

2005 Inventory of VHA Organizational Characteristics

Profile of Medical Centers in VISN 16 March 2006

Medical Center Profile:

The Inventory of VHA Organizational Characteristics was conducted in late summer and fall of 2005 by the Center for Organization, Leadership & Management Research and its Collaborating Partners Council. The Inventory was designed to collect data on a range of structural and process characteristics, both administrative and clinical, that are expected to affect clinical practice and care to veterans. Data were collected by means of a web-based survey sent to VISN and medical center directors. All VISNs and 136 medical centers completed the Inventory. One Inventory was submitted per organization.

This summary profile presents the *Inventory* results for the medical centers in your VISN. Most but not all information provided by medical centers is included in these reports; information such as organization charts is not easily presented in this format.

Results for each facility are presented by survey item or variable, and organized under four content categories. Frequency distributions are shown for the VISN and nationally. Distributions are based on the number of facilities who responded to that question, unless otherwise noted on the report.

Contents:

- I. Organizational Structures
- II. Organizational Structures: Integrated VA Health Care Systems Only
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- IV. Performance and Quality

Additional Information:

A sample of the original web-based *Inventory* instrument is available on our website at <u>http://www.colmr.research.med.va.gov/publications/reports/</u>. Additional questions for COLMR regarding the 2005 *Inventory* may be directed to Zoë LeVan at <u>zoe.levan@va.org</u>.

> Center for Organization, Leadership and Management Research (COLMR) Health Services Research and Development Service

I. ORGANIZATIONAL STRUCTURES

1. List up to 6 clinical areas for which there are integrating structures or processes within the Medical Center.

Free-text response categories. Presented as received.

| Facility | Clinical Areas | |
|----------|-----------------------------------|--|
| 502 | Quality Leadership Board | |
| 520 | Clinical Executive Board | Patient Satisfaction Committee |
| | Discharge Planning Team | Behavioral Management Committee |
| | Infection Control Committee | Critical Care Committee |
| 564 | Primary Care | |
| 580 | Clinical Executive Board | Medical Care Line |
| | Information Management Board | Mental Health Care Line |
| | Operative Care Line | Diagnostic and Therapeutic Care Line |
| 586 | Primary Care Committee | Exec Committee of Medical Staff |
| | Governance Council | Resource Management Committee |
| | Executive Committee for Operation | tions |
| 598 | Medical Executive Board (overs | ees all clinical programs) |
| 623 | Medical Records Committee | Executive Committee of Medical Staff |
| | Long Term Care Committee | Advanced Clinic Access Subcommittee |
| | Discharge Planning Committee | Patient Safety Committee |
| 629 | Medicine Service Line | Ambulatory & Primary Care Service Line |
| | Surgery Service Line | Laboratory/Pathology Service Line |
| | Mental Health Service Line | Baton Rouge Outpatient Clinic Service Line |
| 635 | Mental Health Services | Primary and Ambulatory Care |
| | Home Based Primary Care | |
| 667 | Clinical Executive Board | Advanced Clinical Access Committee |
| | Infection Control Committee | Mental Health Service Line |
| | Patient Safety Committee | Medical Records Committee |

1a. For each of the areas listed above, select the category that best describes its integrating/coordinating structure:

Shown as % of clinical areas listed for which each option was selected; each cell represents a distinct variable of 0-100%. Multiple responses could be selected per clinical area.

| Facility | n (# areas listed) | Multi-disciplinary committee to set & communicate policy, resolve problems | Multi-disciplinary team for quality improvement | Clinical SL with staff & budget authority, matrixed with dept/discipline leaders | Clinical SL with line authority for staff and budget |
|--------------|-----------------------|--|--|--|--|
| 502 | 1 | 0.0% | 0.0% | 0.0% | 0.0% |
| 520 | 6 | 66.7% | 83.3% | 0.0% | 0.0% |
| 564 | 1 | 100.0% | 100.0% | 100.0% | 0.0% |
| 580 | 6 | 33.3% | 0.0% | 66.7% | 0.0% |
| 586 | 5 | 100.0% | 0.0% | 0.0% | 0.0% |
| 598 | 1 | 100.0% | 0.0% | 0.0% | 0.0% |
| 623 | 6 | 100.0% | 83.3% | 0.0% | 0.0% |
| 629 | 6 | 0.0% | 0.0% | 100.0% | 0.0% |
| 635 | 3 | 100.0% | 100.0% | 0.0% | 0.0% |
| 667 | 6 | 83.3% | 0.0% | 16.7% | 0.0% |
| VISN 16 DIST | RIBUTION | 68.3% | 36.7% | 28.3% | 0.0% |
| NATIONAL D | ISTRIBUTION | 40.3% | 33.6% | 31.9% | 25.1% |

