

2005 Inventory of VHA Organizational Characteristics

VISN Summary Report May 2006

What is the Inventory of Organizational Characteristics?

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 in two versions: a network-level Inventory was sent to each network director and a facility-level Inventory was sent to each medical center director. All 21 VISNs and 136 medical centers completed the Inventory.

What can the Inventory tell us about Network Organization?

The Summary Report from the 2005 Inventory of VHA Organizational Characteristics is intended for use as a reference document. To provide examples of how the Inventory can be used, we can look at several items on system integration. In 1995 VHA reorganized into VISNs to create a national system of integrated service networks that work across local geographic boundaries. The Inventory provides a basis for understanding how that reorganization has been translated into practice ten years later. To illustrate:

- All networks maintain VISN-wide guidelines and policies beyond those mandated by VACO directives. However, the clinical and administrative areas for which local policies/guidelines exist vary across networks (refer to VISN Summary Report items #1-2). For example, fewer than 40% of VISNs indicated VISN policies in areas such as Surgery, Dental Care, Ethics, or Facilities Management, while over 80% indicated VISN-wide policies in Pharmacy, Patient Safety, or Compliance.
- Similarly, 19 of 21 VISNs report some integrated services, defined in the *Inventory* as "functions that are organized network-wide under a single leadership team, where staff and services are located/provided in multiple facilities across the network". However the clinical areas or disciplines for which an integrating structure exists vary (VISN Summary Report item #4). For example, integrating structures were reported more often for areas such as Geriatrics, Primary Care, or Contracting than for areas like Specialty Care or Informatics.
- The responsibilities of these integrated services also vary across networks. Just under 40% of all integrated services have an integrating structure with responsibility for setting policies and guidelines. Also, just under 40% (but not the same 40%) have direct supervisory authority over clinic staff, but only 15% have full authority over local budgets for that clinical area (VISN Summary Report item #4c).

Using the Inventory Summary Report:

This report presents information from the network-level *Inventory* in two parts. The **VISN Summary Report** includes *Inventory* item responses by VISN accompanied by national distributions to provide points of reference. The **Narrative Supplement** to the Summary Report details openended text item responses. Both the Summary and the Supplement are organized under six content categories, as referenced in the Table of Contents. National distributions are based on the number of networks who responded to that question, unless otherwise noted on the report.

The VISN *Inventory* Summary Report, together with the Medical Center *Inventory* Reports and samples of the original web-based *Inventory* instruments, are all accessible via the COLMR website: <u>http://www.colmr.research.med.va.gov/resources/org_surveys/org_charac.cfm</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

2005 Inventory of VHA Organizational Characteristics:

VISN Summary Report and Narrative Supplement

TABLE OF CONTENTS

			VISN Summary Report	Narrative Supplement
I.	Netw	vork Policies & Practices:	Page	Page
	1.	For which administrative areas are there VISN-wide policies or guidelines (other than National/VACO directives)?	1	1
	2.	For which clinical areas are there VISN-wide policies or guidelines (other than National/VACO directives)?	2	2
	3.	List up to 6 innovative network-wide initiatives implemented within the last 3 years.		3-4
II.	Netw	ork Integration & Consolidation		
	4.	Does the VISN have any integrated services, service lines, or product lines (either clinical or administrative)?	3-6	
	5.	Does the VISN have any consolidated services, service lines, or product lines (either clinical or administrative)?	7-9	
III.	Netw	vork Structures		
	6.	Does the VISN have a regular, recurring structure or process for communication between labor and management?	10	
	7.	Is a union representative appointed as a member of the Executive Leadership Board or Council (ELC/ELB)?	10-11	
	8.	Are union representatives appointed as members to other standing VISN committees/councils?	11	
IV.	Deci	sion-Making & Leadership		
	9.	Decisions can be made at various levels within an organization. Indicate the level at which ultimate approval is typically made for the following decisions.	12-15	5
	10.	For each VISN staff position, indicate the number of committees of which that person is a formal member.	16-17	
۷.	Perfo	ormance & Accountability		
	11.	Which of the following are included in the VISN director's performance contract with medical center directors?	18	
	12.	By what means does the network director hold medical center directors accountable for their performance?	19	
	13.	What tools does the network director use if a medical center director (MCD) does not meet her/his performance goals by the end of the fiscal year?	20	6-7
	14.	Do programs or other structured opportunities exist at the VISN level for employee recognition?	21	
	15.	Are funds set aside at the VISN level for formal employee recognition (in addition to the national ECF program)?	21	
VI.	Accr	editation, Quality & Performance		
	16.	Has the VISN been reviewed by JCAHO as an integrated network?	22	
	17.	Has the VISN formally adopted the 7 categories of the Malcolm Baldrige National Quality Award as an organizing framework?	23	
	18.	Does the VISN use Baldrige principles to inform its internal improvement efforts?	23	
	19.	Has the VISN submitted a Ken Kizer Network Quality Award application?	24	8-9
	20.	Has the VISN applied for or received any quality award(s) other than the Kizer Award?	25	

NETWORK POLICIES AND PRACTICES

1. For which administrative areas are there VISN-wide policies or guidelines (other than National/VACO directives)?

Shown as % of VISNs who selected the category. Multiple responses could be selected.

