this initiative?**

Implementation of the services within the amputation care program has been given to the VISN 9 Health Systems Council with support from the Office of the Chief Medical Officer and the Prosthetics Service Line manager. Appendix B indicates the current level of implementation as well as areas for future development. There are Amputee Clinics and PACT Clinics (Preservation of Amputation Care and Treatment) at all care sites within VISN 9. These clinics are multidisciplinary which consists of Vascular Surgeons, Orthopedic Physicians, Rehab Physicians, Podiatrists, Clinical Nurse Specialists, Advance Registered Nurse Practitioners, Physical Therapists, Prosthetists and Prosthetic Managers, and offer the best level of care to our amputee veteran/patient population. In VISN 9, facilities amputation care is identified at Level III. However, it should be noted that several care sites meet the majority of the aspects of Level II, Tertiary Amputation Care Centers, with the exception of two or three identifiers listed underneath this level

**B. Major milestones and timelines for implementation.**

An evaluation of value associated with CARF accredited rehabilitation programs within VISN 9 will be pursued. It should be noted that VACO has recently mandated that all Prosthetic Labs within VA become certified and have certified Orthotic and Prosthetic (O&P) staff. O&P staff at the TVHS, Louisville and Memphis care sites have taken the exam for board certification and is awaiting results of the exam. Given the passing of the exam, these facilities will apply for facility certification, complying with the mandate, as well as, assisting in advancing the level of amputation care within VISN 9. The

Lexington care site currently has a certified Prosthetist and has recently undergone facility certification.

**C. Significant accomplishments in this area.**

VISN 9 O&P Lab staffs are certified and have obtained training with specialized high tech prosthesis.

- Lexington care site awaiting results from recent facility certification and currently has certified Orthotist on board.
- O&P Lab staff has also applied for board certification and are awaiting results. Louisville has an organized foot care team and the O&P Lab has recently redesigned their O&P Lab and is fabricating temporary prostheses. It is anticipated that the Podiatry Clinic will be expanded with the addition of a Podiatrist and Podiatric Residents, once the clinic is moved to their new location in the outpatient surgery clinic area. In addition, a recent opportunity that has presented itself to the amputation care program at the Louisville site is the conversion of the Plastics Surgeon from part-time to full-time status. This will allow additional specialized experience to both the staff and patients in PACT and Podiatry Clinics.
- Memphis & TVHS has state-of-the-art equipment to fabricate hi-tech prosthesis.
- Memphis & TVHS Prosthetist are trained in the fabrication of “C” leg.
- Lexington care site has established local PACT Team and policy with specific actions and expectations outlined

**D. Recommendations for improving the strategy or initiatives.**

Finalization of Network policy relative to delivery and standardization of services.

**E. Best practices.**

None at the present time.

**F. Anticipated barriers or hurdles to surmount.**

Several weaknesses noted by VISN 9 care sites are the need for improved communication between associated clinics and specialty services i.e., At Risk Foot Clinic, General Surgery and Vascular Surgery, the vacancy of key skilled clinical personnel which can result in increase in the demand for chronic wound care. Active support from clinical service leaders given the continuous realignment of priorities and implementation of performance monitors and measures.

**G. Suggested monitors for tracking progress.**

As set forth by the VISN 9 Health Systems Council.



## Appendix B

Amputation Care				
Facility	Level IV	Level III	Level II	Level II
<b>Inpatient:</b>				
Huntington		X		
Lexington		X		
Louisville		X		
Memphis		X		
Mtn Home		X		
TN Valley HCS		X		
<b>Outpatient:</b>				
Huntington		X		
Lexington		X		
Louisville		X		
Memphis		X		
Mtn Home		X		
TN Valley HCS		X		

## STRATEGY 4

### PROMOTE TIMELY AND EQUITABLE ACCESS TO HEALTH CARE.

**I. Establish in each VISN and each medical center an Advanced Clinic Access (ACA) Steering Committee or similar leadership structure whose Responsibility is to coordinate the implementation of ACA.**

**A. How you plan to implement this initiative**

VISN 9 has taken significant steps to establish the structure, organization and tactical plan to implement ACA across the Network. A concerted effort has been made to educate and communicate the benefits of implementing ACA principles and has revitalized the initiative throughout the network. A VISN Advanced Clinic Access (ACA) Steering Committee is active and meets monthly by conference call. The Committee also meets face-face at least once each year. The Committee is responsible for implementation of ACA principles across all clinical and administrative services within the network. Facility ACA Steering Committees are functional at all medical centers and meet on a monthly basis. While this effort is gaining momentum in the second half of FY 2005 we believe that even greater effort and involvement will occur in FY 2006 and 2007.

**B. Major milestones and timelines for implementation.**

The VISN 9 Steering Committee and overall structure and organization have been implemented and are functioning. Monthly calls are planned through FY 2006 as are annual meeting of the larger planning group.

**C. Significant accomplishments in this area.**

The Committee has developed and implemented tactical and communication plans that provide guidance to facility ACA Steering Committees in developing local implementation plans. An education plan is under development and will be completed in February 2005. VISN 9 has also initiated ten ACA subcommittees that include the eight performance measure clinics, nursing and administration. Other subcommittees will be initiated as other disciplines become engaged in the ACA process. ACA presentations that have communicated the purpose of the initiative and expectations of the facility have been accomplished at each VISN 9 medical center.

**D. Recommendations for improving the strategy or initiatives.**

VISN 9 intends to improve the spread of ACA principles by training a cadre of faculty and coaches at each medical center. The goal is to achieve facility self-sufficiency in providing ongoing ACA training opportunities by cultivating subject-matter experts from among medical center staff. VISN 9 plans to continue the practice of individual medical center collaboratives in order to maximize staff participation while minimizing training costs. The intent is to create and sustain a paradigm shift to incorporate the principles of ACA into the fabric of the facility culture.

**E. Best practices.**

The overall structure, organization and approach to spreading ACA are strength of the VISN 9 approach. Holding individual facility collaboratives is the most efficient and effective manner to implement the principles of ACA.

**F. Anticipated barriers or hurdles to surmount.**

There are no barriers that have been identified that are believed to be insurmountable and not overcome by presenting the benefits, advantages and values of implementing the principles of ACA. Sound communication and education plans are expected to mitigate the majority of resistance to change.

**G. Suggested monitors for tracking progress.**

Elements contained in the VISN 9 Tactical Plan will serve as measures of implementation. The VISN 9 ACA Steering Committee is in the process of inserting planned completion dates for all elements cited in the tactical plan. A scorecard that summarizes elements to be completed is under development with a completion date of March 2005. The assessment of clinical waiting times will also serve as a measure to quantify if implementation has improved waits and delays.

**II. Identify in each VISN two key roles: a sponsor for the ACA initiative and a clinical champion for each of the eight performance measure clinic areas (primary care, cardiology, audiology, eye care, urology, orthopedics, gastroenterology, and mental health) and, at the medical center, change agents in each of the eight performance measure clinics.**

**A. How you plan to implement this initiative?**

Richard D. Roth, DDS, MBA, VISN 9 Deputy Chief Medical Officer, is the Network sponsor for ACA and chairs the VISN-level ACA Steering Committee. Each facility ACA Steering Committee has been established with a Point of Contact (POC), Clinical Champion, a Clinical Champion in the eight performance measure clinical areas, and Champions in Nursing and Administrative Services. Ten ACA subcommittees have been established and meet monthly by conference call in the eight performance clinics, nursing and administrative services. Subcommittees are comprised of the Champion and one other individual from each facility. The purpose of the subcommittees is to facilitate and coordinate the implementation of ACA principles in a given discipline. Subcommittees also function to serve as a forum to address other discipline-specific issues, to enhance inter-facility communication and to encourage the exchange of best practices.

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<b>FACILITY LEADERSHIP</b>	<b>HUNTINGTON</b>	<b>LEXINGTON</b>	<b>LOUISVILLE</b>	<b>MEMPHIS</b>	<b>MT HOME</b>	<b>TVHS</b>
<b>POC</b>	Debra Galuk RN BSN 304.429.6741	Jodie Neely 859.233.4511 x4378	Linda Thompson 502.287.4000	Aletha Moore, RN, MBA 901.577.7204	Sharon Crowe 423.926.1171 x2020	Joyce Jones, MD, MPH 615.867.6000 x6011
<b>Clinical Champion</b>	Jeffery Breaux MD 304.429.6741 x2572	William Conner, MD 859.281.4967	Marylee Rothschild, M.D. 502.287.5047	Keith W. Novak, M.D. 901.523.8990	David Reagan, MD 423.926.1171 x7116	William Nylander, MD, MBA 615.327. 4751 x5964

**B. Major milestones and timelines for implementation.**

This element has been completed.

**C. Significant accomplishments in this area.**

The creation of the active subcommittees provides a forum not only for addressing ACA implementation but provides a forum to address other discipline specific issues. The structure also strengthens inter-facility communication and the evolution to an integrated healthcare network.

**D. Recommendations for improving the strategy or initiatives.**

VISN 9 intends to improve the spread of ACA principles by training a cadre of faculty and coaches at each medical center. The goal is to achieve facility self-sufficiency in providing ongoing ACA training opportunities by cultivating subject-matter experts from among medical center staff.

**E. Best practices.**

VISN 9 plans to continue the practice of individual medical center collaboratives in order to maximize staff participation while minimizing training costs. The intent is to create and sustain a paradigm shift to incorporate the principles of ACA into the fabric of the facility culture.

**F. Anticipated barriers or hurdles to surmount.**

There are no barriers that have been identified that are believed to be insurmountable and not overcome by presenting the benefits, advantages and values of implementing the principles of ACA. Sound Communication and Education Plans are expected to mitigate the majority of resistance to change.

**G. Suggested monitors for tracking progress.**

None at the present time.

**III. Hold at least one VISN-wide sustained learning opportunity such as a learning collaborative.**

**A. How you plan to implement this initiative?**

VISN 9 has taken significant steps to establish the structure, organization and tactical plan to implement ACA across the Network. A concerted effort has been made to educate and communicate the benefits of implementing ACA principles and has revitalized the initiative throughout the network. A seven-member VISN 9 team will attend Collaborative University in February 2005 to receive training as to how to conduct a collaborative. The VISN team will train additional faculty at each VISN 9 medical center with a projected training completion date of April 01, 2005. The target number of trained faculty is 20 at each medical center. The VISN team in conjunction with the facility faculty will conduct collaboratives at each VISN 9 medical center with a projected training completion date of July 01, 2005. The target audience at each medical center is 100-200 depending on the size of the facility. The VISN plan is to have a sufficient cadre of trained personnel at each medical center to sustain the ACA initiative into the future without the need for off-site training. The VISN plan also incorporates the training of a coach in each of the eight clinical performance clinic disciplines at each medical center.

**B. Major milestones and timelines for implementation.**

The VISN team will train additional faculty at each VISN 9 medical center with a projected training completion date of third quarter FY 2005. The target number of

trained faculty is 20 at each medical center. The VISN team in conjunction with the facility faculty will conduct collaboratives at each VISN 9 medical center with a projected training completion date of fourth quarter FY 05.

**C. Significant accomplishments in this area.**

None present at this time.

**D. Recommendations for improving the strategy or initiatives.**

VISN 9 intends to improve the spread of ACA principles by training a cadre of faculty and coaches at each medical center. The goal is to achieve facility self-sufficiency in providing ongoing ACA training opportunities by cultivating subject-matter experts from among medical center staff. VISN 9 plans to continue the practice of individual medical center collaboratives in order to maximize staff participation while minimizing training costs. The intent is to create and sustain a paradigm shift to incorporate the principles of ACA into the fabric of the facility culture.

**E. Best practices.**

Individual facility collaboratives rather than a single network-wide collaborative are an approach to provide exposure to more participants at a lower training cost.

