

DEFINITIONS

AAALAC - Association for Assessment and Accreditation of Laboratory Animal Care

An accrediting body that provides oversight for research programs that include animal research. (Medical Research)

Abandoned call rate

Nationwide, the percentage of call attempts for which the caller gets through, but hangs up before talking to a VA representative. (C&P, Education)

Accuracy of decisions (entitlement)

Percent of entitlement determinations completed accurately. Accuracy is determined through case reviews. (VR&E)

Accuracy of decisions (fiscal)

Percent of vendor fiscal transactions and subsistence award transactions that are accurate and consistent with laws and regulations. The measure, calculated by determining the number of completed cases reviewed that were correct compared to the total number of cases reviewed, is expressed as a ratio. (VR&E)

Accuracy of decisions (services)

Percent of cases completed accurately of veterans who receive Chapter 31 (disabled veterans receiving vocational rehabilitation) services and/or educational/vocational counseling benefits under several other benefit chapters. Accuracy of service delivery is expressed as a percent of the highest possible score (100) on cases reviewed. (VR&E)

Administrative cost per default

The average administrative costs of all defaults processed. (Housing)

Administrative cost per loan

Administrative unit cost for each guaranty issued, including direct labor, indirect labor, and non-payroll costs. (Housing)

Administrative cost per trainee

The average annual cost, including direct labor and overhead, to serve an education beneficiary. (Education)

Alternate Revenue Sources

A generic description of revenue over and above VA's yearly Congressional budget appropriation. Examples of these revenues include medical cost recoveries, Medicare, and other sharing revenues including income from fee-for-service payments or third-party payments for care received by veterans covered by a medical insurance policy. (Medical Care)

Appeals decided per FTE

A basic measure of efficiency determined by dividing the number of appeals decided by the total BVA full-time equivalent staff. (BVA)

Appeals resolution time (in days)

The average length of time the Department takes to process an appeal, from the date a claimant files a Notice of Disagreement until a case is resolved, including resolution at a regional office or by a final decision by the Board. (BVA)

Average days to complete education claims

Elapsed time, in days, from receipt of a claim in the regional office to closure of the case by issuing a decision. Original claims are for first-time use of this benefit. Supplemental claims are for any re-enrollment. (Education)

Average days to process insurance disbursements

The weighted composite average processing days for all disbursements, including death claims and applications for policy loans and cash surrenders. (Insurance)

Average days to process non-rating actions

Elapsed time, in days, from receipt of a claim in

the regional office to closure of the case by issuing a decision by a regional office. Non-rating actions include the following types of claims: original death pension, dependency issues, income issues, income verification matches, income verification reports, burial and plot allowances, claims for accrued benefits, and special eligibility determinations. (C&P)

Average days to process rating-related actions

Elapsed time, in days, from receipt of a claim in the regional office to closure of the case by issuing a decision by a regional office. Rating-related actions include the following types of claims: original compensation, original disability pension, original dependency and indemnity compensation (DIC), reopened compensation, reopened pension, routine examinations, and reviews due to hospitalization. (C&P)

Average hold time in seconds

The average length of time (in seconds) that a caller using the toll-free service number waits before being connected to an insurance representative. (Insurance)

Average length of stay efficiency of veterans undergoing rehabilitation for a lower extremity amputation in a medical rehabilitation bed unit

Lower extremity amputations produce significant life changes for a veteran's functional status, and effective rehabilitation intervention represents an opportunity to achieve maximal benefit for the patient. This measure is part of the evaluation of rehabilitative interventions. In the FY 2001 baseline, this measure was based on inpatient medical rehabilitation beds. Beginning in FY 2002, a new measure will be based on the full continuum of rehabilitative care. The new measure expands the patient cohort to include amputees at all facilities, both inpatient and outpatient, across the continuum of care (i.e., includes care outside of a medical care rehabilitation unit). (Medical Care)

Balanced Scorecard/Value Index

The Quality-Access-Satisfaction (QAS)/Cost VALUE Index includes both cost and other domains of value such as quality, access, and satisfaction that express meaningful outcomes for VA's resource investments. Unlike a simple cost measure that can lead to false impressions of efficiency, the VALUE measure demonstrates a balanced perspective of cost efficiency along with desired outcomes. The measure simply portrays the desired outcomes (as percentage of goals) that VA achieves with its budgeted resources by establishing a value relationship of Quality-Access-Satisfaction to dollars (QAS/cost).

The VHA Balanced Scorecard provides a framework for translating VHA's strategic objectives into performance measurements driven by key performance measures. This measure uses the same components used in the QAS/cost VALUE Index but establishes a percent of goal relationship for cost in the same manner as done for desired outcomes of Quality, Access, and Satisfaction. All four components in the scorecard are of equal weight (each component is 25 percent of the total). Progress toward the goal is identified as well as identification of areas where the goal is exceeded.

The sources of data for these performance measures are the same as those identified for the specific components comprising the measures - Chronic Disease Care Index II; Prevention Index II; inpatient and outpatient satisfaction; waiting times for primary care and specialty clinics; and wait times to see a provider. The cost element is obligations per unique patient in constant dollars. (Medical Care)

Blocked call rate

Nationwide, the percentage of call attempts for which callers receive a busy signal because all circuits were in use. (C&P, Education)

BVA response time (in days)

A future-oriented timeliness indicator that, based upon BVA’s appellate processing rate of the immediately preceding 1-year time frame, projects the time BVA will take to decide a new appeal added to its docket. (BVA)

CARES - Capital Asset Realignment for Enhanced Services

The program to assess veteran health care needs in VHA Networks, identify service delivery options to meet those needs in the future, and guide the realignment and allocation of capital assets to support the delivery of health care services. (Medical Care)

