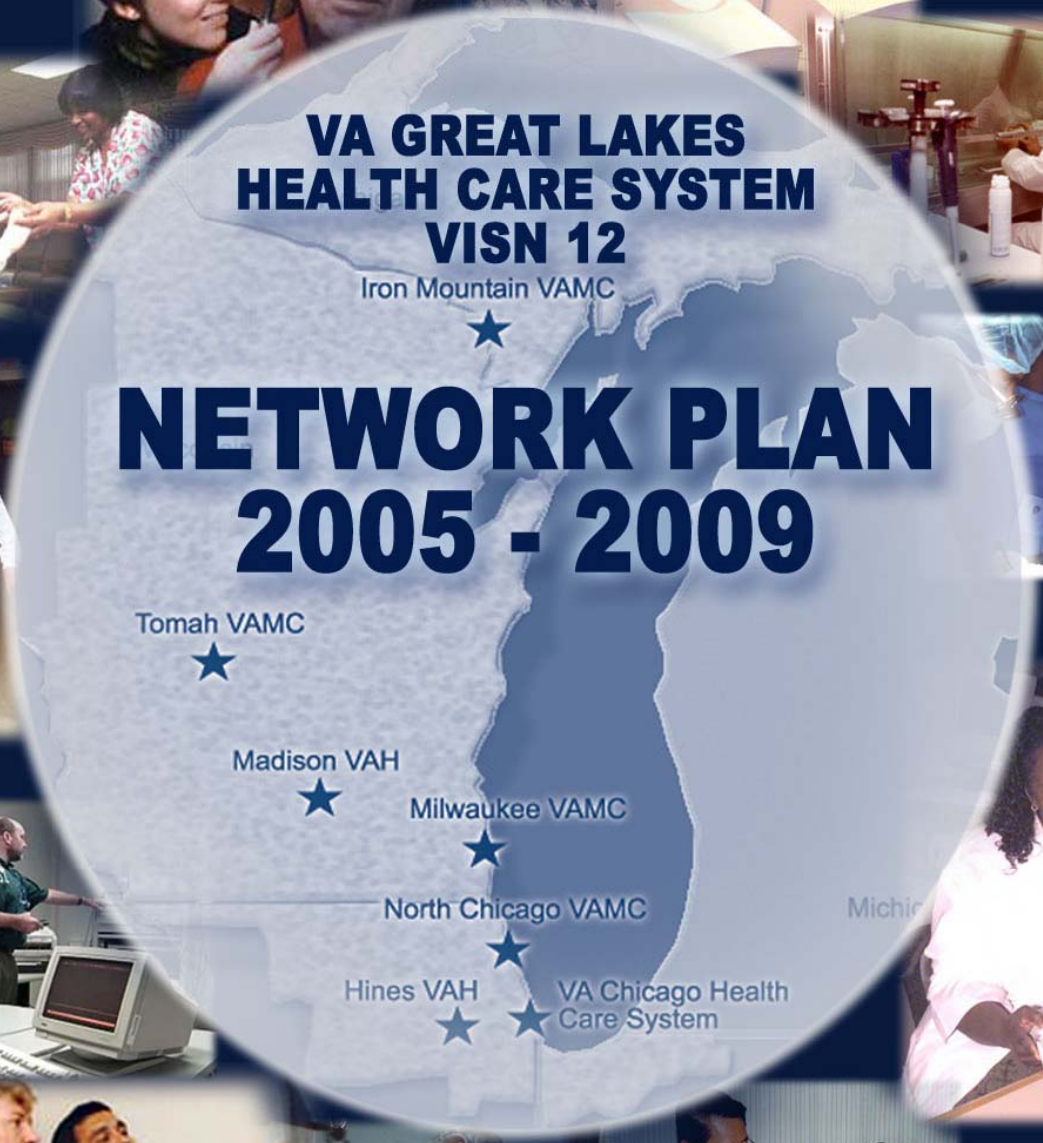
VA Great Lakes
Health Care System
VISN 12

VA GREAT LAKES HEALTH CARE SYSTEM VISN 12

NETWORK PLAN 2005 - 2009



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Section A - Executive Summary

Background

Our mission is to serve the veteran, many of whom have put themselves in harm's way to preserve our freedoms and way of life. The famous Abraham Lincoln quote, "… to care for him who shall have borne the battle and for his widow and his orphan …," sums up the overarching goal of the VA Great Lakes Health Care System. VISN 12 takes seriously this mission to care for those veterans who seek VA services. VISN 12 will continue to provide care that is "second to none," and is committed to maximizing the use of its resources to assure that this is accomplished.

The past year has seen significant progress in VISN 12's transformation to a fully integrated healthcare delivery system despite unprecedented growth in patients. Total veterans provided care has increased 42% since FY 2001. This Network Plan describes the strategic direction and initiatives that are to be accomplished over the next 5 years. Our success in this challenging and rapidly changing environment requires numerous initiatives aimed at managing cost reductions and clinical program changes without compromising quality or access.

The integration of VHA's Strategic Direction with the VISN 12 CARES decision implementation provides the Network an opportunity to move forward on its vision for the future. In March 1999, VISN 12 established a strategic planning direction built on the following goals:

- Optimize organization of delivery sites
- Continually improve quality
- Improve efficiency
- Eliminate unnecessary duplication
- Eliminate excess capacity
- Reduce cost

To fully accomplish these goals VISN 12 has organized delivery sites into primary, regional and tertiary sites. This "hub and spokes" model is similar to the regionalization approach to managing heart disease identified in VHA's "Action Plans for Managing Acute Myocardial Infarctions." The delivery system also supports the market segmentation developed in the CARES study.

VISN 12 continues to have the challenge of being a highly affiliated Network, with five of its seven major medical care sites affiliated with medical schools and other universities. Accordingly, the Network trains a large number of students/trainees throughout its system. The VISN 12 medical educational needs are supported through a Network Master Agreement with all medical school affiliates. This agreement allows medical education training to occur for all schools at any VISN

12 healthcare delivery site. Future plans will maintain the Network's commitment to excellence in education and research.

As VISN 12 continues to re-engineer its healthcare delivery system, it is committed to maintaining its capacity for the specialized treatment and rehabilitative needs of veterans. A full continuum of special emphasis program services is provided and will be further enhanced with the construction of the Comprehensive Rehabilitation Center at Hines. This plan further builds on earlier initiatives aimed at using VISN 12 resources more efficiently while improving the quality of services. Employees and stakeholders will continue to be involved as the VISN discusses methods in which the special emphasis programs may be improved.

Central to VISN 12's healthcare delivery system re-engineering efforts is the shift of care from a bed-based, hospital inpatient system to one grounded in ambulatory care. Despite the continued growth in new patients, the VISN has successfully reduced the wait list and outpatient backlog by 95% since 2002. The Network has plans to eliminate all backlogs in FY 2004. The full implementation of Advanced Clinic Access is an important component of this effort (see strategy 12). While improving access to veterans through more timely care, VISN 12 also continues to improve primary care access for veterans by opening new Community Based Outpatient Clinics (CBOCs) in underserved areas. A new CBOC in Green Bay, Wisconsin was opened in December 2003 and a new clinic is also planned to open in June 2004 in Freeport, Illinois.

Operating Environment

The VA Great Lakes Health Care System (VISN 12) serves a geographic area that includes 96 counties in 5 states (Michigan, Indiana, Minnesota, Illinois, and Wisconsin) covering 71,330 square miles. VISN 12 currently operates 39 separate service delivery sites. These sites include seven hospitals/medical centers, and 32 Outpatient Clinics associated with these parent sites.

In FY 2003, VISN 12 had 322,485 enrolled veterans and 245,055 unique patients. The enrolled VISN 12 veteran population continues to increase and is already 30% higher than the CARES projected FY 2004 enrollment. Actual veteran users have increased 21% since FY 2001. These actual increases far surpass the projections used in the CARES study, and are considered along with the approved CARES options in developing the VISN's strategic and budget plans.

Linkage to Departmental Goals and VHA Strategies and Initiatives

The VISN 12 Plan is aligned with the Department's strategic goals. The Network Plan provides information on local initiatives that support the 30 VHA strategies. Ten VHA strategies have been targeted for specific details from the Networks. Part A of the plan provides this information using the templates provided in the VHA guidance. VISN 12 has many ongoing activities already in place that support

these VHA priorities. The successful telemedicine experience in VISN 12 provides a valuable platform for promoting tele-home care as described in Strategies 2 and 4c. The VISN 12 Quality Council has a well developed process for tracking performance measures and exporting best practices and effective interventions as noted in Strategy 9a. The Customer Service Committee has taken the lead in providing the needed training to implement the key concepts of service recovery (Strategy 10) throughout the Network. As noted in Strategy 12, advanced access is being implemented throughout the Network in primary care and specialty clinics. Strategy 20 and 29 highlight some of the education and research activities. The newly formed VISN Workforce Development Council will be responsible for development and implementation of the Workforce Development Plan. Some of the Network's sharing, collaboration actions and plans are detailed in Strategy 24a and 24b, as well as the Capital Asset Plan.

Part B of the plan addresses those strategies that still require further development at the national level. Local accomplishments are highlighted for each strategy, along with identification of potential obstacles to full implementation.

Improved Health Care Delivery to Veterans

Strategically, VISN 12 will continue to develop a healthcare system that provides the full spectrum of care services while simultaneously ensuring that all veterans within the Network have timely access to needed care however simple or complex. With this conceptual framework in mind, VISN 12 will continue to develop a healthcare system fundamentally supported by a strong primary care base. The VISN 12 healthcare delivery model described in Section C provides accessible care comprehensively tailored to veteran needs including special emphasis programs, and improving continuity coordination of healthcare delivery across the continuum and settings of care.

Given the high prevalence of mental health and substance abuse disorders in the veteran population served by VISN 12, mental healthcare will continue to be an important and special component of the continuum of care. VISN 12 has embarked on a number of initiatives with the community to stop the revolving door of the justice system for those suffering from mental illness and/or substance abuse.

VISN 12 is collaborating with Du Page County Mental Health Court, a first in the state to embrace a counseling and treatment alternative, including medication management, to jail time. Improved community intervention, services, and support mechanisms integrated with the supervising court have proven successful for participants in breaking the cycle of decompensation, disturbance, and arrest. What started as a grass roots pilot program has recently been made permanent as a result.

VISN 12 is also coordinating with Illinois State Offices of Mental Health, Alcohol and Substance Abuse, Public Aid, Rehabilitation Services, and corrections on a prison release and community sustainability model, supported by the Governor's Office, to make Sheridan Prison a model program for substance abuse offenders, an initiative consistent with national strategies to end homelessness. A screening tool has been developed for use by prison case managers to identify veteran status and eligibility for VA benefits and services upon discharge. VA linkage staff have been identified for project case managers. Additionally, VISN 12's Health Care for Homeless Veterans Program is providing transition planning services for veterans with mental illness who are identified in Cook County jail, facilitating reintegration into the community through linkage with appropriate health and social services.

VISN 12 collaborated with Catholic Charities on a successful HUD grant award supporting recovery house for veterans on Hines' campus through Enhanced Use Lease (EUL) process. The Network played a pivotal role in piloting the VA Multifamily Loan Guarantee Program for Transitional Housing for Homeless Veterans with Catholic Charities serving as lead agency. The initiative includes a facility to house 141 adult veterans. Under the Enhanced Use Lease agreement, VISN 12 is planning to open a VA Community-Based Outpatient Clinic (CBOC) in conjunction with Catholic Charities' residential housing. The clinic will have a strong emphasis on mental health and substance abuse services.

In the area of long term care, this plan assures maintenance of VISN 12 long term care services while incorporating and managing new demands through the use of non-institutional services, fee for services, contracts, and State Veterans Homes, as appropriate. The Network is beginning a coordinated effort to expand home and community based services by 24.5% in FY 2004. The care coordination and tele-home care plans highlighted in Strategies 2 and 4c, will further decrease the dependence upon institutional programs. This means accentuating the "least restrictive" services that assure care in the most appropriate setting to achieve optimal health outcomes and quality of life, and to maximize scarce resource utility.

Financial Analysis & Outlook

Recent surges in the number of users in VISN 12 have complicated the financial picture in VISN 12. While our FY04 projected budget increase is 9.6%, slightly below the national average, our proportional workload increases in FY03 and FY04 are among the highest of all the Networks. Prior to that time, workload was restrained – due to environmental and financial issues – and continues to dampen the results of the VERA model. When these years of depressed workload are finally taken out of the VERA projections in FY05, we anticipate our increase will be above the national average, whatever the budget may be. In the interim, the budget constraints have highlighted the problems with waiting lists and extended waiting times in the Network, and we have had to look for non-financial solutions to

these issues to the greatest degree possible. Unfortunately, we still are faced with significant issues, particularly related to specialty care appointments. One of our biggest challenges in FY04 will be to address this problem.

Another challenge beginning in FY04 and extending out through the foreseeable future is the implementation of CARES, including managing the construction and enhanced use leasing processes. The completion of a major project for the SCI and Blind Rehabilitation buildings at Hines will require significant activation funds, currently expected out of our operating budget. In the not too distant future, we will face an even greater challenge with the activation of the West Side Bed Tower in VA Chicago. If these activations must come from operating funds, there is no doubt that it will have an impact on capacity in those future years. We are at the forefront of enhanced use leasing, with two new co-generation plants now operational, and two others in the planning stages, as well as a parking garage at VA Chicago that will accommodate the increased throughput at the center due to the closure of the Lakeside inpatient unit. However, all these projects have high costs in the initial years of operations, with most of the payback really coming in the final years of the payment schedules. Therefore, while saving VA money in the long run, we will increase our operating costs in the meantime. Unless we have to ability to access enhanced use lease revenues from the Lakeside site, this too, will impact capacity across VISN 12.

Another area where we are at risk financially is in our sharing agreements/joint ventures with the Navy at North Chicago. Our recent experience has shown that VA needs to make the upfront investment to make things work. For example, while we staffed up to meet the Navy's need to receive mental health care from VA, we are still working through issues with Tricare to get reimbursed for that workload for those patients who are not active duty. This will be an ongoing issue as more and more workload is shared between the entities.

Capital Asset Planning

The primary driver for the VISN 12 Capital Asset Plan is the approved decision from the Capital Asset Realignment for Enhanced Services (CARES). The VISN 12 Capital Asset Plan for the period FY 2005 thru FY 2009 outlines a series of capital (construction, capital & operating leases, equipment and Enhanced Use leases) and operational initiatives that continue the implementation of the recommendations (Planning Initiatives) that were contained in the Secretary's CARES decision addressing the three healthcare markets that comprise VISN 12. It is extremely important to note that the development of this Capital Asset Plan is viewed as a dynamic and iterative process, which no doubt will undergo continuous reviews and adjustments during the period FY 2005 thru FY 2009 and succeeding periods. Therefore, this plan can best be described as a work in progress, with adjustments made as necessary in future submissions of VISN 12's Strategic Plans.

The Comprehensive Rehabilitation Center (Spinal Cord Injury and Blind Rehabilitation) Major construction project at Hines is on schedule with an opening planned for late Fall 2004. The 200 bed VA Chicago inpatient tower design is nearing completion and construction is expected to begin later this year with activation scheduled for early 2007. The Madison VAH Nursing Home Care Unit major project identified in the CARES decision has been sized at 55 beds and is being submitted in the FY 2005 Capital Asset planning cycle. A significant challenge for VISN 12 will be addressing activation costs for these projects that are tentatively estimated at over $26 million.

Realizing that funding in the Major construction program will be limited in future years, VISN 12 has developed its Capital Asset Plan to rely less on this source of funding for achieving the modernization of facilities envisioned in VISN 12 CARES decision. Consequently, the majority of the capital projects for accomplishing our capital goals are planned in the Minor and Non-Recurring Maintenance (NRM) construction programs.

With the release last year of the Presidential Taskforce Report that places increased emphasis on further collaboration between VA and DoD, our Capital Plan includes a number of initiatives planned to expand the sharing of healthcare resources between the DoD's Naval Training Center Great Lakes, Illinois, VISN 12 and its healthcare facilities.

In summary, the capital initiatives contained in VISN 12 Capital Asset Plan, if fully funded, will hasten the attainment of the strategic objectives outlined in the VHA Planning Guidance and further the improvements in the healthcare environments throughout VISN 12.

Information Systems Management

Critical issues in VHA's Information Technology (IT) program are currently being discussed at both the Department and Administration level. The outcome of these discussions will determine, among other things, the level of centralization/decentralization in IT, how the electronic medical record of the future will be processed, how Wide Area Network services will be procured and how IT projects will be approved/funded. As decisions are made on the issues and initiatives develop, they could have a profound effect on VISN 12's information technology program. Active participation in these initiatives will allow VISN 12 to be pro-active, rather than re-active. VISN committees and sites are made aware of initiatives so that planning and action can occur as information becomes available. IT employees and VISN 12 Network and facility leaders will receive training on the content and implications of these initiatives.

In FY 2003 VISN 12 made many important improvements and advancements related to information management objectives and strategies. The VISN 12 WAN was upgraded to provide improved capacity necessary for patient care and

business operations. VISN facilities agreed to standardize on a CISCO network platform in line with WAN equipment. Streaming video as well as satellite broadcasts to the desktop has been an outcome of this standardization. In addition, VISN-wide intrusion detection equipment was implemented. The first phase of VistA imaging was installed in FY 03. This phase handles radiology images and gives sites basic capacity to capture and store documents and clinical images (non-radiological). iMedConsent was purchased for all the VISN facilities to improve the efficiency of electronic capture of Advance Directives rather than scanning. The VISN initiated a lease of 3500 PC's to replace an equal amount not meeting the VA minimum standard processor speed.

Plans for FY04 include implementing dual path WAN links at all facilities, connecting the Chicago, Hines and N. Chicago facilities with Gigabit Ethernet connections, and improving the capabilities of the WAN team to remotely troubleshoot and support all our facilities. Probes are being purchased to monitor local LANs in order to enhance the effectiveness of our networks. With the planned upgrade and co-location of Microsoft Exchange within the VISN, we are moving to begin establishing a VISN data center currently planned for Hines. Part of the data center will be the centralization of a number of terminal servers to support administrative functions at all facilities. The Network will also move clinical based terminal servers to the facilities. We are upgrading the telecommunications equipment at the CBOCs to utilize single communications links for both voice and data thereby cutting costs.

Plans for FY05-FY10 include creating a redundant data center in the northern section of the Network linked with the south by Gigabit Ethernet. We need to increase the IT specialization provided by the individual facilities in support of Network initiatives. We will be closely involved in improving the patient data communications with the Great Lakes Naval Hospital. Telecommunications will include the continued upgrading of CBOC equipment, replacing the current voicemail system with newer technology and continuing the standardization that has been implemented across the network.

Conclusion

To accomplish its stated mission and strategic goals, VISN 12 will maintain a fully integrated health care system that is becoming increasingly patient centered. Given the challenges that the Network faces over the next 5 years, it is imperative that we continue to optimize organization of our delivery sites to improve quality and efficiency. While technological advancements in medicine have enhanced our ability to provide state-of-the-art service, it is just as important to further develop the patient's knowledge and control in improving their health status. VISN 12 will maintain a commitment to providing services in special emphasis areas like spinal cord injury, blindness, and amputation. There will also be greater emphasis in other areas that are uniquely related to veterans' health, such as mental illness, substance abuse and homelessness.

A dedicated, well-qualified workforce is a key component of all planned improvements. The Network's leadership development and training programs, in conjunction with national initiatives will continue to receive the attention and support needed. VISN 12 staff will continue to be well equipped to implement cost effective innovations to optimize patient care.

Finally, VISN 12 remains prepared to fulfill its key role in DoD contingency planning, and provide community support for regional disasters and national emergencies as evidenced in the 2003 Top Officials 2 Exercise conducted Summer of 2003.

Section B - Mission Statement

The VA Great Lakes Health Care System (VISN 12) mission is to serve the health care needs of America's veterans. This is accomplished through a comprehensive, integrated health care delivery system that provides excellence in health care value, excellence in service as defined by its customers, and excellence in education and research. VISN 12 is also an organization characterized by exceptional accountability, and by being an employer of choice. The VISN 12 Facility Mission Statements are included in Appendix I.

