

Part II - Key Measures Data Table



| Key Performance Measure Sorted by Strategic Objective | Definition | Measure Validation | Data Source and Frequency |
|---|---|---|--|
| Objective 1.2 Compensation: National accuracy rate (core rating work) | Processing accuracy for compensation claims that normally require a disability or death rating determination. Review criteria include: addressing all issues, Veterans Claims Assistance Act (VCAA)-compliant development, correct decision, correct effective date, and correct payment date if applicable. Accuracy rate is determined by dividing the total number of cases with no errors in any of these categories by the number of cases reviewed. | This measure assesses the quality of claims processing and assists VBA management in identifying improvement opportunities and training needs. | Source: Findings from Compensation and Pension (C&P) Service Systematic Technical Accuracy Review (STAR) are entered in an Intranet database maintained by the Philadelphia LAN Integration Team and downloaded monthly to the Performance Analysis and Integrity (PA&I) information storage database. Frequency: Case reviews are conducted daily. The review results are tabulated monthly on a 12-month rolling basis. |
| Objective 1.2 Compensation and Pension: Rating-related actions - average days to process | The average elapsed time (in days) it takes to complete compensation and pension claims that require a rating decision is measured from the date the claim is received by VA to the date the decision is completed. Includes the end products (EPs): Original Compensation, with 1-7 issues (EP110); Original Compensation, 8 or more issues (EP010); Original Service Connected Death Claim (EP140); Reopened Compensation Claims (EP020); Review Examination (EP310); Hospitalization Adjustment (EP320); Original Disability Pension (EP180); and Reopened Pension (EP120). The measure is calculated by dividing the total number of days recorded from receipt to completion by the total number of cases completed. | This measure's focus is improved service delivery to claimants. Additionally, it ensures that claimants receive the benefits to which they are entitled in a consistent and timely manner. | Source: VETSNET Operations Reports (VOR). Frequency: Data are collected daily as awards are processed. Results are tabulated at the end of the month and annually. |
| Objective 1.2 Compensation: Rating-related actions - average days pending | The measure is calculated by counting the number of days for all pending compensation claims that require a rating decision from the date each claim is received through the current reporting date. The total number of days is divided by the total number of pending claims. Includes the end products (EPs): EP110, EP010, EP140, EP020, EP310, and EP320. | This measure's focus is improved service delivery to claimants. Additionally, it ensures that claimants receive the benefits to which they are entitled in a consistent and timely manner. | Source: VETSNET Operations Reports (VOR). Frequency: The element is a snapshot of the age of the inventory at the end of each processing day. |
| Objective 1.3 Vocational Rehabilitation and Employment (VR&E) Rehabilitation rate | The rehabilitation rate calculation is as follows: (a) the number of disabled veterans who successfully complete VA's vocational rehabilitation program and acquire and maintain suitable employment and veterans with disabilities for which employment is infeasible but who obtain independence in their daily living with assistance from the program divided by (b) the total number leaving the program—both those rehabilitated plus discontinued cases with a plan developed in one of three case statuses (Independent Living, Rehabilitation to Employability, or Employment Services) minus those individuals who benefited from but left the program and have been classified under one of three "maximum rehabilitation gain" categories: (1) the veteran accepted an employment position incompatible with disability limitations, (2) the veteran is employable but has informed VA that he/she is not interested in seeking employment, or (3) the veteran is not employed and not employable for medical or psychological reasons. | The primary goal of the VR&E program is to assist service-disabled veterans in becoming employable. The rehabilitation rate is the key indicator of the program's success in meeting this goal, as it represents the number of veterans successfully reentering the workforce following completion of their VR&E program. | Source: VR&E management reports Frequency: Quality Assurance Reviews evaluate the accuracy and reliability of data and are conducted twice a month. |
| Objective 1.4 Compensation: Average days to process - DIC actions | The average length of time it takes to process a Dependency and Indemnity Compensation (DIC) claim from the date the claim is received by VA to the date the claim is completed. The measure is calculated by dividing the total number of days recorded from receipt to completion by the total number of claims completed. DIC actions are all Original Service Connected Death Claims (End Product 140) processed. | This measure's focus is improved service delivery to claimants. Additionally, it ensures that claimants receive the benefits to which they are entitled in a consistent and timely manner. | Source: VETSNET Operations Reports (VOR). Frequency: Data are collected daily as awards are processed. Results are tabulated at the end of the month and annually. |