CDCI II-Chronic Disease Care Index II

The index consists of 23 medical interventions assessing how well VA follows nationally recognized guidelines for 7 high-volume diagnoses. Within each of the seven diagnoses, one to eight medical interventions are measured as follows: (Medical Care)

Diagnosis	Medical Interventions
Ischemic heart disease	Administration of aspirin at most recent outpatient visit Administration of beta-blockers at most recent outpatient visit LDL- C < 130 Prescribing of beta-blockers at discharge (inpatient) Prescribing of aspirin at discharge (inpatient)
Hypertension	BP < 140/90
Chronic obstructive pulmonary disease	Influenza immunization Pneumococcal immunization Percent non-tobacco users
Diabetes mellitus	Visual foot inspection Examination of pedal pulses Foot sensory examination Retinal eye examination Annual Hemoglobin A1c HbA1c < 9.5 BP < 140/90 Lipid profile q2yrs
Major Depressive Disorder	Screening for depression Follow-up for positive screen
Schizophrenia	If on antipsychotic medication, assessed for involuntary movements annually
Tobacco Cessation	Screening for use Counseling x3/yr if tobacco user Percent non-tobacco users

Compliance survey completion rate

The percentage of compliance surveys completed, compared with the number of surveys scheduled at the beginning of the fiscal year. (Education)

Contract disputes electing ADR

The percent of contract dispute matters electing to use Alternate Dispute Resolution (ADR) techniques. ADR techniques refer generally to several formal and informal processes for resolving disputes that do not entail courtroom litigation. (Departmental Management)

Cost per appeals case

A unit decision cost derived by dividing BVA's total obligational authority by the number of decisions. (BVA)

Cost per death award

The average cost of processing a death claim, including appropriate support costs. (Insurance)

Cost per policy maintained

The average cost of maintaining an insurance policy, including all appropriate support costs. (Insurance)

Cumulative number of kiosks installed at national and state veterans cemeteries

The total number of kiosk information centers installed at national and state veterans cemeteries to assist visitors in finding the exact gravesite locations of individuals buried there. In addition to providing the visitor with a cemetery map for use in locating the gravesite, the kiosk information center provides such general information as the cemetery's burial schedule, cemetery history, burial eligibility, and facts about the National Cemetery Administration. (Burial)

Customer satisfaction

Percent of veterans who answered "very satisfied" or "somewhat satisfied" when asked about their

level of overall satisfaction with vocational rehabilitation and employment services. (VR&E)

Customer satisfaction

Nationally, the percentage of respondents to the education customer satisfaction survey who rated their interactions with VA as "very satisfied" or "somewhat satisfied." (Education)

Decisions containing quality deficiencies

Based on a random sampling of approximately 5 percent of Board decisions, decisions are checked for deficiencies in the following categories: identification of issues, findings of fact, conclusions of law, reasons and bases (or rationale) for preliminary orders, due process, and format. (BVA)

Electronic data transmissions between VBA/VHA

This measure was initiated in September 2000 to track all electronic transmissions between VBA and VHA with the goal of improving the exchange of data related to compensation and pension medical examinations. The tests of measurement methods in FY 2001 found problems with the structure of the measure, so it will be discontinued in FY 2002.

VBA and VHA have initiated other projects to facilitate transmitting electronic data between the two organizations. For example, the Compensation and Pension Records Interchange (CAPRI) application that allows VBA to obtain medical records from VHA was successfully tested in January 2001. In February 2001, VBA and VHA signed a memorandum of understanding to establish a Joint Examination Improvement Office in Nashville, Tennessee, to improve the quality and timeliness of C&P medical examinations. (Medical Care)

Employee job satisfaction

The overall level of job satisfaction, on a five-point scale, expressed by education employees. (Education)

Employee satisfaction

The Insurance Service uses the national *One VA* survey for the purpose of measuring employee satisfaction. The survey, consisting of 100 questions, uses a 5-point scale to measure satisfaction. We include the top three categories as a favorable measure. (Insurance)

Employment timeliness in average days

The average number of days taken from the date the veteran begins Employment Services (job ready) to the date the veteran enters suitable employment. (VR&E)

Fiduciary activities

Nationwide, the percentage of fiduciary initial appointments that require more than 45 days to complete. (C&P)

Foreclosure avoidance through servicing (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. (Housing)

Franchise Fund

VA's fund is comprised of six Enterprise Centers that competitively sell common administrative services and products throughout the Federal Government. The Centers' operations are funded solely on a fee-for-service basis. Full cost recovery ensures they are self-sustaining. (Departmental Management)

Headstones and markers that are undamaged and correctly inscribed

This percentage represents the number of headstones and markers that are undamaged and correctly inscribed, divided by the number of headstones and markers ordered. (Burial)

High customer ratings

The percent of insurance customers who rate different aspects of insurance services in the highest two categories, based on a 5-point scale, using data from the insurance customer survey. (Insurance)

Homeless patients with mental illness who receive a follow-up mental health outpatient visit, admission to a Compensated Work Therapy/ Transitional Residence (CWT/TR) or admission to a Psychiatric Residential Rehabilitation Treatment Program (PRRTP) within 30 days of discharge

Operating one of the largest mental health programs in the country, VA provides state-of-the-art diagnosis and treatment to improve the mental and physical functioning of veterans in need of mental health treatment. Care is provided across a broad continuum of inpatient, partial-hospitalization, outpatient, and community facilities. This performance measure tracks the percent of homeless patients with mental health disorders who received follow-up outpatient care related to mental health, admission to a CWT/TR, or admission to a PRRTP within 30 days following discharge from Domiciliary Care for Homeless Veterans (DCHV) or Health Care for Homeless Veterans (HCHV) contract care. (Medical Care)

Indictments, convictions, and administrative sanctions

The results of criminal and administrative investigations conducted in response to allegations or proactive initiatives. (IG)