Section C – Narrative Description

The integration of VHA's Strategic Direction with the VISN 12 CARES decision implementation provides the Network an opportunity to move forward on its vision for the future. In March 1999, VISN 12 established a strategic planning direction built on the following goals:

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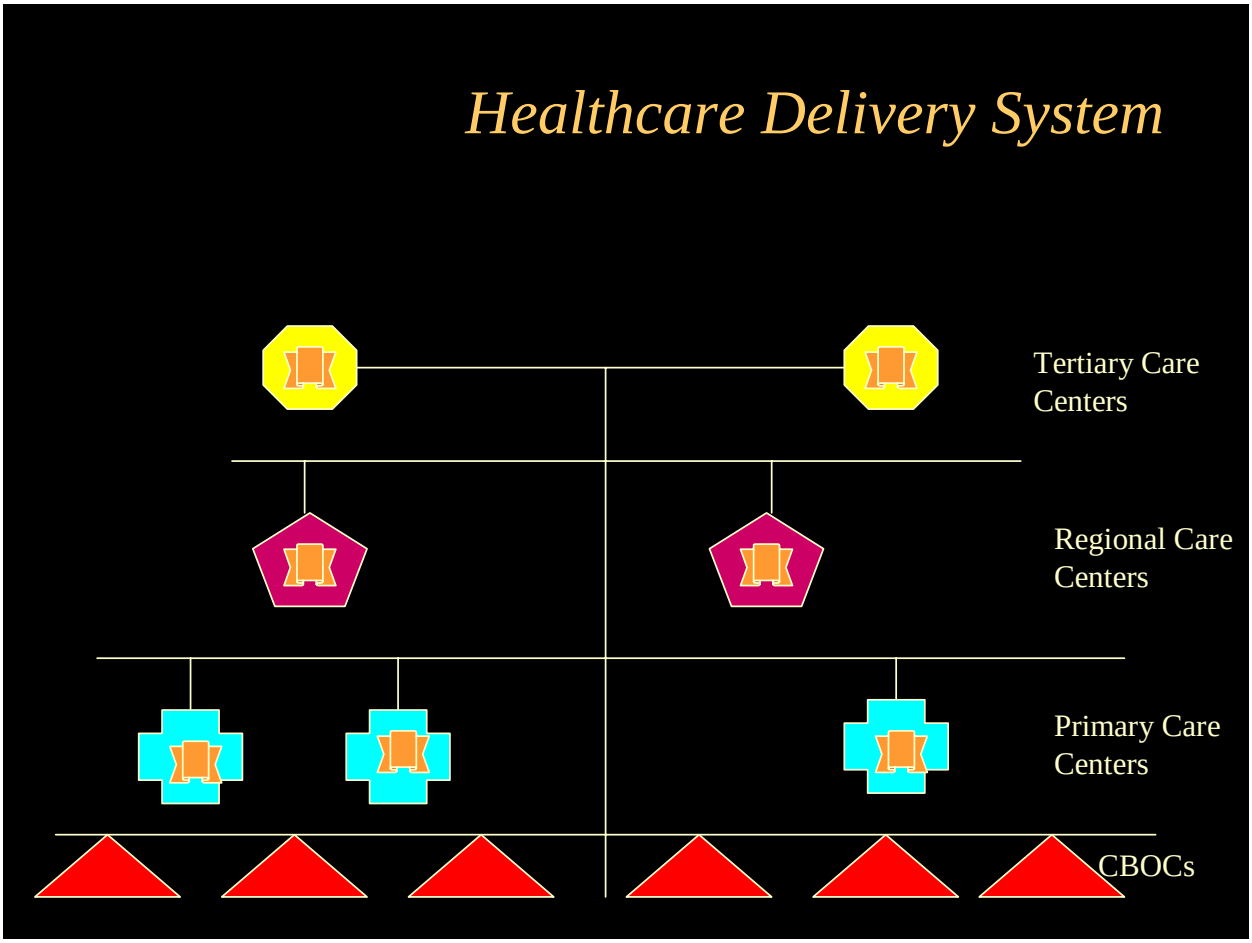
To fully accomplish these goals VISN 12 has organized delivery sites into primary, regional and tertiary sites (see Figure 1). This "hub and spokes" model is similar to the regionalization approach to managing heart disease identified in VHA's "Action Plans for Managing Acute Myocardial Infarctions." The delivery system also supports the market segmentation developed in the CARES study.

Evaluation of existing services and patient care needs at Iron Mountain VAMC and Tomah VAMC indicated that primary care services similar to those at most rural access hospitals were required, along with some psychiatric and long-term care. The North Chicago VAMC also is a Primary Care Center. However, the CARES decision called for increased collaboration with the nearby Great Lakes Naval Hospital, and so services continue to be planned to support additional patient care needs of both veterans and DoD beneficiaries.

The Regional Care Centers provide all primary and mental health services and many specialty services but still refer very complex and highly specialized care to the Tertiary Care Centers. The Regional Care Centers are located in Chicago and Madison. The Tertiary Care Centers are located at Hines and Milwaukee and provide the full range of primary and specialty services.

The VISN 12 medical educational needs are supported through a Network Master Agreement with all medical school affiliates. This agreement allows medical education training to occur for all schools at any VISN 12 healthcare delivery site. The opportunity is now available for Medical College of Wisconsin psychiatric residents to get rural healthcare experience at the Iron Mountain VAMC and Northwestern University Medical School Neurosurgery Fellows to gain experience in the Hines VAH Neurosurgery Program.

Figure 1



VISN 12 has already made significant progress in achieving many of the goals established 5 years ago through a series of major initiatives. A single, medical/surgical inpatient service has been successfully established at VA Chicago Healthcare System. A number of sharing agreements/joint ventures have already been established or are in the planning stages between North Chicago VAMC and GLNH. This includes a decision to locate all GLNH inpatient services at North Chicago VAMC, as well as construction of a new Naval Ambulatory Care Center on the North Chicago VAMC campus.

Other improvements and efficiencies have included the establishment of the Great Lakes Organization of Biomedical Engineers risk pool to reduce service contracts, implementation and consolidation of Advanced Food Preparation and Delivery Systems, and VISN-wide collaboration of Pharmacy Benefit Management and Utilization Management services. The VISN 12 Business Office also supports the Network healthcare delivery system through the centralized Great Lakes Acquisition Center, Fiscal, and Patient Financial Services.

VISN 12 is now looking to the future to continue attainment of these goals within the framework of VHA's Strategic Direction and the VISN 12 CARES Decision Document. To this end, plans include consolidating cardiovascular surgery at the two Tertiary Care Centers. Interventional cardiac catheterization (PCI and stents) services are currently in place at the two Tertiary Care Centers and the Regional Care Center at Madison. A second phase of planning will consider the consolidation of these services to the two Tertiary Care Centers. Workload, quality outcomes, effective utilization of resources, and demographic factors all support such a move. The first step in this initiative will be to phase-in replacement angiography equipment, beginning with the Tertiary Care Centers and then followed by the Regional Care Centers. Simultaneously, updated testing and referral procedures will be established for patients with suspected cardiovascular disease from the Regional Care Centers to the Tertiary Care Centers.

1. Demography

In FY 2001, the VISN 12 operating environment was described in the Capital Asset Realignment for Enhanced Services (CARES) study final report. This data has been updated and is used to populate the VISN 12 information in the VSSC CARES website. The following map, tables and charts are the standard downloaded information to be included in the FY 2005 – FY 2009 Network Plan.

The CARES initiative was to assess the veterans' health care needs in VISN 12, identify service delivery options to meet those needs, promote corresponding strategic realignment of capital assets linked to those needs, and thereby improve VA's access, quality and delivery of health care in the most accessible and cost effective manner. The CARES study used a market analysis approach based on veteran enrollment to identify and project veterans' health care needs.

Some of the key drivers and conclusions from the CARES study were:

- The enrollee demand projections show a peak in about 2008 and then a decline of about 10% from the current level.
- Currently veterans in Categories 1-6 have the highest utilization, composing 95% of the inpatient population.
- Many of VISN 12's facilities are old and do not meet current design standards for privacy, accessibility, and usability.

- In developing options, VISN 12 can be segmented into three markets based upon population concentration, distance to VA facilities, and other characteristics.

What is not included in the attached CARES charts is the gross underestimation of enrolled veterans, as well as though veterans actually using VISN 12 facilities. In FY 2003, VISN 12 had 322,485 enrolled veterans and 245,055 unique patients. The enrolled VISN 12 veteran population continues to increase and is already 30% higher than the projected FY 2004 enrollment. Actual veteran users have increased 21% since FY 2001. These actual increases far surpass the projections used in the CARES study, and are considered along with the approved CARES options in developing the VISN's strategic and budget plans.

VISN 12 currently operates 39 separate service delivery sites. These sites include seven hospitals/medical centers with 32 Community Based Outpatient Clinics (CBOCs) associated with these parent sites.

The geographic area served by VISN 12 includes 96 counties in 5 states (Michigan, Indiana, Minnesota, Illinois, and Wisconsin) covering 71,330 square miles. The below tables show the location of the 39 current VISN 12 service delivery sites and 2 additional CBOCs planned for future implementation.

VISN 12 Hospital/Medical Center Sites:

Hospital/Medical Center	Location
Edward Hines, Jr. VA Hospital	Hines, IL
Iron Mountain VA Medical Center	Iron Mountain, MI
William S. Middleton VA Hospital	Madison, WI
Clement J. Zablocki VA Medical Center	Milwaukee, WI
North Chicago VA Medical Center	North Chicago, IL
Tomah VA Medical Center	Tomah, WI
Jesse Brown VA Medical Center	Chicago, IL

VISN 12 Community Based Outpatient Clinics:

Parent Facility	CBOC Location
Edward Hines, Jr. VA Hospital	Aurora, IL Elgin, IL Joliet, IL LaSalle, IL Manteno, IL Oak Park, IL Oak Lawn, IL
Iron Mountain VA Medical Center	Hancock, MI Ironwood, MI Marquette, MI

	Menominee, MI Rhinelander, WI Sault Ste. Marie, MI
William S. Middleton VA Hospital	Baraboo, WI Beaver Dam, WI Janesville, WI Rockford, IL
Clement J. Zablocki VA Medical Center	Appleton (Fox Valley), WI Cleveland (East Central), WI Union Grove, WI Green Bay, WI
North Chicago VA Medical Center	Evanston, IL Kenosha, WI McHenry, IL
Tomah VA Medical Center	LaCrosse, WI Loyal, WI Wausau, WI Wisconsin Rapids, WI
Jesse Brown VA Medical Center	Chicago (Lakeside), IL Chicago (Beverly), IL Crown Point, IN Chicago Heights, IL

Planned CBOCs:

Parent Facility	Planned CBOC Location	Projected Implementaton
William S. Middleton VA Hospital	Freeport, IL	June 2004
Jesse Brown VA Medical Center	Far South Side, Chicago, IL	TBD

Projected Capacity

As VISN 12 continues to re-engineer its healthcare delivery system and implement the approved CARES options, it is committed to maintaining the full continuum of care, including capacity for the specialized treatment and rehabilitative needs of veterans. While implementing VISN-wide re-engineering strategies, the VISN will continue the aggressive actions already begun to live within its budget. This includes continuing to change its healthcare delivery system to emphasize providing care in the ambulatory care setting, enhance linkages with community providers, eliminate duplication of services and further consolidate services when quality can be maintained or improved. The recent increases in veterans seeking care in VISN 12 has put a strain on available health care services. The strategies described in this plan are expected to help assure the VISN will have the capacity to provide the full continuum of care to veterans in VISN 12.

Future Demand for Healthcare

Several factors will impact the future demand for healthcare services in VISN 12. These include the changing demographics of the VISN 12 veteran population; the continued increase in access resulting from eligibility reform and the opening of additional primary care sites; and the continued transformation of the delivery system from a facility-oriented inpatient bed-based system to a patient-centered ambulatory community based delivery system for all types of care.

The Declining Veteran Population

The overall veteran population represents the basic pool of potential users of VA services. The total VISN 12 veteran population is declining due to the overall reduction in veterans and the migration of veterans away from the Midwest to warmer climates. The veteran population within VISN 12 is projected to decline from 1,115,703 in FY 2004 to 925,924 in FY 2012. This represents a decline of about 17%. The female proportion of the veteran population is projected to increase by 12% from FY 2004 to FY 2012.

The Increase in Veterans over Age 65

The number of veterans over age 65 will decrease at a slower rate from 458,933 in FY 2004 to 428,349 in FY 2012. This represents a decline of about 7%. Veterans over the age of 65 in VISN 12, currently represent 41% of the total veteran population. In FY 2012, 46% of VISN 12 veterans will be over age 65.

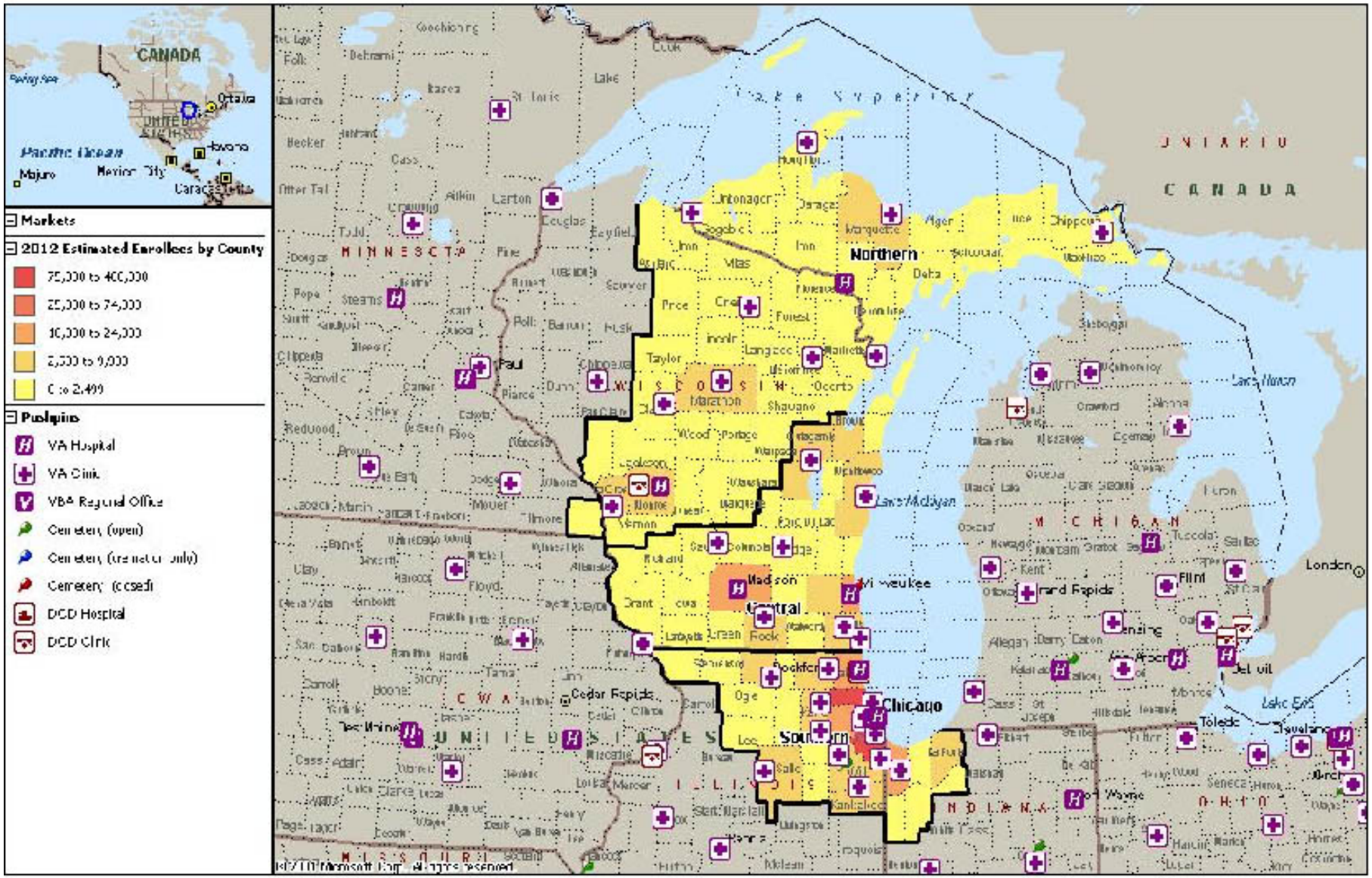
Historically, veterans in this age group consume more healthcare resources because they have more chronic diseases. The inpatient admission rate generally is two to three times higher for the over 65 age group compared to the under 65 age group. The utilization rate by this age cohort may not increase in future years with effective primary and specialty preventative care being managed and delivered according to established clinical care guidelines by a care team that actively involves the patient in his or her care. The VISN 12 care coordination plans described under Strategy 2 are targeted to this population of veterans.

Distribution of Veterans and VISN 12 Services

The veteran population in VISN 12 is concentrated in a small geographic area as are VISN 12 patients. About 30% of VISN 12 veterans and over 35% of VISN 12 enrolled patients reside in Cook County, Illinois.

The concentration of enrolled veteran patients near VHA facilities is slightly greater than the concentration of total veterans. Fifty-three percent of FY 2001 enrolled veteran patients were located in five counties of Cook County, IL (35.4%); Milwaukee County, WI (6.5%); Lake County, IL (4.7%); DuPage County, IL (3.5%); and Lake County, IN (3.1%). As noted in the CARES market enrollment projections, most of the growth in VISN 12 enrollees is expected in the Central Market. Recent analysis of veteran users as also indicated more growth in actual patients in the Central Market.

VISN 12 Market Map



Total Number of Counties by State and Market: VISN 12

State	Total Counties in State	Total Counties in VISN	Total Counties in Market		
			Central	Northern	Southern
Illinois	102	17	0	0	17
Indiana	92	6	0	0	6
Michigan	83	15	0	15	0
Minnesota	87	1	1	0	0
Wisconsin	72	57	29	28	0
Total	436	96	30	43	23

SOURCE: VSSC Data Cube, "Utilization by VISN & Market".

Counties Designated as Shortage Area by State and Market: VISN 12

State	Designated Counties in State	Designated Counties in VISN	Designated Counties in Market		
			Central	Northern	Southern
Illinois	83	12	0	0	12
Indiana	50	3	0	0	3
Michigan	64	12	0	12	0
Minnesota	63	1	1	0	0
Wisconsin	51	37	13	24	0
Total:					
Number	311	65	14	36	15
Percent	71.3%	67.7%	46.7%	83.7%	65.2%

SOURCE: U.S. Dept. of Health & Human Services, Bureau of Primary Health Care, "Medically Underserved Areas/Medically Underserved Populations". Run date December 22, 2003.

Counties with 2001 Per Capita Income Below $25,000 by State & Market: VISN 12

State	Number of Counties in State	Number of Counties in VISN	Counties by Market		
			Central	Northern	Southern
Illinois	66	4	0	0	4
Indiana	52	4	0	0	4
Michigan	54	13	0	13	0
Minnesota	52	0	0	0	0
Wisconsin	39	29	8	21	0
Total:					
Number	263	50	8	34	8
Percent	60.3%	52.1%	26.7%	79.1%	34.8%

SOURCE: U.S. Dept. of Commerce, Bureau of Economic Analysis, "County Summary Table CA1-3: 1969 - 2001". Run date December 19, 2003.

Table : VISN 12 Veteran Population Projections by Market: FY2004 - 2022

Market	Fiscal Year				% Change between FY04 & FY22
	FY2004	FY2008	FY2012	FY2022	
Central	329,609	304,127	278,256	223,483	-32.2%
Northern	137,436	126,559	115,645	90,540	-34.1%
Southern	648,657	588,165	532,023	423,301	-34.7%
VISN Total	**1,115,703**	**1,018,850**	**925,924**	**737,324**	**-33.9%**

Source: VHA Office of the Actuary, Veteran Population Projections for CARES.

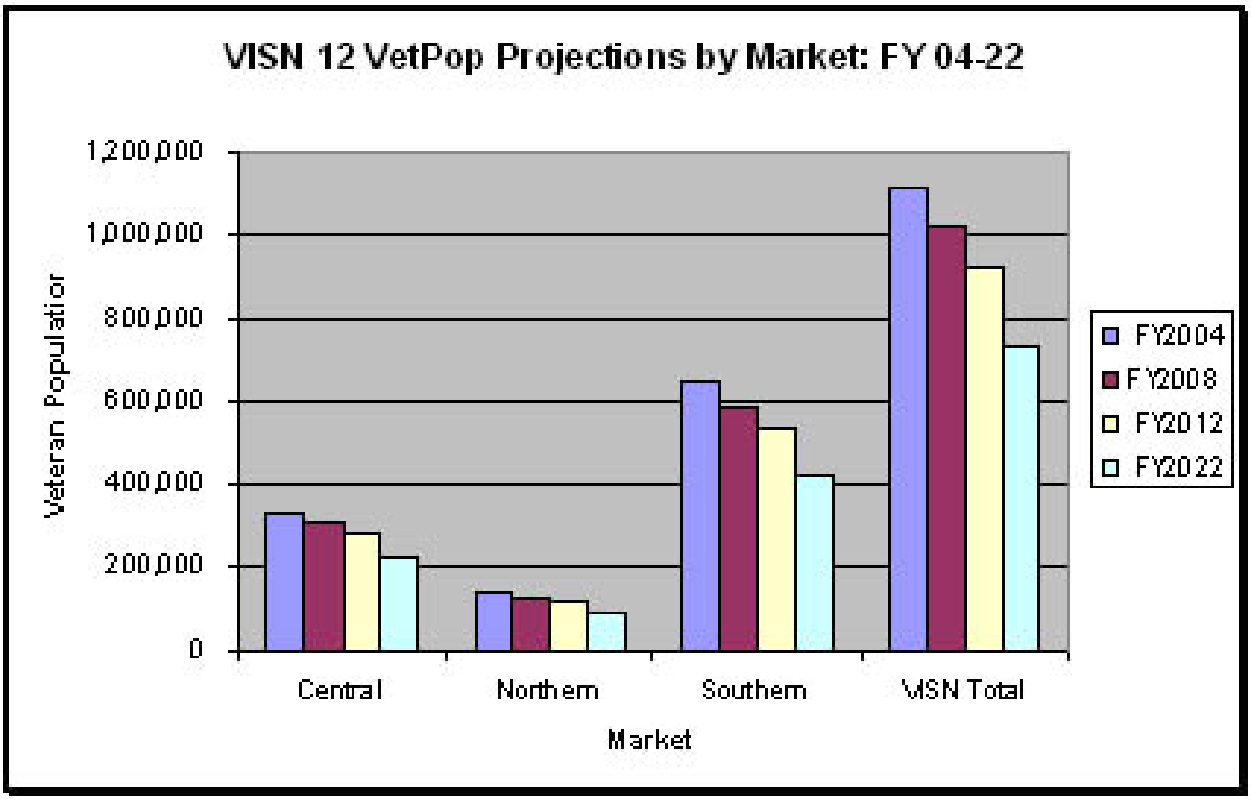


Table : VISN 12 Veteran Population Projections by Market, Age, and Gender: FY2004 - 2022

				Fiscal Year			
Visn	Market	Age	Gender	FY2004	FY2008	FY2012	FY2022
12	Central	< 45	Female	10,108	9,866	9,527	9,377
			Male	54,523	47,760	41,100	35,432
			< 45 Total	64,632	57,627	50,626	44,809
		45 - 64	Female	6,022	8,117	9,997	11,975
			Male	128,045	115,719	94,632	65,932
			45 - 64 Total	134,068	123,836	104,629	77,906
		65 - 84	Female	3,293	2,172	2,188	4,186
			Male	116,510	104,457	102,819	81,516
			65 - 84 Total	119,803	106,629	105,007	85,702
		85+	Female	697	1,393	1,074	498
			Male	10,410	14,642	16,920	14,568
			85+ Total	11,107	16,035	17,994	15,066
		CentralTotal		**329,609**	**304,127**	**278,256**	**223,483**
	Northern	< 45	Female	3,583	3,564	3,579	3,801
			Male	22,124	19,415	17,249	15,691
			< 45 Total	25,707	22,979	20,829	19,491
		45 - 64	Female	2,145	2,837	3,392	3,680
			Male	50,852	44,949	36,231	23,716
			45 - 64 Total	52,997	47,786	39,622	27,396
		65 - 84	Female	1,215	879	900	1,519
			Male	52,623	47,735	46,223	35,588
			65 - 84 Total	53,838	48,614	47,124	37,108
		85+	Female	274	540	422	216
			Male	4,621	6,640	7,648	6,328
			85+ Total	4,894	7,180	8,070	6,544
		NorthernTotal		**137,436**	**126,559**	**115,645**	**90,540**
	Southern	< 45	Female	19,363	18,950	19,432	21,127
			Male	105,706	93,989	88,319	87,904
			< 45 Total	125,068	112,940	107,751	109,031
		45 - 64	Female	11,406	14,419	16,479	18,450
			Male	242,892	208,099	157,638	103,293
			45 - 64 Total	254,298	222,518	174,117	121,743
		65 - 84	Female	6,408	4,598	4,724	8,031
			Male	238,144	212,086	205,095	152,951
			65 - 84 Total	244,552	216,683	209,819	160,982
		85+	Female	1,560	2,737	2,173	1,139
			Male	23,178	33,287	38,162	30,405
			85+ Total	24,738	36,024	40,335	31,544
		SouthernTotal		**648,657**	**588,165**	**532,023**	**423,301**
	VISN Total			**1,115,703**	**1,018,850**	**925,924**	**737,324**

Source: VHA Office of the Actuary, Veteran Population Projections for CARES.