2. To which position level(s) in the Medical Center do CBOCs report?

| Multiple responses could be s | elected. | | | | | | | |
|-------------------------------|---------------------------------|-----------------|-------------------------------|-----------------------------|---------------------------|---------------|--------------|----------------|
| Facility | Med Center Director or Chief | Staff to MCD or | Primary or Ambulatory Care | Medicine or Medical Care | Second-level Care Line | Other Quadrad | Other Admin | Other Care Lir |
| Facility | of Staff | COS | Line Lead | Line Lead | Manager | Leader | Lead | Lead |
| 502 | | | | ✓ | | | | |
| 520 | | | \checkmark | | | \checkmark | | |
| 564 | \checkmark | | \checkmark | | | | | |
| 580 | \checkmark | | | | | | | |
| 586 | \checkmark | \checkmark | | | | | | |
| 598 | | | \checkmark | | | | | |
| 623 | | | \checkmark | | | | | |
| 629 | \checkmark | | \checkmark | | | | | |
| 635 | | | \checkmark | | | | | |
| 667 | | | \checkmark | | | \checkmark | \checkmark | |
| VISN 16 DISTRIBUTION | 40.0% | 10.0% | 70.0% | 10.0% | 0.0% | 20.0% | 10.0% | 0.0% |
| NATIONAL DISTRIBUTION | 12.4% | 4.1% | 61.2% | 14.9% | 17.4% | 16.5% | 7.4% | 4.1% |

3. Does the Medical Center have one or more primary medical school affiliates?

| | | | | At least one affiliate within walking distance of VAMC: |
|-----------------------|---------------|--------------|--------------|---|
| Facility | No affiliates | 1 affiliate | 2 affiliates | (n=facilities who indicated 1+ affiliates) |
| 502 | | \checkmark | | |
| 520 | | | ✓ | |
| 564 | | ✓ | | |
| 580 | | \checkmark | | \checkmark |
| 586 | | \checkmark | | √ |
| 598 | | \checkmark | | \checkmark |
| 623 | | \checkmark | | |
| 629 | | | \checkmark | \checkmark |
| 635 | | ✓ | | \checkmark |
| 667 | | \checkmark | | |
| VISN 16 DISTRIBUTION | 0.0% | 80.0% | 20.0% | 50.0% |
| NATIONAL DISTRIBUTION | 9.7% | 66.9% | 23.4% | 34.5% |

4. How many bargaining units are associated with the Medical Center? Facility 1 union 2 unions 3+ unions ✓ 502 520 \checkmark ✓ 564 580 \checkmark ✓ 586 598 ✓ 623 \checkmark 629 ~ 635 \checkmark ✓ 667 **VISN 16 DISTRIBUTION** 60.0% 30.0% 10.0% NATIONAL DISTRIBUTION 47.6% 33.1% 19.4%

5. Does the Medical Center have a regular, recurring process for labor-management communication?

| Facility | Yes | No | |
|-----------------------|--------------|------|--|
| 502 | \checkmark | | |
| 520 | \checkmark | | |
| 564 | \checkmark | | |
| 580 | \checkmark | | |
| 586 | \checkmark | | |
| 598 | \checkmark | | |
| 623 | ✓ | | |
| 629 | \checkmark | | |
| 635 | ✓ | | |
| 667 | \checkmark | | |
| VISN 16 DISTRIBUTION | 100.0% | 0.0% | |
| NATIONAL DISTRIBUTION | 96.0% | 4.0% | |

6. Is a union representative appointed to the Medical Center Executive Council?

| Facility | Yes | No | |
|-----------------------|--------------|--------------|--|
| 502 | \checkmark | | |
| 520 | | \checkmark | |
| 564 | \checkmark | | |
| 580 | | \checkmark | |
| 586 | | \checkmark | |
| 598 | \checkmark | | |
| 623 | \checkmark | | |
| 629 | \checkmark | | |
| 635 | \checkmark | | |
| 667 | \checkmark | | |
| VISN 16 DISTRIBUTION | 70.0% | 30.0% | |
| NATIONAL DISTRIBUTION | 54.8% | 45.2% | |

6a. If appointed, how frequently does the union representative attend the Executive Council?

| <i>n</i> = only facilities who answered <u>yes</u> to question 6 above. | | | | | | | |
|---|-------|---------------|---------------|---------------------|--------------|--|--|
| Facility | Never | Occasionally | Half the time | Most of the time | All the time | | |
| 502 | | | | ✓ | | | |
| 520 | | | | | | | |
| 564 | | ✓ | | | | | |
| 580 | | | | | | | |
| 586 | | | | | | | |
| 598 | | | | \checkmark | | | |
| 623 | | | ✓ | | | | |
| 629 | | | \checkmark | | | | |
| 635 | | | ✓ | | | | |
| 667 | | | | \checkmark | | | |
| VISN 16 DISTRIBUTION | 0.0% | 14.3% | 42.9% | 42.9% | 0.0% | | |
| NATIONAL DISTRIBUTION | 8.7% | 26. 1% | 1 5.9% | 34.8% | 14.5% | | |