Individual headstone and marker orders transmitted electronically to contractors

The percent of individual headstone and marker orders that were transmitted to contractors via communication software or Internet e-mail. (Burial)

Inpatients/outpatients rating VA health care service as very good or excellent

This measure reflects the results of VA care and service provided to veterans, based on the Performance Analysis Center of Excellence (PACE) surveys of their experiences during their most recent hospitalization (inpatients) or care received within the previous 2 months (outpatients). In FY 2001, both nationwide and VISN-specific findings for outpatient satisfaction were reported semi-annually. A research team using standard survey methodologies ensures the validity and reliability of the findings. (Medical Care)

Institutional Review Board (IRB) compliance with NCQA accreditation and maintenance, as appropriate, of AAALAC or NRC accreditation or certification

This measure ensures the compliance of research facilities/investigators with regulatory requirements and ensures the safety of research subjects. The IRB is an oversight organization responsible for reviewing and evaluating medical research proposals. (Medical Research)

Low customer ratings

The percent of insurance customers who rate different aspects of insurance services in the lowest two categories, based on a 5-point scale, using data from the insurance customer survey. (Insurance)

Maintain patient access to telephone care 7 days a week, 24 hours a day, in all VISNs

As part of VA's initiative to improve service and access, this performance measure was initiated to identify the number of VISNs that give veterans access to telephone care 7 days a week, 24 hours a day for triage, care, and consultation. The purpose is to provide personalized care when and where it is needed, within certain parameters, and in ways that are creative, innovative, and cost-effective. (Medical Care)

Medical residents' and other trainees' scores on a VHA survey assessing their clinical training experiences

The satisfaction survey for residents and other trainees assists VHA in determining how well VHA is achieving VA's academic mission of providing innovative and high-quality health care training for VA and the Nation. VHA uses the survey results to learn what satisfies residents and other trainees and to target how to improve the clinical training experience. The sources of this data are the responses to a summary question from the Learners' Perceptions Survey. VHA used sound scientific methodologies to develop this survey instrument in order to assure the collection of reliable information. The numerator for this measure is the sum of scores of respondents who indicated they are satisfied with their VA clinical experiences on a scale of 1 to 10. The denominator is the total number of survey respondents. (Medical Education)

Montgomery GI Bill usage rate

The percent of eligible veterans who have ever used their earned benefits. (Education)

Monuments ordered on-line by other federal and state veterans cemeteries using AMAS-R

The percentage represents the number of headstones and markers ordered through NCA's Automated Monument Application System-Redesign (AMAS-R) by other federal (for example, Arlington National Cemetery) and state veterans cemeteries, divided by the total number of headstones and markers ordered by other federal and state veterans cemeteries. (Burial)

National accuracy rate (authorization work)

Nationwide, the percentage of original death pension claims, dependency issues, income issues, income verification matches, income verification reports, burial and plot allowances, claims for

accrued benefits, and special eligibility determinations completed and determined to be technically accurate. The accuracy rate for the Nation is a compilation of the C&P Service's review of the 57 regional offices. (C&P)

National accuracy rate (fiduciary work)

Nationwide, the percentage of field examinations and account audits completed and determined to be technically accurate. The accuracy rate for the Nation is a compilation of the C&P Service's review of the 57 regional offices. (C&P)

National accuracy rate for core rating work

Nationwide, the percentage of original compensation, disability pension, death pension, and DIC claims; reopened compensation and pension claims; and appellate actions completed and determined to be technically accurate. The accuracy rate for the Nation is a compilation of the C&P Service's review of the 57 regional offices. (C&P)

NCQA —National Committee for Quality Assurance

An accrediting body that provides oversight for research programs that include human research. (Medical Research)

Non-rating actions - average days pending

Elapsed time, in days, from date of receipt of a claim (for which work has not been completed) in the regional office to current date. Non-rating actions include the following types of claims: original death pension, dependency issues, income issues, income verification matches, income verification reports, burial and plot allowances, claims for accrued benefits, and special eligibility determinations. (C&P)

NRC — Nuclear Regulatory Commission

A federally sponsored organization responsible for management of radiation hazards, which has

oversight in research programs that include radioactive materials. (Medical Research)

Overall satisfaction

This is an index of answers from the annual customer satisfaction survey. The survey assesses the level of satisfaction veterans have with the way their claim is handled by VA and with the service they receive when they contact VA for information. (C&P)

Patients seen within 20 minutes of scheduled appointment at VA health care facilities

Service must be delivered in a timely manner. VA patients with scheduled appointments expect to be seen within a reasonable time of their appointments. This measure reflects the percentage of patients who report being seen in 20 minutes or less. It is derived from the responses to the following question on the annual *National Ambulatory Care Satisfaction Survey*: "How long after the time when your appointment was scheduled to begin did you wait to be seen?" (Medical Care)

Patients who use tobacco products

Smoking remains the single greatest cause of preventable disease in the United States. The smoking program in VHA's Office of Public Health and Environmental Hazards and the National Center for Health Promotion and Disease Prevention is responsible for policy development relating to smoking by patients, employees, and visitors at VA facilities. Activities revolve around developing and disseminating clinical guidelines for smoking cessation and implementing a joint VA-DoD National Smoking Cessation Program. Data obtained through a random sample of the records of patients seen at least once 12-24 months ago and again within the current year (to determine the veteran is an established patient) at one of eight ambulatory care clinics are used to assess the effectiveness of the program. (Medical Care)

Payment accuracy rate

Measures how well decisions reflect payment at the proper rate for the correct period of time. (Education)

Percent change in functional status from admission to discharge from a blind rehabilitation program or unit