| Objective 2.2 Average days to complete original and supplemental education claims | Elapsed time, in days, from receipt of a claim in the Department of Veterans Affairs to closure of the case by issuing a decision. Original claims are those for first-time use of this benefit. Any subsequent school enrollment is considered a supplemental claim. | Timeliness is directly related to the volume of work received, the resources available to handle the incoming work, and the efficiency with which the work can be completed, and is thus the best quantifying measure for education processing. | Source: Education claims processing timeliness is measured by using data captured automatically through VBA's BDN. This information is reported through VBA's data warehouse using the Distribution of Operational Resources (DOOR) system. Frequency: Monthly |



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| Data Verification/Quality | | | Data Limitations |
|--|--|--|---|
| Accuracy | Reliability/ Comparability | Consistency | |
| Data Verification/Quality Rating Scale: 5-Very High; 4-High; 3-Medium; 2-Low; 1-Very Low | | | |
| Data accuracy is maintained through the following mechanisms: Data collection staff is skilled and trained in the proper procedures; data entry procedures are documented and followed; data are sampled against source data through quality reviews; and procedures for making changes to previously entered data are documented and followed. Data Accuracy Rating: 5 | Data can be used to make decisions such as those regarding training needs; data can be compared between years to assess progress or program effectiveness; and supporting documentation is maintained and readily available. Data Reliability Rating: 4 | Collection sampling standards are documented, available and used; source data are well defined and documented; data reporting schedules are documented, distributed and followed. Data Consistency Rating: 5 | There is a slight chance of an erroneous entry by the end user. |
| Data are captured electronically through an automated process; data are reviewed for anomalies; procedures for making changes to previously entered data are documented and followed. Data Accuracy Rating: 5 | Data can be used to make decisions such as those regarding realignment of resources; data is released monthly; data can be compared between years to assess progress or program effectiveness; and supporting documentation is maintained and readily available. Data Reliability Rating: 5 | Collection standards are documented and programmed electronically; source data are well defined and documented; and data is reported monthly. Data Consistency Rating: 5 | No data limitations noted. |
| Data are captured electronically through an automated process; data are reviewed for anomalies; procedures for making changes to previously entered data are documented and followed. Data Accuracy Rating: 5 | Data can be used to make decisions such as those regarding realignment of resources; data is released monthly; data can be compared between years to assess progress or program effectiveness; and supporting documentation is maintained and readily available. Data Reliability Rating: 5 | Collection standards are documented and programmed electronically; source data are well defined and documented; and data is reported monthly. Data Consistency Rating: 5 | No data limitations noted. |
| Data collection staff is skilled/trained in proper procedures. Data is verified against source data and sent out to the Regional Offices for validation. Data Accuracy Rating: 4 | Data are collected and compiled on a monthly basis. Data collected is used by VR&E Management, VBA Management, and Regional Offices to measure the program's success and to identify areas of concern and progress. Data can be compared between years to assess progress or program effectiveness. Data Reliability Rating: 4 | The source data are well defined and documented – definitions are available and used. Data collection and distribution on a monthly basis are consistent and documented. Data Consistency Rating: 4 | There is a slight chance of an erroneous entry by the end user. |
| Data are captured electronically through an automated process; data are reviewed for anomalies; procedures for making changes to previously entered data are documented and followed. Data Accuracy Rating: 5 | Data can be used to make decisions such as those regarding realignment of resources; data is released monthly; data can be compared between years to assess progress or program effectiveness; and supporting documentation is maintained and readily available. Data Reliability Rating: 5 | Collection standards are documented and programmed electronically; source data are well defined and documented; and data is reported monthly. Data Consistency Rating: 5 | No data limitations noted. |
| More than half of all claims are received electronically, and date of claim is automatically determined. Imaging clerks and authorization personnel are skilled and trained in determining date of claim for manual input. Procedures for date of claim input, completion, and change are documented and followed. Timeliness data is verified through sampling on a quarterly basis during Quality Assurance reviews. Timeliness error rates of three percent or more on Quality Assurance reviews result in corrective refresher training. No 3 rd party evaluations are conducted. Data Accuracy Rating: 5 | Timeliness data is received in a timely manner to facilitate program management decisions, and for other critical reporting. It is maintained in easily accessible electronic storage covering more than a decade, and can be extracted in both standard and ad hoc report formats. The stored data includes both detail and summary information to ensure its reliability for decision-making. Data Reliability Rating: 5 | Timeliness data is collected according to long-established, well-documented, and consistently used standards. The definitions for source data are clear and documented, and are available and used. Data reporting schedules are documented, distributed, and followed. Data Consistency Rating: 5 | The necessity for manual input of date of claim opens the possibility of data entry errors. While basic and refresher training can reduce this possibility, they cannot entirely eliminate it. Although quality reviews identify problems in this area, they are conducted after the fact, and individual errors cannot be detected in time to prevent their inclusion in overall data. |



