



Office of Analytics and Business Intelligence

Stephan Fihn, MD MPH

Director

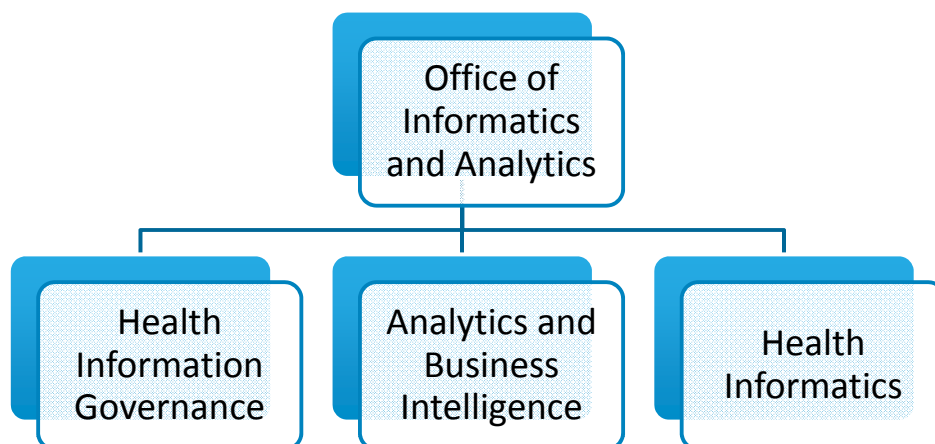


Supporting Secretary Shinseki's Priority to be Data Driven

- Enhancing analytic capacity
- Standardizing approaches to data capture, analysis and reporting
- Improving efficiency
 - Consolidated numerous programs and offices
- Working to improve data quality

Our Goal: The Right Information to the Right Person at the Right Time

OIA Structure

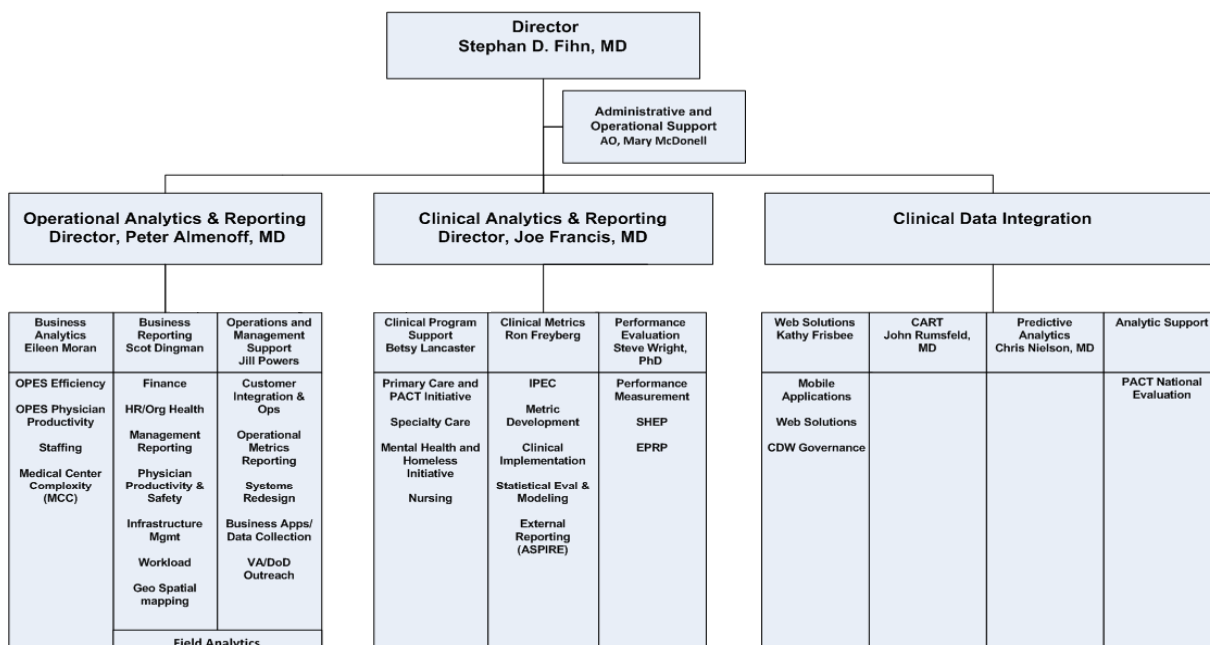


Our Services

ADUSH For Health Informatics and Analytics

Analytics & Business Intelligence	Health Informatics	Health Information Governance
Performance Measurement	Applied Informatics Service	Health Information Management
Operational Metrics	Bar Code Resource Office	Data Quality Program
VHA Support Service Center	Health Informatics Initiative	Health Care Security Requirements
Analytic Support	Human Factors	National Data Systems
Web Solutions/CDW Governance /Mobile Apps	Informatics Patient Safety	Information Access & Privacy
Clinical Assessment Reporting & Tracking	integrated Electronic Health Record	Library Network Office
	Knowledge Based Systems	VACO Library
	Standards & Interoperability	
	Veteran/Consumer Health Informatics Office	
Support Operations		
Training and Education		

OABI Organizational Structure



VETERANS HEALTH ADMINISTRATION



Current and Proposed Products

For Management:

- Context based, relevant information
- Process improvement support
- Analytics training
- Innovative collaboration tools

For Clinicians

- Context based decision support
- Population management
- Real-time data collection

VETERANS HEALTH ADMINISTRATION

Products (cont.)

For VHA leadership

- Detailed analysis of programs and issues

For Patients

- Web-based and mobile applications

For Research

- Validated, relevant data
- Analytic tools

Products (cont.)


For other health care partners

- Benchmarking
- Leading measures

For public/consumers

- Recognition as leader in public reporting

Homeless Veteran Products



HOMES

Homeless Operations Management & Evaluation System

VA Homeless System allow and tracking

Curry News Board VA HONOLULU O

Homeless Services Registry

Homeless and At Risk Veteran Profile

Display All Homeless Services

Display Mental Health Services

HECAVHA Name: GOC

Housing Status: Houses-HUD-VASH Housing

Assigned HPCM:

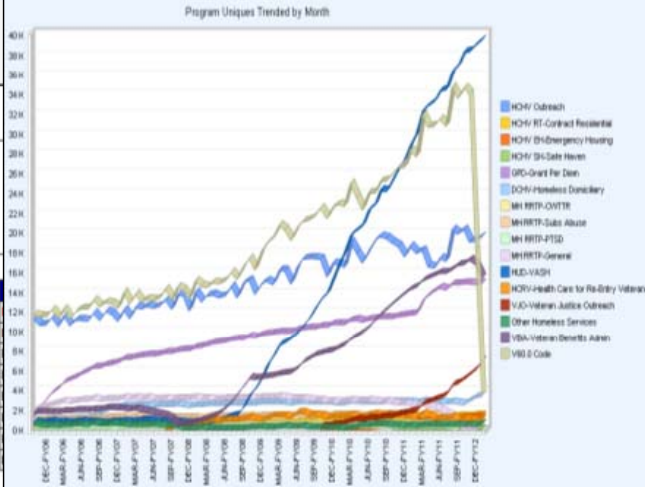
Assigned PCP: GELBER, REBECCAP

PCP Facility: (V21) (459) Pacific Islands HCS (Honolulu)

Assignment Date: 09/15/2011

Diagnoses in Last 2 Years		
PTSD	Weather Related	
MDD	Cardiac/Cardiovascular	X
Depression	Respiratory	
Bipolar Disorder	Infectious	X
Substance Use	Neurology	X
Schizophrenia	Musculoskeletal	
Personality	Endocrine	X
Psychosis NOS	GI	

Program Uniques Trended by Month

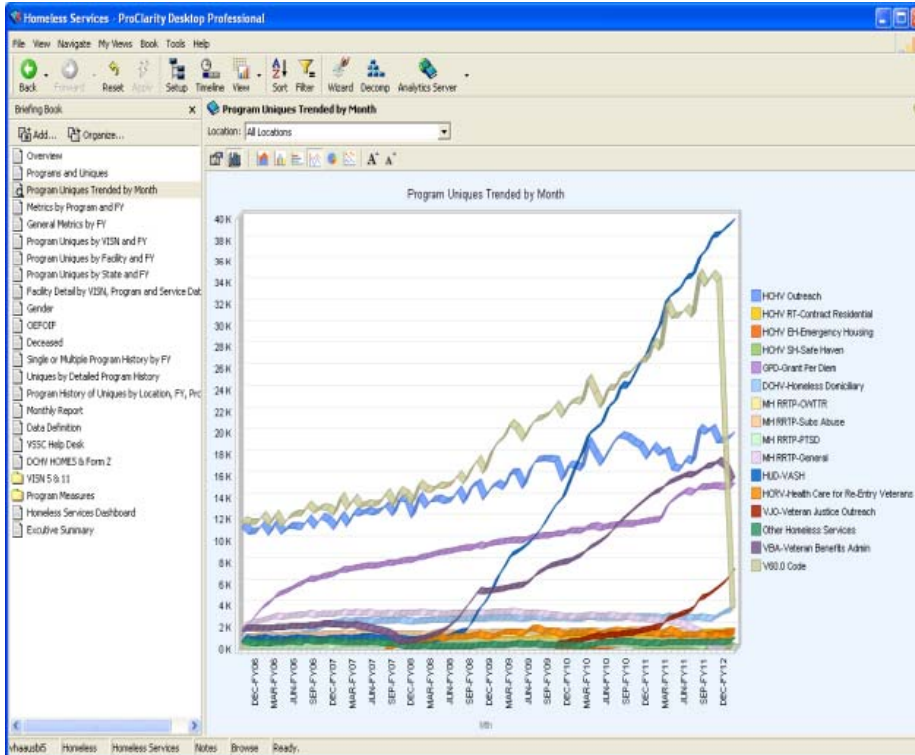


Legend:

- HCV Outreach
- HCV RT-Contract Residential
- HCV B/Emergency Housing
- HCV B/Safe Haven
- GPC-Grant For Deen
- DCH-Homeless Donorship
- MH-RTTP-OVTR
- MH-RTTP-Sub Abuse
- MH-RTTP-PTSD
- MH-RTTP-General
- HUD-VASH
- HCV-Health Care for Re-Entry Veterans
- VAD-Veteran Justice Outreach
- Other Homeless Services
- VBA-Veteran Benefits Admin
- VBO Code

VETERANS HEALTH ADMINISTRATION

Homeless Homeless Services Cube



- Consolidates VHA workload, VBA claim, Homeless and at risk legacy system, HOMES application to identify and track homeless and at risk Veterans

- Includes over 400 metrics related to homeless and at risk Veterans, homeless/housed indications, services, outcomes, benefits

- Provides patient level detail; in User Acceptance testing on VSSC website

- For homeless and at risk coordinators, management & leadership

- Developed and supported by Butch Fort and Betsy Lancaster

Homeless Homeless Veteran Profile

VETERANS HEALTH ADMINISTRATION

- Profiles homeless and at risk Veterans including Mental Health, VBA Claim, Primary Care and Homeless service history
- Provides demographics address, PC & homeless provider and diagnostic hx
- Will include Veteran VIC Image
- Provides patient level detail; in User Acceptance Testing on VSSC website
- For homeless and at risk coordinators, management & leadership
- Developed and supported by Butch Fort and Betsy Lancaster

Homeless HOMES Application

HOMES
Homeless Operations Management & Evaluation System

VA Homeless Operations Management and Evaluation System allows for recording of assessment intake forms and tracking referrals.