The performance index is based on the Historical National Benchmark (HNB) of functional change indicated by the 13 items in the survey instrument. The measurement of functional change is used to determine whether veterans are developing the skills and capabilities that they need to improve the quality of their lives and attain the personal independence and emotional stability that is the goal of the Blind Rehabilitative Service. The index reflects the functional change (in logit units) from pre- to post-rehabilitation that was found in the 2,682 veterans surveyed during the four years of work on the establishment of psychometric properties of the instrument. During this period with data from all blind rehabilitation centers, the average improvement was 1.57 units. This is the denominator, and the numerator is the functional change seen at the blind centers during the reporting period. This computes a percentage of the HNB that is attained. (Medical Care)

Percent increase of EC/EDI usage over 1997 base year

The percent increase in the number of line items ordered through Electronic Data Interchange (EDI) by fiscal year. (Departmental Management)

Percent of full-time employees receiving 40 hours of continuing education or training annually; as part of the 40 hours, all front-line providers will have 20 hours directly related to patient safety

The quality of VHA's service depends on a workforce that understands, believes in, and fulfills the organization's mission and goals. As work

processes and organizational needs change, there will be a demand for more multi-skilled individuals who will work in new environments. Rewards will be linked directly to performance measures and organizational goals. Therefore, VHA owes its employees the opportunities to upgrade and/or maintain professional skills and to work in an environment that encourages success. This measure indicates the percent of permanent full-time and part-time VHA employees who meet or exceed the minimum number of hours spent in educational activities or other learning experiences. In FY 2001, employee education emphasized safety training for all front-line providers. (Medical Care)

Percent of insurance disbursements paid accurately

The weighted composite accuracy rate for all disbursements, including death claims, policy loans, and cash surrenders. (Insurance)

Percent of randomly selected admissions from Special Intensive PTSD Programs (SIPPs) that are enrolled in the Outcomes Monitoring program

Patients enrolled in the National PTSD Outcomes Monitoring System are those registered with VHA's Mental Health and Behavioral Sciences Strategic Health Care Group and admitted to the following specialized intensive PTSD programs: Evaluation Brief Treatment PTSD unit, Specialized Inpatient PTSD Program (SIPPS), PTSD Residential program, or a PTSD Day Hospital program. Patients with successful follow-ups are those who have completed a follow-up assessment form, as required for the outcome-monitoring program. (Medical Care)

Percent of spinal cord injury respondents to the Performance Analysis Center of Excellence (PACE) survey who rate their care as very good or excellent

The Spinal Cord Injury and Disorders (SCI&D) program assists veterans with SCI&D to develop the capacities needed to maintain independence, health, and well-being. To accomplish this, the SCI&D program provides rehabilitation, preventive care, sustaining care, and extended care across a continuum. This measure indicates VA's ability to maintain a viable spinal cord injury system providing health care that will receive positive patient evaluations. (Medical Care)

Percent of Veterans Service Standard (VSS) problems reported per patient in the areas of patient education, visit coordination, and pharmacy services

Patient satisfaction with health care services is measured through questions on the National Patient Feedback Survey. The questions involve patient perceptions of patient education, visit coordination, and pharmacy services. Patient education pertains to whether VA healthcare providers give patients understandable answers to their questions and furnish patients with clear explanations of why tests are needed, what the results are, the purpose and side effects of any prescribed medicines, and what to do if problems or symptoms continue or get worse. Visit coordination deals with whether patients are informed of how and when they would find out the results of any test conducted. Pharmacy services pertain to how long patients usually have to wait to get their prescriptions filled, and what patients' overall rating is of VA pharmacy services. (Medical Care)

Percentage of blocked calls

The percentage of call attempts for which callers receive a busy signal because all circuits were in use for the insurance toll-free service number. (Insurance)

Percentage of patients evaluated for the risk factors for Hepatitis C

At the beginning of 2001, responsibility for coordinating the Hepatitis C programs was transferred to the Office of Public Health and Environmental Hazards. This staff's charge was to (1) provide Hepatitis C testing to any veteran who may be at risk; (2) develop an appropriate Hepatitis C risk prevention program; and (3) improve data collection and management, including a proposal to create a new VA Hepatitis C Registry. The registry was to be created to improve how VA tracks the number of patients with Hepatitis C infection, the nature of the care they receive, and the associated workload. (Medical Care)

Presidential Memorial Certificates that are accurately inscribed

A Presidential Memorial Certificate (PMC) conveys to the family of the veteran the gratitude of the Nation for the veteran's service. To convey this gratitude, each certificate must be accurately inscribed. This measure represents the number of PMCs initially sent to the families of deceased veterans that are accurately inscribed, divided by the number of PMCs issued. (Burial)

Prevention Index II

The Prevention Index (PI II) consists of nine medical interventions that measure how well VA follows nationally recognized primary prevention and early detection recommendations for nine diseases or health factors that significantly determine health outcomes. Data contained in the prevention index are estimates of the average percentages of patients receiving appropriate medical interventions for these diseases and health factors. (Medical Care)

Disease/Health Factor	Medical Intervention
Influenza	Influenza vaccination
Pneumococcal pneumonia	Pneumococcal vaccination
Tobacco consumption	Tobacco use screening
Alcohol abuse	Alcohol use screening
Breast cancer	Mammography
Cervical cancer	Cervical cancer screening
Colorectal cancer	Colorectal cancer screening
Prostate cancer	Prostate cancer screening education
Cholesterol levels	Hyperlipidemia screening

Program evaluation

An assessment, through objective measurement and systematic analysis, of the manner and extent to which Federal programs achieve intended outcomes. (Departmental Management)

Property holding time (months)

The average number of months from date of custody of a property to the date of sale of a property acquired due to defaults on VA-guaranteed loans. (Housing)

Proportion of discharges from spinal cord injury (SCI) center bed sections to non-institutional settings