7. Are union representatives appointed to other committees?

| Facility | Yes, to all | Yes, to many | Yes, to a few | No |
|-----------------------|--------------|--------------|---------------|------|
| 502 | | \checkmark | | |
| 520 | | \checkmark | | |
| 564 | | | \checkmark | |
| 580 | | \checkmark | | |
| 586 | | | \checkmark | |
| 598 | \checkmark | | | |
| 623 | | | \checkmark | |
| 629 | \checkmark | | | |
| 635 | | \checkmark | | |
| 667 | \checkmark | | | |
| VISN 16 DISTRIBUTION | 30.0% | 40.0% | 30.0% | 0.0% |
| NATIONAL DISTRIBUTION | 14.4% | 64.0% | 20.0% | 1.6% |

II. ORGANIZATIONAL STRUCTURES: INTEGRATED VA HEALTH-CARE SYSTEMS ONLY

This section pertains only to integrated VA Health Care Systems. Questions 8 and 9 do not appear on your report because there are no integrated facilities within your network.

III. DECISION-MAKING & LEADERSHIP ACTIVITIES

10. Decisions are made at various levels within an organization. Indicate the level at which ultimate approval is made for the following decisions:

| Percentages base | ed on # of facilities that selected a decision-making level for the g | iven decision. | | | | |
|------------------|---|----------------|--------------|--------------|-----------|---------------|
| | | Network | Med Center | Service or | Unit or | Other |
| Facility | Decision | Director | Director | Service Line | Workgroup | (Unspecified) |
| 502 | 1) Purchase of expensive medical equipment (>\$1mil) | \checkmark | | | | |
| | 2) Allocation of resources among clinical services | | \checkmark | | | |
| | 3) How new clinical practice guidelines will be implemented | | | \checkmark | | |
| | 4) What categories of patients will receive hearing aids | \checkmark | | | | |
| | 5) Where patients will receive open heart surgery | | \checkmark | | | |
| | 6) What services a campus will provide | \checkmark | | | | |
| | 7) Development of a strategic plan for clinical services | | | \checkmark | | |
| | 8) Other (unspecified) | | | | | |
| 520 | 1) Purchase of expensive medical equipment (>\$1mil) | \checkmark | | | | |
| | 2) Allocation of resources among clinical services | | \checkmark | | | |
| | 3) How new clinical practice guidelines will be implemented | | \checkmark | | | |
| | 4) What categories of patients will receive hearing aids | \checkmark | | | | |
| | 5) Where patients will receive open heart surgery | \checkmark | | | | |
| | 6) What services a campus will provide | \checkmark | | | | |
| | 7) Development of a strategic plan for clinical services | | \checkmark | | | |
| | 8) Other (unspecified) | | | | | |
| 564 | 1) Purchase of expensive medical equipment (>\$1mil) | \checkmark | | | | |
| | 2) Allocation of resources among clinical services | | \checkmark | | | |
| | 3) How new clinical practice guidelines will be implemented | | | \checkmark | | |
| | 4) What categories of patients will receive hearing aids | | \checkmark | | | |
| | 5) Where patients will receive open heart surgery | \checkmark | | | | |
| | 6) What services a campus will provide | \checkmark | | | | |
| | 7) Development of a strategic plan for clinical services | | | \checkmark | | |
| | 8) Other (unspecified) | | | | | |
| 580 | 1) Purchase of expensive medical equipment (>\$1mil) | \checkmark | | | | |
| | 2) Allocation of resources among clinical services | | \checkmark | | | |
| | 3) How new clinical practice guidelines will be implemented | | | \checkmark | | |
| | 4) What categories of patients will receive hearing aids | \checkmark | | | | |
| | 5) Where patients will receive open heart surgery | | \checkmark | | | |
| | 6) What services a campus will provide | | \checkmark | | | |
| | 7) Development of a strategic plan for clinical services | | ✓ | | | |
| | 8) Other (unspecified) | | | | | |