| Key Performance Measure Sorted by Strategic Objective | Definition | Measure Validation | Data Source and Frequency |
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| Objective 3.1 Percent of patients rating VA health care service as very good or excellent: Inpatient and Outpatient | Data are gathered for these measures via a VA survey that is applied to a representative sample of inpatients and a sample of outpatients. The denominator is the total number of patients sampled who answered the question, "Overall, how would you rate your quality of care?" The numerator is the number of patients who respond 'very good' or 'excellent.' | Satisfaction surveys are the most effective way to determine patient expectations and provide a focused critique on areas for improvement. | Source: Survey of Health Experiences of Patients Frequency: Surveys are conducted as follows: Inpatient - Semi-annually Outpatient - Quarterly. |
| Objective 3.1 Percent of primary care appointments scheduled within 30 days of desired date | This measure tracks the time between when the primary care appointment request is made (entered into the computer) and the date for which the appointment is actually scheduled. The percent is calculated using the numerator, which is all appointments scheduled within 30 days of desired date (includes both new and established patient experiences), and the denominator, which is all appointments in primary care clinics posted in the scheduling software during the review period. | Provides a reliable measure of timeliness of access to care as well as responsiveness to the patient's stated needs. | Source: VistA scheduling software Frequency: Monthly |
| Objective 3.1 Percent of specialty care appointments scheduled within 30 days of desired date | This measure tracks the time between when the specialty care appointment request is made (entered into the computer) and the date for which the appointment is actually scheduled. This includes both new and established specialty care patients. The percent is calculated using the numerator, which is all appointments scheduled within 30 days of desired date, and the denominator, which is all appointments posted in the scheduling software during the review period in selected high volume/key specialty clinics. | Provides a reliable measure of timeliness of access to care as well as responsiveness to the patient's stated needs. | Source: VistA scheduling software Frequency: Monthly |
| Objective 3.1 Percent of new patient appointments completed within 30 days of desired date | This measure tracks the number of days between the appointment request date and the day the appointment was completed for new patients in primary care and specialty clinics. The percent is calculated by dividing all new patient appointments scheduled within 30 days of the desired date (the numerator) into all new appointments posted in the scheduling system (the denominator). Wait times associated with clinic appointment cancellations are included in this calculation (appointments cancelled by patients are not included). (Medical Care) | Provides a reliable measure of timeliness of access to care as well as responsiveness to the patient's stated needs. | Source: VistA scheduling software Frequency: Monthly |
| Objective 3.1 Percent of unique patients waiting more than 30 days beyond the desired appointment date | This measure tracks the number of new and established patients who are waiting to be seen. A patient is classified as "waiting" once the date that they want to be seen has passed. The percent is calculated by dividing all patient appointments scheduled beyond 30 days of the desired date (the numerator) by all appointments posted in the scheduling system (the denominator). When individual patients are waiting for more than one appointment, the calculation counts only the appointment with the longest wait time. (Medical Care) | Provides a reliable measure of timeliness of access to care as well as responsiveness to the patient's stated needs. | Source: VistA scheduling software Frequency: Monthly |
| Objective 3.1 Clinical Practice Guidelines Index II | The Clinical Practice Guidelines Index is a composite measure comprised of the evidence and outcomes-based measures for high-prevalence and high-risk diseases that have significant impact on overall health status. The indicators within the Index are comprised of several clinical practice guidelines in the areas of ischemic heart disease, hypertension, diabetes mellitus, major depressive disorder, schizophrenia, and tobacco use cessation. The percent compliance is an average of the separate indicators. As clinical indicators become high performers, they are replaced with more challenging indicators. The Index is now in Phase II. | The CPGI II demonstrates the degree to which VHA provides evidence-based clinical interventions to veterans seeking care in VA. The measure targets elements of care that are known to have a positive impact on the health of our patients who suffer from commonly occurring acute and chronic illnesses. | Source: VHA biostatisticians design and obtain a statistically valid random sample of medical records for review. The findings of the review are used to calculate the index scores. Frequency: Data are reported quarterly with a cumulative average determined annually. |