	Human	-· ·	Facilities	Information	-	Business	Contracting/	Emergency	o "		.
VISN	Resources	Fiscal	Mgt.	Systems	Ethics	Office	Purchasing	Mgt.	Compliance	Safety/EOC	Other*
1		\checkmark		\checkmark		\checkmark	\checkmark				
2	\checkmark		\checkmark								
3	\checkmark		\checkmark								
4									\checkmark		
5		\checkmark				\checkmark	\checkmark		\checkmark	\checkmark	\checkmark
6	\checkmark	\checkmark		\checkmark		\checkmark	\checkmark	\checkmark	\checkmark		
7	\checkmark	\checkmark	\checkmark	\checkmark		\checkmark	\checkmark	\checkmark	\checkmark		
8	\checkmark	\checkmark	\checkmark				\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
9	\checkmark	\checkmark	\checkmark	\checkmark		\checkmark	\checkmark	\checkmark	\checkmark		\checkmark
10		\checkmark		\checkmark	\checkmark	\checkmark	\checkmark		\checkmark		
11		\checkmark		\checkmark	\checkmark			\checkmark	\checkmark	\checkmark	\checkmark
12	\checkmark	\checkmark		\checkmark		\checkmark	\checkmark	\checkmark	\checkmark		
15	\checkmark		\checkmark	\checkmark			\checkmark	\checkmark	\checkmark		
16	\checkmark		\checkmark			\checkmark	\checkmark	\checkmark	\checkmark		\checkmark
17	\checkmark	\checkmark	\checkmark	\checkmark			\checkmark		\checkmark	\checkmark	\checkmark
18			\checkmark	\checkmark		\checkmark	\checkmark	\checkmark	\checkmark		\checkmark
19				\checkmark			\checkmark	\checkmark		\checkmark	\checkmark
20	\checkmark			\checkmark	\checkmark	\checkmark		\checkmark		\checkmark	\checkmark
21	\checkmark			\checkmark					\checkmark		\checkmark
22		\checkmark		\checkmark							
23		\checkmark		\checkmark		\checkmark	\checkmark	\checkmark			\checkmark
NATIONAL:	57.1%	66.7%	47.6%	81.0%	28.6%	66.7%	81.0%	71.4%	81.0%	28.6%	66.7%

* Areas specified under "Other" are detailed in the Narrative Supplement to this report.

2. For which clinical areas are there VISN-wide policies or guidelines (other than National/VACO directives)?

z	- ·									Quality/	- , ,		
VISN	Primary Care	Medicine	Surgery	Pharmacy	Mental Health	Dental Care	Prosthetics	Rehabili- tation	Patient Safety	Utilization Review	Transfers/ Referrals	Chiropractic	Other*
1	V	V	√ v	Tharmady	√	Dental Gale	√ V	√ v	√ v	V	Referrato	onnopraotio	v v
2	✓	\checkmark	\checkmark	\checkmark	✓	\checkmark	\checkmark	~	√	\checkmark	\checkmark		✓
3	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark		\checkmark		\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
1						✓			\checkmark	\checkmark	\checkmark		
;				\checkmark							\checkmark	\checkmark	\checkmark
5	\checkmark	\checkmark	\checkmark	✓	✓	✓	\checkmark	\checkmark	✓	✓	\checkmark		\checkmark
,	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark		\checkmark
3		\checkmark		\checkmark			\checkmark		\checkmark	\checkmark	\checkmark		\checkmark
)	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark		\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	
0						\checkmark			\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
1	\checkmark			\checkmark	\checkmark		\checkmark		\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
2				\checkmark			\checkmark			\checkmark	\checkmark		
5				\checkmark			\checkmark		\checkmark	\checkmark	\checkmark		
6	\checkmark			\checkmark	\checkmark		\checkmark		\checkmark	\checkmark	\checkmark		\checkmark
17	\checkmark	\checkmark		\checkmark	\checkmark				\checkmark		\checkmark		
8				\checkmark			\checkmark			\checkmark	\checkmark	\checkmark	\checkmark
9				\checkmark	\checkmark		\checkmark		\checkmark	\checkmark		\checkmark	
20	\checkmark	\checkmark	\checkmark	\checkmark			\checkmark		\checkmark	\checkmark	\checkmark		\checkmark
21				\checkmark	\checkmark					\checkmark		\checkmark	\checkmark
22						\checkmark	✓		✓	\checkmark	✓	\checkmark	✓
23	\checkmark		\checkmark	\checkmark			\checkmark		\checkmark	\checkmark			\checkmark
Vat'l:	52.4%	42.9%	38.1%	81.0%	52.4%	28.6%	76.2%	23.8%	81.0%	90.5%	81.0%	42.9%	71.4%

* Areas specified under "Other" are detailed in the Narrative Supplement to this report.

3. List up to six (6) innovative network-wide initiatives implemented within the last three years.

Responses to this item are detailed in the *Narrative Supplement* to this report.

II. NETWORK INTEGRATION AND CONSOLIDATION

4. Does the VISN have any integrated services, service lines, or product lines (either clinical or administrative)?

For purposes of Questions 4-4c, the **definition of integrated services** includes functions that are organized network-wide under a single leadership team, where staff and services are located/provided in multiple facilities across the network. (For example, a mental health service line or a network business office.)

VISN	Yes	No
1	\checkmark	
2	\checkmark	
3	\checkmark	
4		\checkmark
5	\checkmark	
6	\checkmark	
7	\checkmark	
8	\checkmark	
9	\checkmark	
10	\checkmark	
11	\checkmark	
12	\checkmark	
15		\checkmark
16	\checkmark	
17	\checkmark	
18	\checkmark	
19	\checkmark	
20	\checkmark	
21	\checkmark	
22	\checkmark	
23	\checkmark	
NATIONAL:	90.5%	9.5%

4a. If ves: List any network or regional integrated services, service lines, or product lines (either clinical or administrative) for this VISN:

Free-text responses, presented as submitted.