| (continued) | | Network | Med Center | Service or | Unit or | Other |
|-------------|---|--------------|--------------|--------------|-----------|---------------|
| Facility | Decision | Director | Director | Service Line | Workgroup | (Unspecified) |
| 586 | 1) Purchase of expensive medical equipment (>\$1mil) | \checkmark | | | 0 1 | |
| | 2) Allocation of resources among clinical services | | \checkmark | | | |
| | 3) How new clinical practice guidelines will be implemented | | \checkmark | | | |
| | 4) What categories of patients will receive hearing aids | | | \checkmark | | |
| | 5) Where patients will receive open heart surgery | | \checkmark | | | |
| | 6) What services a campus will provide | | \checkmark | | | |
| | 7) Development of a strategic plan for clinical services | | \checkmark | | | |
| | 8) Other (unspecified) | | | | | |
| 598 | 1) Purchase of expensive medical equipment (>\$1mil) | | \checkmark | | | |
| | 2) Allocation of resources among clinical services | | \checkmark | | | |
| | 3) How new clinical practice guidelines will be implemented | | | | | \checkmark |
| | 4) What categories of patients will receive hearing aids | \checkmark | | | | |
| | 5) Where patients will receive open heart surgery | | \checkmark | | | |
| | 6) What services a campus will provide | | \checkmark | | | |
| | 7) Development of a strategic plan for clinical services | | | | | \checkmark |
| | 8) Other (unspecified) | | | | | |
| 623 | 1) Purchase of expensive medical equipment (>\$1mil) | | \checkmark | | | |
| | 2) Allocation of resources among clinical services | | | \checkmark | | |
| | 3) How new clinical practice guidelines will be implemented | | | \checkmark | | |
| | 4) What categories of patients will receive hearing aids | | | \checkmark | | |
| | 5) Where patients will receive open heart surgery | | | \checkmark | | |
| | 6) What services a campus will provide | | \checkmark | | | |
| | 7) Development of a strategic plan for clinical services | | \checkmark | | | |
| | 8) Other (unspecified) | | \checkmark | | | |
| 629 | 1) Purchase of expensive medical equipment (>\$1mil) | \checkmark | | | | |
| | 2) Allocation of resources among clinical services | | \checkmark | | | |
| | 3) How new clinical practice guidelines will be implemented | | \checkmark | | | |
| | 4) What categories of patients will receive hearing aids | \checkmark | | | | |
| | 5) Where patients will receive open heart surgery | | \checkmark | | | |
| | 6) What services a campus will provide | \checkmark | | | | |
| | 7) Development of a strategic plan for clinical services | \checkmark | | | | |
| | 8) Other (unspecified) | | | | | |
| | | | | | | |

| (continued) | | Network | Med Center | Service or | Unit or | Other |
|-----------------------|---|---------------|------------------------|---------------|-----------|---------------|
| Facility | Decision | Director | Director | Service Line | Workgroup | (Unspecified) |
| 635 | Purchase of expensive medical equipment (>\$1mil) Allocation of resources among clinical services | v | \checkmark | | | |
| | 3) How new clinical practice guidelines will be implemented | | | \checkmark | | |
| | 4) What categories of patients will receive hearing aids | | | \checkmark | | ✓ |
| | 5) Where patients will receive open heart surgery6) What services a campus will provide | | ~ | | | v |
| | 7) Development of a strategic plan for clinical services | | · • | | | |
| | 8) Other (unspecified) | | | | | |
| 667 | 1) Purchase of expensive medical equipment (>\$1mil) | \checkmark | | | | |
| | 2) Allocation of resources among clinical services | | \checkmark | | | |
| | 3) How new clinical practice guidelines will be implemented | | \checkmark | _ | | |
| | 4) What categories of patients will receive hearing aids | | , | \checkmark | | |
| | 5) Where patients will receive open heart surgery | | √ | | | |
| | 6) What services a campus will provide | | √ | | | |
| | 7) Development of a strategic plan for clinical services | | \checkmark | | | |
| VISN 16 DISTRIBUTION | 8) Other (unspecified) | 80.0% | 20.0% | 0.0% | 0.0% | 0.0% |
| VISN 10 DISTRIBUTION | Purchase of expensive medical equipment (>\$1mil) Allocation of resources among clinical services | 0.0% | 20.0% 90.0% | 0.0% 10.0% | 0.0% | 0.0% |
| | a) Anocation of resources among clinical servicesb) How new clinical practice quidelines will be implemented | 0.0% | 40.0% | 50.0% | 0.0% | 10.0% |
| | 4) What categories of patients will receive hearing aids | 50.0% | 40.0 <i>%</i> 10.0% | 40.0% | 0.0% | 0.0% |
| | 5) Where patients will receive open heart surgery | 20.0% | 60.0% | 10.0% | 0.0% | 10.0% |
| | 6) What services a campus will provide | 40.0% | 60.0% | 0.0% | 0.0% | 0.0% |
| | 7) Development of a strategic plan for clinical services | 10.0% | 60.0% | 20.0% | 0.0% | 10.0% |
| | 8) Other (unspecified) | 0.0% | 100.0% | 0.0% | 0.0% | 0.0% |
| NATIONAL DISTRIBUTION | 1) Purchase of expensive medical equipment (>\$1mil) | 83.9% | 15.3% | 0.0% | 0.0% | 0.8% |
| | 2) Allocation of resources among clinical services | 3.2% | 92.8% | 4.0% | 0.0% | 0.0% |
| | 3) How new clinical practice guidelines will be implemented | 1 0.4% | 24.0% | 55.2% | 2.4% | 8.0% |
| | 4) What categories of patients will receive hearing aids | 31.1% | 14.8% | 32.8% | 7.4% | 13.9% |
| | 5) Where patients will receive open heart surgery | 27.4% | 23.4% | 32.3% | 8.1% | 8.9% |
| | 6) What services a campus will provide | 44.7% | 52.8% | 0.0% | 0.8% | 1.6% |
| | 7) Development of a strategic plan for clinical services | 13.8% | 57.7% | 24.4% | 1.6% | 2.4% |
| | 8) Other (unspecified) | 7.1% | 50.0% | 7.1% | 0.0% | 35.7% |