**F. Anticipated barriers or hurdles to surmount.**

There are no barriers that have been identified that are believed to be insurmountable and not overcome by presenting the benefits, advantages and values of implementing the principles of ACA. Sound communication and education plans are expected to mitigate the majority of resistance to change.

**G. Suggested monitors for tracking progress.**

Elements contained in the VISN 9 Tactical Plan will serve as measures of implementation. The VISN 9 ACA Steering Committee is in the process of inserting planned completion dates for all elements cited in the tactical plan. A scorecard that summarizes elements to be completed is under development with a completion date of March 2005. The assessment of clinical waiting times will also serve as a measure to quantify if implementation has improved waits and delays.

**IV. Demonstration by VISN, Service Line, and facility leaders and managers that the resource allocation process requires evidence of implementation of ACA prior to decision-making.**

**A. How you plan to implement this initiative?**

Goal 6 of the VISN 9 ACA tactical plan includes the development of a tool that incorporates demand and supply analysis and an assessment of implementation of ACA principles in the resource allocation decision process. This tool is under development and expected to be implemented in the 4<sup>th</sup> quarter of FY 05.

**B. Major milestones and timelines for implementation.**

Tool to be completed and implemented in the 4<sup>th</sup> quarter of FY 05.

**C. Significant accomplishments in this area.**

None present at this time.

**D. Recommendations for improving the strategy or initiatives.**

None present at this time.

**E. Best practices.**

None present at this time.

**F. Anticipated barriers or hurdles to surmount.**

There are no barriers that have been identified that are believed to be insurmountable and not overcome by presenting the benefits, advantages and values of implementing the principles of ACA. Sound communication and education plans are expected to mitigate the majority of resistance to change.

**G. Suggested monitors for tracking progress.**

Elements contained in the VISN 9 Tactical Plan will serve as measures of implementation. The VISN 9 Steering Committee will track and maintain a record of all facility ACA activities.

**V. Each medical center will identify a high-risk condition, e.g. colorectal cancer screening, acute coronary syndrome, and will implement the ACA principles including process mapping and flow analysis to eliminate delays in the entire process of diagnosis and treatment.**

**A. How you plan to implement this initiative?**

Goal 2 of the VISN 9 ACA tactical plan includes actions to lead an energetic culture shift and promote universal adoption of ACA principles in clinical and administrative areas. Administrative processes with delays and clinical settings with excessive waiting times or high risk are currently being identified at each facility to target for implementing ACA principles. Each facility ACA Steering Committee and discipline specific subcommittees report implementation progress, successes and best practices in the minutes of recurring monthly conference calls. Each facility ACA Steering Committee is also responsible for presenting ACA success stories during the VISN ELC meeting when hosted at their medical center and at least monthly at the facility Directors Staff and/or Clinical Executive Board Meetings. The VISN 9 Steering Committee will track and maintain a record of all facility ACA activities. This overall approach can be found under Goal 6 in the VISN 9 ACA Tactical Plan.

**B. Major milestones and timelines for implementation.**

<b>VHA ACA Goal 5</b>	<b>Develop useful measures and monitor, evaluate and report results related to performance milestones.</b>			
<b>VISN 9 Tactical Plan</b>	<b>Specific Actions/Methods</b>	<b>Responsible</b>	<b>Definable Endpoints</b>	<b>Status</b>
<b>Track VHA ACA measures developed to improve organizational performance improvement.</b>	Quarterly reporting of VHA ACA measures.	ACA Data Workgroup	Reports provided to facility directors and VISN Director	Ongoing
<b>Clearly communicate expectations of ACA spread</b>	Communicate expectations to ELC membership	Network Director	Expectations communicated to VISN leadership.	
<b>Senior facility leadership accountable for implementing principles of ACA in daily operations.</b>	Expectations and monitors developed and incorporated into Director's performance contract.	Network Director	Elements incorporated into performance contracts.	
<b>Facility staff performance evaluation to include an element that rates understanding and use of ACA tools in daily operations.</b>	Rating element developed and integrated into line staff evaluations.	VISN HR Council	Establishment of element in employee performance evaluations.	
<b>Monitors and measures communicated to all facility staff.</b>	See Education and Communication Plans Communicate performance expectations to staff	Supervisors	Performance element communicated to staff	

**C. Significant accomplishments in this area.**

None present at this time.

**D. Recommendations for improving the strategy or initiatives.**

None present at this time.

**E. Best practices.**

None present at this time.

**F. Anticipated barriers or hurdles to surmount.**

There are no barriers that have been identified that are believed to be insurmountable and not overcome by presenting the benefits, advantages and values of implementing the principles of ACA. Sound communication and education plans are expected to mitigate the majority of resistance to change.



### **G. Suggested monitors for tracking progress.**

Elements contained in the VISN 9 Tactical Plan will serve as measures of implementation. The VISN 9 ACA Steering Committee is in the process of inserting planned completion dates for all elements cited in the tactical plan. A scorecard that summarizes elements to be completed is under development with a completion date of March 2005. The assessment of clinical waiting times will also serve as a measure to quantify if implementation has improved waits and delays.

## **CONTINUOUSLY IMPROVE THE QUALITY AND SAFETY OF HEALTH CARE**

### **I. Ensure full compliance with VHA residency supervision policies.**

#### **A. How you plan to implement this initiative?**

VISN 9 has taken the following actions to address this initiative:

- Medical Center Memorandum (MCM) on Supervision of Physicians and Dentists in Training was revised and published in fiscal year '04 to reflect changes in VHA Directive 1400.1.
- MCM on Monitoring Resident Supervision with specific monitors has been developed by all facilities. This includes monitors on Inpatient Admission, Outpatient Review, Procedure Review (non-OR), Inpatient Specialty Consults, and Surgery Review (OR). These monitors review attending and resident new documentation requirements. The results are tabulated and reviewed by entities stated in the memorandum on resident supervision.
- Resident Time Tracking System, computerized and manual modes.
- Laminated cards listing documentation requirements for resident supervision (OAA, 10/04) have been distributed to Attending Physicians.
- Annual publication of a Resident Guidebook/Orientation containing a wide range of information for residents is available at some sites within VISN 9 electronically via website, hard copy or on the University website
- Residents are now required to review VAMC's mandatory training annually (HIPPA and Cybersecurity are required).
- Training in CPRS to residents/supervising practitioners.
- Monthly/Quarterly orientation for residents expanded.
- Learner's Perception Survey and local surveys reviewed by ACOS/E or equivalent and presented at academic partnership/graduate medical education committee.
- All facilities have Resident Credentials Verification Letters (RCVLs ) in addition to other VHA paperwork requirements.

#### **B. Major milestones and timelines for implementation.**

While initial implementation has started there will be ongoing updates through FY 2006. Resident Guidebook/Orientation materials – reviewed annually

Trainee Evaluations – reviewed monthly  
Learner’s Perception Survey - Annually  
Annual Review of Residency Program  
Review of time and attendance of Attendings.

**C. Significant accomplishments in this area.**

Compliance Officers put in place and active in the monitoring and maintenance of the overall compliance efforts within VISN 9.

Resident Home Page

Trainee Evaluation of VAMC

Instituting training and tracking for resident compliance with Privacy Training, Mandatory Training and Cyber Security Awareness Training

**D. Recommendations for improving the strategy or initiatives.**

Focusing on outpatient education using CPRS templates for residents.

**E. Best Practices.**

Resident Home Page for updates and virtual library access.

Service Specific Resident Report Card – near misses/torte claims – reviewed with PI to be continuously ready for Joint Commission.

Documentation of Occupational Health screening for residents.

**F. Anticipated barriers or hurdles to surmount.**

Expanding on preexisting services with limited financial resources.

Ensuring consistent supervision/education of residents is challenging due to monthly resident turnover. Compliance with attending practitioner; resident ratio, particularly in Surgery, which will effect documentation compliance.

**II. Improve development and implementation of Clinical Practice Guidelines.**

Clinical reminders have been installed at all six facilities relating to clinical guidelines.

Ending FY04, VISN 9 met 5/6 clinical guideline quadrants with 3/6 meeting the exceptional level, compared to FY 03 VISN 9 only met 1/6 clinical guideline quadrants.

**A. How you plan to implement this initiative?**

This initiative has already been implemented, as part of the National Performance Measurement System. There are clinical reminders and practice guidelines for over 60 items, in the major categories of Cancer, Cardiovascular Disease, Endocrinology, Infectious Disease, and Mental Health, as well as other areas including the use of prosthetic devices, antibiotics in Surgery, and nursing Home Care

**B. Major milestones and timelines for implementation.**

These initiatives are tracked monthly via conference calls with VISN 9 medical centers.

**C. Significant accomplishments in this area.**

VISN 9 has performed in an excellent manner in these initiatives. An independent reviewer compared VISN 9's performance to the other VISNs, and found that VISN 9 ranked third in the Nation.

**D. Recommendations for improving the strategy or initiatives.**

Continue monthly monitoring, with focused attention on any initiative that falls below the national expectations.

**E. Best practices.**

All VISN 9 facilities use the same system.

**F. Anticipated barriers or hurdles to surmount.**

None.

**G. Suggested monitors for tracking progress**

VISN 9 has a "red-green" report which will continue to be used through FY 06.

**III. Ensure the safe administration of medication, including deployment of the redesigned Bar Code Medication Administration process.**

**A. How you plan to implement this initiative?**

During FY 04 and 05, VISN 9 continues to provide guidance and proactive interventions to improve medication safety within the network facilities. This initiative is accomplished through the use of standardization of processes and systems related to findings from alerts, advisories and recommendations of the Root Cause Analysis Process.

In FY 05 and FY 06, VISN 9 will continue to monitor and develop new guidelines for equipment which will facilitate the use of BCMA and enhance patient safety through safe administration of medications. Through this process the VISN has and will continue to identify aging and/or incompatible equipment or the "next generation" of BCMA equipment needs. By the beginning of FY 06, VISN 9 will purchase RSS scanners and other equipment upgrades in support of this initiative. Also in support of the Bar Code Medication Administration process, VISN facilities will establish BCMA multidisciplinary Committees with the responsibility of identifying local BCMA equipment and workflow issues.

**B. Major milestones and timelines for implementation.**

By January 1, 2005, each facility had appointed a BCMA Coordinator. Each facility will have a functional Multidisciplinary Committee in place by beginning of FY 06.

**C. Significant accomplishments in this area.**

VISN 9 has made significant accomplishments in support of this initiative. In late FY 03, VISN 9 charged a Multidisciplinary Team to 1) review BCMA issues and provide recommendations for corrective action; 2) conduct a workflow analysis to provide

recommendations for corrective action; and, 3) provide recommendations for the "next generation" BCMA equipment needs. Some of the group's objectives were realized in FY 04 with equipment purchases that addressed aging and/or incompatible equipment. The new equipment helped to alleviate some of the major obstacles with the use of BCMA such as network access, input devices, barcode scanners, and printers. This could be considered as a "best practice model" for increasing safe use of bar code medication administration technology.

#### **D. Recommendations for improving the strategy or initiatives.**

A mechanism to provide proactive strategies for improving the BCMA process at the network level could be accomplished by establishing a VISN-level BCMA multidisciplinary committee that would address issues raised at the local level requiring VISN-wide solutions.

#### **E. Best practices.**

Examples of these efforts are included and represent best practices:

- The removal of concentrated morphine sulfate from all inpatient units after an ISMP alert identified the vulnerability of an inadvertent overdose related to staff miscalculation of the correct dose. VISN 9 now requires all concentrated morphine to be dispensed for individual patients as opposed to unit stock.
- All VISN 9 hospitals were alerted to a drug error (Versed) at one facility that involved a look-alike label (different doses on same color label) by the Baxter manufacturer. This adverse event led to the notification to the manufacturer with a resultant label revision nationally and information being disseminated to all VA facilities.