VISN	Integrated Services		
1	Primary Care Mental Health Geriatrics and Extended Care Spinal Cord Injuries and Disease	Sensory and Physical Rehabilitation Information Management Business Office	
2	Medical VA Careline Behavioral Health VA Careline Geriatrics and Extended Care	Diagnostics and Therapeutics Information Technology Finance	
3	Business Office Mental Health Rehabilitation Education OWCP SCI	Geriatrics and Extended Care Prosthetics Homelessness Pharmacy Benefits Management Emergency Management	
4			
5	Chief Financial Officer Reorganization (Business Office)	Remote Billing and Coding	
6	Mental Health Geriatrics and Extended Care Primary Care Prosthetics SCI	Contracting Finance Fee/Clinic of Jurisdiction MCCF Billing and Collections (c	continued on next page)

VISN	Integrated Services	
7	Informatics	Classification
	Prosthetics	Accounting
	Logistics/Contracting	
8	Contracting Services	Community Care Coordination Service
	Blanket Purchase Agreements	Alternative Dispute Resolution Program
	Safety and Health Program	Pharmacy Benefits Management Program
	Emergency Management	
9	Medical Care Cost Recovery (MCCF)	Prosthetics
	Acquisitions/SPD	Decision Support System (DSS)
10	Primary Care Line	Medical/Surgical Care Line
	Mental Health Care Line	Rehabilitation Care Line
	Geriatrics and Extended Care Line	Prosthetics Product Line
	Clinical Support Care Line	
11	Contracting	Mental Health and Long Term Care
	Prosthetics	Optical
12	Fiscal	Pathology and Laboratory
	Great Lakes Acquisition Center	Patient Financial Service
	Human Resource Management Service	Prosthetics
	Utilization Management	
15		
16	Mental Health Program Line	Information Technology
	Diagnostic Product Line	Logistics
	Pharmacy Benefits	Business Office
	Workforce Development	
17	Payroll	Contracting
	Travel	Purchasing > \$25,000
18	Prosthetics	
	Contracting	
19	Non-VA Care (Fee Basis)	Travel
	Network Accounts Receivable Unit	Telehealth
	Consolidated Contracting	Payroll
	Decision Support - DSS	
20	Laboratory Services	Computer Program Development
	IT Network Management (Switches/Routers)	Computer Systems Management
21	Prosthetics	
	Contracting	
22	Human Resources	
23	Primary and Specialty Medicine Service Line	Business Office Integrated Service
	Extended Care and Rehab Service Line	Information Technology Integrated Service
	Mental Health Service Line	Logistics Integrated Service
	Surgical Specialty Service Line	Research Service
	Pathology and Laboratory Service Line	Education Integrated Service
	Imaging Service Line	Prosthetics Integrated Service

4b. If yes: For each integrated service listed, select the most appropriate type of leadership:

	n (# of svcs		Clinician,	Administrator,	Administrator,	
VISN	listed)	Clinician, full time	collateral duty	full time	collateral duty	Shared leadership
1	7	85.7%	0.0%	14.3%	0.0%	0.0%
2	6	66.7%	0.0%	33.3%	0.0%	0.0%
3	11	81.8%	0.0%	18.2%	0.0%	0.0%
ļ	0					
5	2	0.0%	0.0%	50.0%	50.0%	0.0%
3	9	33.3%	11.1%	55.6%	0.0%	0.0%
7	5	0.0%	0.0%	100.0%	0.0%	0.0%
3	7	14.3%	0.0%	42.9%	28.6%	14.3%
)	4	0.0%	0.0%	100.0%	0.0%	0.0%
0	7	0.0%	71.4%	28.6%	0.0%	0.0%
1	4	75.0%	0.0%	25.0%	0.0%	0.0%
2	7	28.6%	0.0%	71.4%	0.0%	0.0%
5	0					
6	7	28.6%	0.0%	71.4%	0.0%	0.0%
17	4	0.0%	0.0%	100.0%	0.0%	0.0%
8	2	0.0%	0.0%	100.0%	0.0%	0.0%
19	7	0.0%	0.0%	57.1%	0.0%	42.9%
0	4	0.0%	25.0%	0.0%	0.0%	75.0%
21	2	0.0%	0.0%	100.0%	0.0%	0.0%
2	1	0.0%	0.0%	100.0%	0.0%	0.0%
23	12	0.0%	0.0%	50.0%	50.0%	0.0%
NATIONAL:	108	21.8%	5.7%	58.8%	6.8%	7.0%

4c. If yes: For each integrated service listed, identify the responsibilities it has:

Shown as	proportion (%) o	r integrated services with the	at responsibility. Multiple response	es could be selected.			
VISN	<i>n</i> (number of svcs listed)	Sets network-wide clinical policies and clinical guidelines	Has full authority over local budgets for that clinical area	Has matrixed input into local budgets for that clinical area	Has direct supervisory authority over facility staff	Has matrixed supervisory authority over facility staff	Other responsi- bilities
1	7	100.0%	0.0%	100.0%	0.0%	100.0%	0.0%
2	6	66.7%	33.3%	0.0%	33.3%	0.0%	0.0%
3	11	90.9%	9.1%	63.6%	27.3%	45.5%	9.1%
4	0						
5	2	0.0%	0.0%	0.0%	50.0%	0.0%	50.0%
6	9	100.0%	33.3%	66.7%	33.3%	0.0%	0.0%
7	5	20.0%	60.0%	0.0%	80.0%	20.0%	0.0%
3	7	0.0%	0.0%	0.0%	0.0%	71.4%	28.6%
Ð	4	0.0%	25.0%	0.0%	75.0%	0.0%	25.0%
10	7	0.0%	0.0%	28.6%	0.0%	0.0%	100.0%
11	4	25.0%	0.0%	100.0%	25.0%	25.0%	0.0%
12	7	14.3%	28.6%	0.0%	100.0%	0.0%	0.0%
15	0						
16	7	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%
17	4	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%
18	2	100.0%	100.0%	0.0%	100.0%	0.0%	0.0%
19	7	0.0%	0.0%	0.0%	42.9%	42.9%	14.3%
20	4	25.0%	0.0%	75.0%	0.0%	75.0%	0.0%
21	2	0.0%	0.0%	50.0%	50.0%	50.0%	0.0%
22	1	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%
23	12	100.0%	0.0%	100.0%	33.3%	66.7%	8.3%
NATIONAL:	108	39.0%	15.2%	30.7%	39.5%	31.4%	12.4%

5. Does the VISN have any consolidated services, service lines, or product lines (either clinical or administrative)?

For purposes of questions 5-5c, the **definition of consolidated services** includes functions that are located at a single regional or network location. (For example, a regional SCI center; or, one facility to which all patients travel for radiation therapy.)