Table : VISN 12 Enrollment Projections by Priority: FY2004 - 2022

Priority	Fiscal Year				% Change between FY04 & FY22
	FY2004	FY2008	FY2012	FY2022	
1 thru 6	187,641	194,166	190,539	167,406	-10.8%
7	39,682	49,531	53,542	50,468	27.2%
8	22,130	17,172	13,102	6,052	-72.7%
VISN Total	**249,454**	**260,869**	**257,183**	**223,926**	**-10.2%**

Source: Milliman Enrollment Projections for CARES.

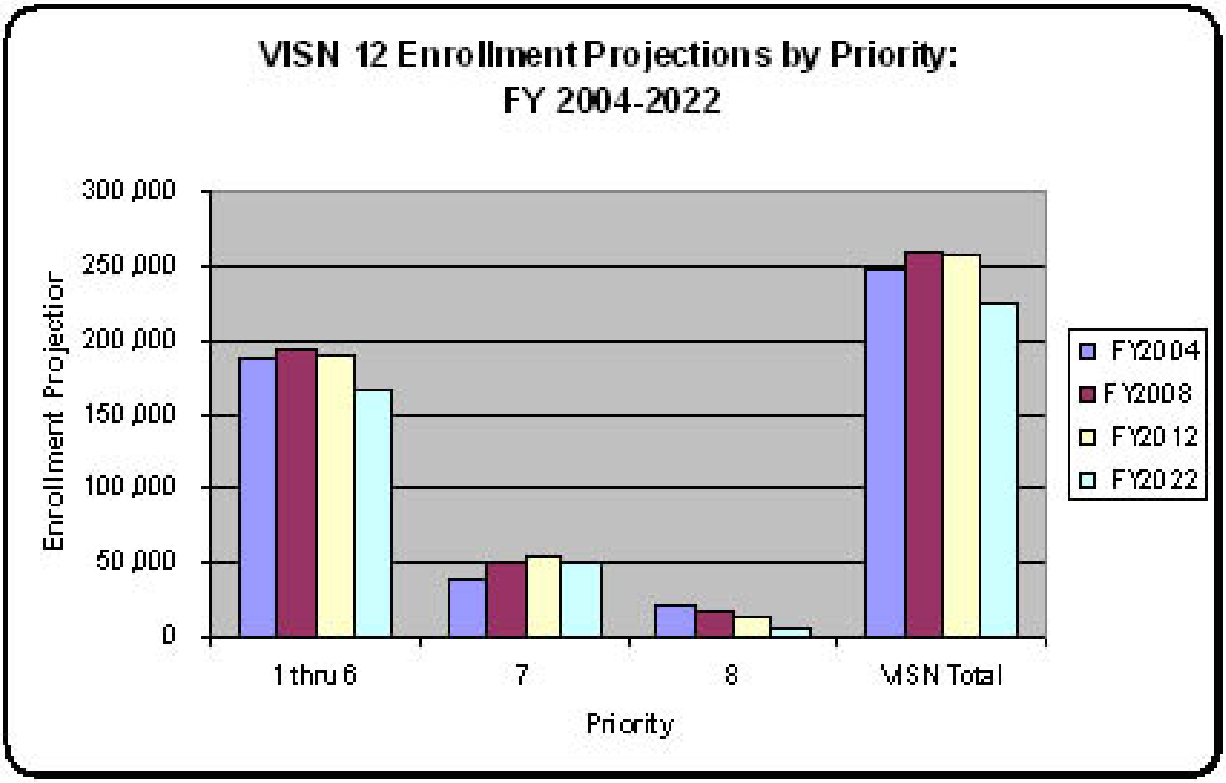


Table : VISN 12 Enrollment Projections by Market and Priority: FY2004 - 2022

Visn	Market	Priority	Fiscal Year FY2004	FY2008	FY2012	FY2022
12	Central	1 thru 6	46,572	51,177	52,589	49,484
		7	10,995	14,199	15,652	15,407
		8	5,172	4,003	3,048	1,411
		Total	**62,739**	**69,379**	**71,289**	**66,302**
	Northern	1 thru 6	29,123	29,987	29,132	24,738
		7	5,346	6,512	6,854	6,146
		8	4,242	3,320	2,537	1,161
		Total	**38,711**	**39,818**	**38,523**	**32,046**
	Southern	1 thru 6	111,946	113,002	108,819	93,183
		7	23,341	28,821	31,035	28,915
		8	12,716	9,849	7,516	3,480
		Total	**148,003**	**151,672**	**147,370**	**125,579**
	VISN Total		**249,454**	**260,869**	**257,183**	**223,926**

Source: Milliman Enrollment Projections for CARES.

2. Network Actions to Achieve Departmental Goals and VHA Strategies and Initiatives

PART A

Attached is the required narrative and data that details VISN 12 actions for achieving initiatives described in Strategies 2, 4c, 9a,10, 12, 20, 21, 24a, 24b and 29.

STRATEGIES 2 AND 4C

Promote the use of care management to facilitate care in the least restrictive and most efficient setting.

Initiative: For FY04 & beyond, define specific steps and timeline for implementation of care coordination programs to address the nationally designated patient populations targeted by the VISN. The designated populations include: diabetics, people with chronic heart failure, infectious disease (Hep C and HIV), wound care, SCI, PTSD, dementia, Parkinson's disease, multiple sclerosis, and depression.

Strategy 4c. Accelerate development of telehealth implementation.

Develop an implementation plan that defines specific VISN and Program Office actions and timeline.

1. Name, address, phone number and e-mail of Care Coordinator (Facility & Network)

The following individuals are the contacts for this interdisciplinary initiative on a VISN level:

Mary Ann Romeo, ACSW
Social Work Executive
Chair, VISN 12 LTC Task Force
Edward Hines, Jr. VA Hospital
5th Avenue & Roosevelt Road
Hines, IL 60141-5122
(708) 202-2055
MaryAnn.Romeo@med.va.gov

Judith A. Murphy, MSN
Associate Director for Patient/Nursing Service
Clement J. Zablocki VAMC
5000 W. National Ave.
Milwaukee, WI 53295
(414) 384-2000, ext. 41024
Judith.Murphy@med.va.gov

Contact information for facility level care coordinators will be provided to the Office of Care Coordination when they are in place.

2. What are your plans for implementing care coordination over the next 12 months in general and specifically for home telehealth?

VISN 12 is in process of refining the Care Coordination/Home Telehealth (CCHT) model and target population in preparation for response to the CCHT RFP anticipated to be released 2nd Quarter FY 2004. Policies and procedures will be developed 3rd Quarter FY 2004. Care Coordinators will be designated and trained and equipment secured 4th Quarter 2004. CCHT services will be initiated 1st Quarter 2005. CCHT RFP issuance date, award notification date, funding transfer date, and national contract award date will be milestone achievement key drivers. A minimum of 1,000 patients will be receiving CCHT within 12 months of funding award.

3. Is implementation based on establishing a designated service line or by introducing care coordination as part of other services such as Home-Based Primary Care, Mental Health Intensive Case Management, or Primary Care?

VISN 12 will introduce CCHT as part of other services, building upon successful pilots at Milwaukee, Hines, and Iron Mountain.

Milwaukee's HBPC program and Hines's SCI-HC program instituted technology assisted care coordination utilizing telemonitors awarded through early VACO telemedicine initiatives in 1999. Milwaukee's HBPC initiative targets high risk/high cost/high use patients as well as geographically distant patients. Hines's SCI-HC

initiative targets patients with pressure ulcers, a diagnosis that contributes to one-third of SCI acute admissions, accrues the largest length of stay per diagnosis, and produces the highest rate of recidivism per diagnosis. A unique aspect of Milwaukee's HBPC Program and Hines's SCI-HC Program is that all patients retain their own Primary Care Physicians (PCP), versus assignment of a PCP within the programs. These programs therefore already had mechanisms in place to coordinate care across the continuum, which integrated primary care providers and others, internal and external, including community agencies.

Iron Mountain, through local initiative, instituted technology assisted care coordination, utilizing telemonitors, in Primary Care in 2002. Iron Mountain's initiative targets patients who have CHF, DM & COPD – the facility's top diagnostic categories. Iron Mountain's vast patient service area, weather elements, travel difficulties and aging, chronically ill veteran population made it imperative to develop care models in which the patient's residence is the place of care.

All three initiatives have yielded positive results: increased provider and patient satisfaction, increased communication between provider and patient, decreased hospital admissions, and decreased outpatient clinic visits.

Lessons learned from these initiatives and those outside VISN 12 call for expansion and diversification. Expansion to serve more patients, including additional target populations. Diversification (beyond telemonitors) of telehealth technologies and disease management tools to enable assignment to patients based on clinical, functional, and compliance factors as well as resource utilization to serve a much wider diversity of patients.

These lessons learned are being utilized in planning for expansion at existing sites and rollout to other VISN 12 facilities.

4. What are the main areas of patient need you are identifying for PCCC?

VISN 12 CCHT Pilot experiences, Decision Support System (DSS) and utilization management data examination, and internal individual facility assessments all support the need to target CCHT to patients with Congestive Heart Failure (CHF), Chronic Obstructive Pulmonary Disease (COPD), Diabetes Mellitus (DM),and Hypertension (HTN). A total of 1,528 unduplicated patents with CHF, COPD, DM, and HTN had 2 or more admissions and more than 14 primary and/or specialty care visits and cost more than $25,000. These patients, which comprise 0.8% of the veterans treated in VISN 12, account for $154,015,610 or 15% of VISN 12 costs. Furthermore, 53.1% of these patients have multiple diagnoses of CHF, COPD, DM, and HTN. Milwaukee has exceeded the CHF, COPD, and DM average length-of-stay (ALOS) as compared to its Medical Care Group (MCG). Hines has exceeded both the COPD and DM median readmission rate in their MCG and exceeded the DM median ALOS. Madison has exceeded the CHF and

COPD median ALOS in their MCG. VA Chicago has exceeded the CHF median ALOS in their MCG.

SCI patients will also continue to be targeted. Aside from decubitus ulcers, as the SCI population ages, patients are developing a range of other medical conditions, primarily DM, COPD, CHF, HTN and are exhibiting increased need for medication management, patient education, preventive health, and chronic disease management.

Wound care patients who are non-SCI will be a new CCHT target population. Many of these veterans are currently seen at Community Outpatient Clinics and in Ambulatory Care Clinics. This population is prone to recurrent hospitalizations due to complications (especially cellulites). The cumulative cost of chronic wound management is significant. These individuals require frequent observations for changes in wound care plans and reinforcement of interventions discussed at previous visits. Many veterans in remote locations are unable to travel to the VA for this follow-up care. Some are enrolled in HBPC and require twice the number of home visits than the usual HBPC patient. CCHT initiatives for this population will therefore be in HBPC or Ambulatory Care depending on VISN facility.

Another high-risk population to be enrolled in CCHT will be cognitively impaired elderly with new onset behavioral disorders. These patients, like CHF patients, are high risk for hospitalization. In fact, the single most common DRG for hospitalization in VISN 12 is mental disorders. While these data do not parse dementia related behavioral disturbances from other forms of acute psychosis, research shows that agitation increases with dementia severity (Alz. Dis. Assoc. Disor. 11 (2): S45050, 1997). Furthermore, behavioral changes in the cognitively impaired patient leads to significant caregiver burnout and is the frequent basis for veterans moving from the home to long care setting. Thus, this high-risk population is a priority with goals to reduce care giver burnout, reduce acute care usage and diminish long term care transfers. Specialized expertise with this population already exists in VISN 12 HBPC Programs. Hines participated in the 9-month national VA project “Advances in HBPC End of Life for Advancing Dementia (AHEAD)”. Goals included providing early identification and treatment for dementia, improving staff knowledge of dementia care, providing caregiver support and information and clarifying end of life choices for dementia patients. 92% of HBPC patients were screened for dementia with 26% showing positive screenings for cognitive changes. Milwaukee participate in the AHEAD II Project with a focus on collaboration between Primary Care, HBPC, and Dementia Clinic providers to improve current system of identifying patients with a primary or secondary diagnosis of dementia, as well as enhancing caregiver support.

1. To implement this strategy, what is your Network planned resource investment in FYs 2004, 2005, and 2006?

Planned resource investment to implement Care Coordination/Home Telehealth (CCHT) is projected as follows:

Fiscal Year	Salary	Equipment	Total
2004	$51,079	$1,000,000	$1,051,079
2005	$637,496	$279,393	$916,889
2006	$662,995	$290,569	$953,564

FY 2004 equipment dollars are those anticipated through national CCHT Request for Proposals (RFP) award. FY 2005 and FY 2006 equipment dollars are home telehealth technology recurring/maintenance costs (including 4% per annum cost of living adjustments (COLA)).

Salary resources, which include benefits, are based on 8 FTEE assigned to CCHT one month in FY 2004 and 12 months in FY 2005 and 2006 with 4% COLAs. Salary projections utilized 5 Nurse Level II, Step 5s and 3 GS-11, Step 5 Social Workers/Dieticians.

2. For FY 2004:

a. Define what successful implementation of this strategy would look like in your Network (to the level you expect to attain).

Based on the projected release of the Care Coordination/Home Telehealth (CCHT) RFP in February FY 2004, VISN 12 expects to establish the necessary clinical, technical, and managerial infrastructure in FY 2004 to accomplish CCHT facility rollout first quarter FY 2005.

Successful implementation of the CCHT strategy in FY 2004 would therefore be evidenced by the following:

- VISN 12 CCHT Proposal approval by the Office of Care Coordination (OCC)
- VISN 12 award and receipt of $1 million by OCC for required technology
- VISN 12 Prosthetics Account for CCHT established and equipment ordered and received
- Care Coordination functional statements/position descriptions and competencies developed and implemented
- Individual Care Coordinators designated, oriented, trained, and appropriately clinically privileged
- Policy and procedures developed covering care coordination; patient referral, selection and discharge criteria, and technology assignment; technology security, ordering, installation, maintenance, and collection; informed consent; safety management; business tracking; documentation; clinical coding; performance improvement and outcome evaluation

b. When appropriate to the strategy, describe the equipment you expect to have and identify that which will be obtained this fiscal year to complement existing equipment.

VISN 12 presently has 33 telemonitors; 28 awarded through early VACO telemedicine initiatives in 1999 (18 to Milwaukee's Home Based Primary Care (HBPC) Program and 10 to Hines's Spinal Cord Injury Home Care (SCI-HC) Program) and 5 secured more recently through local initiative in Iron Mountain's Primary Care.

Lessons learned within and outside VISN 12 call for expansion and diversification of technology to meet growing needs and ensure proper assignment to patients based on clinical, functional, and compliance factors as well as resource utilization.

Utilizing the technology assignment algorithm in the VHA Home Telehealth Toolkit in tandem with preliminary target population needs assessment data, VISN 12 projects securing the following equipment through the CCHT RFP:

Quantity	Description	Total
44	Telemonitors with vital sign monitoring and additional peripherals to monitor patients with multiple unstable diagnoses and those who require wound visualization	$356,704
687	In home messaging devices with disease dialogues for early monitoring of symptoms and patient education for self-management and behavioral change for patients with mildly unstable chronic illness	$504,608
84	Videophones for patients with mildly unstable diagnoses who need regular visual contact and those who can't read	$38,790
35	Personal computers for patients with moderate to mild unstable diagnoses who need visual contact and would benefit from on-line groups and access to psycho educational information and training	$75,565
70	Cameras, instamatic and digital for would care	$24,333
	Total	$1,000,000

c. How many FTEE are dedicated to implementing this strategy?

Consistent with panel sizes in CCHT demonstration projects, staff to patient ratios are 1:150 medical patients and 1:50 behavioral health patients. Staffing for full implementation serving 1,000 in HCT is therefore 8, comprised of licensed professionals (i.e., nurses, social workers, dieticians). Panel size may be adjusted based on patient complexity and unique programmatic variables. An interdisciplinary work group representative of VISN facilities and the continuum of care is operationalizing strategy implementation.

d. How many unique patients will be served in this effort?

In compliance with CCHT implementation requirements established by OCC, a minimum of 1,000 patients will be receiving CCHT within 12 months of funding award. Service delivery initiation is therefore projected for first quarter FY 2005.

e. How are you going to measure success for this fiscal year?

Success will be measured based on achieving established implementation milestones. CCHT RFP issuance date, award notification date, and funding transfer date will however be key drivers.

f. Suggest any performance measures that would be useful at the national level for tracking progress in this strategy.

Since CCHT is being rolled out to VISNs in phases and since national codes and a cost center for CCHT are recently developed, utilize FY 2004 as a baseline for capturing and tracking CCHT activity. Monitor VISN compliance with having a minimum of 1,000 patients receiving CCHT within 12 months of funding award.

STRATEGY 9a

Be a leader in the advancement of knowledge and practice of quality and patient safety initiatives to include: (a) the use of preventive medicine practices and guidelines for chronic disease management.

Initiative: Develop specific priorities and procedures that define VISN and Program Office actions and timeframes.

VISN 12 has initiated several new approaches, this fiscal year, to further enhance the advancement of knowledge and practice of quality care within and across our facilities. Efforts under this VHA Strategic Initiative are coordinated through the VISN Quality Council. The Quality Council (QC) serves as the oversight body for assuring that quality practices, based on accepted Health Promotion and Disease Prevention standards are achieved and maintained.

Background: The VISN 12 Quality Council is comprised of content expert subcommittee leaders who are tasked to work with front-line staff members in sharing clinical guideline best practices, developing innovative approaches to meeting clinical performance measures, and in analyzing and reporting on clinical guideline implementation data. Each subcommittee is empowered to make changes within their area of expertise. The Quality Council is also comprised of senior managers, who as executive level decision-makers, can promote system improvements within facilities and the network. Subcommittee leaders and senior managers work in concert with the VISN in developing systems and resources to assist providers in meeting quality measures. Since success in meeting many of the clinical practice guidelines requires operational support, subcommittees relate

to both clinical (Clinical Guidelines, Clinical Reminders and Clinical Access Subcommittees, for example) and business (Telecommunications, Internet/Intranet and dSs, for example) informatics applications.

Tactics/Goals: This year Quality Council membership was expanded to include a larger grouping of Senior Managers. All Associate Directors for Patient Care Services/Nurse Executives and Performance Improvement Directors were added. This tactic has allowed for enhanced communication and collaboration between Physicians and Nurses in redesigning systems to effectively meet performance measures; and, while PI Directors continue to monitor local Performance Measure progress, they now share detailed presentations that outline successes and plans for improvement with the Council. Another tactic was to restructure the QC Subcommittees' reporting process. Each subcommittee submitted a definitive strategic plan related to the Performance Measures and set specific goals for achievement. Each month a progress report related to those goals is reviewed and discussed at QC. This tactic provides for greater accountability in meeting guidelines and facilitates progress monitoring. An overall shift in strategic approach began in FY'03, with QC Subcommittees working more directly with providers to increase their knowledge base regarding best practices and to increase their awareness of Performance Measurement and the patient benefits obtained when Clinical Guidelines were followed. Two opportunities, that demonstrate this tactic was the inclusion of Performance Measurement sessions at the VISN 12 Women's Health Symposium and more recently, at the Clinical Access Workgroup Retreat. The first program centered on enhancing women's health in primary care and allowed for a presentation and discussion on Performance Measures/Preventive Medicine guidelines for Breast and Cervical Cancer, with a large clinician audience. The second forum allowed for a general presentation on Performance Measurement, at a large VISN provider meeting, working on strategies and plans to improve practice and thereby enhance access. Through these Network tactics/goals and facility specific Performance Measure Action Plans, VISN 12 is advancing knowledge and quality practice by educating providers on preventive medicine and chronic disease management guidelines, working on systems to facilitate guideline implementation and monitoring use and effectiveness through Performance Measurement.