#### **F. Anticipated barriers or hurdles to surmount.**

Anticipated barriers that may impact the successful prevention of safety issues with BCMA might include the inability to provide resources (i.e., equipment purchases in a timely manner, systems which prevent user "workaround" during the BCMA process, etc.

#### **G. Suggested monitors for tracking progress.**

The VISN will establish and implement a process to monitor local Multidisciplinary Committees recommendations and actions by no later than the end of the first quarter FY 06.

### **IV. Improve or sustain performance of preventive health measures and monitors, including diabetic retinal screening and influenza.**

#### **A. How you plan to implement this initiative?**

Health prevention measures have been and will continue to be integrated into the performance plans of the facility directors, facility executive management team members as well as Chiefs of Staff. Clinical reminders were set up for the preventive

measures at all medical centers to facilitate compliance. As refinements are made in reminders and templates they will be reviewed and implemented across the Network using the Health Systems Council and appropriate working committees.

**B. Major milestones and timelines for implementation.**

Implementation has begun and is monitored by the VISN through monthly performance reports by each facility director via videoconference. Monthly written progress reports are required as well with a focus on action plans for those measures not meeting the targets.

**C. Significant accomplishments in this area.**

(4th Qtr snapshot) performance:	FY 03 verses FY 04
Colorectal Screen:	65% vs. 75%
Breast Screen:	90% vs. 91%
Cervical Screen:	92% vs. 95%
Retinal Eye Exam:	72% vs. 81%
Flu immunizations prior to admit:	62% vs. 69%
Flu Immunizations eleven clinics:	67% vs. 71%

**D. Recommendations for improving the strategy or initiatives.**

Flu immunizations have been very difficult to meet, in addition to colorectal screening. Clinical reminders and flu clinics have been initiated. Different strategies such as mail out with return address and postage for the occult cards with telephone reminders has been initiated in several medical centers.

**E. Best practices.**

Best practices with colorectal screening noted at Huntington and Louisville. Best practice at Huntington for retinal exam.

**F. Anticipated barriers or hurdles to surmount.**

Barriers exist with returning the occult blood cards since veterans will either not perform the task or will not return the cards. Fluctuations on an annual basis resulting in real or perceived shortage for flu vaccination are clearly a barrier.

**G. Suggested monitors for tracking progress.**

Monitor progress monthly by each facility.

## **STRATEGY 6**

### **EMPHASIZE PATIENT-CENTERED CARE, ESPECIALLY FOR OUR MOST VULNERABLE PATIENTS.**

#### **I. Fully implement Care Coordination Program and achieve a census of 1000 care coordination/home telehealth (CC/HT) patients per designated VISN as identified by the end of FY 2005.**

##### **A. How you plan to implement this initiative?**

VISN 9 has a permanent person as the VISN 9 Care Coordinator. This position is focused on enrollment of 750 patients by end of FY 05 and full enrollment by the second quarter FY 06 as per the recently adjusted total from Office of Care Coordination (OCC) due to equipment delays. Under the direction of the VISN 9 Chief Medical Officer each of our six facilities will roll this program out uniformly. VISN 9 has supported the hiring of a registered nurse at each facility to support this new program. The VISN 9 Care Coordinator has already completed a VISN 9 Operations Manual, which was approved by OCC, VISN 9 Geriatrics and Extended Care Subcommittee of the Health Systems Council. The VISN 9 Care Coordinator conducts CCHT conference calls the first and third Tuesdays to distribute information from the National calls and provide guidance in the development of the facility individual plans in order to complete the Conditions of Participation as set forth by the OCC as another guideline for development. Care Coordination will also be pursued in light of the efforts to ensure a seamless transition of discharged veterans between VA and DOD.

##### **B. Major milestones and timelines for implementation.**

Huntington, Lexington, Memphis, and Mountain Home, have selected a permanent position for the Care Coordinator. TVHS is in the final stages of selection. Each VISN 9 facility has had a representative working on this program since August 2004. Processes have been established with Prosthetics, BME, DSS, Coding, ADPAC Representative, and fiscal arrangement for distribution of funds for equipment from the grant received, and purchase of messaging device systems at each site. FY 05 will be the start for enrolling patients at Lexington, Mountain Home and Huntington. The remaining three facilities should follow in FY 05 with full enrollment in FY 06.

##### **C. Significant accomplishments in this area.**

Since August 2004, each of the six facilities has worked on policies and procedures, implementation plan, on-line training program progressing within the expected timelines. The largest accomplishment achieved was gaining the support in the VISN 9 budget to hire a Care Coordinator at each sight. From this point forward, the program has moved at a faster pace utilizing the framework and guidelines set forth from VISN 9 Care Coordinator. Three sites have obtained training for the use of the messaging device system aligning them to start enrollment this month.

**D. Recommendations for improving the strategy or initiatives.**

The VISN 9 Care Coordinator will now be available to visit each site, as needed, to provide instructions and encourage productivity. Through careful reporting by the Care Coordinator, top management will be needed to assure each facility knows where they stand and where they need to be to reach the enrollment threshold of 750 patients by the end of this fiscal year. A uniform program across VISN 9 will assure the ability to add additional patient enrollment support for veterans with hypertension and chronic obstructive pulmonary disease in the year 2006.

**E. Best practices.**

With the support of DSS, establishing a working list of patients with the primary diagnosis of congestive heart failure or diabetes mellitus, the following criteria was used to provide each site with a starting point of more than 200 patients: patients admitted more than once in the past fiscal year, more than twice to the emergency room, or those being seen in PCC more than 8 times in one year. Each site's Care Coordinator is reviewing this list, reviewing the electronic patient record, interviewing patients, and starting to compile their inclusion/exclusion list for enrollment.

**F. Anticipated barriers or hurdles to surmount.**

Due to budget constraints, the Care Coordination Program was delayed temporarily. This is anticipated to impact initial enrollment and each facility will proceed with the commitment of meeting their personal enrollment goals by the beginning of end of fiscal year 2006.

**G. Suggested monitors for tracking progress.**

The VISN 9 Care Coordinator will continue bi-monthly telephone calls to ensure continuity and tracking of each facility with regards to approval of coding structure, policies/procedures, permanent position for a Care Coordinator, equipment availability, training for equipment, and enrollment numbers. The Care Coordinator will also keep upper management informed of progression at each facility to prevent any delays.

With regards to using the Geriatrics and Extended Care Assessment Tool, VACO has not released the guidelines for use at this time.

## **STRATEGY 7**

### **PROACTIVELY INVITE AND ACT ON COMPLAINTS AND SUGGESTIONS.**

***1. Develop and initiate one new approach to proactively initiate customer service feedback (complaints, compliments, suggestions, etc.).***

**A. How you plan to implement this initiative?**

There are a number of initiatives that are being piloted in FY05 at individual facilities within VISN 9. Huntington VAMC is implementing a 'Star Box Program' to gather

customer feedback. Lexington VAMC is initiating a revamped Patient/Customer Service Council chaired by the facility Public Affairs Officer. The council plans to roll out a new program called, "Let Us Know," which solicits feedback, compliments, concerns, and suggestions from patients, veterans, their caregivers, staff, and stakeholders. This initiative should be finalized and rolled out late FY05 or early FY06. Planning is underway to implement a new program called VA Hero's Program (**Helping Everyone Regardless Of Situation**) at Louisville VAMC - This program will identify management/supervisory staff who will serve as the first point of contact for patient complaints/compliments/suggestions within their department/service. These issues will then be entered in the Patient Advocate Tracking Program for tracking and trending purposes. At Memphis VAMC, Service Recovery is a critical component of an effective, integrated veteran customer service program, "Service 1st". Patient complaints are addressed at the point of contact by service representatives called Service Partners. Service Recovery focuses on identifying department-specific issues, tracking and trending the issues over time, and implementing effective improvement strategies. Memphis VAMC has identified a Service Recovery Board, developed a local Service Recovery policy memorandum, and selected its Service Partners.

Mountain Home VAMC is developing resources within individual services to handle patient's concerns, rather than routinely sending the patient to the Patient Advocate Office. A formal Service Recovery memorandum has been written so Service Chiefs know it is *their* responsibility to address problems at the lowest level. The second phase will be the educational process of empowering employees to solve problems or address concerns, to the greatest extent possible, as it comes to them. VA Tennessee Valley Healthcare System (TVHS) currently has a very active "Penn Mail" system where veterans, visitors or employees can place a complaint, compliment or suggestion in a Penn Mail Box. These boxes are located in strategic places throughout the two campuses of TVHS and community based clinics.

One new approach is to internally promote a sense of unity for TVHS employees through Town Hall meetings that are simultaneously broadcast via audio and video-conferencing equipment to all TVHS staffed sites.

#### **B. Major milestones and timelines for implementation.**

Implementation is ongoing at Huntington VAMC. Lexington VAMC will publish a new medical center policy by second quarter FY05. Full development and roll out of "Let Me Know" initiative by third quarter FY05, no later than first quarter FY06. Louisville VAMC's identification of VA HERO's and training will be completed by end FY05. Memphis VAMC program implementation is ongoing with initial kick off in first quarter of FY 2005. Assessment is ongoing and full implementation is expected in FY06. Mountain Home VAMC the timeline for implementation is fourth quarter FY05 with assessment in first quarter FY06.



### **C. Significant accomplishments in this area.**

Huntington VAMC's Star Box Program was initiated to gather customer feedback in two ways: Distinctive drop boxes (blue with white stars) were placed in high traffic areas on the ground floor to solicit comments from veterans, families, visitors, and staff. Each box has a sign soliciting comments along with a supply of blank comment slips with the 'star' theme – "We are shooting for the stars in customer service!" The Star Boxes are checked each workday. Comments are reviewed, compiled, and results reported to the Customer Service Council. Any comments received pertaining to a particular area is forwarded to that area for action or information, as appropriate. Customer comment cards are made available to front-line administrative staff. These cards are similar to business cards that identify the individual employee with a tear off section to rate the service received. The tear-off portion of the card is dropped in the Star Boxes. These responses are reviewed, compiled, and reported to the Customer Service Council (totals only) and the individual employees.

Lexington VAMC is among the top six performing facilities in the nation according to the latest VHA national patient satisfaction (SHEP) results for Fiscal Year 04. The Lexington facility ranked #1 in the system in Overall Quality and #1 in Overall Coordination. In addition, it is among the top 10 performers nationally in seven areas:

- Overall Quality (#1)
- Overall Coordination (#1)
- Education & Information (#3)
- Preferences (#6)
- Courtesy (#6)
- Emotional support (#8)
- Visit Coordination (#7)

Strong support was given from top management for the VA HERO's Program at Louisville. Memphis' Training of the Service Partners was very successful and Mountain Home VAMC noted nothing significant yet as program is still in beginning stages. Recruiting Service Partners - Employees are reluctant to take on new responsibilities, even if they are in theory already doing Service Recovery. The appointment of Service Partners is not a desired alternative. This has made advancement of Service Recovery problematic, with the size and complexity of TVHS further adding to the difficulty.

### **D. Recommendations for improving the strategy or initiatives.**

Huntington VAMC's Star Box Program is being expanded to all areas of the medical center and CBOCs. Lexington VAMC recommendation for enhancing this level of performance includes the revamped Patient/Customer Service Council and implementation of the "Let Us Know" initiative. Some facilities, including Lexington VAMC, have utilized front-line employees as the first point of contact for patient concerns. While this has been a useful practice, the front line employees often found it difficult to be pulled from their regular duties (i.e. clinic clerk) to address and resolve patient complaints. For this reason, the VA HERO's Program includes only supervisor,

manager, or employees who have patient advocate duties listed in their position descriptions. Memphis' program allows individuals the opportunity to volunteer to be a Service Partner. If the individual was selected by the Service Chief, he or she ensures that the individual understands the role of Service Partner entails. At Mountain Home VAMC there needs to be a major campaign about Service Recovery with recognition when employees follow the practice of problem solving at the lowest level.