VA HOMES Main Page

Staff Name: < Staff Name >
 Staff Login: < Staff domain \username >
 Staff Email: < Staff email address >
 Level of Access: < Staff HOMES access >
 VA Site Code: (VVA1)002 Top

Veteran History

First Name: < Veteran's First Name >
 Sex: < Veteran's Sex Code >
 Edit Veteran Contact Information Search for Another Veteran

Assessment/Intake Forms Entered

Date of Assessment: < mm/dd/yyyy > Primary VAMC: 620 Secondary VAMC: 620 Homeless Program Referrals: 0 PD: 0 Edit Form

Supplemental Referral Forms Entered

No Supplemental Referrals entered
 Add Supplemental Referral(s)

Residential Program Forms Entered

No Residential program forms entered
 Add Residential Program Entry form

HCHV Program Forms Entered

OR1: List of Veterans Referred

Veteran ID	Veteran Name (Click to filter on another program)	SSN	Date Of Birth	VAMC ID	On Referral	Program Referred To
001	VeteranOne	<SSN>	#####	VAMC 1 - 888 - WEST HAVEN	04122011	HUD-VASH
001	VeteranOne	<SSN>	#####	VAMC 1 - 888 - WEST HAVEN	04112011	Veterans Justice Outreach (VJO)
010	VeteranTen	<SSN>	#####	VAMC 1 - 888 - WEST HAVEN	04122011	OPD Transitional Housing
099	VeteranInstituteOne	<SSN>	#####	VAMC 4 - 842 - PHILADELPHIA	04122011	OPD Transitional Housing
099	VeteranInstituteOne	<SSN>	#####	VAMC 4 - 842 - PHILADELPHIA	04122011	HOVY Case Management services
099	VeteranInstituteOne	<SSN>	#####	VAMC 4 - 842 - PHILADELPHIA	10122011	HUD-VASH
011	VeteranEleven	<SSN>	#####	VAMC 4 - 842 - PHILADELPHIA	04122011	Veterans Justice Outreach (VJO)
012	VeteranTwelve	<SSN>	#####	VAMC 1 - 823 - BOSTON	04122011	HOVY Case Management services
998	VeteranInstituteEight	<SSN>	#####	VAMC 1 - 823 - BOSTON	04122011	Veterans Justice Outreach (VJO)

- Homeless Operations, management and Evaluation System (HOMES) allows for the recording of intakes assessment forms and the tracking of intake forms
- Integrated several stand-alone homeless program legacy processes and applications
- Feeds data daily into Homeless Registry
- Provides patient level detail
- For homeless and at risk coordinators, management & leadership
- Developed and supported by Sp Thakur, Tom Bricker and Jeanne Weishar

Homeless Other Projects and Efforts

- VIC Images - incorporation of Veteran Identification Card images into homeless reporting for homeless coordinators
- HUD/HMIS Data Sharing – as the homeless client served in the community are sometimes the same veterans served in VA, the goal of this project is to exchange data between the VA Homeless Registry and HMIS in a controlled, secure environment.
- VBA Claims and Benefits - expansion of the VBA claim and benefits data into the Homeless Registry beyond those Veterans with a VBA Homeless Flash applied.
- Homeless Service Monthly Dashboard – automation of a monthly dashboard of homeless programs, uniques and outcomes - currently in excel
- HOMES Application version 1.6 – expansion of HOMES application to coordinate the care of homeless and at risk Veterans

VETERANS HEALTH ADMINISTRATION

Mental Health Products

VSSC

Mental Health Summary for VISN 3

LEGEND: ■ Met ■ Not Met

[Data Definitions](#)
[VSSC Help Desk](#)
[Training Calendar](#)

Document Map

- MentalHealthDashBoard
- Mental Health Intensive Ca
- Substance Use Disorder
- OEF/OIF Veterans with 8 P
- Major Depression Disorder
- 14 Day Mental Health Follow
- 7 Day Mental Health Follow
- High Risk Suicide

Facility	October			Num
	Num	Den	%	
(V03) (526) Bronx, NY	1	9	11%	4
(V03) (561) New Jersey HCS, NJ	4	54	7%	5
(V03) (620) VA Hudson Valley HCS, NY	2	10	20%	10
(V03) (630) New York Harbor HCS, NY	2	31	6%	5
(V03) (632) Northport, NY	1	13	8%	3
V03	10	117	9%	27
National	670	4,430	15%	623

Primary Care-Mental Health Integration Dashboard

Enter at: VISN Level, Facility Level, Division Level

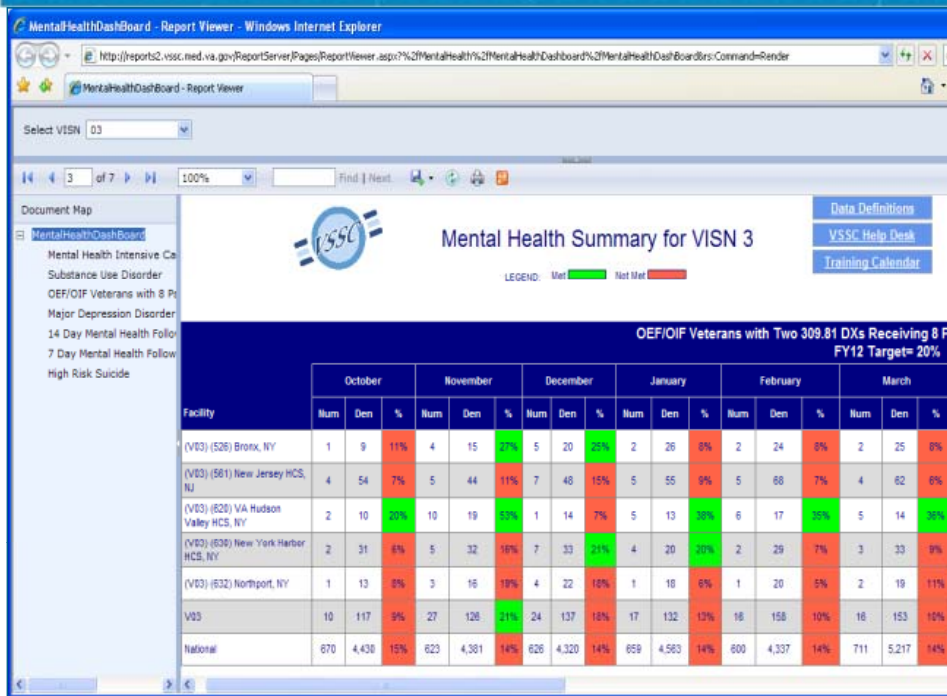
Comparison Tools: Measure Comparison Tool, Site Comparison Tool

Information on PC-MHI program operations was collected from a variety of sources, including a survey from the PC-MHI Evaluation Team. The survey was sent to the PC-MHI program contacts in each facility. Facility data were collected through a survey of the program code page as well as direct input from the field when necessary. Although some data presented here are similar to the VISN format, the PC-MHI Dashboard reflects the operational data from the program office reporting to the facility program contact.

NOTE: Those interested in using information for research or publication purposes must obtain approval from VISN Patient Care Services prior to use. Contact Lynette Wilson or Audrey Reeves.

VETERANS HEALTH ADMINISTRATION

Mental Health Mental Health Summary Report



- Consolidated and detail view of Mental Health performance measures & monitors
- Includes MHICM, SUD, OEF/OEF Psychotherapy, MDD, 14 Day Follow-up, 7 Day Follow-up After Inpatient Stay and High Risk Suicide Follow-up
- Provides patient level detail
- Accessible through VSSC website
- For MH providers, management & leadership
- Developed and supported by June Oliver

VETERANS HEALTH ADMINISTRATION

Mental Health Mental Health Uniform Services Handbook Survey

VAMC	(V02) (528) Albany, NY	(V02) (528) Bath, NY	(V02) (528) Canandaigua, NY	(V02) (528) Syracuse, NY	(V02) (528) Western New York, NY
General Information					
Size of Total Uniques	29282	11200	13365	45000	33992
Does the facility have:					
a mental health professional in its governance	YES	YES	YES	YES	YES
a designated leader in each MH profession with responsibilities as outlined in the Handbook	YES	YES	YES	YES	YES
an active local veteran Mental Health Council	YES	YES	YES	YES	YES
a Local Recovery Coordinator (LRC)	YES	YES	YES	YES	YES
at least one outreach specialist (usually a clinical social worker) to provide services to homeless veterans	YES	YES	YES	YES	YES
a Veterans' Justice Outreach Coordinator, committed to interfacing and coordinating with the local criminal justice system, including police, jails and courts	GREEN	RED	GREEN	RED	RED
Encounters	10	0	68	0	0
Uniques	10	0	40	0	0
a Suicide Prevention Coordinator (SPC) and Suicide Prevention Team with full-time commitments to suicide prevention activities	YES	YES	YES	YES	YES
a mental health liaison with Vet Centers in the area	YES	NO NEARBY VET CENTER	YES	YES	YES
a Disruptive Behavior Committee responsible for					

- Combines repeated USH Survey with MH workload and other clinical data to track compliance with MH directives

- Includes metric domains: General, Emergency Services, Seriously Mentally Ill, SUD, PCMHI, Geriatric Programs, Homeless, Integration, PTSD, OEFOIF, MST, Telehealth

- Accessible through VSSC website

- For MH providers, management & leadership

- Developed and supported by June Oliver

Mental Health Mental Health Information System

Department of Veterans Affairs Veterans Health Administration
Office of Mental Health Operations 10NC5
Mental Health Evaluation Center Information System

Click on plus signs (+) to expand categories and view additional content.
Highlighted cells indicate metrics flagged for additional review.

Program Area	Metric Grouping	Mnemonic	Measure Name	Program Goal	Location	Time Frame	FY2010	FY2011
							Most Recent	Most Recent
Uniform Mental Health Services Survey Scores	Uniform Mental Health Services Survey Scores	HB10w	Handbook Implementation Domain score		National	Rolling 4 Quarters	55.6%	71.6%
		HB11	Overall Handbook implementation by survey in medical centers.	95%	National	Rolling 4 Quarters	91.0%	94.8%
		HB12	Overall Handbook implementation by survey in very large CBOCs.	95%	National	Rolling 4 Quarters	93.7%	95.4%
		HB13	Overall Handbook implementation by survey in large CBOCs.	95%	National	Rolling 4 Quarters	93.1%	95.1%
		HB14	Overall Handbook implementation by survey in mid-sized CBOCs.	95%	National	Rolling 4 Quarters	94.8%	96.5%
		HB15	Overall Handbook implementation by survey in small	95%				

- Consolidates MH Evaluation Center (NPECEC, SMITREC and PERC) and performance measure and monitor data and compares to targets

- Domains include Uniform MH Services Survey Scores, T21-Business Results and Global Domain Scores

- Accessible through User Acceptance testing on VSSC website

- For MH providers, management & leadership

- Developed and supported by June Oliver

Primary Care Primary Care Almanac

MainMenu - Report Viewer - Windows Internet Explorer

https://securereports2.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2RPC%2FAlmanac%2FMainMenu%3aCommand=Render

VFSN: [V01] Parent Facility: [V01] (523) VA Boston HCS, MA
Division: [V01] (523) VA Boston HCS- Boston Div.