Resources: VISN 12 will support the actions described in the following tables for at-risk and underperforming measures, using the normal budget allocations for FY 2004 through FY 2006. As noted in some of the facility specific actions, FTEE and equipment will be redirected to support particular patient improvements. All performance measures and improvement activities are carefully monitored. Successful implementation of this strategy is determined by seeing measurable improvement in each of the underperforming and at risk measures.

Required Submission (Fill out as many sheets as necessary.)

STRATEGY 9a. Be a leader in the advancement of knowledge and practice of quality and patient safety initiatives to include: (a) the use of preventive medicine practices and guidelines for chronic disease management. VISN Number 12

VA Underperforming Measures

Provide the following information for each of the VISN's underperforming measure(s). Use as many sheets as necessary.

	VISN	CHCS	N. Chicago	Hines	Iron Mt.	Madison	Tomah	Milwaukee
Underperforming Measure – Mental Health, Access - SMI – Inpt Screened for MHICM								
EOY 03 Score	**57%**	**21%**	86%	**32%**	N/A	**55%**	**64%**	93%
Target - FS	70%	70%	70%	70%		70%	70%	70%
Delta	-13%	-49%	16%	-38%		-15%	-6%	23%
Do you have an Action plan? Y or N							Y	
If yes, provide a VISN summary of the action plan(s) in the space below								

Hines:

- A screening template has been revised and put into place in order to more accurately capture data.
- Scores were 0% for four months of FY03, therefore the cumulative percentage does not reflect the upward trend at the end of FY03 and the beginning of FY04.
- October and November '03 data showed 100% each month.
- This measure is under the Mental Health Service Line's PI plan and they have an ongoing mechanism to track results.
- One of the Case Management Program's PI projects is to track the completion and accuracy of the MHBS MHICM screening notes completed on the Acute Psychiatric unit on a monthly basis.
- The MHICM Screening note is being done by social workers on the Acute Psychiatric unit (2S).

Madison:

- At Madison, the problem has been assignment of this relatively straightforward task to part-time social worker. Plan is to incorporate the screen into the nursing discharge protocol to ensure 100% coverage regardless of the MSWs presence on the ward.
- Successful implementation would include training on the screening process for all staff nurses, addition of the screening questions into the nursing d/c template and screening completions linked to normal discharges from the inpatient unit.
- Existing nursing FTEE should be sufficient.
- Monitor the screening completion rate.

Tomah:

- The MHICM screen is being completed as a part of the admission process for each MHICM patient.
- A template was developed and is being used. This allows for faster completion and is more readily accessible to the EPRP extractor.

Chicago:

- In FY' 03, outpatient staff members were assigned to do the inpatient screening.
- The need to have inpatient staff complete the screening was identified and specific inpatient staff members have been assigned to do so. This process should result in immediate improvement in screening compliance.

STRATEGY 9a. Be a leader in the advancement of knowledge and practice of quality and patient safety initiatives to include: (a) the use of preventive medicine practices and guidelines for chronic disease management. VISN Number 12

VA Underperforming Measures

Provide the following information for each of the VISN's underperforming measure(s). Use as many sheets as necessary.

	VISN	CHCS	N. Chicago	Hines	Iron Mt.	Madison	Tomah	Milwaukee
Underperforming Measure – Cancer – CA – Breast screen								
EOY 03 Score	**80%**	**55%**	100%	**71%**	**75%**	**75%**	92%	91%
Target - FS	84%	84%	84%	84%	84%	84%	84%	84%
Delta	-4%	-29%	16%	-13%	-9%	-9%	8%	7%
Do you have an Action plan? Y or N								
If yes, provide a VISN summary of the action plan(s) in the space below								

Hines:

- The impact of "No Shows" is being evaluated in order to increase sample size as appropriate.
- Reorganization of the Primary Care clinics and a new Nurse Manager will be working to ensure clinic practices are in place.
- Clinical reminder data is being used to track a larger sample size and ensure the processes put in place are accurate and effective.

Iron Mountain:

- Facility will continue to offer Women's Clinic at VAMC and mammograms through fee basis at the local hospital. Facility is investigating possible addition of mammograms through other private facilities closer to patients' home

Madison:

- All women should be tracked and repeatedly requested to present for mammography or sign release of records to obtain outside results, procedure often done at UW on contract
- The facility will continue to work on ways to improve screening and will monitor the number of refusals.

Chicago:

- Female veterans that are enrolled in our Crown Point CBOC traditionally had to have screening done at Hines. Exceptions for fee-based screening at a contracted facility were only granted after the provider gave approval. The process was changed in FY '04 to allow female Veterans to have screening done at contracted facilities upon request, thereby, eliminating the need to travel to Hines.
- Providers will be encouraged to offer the opportunity for local screening to female veterans.
- The Women's Heath Program Director is in the process of identifying interventions for no-shows for mammography. A coordinator will be assigned to track no-show rates and interventions will be implemented at that point.

Note: As of 1st quarter, FY04, VISN 12 is exceeding this measure at 95%. All facilities are at 100% except for Iron Mountain, which has improved to an 80% level.

STRATEGY 9a. Be a leader in the advancement of knowledge and practice of quality and patient safety initiatives to include: (a) the use of preventive medicine practices and guidelines for chronic disease management. VISN Number 12

VA Underperforming Measures

Provide the following information for each of the VISN's underperforming measure(s). Use as many sheets as necessary.

	VISN	CHCS	N. Chicago	Hines	Iron Mt.	Madison	Tomah	Milwaukee
Underperforming Measure – Cancer, CA – Prostate education/counsel (One Facility below floor)								
EOY 03 Score	**88%**	~~**61%**~~	96%	93%	93%	**80%**	94%	97%
Target - FS	92%	92%	92%	92%	92%	92%	92%	92%
Delta	-4%	-31%	4%	1%	1%	-12%	2%	5%
Do you have an Action plan? Y or N								
If yes, provide a VISN summary of the action plan(s) in the space below								

Madison:

- All patients will receive verbal and paper copy education regarding prostate cancer screening
- Two RN case managers and two LPNs per 2500 uniques were placed on each primary care team to perform preventive medicine duties.
- Improved process, improved education score
- Assess whether education decreases use of PSA testing
- Increased adherence to preventive medicine guidelines will be assessed and additional actions will be taken if enhanced resources and patient education don't result in compliance.

Chicago:

- The Urology staff received training on prostate education documentation during the last quarter of FY '03. CPRS staff are working to determine other methods to link progress note titles with the clinical reminder.
- Nurses have received additional training on prevention and training materials for patient education.
- Increased adherence to preventive medicine guidelines will be assessed and additional actions will be taken if enhanced resources and patient education don't result in compliance.

STRATEGY 9a. Be a leader in the advancement of knowledge and practice of quality and patient safety initiatives to include: (a) the use of preventive medicine practices and guidelines for chronic disease management. VISN Number 12

VA Underperforming Measures

Provide the following information for each of the VISN's underperforming measure(s). Use as many sheets as necessary.

	VISN	CHCS	N. Chicago	Hines	Iron Mt.	Madison	Tomah	Milwaukee
Underperforming Measure – Cardiovacular, HF – Inpt LVEF < 40 on ACEI at dischrg								
EOY 03 Score	**91%**	98%	100%	**82%**	100%	**89%**	100%	**78%**
Target - FS	95%	95%	95%	95%	95%	95%	95%	95%
Delta	-4%	3%	5%	-13%	5%	-6%	5%	-17%
Do you have an Action plan? Y or N								
If yes, provide a VISN summary of the action plan(s) in the space below								

Hines:

- The percent of inpatient discharges with primary for HF prescribed ACEI at discharge or having the contraindications noted has increased to a cume of 82%; however, it is still below the FS level of 95%.
- Although the template for the Discharge Instructions progress note was modified to include this for patients with a Dx of AMI, similar prompts do not appear for HF.
- Physician champion for this measure, has worked with staff to revise the template used by the MD upon inpatient discharge to increase usage of the template and to expand the additional questions for use in patients with heart failure in addition to those with an MI.
- This has been approved by MEC and implemented in July'03. Results thus far for October and November '03 are at 100% each month.

Madison:

- Plan to start a heart failure service in the summer of 2004 (MD, NP)
- All patients with severe heart failure would be followed by a dedicated team using technology for home monitoring
- Home monitoring equipment will be needed (follow approximately 100-200 patients eventually)
- Improved score
- Decreased hospitalizations, stable to improved functional status

Milwaukee:

- 100% Physician and Nurse Practitioner education on the CPG
- PI team launched to conduct real time review of data and design system support program review conducted and additional staff added

STRATEGY 9a. Be a leader in the advancement of knowledge and practice of quality and patient safety initiatives to include: (a) the use of preventive medicine practices and guidelines for chronic disease management. VISN Number 12

VA Underperforming Measures

Provide the following information for each of the VISN's underperforming measure(s). Use as many sheets as necessary.

	VISN	CHCS	N. Chicago	Hines	Iron Mt.	Madison	Tomah	Milwaukee
Underperforming Measure – Cardiovascular, HF-Inpt on ACE peior to inpt admission								
EOY 03 Score	**81%**	90%	91%	**78%**	**64%**	**63%**	**63%**	**70%**
Target - FS	87%	87%	87%	87%	87%	87%	87%	87%
Delta	-6%	3%	4%	-9%	-23%	-24%	-24%	-17%
Do you have an Action plan? Y or N							Y	
If yes, provide a VISN summary of the action plan(s) in the space below								

Hines:

- Physician champion worked with staff to revise the template used by the MD upon inpatient discharge to increase usage of the template and to expand the additional questions for use in patients with heart failure in addition to those with an MI.
- This has been approved by MEC and was implemented in July'03. Another subsequent revision is pending to further enhance utilization of the template.
- The results for October and November '03 were 100% each month. Physician champion follows up with staff and residents on possible improvement.

Iron Mountain:

- Educate providers to address and order med unless contraindicated

Madison:

- Plan to start a heart failure service in the summer of 2004 (MD, NP)
- All patients with severe heart failure would be followed by a dedicated team using technology for home monitoring
- Home monitoring equipment will be needed (follow approximately 100-200 patients eventually)
- Improved score
- Decreased hospitalizations, stable to improved functional status

Tomah:

- A list of patients by CHF diagnosis was compiled and compared to a list of those patients on ACE inhibitors. Those that were not on an ACE were referred to the primary provider for action.

Milwaukee:

- 100% Physician and Nurse Practitioner education on the CPG
- PI team launched to conduct real time review of data and design system support
- Program review conducted and additional staff added

STRATEGY 9a. Be a leader in the advancement of knowledge and practice of quality and patient safety initiatives to include: (a) the use of preventive medicine practices and guidelines for chronic disease management. VISN Number 12

VA Underperforming Measures

Provide the following information for each of the VISN's underperforming measure(s). Use as many sheets as necessary.

	VISN	CHCS	N. Chicago	Hines	Iron Mt.	Madison	Tomah	Milwaukee
Underperforming Measure – Cardiovascular, HF-Inpt Weight instruction prior to admission								
EOY 03 Score	**56%**	**55%**	**55%**	**58%**	**18%**	**68%**	100%	**50%**
Target - FS	70%	70%	70%	70%	70%	70%	70%	70%
Delta	-14%	-15%	-15%	-12%	-52%	-2%	30%	-20%
Do you have an Action plan? Y or N								
If yes, provide a VISN summary of the action plan(s) in the space below								

Chicago:

- Provider education will be reinforced system wide. A Geriatric Cardiovascular clinic was opened during the 1st quarter. Providers will be encouraged to enroll Veterans as appropriate.

N. Chicago:

- Clinical Guidelines for the management of CHF widely distributed to all Primary Care Providers
- Clinical Reminder for CHF and related disorders implemented in clinics.
- Training on use of this reminder provided to staff.
- Nursing staff in ambulatory clinics to be assigned responsibility for completing this education.
- Provider and Nurse specific data along with patient- specific information shared with Director Ambulatory Care and Nurse Supervisor-clinics
- Data on Performance Measure regularly shared with Medical Center Staff at various levels including Executive Committee of the Medical Staff (ECOMS), Quality Council (QC) and Leadership Council

Hines:

- Education and instruction for monitoring weight and what to do with weight changes must be done within the two-year time frame once they have had treatment for heart failure during an inpatient stay or outpatient visit.
- Patient education pamphlets that include this topic are being discussed with the patient at discharge and will satisfy the requirements of the measure.
- In addition, nursing worked with physician team to simplify and include the instructions in the Prevention template for easy documentation.
- The CNM will be doing random audits/month to ensure compliance.
- The trend is positive and Nov '03's results show 89% compliance.

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VA Underperforming Measures

Provide the following information for each of the VISN's underperforming measure(s). Use as many sheets as necessary.

	VISN	CHCS	N. Chicago	Hines	Iron Mt.	Madison	Tomah	Milwaukee
Underperforming Measure – Cardiovascular, HF-Inpt Weight instruction prior to admission (cont'd)								
EOY 03 Score	**56%**	**55%**	**55%**	**58%**	**18%**	**68%**	100%	**50%**
Target - FS	70%	70%	70%	70%	70%	70%	70%	70%
Delta	-14%	-15%	-15%	-12%	-52%	-2%	30%	-20%
Do you have an Action plan? Y or N								
If yes, provide a VISN summary of the action plan(s) in the space below								

Iron Mountain:

- Patients who meet the population for this indicator will be identified and weight will be assessed at each clinic visit.

Madison:

- Plan to start a heart failure service in the summer of 2004 (MD, NP)
- All patients with severe heart failure would be followed by a dedicated team using technology for home monitoring
- Home monitoring equipment will be needed (follow approximately 100-200 patients eventually)
- improved score
- decreased hospitalizations, stable to improved functional status

Milwaukee:

- New electronic Nursing template designed and launched in 2nd quarter, FY 2003
- RN staff education on CPG through the Nurse Practitioner Group, 4th quarter, FY 2003
- Nurse group formed to conduct ongoing monitoring of measure
- Program review conducted and additional staff added

STRATEGY 9a. Be a leader in the advancement of knowledge and practice of quality and patient safety initiatives to include: (a) the use of preventive medicine practices and guidelines for chronic disease management. VISN Number 12

VA Underperforming Measures

Provide the following information for each of the VISN's underperforming measure(s). Use as many sheets as necessary.

	VISN	CHCS	N. Chicago	Hines	Iron Mt.	Madison	Tomah	Milwaukee
Underperforming Measure – Endocrine, DM-Outpt Retinal exam, timely by control								
EOY 03 Score	**72%**	**76%**	**70%**	82%	**61%**	**61%**	**73%**	80%
Target - FS	77%	77%	77%	77%	77%	77%	77%	77%
Delta	-5%	-1%	-7%	5%	-16%	-16%	-4%	3%
Do you have an Action plan? Y or N								
If yes, provide a VISN summary of the action plan(s) in the space below								

Chicago:

- Veterans and their eye doctors (private) will be encouraged to fax in copies of eye exams.
- The VISN Clinical Practice Guideline Subcommittee has piloted this process successfully.
- Our local Performance Measures Workgroup will be spearheading this initiative. Target date for implementation is 02/15/04

N. Chicago:

- VA/DoD Clinical Guidelines on the management of Diabetic patients distributed to all Primary Care providers.
- Data on performance measure shared routinely with Diabetic Team, Eye Clinic, QC, ECOMS and Leadership.
- Clinical Reminder for this measure implemented.
- Health-Tech in Eye clinic trained to process Clinical Reminder
- Providers in Primary care urged to send consults for annual retinal diabetic eye exam.
- Providers educated to document “funduscopic” eye exam and “diabetic retinal eye exam” in their progress notes for patients who get this screening at Private clinics.
- Providers specific/ patient specific information shared with Supervisors who then provide direct feed-back to staff.
- With scanning of outside medical information into electronic records, patient exams done elsewhere outside of VA will be routinely scanned in accordance with HIPAA Guidelines and easily accessible

Iron Mountain:

- Has increased eye clinic time by adding a provider in this specialty. Facility plan is to continue to obtain eye photos on opposite years of doctor exam

Madison:

- Plan to contract for DM exams in local communities and scan records into computer
- Improve convenience of eye exams so that patients will follow through, review database to see what patients have not complied and repeatedly request compliance
- No additional equipment requested
- Current eye staff: 0.375 MD, 1.0 optometry, 2.0 technician

Tomah:

- An Ophthomologist was hired for the Eye clinic.
- A card is sent home with patients requesting them to send back information from an outside Optometry visit.

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VA Underperforming Measures

Provide the following information for each of the VISN's underperforming measure(s). Use as many sheets as necessary.

	VISN	CHCS	N. Chicago	Hines	Iron Mt.	Madison	Tomah	Milwaukee
Underperforming Measure – Infectious, CAP-Inpt Blood Cultures								
EOY 03 Score	**72%**	**38%**	**52%**	**74%**	92%	83%	**75%**	100%
Target - FS	79%	79%	79%	79%	79%	79%	79%	79%
Delta	-7%	-41%	-27%	-5%	13%	4%	-4%	21%
Do you have an Action plan? Y or N							Y	
If yes, provide a VISN summary of the action plan(s) in the space below								

N. Chicago:

- Data on this performance measure reviewed with Hospitalist Team regularly.
- During reviews, identified a problem with the capturing of actual time of blood-draw
- Ad-hoc team formed to address this problem.
- Nursing staff and residents on floor educated about the problem
- Lab developed a new Label for containers to be used on all blood-draws which will include information on Time of draw, site of draw and identification of staff member performing the blood-draw. Nursing staff on floor responsible for ensuring label is accurate on floor. Lab will enter all of above information into lab package in CPRS
- Lab and nursing to continue to perform their own validation procedures to ensure success.

Hines:

- Collection of blood cultures before the first antibiotic dose rose in the later months of FY03 to reach a cume of 74%.
- Hines has demonstrated a level of 100% during October and November of FY04. The Medicine/Neurology Service Line (MNSL) staff evaluated the process to identify where improvements could be made in the timing of antibiotics.
- Data is tracked by the MNSL and by the Infection Control Committee.
- They identified a sequencing issue and education of staff has been completed to help solve the problem.
- Chair of the ICU Committee authored a pneumonia protocol and treatment plan which includes this component.
- This has been approved by the MEC and posted on the Hines website.

Tomah :

- Increase provider/nursing awareness of need to order cultures prior to medication administration through education
- Laboratory supervisor reinforced with Laboratory staff to draw cultures immediately upon receipt of order.

Chicago:

- Emergency Room staff are currently receiving education during the EPRP second level review process.
- A formal education plan will be implemented for the Emergency Room staff.

STRATEGY 9a. Be a leader in the advancement of knowledge and practice of quality and patient safety initiatives to include: (a) the use of preventive medicine practices and guidelines for chronic disease management. VISN Number 12

VA Underperforming Measures

Provide the following information for each of the VISN's underperforming measure(s). Use as many sheets as necessary.

	VISN	CHCS	N. Chicago	Hines	Iron Mt.	Madison	Tomah	Milwaukee
Underperforming Measure – Infectious, CAP – Outpt-Influenza Immunization Prior to Admit								
EOY 03 Score	**62%**	**33%**	78%	**54%**	71%	82%	**58%**	76%
Target - FS	70%	70%	70%	70%	70%	70%	70%	70%
Delta	-8%	-37%	8%	-16%	1%	12%	-12%	6%
Do you have an Action plan? Y or N							Y	
If yes, provide a VISN summary of the action plan(s) in the space below								

Hines:

- Hines has charged the Infection Control physician to track the performance of this measure.
- Signs have been posted in all outpatient clinics to encourage immunizations, a flu shot clinic has been established, and all inpatients immunization status is reviewed and immunizations are provided as warranted.
- Performance data will not be available until the second quarter of FY04

Tomah:

- Implemented mass mailing to patients to return flu immunization in the mail if received outside the VA.
- Placed advertisements in the newspaper regarding availability of flu vaccine.

Chicago:

- Inpatient and outpatient influenza vaccination programs are currently in place. Mass mailings for high-risk veterans were completed and postings were displayed at all sites to encourage veterans to get vaccinated.
- Our Performance Measure Workgroup will be exploring reasons for veterans declining vaccines and intervention strategies to improve the declination rate.

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VA Underperforming Measures

Provide the following information for each of the VISN's underperforming measure(s). Use as many sheets as necessary.

	VISN	CHCS	N. Chicago	Hines	Iron Mt.	Madison	Tomah	Milwaukee
Underperforming Measure – Infectious, CAP-Outpt Pneumoncoccal Immunization Prior to Admin								
EOY 03 Score	**82%**	**67%**	91%	**73%**	88%	91%	86%	**84%**
Target - FS	85%	85%	85%	85%	85%	85%	85%	85%
Delta	-3%	-18%	6%	-12%	3%	6%	1%	-1%
Do you have an Action plan? Y or N								
If yes, provide a VISN summary of the action plan(s) in the space below								

Chicago:

- The Nurse Epidemiologists will provide Resident education regarding pneumococcal vaccinations on a monthly basis.
- Education will focus on the need for high-risk veterans to obtain vaccinations and thereby decrease their risk for re-admission for pneumonia.
- A formal education plan will be implemented for the Emergency Room staff.

Hines:

- Hines has charged the Infection Control physician to track the performance of this measure.
- Signs have been posted in all outpatient clinics to encourage immunizations, a flu shot clinic has been established, and all inpatients immunization status is reviewed and immunizations are provided as warranted.
- Performance data will not be available until the second quarter of FY04.

Milwaukee:

- Electronic clinical reminder activated
- Re-education of all relevant clinical staff on the CPG, 2nd through 4th quarter, FY 2003
- Performance Improvement Team meeting monthly to analyze data and develop corrective action plan.

STRATEGY 9a. Be a leader in the advancement of knowledge and practice of quality and patient safety initiatives to include: (a) the use of preventive medicine practices and guidelines for chronic disease management. VISN Number 12

VA Underperforming Measures

Provide the following information for each of the VISN's underperforming measure(s). Use as many sheets as necessary.