| Data Verification/Quality | | | Data Limitations |
|---|---|---|------------------|
| Accuracy | Reliability/ Comparability | Consistency | |
| Data Verification/Quality Rating Scale: 5-Very High; 4-High; 3-Medium; 2-Low; 1-Very Low | | | |
| The data collection process is documented and followed when surveys are received. Data Accuracy Rating: 5 | Data collected is used by VHA to measure patient satisfaction. The results are used to inform and drive quality improvement. Data Reliability Rating: 5 | Collection standards are documented, available, and used. Data Consistency Rating: 5 | None |
| Data collection staff are skilled and trained in proper procedures of the scheduling package. The scheduling package entry procedures are also documented and followed. Edits to previously entered data are documented and followed. Data Accuracy Rating: 5 | VA uses the results of this measure to inform and drive quality improvement activities that promote shorter waiting times for primary care appointments by improving efficiencies and addressing missed opportunities. Data Reliability Rating: 5 | Source data are well defined and documented; definitions are available and used. Data Consistency Rating: 5 | None |
| Data collection staff are skilled and trained in proper procedures of the scheduling package. The scheduling package entry procedures are also documented and followed. Edits to previously entered data are documented and followed. Data Accuracy Rating: 5 | VA uses the results of this measure to inform and drive quality improvement activities that promote shorter waiting times for specialty care appointments by improving efficiencies and addressing missed opportunities. Data Reliability Rating: 5 | Source data are well defined and documented; definitions are available and used. Data Consistency Rating: 5 | None |
| Data collection staff are skilled and trained in proper procedures of the scheduling package. The scheduling package entry procedures are also documented and followed. Edits to previously entered data are documented and followed. Data Accuracy Rating: 5 | VA uses the results of this measure to inform and drive quality improvement activities that promote shorter waiting times for new patient appointments by improving efficiencies and addressing missed opportunities. Data Reliability Rating: 5 | Source data are well defined and documented; definitions are available and used. Data Consistency Rating: 5 | None |
| Data collection staff are skilled and trained in proper procedures of the scheduling package. The scheduling package entry procedures are also documented and followed. Edits to previously entered data are documented and followed. Data Accuracy Rating: 5 | VA uses the results of this measure to inform and drive quality improvement activities that promote shorter waiting times for unique patients awaiting appointments and by improving efficiencies and addressing missed opportunities. Data Reliability Rating: 5 | Source data are well defined and documented; definitions are available and used. Data Consistency Rating: 5 | None |
| Data collection staff are skilled and trained in gathering statistically valid random samples of medical records for review. Data Accuracy Rating: 4 | Data can be used to identify potentially disabling chronic diseases. VA can then provide education, disease management and care access to limit the effects and improve the quality of life for the veteran. Data Reliability Rating: 4 | Collection standards are documented/available/used. Data Consistency Rating: 4 | None |

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| Key Performance Measure Sorted by Strategic Objective | Definition | Measure Validation | Data Source and Frequency |
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| <p>Objective 3.1 Prevention Index III</p> | <p>The Prevention Index is an average of nationally recognized primary prevention and early detection interventions for nine diseases or health factors that significantly determine health outcomes. The nine diseases or health factors include: rate of immunizations for Influenza and Pneumococcal pneumonia; screening for tobacco consumption, alcohol abuse, breast cancer, cervical cancer, colorectal cancer, and cholesterol levels; and prostate cancer education. Each disease has an indicator. Each indicator's numerator is the number of patients in the random sample who actually received the intervention they were eligible to receive. The denominator is the number of patients in the random sample who were eligible to receive the intervention. As prevention indicators become high performers, they are replaced with more challenging indicators. This Index is now in Phase III.</p> | <p>The Prevention Index III demonstrates the degree to which VHA provides evidence-based clinical interventions to veterans seeking preventive care in VA. The measure targets elements of preventive care that are known to have a positive impact on the health and well-being of our patients.</p> | <p>Source: VHA biostatisticians design and obtain a statistically valid random sample of medical records for review. The findings of the review are used to calculate the index scores.</p> <p>Frequency: Data are reported quarterly with a cumulative average determined annually.</p> |