| . For each staff posi | ition listed, indicate regular attenda | ance for up to 6 Me | edical Center co | ommittees that deal | with quality or patien | t safety: |
|-----------------------|--|------------------------|------------------|---------------------------|------------------------|-----------|
| Percentages based c | on all facilities surveyed; responses left b | | | | | |
| Facility | Decition | Attends 1 committee | Attends 2-3 | Attends 4-6 committees | | |
| Facility | Position | committee | committees | committees | | |
| 502 | Medical Center Director | | | | | |
| | Chief of Staff | | | | | |
| | Associate Director | | | | | |
| 520 | Nurse Executive | | | | | |
| 520 | Medical Center Director Chief of Staff | | | \checkmark | | |
| | Associate Director | | ✓ | v | | |
| | Nurse Executive | | v | \checkmark | | |
| 564 | Medical Center Director | ✓ | | v | | |
| 504 | Chief of Staff | v | ~ | | | |
| | Associate Director | | · | \checkmark | | |
| | Nurse Executive | | | × | | |
| 580 | Medical Center Director | ✓ | | • | | |
| 500 | Chief of Staff | · | | \checkmark | | |
| | Associate Director | | | ✓ | | |
| | Nurse Executive | | ✓ | | | |
| 586 | Medical Center Director | ✓ | | | | |
| | Chief of Staff | | \checkmark | | | |
| | Associate Director | | \checkmark | | | |
| | Nurse Executive | | \checkmark | | | |
| 598 | Medical Center Director | | ✓ | | | |
| | Chief of Staff | | ✓ | | | |
| | Associate Director | | \checkmark | | | |
| | Nurse Executive | | \checkmark | | | |
| 623 | Medical Center Director | | ✓ | | | |
| | Chief of Staff | | \checkmark | | | |
| | Associate Director | | \checkmark | | | |
| | Nurse Executive | | | \checkmark | | |
| 629 | Medical Center Director | | | | | |
| | Chief of Staff | | \checkmark | | | |
| | Associate Director | \checkmark | | | | |
| | Nurse Executive | \checkmark | | | | |
| 635 | Medical Center Director | \checkmark | | | | |
| | Chief of Staff | | \checkmark | | | |
| | Associate Director | | \checkmark | | | |
| | Nurse Executive | | \checkmark | | | |

(continued)

| Facility | Position | Attends 1 committee | Attends 2-3 committees | Attends 4-6 committees |
|-----------------------|-------------------------|------------------------|---------------------------|---------------------------|
| 667 | Medical Center Director | \checkmark | | |
| | Chief of Staff | | | \checkmark |
| | Associate Director | | \checkmark | |
| | Nurse Executive | | | \checkmark |
| VISN 16 DISTRIBUTION | Medical Center Director | 50.0% | 20.0% | 0.0% |
| | Chief of Staff | 0.0% | 60.0% | 30.0% |
| | Associate Director | 10.0% | 60.0% | 20.0% |
| | Nurse Executive | 10.0% | 40.0% | 40.0% |
| NATIONAL DISTRIBUTION | Medical Center Director | 39.3% | 32.6% | 2.2% |
| | Chief of Staff | 11.1% | 56.3% | 24.4% |
| | Associate Director | 14.8% | 52.6% | 15.6% |
| | Nurse Executive | 9.6% | 44.4% | 37.8% |