	VISN	CHCS	N. Chicago	Hines	Iron Mt.	Madison	Tomah	Milwaukee
Underperforming Measure – Influenza, Immunization – Influenza Outpt – SCI								
EOY 03 Score	**50%**	**50%**	**50%**	**53%**	N/A	N/A	100%	**47%**
Target - FS	70%	70%	70%	70%			70%	70%
Delta	-20%	-20%	-20%	-17%			30%	-23%
Do you have an Action plan? Y or N								
If yes, provide a VISN summary of the action plan(s) in the space below								

Chicago:

- The Nurse Epidemiologist will provide Resident education regarding influenza vaccinations on a monthly basis during flu season.
- A formal education plan will be implemented for the Emergency Room staff.

N. Chicago:

- Clinical Reminder for Influenza implemented in clinics.
- Clinical Reminder to stay active during non-flu season months to ensure education is continuously provided to patients.
- Also to ensure that patients receiving flu-shots in other states, e.g. “snow-birds” have an opportunity to get that information documented during the year.
- Ongoing patient specific and provider/nurse specific information is shared with appropriate Supervisory staff

Hines:

- This measure is tracked in the SCI PI plan.
- One issue the service is dealing with is getting the patients to come into clinic/hospital to receive their immunization due to their geographic location.
- Initial letters were sent out in October ’03 requesting patients come in for their immunizations.
- Follow-up letters will be sent in January ’04 along with a postcard for patients to complete if they have already received an immunization by an outside source or if they are refusing the immunization.
- The postcard responses will be documented in the clinical reminders.
- In addition, if the patient is admitted, the treatment team is working to make some modifications in the BCMA software to associate a scanned immunization as satisfying the clinical reminder immunization.

Milwaukee:

- Training conducted by Infectious Disease unit to increase the number of providers that can perform the procedure
- System changes within SCI to assure identification of patients requiring immunization
- Focused intervention on SCI providers on the CPG

STRATEGY 9a. Be a leader in the advancement of knowledge and practice of quality and patient safety initiatives to include: (a) the use of preventive medicine practices and guidelines for chronic disease management. VISN Number 12

VA Underperforming Measures

Provide the following information for each of the VISN's underperforming measure(s). Use as many sheets as necessary.

	VISN	CHCS	N. Chicago	Hines	Iron Mt.	Madison	Tomah	Milwaukee
Underperforming Measure – Infectious, Immunizations – Pneumococcal Outpt SCI								
EOY 03 Score	**72%**	**50%**	100%	**75%**	100%	100%	100%	**67%**
Target – FS	85%	85%	85%	85%	85%	85%	85%	85%
Delta	-13%	-35%	15%	-10%	15%	15%	15%	-18%
Do you have an Action plan? Y or N								
If yes, provide a VISN summary of the action plan(s) in the space below								

Chicago:

- The Nurse Epidemiologist will provide Resident education regarding pneumococcal vaccinations on a monthly basis.
- A formal education plan will be implemented for the Emergency Room staff.

Hines:

- This measure is tracked in the SCI PI plan.
- One issue the service is dealing with is getting the patients to come into clinic/hospital to receive their immunization due to their geographic location.
- Initial letters were sent out in October '03 requesting patients come in for their immunizations.
- In addition, if the patient is admitted, the treatment team is working to make some modifications in the BCMA software to associate a scanned immunization as satisfying the clinical reminder immunization.

Milwaukee:

- System redesign in SCI to assure that all patients are provided the immunization.

STRATEGY 9a. Be a leader in the advancement of knowledge and practice of quality and patient safety initiatives to include: (a) the use of preventive medicine practices and guidelines for chronic disease management. VISN Number 12

VA Underperforming Measures

Provide the following information for each of the VISN's underperforming measure(s). Use as many sheets as necessary.

	VISN	CHCS	N. Chicago	Hines	Iron Mt.	Madison	Tomah	Milwaukee
Underperforming Measure – Mental Health, MDD-Outpt Follow-up for Positive Screen within 6 weeks.								
EOY 03 Score	**63%**	**50%**	**63%**	**40%**	**33%**	**58%**	71%	74%
Target – FS	70%	70%	70%	70%	70%	70%	70%	70%
Delta	-7%	-20%	-7%	-30%	-37%	-12%	1%	4%
Do you have an Action plan? Y or N								
If yes, provide a VISN summary of the action plan(s) in the space below								

Chicago:

- A local clinical reminder (Depression Screen- Needs Follow-up Assessment) has been implemented to facilitate documentation. This reminder will be triggered after patients screen positive for depression and will prompt the Provider to complete follow-up.
- Education will be reinforced with Providers during a formal education program.

N. Chicago:

- Primary care is not 1) doing the F/U themselves and 2) not referring on time. The plan is to 1) educate the primary care providers about depression diagnosis and treatment; 2) develop a clinical reminder program guiding them through the process (done), and 3) provide mental health c/l support as needed.
- Annual screening in clinics of all patients for Depression to be tied to annual screening for Suicide making it a continuum of screening for related disorders for this measure.
- Clinical Reminder is in place for these screenings.
- Nursing staff perform the screens in clinics and bring to the attention of the Primary Care provider all positive screens
- Patients screening positive anywhere on that continuum are immediately referred to the Contact Liaison Team in Mental Health. The C/L Team responds appropriately to the positive screening ensuring that urgent cases are immediately seen and others triaged according to need but within 6 weeks of screen.
- Patient specific information is shared with appropriate staff in primary care as well as Mental Health Clinics.
- Clinical guidelines for achieving best clinical practice in management of MDD distributed to MH providers and medical residents. (Complete).
- Design an MDD educational program for MH providers and medical residents in application of clinical practice guidelines to increase understanding of what the expectations are in order to reach target.
- Monitor scheduling of follow-up appointments via Consult Liaison Team.
- Performance measure data disseminated to MH providers and staff. (Ongoing).

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VA Underperforming Measures

Provide the following information for each of the VISN's underperforming measure(s). Use as many sheets as necessary.

	VISN	CHCS	N. Chicago	Hines	Iron Mt.	Madison	Tomah	Milwaukee
Underperforming Measure – Mental Health, MDD-Outpt Follow-up for Positive Screen within 6 weeks. (Cont'd)								
EOY 03 Score	**63%**	**50%**	**63%**	**40%**	**33%**	**58%**	71%	74%
Target – FS	70%	70%	70%	70%	70%	70%	70%	70%
Delta	-7%	-20%	-7%	-30%	-37%	-12%	1%	4%
Do you have an Action plan? Y or N								
If yes, provide a VISN summary of the action plan(s) in the space below								

Hines:

- The process is being changed for patient flow.
- Patients that have a positive screening will be referred to a social worker or a clinical psychiatrist to be seen the same day instead of scheduling an appointment for another day.
- This will be monitored under the Medicine/Neurology Service Line Plan.
- In addition, this indicator will also be monitored for patients with MH and SCI diagnoses.

Iron Mountain:

- Use of VA/DoD Clinical Practice Guideline for Management of Major Depressive Disorder in Adults.
- Primary Care (PC) and Outpatient (OPT) Pocket Guides as basis for VAMC Iron Mountain updated Depression Treatment Guideline to be established.
- Enhanced cooperation between PC Service and Mental Health (MH) Service for newly diagnosed persons with MDD, e.g. PC to page MH triage if person has positive depression screen and current suicidal/homicidal ideation/plan.
- MH triage person to arrange for psychiatric review if patient's current suicidal/homicidal ideation/plan or suicidal attempt are confirmed or make recommendations to PC if ideation/plan/attempt are not confirmed.
- PC or MH, whichever service is following patient, will be responsible for follow-up of patient.

Madison:

- Staffed two RN case managers and two LPN per 2500 uniques in each primary care team to perform preventive medicine duties
- All patients will receive screening at yearly f/u appointment

STRATEGY 9a. Be a leader in the advancement of knowledge and practice of quality and patient safety initiatives to include: (a) the use of preventive medicine practices and guidelines for chronic disease management. VISN Number 12

VA Underperforming Measures

Provide the following information for each of the VISN's underperforming measure(s). Use as many sheets as necessary.

	VISN	CHCS	N. Chicago	Hines	Iron Mt.	Madison	Tomah	Milwaukee
Underperforming Measure – Mental Health, SUD-Outpt Treatment continuity for at least 90 days								
EOY 03 Score	**19%**	39%	**10%**	**18%**	**2%**	41%	**9%**	**7%**
Target - FS	32%	32%	32%	32%	32%	32%	32%	32%
Delta	-13%	7%	-22%	-14%	-30%	9%	-23%	-25%
Do you have an Action plan? Y or N							Y	
If yes, provide a VISN summary of the action plan(s) in the space below								

N. Chicago:

- The measure does not adequately credit the care given in the residential programs. Given our structure where most of the new patients are admitted into a residential program makes it difficult for us to do better in this measure.
- Clinical guidelines for achieving best clinical practice in management of SUD distributed to MH providers and medical residents. (Complete).
- Design an SUD educational program for MH providers and medical residents in application of clinical practice guidelines to increase understanding of what the expectations are in order to reach target.
- Performance measure data disseminated to MH providers and staff. (Ongoing).
- Review coordination process of mental health and primary care services.
- Develop a "Radar Chart" to show relationship/compliance between specific MH clinics and SUD target.

Hines:

- A Planning Committee to review performance of this indicator has been established and will be chaired by the Acting, Physician Manager of the Mental Health Service Line.
- This is being tracked as part of the Mental Health Service Line Plan.

Iron Mountain:

- Establish CBOC clinics with SUD stop codes to follow veterans with addiction diagnoses in community.
- Provide centralized intake/assessment for SUD clients and 3 months follow-up for those who have community-based 12 sessions of outpatient treatment, who have 2 day a week programming for six weeks, and for those who are referred to residential treatment..
- Use contract providers to widen range of availability for SUD follow-up.

Tomah:

- The issue at Tomah appears to be the care provided at other facilities post discharge that is difficult to track given a wide multi-state geographic area.

Milwaukee:

- VA National office of Mental Health has acknowledged that the location of a Dom on this campus distorts the data reported for this measure
- Local data collected indicates compliance

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VA Underperforming Measures

Provide the following information for each of the VISN's underperforming measure(s). Use as many sheets as necessary.

	VISN	CHCS	N. Chicago	Hines	Iron Mt.	Madison	Tomah	Milwaukee
Underperforming Measure – Tobacco – Cessation - Inpt Counseling - AMI								
EOY 03 Score	**85%**	**50%**	**50%**	92%	N/A	100%	100%	92%
Target - FS	89%	89%	89%	89%		89%	89%	89%
Delta	-4%	-39%	-39%	3%		11%	11%	3%
Do you have an Action plan? Y or N								
If yes, provide a VISN summary of the action plan(s) in the space below								

Chicago:

- The electronic inpatient admission and discharge forms have been modified to include questions regarding smoking cessation counseling.
- Our local CPRS team is also creating a reminder dialog template for smoking cessation counseling.
- Continual need for smoking cessation education will be reinforced with inpatient and outpatient staff.

N. Chicago:

- Education on the importance of Smoking Cessation Counseling during acute-care admissions is regularly provided to house-staff during monthly orientations.
- Cue to screen for smokers and appropriately counsel them to be included in the Residents Admitting History and Physical (H&P) templates used on Medical floor as well as in ICU.
- Patient specific worksheets given to Medical Service Chief for appropriate feed-back to staff.
- Data on performance Measure shared regularly at ECOMS, QC, Leadership as well as Hospitalist and Critical Care Group meetings.

STRATEGY 9a. Be a leader in the advancement of knowledge and practice of quality and patient safety initiatives to include: (a) the use of preventive medicine practices and guidelines for chronic disease management. VISN Number 12

VA Underperforming Measures

Provide the following information for each of the VISN's underperforming measure(s). Use as many sheets as necessary.

	VISN	CHCS	N. Chicago	Hines	Iron Mt.	Madison	Tomah	Milwaukee
Underperforming Measure – Tobacco – Cessation – Inpt Counseling – CAP								
EOY 03 Score	**74%**	**43%**	**38%**	**86%**	**67%**	**88%**	100%	100%
Target - FS	89%	89%	89%	89%	89%	89%	89%	89%
Delta	-15%	-46%	-51%	-3%	-22%	-1%	11%	11%
Do you have an Action plan? Y or N								
If yes, provide a VISN summary of the action plan(s) in the space below								

Chicago:

- Resident education regarding tobacco cessation counseling will be done during monthly orientation.
- An education plan will be developed for inpatient nurses and implemented by 02/15/04.

N. Chicago:

- Education on the importance of Smoking Cessation Counseling during acute-care admissions is regularly provided to house-staff during monthly orientations.
- Cue to screen for smokers and appropriately counsel them to be included in the Residents Admitting History and Physical (H&P) templates used on Medical floor as well as in ICU.
- Patient specific worksheets given to Medical Service Chief for appropriate feed-back to staff.
- Data on performance Measure shared regularly at ECOMS, QC, Leadership as well as Hospitalist and Critical Care Group meetings.

Hines:

- The discharge instruction template, completed by physicians, was revised to include smoking cessation instruction.
- No data is available for FY04 to date.

Iron Mountain:

- Educate inpatient staff regarding patients admitted with this diagnosis. Follow-up results by doing chart review. Facility has added counseling to the admission assessment.

Madison:

- Only 1% away from target - we will share results and discuss on a monthly basis with staff. Practice reminders will be sent to all staff.

STRATEGY 9a. Be a leader in the advancement of knowledge and practice of quality and patient safety initiatives to include: (a) the use of preventive medicine practices and guidelines for chronic disease management. VISN Number 12

VA Underperforming Measures

Provide the following information for each of the VISN's underperforming measure(s). Use as many sheets as necessary.

	VISN	CHCS	N. Chicago	Hines	Iron Mt.	Madison	Tomah	Milwaukee
Underperforming Measure – Tobacco – Cessation - Inpt Counseling - HF								
EOY 03 Score	**62%**	**44%**	**50%**	**62%**	**67%**	92%	**86%**	**74%**
Target - FS	89%	89%	89%	89%	89%	89%	89%	89%
Delta	-27%	-45%	-39%	-27%	-22%	3%	-3%	-15%
Do you have an Action plan? Y or N							Y	
If yes, provide a VISN summary of the action plan(s) in the space below								

Chicago:

- Resident education regarding tobacco cessation counseling will be done during monthly orientation.
- An education plan will be developed for inpatient nurses and implemented.

N. Chicago:

- Education on the importance of Smoking Cessation Counseling during acute-care admissions is regularly provided to house-staff during monthly orientations.
- Cue to screen for smokers and appropriately counsel them to be included in the Residents Admitting History and Physical (H&P) templates used on Medical floor as well as in ICU.
- Patient specific worksheets given to Medical Service Chief for appropriate feed-back to staff.
- Data on performance Measure shared regularly at ECOMS, QC, Leadership as well as Hospitalist and Critical Care Group meetings.

Hines:

- The discharge instruction template, completed by physicians, was revised to include smoking cessation instruction. For October and November ’03, 100% was achieved for both months.

Iron Mountain:

- Provide education to inpatient staff. Facility has added counseling for positive screen to inpatient nursing assessment

Tomah:

- Reviewing all variances with the providers involved and looking for ways to make system improvements.

Milwaukee:

- Clinical reminders activated
- Performance Improvement team created to analyze the data monthly and share results with the staff.

STRATEGY 9a. Be a leader in the advancement of knowledge and practice of quality and patient safety initiatives to include: (a) the use of preventive medicine practices and guidelines for chronic disease management. VISN Number 12

VA Underperforming Measures

Provide the following information for each of the VISN's underperforming measure(s). Use as many sheets as necessary.

	VISN	CHCS	N. Chicago	Hines	Iron Mt.	Madison	Tomah	Milwaukee
Underperforming Measure – Tobacco-Cessation – Outpt Counsel 3x/yr – MH (One facility below floor)								
EOY 03 Score	**55%**	~~29%~~	**53%**	**46%**	**50%**	**64%**	81%	**56%**
Target - FS	75%	75%	75%	75%	75%	75%	75%	75%
Delta	-20%	-46%	-22%	-29%	-25%	-11%	6%	-19%
Do you have an Action plan? Y or N								
If yes, provide a VISN summary of the action plan(s) in the space below								

Chicago:

- Mental Health staff members have been trained on clinical reminder documentation.
- Two clinicians have been assigned to the Mental Health department in order to complete annual screening while Veterans are on-site for scheduled appointments in the Mental Health department.
- The clinicians are referring veterans to Primary Care for registration and follow-up.
- The clinical reminder for smoking cessation has been modified to come on daily until counseling is documented three times.

N. Chicago:

- Screening to identify smokers is performed in all clinics as well as admissions.
- Clinical Reminder for smoking cessation remains active for smokers at all times.
- Patient specific information shared with appropriate staff for feedback.
- Clinical guidelines for achieving best clinical practice in management of TUC distributed to Mental Health (MH) providers and medical residents. (Complete).
- Tobacco screening is implemented in all MH clinics and upon admission to MH inpatient units.
- Mental Health program-specific training on TUC performance measure is being provided to clinicians.
- Performance measure data is disseminated to MH providers and staff via Outlook and MH PI meeting. (Ongoing).
- The coordination of services between mental health and primary is being assessed and improved

Hines:

- A Planning Committee to review performance of this indicator has been established.
- Performance on this indicator is now tracked as part of the Mental Health Service Line Plan.

STRATEGY 9a. Be a leader in the advancement of knowledge and practice of quality and patient safety initiatives to include: (a) the use of preventive medicine practices and guidelines for chronic disease management. VISN Number 12

VA Underperforming Measures

Provide the following information for each of the VISN's underperforming measure(s). Use as many sheets as necessary.

	VISN	CHCS	N. Chicago	Hines	Iron Mt.	Madison	Tomah	Milwaukee
Underperforming Measure – Tobacco-Cessation – Outpt Counsel 3x/yr – MH (One facility below floor) cont'd								
EOY 03 Score	**55%**	~~29%~~	**53%**	**46%**	**50%**	**64%**	81%	**56%**
Target - FS	75%	75%	75%	75%	75%	75%	75%	75%
Delta	-20%	-46%	-22%	-29%	-25%	-11%	6%	-19%
Do you have an Action plan? Y or N								
If yes, provide a VISN summary of the action plan(s) in the space below								

Iron Mountain:

- Clinical Reminders now show counseling as being "due" at each outpatient visit and there is continual education for staff to use Clinical Reminders.

Madison:

- Process in primary care clinics is being assessed and improved
- All patients will receive counseling at each f/u appointment
- Will promote provider specific plans to improve this
- Improved process, improved score
- Assess whether counseling improves quit rate

Milwaukee:

- Clinical reminders activated
- Performance Improvement team created to analyze the data monthly and share results with the staff.

STRATEGY 9a. Be a leader in the advancement of knowledge and practice of quality and patient safety initiatives to include: (a) the use of preventive medicine practices and guidelines for chronic disease management. VISN Number 12

VA Underperforming Measures

Provide the following information for each of the VISN's underperforming measure(s). Use as many sheets as necessary.

	VISN	CHCS	N. Chicago	Hines	Iron Mt.	Madison	Tomah	Milwaukee
Underperforming Measure – Tobacco, Cessation, Outpt Counsel 3x/yr -SCI								
EOY 03 Score	**70%**	100%	N/A	**42%**	100%	N/A	90%	**70%**
Target - FS	75%	75%		75%	75%		75%	75%
Delta	-5%	25%		-33%	25%		15%	-5%
Do you have an Action plan? Y or N								
If yes, provide a VISN summary of the action plan(s) in the space below								

Hines:

- This measure is part of the SCI PI plan.
- Counseling will be completed every time the patient visits the clinic.

Milwaukee:

- Clinical reminders activated
- Performance Improvement team created to analyze the data monthly and share results with the staff.

Iron Mountain:

- Clinical Reminders now show this as being “due” at each outpatient visit and there is continual education for staff to use Clinical Reminders.

Madison:

- No additional resources planned, will work on process in primary care clinics
- All patients will receive counseling at each f/u appointment
- Will promote provider specific plans to improve this
- Assess whether counseling improves quit rate

Milwaukee:

- Clinical reminders activated
- Performance Improvement team created to analyze the data monthly and share results with the staff.

STRATEGY 9a. Be a leader in the advancement of knowledge and practice of quality and patient safety initiatives to include: (a) the use of preventive medicine practices and guidelines for chronic disease management. VISN Number 12

VA Underperforming Measures

Provide the following information for each of the VISN's underperforming measure(s). Use as many sheets as necessary.

	VISN	CHCS	N. Chicago	Hines	Iron Mt.	Madison	Tomah	Milwaukee
Underperforming Measure – Tobacco – Use – Outpt Used in the past twelve months - MH								
EOY 03 Score (lower is better)	**53%**	**53%**	**48%**	**56%**	**52%**	47%	**59%**	**56%**
Target - FS	47%	47%	47%	47%	47%	47%	47%	47%
Delta	-6%	-6%	-1%	-9%	-5%	0%	-12%	-9%
Do you have an Action plan? Y or N							Y	
If yes, provide a VISN summary of the action plan(s) in the space below								

Chicago:

- Mental Health staff members have been trained on clinical reminder documentation. This is a new process for the Mental Health personnel.
- Two clinicians have been assigned to the Mental Health department in order to complete annual screening while Veterans are on-site for scheduled appointments in the Mental health department.
- The clinicians are referring veterans to Primary Care for registration and follow-up.
- The clinical reminder for smoking cessation has been modified to come on daily until counseling is documented three times.

N. Chicago:

- Smoking Cessation Classes for outpatients and Seminars for in-patients are provided by the Smoking Cessation Coordinator at the facility.
- He plans to tap into community resources for additional assistance.
- Smoking cessation videotapes to be played in patient-waiting areas.
- Smoking Cessation Coordinator plans to monitor use of Nicotine Replacement Therapy used in clinics to assess effectiveness of providing this tool without requiring patients to attend classes.
- Clinical guidelines for achieving best clinical practice in management of TUC distributed to MH providers and medical residents. (Complete).
- Tobacco screening is implemented in all MH clinics and upon admission to MH inpatient units.
- Performance measure data disseminated to MH providers and staff via Outlook and at MH PI meeting. (Ongoing).
- Review coordination process of mental health and primary care services.

