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VHA Corporate Databases

Monograph

2007

June 2007



**VHA Office of Information
Health Informatics and Information Resources
National Data Systems (NDS)**

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Introduction

The delivery of quality health care services to eligible veterans is one of the primary missions of the Department of Veterans Affairs (VA). Within the Department, Veterans Health Administration (VHA) operates the largest centrally directed health care system in the United States. VHA health care facilities provide a broad spectrum of medical, surgical and rehabilitative care.

While providing high quality health care to the nation's veterans, VHA also conducts an array of research on some of the most difficult challenges facing medical science today. VHA has become a world leader in research areas of aging, women's health, AIDS, post-traumatic stress disorder and other mental health issues. VHA research has improved medical care for veterans and the nation.

Background

Each National database in the 2007 Corporate Databases Monograph document contains an overview with features and a table of pertinent details about the database.

This monograph serves as a resource for VHA when performing analysis for policy, managerial and clinical decision-making. They provide ready access to reference material for managers and health services researchers as to the existence and content of national databases.

Process

NDS contacted database data stewards requesting them to provide updated information for the 2007 Corporate Databases Monograph via a web interface . This interface provides both update and a read-only capability. As a security measure update access is restricted to the data stewards. Read-only access is provided to everyone. Individual database information can be viewed or printed via the web using the read-only database.

The composite document is available in Adobe Acrobat (.pdf) format on the VHA Metadata Registry (MDR) Website:



VHA MDR work will be transitioned to the VA Data Architecture Repository (DAR). Specific date to be determined.

Monograph Criteria for System Inclusion

- A repository of VHA enterprise-level data stored electronically that is obtained either from VHA data collection activities or derived from such data, maintained by VA or VHA offices and shared between VA facilities and business partners.
- The database must be either in the design or development phases, or be implemented and actively used.

Descriptions

This monograph collection serves as an introduction to VHA databases that comprise the national consolidation of information from VHA's integrated hospital information systems. The active databases are listed in alphabetical order and can be accessed by clicking on the desired database listed in the table of contents. The inactive databases are listed alphabetically at the end of the active databases.

Each database in the monograph contains an Overview, Features and Table of Important Database Characteristics. The following descriptions elaborate on the items in the Database Characteristics Table:

- Program Office: Responsible organization.
- Responsible Office: Organization responsible for technical maintenance of the database.
- Status - Current status of the database (e.g., development, production, retired.)
- Size - Volume of the database (ex. 1000KB, 10MB, 1.2GB, 1TB).
- Data Registry - VHA registry.
- Business Area - Name of the primary business subject area.
- Time Frame - Time-span of the data in database, given in years.
- Hardware – Vendor model or central processing unit (CPU) architecture of the computer hardware on which the database runs.
- O/S - Name of the operating system under which the database is running.
- Storage Method - Name of the database management system or file structure in use.
- Source of Data - Description of where the database obtains its information (e.g. VistA)
- Physical Location - Geographic location where the database resides.

New information pertaining to databases can now be viewed online, including:

- System of Record Number - a sequential number consisting of the department identification 'VA' and the office symbol of the System Manager.
- Security C&A System Classification - Specifies whether the database requires minor, major, or general support system security level.

Requesting Corporate Data

All internal VA requests for data stored in the VHA databases publicized in this Monograph are assessed by the responsible program office and reviewed by the data steward for the database, and possibly the VHA Privacy Officer, on a case-by-case basis. Once approved the requests are sent to the physical location of the database for the database's custodian's attention.

All requests from sources external to the VA for data stored in the VHA databases publicized in this Monograph are subject to the regulations of the Freedom of Information Act (FOIA). These requests should be addressed to:

VHA FOIA Officer
810 Vermont Ave., NW
Washington, DC 20420

Under FOIA, certain records may be withheld in whole or in part from the requestor if they fall within one of nine FOIA exemptions. Four of these exemptions form the basis for the withholding of software by the VHA:

- Certain records related solely to VHA's internal rules and practices.
- Information that is prohibited from disclosure by other laws.
- Trade secrets and confidential commercial or financial information.
- Certain interagency and intra-agency communications.

Databases



Addiction Severity Index (ASI)

Overview

The Addiction Severity Index (ASI) records and stores information about veterans with substance abuse problems. Substance abuse patients are administered a standard questionnaire of approximately 200 questions. Answers are recorded by a clinician in the ASI database running at the local Veterans Affairs Medical Center (VAMC).

Questions deal directly with substance abuse, including:

- which substances are or have been used;
- the impact of substance abuse on their lives and on their families;
- whether the patient has had legal problems;
- if the patient has had problems with employment because of substance abuse.

Information is transmitted weekly from the local VAMC to the ASI operated by the Mental Health Strategic Health Group located at the Pittsburgh VAMC. The information stored in ASI is considered highly sensitive and is sent to the Performance Evaluation Resource Center (PERC) located in Palo Alto, California. The PERC uses the information to evaluate the performance of individual programs in the field. Formerly, information on substance abuse patients was stored in the same database as posttraumatic stress disorder information (National Mental Health Database System). Starting in 1997, all of this information is stored in the ASI.

Features

Provides centralized record keeping on substance abuse patients using VA medical facilities. Provides statistical information by medical center (e.g., treatment outcomes measurements). Provides reports to PERC for evaluation of substance abuse patient care performance at each of the VAMCs.

Status:	ACTIVE
Program Office:	Office of Patient Care Services
Responsible Office:	Mental Health & Behavioral Sciences Service
Physical Location:	VA Pgh Healthcare System Building 5 ground, Pittsburgh, Pennsylvania
Size:	2 GB
Storage Method	Oracle
O/S	UNIX
Hardware:	Compaq
Data Registry:	YES
Source of Data:	VAMCS
Business Area:	Patient
Time Frame:	1996 to Present

Agent Orange Registry (AOR)

Overview

The Agent Orange Registry (AOR) is a dataset of veterans who served in the Republic of Vietnam between 1962 and 1975, veterans who served in Korea during 1968 or 1969, and any U.S. veterans who may have been exposed to dioxin or other toxic substance in an herbicide or defoliant, during the conduct of, or as a result of, the testing, transporting, or spraying of herbicides for military purposes and have had a registry examination. This registry program was set up to address the concerns of Vietnam veterans about the possible long-term health consequences of exposure to herbicides specifically Agent Orange. Agent Orange was a herbicide, or defoliant, which was used in Vietnam to kill unwanted plant life and to remove leaves from trees that provided cover for the enemy. Agent Orange was a mixture of chemicals containing equal amounts of two active ingredients, 2,4-D and 2,4,5-T. The name, "Agent Orange," came from the orange stripe on the 55-gallon drums in which it was stored. Other herbicides, including Agent White and Agent Blue, were also used in Vietnam to a much lesser extent. The AOR is centrally housed and maintained at the CFD. Registry data is entered via a website. Processing of the data occurs nightly. The primary users are the Office of Public Health and Environmental Hazards, Environmental Agents Service, and Environmental Epidemiology Service. This registry enables the VA to keep veterans informed on research findings or new compensation policies through periodic newsletters. It provides a mechanism to catalogue prominent symptoms, reproductive health, diagnoses and to communicate with veterans. The voluntary, self-selected nature of the registry makes it valuable for health surveillance; however, it is not designed or intended to be a research tool and therefore, the results cannot be generalized to represent all Vietnam veterans' illnesses. The primary users are the Office of Public Health and Environmental Hazards, Environmental Agents Service, and Environmental Epidemiology Service.

Features

It provides a registry of Vietnam veterans and others who have been examined at a VA medical facility or private physician. It is used to communicate with these veterans through periodic newsletters. It contains information that may assist in generating hypotheses for future research studies. It provides an on-line menu for VA Central Office to edit and lookup registry information located at the Austin Corporate Franchise Datacenter (CFD) as well as generates reports. It allows the Veterans Health Administration (VHA) to track patient demographics, medical diagnosis and related medical data of Vietnam veterans with possible herbicide exposure.

Status:	ACTIVE
Program Office:	Office of Public Health & Environmental Hazards
Responsible Office:	Environmental Agents Service
Physical Location:	CFD, 615 Woodward St., Austin, Texas
Size:	300 MB
Storage Method	ORACLE

O/S	LINUX
Hardware:	INTEL PLATFORM
Data Registry:	YES
Source of Data:	ALL VAMCS
Business Area:	Patient
Time Frame:	1978 to Present

Annual Report of Residency Training Programs (ARRTP)

Overview

The VHA 'Resident Supervision Handbook' (VHA Handbook 1400.1) contains a requirement for facility directors to report annually to the VISN Director the status of the residency training programs in that medical center, and for VISN Directors to review and forward those reports to the Chief Academic Affiliations Officer. This database enables electronic, paperless reporting of this information from VA Medical Centers to the VISN and from the VISN to the Office of Academic Affiliations.

Features

Collects, tracks, and reports the status of all VA residency programs: (a) Web-based; (b) online data entry and reporting capabilities for VAMC, VISN and Office of Academic Affiliations; (c) Dynamic Data extracts.

Status:	ACTIVE
Program Office:	Office of Academic Affiliations
Responsible Office:	Office of Academic Affiliations
Physical Location:	OAA Support Center, St. Louis, Missouri
Size:	5 GB
Storage Method	MS SQL
O/S	WINDOWS 2000
Hardware:	INTEL PLATFORM
Data Registry:	NO
Source of Data:	VHA Medical Centers
Business Area:	Operations & Logistics
Time Frame:	2002 to Present

Architect/Engineer Rating System (AERATES)

Overview

The Architect and Engineering Rating database (AERATES) stores ratings on architect and engineering contracting firms providing design and consulting services to the VA. Ratings are performed at various milestones during the design and construction process by VA program managers and technical staff, and by Indefinite Quantity Employees (IDQEs). IDQEs are independent consultants hired by VA to support the program managers in the Veterans Affairs Central Office (VACO) and provide manpower to achieve quality control goals. The program managers also rate IDQEs. AERATES gathers information according to requirements set forth in the Brooks Act. It also meets the requirements for the Federal Acquisition Review (FAR) and the Veterans Affairs Acquisition Review (VAAR). The Facilities Quality Service uses the database information for the selection process when hiring architectural and engineering firms for VA work.

Features

Stores individual performance ratings on consultants and contractors for non-delegated major VA construction projects in 10 disciplines: architecture, interior design, structural engineering, heating/air conditioning, plumbing, civil engineering, fire protection, electrical engineering, landscape architecture and estimating. Stores numerical ratings for: accuracy, completeness, cooperation, coordination, management, meeting schedules, personnel ability and quality of work. Provides an overall average score for each reviewer. Ensures compliance with Brooks Act, FAR and VAAR reporting requirements for rating contractors doing business with the VA.

Status:	ACTIVE
Program Office:	Office of Facilities Management
Responsible Office:	Facilities Quality Office
Physical Location:	810 Vermont Ave. NW, Washington, District of Columbia
Size:	2 MB
Storage Method	ORACLE
O/S	UNIX
Hardware:	VAX
Data Registry:	NO
Source of Data:	VAMCS
Business Area:	Operations & Logistics
Time Frame:	1979 to Present

Associated Health Allocation

Overview

The Associated Health Allocation Database is used to determine the allocation of positions and funds for VA Associated Health programs offered by VAMCs.

Features

Allows the Office of Academic Affiliations to collect Associated Health position requests and then allocate appropriate positions and funding for those positions throughout the VAMC system. Provides on-line data entry, reporting and tracking of positions requests. Provides OAA with statistics for funding projections and trend analysis. Allows capture of Associated Health program information.

Status:	ACTIVE
Program Office:	Office of Academic Affiliations
Responsible Office:	Office of Academic Affiliations
Physical Location:	
Size:	500 MB
Storage Method	MS SQL
O/S	WINDOWS 2003
Hardware:	INTEL PLATFORM
Data Registry:	NO
Source of Data:	VA Medical Centers
Business Area:	Human Resources
Time Frame:	1998 to Present

Automated Safety Incident Surveillance and Tracking System (ASISTS)

Overview

The Automated Safety Incident Surveillance and Tracking System (ASISTS) is a repository of VHA employee accident data. Many types of accidents are captured; the primary focus of the ASISTS database is to track and to report on employee exposures to blood borne pathogens through needle sticks, sharps, and body fluids. Accident data is captured locally at medical centers using the ASISTS package in Vista. Federal Employee Compensation claims are transmitted electronically in order to provide efficient and timely submission to the Department of Labor Office of Workers' Compensation Programs; the Occupational Safety and Health Administration's Log of Work-Related Injuries and Illnesses is maintained. On a daily basis the Federal Employee Compensation claims are transmitted for electronic data interface (EDI) extraction. A weekly download of the accident reports are sent to the national database via MailMan messages. On a monthly basis, extracts are sent to the central repository maintained by the VHA Support Service Center (VSSC) located in Austin, Texas at the CFD. Multiple customized reports are produced and placed on the VA intranet which is accessible from the VSSC Web page. The primary users of ASISTS include the Occupational Safety and Health Administration (OSHA), VA Headquarters, the VISN Directors, occupational safety and health professionals located at each medical facility, and the VSSC.

Features

This database fulfills the reporting requirement mandated by OSHA. Aids in the identification of trends and proactive strategies for injury prevention and, particularly blood borne pathogen exposures. Web-based reporting is available for report creation which depicts accident data on a national, VISN, and facility level. Benchmarking capability is available because data can be compared between VISNs and similar facilities.

Status:	ACTIVE
Program Office:	Office of the Chief Network Officer (10N)
Responsible Office:	VISN Support Service Center
Physical Location:	CFD, 1615 Woodward St., Austin, Texas
Size:	
Storage Method	SAS
O/S	z900
Hardware:	MAINFRAME
Data Registry:	NO
Source of Data:	VAMCs, WCMIS
Business Area:	Human Resources
Time Frame:	1999 to Present

Bed Control Database

Overview

The Bed Control database records the levels of operating, unavailable and authorized beds and at each VAMCs, and tracks requests for changes in these levels. For changes in operating, unavailable and authorized bed levels, the Director of a Medical Center or his/her authorized user of the system enters a bed change request into the database. The database automatically notifies the Director of the respective VISN. The VISN Director's designated staff reviews the request and enters an approval, disapproval or cancellation into the database. If an approval is entered the database automatically notifies a representative of the ADUSHOM (10N) to review and take action, followed by the Program Office and USH. Once a request has been approved, cancelled, or disapproved at the ADUSH, Program Office or USH levels, the Medical Center Director and VISN Director are automatically notified of the action. The approval process is tracked and visible to the authorized user of the system. When changes are approved, the database updates its bed level information accordingly. Pertinent justification and documents associated with the bed change request are stored in the database.

Features

It provides quick entry of operating, unavailable, and/or authorized bed level change requests by Medical Center Directors. It tracks the approval activity of a request and stores pertinent justification and documents associated with the request. It generates cumulative national, state, regional, site, and station bed control reports. It allows tracking of unavailable beds that are due back in operation and provides bed accountability and usage information. Ad hoc reporting capability is also a feature.

Status:	ACTIVE
Program Office:	Assistant Deputy Under Secretary for Health for Operations and Management
Responsible Office:	VISN Support Service Center
Physical Location:	CFD, 1615 Woodward St., Austin, Texas
Size:	10 GB
Storage Method	MS SQL Server
O/S	Windows 2003
Hardware:	Dell
Data Registry:	NO
Source of Data:	
Business Area:	Operations & Logistics
Time Frame:	1992 to Present

Bidirectional Health Information Exchange (BHIE)

Overview

The Bidirectional Health Information Exchange (BHIE) Initiative is a major next step along the path to achieving electronic health record interoperability between DoD and VA. BHIE provides a secure, bidirectional, real time exchange of pharmacy, allergy, laboratory results, radiology reports, discharge medical summaries and demographic data on shared patients from VHA's Veterans Health Information System and Technology Architecture (VistA) and DoD's Composite Health Care System (CHCS) through reuse and enhancement of FHIE assets.

Features

BHIE provides VHA and DoD clinicians with secure, bidirectional, real-time access to outpatient pharmacy information, laboratory results, radiology reports, and allergy data, on shared patients, from the VA's VistA System and DoD's Composite Health Care System (CHCS) through reuse and enhancement of the Federal Health Information Exchange (FHIE). BHIE provides both VHA and DoD physicians' access to clinical data for a patient regardless of the location of the data. BHIE helps contribute to the seamless transition of our Nation's veterans and markedly enhances the continuity of health care for an extensive shared patient population.

Status:	ACTIVE
Program Office:	Office of Information Field Offices (OIFO)
Responsible Office:	Federal Health Information Exchange (FHIE) Program Office
Physical Location:	CFD, 1615 Woodward St., Austin, Texas
Size:	1 TB
Storage Method	ORACLE
O/S	WINDOWS 2000
Hardware:	COMPAQ
Data Registry:	NO
Source of Data:	DOD & MPI & hospital facilities
Business Area:	Patient
Time Frame:	Not Available

Capacity Management Database (CMD)

Overview

The Capacity Management Database (CMD) is designed to track computer resource usage of the systems running a copy of the VA developed VistA software. Information derived from CMD is used to assess the impact of planned new software products, identify the ramifications of archiving and purging, recognize emerging problems through database analysis, and validate sizing model expectations. Data for CMD is captured from VistA systems in real time. Accumulated data is processed at each site and the results are transmitted to CMD using MailMan messages. Data can be added to CMD daily, along with the monthly updates provided by the VistA sites. On a monthly basis, reports are sent to the Chief Information Officers (CIOs) of the VISNs and VAMC Information Resources Management (IRM) to allow review of the system's performance and identify future problems (e.g., lack of available disk space). IRM personnel can access the database through the VA's intranet ([REDACTED]) for comparison of their system with other sites. The users of CMD include the Office of Information (OI), VISN CIOs, and IRM staff.

Features

Alerts VistA system owners to potential performance problems. Provides impact assessment of new VistA products on the system. Provides the ability to model future resource needs. Allows viewing of capacity information on local, regional, and national levels. Provides fully automated data capture and transmission.

Status:	ACTIVE
Program Office:	VHA Office of Information
Responsible Office:	Office of the Chief Information Officer Technical Services
Physical Location:	OI Field Office, Albany, New York
Size:	18 GB
Storage Method	VA FileMan
O/S	VMS
Hardware:	DEC ALPHA
Data Registry:	YES
Source of Data:	VAMCS
Business Area:	Operations & Logistics
Time Frame:	1992 to Present

Capital Asset Inventory (prior Space and Functional Database)

Overview

The CAI database (formerly Space and Functional) originated in 1998 in VHA Office of Facilities Management Asset and Enterprise Development Office as CARP (Capital Asset Resource Planning) and CABA (Capital Asset Baseline Assessment) and included location and planning information on owned buildings and land in the VHA capital inventory.

Because of a desire to collect more detailed building, land and lease information for VHA facilities, a database in an MS Access framework was developed and incorporated the information formerly included in CARP and CABA.

The CAI database has grown significantly over the years with the need to capture information for the VHA CARES assessment. The detailed data being collected on owned buildings and land, as well as leases was expanded, in cooperation with NCA, VBA, and VA Staff Offices, in order to provide an electronic tracking and reporting vehicle for the yearly Real Property Inventory required by GSA.

Working with the VA Office of Asset Enterprise Management (OAEM), the CAI Database has been expanded to include detailed information not only on owned buildings and land, and leases, but also Agreements, such as Enhanced-Use Leases, Enhanced Sharing Agreements, Outleases, Donations, Permits, Licenses, Inter- and Intra-Agency Agreements. (ESPC - Energy Saving Performance Contracts were taken over by OAEM in 2005). This data is extracted on a regular basis to "feed" the CAMS (Capital Asset Management System) which also draws capital asset data from many other VA sources and systems as a roll-up for VA management and reporting.

Internally to VHA's Office of Facilities Management, the CAI database has also been expanded to incorporate information on Seismic engineering data at all VA facilities, historic buildings and resources at all VHA facilities, Facility Condition Assessments (engineering evaluations of conditions of existing VHA infrastructure, Electrical System Studies, and more.

Data tables have been linked to data systems being used to collect information for VA's Policy, Planning and Preparedness office relative to Physical Security Surveys for protection of VA capital assets.

Features

The S&F/CAI database currently includes detailed data on all VA capital assets:

- Owned Buildings
- Owned Land

- Leases for buildings and land
- Seismic data
- Historic site and building data
- Site Plan Map Images (VHA facilities only)
- Capital Agreements
 - Enhanced Use Leases
 - Enhanced Sharing Agreements
 - Licenses
 - Permits
 - Donations
 - Inter- and Intra-Agency Agreements
 - Energy Saving Performance Contracts (ESPC)
- Facility Condition Assessment Data
 - Handicap Accessibility
 - Architectural and Structural issues
 - Plumbing issues
 - HVAC issues
 - Electrical issues
 - Hazardous Materials issues
 - Boilers and Steam Generation
 - Transport Systems (Elevators, Pneumatic tubes, etc.)

In addition, the S&F database includes many pre-loaded reports with "filtering" features as well as nation-wide query and update access via the VA Intranet and use of the Citrix client protocol. Query access is available through the following URL:



Update accounts may be obtained by e-mailing in VHA, your Capital Asset Manager. For VBA and NCA users - email Terry Henning, VHA FM at terry.henning@va.gov

Status:	ACTIVE
Program Office:	Office of Facilities Management
Responsible Office:	Resource Management Office
Physical Location:	VHA Central Office, Washington, District of Columbia
Size:	
Storage Method	MS ACCESS
O/S	WINDOWS 2000
Hardware:	INTEL PLATFORM
Data Registry:	NO
Source of Data:	VA Capital Asset Managers (VHA, NCA, VBA, and Staff Offices)
Business Area:	Operations & Logistics
Time Frame:	2002 to Present

Cardiac Assessment Tracking and Reporting System for Cardiac Catheterization Laboratories (CART-CL)

Overview

The mission of CART-CL is to develop and implement a national VA reporting system, data repository, and quality improvement program for procedures performed in VA cardiac catheterization laboratories. CART-CL is intended to improve clinical care/communication, support local and national quality improvement, monitor patient safety, capture workload of cardiac cath lab procedures, and will eventually support clinical and health services research around cardiovascular procedures. CART-CL is a collaborative effort between the VA Ischemic Heart Disease Quality Enhancement Research Initiative (IHD-QUERI), Patient Care Services (PCS), the Office of Quality and Performance (OQP), and the Office of Information (OI).

Features

Key features of CART-CL include:

- Standardized data capture for procedures done in VA cardiac catheterization laboratories;
- Tight integration with CPRS to support providers in report generation and helping to avoid duplication of work;
- Automatic creation of pre-procedure and procedure reports (including diagnostic cardiac catheterization and percutaneous coronary intervention) for CPRS;
- A single national data repository for tracking and documenting cardiac procedures performed in VA cath labs;
- Core data elements that conform to the definitions and standards of the American College of Cardiology (ACC);
- A centralized platform to support quality improvement, both local quality improvement (via the CART-CL website on the VA intranet) and national VA participation in the ACC-National Cardiovascular Data Registry.

Status:	ACTIVE
Program Office:	Office of Information and Patient Care Services
Responsible Office:	Patient Care Services
Physical Location:	Denver VA Medical Center, 1055 Clermont Street, Denver, Colorado
Size:	160 GB
Storage Method	MS SQL
O/S	WINDOWS 2003
Hardware:	INTEL PLATFORM
Data Registry:	NO
Source of Data:	Cardiac Catheterization Labs in VA Medical Centers
Business Area:	Patient
Time Frame:	2005 to Present

Care Management Information System (CMIS)

Overview

The Care Management Information System is a product of years of development by VISN 1. The system is web based and correlates periodic VistA data extracts from each site and other databases for easy access by the Care Coordinators.

Features

Web based patient care database specifically designed for Care Management.

Status:	ACTIVE
Program Office:	VHA04 CIO
Responsible Office:	
Physical Location:	VAMC University and Woodland Aves, Philadelphia, Pennsylvania
Size:	10 GB
Storage Method	MS SQL
O/S	WINDOWS 2003
Hardware:	DELL
Data Registry:	NO
Source of Data:	VistA , ARC
Business Area:	Patient
Time Frame:	Not Available

Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA)

Overview

CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs) is a healthcare benefit program designed for the dependents of certain veterans. Administered by the Health Administration Center (HAC), Denver, Colorado, CHAMPVA shares the cost of necessary healthcare services and supplies with eligible beneficiaries. The CHAMPVA Eligibility & Payment Functions (CVA) database is used by HAC for the administration of the CHAMPVA program.

Features

- Provides online access to eligibility and medical payment information for medical claims submitted to CHAMPVA.
- Provides online reporting for verification of congressional mandates.
- Provides justification and accountability for funds expended.
- Provides performance measurements.