| Responses left blan | k were assumed '0' here, as specified in th | e <i>Inventory</i> instrume | ent. | | | | |
|---------------------|---|-----------------------------|---------------------|------------|--------------|---------------------|--------------|
| | | VISN Commi | ttees, Task-forces, | Workgroups | National Com | nittees, Task-force | s, Workgroup |
| Facility | Position | 0-2 groups | 3-4 groups | 5+ groups | 0-2 groups | 3-4 groups | 5+ groups |
| 502 | Medical Center Director | \checkmark | | | ✓ | | |
| | Chief of Staff | \checkmark | | | ✓ | | |
| | Associate Director | \checkmark | | | ✓ | | |
| | Nurse Executive | \checkmark | | | ✓ | | |
| 520 | Medical Center Director | \checkmark | | | ✓ | | |
| | Chief of Staff | \checkmark | | | ✓ | | |
| | Associate Director | \checkmark | | | ✓ | | |
| | Nurse Executive | \checkmark | | | ✓ | | |
| 564 | Medical Center Director | | \checkmark | | ✓ | | |
| | Chief of Staff | \checkmark | | | ✓ | | |
| | Associate Director | | \checkmark | | ✓ | | |
| | Nurse Executive | \checkmark | | | ✓ | | |
| 580 | Medical Center Director | \checkmark | | | ✓ | | |
| | Chief of Staff | \checkmark | | | | | ✓ |
| | Associate Director | | \checkmark | | ✓ | | |
| | Nurse Executive | \checkmark | | | | \checkmark | |
| 586 | Medical Center Director | | \checkmark | | ✓ | | |
| | Chief of Staff | \checkmark | | | ✓ | | |
| | Associate Director | | \checkmark | | ✓ | | |
| | Nurse Executive | | | ✓ | | ✓ | |
| 598 | Medical Center Director | \checkmark | | | ✓ | | |
| | Chief of Staff | \checkmark | | | ✓ | | |
| | Associate Director | \checkmark | | | ✓ | | |
| | Nurse Executive | \checkmark | | | ✓ | | |
| 623 | Medical Center Director | | \checkmark | | ✓ | | |
| | Chief of Staff | \checkmark | | | ✓ | | |
| | Associate Director | \checkmark | | | ✓ | | |
| | Nurse Executive | | ✓ | | ✓ | | |
| 629 | Medical Center Director | | \checkmark | | ✓ | | |
| | Chief of Staff | | \checkmark | | ✓ | | |
| | Associate Director | \checkmark | | | ✓ | | |
| | Nurse Executive | | \checkmark | | ✓ | | |
| 635 | Medical Center Director | \checkmark | | | ✓ | | |
| | Chief of Staff | \checkmark | | | ✓ | | |
| | Associate Director | | \checkmark | | ✓ | | |

| (continued) | | | | | | | |
|-----------------------|-------------------------|--------------|---------------------|------------|---------------|---------------------|----------------------|
| | | VISN Commi | ttees, Task-forces, | Workgroups | National Comr | nittees, Task-force | <u>s, Workgroups</u> |
| Facility | Position | 0-2 groups | 3-4 groups | 5+ groups | 0-2 groups | 3-4 groups | 5+ groups |
| 667 | Medical Center Director | ✓ | | | ✓ | | |
| | Chief of Staff | \checkmark | | | ✓ | | |
| | Associate Director | | \checkmark | | ✓ | | |
| | Nurse Executive | \checkmark | | | | \checkmark | |
| VISN 16 DISTRIBUTION | Medical Center Director | 60.0% | 40.0% | 0.0% | 100.0% | 0.0% | 0.0% |
| | Chief of Staff | 90.0% | 10.0% | 0.0% | 90.0% | 0.0% | 10.0% |
| | Associate Director | 50.0% | 50.0% | 0.0% | 100.0% | 0.0% | 0.0% |
| | Nurse Executive | 70.0% | 20.0% | 10.0% | 70.0% | 30.0% | 0.0% |
| NATIONAL DISTRIBUTION | Medical Center Director | 29.6% | 43.0% | 27.4% | 78.5% | 17.8% | 3.7% |
| | Chief of Staff | 39.3% | 34.1% | 26.7% | 90.4% | 5.2% | 4.4% |
| | Associate Director | 45.9% | 33.3% | 20.7% | 95.6% | 3.0% | 1.5% |
| | Nurse Executive | 37.8% | 37.0% | 25.2% | 77.8% | 17.0% | 5.2% |

IV. PERFORMANCE & QUALITY

13. At what level(s) of aggregation is performance data available in the Medical Center?

| Multiple responses could be se | elected. | | | |
|--------------------------------|--------------|--|--------------|----------------------------|
| Facility | By Facility | By Service, Service-Line or Dept | By Work-Unit | By Individual Clinician |
| | by raciiity | Debr | By WORK-OTH | Omnolan |
| 502 | | | | |
| 520 | \checkmark | \checkmark | \checkmark | \checkmark |
| 564 | ✓ | ✓ | ✓ | ✓ |
| 580 | ✓ | \checkmark | \checkmark | ✓ |
| 586 | \checkmark | \checkmark | \checkmark | ✓ |
| 598 | \checkmark | \checkmark | | |
| 623 | ✓ | ✓ | ✓ | ✓ |
| 629 | \checkmark | \checkmark | \checkmark | \checkmark |
| 635 | ✓ | ✓ | ✓ | \checkmark |
| 667 | \checkmark | \checkmark | \checkmark | \checkmark |
| VISN 16 DISTRIBUTION | 100.0% | 100.0% | 88.9% | 88.9% |
| NATIONAL DISTRIBUTION | 95.2% | 91.9% | 81.5% | 81.5% |