VISN	Yes	No
1	\checkmark	
2	\checkmark	
3	\checkmark	
4	✓	
5	\checkmark	
6	√	
7	\checkmark	
8		✓
9	√	
10	✓	
11	√	
12	✓	
15	√	
16	✓	/
17		\checkmark
18	✓	/
19		\checkmark
20	✓	/
21		\checkmark
22	✓	
23	V	40.0%
NATIONAL:	81.0%	19.0%

5a. If yes: List any network or regional consolidated services, service lines, or product lines (either clinical or administrative) for this VISN:

Free-text	responses, presented as submitted.	
VISN	Consolidated Services	
1	Laboratory	
	Prosthetics	
2	Center of Excellence: Cardiac Surgery	Center of Excellence: Radiation Oncology
	Center of Excellence: Neuro Surgery	
3	Network Acquisition and Logistics	
4	Chiropractic Care	SCI Outpatient Clinics
	MCCF Call Center	Transplants
	Telephone Triage Center	Bariatric Surgery
5	Cardiac Surgery	
6	Fee and Clinic of Jurisdiction	Finance
	MCCF Billing and Collections	Contracting
7	SCI Center (Augusta)	
	Blind Rehabilitation (Augusta and Birminghar	n)
8		
9	Spinal Cord Injury (SCI)	Coding
	Telephone Care - Evenings	Transplant Service
10	DSS Program	
	Tele-Nurse Program	
11	Human Resources Classification (Ann Arbor)	Contracting (Indianapolis)
	Delegated Examining Unit (Indianapolis)	

(continued on next page)

VISN	Consolidated Services	
12	Call Center	
15	Contracting/Logistics	Credentialing
	Human Resources	Payroll
	Teleradiology	
16	Spinal Cord Injury	Geriatric Research Education and Clinical Center
	Traumatic Brain Injury	Mental Illness Research Education and Clinical Center
	Tri Fab Centers	Domiciliary
17		
18	SCI Center	
	Blind Rehabilitation Center	
19		
20	VistA Systems Management	
21		
22	Contracting - Network Business Center	Procurement - Network Business Center
	Accounting - Network Business Center	Prosthetics
23	Bariatric Surgery	
	Polytrauma	
	Cardiac Surgery	

5b. <u>If ves</u>: For each consolidated service listed, select the most appropriate type of leadership:

Shown as prop	portion (%) of consolida	ated services with that type of le	eadership.			
	n (# svcs		Clinician,	Administrator,	Administrator,	
VISN	listed)	Clinician, full time	collateral duty	full time	collateral duty	Shared leadership
1	2	0.0%	0.0%	100.0%	0.0%	0.0%
2	3	100.0%	0.0%	0.0%	0.0%	0.0%
3	1	100.0%	0.0%	0.0%	0.0%	0.0%
4	6	50.0%	33.3%	0.0%	16.7%	0.0%
5	1	100.0%	0.0%	0.0%	0.0%	0.0%
6	4	0.0%	0.0%	100.0%	0.0%	0.0%
7	2	100.0%	0.0%	0.0%	0.0%	0.0%
8	0					
9	4	25.0%	25.0%	50.0%	0.0%	0.0%
10	2	50.0%	0.0%	50.0%	0.0%	0.0%
11	3	0.0%	0.0%	33.3%	66.7%	0.0%
12	1	0.0%	0.0%	0.0%	100.0%	0.0%
15	5	40.0%	0.0%	60.0%	0.0%	0.0%
16	6	66.7%	16.7%	16.7%	0.0%	0.0%
17	0					
18	2	100.0%	0.0%	0.0%	0.0%	0.0%
19	0					
20	1	0.0%	0.0%	100.0%	0.0%	0.0%
21	0					
22	4	0.0%	0.0%	100.0%	0.0%	0.0%
23	3	0.0%	100.0%	0.0%	0.0%	0.0%
NATIONAL:	50	43.0%	10.3%	35.9%	10.8%	0.0%

5c. <u>If yes</u>: For each consolidated service listed, identify the responsibilities it has:

Show	n as proportion ((%) of consolidated services	with that type of leadership. Multi	ple responses could be select	ted.		
VISN	<i>n</i> (number of svcs listed)	Sets network-wide clinical policies and clinical guidelines	Has full authority over local budgets for that clinical area	Has matrixed input into local budgets for that clinical area	Has direct supervisory authority over facility staff	Has matrixed supervisory authority over facility staff	Other responsi- bilities
1	2	100.0%	0.0%	100.0%	0.0%	100.0%	0.0%
2	3	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
3	1	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
4	6	0.0%	0.0%	100.0%	0.0%	100.0%	0.0%
5	1	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
6	4	100.0%	50.0%	50.0%	50.0%	0.0%	0.0%
7	2	50.0%	0.0%	50.0%	100.0%	0.0%	0.0%
8	0						
9	4	0.0%	0.0%	50.0%	75.0%	25.0%	0.0%
10	2	0.0%	100.0%	0.0%	100.0%	0.0%	0.0%
11	3	0.0%	0.0%	33.3%	100.0%	0.0%	0.0%
12	1	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%
15	5	60.0%	0.0%	0.0%	60.0%	0.0%	0.0%
16	6	83.3%	100.0%	0.0%	50.0%	33.3%	0.0%
17	0						
18	2	0.0%	0.0%	100.0%	100.0%	0.0%	0.0%
19	0						
20	1	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%
21	0						
22	4	0.0%	0.0%	0.0%	25.0%	0.0%	75.0%
23	3	100.0%	0.0%	100.0%	0.0%	100.0%	0.0%
NATIONAL	50	40.8%	14.7%	34.3%	62.4%	21.1%	10.3%