This measure is the percentage of inpatients with SCI who are discharged to non-institutional community living locations from a VA SCI bed section. Excluded from the count are patients with irregular discharges, patients transferred in from institutional care, and patients who have died. Non-institutional community living locations do not

include a different hospital, nursing home care unit, state home, domiciliary, or penal institution. (Medical Care)

PTSD - Post Traumatic Stress Disorder

PTSD is an anxiety disorder that can occur following the experience or witnessing of life-threatening events, such as military combat, natural disasters, terrorist incidents, serious accidents, or violent personal assaults such as rape. People who suffer from PTSD often relive the experience through nightmares and flashbacks, have difficulty sleeping, and feel detached or estranged. These symptoms can be severe enough and last long enough to significantly impair the person’s daily life. Common PTSD stressors in veterans include war zone stress (e.g., combat and exposure to mass casualty situations), the crash of a military aircraft, or sexual assault. VA is committed to providing an integrated, comprehensive, and cost-effective continuum of care for veterans with PTSD. (Medical Care)

Rate of delayed prosthetics orders

This measure is important to many veteran service organizations. Enactment of the Veterans Health Care Eligibility Reform Act of 1996, Public Law 104-262, Section 104, eliminated the prohibition on providing prosthetic devices in an ambulatory setting and increased the number of veterans who are eligible for prosthetic devices. It is crucial that the rate of delayed prosthetics orders (that is, orders not placed in five workdays) should not exceed 2 percent of the total workload per month. A 2-percent standard will be maintained despite an expanding workload in FY 2002-2006. The source of the data is the National Prosthetic Delayed Order Report. The data are collected manually on a quarterly basis. The numerator for this target is the total number of delayed prosthetic orders. The denominator is the total number of prosthetic orders received. (Medical Care)

Rating-related actions - average days pending

Elapsed time, in days, from date of receipt of a claim (for which work has not been completed) in the regional office to current date. Rating actions include the following types of claims: original compensation, original disability pension, original DIC, reopened compensation, reopened pension, routine examinations, and reviews due to hospitalization. (C&P)

Rehabilitation rate

The percentage of veterans who acquire and maintain suitable employment and leave the program, compared to the total number leaving the program. For those veterans with disabilities that make employment infeasible, VR&E seeks to assist them to become independent in their daily living. (VR&E)

Remand rate from CAVC to BVA

Percent of decisions entered by the United States Court of Appeals for Veterans Claims (CAVC) that are remanded (returned) to the Board of Veterans' Appeals. (BVA)

Reports issued

Audit, contract review, and health care inspection documents that reflect independent and objective assessments of key operations and programs at VA facilities nationwide. These reports include recommendations for corrective action, cost savings, and/or programmatic improvement of the activities under review. (IG)

Respondents who rate national cemetery appearance as excellent

Using a customer satisfaction survey, NCA measures its success in maintaining cemeteries as national shrines from the customer's perspective. For FY 2001 and subsequent years, NCA developed a new customer satisfaction survey process. The annual survey is done via mail; the data are collected from family members and funeral directors who recently received services from a national cemetery. The measure for cemetery appearance is the percent of respondents who agree that the overall appearance of the national cemetery is excellent. (Burial)

Respondents who rate the quality of service provided by the national cemeteries as excellent

Using a customer satisfaction survey, NCA measures its success in delivering service with courtesy, compassion, and respect. For FY 2001 and subsequent years, NCA developed a new customer satisfaction survey process. The annual survey is done via mail; the data are collected from family members and funeral directors who recently received services from a national cemetery. The measure for quality of service is the percent of respondents who agree that the quality of service received from cemetery staff is excellent. (Burial)

Return on investment

The national average on the return on investment (percentage) on properties sold that were acquired due to defaults on a VA-guaranteed loan. It is the amount received for the property (selling price)

divided by the acquisition cost and all subsequent expenditures for improvements, operating, management, and sales expenses. (Housing)

Root Cause Analysis

Patient safety remains of utmost importance to VA. Root cause analysis (RCA) is a process for identifying the basic or contributing causal factors related to harm caused by adverse events or "close calls" involving VA patients. The National Center for Patient Safety (NCPS) evaluated the timeliness of RCAs in FY 2001 to understand the origins and circumstances of safety problems and to improve outcomes of patient safety in VHA's health care facilities. (Medical Care)

Serious Employment Handicap (SEH) rehabilitation rate

Proportion of all veterans with an SEH who are rehabilitated, compared to all veterans with an SEH who exit a program of services (discontinued or rehabilitated) during the fiscal year. These veterans are also included in the rehabilitation rate. The SEH rehabilitation rate provides additional credit for success in rehabilitating veterans with serious employment handicaps. VR&E Service is targeting veterans with SEH for increased attention and services. (VR&E)

Sharing agreements (Non-DoD and DoD)

Improving coordination of VA and DoD programs and systems is an important purpose of this performance measure. In December 1999, VA and DoD agreed to a Memorandum of Agreement (MOA) to combine their purchasing power to eliminate redundancies. In FY 2001, significant progress was made related to achieving discounts off the lowest VA Federal Supply Schedule (FSS) prices ranging from 0.19 percent to 53.75 percent; converting DoD's Distribution and Purchasing Agreements to FSS for medical/surgical products; and working with DoD counterparts to facilitate shared acquisition strategies through product

standardization committees. In May 2001, the President established a task force to improve health care delivery to our Nation's veterans through better coordination between VA and DoD. (Medical Care)

Speed of entitlement decisions

Average number of days from the time the application is received until the veteran is notified of the entitlement decision. (VR&E)

Statistical quality index

A quality index that reflects the number of correct actions found in Statistical Quality Control reviews, measured as a percentage of total actions reviewed. (Housing)

VA Community-based Outpatient Clinic (CBOC)