14. Approximately what proportion of clinical service chiefs share performance data with their staff?

| Facility | All | Most | About half | A few | None | |
|-----------------------|--------------|--------------|------------|-------|------|--|
| 502 | | | | | | |
| 520 | | ✓ | | | | |
| 564 | | ✓ | | | | |
| 580 | \checkmark | | | | | |
| 586 | | \checkmark | | | | |
| 598 | \checkmark | | | | | |
| 623 | | | | | | |
| 629 | \checkmark | | | | | |
| 635 | ✓ | | | | | |
| 667 | \checkmark | | | | | |
| VISN 16 DISTRIBUTION | 62.5% | 37.5% | 0.0% | 0.0% | 0.0% | |
| NATIONAL DISTRIBUTION | 52.8% | 43.9% | 3.3% | 0.0% | 0.0% | |

15. Approximately what proportion of nurse managers share performance data with their staff?

| Facility | All | Most | About half | A few | None | |
|-----------------------|--------------|--------------|------------|-------|------|--|
| 502 | | | | | | |
| 520 | | ✓ | | | | |
| 564 | | \checkmark | | | | |
| 580 | \checkmark | | | | | |
| 586 | | \checkmark | | | | |
| 598 | \checkmark | | | | | |
| 623 | \checkmark | | | | | |
| 629 | \checkmark | | | | | |
| 635 | \checkmark | | | | | |
| 667 | \checkmark | | | | | |
| VISN 16 DISTRIBUTION | 66.7% | 33.3% | 0.0% | 0.0% | 0.0% | |
| NATIONAL DISTRIBUTION | 53.7% | 39.8% | 4.9% | 1.6% | 0.0% | |

16. Approximately what proportion of administrative unit heads share performance data with their staff?

| Facility | All | Most | About half | A few | None | |
|-----------------------|--------------|--------------|------------|-------|------|--|
| 502 | | | | | | |
| 520 | | \checkmark | | | | |
| 564 | | \checkmark | | | | |
| 580 | | \checkmark | | | | |
| 586 | | \checkmark | | | | |
| 598 | \checkmark | | | | | |
| 623 | | ✓ | | | | |
| 629 | \checkmark | | | | | |
| 635 | \checkmark | | | | | |
| 667 | \checkmark | | | | | |
| VISN 16 DISTRIBUTION | 44.4% | 55.6% | 0.0% | 0.0% | 0.0% | |
| NATIONAL DISTRIBUTION | 42.7% | 48.4% | 4.0% | 4.8% | 0.0% | |

17. Approximately what proportion of individual clinical units are held accountable for performance goals?

| Facility | All | Most | About half | A few | None | |
|-----------------------|--------------|--------------|------------|-------|------|--|
| 502 | | | | | | |
| 520 | | \checkmark | | | | |
| 564 | ✓ | | | | | |
| 580 | | \checkmark | | | | |
| 586 | | ✓ | | | | |
| 598 | | \checkmark | | | | |
| 623 | \checkmark | | | | | |
| 629 | \checkmark | | | | | |
| 635 | | ✓ | | | | |
| 667 | \checkmark | | | | | |
| VISN 16 DISTRIBUTION | 44.4% | 55.6% | 0.0% | 0.0% | 0.0% | |
| NATIONAL DISTRIBUTION | 65.9% | 26.2% | 2.4% | 2.4% | 3.2% | |

Note: Distributions are based only on facilities that responded to the item, unless otherwise noted.

18. Does the facility have designated physician champions for performance goals? Multiple champs No formally Single champ for for different designated Facility all measures areas champs 502 520 ✓ 564 ✓ 580 ✓ ✓ 586 598 ✓ 623 ✓ 629 \checkmark 635 ✓ ✓ 667 **VISN 16 DISTRIBUTION** 22.2% 77.8% 0.0% NATIONAL DISTRIBUTION 9.4% 79.7% 1**0.9%**

19. Are funds set aside for employee recognition programs (other than national/ECF)?

| Facility | Yes | No | Avg proportion of budget set aside for employee recognition programs: |
|-----------------------|--------------|------|---|
| 502 | | | |
| 520 | \checkmark | | 0.37% |
| 564 | \checkmark | | 0.43% |
| 580 | \checkmark | | 0.66% |
| 586 | \checkmark | | 0.50% |
| 598 | \checkmark | | 0.05% |
| 623 | \checkmark | | 0.50% |
| 629 | \checkmark | | 2.50% |
| 635 | \checkmark | | 0.50% |
| 667 | \checkmark | | 0.37% |
| VISN 16 DISTRIBUTION | 100.0% | 0.0% | 0.65% |
| NATIONAL DISTRIBUTION | 96.1% | 3.9% | 0.90% |

| When was the Medical Center | er's most rece | nt JCAHO revi | ew conducted? | | | |
|-----------------------------|----------------|---------------|---------------|--------------|--|--|
| Facility | 2002 | 2003 | 2004 | 2005 | | |
| 502 | | | | | | |
| 520 | \checkmark | | | | | |
| 564 | | | | \checkmark | | |
| 580 | | | | \checkmark | | |
| 586 | | \checkmark | | | | |
| 598 | | | | \checkmark | | |
| 623 | | | | \checkmark | | |
| 629 | | | | \checkmark | | |
| 635 | | | | \checkmark | | |
| 667 | | | | \checkmark | | |
| VISN 16 DISTRIBUTION | 11.1% | 11.1% | 0.0% | 77.8% | | |
| NATIONAL DISTRIBUTION | 11.6% | 24.8% | 42.6% | 20.9% | | |