Panel Overview of Patients Assigned to a Primary Care Provider

As of: 01/31/2012

Provider	Panel (Uniqs)	AVG DCC	Female	Male	Dual Assigned	SC	OFF OIF	Urban	Rural	Highly Rural	Obese	MOVE	Anemia	Asthma	BPH	CCHT	CHF
VHA	5,181,230	0.632	345,250	4,832,980	104,580	2,232,296	437,752	2,919,062	2,121,026	78,763	1,778,699	115,391	209,700	143,707	495,941	58,051	178,643
V01	218,288	0.607	11,324	206,919	7,572	87,458	16,730	136,529	79,405	778	76,837	4,570	14,058	7,186	19,925	2,863	6,503
(V01) (523) VA Boston HCS, MA	36,304	0.671	1,964	34,387	1,484	17,030	2,930	32,000	3,267	6	11,460	950	2,750	1,390	3,545	415	1,609
(V01) (523) VA Boston HCS- Boston Div.	6,464	0.839	647	5,815	322	3,490	840	6,156	291	4	2,292	175	580	299	457	92	205
BOZOVIC,MILADJANI G MD	207	0.787	0	207	5	120	17	189	8	0	80	1	18	10	17	4	12
DEAMER,KENT A MD	596	1.07	8	590	38	358	54	988	28	0	220	12	55	38	44	7	23
DOSHI,SUCHETA J	207	0.58	204	2	31	107	81	197	9	0	85	12	10	17	0	0	2
EIVAZZADEN,CAROLINE MD	350	0.74	7	343	12	197	40	339	10	1	131	12	18	21	22	5	18
FERRER,MEGAN R MD	174	0.813	124	0	5	108	32	166	8	0	24	18	14	12	0	4	0
GIFFORD,ALLEN L MD	10	0.827	0	10	2	4	0	6	4	0	0	0	0	0	0	0	0
HANKINS,MICHELLE A MD	7	1.31	0	7	0	1	0	7	0	0	1	0	3	0	1	1	1
KARVOWSKI,ELIZABETH MD	32	0.494	21	1	5	13	6	29	2	1	13	2	2	2	0	0	0
LARUE,NICOLE MD	50	0.7	48	1	8	23	8	46	3	0	17	0	1	8	0	1	0
LAZZARI,ANTONIO A MD	435	1.04	3	432	19	279	46	413	22	0	152	8	84	18	64	2	20
LEE,HERMAN MD	450	0.942	2	456	16	234	22	467	21	0	179	17	35	17	35	10	35
LINDKY,AMY MD	86	0.963	0	86	5	24	7	83	3	0	28	2	6	2	2	0	2
MORRELL,KARL,MICHELLE MD	272	1.51	12	260	11	147	44	262	10	0	75	6	46	15	21	16	20
OBLANDER,JAY R MD	353	0.812	1	351	21	172	49	338	15	0	128	13	27	18	28	2	22
ROUSSINOS,DEBORAH A NP	688	0.888	2	684	25	357	121	632	33	0	224	8	58	21	54	7	25
SERRAO,RICHARD A MD	44	1.21	0	44	3	15	1	39	5	0	7	1	3	1	2	0	2
SHAH,DARSHAN A	777	0.689	1	776	49	431	146	742	33	0	263	17	37	26	30	8	26
SMITH,STEVEN R MD	154	0.871	0	154	11	83	21	145	9	0	52	2	8	8	12	2	5

- Almanac combines Primary Care panel assignments (PCMM) w/ clinical data including lab, pharmacy, clinical cohorts, pt. demographics, care coordination program enrollment

- Provides detail clinical support for diabetes & htn

- Provides pt & provider level detail

- Accessible through VSSC website & CPRS tools menu

- For primary care providers, team members & mgmnt

- Developed by Fred Kirkland

Primary Care Care Assessment Need (CAN) Report

CARE ASSESSMENT NEED SCORE
For ALLEN,CAROL
 Score As Of: 2/10/2012
 Almanac Data as of: 01/31/2012

CAN Score	Patient Name	ESN	Probability of Event	# Episodes Count	ICD9	ALLERGIC CASE	Last PC Care VIM	Last HPC VIM	2yr EMCC VIM Count	2yr Death Count	Last Death Date	2yr PC VIM Count	Last PC VIM Location	
89	[REDACTED]	[REDACTED]	45%	2					2	1	11/16/2011	3	(V01) (540) Ft Palm Beach	
			25%	5				★	2/10/2012	3	1	7/22/2011	1	(V01) (526) Bronx
			25%	4						3	2	3/24/2011	1	(V01) (526) Bronx
			25%	7						4	2	10/16/2011		
88	[REDACTED]	[REDACTED]	25%	4	★				2	2	6/25/2011	6	(V01) (5482) Broward County	
			25%	5				★	5/13/2011	7	7	12/15/2011		
			15%	7						3	1	6/5/2011	4	(V01) (581) Fayetteville NC
86	[REDACTED]	[REDACTED]	15%	3					1	2	3/5/2010			
			15%	4									3	(V01) (5354) New York Harbor PCS-St. Albans Campus
			15%	3						7	5	10/11/2011	2	(V01) (581) New Jersey PCS-East Orange Campus
85	[REDACTED]	[REDACTED]	15%	3					1	1	4/20/2011			
			15%	6						4	4	9/16/2011		
85	[REDACTED]	[REDACTED]	15%	5			★	1/10/2012	3	2	6/5/2011			

- CAN provides estimated probability of death/hospital admission w/in specified time frame (90d or 1 yr).
- Score expressed as a percentile 0-99; higher score indicate follow-up assessment
- Provides patient level detail
- Accessible through VSSC website & CPRS tools menu
- For primary care providers, and/or nurse care manager
- Model developed in collaboration with PCS
- Report developed by Freddy Kirkland

Primary Care Patient Aligned Care Team (PACT) Compass

Category	Metric	MAY FY10	JUN FY10	JUL FY10	AUG FY10	SEP FY10	FY10 YTD	OCT FY11	NOV FY11	DEC FY11	JAN FY11	FEB FY11
Panel Management	PCP Panel Assignments	4,904,489	4,930,440	4,950,470	4,979,963	4,967,020		4,968,837	4,975,357	4,977,910	4,969,778	4,962,514
	Panel Uniques	4,804,514	4,829,570	4,847,899	4,876,668	4,865,427		4,866,485	4,872,022	4,875,762	4,886,954	4,881,204
	PC Patients Enrolled in CCHT	41,413	40,598	42,479	43,905	46,239		45,382	45,449	44,770	44,552	46,788
	DCQ Average	0.59	0.59	0.61	0.62	0.61		0.61	0.62	0.62	0.62	0.62
	PCP Panel Size Average (PCPWP Adjusted)	1,073	1,079	1,078	1,063	1,075		1,080	1,082	1,087	1,082	1,079
	PCP Capacity Average (PCPWP Adjusted)	1,191	1,190	1,192	1,192	1,190		1,201	1,205	1,213	1,220	1,231
	PCP Capacity Total	5,441,068	5,437,204	5,475,842	5,484,052	5,521,735		5,528,246	5,539,826	5,555,963	5,627,826	5,660,300
	PCP FTE (PCPWP Adjusted)	4,568.82	4,570.78	4,593.82	4,598.98	4,621.59		4,602.88	4,597.51	4,581.15	4,612.51	4,597.09
	PCP FTE Total	5,143.36	5,147.46	5,174.19	5,191.15	5,209.99		5,212.15	5,204.06	5,179.49	5,214.68	5,198.13
	PC Staffing Ratio**	2.28	2.30	2.34	2.36	2.49		2.58	2.61	2.67	2.71	2.78
Access	Ratio of PC Telephone Encounters to All PC Encounters	4.2 %	4.3 %	4.4 %	4.4 %	4.4 %	3.8 %	3.7 %	4.8 %	6.0 %	7.7 %	8.9 %
	Primary Care Group Encounters	8,715	9,191	8,511	9,328	8,885	93,191	8,131	8,726	8,142	8,666	8,810
	All PC FTE Seen in Primary Care on Same Day of DD (Including C&P)	67.2 %	67.9 %	67.7 %	67.1 %	68.0 %	67.5 %	71.2 %	69.5 %	68.5 %	66.7 %	67.4 %
	All PC FTE Seen in Primary Care Within 4 Hours of DD (Including C&P)	72.6 %	73.2 %	73.3 %	72.7 %	73.4 %	72.8 %	75.5 %	74.1 %	73.9 %	72.0 %	72.9 %

- PACT Compass enables management & field to track compliance to PACT operational directives & goals

- Metric Domains include Panel Management, Access, Continuity, Coordination or Care, Medical Home Builder Survey, AES

- Perf. measures & monitors

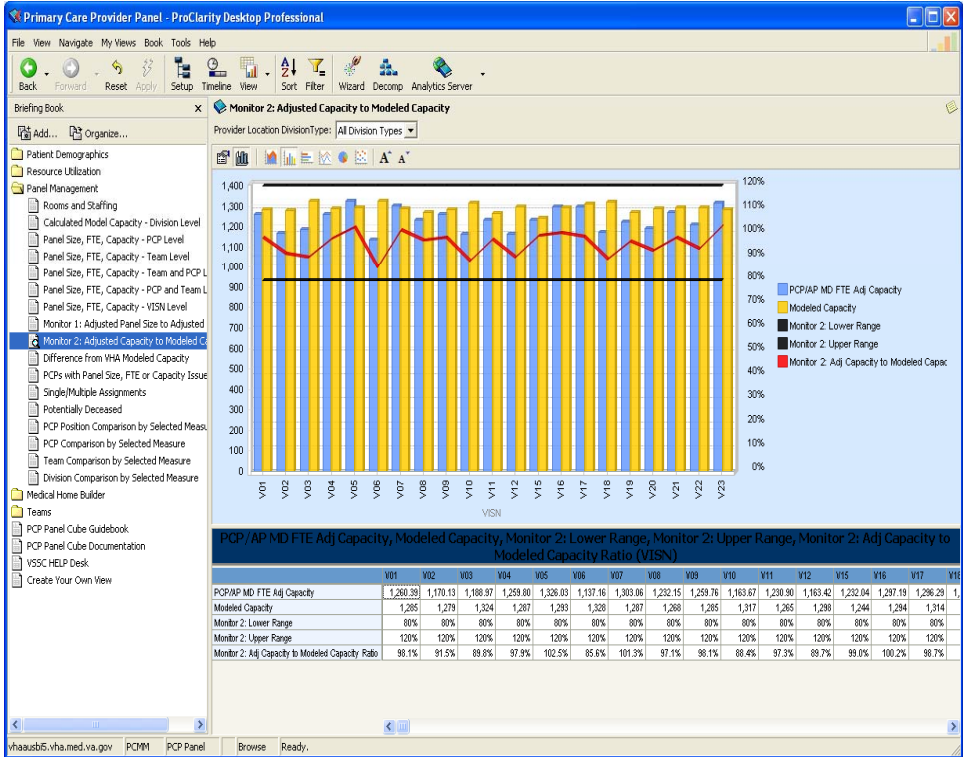
- Provides provider and some patient level detail

- Accessible through VSSC website & CPRS tools menu

- Developed by Teresa Stevens

- Supported by Fred Kirkland

Primary Care Primary Care Provider Panel Cube



- PCP Panel cube provides a weekly snapshot of PCMM panels, patients, providers, teams, capacity, FTE, patient demographics, workload, rooms & staffing, Medical Home Builder Survey
- Provides patient and provider level detail
- Accessible through VSSC website
- For primary care providers, management & leadership
- Developed and supported by Betsy Lancaster

Primary Care Primary Care Staffing and Room Application & Reporting

The screenshot shows a web browser window titled "StaffingMenu - Report Viewer - Windows Internet Explorer". The address bar shows the URL: <http://reports2.vssc.med.va.gov/ReportServer/Pages/Reportviewer.aspx?%2fPC%2fPCMM%2fStaffir>. The page content includes the VSSC logo and the title "Primary Care Staffing and Room Utilization Data". There are two buttons: "Data Definitions" and "VSSC Help Desk".