Hines:

- A Planning Committee to review performance of this indicator has been established.
- This indicator is now being tracked as part of the Mental Health Service Line Plan.

Iron Mountain:

- Facility offers smoking cessation classes and provides educational materials to all who screen positive

Tomah:

- Continue to focus on patient education for psychiatric population.

Milwaukee:

- Clinical reminders activated
- Performance Improvement team created to analyze the data monthly and share results with the staff

STRATEGY 9a. Be a leader in the advancement of knowledge and practice of quality and patient safety initiatives to include: (a) the use of preventive medicine practices and guidelines for chronic disease management. VISN Number 12

VA Underperforming Measures

Provide the following information for each of the VISN's underperforming measure(s). Use as many sheets as necessary.

	VISN	CHCS	N. Chicago	Hines	Iron Mt.	Madison	Tomah	Milwaukee
Underperforming Measure – Revenue – GDRO Medicare Adjusted								
EOY 03 Score –days (lwr number is bttr)	**167**	**216**	**139**	**181**	**137**	92	90	**211**
Target – FS (days)	125	125	125	125	125	125	125	125
Delta	-42	-91	-14	-56	-12	33	35	-86
Do you have an Action plan? Yes								
If yes, provide a VISN summary of the action plan(s) in the space below								

Patient Financial Services (PFS) has documented a 3 step VISN Action Plan. This includes –

1.) Establishing performance measures for the contractor responsible for follow-up on accounts outstanding over 90 days old.
2.) Implementing a timely billing process of 90 days from date of service to bill generated.
3.) Eliminating the prior year unprocessed revenue backlog.

There is no additional cost associated with the actions identified in this strategy. The use of FTE and outside contract cost are included in the PFS annual budget. PFS must move towards business best practice. PFS will closely monitor performance of the 3 actions identified and success realized when the goal has been achieved.

STRATEGY 9a. Be a leader in the advancement of knowledge and practice of quality and patient safety initiatives to include: (a) the use of preventive medicine practices and guidelines for chronic disease management. VISN Number 12

VA At Risk Measures

Provide the following information for each of the VISN's At Risk" measure(s). Use as many sheets as necessary.

	VISN	CHCS	N. Chicago	Hines	Iron Mt.	Madison	Tomah	Milwaukee
At Risk Measure – Ambulatory - Wait Times – PC New pt appt								
EOY 03 Score	**77%**	85%	96%	**72%**	**55%**	95%	87%	**59%**
Target - FS	79%	79%	79%	79%	79%	79%	79%	79%
Delta	-2%	6%	17%	-7%	-24%	16%	8%	-20%
Do you have an Action plan? Y or N								
If yes, provide a VISN summary of the action plan(s) in the space below								

Hines:

- All performance measure clinics are making strides by way of Advanced Access with the ultimate goal of achieving open appointment slots.
- Efforts to rearrange appointments and get new patient seen within 30 days should continue to improve this cumulative data. Once all measures are met through advanced access, patient satisfaction is expected to increase.
- Necessary staff was put in place in FY03, there is a possibility of more FTEE needed as clinic panel sizes are updated.
- It is estimated that primary care clinics will see an increase of 600 new patients a month during FY04

Iron Mountain:

- Hired new providers (3.5 FTEE MD, .5 FTEE NP) for IMVAMC and CBOCs in 4th Qtr, FY03
- and 1st Qtr, FY04.
- PC wait list backlog eliminated; patient can request New Eval appt. at time of their choosing.
- Advanced Access program being piloted in one primary care clinic, full clinic start date: 2/1/04.
- Other Advanced Access clinics to be established over course of next 6 mos.

Milwaukee:

- Primary Care Division leaders have launched Advanced Access program
- Milwaukee VAMC has added new Primary Care clinic staff/space
- Milwaukee VAMC has activated a new CBOC at Green Bay, WI

STRATEGY 9a. Be a leader in the advancement of knowledge and practice of quality and patient safety initiatives to include: (a) the use of preventive medicine practices and guidelines for chronic disease management. VISN Number 12

VA At Risk Measures

Provide the following information for each of the VISN's At Risk" measure(s). Use as many sheets as necessary.

	VISN	CHCS	N. Chicago	Hines	Iron Mt.	Madison	Tomah	Milwaukee
At Risk Measure – Cancer, CA – Cervical screen								
EOY 03 Score	**91%**	**90%**	100%	94%	**85%**	**75%**	100%	96%
Target - FS	93%	93%	93%	93%	93%	93%	93%	93%
Delta	-2%	-3%	7%	1%	-8%	-18%	7%	3%
Do you have an Action plan? Y or N								
If yes, provide a VISN summary of the action plan(s) in the space below								

Chicago:

- A clinician was recently assigned to do pap smears on-site at largest CBOC in Crown Point.
- Working towards identifying clinicians for this role at the other satellite clinics where there is a high no-show rate.
- Providers will be encouraged to offer the opportunity for local screening to female veterans

Iron Mountain:

- Increase awareness of availability of Women's Clinic. First quarter, FY 2004 score was 100%

Madison:

- All women will be tracked and repeatedly requested to present for PAP
- Will Improve screening and track the number of refusals

STRATEGY 9a. Be a leader in the advancement of knowledge and practice of quality and patient safety initiatives to include: (a) the use of preventive medicine practices and guidelines for chronic disease management. VISN Number 12

VA At Risk Measures

Provide the following information for each of the VISN's At Risk" measure(s). Use as many sheets as necessary.

	VISN	CHCS	N. Chicago	Hines	Iron Mt.	Madison	Tomah	Milwaukee
At Risk Measure – Cardiovascular, Ischemic Heart - AMI-Inpt LVEF<40 on ACEI at dischrg								
EOY 03 Score	**90%**	100%	100%	100%	100%	**83%**	N/A	**73%**
Target - FS	92%	92%	92%	92%	92%	92%		92%
Delta	-2%	8%	8%	8%	8%	-9%		-19%
Do you have an Action plan? Y or N								
If yes, provide a VISN summary of the action plan(s) in the space below								

Madison:

- Need additional cardiologists and support staff, plan to hire additional staff but they are in short supply due to non-competetive salary paid by the VA
- All patients with IHD will be followed by the cardiology consult team who will recommend and track compliance with clinical guidelines
- Current resources - 1.5 FTEE cardiology consults (0.5 MD, 1.0 NP)
- Approximately 500 patients with IHD as primary diagnosis discharged each year
- Improved score
- Decreased rehospitalization rate, event free interval

Milwaukee:

- 100% Physician and Nurse Practitioner education on the CPG
- PI team launched to conduct real time review of data and design system support
- Program review conducted and additional staff added

STRATEGY 9a. Be a leader in the advancement of knowledge and practice of quality and patient safety initiatives to include: (a) the use of preventive medicine practices and guidelines for chronic disease management. VISN Number 12

VA At Risk Measures

Provide the following information for each of the VISN's At Risk" measure(s). Use as many sheets as necessary.

	VISN	CHCS	N. Chicago	Hines	Iron Mt.	Madison	Tomah	Milwaukee
At Risk Measure – Cardiovascular, Ischemic Heart - AMI-Outpt ASA at most recent visit								
EOY 03 Score	**91%**	100%	**92%**	96%	95%	**68%**	100%	97%
Target - FS	93%	93%	93%	93%	93%	93%	93%	93%
Delta	-2%	7%	-1%	3%	2%	-25%	7%	4%
Do you have an Action plan? Y or N								
If yes, provide a VISN summary of the action plan(s) in the space below								

North Chicago:

- VA/DoD Clinical Guidelines on the management of Acute Coronary Syndrome given to all providers in primary care as well as cardiology clinics.
- Data on performance measure shared with ECOMS, QC, Leadership as well as Hospitalist and Critical Care Groups.
- Use of Clinical Reminder use for this measure is being encouraged among Primary Care providers.
- Patient specific information is provided to Chief-Ambulatory Care for feedback to staff.

Madison:

- Believe this is a tracking problem in the pharmacy and outpatient notes. Improved documentation of OTC medications would help this problem.
- Documentation of ASA in pharmacy package whether the ASA is obtained through VA or OTC
- Responsibility is within primary care teams
- Unknown number of patients with IHD
- Will improve score and track this indicator via computer record that includes OTC

STRATEGY 9a. Be a leader in the advancement of knowledge and practice of quality and patient safety initiatives to include: (a) the use of preventive medicine practices and guidelines for chronic disease management. VISN Number 12

VA At Risk Measures

Provide the following information for each of the VISN's At Risk" measure(s). Use as many sheets as necessary.

	VISN	CHCS	N. Chicago	Hines	Iron Mt.	Madison	Tomah	Milwaukee
At Risk Measure – Infectious, Immunization – Influenza Outpt – Eleven Clinic								
EOY 03 Score	**69%**	**57%**	73%	70%	**65%**	75%	**67%**	77%
Target - FS	70%	70%	70%	70%	70%	70%	70%	70%
Delta	-1%	-13%	3%	0%	-5%	5%	-3%	7%
Do you have an Action plan? Y or N							Y	
If yes, provide a VISN summary of the action plan(s) in the space below								

Chicago:

- Inpatient and outpatient influenza vaccination programs are currently in place. Mass mailings for high-risk veterans were completed and postings were displayed at all sites to encourage veterans to get vaccinated.
- Performance Measure Workgroup will be exploring reasons for veterans declining vaccines and intervention strategies to improve the declination rate.

Iron Mountain:

- Increase flu clinics and increase documentation of those done through PMD or in outside facilities

Tomah:

- Implemented mass mailing to patients to return flu immunization in the mail if received outside the VA.
- Placed advertisements in the newspaper regarding availability of flu vaccine.

STRATEGY 9a. Be a leader in the advancement of knowledge and practice of quality and patient safety initiatives to include: (a) the use of preventive medicine practices and guidelines for chronic disease management. VISN Number 12

VA At Risk Measures

Provide the following information for each of the VISN's At Risk" measure(s). Use as many sheets as necessary.

	VISN	CHCS	N. Chicago	Hines	Iron Mt.	Madison	Tomah	Milwaukee
At Risk Measure – Mental Health, MDD-Outpt Annual screen								
EOY 03 Score	**91%**	**81%**	95%	95%	**85%**	**85%**	100%	97%
Target – FS	92%	92%	92%	92%	92%	92%	92%	92%
Delta	-1%	-11%	3%	3%	-7%	-7%	8%	5%
Do you have an Action plan? Y or N								
If yes, provide a VISN summary of the action plan(s) in the space below								

Chicago:

- A local clinical reminder (Depression Screen- Needs Follow-up Assessment) has been implemented to facilitate documentation. This reminder will be triggered after patients screen positive for depression and will prompt the Provider to complete follow-up.
- Education will be reinforced with Providers during a formal education program during the 2nd quarter.

Iron Mountain:

- Increase compliance with annual screen, use of clinical reminders, in primary care and involve mental health staff in the process

Madison:

- No additional resources planned, will work on process in primary care clinics
- All patients will receive screening at yearly f/u appointment
- We have two RN case managers and two LPN per 2500 uniques in each primary care team to perform preventive medicine duties

STRATEGY 9a. Be a leader in the advancement of knowledge and practice of quality and patient safety initiatives to include: (a) the use of preventive medicine practices and guidelines for chronic disease management. VISN Number 12

VA At Risk Measures

Provide the following information for each of the VISN's At Risk" measure(s). Use as many sheets as necessary.

	VISN	CHCS	N. Chicago	Hines	Iron Mt.	Madison	Tomah	Milwaukee
At Risk Measure – Tobacco – Cessation – Outpt Counsel 3x/yr – Eleven Clinics								
EOY 03 Score	**73%**	**66%**	**67%**	75%	**64%**	**74%**	84%	84%
Target - FS	75%	75%	75%	75%	75%	75%	75%	75%
Delta	2%	-9%	-8%	0%	-11%	-1%	9%	9%
Do you have an Action plan? Y or N								
If yes, provide a VISN summary of the action plan(s) in the space below								

Chicago:

- Screening to identify smokers is performed in all clinics as well as admissions.
- Clinical Reminder for smoking cessation remains active for smokers at all times.
- Patient specific information shared with appropriate staff for feedback.

North Chicago:

- Screening to identify smokers is performed in all clinics as well as admissions.
- Clinical Reminder for smoking cessation remains active for smokers at all times.
- Patient specific information shared with appropriate staff for feedback.

Iron Mountain:

- Provide education to Primary Care and Mental Health staff on satisfying the Clinical Reminders at each applicable visit

Madison:

- Only 1% away from target - we will share results and discuss on a monthly basis with staff. Practice reminders will be sent to all staff.

STRATEGY 9a. Be a leader in the advancement of knowledge and practice of quality and patient safety initiatives to include: (a) the use of preventive medicine practices and guidelines for chronic disease management. VISN Number 12

VA At Risk Measures

Provide the following information for each of the VISN's At Risk" measure(s). Use as many sheets as necessary.

	VISN	CHCS	N. Chicago	Hines	Iron Mt.	Madison	Tomah	Milwaukee
At Risk Measure – Tobacco – Use – Outpt Screened for Use-MH								
EOY 03 Score	**95%**	**93%**	97%	**91%**	99%	**94%**	97%	97%
Target - FS	96%	96%	96%	96%	96%	96%	96%	96%
Delta	-1%	-3%	1%	-5%	3%	-2%	1%	1%
Do you have an Action plan? Y or N								
If yes, provide a VISN summary of the action plan(s) in the space below								

Chicago:

- Mental Health staff members have been trained on clinical reminder documentation. This is a new process for the Mental Health personnel.
- Two clinicians have been assigned to the Mental Health department in order to complete annual screening while Veterans are on-site for scheduled appointments in the Mental Health department.
- The clinicians are referring veterans to primary care for registration and follow-up.
- The clinical reminder for smoking cessation has been modified to come on daily until counseling is documented three times.

Hines:

- Even though this measure has moved to a supporting indicator status, the data is still being tracked and monitored.
- This measure is part of the Mental Health Service Line's PI plan.
- All staff will receive education on fulfilling the clinical reminders in CPRS.
- The trend for this measure continues to improve with the FY02 score of 82%, then the FY03 score of 91%, which is a considerable improvement.
- Now, screening for the first quarter of FY04 is at 100%.

Madison:

- For improving tobacco/smoking screening in MH patients, we will ask IRM to create a new clinical reminder on smoking cessation that is due on a monthly rather than daily basis
- MH workers will take over responsibility for this measure for these patients along with primary care

STRATEGY 9a. Be a leader in the advancement of knowledge and practice of quality and patient safety initiatives to include: (a) the use of preventive medicine practices and guidelines for chronic disease management. **VISN Number 12**

VA At Risk Measures

Provide the following information for each of the VISN's At Risk" measure(s). Use as many sheets as necessary.

	VISN	CHCS	N. Chicago	Hines	Iron Mt.	Madison	Tomah	Milwaukee
At Risk Measure – Ambulatory Care – Cardiology Clinic – Wait Times – Next Available								
EOY 03 Score (lower number is better)	**44**	22	26	22	N/A	**70**	N/A	52
Target - FS	42	42	42	42		42		42
Delta	-2	20	16	20		-28		-10
Do you have an Action plan? Y or N								
If yes, provide a VISN summary of the action plan(s) in the space below								

Madison:

- Need additional cardiologists and support staff, plan to hire additional staff but they are in short supply due to non-competetive salary paid by the VA
- To pursue advanced access philosophy for cardiac care
- Currently, cardiologists are covering inpatient duties and procedures and have very little time in clinic: 0.5 FTEE cardiology staff in clinic per week (approximately 5 half days covered piecemeal by our 6 cardiologists)
- Approximately 10,000 patients with cardiac disease served by cardiology by procedure or hospital consult or outpatient visit
- Implementation of advanced access in cardiology after we increase our number of staff

Milwaukee:

- Program review conducted and additional staff added
- Clinical staff vacancies filled
- Ongoing monitoring of wait times by the DIIG committee

STRATEGY 9a. Be a leader in the advancement of knowledge and practice of quality and patient safety initiatives to include: (a) the use of preventive medicine practices and guidelines for chronic disease management.
VISN Number 12

Public Reporting Measures

Websites to find additional information on the public resorting measures: www.cms.hhs.gov www.medicare.gov

STRATEGY 9a. VISN Number 12	CHCS	N. Chicago	Hines	Iron Mt.	Madison	Tomah	Milwaukee
1. Aspirin given to the patient when admitted to the hospital							
VA EOY 03 Score	100%	100%	86%	100%	100%	-	88%
Highest performing local hospital:	98%	98%	98%	91%	99%	98%	96%
Name	NWM	NWM	NWM	Marquette	UW	Gunderson	Columbia
EOY 03 Score							
Lowest performing local hospital:	NA	NA	NA	NA	NA	NA	NA
Name	NA	NA	NA	NA	NA	NA	NA
EOY 03 Score							
2. Aspirin prescribed when the patient was discharged							
VA EOY 03 Score	100%	100%	100%	-	100%	-	100%
Highest performing local hospital:	98%	98%	98%	97%	100%	100%	96%
Name	NWM	NWM	NWM	Marquette	UW	Gunderson	Columbia
EOY 03 Score							
Lowest performing local hospital:	NA	NA	NA	NA	NA	NA	NA
Name	NA	NA	NA	NA	NA	NA	NA
EOY 03 Score							
3. Beta blocker given to the patient when admitted to the hospital (Performance Measure: AMI-Inpt Beta blockers w/in 24 hrs after adm)							
VA EOY 03 Score	100%	100%	86%	90%	100%	100%	100%
Highest performing local hospital:	96%	96%	96%	87%	100%	100%	92%
Name	NWM	NWM	NWM	Marquette	UW	Gunderson	Columbia
EOY 03 Score							
Lowest performing local hospital:	NA	NA	NA	NA	NA	NA	NA
Name	NA	NA	NA	NA	NA	NA	NA
EOY 03 Score							

Public Reporting Measures (continued)							
STRATEGY 9a. VISN Number 12	CHCS	N. Chicago	Hines	Iron Mt.	Madison	Tomah	Milwaukee
4. Beta blocker prescribed when patient discharged							
VA EOY 03 Score	100%	100%	100%	100%	100%	-	89%
Highest performing local hospital:	96%	96%	96%	90%	99%	99%	89%
Name	NWM	NWM	NWM	Marquette	UW	Gunderson	Columbia
EOY 03 Score							
Lowest performing local hospital:	NA	NA	NA	NA	NA	NA	NA
Name	NA	NA	NA	NA	NA	NA	NA
EOY 03 Score							
5. ACE inhibitor given to patient (Performance Measure: AMI-Inpt LVEF<40 on ACEI at discharge)							
VA EOY 03 Score	100%	100%	100%	100%	83%	N/A	73%
Highest performing local hospital:	88%	88%	88%	91%	98%	100%	NA
Name	NWM	NWM	NWM	Marquette	UW	Gunderson	Columbia
EOY 03 Score							
Lowest performing local hospital:	NA	NA	NA	NA	NA	NA	NA
Name	NA	NA	NA	NA	NA	NA	NA
EOY 03 Score							
6. Assessment of heart function (Performance Measure: HF-Inpt LVF assessment prior to discharge)							
VA EOY 03 Score	100%	100%	99%	97%	99%	100%	100%
Highest performing local hospital:	86%	86%	86%	86%	89%	NA	88%
Name	NWM	NWM	NWM	Marquette	UW	Gunderson	Columbia
EOY 03 Score							
Lowest performing local hospital:	NA	NA	NA	NA	NA	NA	NA
Name	NA	NA	NA	NA	NA	NA	NA
EOY 03 Score							
7. Ace inhibitor given to the patient (Performance Measure: HF – Inpt LVEF<40 on ACEI at discharge)							
VA EOY 03 Score	98%	100%	82%	100%	89%	100%	78%
Highest performing local hospital:	95%	95%	95%	79%	94%	NA	72%
Name	NWM	NWM	NWM	Marquette	UW	Gunderson	Columbia
EOY 03 Score							
Lowest performing local hospital:	NA	NA	NA	NA	NA	NA	NA
Name	NA	NA	NA	NA	NA	NA	NA
EOY 03 Score							

Public Reporting Measures							
Websites to find additional information on the public resorting measures: www.cms.hhs.gov www.medicare.gov							
STRATEGY 9a. VISN Number 12	**CHCS**	**N. Chicago**	**Hines**	**Iron Mt.**	**Madison**	**Tomah**	**Milwaukee**
8. Antibiotic given to the patient in a timely way							
VA EOY 03 Score							
Highest performing local hospital:	**NA**	**NA**	**NA**	65%	NA	NA	77%
Name	**NA**	**NA**	**NA**	Marquette	UW	Gunderson	Columbia
EOY 03 Score							
Lowest performing local hospital:	**NA**	**NA**	**NA**	NA	NA	NA	72%
Name	**NA**	**NA**	**NA**	NA	NA	NA	St. Joseph
EOY 03 Score							
9. Receipt of a pneumococcal vaccination (Performance Measure: Outpt Pneumoncoccal Immunization Prior to Admit)							
VA EOY 03 Score	**67%**	**91%**	**73%**	**88%**	**91%**	**86%**	**84%**
Highest performing local hospital:	**NA**	**NA**	**NA**	NA	NA	NA	53%
Name	**NA**	**NA**	**NA**	Marquette	UW	Gunderson	St. Joseph
EOY 03 Score							
Lowest performing local hospital:	**NA**	**NA**	**NA**	NA	NA	NA	30%
Name	**NA**	**NA**	**NA**	NA	NA	NA	Columbia
EOY 03 Score							
10. Oxygen level assessed when admitted (Performance Measure: Inpt O2 Assess in 24 Hours of Arrival)							
VA EOY 03 Score	**92%**	**97%**	**100%**	**95%**	**90%**	**100%**	**100%**
Highest performing local hospital:	**100%**	**100%**	**100%**	100%	NA	NA	100%
Name	**NWM**	**NWM**	**NWM**	Marquette	UW	Gunderson	Columbia
EOY 03 Score							
Lowest performing local hospital:	**NA**	**NA**	**NA**	NA	NA	NA	99%
Name	**NA**	**NA**	**NA**	NA	NA	NA	St. Joseph
EOY 03 Score							
Provide a VISN summary of the action plan for maintaining or attaining the lead score between VA and the highest performing local hospital in the above public reporting measures. Use additional sheets as necessary.							