Status:	ACTIVE
Program Office:	VHA Business Office
Responsible Office:	Health Administration Center
Physical Location:	Health Administration Center, Denver, Colorado
Size:	50 GB
Storage Method	VA FileMan
O/S	VMS
Hardware:	DEC ALPHA
Data Registry:	NO
Source of Data:	VAMCs, FMS, Defense Enrollment Eligibility Reporting System, VBA, non-VHA facilities utilized by eligible dependents
Business Area:	Financial
Time Frame:	1987 to Present

Clinical Case Registries (CCR)

Overview

The Clinical Case Registries is a combination of the former Immunology Case Registry and the Hepatitis C Case Registry. The CCR:HIV and CCR:HCV are administrative and clinical databases designed to provide population based data on VA patients infected with HIV and/or Hepatitis C virus (HCV). In the CCR, patients who are potentially HIV or HCV infected are identified based on ICD9 codes and/or positive antibody test results. The local HIV or HCV coordinator must review these cases to determine which patients are truly infected and should be added to the local registry. The local CCR provides extensive reporting capabilities to the local HIV clinicians to monitor their patient population. The CCR software also extracts data elements from multiple packages and transmits HL7 messages to the national database at CFD. The national database is used for monitoring clinical outcomes, assessing resource utilization and quality assurance.

Features

- Provides local population based reporting to monitor clinical outcomes and resource utilization for use by local clinicians who have access to the CCR.
- Provides national population based reporting to monitor clinical outcomes, resource utilization and quality of care.
- Provides information for funding allocation based on disease severity and resource utilization.
- Assures privacy by not sending patient identification information from the local registries to the national registry.

Status:	ACTIVE
Program Office:	Office of Public Health & Environmental Hazards
Responsible Office:	AIDS Service
Physical Location:	CFD 1615 Woodward St., Austin, Texas
Size:	300 GB
Storage Method	ORACLE
O/S	UNIX
Hardware:	SUN
Data Registry:	YES
Source of Data:	ALL VAMCS
Business Area:	Patient
Time Frame:	Not Available

Community Nursing Home (CNH)

Overview

The Community Nursing Home (CNH) database contains a list of all Community Nursing Home facilities under local contract to VHA. CNH facilities are not run by the VA. They are private or public facilities licensed by the state where they provide the patient services. Each day all VA Medical Centers (VAMC) that have a contract with a CNH enter information about the CNH into the Fee Basis module of VistA. This information is sent via MailMan to the CFD where it is collected in a queue. A quarterly batch process is run on the queue. VAMCs that have sent invalid data or VAMCs that have contracts and did not send data are notified. Valid data is processed and used to update the database. Quarterly reports are sent to the CNHs, VAMCs, Veterans Integrated Service Networks (VISNs), Geriatrics & Extended Care Strategic Healthcare Group, and VA Central Office (VACO).

Features

Provides address listing of all CNHs under local contract. Allows for the collection of CNH information on:

- Per Diem rate
- Number of beds and veteran population
- Date of CNH's last assessment
- Whether CNH is Medicare/Medicaid certified
- Accreditation and inspection status

Report provides the following:

- Workload estimates
- Price ranges for the cost of different levels of care Error checking of incoming data.

Status:	ACTIVE
Program Office:	Office of Patient Care Services
Responsible Office:	Geriatrics & Extended Care Strategic Healthcare Group
Physical Location:	CFD, 1615 Woodward St., Austin, Texas
Size:	200 KB
Storage Method	Flat File
O/S	z900
Hardware:	MAINFRAME
Data Registry:	NO
Source of Data:	
Business Area:	Organizations Management
Time Frame:	1978 to Present

Community Residential Care Report

Overview

The Community Residential Care Report is a listing of all facilities approved for care by the VA. These facilities are privately run operations not affiliated with the VA. They provide room, board, supervision, and other non-medical care to veteran patients who cannot care for themselves but do not require the services of a VAMC. Information about these facilities is entered into the Fee Basis module of the Veterans Health Information Systems and Technology Architecture (VistA) by every VAMC that has an agreement with a facility. This information is sent via MailMan to the CFD where it is collected in a queue. A quarterly batch process is run on the queue. VAMCs that have sent invalid data or VAMCs that are aligned with residential care facilities and did not send data are notified. Valid data is processed and used to update the database. Quarterly reports are sent to VAMCs, Veterans Integrated Service Networks (VISNs), Geriatrics & Extended Care Strategic Healthcare Group, VA Central Office (VACO), and researchers interested in residential care information.

Features

Provides addresses of residential care facilities approved for care by the VA.

Allows for collection of residential facilities information on:

- Date of last assessment
- State licensing
- Veteran population

Report information provides:

- Cost
- Workload / Number of days of care per veteran Error checking of incoming data.

Status:	ACTIVE
Program Office:	Office of Patient Care Services
Responsible Office:	Geriatrics & Extended Care Strategic Healthcare Group
Physical Location:	CFD, 1615 Woodward St., Austin, Texas
Size:	50 KB
Storage Method	Flat File
O/S	z900
Hardware:	MAINFRAME
Data Registry:	NO
Source of Data:	
Business Area:	Organizations Management
Time Frame:	1982 to Present

Compensation and Pension Mini-Master File (CNP)

Overview

The Compensation and Pension Mini-Master File (CNP) consists of selected fields from the Compensation & Pension (C&P) Master File maintained at the Hines Benefits Delivery Center (BDC). The C&P Master File contains data related to distribution of benefits. There are two kinds of master records in the C&P Master File:

- Type A: Veteran's Master Record
- Type B: Death Payee

The data is created at the Hines Benefits Delivery Center and is transmitted to the Austin CFD for the Master Veteran Record application. A copy of the transmitted file is made and formatted into the SAS Mini-Master File. The files are maintained by VBA personnel and updated twice a month. The Mini-Master File contains 300 characters of data extracted from the C&P Master File and is widely used by Hines for recurring and one-time extracts.

Features

The Mini-Master File provides a data source that can be used to generate customized files and reports.

Status:	ACTIVE
Program Office:	Office of Finance
Responsible Office:	Corporate Franchise Datacenter
Physical Location:	CFD, 1615 Woodward St., Austin, Texas
Size:	1 GB
Storage Method	Flat File
O/S	z900
Hardware:	MAINFRAME
Data Registry:	NO
Source of Data:	VBA
Business Area:	Financial
Time Frame:	1979 to Present

Consolidated Copayment Processing Center (CCPC)

Overview

The Consolidated Copayment Processing Center (CCPC) database is a data file containing contact and billing information of veteran patients to enable the printing and mailing of patient billing statements. The CCPC system is designed to handle first-party medical debt billing information. First-party billing is defined as a debt when the patient is responsible for payment (normally co-payment) for health care treatment. This differs from third-party billing where a third party (e.g., insurance company, Health Maintenance Organization (HMO)) is primarily responsible for repaying the VA. CCPC does not handle third-party billing information. The Accounts Receivable (AR) module collects information for CCPC in VistA at every VAMC. A daily batch process is used to collect and transmit the information to Austin, TX. The information is kept active on the system for a period of one month. A master list containing six months' activity is archived for reference should historical information be needed. The users of this database include the VAMCs, VHA Chief Business Office, and the patients who receive billing statements.

Features

Provides information for generating billing statements. Provides trend analysis for billing information. Allows the generation of billing statements.

Status:	ACTIVE
Program Office:	Office of Finance
Responsible Office:	Revenue Office
Physical Location:	CFD, 1615 Woodward St., Austin, Texas
Size:	6 GB
Storage Method	
O/S	z900
Hardware:	MAINFRAME
Data Registry:	NO
Source of Data:	
Business Area:	Financial
Time Frame:	1997 to Present

Construction Management Information System (CMIS)

Overview

The Construction Management Information System (CMIS) is a management tool to track the progress of active VHA major, lease, enhanced-use, and parking projects. It is used to measure performance and provide information for internal and external use.

Features

Provides performance measures for the VHA Facilities Management program. Tracks construction projects including financial information. Stores detailed information on each project including:

- Project scope
- Funding information
- Project highlights
- Key personnel
- Contract information
- Contractors
- Project scheduling

Status:	ACTIVE
Program Office:	Office of Facilities Management
Responsible Office:	Resource Management Office
Physical Location:	VACO, Washington, District of Columbia
Size:	300 MB
Storage Method	ORACLE
O/S	UNIX
Hardware:	SUN
Data Registry:	NO
Source of Data:	VACO, VAMCS, FMS
Business Area:	Operations & Logistics
Time Frame:	1975 to Present

Continuous Improvement in Cardiac Surgery Program (CICSP)

Overview

The Continuous Improvement in Cardiac Surgery Program (CICSP) database is a research-derived database containing information on all patients who undergo cardiac surgery at a VAMC within the VA Cardiac Surgery Program. The primary purpose of this database is to improve the quality of care for veterans receiving cardiac surgery by providing information to care provider teams for self-assessment and quality improvement purposes. Data for the CICSP is entered by nurse data managers using VistA at the VAMCs where the cardiac surgery was performed. Information is transmitted monthly from the VAMCs to the CICSP database in Denver. The information is then presented to the Cardiac Surgery Consultants Committee at their semi-annual meetings for quality review and research oriented discussion. Summary data from the CICSP is also sent to the Center for Cooperative Studies and Health Services (CCSHS) and used in their risk analysis and reporting. The users of this database include the Veterans Integrated Service Networks (VISNs), VAMCs that perform the cardiac surgeries, CCSHS, and the Cardiac Surgery Consultants Committee.

Features

Provides for data entry of cardiac surgery risk assessment and outcome analysis. Allows risk analysis to be performed on all cardiac surgery programs within the VHA. Demographic data is derived from the administrative packages and operative and outcome data from the surgical package. Provides information required to focus and direct internal quality improvement efforts and national cardiac surgery policy initiatives. Provides reports to VISN Directors and Directors of Surgery at participating VAMCs indicating their performance relative to other VISNs and VAMCs.

Status:	ACTIVE
Program Office:	Cardiac Surgery Consultant Board
Responsible Office:	Cardiac Research
Physical Location:	2215 Fuller Rod, Ann Arbor, Michigan
Size:	1 GB
Storage Method	MS SQL
O/S	WINDOWS 2000
Hardware:	DELL
Data Registry:	NO
Source of Data:	
Business Area:	Patient
Time Frame:	1987 to Present

Contract Administration Management System (CAMS)

Overview

The Contract Administration and Management System (CAMS) is a data management system designed specifically for the VHA Office of Facilities Management (FM) for the management of contract and funding data. It provides a means of sorting and tracking data related to major Architect-Engineer and construction contracts such as contract type, project locations, project status, and contract funding.

Features

Provides an accounting system for the control and recording of contract funds. Provides standardized reporting of projects and/or contracts. Allows ad hoc reporting for specific projects or contracts.

Status:	ACTIVE
Program Office:	Office of Facilities Management
Responsible Office:	Resource Management Office
Physical Location:	VACO, Washington, District of Columbia
Size:	50 MB
Storage Method	ORACLE
O/S	UNIX
Hardware:	SUN
Data Registry:	NO
Source of Data:	VACO
Business Area:	Operations & Logistics
Time Frame:	1992 to Present

Corporate Data Warehouse (CDW)

Overview

VHA's new data warehouse installed at the beginning of fiscal year 2006 contains information from various VHA operational systems such as VistA and Financial Management Systems (FMS) as well as data from operational data stores such as Health Data Repository and National Patient Care Database. The goal is to become authoritative source for VHA data analytics as it provides data marts and views to the VHA business intelligence community.

Features

Built on MS SQL Server 2005 and SQL Server Integration Services (SSIS). Microsoft released both products in November 2005, and the Corporate Data Warehouse is an early user of this new technology.

Status:	ACTIVE
Program Office:	VHA Office of Information
Responsible Office:	Health Informatics and Information Resources
Physical Location:	CFD, 1615 Woodward St., Austin, Texas
Size:	22 TB
Storage Method	MS SQL
O/S	WINDOWS 2003
Hardware:	HP
Data Registry:	NO
Source of Data:	VHA Operational Information Systems
Business Area:	Multi-Purpose
Time Frame:	Not Available

Creutzfeldt-Jakob Disease Lookback Dataset (CJDLD)

Overview

The tracking system is for patients identified in the Creutzfeldt Jakob Disease (CJD) lookback notification initiative established in January 1995 as part of the lookback notification of all Department of Veterans Affairs (VA) patients who may have received certain lot numbers of blood derivatives or blood components produced from donors with CJD. Even though the Centers of Disease Control and Prevention characterized the risk of transmission of CJD from blood derivative products as “small and immeasurable” and “theoretical,” VA believed it had an ethical obligation to inform patients of the exposure to potentially contaminated blood components or plasma derivative products while under VA's care. The patients were notified. The VHA established a tracking system for individuals who received these products to determine if there was an increase in VA CJD cases. Every two years (odd years), the Infectious Diseases Program Office requests from field facilities through the appropriate Network Office an update on the status of patients who had previously been identified through the VA CJD lookback notification initiative. The Infectious Diseases Office receives the information and provides summary reports to the VHA Chief Patient Care Services Officer. The CJDLD is a retrospective collection of data and requests for individual reports are not accepted.

Features

The CJDLD is dependent upon data input from individual VHA medical facilities that is used by the Infectious Diseases Program Office to update the CJDLD. The tracking system is an epidemiological tool to determine if patients in the dataset have an impact on VA CJD cases nationwide.

Status:	ACTIVE
Program Office:	Infectious Diseases
Responsible Office:	Patient Care Services
Physical Location:	VAMC, VACO Infectious Diseases Program, Cincinnati, Ohio
Size:	
Storage Method	MS Excel
O/S	
Hardware:	
Data Registry:	NO
Source of Data:	VAMCS
Business Area:	Patient
Time Frame:	1995 to Present

Database Administration (DBA) - FORUM Menu

Overview

Database Administration (DBA) is a menu of database tables stored on the VA national electronic mail system FORUM. It is used primarily by Office of Information (OI) personnel and field IRM people involved in maintaining and operating the VistA. Among the tables on the menu are:

- Formal VistA assignments of development domains
- Formal exemptions for class I packages to VHA programming standards and conventions
- Formal VistA intranet domain definitions
- Formal VistA Integration Agreements (APIs, RPCs, templates, options, table & column references, etc.)
- Miscellaneous Operating Policies and Procedures Used Provisionally
- Formal VistA GUI standard guidelines
- Formal VistA List Manager standards

Features

Permits OI and other authorized VA personnel to store, update and retrieve a variety of reference documents, guidelines and standards pertaining to the maintenance and operation of VistA.

Status:	ACTIVE
Program Office:	Office of Information
Responsible Office:	National VistA Support Division of Customer Services
Physical Location:	OI Field Office, Albany, New York
Size:	
Storage Method	VA FileMan
O/S	VMS
Hardware:	DEC ALPHA
Data Registry:	NO
Source of Data:	OCIO DBA
Business Area:	Operations & Logistics
Time Frame:	1984 to Present

Decision Support System (DSS)

Overview

The Decision Support System (DSS) is VHA's Managerial Cost Accounting System. DSS computes the cost of providing specific veteran services by using a derived database compiled through the merging of data from over two thousand standard VA and VHA enterprise data sources. These data sources provide data based on 13 financial and 39 clinical extract definitions. The financial data includes extracts from Financial Management System (FMS), and the Personnel and Accounting Integrated Data (PAID) System. The clinical data includes extracts from VA Medical Centers VistA, National Patient Care Database (NPCD), and Patient Treatment File (PTF).

Features

DSS reports are used at the facility, network, and national level to analyze costs of providing care from various perspectives. Decision makers use DSS information to perform comparative analysis, forecast resource demands, develop budget requests, and to understand the types of services that are being provided.

Status:	ACTIVE
Program Office:	Office of Finance
Responsible Office:	Decision Support Office (DSO)
Physical Location:	CFD, 1615 Woodward St., Austin, Texas
Size:	6 TB
Storage Method	M204
O/S	z900
Hardware:	MAINFRAME
Data Registry:	NO
Source of Data:	CFD, VAMCS
Business Area:	Organizations Management
Time Frame:	1999 to Present

Dental Encounter System (DES)

Overview

Dental Encounter System (DES) is an automated health care application designed to capture critical data about the operations of VA dental services. Information on completed procedures is gathered for each patient encounter through the Dental Record Manager software, which is a VA CPRS enhancement. This DES information is linked and includes encounter date, patient, provider, procedures, diagnosis codes, and additional associated qualifiers. DES productivity is measured using weighted work units known as relative value units (RVUs). One RVU represents one minute of the average national provider's time and is reported as a value with each procedure reported to DES. DES transactions are sent to the CFD database using standard HL7 messaging and the VA Vitria Interface Engine. These batched HL7 messages are parsed at the CFD and placed in a flat database file maintained by the CFD.

Features

DES provides a detailed combined inpatient and outpatient dental treatment database for all completed treatment provided at VA clinical sites. The CFD DES database serves as the feed for the VA Decision Support System. The local DES VistA files will also provide the dental data feed for the VA Health Data Repository (HDR). Local and national static DES reports are available through DRM or from the CFD DES database. Local and national analytics are available using the data from the CFD DES database to populate a relational database that is analyzed with ProClarity software.

Status:	ACTIVE
Program Office:	Office of Patient Care Services
Responsible Office:	Office of Dentistry
Physical Location:	CFD, 1615 Woodward St., Austin, Texas
Size:	
Storage Method	SAS
O/S	z900
Hardware:	MAINFRAME
Data Registry:	YES
Source of Data:	VAMCS
Business Area:	Organizations Management
Time Frame:	2002 to Present

Disaster Emergency Medical Personnel System (DEMPS)

Overview

DEMPS is an emergency preparedness program that employs a database developed to collect specific information on VHA medical personnel who have volunteered, and been approved by their medical center Director, to be deployed in the event of a disaster or other emergency. The primary focus of DEMPS is to provide personnel to augment VA health care and other facilities that may have been affected by a disaster. This not only includes direct providers of care, but also ancillary and support personnel such as in engineering, environmental and nutritional services. However, this resource listing can also be used in response to disasters that are covered under the National Response Plan (NRP). When hurricanes, earthquakes, floods, and other similar natural or manmade disasters occur, and the State and local resources to handle the response/recovery process are overwhelmed, the State in which the disaster occurs may request Federal assistance. To provide this support a Presidential Disaster Declaration is issued and NRP is activated. Once the damage to the area and needs have been assessed, and it is determined that medical resources are required, the Federal Emergency Management Agency (FEMA), through the United States Public Health Service (USPHS), may task VA to provide some of these resources. Generally, these requests are for medical personnel (nurses, physicians, pharmacists, etc.), pharmaceutical (or other medical) supplies, and/or medical equipment. The DEMPS has been developed as a web application and can be accessed through the Emergency Management Strategic Healthcare Group (EMSHG) website ([REDACTED]). Each facility will have a designated individual to distribute and collect the DEMPS questionnaires that potential volunteers fill out and have approved by their immediate supervisor and health care facility director. This individual will also be responsible for ensuring that the data is entered into the system via the DEMPS web application located on the EMSHG web site. The DEMPS database will provide a more efficient and faster response capability for finding qualified individuals (preferably within the same Veterans Integrated Service Network (VISN)) to meet requirements generated from emergencies internal to VA or in response to tasking requests from FEMA is when Federal assistance is required and approved.

Features

Provides on-line data entry into the DEMPS database. Provides various reports for locating personnel by VISN, facility, profession, specialty, etc. Provides varying levels of access and security (facility, VISN, national and administrative). Provides an accounting of deployed personnel, dates and task orders. Reduces the time involved in finding qualified medical personnel to fill deployment positions during emergency activations. Provides EMSHG Operations with immediate access to the DEMPS database and capabilities.

Status:	DESIGN/DEVELOPMENT
Program Office:	Emergency Management Strategic Healthcare Group (EMSHG)
Responsible Office:	Operations Division
Physical Location:	OI Field Office, Albany, New York

Size:	10 MB
Storage Method	MS SQL
O/S	WINDOWS NT
Hardware:	INTEL PLATFORM
Data Registry:	NO
Source of Data:	
Business Area:	Operations & Logistics
Time Frame:	Not Available

Drug Accountability

Overview

The Drug Accountability database is a database that collects information on medication dispensed to both inpatient and outpatient veterans who receive care from the VA. Information for the Drug Accountability database is extracted from a number of files found within the VistA environment. Monthly, the extracted information is sent via MailMan messages from all VAMCs to the VA Pharmacy Benefits Management (PBM) office in Hines, Illinois. At Hines, quality assurance procedures are performed on the data and local pharmaceutical names are converted to common names before the information is entered into the Drug Accountability database. The users of this database include the PBM, VAMCs, the Veterans Integrated Service Networks (VISNs), and the VA Research community.

Features

Provides a national database containing information on drug dispensing at VAMCs. Provides reporting at local, regional, and national levels for VAMCs and VISNs. Provides monthly, quarterly, and annual reports to the VAMCs and VISNs. Provides the translation of local pharmaceutical names to common names. Provides confirmation to VAMCs that MailMan messages have been received successfully by the Hines facility.

Status:	ACTIVE
Program Office:	Office of Patient Care Services
Responsible Office:	Pharmacy Benefits Management Strategic Healthcare Group
Physical Location:	Pharmacy Benefits Management Office/OI Field Office, Hines, Illinois
Size:	160 GB
Storage Method	MS SQL
O/S	WINDOWS XP PROFESSIONAL
Hardware:	INTEL PLATFORM
Data Registry:	NO
Source of Data:	
Business Area:	Organizations Management
Time Frame:	1994 to Present

Eastern Pacemaker Surveillance Center Database (EPSC)

Overview

The Eastern Pacemaker Surveillance Center Database supports the Eastern Pacemaker Surveillance Center (EPSC) staff in its function of monitoring some 8,000 VHA patients who have implanted pacemakers. The database stores medically useful information about the patients and their pacemaker test results in order to highlight serial changes, which determine whether the pacemaker is still functioning normally, or whether the patient requires further intervention. The EPSC staff performs regular telephonic checkups, in conjunction with less frequent in-hospital clinic checkups, to determine when pacemakers need to be replaced. Patients are scheduled and called by the Pacemaker Surveillance Center, and have their electrocardiogram recorded and analyzed over the phone, using wires attached to their fingers and a VHA-supplied transmitter. The Pacemaker Center also provides in-hospital clinic checkups for local Washington DC VHA pacemaker patients. All information obtained during the checkups is recorded in the Eastern Pacemaker Surveillance Center Database. The database contains records of all pacemaker patients being monitored by VHA facilities east of the Mississippi and who are not being monitored directly by their respective VA medical centers. The VHA Department of Medical Services encourages local VHA medical centers to refer their patients for pacemaker follow-up monitoring to either the Eastern Surveillance Center or to the counterpart Western Surveillance Center in San Francisco, whichever is geographically appropriate. However, referral is optional. The database also maintains a registry of all VHA patients, living and deceased, who have had pacemakers implanted at, or who have been monitored by, VHA facilities. The EPSC receives information for the registry directly from the medical centers for patients that it does not monitor, totally over 50,000 as of 1999.

Features

Supports the EPSC's regularly scheduled medical checkup program for pacemaker patients throughout the Eastern half of the United States, via telephone (or in-hospital clinic checkups for local Washington DC area VHA pacemaker patients). Provides a central registry of all information relevant to the installation, model, and functioning of pacemakers implanted in VHA patients. Provides reports annually for VHA Central Office and referring VHA medical centers, of patients' implant histories. Provides reports as needed to VHA Central Office and referring VHA medical centers, of VHA patients involved in pacemaker and lead recalls or advisories.

Status:	ACTIVE
Program Office:	Office of Patient Care Services
Responsible Office:	Executive Assistant to Chief Patient Care Services Officer
Physical Location:	2215 Fuller Rod, Ann Arbor, Michigan
Size:	100 MB
Storage Method	VA FileMan
O/S	WINDOWS NT
Hardware:	DEC ALPHA

Data Registry:	YES
Source of Data:	
Business Area:	Patient
Time Frame:	1982 to Present

Emerging Pathogens Initiative (EPI)

Overview

The Emerging Pathogens Initiative (EPI) database contains Emerging Pathogens information from the local VAMCs. The EPI software package allows the VA to track Emerging Pathogens on the national level without additional data entry at the local level. The results from aggregation of data can be shared with the appropriate public health authorities including non-VA and the private health care sector allowing national planning, formulation of intervention strategies, and resource allocations. EPI is designed to automatically collect data on emerging diseases for Veterans Affairs Central Office (VACO) to analyze. The data is sent to the CFD from all VAMCs for initial processing and combination with related workload data. VACO data retrieval and analysis is then carried out. The CFD creates two file structures both in Statistical Analysis System (SAS) file format, which are used as a source of data for the VAHQ Infectious Diseases Program Office. These files are manipulated and used for analysis and reporting by the Infectious Diseases Program Office. Emerging Pathogens (as characterized by VACO) act as triggers for data acquisition activities in the automated program. The system retrieves relevant, predetermined, patient-specific information in the form of a Health Level Seven (HL7) message, and is transmitted to the central data repository at the CFD. Once at that location, the data is converted to a SAS data set for analysis by the VACO Infectious Diseases Program Office. Monthly EPI data is transmitted to the CFD. Before data transmission an Emerging Pathogens Verification Report is produced for the local sites to review, verify, and make corrections as needed. After data transmission to the CFD it is added to the National Database.