Reports Section- There are no access restrictions to the below reports.

- [PC Staffing FTE and Room Report by VISN](#)
- [PC Staffing FTE and Room Report - *drill through*](#)
- [Recommended Panel Size Report by Division](#)

Data Entry Section- Access to enter and modify records is limited. If updates, corrections or new location records in the Primary Care Staffing and Room Database are needed, [click here](#) to see the list of individuals by VISN who can modify the database.

[Primary Care Staffing and Room Utilization Data Entry](#)

Documentation Guidance

- VHA Hanbook 1101.02-Primary Care Management Module-
http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=2017
- [PC Staffing Vacancy Guidance](#)

A red-bordered box on the right side of the report section contains the following text:

11/21/11 - Recommended Panel Size Report has been updated with FY11 Intensity Scores
10/03/11 - Vacancy FTE data has been added to the reports

- Entry of room and staff data for use in the modeled capacity calculations and staffing ratio monitor

- Provides division and above level

- Accessible through VSSC website; application access limited to selected visn staff

- For primary care management & leadership

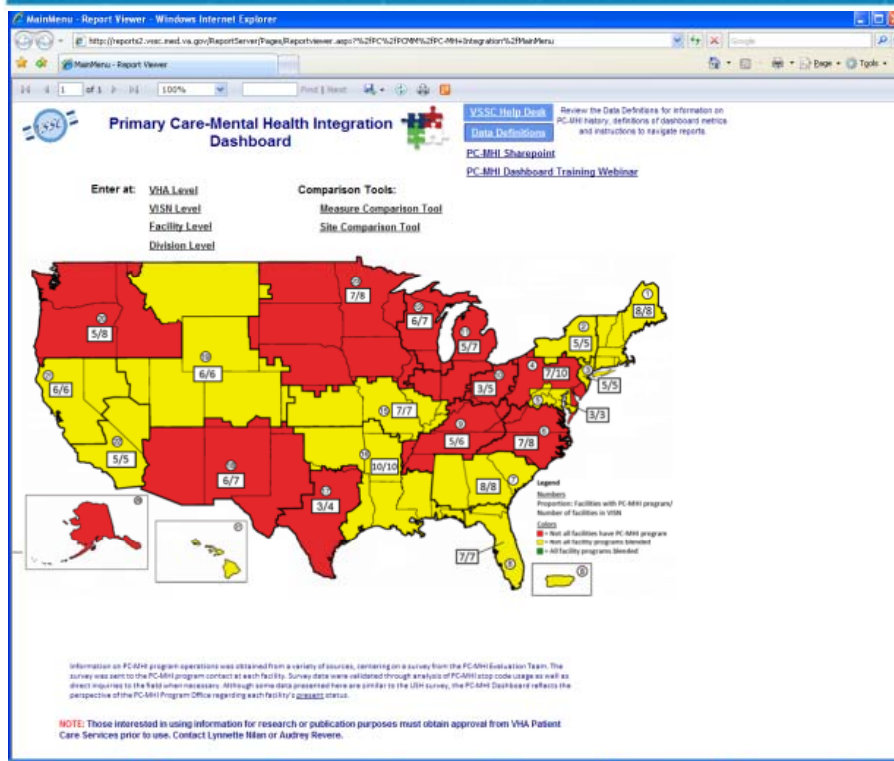
- Developed and supported by SP Thakur, Teresa Stevens and Fred Kirkland

Primary Care Dual Assignment Application & Reporting

The screenshot shows the VSSC PCMM application interface. The browser window title is "VHA Support Service Center - Windows Internet Explorer". The address bar shows "http://vawm.vssc.med.va.gov/PCMM_new/". The page header includes the VSSC logo and "UNITED STATES DEPARTMENT OF VETERANS AFFAIRS VHA SUPPORT SERVICE CENTER (VSSC)". The navigation menu includes "Home", "Duplicate Assignments", "Approved Duplicates", and "Reports". The main content area is titled "Main Page" and "PCMM". It shows the user is authenticated as "VHA16LancaB (Betsy Lancaster)" with a "VSSC Admin" access level. A link "How to use this application" is provided. The page explains that it is for managing patient assignments to multiple primary care providers and lists roles: "Principal Facility PCMM Coordinator" and "Back-up PCMM Coordinator". It describes the "Duplicate Assignments" and "Approve Duplicates" reports. A "VSSC Help Desk" link is provided for questions. The footer contains various links including "USA.gov", "VA Home", "VA Intranet", "VHA Intranet", "VHA Program Offices", "VHA Intranet Documents", "VSSC Intranet", "Contact VSSC Help Desk", "Intranet Privacy Policy", "No FEAR Act Notice", "Accessibility", and "Web Policies and Important Links".

- Entry and reporting of primary care dual assignment approvals across facilities
- Provides patient level detail
- Accessible in User Acceptance Testing through VSSC website; application access limited to selected visn staff
- For primary care management module (PCMM) coordinators and providers
- Developed and supported by SP Thakur, Steve Krysiak and Fred Kirkland

Primary Care/Mental Health Primary Care Mental Health Integration Dashboard



- PCMH program is integrated care for Veteran physical and mental health conditions

- Shared program of the Office of Mental Health Services and the National Primary Care Program.

- Dashboard includes
 - Service Utilization, including patients served and encounters
 - Operations, including program components and staffing
 - Performance measures

- Developed by Teresa Stevens
- Supported by June Oliver

Patient Aligned Care Team (PACT) Compass

YSSC Patient Aligned Care Teams **Compass** National

VSSC Help Desk
Data Definitions
Add Report to Internet Favorites

Data Current Through: 04/30/2011
Excel Friendly Version (No Headers)

Click underlined Metric to view VISN Detail
Return to Main Menu

Contract Divisions Excluded Click to view prior months Navigate to VISN Summary

Display Sub-Metrics and Headers Detail	Category Display All Access Metrics	Metric	MAY-FY10	JUN-FY10	JUL-FY10	AUG-FY10	SEP-FY10	FY10 YTD	OCT-FY11	NOV-FY11	DEC-FY11	JAN-FY11	FEB-FY11	MAR-FY11	APR-FY11	FY11 YTD
Panel Management		<u>PCP Panel Assignments</u>	4,904,409	4,930,440	4,950,470	4,979,903	4,967,020		4,969,637	4,975,357	4,977,910	4,989,776	4,962,514	4,981,892	4,978,246	
		<u>Panel Uniques</u>	4,804,514	4,829,570	4,847,899	4,876,668	4,865,427		4,866,495	4,872,022	4,875,762	4,886,954	4,861,204	4,881,198	4,880,584	
		<u>PC Patients Enrolled in CCHT</u>	41,413	40,598	42,479	43,985	46,239		45,382	45,449	44,770	44,552	46,788	44,639	51,125	
		<u>PCQ Average</u>	0.59	0.59	0.61	0.62	0.61		0.61	0.62	0.62	0.62	0.62	0.61	0.63	
		<u>PCP Panel Size Average (PCP/PAF Adjusted)</u>	1,073	1,079	1,078	1,083	1,075		1,080	1,082	1,087	1,082	1,079	1,088	1,088	
		<u>PCP Capacity Average (PCP/PAF Adjusted)</u>	1,191	1,190	1,192	1,192	1,195		1,201	1,205	1,213	1,220	1,231	1,248	1,237	
		<u>PCP Capacity Total</u>	5,441,066	5,437,204	5,475,842	5,484,052	5,521,735		5,528,248	5,539,826	5,555,963	5,627,826	5,660,300	5,717,175	5,660,630	
		<u>PCP FTE (PCP/PAF Adjusted)</u>	4,568.83	4,570.78	4,593.82	4,598.98	4,621.59		4,602.88	4,597.51	4,581.15	4,612.51	4,587.09	4,577.08	4,576.88	
		<u>PCP FTE Total</u>	5,143.36	5,147.46	5,174.19	5,191.15	5,209.99		5,212.15	5,204.06	5,179.49	5,214.68	5,198.13	5,156.18	5,165.11	
		<u>PC Staffing Ratio**</u>	2.28	2.30	2.34	2.36	2.49		2.58	2.61	2.67	2.71	2.78	2.79	2.80	
Access		<u>Ratio of PC Telephone Encounters to All PC Encounters</u>	4.2 %	4.3 %	4.4 %	4.4 %	4.4 %	3.8 %	3.7 %	4.8 %	6.0 %	7.7 %	8.9 %	11.1 %	13.9 %	8.0 %
		<u>Primary Care Group Encounters</u>	8,715	9,191	8,511	9,328	8,885	93,191	9,131	8,726	8,142	8,666	8,810	10,448	8,752	63,675
		<u>All PC FTEs Seen in Primary Care on Same Day of DD (Excluding C&P)</u>	67.2 %	67.9 %	67.7 %	67.1 %	68.0 %	67.5 %	71.2 %	69.5 %	68.5 %	66.7 %	67.4 %	67.5 %	68.1 %	68.8 %
		<u>All PC FTEs Seen in Primary Care Within</u>	72.6 %	73.2 %	73.3 %	72.7 %	73.4 %	72.8 %	75.5 %	74.1 %	73.9 %	72.0 %	72.9 %	73.4 %	73.5 %	73.9 %

VETERANS HEALTH ADMINISTRATION

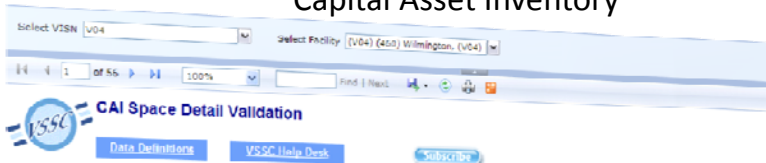
Primary Care Other Projects and Efforts

- PCMM Rehost – effort to rewrite Vista PCMM application to decrease complexity and increase functionality. HP has been engaged as contractors
- Primary Care Panel and Model Capacity Update – detailed analysis to update primary care panel size and modeled capacity guidelines as driven by direct care and support staff FTE, visit intensity, available rooms and other factors
- PACT Team Certification – analysis of PACT teams and providers in an effort to identify best practices and compliance to PACT Concepts and directives
- PACT Metric Study – in-depth, statistical analysis of foundation metrics such as PACT continuity and same-day access

VETERANS HEALTH ADMINISTRATION

Other Products

Capital Asset Inventory



EEO/Alternative Dispute Resolution Dashboard

Red = No data entered in "Existing GSF" field, and "Department" field is not noted as "Unassigned Vacant Space"
Yellow = No data entered in "Department" field
Orange = "Department" is indicated as "Unassigned Vacant Space", but no data is entered in the "Existing Vacant Space" field
Blue = "Department" is indicated as "Unassigned Vacant Space", but data is entered in "Existing GSF", vs. "Existing Vacant Space"