| <p>Objective 3.1 Annual percent increase of non-institutional, long term care average daily census using 2006 as the baseline.</p> | <p>The percentage increase is based on the Average Daily Census (ADC) of veterans enrolled in Home and Community-Based Care programs (e.g., Community Residential Care, Home-Based Primary Care, Contract Home Health Care, Adult Day Health Care (VA and Contract), and Homemaker/Home Health Aide Services). The percentage increase is also based on the number of veterans being cared for under the Care Coordination/Home Telehealth settings.</p> | <p>The measure captures the expansion of access to non-institutional care within VHA programs and/or contracted services. Non-institutional care is deemed to be more desirable and cost efficient for those veterans that are appropriate for this level of care. The measure drives both expansion of the variety of services and expansion of geographic access.</p> | <p>Source: The ADC data are obtained from VHA workload reporting databases designed to capture both VHA-provided care and VHA-paid (fee-based or contracted) care.</p> <p>Frequency: Quarterly</p> |
| <p>Objective 3.2 Compensation and Pension: Rating-related actions - average days to process</p> | <p>The average elapsed time (in days) it takes to complete compensation and pension claims that require a rating decision is measured from the date the claim is received by VA to the date the decision is completed. Includes the end products (EPs): Original Compensation, with 1-7 issues (EP110); Original Compensation, 8 or more issues (EP010); Original Service Connected Death Claim (EP140); Reopened Compensation Claims (EP020); Review Examination (EP310); Hospitalization Adjustment (EP320); Original Disability Pension (EP180); and Reopened Pension (EP120). The measure is calculated by dividing the total number of days recorded from receipt to completion by the total number of cases completed.</p> | <p>This measure's focus is improved service delivery to claimants. Additionally, it ensures that claimants receive the benefits to which they are entitled in a consistent and timely manner.</p> | <p>Source: VETSNET Operations Reports (VOR).</p> <p>Frequency: Data are collected daily as awards are processed. Results are tabulated at the end of the month and annually.</p> |
| <p>Objective 3.2 Pension: Non-rating actions - average days to process</p> | <p>The average length of time (in days) it takes to process a pension claim that does not require a rating decision from the date the claim is received by VA to the date the claim is completed. The measure is calculated by dividing the total number of days recorded from receipt to completion by the total number of claims completed. Pension Non-Rating includes: Disability and Death Dependency (EP 130); Income, Estate and Election Issues (EP 150); Income Verification Match Cases - DIC (EP 154); Eligibility Verification Report Referrals (EP 155); and Original Death Pension (EP 190).</p> | <p>This measure's focus is improved service delivery to claimants. Additionally, it ensures that claimants receive the benefits to which they are entitled in a consistent and timely manner.</p> | <p>Source: VETSNET Operations Reports (VOR).</p> <p>Frequency: Data are collected daily as awards are processed. Results are tabulated at the end of the month and annually.</p> |
| <p>Objective 3.2 Pension: National accuracy rate (authorization work)</p> | <p>The claims processing accuracy for pension claims that normally do not require rating decisions (i.e. determinations and verifications of income as well as dependency and relationship matters). Review criteria include: correct decision, correct effective date, correct payment date when applicable and Veterans Claims Assistance Act (VCAA)-compliant development. Accuracy rate is determined by dividing the total number of cases with no errors in any of these categories by the number of cases reviewed.</p> | <p>This measure assesses the quality of claims processing and assists VBA management in identifying improvement opportunities and training needs.</p> | <p>Source: Findings from C&P Service STAR are entered in an Intranet database maintained by the Philadelphia LAN Integration Team and downloaded monthly to the PA&I information storage database.</p> <p>Frequency: Case reviews are conducted daily. The review results are tabulated monthly and annually.</p> |
| <p>Objective 3.3 Average number of days to process TSGLI disbursements</p> | <p>Traumatic Injury Protection Program (TSGLI) is a disability rider to the SGLI program that provides automatic traumatic injury coverage to all servicemembers covered under the SGLI program who suffer losses due to traumatic injuries. TSGLI payments range from \$25,000 to a maximum of \$100,000 depending on the type and severity of injury. Processing time, calculated as days, begins when the veteran's claim is complete and ends when the Internal Controls staff approves the disbursement.</p> | <p>The purpose of TSGLI is to provide rapid financial assistance to traumatically injured servicemembers so that their families can be with them during an often extensive recovery and rehabilitation process. The timeliness of disbursements is the primary reflection of this purpose and provides a clear indication of the ability to process the workload in a quality, timely manner.</p> | <p>Source: Data on processing time are collected and stored through the Life Claims Management System (LCMS) maintained by the Office of Servicemembers' Group Life Insurance (OSGLI).</p> <p>Frequency: Monthly</p> |



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|--|---|--|---|
| Accuracy | Reliability/ Comparability | Consistency | |
| Data Verification/Quality Rating Scale: 5-Very High; 4-High; 3-Medium; 2-Low; 1-Very Low | | | |