Features

Provides data on emerging pathogens to VA headquarters without additional local data entry. Provides extracts with specific Emerging Pathogen data. Provides national SAS data sets for the Infectious Disease Program. Provides SAS Reporting capabilities for appropriate use and distribution.

Status:	ACTIVE
Program Office:	Office of Patient Care Services
Responsible Office:	Acute Care, Medical Service
Physical Location:	CFD, 1615 Woodward St., Austin, Texas
Size:	1 GB
Storage Method	SAS
O/S	z900
Hardware:	MAINFRAME
Data Registry:	NO
Source of Data:	VAMCS
Business Area:	Patient
Time Frame:	1998 to Present

Enhancement Request (E3R)

Overview

Enhancement Request (E3R) and National Enhancement Requests were the previous names of databases for what is now commonly called Electronic Error and Enhancement Reporting (E3R). This is a module running on FORUM that offers VHA staff a means for recommending enhancements to VistA, previously known as Distributed Hospital Computer Program (DHCP). The E3R package is designed for storing, reporting, and tracking the requests for changes in VistA applications. Anyone in VHA may propose an enhancement. The individual making the proposal specifies which package (module) in VistA he/she believes needs the enhancement. The enhancement request is sent to a user group associated with the package. The members of that mail group exchange messages on their view of the enhancement request. The proposal, along with all of the feedback from the mail group, is sent to the package's development program director for a final decision. E3R tracks and logs the entire discussion process on these enhancement proposals.

Features

Provides for submitter to initiate, modify, view or cancel a request. Assigns a suspense date and a status category to all submitted E3Rs. The status category informs all users of the request's current state in the processing cycle. Generates a mail message containing the text of the request whenever an E3R is generated. The message is sent to the submitter, the package developer and members of the mail group associated with the package. Tracks package developer's response to each E3R request. Developer can deny or accept the request, enter comments on it, and refer a request to an arbitrator if he feels the request should not be assigned to a package. Permits an arbitrator to enter comments, to reassign the request to the appropriate package, and, along with the package developer, to accept or deny the request. Produces several reports available to both users and developers.

Status:	ACTIVE
Program Office:	Office of Information
Responsible Office:	National VistA Support Division of Customer Services
Physical Location:	OI Field Office, Albany, New York
Size:	5 MB
Storage Method	VA FileMan
O/S	VMS
Hardware:	DEC ALPHA
Data Registry:	NO
Source of Data:	
Business Area:	Operations & Logistics
Time Frame:	1987 to Present

Environmental Agents Service Registries (EAS)

Overview

The Environmental Agent Service Registries (EAS) is the umbrella name for the Agent Orange Registry, the Gulf War Registry, The Gulf War Dependents & Spouses Registry, archived (discontinued August 11, 2005), the Ionizing Radiation Registry, and the Depleted Uranium Registry. These Registries were originally developed using code sheets that were sent to the CFD for entry into the Mainframe flat files. They have undergone a modernization and simplification effort that allows the entry of data via a web interface. The code sheets are now identified as worksheets. In compliance with the Federal Information Systems Management Act (FISMA) they are considered a single system.

Features

Please see individual Monograph entries for specific details.

Status:	ACTIVE
Program Office:	Office of Public Health & Environmental Hazards
Responsible Office:	Environmental Agents Service
Physical Location:	CFD, 1615 Woodward St., Austin, Texas
Size:	
Storage Method	
O/S	
Hardware:	
Data Registry:	NO
Source of Data:	
Business Area:	
Time Frame:	Not Available

External Review Mgmt Information System (ERMIS)

Overview

The Electronic GAO/OIG Recommendation (EGORS) tracks reports and recommendations from the Office of Inspector General (IG) and the Government Accountability Office (GAO) and replaced the External Review Management Information System (ERMIS). EGORS contains 2 main components: IG and GAO. All IG and GAO program report recommendations, action plans, status reports, and anticipated completion dates are entered and tracked by Veterans Affairs Central Office (VACO 10B5). Information including actions and outcomes can be transmitted electronically to oversight organizations.

Features

Provides review management information pertinent to inspections conducted by the following survey organizations: IG and GAO. Provides service-level worksheets for recommended action plans. Provides a tracking mechanism for all other reviewing bodies. Provides communication between the site, network, and VACO on all action plans. Provides the following standardized reports in addition to an ad hoc reporting mechanism:

- Recommendation & Action Plans Report by Service.
- Delinquent Report.
- Audit Reports Unresolved Over Six Months.
- Unimplemented Recommendations for One Year.

Status:	ACTIVE
Program Office:	Office of the Under Secretary for Health
Responsible Office:	Management Review Service
Physical Location:	810 Vermont Ave. NW, Washington, District of Columbia
Size:	8 MB
Storage Method	MS ACCESS
O/S	WINDOWS 2000
Hardware:	INTEL PLATFORM
Data Registry:	NO
Source of Data:	VACO
Business Area:	Organizations Management
Time Frame:	1987 to Present

Federal Health Information Exchange (FHIE)

Overview

The Federal Health Information Exchange (FHIE) Program is an interagency information technology initiative between the Departments of Veterans Affairs (VA) and Defense (DoD) that enables a secure, one-way transmission of protected electronic health information from DoD to VA. FHIE offers authorized VA clinicians, including those involved in claims adjudication, immediate access to DoD clinical data about service members who separate from the Armed Forces. FHIE supports DoD's and VA's goal of ensuring a smooth transition for veterans from active military service to civilian life.

Features

FHIE supports the one-way transfer of historical data on separated and retired military personnel from DoD's Composite Health Care System to the FHIE Data Repository for use in VA clinical encounters, and potential future use for aggregate analysis. These data include patient demographics, laboratory results, radiology reports, outpatient government and retail pharmacy information, admission discharge transfer (ADT) data, discharge summaries, consults reports, allergies, and data from the DoD Standard Ambulatory Data Record. FHIE also supports the secure transfer of these FHIE data to Veterans Benefits Administration (VBA) claims adjudicators for use in claims processing.

Status:	ACTIVE
Program Office:	Office of Information Field Offices (OIFO)
Responsible Office:	Federal Health Information Exchange (FHIE) Program Office
Physical Location:	CFD, 1615 Woodward St., Austin, Texas
Size:	1 TB
Storage Method	ORACLE
O/S	WINDOWS 2000
Hardware:	COMPAQ
Data Registry:	NO
Source of Data:	DoD & MPI & hospital facilities
Business Area:	Patient
Time Frame:	Not Available

Foreign Medical Program (FMP)

Overview

The Foreign Medical Program (FMP) is a healthcare benefits program designed for US veterans with Veterans Affairs-rated service-connected conditions who are residing or traveling abroad (Canada and Philippines excluded). Under FMP, VA assumes payment responsibility for certain necessary medical services associated with the treatment of these service-connected conditions. The FMP database stores necessary information about veterans eligible for foreign payment or reimbursement. Included is information about the services used and expenses incurred. FMP shares files with CHAMPVA (Civilian Health and Medical Program of VA) Eligibility & Payment Functions (CVA), and resides on the same server at the Health Administration Center (HAC) at Denver, Colorado. The HAC is a division of the Veterans Health Administration (VHA) Chief Business Office.

Features

Provides payment or reimbursement of covered medical expenses to eligible veterans while living or traveling abroad. Stores all FMP information on eligible veterans including their treatment and medical expense histories.

Status:	ACTIVE
Program Office:	VHA Business Office
Responsible Office:	Health Administration Center
Physical Location:	Health Administration Center, Denver, Colorado
Size:	140 MB
Storage Method	VA FileMan
O/S	VMS
Hardware:	DEC ALPHA
Data Registry:	NO
Source of Data:	VBA, FORIEGN CARE PROVIDERS
Business Area:	Financial
Time Frame:	1994 to Present

Former Prisoner of War Statistical Tracking System

Overview

The Former Prisoner of War (POW) Statistical Tracking System database is a registry designed to comply with Public Law 97-37, the Former Prisoner of War Benefits Act of 1981. This database contains information about the Medical Evaluation Program for ex-POWs at VA facilities. The program provides a complete medical and psychiatric evaluation of ex-POWs. Only ex-POWs who volunteer to participate in the program are included in this registry. Health examinations are given to ex-POWs at VA facilities. The findings are then recorded on a special coding sheet, VA Form 10-0048a. Quarterly, these code sheets are sent to the CFD, where they are manually keyed into the database. The main users of this registry are:

- The Advisory Committee on Former Prisoners of War
- Congress
- National Academy of Sciences
- Researchers
- The National Center for Veteran Analysis and Statistics.

Features

Provides registry of ex-POWs who received a protocol medical examination at VA facilities. Provides data for research studies. Provides data for reports to Congress and to the Advisory Committee on Former Prisoners of War. Provides data for evaluating the effectiveness of programs concerning ex-POWs as mandated by Public Law 97-37. Includes information on health care provided and compensation received by ex-POWs.

Status:	ACTIVE
Program Office:	Office of Patient Care Services
Responsible Office:	Social Work Service
Physical Location:	CFD, 1615 Woodward St., Austin, Texas
Size:	2 MB
Storage Method	Flat File
O/S	z900
Hardware:	MAINFRAME
Data Registry:	YES
Source of Data:	VAMCS
Business Area:	Patient
Time Frame:	1984 to Present

Functional Status and Outcome Database (FSOD)

Overview

The Functional Status and Outcome Database (FSOD) is designed to capture and track information about rehabilitative care throughout the VA. FSOD supports the entry of information from acute and sub-acute inpatient rehabilitation programs, as well as a broad range of outpatient rehabilitation programs. Outcome-based information including length of stay and cost is also tracked. Participating VAMCs enter information into FSOD on-line through a software program called VA FIMware. Users throughout the VA can access stored FSOD data through VA FIMware. Quarterly, FSOD data is written to tape and sent to a database in Buffalo, New York. This database is maintained by Uniform Data System for Medical Rehabilitation (UDSmr) and contains a national roll-up of rehabilitative programs. Users include all VA personnel involved in rehabilitative care and the UDSmr.

Features

Provides tracking of outcome-based information on rehabilitative programs.
Provides on-line entry of rehabilitative data. Contains Functional Independence Measurement (FIM) evaluation tool, a proprietary functional assessment tool created by UDSmr. It establishes a common language that can be used to discuss disabilities across disciplines.

Status:	ACTIVE
Program Office:	Office of Patient Care Services
Responsible Office:	Physical Medicine & Rehabilitation Service
Physical Location:	CFD, 1615 Woodward St., Austin, Texas
Size:	4 GB
Storage Method	ORACLE
O/S	WINDOWS NT
Hardware:	INTEL PLATFORM
Data Registry:	NO
Source of Data:	VAMCS
Business Area:	Patient
Time Frame:	1997 to Present

Geriatric Research, Education and Clinical Centers (GRECC) - VACO WebOps Silver Spring

Overview

The Geriatric Research, Education, and Clinical Centers (GRECC) database tracks information on the following:

- GRECCs' administrative functions
- Personnel
- Research awards and projects
- Publications
- Clinical programs
- Continuing education
- Outreach and consultation
- Trainee activities
- Other professional activities and awards.

Personnel at GRECC sites enter information throughout the year. At the end of the fiscal year, this information is transmitted from each GRECC site to the Geriatrics and Extended Care Strategic Healthcare Group as part of an annual report. This database is located at VACO WebOps in Silver Spring and contains data from fiscal year 1999 to the present. The main user of this database is the Geriatrics and Extended Care Strategic Healthcare Group in VACO.

Features

Provides historical data for trend analysis. Monitors performance of GRECC sites and tracks site activities. Provides reporting capability for responses to inquiries from:

- Congress
- Department of Veterans Affairs
- Other interested governmental agencies
- Other public and private agencies and the general public.

Status:	ACTIVE
Program Office:	Office of Patient Care Services
Responsible Office:	Geriatrics & Extended Care Strategic Healthcare Group
Physical Location:	VACO WebOps, Silver Spring, Maryland
Size:	14 MB
Storage Method	MS SQL
O/S	WINDOWS 2000
Hardware:	DELL
Data Registry:	NO
Source of Data:	VAMCS
Business Area:	Organizations Management
Time Frame:	1999 to Present

Gulf War Registry (GWR)

Overview

The Gulf War Registry (GWR) is a dataset of veterans who have participated in the Persian Gulf War, Operation Iraqi Freedom and had a GWR examination at a Department of Veterans Affairs (VA) medical facility. This centralized registry is maintained to enable VA to keep veterans informed on research findings or new compensation policies through periodic newsletters. It provides a mechanism to catalogue prominent symptoms, reproductive health, reported exposures and diagnoses, and to communicate with GW veterans. The voluntary, self-selected nature of the registry makes it valuable for health surveillance; however, it is not designed or intended to be a research tool and therefore, the results cannot be generalized to represent all GW veterans' illnesses. The Gulf War period of conflict is between August 2, 1990, and a yet to be determined official termination date and Operation Iraqi Freedom began on March 19, 2003 through the present date. The Gulf Theater of operations, as defined by 38 CFR 3.317, includes Iraq, Kuwait, Saudi Arabia, Bahrain, Qatar, the United Arab Emirates, Oman, the Gulf of Aden, the Gulf of Oman, the Persian Gulf, the Arabian Sea, the Red Sea, and the airspace above all of these locations. The GWR is centrally housed and maintained at the CFD. Registry data is entered via Environmental Agents Service Web site [REDACTED] into the registry database for incorporation into the registry master file. Processing occurs nightly. The primary users are the Office of Public Health and Environmental Hazards, Environmental Agents Service, and Environmental Epidemiology Service.

Features

Provides a registry for GW veterans who have had a GWR examination at a VA medical facility. Provides a method to communicate with GW veterans through periodic newsletters. Provides information that may assist in generating hypotheses for future research studies. Provides on-line menu for editing and simple look-up to Austin Corporate Franchise Datacenter by the VA Central Office. Provides Veterans Health Administration (VHA) with the capability to track patient demographics, symptoms, reproductive health, reported exposures and diagnoses. Provides report generation capability.

Status:	ACTIVE
Program Office:	Office of Public Health & Environmental Hazards
Responsible Office:	Environmental Agents Service
Physical Location:	CFD, 1615 Woodward St., Austin, Texas
Size:	65 MB
Storage Method	ORACLE
O/S	LINUX
Hardware:	INTEL PLATFORM
Data Registry:	YES
Source of Data:	VAMCS
Business Area:	Patient
Time Frame:	1992 to Present

Health Data Repository (HDR)

Overview

The Health Data Repository is a multi-year development project of the Office of Information, to create a longitudinal record of veterans clinical data, including a method to collect "legacy" clinical data from 128 VistA systems, as well as "real-time" day forward data based on clinical trigger events. The long-term goal of the HDR project is to deploy one national database of all required clinical data and a required number of regional databases that support re-engineering applications as a transactional database.

Features

HDR IMS - Interim Messaging Store; HDR Historical- relational database of "legacy" clinical data; CDS - Clinical Data Service for the authoritative read and write to the HDR databases; HDR Data Warehouse.

Status:	ACTIVE
Program Office:	Health Data Systems
Responsible Office:	Office of Information
Physical Location:	Corporate Franchise Datacenter, Austin, Texas
Size:	23 TB
Storage Method	ORACLE
O/S	UNIX
Hardware:	HP
Data Registry:	NO
Source of Data:	VHA Medical Centers
Business Area:	Patient
Time Frame:	2005 to Present

Health Eligibility Center (HEC) System

Overview

The Health Eligibility Center (HEC) is responsible for determining eligibility of veterans for VHA medical care. The HEC is the authoritative source on Veteran Eligibility and subsequent Enrollment. To be enrolled, a veteran must meet basic eligibility criteria. The HEC gathers all the information needed to make eligibility decisions and records and processes the information using the HEC System. The HEC also:

- Validates Social Security numbers from the Social Security Administration.
- Verifies incomes from the Internal Revenue Service and Social Security Administration.
- Receives information from VBA on veterans to determine eligibility and enrollment assignment
- Is the authoritative source and Data Steward for Demographic, Eligibility, and Enrollment data. This does not include Patient Identity elements.
- Provides Business oversight to all software products related to Registration, Eligibility and Enrollment.

Features

- Shares Eligibility and Enrollment Data with all sites that have treated the veteran.
- Is the authoritative source for Eligibility, Enrollment, and Income Verification Matching.
- Validates social security number of veterans.
- Prioritizes all enrollees and confirms their eligibility for the VHA medical program.
- Maintains the Purple Heart (PH), Prisoners of War (POW), and Project 112/Shipboard Hazard and Defense (SHAD) registries.

Status:	ACTIVE
Program Office:	Chief Business Office
Responsible Office:	Health Eligibility Center
Physical Location:	Health Eligibility Center, Atlanta, Georgia
Size:	127 GB
Storage Method	VA FileMan
O/S	VMS
Hardware:	DEC ALPHA
Data Registry:	NO
Source of Data:	ALL VAMCS
Business Area:	Patient
Time Frame:	1992 to Present

Health Professions Trainee Registration

Overview

This database supports VHA "Clinical Trainee Registration" Directive 2003-032. The directive establishes that certain core data elements be entered in VistA within 72 of the start of training at A VA. This database provides a national data repository for those data elements from all VA Medical Centers.

Features

Collects core data on all VA Clinical trainees who do some or all of their training at a VA facility. Provides national counts of trainees as well as a registry of trainees for communication purposes.

Status:	ACTIVE
Program Office:	Office of Academic Affiliations
Responsible Office:	Office of Academic Affiliations
Physical Location:	
Size:	25 GB
Storage Method	MS SQL
O/S	WINDOWS 2003
Hardware:	INTEL PLATFORM
Data Registry:	NO
Source of Data:	HL7 Extract from VA Medical Centers
Business Area:	Operations & Logistics
Time Frame:	2003 to Present

Health Services Training Report Database (HST)

Overview

The Health Services Training Report Database tracks the overall number of PAID and WOC Trainee positions by the cooperating academic institutions for all medical center approved health services programs. Information in the database comes from all VAMCs who have OAA approved Health Services Training programs. Worksheets and memos are distributed to participating VAMCs by the Office of Academic Affiliations annually. VAMC personnel enter the information electronically into the database located at the OAA Support Center (OAASC) in St. Louis, Missouri. The main user of this database is the Office of Academic Affiliations.

Features

Provides multi-year cost projections based on actual and estimated trainee positions across the VHA Healthcare System. Provides Trainee population tracking in participating VAMCs. Provides reporting capability to Office of Academic Affiliations as to the number of Health Services Trainees and Residents.

Status:	ACTIVE
Program Office:	Office of Academic Affiliations
Responsible Office:	Office of Academic Affiliations
Physical Location:	
Size:	20 GB
Storage Method	MS SQL
O/S	WINDOWS 2003
Hardware:	INTEL PLATFORM
Data Registry:	NO
Source of Data:	VA Medical Centers
Business Area:	Operations & Logistics
Time Frame:	1997 to Present

History Management Information System (HMIS)

Overview

The History Management Information System (HMIS) was designed as a repository for the historical data from the Construction Management Information System (CMIS) database. When permanent action has been completed on a major, minor, lease, enhanced-use parking, VHA, cemetery or regional office project, this data is then transferred from the active database in CMIS to HMIS. When a major or minor construction project is retired, the information for this project is pulled from the CMIS system and stored in the HMIS system. Ad-hoc reports can be produced on inactive projects from HMIS.

Features

Provides central repository for historical information on inactive VA construction projects.

Status:	ACTIVE
Program Office:	Office of Facilities Management
Responsible Office:	Resource Management Office
Physical Location:	VACO, Washington, District of Columbia
Size:	400 MB
Storage Method	ORACLE
O/S	WINDOWS 2000
Hardware:	SUN
Data Registry:	NO
Source of Data:	
Business Area:	Operations & Logistics
Time Frame:	1975 to Present

Home Based Primary Care (HBC)

Overview

The Home Based Primary Care (HBC) database receives and compiles data from local Hospital Based Home Care (HBHC) modules at the 105 VAMCs that run home care programs under the Home Based Primary Care program. The primary purpose is to provide Home Based Primary Care management with casemix, caseload, and other performance information. This program was formerly referred to as HBHC. The program name has been changed to the Home Based Primary Care program while the name for the database remained HBHC. The Home Based Primary Care information system is referred to as HBC at the CFD and as HBHC at the local level. The HBHC automated a paper-based system of reporting home care episodes. When an admission form is completed an episode is opened and input into HBHC for a potential home care patient. The patient is evaluated and accepted to or rejected from the program. When a patient leaves the program for any reason an episode is closed and a discharge form completed and input into HBHC. HBHC runs a nightly extract of information within the Veterans VistA. Extractions include information on all Patient Care Encounters (PCEs) with the patient and home visits made by home care providers. Details of which provider(s) made the visit, the date, any diagnosis and any procedures performed are included. Each local application sends its data to the Austin HBC database on a monthly basis. A monthly report is prepared based on this information identifying the active cases at each VAMC. A more detailed quarterly report is produced that includes national comparisons among sites.

Features

Creates a centralized repository of information on home care admissions, discharges and patient care encounters from the 105 VAMCs with their own home care programs. Receives monthly updates of information from all reporting VAMCs. Creates monthly and quarterly reports allowing workload comparisons between sites. Enables HBPC management to control and assess the staff workload and casemix. Provides basis for responding to congressional inquiries as needed, and for providing extracts to Decision Support Service (DSS) on request.

Status:	ACTIVE
Program Office:	Office of Patient Care Services
Responsible Office:	Geriatrics & Extended Care Strategic Healthcare Group
Physical Location:	CFD, 1615 Woodward St., Austin, Texas
Size:	49 MB
Storage Method	Flat File
O/S	z900
Hardware:	MAINFRAME
Data Registry:	NO
Source of Data:	VAMCS
Business Area:	Patient
Time Frame:	1983 to Present

Ionizing Radiation Registry (IRR)

Overview

The Ionizing Radiation Registry (IRR) is a dataset of veterans who may have been exposed to ionizing radiation while on active military duty and have had an IRR examination at a VA medical facility. The voluntary, self-selected nature of the registry makes it valuable for health surveillance; however, it is not designed or intended to be a research tool and therefore, the results cannot be generalized to represent all IR veterans. Veterans exposed to ionizing radiation under the following circumstances are eligible to receive an IRR examination:

- On-site participation in a test involving the atmospheric detonation of a nuclear device (between 1945 and 1962), at a nuclear device testing site -- the Pacific Islands e.g. Bikini, New Mexico, Nevada, etc. (whether or not the testing nation was the United States).
- Participation in the occupation of Hiroshima or Nagasaki, Japan, from August 6, 1945 through July 1, 1946.
- Internment as a POW in Japan during World War II, which the Secretary of Veteran Affairs determines resulted in an opportunity for exposure to ionizing radiation comparable to that of veterans involved in the occupation of Hiroshima or Nagasaki, Japan
- Treatment with Nasopharyngeal (NP) radium irradiation while in the active military, naval or air service.
- Participation in another "radiation risk activity" as defined in VA regulations.

The GWR is centrally housed and maintained at the CFD. Registry data is entered via website into the registry dataset using Common Business Oriented Language (COBOL). Processing occurs nightly. The primary users are the Office of Public Health and Environmental Hazards, Environmental Agents Service, and Environmental Epidemiology Service. The primary users of IRR are the Office of Public Health and Environmental Hazards, Environmental Agents Service, and Environmental Epidemiology Service. ** Note in FY04 we expect the registry to move to an Oracle database running on SUN hardware.

Features

Provides information about veterans who have had an IRR examination at a VA facility and information that may assist in generating hypotheses for future research studies. Provides VHA with the capability to track patient demographics, reported birth defects among veteran's children or grandchildren and reported radiogenic related diseases. Provides report generation capability.