A CBOC is a VA-operated, VA-funded, or VA-reimbursed health care facility or site geographically distinct or separate from a parent medical facility. This term encompasses all types of VA outpatient clinics, except hospital-based, independent, and mobile clinics. Satellite and outreach clinics are included as community-based outpatient clinics. (Medical Care)

VA Domiciliary

A VA domiciliary provides comprehensive health and social services in a VA facility for eligible veterans who are ambulatory and do not require the level of care provided in nursing homes. (Medical Care)

VA Hospital

A VA hospital is an institution that is owned, staffed, and operated by VA and whose primary function is to provide inpatient services. Note: Each division of an integrated medical center is counted as a separate hospital. (Medical Care)

VA-managed Federal Coordinating Centers that complete at least one National Disaster Medical System (NDMS) casualty reception exercise every three years

Since disasters are commonplace in today's world, prompt, coordinated response and relief efforts are necessary to reduce morbidity and mortality. As a large integrated health care system with a presence in every state, VA operates a national emergency management program that includes NDMS Federal Coordinating Centers strategically located throughout the country. Emergency preparedness drills and related activities test the effectiveness of existing training programs and capabilities, and keep skills honed for real-life emergency events. This measure provides the percent of VA-managed NDMS Federal Coordinating Centers that complete at least one casualty reception exercise every three years. (Medical Care)

Value of monetary benefits from IG audits

A quantification of funds that could be used more efficiently if management took actions to complete recommendations pertaining to deobligating funds, costs not incurred by implementing recommended improvements, and other savings identified in audit reports. (IG)

Value of monetary benefits from IG contract reviews

The sum of the questioned and unsupported costs, identified in pre-award contract reviews, that the IG recommends be disallowed in negotiations unless additional evidence supporting the costs is provided. (IG)

Value of monetary benefits from IG investigations

Includes court fines, penalties, restitution, civil judgments, and investigative recoveries and savings. (IG)

Veterans served by a burial option within a reasonable distance of their residence

NCA determines the percentage of veterans served by existing national and state veterans cemeteries within a reasonable distance of their residence by analyzing census data on the veteran population. Burial option includes national cemeteries or state veterans cemeteries with space for first interments, whether full-casket or cremain, or both, either in-ground or in columbaria. Reasonable distance means, in most cases, 75 miles; however, for certain sites where historical data exist to demonstrate substantial usage from a greater distance, reasonable distance is defined as that greater distance. Since FY 2000, actual performance and the target levels of performance have been based on the new VetPop2000 model developed by the Office of the Actuary. (Burial)

Veterans served by a burial option in a national cemetery

The percentage of veterans with reasonable access to a national cemetery with space for first interments, whether full-casket or cremain, or both, either in-ground or in columbaria. Reasonable access means, in most cases, within 75 miles of the veteran's residence. (Burial)

Veterans served by a burial option only in a state veterans cemetery

The percentage of veterans with reasonable access to a state veterans cemetery with space for first interments, whether full-casket or cremain, or both, either in-ground or in columbaria. Reasonable access means, in most cases, within 75 miles of the veteran's residence. (Burial)

Veterans using Vet Centers who report being satisfied with services and saying they would recommend the Vet Center to other veterans

Since 1979, VA has provided counseling services to assist veterans in readjusting to civilian life through a nationwide system of 206 community-

based counseling facilities known as Vet Centers. The Vet Centers were the first VA service program to treat PTSD systematically in returning war veterans. Vet Centers now provide, in a non-hospital community setting, a variety of social services, extensive community outreach and referral activities, psychological assessment, psychological counseling for war-related experiences (including PTSD) and sexual trauma, and family counseling when needed. Initially restricted to Vietnam veterans, current law has extended eligibility for Vet Center services to any veteran who has served in the military in a theater of combat operations or in any area where armed hostility was occurring at the time of the veteran's service. This performance measure tracks the percentage of veterans who respond on the *Vet Center Veteran Satisfaction Survey* that they are satisfied with services and would recommend the Vet Center to other veterans. (Medical Care)

Veterans who obtained employment upon discharge from a Domiciliary Care for Homeless Veterans (DCHV) program or a community-based contract residential care program; Veterans who acquired independent living arrangements at discharge from a Domiciliary Care for Homeless Veterans (DCHV) program or a community-based contract residential care program

VA administers two special programs for homeless veterans: Domiciliary Care for Homeless Veterans (DCHV) and Health Care for Homeless Veterans (HCHV). These programs provide outreach, psychosocial assessments, referrals, residential treatments, and follow-up case management to homeless veterans. The denominator for the homeless/independent living and homeless/employment measures includes all veterans discharged from DCHV programs or HCHV community-based residential treatment programs. The homeless/independent living measure tracks the percentage of these veterans who are discharged

directly to independent living in the community. Independent living is defined as residence in one's own apartment, rooms, or house. The homeless/employment measure tracks the percentage of discharged veterans who obtain full-time employment, part-time employment, or therapeutic work opportunities in Veterans Industries at discharge. (Medical Care)

Waiting times for primary care and selected specialty clinic appointments

These performance measures are a major component of VA's initiative to improve service and access. In early 2000, VA implemented software for measuring the average next available clinic appointment time experienced by patients needing a non-urgent appointment. The software computed the clinic appointment waiting time by calculating the number of days between the date a next available appointment is requested and the date the appointment is made. This measured the actual experience of patients rather than projections based on appointment availability. Further, VHA measures the percent of all patients in primary care and specialty clinics who receive an appointment within 30 days of the desired date. A second, revised version of this software was released January 31, 2001. This version improved the measurement of appointment waiting times for new patients to primary care. (Medical Care)