| Data collection staff are skilled and trained in gathering statistically valid random samples of medical records for review. Data Accuracy Rating: 4 | Data can be used to identify potentially disabling chronic diseases. VA can then provide education, disease management and care access to limit the effects and improve the quality of life for the veteran. Data Reliability Rating: 4 | Collection standards are documented/available/used. Data Consistency Rating: 4 | None |
| Data is verified through sampling against source data. The data captured is verified against previously entered data to determine the percent increase of veterans receiving home and Community-Based Care. Data Accuracy Rating: 5 | Data can be used to project the need for services, evaluate existing services and promote access to required services in Home and Community-Based Care Data Reliability Rating: 5 | Collection standards are documented/available/used. Data Consistency Rating: 5 | None |
| Data are captured electronically through an automated process; data are reviewed for anomalies; procedures for making changes to previously entered data are documented and followed. Data Accuracy Rating: 5 | Data can be used to make decisions such as those regarding realignment of resources; data is released monthly; data can be compared between years to assess progress or program effectiveness; and supporting documentation is maintained and readily available. Data Reliability Rating: 5 | Narrative Input: Collection standards are documented and programmed electronically; source data are well defined and documented; and data is reported monthly. Data Consistency Rating: 5 | No data limitations noted. |
| Data are captured electronically through an automated process; data are reviewed for anomalies; procedures for making changes to previously entered data are documented and followed. Data Accuracy Rating: 5 | Data can be used to make decisions such as those regarding realignment of resources; data is released monthly; data can be compared between years to assess progress or program effectiveness; and supporting documentation is maintained and readily available. Data Reliability Rating: 5 | Narrative Input: Collection standards are documented and programmed electronically; source data are well defined and documented; and data is reported monthly. Data Consistency Rating: 5 | No data limitations noted. |
| Data accuracy is maintained because the data collection staff is skilled and trained in the proper procedures; data entry procedures are documented and followed; data entry staff is skilled in the procedures; data are sampled against source data through quality reviews; and procedures for making changes to previously entered data are documented and followed. Data Accuracy Rating: 5 | Data can be used to make decisions regarding training needs; data can be compared between years to assess progress or program effectiveness; and supporting documentation is maintained and readily available. Data Reliability: 4 | Collection sampling standards are documented, available and used; source data are well defined and documented; data reporting schedules are documented, distributed and followed. Data Consistency Rating: 5 | There is a slight chance of an erroneous entry by the end user. |
| Data are verified through sampling source data. Data are provided monthly. VA reviews and analyzes the data when it is received. Data Accuracy Rating: 5 | Data can be compared between years to assess progress or program effectiveness and to make program decisions. Data Reliability Rating: 5 | Collection standards are available and source data are well defined and documented. Data Consistency Rating: 5 | No data limitations noted. |

Part II - Key Measures Data Table



| Key Performance Measure Sorted by Strategic Objective | Definition | Measure Validation | Data Source and Frequency |
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| <p>Objective 3.4 Percent of veterans served by a burial option within a reasonable distance (75 miles) of their residence</p> | <p>The measure is the number of veterans served by a burial option divided by the total number of veterans, expressed as a percentage. A burial option is defined as a first family member interment option (whether for casketed remains or cremated remains, either in-ground or in columbaria) in a national or state veterans cemetery that is available within 75 miles of the veteran's place of residence.</p> | <p>Reasonable access to a burial option means that a first interment option (whether for casketed remains or cremated remains, either in-ground or in columbaria) in a national or state veterans cemetery is available within 75 miles of the veteran's place of residence. VA established a 75-mile service area standard because NCA data show that more than 80 percent of persons interred in national cemeteries resided within 75 miles of the cemetery at the time of death.</p> | <p>Source: For 2004 and 2005, the number of veterans and the number of veterans served were extracted from a revised VetPop2000 model using 2000 census data. For 2006 and 2007, the number of veterans and the number of veterans served were extracted from the VetPop2004 version 1.0 model using 2000 census data. For 2008 and projected data, the number of veterans and the number of veterans served were extracted from the VetPop2007 model using 2000 census data.</p> <p>Frequency: Recalculated annually or as required by the availability of updated veteran population census data. Projected openings of new national or state veterans cemeteries and changes in the service delivery status of existing cemeteries also determine the veteran population served.</p> |