Status:	ACTIVE
Program Office:	Office of Public Health & Environmental Hazards
Responsible Office:	Environmental Agents Service
Physical Location:	CFD, 1615 Woodward St., Austin, Texas

Size:	32 MB
Storage Method	ORACLE
O/S	LINUX
Hardware:	INTEL PLATFORM
Data Registry:	YES
Source of Data:	VAMCS
Business Area:	Patient
Time Frame:	1981 to Present

Lease/Project Tracking (LEASE)

Overview

The Lease/Project Tracking (LEASE) database contains information about lease and land acquisition projects that are handled by Facilities Management. Through a delegation of leasing authority from General Services Administration (GSA), VA directly leases its space. Information collected includes type of space, type of lease, proposed space dimensions and budget, brief description of the project, acquisition milestone dates, and project manager's contact information. The information is provided and entered in by the responsible project manager. LEASE was developed by the VA Headquarters Automation Center in collaboration with the Real Property Management Office to provide on-line access to information concerning VA's direct leasing projects.

Features

Provides information for workload and performance measurement. Contains project-tracking information about activities related to the acquisition of leased space. Provides information for system inquiries, ad-hoc reports, and other reporting requirements.

Status:	ACTIVE
Program Office:	Office of Facilities Management
Responsible Office:	Resource Management Office
Physical Location:	VACO, Washington, District of Columbia
Size:	2 MB
Storage Method	MS ACCESS
O/S	WINDOWS 2000
Hardware:	INTEL PLATFORM
Data Registry:	YES
Source of Data:	VACO
Business Area:	Operations & Logistics
Time Frame:	1992 to Present

Lockbox, First Party

Overview

Lockbox provides improved first-party medical debt payment processing. The Lockbox system is designed to handle only first-party medical debt payments. First-party medical debt is defined as a debt where the patient is responsible for the payment. This differs from third-party debt where a third party (e.g., insurance company, health maintenance organization) is primarily responsible for paying the VA. Lockbox is the second phase of the Consolidated Copayment Processing Center (CCPC) initiative. Debtors mail their payments or credit card information to a Lockbox bank. The present agreement is with NationsBank (now owned by Bank of America) in Atlanta, Georgia. The Lockbox bank opens and sorts mail, electronically captures and sends payment information, deposits payments, requests credit card approval and forwards mail, reports and returned checks to the Financial Services Center (FSC). The users of this system include the FSC Exception Processing Section (EPS), the Financial Management System (FMS), and the VAMCs.

Features

Provides automated processing of payments. Provides central collection point for payments. Provides reporting and inquiry capability.

Status:	ACTIVE
Program Office:	Chief Business Office
Responsible Office:	Chief Business Office
Physical Location:	CFD, 1615 Woodward St., Austin, Texas
Size:	11 GB
Storage Method	ORACLE
O/S	UNIX
Hardware:	SUN
Data Registry:	YES
Source of Data:	Lockbox Bank
Business Area:	Financial
Time Frame:	1999 to Present

Mammography Quality Standards VA (MQS VA)

Overview

The Mammography Quality Standards VA (MQS VA) data contains specific facility, VISN and system wide mammography information used to monitor and analyze the VA's achievement of and adherence to national Radiology and Mammography Quality standards. It contains data for the tracking, trending and monitoring of accreditation and certification of facilities participating in the VHA Mammography Program. Information is obtained from a ProClarity Cube (Radiology) (DSS) extract and sent to the database on a monthly basis. This information details how often mammography is performed and in which facility and VISN, based from CPT code nomenclature. Provider specific information and related pathology data maybe available through future re-hosting roll-up features. Specific items include, but are not limited to: Current Procedural Terminology (CPT) code(s); medical facility; date of procedure(s); types of imaging procedure(s) and/or biopsy(ies) performed and the facility performing the procedure(s). While the American College of Radiology (ACR) is the primary accrediting institution for all mammography suites in the country, it is the sole accrediting institution for the VHA mammography sites. The ACR independently gathers information from all VAMCs with on-site mammography and sends information weekly to the MQS VA. Thirty-one VHA sites are accredited and certified. The ACR uses the information to determine clinical image quality, standards compliance, equipment functional parameters, etc. as a basis for awarding accreditation. The MQS VA data is used to monitor the equipment performance, staff Quality Control (QC) and Quality Assurance (QA) requirements. Accreditation requires the review of clinical images, staff credentials, phantom image assessment, etc. triennially with annual updates. Certification, on the other hand, requires the facility to maintain accreditation, obtain an annual medical physicist survey of mammography equipment and undergo an annual inspection conducted by the Food and Drug Administration (FDA). The MQS VA data allows the Diagnostic Services Strategic Healthcare Group (DSSHG), which certifies mammography facilities, to notify the VAMCs when their performance reaches levels that may cause substandard images resulting in the potential loss of accreditation and certification. An enhancement to the database has been implemented that adds the results from the annual on-site FDA inspections of VAMC mammography suites. The FDA will send to MQS VA the inspection/test results and the results are added to the database. This will allow the MQS VA to notify VAMCs of identified deficiencies and assure that issues affecting quality mammography are corrected.

Features

Provides tracking and trend analysis for the VHA Mammography Program. Provides identification of data reporting inconsistencies. Provides notification to VAMCs and VISNs on status of accreditation and certification issues. Allows information to be viewed by facility, VISN, patient, and CPT code. Provides monitoring of mammography standards test results performed by the FDA.

Status:	ACTIVE
Program Office:	Office of Patient Care Services
Responsible Office:	Diagnostic Services Strategic Healthcare Group
Physical Location:	2215 Fuller Rod, Ann Arbor, Michigan
Size:	40 GB
Storage Method	MS Excel
O/S	WINDOWS 2000
Hardware:	INTEL PLATFORM
Data Registry:	YES
Source of Data:	CFD, DSS, ACR, FDA, VISNs, VAMCs
Business Area:	Patient
Time Frame:	1994 to Present

Master Patient Index (MPI)

Overview

The Master Patient Index (MPI) database is the primary vehicle for assigning and maintaining unique patient identifiers. A gateway in VistA establishes connectivity between VAMC systems and patient registration processes and links to the MPI for message processing and patient identification. The Master Patient Index (MPI) has been created to support maintenance of a unique patient identifier and a single master index of all VHA patients and to allow messaging of patient information among the institutional partners [i.e., VHA, Veterans Benefits Administration (VBA), Board of Veterans Appeals (BVA), and National Cemetery Service (NCS), Department of Defense (DOD)]. The MPI maintains a central index to correctly identify each patient and track the sites of interest. MPI data is maintained in a centralized, dynamic database that is available to meet multiple information needs across many applications and systems. MPI central database at Austin is composed of a unique list of patients and a current list of systems to which each patient entry is correlated. This enables the sharing of patient data between operationally diverse systems. Each record (or index entry) in the MPI contains a small amount of identity/demographic data used to identify individual entries. It is primarily used by VistA applications requiring the need to enumerate unique patients at their facilities.

Features

The MPI assigns each patient (1) a unique patient identifier (Integration Control Number, or ICN) and (2) initially assigns the requesting site as the Coordinating Master Of Record (CMOR), which represents the system that is presently the authoritative source for the patient's identity data. Each index entry in the MPI also contains the patient's identifying information (e.g., name, SSN, date of birth, gender) and a current list of facilities where the patient has been seen. The MPI is updated as new patients are added or demographic information is updated at the correlated system. Once a CMOR has been assigned to a patient, the MPI will only accept changes and/or updates to patient identity information from the CMOR site. The CMOR can be changed at any time, when necessary to reflect the authoritative source for this data.

Status:	ACTIVE
Program Office:	Office of Information
Responsible Office:	Office of Information
Physical Location:	CFD, 1615 Woodward St., Austin, Texas
Size:	31 GB
Storage Method	CACHE
O/S	VMS
Hardware:	DEC ALPHA
Data Registry:	YES
Source of Data:	VAMCS
Business Area:	Patient
Time Frame:	1999 to Present

Material Safety Data Sheets Database (MSDS)

Overview

The Material Safety Data Sheets (MSDS) database is a storage and retrieval facility for all Material Safety Data Sheets pertaining to the VA. Mandated by Occupational Safety & Health Administration (OSHA), MSDS must be produced and made available by every chemical manufacturer for every chemical they make. Data sheet information includes the chemical's ingredients, properties, guidelines for proper storage and handling, disposal information, and first-aid instructions in case of a spill or accidental contact. All VA facilities that have chemicals on their premises are required to keep MSDS in a binder placed in a service area that provides quick access to important chemical information for emergencies. Information for the MSDS system comes from the chemical manufacturers, VA facilities, and from subscription services that offer MSDS details. New information is added to the system daily. When MSDS have been in the system over two years, the manufacturers are contacted to determine if any information has changed. All MSDS are retained for a thirty-year period from their date of issue. The users of this database include the Safety Office of each VA facility and the Industrial Hygienist (IH) from each Safety Office.

Features

Provides users access MSDS database via phone dial-in or through the World Wide Web.
Provides copies of material safety data sheets via fax machine.

Status:	ACTIVE
Program Office:	Center for Engineering and Occupational Safety & Health
Responsible Office:	Center for Engineering and Occupational Safety & Health
Physical Location:	1 Jefferson Barracks Dr, St. Louis, Missouri
Size:	60 GB
Storage Method	ORACLE
O/S	WINDOWS 2000
Hardware:	INTEL PLATFORM
Data Registry:	NO
Source of Data:	Drug and Chemical Manufactures
Business Area:	Organizations Management
Time Frame:	1989 to Present

Medical Care Cost Recovery National Database (MCCR)

Overview

The Medical Care Cost Recovery National Database (MCCR NDB) provides a repository of summary MCCR billing and collection information used by program management to compare facility performance. It stores summary information for VHA receivables including the number of receivables and their summarized status information. This database is used to monitor the status of the VHA's collection process and to provide visibility on the types of bills and collections being done by the Department. The mission of the VA MCCR Program is to maximize the recovery of funds due VA for the provision of health care services to veterans, dependents, and others using the VA system. Legislation has authorized MCCR to: submit claims to and recover payments from veterans' third party health insurance carriers for treatment of non-service-connected conditions; recover co-payments from certain veterans for treatment of non-service-connected conditions; and recover co-payments for medications from certain veterans for treatment of non-service-connected conditions. All of the information captured in the MCCR NDB is derived from the Accounts Receivable (AR) modules running at each medical center. MCCR NDB is not used for official AR figures, instead, the Department uses the Financial Management System (FMS).

Features

Provides a national view of VA facility medical care cost recovery activities. Allows sites to determine when extraction routines are run locally. Provides national and regional reports including Schedule-9 for the Department of the Treasury and third party billing coverage reports. Formats information sent from medical centers and sends the report back to medical center once information is added to MCCR NDB. Provides an audit trail for the automatic data extraction process ensuring only authorized processes are reviewing facility information. Provides centralized monthly reporting by categories with totals for the whole VHA system.

Status:	ACTIVE
Program Office:	Office of Finance
Responsible Office:	Office of Information
Physical Location:	Albany CIOFO, Albany, New York
Size:	2 GB
Storage Method	VA FileMan
O/S	VMS
Hardware:	DEC ALPHA
Data Registry:	NO
Source of Data:	VistA
Business Area:	Financial
Time Frame:	1993 to Present

Medical SAS File (MDP)

Overview

The Medical SAS system provides a variety of SAS-formatted files containing medical data for use by remote users and CFD personnel in order to produce customized reports to fulfill specific reporting needs. These files, and the ability to program additional files, are available via remote dial up to the CFD mainframe. SAS files publish unique patient statistics, utilization, financial and workload information, and extracts from National Patient Care Database, Patient Treatment File, Eligibility and other databases at the CFD.

Features

These files produce a variety of statistical information for the VA community to assist medical center, regional, and central office personnel in reporting VA workload and patient care information.

Status:	ACTIVE
Program Office:	Office of Information
Responsible Office:	Health Informatics and Information Resources
Physical Location:	CFD, 1615 Woodward St., Austin, Texas
Size:	233 GB
Storage Method	SAS
O/S	z900
Hardware:	MAINFRAME
Data Registry:	NO
Source of Data:	CFD, VAMCS
Business Area:	Patient
Time Frame:	1980 to Present

MetaData Registry (MDR)

Overview

The MDR is an authoritative source of reference information about the representation, meaning, and format of primary stores of data collected and managed by VHA. The MDR does not contain source data from systems but rather information that is necessary to clearly describe, inventory, analyze, and classify data. The MDR is data element focused and is compliant with ISO 11179.

Features

The MDR allows all users to search for and read data in the MDR. For system owners and data stewards, there is a maintenance feature that allows them to maintain MDR data. There is also a feature to allow for "harmonization" for comparison and analysis of similar data elements.

Status:	ACTIVE
Program Office:	Office of Information
Responsible Office:	National Data Systems
Physical Location:	Hines Data Center, Hines, Illinois
Size:	500 GB
Storage Method	ORACLE
O/S	WINDOWS NT
Hardware:	DELL
Data Registry:	YES
Source of Data:	VHA systems
Business Area:	Multi-Purpose
Time Frame:	2004 to Present

Missing Patient Register (MPR)

Overview

The Missing Patient Registry (MPR) system is a web-based system designed to assist medical center personnel in tracking and locating patients reported as missing. The entry of missing patients into the Missing Patient Registry is done by Missing Patient Administrators at the facilities. A nightly batch job checks to see if the missing patients have been seen at another VHA facility. If the missing patient has been located at another facility, an e-mail is sent out notifying the facility that reported the patient missing.

Features

Provides a listing of patients reported as missing by a VA medical facilities. Allows tracking and reporting of missing patient information from each VA site for distribution to all facilities. Note: The information regarding missing and/or found patients only goes to those sites actually doing the reporting.

Status:	ACTIVE
Program Office:	Deputy Under Secretary for Health for Operations and Management
Responsible Office:	
Physical Location:	CFD, 1615 Woodward St., Austin, Texas
Size:	1 MB
Storage Method	ORACLE
O/S	UNIX
Hardware:	DEC ALPHA
Data Registry:	YES
Source of Data:	VAMCS
Business Area:	Patient
Time Frame:	1995 to Present

Monthly Program Cost Report (MPCR)

Overview

The Monthly Program Cost Report (MPCR) replaces the Cost Distribution Report (CDR) in providing summary information about Veterans Affairs costs, Full Time Equivalents (FTE), and workload (number of patient bed days, outpatient clinic stops, etc.). MPCR receives financial data feeds from DSS and workload data feeds from NPCD, HBC, and VWM in order to provide the VHA with a flexible cost reporting system. The MPCR is assembled from information from all VAMCs. MPCR is processed monthly and consists of two reports: station level and a national level rollup. These two reports are available to users via RSD and CD ROM. The primary users of CDR are the VAMCs, Veterans Health Administration Budget Office, Medical Care Cost Recovery, and Deputy Assistant Secretary for Budget.

Features

Allows users to compare facility and medical center per unit cost to nationwide per unit cost.

Status:	ACTIVE
Program Office:	Office of Finance
Responsible Office:	DSS Financial Assistance
Physical Location:	CFD, 1615 Woodward St., Austin, Texas
Size:	4 GB
Storage Method	IDMS
O/S	z900
Hardware:	MAINFRAME
Data Registry:	NO
Source of Data:	
Business Area:	Financial
Time Frame:	2004 to Present

My HealtheVet

Overview

My HealtheVet is a web-based application that creates a new, online environment where veterans, family, and clinicians may come together to optimize veterans' health care. Web technology will combine essential health record information enhanced by online health resources to enable and encourage patient/clinician collaboration.

The implications of My HealtheVet are far-reaching. Clinicians will be able to communicate and collaborate with veterans much more easily. The new online environment will map closely to existing clinical business practices, while extending the way care is delivered and managed. As veterans build up their lifelong health records, they will be able to choose to share all or part of the information in their account with all their health care providers, inside and outside the VA. This has the potential to dramatically improve the quality of care available to our nation's veterans.

Currently, the My HealtheVet web site allows users of My HealtheVet to request and receive prescription refills of medication that has been provided by the VA, provide a history of prescription medication for the user, and provide current refill requests and their status. In addition, the user will be able to prepare and revise a personal health record consisting of many aspects related to his care with both current and historical information.

Features

Currently My HealtheVet is composed of a rich collection of personal information describing each user, prescription refill information including location(s), summary of MPI communications per user request, and appropriate history files of many requests and actions.

Status:	ACTIVE
Program Office:	
Responsible Office:	
Physical Location:	CFD, 1615 Woodward St., Austin, Texas
Size:	
Storage Method	
O/S	
Hardware:	SUN
Data Registry:	NO
Source of Data:	Web Interface, MPI, VistA
Business Area:	Patient
Time Frame:	Not Available

National Enrollment Database (NED)

Overview

The National Enrollment Database (NED) resulted from the Eligibility Reform Act of 1996 that legislated the provision of VA health care services through an annual patient enrollment system. NED and the associated National Enrollment Data Mart (NEDM) were established to meet specific reporting requirements. NED serves as the single primary source for storing enrollment records at a national level and is populated on a nightly basis from enrollment and eligibility data residing at the Health Eligibility Center (HEC) via a Health Level (HL7) messaging interface. The NED and NEDM provide timely and accurate enrollment data for OPP, VHA Central Office, and VISNs reporting and analysis. Through a collaborative effort between VHA Office of Information (VHA OI) and the CFD the NED was successfully loaded with over 6 million veteran records. By the time the data was loaded and NED operational it was decided that Oracle Discoverer was not a suitable GUI and a redesign project for the web-based front end to the Oracle database containing the enrollment/eligibility information was spawned. This project is known as the Enrollment Database (EDB) project. Version 2.4 of the project became operational in December 2002 which included the Income Verification and Matching (IV&M) functionality.

Features

The EDB application is a web-based front-end utilizing role-based security to control access to individual data tables as well as the database itself. The current production version of EDB (Income Verification Matching, or IVM) utilizes an Oracle database running on a DEC UNIX platform. Approximately 35 Customer Representatives located at the HEC use the system to generate correspondence to veterans, spouses, dependents, employers and financial institutions. Daily and monthly reports are generated regarding the number of cases being worked by the Customer Representatives.

Status:	ACTIVE
Program Office:	Health Eligibility Center
Responsible Office:	Health Eligibility Center
Physical Location:	CFD, 1615 Woodward St, Austin, Texas
Size:	1 TB
Storage Method	ORACLE
O/S	UNIX
Hardware:	DEC ALPHA
Data Registry:	NO
Source of Data:	Health Eligibility Center (HEC)
Business Area:	Patient
Time Frame:	1997 to Present

National Health Care Practitioner Database (NHCPD)

Overview

This database is part of the National Medical Information System (NMIS). The National Health Care Practitioner Database supports VHA Privacy Act requirements by segregating personal information about health care practitioners such as name and SSN from patient information recorded in NPCD for Ambulatory Care Reporting and Primary Care Management Module. The structure is based on the proposed National Provider Identifier system being created by the Centers for Medicare & Medicaid Services to support HIPAA.

Features

The NHCPD retains a history of names, SSNs, employing VAMCs, and provider types for practitioners.

Status:	ACTIVE
Program Office:	Office of Information
Responsible Office:	Health Informatics and Information Resources
Physical Location:	CFD, 1615 Woodward St, Austin, Texas
Size:	1 GB
Storage Method	ORACLE
O/S	z900
Hardware:	COMPAQ
Data Registry:	NO
Source of Data:	VAMCS
Business Area:	Patient
Time Frame:	Not Available

National Laboratory Workload and Laboratory Management Index Program

Overview

Effective management of Pathology and Laboratory Medicine Service (P&LMS) laboratories requires indicators capable of demonstrating each individual laboratory's productivity and efficiency. Local sites require the capability to determine in real time, the effects of any procedural or policy changes relating to productivity and efficiency. Data collected by each individual medical center is compiled on a national level at the CFD for P&LMS Central Office utilization and for comparisons with private sector laboratories. Each local medical center will have the capability to independently monitor laboratory trends and make appropriate decisions. A detailed view of workload data will be provided to support a variety of management and clinical requirements and needs. Measurements of productivity and efficiency data are capable of providing medical center to medical center comparisons. In addition, workload data is suitable for comparison to private sector participants of the Current Procedure Terminology (CPT). The National Laboratory Workload & Laboratory Management Index Program has been selected as the efficiency and productivity logic model. The National Laboratory Workload & Laboratory Management Index Program report replaces the Lab Automated Management Information System (AMIS) segment used in the past. Each local site identifies the reportable units based on CPT and VA guidelines. Reportable units are extracted by laboratory software and are transmitted to the CFD. The transmitted data is compiled and stored in the National Laboratory Workload & Laboratory Management Index Program database. This database supports P&LMS Headquarters and Veterans Integrated Service Network director's office.

Features

Provides medical center to medical center comparisons capabilities. Provides capability for each local medical center to monitor laboratory trends for decision making. Provides a detailed view of workload data to support a variety of management and clinical requirements and needs.

Status:	ACTIVE
Program Office:	Office of Patient Care Services
Responsible Office:	Diagnostic Services Strategic Healthcare Group
Physical Location:	CFD, 1615 Woodward St, Austin, Texas
Size:	900 GB
Storage Method	Flat File
O/S	z900
Hardware:	MAINFRAME
Data Registry:	NO
Source of Data:	VAMCS
Business Area:	Organizations Management
Time Frame:	1996 to Present

National Medical Information System (NMIS)

Overview

The National Medical Information System is a combination of the National Patient Care Database (NPCD), the Patient Treatment File (PTF) and the National Health Care Practitioner Database (NHCPD). These databases act as a single system for Health Care Resource Management and Research. In compliance with the Federal Information System Management Act (FISMA) they are reported as a single system.

Features

Please see individual Monograph entries for National Health Care Practitioner Database (NHCPD), National Patient Care Database (NPCD), and Patient Treatment File (PTF) for specific details.

Status:	ACTIVE
Program Office:	
Responsible Office:	
Physical Location:	CFD 1615 Woodward St., Austin, Texas
Size:	
Storage Method	
O/S	
Hardware:	
Data Registry:	NO
Source of Data:	
Business Area:	Patient
Time Frame:	Not Available

National Mental Health Database System (NMHDS)

Overview

The National Mental Health Database System (NMHDS) records and stores information about veterans treated for Post Traumatic Stress Disorder (PTSD) by the over 100 Specialized Outpatient PTSD Programs at local VAMCs in the Veterans Health Administration (VHA). PTSD patients new to treatment are administered a standard 42-question interview by a clinician. Their answers are recorded in the NMHDS database at the local VAMC. Weekly, each program's information is uploaded to a central database located and operated at the Pittsburgh VAMC by the Mental Health Strategic Health Group. The information is gathered into a national database comprised of sociodemographic background, diagnostic history and period of service for the treated veterans. Due to the sensitive nature of the information, access to is limited to a specific end user, the Northeast Program Evaluation Center (NEPEC), in Connecticut. NEPEC uses the information as a performance measure for specialized outpatient PTSD programs, and provides feedback to these programs regarding the characteristics of veterans treated. Formerly, NMHDS also stored information on substance abuse patients. However, that function is now handled by a separate database called the Addiction Severity Index (ASI) running at Pittsburgh.

Features

Provides for the collection and storage of information on PTSD patients. Provides information to the NEPEC for performance measurements. Database includes the following sub-databases (Contact info for the following sub-databases is:

Dr. Robert Rosenheck
Director, NPEC
West Haven, CT
203-937-3850

- CWT Program: Focus of the data collection is on CWT Participation, employment outcomes and factors that may influence a veterans participation in vocational rehabilitation.
- CWT/TR (Transitional Residence): Focus is on participation, outcomes, housing, employment, and other factors that might influence participation in a residential treatment program.
- Domiciliary Care for Homeless Veterans (DCHV) Program: Data collection is on DCHV staff outreach, veteran participation, outcomes, including housing and employment and other factors that might influence participation in a residential treatment program.
- Healthcare for Homeless Veterans (HCHV): Data is collected and used to document what HCHV services have been provided and the effectiveness of these services. This includes the Supported Housing Program and the Housing and Urban Development - (HUD-VASH) & the Special Needs/Chronically Mentally Ill Program (SN-CMI)

- Mental Health Case Management (MHICM): This program collects data on the program and performance, client characteristics, service delivery, clinical outcomes and unit costs for veterans with serious mental illness.
- Specialized Intensive PTSD Program (SIPP): Focus is on symptom reduction and social adjustment for patients with PTSD.
- Vet-to-Vet: Focus is on veteran satisfaction.