LIST OF ABBREVIATIONS AND ACRONYMS

AAALAC

Association for the Assessment and Accreditation of Laboratory Animal Care

ACSI

American Customer Satisfaction Index

ADR

Alternative Dispute Resolution

AFGE

American Federation of Government Employees

AMAS-R

Automated Monument Application System-Redesign

ARC

Allocation Resources Center

B&O

Beneficiary and Option

BCMA

Bar Code Medication Administration

BDC

Benefits Delivery Center

BOP

Federal Bureau of Prisons

BOSS

Burial Operations Support Systems

BPA

Blanket Purchase Agreement

BRFSS

Behavioral Risk Factor Surveillance System

BVA

Board of Veterans' Appeals

C&P

Compensation and Pension

C&V

Construction and Valuation

CAP

Combined Assessment Program

CAPRI

Compensation and Pension Records Interchange

CARES

Capital Asset Realignment for Enhanced Services

CARF

Rehabilitation Accreditation Commission

CBOC

Community-based Outpatient Clinic

CDC

Centers for Disease Control and Prevention

CDCI II

Chronic Disease Care Index II

CDRH

Center for Devices and Radiological Health

CFO

Chief Financial Officer

Abbreviations and Acronyms

CFR

Code of Federal Regulations

CFS

Consolidated Financial Statements

CIO

Chief Information Officer

CMS

Centers for Medicare and Medicaid Services

COLAs

Cost of Living Adjustments

COOP

Continuity of Operations Plan

CoreFLS

Core Financial & Logistics System

COTS

Commercial Off-the-Shelf

CPEP

Compensation and Pension Examination Project

CPRS

Computerized Patient Record System

CWT/TR

Compensated Work Therapy/Transitional Residence

CWT/VI

Compensated Work Therapy/Veterans Industries

DCHV

Domiciliary Care for Homeless Veterans

DEERS

Defense Eligibility and Entitlement Records System

DFAS

Defense Finance and Accounting Service

DIC

Dependency and Indemnity Compensation

DMC

Debt Management Center

DMDC

Defense Manpower Data Center

DMO

Data Management Office

DoD

Department of Defense

DOL

Department of Labor

DOOR

Distribution of Operational Resources

DSS

Decision Support System

EA

Enterprise Architecture

EC/EDI

Electronic Commerce/Electronic Data Interchange

ECAP

Enrollment Certification Automated Processing

EPA

Environmental Protection Agency

EPRP

External Peer Review Program

FAIR Act

Federal Activities Inventory Reform Act

FASAB

Federal Accounting Standards Advisory Board

FASB

Financial Accounting Standards Board

FATS

Foreclosure Avoidance Through Servicing

FDA

Food and Drug Administration

FPDS

Federal Procurement Data System

FECA

Federal Employees' Compensation Act

FERS

Federal Employees' Retirement System

FFMIA

Federal Financial Management Improvement Act

FIFO

First In-First Out

FISCAM

Federal Information System Controls Audit Manual

FMS

Financial Management System

FOIA

Freedom of Information Act

FRP

Federal Response Plan

FSC

Financial Services Center

FSQAS

Financial Systems & Quality Assurance Service

FSS

Federal Supply Schedule

FTE

Full-time Equivalent

FY

Fiscal Year

G2B

Government to Business

G2C

Government to Citizen

G2G

Government to Government

GAAP

Generally Accepted Accounting Principles

GAO

General Accounting Office

GISRA

Government Information Security Reform Act

GMRA

Government Management Reform Act

GPEA

Government Paperwork Elimination Act

GPO

Government Printing Office

Abbreviations and Acronyms

GPRA

Government Performance and Results Act

GSA

General Services Administration

HCM

Human Capital Management

HCPCS

Health Care Financing Procedure Code System

HEC

Health Eligibility Center

HEDIS

Health Plan Employer Data Information Set

HHS

Department of Health and Human Services

HIM

Health Information Management

HR LINK\$

VA's Integrated Human Resources and Payroll System

HRM

Human Resources Management

IEE

Internal Effectiveness and Efficiency

IFCAP

Integrated Funds Distribution, Control Point Activity, Accounting and Procurement

IG

Inspector General

IL

Information Letter

IOM

Institute of Medicine

IRB

Institutional Review Board

ISMP

Institute for Safe Medication Practices

IT

Information Technology

IVM

Income Verification Match

JCAHO

Joint Commission for the Accreditation of Healthcare Organizations

LDLC

Low Density Lipid Cholesterol

LS&C

Loan Service & Claims

MCCF

Medical Care Collections Fund

MDR

Meta Data Repository

MGIB

Montgomery GI Bill

MMCP

Medicare Managed Care Plans

MOA

Memorandum of Agreement

MOU

Memorandum of Understanding

MPI Master Patient Index	NSLI National Service Life Insurance
MVHCB Military and Veterans Health Coordinating Board	OA&MM Office of Acquisition and Materiel Management
NAGE National Association of Government Employees	OCS Office of Cyber Security
NARS National Automated Response System	OHRP Office of Human Research Protections
NCA National Cemetery Administration	OIG Office of Inspector General
NCHS National Center for Health Statistics	OMB Office of Management and Budget
NCPS National Center for Patient Safety	OPI Office of Program Integrity
NCQA National Committee for Quality Assurance	OPM Office of Personnel Management
NDMS National Disaster Medical System	OQP Office of Quality Performance
NHIS National Health Interview Survey	ORCA Office of Research Compliance and Assurance
NHPP National Health Physics Program	ORD Office of Research and Development
NIH National Institutes of Health	OSGLI Office of Service Members' Group Life Insurance
NOD Notice of Disagreement	OSHA Occupational Safety and Health Administration
NRC Nuclear Regulatory Commission	OWCP Office of Workers Compensation Program