| <p>Objective 3.4 Percent of respondents who rate the quality of service provided by the national cemeteries as excellent</p> | <p>The number of survey respondents who agree or strongly agree that the quality of service received from national cemetery staff is excellent divided by the total number of survey respondents, expressed as a percentage.</p> | <p>NCA strives to provide high-quality, courteous, and responsive service in all of its contacts with veterans and their families and friends. These contacts include scheduling the committal service, arranging for and conducting interments, and providing information about the cemetery and the location of specific graves.</p> | <p>Source: NCA's Survey of Satisfaction with National Cemeteries. The survey collects data from family members and funeral directors who have recently received services from a national cemetery.</p> <p>Frequency: Annually</p> |
| <p>Objective 3.5 Percent of graves in national cemeteries marked within 60 days of interment</p> | <p>The number of graves in national cemeteries for which a permanent marker has been set at the grave or the reverse inscription completed within 60 days of the interment divided by the number of interments, expressed as a percentage.</p> | <p>The headstone or marker is a lasting memorial that serves as a focal point not only for present-day survivors but also for future generations. In addition, it may bring a sense of closure to the grieving process to see the grave marked. The amount of time it takes to mark the grave after an interment is important to veterans and their family members.</p> | <p>Source: Burial Operations Support System (BOSS); data input by field station staff.</p> <p>Frequency: Monthly</p> |
| <p>Objective 3.6 Foreclosure avoidance through servicing (FATS) ratio</p> | <p>The FATS ratio measures the effectiveness of VA supplemental servicing of defaulted guaranteed loans. The ratio measures the extent to which foreclosures would have been greater had VA not pursued alternatives to foreclosure.</p> | <p>The primary goal of Loan Guaranty Service is to assist veterans in obtaining home ownership. The FATS ratio measures VA's ability to assist veterans in maintaining home ownership during periods of personal financial strain.</p> | <p>Source: Data are extracted from the Loan Service and Claims (LS&C) System. This system is used to manage defaults and foreclosures of VA-guaranteed loans.</p> <p>Frequency: Data are collected on a monthly basis.</p> |
| <p>Objective 4.2 Progress towards development of one new treatment for PTSD</p> | <p>PTSD is an anxiety disorder that can develop after a person has been exposed to a terrifying event or ordeal in which physical harm occurred or was threatened, as in the example of combat. PTSD related to combat exposure is a major concern in the health of the veteran population. The long-term goal of this research is to develop at least one new effective treatment for PTSD and publish the results by 2011.</p> | <p>The results from the clinical trials will be published in peer-reviewed scientific journals, providing an evidence base for clinical practice generally and for Clinical Practice Guidelines specifically.</p> | <p>Source: Data are obtained from (1) the written annual research progress reports, which are submitted electronically through the Office of Research and Development's ePROMISE system; (2) personal communications with the investigator in relation to this performance goal, which will be noted and filed; and (3) submission of an application for VA research funding by the Principal Investigator, which will include a summary of progress.</p> <p>Frequency: Annually</p> |
| <p>Objective 4.5 Percent of respondents who rate national cemetery appearance as excellent</p> | <p>The number of survey respondents who agree or strongly agree that the overall appearance of the national cemetery is excellent divided by the total number of survey respondents, expressed as a percentage.</p> | <p>NCA will continue to maintain the appearance of national cemeteries as national shrines so that bereaved family members are comforted when they come to the cemetery for the interment, or later to visit the grave(s) of their loved one(s). Our Nation's veterans have earned the appreciation and respect not only of their friends and families, but also of the entire country and our allies. National cemeteries are enduring testimonials to that appreciation and should be places to which veterans and their families are drawn for dignified burials and lasting memorials.</p> | <p>Source: NCA's Survey of Satisfaction with National Cemeteries. The survey's respondents are family members and funeral directors who have recently received services from a national cemetery.</p> <p>Frequency: Annual</p> |



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| Data Verification/Quality | | | |
|--|---|---|--|
| Accuracy | Reliability/ Comparability | Consistency | Data Limitations |
| Data Verification/Quality Rating Scale: 5-Very High; 4-High; 3-Medium; 2-Low; 1-Very Low | | | |
| <p>NCA staff are trained and skilled in proper procedures for calculating the number of veterans that live within the service area of cemeteries that provide a first interment burial option. Changes to this calculation methodology or other changes to the measure are documented and reported through VA's annual Performance and Accountability Report and VA Monthly Performance Reports. Results of a VA Office of the Inspector General audit assessing the accuracy of data used for this measure affirmed the accuracy of calculations made by NCA personnel.</p> <p>Data Accuracy Rating: 5</p> | <p>Data on this measure are used to determine potential areas of need for future national cemeteries and to guide funding decisions for state veteran cemetery grants. Data are timely, are used in monthly VA performance reports and annual GRPA reports, and enable VA stakeholders to assess VA's progress toward meeting the burial needs of veterans on an annual basis.</p> <p>Data Reliability Rating: 5</p> | <p>Current data sources and collection standards are well defined. Data sources and collection standards have been documented by independent program studies conducted in 2002 and 2008.</p> <p>Data Consistency Rating: 5</p> | <p>Provides performance data at specific points in time while at the same time, veteran demographics are constantly changing.</p> |