Status:	ACTIVE
Program Office:	Office of Patient Care Services
Responsible Office:	Mental Health & Behavioral Sciences Service
Physical Location:	VA Pgh Healthcare System 7180 Highland Drive Building 5, Pittsburgh, Pennsylvania
Size:	500 MB
Storage Method	ORACLE
O/S	UNIX
Hardware:	COMPAQ
Data Registry:	YES
Source of Data:	VAMCS
Business Area:	Patient
Time Frame:	1992 to Present

National On-Line Information Sharing (NOIS)

Overview

The National On-Line Information Sharing (NOIS) application provides centralized tracking of service requests and problems associated with the daily operation of computer systems within the VHA. NOIS is a VistA package that resides on the FORUM national electronic mail system and is maintained by the Enterprise VistA Support (EVS) division of HSITES within the Office of Information (OI). Incoming requests and problems are logged in NOIS as trouble tickets by the OI National Help Desk, NVS staff, or can be directly input by customers. NOIS tracks service requests from initiation through problem resolution, and is used for information sharing and dialog by those involved in support, development and management, as well as customers. All VA FORUM users can see any NOIS request. They are not limited to those requests logged by them. In this way, NOIS can be used as a research tool to track problems and problem resolution by package or by site. NOIS uses either a GUI or List Manager interface for displaying trouble ticket lists and information. Users can customize views and lists by defining their personal defaults. Browse and search options allow viewing of all tickets. Notifications can be sent automatically to users or customers about changes to tickets using MailMan or menu alerts. NOIS information can be extracted for use in PC applications and spreadsheets.

Features

Provides tracking and resolution of reported problems to National VistA Support. Provides tracking for problems that require program changes. Allows management to monitor workload for appropriate resource distribution. Provides monitoring on bug fixes and future releases. Provides documentation for common problems to aid in troubleshooting. Provides VHA facilities the capability of logging problems locally.

Status:	ACTIVE
Program Office:	Office of Information
Responsible Office:	National VistA Support Division of Customer Services
Physical Location:	OI Field Office, Albany, New York
Size:	2 GB
Storage Method	VA FileMan
O/S	VMS
Hardware:	DEC ALPHA
Data Registry:	NO
Source of Data:	Forum Users
Business Area:	Operations & Logistics
Time Frame:	1993 to Present

National Patch Module (NPM)

Overview

The National Patch Module (NPM) software provides a database for the distribution of software patches and updates to VistA. Options are provided for: 1) Systematic entry and review of patches by developers, 2) Review and completion of patches by Software Quality Assurance (SQA), 3) Review and release of patches by Enterprise VistA Support (EVS), and 4) Display and distribution of the verified/released patches to the users in the field. Once a problem is identified and a solution found or an enhancement is requested in VistA software, a developer enters a patch in the NPM. The patch is identified by software namespace, version, and a patch number. At this point, the patch entry has a status of "UNDER DEVELOPMENT" and is accessible only by other developers of the software. Once the developer has finished coding the patch and it's ready for review, SQA reviews the patch. Once SQA has reviewed the patch and no changes are required, SQA changes the status to "COMPLETED/UNVERIFIED." After the patch is completed, EVS reviews the patch. Once EVS makes the determination that it is ready for release, EVS changes the status to "VERIFIED." The patch is then automatically distributed and becomes available for users in the field.

Features

Creates a patch mail message with text and installable routines that is delivered to all the sites via network mail. It allows entry of associated (dependent) patches (i.e., those patches that must be reviewed and installed prior to the current patch).

Provides flags to:

- Identify which routines in a patch have previous patches.
- Hold verification/release of a patch until a certain date.
- Force sequential verification/release of associated patches.

Provides numerous reports including:

- Verified patches and summaries.
- Completed/unverified patches for a selected package.
- Under development patches for a selected package.

Provides automatic notification of new released patches.

Provides ability to copy information from an existing patch into a new patch.

Status:	ACTIVE
Program Office:	Office of Information
Responsible Office:	Office of the Chief Information Officer Technical Services

Physical Location:	OI Field Office, Albany, New York
Size:	2 MB
Storage Method	VA FileMan
O/S	VMS
Hardware:	DEC ALPHA
Data Registry:	NO
Source of Data:	VHA personnel
Business Area:	Operations & Logistics
Time Frame:	1982 to Present

National Patient Care Database (NPCD)

Overview

This database is part of the National Medical Information System (NMIS). The National Patient Care Database (NPCD) resulted from a data modeling project sponsored by the Medical Information Resource Management Office (MIRMO) (now the Office of Information) during Fiscal Year 1995. A VA workgroup supported by a contractor analyzed four VHA corporate systems that collect patient care data. NPCD now contains data collected from five former VHA corporate systems patient care databases: Outpatient Clinic System (OPC), Patient Treatment File (PTF), Integrated Patient Database (IPDB), Event Driven Reporting System (EDR), and Spinal Cord Dysfunction (SCD). NPCD initially housed only outpatient information, however, with the completion of NPCD phase II, inpatient PTF data was added.

Features

Provides integrated patient care data across VHA facilities and care setting. Provides comprehensive data for research studies. Provides information for workload analysis. Provides data for patient care analysis.

Status:	ACTIVE
Program Office:	Office of Information
Responsible Office:	Health Informatics and Information Resources
Physical Location:	CFD, 1615 Woodward St., Austin, Texas
Size:	2 TB
Storage Method	ORACLE
O/S	UNIX
Hardware:	DEC ALPHA
Data Registry:	NO
Source of Data:	VAMCS
Business Area:	Patient
Time Frame:	1997 to Present

National Prosthetic Patient Database (Prosthetics and Clinical Logistics Ofc)

Overview

The National Prosthetics Patient Database (NPPD) established a central database of Prosthetics data recorded at each VHA facility. Its objective was to enable clinical reviews to increase quality, reduce costs, and improve efficiency of the Prosthetics program. Increase the quality of the services to our veterans by providing a means to develop consistency in services, review prescription and management practices, develop training, monitor Home Medical Equipment, and measure performance improvements. Reduce costs by comparing costs system-wide, identifying common items for consolidated contracting, identifying costs for Medical Cost Care Funds (MCCF) purposes and improving contracting cost benefit. Improve efficiency by validating the data, improving budget management, determining where coding errors occur, providing training, and comparing unique SSNs for multiple site usage and item issue. The NPPD Menu provides patient information, patient eligibility, Prosthetic treatment, date of provision, cost, vendor, and purchasing agent information. This system tracks average cost data and its usage and provides on both monthly and quarterly basis detailed and summary reports by station, VISN and agency. The NPPD Menu resides in VistA at the medical center level. This data is updated quarterly. Data is rolled up at each facility and transmitted to Hines. The data is then loaded into a SQL server at a data warehouse from which data extracts are done. The data is also put into a ProClarity cube and is available to VA local, regional, and national managers online. National managers have the ability to properly monitor, oversee and manage the national program and regional managers are able to effectively manage their respective areas using this tool. The primary purpose of this database is to provide financial and clinical oversight of the Prosthetics program and is used primarily by the Prosthetics and Sensory Aids (PSA) including VISN staff, VISN Prosthetics Representatives, Prosthetics Program Managers and other Prosthetics staff.

Features

Provides ad hoc reporting capability to conduct cost analysis and prescription practice reviews. Enhances prescription practices and research by providing a means for national utilization comparisons using Health Care Financing Administration's Common Procedure Coding System (HCPCS) standardization. Provides a patient item history on main NPPD groups that are based on HCPCS codes. These groups include: Wheelchairs and Accessories; Artificial Limbs; Braces and Orthotics; Oxygen and Respiratory; Durable Medical Equipment; and Surgical Implants. Prosthetic HCPCS are mapped to the NPPD Groups/Lines, providing a means to analyze, validate, summarize, and report usage and cost at the medical center and national levels.

Status:	ACTIVE
Program Office:	Prosthetics and Clinical Logistics Office
Responsible Office:	Chief Business Office
Physical Location:	Prosthetic Clinical Management Office/OI Field Office, Hines, Illinois

Size:	40 GB
Storage Method	MS SQL
O/S	WINDOWS NT
Hardware:	INTEL PLATFORM
Data Registry:	YES
Source of Data:	VAMCS
Business Area:	Patient
Time Frame:	1997 to Present

National Survey of Veterans (NSV)

Overview

The National Survey of Veterans (NSV) is a survey aimed at delineating the characteristics of the veteran population at a single point in time. The information collected in this survey allows the VA to follow trends in the veteran population, compare veterans who use VA programs to those who do not, and provides a current resource of data for policy analyses and program planning. Under Section 527, 38 U.S. Code, the VA Secretary has the authority to gather data for the purpose of planning and evaluating VA programs. The NSV was conducted under this general authorization. The NSV is conducted in order to obtain information relevant to the planning and budgeting of VA programs and services for veterans, in general, as well as for certain subgroups of veterans and to provide a snapshot profile of the veteran population. Veterans were selected for inclusion in the NSV using two methods: Random Digit Dialing (RDD) of U.S. and Puerto Rico telephone numbers; randomly selecting from VA computerized files of veterans with service-connected disabilities and/or veterans enrolled in VA health care. A total of 20,000 veterans completed the telephone interview, 13,000 were selected using RDD and 7,000 from VA files. The VA computerized files combined the following files: Veterans receiving compensation for service - connected disabilities during 2000 from the VA Compensation and Pension File (CNP) and Veterans enrolled in VA Health Care in 2000.

Features

Allows VA to monitor trends in the veteran population and compare characteristics of veterans who use VA programs to those who do not. Provides a current resource of data available for policy analyses and research.

Status:	ACTIVE
Program Office:	Office of Deputy Assistant Secretary for Policy
Responsible Office:	Office of Deputy Assistant Secretary for Policy
Physical Location:	Office of DAS for Policy, Washington, District of Columbia
Size:	63 MB
Storage Method	SAS
O/S	WINDOWS XP PROFESSIONAL
Hardware:	DELL
Data Registry:	NO
Source of Data:	Telephone interviews with 20,000 veterans in 2001
Business Area:	Patient
Time Frame:	2001 to 2001

Non-VA Fee Basis Medical System (FEE)

Overview

The Fee Basis Medical and Pharmacy System (FEE) automates the VHA Fee for Service program. It authorizes and pays private physicians, hospitals, and pharmacists for products and services provided to veterans approved for the program. Veterans are reimbursed through FEE for medically-related expenses including travel. Information is entered into the FEE system through VistA online menus. FEE is run at the CFD and interfaces with the Financial Management System (FMS), the Beneficiary Identification and Records Locator System (BIRLS), and the Automated Management Information System (AMIS) and its successor, the VHA Work Measurement database (VWM), to produce payments, accounting updates, and reports. FEE facilitates money management, master record updating, and input error resolution. Daily reports indicating all payments processed and erroneous input transactions are transmitted to approximately 170 VAMCs. Letters are sent to veterans on a monthly basis detailing payments made on their behalf to Fee for Service providers. Monthly, quarterly, semi-annual and annual reports are sent to the Veterans Affairs Central Office (VACO) and VAMCs. The Non-VA Fee Basis Medical System is commonly referred to as Central FEE.

Features

Provides tracking of patient, program, and vendor-specific information. Provides VAMCs authorization capability for individual or batch payments and the functionality to re-initiate previously rejected payments. Provides the cost and quantity of non-VA inpatient and outpatient care given to Fee for Service eligible veterans. Provides geographic distribution of Fee for Service providers, and the distance of these providers from the veterans. Provides online reporting capability. Several reports assist in the management of the FEE program at the VAMCs and identify workload incurred by each Primary Service Area (PSA).

Status:	ACTIVE
Program Office:	Chief Business Office
Responsible Office:	Health Administration Service
Physical Location:	CFD, 1615 Woodward St., Austin, Texas
Size:	6 GB
Storage Method	ORACLE & VSAM
O/S	z900
Hardware:	MAINFRAME
Data Registry:	NO
Source of Data:	VAMCS, BIRLS, FMS
Business Area:	Financial
Time Frame:	1975 to Present

Non-VA Hospital System (NVH)

Overview

The VHA pays for care provided to VA beneficiaries in non-VA hospitals through its contract hospitalization program as mandated by Congress in the late 1980s. The NVH software captures the patient's Demographics, Provider, Hospital Name and Location, Medicare Provider Number, Diagnoses and Procedures for which the patient received care during his/her inpatient stay. The data is received from either the patient or the medical center providing the care - normally on a UB-92 form. The billing office employee enters the information into VistA and sends information to the CFD. The non-VA hospitals are reimbursed at Medicare rates based on the Prospective System (PPS). PPS uses the appropriate Diagnostic Related Groups (DRGs). Each DRG has a different rate-adjusted reimbursement based on the regional and urban/rural designation of the provider non-VA Hospitals. NVH is housed at the CFD and uses software developed by the CFD in conjunction with 3M and the Center for Medicare and Medicaid Services (CMS). It is a batch system written in COBOL, ALC, and SAS. Processing occurs daily.

Features

Provides cost and DRG information to the Veterans Affairs Medical Centers for private care hospitalizations. Provides reports for the Medical Administration and Fiscal offices.

Status:	ACTIVE
Program Office:	Office of the Under Secretary for Health
Responsible Office:	Health Administration Service
Physical Location:	CFD, 1615 Woodward St, Austin, Texas
Size:	9 GB
Storage Method	Flat File
O/S	z900
Hardware:	MAINFRAME
Data Registry:	NO
Source of Data:	VAMCS
Business Area:	Financial
Time Frame:	Not Available

Nuclear Medicine National Headquarter System

Overview

The Nuclear Medicine National HQ System database is a series of MS Excel spreadsheets and Access Database Tables by fiscal year. They consist of information from all VAMCs performing or contracting nuclear medicine services in Veterans Affairs medical facilities. The medical centers are required to complete questionnaires annually (RCS 10-0010-Nuclear Medicine Service Annual Report). The information is then manually entered into the Access Tables. Included are:

- Distribution and cost of in-house VA - contract Physician Services, whether contracted services are made via sharing agreement (with another VA medical facility or other government medical providers) or with private providers.
- Cost of contracted services is tracked annually for comparisons of cost effectiveness.
- Provision of Radioimmunoassay Services and the cost for the current fiscal year.
- Organizational structure of services.
- Updated changes in key imaging service personnel (chiefs, chief technicians, radiation safety officers).
- Workload data on the number and type of studies (scans) performed, including Medicare Relative Value Units (RVUs), also referred to as Weighted Work Units (WWUs). WWUs are a workload measure calculated as the product of a study's Current Procedural Terminology (CPT) code, which consists of total work costs (the cost of physician medical expertise and time), and total practice costs (the costs of running a practice, such as equipment, supplies, salaries, utilities etc). Medicare combines WWUs together with one other parameter to derive RVUS, a workload measure widely used in the health care industry. WWUs allow Nuclear Medicine to account for the complexity of each study in assessing workload that that some studies are more time consuming and require higher levels of expertise. This gives a more accurate picture of workload, productivity etc than using just "total studies" would yield.
- A detailed Full-Time Equivalent Employee (FTEE) grid, and staffing distributions of FTEEs across nuclear medicine services.
- Budget and cost data by type (radiopharmaceuticals, supplies, education, other expenses).
- Revolving documentation of all major VA-owned gamma cameras (by type) and computer systems, their specifications and ages.
- Types of educational training/certification programs available at VA sites
- Ongoing funded research projects by Nuclear Medicine (NM) staff, identified by source of funding and research purpose.
- Academic achievements by NM staff, including published books/chapters, journals and abstracts.
- Information from polling field sites re: relevant issues and programs Headquarters needs to address.
- Results of a Congressionally mandated contracted quality assessment exercise, also

known as a Proficiency study. Study results are analyzed for comparison within VA facilities (for example by mission or size), and against participating private sector health care groups. Detailed questionnaire section on Quality Improvement Issues including mandates of VA, NRC and Joint Commission on the Accreditation of Healthcare Organizations (JCAHO)

The database is now stored completely within MS Access Database Tables with output still presented in the form of Excel graphs and tables.

Features

Provides an annual report summarizing the information received from all the VAMCs submitting questionnaires. The bulk of the report is a presentation of the data compiled from the questionnaires in the form of graphs on WWUs, quality studies, staffing, and other parameters. Where applicable, appropriate data is trended over time encompassing multiple years' data. Provides reporting on demand in response to requests for information from users around the country. In addition, it is the primary source data for the Service's annual Technical Staffing Productivity Algorithm, an annual study and projection of technical staffing uses and needs. This effort is in conjunction with HSR&D in Ann Arbor MI; planning is underway to expand this project to include a physician productivity model.

Status:	Active/ Standalone
Program Office:	Office of Patient Care Services
Responsible Office:	National Headquarters Nuclear Medicine
Physical Location:	2215 Fuller Rod, Ann Arbor, Michigan
Size:	750 MB
Storage Method	MS ACCESS
O/S	WINDOWS XP PROFESSIONAL
Hardware:	DELL
Data Registry:	YES
Source of Data:	VAMCS
Business Area:	Organizations Management
Time Frame:	1992 to Present

Parkinsons Disease Research, Education, and Clinical Centers Registry (PADRECC)

Overview

The Parkinson's Disease Research, Education and Clinical Care Centers (PADRECCs) were established as VA Centers of Excellence for the care of patients with Parkinson's disease. The Office of Patient Care Services directed the PADRECCs to establish a national database registry to capture vital information for VHA to use for ongoing development and resourcing of these centers. The National PADRECC Registry was operational as of November 2003. The Registry is established as a System of Records.

Features

Provides a registry of patients seen at each of the PADRECCs. Data includes demographics, visits, surgeries, and outcome test results. Reports are available for each center to obtain a snapshot of their Parkinson's patients and for the Program Office to monitor the activities of the PADRECCs.

Status:	ACTIVE
Program Office:	
Responsible Office:	Patient Care Services
Physical Location:	San Francisco VAMC, IRMS Server Room, San Francisco, California
Size:	20 MB
Storage Method	MS SQL
O/S	WINDOWS 2000
Hardware:	INTEL PLATFORM
Data Registry:	NO
Source of Data:	VA Medical Centers
Business Area:	Patient
Time Frame:	2002 to Present

Patient Advocate

Overview

The Patient Advocate database records and tracks instances of patient compliments and complaints concerning their care at VA healthcare facilities. These instances of patient contacts may come from a variety of sources including family members, the patient, congressional members and/or veterans service offices on behalf of the veterans receiving care at VA facilities. This database provides a menu of reports that can be used to track and trend data across VISNs. Reports of contact allow the Patient Advocate to trend compliments and complaints, and ensure that issues raised are resolved. The reports include data such as patient demographics, date of contact, method of contact, who made the contact, issues involved, what service was involved, resolution date and resolution status. Data is collected from VAMCs and sent to the VISN Support Center (VSSC) where the data is maintained and reports created.

Features

Allows recording and tracking of instances of patient complaints and compliments. Provides an analysis of trends of customer complaints. Generates a report of customer contacts.

Status:	ACTIVE
Program Office:	Office of the Chief Network Officer
Responsible Office:	VISN Support Service Center
Physical Location:	CFD, 1615 Woodward St, Austin, Texas
Size:	
Storage Method	SAS
O/S	z900
Hardware:	MAINFRAME
Data Registry:	NO
Source of Data:	VAMCS
Business Area:	Patient
Time Frame:	2000 to Present

Patient Assessment File (PAF)

Overview

The Patient Assessment File (PAF) database compiles the results of the Patient Assessment Instrument (PAI) questionnaire filled out for intermediate care VHA patients. The PAI is filled out within two weeks of admission. It is also completed semi-annually on April 1 and October 1 for each patient by a registered nurse familiar with the patient. The PAI questions cover medical treatments, conditions, selected diagnoses, activities of daily living, behaviors, some rehabilitation therapies, and chronic respiratory support. The database is managed by the Geriatrics & Extended Care Strategic Healthcare Group in the Office of Patient Care Services. It is currently running at the CFD and is stored in flat files. PAF's primary customer is the Allocation Resource Center (ARC) in Braintree MA. The ARC receives the data from CFD and combines it with data from the Patient Treatment File (PTF) which contains more detailed demographic and treatment information. The ARC builds ORACLE tables, assigning RUG II (Resource Utilization Group II) scores and weighted work units reflecting the level and type of care needed. The 16 different weighted work units, ranging from 479 to 1800, are a factor in the resource allocation and budget decisions on long-term care, and are used to measure efficiency. The data is also used in other reports to Central Office, the VISNs, and the facilities. Several other units also use PAF information including the Decision Support System (DSS). Currently, PAF is in the process of being replaced by the Resident Assessment Instrument/Minimum Data Set (RAI/MDS). RAI/MDS uses a much more extensive questionnaire as its source of information. The RAI/MDS provides clinical data and care protocols in addition to the newer RUG III scores, and is required by CMS for all Medicare and Medicaid funded hospitals.

Features

Provides the ARC with the information needed to assign RUGS scores and weighted work units, which are used to classify intermediate care patients and to determine workload.

Status:	ACTIVE
Program Office:	Office of Patient Care Services
Responsible Office:	Geriatrics & Extended Care Strategic Healthcare Group
Physical Location:	CFD, 1615 Woodward Street, Austin, Texas
Size:	10 MB
Storage Method	Flat File
O/S	z900
Hardware:	MAINFRAME
Data Registry:	NO
Source of Data:	VAMCS
Business Area:	Patient
Time Frame:	1987 to Present

Patient Treatment File (PTF)

Overview

This database is part of the National Medical Information System (NMIS). The Patient Treatment File (PTF) contains a statistical record for each inpatient care episode provided under VA auspices in VA and non-VA facilities nationwide. Each episode contains data on admission, diagnosis, procedures, surgical episodes, and disposition (discharge) information and Diagnostic Related Group (DRG). Each transfer is recorded to allocate days of care properly to the service(s) responsible for that care. Recurring and special purpose reports are used for studies on patient movement trends, diagnostic frequency, workload, budget preparation, Diagnostic Related Group (DRG) assignment and accreditation requirements. A database of statistical reports is available for online access via Roger's Software Development's (RSD) Online Report Viewing. Several large data files are installed on-line at the CFD for remote access. Selected data can be downloaded to perform end user processing, including report generation. Information is received from a variety of modules in VistA. This batch system is written in COBOL and ALC. Processing is done on a daily, weekly, and monthly basis. Primary customers are the VAMCs, the Health Information Manager, the Office of the Assistant Secretary for Policy and Planning, the National Center of Veteran Analysis and Statistics, and the Analysis and Statistics Service.

Features

Contains statistical record for each episode of inpatient care provided under VA auspices.
Provides clinical information in an encoded format. Provides information for health science research. Provides analysis of patient movement trends. Provides workload analysis.
Provides budget preparation assistance.

Status:	ACTIVE
Program Office:	Office of Information
Responsible Office:	Health Informatics and Information Resources
Physical Location:	CFD, 1615 Woodward St, Austin, Texas
Size:	1300 MB
Storage Method	Flat File
O/S	z900
Hardware:	MAINFRAME
Data Registry:	NO
Source of Data:	VAMCS
Business Area:	Patient
Time Frame:	1975 to Present

Pharmacy Benefits Management (PBM)

Overview

The Pharmacy Benefits Management (PBM) is a database that collects information on medication dispensed to both inpatient and outpatient veterans who receive care from the VA. Information for the PBM database is extracted from a number of files found within the VistA environment. Monthly, the extracted information is sent via MailMan messages from all VAMCs to the Strategic Healthcare Group(119D). At the PBM, quality assurance procedures are performed on the data and local pharmaceutical names are converted to common names before the information is entered into the PBM database. PBM database users include the VAMCs, the Veterans Integrated Service Networks (VISNs), and the Chief Network Officer (CNO).

Features

Provides a national database containing information on drug dispensing at VAMCs. Provides reporting at local, regional, and national levels for VAMCs and VISNs. Provides monthly, quarterly, and annual reports to the VAMCs and VISNs. Provides the translation of local pharmaceutical names to common names. Provides confirmation to VAMCs that MailMan messages have been received successfully by the Hines facility.

Status:	ACTIVE
Program Office:	Pharmacy Benefits Management Strategic Healthcare Group
Responsible Office:	Pharmacy Benefits Management Strategic Healthcare Group
Physical Location:	Pharmacy Benefits Management Office/OI Field Office, Hines, Illinois
Size:	600 GB
Storage Method	MS SQL
O/S	WINDOWS XP PROFESSIONAL
Hardware:	INTEL PLATFORM
Data Registry:	NO
Source of Data:	
Business Area:	Operations & Logistics
Time Frame:	1998 to Present

Plan Library Information and Retrieval System (PLIARS)

Overview

The Plan Library Information and Retrieval System (PLIARS) is an electronic catalogue of microfilmed Contract and As-Built drawings of VA building plans and cemeteries. It is a single flat file list of the more than 500,000 aperture cards stored at the Veterans Affairs Central Office (VACO). Each record contains an entry for station number (VAMC) number, date, building number, a code representing the discipline, project number, floor, and wing. Disciplines include architectural, electrical, mechanical, structural, etc. Hard copy of the plans are stored at each VAMC. The plans are microfilmed at the National Archives and aperture cards are produced for both Contract and As-Built stages of the contract. An original copy of each aperture card is kept at the National Archives, with copies to VACO and the VAMC. The Program Planning and Management Office enters a record into PLIARS for each new card the VACO receives. They are also responsible for maintaining the database. Primary users of the PLIARS database are contractors hired to do work. In-house technical staff and the Engineering offices at the VAMC's. Users of PLIARS can request aperture cards for the buildings, disciplines, projects and medical centers as needed. Staff pull the aperture cards from the files and make either half or full size blow-ups of the drawings.