III. NETWORK STRUCTURES

6.	Does the VISN have a ree	gular, recurring structure or	process for communication betwee	n labor and management?

VISN	Yes	No	
1	\checkmark		
2	\checkmark		
3	\checkmark		
4	\checkmark		
5	\checkmark		
6	\checkmark		
7	\checkmark		
8		\checkmark	
9	\checkmark		
10	\checkmark		
11	\checkmark		
12	\checkmark		
15	\checkmark		
16 17	\checkmark		
	\checkmark		
18	\checkmark		
19	\checkmark		
20 21	\checkmark		
21	\checkmark		
22	\checkmark		
23	\checkmark		
NATIONAL:	95.2%	4.8%	

7. Is a union representative appointed as a member of the Executive Leadership Board or Council (ELC/ELB)?

VISN	Yes	No
1	\checkmark	
2	\checkmark	
3		\checkmark
4	✓	
5		\checkmark
6		\checkmark
7		\checkmark
8		✓
9		\checkmark
10	\checkmark	
11		\checkmark
12	\checkmark	
15	\checkmark	
16	\checkmark	
17		\checkmark
18 19		\checkmark
19		\checkmark
20 21		\checkmark
21		\checkmark
22 23	✓	
	\checkmark	
NATIONAL:	42.9%	57.1%

7a. If appointed, about how often does the union representative attend the ELC/ELB?

<u></u>					
n = only VISNs v	who answered 'yes' t	to question 7 abo			
			About half	Most of	
VISN	Never	Occasionally	of the time	the time	All of the time
1					\checkmark
2				\checkmark	
3					
4				\checkmark	
5					
6					
7					
8					
9					
10			\checkmark		
11					
12	\checkmark				
15				\checkmark	
16					\checkmark
17					
18					
19					
20					
21					
22				\checkmark	
23					\checkmark
NATIONAL:	11.1%	0.0%	11.1%	44.4%	33.3%

8. Are union representatives appointed as members to other standing VISN committees/councils?

5. Are union represe	manves appointe			
		Yes,	Yes,	
VISN	Yes, to all	to most	to a few	No
1		\checkmark		
2		✓		
3			\checkmark	
3	\checkmark		v	
4	✓		,	
5			\checkmark	
6		\checkmark		
7				\checkmark
8			\checkmark	
9		\checkmark		
10	√			
11	v	\checkmark		
		v		
12				\checkmark
15			\checkmark	
16		\checkmark		
16 17			\checkmark	
18		\checkmark		
19		✓		
		v	/	
20 21			 ✓ 	
21			\checkmark	
22 23		\checkmark		
23	\checkmark			
NATIONAL:	14.3%	42.9%	33.3%	9.5%

IV. DECISION-MAKING AND LEADERSHIP ACTIVITIES

9. Decisions can be made at various levels within an organization. Indicate the level at which ultimate approval is typically made for the following decisions:

National percentages based on # of VISNs that selected a particular decision-making level for the given decision.

	ages based on # of VISNs that selected a particular decision-making level for the	Network	Med Center	Service or	Unit or	Other
VISN	Decision	Director	Director	Service Line	Workgroup	(Unspecified)
1	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)					
2	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)					
3	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)					
4	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)					
5	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 on r	next page)

VISN 6	 Decision 1) Purchase of expensive medical equipment (>\$1mil) 2) Allocation of resources among clinical services 3) How new clinical practice guidelines will be implemented 4) What categories of patients will receive hearing aids 5) Where patients will receive open heart surgery 6) What services a campus will provide 7) Development of a strategic plan for clinical services 8) Other (unspecified) 	Network Director ✓ ✓ ✓ ✓ ✓ ✓ ✓	Med Center Director	Service or Service Line	Unit or Workgroup	Other (Unspecified)
7	 Purchase of expensive medical equipment (>\$1mil) Allocation of resources among clinical services How new clinical practice guidelines will be implemented What categories of patients will receive hearing aids Where patients will receive open heart surgery What services a campus will provide Development of a strategic plan for clinical services Other (unspecified) 		~	~	✓ ✓ ✓ ✓	
8	 Purchase of expensive medical equipment (>\$1mil) Allocation of resources among clinical services How new clinical practice guidelines will be implemented What categories of patients will receive hearing aids Where patients will receive open heart surgery What services a campus will provide Development of a strategic plan for clinical services Other (unspecified) 					
9	 Purchase of expensive medical equipment (>\$1mil) Allocation of resources among clinical services How new clinical practice guidelines will be implemented What categories of patients will receive hearing aids Where patients will receive open heart surgery What services a campus will provide Development of a strategic plan for clinical services Other (unspecified) 	√	* * * *			
10	 Purchase of expensive medical equipment (>\$1mil) Allocation of resources among clinical services How new clinical practice guidelines will be implemented What categories of patients will receive hearing aids Where patients will receive open heart surgery What services a campus will provide Development of a strategic plan for clinical services Other (unspecified) 	✓ ✓ ✓ ✓	✓ ✓	~		
11	 Purchase of expensive medical equipment (>\$1mil) Allocation of resources among clinical services How new clinical practice guidelines will be implemented What categories of patients will receive hearing aids Where patients will receive open heart surgery What services a campus will provide Development of a strategic plan for clinical services Other (unspecified) 	✓ ✓ ✓ ✓	√ √		✓ (continued on ne	xt page)