#### **E. Best practices.**

Lexington's internal patient advocate reporting system has previously been cited as a Network 'best practice'. Lexington strongly believes its primary care team model has been a major contributor to both overall patient satisfaction, and excellent clinical performance. Facility-wide service recovery training has been provided to approximately 87% of Lexington's employees. Employees are noted on a regular basis demonstrating basic service recovery techniques. Memphis VAMC acquired nationally recognized Chris Thrash, customer service guru, to present the significance and benefits of an effective customer service program to all managers and supervisors. EES Durham has been invited to conduct additional training in Service Recovery for Memphis' 86 Service Partners.

#### **F. Anticipated barriers or hurdles to surmount.**

Time constraints and competing demands for key staff has been a challenge for Lexington VAMC. Acceptance of additional responsibilities by staff selected to serve in Louisville's VA HERO's role was a challenge. For Memphis VAMC, determining if the right individuals were selected as Service Partners and making changes in the group as needed posed challenges. The culture at the Mountain Home VAMC is one of "referral to Patient Advocate" for routine matters must be surpassed. Patient Advocate referrals should be when all other systems fail for resolution

#### **G. Suggested monitors for tracking progress.**

Huntington VAMC's Customer Service Council tracks and trends comments obtained from the Star Box Program. Lexington VAMC's most effective measures for monitoring customer service and service recovery are the ultimate outcome monitors of patient satisfaction scores. Question-specific data are available and can be used to track specific areas targeted for improvement both at the local and Network levels. Louisville VAMC monitors the data entry of patient contacts by the designated VA HERO's. Memphis utilizes a number of medical center employees trained in Service Recovery; increase in patient satisfaction reflected in the Performance Measures and number of compliments / complaints entered into the patient advocate tracking system. Mountain Home is setting up a tracking system by service to monitor identified problems and resolutions and to compile a facility-wide report.

### **II. What successes or best practices have you had in Service Recovery?**

At Huntington VAMC, Service Recovery is currently being implemented by the Chief, Customer Service and Community Outreach. The Staff Assistant for Consumer Affairs is the "process owner" for service recovery efforts at Huntington. At Lexington a team

was developed to provide the training program, "On the Road to Service Recovery," during October, November, and December 2003. The training was attended by 87% of permanent staff members. The Staff Assistant for Consumer Affairs at Huntington has provided individual service support and guidance in initiating service recovery efforts within individual departments. Individuals in the Outpatient Pharmacy and Eye Clinic have been identified as the contact for the initiation of service recovery efforts, including compiling, when the need arises, in their area. They are documenting instances of service recovery needs to identify opportunities for improvement. Other initiatives to enhance our service recovery efforts are currently being developed, including Louisville's VA HERO's Program and a "scripting plan."

**III. What elements of Service Recovery Directive have you had difficulty implementing?**

The "compiling" aspect of service recovery proves challenging, due to the fiscal constraints regarding the use of appropriated funds. The VA Canteen Service has shown support of service recovery efforts by providing drink coupons and service recovery envelopes. Consistent documentation of Service Recovery events in the Patient Representative Software package will be a challenge.

## **STRATEGY 8**

### **EQUIP PATIENTS AND STAFF WITH PRACTICAL HEALTH INFORMATION.**

**1. Fully implement data standardization efforts for 12 established domains and provide support and compliance throughout VHA for development, adoption, implementation, and verification of data standards. VISN/VAMC Directors must ensure that data standardization efforts are fully supported and designate FTE resources to successfully carry out corporate initiatives.**

**A. How you plan to implement this initiative?**

Recognizing that Data Standardization must progress simultaneously with the Health Data Repository (HDR) project, VISN 9 has established a multidisciplinary committee to coordinate the development and verification of data standards, and compliance. The committee chair is coordinating with the site POCs and the national implementation manager assigned to VISN 9.

**B. Specific milestones and accomplishments.**

Resources have been identified in IRM Services to install and maintain VistA triggers, monitor anticipated heavy HL7 message traffic, and maintain communication links between the sites and the HDR at Austin Automation Center (AAC).

VISN 9 Sites have addressed the immediate Data Standardization need to extract domain-related data for the laboratory, vitals, outpatient pharmacy, and allergies. This

data has helped the implementation team determine national trends and has been instrumental in the development of national tools to assist sites with clean-up activities.

Understanding how local Integration Control Numbers (ICNs) adversely affect the functioning of Remote Data Views, Inter-facility Consults, and implementation of the HDR, VISN 9 medical centers actively monitor and maintain desired thresholds. Progress in this area is tracked and reviewed monthly in the national ICN reports and on the Master Patient Index Data Quality Management website. VISN 9 is committed to negotiating and coordinating activation dates as soon as possible.

Additionally, VISN 9 has made standardization of data elements a priority for DSS in VISN9. VISN 9 has standardized relative value units throughout the network for mail out pharmacy (CMOP), Dental, Radiology, Cardiac Catheterization, Respiratory Therapy, and are currently working on Nursing Service. We attempt to standardize our reporting processes through use of the DSS info log whereby each DSS Team member can review previous reporting methodology used for similar reports. Those who use the Data Warehouse also catalogue reporting strategies for other Data Warehouse users to access. These steps facilitate standardization of delivery of information to end users, thereby assuring management and staff has access to the same data for decision making.

### **C. Significant accomplishments in this area.**

Sites will monitor ICNs, duplicate records, new person file entries, match local drugs to the National Drug File, and resolve free text allergens. Fully implement data standardization efforts for 12 established domains and provide support and compliance throughout VHA for development, adoption, implementation, and verification of data standards. VISN/VAMC Directors must ensure that data standardization efforts are fully supported and designate FTE resources to successfully carry out corporate initiatives.

Recognizing that Data Standardization must progress simultaneously with the Health Data Repository (HDR) project, VISN 9 has established a multidisciplinary committee to coordinate the development and verification of data standards, and compliance. The committee chair is coordinating with the site POCs and the national implementation manager assigned to VISN 9.

DSS data is a component of the VISN9 Data Warehouse, which provides a single source for a wide array of data sets. Data is available to be easily disseminated via electronic means by entering requests via either the VISN9 DSS website or the Knowledge Management/Data Warehouse request form. This data repository serves as a resource to sites for comparative data, using many variables, and furthers the Network's ability to provide information managers and staff needs to make informed decisions.

**D. Recommendations for improving the strategy or initiatives.**

VISN 9 is committed to negotiating and coordinating activation dates as soon as possible.

**E. Monitors.**

Sites will monitor ICNs, duplicate records, new person file entries, match local drugs to the National Drug File, and resolve free text allergens.

**II. Fully implement MyHealthVet through combining essential health record information with online health resources to enable and encourage veteran/clinician collaboration.**

**A. How you plan to implement this initiative?**

All equipment associated with MyHealthVet is fully deployed and functional. The facility Public Affairs Officers (PAOs) have attended VSO meetings, circulated flyers, distributed posters, and developed news releases which helped to inform and gain acceptance. Based on the city and state website statistics, VISN 9 achieved average levels of utilization. Additionally an evaluation will be undertaken of programs that would allow us to encourage veterans to utilize their home-based computers and provide us with their e-mail address upon enrolment.

**B. Specific milestones and accomplishments.**

The first year of My HealthVet, which began on November 11, 2003, was spent mainly in creating awareness of MHV among VA patients and staff. Presently, there is more involvement with demonstrating and promoting MHV and in assisting veterans to register in order to have a personal account in MHV.

**C. Significant accomplishments in this area.**

Improve accessibility to MHV computers by increasing the number of units at each facility.

**D. Recommendations for improving the strategy or initiatives.**

One-on-one demos seem to work well with patients. Demonstrations at staff meetings seem to work better than classes for employees.

**E. Anticipated Barriers.**

The main hurdles to surmount are (1) the visibility and accessibility of the location where patients can see a demonstration and receive assistance for MHV, and (2) funding for promotions to publicize MHV (e.g., MHV pencils and bookmarks; prizes; etc.). There are no printers available for patients to print educational materials.

**F. Monitors.**

Continue monitoring the number of patients who register for MHV accounts via the website. Monitor the number of patients who utilize online prescription refill, online

patient records, and e-messaging with their providers (when those services become operational in MHV).

**III. Increase collaboration among VHA, VBA and DoD**

**- improve coordination of military discharge process**

**- invigorate/update Transitional Assistance Program**

**- implement complete lifelong health record for veterans**

**- increase efforts to implement Veteran's Health Initiative, including fully incorporating each veteran's military history and potential consequences of service into the Computerized Patient Record System.**

**A. How you plan to implement this initiative?**

Within VISN 9 the primary involvement with DOD is with Louisville VAMC and Ireland Army Hospital in coordination and cooperation will develop an interoperable information technology framework and architecture that will enable the efficient, effective and secure interchange of records and information to support the delivery of benefits and services. Continued emphasis will be on working together to reduce redundant procedures and make access to services and benefits easier and faster.

The seamless transition of individuals moving from DOD to VA for care and services will be an area of emphasis for VISN 9.

In addition, VISN 9 plays an active role in the Benefit Delivery at Discharge (BDD) program, working in close collaboration with VBA and DOD. Discharge physicals are being conducted at both Ft Knox and Ft Campbell and staffing has been augmented to meet the increased demand. Administrative staffs participate in the Transitional Assistance Program briefings in concert with VBA.

**B. Major milestones and timelines for implementation.**

Ongoing development of initiatives. CARES studies related to Louisville VAMC may have positive impacts on development of relationships with both DOD and VBA. Initial CARES field advisory meetings are planned for late in FY 2005 and contract results in FY 2006.

**IV. Implement the electronic support for Patient Decision initiatives to create a standardized approach to informed consent and related patient decision making processes. IMedConsent software will be used across all specialties and settings including VAMCs, outpatient facilities, and nursing homes.**

**A. How you plan to implement this initiative?**

VISN 9 has identified points of contacts (POCs) and established an implementation manager to coordinate the deployment of iMedConsent. Each site will develop their respective workflow analysis and identify additional equipment needs such as the iMed ePads. The POCs will serve on each facility workgroup and will act as the direct liaison with the vendor Project Manager (PM), and will be responsible for coordinating the

activities of the Workgroup. The workgroup members will review the consent processes, and act as iMedConsent advocates maximizing use of the program.

**B. Major milestones and timelines for implementation.**

VISN 9 is scheduled for implementation in phase III and IRM staff will be available to support server and workstation installations. Phase one of the project (project initiation) is complete. Although the hardware and software pre-requisites have been met, no equipment has been received in VISN 9 facilities.

**C. Barriers.**

Based on the number of ePads listed for VISN 9 on the distribution list (180), we believe this number must be augmented by purchasing additional equipment.

**D. Monitors.**

Monitors will be developed using the implementation stages, project timelines, checklists, and post live audit. The goal is to have iMedConsent used by four clinical specialties at the end of the vendor's implementation visit, and by all clinical specialties within one year of installation. Quarterly, each medical center will report if iMedConsent has been installed for at least 30 days. If iMedConsent has been installed for at least 30 days, report whether iMedConsent is routinely used to complete informed consent forms by the majority of practitioners in each of the specialties listed below:

- Allergy
- Cardiac Surgery
- Cardiology
- Dermatology
- Gastroenterology
- General Surgery
- Ophthalmology
- Orthopedics
- Thoracic Surgery
- Urology
- Vascular Surgery
- Anesthesiology

## **STRATEGY 10**

### **PROMOTE EXCELLENCE IN THE EDUCATION OF FUTURE HEALTH CARE PROFESSIONALS**

#### **I. Maximize use of existing discretionary programs such as recruitment bonuses.**

##### **A. How you plan to implement this initiative?**

The VISN 9 Human Resources (HR) Manager will establish a conference call with facility HR Officers to discuss their use of recruitment and retention bonuses, to assess who has used them successfully, and in what areas, and also to determine situations where they have not been effective in increasing retention rates. Data gathered from the assessment of FY 05 practices will be used in the further development of this program in FY 06.