Features

Catalogues over half a million architectural and structural drawing plans for Veterans Affairs dating back to 1925. Permits easy identification and locating of aperture cards (microfilm) for these plans stored at the VACO. Provides centralized, convenient access to VAMCs plans for use by contractors and others.

Status:	ACTIVE
Program Office:	Office of Facilities Management
Responsible Office:	Resource Management Office
Physical Location:	Washington, DC, Washington, District of Columbia
Size:	50 MB
Storage Method	MS ACCESS
O/S	WINDOWS 2000
Hardware:	INTEL PLATFORM
Data Registry:	NO
Source of Data:	VA HEADQUARTERS
Business Area:	Operations & Logistics
Time Frame:	1979 to Present

Remote Order Entry System (ROES)

Overview

The Remote Order Entry System (ROES) is the front end of the Denver Acquisition & Logistics Center's (DALC) order fulfillment production system. ROES is used by VA clinicians to place orders for certain types of medical products and services that are maintained under contract by the DALC. The most substantial product line handled through ROES is hearing aids. The ROES application and database are tailored for efficiency in ordering the specified devices and other items available from the DALC, and tracking them upon issue to an individual patient when appropriate. Other product lines handled through ROES include hearing aid accessories and batteries, cochlear implants, prosthetic items, aids for the visually impaired, and assistive devices. A line of service provided by the DALC and facilitated by ROES is that of hearing aid repair. The ROES application and database tie together the DALC enterprise business functions of contracting/acquisition management, order fulfillment, distribution management, finance, and product life cycle support. Extensive order tracking, serialized device registration, patient/device history, and sales/financial reporting are also supported by the database.

Features

ROES uses advanced practices in software design, supporting hardware platform, database management, and network integration. It integrates a web-based application architecture with a VistA environment. The database is optimized for the DALC's progressive procurement and distribution practices, process flows, advanced general business practices, and current VA regulations.

Status:	ACTIVE
Program Office:	Office of Acquisition and Material Management
Responsible Office:	Denver Acquisition & Logistics Center
Physical Location:	Denver Acquisition & Logistics Center, Denver, Colorado
Size:	20 GB
Storage Method	VA FileMan
O/S	WINDOWS 2003
Hardware:	INTEL PLATFORM
Data Registry:	YES
Source of Data:	VHA Medical Centers
Business Area:	Patient
Time Frame:	1990 to Present

Report of VA Medical Training Programs

Overview

The Report of VA Medical Training Programs Database is used to track medical center health services trainees and VA physicians serving as faculty. The database also tracks the number of U.S. and international medical residents on-duty at a VAMC. Information in the database comes from all VAMCs that have residency programs. The Office of Academic Affiliations distributes worksheets and memos to participating VAMCs annually. VAMC personnel enter the information electronically into the database located at the Academic Information Management Center (AIMC) in St. Louis, Missouri. The main user of this database is the Office of Academic Affiliations which uses the reports from the system to assist in its decision making.

Features

Provides information for making staffing decisions. Provides total count of full and part time VA physicians serving as faculty. Provides the number of medical students by medical center. Provides a total count of foreign medical students and graduates. Provides medical graduate reporting by specialty (medical, geriatric, surgery, etc.) and sub-specialty.

Status:	ACTIVE
Program Office:	Office of Academic Affiliations
Responsible Office:	Office of Academic Affiliations
Physical Location:	
Size:	150 MB
Storage Method	MS SQL
O/S	WINDOWS 2003
Hardware:	INTEL PLATFORM
Data Registry:	NO
Source of Data:	VAMCS
Business Area:	Operations & Logistics
Time Frame:	1996 to Present

Research and Development Information System

Overview

The Research and Development Information System (RDIS) is the Veterans Affairs Central Office budgetary and project data repository for managing the VA Research and Development Program. The RDIS contains data collected from VAMCs on all VA research projects. It stores information on VAMC investigators, project budget allocations and expenditures, initial project abstracts, progress reports and research space. VA Medical Centers collect and submit the data using an application called electronic Project Management and Information System (ePROMISE). That data is submitted to VACO and becomes a component of RDIS. ePROMISE collects data from over 150 VA facilities (including 75 VAMCs). VA funded, non-VA funded and non-funded research proposals are reviewed and must be approved by the Research and Development Committee and relevant R&D Subcommittees (Human Studies, Animal Use, and/or Biosafety) at each VAMC. Basic information on research projects approved by the VAMC R&D committee is transmitted to the RDIS, which tracks the life cycle of these projects.

Features

Provides budgetary and project information for research projects. Provides information on research investigators.

Status:	ACTIVE
Program Office:	Office of Research & Development
Responsible Office:	Office of Research & Development
Physical Location:	VAHQ, Washington, District of Columbia
Size:	800 MB
Storage Method	MS SQL
O/S	WINDOWS NT
Hardware:	PC LAN
Data Registry:	NO
Source of Data:	VAMCS
Business Area:	Operations & Logistics
Time Frame:	1993 to Present

Residency Allocation Database

Overview

The Residency Allocation Database is used to determine allocation of funds for residency programs offered by VAMCs. Information for the database comes from any VAMC that has made a funding request for its residency programs. The Office of Academic Affiliations distributes worksheets and memos are sent to participating VAMCs. VAMC personnel enter the information electronically into the database housed at the Academic Information Management Center (AIMC) located in St. Louis, Missouri. The data entry and collection process is done annually beginning in September and ending in December. The main user of this database is the Office of Academic Affiliations.

Features

Allows the Office of Academic Affiliations to allocate residency positions throughout the VAMC system. Provides tracking of funding request changes. Provides AIMC personnel statistics for funding projections and trend analysis. Allows capture of residency program information for thirty-eight medical specialties.

Status:	ACTIVE
Program Office:	Office of Academic Affiliations
Responsible Office:	Office of Academic Affiliations
Physical Location:	
Size:	120 MB
Storage Method	MS SQL
O/S	WINDOWS 2003
Hardware:	INTEL PLATFORM
Data Registry:	NO
Source of Data:	VA Medical Centers
Business Area:	Human Resources
Time Frame:	1993 to Present

Resident Assessment Instrument/Minimum Data Set (RAI/MDS)

Overview

The Resident Assessment Instrument/Minimum Data Set (RAI/MDS) is a comprehensive assessment and care planning process used by the nursing home industry since 1990 as a requirement for nursing home participation in the Medicare and Medicaid programs. The RAI/MDS provides data for monitoring changes in patient status that are consistent and reliable over time. The VA commitment to quality propelled the implementation of the RAI/MDS in its nursing homes. In addition to providing consistent clinical information, the RAI/MDS can be used as a measure of both quality and resource utilization, thereby serving as a benchmark for quality and cost data within the VA as well as with community based nursing facilities. Workload based on RAI/MDS can be calculated electronically by the interactions of the elements of the MDS data and grouped into 44 categories referred to as Resource Utilization Groups (RUG-III). Patients are assessed quarterly. The data is grouped for analysis at the CFD. Conversion to electronic data entry and transmission to the CFD was completed system-wide by year-end 2000.

Features

Captures comprehensive clinical/functional data quarterly on long-term care patients admitted to VAMCs. Provides a systematic approach to identification of patient problems for care planning and treatment. Provides data for budget and resource utilization by grouping data into 44 RUG-III categories. A source of data for benchmarking quality in a consistent manner both within the VA and with non-VA facilities.

Status:	ACTIVE
Program Office:	Geriatrics and Extended Care
Responsible Office:	Geriatrics & Extended Care Strategic Healthcare Group
Physical Location:	Corporate Franchise Datacenter, Austin, Texas
Size:	5 GB
Storage Method	ORACLE
O/S	WINDOWS NT
Hardware:	INTEL PLATFORM
Data Registry:	NO
Source of Data:	
Business Area:	Patient
Time Frame:	2001 to Present

Resident Engineer Mgmt System 2000 (REMS2000) / Paragon 6

Overview

Resident Engineer Management System 2000 (REMS2000) allows Resident Engineers to manage and administer construction projects and the numerous contracts, both design and construction, associated with those projects. The database is used to create reports that facilitate the execution and completion of these contracts. REMS2000 replaced the Resident Engineer Management System (REMS) in 1999. This database is used to manage and administer construction projects at each resident/engineer project site. REMS2000 runs on a commercial application called Paragon that is owned and managed by Via Novus in Oakland, CA. The system is available nationally via the Internet connection to Via Novus and a Citrix client connection configuration. Stored information includes:

- contract modifications
- product submittals
- architect/engineer site visits
- testing lab funding
- contract funding
- government furnished equipment
- contract information requests
- costs
- description of the project under construction, and
- inspection details

Features

Provides complete Project Management data capture for creating and tracking contract modifications and budget for the project. In addition, provides a means for tracking Requests for Information (RFI's), product submittals, etc. associated with typical Resident Engineer management of an assigned contract. By comparing actual obligations against project budgets and potential costs associated with additional potential obligations, a "risk analysis" can be accomplished to provide forecasting of projected project costs. The fact that the system is available nationally via a Citrix client configuration, remotely located program and project managers have real-time access to the project and contract data as it is collected and edited by field staff. Supports budget reporting and tracking by specific construction project. Supports contract tracking by specific construction project.

Status:	ACTIVE
Program Office:	Office of Facilities Management
Responsible Office:	Resource Management Office
Physical Location:	Contractor / Consultant Server (Via Novus), Oakland, California
Size:	100 MB
Storage Method	ORACLE

O/S	WINDOWS 2000
Hardware:	INTEL PLATFORM
Data Registry:	NO
Source of Data:	VHA Field Engineers & Project Managers
Business Area:	Operations & Logistics
Time Frame:	1999 to Present

Short Form Health Survey for Veterans (SF-36V)

Overview

The Short Form Health Survey for Veterans (SF-36V) database is an electronic collection of completed SF-36V surveys. The SF-36V questionnaire was developed by the Veterans Health Survey (VHS) and is a patient based survey designed specifically for use among veterans who are in ambulatory care. The questionnaire asks veterans about their behaviors and their overall views on health. There are thirty-one standard questions in the survey. In addition, one of five custom modules can be selected to appear at the end of the survey to provide more feedback about the following areas: Diet and Physical Activity; Satisfaction; Smoking and Alcohol; Social Support; Utilization and Insurance. The SF-36V can be given to veterans in one of two ways: through the mail or over the phone. Completed questionnaires are sent to the National Customer Feedback Center (NCFC) where they are scanned in and converted into a digital format. The primary user of this database is the Office of Performance and Quality (OP&Q).

Features

The Short Form Health Survey for Veterans (SF-36V) database is an electronic collection of completed SF-36V surveys. The SF-36V questionnaire was developed by the Veterans Health Survey (VHS) and is a patient based survey designed specifically for use among veterans who are in ambulatory care. The questionnaire asks veterans about their behaviors and their overall views on health. There are thirty-one standard questions in the survey. In addition, one of five custom modules can be selected to appear at the end of the survey to provide more feedback about the following areas:

- Diet and Physical Activity
- Satisfaction
- Smoking and Alcohol
- Social Support
- Utilization and Insurance

The SF-36V can be given to veterans in one of two ways: through the mail or over the phone. Completed questionnaires are sent to the National Customer Feedback Center (NCFC) where they are scanned in and converted into a digital format. The primary user of this database is the Office of Performance and Quality (OP&Q).

Status:	ACTIVE
Program Office:	Office of the Under Secretary for Health
Responsible Office:	Office of Quality & Performance
Physical Location:	VA Central Office, Washington, District of Columbia
Size:	
Storage Method	
O/S	WINDOWS 2000
Hardware:	INTEL PLATFORM

Data Registry:	NO
Source of Data:	Veteran
Business Area:	Patient
Time Frame:	Not Available

Site Implementation Tracking

Overview

The Site Implementation Tracking database is a module on the VA national electronic mail system FORUM that tracks when VAMCs sites install a new version of a VistA module or package. It also tracks site-specific demographic information, such as director of the medical center, chief of staff, security officer, and chief of Information Resource Management (IRM).

Features

Tracks when VAMCs install new versions of VistA packages and patches. Maintains site-specific demographic information on VAMCs.

Status:	ACTIVE
Program Office:	Office of Information
Responsible Office:	HSITES
Physical Location:	OI Field Office, Albany, New York
Size:	6 MB
Storage Method	VA FileMan
O/S	VMS
Hardware:	DEC ALPHA
Data Registry:	NO
Source of Data:	VAMCS
Business Area:	Operations & Logistics
Time Frame:	1984 to Present

Spinal Cord Dysfunction (SCD)

Overview

The Spinal Cord Dysfunction (SCD) module supports the maintenance of local and national registries for the tracking of patients with spinal cord injury and disease from both traumatic and non-traumatic causes. SCD includes features for clinical, management, and research staff. Clinicians benefit from the ability to see profiles of SCD patients, ensure that regular annual exams are completed, and measure patient outcomes. Managers have a suite of reports that reflect the resources needed to care for SCD patients. Researchers have access to a national registry for all veteran SCD patients and their associated health care events.

Features

Allows for the entry and tracking of a patient's outcomes over time, including ASIA Impairment Scale, FIM (Functional Independence Measure), CHART (Craig Handicap Assessment and Reporting Technique), FAM (Functional Assessment Measure, DIENER, DUSOI (Duke University of Illness Index), and for Multiple Sclerosis patients Kurtzke Functional Systems Scales and EDSS (Expanded Disability Status Scales).

Provides a set of report options to monitor Outcomes on an aggregate basis, i.e., Outcomes for an aggregate group of patients, according to Asia impairment.

Generates an HL7 message to a national registry whenever a new record is created or a current record is edited. The central registry is used to provide VA wide review of patient demographics, clinical aspects of injury and disease, and resource utilization involved in providing care to patients. Provides a link to the Health Summary package and a variety of reports including aggregate outcomes, ad hoc, and data filtering capabilities.

Status:	ACTIVE
Program Office:	Patient Care Services
Responsible Office:	SCD Registry Office
Physical Location:	CFD, 1615 Woodward St., Austin, Texas
Size:	
Storage Method	ORACLE
O/S	UNIX
Hardware:	DEC ALPHA
Data Registry:	YES
Source of Data:	VAMCS & Spinal Cord Center
Business Area:	Patient
Time Frame:	1995 to Present

Surgery Risk Assessment Database

Overview

The Surgery Risk Assessment (SRA) database is part of the National Surgical Quality Improvement Program (NSQIP). This database contains assessments of selected surgical operations performed at Veteran Affairs Medical Centers (VAMCs). Addition to the SRA database requires that the surgery is Major (as defined by the type of anesthesia used), it must not be cardiac related, and it may not be concurrent with another surgery. Frequently performed other types of surgeries may also be excluded. Nurse reviewers at VAMCs gather the information from surgical data located in the Veterans Health Information Systems and Technology Architecture (VistA) environment. Information is also collected from pre- and post-operative charts and from interviews with patients. This information is entered into VistA and transmitted daily by a batch process to the Hines Office of Information Field Office. While the database has been in operation since 1995, the system only contains data for the current fiscal year. The data from previous fiscal years is archived if later retrieval is needed. Valid transmissions are sent to the Hines VA Center for Cooperative Studies and Health Services (CCSHS) to be included for their use. Information from non-assessed surgeries is transmitted from the VAMCs to the Hines OI Field Office quarterly. This is also passed along to CCSHS. The users of this database include the NSQIP Executive Committee, the CCSHS, and the Chiefs of Surgery at all VAMCs.

Features

Provides error checking of transmissions from VAMCs to ensure data quality. Provides annual reports evaluating VAMCs surgical performance. Provides information for trend analysis by the NSQIP Executive Committee for VAMC's Chiefs of Surgery. Provides historical risk assessment information to help researchers improve the quality of surgical procedures.

Status:	ACTIVE
Program Office:	NSQIP Executive Committee
Responsible Office:	Birmingham OI Field Office
Physical Location:	1055 Clermont St., Denver, Colorado
Size:	300 MB
Storage Method	VA FileMan
O/S	VMS
Hardware:	
Data Registry:	NO
Source of Data:	VAMCS
Business Area:	
Time Frame:	1991 to Present

VA Drug Pricing Database

Overview

The VA Drug Pricing database contains the current prices for pharmaceuticals purchased by the federal government. These listed prices are based on the Federal Supply Schedule (FSS). This database is mandated by Public Law 102-585, the Veterans Health Care Act of 1992, which sets the maximum amount that a drug may be bought for by the VHA. The source of this information is contained in printed contracts or data files supplied by the drug manufacturers, representing the pricing agreements between VHA and the manufacturers. Price data is input by the National Acquisition Center (NAC) into the database administered by the Pharmacy Benefits Management Strategic Healthcare Group. Information from this database is published on the World Wide Web at the following site:

<http://www.dppm.med.va.gov> . The users of this database include pharmaceutical manufacturers, drug wholesalers, and those who purchase pharmaceuticals for the VHA.

Features

Provides current government drug prices. Provides World Wide Web users quick and easy access to the information. Provides the information in dBASE III file format for use by most PC-based database and spreadsheet applications.

Status:	ACTIVE
Program Office:	Office of Patient Care Services
Responsible Office:	Pharmacy Benefits Management Strategic Healthcare Group
Physical Location:	Pharmacy Benefits Management Strategic Healthcare Group, Hines, Illinois
Size:	10 MB
Storage Method	Foxpro
O/S	WINDOWS 2003
Hardware:	INTEL PLATFORM
Data Registry:	NO
Source of Data:	PHARMACEUTICAL MANUFACTURERS & FSS PRICING SCHEDULE
Business Area:	Financial
Time Frame:	1993 to Present

VA Longitudinal Online Research Database (VALOR)

Overview

The VALOR Database fulfills three important objectives essential to the research mission of the Center for Health Equity Research and Promotion, a VA HSR&D Center of Excellence.

- To maintain a distinct research database with information drawn from the Philadelphia VAMC VistA system, the VA's electronic medical record.
- To implement technical and administrative protocols for data access that balances the information needs of the VA research community with ethical guidelines and federal regulations regarding patient privacy.
- To facilitate access to individual and population-based data essential to conducting VA-based clinical and health services research projects.

Data elements chosen for inclusion in the VALOR database reflect common themes to health services and clinical research. Typically, research themes include analyses that demonstrate associations among demographics, diagnoses, therapeutic strategies, laboratory, radiology and other special study results, pharmacy utilization, and specific and general resource utilization within the ambulatory, inpatient and emergency room environments. The VALOR database is an extract of the Philadelphia VA Medical Center's VistA system that captures the full range of information generally used in conducting clinical and health services research projects. It includes all information on patients seen in the inpatient and ambulatory environments of the medical center since 1997 with the exclusion of people who have designated themselves as hospital employees.

The information available in VALOR is the same as the information already obtainable through ad hoc queries of the VistA System, but VALOR offers efficiency and security advantages. Currently, queries that span different domains (e.g. pharmacy, laboratory, and clinical) are conducted in phases by different domain experts, each of whom provide their own pieces of data that must then be integrated by the investigator. This process is time consuming and requires the participation of many people, each of whom is exposed to personal health identifiers. Centralizing the process reduces the number of people involved in the query, reduces the risk of exposure of personal health identifiers and improves the efficiency in providing the researcher the required information.

The VALOR database has been established under an Institutional Review Board (IRB)-granted waiver of authorization as required by the Health Insurance Portability and Accountability Act. The Philadelphia VA IRM manages physical security of the computer hardware. Direct access to the database contents is limited to the system manager and others with the approval of the IRB.

Features

The purpose of the database is to provide information to others in the conduct of research. Three tiers of information dissemination have been identified, each requiring a different level of oversight and auditing:

1. Population-based queries that result in an accounting of patients who meet specified criteria. IRB and ISO notifications are required for these queries.
2. Limited Data Set queries of specific clinical information on patient cohorts that meet specified criteria, but where personal health identifiers are not required. Pseudo identifiers are substituted for real medical record numbers for the purpose of following patients longitudinally across time. Queries that meet the limited data set specification and can be granted by a data use agreement.
3. Personal health information queries are only provided to investigators who have appropriate IRB approval to view the information. The IRB must review the study methods and purposes on a case-by-case basis and determine if the information can be released under a waiver of authorization or if an informed consent from the patient is needed.

While the VALOR database contains a broad array of clinical information that includes protected health information; information is only disseminated to others in a de-identified form, or according to the stipulations given by the Philadelphia Institutional Review Board.

Status:	ACTIVE
Program Office:	Health Services Research & Development
Responsible Office:	Center for Health Equity Research and Promotion
Physical Location:	3900 Woodland Avenue, Philadelphia, Pennsylvania
Size:	8 GB
Storage Method	ORACLE
O/S	WINDOWS NT
Hardware:	INTEL PLATFORM
Data Registry:	NO
Source of Data:	VAMCS
Business Area:	Patient
Time Frame:	1997 to Present

VA National Clozapine Registry

Overview

The VA National Clozapine Registry tracks the health and demographics of patients who have been prescribed clozapine by the VA. Clozapine, or the brand name Clozaril, is a drug used to treat the most serious cases of schizophrenia. Unfortunately, clozapine may also affect portions of the blood, lowering the body's resistance to infection and sometimes creating life-threatening circumstances. Realizing the severity of the problem, the Food and Drug Administration (FDA) established guidelines for analysis of White Blood Cells and Neutrophils and set strict minimum limits. The FDA also mandated that any manufacturer of clozapine must maintain a Clozapine Registry. These registries are to track the location and the health of clozapine patients and to ensure "weekly White Blood Cell testing prior to delivery of the next week's supply of medication". To date, the clozapine manufacturer registries have been unable to develop sufficient controls to meet these requirements, especially the ability to prevent dispensing clozapine when blood results are abnormal. However, because of the unique structure of VistA, the VHA obtained permission from the FDA and clozapine manufacturers to use its in-place computer network to gather and evaluate weekly patient information, then export this data to manufacturer clozapine registries. The VA assigned functional administration of this effort to the National Clozapine Coordinating Center (NCCC) located in Dallas, Texas. Weekly data on each VA clozapine patient is processed at two locations. Facility Level -- When a clozapine prescription is written, a computer program in each facility's internal computer system retrieves white blood cell count, neutrophil count, and clozapine dose and evaluates the information according to FDA guidelines. If an adverse blood condition is found, the computer may warn to trigger a physician reevaluation, or lock out entirely to prevent dispensing, depending on the severity. Weekly, this information, along with certain patient demographic information, is gathered locally and transmitted to Hines Office of Information Field Office for centralized storage. This data can only be accessed by the NCCC. National Level - Information on the clozapine patients' prescriber, clozapine dose, white blood cell count, and neutrophil count is downloaded from the Hines OI Field Office database on a weekly basis. An ancillary computer program reformats the data and evaluates the information for inconsistencies and data gathering errors. The computer-corrected data is manually compared with hand-written facsimile information sent to the NCCC by each site. This manually corrected data is again reformatted for data storage in MS Access format at the NCCC. The corrected data is also reformatted into ASCII fixed-length fields and transmitted via modem to the manufacturers' Clozapine Registry and, in turn, to the FDA.

Features

Provides data on VA clozapine patients required to meet national commitments to the FDA and manufacturers' clozapine registries. Provides the best possible safety for VA clozapine patients by using a unique interlock at the pharmacy level which permits, warns, or prevents clozapine from being dispensed in accordance with current FDA guidelines for white blood

cell count and neutrophil count, resulting in the safest domestic clozapine dispensing program available. Provides for secure communication between the NCCC and local computers, without violating local security restrictions. Makes basic demographic data, white blood cell counts and, since 1999, neutrophil counts, for over 6500 patients who have tried clozapine in over 130 domestic VA hospitals, available for research purposes. Saves millions of dollars a year for the VA (\$8 million in 1998) in the form of lower drug costs from the manufacturers, who deduct the cost of clozapine monitoring from their regular prices.