		Network	Med Center	Service or	Unit or	Other	
VISN	Decision	Director		Service Line		(Unspecified)	
12	1) Purchase of expensive medical equipment (>\$1mil)	√	Diroctor	COLUCC LINC	Horngroup	(onopeonied)	
	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)	·					
15	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)		·				
16	1) Purchase of expensive medical equipment (>\$1mil)	\checkmark					
10		v	\checkmark				
	2) Allocation of resources among clinical services		•				
	3) How new clinical practice guidelines will be implemented	/	v				
	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)						
17	 Purchase of expensive medical equipment (>\$1mil) 	\checkmark					
	Allocation of resources among clinical services		\checkmark				
	How new clinical practice guidelines will be implemented			\checkmark			
	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					
	Development of a strategic plan for clinical services	\checkmark					
	8) Other (unspecified)						
18	 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)						
19	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	· ✓					
	7) Development of a strategic plan for clinical services	. √					
	8) Other (unspecified)				(continued on I	next nade)	
	of other (unspecified)				100minueu On I	ion page)	

		Network	Med Center	Service or	Unit or	Other
VISN	Decision	Director	Director	Service Line	Workgroup	(Unspecified)
20	 Purchase of expensive medical equipment (>\$1mil) 	\checkmark				
	Allocation of resources among clinical services		\checkmark			
	How new clinical practice guidelines will be implemented		\checkmark			
	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				
	Development of a strategic plan for clinical services		\checkmark			
	8) Other (unspecified)					
21	 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				
22	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	√ 				
	5) Where patients will receive open heart surgery					
	6) What services a campus will provide					
	7) Development of a strategic plan for clinical services					
	8) Other (unspecified)	•				
00	, , , ,					\checkmark
23	1) Purchase of expensive medical equipment (>\$1mil)	\checkmark				v
	2) Allocation of resources among clinical services	v		/		
	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				
NATIONAL:	1) Purchase of expensive medical equipment (>\$1mil)	81.0%	0.0%	0.0%	9.5%	9.5%
	2) Allocation of resources among clinical services	28.6%	66.7%	0.0%	0.0%	4.8%
	3) How new clinical practice guidelines will be implemented	19.0%	38.1%	23.8%	9.5%	9.5%
	4) What categories of patients will receive hearing aids	47.6%	9.5%	19.0%	9.5%	14.3%
	5) Where patients will receive open heart surgery	33.3%	33.3%	23.8%	4.8%	4.8%
	6) What services a campus will provide	66.7%	28.6%	0.0%	4.8%	0.0%
	7) Development of a strategic plan for clinical services	57.1%	14.3%	14.3%	14.3%	0.0%
	8) Other (unspecified)	100.0%	0.0%	0.0%	0.0%	0.0%

9a. Additional comments on decision-making in the network:

Responses to comment items are detailed in the Narrative Supplement to this report.

				SN Committee forces, Workgr					ional Committe forces, Workg		
VISN	Position	0 groups (or no answer)	1-2 groups	3-5 groups	5-8 groups	8+ groups	0 groups (or no answer)	1-2 groups	3-5 groups	5-8 groups	<u>8+ grou</u>
1	Network Director	√ v							\checkmark		
	Chief Medical Officer	\checkmark					✓				
	Deputy Netwk Director/COO	\checkmark					✓				
	Quality Management Officer	\checkmark						\checkmark			
2	Network Director		\checkmark							\checkmark	
	Chief Medical Officer				\checkmark						\checkmark
	Deputy Netwk Director/COO				\checkmark				\checkmark		
	Quality Management Officer				\checkmark			\checkmark			
3	Network Director				\checkmark				\checkmark		
	Chief Medical Officer				\checkmark			\checkmark			
	Deputy Netwk Director/COO				\checkmark				\checkmark		
	Quality Management Officer				\checkmark			\checkmark			
4	Network Director		\checkmark						\checkmark		
	Chief Medical Officer			\checkmark					\checkmark		
	Deputy Netwk Director/COO		\checkmark					\checkmark			
	Quality Management Officer					~				\checkmark	
5	Network Director		\checkmark						\checkmark		
	Chief Medical Officer					\checkmark				\checkmark	
	Deputy Netwk Director/COO			\checkmark		,	✓		,		
_	Quality Management Officer					\checkmark			\checkmark		
6	Network Director			~						\checkmark	
	Chief Medical Officer			V				,			\checkmark
	Deputy Netwk Director/COO			~				\checkmark	/		
7	Quality Management Officer		\checkmark	V					V		1
/	Network Director		v	\checkmark					/		v
	Chief Medical Officer		/	v			✓		v		
	Deputy Netwk Director/COO		✓ ✓				v v	\checkmark			
8	Quality Management Officer Network Director		✓ ✓					v .(
0	Chief Medical Officer		v	./				v .(
	Deputy Netwk Director/COO			v				v			
	Quality Management Officer			•			·	\checkmark			
9	Network Director		\checkmark	•				•	\checkmark		
5	Chief Medical Officer		·	\checkmark					· ✓		
	Deputy Netwk Director/COO	\checkmark					✓				
	Quality Management Officer		\checkmark						\checkmark		
10	Network Director	\checkmark							\checkmark		
-	Chief Medical Officer	\checkmark								\checkmark	
	Deputy Netwk Director/COO	\checkmark						\checkmark			
	Quality Management Officer	\checkmark							\checkmark		
11	Network Director		\checkmark								\checkmark
	Chief Medical Officer					\checkmark			\checkmark		
	Deputy Netwk Director/COO			\checkmark			✓				
	Quality Management Officer					\checkmark				\checkmark	

(continued on next page)