##### **B. Major milestones and timelines for implementation.**

Timeline for setting up conference calls is no later than third quarter FY 05. Discussion of strategies (workgroup if needed) and roll-up of network guidance/policy to all facilities targeted for end of FY 05 or beginning of FY 06.

##### **C. Significant accomplishments in this area.**

No significant accomplishments noted to date.

##### **D. Recommendations for improving the strategy or initiatives.**

The VISN 9 Human Resources Council recommended that in addition to developing a standardized policy for recruitment and retention bonuses, that this should be a line budget item in the budget and additional bonuses for employees who find nurses who are hired by the VA.

##### **E. Best practices.**

VISN 9 Nurse Executives conduct monthly conference calls where they share Best Practices.

##### **F. Anticipated barriers or hurdles to surmount.**

Budget constraints for available funds to pay bonuses.

##### **G. Suggested monitors for tracking progress.**

FY 2005-2006 tracking of retention rates for employees receiving bonuses vs. those who do not in similar career fields.

#### **II. Optimize educational milieu to enhance trainee experience.**

##### **A. How you plan to implement this initiative?**

The VISN 9 Human Resources Council is currently evaluating additional ways to increase awareness of employee development opportunities. This issue will remain a



focus for the remainder of FY 05 with improvement targets developed for FY 06. The process of assessment of current practice, as well as evaluating national best practices will be the responsibility of the VISN 9 HR council with recommendations and cost benefits analysis developed of consideration of the VINS 9 executive Leadership Council. Use of Learners Survey results as a driver for improvement

**B. Major milestones and timelines for implementation.**

Time line for assessment of effectiveness of current practices is the end of FY 2005 with recommendation for modifications or additional programmatic efforts planned for the first two quarters of FY 2006. Budget constraints and lack of travel dollars continues to be a challenge in being able to provide meaningful training opportunities.

**C. Significant accomplishments in this area.**

Lexington VAMC has three IT trainees and two fiscal trainees, and considers that this has been a very successful program for their station. Seven financial trainees were funded at the Network level. The VISN 9 Leadership Program is in its fifth year and allows individuals from multiple levels within the organization to develop both awareness of the overall VA system but also promotes leadership skills.

**D. Recommendations for improving the strategy or initiatives.**

The VISN 9 Learning Council established a goal for each medical center in the VISN to have a facility-level leadership development program, with a self-assessment of facility programs to be required during FY 05.

**E. Best practices.**

Lexington VAMC has as two-track program that is voluntary. The first track requires the employee to complete the handbook, which includes various outlined activities. The second track is a year-long program, by application only. In the second track the employee works with a mentor, prepares a Personal Development Plan, and has additional assignments beyond the handbook.

**F. Anticipated barriers or hurdles to surmount.**

Anticipated barriers include the aforementioned budget constraints, and finding staff that have the level of expertise, and the time available to provide meaningful guidance and feedback to individuals in a developmental program.

**G. Suggested monitors for tracking progress.**

Suggested monitors would include employee surveys, and supervisory assessment at six- month and one-year intervals after an individual completes a trainee program.

**III. Promote/enhance career development programs for health care professionals stressing linkage between Special Fellows and VA Research.**

**A. How you plan to implement this initiative?**

VISN 9 HR manager will address this issue with the VISN 9 HR Council.

**B. Major milestones and timelines for implementation.**

Place on VISN 9 HR Council agenda by March 31, 2005 – Goal: Identify best practices and possible strategies for dissemination to VISN 9 stations by September 30, 2005.

**C. Significant accomplishments in this area.**

There are significant efforts supported at the Network and facility levels to promote development of health care professionals. VISN 9 has a leadership institute which is a year-long developmental program and over the past three years has had significant representation of health care professional staff. Many of the senior leaders within the network are also mentors in the executive career development program and there is a finalized network direction on succession planning.

**IV. Foster technological innovation to meet expectations of recently trained health care professionals.**

**A. How you plan to implement this initiative?**

The VISN Human Resource Council has discussed the continuation of a Nursing Leadership Academy. The Council has requested additional information/data to illustrate the impact of the training and positive outcomes. The Council is interested in assessing the practices in FY 05 and in development of outcomes criteria that tie into the Performance Measures. There is also a ROI (Return on Investment) Study being conducted.

**B. Major milestones and timelines for implementation.**

Human Resource Council to follow-up on study results end of FY 05 and develop and implement alternatives through the first three quarters of FY 06.

**STRATEGY 11**

**ASSURE VHA'S READINESS TO RESPOND IN CASE OF LOCAL AND NATIONAL EMERGENCIES.**

***1. Provide technical assistance and support to VISNs and VAMCs for the development, implementation and evaluation of initiatives in accordance with VA's Comprehensive Emergency Management Program (CEMP)***

***Guidebook including:***

***CEMP goals specific to each VISN are updated annually with input from Emergency Management Strategic Health Group (EMSHG) and VISN staff. Identify a process to utilize local providers in emergency situations.***

**A. How you plan to implement this initiative?**

Currently two Area Emergency Managers (AEMs) from VHA's Emergency Management Strategic Healthcare Group EMSHG are assigned to VISN 9 and assist with the program coordination. Utilizing their expertise in CEMP provides us with the most current and up to date information. Specific CEMP goals are identified in VISN 9's Service Support Agreement with EMSHG. A process to utilize local providers in emergency situations will be incorporated into the VISN 9 Comprehensive Emergency Management Plan CEMP.

**B. Major milestones and timelines for implication.**

VISN 9 CEMP is currently being reviewed by members of the VISN 9 Safety and Emergency Management Committee. At this time we expect a final version to be published no later than the beginning of FY 06.

**C. Significant accomplishments in this area.**

Established a VISN level Safety and Emergency Management Committee SEMC to oversee these activities. Each medical center in VISN 9 has developed a specific crisis communication plan.

**D. Recommendations for improving the strategy or initiatives.**

Identification of an individual to serve as VISN 9 CEMP coordinator.

**E. Best practices.**

Combining Safety and Emergency into one committee at the VISN level.

**F. Anticipated barriers or hurdles to surmount.**

None at this time.

**G. Suggested monitors for tracking progress.**

Initiatives will be tracked through the VISN SEMC.

**II. Provide decontamination training to the applicable staffs of all VA health care facilities that have been designated to have such programs. Provide ongoing education and training on the use of personal protective equipment, immediate treatment procedures, and incident management techniques.**

**A. How you plan to implement this initiative?**

All VISN 9 facilities have completed VHA's DECON train the trainer program last fiscal year. Equipment has been or is being ordered to enhance this program and will be in during FY 2005.

**B. Major milestones and timelines for implementation.**

Under a VHA Directive all facilities will either hire and/or place a specific individual in charge of their respective DECON programs. VHA has established to deal specifically

with DECON issues. All facilities should have their DECON program coordinators in place by the beginning of FY 2006.

**C. Significant accomplishments in this area.**

None to date.

**D. Recommendations for improving the strategy to initiative.**

VHA provide specific DECON team recruitment initiatives and training material for recruitment.

**E. Best Practices.**

None to date.

**F. Anticipated barriers or hurdles to surmount.**

Getting enough volunteers to become part of a facility level DECON team.

**G. Suggested monitors for tracking progress.**

Initiatives will be tracked through the VISN SEMC.

**III. Achieve 100% participation of VA health care facilities in the Disaster Emergency Medical Personnel System (DEMPS).**

***Each VA facility has a process to ensure current and accurate maintenance of DEMPS information on volunteer VA employees.***

**A. How you plan to implement this initiative?**

Ensure that primary and secondary DEMPS coordinators are identified at all VISN 9 facilities, and that they are made aware of the DEMPS recruitment process. They will also be assisted by VISN 9 Area Emergency Managers in recruiting personnel for DEMPS. Semi-annual VISN wide newsletters will inform and educate personnel on the purpose of DEMPS and make them aware that they can volunteer to enroll in the system, with supervisor and director approval.

**B. Major milestones and timelines for implementation**

Have all DEMPS coordinators appointed by and publish Emergency Management Newsletter by no later than the beginning of FY 06.

**C. Significant accomplishments in this area.**

There has been a 29% increase of enrollees in the DEMPS system in VISN 9 since March 2004.

**D. Recommendations for improving the strategy or initiatives.**

DEMPS coordinators to present DEMPS to facility personnel to recruit additional DEMPS volunteers. Facility DEMPS coordinators to ensure accuracy of DEMPS volunteer list by checking annually that employees are still present, available and willing to deploy through DEMPS. Administration buy in and endorsement of DEMPS.

**E. Best practices .**

Semi-annual Emergency Management Newsletter includes information on DEMPS, a volunteer questionnaire for employees to sign up with DEMPS and other emergency management information pertinent to VA medical center employees.

**F. Anticipated barriers or hurdles to surmount.**

Supervisor and management are resistant to key employees signing up for DEMPS. Getting the word out to more employees is a barrier.

**G. Suggested monitors for tracking progress.**

Continue to monitor the number and type of employees signed up in DEMPS.

**IV. Emergency drug caches are properly maintained at all VA health care facilities designated to have such programs.**

**A. How you plan to implement this initiative?**

Pharmaceutical caches in VISN 9 will be inspected for compliance with VHA Directive 2004-046. Inspection reports will be written by Area Emergency Managers (AEMs).

**B. Major milestones and timelines for implementation.**

VHA Directive 2004-046 was published in August 2004. All VAMC pharmaceutical caches in VISN 9 have been inspected and will continue to be inspected for compliance with VA directives for caches.

**C. Significant accomplishments in this area.**

All hospitals in the Network have been inspected. Inspection reports have been submitted to VAMC Directors. Directors have specified dates corrective action will be completed by for deficiencies noted.

**D. Recommendations for improving the strategy or initiatives.**

Report results through Safety and Emergency Management Committee SEMC.

**E. Best practices.**

None to date.

**F. Anticipated barriers or hurdles to surmount.**

None identified at this time.

**G. Suggested monitors for tracking progress.**

Initiatives will be tracked through the VISN SEMC.

## **STRATEGY 12**

### **MATCH VHA'S HUMAN RESOURCES WITH CURRENT AND FUTURE STAFFING NEEDS.**

#### **I. Implement the Secretary's decisions on the Nursing Commission Report.**

##### **A. How you plan to implement this initiative?**

VISN 9 Human Resources Manager will establish conference calls with facility HR Officers to discuss their use of recruitment and retention bonuses, to find out who has used them successfully, and in what areas, and also to determine situations where they have not been effective in increasing retention rates. This will be a standing agenda items for the VISN 9 HR Council. Promoting greater autonomy in nursing recruitment as well as fostering greater involvement of nurse leaders on network councils.

##### **B. Major milestones and timelines for implementation.**

Timeline for setting up initial call is third quarter FY 05 with recurring calls through FY 06. Discussion of strategies (workgroup if needed) and roll-up of network guidance/policy to all facilities planned for no later than first quarter FY 06.

##### **C. Significant accomplishments in this area.**

No significant accomplishments noted to date. VISN 9 has made strides in the inclusion of senior nurse managers within the overall governance of the Network as well as identifying individual who are member of the facility executive management teams.

##### **D. Recommendations for improving the strategy or initiatives.**

The VISN 9 HR Council recommended that in addition to developing a standardized policy for recruitment and retention bonuses, that this should be a line budget item in the budget and additional bonuses for employees who find nurses who are hired by the VA.

##### **E. Best practices.**

VISN 9 Nurse Executives have a monthly conference call where they share Best Practices.