VSN/Facility	Building Number	Floor Number	Department	Existing GSF
(V04) (400) Wilmington	1	1	ACR Primary Care	16.31
(V04) (400) Wilmington	1	1	ACR-Specialty Care	3.9
(V04) (400) Wilmington	1	1	ACR-Urgent Care	14.0
(V04) (400) Wilmington	1	1	Cariben Service	5
(V04) (400) Wilmington	1	1	Common Space	10.5
(V04) (400) Wilmington	1	1	Digestive/Endoscopy	1.2
(V04) (400) Wilmington	1	1	Engineering	2
(V04) (400) Wilmington	1	1	FACM	1.8
(V04) (400) Wilmington	1	1	Lobby Space	1.8
(V04) (400) Wilmington	1	1	Medical Admin	2.5
(V04) (400) Wilmington	1	1	Mental Health Clinic	7.9
(V04) (400) Wilmington	1	1	Nutrition/Food	11.9
(V04) (400) Wilmington	1	1	Pharmacy	4.9
(V04) (400) Wilmington	1	1	Police/Security	9
(V04) (400) Wilmington	1	1	Psychology	2.4
(V04) (400) Wilmington	1	1	Social Work	1.4

Fiscal Year	Informal Contacts	Formal Complaints	Resolution Rate
2005	32	18	30.8%
2006	41	27	41.3%
2007	32	23	30.3%
2008	41	21	46.2%
2009	34	14	38.1%

Fiscal Year	Informal Contacts	Formal Complaints
2005	160	97
2006	174	99
2007	156	87
2008	186	91
2009	193	92

VETERANS HEALTH ADMINISTRATION

Sexual Assault Database



Information Tracker Report for Sexual Assaults

Data Current Through: 9/12/2011

[Data Definitions](#)

[VSSC Help Desk](#)

Data from Issue Brief on left

Data from IOC on right

Issue Brief Information										
Primary Issue Category	VISN	Medical Center	Date of Incident	Date of Report	Police Report UOR	Title	Secondary Category	Associated Category	Brief Description	Progress and Follow Up
Sexual Assault (Alleged or Verified)	V01	(V01) (699) VA Connecticut HCS, CT	7/7/2011 12:00:00 AM	8/8/2011 12:00:00 AM		Alleged sexual assault - West Haven Campus	No Subcategory		On July 6, 2011 at approximately 11:00 a.m. there was an alleged sexual assault of an outpatient female Veteran	The alleged sexual assault is b West Haven Police Department employee was placed on authc

Police Database Information												
Date Opened	Status: Substantiated, Unsubstantiated, Undetermined	Category	Priority	Comment	Location/Settling of Incident	Victim Status (Patient, Visitor/Other, Employee)	Victim Age	Victim Gender	Suspect Status (Patient, Visitor/Other, Employee)	Suspect Age	Suspect Gender	

Geriatrics Community Living Center QMQI Cube

total of 8 Measures selections							
Measures	Num	Demom	Observed%	Adjusted%	VSN Avg	Natl Avg	Observed Natl
Accidents							
1.1. Incidence of new fractures	0	49	0.0%		9%	1.1%	-1.1%
1.2. Prevalence of falls	4	50	8.0%		13.4%	11.0%	-3.0%
Behavior/Emotional Patterns							
2.1. Residents who have become more depressed or anxious	1	33	3.0%		9.5%	6.3%	-3.3%
2.2. Prevalence of behavior symptoms affecting others - Global	12	49	24.5%		17.9%	17.1%	7.4%
2.2H. Prevalence of behavior symptoms affecting others - High Risk	10	29	34.5%		24.0%	23.4%	11.1%
2.2L. Prevalence of behavior symptoms affecting others - Low Risk	2	20	10.0%		3.9%	6.3%	3.7%
2.3. Prevalence of depression symptoms without antidepressant therapy	4	50	8.0%		4.5%	4.0%	4.0%
Clinical Management							
3.1. Use of 9 or more medications	41	50	82.0%		84.5%	81.9%	.1%
Cognitive Patterns							
4.1. Incidence of cognitive impairment	0	20	0.0%		5.0%	6.4%	-6.4%
Elimination/Incontinence							
5.1. Low-risk residents who lost control of their bowels or bladder	12	27	44.4%		45.4%	37.5%	6.9%
5.2. Residents who have/had a catheter inserted and left in their bladder	10	50	20.0%	36.4%	17.9%	16.0%	4.0%
5.3. Prevalence of occasional or frequent bladder or bowel incontinence without toileting plan	1	3	33.3%		41.7%	35.3%	-2.1%
5.4. Prevalence of fecal impaction	0	80	0.0%		2%	1%	-1%
Infection Control							
6.1. Residents with a UTI	3	50	6.0%		12.0%	7.1%	-1.1%
Nutrition/Eating							
7.1. Residents who lose too much weight	12	48	25.0%		12.9%	13.1%	11.9%
7.2. Prevalence of tube feeding	4	50	8.0%		4.7%	6.0%	2.0%
7.3. Prevalence of dehydration	0	50	0.0%		5%	3%	-3%
Pain Management							
8.1. Residents who have moderate to severe pain	10	49	20.4%	31.5%	21.2%	21.2%	-.8%
Physical Functioning							
9.1. Residents whose need for help w/ daily activities had increased	1	41	2.4%		10.7%	12.2%	-9.8%
9.2. Residents who spend most of their time in bed or in a chair	1	48	2.1%		5.7%	5.3%	-3.2%
9.3. Residents whose ability to move in and around their room got worse	3	36	8.3%	4.4%	13.7%	9.6%	-1.3%
9.4. Incidence of decline in RCI	2	41	4.9%		15.8%	7.5%	-2.6%
Psychotropic Drug Use							
10.1. Prevalence of antipsychotic use, in the absence of psychotic or related conditions - Global	13	44	29.5%		27.0%	18.7%	10.8%
10.1H. Prevalence of antipsychotic use, in the absence of psychotic or related conditions - High Risk	4	8	50.0%		51.6%	44.4%	5.6%
10.1L. Prevalence of antipsychotic use, in the absence of psychotic or related conditions - Low Risk	9	36	25.0%		23.7%	18.0%	9.0%
10.2. Prevalence of anti-anxiety/hypnotic use	11	44	25.0%		26.2%	22.6%	2.4%
10.3. Prevalence of hypnotic use more than 2 times in last week	4	50	8.0%		3.8%	5.3%	2.7%
Quality of Life							
11.1. Residents that are physically restrained	0	50	0.0%		1.4%	3%	-3%
11.2. Prevalence of little or no activity	2	48	4.2%		2.4%	3.4%	.0%
Skin Care							
12.1. Hi-risk residents with pressure ulcers	6	30	20.0%		16.8%	16.2%	3.8%
12.2. Lo-risk residents with pressure ulcers	0	20	0.0%		2.9%	3.9%	-3.9%
Post-Acute Care (PAC) Measures							
13.1. Short-stay residents with delirium	0	19	0.0%	0%	7%	7%	-7%
13.2. Short-stay residents who had moderate to severe pain	4	20	20.0%		31.1%	46.7%	-26.7%
13.3. Short-stay residents with pressure ulcers	5	20	25.0%	25.3%	11.8%	12.5%	12.5%

- CLC QMQI cube tracks required assessments of patients in Community Living Centers

- Includes 34 indicators across 11 domains

- Provides patient and provider level detail

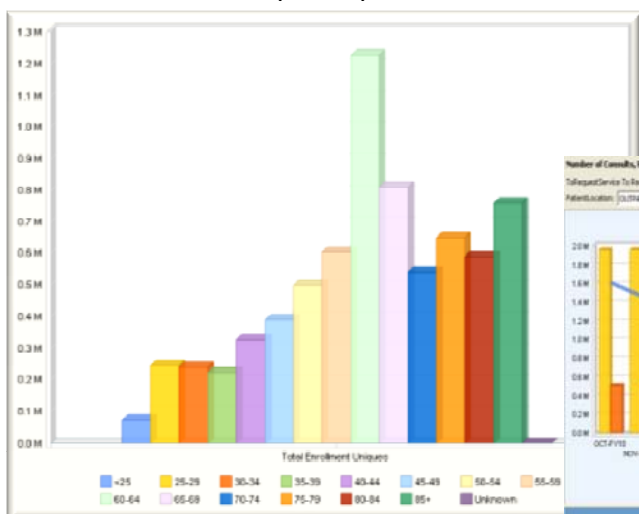
- Accessible through VSSC website

- For primary care providers, management & leadership

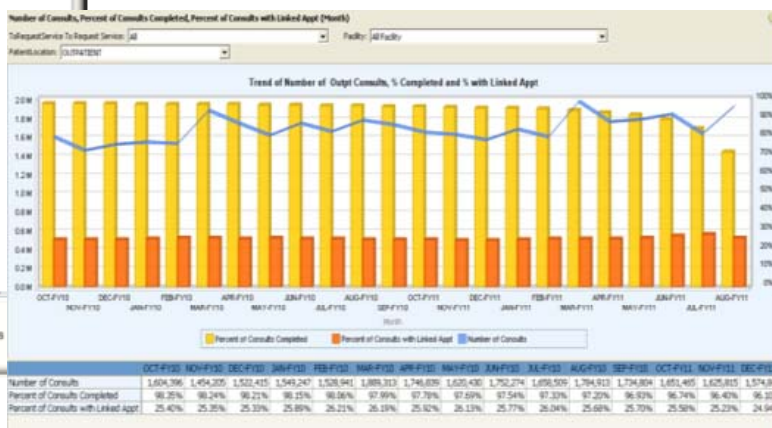
- Developed and supported by Betsy Lancaster

Other Products

Enrollment, Eligibility, Revenue, and Non-VA Care (EERN) Data Cube



Consults Cube



Products — Issue Brief Database

- Provides improved access to issue briefs plus aggregation and trending

Information Tracker: Senator Hagan Visit to Dialysis Center and Village Green Primary Care Clinic

The content of this item will be sent as an e-mail message to the person or group assigned to the item.

Close

New Item | Edit Item | Delete Item | Manage Permissions

Report Date: 8/9/2011
 VISN: (V06) (483) Mid-Atlantic HealthCare Network
 Facility: (V06) (565) Fayetteville, NC
 Title: Senator Hagan Visit to Dialysis Center and Village Green Primary Care Clinic
 Incident Date: 8/9/2011
 Primary Issue Category: Congressional
 Associated Categories: Congressional
 Severity and Risk Assessment: 1
 Brief Statement: On August 9, 2011, Senator Kay Hagan and members visited the Fayetteville Network Primary Care Clinic and Village Green Primary Care Clinic. The Senator and her staff were briefed on operations in each facility. The Director escorted the group while the facility Director briefed on their respective facilities. The Senator's Associate Director briefed on the new Veterans Transportation System. The Senator on plans to increase the Department of Defense, including the center operated by both the Fayetteville and Womack Army Medical Center.

Action / Progress / Resolution: The event was well received. The Senator and her staff were briefed on operations in each facility. The Director escorted the group while the facility Director briefed on their respective facilities. The Senator's Associate Director briefed on the new Veterans Transportation System. The Senator on plans to increase the Department of Defense, including the center operated by both the Fayetteville and Womack Army Medical Center.

Information Tracker: New Item

The content of this item will be sent as an e-mail message to the person or group assigned to the item.

OK Cancel

Attach File | Spelling...