Status:	ACTIVE
Program Office:	Office of Patient Care Services, Mental Health Strategic Health Care Group
Responsible Office:	
Physical Location:	VA North Texas Health Care System, Dallas VA Medical Center, Dallas, Texas
Size:	257 MB
Storage Method	MS ACCESS
O/S	WINDOWS XP PROFESSIONAL
Hardware:	LAN SERVER
Data Registry:	YES
Source of Data:	VAMCS
Business Area:	Patient
Time Frame:	1991 to Present

VA Site Tracking (VAST)

Overview

The purpose of the VA Site Tracking database is to provide a single source for official counts of VHA service sites. The official counts as published in the Quarterly Executive Summary are needed for correspondence to Congress, news organizations, budget submissions and stakeholders. The VAST data also encompasses addresses, telephone numbers, latitude/longitude, operational status and services. It also provides historic changes to station numbers. This information is provided by each Network in coordination with the VHA Chief Network Office (10N) and the Office of Financial Systems (047E) to the VHA Planning Systems Support Group.

Features

Provides Web-based access to current VHA service sites both operational and planned. Allows an official accounting of the types of sites nationally and by Network. Access to locations of types of services by VISN or by state. Provides mailing and street addresses along with telephone numbers. Provides Web-accessible canned reports (PDF format). Enables each site to be geographically mapped for determination of impact upon service areas and access to health care.

Status:	DESIGN/DEVELOPMENT
Program Office:	ADUSH of Policy and Planning
Responsible Office:	Planning System Support Group
Physical Location:	1601 SW Archer Rd., Gainesville, Florida
Size:	5 MB
Storage Method	MS SQL
O/S	WINDOWS NT
Hardware:	INTEL PLATFORM
Data Registry:	NO
Source of Data:	VA PROGRAM OFFICES, CHIEF NETWORK OFFICES
Business Area:	Operations & Logistics
Time Frame:	2000 to Present

VA/DoD Sharing

Overview

The VA/DoD Sharing Database was originally developed to provide the VHA and the Department of Defense (DoD) software for recording, tracking, and compiling reports from the information generated by joint VHA and DoD activities. Activities included the creation of formal agreements between VHA and DoD sites that were sharing resources in some manner. The original system resided on the VA's FORUM and was accessible to anyone who could access FORUM. It was determined that the legacy system could not respond to the changing needs of its users and those doing the maintenance. The database was converted from a character-based terminal/host system into an SQL relational database. Security features were added requiring users to login before gaining access to the information. The database was migrated from FORUM to a web-based product available on the VHA Intranet. The new system permits flexible, consistent use of the data across the enterprise and allows the Sharing and Purchasing Office (175) to enter and manage information on more than 1,000 sharing agreements. These agreements enable sharing of over 14,000 health services between VHA and DoD medical facilities. The system is accessible by VHA personnel at facilities with Intranet access and is available to DoD users as word documents transmitted by e-mail.

Features

Allows Entering/Editing/Copying of new, revised, and/or amended sharing agreements and TRICARE contracts. Ensures completion of data validation before transmission to the database. Enables VHA to generate a wide variety of reports including all active agreements, expired agreements, agreements by VHA facility or military service, and count of agreements sorted by Health Services, VISN, Military Organization, or Care Provider.

Status:	ACTIVE
Program Office:	Office of Finance
Responsible Office:	Medical Sharing and Purchasing Office
Physical Location:	810 Vermont Ave. NW, Washington, District of Columbia
Size:	10 MB
Storage Method	MS SQL
O/S	WINDOWS NT
Hardware:	INTEL PLATFORM
Data Registry:	NO
Source of Data:	VACO
Business Area:	Operations & Logistics
Time Frame:	1999 to Present

Veterans Administration Central Cancer Registry (VACCR)

Overview

The Veterans Administration Central Cancer Registry (VACCR) receives and stores information on cancer diagnosis and treatment constraints compiled and sent in by the local cancer registry staff at each of the 120 VAMCs that handle cancer patients. The information sent is encoded to meet the site-specific requirements for registry inclusion as established by several oversight bodies, including the North American Association of Central Cancer Registries, the American College of Surgeons' Commission on Cancer, and the American Joint Commission on Cancer, among others. The information is obtained from a wide variety of medical record documents at the local medical center pertaining to each VHA cancer patient. The information is then transmitted to the VACCR. Details collected include site, group, histology, general summary stage, age at diagnosis breakout, diagnostic confirmations, etc. Reports based on this highly sensitive information is only available to senior VHA management.

Features

Provides summary reports on VHA cancer patients annually and as requested by VHA management. Stores large quantities of data on VHA cancer patients derived from patient medical records in accordance with national cancer industry guidelines.

Status:	ACTIVE
Program Office:	Office of Patient Care Services
Responsible Office:	Acute Care, Medical Service
Physical Location:	50 Irving St. NW., Washington, District of Columbia
Size:	8 GB
Storage Method	Rocky Mtn Central Cancer DB
O/S	WINDOWS XP PROFESSIONAL
Hardware:	LAN SERVER
Data Registry:	YES
Source of Data:	VAMCS
Business Area:	Patient
Time Frame:	1995 to Present

Veterans Enterprise Terminology Services (VETS)

Overview

In 2003, Enterprise Terminology Services (ETS) was formed as a subproject of the Health Data Repository (HDR) project under Health Data Systems to help standardize the terminology reference files that are used by VistA applications through the Veterans Health Administration (VHA). In FY06, ETS is merging with the Data Standardization (DS) and Standard Data Service (SDS) project teams into one project team.

Historically, VistA applications were developed in a decentralized manner and could be specialized in response to the needs of particular medical centers. As a result, VistA terminologies were not always standardized. Today, there is a shift toward enterprise-wide terminology standards, which are essential to establish consistency in meaning of data within VHA as a whole. The shift from dispersed, non-standard terminologies to a controlled, centralized terminology helps VHA meet requirements for an authoritative, longitudinal, accessible, and portable electronic health record (EHR).

ETS has worked closely with VHA stakeholders and partners to develop and maintain both the Enterprise Reference Terminology (ERT) content and VHA Enterprise Terminology Services (VETS) application and runtime services. ERT software includes databases and tools that are used to maintain terminology content. ERT content ranges from simple lists of standardized terms to reference terminologies with fully populated semantics such as the National Drug File Reference Terminology (NDF-RT). VETS software includes the databases and services that provide the terminology content to ETS stakeholders. VETS includes deployment and application runtime services that will provide common access to ERT content in both the current VistA and future HealtheVet VistA environments.

ETS has recently formulated and documented the ETS Terminology Model, which will be used internally to structure ERT data and to provide services to VHA clinical applications. The model also supports data interchange within VHA and with various government and commercial partners.

Features

- Provides an overall terminology model for VHA that supports clinical data entry, retrieval, aggregation, and processing.
- Supports information processing for decision support systems.
- Supports concept mediation, mappings, and translation between code systems using Consolidated Health Informatics (CHI) and other standards.
- Supports the use, maintenance, versioning, and updating of code systems from standards development organizations (SDOs) that are required by statute, mandated by an oversight body, or required by VHA business needs.
- Provides a concept based, controlled medical vocabulary for VHA.

- Supports VHIM information models, including detailed models that are used by specific applications and their terminologies.
- Supports semantic comparisons between concepts.
- Supports the deployment of standardized reference files to VistA sites as VistA patches or VETS deployment sets.
- Implements the New Term Rapid Turnaround (NTRT) process to facilitate timely updates to standardized reference files after they are deployed on a domain-by-domain basis.

Status:	ACTIVE
Program Office:	Health Data Systems
Responsible Office:	Office of Information
Physical Location:	CFD, 1615 Woodward St., Austin, Texas
Size:	10 GB
Storage Method	ORACLE
O/S	UNIX
Hardware:	LAN SERVER
Data Registry:	NO
Source of Data:	Data Standardization/Internal Terminology Development Environment
Business Area:	Patient
Time Frame:	2005 to Present

Veterans Equitable Resource Allocation (VERA)

Overview

The Veterans Equitable Resource Allocation (VERA) database, formerly called Resource Planning & Management (RPM), is operated by the Allocation Resource Center (ARC) in Braintree, MA. The ARC is part of the Resource Allocation & Execution Office of the Office of Finance. The database is developed from the Patient Treatment File, National Patient Care Database, Fee, Decision Support System (DSS) National extracts, DSS Derived Monthly Program Cost Report (MPCR), Patient Assessment File (PAF), Immunology Case Registry, and Home Dialysis Data Collection System, the PBM Pharmacy database and the Consolidated Enrollment File. Most of the clinical data is VistA data which is transmitted to the Corporate Franchise Datacenter where it is retrieved by the ARC each month. The ARC also retrieves DSS cost data from the CFD as well. Some additional information is received from the Hines PBM and the Palo Alto ICR databases. The data from these sources is combined to develop patient-specific care and cost data for each hospitalization or visit at the location or treatment level. Aggregate tables summarize this data for reporting and analysis purposes. The VERA databases are the basis for resource allocation in the VHA.

Features

Combines patient care data, Enrollment and cost data to create patient specific costing which is used in resource allocation, projections and planning. Supports resource redistribution models based on trends in case-mix, utilization, demographics, etc. Makes possible efficiency analyses, practice pattern, disease tracking and other studies in addition to resource allocation.

Status:	ACTIVE
Program Office:	Office of Finance
Responsible Office:	Resource Allocation & Execution Office
Physical Location:	Allocation Resource Center, Boston, Maine
Size:	5 TB
Storage Method	ORACLE
O/S	UNIX
Hardware:	HP ALPHA
Data Registry:	NO
Source of Data:	VAMCs, PTF, OPF, PAF, ICR, CDR, EDR, DSS
Business Area:	Financial
Time Frame:	1989 to Present

VHA Leadership and Workforce Development Database (VHA LWD) (Prior Executive Information System (EIS))

Overview

The VHA Leadership and Workforce Development System (formerly Executive Information System (EIS)) database contains information on people, positions, organizations, and locations of VHA top management positions. Headquarters and Veterans Integrated Systems Network (VISN) managers and staff, facility directors, associate directors, chiefs of staff, and other senior clinical and administrative field managers positions are included. The VHA Executive Management Program consists of the functions that fall under the purview of the VHA Executive Resources Board (ERB) and the VHA Performance Review Board (PRB). Their functions include executive development, recruitment and placement; organizational analysis; succession planning; and performance assessment and recognition. The method used to collect this information is a proprietary system using relational technology. Information from this database is joined and expanded with information from the VHA executive program processes i.e. organization, vacancies, recruitment efforts, performance, etc. This combination of information is used in the administration of the ERB and PRB functions. The sharing and development of information involving executives and organizations provides an effective means for accomplishing the ERB and PRB objectives.

Features

Provides management tracking, national program management for the leadership continuum, workforce planning, VHA strategic planning, All Employee Survey technical support, and the modernization of HR administrative functions.

Status:	ACTIVE
Program Office:	Office of the Under Secretary for Health
Responsible Office:	Management Support Office
Physical Location:	OI Field Office, Albany, New York
Size:	150 GB
Storage Method	MS SQL
O/S	WINDOWS 2003
Hardware:	INTEL PLATFORM
Data Registry:	YES
Source of Data:	VBA and VHA facilities, VHA personnel, VHA Facilities, VACO, VISNS
Business Area:	Human Resources
Time Frame:	1999 to Present

VHA Work Measurement (VWM)

Overview

The VHA Work Measurement (VWM) database is an interim solution for collection of workload data which would not be available on a national level after completion of the Automated Management Information System (AMIS) Elimination project. In the past, the majority of workload information collected from the medical centers had been transmitted through local use of the VistA Generic Code Sheet application for storage and manipulation by the AMIS system at the Corporate Franchise Datacenter. In October 1999, after several years of data analysis and workload measurement planning, the AMIS system was renamed. The majority of the 601 AMIS segments were either discontinued or were modified to use existing data collected in other corporate databases for other national programs. These programs include the National Performance Data Resource Center (NPDRC), the Veterans Integrated Service Network (VISN) Support Service Center (VSSC), the Allocation Resource Center (ARC), the Office of Policy and Planning, as well as others who are developing the tools to support today's management information needs. As the Office of Information (OI) continues to develop and enhance the underlying database resources for these offices, and they are able to support the additional data needs at a national level, the VHA Work Measurement database will be discontinued.

Features

Monthly Input Cycle - Data can be transmitted during the last three workdays of the month and the first ten workdays of the new month. The system will accept current year and prior year data only for VWM Segments. All prior year data must be submitted in prior year format with the X modifier and year code 1. Quarterly Input Cycle - Stations can submit data the last three workdays of the month through the 13th workday of the new month. Data Available via SAS Files - Data from the VWM Segments will be stored monthly in the same format on the same SAS files (RMTPRD.AMS.ACCESS.DMS.mmmmyy).

Status:	ACTIVE
Program Office:	Program Office by Segment
Responsible Office:	National Data Systems
Physical Location:	CFD, 1615 Woodward St., Austin, Texas
Size:	97 MB
Storage Method	ORACLE & VSAM
O/S	z900
Hardware:	MAINFRAME
Data Registry:	NO
Source of Data:	VHA
Business Area:	Organizations Management
Time Frame:	1999 to Present

Virtual Learning Center (VLC)

Overview

The Virtual Learning Center (VLC) was developed by the VHA Office of Special Projects as a systematic mechanism for VA employees to share innovations and successful/best practices to allow others to have easy access to this information saving time and resources when seeking ways to address similar needs. The Virtual Learning Center was activated in December 1997.

Features

The site is available on the Intranet and features highly rated and accessed Successful Practices. Users can submit Successful Practices on-line. A search feature allows employees to find practices in their area of interest

Status:	ACTIVE
Program Office:	Office of Communications
Responsible Office:	Office of Special Projects
Physical Location:	OI Field Office, Albany, New York
Size:	100 MB
Storage Method	MS SQL
O/S	WINDOWS NT
Hardware:	INTEL PLATFORM
Data Registry:	NO
Source of Data:	VAMCS
Business Area:	Operations & Logistics
Time Frame:	1997 to Present

Voluntary Service System (VSS)

Overview

VSS is a national-level application which replaced the site-based Voluntary Timekeeping System (VTK). VTK was used for many years at the VAMCs to track and manage the hours of service contributed by volunteers and volunteer organizations. Consistency of data between sites was a problem and the process of compiling national VTK reports was slow and costly. Many steps were involved because national data was only consolidated once a month and it was usually out of sync. Improved data collection and reporting is now available since users interact directly with a centralized national database. Rehosted VSS uses .NET technology that replaced data transmissions between sites and the CFD to produce the consolidated national reports. Direct access to data provides instantaneous updates and up-to-the-minute reporting for all users. Central Office administrators and Voluntary staff now have broader more reliable data for managing Volunteer Services.

Features

The new VSS application helps Voluntary staff accomplish their tasks easily, through a web-based graphical user interface. Users at the local and national level can generate a wider array of reports about volunteers and sponsoring organizations. In addition, when volunteers report to medical facilities, they are able to log their own hours and print meal tickets themselves at secure log-in 'kiosks.'

Status:	ACTIVE
Program Office:	Patient Care Services
Responsible Office:	Voluntary Service Office
Physical Location:	1335 East-West Highway 3rd Floor, Silver Spring, Maryland
Size:	
Storage Method	MS SQL
O/S	WINDOWS 2000
Hardware:	INTEL PLATFORM
Data Registry:	NO
Source of Data:	VAMCS
Business Area:	Human Resources
Time Frame:	2003 to Present

VSSC Capital Assets (VSSC)

Overview

The Capital Assets Databases is a web based project application and tracking database. This is used for capital project application submissions and capital project tracking for the VHA Minor and Non-recurring Maintenance (NRM) Programs.

Annually, VHA Facilities enter project applications for both programs. Monthly, the VHA facilities update the schedule and cost information for approved Minor and NRM projects.

Features

Provides information for development of the Minor and NRM Operating Plans. Serves as a point for data collection on projects and justifications for approvals. Provides monthly status reports on schedule, cost, contract and progress.

Status:	ACTIVE
Program Office:	Office of the Chief Network Officer
Responsible Office:	VISN Support Service Center
Physical Location:	CFD, 1615 Woodward St., Austin, Texas
Size:	600 MB
Storage Method	MS SQL
O/S	WINDOWS 2000
Hardware:	INTEL PLATFORM
Data Registry:	NO
Source of Data:	VHA Facilities
Business Area:	Operations & Logistics
Time Frame:	Not Available

VSSC Financial Clinical Data Mart (FCDM)

Overview

The Financial Clinical Data Mart (FCDM) is an interactive information management system that uses SQL and On-Line Analytic Processing (OLAP) cube technology to build large, customized national databases. This technology allows VHA to integrate clinical and financial data designed for rapid queries and reporting.

Features

Samples of the types of data available in the FCDM cubes are listed below. For a complete list, visit the "Cube Data Definitions" and "Cube Fact Sheets" on the VSSC website.



Advanced Clinic Access:

- Wait Time Clinic Performance Measures FY2005
- Formulas used in Wait Time cube development

Capital and Planning:

- Space and Functional Cube Definitions
- Utilization Projections Cube Definitions

Clinical Cohorts:

- Study completed on Diabetic patients newly started on TZD in 2003 with a pre & post A1C test
- Quarterly Indicator rates for Medicare national and state percent of each QI triggered by quarter

DSS:

- DSS Outpatient Data Definitions
- The DSS Inpatient Treating Specialty Cube provides DSS inpatient cost and workload data for all facilities in VHA. Data can be displayed at the national, VISN, facility, division, treating specialty, and DRG level.

Finance:

- Financial Management Profile (FMP) Cube Definitions
- PAID Gross to Net Cube Definitions

Human Resources and Employee Survey:

- HR PAID Employee Cube Definitions
- HR Nature of Action Cube Definitions

Non-VA Care:

- Data Definitions for Fee Basis Workload

Patient Cost and Workload (ARC/DSS):

- Provides comprehensive overview of patient care workload and patient care costs that are key components in the VERA model. Combines ARC and DSS data (including CDR costs) to allow for analysis by VERA Patient Classes.

Prosthetics:

- Data from National Prosthetics Program Database. Cube provides cost & quantity for prosthetic devices, supplies, and repairs by facility & vendor. Useful for analyses and trending by utilization, unit and average cost by line item class or individual HCPC.

Status:	ACTIVE
Program Office:	VISN Support Service Center, ADUSH
Responsible Office:	VISN Support Service Center
Physical Location:	CFD, 1615 Woodward St., Austin, Texas
Size:	10 TB
Storage Method	MS SQL
O/S	WINDOWS 2003
Hardware:	HP
Data Registry:	NO
Source of Data:	National DSS, Central FEE, and other national systems
Business Area:	Multi-Purpose
Time Frame:	2003 to Present

VSSC/KLF Electronic Wait List

Overview

Displays Veterans Waiting on the Electronic Wait List by VISN or Station. Includes Veterans last name, last four digits of SSN, zip code, percent service connected and enrolled status.

Features

Uses stop lighting to show Veterans waiting over (red)/under (green) 30 days. Graph only displays Veterans waiting OVER 30 days.

Status:	ACTIVE
Program Office:	VISN Support Service Center, ADUSH
Responsible Office:	VISN Support Service Center
Physical Location:	CFD, 1615 Woodward St., Austin, Texas
Size:	
Storage Method	
O/S	
Hardware:	
Data Registry:	NO
Source of Data:	
Business Area:	
Time Frame:	Not Available

VSSC/KLF Enhanced Sharing Agreement (ESAD)

Overview

This database contains entries for all Enhanced Sharing Agreements (Title 38 U.S.C, 8153 and 7409.) including locum tenens and scarce medical specialists. The information contained in this database will be used for monitoring of VHA physician FTE and expenditures and for reporting to oversight organizations (Annual Report to Congress on Sharing of Healthcare Resources).

Features

By contractual agreement, includes references to AAMC and MGMA salary rates for MD services. Collects quarterly and annual updates for funds obligated and fte.

Status:	ACTIVE
Program Office:	VISN Support Service Center, ADUSH
Responsible Office:	VISN Support Service Center
Physical Location:	CFD, 1615 Woodward St., Austin, Texas
Size:	100 MB
Storage Method	MS SQL
O/S	WINDOWS 2003
Hardware:	DELL
Data Registry:	NO
Source of Data:	
Business Area:	Operations & Logistics
Time Frame:	Not Available

VSSC/KLF National SSN Security Database (NSSD)

Overview

The NSSD is a web based application that is used to maintain access levels to patient ssn level information for employees with approved access. For each VA employee that has approved access to patient SSN information, the employees ISO or ACRS Point of contact adds an entry indicating access rights to specific types of data and the user's Active Directory Username into the NSSD. Other Windows server based reporting systems query this database when determining if a user can obtain detailed SSN level.

Features

ACRS POC's add/edit/delete user's along with their access level to Real SSN data housed in VSSC reporting systems include the FCDM. VSSC SAS reports and FCDM drill to detail reports check this system prior to sending real ssn data via SSL.

Status:	ACTIVE
Program Office:	VISN Support Service Center, ADUSH
Responsible Office:	VISN Support Service Center
Physical Location:	CFD, 1615 Woodward St., Austin, Texas
Size:	100 MB
Storage Method	MS SQL
O/S	WINDOWS 2003
Hardware:	DELL
Data Registry:	NO
Source of Data:	
Business Area:	Operations & Logistics
Time Frame:	Not Available

VSSC/KLF Patient Appointment

Overview

New Patient Wait Times for the FY2005 Performance Monitors.

Features

Not available.

Status:	ACTIVE
Program Office:	VISN Support Service Center, ADUSH
Responsible Office:	VISN Support Service Center
Physical Location:	CFD, 1615 Woodward St., Austin, Texas
Size:	
Storage Method	
O/S	
Hardware:	
Data Registry:	NO
Source of Data:	
Business Area:	
Time Frame:	Not Available

VSSC/KLF Primary Care Management Module (PCMM)

Overview

Primary Care Management Module (PCMM) is software designed to attach patients to a providers panel. Providers are expected to carry a certain panel size, depending on the amount of time a given doctor dedicates to providing primary care and their particular classification (MD, PA, NP, etc.). PCMM data will ultimately be used to develop a staffing model.

Features

Not Available

Status:	ACTIVE
Program Office:	VISN Support Service Center, ADUSH
Responsible Office:	VISN Support Service Center
Physical Location:	CFD, 1615 Woodward St., Austin, Texas
Size:	
Storage Method	
O/S	
Hardware:	
Data Registry:	NO
Source of Data:	
Business Area:	
Time Frame:	Not Available

VSSC/KLF Primary Care Support Staff and Exam Room Database

Overview

Networks are able to update on an ongoing basis data originally added to the VHA Physician Productivity and Staffing initiative to ensure that it reflects current conditions. This data access link function is restricted to a limited number of Network representatives. All the available facility, Network, and National Primary Care Staff and Room Utilization reports are available as are key guidance documents to people without edit access.

Features

Data collected includes:

- MD and other support staff FTE counts
- Room counts (including number of exam rooms and interview rooms)

Status:	ACTIVE
Program Office:	VISN Support Service Center, ADUSH
Responsible Office:	VISN Support Service Center
Physical Location:	CFD, 1615 Woodward St., Austin, Texas
Size:	
Storage Method	MS SQL
O/S	WINDOWS 2000
Hardware:	DELL
Data Registry:	NO
Source of Data:	VHA Facilities
Business Area:	Organizations Management
Time Frame:	2004 to Present

VSSC/KLF Utility Usage

Overview

The utility usage database gathers required information necessary for the annual energy report that VA submits to DOE as required by the National Energy Conservation Policy Act, Energy Policy Act of 1992 and Executive order 13123. This database also acts as the energy data depository for CAMS energy reports. Included are reporting on utility usage & costs, renewable energy usage & costs, energy audit plan dates, water management plan information and numerous reports. Information is currently being gathered for all VHA owned, select VHA leased and select VBA facilities as required for the annual DOE report. Monthly data is gathered quarterly.

Features

Enter, Edit, viewing and Reporting options are available.

Status:	ACTIVE
Program Office:	VISN Support Service Center, ADUSH
Responsible Office:	VISN Support Service Center
Physical Location:	CFD, 1615 Woodward St., Austin, Texas
Size:	445 MB
Storage Method	SAS
O/S	WINDOWS 2003
Hardware:	DELL
Data Registry:	NO
Source of Data:	VBA and VHA facilities
Business Area:	Operations & Logistics
Time Frame:	2000 to Present

Databases (Inactive)



Cost Distribution Report (CDR) - Inactive

Overview

Cost Distribution Report (CDR) provides summary information about Veterans Affairs costs, Full Time Equivalents (FTE), and workload (number of patient bed days, outpatient clinic stops, etc.). CDR emerged from the Automated Management Information System (AMIS) to provide the VHA with a flexible cost reporting system. The CDR is assembled from information from all VAMCs. It receives data feeds from the Financial Management System (FMS) via an extract process at the CFDCost distribution percentages from service chiefs are incorporated by online entry into CDR at each VAMC. CDR provides users with a series of menu-driven screens for online interactive data entry. Each VAMC is able to select from a master list of valid accounts for their facility based on the types of services provided. CDR is processed monthly. A new report called the Monthly Program Cost Report is running concurrently with the CDR in FY04. This report will replace the CDR in FY05. The primary users of CDR are the VAMCs, Veterans Health Administration Budget Office, Medical Care Cost Recovery, and Deputy Assistant Secretary for Budget.