| 21. Approximate number | r of requirements for in | nprovement | from last JCAHO | review: | |
|------------------------|--------------------------|------------|-----------------|---------|--|
| Facility | 0_2 | 4 7 | 0.25 | | |

| 502 520 \checkmark 564 \checkmark 580 \checkmark 586 \checkmark 598 \checkmark 623 \checkmark 629 \checkmark | |
|--|--|
| 564 ✓ 580 ✓ 586 ✓ 598 ✓ 623 ✓ | |
| 580 ✓ 586 ✓ 598 ✓ 623 ✓ | |
| 586 ✓ 598 ✓ 623 ✓ | |
| 598 ✓ 623 ✓ | |
| 623 🗸 | |
| | |
| 629 🗸 | |
| | |
| 635 🗸 | |
| 667 🗸 | |
| VISN 16 DISTRIBUTION 33.3% 33.3% 33.3% | |
| NATIONAL DISTRIBUTION 38.9% 27.0% 34.1% | |

22. Has the Medical Center formally adopted the seven categories of the Malcom Baldrige National Quality Award as an organizing framework?

| Facility | Yes | No | |
|-----------------------|--------------|--------------|--|
| 502 | | | |
| 520 | | \checkmark | |
| 564 | | \checkmark | |
| 580 | \checkmark | | |
| 586 | | \checkmark | |
| 598 | \checkmark | | |
| 623 | ✓ | | |
| 629 | | \checkmark | |
| 635 | | \checkmark | |
| 667 | \checkmark | | |
| VISN 16 DISTRIBUTION | 44.4% | 55.6% | |
| NATIONAL DISTRIBUTION | 38.0% | 62.0% | |

22a. If ves: Does the Medical Center currently use Baldrige principles to inform internal improvement efforts?

| <i>n</i> = only facilities who answered <u>ves</u> to question 22 above. | | | | | |
|--|--------------|-------|--|--|--|
| Facility | Yes | No | | | |
| 580 | \checkmark | | | | |
| 598 | \checkmark | | | | |
| 623 | \checkmark | | | | |
| 667 | \checkmark | | | | |
| VISN 16 DISTRIBUTION | 100.0% | 0.0% | | | |
| NATIONAL DISTRIBUTION | 85.7% | 14.3% | | | |

22b. If yes: Has the Medical Center submitted a Baldrige quality application?

| n = only facilities who answered <u>yes</u> to question 22 above. | | | |
|---|--------------|-------|--|
| Facility | Yes | No | |
| 580 | \checkmark | | |
| 598 | | ✓ | |
| 623 | | ✓ | |
| 667 | \checkmark | | |
| VISN 16 DISTRIBUTION | 50.0% | 50.0% | |
| NATIONAL DISTRIBUTION | 57.2% | 42.9% | |

23. Has the Medical Center applied for or received any quality award(s) other than Baldrige?

| Facility | Yes | No | |
|-----------------------|--------------|--------------|--|
| 502 | | | |
| 520 | | \checkmark | |
| 564 | | \checkmark | |
| 580 | \checkmark | | |
| 586 | | \checkmark | |
| 598 | \checkmark | | |
| 623 | | \checkmark | |
| 629 | | \checkmark | |
| 635 | \checkmark | | |
| 667 | \checkmark | | |
| VISN 16 DISTRIBUTION | 44.4% | 55.6% | |
| NATIONAL DISTRIBUTION | 39.7% | 60.3% | |

23a. <u>If yes</u>: Which award(s) has the Medical Center applied for or received?

n = only facilities who answered <u>ves</u> to question 23 above. Multiple responses could be selected.

| | | | | | | VA Quality | | |
|-----------------------|--------------|---------------|---------------|---------------|--------------|-------------|----------------|----------------|
| | Robert Carey | Local city or | Presidential | Ken Kizer | JCAHO Codman | Achievement | | Other national |
| Facility | Award | state award | Quality Award | Quality Award | Award | Grant | Other VA award | award |
| 502 | | | | | | | | |
| 520 | | | | | | | | |
| 564 | | | | | | | | |
| 580 | \checkmark | | | | | | | |
| 586 | | | | | | | | |
| 598 | \checkmark | | | | | | | |
| 623 | | | | | | | | |
| 629 | | | | | | | | |
| 635 | | | | | | | \checkmark | |
| 667 | \checkmark | | | | | | | |
| VISN 16 DISTRIBUTION | 75.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 25.0% | 0.0% |
| NATIONAL DISTRIBUTION | 69.2% | 25.0% | 9.6% | 13.5% | 3.8% | 1.9% | 17.3% | 11.5% |