				SN Committee					ional Committe forces, Workg		
VISN	Position	<u>0 groups</u> (or no answer)	1-2 groups	3-5 groups	5-8 groups	8+ groups	0 groups (or no answer)	1-2 groups	3-5 groups	5-8 groups	8+ groups
12	Network Director Chief Medical Officer Deputy Netwk Director/COO Quality Management Officer	√		\checkmark		√ √	✓		\checkmark	\checkmark	V
15	Network Director Chief Medical Officer Deputy Netwk Director/COO Quality Management Officer	\checkmark			√ √ √		V	✓		V	V
16	Network Director Chief Medical Officer Deputy Netwk Director/COO Quality Management Officer			√ √		√ √		✓		√	\checkmark
17	Network Director Chief Medical Officer Deputy Netwk Director/COO Quality Management Officer		\checkmark	\checkmark		√		\checkmark	V	\checkmark	
18	Network Director Chief Medical Officer Deputy Netwk Director/COO Quality Management Officer		\checkmark \checkmark \checkmark				~	√	\checkmark	\checkmark	
19	Network Director Chief Medical Officer Deputy Netwk Director/COO Quality Management Officer		\checkmark					\checkmark \checkmark			\checkmark
20	Network Director Chief Medical Officer Deputy Netwk Director/COO Quality Management Officer	\checkmark		√ √		V	√ 	\checkmark	\checkmark		
21	Network Director Chief Medical Officer Deputy Netwk Director/COO Quality Management Officer	\checkmark									
22	Network Director Chief Medical Officer Deputy Netwk Director/COO Quality Management Officer	\checkmark						√ √	\checkmark		√
23	Network Director Chief Medical Officer Deputy Netwk Director/COO Quality Management Officer		\checkmark	√ √	\checkmark		~	\checkmark			
NATIONAL:	Network Director Chief Medical Officer Deputy Director/COO Quality Managmt. Officer	23.8% 19.0% 33.3% 19.0%	42.9% 9.5% 28.6% 23.8%	19.0% 28.6% 28.6% 19.0%	14.3% 14.3% 9.5% 14.3%	0.0% 28.6% 0.0% 23.8%	9.5% 9.5% 52.4% 4.8%	9.5% 19.0% 38.1% 52.4%	28.6% 38.1% 9.5% 23.8%	23.8% 19.0% 0.0% 14.3%	28.6% 14.3% 0.0% 4.8%

V. PERFORMANCE AND ACCOUNTABILITY

11. Which of the following are included in the VISN director's performance contract with medical center directors?

Multiple re	esponses could be selected. ANF	PP = Annual Network Performa	ance Plan			
VISN	Core competencies that parallel Part A of the ANPP	Goals on national performance measures in Part B of the ANPP	Goals on additional network performance measures	Budget goals	Specific issues from the previous year's performance	Other network goals or expectations (e.g. committee assignment)
1	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
2	\checkmark	\checkmark	\checkmark	\checkmark		
3	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
4	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	
5	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
6	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
7	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
8	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
9		\checkmark				
10	\checkmark	\checkmark	\checkmark	\checkmark		
11	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
12	\checkmark	\checkmark	\checkmark			
15	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
16	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	
17		\checkmark	\checkmark		\checkmark	\checkmark
18	\checkmark	\checkmark				
19	\checkmark	\checkmark	\checkmark	\checkmark		\checkmark
20	\checkmark	\checkmark	\checkmark		\checkmark	\checkmark
21	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
22	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
23	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
NATIONA	L: 90.5%	100.0%	90.5%	76.2%	71.4%	66.7%

12. By what means does the network director hold medical center directors accountable for their performance?

Multiple responses could be selected.

		Regularly scheduled individual meetings with	Ad hoc individual meetings with directors (or when	Performance scorecards or dashboards, reviewed	Ongoing informal
VISN	Annual performance goals	directors	problems arise)	regularly	interaction with directors
1	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
2	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
3	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
4	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
5	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
6	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
7	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
8	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
9	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
10	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
11	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
12	\checkmark		\checkmark	\checkmark	\checkmark
15	\checkmark		\checkmark	\checkmark	\checkmark
16	\checkmark	\checkmark	\checkmark	\checkmark	
17	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
18	\checkmark		\checkmark	\checkmark	\checkmark
19	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
20	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
21	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
22	\checkmark	\checkmark	\checkmark	✓	\checkmark
23	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
NATIONAL:	100.0%	85.7%	100.0%	100.0%	95.2%

13. What tools does the network director use if a medical center director (MCD) does not meet her/his performance goals by the end of the fiscal year?

Multiple responses co	ould be selected.				
VISN	Goals are adjusted to be more attainable	Medical center director (MCD) does not receive performance bonus	MCD is required to submit an improvement plan	MCD is paired with a high- performing peer or other coach for mentoring	Other tool(s)*
1	\checkmark				\checkmark
2		\checkmark	\checkmark		
3		\checkmark	\checkmark	\checkmark	\checkmark
4		\checkmark	\checkmark		
5	\checkmark		\checkmark		
6	\checkmark	\checkmark	\checkmark		
7					\checkmark
8			\checkmark		\checkmark
9			\checkmark		
10		\checkmark	\checkmark		
11			\checkmark		\checkmark
12			\checkmark		\checkmark
15		\checkmark	\checkmark		
16			\checkmark		
17		\checkmark	\checkmark		\checkmark
18		\checkmark	\checkmark		
19					
20		\checkmark	\checkmark		
21			\checkmark		\checkmark
22	\checkmark	\checkmark	\checkmark	\checkmark	
23	\checkmark	\checkmark	\checkmark	\checkmark	
NATIONAL:	25.0%	55.0%	90.0%	15.0%	40.0%

* Areas specified under "Other tools" are detailed in the Narrative Supplement to this report.

13a. Additional comments on medical center director accountability?

Responses to comment items are detailed in the Narrative Supplement to this report.