STRATEGY 10

Implement a "Service-Recovery" Program.

Initiative: Each VISN and medical facility will establish a service recovery program consistent with directive and handbook being developed by the National Patient Advocacy Program Office.

VISN # and Name: VISN 12, VA Great Lakes Health Care System

A. Name and phone number of Point of Contact responsible for leading the development and implementation of a VISN-wide Service Recovery (SR) Program.

George Lutz, Ph.D. 847-688-1900 x83631

Complete the following template to provide an inventory of SR activities that describe the current status of Service Recovery within the VISN. You may also provide further information to describe the SR processes and practices in place at facilities/VISN based on VHA Handbook 1003.2 by submitting a narrative description if you choose.

VISN 12 has had a VISN-wide Customer Service Committee for a number of years. All facilities participate actively on the committee and share ideas related to customer service. Five of the seven facilities also have facility level Customer Service Councils. The sixth facility has a Customer Service Council that is expected to be operational in the next few weeks. The seventh facility has used the Patient Advocate Program to manage service recovery and is using committees or task forces as needed. Customer service issues at this facility are handled at the division level. This facility is being encouraged to develop a facility-wide Customer Service Council.

The VISN Customer Service Committee is overseeing the implementation of Service Recovery in the VISN. The facility level Customer Service Committees are responsible for local implementation with the exception of the facility where the Patient Advocate Program is responsible for implementation. At this point four of the seven facilities have implemented Service Recovery elements and educational initiatives. The other three facilities are expected to have elements of the SR program in place over the next few months.

The following is a list of some of the SR interventions in place across the VISN:

Three facilities have developed power point training presentations for SR. Other facilities have utilized videos such as General Hospitable to introduce Service Recovery. Several facilities are including SR in the annual mandatory training. The VISN Customer Service Committee is planning to develop a VISN wide Service Recovery training module.

All facilities are actively using SHEP and IDEAS patient experience data to communicate strengths and problem areas in their programs to staff and patients. Results are posted on bulletin board, included in newsletters, etc. One facility has a reward program for clinics based on positive survey results.

One facility has developed scripts for a 48-hour post-discharge phone program, which they use to contact inpatients after discharge. Scripts are used to help resolve any problem areas reported by patients. Several other facilities are also planning post-discharge phone contacts.

In one facility the Medical Center Director has met with front line employees to personally communicate to them the importance of customer service/service recovery. This facility also has a policy of encouraging staff to escort patients who are having trouble locating an appointment to the appropriate clinic with the understanding that staff are excused from lateness to a meeting, etc. if they are escorting a patient.

One facility has developed a waiting lounge for frail veterans awaiting admit or discharge. The lounge has a recliner, lounge chairs, TV and telephone. Veterans who need to lie down while waiting for an appointment can also use this lounge.

One facility has also developed a mental health medication hotline to resolve medication problems, handle refills, etc.

There are also a variety of award/recognition program either in place or being developed that recognize staff with gift certificates, posters on bulletin boards, newsletter articles for providing exceptional customer service.

One facility has a “Hall of Heroes.” Veterans are nominated for this award based on their military service. A committee reviews nominations. A ceremony is held with refreshments, a presentation of a plaque. A picture of the veteran is then placed in the main outpatient lobby with an explanation of the veteran’s service accomplishments. One of the goals of the program is to sensitize staff to the veterans they are encountering on a daily basis, today. This program is very popular with veterans and staff and creates a greater sense of awareness of the importance of our work.

Service Recovery (SR) Inventory – VISN Report

Component	***Elements***	***Facilities YES***	***Facilities NO***	***Comments***
Program Design	▪ *There is a defined structure in place that supports the implementation of Service Recovery (e.g. process owner).*	X		*VISN 12 has a VISN wide Customer Service Committee, which is overseeing the implementation of Service Recovery in the VISN.*
	▪ *There are policies and standards in place to support SR.*	*X*		*Six of seven facilities have Service Recovery as part of their Customer Service Program memo or strategic plans. The other facility will be asked to develop the necessary policies.*
	▪ *SR is an organization-wide effort*	*X*		*Most Facilities have begun training staff in Service Recovery as part of their ongoing training activities. Several facilities have developed power point training presentations on Service Recovery. The VISN Customer Service Committee is planning to develop a VISN wide Service Recovery training module.*

Leadership Support	▪ *Leadership provides tangible resources (e.g., money, staff time) to support SR activities.*	*X*		*Leadership at most facilities have provided support for organizing Service Recovery task groups or committees.*
	▪ *Leadership demonstrates a commitment to, and involvement in, SR.*	*X*		*Leadership at six of seven facilities has reporting mechanisms in place to track Service Recovery. Service Recovery is a key element in strategic plans for most facilities.*
Communication	▪ *There is communication about SR throughout the facility.*		*X*	*One facility has trained 100 supervisors and managers. Another has Service Recovery training as part of its annual training and new employee orientation. The other facilities are in the process of developing education program with the goal of having all employees in the VISN familiar with the concepts and significance of Service Recovery by the end of FY 04.*

	▪ *SR materials and information are widely shared with staff (e.g., SR Handbook, training video, best practices, etc.).*	*X*		*One facility has developed a Service Recovery brochure and a refrigerator magnet for employees that list the key concepts of Service Recovery. Other facilities are using Service Recovery videos for training.*
	▪ *"Scripts" have been developed for staff to utilize when responding to complaints and concerns.*	*X*		*Several facilities have incorporated scripts into their SR training. One facility is using scripts for their discharge follow-up calls.*
Employee Focus ***(recruitment, training and recognition)***	▪ *Customer Service skills are included as a consideration in staff selection.*		*X*	*Facilities are reviewing their procedures for inclusion of a customer service component in the selection process.*
	▪ *SR is considered part of every employee's job and is factored into staff evaluation and performance.*		*X*	*Customer service is included as an evaluation component at most facilities. The addition of Service Recovery elements into the evaluation/performance process will be developed.*
	▪ *Training is provided to managers and supervisors on SR.*		*X*	*The majority of VISN 12 facilities have not yet added SR training for supervisors/managers but this is in development.*

	▪ *Training is provided to front line staff on SR.*	*X*		*Five of our seven facilities are fairly well along in development and implementation of SR training for staff. Facilities have developed power point presentations and also used the video "General Hospitable".*
	▪ *Front line staff is empowered to resolve patient problems at the point at which they occur.*	*X*		*Several facilities have begun to have front line staff included in resolution of customer service problems that occur in their areas.*
	▪ *A variety of learning methodologies is used to provide staff the tools and information needed to be successful in SR.*	*X*		*Four of seven facilities are using annual training, newsletters, daily bulletin articles, brochures, etc to publicize SR. The other three facilities have tools in development.*
	▪ *Systems are in place to provide staff with support, rewards and recognition for proactively identifying and resolving patient concerns.*		*X*	*Five of seven facilities have recognition programs in place for exceptional customer service. These programs include special presentations, awards, publicity in newsletters, daily bulletins or posters put up around the hospital.*

Information and Analysis	▪ *Information is proactively solicited from patients on their experiences (e.g., surveys, focus groups, inpatient rounds, mystery shoppers)*	*X*		*All facilities are using local and national patient experience survey data to develop and improve their Customer Service Programs.*
	▪ *Information on unmet service expectations is collected and entered into a database*	*X*		*All facilities are entering patient complaint data and returning the complaints to the program areas for action.*
	▪ *The root cause of unmet service expectations is identified*	*X*		*Several facilities have made major changes in their intake, pharmacy, discharge processes based on analysis of service gaps.*
	▪ *Patient satisfaction and complaint data are shared widely with staff throughout the facility*	*X*		*All facilities actively publicize satisfaction/complaint data using posters around the facility, newsletters, daily bulletin articles, etc. The VISN Customer Service Committee has actively been working on this for the past several years.*

	▪ *Patient satisfaction and complaint data are utilized to make system improvements*	*X*		*Patient satisfaction/complaint data has been communicated through the VISN Customer Service Committee and is used in the strategic planning process at the facility and the VISN level.*
Handling Complaints and Concerns	▪ *Staff has been provided with guidelines and standards for addressing patient concerns.*	*X*		*All facilities have well developed patient advocate/customer service representative programs and have provided education to staff*
	▪ *Patients have easy access to staff to voice complaints and concerns.*	*X*		*All facilities have had patient advocate/customer service representative programs in place for a number of years with either a centralized or a decentralized customer service representative program.*
	▪ *Patients are provided with information and education on how to make complaints (e.g., information about the complaints process is posted in patient areas).*	*X*		*All facilities use a variety of modalities for educating patients on the complaint process including patient handbooks, participation in health fairs, brochures, etc.*

	▪ *"Comping" is utilized as one alternative for resolving service failures.*		*X*	*Most of the facilities have started to look at plans for "comping." One facility has a system in place for mailing an apology letter and including a canteen certificate for patients who have had customer service problems.*
OTHER:	***Resources**: For this fiscal year there are no additional funding requests for Service Recovery implementation. Most of the implementation this year will be done at the facility level and requires allocation of existing staff to work on Service Recovery or Customer Service Committees. Plans for "comping" will require a small amount of funds at each facility from non-allocated funds. So far cooperation has been very good at the facility level.*			

List and briefly describe any SR Best Practices/success stories within the VISN. Identify a Point of Contact (Name/Phone Number/e-mail) for each item submitted:

Mental Health medication hotline. Madison VA has set up a hotline for mental health patients who need medication refills. Patients whose only need is for a medication refill can call the hotline, which is staffed during business hours, and the refill is then facilitated.
Contact person: Susan Belopavlovich, Madison VA. Phone: 608-256-1701.
E-mail: Susan.Belopavlovich@med.va.gov

Waiting lounge for frail veterans. Madison VA has set up a room with reclining chairs, TV, phone available for frail veterans who have multiple outpatient appointments or who are awaiting admission or discharge.
Contact person: Susan Belopavlovich, Madison VA. Phone: 608-256-1701.
E-mail: Susan.Belopavlovich@med.va.gov

Daily check on patient satisfaction for inpatients. Iron Mountain VA has volunteers who go around to the inpatient units daily delivering magazines/newspapers. These volunteers also have been trained to inquire about any problems patients are having with their care. The volunteers have brochures on the patient representative program available and also contact the patient representative for follow-up if needed. The patient representative will then come to the unit and provide assistance.
Contact person; MaryAnne Gibler, Iron Mountain VA. Phone: 906-774-3300x32020.
E-Mail: MaryAnne.Gibler@med.va.gov

Madison VA has a "Hall of Heroes." Veterans are nominated for this award based on their military service. A committee reviews nominations. A ceremony is held with refreshments, a presentation of a plaque. A picture of the veteran is then placed in the main outpatient lobby with an explanation of the veteran's service accomplishments. One of the goals of the program is to sensitize staff to the veterans they are encountering on a day today basis. This program is very popular with veterans and staff and creates a greater sense of awareness of the importance of our work.
Contact person: Susan Belopavlovich, Madison VA. Phone: 608-256-1701.
E-mail: Susan.Belopavlovich@med.va.gov

D. Outline preliminary plans to fully implement Service Recovery throughout the VISN (per components outlined in Handbook 1003.2) including major goals, key milestones and timelines over a 2-year timeframe. (Use additional paper as appropriate),

Major Goals	Key Milestones	Timelines
Development of Facility level Customer Service Councils at all facilities	Five of seven facilities have Customer Service Committees in place. The sixth facility committee will be operational with the next few weeks. The seventh facility will be encouraged to develop a Customer Service Committee by the end of FY 04.	Will be complete by 9/30/04
Implementing SR as part of recruiting and employee performance plans	Some facilities have elements in place. Others are developing this component.	Will be complete by 9/30/04
Staff reward programs for exceptional customer service in place at all facilities.	Most facilities have programs in place. The VISN Customer Service Committee will review the programs at all facilities over the next few months.	Will be complete by 9/30/04
All VISN staff to complete SR training	Five facilities have already begun some SR training. The VISN Customer Service Committee will review this component monthly.	All VISN staff to have received SR training by 9/30/04

E. Identify barriers and obstacles to implementing SR that can be addressed by the National Veteran Service and Advocacy Program Advisory Board/Program Office (e.g. tools, trainings, resources, etc).

No particular barriers to implementation identified at the present. The facility level committees are receiving support from management for the development of their Service Recovery Programs. The VISN Customer Service Committee is reporting regularly to the VISN Quality Council on SR implementation.

STRATEGY 12

Provide incentives for ongoing, continuous healthcare system redesigns to streamline work, and to analyze, identify, and promulgate improved health care practices.

Initiative: Fully implement Advanced Clinic Access under the guidance of the ACA steering committee.

Required Submission

Submit a plan for ACA implementation and proliferation during FYs 2004 and 2005 in the following format.

VISN Advanced Clinic Access (ACA) Implementation Plan

VISN and name: VISN #12; Great Lakes Health Care System
Goals:

1. Achieve ACA implementation in primary care by December 2004
   Strategies
   - Facilitate ACA implementation in specialty care
   - Collaborative planned for Fall, 2004
   - Monitor primary care wait times at VISN level/correlate with performance

2. Reduce specialty care waiting times
   Strategies
   - Monitor specialty clinic wait times and feed back information to top and mid-level managers
   - Develop network of specialty care mid-level managers; provide them with ACA expertise and leadership training to implement ACA at their facilities.
   - Plan specialty care collaborative to reinforce ACA principles and implementation techniques (May 2004)

3. Begin ACA pilot for specialty care at all facilities by December 2004
   Strategy
   - Use specialty care mid-level managers to plan and implement pilot

4. Achieve ACA implementation in specialty care performance clinics by December 2005
   Strategy
   - Spread initial pilots throughout the specialty care clinics

To accomplish the goals, the following strategies and actions have been identified. (These will be tracked via quarterly reports.)

Strategy	Action Plan to achieve Strategy	Person Responsible	Target Date	Status
Collaborative planned Fall 2004 with a focus on primary care	Primary Care Oversight Team has been developed which will begin retreat planning	Brian Schmitt MD	October 2004	Planning stage
Monitor primary care wait times at VISN level/correlate with performance	VISN 12 Primary Care Performance Monitoring Program has been tasked with monitoring wait times and performance data for all primary care providers in VISN. Reports are distributed to individual providers quarterly.	Gordon Schectman MD	January 2004	Completed/ ongoing
Monitor specialty clinic wait times and feed back information to top and mid-level managers	Waiting time data compiled monthly and distribute to Specialty Care Oversight Team; Action plans to improve access (if suboptimal) to be formulated quarterly.	Gordon Schectman MD	March 2004	To begin 3/04
Develop network of specialty care mid-level managers; provide them with ACA expertise and leadership training to implement ACA at their facilities	Invitations extended to selected mid-level managers in specialty care to join the specialty care oversight group (SCOT). First meeting: an orientation retreat in Lake Geneva to begin to build ACA expertise and leadership skills.	Gordon Schectman MD	February 2004	Initial orientation completed; expertise and leadership training ongoing
Plan specialty care collaborative to reinforce ACA principles and implementation techniques (May 2004)	SCOT group charged with planning collaborative, to include three outside ACA experts.	Beverly Krams RN	May 2004	Planning Stage
Use specialty care mid-level managers to plan and implement pilot	SCOT leaders will begin planning pilot ACA specialty clinics; final planning and implementation to occur with the help of the specialty care collaborative.	Beverly Krams RN	July 2004	Planning Stage
Spread initial pilots throughout the specialty care clinics	Successful specialty care pilots will be used as model to spread ACA implementation throughout specialty performance clinics	Specialty Care Oversight Team Leaders	December 2005	Planning Stage

1. To implement this strategy, what is your Network planned resource investment in FYs 2004, 2005, and 2006?

FY 04: If wait lists for Primary Care for VISN 12 develop, then additional resources to accommodate the influx of new patients would be necessary; these would include the addition of 1 provider, 1 registered nurse and 1 licensed practical nurse (or one health technician) for every 1200 patients accepted into primary care from the wait list. One PSA would be needed for every 1500 patients. In addition, one social worker, one dietitian and one clinical pharmacist would be needed for every 3000 patients.

For specialty care, a full needs assessment for additional resources would be most appropriate once advanced clinic access principles were more fully introduced in VISN 12. This is anticipated to occur by December 2004.

FY 05 As per FY 04

FY 06 As per FY 04

2. For FY 2004:

a. Define what successful implementation of this strategy would look like in your Network (to the level you expect to attain).

Successful implementation of this strategy would be documented by reduction in wait times for specialty care to less than 30 days for all performance specialty clinics. Patient satisfaction with access to care would increase as veterans who call for sooner follow-up appointments would obtain prompt and timely service.

b. When appropriate to the strategy, describe the equipment you expect to have and identify that which will be obtained this fiscal year to complement existing equipment.

Retinal cameras (two per facility) could potentially reduce demand for expensive Ophthalmology services and improve access in Eye clinic.

c. How many FTEE are dedicated to implementing this strategy?

VISN 12 POC (physician): 0.4 FTE
Facility POCs (7 including NPs, RNs, MAS): 0.2 FTE per site
Specialty Care Oversight Team (26 specialty care leaders): 0.05 FTE per individual
Primary Care Oversight Team (14 primary care leaders): 0.05 FTE per individual
Total: 3.8 FTE

d. How many unique patients will be served in this effort?

This strategy would target all patients receiving outpatient care in VISN 12 (approximately 198,000).

e. How are you going to measure success for this fiscal year?

Success will be measured for FY 04 by determining the level of ACA implementation in Specialty Care in VISN 12 by:

i) completion of comprehensive service agreements between primary care and all performance specialty clinics.

ii) degree of implementation of ACA key changes in specialty clinics

iii) reduction in wait times as measured by the "next available" in specialty care, particularly for those clinics with suboptimal waiting times.

f. Suggest any performance measures that would be useful at the national level for tracking progress in this strategy.

Wait time measured by "third next available", with approach for eliminating non-provider clinics. This would be better measure than the "next available".

VHA Strategy 20 – Data Sheet & VISN Report for Network Plan Submission

Provide appropriate support for training, education and resident supervision

Initiative #1 – 2003-2008: Resident Supervision

Expansion of audit processes for oversight of physician resident supervision

Description: Since 2002, EPRP has collected data related to attending documentation in the inpatient setting. Collection of data related to outpatient supervision is due to begin in FY2004. Other monitoring will be phased in over the next 5 years.

Outcome Measure: Facilities should monitor and improve medical staff supervision of trainees, and continually improve the medical record documentation of supervision.

VISN Instructions: Please send the Data Form to all facilities to solicit facility level data. However, data should be reported in aggregate format only for the required submission of the March 1, 2004 Network Plan. Separate facility responses should not be submitted in the Network Plan. *Note, that Q3 is only for Facility Data collection and Q6 is only for the Network Plan submission not the facility data collection*. Please report specific examples of best practices, innovations, and highlights.

VISN #: 12	Facility #	Facility Name:

Q1. Please rate your current level of performance on this initiative

Minimally successful	Partially successful	Fully successful	Exceptional
	X		

Q2. Please describe your current level of performance in a narrative format.

This network is fairly "far down the road" in implementing and refining this program. Each facility has a functional program in place that is actively incorporated into routine hospital operations. There is an orderly flow of data through medical and executive leadership and to the respective Affiliates. Some of the programs have quite exceptional and clever processes in place to obtain the relevant information and some sites have very tight links with hospital management such that the relevant data is reviewed on a monthly basis. None of the problems are broadly sophisticated in all aspects of the monitoring process, but almost each one has islands of excellence within specific process domains. Across the network, the monitoring is most complete in the inpatient and surgery settings and most sporadic in the outpatient and consultation spheres.

l The monitoring of diagnostic and therapeutic procedures and the resident activities of "graduated levels of responsibility" lie in between the gradations. However, in no instance, are there are areas in which the program is not functional. The differences in degrees lie in the number of cases reviewed, the breadth of procedures monitored, the amount of resident activities surveyed consistent with training activities, and in a portion of outpatient services. These relative monitoring deficiencies do not reflect that the attending staff is failing to provide the supervision consistent with the service, but reflects that sufficient data has not be obtained to measure the level of compliance. The various steps that are being instituted to improve the monitoring process are contained in the past submission of the Annual Review of the Resident Supervision programs submitted to the OAA. A recent undertaking is to allow every facility access to each other's Annual Report in order to match common problems and solutions through one another's experiences. The data across the network reveals relatively good compliance across most spheres with excellent results in others. Some sites perform less well than others in matched areas, but those programs tend to be the least mature. All sites have shown improvements since the initiation of the program. One medium size teaching institution monitors completely the in patient, out patient and consultation services with remarkable success.

VHA Strategy 20 – Data Sheet & VISN Report for Network Plan Submission

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Outcome Measure: Facilities should monitor and improve medical staff supervision of trainees, and continually improve the medical record documentation of supervision.

Q3. (Facility Data Collection Only) List one specific example of what you have done at the facility level to improve performance on this initiative.

1. CPRS templates used by attending physicians to document involvement in the 1st patient visit after admission and daily documentation. (#607)
2. View alerts when history and physical examinations, operative and surgical reports, discharge summaries, and co-signatures are not timely completed. (#695)
3. CPRS business rules modified to require attending co-signature on all notes titled "consult"{Primary Care Management Module Software}(#695)
4. Provider specific work load reports with education material concerning supervision documentation for consultations. (#695)
5. Monthly reports to program directors. All corrective action plans are submitted to the Director, CoS, Performance Improvement and Medical Records Chiefs to solicit their support, opinion commitment to the monitoring process. (#556)

VHA Strategy 20 – Data Sheet & VISN Report for Network Plan Submission

Provide appropriate support for training, education and resident supervision

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Outcome Measure: Facilities should monitor and improve medical staff supervision of trainees, and continually improve the medical record documentation of supervision.