Select a Year: 2011 | Select a Month(s): Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec

Select an Event Category: Self Harm Behavior | Select an Event SubCategory: Accident, Arrest, Building Fire, Building Collapse, Building Explosion, Building Fire, Building Collapse, Building Explosion, Building Fire, Building Collapse, Building Explosion

Select a VISN(s): V18 | Facility: (V18) (501) Albuquerque, NM

View Report

100% | Find | Next

Information Tracker Report by Incident Category

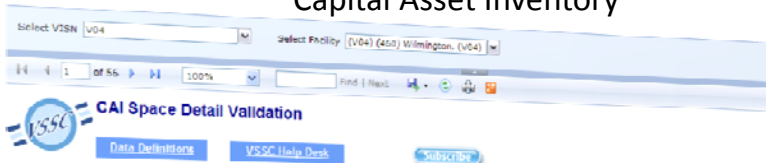
Data Current Through: 9/12/2011

Data Definitions | VSSC Help Desk

VISN	Facility	Primary Issue Category	Secondary Category	Associated Category	Title	Report Date	Incident Date	Priority	Brief Description
V18	(V18) (644) Phoenix, AZ	Self Harm Behavior	No Subcategory	OE/IOF/OND #11: #Community	Off-Campus Suicide of OE/IOF Veteran	6/2/2011 12:00:00 AM	7/27/2011 12:00:00 AM	8	PVAHCS Suicide Prevention Center was informed by Mesa Police on July 27, 2011, a 27 year old male Enduring Freedom Operation in Army Veteran died by suicide. The veteran was discharged from the military on and never enrolled or received at PVAHCS or any other VA M Center. The Suicide Prevention Center was contacted with the Veteran.
V18	(V18) (504) Amarillo, TX	Self Harm Behavior	No Subcategory	Mental Health	Attempted Suicide by High Risk Designated Veteran	7/29/2011 12:00:00 AM	7/26/2011 12:00:00 AM	9	A 55 year-old non-combat Veteran service connected (for Acute) found unresponsive with an airway obstruction at his sister's home on 7/26/2011. The sister stated that the Veteran was angry and took pills then gave her the empty bottle. The sister called 911 and the ambulance arrived at the home.

Products

Capital Asset Inventory



EEO/Alternative Dispute Resolution Dashboard

Red = No data entered in "Existing GSI" field, and "Department" field is not noted as "Unassigned Vacant Space"
Orange = No data entered in "Department" field
Blue = "Department" is indicated as "Unassigned Vacant Space", but no data is entered in the "Existing GSI", vs. "Existing GSI"

VISN/Facility	Building Number	Floor Number	Department	Existing GSI
(V04) (450) Wilmington	1	1	ACR Primary Care	16.3
(V04) (450) Wilmington	1	1	ACR-Specialty Care	3.9
(V04) (450) Wilmington	1	1	ACR-Urgent Care	14.0
(V04) (450) Wilmington	1	1	Cariben Service	5
(V04) (450) Wilmington	1	1	Common Space	10.5
(V04) (450) Wilmington	1	1	Digestive/Endoscopy	1.2
(V04) (450) Wilmington	1	1	Engineering	2
(V04) (450) Wilmington	1	1	FACM	1.8
(V04) (450) Wilmington	1	1	Lobby/Space	2.5
(V04) (450) Wilmington	1	1	Medical Admin	7.9
(V04) (450) Wilmington	1	1	Mental Health Clinic	11.9
(V04) (450) Wilmington	1	1	Nutrition/Food	4.9
(V04) (450) Wilmington	1	1	Pharmacy	9
(V04) (450) Wilmington	1	1	Police/Security	2.4
(V04) (450) Wilmington	1	1	Psychology	1.4
(V04) (450) Wilmington	1	1	Social Work	1.4

Equal Employment Opportunity/Alternative Dispute Resolution Dashboard

[Data Definitions](#) [VSSC Help Desk](#)

Informal Contacts and Formal Complaints by Fiscal Year

VA PITTSBURGH HCS

Fiscal Year	Informal Contacts	Formal Complaints	Resolution Rate
2005	32	18	30.8%
2006	41	27	41.3%
2007	32	23	30.3%
2008	41	21	46.2%
2009	34	14	39.1%

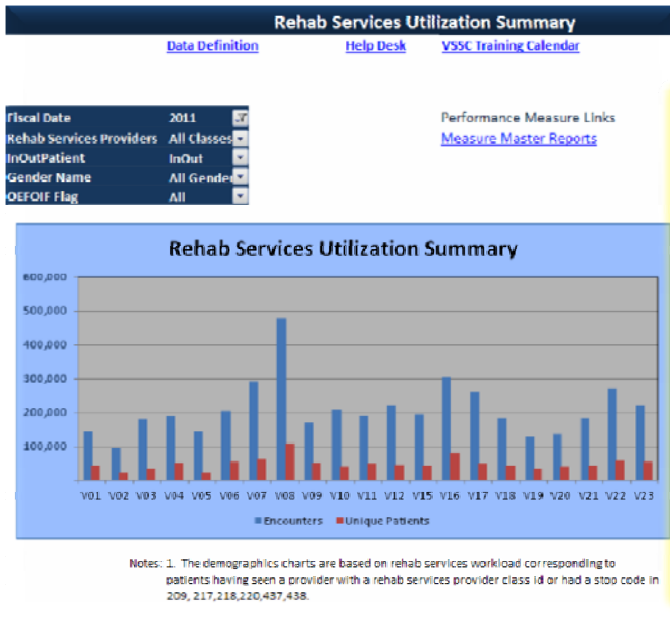
VISN 4

Fiscal Year	Informal Contacts	Formal Complaints
2005	160	97
2006	174	99
2007	156	87
2008	186	91
2009	193	92

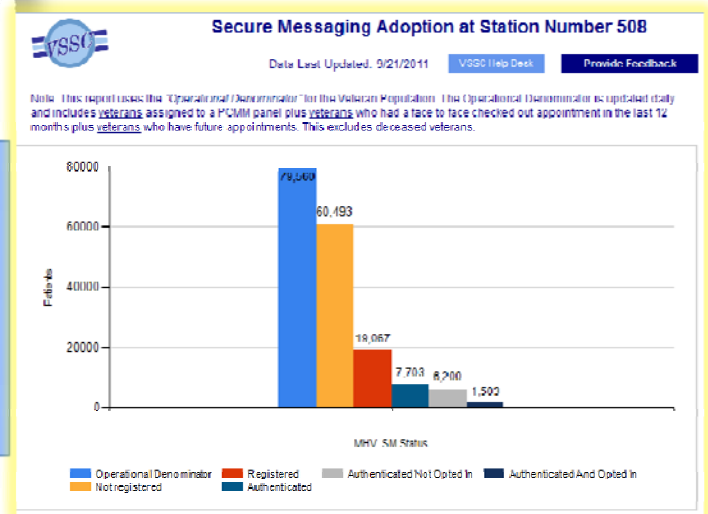
VETERANS HEALTH ADMINISTRATION

Products

Rehabilitation Services Dashboard



Secure Messaging Reports



Other Recent OABI Products

- VHA Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Outreach Reporting System (VORS) Leadership Report
- Palliative Care Bereavement Survey
- Women Veterans Profile
- Nursing Dashboard
- Patient Aligned Care Team (PACT) Compass
- Executive Career Field Plan/ T21 2011 Measure Report
- Non-VA Care Top 100 Vendors & Non-VA Care Interest Payments
- Mental Health Uniform Survey Handbook Survey
- Appointment Cancellation and Reschedule Rates

Clinical and Operational Metrics

Office of Productivity, Efficiency and Staffing

Announcements

- 📢 The Physician Productivity cube was updated on Sep 13, 2011 and is current through July 30, 2011 (pay period 15).
- ACSC Hospitalization FY11 Q3 Data has been posted
- Podiatry Workforce Report: FY 08 – 10 has been posted

Other Products

- ▣ Analytics Academy
- ▣ Facility Complexity Levels
- ▣ Primary Care Intensity Score

Featured Sites

Productivity

- ▣ Physician Productivity, Benchmarks & Study Data
- ▣ Cube Authorized Users by VISN
- ▣ Physician Productivity Cube & Reports

Efficiency

- ▣ Stochastic Frontier Analysis Efficiency
- ▣ Efficiency Opportunity Grid
- ▣ ACSC
- ▣ Emergency Department ED Model
- ▣ Fee Care Model
- ▣ Pharmacy Model
- ▣ Operating Room (OR) Efficiency
- ▣ Specialty Care Visit Model
- ▣ Specialty Care Med/Surg Encounter Model

Staffing

- ▣ Specialty Physician Workforce
- ▣ Mental Health Workforce
- ▣ Podiatry Workforce
- ▣ Dialysis
- ▣ OR Staffing
- ▣ Administrative Staffing Model

Directives & Guidance

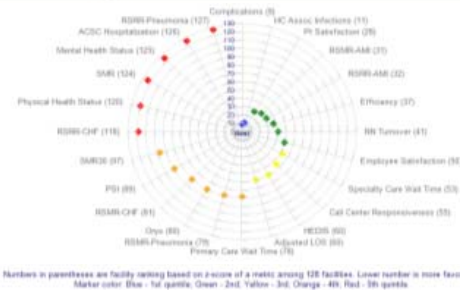
- ▣ Related VHA Directives

Resource Links

- ▣ CMS Physician Fee Schedule RVU files
- ▣ NPI Registry
- ▣ Primary Care Panel Management (PCMM)
- ▣ Inpatient Evaluation Center (IPEC)
- ▣ OPES Org Chart