14. Do programs or other structured opportunities exist at the VISN level for employee recognition?

VISN	Yes	No		
1	\checkmark			
2	\checkmark			
3	\checkmark			
4	\checkmark			
5	\checkmark			
6	\checkmark			
7	\checkmark			
8	✓		 	
9	\checkmark			
10	\checkmark			
11	\checkmark			
12 15	✓			
	✓			
16 17	✓			
	✓			
18	\checkmark	,		
19	1	\checkmark		
20	\checkmark	,		
21	1	\checkmark		
22 23	<u>√</u>			
	√ 	0.5%		
NATIONAL:	90.5%	9.5%		

15. Are funds set aside at the VISN level for formal employee recognition (in addition to the national ECF program)?

VISN	Yes	No
1	\checkmark	
2	\checkmark	
3	\checkmark	
4	\checkmark	
5	\checkmark	
6	\checkmark	
7	√	
8	✓	
9	\checkmark	
10	✓	
11	\checkmark	
12	\checkmark	
15		
16 17	√	
	\checkmark	
18	\checkmark	
19		\checkmark
20 21	\checkmark	
21		\checkmark
22 23	√	
	\checkmark	
NATIONAL:	90.0%	10.0%

VI. ACCREDITATION, QUALITY AND RECOGNITION

16. Has the VISN been reviewed by JCAHO as an integrated network?

VISN	Yes	No
1	\checkmark	
2		\checkmark
3		\checkmark
4		✓
5		\checkmark
6		 ✓
7		\checkmark
8		✓
9		\checkmark
10	\checkmark	/
11		 ✓
12		✓
15		✓
16		✓ ✓
17		\checkmark
18 19		✓ ✓
		V
20	✓	/
21		✓
22 23		\checkmark
	44.00/	
NATIONAL:	14.3%	85.7%

16a. <u>If</u>	ves, when was the last VISN-level JCAHO review?	
n	= only VISNs who answered 'yes' to question 16, above.	
VISN	Date of last review:	
1	2001	
10	2001	
20	2001	

16b. <u>If yes</u> , ho	ow many requirements for improvement were found at	the VISN level?
n = only V	ISNs who answered 'yes' to question 16, above.	
VISN	# Requirements	
1	0	
10	0	
20	0	
NATIONAL:	0.0%	

17. Has the VISN formally adopted the 7 categories of the Malcolm Baldrige National Quality Award as an organizing framework?

	Yes, as part	Yes, as an	
VISN	of a VISN-wide effort	independent facility effort	No
1	\checkmark		
2	\checkmark		
3			\checkmark
1		\checkmark	
5			\checkmark
3			\checkmark
7	\checkmark		
3	\checkmark		
)	\checkmark		
0	\checkmark		
1			\checkmark
2			\checkmark
5			\checkmark
6	\checkmark		
7			\checkmark
8			\checkmark
19			\checkmark
20	\checkmark		
:1	\checkmark		
2	\checkmark		
23	\checkmark		
NATIONAL:	52.4%	4.8%	42.9%

18. Does the VISN use Baldrige principles to inform its internal improvement efforts?

This item was intended to be answered only by those who responded "yes" to item 17, above. However, some VISNs noted that although they have not maily adopted Baldrige, they still use the principles to inform quality activities. To allow for this interpretation, items 17 and 18 are reported here as independent questions.

VISN	Yes	No
1	\checkmark	
2	\checkmark	
3		
4	\checkmark	
5	\checkmark	
6	\checkmark	
7	\checkmark	
8	\checkmark	
9	\checkmark	
10	\checkmark	
11		
12	\checkmark	
15		
16	\checkmark	
17		
18	\checkmark	
19		
20 21	\checkmark	
21		\checkmark
22 23	\checkmark	
	\checkmark	
NATIONAL:	93.8%	6.3%

			If yes, most recent	
VISN	Yes	No	date submitted:	
1	\checkmark		2004	
2	\checkmark		2003	
3		\checkmark		
4	\checkmark		2003	
5		\checkmark		
6		✓		
7	\checkmark		2004	
8	✓		2000	
9		\checkmark		
10	\checkmark		2001	
11		\checkmark		
12		\checkmark		
15		\checkmark		
16	✓		2003	
17		\checkmark		
18	✓		1998	
19		\checkmark		
20	✓		2002	
21		\checkmark		
22	\checkmark		2003	
23	\checkmark		2004	
NATIONAL:	52.4%	47.6%	(not applicable)	

19a. If yes, what changes have been made in the VISN as a result of feedback from the application?

Responses to this item are detailed in the Narrative Supplement to this report.

20. Has the VISN applied for or received any quality award(s) other than the Kizer Award? If so, which other awards?

For national distribution, $n =$ only VISNs who answered <u>ves</u> . Multiple responses could be selected.										
			VHA Quality Achievement	VHA Secretary/	Presidential Quality	Center of Excellence	State/Local	Other National	Other VA	
VISN	Yes	No	Grant	US Award	Award	Designation	Award	Award	Award	
1		√								
2		\checkmark								
3	\checkmark			\checkmark				\checkmark		
4	\checkmark		\checkmark							
5	\checkmark							\checkmark	\checkmark	
6		\checkmark								
7		\checkmark								
8	\checkmark		\checkmark				\checkmark			
9		\checkmark								
10	\checkmark		\checkmark			\checkmark				
11		\checkmark								
12	\checkmark				\checkmark	\checkmark				
15		\checkmark								
16		\checkmark								
17	\checkmark		✓							
18		\checkmark								
19	\checkmark			\checkmark				\checkmark		
20		\checkmark								
21		\checkmark								
22		\checkmark								
23	\checkmark		\checkmark							
NATIONAL:	42.9%	57.1%	55.6%	22.2%	11.1%	22.2%	11.1%	33.3%	11.1%	