##### **F. Anticipated barriers or hurdles to surmount.**

Budget constraints for available funds to pay bonuses.

##### **G. Suggested monitors for tracking progress.**

Tracking of retention rates for employees receiving bonuses vs. those who do not in similar career fields.

## **II. Complete implementation of a system-wide LMS (Learning Management System).**

### **A. How you plan to implement this initiative?**

Progress of the VHA Learning Management System project is monitored via the VHA Media Development Network. VISN 9 is not one of the test sites and has not been directly involved at this point.

### **B. Major milestones and timelines for implementation.**

Roll-out is projected for March 2006.

## **III. Expedite implementation of Title 38 law, and seek legislative authority to expand positions under Hybrid Title 38.**

### **A. How you plan to implement this initiative?**

VISN 9 would readily implement utilization of any Title 38 authorities that provided hybrid position relief. This would be implemented through the VISN 9 Human Resources Council so that a standardized approach is taken to identifying those facilities that may benefit from approved hybrid positions. Given the distribution of half urban and half rural-based medical centers in VISN 9, recruitment issues would be addressed at a geographic level and include the larger community-based clinic settings.

### **B. Major milestones and timelines for implementation.**

Should authority be available the Network Human Resources Council would be tasked to develop standardized implementation process in the first quarter of FY 06 with at least 50% utilization of the available authority, as applicable, by the end of FY 06.

### **C. Significant accomplishments in this area.**

None at this time.

## **IV. Refine and expand employee development programs.**

### **A. How you plan to implement this initiative?**

VISN 9 implemented a VISN-wide Leadership Institute in FY 00, and has graduated 160 employees through FY 04. This program will continue to be assessed on an annual basis and adjusted to meet the development needs identified within VISN 9 through FY 06.

### **B. Major milestones and timelines for implementation.**

The FY 06 class is scheduled to begin in March 2005.

### **C. Significant accomplishments in this area.**

Facility-level programs for Employee Self Development and leadership Development began in FY 04 at most VISN 9 facilities, and implementation at all facilities will be complete by the end of FY 05. Curriculum for facility-level programs was developed by the VISN 9 Learning Council, and includes an Employee Self-Development Handbook

based on HPDM. Facility-level leadership development programs include a mentoring component and completion of a Personal Development Plan.

**V. Explore additional methods for improving retention of experienced staff (especially hard-to-fill positions) through partial retirement, sabbaticals, jobsharing, etc.**

**A. How you plan to implement this initiative?**

Implementation will require ongoing and thorough assessment of not only current practices within VISN 9 which the VISN Human Resource Council will address, but also identification of best practices at a national level. Succession planning tools will be developed and standardized across the network to assess areas of opportunity for retention and creative uses of experienced staff.

**B. Major milestones and timelines for implementation.**

Place on HR Council agenda by third quarter FY 05. Goal: Identify best practices and possible strategies for dissemination to VISN 9 stations by second quarter FY 06.

**C. Significant accomplishments in this area.**

Utilization of the employee surveys as a means of identification of staff development for employees at all levels.

***Reporting Requirements for Strategy 12***

After reviewing the initiatives for each of the 15 Strategies for FY 06 – FY 10, identify educational needs for each strategy. Use the following format, then list the top three needs from the list.

**Strategy                                  Educational Need**

1. None identified for FY 06, at this time.
2. None identified for FY 06, at this time.
3. None identified for FY 06, at this time.
4. Education of staff and veterans in principles of Advanced Clinic Access, with specialized training for clinicians and for staff responsible for scheduling appointments.
5. Ongoing education in CPRS, including updates, for all practitioners.
6. On-line training for care coordinator at each facility.
7. Ongoing education for employees involved in service recovery.
8. Continue ongoing education for veterans and employees regarding My HealthVet.
9. None identified for FY 06, at this time.
10. None identified for FY 06, at this time.
12. Employee Development and Leadership Development Programs
13. Training for supervisors in providing consistent rewards and recognition. Training for HR Staff in all aspects of HR, including rewards and recognition - To ensure that all advice given is in accordance with VA Policy, OPM Directives, and is consistent Network-wide.
14. Communication of VHA strategic goals and initiatives, and employees' role in meeting them.



## **Top Three Needs from Above List**

- 1.** Education of staff and veterans in principles of Advanced Clinic Access, with specialized training for clinicians and staff responsible for scheduling appointments.
- 2.** Employee Development and Leadership Development Programs. Includes personal development plans, mentoring programs, training for mentors, self-assessment and 360 assessment tools, development of leadership skills using HPDM and core competencies, leadership training targeted to specific groups (e.g. nurse managers). Again, before employees can be provided good advice on developing competencies, HR Staff training is vital in all aspects of HR, including how to apply for a federal job, how to answer KSAOs, etc. This will ensure that all advice given to applicants and to current employees seeking to advance is in accordance with VA policy, OPM Directives, and is consistent Network-wide. Utilization of the employee surveys as a means of identification of staff development for employees at all levels.
- 3.** Education of employees at all levels regarding their role in meeting strategic goals and initiatives identified by VHA and their assigned work site. Development of a Network-wide training program for supervisors and managers is essential to ensuring that the above requirement is met and that all education of employees is reinforced accurately by their supervisors, particularly when working with them on their competency assessment, and that all information is consistent Network-wide.

## **STRATEGY 13**

### **ENHANCE THE WORK ENVIRONMENT TO IMPROVE EMPLOYEE SATISFACTION.**

#### **I. Establish Human Resources Management Group composed of 21 Human Resource Leads/Coordinators from each VISN to ensure that existing Human Resources practices are in place system wide.**

##### **A. How you plan to implement this initiative?**

The VISN 9 HR Manager has been appointed to participate in this group. Information will be shared with the VISN 9 HR Council for development of VISN 9 Goals.

##### **B. Major milestones and timelines for implementation.**

To be determined -- Dependent upon first meeting of National-level group.

**II. Develop and implement a plan that defines specific VISN and program office actions/timelines and addresses:**

- **Actions furthering VHA's goal to become employer of choice**
- **Consistent rewards and recognition programs that include all levels of employees**
- **First level supervisory training**
- **Identification/dissemination of medical center best practices**

**A. How you plan to implement this initiative?**

The VISN 9 HR Council has implemented a plan, based on the Employee Satisfaction Survey results.

**B. Major milestones and timelines for implementation.**

Each facility is to provide a quarterly update showing progress toward implementation of the plan.

**C. Significant accomplishments in this area.**

Lexington VAMC indicated that they have established a Workforce Planning Committee which is concentrating on Employee Satisfaction as a result of the National Employee Satisfaction Survey.

**D. Recommendations for improving the strategy or initiatives.**

The VISN 9 HR Council has provided guidance on local awards policies and will continue to assist with identify the types of awards employees prefer. The HR Council will also explore the possibility of chartering a subgroup to develop a Network goal sharing feasibility plan for the Executive Leadership Council.

**E. Best practices.**

None identified at present.

**F. Anticipated barriers or hurdles to surmount.**

Anticipated barriers include budget constraints and possible lack of staff resources to develop policy and monitor progress.

**G. Suggested monitors for tracking progress.**

Employee surveys, supervisory feedback (i.e., improved performance, enhanced employee morale, less disciplinary issues, etc.)

## STRATEGY 14

### RAISE AWARENESS OF VHA AND SERVICES PROVIDED

#### I. Each VISN should develop a field-based program to enhance awareness of VHA services.

##### **A. How you plan to implement this initiative?**

There are numerous approaches that are being piloted or developed at individual facilities within VISN 9. Huntington VAMC's utilization of public affairs/communications tools including news releases, public service announcements, and media interviews. Also, Huntington has established a position for customer service and community outreach (reaching out to the community). This position works closely with the Public Affairs Officer.

Lexington VAMC: Develop a field-based program to enhance awareness of VHA services. The Weekly Reader: To improve the accuracy, consistency and timeliness of messages and to keep employees fully informed on VHA, VISN, and medical center issues, the Office of Public Affairs initiated a weekly reader, a two-page journal designed to provide employees with a standardized approach to communicating important information.

The Network's V9 Calendar: To raise awareness of VISN 9's operational and strategic actions, and to promote healthy lifestyles, the Public Affairs Officer is leading a team in the development of an 18-month health calendar that will focus on:

- ◆ Increasing veterans access to up-to-date healthcare information
- ◆ Improving our ability to communicate important clinical reminder
- ◆ Increasing veterans demand for better health care
- ◆ Increasing awareness of preventive care and certain healthcare risks
- ◆ Empowering veterans and their caregivers with knowledge
- ◆ Encouraging veterans to take greater responsibility for their personal health and well-being becoming better advocates for themselves

The goal of the Health Companion program is to improve the sharing of healthcare information. In doing so, the program will promote awareness of VHA goals and objectives, promote medical center performance measures, and educate veterans and their caregivers about important health-related information. The facility Public Affairs Officer leads a team in developing a 12-month, printed and bound appointment keeper designed specifically to promote healthy living while providing timely reminders for veterans and facilitating communication between veterans and their VA providers. Content will be geared towards clinical practice guidelines for VHA's highest volume and highest risk health conditions.

The Weekly Reader: will serve as the official means of communicating certain vital information to employees and will be published electronically in Outlook and in VISTA on a weekly basis. V9 Health Calendar: A team consisting of members from V9 medical centers has been formed and will complete the task at hand. Lexington Health Companion: This project has been approved and funding obligated. A multidisciplinary team will be formed to design and construct this project

Louisville VAMC: BetterHealth newsletter is distributed on a quarterly basis by mail to over 15,000 veterans in the Louisville VAMC Primary Service Area (PSA). The magazine covers pertinent information and initiatives at the hospital.

Memphis VAMC: In an effort to continue to effectively communicate key VA messages and highlight VA accomplishments to persist in building public awareness of and support for VA services and initiatives, the medical center's present communication program is being enhanced through a new communication plan to identify all aspects of communication processes, as well as specify key elements of program responsibility.

Memphis VAMC: This initiative will be accomplished through new program implementation and management, which includes evaluating present communication activities; designing, planning and executing new activities; and embarking on a comprehensive campaign to enhance public understanding of VA programs and the importance of services being provided by VA. The communication strategy will include elements related to awareness research and message communication, including soliciting assistance, assigning responsibility, and executing information plans and strategies that transmit the right message to the intended audience in a timely manner.

**B. Major milestones and timelines for implementation.**

Huntington VAMC: Recognize individuals who contribute to the community.	On-Going
Participate in community health fairs.	On-Going
Visit all Reserve and National Guard Units returning from active duty to orient combat veterans to VA Health Benefits.	On-Going
Continue regular meetings with Veterans Service Organizations, Congressional staff, and other stakeholders in the community.	On-Going

Lexington VAMC The Weekly Reader: First issue published January 3, 2005  
Employees to vote on name for Weekly Reader by January 31, 2005  
Medical Center Bulletin delineating process for submission to be published by February 5, 2005

V9 Health Calendar: First conference call conducted January 2005  
Topics assigned in late January 2005 due in mid February and Template draft complete by late February.

Lexington VAMC: Health Companion: There is a lot of health information available, but this does not always get communicated to the people who need it most. We wanted to be able to provide monthly reminders based on VA's clinical indicators. Also, knowledge can prepare individuals to watch for early warning signs, adjust their lifestyle habits, and alert their doctor to perform screening tests during their checkups. Use of a health companion to improve communication between patients and providers by providing timely reminders: We believe if you don't share important information with your doctor, you run the risk of not getting the appropriate diagnosis or treatment. Even though medical diagnosis depends on high-tech tools including computer analyses and scanning equipment, there is still nothing more important to a doctor's diagnosis than the patient's own report of symptoms. By providing monthly healthcare reminders, we hope veterans will ask more questions and engage in mutually beneficial conversations with their healthcare providers.