New and Improved Reporting Tools for Accountability and Improvement

Aspire		Aspirational Goals Met - click VISN (01 to 23) to expand																						
Domains - Measures - Aspirational Goals		Avg.	Goal	5	16	17	18	19	20	21	22	23	437	438	588	588A4	618	638	636A6	636A7	636A8	656		
VISN 23 Midwest																								
Facility 618 Minneapolis, MN (level 1)																								
Safety																								
Effectiveness																								
Composite Behavioral Health Screening	P ¹	50	98	97	96	96	95	94	97	95	96	95	95	95	95	95	95	95	95	95	95	95	95	
Composite Diabetes	P ¹	50	87	89	88	87	89	88	87	87	88	86	86	86	86	86	85	90	88	85	90	88	87	89
Blood pressure less than 140/90 (dm)	P ¹	85	79	80	83	83	84	77	79	80	82	79	85	80	80	80	80	90	79	80	90	79	79	80
HbA1c 9 or not done in past year	P ¹	10	14	14	15	15	17	17	17	17	17	13	12	11	10	10	20	19	11	10	10	10	12	
LDL-C less than 100 (diabetes)	P ¹	75	63	72	70	61	70	68	66	69	68	64	76	72	72	66	67	65	67	65	67	65	60	67
LDL-C less than 100 (vascular dx)	P ¹	75	70	68	69	64	71	66	72	72	67	95	72	67	67	65	73	71	65	67	65	65	68	
LDL-C measured (vascular dx)	P ¹	90	97	95	95	95	96	96	94	96	90	99	98	98	98	94	95	100	95	99	95	99	95	99
Blood pressure less than 140/90 (HTN)	P ¹	84	78	79	79	77	77	74	78	78	75	75	76	75	75	65	82	76	72	77	77	72	77	
Screening for colorectal cancer	P ¹	100	84	81	84	84	84	81	79	76	81	80	85	77	77	82	87	75	78	86	86	78	86	
Women screened for cervical cancer	P ¹	100	93	94	94	94	93	95	93	94	94	92	94	92	92	92	97	97	85	96	96	96	96	
Women screened for breast cancer	P ¹	100	81	91	83	89	88	90	87	91	89	88	90	83	93	86	98	77	89	89	89	89	89	
Pneumococcal pneumonia immunization	P ¹	100	95	94	96	94	94	94	95	91	94	90	91	94	94	96	95	94	94	94	94	94	94	
Disease patients offered weight mgmt	P ¹	100	93	96	95	97	96	95	95	95	95	95	95	99	99	99	100	100	94	91	99	91	99	
Composite Tobacco	P ¹	100	97	95	95	93	93	96	97	95	97	95	98	100	100	100	100	91	94	94	94	94	94	
Composite acute myocardial infarction	P ¹	100	98	97	100	98	99	97	97	98	97	95	95	95	95	95	95	95	95	95	95	95	95	
Composite heart failure	P ¹	100	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	
Composite community acquired Pn	P ¹	99	96	96	96	97	97	97	97	96	96	95	97	94	94	94	90	97	92	95	95	95	95	
AMI RSMR	O	13.31	12.18	13.13	12.88	12.32	13.16	12.25	12.17	13.09	12.83	11.50	13.14	12.45	13.03	10.49	14.96	14.41	11.29	11.29	11.29	11.29	11.29	
Pneumonia RSMR	O	12.70	12.82	13.73	12.88	12.84	11.68	10.26	12.53	13.43	11.75	11.77	12.74	13.77	11.82	9.22	12.71	12.75	12.85	12.85	12.85	12.85	12.85	
CHF RSMR	O	8.33	8.12	8.56	9.71	8.08	10.04	8.66	8.76	10.09	7.43	8.62	8.89	7.89	8.18	8.63	7.96	9.81	8.21	11.44	11.44	11.44	11.44	
Efficiency																								
Timeliness																								
Patient-Centeredness																								
Equity																								



Hospital	IFEC Acute Care					IFEC ICU					VABQP Rating 12 months to 12 of FY12		
	30-Day		Weighted Case Severity Index			30-Day		Weighted Case Severity Index				Mortality	
	Rolling 6 Months (Unit)	Rolling 6 Months (SAR)	Rolling 12 Months (SAR)	Rolling 12 Months (SAR)	Rolling 6 Months (Unit)	Rolling 6 Months (SAR)	Rolling 12 Months (SAR)	Rolling 12 Months (SAR)	Rolling 12 Months (SAR)				
1	1.2%	3.2%	0.33	0.70	0.71	3.0%	0.27	0.88	0.9%	0.1%	0.02	0.73	0.67
2	2.0%	4.8%	0.92	0.95	0.98	7.3%	0.82	0.92	15.9%	9.9%	0.84	0.97	0.86
3	4.0%	6.4%	1.15	1.20	1.26	11.8%	1.16	1.18	24.2%	13.3%	1.17	1.16	1.30
4	2.7%	4.7%	0.90	0.85	1.05	6.2%	0.73	0.80	9.3%	7.8%	0.74	0.85	0.87
5	8.7%	9.7%	0.92	1.13%	11.4%	0.81	0.87	0.81	11.4%	0.81	0.87	0.87	0.87
6	4.0%	0.9%	1.31	1.31	0.91	15.4%	1.34	1.42	17.6%	13.0%	1.34	1.30	0.94
7	4.0%	4.1%	0.80	1.08	0.78	8.6%	0.87	1.14	10.7%	7.3%	0.80	1.06	0.81
8	1.0%	1.0%	1.01	1.18	10.9%	1.01	1.18	10.9%	11.0%	0.80	1.08	1.04	1.04
9	4.0%	0.80	1.21	0.4%	7.0%	1.03	1.26	0.41	1.26	0.41	1.26	0.41	0.41
10	2.4%	4.1%	0.83	0.81	0.95	8.3%	0.74	0.78	10.0%	2.7%	1.11	0.81	0.81
11	2.4%	4.1%	0.83	0.81	0.95	8.3%	0.74	0.78	10.0%	2.7%	1.11	0.81	0.81
12	2.0%	0.9%	0.84	0.95	1.01	7.6%	0.78	0.87	22.1%	10.1%	0.80	0.87	1.01
13	4.4%	7.3%	0.88	1.03	1.14	3.4%	0.53	0.94	11.1%	10.2%	0.88	0.95	0.95
14	3.1%	3.9%	0.87	0.88	0.79	9.3%	1.03	1.08	29.6%	7.3%	0.90	0.92	0.81
15	8.9%	1.00	0.88	0.88	0.88	8.9%	1.00	1.00	28.6%	7.3%	0.90	0.92	0.81



VETERANS HEALTH ADMINISTRATION

New Operational Reports Being Developed

- Comp and Pen – Prior reports provided only visit counts. Collaborating with Chief Business Office to provide Social Security Number level appointment data. Timeframe: 2-3 months
- Non VA Care - Derived from Field-Based Analytics Program, reports linking Fee Basis Claims to authorizations for treatment, payment, and ordering service. Plan to extract of ALL Fee Basis Claims System data → detailed national reports
- EDIS – Detailed reports of key Emergency Department (ED) metrics, e.g., mean/median time through ED, time to triage, times to admit decision and in bed, patients leaving against medical advice, etc. Timeframe: 2-3 months
- Integrated Billing/Revenue Operations - Detailed reports on Reason Not Billed and 3rd party revenue by stop code (derived from manual reports created for ED at Madison as part of Field Analytics Program). In development

VETERANS HEALTH ADMINISTRATION

CDW-Based Enterprise Applications

Primary Care Almanac
Care Assessment Need (CAN) Report
PACT Compass
Homeless Services Cube
Homeless Veteran Profile
MH Summary Report
MH Uniform Services Handbook
Dashboard
PC Mental Health Integration
Dashboard
Virtual Care Modality Dashboard
Telehealth Cube
Amputation Cube

MOVE Outcomes Report
Palliative Care
Consult Cube
On-Time Surgeries
Outpatient Encounter Timeliness
Comp and Pen
Non-VA Care
Beneficiary Travel
Outpatient Encounters
Integrated Billing/Revenue
Operations
Emergency Dept. Info. System

VETERANS HEALTH ADMINISTRATION

Patient Care Assessment System

Logged In: <RN Care Manager> <Clinic/Location>

View Profile Help | Logout

Home

Manage Patients

Query

Reports

Administration

Add Task

Patient Information

- [Risk Characteristics](#)
- [Patient Demographics](#)
- [Secondary Contacts](#)
- [Legal Documents](#)
- [Team Information](#)
- [Discharges](#)
- [Diagnosis List](#)
- [Clinical Data](#)
- [Medications](#)
- [Encounters](#)
- [Tasks/Notifications](#)

Care Plan

- [Situation/Background](#)
- [Learning Preferences](#)
- [Assessment/Goals](#)
- [Planning & Implementing](#)
- [Evaluation & Monitoring /Plan Update](#)
- [PACT Interdisciplinary Care Plan Note](#)

PACT RN Care Manager Note

Risk Characteristics

Patient Name: <Smith> Last 4 SSN: 1223 DOB:xx/xx/xxxx

Assign Clinical Priority & High Risk Flag

Risk Indicators

[View Risk Indicator History](#)

Select CAN Timeframe

Select

CAN Risk Level (1-99)

15 [Graphical View](#)

Clinical Priority (1-20):

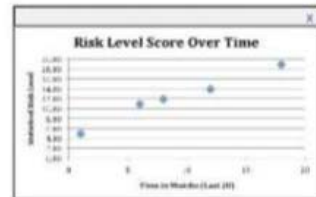
7 [Graphical View](#)

Risk Type:

<risk type(s) from>

Manual High-Risk Flag:

<flag>



Care & Ca

High-Level P

(from servic

Primary Care

Primary Care

Other Case M

Key Clinica

Number of E

Number of A

DSS Cost:

National BDC

Beneficiary

Fee Cost:

Pain Scale:

High Risk for Medication Problems:

VERA Classification Last Fiscal Year:

VERA Classification Current Fiscal Year:

- Clinical Priority
- Statistical High Risk
- High Intensity Medical Management
- Suicide Risk
- Homeless
- Frequent ER User
- Polypharmacy
- Frequent PCP Visits
- Frequent Admissions
- Medication Non-Adherence (MUET)
- OID/OIF/OND High Risk

Print

Export

VETE

Products - RAMP – Enterprise Wide Portal

RAMP
VHA Reports and Measures Portal

Search for your Product here

No Products Found for Search String

CUSTOMIZE YOUR DATA **My RAMP** **KEY REPORTS** **SUBJECTS**

 **United States Department of Veterans Affairs**

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VETERANS HEALTH ADMINISTRATION

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Performance Measurement External Peer Review Program Clinical Metrics, e.g., HEDIS and ORYX

UNITED STATES DEPARTMENT OF VETERANS AFFAIRS

VA Intranet Home About VA Organizations Locations Employee Resources

VHA OFFICE OF ANALYTICS AND BUSINESS INTELLIGENCE
PERFORMANCE MEASUREMENT

10P2B1 Home Page -> Performance Measurement -> Reporting

Performance Measurement Reporting

- Performance
 - Measure Master
 - Proclarity Briefing Book
 - Run Charts
 - HEDIS
 - Facility Summary
 - Community Living Center Substation
 - CBOC Report
- Composite
 - Composite Executive Summary
 - Composite Detail
 - Composite Detail (Exportable)
- Exit Summary
 - Exit Summary
 - Projected Composite Executive Summary
 - Projected Composite Report
 - Gender Report

FY2011 Q1

FY2011 Q1

Filter Files filter

show all

- Release Notes
- Definitions of Measure Categories
- Quality Indicator Definition
- 2011 Disposition of 2010 DUSHOM Monitors

For questions relating to Performance Measurement [Click Here](#) to establish an OQP Helpdesk ticket.