| <p>Data are collected by an independent contractor skilled in data collection and analytical techniques. Data are accurate at a 95% confidence interval at the national and MSN levels and for cemeteries having at least 400 interments per year.</p> <p>Data Accuracy Rating: 5</p> | <p>Data for this measure are used by VA management to inform budget formulation, for VA internal Monthly Performance reports and annual GRPA reports, and to enable stakeholders to assess VA's annual performance on providing quality service to veterans and their families.</p> <p>Data Reliability Rating: 5</p> | <p>VA's current mail-out survey methodology has been in place since 2001. Data collection standards and reporting schedules are defined by contract.</p> <p>Data Consistency Rating: 5</p> | <p>The mail-out survey provides statistically valid performance data at the national and MSN levels and at the cemetery level for cemeteries having at least 400 interments per year.</p> |
| <p>National cemetery employees are trained and skilled at entering data into NCA's BOSS system. Data are collected and verified by NCA Central Office employees who are skilled and trained in data collection and analysis techniques. Data are verified by sampling against source interment data in BOSS.</p> <p>Data Accuracy Rating: 5</p> | <p>Data are used by NCA managers to identify and correct potential problems in the headstone and marker ordering, delivery, and setting process. Data are available at the beginning of each month and are available for use in GRPA reports and VA internal Monthly Performance Reports. Data are comparable between years, enabling NCA and its stakeholders to assess program progress and effectiveness.</p> <p>Data Reliability Rating: 5</p> | <p>Data collection standards for this measure are automated at VA's Quantico Regional Processing Center (QRPC). Monthly reports are generated automatically by QRPC on the 25th day of each month. Source data are well defined in NCA's BOSS users guide.</p> <p>Data Consistency Rating: 5</p> | <p>None</p> |
| <p>VA personnel are skilled and trained in loan servicing procedures. Prior to input of the staff's completed servicing actions, a supervisory check of the results data is completed to verify the accuracy of the actions taken. If these actions result in the veteran's defaulted loan becoming current, then another supervisory check is done to verify the successful intervention data for accuracy.</p> <p>Data Accuracy Rating: 5</p> | <p>FATS data can be used to make program decisions and can be compared between years to assess progress or program effectiveness. Supporting documentation is maintained and readily available.</p> <p>Data Reliability Rating: 5</p> | <p>FATS data are well defined and documented. Definitions of FATS data elements are available and used.</p> <p>Data Consistency Rating: 5</p> | <p>In order to better assist veterans and capitalize on some of the servicing industry's best practices, VA underwent a complete business process redesign of how it conducts servicing of defaulted loans. This redesign effort included development of the VA Loan Electronic Reporting Interface (VALERI) service. With VALERI, servicing of delinquent VA-guaranteed loans is done in a more effective manner. Full implementation of VALERI will be completed by the end of the 2008 calendar year. At that point, data will no longer be available in the Loan Servicing and Claims (LS&C) system and the FATS measure will be replaced.</p> |
| <p>Research scientists are skilled and trained in anxiety disorder and the data verification needed to provide accurate data.</p> <p>Data Accuracy Rating: 5</p> | <p>Results data derived from this measure is rapidly translated into clinical practice. The findings are published and discussed to help meet the needs of veterans and others suffering from Post-Traumatic Stress Disorder.</p> <p>Data Reliability Rating: 5</p> | <p>Collection standards are documented/available/used. Source data are well defined and documented; definitions are available and used.</p> <p>Data Consistency Rating: 5</p> | <p>None</p> |
| <p>Data are collected by an independent contractor skilled in data collection and analytical techniques. Data are accurate at a 95% confidence interval at the national and MSN levels and for cemeteries having at least 400 interments per year.</p> <p>Data Accuracy Rating: 5</p> | <p>Data for this measure are used by VA management to inform budget formulation, for VA internal Monthly Performance reports and annual GRPA reports, and to enable stakeholders to assess VA's annual performance on maintaining national cemeteries as national shrines.</p> <p>Data Reliability Rating: 5</p> | <p>VA's current mail-out survey methodology has been in place since 2001. Data collection standards and reporting schedules are clearly defined and incorporated into a contract with the firm that conducts the survey.</p> <p>Data Consistency Rating: 5</p> | <p>The mail-out survey provides statistically valid performance data at the national and MSN levels and at the cemetery level for cemeteries having at least 400 interments per year.</p> |