Louisville VAMC: The BetterHealth newsletter just completed its' premiere year and has been approved for the upcoming fiscal year.

Memphis VAMC: A communication policy that identifies changes in current communications will be published and communicated to internal audiences. This policy, activities and research related to accomplishing this change will occur over a 60-day period. While communication strategies are individualized according to the situation, program evaluation will take place following each initiative and overall annually.

### **C. Significant accomplishments in this area.**

Huntington VAMC: Received 2004 Public Affairs Excellence Award for program of communications for returning combat veterans.

Lexington VAMC: *The Weekly Reader*: By using a more standardized approach, we can improve what and how we communicate while expediting the communication process. Feedback from employees suggests the information provided in the weekly reader is both timely and beneficial to employees.

Louisville VAMC: The BetterHealth newsletter has been well received and even anticipated by veterans, VAMC staff and other external stakeholders.

Memphis VAMC: The planning phase is complete and a new communication policy is being prepared.

Tennessee Valley Health Care System: Attends VSO conferences and training sessions. Participates quarterly in United Tennessee Veterans Association meetings and Tennessee annual VSO training program. Provide handouts and information to Tennessee Department of Veterans Affairs for use in their outreach events. Actively participate in Operation Stand Down homeless veteran outreach.

### **D. Recommendations for improving the strategy or initiatives.**

Huntington VAMC: Ensure regular personal contact with community organizations to develop relationships. This will also provide a familiar VAMC representative to these organizations.

Lexington VAMC: The Weekly Reader is one of the most effective ways of determining that access to information or communication has been improved in an organization is through increased readership, word of mouth recommendation, and positive feedback. Mechanisms to capture these will be developed to measure the impact of this initiative. V9 Health Calendar: An evaluation of the calendar and its effectiveness will be concluded at the end of the process.

Lexington Health Companion: As assessment of its use and effectiveness will be completed by the work group at a date to be determined in the future.

Louisville VAMC: To distribute to more veterans in the Louisville VAMC's PSA or by publishing the newsletter on the internet thereby making it more accessible.

Memphis VAMC: Recommendations based on the vision of the Medical Center Director for this plan have been received for implementation. Improvement recommendations will be reported after changes are underway.

#### **E. Best practices.**

Huntington VAMC: Assignment of outreach management to a designated staff member who will coordinate all outreach.

V9 Health Calendar: This product is being modeled after the best practice developed by Lexington VAMC's Public Affairs Officer during her tenure at Louisville VA Medical Center where a 12-month calendar based on Ambulatory Care's clinical reminders was first implemented in 2004 and repeated in 2005. The calendar received national recognition on VHA's Virtual Learning Website as one of VHA's most Highly Ranked Lessons (#7).

Louisville VAMC: Upon the anticipated success of the BetterHealth newsletter internet implementation being widely viewed on the Louisville VAMC internet, this initiative will be submitted as a VHA Best Practice.

Memphis VAMC: Ideas for implementing communication plans have been solicited through VA and private sources. Those deemed appropriate will be incorporated in the enhancement of this medical center's plan.

Tennessee Valley HCS, Veterans Advisory Board has as its members, the Deputy Commissioner of the Tennessee and the Commissioner of the Kentucky Department of Veterans Affairs, representatives for minority and women veterans, DoD, the VA Regional Office Director and various members of local Veterans Service Organizations. Top management uses the VAB as an opportunity to share information at the local, VISN and VA national level, and to provide educational sessions to members for the purpose of sharing with constituents.

#### **F. Anticipated barriers or hurdles to surmount.**

Lexington VAMC: The ability to consistently maintain a high level artistic and creative edge in articulating important information in written form to keep employees interested and actively engaged in reading the publication.

V9 Health Calendar: Timely distribution and associated costs.

Lexington Health Companion: Time and budgetary constraints

Memphis VAMC: Additional responsibilities as a result of office changes and changes in duties of the Communication and Public Affairs Officer have caused delays.

Recruitment to fill one of the two vacant positions was approved. Training, when the person is hired, will be required which could also cause additional delays.

### **G. Suggested monitors for tracking progress.**

Huntington VAMC: Review data available regarding users and market share within our Primary Service Area to allow for informed decision-making about services.

Lexington VAMC: The Weekly Reader: To be developed.

V9 Health Calendar: To be developed.

Lexington VAMC Health Companion: There is a lot of health information available, but this does not always get communicated to the people who need it most. We wanted to be able to provide monthly reminders based on VA's clinical indicators. Also, knowledge can prepare individuals to watch for early warning signs, adjust their lifestyle habits, and alert their doctor to perform screening tests during their checkups. Use of a health companion to improve communication between patients and providers by providing timely reminders. Lexington believes if you don't share important information with your doctor, you run the risk of not getting the appropriate diagnosis or treatment. Even though medical diagnosis depends on high-tech tools including computer analyses and scanning equipment, there is still nothing more important to a doctor's diagnosis than the patient's own report of symptoms. By providing monthly healthcare reminders, we hope veterans will ask more questions and engage in mutually beneficial conversations with their healthcare providers.

Louisville VAMC: Tabulation of the number of "hits" on the BetterHealth newsletter's webpage.

Memphis VAMC: Obtaining public feedback to develop new approaches will be done in a three-part process: Plan, develop, and execute information programs

Establish mechanisms to initiate a process to solicit and respond to public feedback  
Monitoring and tracking of feedback from oral and written PR campaigns.

This process allows opportunities to draw necessary information from a variety of resources, which aid in PR program direction and the type of public information products or materials that will be used. It will often involve original approaches due to the unpredictability of what must be addressed. Throughout the process, the goal is to obtain information concerning the public's view of VA and its programs, while devising a platform to provide information to the public about VA in support of services being provided to veterans. This also includes communication of accomplishments of staff that provide services to veterans.

**II. Develop a toolkit of communication strategies to assist Networks and facilities as they develop, implement, and evaluate their communication plan around key VHA initiatives.**

**A. How you plan to implement this initiative?**

While no national tool has been released individual medical centers are pursuing development of communication tool approaches. At the VA Huntington they have policies in place for customer service and public affairs activities.

Louisville VAMC: By revising and updating the Communication Plan for FY 2005, it will help our medical center take part in an important effort to tell various audiences, such as veterans, employees, volunteers, veteran service organizations, university officials, union officials, elected officials, opinion leaders, community officials, VBA, NCA, VA Regional Office representatives, and other VA stakeholders, about plans, mission changes and initiatives resulting from medical center activity.

**B. Major milestones and timelines for implementation.**

- BetterHealth Newsletter Quarterly
- Joint Executive Council of Veterans Organizations Meeting (JECVO) Monthly
- United TN Veterans Association (UTVA) Quarterly
- The Messenger Weekly
- Town Hall Meetings (VAMC & VISN) 6 weeks
- Employee Survey on of communication efforts 1st Quarter
- Just Ask 2005 calendar 1<sup>st</sup> Quarter
- Maintain trip Pack information Quarterly
- Develop medical center overview folders 2<sup>nd</sup> Quarter
- Create; distribute news releases, photos On-going
- Announce new executives, achievements, activities, events On-going
- Monitor press coverage of the medical center On-going
- Discuss with management forums for sharing information On-going
- with employees and stakeholders
- Encourage new and ways to provide enhanced public affairs to various publics and recognize employees who assist in this effort On-going
- Provide public affairs support for outreach efforts
- VSO Meetings Quarterly/Annually
- Communication Council – VISN 9 Monthly
- Veterans Health Watch - VISN Magazine Monthly

**C. Significant accomplishments in this area.**

Louisville VAMC: The Just Ask calendars are thoroughly anticipated by veterans and family members. These calendars are distributed annually to veterans enrolled in primary care. Each month has in-depth information regarding health and other issues of



interest to veterans, i.e., diabetes, returning combat veterans, blood pressure, women's health, nutrition, etc.

**D. Recommendations for improving the strategy or initiatives.**

Louisville VAMC: Distribute the Just Ask calendar via the web, thereby increasing access to all veterans in addition to distributing printed version to reach a broader audience of veterans and family members. This approach will allow access to over 150,000 in our PSA instead of the current limited 17,000 due to layout and printing costs.

**E. Best practices.**

Louisville VAMC: During FY 2004, the Just Ask Calendar was named VHA Best Practice.

**F. Anticipated barriers or hurdles to surmount.**

Louisville VAMC: Our messages and how they are communicated, are the most important and most effective ways to foster support, buy-in, and user confidence. Working and communicating together, we can make certain that veterans and employees hear the correct messages and act positively upon them.

**G. Suggested monitors for tracking progress.**

Louisville VAMC: By utilizing the Primary Care Clinics as distribution points for the calendars tracking is made easy by placing telephone calls to staff members to access inventory numbers.

**List each VAMC under the column VAMC, indicate if the facility has the subject plan, and provide the name, phone number and e-mail of the person who is responsible for the plan or is the appropriate contact person.**

Strategy 14	VAMC	Yes /No	Contact Name	Contact Phone	Contact e-mail
	VISN 9	Yes	Sandra Glover	615.695.2195	Sandra.Glover@med.va.gov

Do You Have a Crisis Communication Plan ?	Huntington	Yes	Debbie Brammer	304.429.6741 x 2518	Deborah.brammer@med.va.gov
	Lexington	Yes	Debbie A. Stimes	859.281.4814	Debbie.Stimes@med.va.gov
	Louisville	Yes	Amanda Hedlund	502.239.2622	amanda.hedlund@med.va.gov
	Memphis	Yes	Willie M.T. Logan	901.577.7393	willie.logan@med.va.gov
	Mtn Home	Yes	Judy Fowler-Argo	423.979.3446	judy.fowler@med.va.gov
	TN Valley		Molly Reynolds	615.321.6304	Molly.Reynolds@med.va.gov

<b>Strategy 14</b>	<b>VAMC</b>	<b>Yes /No</b>	<b>Contact Name</b>	<b>Contact Phone</b>	<b>Contact e-mail</b>
	VISN 9	Yes	Sandra Glover	615.695.2195	Sandra.Glover@med.va.gov
Do You Have a Public Affairs Plan?	Huntington	Yes	Debbie Brammer	304.429.6741 x 2518	Deborah.brammer@med.va.gov
	Lexington	Yes	Debbie A. Stimes	859.281.4814	Debbie.Stimes@med.va.gov
	Louisville	Yes	Amanda Hedlund	502.239.2622	amanda.hedlund@med.va.gov
	Memphis	Yes	Willie M.T. Logan	901.577.7393	willie.logan@med.va.gov
	Mtn Home	Yes	Judy Fowler-Argo	423.979.3446	judy.fowler@med.va.gov
	TN Valley		Molly Reynolds	615.321.6304	Molly.Reynolds@med.va.gov

## **STRATEGY 15**

### **INCREASE REVENUE AND EFFICIENCY THROUGH SOUND BUSINESS PRACTICES.**

#### **I. Ensure full compliance with VA physician time and attendance.**

##### **A. How you plan to implement this initiative?**

VISN 9 has been a leader in ensuring compliance with VHA Part-Time Physician time and attendance since November 2002 and has initiated the following:

- 1) Current status at facilities reported to Network Director via Director's Performance Monitors
- 2) Current: VISN and local policies in place at all facilities in order to meet the requirements of VHA Directive 2003-001
- 3) Current: Monthly electronic verification of part-time physician time/attendance for 100% of PTP with reporting to VACO
- 4) Current: Monthly physical verification of part-time physician time/attendance for 50% of PTP with reporting to VACO
- 5) Current: All PTP receive annual training in time/attendance requirements
- 6) Current: Annual certifications signed by PTP, indicating understanding of rules, and designation of tours of duty
- 7) Current: Annual certifications signed by facility Directors verifying 100% timekeeper training

##### **B. Major milestones and timelines for implementation.**

- 1) November 2002 - VISN policies in place
- 2) November 2002 - Physical auditing of PTP started
- 3) January 2003 - VHA Directive 2003-001 implemented
- 4) April 2004 - Monthly reporting to VACO via V09-04-054
- 5) September 2004 - Monthly electronic verification of part-time physician time/attendance for 100% of PTP with reporting to VACO. This exceeds VACO minimum requirements.
- 6) September 2004 - Monthly physical verification of part-time physician time/attendance for 50% of PTP with reporting to VACO. This exceeds VACO minimum requirements.