Features

Provides medical facilities with online access to CDR for:

- making adjustments (update and delete) to existing financial accounts
- creating new accounts as needed

Allows users to compare facility and medical center per unit cost to nationwide per unit cost. Reduces data entry requirements. Provides end-user queries and ad hoc reporting. Provides online access to FMS for cost center information and percentage calculations.

Status:	INACTIVE
Program Office:	Office of Finance
Responsible Office:	Implementation & Training Service
Physical Location:	CFD, 1615 Woodward St., Austin, Texas
Size:	4 GB
Storage Method	IDMS
O/S	z900
Hardware:	MAINFRAME
Data Registry:	NO
Source of Data:	VAMCS
Business Area:	Financial
Time Frame:	1967 to 2004

Dental Activity System (DAS) - Inactive

Overview

The Dental Activity System (DAS) is an automated health care application designed to capture critical data about the operations of VA dental services. Information gathered for each patient encounter is linked and includes date, setting, patient Social Security Number (SSN), provider, and treatment services rendered. Within the DAS, productivity is measured using a relative value unit called the Composite Time Value (CTV). The DAS interfaces directly with other management information systems and provides data for statistical reporting purposes. Various management reports are generated that evaluate dental activity workload. DAS reports are produced on a monthly and quarterly basis. DAS is written in Cobol with inputs from VistA programs. DAS primary users are the Associate Chief Medical Director (AsCMD) for Dentistry and the Dental Professional Development Service.

Features

Provides the inpatient summary listing by medical facility detailing the admissions/examinations, diagnostic, preventative and treatment activities, and staff resources utilized. Provides the outpatient summary listing by medical facility detailing the patient visits, diagnostic, preventative and treatment activities, administrative information, and staff resources utilized. Provides regional, district, and nation-wide summary reporting. Provides DAS personnel and time reporting. Provides utilization data including provider productivity, workload estimates, quantity and type of procedures or services delivered, and some non-clinical information.

Status:	INACTIVE
Program Office:	Office of Patient Care Services
Responsible Office:	Primary & Ambulatory Care Strategic Healthcare Group
Physical Location:	CFD, 1615 Woodward St., Austin, Texas
Size:	229 MB
Storage Method	Flat File
O/S	z900
Hardware:	MAINFRAME
Data Registry:	NO
Source of Data:	VAMCS
Business Area:	Organizations Management
Time Frame:	1985 to 2004

Energy Savings Projects (ESP) - Inactive

Overview

The Energy Savings Projects (ESP) database tracks the status of projects designed to save energy. Only the projects not completely funded by the VA are included in this database. Data for the ESP is manually entered by users via the website maintained by the Veterans Integrated Service Networks (VISN) Support Service Center (VSSC). The address for this website is [REDACTED]. Through this website, users enter data on new projects, search for specific projects, and download project information onto their personal computers. The users of this database include Congress and VA personnel responsible for maintaining information on energy savings projects.

Features

Provides Web-based Graphic User Interface (GUI) data entry. Allows for query of projects on local, regional, or national level. Allows downloading of data from website into a spreadsheet. Fulfills Congressional reporting mandate.

Status:	INACTIVE
Program Office:	Office of the Chief Network Officer
Responsible Office:	Liaison Staff Offices-Engineering/Construction Support
Physical Location:	CFD, 1615 Woodward St., Austin, Texas
Size:	330 KB
Storage Method	Flat File
O/S	z900
Hardware:	MAINFRAME
Data Registry:	NO
Source of Data:	VAMCs, VISNs
Business Area:	Operations & Logistics
Time Frame:	1998 to 2005

Foundation Information for Real Property Management (FIRM) - Inactive replaced by SF

Overview

The Foundation Information for Real Property Management (FIRM) system was developed by the General Services Administration (GSA) to help federal agencies manage their real property assets. It is intended to provide a reporting mechanism for meeting GSA's and the Office of Management and Budget's (OMB) reporting requirements relating to real property and space management. The Veterans Affairs (VA) FIRM database is used to quickly respond to ever increasing real property reporting requests. Information stored consists of space categorized by usage and location. FIRM is being reengineered to take advantage of current technology and incorporate rapidly evolving user requirements. The redeveloped FIRM will provide project tracking of real property acquisition and disposal, delegations of authority, leases, and GSA-assigned workspace planning information.

Features

Reports information to federal real property officers for the management of their real property assets. Allows ad-hoc reporting on real property and space management. Provides monitoring of the life-cycle process, lease management and workspace planning of real property.

Status:	INACTIVE
Program Office:	Office of Facilities Management
Responsible Office:	Resource Management Office
Physical Location:	VACO, Washington, District of Columbia
Size:	100 MB
Storage Method	ORACLE
O/S	UNIX
Hardware:	SUN
Data Registry:	YES
Source of Data:	
Business Area:	Operations & Logistics
Time Frame:	1987 to 2001

Geriatric Research, Education and Clinical Centers (GRECC) - Hines - inactive

Overview

The Geriatric Research, Education, and Clinical Centers (GRECC) database tracks information on the following:

- GRECC's administrative functions
- Personnel
- Research awards and projects
- Publications
- Clinical programs
- Continuing education
- Outreach and consultation
- Trainee activities
- Other professional activities and awards.

Personnel at GRECC sites enter information throughout the year. At the end of the fiscal year, this information is transmitted from each GRECC site to the Geriatrics and Extended Care Strategic Healthcare Group as part of an annual report. At present there are two versions of the GRECC database. This version located in the Hines Office of Information (OI) Field Office contains data from fiscal year 1989 to fiscal year 1998. The second version is currently housed at VACO Webops in Silver Spring and contains information from fiscal year 1999 to the present. The main user of this database is the Geriatrics and Extended Care Strategic Healthcare Group in VACO.

Features

Provides historical data for trend analysis. Monitors performance of GRECC sites and tracks site activities. Provides reporting capability for responses to inquiries from:

- Congress
- Department of Veterans Affairs
- Other interested governmental agencies
- Other public and private organizations
- The general public.

Status:	INACTIVE
Program Office:	Office of Patient Care Services
Responsible Office:	Geriatrics & Extended Care Strategic Healthcare Group
Physical Location:	Hines CIO Field Office, Hines, Illinois
Size:	4 MB
Storage Method	VA FileMan
O/S	VMS
Hardware:	DEC ALPHA

Data Registry:	NO
Source of Data:	VAMCS
Business Area:	Organizations Management
Time Frame:	1989 to 1998

Health Care Resources Sharing - Inactive

Overview

The Health Care Resources Sharing database is used to track and monitor the status of legal and technical reviews of proposed contracts from VAMCs. These contracts with non-federal entities concern the buying and selling of medical services. Services can range from housekeeping to brain surgery. Information is provided by the VAMCs to the Sharing and Purchasing Office. A current contract list is produced from this information as well as the annual report to Congress on program activity.

Features

Collects medical service contract information. Provides approved or disapproved status of medical contracts. Provides a data source for ad hoc requests for the purchase or sale of medical resources. Creates ad hoc reports of medical resources by facility or type of service.

Status:	INACTIVE
Program Office:	Office of Finance
Responsible Office:	Medical Sharing and Purchasing Office
Physical Location:	VACO, Washington, District of Columbia
Size:	4 MB
Storage Method	MS ACCESS
O/S	WINDOWS 98
Hardware:	INTEL PLATFORM
Data Registry:	NO
Source of Data:	VAMCS
Business Area:	Human Resources
Time Frame:	1995 to 2005

Hepatitis C Registry (HEPC) - Subsumed by Clinical Case Registries (CCR)

Overview

This registry is part of the Clinical Case Registries (CCR). The Hepatitis C Extract project was created to meet Hepatitis C Initiative requirements. The VHA Headquarters Infectious Disease Program Office provides surveillance statistics from the Emerging Pathogens Initiative database located in the Corporate Franchise Datacenter and periodically provides data to other stakeholders such as The House Veterans Affairs Committee. The Hepatitis C Virus (HCV) information includes Hepatitis C risk assessment, laboratory tests, and medications provided to the veteran population. Tracking this information allows the Infectious Disease Program Office to increase surveillance data in VHA and respond to Congressional queries about HCV veteran care. This project will also improve the consistency of screening practices for Hepatitis C infection. The Hepatitis C Extract application is comprised of enhancements to four VistA packages, Clinical Reminders, Laboratory, Inpatient Medications, and Outpatient Pharmacy. These work together to accomplish EPI search, extraction, and reporting requirements for Hepatitis A, B, and C. Once the Hepatitis C Extract is installed and set up in facilities, the roll-up of HCV extracted information is automatic and occurs in the background.

Features

Hepatitis C risk assessment information stored by the EPI: Risk Factors for Hepatitis C; No Risk Factors for Hepatitis C; Declined Assessment for Risk Factors for Hepatitis C. Assessed previously (Previous Assessment for Hepatitis C Risk); Hepatitis C Antibody Positive on file; Hepatitis C Antibody Negative on file. Hepatitis emerging pathogens included in the EPI surveillance definitions for patients seeking care in a VHA facility: Hepatitis A Antibody Positive; Hepatitis B Positive; Hepatitis C Antibody Negative; Hepatitis C Antibody Positive. For each occurrence of one of the four pathogens above, the most recent laboratory test of bilirubin, SGOT, and SGPT is extracted and sent to the EPI database. Medications extracted for the EPI database based on the following Generic Drug list: INTERFERON ALFA-2A; INTERFERON ALFA-2B ; INTERFERON ALFA-2B/RIBAVIRIN; INTERFERON ALFA-3N ; INTERFERON ALFACON-1; INTERFERON BETA-1A; INTERFERON BETA-1B; RIBAVARIN.

Status:	INACTIVE
Program Office:	Public Health Strategic Health Care
Responsible Office:	AIDS Service
Physical Location:	CFD, 1615 Woodward St., Austin, Texas
Size:	
Storage Method	ORACLE
O/S	UNIX
Hardware:	SUN
Data Registry:	YES
Source of Data:	

Business Area:	Patient
Time Frame:	Not Available

National Center for Health Promotion Cholesterol and PAP Screening Database (NCHP_CPSDB) - Inactive

Overview

The National Center for Health Promotion Database (NCH) collects and stores cholesterol and PAP screening results. The data is used to assess the prevalence of health promotion screening activities provided to veterans pursuant to Congressional mandates.

Features

The data provides a management tool to monitor and improve prevalent rates of health promotion screening activities for veterans.

Status:	INACTIVE
Program Office:	Office of Patient Care Services
Responsible Office:	National Center for Health Promotion
Physical Location:	CFD, 1615 Woodward St., Austin, Texas
Size:	
Storage Method	
O/S	
Hardware:	
Data Registry:	NO
Source of Data:	
Business Area:	Patient
Time Frame:	Not Available

Radiation Exposure Inquiries Database - Inactive

Overview

The Radiation Exposure Inquiries Database contains information necessary to manage inquiries from veterans, family members, and others concerned about the possible exposure to ionizing radiation during military service or at VAMCs. It was developed by the Washington Office of Information (OI) Field Office to assist the VA Office of Public Health and Environmental Hazards. The system provides information about the inquirer, the alleged exposure, the agency or facility to which the inquiry was assigned, and the status of the response. Over 1700 inquiries have been entered into the database.

Features

Provides a tool for tracking and providing information on all veterans or family members that have filed inquiries on radiation experiences.

Status:	INACTIVE
Program Office:	Office of Public Health & Environmental Hazards
Responsible Office:	Office of Public Health & Environmental Hazards
Physical Location:	OI Field Office, Albany, New York
Size:	1 MB
Storage Method	VA FileMan
O/S	VMS
Hardware:	DEC ALPHA
Data Registry:	NO
Source of Data:	VAMCS & DoD
Business Area:	Patient
Time Frame:	1994 to 2001

Universal Product Number (UPN) - Inactive replaced by NIF

Overview

The Universal Product Number (UPN) is used to uniquely identify products used in the supply chain. The UPN is placed as bar code symbols on products to enable users of the products to readily identify the product's characteristics. This is accomplished by cross referencing the UPN identifier derived from the bar code symbols to a database of product information. The focus of VA's effort are on capturing the UPN information for Medical and Surgical products utilized by the VA medical facilities. Efforts are underway to establish a UPN repository of the Medical and Surgical products frequently used by the VA medical facilities. The repository would include the UPN identifier and product characteristics - manufacturer, packaging, etc. Initial efforts have centered around the capturing of UPN, VistA/IFCAP Item Master file, and product data at pilot sites. The data captured through the use of bar code scanners and IFCAP routines is sent via MailMan to the CFD where it is collected for future reference.

Features

Provides information regarding Medical and Surgical products used by the VA medical facilities. Information includes:

- UPN identifier
- Manufacturer information
- Product description
- Product identifiers - stock numbers, etc
- Packaging information - unit of measure, etc
- Miscellaneous date and control information.

Status:	INACTIVE
Program Office:	Office of Acquisition and Material Management
Responsible Office:	Office of Acquisition and Material Management
Physical Location:	CFD, 1615 Woodward St, Austin, Texas
Size:	
Storage Method	MS ACCESS
O/S	WINDOWS NT
Hardware:	MAINFRAME
Data Registry:	NO
Source of Data:	VAMCS
Business Area:	Operations & Logistics
Time Frame:	Not Available

VA Voluntary Service (VAV) - Inactive

Overview

The VA Voluntary Service (VAV) System provided reports on volunteer participation to all organizations involved in active volunteering at each VA Facility, including the organizations on the VA Voluntary Service Advisory Committee. It also provided a number of statistical reports to medical facilities on how volunteer assistance was used and created potential award recipient lists. The system stored information about the volunteer including name, address, age, SSN, etc., the hours worked, the number of visits, the service area using the volunteer's assistance, and the service organization the volunteer is associated with. VAV is now inactive. It was a batch system written in Cobol, and SAS. Processing was done monthly, quarterly, semi-annually and annually. The Voluntary Services System (VSS) has replaced it.

Features

Provided summary reports on volunteer organization and services provided. Provided lists of services represented at various organizational levels. Provided lists of current and terminated volunteers. Provided information for awards tracking.

Status:	INACTIVE
Program Office:	Office of the Under Secretary for Health
Responsible Office:	Voluntary Service Office
Physical Location:	CFD, 1615 Woodward St, Austin, Texas
Size:	63 GB
Storage Method	Flat File
O/S	z900
Hardware:	MAINFRAME
Data Registry:	NO
Source of Data:	VAMCS
Business Area:	Human Resources
Time Frame:	1970 to 2003

Work Group Database - Inactive

Overview

The Work Group Database is designed to collect and report information relating to all national-level initiative work groups, task forces, and committees. Information about Work Group membership and outcomes is also tracked by this database. Users access the database from the VISN Support Service Center (VSSC) Web site. Users are provided search and view facilities. Advanced privileges give certain users the ability to add new listings, edit existing listings, and upload documentation. The Work Group Chairperson or their designee enters information into the system through the Web site. The Chairperson or their designee updates the database when information is entered (i.e. when the Work Group is created, when major milestones are met, and when the work is completed). The users of this database include national-level initiative work groups and other parties interested in following the progress of work groups including Networks and facilities.

Features

Provides viewing or download of Group documentation including charge letters and deliverables. Provides search capability to users for query of the database by Work Group name, membership, and/or topic. Provides graphical user interface (GUI) for users to enter information on-line through on VSSC Web site.

Status:	INACTIVE
Program Office:	Office of the Chief Network Officer
Responsible Office:	VISN Support Service Center
Physical Location:	CFD, 1615 Woodward St., Austin, Texas
Size:	10 MB
Storage Method	MS SQL
O/S	WINDOWS 2000
Hardware:	INTEL PLATFORM
Data Registry:	NO
Source of Data:	VACO
Business Area:	Organizations Management
Time Frame:	1999 to 2004

Glossary of Acronyms

ACG	Associated Care Group & Ambulatory Care Group
ACMD	Associate Chief Medical Director
ADT	Admission/Discharge/Transfer
AERATES	Architect/Engineer Rating System
AIMC	Academic Information Management Center
ALC	Assembly Language Compiler
AMIS	Automated Management Information System
AOR	Agent Orange Registry
API	Application (Program, Programming, Programmer) Interface
AR	Accounts Receivable
ARC	Allocation Resource Center
AsCMD	Associate Chief Medical Director (also referred to as ACMD)
ASI	Addiction Severity Index
ASISTS	Automated Safety Incident Surveillance and Tracking System
BDC	Benefits Delivery Center (Hines)
BIRLS	Beneficiary Identification and Record Locator System
BVA	Board of Veteran's Appeals
CAMS	Contract Administration and Management System & Capital Asset Management System
CCPC	Consolidated Copayment Processing Center
CCR	Clinical Case Registry (Hepatitis C)
CCSHS	Center for Cooperative Studies and Health Services (VA)
CDR	Cost Distribution Report & Clinical Data Repository & Call Detail Record & Call Detail Recording
CFD	Corporate Franchise Datacenter, Austin Texas (ex-Austin Automation Center)
CHAMPVA	Civilian Health and Medical Program Veterans Administration
CHART	Craig Handicap Assessment and Reporting Technique
CICSP	Continuous Improvement in Cardiac Surgery Program
CIO	Chief Information Office/Officer
CIRN	Clinical Information Resources Network
CMD	Capacity Management Database & Chief Medical Director
CMIS	Construction Management Information System
CMOR	CIRN Master of Record
CNH	Community Nursing Home
CNO	Chief Network Officer
CNP	Compensation and Pension Mini-Master File
COBOL	Common business Oriented Language
CPT	Current Procedural Terminology (codes)
CTV	Composite Time Value
CTVHCS	Central Texas Veterans Health Care System
DAS	Dental Activity System & Decimal Adjust for Subtraction
DDC	90-Day Debt Collection (VA) & Digital Data Channel (VESA) & Denver Distribution Center
DEERS	Defense Enrollment and Eligibility Reporting System
DHCP	Decentralized Hospital Computer Program (now known as VistA)
DOD	Department of Defense

DRG	Diagnostic Related Groups
DSS	Decision Support System & Document Storage Systems (Inc.) & Defense Security System
DSSHG	Diagnostic Services Strategic Healthcare Group
EDR	Event Driven Reporting System
EDSS	Expanded Disability Status Scales
EMSHG	Emergency Management Strategic Healthcare Group
EPCS	Electronic Prescription for Controlled Substance
EPI	Emerging Pathogens Initiative
EPS	Exception Processing Section
EPSC	Eastern Peacemaker Surveillance Center
ERB	Executive Resources Board
EVS	Enterprise Vista Support (formerly known as NVS)
FAM	Functional Assessment Measure
FAR	Federal Acquisition Review & Federal Acquisition Regulations
FDA	Food and Drug Administration & Fileman Data Array
FEE	Fee Basis Medical and Pharmacy System
FEMA	Federal Emergency Management Agency
FIM	Functional Independence Measurement (FIM)
FIRM	Foundation Information for Real Property Management
FM	Facilities Management & Fileman (database)
FMS	Financial Management System & Form Management System
FSOD	Functional Status Outcomes Database
FSS	Federal Supply Schedule
FTEE	Full-Time Equivalent Employee
GAF	General Assessment of Function (codes)
GAO	General Accounting Office
GRECC	Geriatric Research, Education, and Clinical Centers
GSA	General Services Administration
GUI	Graphical User Interface
HAC	Health Administration Center
HBC	Home Based Primary Care
HBHC	Hospital Based Patient Care
HBPC	Home Based Primary Care
HCFA	Health Care Finance Administration
HCPCS	Health Care Financing Administration's (HCFA) Common Procedural Coding System
HCV	Hepatitis C Virus
HEC	Health Eligibility Center
HIV	Human Immunodeficiency Virus
HL7	Health Level Seven (message)
HMO	Health Maintenance Organization
HSITES	Health Systems Implementation, Training, and Enterprise Support
HSRD	Health Services Research and Development
HTML	HyperText Markup Language
ICN	Integration Control Number
ICR	Immunology Case Registry & Intelligent Character Recognition
IDQES	Indefinite Quantity Employees
IFCAP	Integrated Funds Distribution & Control Point Activity & Accounting and Procurement

IG	Inspector General
IH	Industrial Hygienist
IPDB	Integrated Patient Database
IRB	Institutional Review Board
IRM	Information Resource Management
IRR	Ionizing Radiation Registry
IRS	Internal Revenue Service
JCAHO	Joint Commission on the Accreditation of Healthcare Organizations
MCCF	Medical Cost Care Funds
MI	Medical Inspector
MIRMO	Medical Information Resource Management Office (now OI)
MPI	Master Patient Index & Multiprecision Integer
MQS VA	Mammograph Quality Standards
MSD	Mass Storage Device & Most Significant Digit & Microsoft System Diagnostics (Microsoft)
MST	Military Sexual Trauma
MVR	Master Veteran Record
NAC	National Acquisition Center & Network Adapter Card
NCA	National Cemetery Administration & Network Communications Adapter
NCCC	National Clozapine Coordinating Center
NCFC	National Customer Feedback Center
NCS	National Cemetery Service
NEDB	National Enrollment Database
NEDM	National Enrollment Data Mart
NEPEC	Northeast Program Evaluation Center
NM	Nuclear Medicine
NMHDS	National Mental Health Database System
NOIS	National Outline Information System
NP	Nasopharyngeal
NPDRC	National Performance Data Resource Center
NPPD	National Prosthetics Patient Database
NRC	Nuclear Regulatory Commission & National Regulatory Commission & National Recycling Coalition
NRM	Non-Recurring Maintenance
NRP	National Response Plan
NVH	non-VA Hospital System
NVS	National VistA Support (now known as EVS)
OEE	Office of Employee Education
OI	Office of Information (VA)
OMB	Office of Management and Budget
OP&Q	Office of Performance and Quality
OPC	Outpatient Clinic(s) & Optical Photo Conductor
OSHA	Occupational Safety and Health Administration
PAF	Patient Assessment File
PAI	Patient Assessment Instrument
PBM	Pharmacy Benefits Management (formerly D&PPM)
PBM SHG	Pharmacy Benefits Management Strategic Healthcare Group (119D)
PCE	Patient Care Encounters
PDF	Portable Document/Printer Description (file name extension Borlund, Lotus, Adobe)

PERC	Performance Evaluation Resource Center & Patient Education Resource Center
PGH	VA Pgh Healthcare
PLIARS	Plan Library Information and Retrieved System
PLMS	Pathology and Laboratory Medicine Service
POW	Prisoner of War
PPS	Prospective System & Packets Per Second & Power Personal Systems (IBM)
PRB	Performance Review Board & Project Review Board
PROMISE	Project Management and Information System
PSA	Primary Service Area & Prostate Specific Antigen
PTF	Patient Treatment File & Patient Transaction File
PTSD	Post Traumatic Stress Disorder
QA	Quality Assurance
QC	Quality Control
RDD	Random Digit Dialing
RDIS	Research and Development Information System
REMS2000	Resident Engineer Management System 2000
ROES	Remote Order Entry System
RPC	Remote Procedure Call & Real Procedure Call
RPM	Resource Planning and Management
RSD	Roger Software Development
RUG	Resource Utilization Groups
RVU	Relative Value Unit
SAS	Statistical Analysis System & Sales Accounting System & Single Attached Station & Single Audio System
SCD	Spinal Cord Dysfunction
SSA	Social Security Audit & Social Security Administration
UDSmr	Uniform Data System for Medical Rehabilitation
UPN	Universal Product Number
USPHS	United States Public Health Service
VAAR	Veterans Affairs Acquisition Review & VA Acquisition Regulations
VACO	Veterans Affairs Central Office
VAHQ	Veterans Affairs Headquarters
VAMC	Veterans Affairs Medical Center
VBA	Veterans Benefits Administration & Visual Basic for Applications
VERA	Veterans Equitable Resource Allocation
VHA	Veterans Health Administration
VHS	Veterans Health Survey & Very High Speed & Video Home System & Virtual Host Storage
VISN	Veterans Integrated Service Network(s)
VistA	Veterans Health Information Systems and Technology Architecture
VSO	Veterans' Service Organization
VSSC	VISN Support Service Center
VTK	Volunteer Timekeeping System
Webops	Web Operations
zOS	Enterprise Server

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