Survey of Health Experiences of Patients (SHEP)

Patient satisfaction and health status for a representative sample of 600,000 Veterans

Inpatient Care: Overall Rating of This Hospital Stay - National

Number Answering Attribute Question (Weighted)	% of Total Respondents Answering Attribute Question	Overall Rating of Hospital	% Satisfied with Attribute	Composite Component*	Loss		Potential	
					Value	Visual	Value	Visual
214,191	54.9%	62.5%	48.2%	CommRx	27.6	[Yellow bar]	Q17 Side Effects	49.5
294,612	75.6%	62.1%	55.6%	HospStaff	34.2	[Yellow bar]	Q4 Call Button	44.8
256,564	65.8%	62.3%	52.1%	PainMgt	29.1	[Yellow bar]	Q13 Pain Control	44.3
388,433	99.6%	64.0%	67.1%		50.1	[Yellow bar]	Q25 Nurse Care About You	43.6
388,928	99.8%	64.0%	66.0%	CommRn	46.6	[Yellow bar]	Q2 Nurse Listen	42.6
370,568	95.1%	63.8%	56.4%	Noise	30.7	[Yellow bar]	Q47c Noise	41.8
388,441	99.6%	64.0%	67.9%		49.4	[Yellow bar]	Q24 Nurse Resepect	41.5
131,205	33.7%	62.9%	57.9%	HospStaff	33.2	[Yellow bar]	Q11 Bathroom Help	40.9
389,807	100.0%	64.0%	65.0%	CommRn	42.2	[Yellow bar]	Q3 Nurse Explain	40.4
388,834	99.8%	64.0%	69.2%		49.6	[Yellow bar]	Q27 Dr Care About You	39.3
256,388	65.8%	62.3%	67.6%	PainMgt	49.4	[Yellow bar]	Q14 Help Pain	39.2
368,181	94.5%	63.7%	62.5%	Privacy	36.6	[Yellow bar]	Q47b Privacy	38.7
388,813	99.7%	64.0%	68.6%		46.6	[Yellow bar]	Q26 Dr Respect	38.0
386,161	99.1%	64.0%	62.7%		34.9	[Yellow bar]	Q34 Know Who to Ask	36.9
383,015	98.3%	64.1%	48.0%	Quiet	18.9	[Yellow bar]	Q9 Quiet	36.5
389,300	99.9%	64.0%	66.5%	CommDr	39.1	[Yellow bar]	Q7 Dr Explain	35.0
387,684	99.5%	64.1%	70.8%	CommDr	46.4	[Yellow bar]	Q6 Dr Listen	34.2
379,684	97.4%	64.0%	74.5%		54.0	[Orange bar]	Q47a Cleanliness	32.9
388,112	99.6%	64.0%	69.7%	Clean	41.9	[Yellow bar]	Q8 Cleanliness	32.3
389,428	99.9%	64.0%	79.0%	CommRn	65.7	[Orange bar]	Q1 Nurse Courtesy Respect	31.1

Updated Public Reporting Site

- New website incorporates the content of ASPIRE in a user-friendly, 508-compliant format.
- Format and content tested with a panel of Veterans representing different eras and service and many levels of internet sophistication.
- Content oversight board includes VHA Offices of Communication, Quality, Safety and Value, Policy and Services, Patient Centered Care, and Operations.



UNITED STATES
DEPARTMENT OF VETERANS AFFAIRS

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QUALITY OF CARE

Quality of Care Home

About Quality of Care
Improving Quality of Care
Contact/Feedback
Questions for Your Provider
Frequently Asked Questions
Help

Quality of Care means that you receive the right care, at the right time, in the right way, in a safe environment.

Search by Medical Center and Condition

Select a State Select a Category

from

or

Enter a Zip Code

and

Select a Condition

and then

Select a Condition Result

Select Radius

Submit

Search by Medical Center Only

Select a State

or

Enter a Zip Code

and

Enter Radius

Submit

VETERANS HEALTH ADMINISTRATION

High Level Predictive Analytics


- Care Assessment Need (CAN) Score
 - Complex predictive equation (~150 data elements extracted from numerous domains in CDW)
 - Est. likelihood of admission or death w/in 90 d or 1 yr
 - Computed weekly for ~5 million primary care pts
 - Integration into new web application: Patient Care Assessment System (PCAS)
- Other Predictive models in development: acute kidney injury, methicillin-resistant *Staphylococcus aureus* (MRSA) on admission, *C. difficile*,

Care Assessment Need (CAN) Report

VISN: Parent Station: [View Report](#)

Division: Select Primary Care Provider:

Event Potential:



CARE ASSESSMENT NEED SCORE
 For
 Score As Of: **2012**
 Almanac Data as of: **2011**

[Data Definitions](#)

[VSSC Help Desk](#)

[Provide Feedback](#)

[Frequently Asked Questions](#)

[Return to Almanac Menu](#)

CAN Score	Patient Name	SSN	Probability of Event	Diagnoses Count	CARE MANAGEMENT RESOURCES IN USE				UTILIZATION						
					CCHT	PALLIATIVE CARE	Last Pal Care Visit	HBPC	Last HBPC Visit	2yr ER/UC Visit Count	2yr Disch Count	Last Disch Date	2yr PC Visit Count	Last PC Visit Location	Last PC Visit Date
98	Last, First MI		58 %	2						1			10	(V20) (663) Seattle	2011
	Last, First MI		58 %	6						3	1	2010	12	(V20) (663) Seattle	2011
97	Last, First MI		49 %	1						5			12	(V20) (663) Seattle	2011
96	Last, First MI		42 %	1									1	(V20) (663) Seattle	2010
	Last, First MI		42 %	3									7	(V20) (663) Seattle	2011
	Last, First MI		42 %	3						6	2	2010	5	(V20) (663) Seattle	2011
96	Last, First MI		42 %	2						3			7	(V20) (663) Seattle	2011
95	Last, First MI		37 %	7						2			9	(V20) (663) Seattle	2011
90															
85															

VETERANS HEALTH ADMINISTRATION

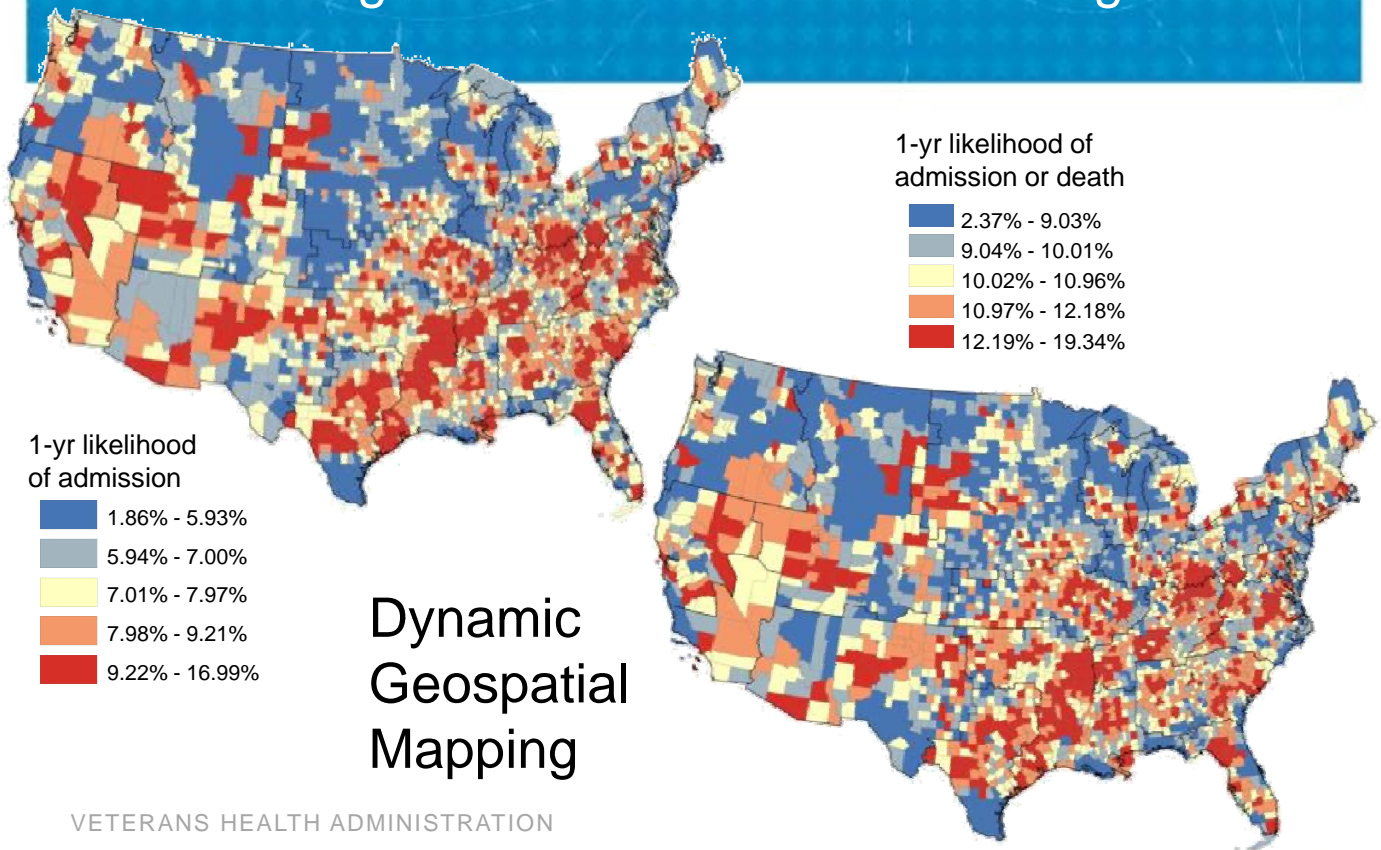
Clinical Assessment, Reporting and Tracking System— Cardiac Catheterization Labs

- Performance benchmarking
- National peer review program
- Device safety surveillance in partnership with FDA
- Asset management with real-time locator system (RTLS)
- Partnership with DoD

VETERANS HEALTH ADMINISTRATION

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Use of High Level Analytic Data for Population Management and Resource Planning



Field Analytics Training

OIA Field Analytics
EST. 2011

[Field Analytics Home](#) | [About Us](#) | [Application Process / FAQs](#) | [Apply for the Pilot Program](#) | [Featured / In the Spotlight](#) | [Training Material](#)

Problem Solved Communities

- Fee Costs*
- Pharmacy Costs
- Length of Stay Reduction
- Surgical Complications


Professional Communities

- CMO
- CFO
- VAMC Directors
- Facility Analysts

Field Analytics Home > Pages > default

Field Analytics Home > Home

Apply for the Field Analytics Pilot Program - Aug 1st - Aug 26th



Lead

Experience has shown that data use and analytics capability is accelerated when Senior Management visibly and transparently uses data for decision making, measuring improvement, and holding managers accountable. This encourages staff to invest their valuable time in data acquisition and analytics training. Recent research shows that high performing organizations use analytics to a much greater extent than low performers. Al Woshko, former VA Director, will help senior management review and improve their leadership process to promote increased data/analytics use.

[More Info](#)

Educate

Learn how to access data from national databases, both at a summarized and granular level.

Receive training in analytic techniques and tools.

Develop facility staff to become analytics educational specialists.

[More Info](#)

Consult

Receive hands-on consultative support by trained OIA analysts as the facility develops analytic capabilities.

Share experiences with other pilot sites using web based collaborative tools.

[More Info](#)

Systems Redesign

Learn how to pull the demand for data into the organization by using structured systems redesign efforts.

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Clinical and Operational Metrics — Inpatient Evaluation Center (IPEC)

- Risk adjusted outcomes and metrics, e.g., mortality, hospital-associated infections (including MRSA), length of stay



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ORIGINAL ARTICLE

Veterans Affairs Initiative to Prevent Methicillin-Resistant *Staphylococcus aureus* Infections

Rajiv Jain, M.D., Stephen M. Kralovic, M.D., M.P.H., Martin E. Evans, M.D., Meredith Ambrose, M.H.A., Loretta A. Simbartl, M.S., D. Scott Obrosky, M.S., Marta L. Render, M.D., Ron W. Freyberg, M.S., John A. Jernigan, M.D., Robert R. Muder, M.D., LaToya J. Miller, M.P.H., and Gary A. Roselle, M.D.

N Engl J Med 2011; 364:1419-1430 | April 14, 2011

Analytics — National Evaluation of PACT / Demonstration Labs



PACT Demonstration Lab Initiative Progress Report – FY 2012, Quarter 1

VETERANS HEALTH ADMINISTRATION

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Mobile Applications for Patients



VETERANS HEALTH ADMINISTRATION

Summary

- Many other products not described
- In process of integration to achieve greater efficiencies
- Collaboration throughout VHA and Veterans Benefits Administration
- Moving from retrospective to real-time reporting and prediction
- Enhancing analytic capacity within VHA