##### **C. Significant accomplishments in this area.**

- 1) VISN policies in place since November 2002
- 2) Facility Compliance Officers assigned local oversight of PTP time/attendance since November 2002
- 3) Auditing of physician time/attendance in place since November 2002
- 4) Current monthly electronic and physical audits of PTP time/attendance exceed VACO minimum requirements

**D. Recommendations for improving the strategy or initiatives.**

- 1) Implementation of facility status reports on specific components of VHA Directive 2003-001
- 2) Revision of VISN PTP policies in FY 05

**E. Best practices.**

- 1) Service Chief and Chief of Staff accountability for PTP performance
- 2) Extensive electronic auditing methodology implemented in September 2004
- 3) Facility auditing/monitoring which ensures compliance with specific components of VHA Directive 2003-001

**F. Anticipated barriers or hurdles to surmount.**

- 1) Recommendations for improving strategy will be accomplished once VISN CBIO position is filled. This position is currently in the process of hiring.

**G. Suggested monitors for tracking progress.**

- 1) Implementation of facility status reports on specific components of VHA Directive 2003-001

**II. Continue implementation of Procurement Task Force Report Recommendations.**

**A. How you plan to implement this initiative?**

The following PRTF Recommendations apply to field activities and are already fully implemented in VISN 9 and updates will be accomplished as needed for FY 2006:

- (1) FSC 65&66 - Compliance with the deviation to the VAAR that makes it mandatory to procure all supplies from FSC 65 and Cost Per Test Lab Equipment in FSC 66 from a FSS contract, unless an acceptable justification and approval from the Head of Contracting Activity is on file in the procurement office.
- (2) Pursue tiered pricing and other favorable terms in all procurement instruments - all contracts in VISN 9 include consolidated requirements for all facilities when legally feasible, enabling us to leverage volume discounts
- (3) Consolidate high-technology equipment purchases not covered by FSS schedules - All VISN 9 high-technology equipment requirements are consolidated at the VISN Acquisition Service Center to assure standardization of equipment when feasible, and volume discounts.
- (4) Optimize and monitor the use of purchase cards - Total Supply Support (TSS) is provided at all Medical Centers in VISN 9 for any services with recurring supply needs, and purchasing. Purchase Cards are primarily utilized by trained A&MM staff that provide this TSS and fully comply with procurement regulations as warranted contracting officers. This enables them to utilize the Purchase Cards for procurements up to the \$100,000 level, maximizing rebates, exceeding the 95% micro-purchase mandate, and addressing socio-economic considerations.
- (5) Expand, enhance and enforce commodity standardization - Commodities and services not standardized on a national basis, are considered for standardization on a

VISN basis. Use of National and VISN standardization contracts are monitored for compliance on a continuous basis.

(6) Improve the accuracy and completeness of procurement and materiel management data (i.e. use of GIP and Medical/Surgical Prime Vendors (MSPV)) - GIP is fully implemented throughout VISN 9 to the maximum level, and we have utilized a MSPV since 2000.

(7) Enhance the role of VISN Chief Logistics Officer (CLO) - VISN 9 has had a CLO position since November 1997, prior to it becoming a mandate.

(8) Ensure VA acquisition programs achieve desired results through acquisition performance metrics - All contracting requirements were fully centralized in VISN 9 effective October 2002, as part of a VISN A&MM Service Line. Performance metrics are included in all pertinent performance standards from the Network Director to the Contracting Officers.

(9) Determine the appropriate size and mix of VA's acquisition workforce - A contracting template was developed in VISN 9 to evaluate workloads and weight contracts according to complexity and the amount of time required for pre-solicitation, solicitation, award and administration. Based on this template, the appropriate number and mix of procurement staff are employed in VISN 9.

(10) Enhance education and training of the acquisition workforce - VISN 9 sponsored two Contract Specialist Interns for FY 04 and 05, and will continue to participate in the Intern training program.

#### **B. Major milestones and timelines for implementation.**

There are no PRTF recommendations remaining to be developed in VISN 9.

You Should also provide added information as follows:

#### **C. Significant accomplishments in this area.**

VISN 9 is recognized as a leader in VHA for their consolidated contracting activity and implementation of GIP.

#### **D. Recommendations for improving the strategy or initiatives.**

All VISN 9 Service Line staff is encouraged to participate in any medical center, VISN and National-level workgroups or projects that will enhance their ability to perform their jobs more efficiently and effectively, as well as to share best practices with co-workers throughout the VISN, and often throughout VHA. Continuing education is highly encouraged and a newly established Training Officer position will be utilized to develop, teach and coordinate new training classes to maintain required continuing education needs, as well as address changing policies, regulations, and technology.

#### **E. Best practices.**

Establishment of a VISN A&MM Service Line, with full organizational authority between the CLO and all acquisition and materiel management staff located throughout the network, has fostered improvement in morale and employee satisfaction, increased training opportunities, standardized position descriptions and performance standards,

career ladder opportunities for all employees in the Service Line, standardized business practices, and reduction in staff while increasing support to the Medical Centers.

**F. Anticipated barriers or hurdles to surmount.**

Anticipated hurdles to surmount include finding new ways for cost avoidance or cost savings to support management in functioning within reduced budgets.

**G. Suggested monitors for tracking progress.**

Numerous graphs and spreadsheets are developed from GIP Inventory data to evaluate maintenance of each inventory point and to identify problems, then develop solutions to assure inventories are being accurately maintained and that excess supplies are identified and excessed when it is determined to be a good economic decision.

Monitor the ratio of contracting workload to Contracting Officers to assure there is an optimum mix of grades and the number of positions to minimize personal service dollar expenditures, without compromising the ability of the Contracting Officers to fully perform all aspects of their contracting duties.

Monitor savings from contracts supporting standardization and consolidation of requirements for volume discounts.

**III. Continue revenue cycle improvement initiatives.**

**A. How you plan to implement this initiative?**

VISN 9 contracted with QuadraMed in FY 05 to perform a Work Flow Analysis at each of the medical centers. This analysis is comprised of a two-week period, which will allow for a review of revenue processes and procedures and ultimately for recommendations for revenue improvement. This work flow analysis was accomplished at TVHS during FY 04 and an implementation plan for corrective action will take place sometime in February. The Director, MidSouth Customer Accounts Center (MCAC) and the VISN 9 CFO have been responsible for implementation as well as oversight of this plan. The implementation of the practices and process associated with the centralization and standardization of Business Offices throughout VISN 9 is also a key component to insuring success in identifying insurance and the revenue generation process.

**B. Major milestones and timelines for implementation.**

The MCAC Director will continue to meet quarterly with management at each medical center in order to keep them informed of all revenue issues both on a national and facility level. Reports and analysis of revenue is furnished to a myriad of employees at both the medical center and the VISN. These reports are intended to keep everyone apprised of changes, new initiatives, areas of concern, etc.

We continue to monitor all Performance Measures as well as collections and make appropriate changes with MCAC processes as needed in order improve.

VISN 9 activated a Consolidated Outpatient Coding Unit located at VAMC Huntington, WV. This Unit accomplishes outpatient coding for all billable insurance cases for all six of the medical centers. This consolidation has allowed VISN 9 to standardize coding procedures as well as facilitating coding reviews. This consolidation is also able to do formal training with relative ease as everyone is located in the same area and is trained by the same management team.

Training and education at the MCAC is ongoing. This includes reviewing current practices as well as preparing for many of the new initiatives.

**IV. Implement Federal Shared Third-Party Obligation Program (F-STOP), Consolidated Patient Account Centers (CPAC) and Patient Financial Services System (PFSS).**

**A. How you plan to implement this initiative?**

Implement Federal Shared Third-Party Obligation Program (F-STOP), Consolidated Patient Account Centers (CPAC) and Patient Financial Services System (PFSS).

The CPAC is located in VISN 6 and the PFSS is located in VISN 10. At this time there has been no formal notification to VISN 9 as to whether they will be considered as the CPAC.

**B. Major milestones and timelines for implementation.**

None at the present time.

**V. Networks will continue to work with DoD counterparts to establish sharing and collaboration, including establishing facilities as TRICARE network providers. 5• Networks will continue to work with DoD counterparts to establish sharing and collaboration, including establishing facilities as TRICARE network providers.**

**A. How you plan to implement this initiative?**

VISN 9 facilities are working with DoD TriCare contractors to establish new agreements that will afford care on a space available basis. VISN 9 is working with both Humana and Healthnet Federal Services to have agreements throughout the Network.

VISN 9 is fully supportive of the efforts to ensure a seamless transition of active component (AC) service members and reserve component (RC) service members on permanent full-time active duty status separating from their active duty obligation or retiring from military service who also intend to file a claim for VA disability. Streamlining the process without compromising the gathering of information critical to fulfilling the requirements for both departments was the goal of the creation of DD Form 2697, *Report of Medical Assessment*, which DoD/VA developed as the required means to communicate to VA the medical condition of the applicant at the time of separation.

**B. Major milestones and timelines for implementation.**

Memphis and Louisville VAMCs are among the top revenue producers in their support of TriCare beneficiaries. Louisville has numerous sharing agreements as well as innovative agreements with the Ft. Knox facility. It is anticipated that by March 2005, VISN 9 will have agreements that cover all facilities. Louisville has applied during the January invitation for two Joint Incentive Funds proposals. Ft. Campbell has also applied for a Joint Incentive Fund proposal that would require support from the Tennessee Valley Facility.

**C. Significant accomplishments in this area.**

VISN 9 reached the FY 04 revenue goal with regard to revenue produced from sharing agreements with DoD. Memphis VA Medical Center is among the top 10 VA revenue producers in receiving TriCare reimbursement for services provided in particular in their Women's Clinic on the campus of VA Memphis. Louisville has the most robust of sharing agreements with Fort Knox and was featured at the April 2004 VA-DoD conference in New Orleans as the most innovative of programs in the VA system.

**D. Recommendations for improving the strategy or initiatives.**

Facilities will establish agreements that will enable them to receive new revenue on a space available basis. Memphis has developed a group clinic practice for evaluating and bringing returning Combat Veterans from Operation Enduring Freedom and Operation Iraqi Freedom. Memphis will provide training and consultation to other VISN 9 and VA sites to implement this innovative approach for treatment of returning combat veterans.

**E. Best practices.**

The group clinic for treatment of Combat Veterans at Memphis VAMC addresses the health care concerns and mental health needs of recently returning combat veterans. It has been recognized by congressional representatives and the media as the ideal way in which to welcome veterans, and quickly diagnose problems and offer treatment. Specifically, the mental health professional component is key to diagnosis and treatment of PTSD symptoms. Louisville VA provides Primary Care staff and support on the campus of the Ft. Knox Army Hospital to provide primary care services to active duty military and their dependents.

**F. Anticipated barriers or hurdles to surmount.**

The largest barrier in VISN 9 is the issue of growth in veteran demand, as this creates capacity issues that limit capability for providing care to non-veterans. Several timeliness requirements for veteran care have decreased the ability to provide care to non-veterans, or TriCare beneficiaries throughout the VISN.

**G. Suggested monitors for tracking progress.**

Revenue goals will be monitored to determine achievement with regard to goals issued for VA-DoD efforts. Care of active duty and returning combat veterans will be monitored to assure that priority services are offered to these groups.