P&F

Program and Financing

PACE

Performance Analysis Center for Excellence

PACT

Preservation/Amputation Care and Treatment Program

PAID

Personnel Accounting Integrated Data

PCGL

Personal Computer Generated Letter

PI II

Prevention Index II

PIR

Project Initiation Request

PKI

Public Key Infrastructure

PLAN

Property Management Local Area Network

PLOU

Portfolio Loan Oversight Unit

PMC

Presidential Memorial Certificates

PP&E

Property, Plant & Equipment

PRRTP

Psychiatric Residential Rehabilitation Treatment Program

PTF

Patient Treatment File

PTSD

Post Traumatic Stress Disorder

PULSE

Patient User Local Survey Evaluator

PVA

Paralyzed Veterans of America

QA

Quality Assurance

QAS

Quality-Access-Satisfaction

QuIC

Quality Interagency Coordination Taskforce

R&D

Research and Development

RCA

Root Cause Analysis

REPS

Restored Entitlement Program for Survivors

RLC

Regional Loan Centers

RO

Regional Office

RPO

Regional Processing Office

SCGP

State Cemetery Grants Program

SCI

Spinal Cord Injury

SCI&D

Spinal Cord Injury and Disorders

SCI QUERI

Quality Enhancement Research Initiative for Spinal Cord Injury

SDN

Service Delivery Network

S-DVI

Service-Disabled Veterans Insurance

SGLI

Servicemembers' Group Life Insurance

SIPO

Security Infrastructure Protection Office

SIPPs

Special Intensive PTSD Programs

SLMP

Service Loss Mitigation Program

SMC

Strategic Management Council

SQC

Statistical Quality Control

SSA

Social Security Administration

SSN

Social Security Number

STAR

Statistical Technical Accuracy Review

SVES

State Verification and Exchange System

TBI

Traumatic Brain Injury

TIMS

The Imaging Management System

TMC

Travel Management Center

TREASURY

Department of the Treasury (US Treasury)

TRICARE

DoD-Managed Care Support Contract

U.S.C.

United States Code

USGLI

United States Government Life Insurance

VA

Department of Veterans Affairs

VACERT

VA Electronic Education Certification Program

VACOLS

Veterans Appeals Control and Locator System

VAEB

VA Executive Board

VAMC

VA Medical Center

VARO

VA Regional Office

VBA

Veterans Benefits Administration

Abbreviations and Acronyms

VCAA

Veterans Claims Assistance Act

VEAP

Veterans Educational Assistance Program

VERA

Veterans Equitable Resource Allocation

VGLI

Veterans' Group Life Insurance

VHA

Veterans Health Administration

VHI

Veterans Health Initiative

VI&I

Veterans' Insurance and Indemnities

VICTARS

Veterans Insurance Claims Tracking and Response System

Vinnie MAC

VA Loan Sales Program

VISN

Veterans' Integrated Service Network

VistA

Veterans Health Information Systems & Technology Architecture

VMLI

Veterans' Mortgage Life Insurance

VR&C

Vocational Rehabilitation and Counseling Service

VR&E

Vocational Rehabilitation and Employment

VRI

Veterans Reopened Insurance

VSLI

Veterans Special Life Insurance

VSR

Veterans Service Representative

VSS

Veterans Service Standard

WAVE

Web Automated Verification of Enrollment

WCP

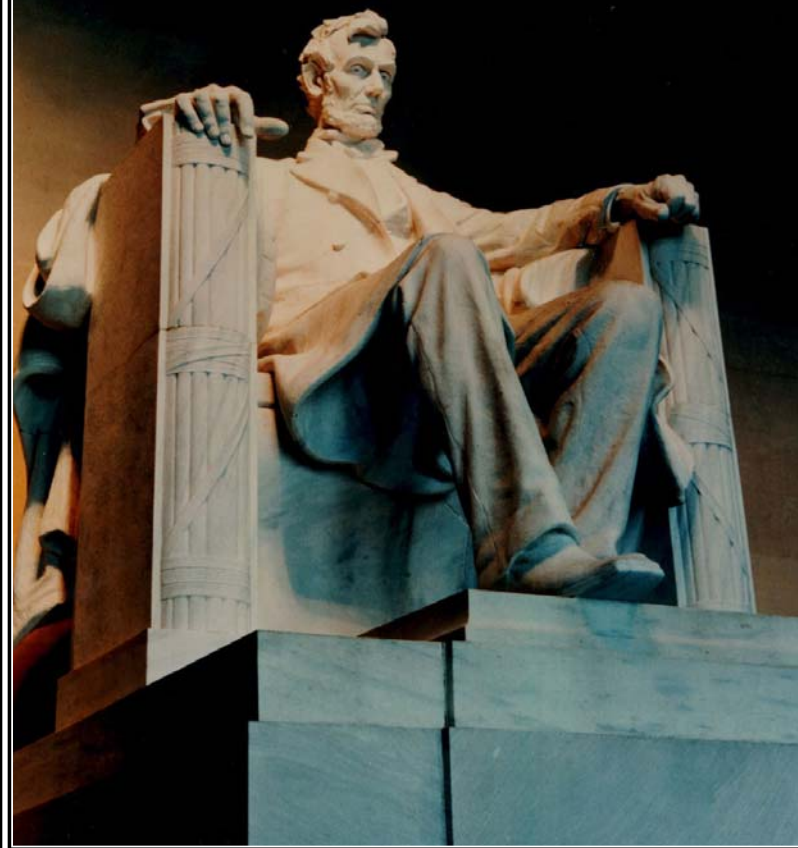
Workers Compensation Program

WINRS

Waco, Indianapolis, Newark, Roanoke, Seattle
VR&E Case Management System

*... to care for him who shall
have borne the battle and
for his widow and his orphan ...*

A. Lincoln



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<http://www.va.gov/budget/report/index.htm>