Q4. List identified barriers to achieving fully successful or exceptional performance on this initiative. (For March 1, 2004 Network Plan submission, List most frequently identified)

1. Surgical specialties for various reasons tend to be less compliant with the process. A portion of that problem may relate to remuneration and enhance those physicians attendance .in the clinic setting. (#607)
2. Absence of full time active ACOS (E) (#537)
3. Absence of dictation capacity (#607, 695)
4. Lack of a computer function to force consultation requests whose title contains "consult". Lack of certain functions prevents computer assisted monitoring of documentation. (#695).
5. Lack of financial incentives (#607,695)
6. Larger institutions with numerous programs and physicians have a complex management problem to collect sufficient data and to monitor the extent of all residents and attending physician activities. (#578).
7. Lack of support staff to aid in providing timely reports.(#556) Lack of out patient office space as residents & staff share offices. (#556)

Q5. List resource needs or other assistance required for achieving fully successful or exceptional level of performance on this initiative. (For March 1, 2004 Network Plan submission, List most frequently identified)

1. FTEE request (1.0) Program support position include responsibilities for T & A, education, audits; and implement T & A tracking software (VISN 3); the latter requires an additional FTEE to convert VISTA data to Access, then to Excel, and then to cross check with Vista Paid menu. (#607).
2. IRM or technical assistance to remove deficiencies in computerized methods to monitor documentation and to create timely performance reports for "staff feedback." (#695)l
3. Additional physician staff to lessen the severe service burdens and allow the teaching physicians to perform their clinical duties and comply with the supervision requirements. (#578)
4. FTEE (1.0) to manage and handle all administrative and data activities, clinic space, CPRS accessibility off-site to all attending staff ff- (#556)

VHA Strategy 20 – Data Sheet & VISN Report for Network Plan Submission

Provide appropriate support for training, education and resident supervision

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Outcome Measure: Facilities should monitor and improve medical staff supervision of trainees, and continually improve the medical record documentation of supervision.

Q6. (For March 1, 2004 Network Plan submission Only) List the steps taken, resources allocated, or plans in progress to succeed in achieving the goals of this initiative.

1. Three year experience of developing such programs at the Network and at respective Network campuses. Each program is created and structured to be consistent with and meet the requirements of Handbook Directive 1400.1.
   A. Each campus, including most outpatient clinics where residents are placed, collects data on a regular and routine basis with the data collection process integrated into normal hospital functions and operations.
   B. The information is provided to Medical and Hospital Leadership and to the Affiliates on a regular and routine basis, but with varying intervals across sites.
   C. The scope, breadth and depth of the audits must be improved as the major disciplines, the in patient services, specific procedures, physician surgical attendance, history and physician examinations, and appropriate levels of graduate training tend to be most commonly audited. For "operational" reasons, outpatient services, consultations, varied procedures, and sub-specialty services are monitored less vigilantly and comprehensively. The amount of records and the domains less frequently audited will be addressed in AYs '04-05'.
2. Resident Supervision and Documentation is a quarterly agenda item at Network Academic Council Meetings. Bi-annual or ad hoc reports are presented to the Network Executive Leadership Council. The Network Academic Officer reviews the Annual (OAA) and Bi-Annual (VISN) reports with each Chief of Staff and reviews his report with the Academic Council, the Network Director and provides a synopsis to the Executive Leadership Council.
   A. "Best practices," common problems and proposed solutions are addressed at Academic Council meetings. Structure, operations and process of each program are reviewed to ensure compliance with all Handbook 1400.1 elements.
   B. Network encouraged and facility generated policies are promulgated to solidify the program e.g. acceptance of "supervision and documentation" performance measures integrated into the credentialing process.
3. "Ad hoc" issues are raised and discussed at the Academic and Executive Leadership Councils; e.g., recent HHS opinion regarding VHA "resident documentation and billing" and its significant ramifications.
4. Network created spreadsheet is used across sites as an auditing tool to assure that all Handbook 1400.1 components are monitored.
5. As the number of audits is expanded and the elements of the audits increase, develop Section specific and provider specific benchmarks. At present, insufficient data is obtained regarding individual physicians. By the completion of AY '04-05', statistically valid data regarding the Section performance of the major disciplines; completion of AY '05-06' is the target date for similar data regarding the sub-specialty services. Provider specific data in the major disciplines is expected to be completed no later than the end of AY '05-06' and likely before. Physician (specialty) performance data will not likely be completed before the end of AY '05-06.'

VHA Strategy 20 – Data Sheet & VISN Report for Network Plan Submission

Provide appropriate support for training, education and resident supervision

Initiative #1 – 2003-2008: Resident Supervision

Expansion of audit processes for oversight of physician resident supervision

Description: Since 2002, EPRP has collected data related to attending documentation in the inpatient setting. Collection of data related to outpatient supervision is due to begin in FY2004. Other monitoring will be phased in over the next 5 years.

Outcome Measure: Facilities should monitor and improve medical staff supervision of trainees, and continually improve the medical record documentation of supervision.

6. Standardize and co-ordinate the auditing process across sites so that data is obtained from identical audit processes at the same times in order to compare facility data and measure Network performance throughout the year. Target completion date is Q2 AY '05-06.'
   A. Requires adjustments for different missions and services.

7. Develop and obtain consensus for facility, section and provider performance measures. Target completion date unlikely before AY '05-06' and likely longer depending upon whether other sites will collect, aggregate and report data similar to our Network. Aggregated data, such as facility and section, will be easier to obtain. Anticipate that only average scores per class of physician will be transmissible.
   A. Identify sources of benchmark data e.g., intra-VHA Hospital Groupings.
   B. Identify intra-network inter-facility (ies) benchmarks. Will accomplish. AY '04'
   C. Identify a repository of such data e.g., OAA or informal data transmission between Medical Officers.
   D. Report data to ELC on quarterly or bi-annual basis.
   E. Consider such Performance Measure as a component to Network Performance "scorecards." If proposal is accepted, target date for implementation is Q 3-4, AY '05-06.' t
   F. Individual staff physician "Resident Supervision" Benchmark (Performance Measure) data incorporated into credentialing process. Target date Q4, AY 05-06 or more likely AY '06-07' because this is a multi-step process requiring (1). Agreement of concept (2). Obtain sufficient statistically valid data (3). Agreement on benchmarks and reliance of benchmark sources and (4) Weighting of measure in relation to credentialing process.

8. Find ways to link and or integrate a portion of the Academic Council's functions and or structure related to the management of Resident Supervision with the Network Compliance and Business Office functions. An initial phase consisting of liaison representatives and or cross Council members can be completed in Q3-4, AY '03-04.' Further advisory and administrative integration might be completed Q2-3 AY 04-05.

9. Intra-network facility access to OAA data base containing Annual Reports from each site providing for transference of best practices and ready made solutions to common problems. In process Q2 AY '03-04'.

10. Develop medical documentation templates integrating and embedding Handbook requirements. Co-ordinate efforts with HIMS, Compliance, Business and CPRS Sections. Begin project Q2-3 AY '03-04' with completion target date of Q3-4 AY '05-06' because of the number of documents to generate, approval of the relevant Sections and development of the software.

11. Resident Supervision and Documentation information integrated into the Trainee Orientation Process in a systematic and comprehensive manner in contrast to an " ad hoc" method. (see Initiative #5). Develop survey or examination to measure effectiveness of achieving goals. Begin project Q3-4, AY '03-04', but completion date will be dependent upon review of the OAA National Trainee Orientation "Kit" expected to be released during AY '03-04.'

12. The Network is not requesting any additional resources to accomplish these tasks. However, a part-time Program Analyst (0.25 FTEE) to assist in collecting, displaying, reporting, analyzing, and obtaining benchmark data would lessen the time needed to complete these projects. This could be a collateral duty to either Network or Campus based personnel. Network campuses will require additional personnel to collect, report, aggregate, and statistically analyze the data.

VHA Strategy 20 – Data Sheet & VISN Report for Network Plan Submission

Provide appropriate support for training, education and resident supervision

Initiative #2 – 2003-2008: Learner Perception Survey Improvement

Facility and VISN initiatives to address variations in feedback from the annual VHA Learners Perception Survey

Description: Since 2002, an annual survey has been done of a subset of VHA trainees. Facility and VISN level data is reported back each year.

Outcome Measure: Feedback from the annual survey should be used to make changes in the environment for trainees and continual improvement should be seen in scores.

VISN Instructions: Please send the Data Form to all facilities to solicit facility level data. However, data should be reported in aggregate format only for the required submission of the March 1 Network Plan. Separate facility responses should not be submitted in the Network Plan. . *Note, that Q3 is only for the Facility Data collection and Q6 is only for the Network Plan submission not the facility data collection*. Please report specific examples of best practices, innovations, and highlights.

VISN #: 12	Facility #	Facility Name:

Q1. Please rate your current level of performance on this initiative

Minimally successful	Partially successful	Fully successful	Exceptional
	X		

Q2. Please describe your current level of performance in a narrative format.

VISN 12 just reached the stage whereby we were confident in enrolling a representative numbers of trainees to be registered for the survey via the old methods. The new trainee registration method will only enhance our network's trainee response to the survey. We have turned our attention and converted our processes consistent with VHA Directive 2003-032. All sites are capturing trainee registration in that manner. They have identified the best suited manner by which to capture the data, as there is not an agreement as to a common site, time, and place that serves to capture all trainees. Those trainees who require access to CPRS are the easiest to enter. The data entry process is no longer problematic with the resolution of minor IRM obstacles and the national clarification of the data field components.

The information obtained from the national survey has not been put to its full use. For reasons more fully described in Q.#6, there is an underlying current that the data is neither entirely valid nor representative. The newer method of capturing larger numbers of trainees may lessen such uncertainties. Other factors that tend to vitiate the influence of the survey results are many criticisms are beyond the control of the medical leadership, and the inability to track back the comments to a specific individual or section. Nonetheless, the network does express a commitment, as reflected in the answers to Q. #6 to create a Quality Improvement process based upon the national survey.

Most of the network sites locally survey their trainees in conjunction with their Affiliates as part of the program accreditation process. Those surveys occur more often than yearly and serve as the data source from which trainee perception is managed.

Q3. (Facility Data Collection Only) List one specific example of what you have done at the facility level to improve performance on this initiative.

1. Adequacy of cafeteria service has been addressed by providing hot carry out food after hours selected from a carry out menu for on call residents. Complaints about the diminutive library service will be rectified by increasing the available computer based research tools and to publicize a reading room in the adjoining Affiliate building. Shifting some blood drawing responsibilities to nursing staff and hiring nominal additional phlebotomy labor has lessened dissatisfaction with some complaints. (#607)
2. Created methods to facilitate dialogue between parties by adding Chief Residents to Graduate Medical Education Committee and the ACOS (E) is now a sitting member of the House staff Health and Welfare Committee. (#695)
3. Teaching to is restricted to those physicians who are highly rated on a house staff survey. (#695).
4. Addition of housekeeping staff (#695)
5. Use of Grand Rounds to supplement teaching in those topics scored as inadequate.(#695)
6. Employee training to improve staff morale and co-cooperativeness (#695)
7. Purchase of new living apparatus for on call rooms (#695).
8. Hospital has created a formal process for cleaning and repairing the physical surroundings with concomitant inspections. (#578)
9. Chief residents are members of the VA House Staff Review Committee and Affiliate graduate medical education committees. (#556)

Q4. List identified barriers to achieving fully successful or exceptional performance on this initiative. (For March 1, 2004 Network Plan submission, List most frequently identified)

1. One facility does not operate a full cafeteria service beyond 3:00 PM and supports only a small library.(#607)
2. Absence of full time ACOS (E) (#537)
3. Data supplied on an annual basis; data should be obtained at the end of rotation rather than at the end of a year. Trainee perception likely takes into account comparison of VA experience with rotations at hospitals that have more amenities and less rigid security precautions.
4. Intractable problems with ventilation, heating and air-conditioning that preclude comfortable room temperatures. (#578)
5. Inadequate support staff for ACOS (E) (#556)
6. Length of survey (#556)

Q5. List resource needs or other assistance required for achieving fully successful or exceptional level of performance on this initiative. (For March 1, 2004 Network Plan submission, List most frequently identified)

1. Funds to expand library and cafeteria services and other accoutrements that provide for a pleasant or comfortable work and on call surroundings. .
2. Hire additional personnel for phlebotomy and other services provided by residents but unrelated to training nor education and which can be provided by less expensive personnel.
3. Funds directed towards facilities management improvements. However, two new patient care buildings are under construction and certain areas in the old buildings are scheduled for renovation.(#578)
4. Support staff for ACOS(E) {FTEE, 1.0} (#556)

Q6. (For March 1, 2004 Network Plan submission Only) List the steps taken, resources allocated, or plans in progress to succeed in achieving the goals of this initiative.

1. The results of the Annual National Learners Perception Survey is reviewed at the Network Academic meeting; presented and reviewed at the network Executive Leadership Council meetings.
2. Before VHA Directive 2003.032 was promulgated, the number of registered trainees from each site was quarterly reviewed by the Academic and Executive Leadership Councils. Various options were explored to increase the number of participants. The reason for so mentioning this as part of Initiative #2 is because of the generally held opinion that the data lacks statistical significance and is flawed by sampling bias.
3. Of the four commonly cited "across network" complaints, three fall outside of the direct influence of medical leadership. Facility conditions, employee relations and student perquisites such as cafeteria services, library hours, and room conditions, are not easily remedial through the medical organization channels. The limited comments regarding faculty instruction are anecdotal, rather than systemic or institutional, and are supplied without reference to identifying the offending or responsible parties. Most of the reported data is facility specific, but not program, or person specific. Such reporting does not lend itself to an easy remedy
4. The results of the Learners Perception Surveys are communicated to each Affiliate Accreditation Program Director and presented to the medical leadership committees at each campus.
5. Most network sites have their own internal surveys in the three major disciplines (medicine, surgery and psychiatry) that are obtained from trainees upon completion of their rotations and similarly relayed to program Directors. The results of those surveys serve as the basis for facility and program based improvements. The results of those surveys are compared with the Annual Survey. The discrepancies between the two surveys serve to lessen the incentive to act and improve upon the National Learners Perception Survey data.
6. Developing Quality Improvement initiatives based upon annually released data does not lend itself to the typical Plan, Do, Check and Act process common to Quality Improvement processes. Timely adjustments cannot be accomplished with annual data because the intervals between steps are too long. In addition, certain problems such as facility maintenance and conditions and employee culture require prolonged periods to rectify and may not be altered by the coming survey.
7. The Network will begin to collate the criticisms into various major issue categories (e.g. administrative, benefits ,training, supervision ,material, etc.) and sub-groupings and distribute it to Council representatives. Each site representative will be requested to provide the Academic Council with an updated report regarding their efforts to rectify constructive criticisms listed within the various categories. This initiative can begin Q4, AY –'03-04' and will be a continuous project with "tri-annual" (3x/year) site reporting. Likewise, each site will report to the Council regarding facility corrective actions based upon their local surveys. Consequently, the Academic Council will serve as a conduit for common solutions across network sites. Reporting will begin Q 3, AY '03-04'.

Q6. (For March 1, 2004 Network Plan submission Only) List the steps taken, resources allocated, or plans in progress to succeed in achieving the goals of this initiative.

8. Obtain National benchmarks from similar hospital groupings to compare performance between teaching institutions. OAA might consider collecting such data for distribution. Informal discussions between Academic Officers and or Chief Medical Officers can provide broad based, empirical and individual network component data for crude benchmark purposes.

9. OAA monthly conference call might include items such as this and serve as a vehicle to transmit or discuss solutions to criticisms common across the country. Regional management will relay such advice through local vehicles.

10. Establish target goals for % improvement within domains and or category groupings (see above) for each AY '04-08'. Such measures could be considered as a component of executives annual job performance review. Target goals could be completed Q3-4, AY '03-04'.

11. Integrate relevant National Learners Perception Survey questions into the local program surveys so that more timely data is available and Quality Improvement processes can be applied. Transfer local major discipline surveys into sub-specialty rotations. Develop internal site mechanisms for such data to be reported to local medical and executive leadership rather than merely transmitted to Program Directors. Similarly, such data can be re-formatted and re-shaped into common categories across sites and reported to the Academic Council on a quarterly or tri-annual basis. Target date to begin such an initiative is Q1-Q2, AY '04-05'

12. The Network is not asking for any additional resources, but a collateral (0.25 0.5 FTEE) to collect, aggregate and analyze the data (statistically valid) would accelerate the time to completion. This FTE could be a collateral duty to either network or facility personnel.

VHA Strategy 20 – Data Sheet & VISN Report for Network Plan Submission

Provide appropriate support for training, education and resident supervision

Initiative #3 – 2003-2008: Resident Work Hours

Facility and VISN efforts to address staffing implications of new limitations on physician resident work hours.

Description: New accreditation rules as of July 1, 2003 limit resident work hours to 80 hours weekly. Other rule changes have also gone into effect. These changes impact resident schedules and the clinical operations of medical centers.

Outcome Measure: Facilities and VISNS should be aware of the new accreditation requirements. Monitoring procedures should be in place at the facility level. Sufficient resources should be allocated to offload non-clinical duties of resident physicians in order to adhere to new requirements.

VISN Instructions: Please send the Data Form to all facilities to solicit facility level data. However, data should be reported in aggregate format only for the required submission of the March 1 Network Plan. Separate facility responses should not be submitted in the Network Plan. ***Note, that Q3 is only for the Facility Data collection and Q6 is only for the Network Plan submission not the facility data collection*****. Please report specific examples of best practices, innovations, and highlights.**

VISN # 12	Facility #	Facility Name:

Q1. Please rate your current level of performance on this initiative

Minimally successful	Partially successful	Fully successful	Exceptional
		X	

Q2. Please describe your current level of performance in a narrative format.

Each graduate medical education training site complies with the new (ACGME) resident work hours. In conjunction with their respective Affiliates, each site has monitoring programs to ensure that the new rules are faithfully and fully followed. Each site uses various survey methods to verify that the work rules are followed stringently.

The most daunting challenge is to provide the same amount of services, despite the lost resident work hours. Various solutions have been constructed and locally implemented. They are described more in detail (see Q. #6). Much of the lost resident work hours have been compensated by additional responsibilities shouldered by the attending staff. Other “stop-gap” measures have been employed relating to staggered schedules and service cross-coverage. The issue is most problematic in the medical and surgical sub-specialties. Re-structuring various clinic schedules and assignments has met most of the service demands.

Additional issues will arise when the network cardio-vascular services are consolidated. Those plans are still in the discussion stage, consequently concrete plan to address the anticipated “short-fall” of resident hours and services has not crystallized. Numerous contingencies have been explored.

One network site does not provide surgical services and is not substantially influenced by the new rules.

There are no instances of lost residents to our Affiliates because of self-interested needs to meet their service obligations.

Q3. (Facility Data Collection Only) List one specific example of what you have done at the facility level to improve performance on this initiative. 1. Resident surveys and re-structuring resident allocations to the primary care clinics and to ward services. (#607) 2. Each training program reviews resident work hours bi-annually by monitoring duty hours of 50% of the residents. (#695) 3. Re-organize on-call schedules, re-engineer team structures and daily work activities. (#695) 4. Initiated float positions (#578) 5. Structured forms developed to record duty hours (#556).
Q4. List identified barriers to achieving fully successful or exceptional performance on this initiative. (For March 1, 2004 Network Plan submission, List most frequently identified) 1. Constant reminders for house staff to return hours duty logs.(#695) 2. Alternate staff to assume responsibilities post call and residents who voluntarily breech the 30-hour work rule because of perceived lost educational opportunities. (#578) 3. Residency Review Committee limitation placed upon the number of Critical Care residency positions (#556). 4. Geographical distance between training sites (#556)
Q5. List resource needs or other assistance required for achieving fully successful or exceptional level of performance on this initiative. (For March 1, 2004 Network Plan submission, List most frequently identified) 1. As more of the resident work is re-engineered and the limit of staff resident work offset is reached, further professional labor-in clinics and wards will be required as will support staff. The professional labor could be provided in the form of physician assistants and the like. 2. Training program assistance to monitor compliance and action plans. 3. Physician extenders in the surgical specialties and additional medicine physician staff to compensate for the cancelled resident clinics because of the 30-hour work rule. (#578) 4. Submitted request (RRC) to increase number of Critical Care trainees. (#556)

Q6. (For March 1, 2004 Network Plan submission Only) List the steps taken, resources allocated, or plans in progress to succeed in achieving the goals of this initiative.

1. The Academic Council had created a series of questions to Affiliate Program Directors (through the respective sites) to assess whether there would any significant re-adjustment of residency labor available to VHA facilities. The document served as a template for acquiring the information in personal discussions and provided the Council with information regarding the manner that each Affiliate was addressing this issue. This information was used to negotiate balanced and equitable division of resources and assured reasonable uniformity in the Affiliate responses. There has been no net loss of residents rotating through network campuses.
2. Developed local and network communication "feedback mechanisms" to identify any loss of resident labor and to create common reporting mechanism for violations or abuses of the new resident work rules
3. Developed contingency plans, created operation guidelines, and offered solutions to the net loss of resident labor hours. Examples of the above included: (1) Description of combined clinical services for the purpose of call coverage, (2) Methods for "staggered" call schedules with "gap coverage" by staff physicians, (3) Recommending and implementing increased attending staff coverage of clinical services and emergency rooms , and (4) Defining the "generalist" categories and level of training for sub-specialty resident call coverage and the converse.
4. Re-evaluating distribution of residency labor across network sites by examining whether labor and positions are appropriately allocated according to work load, services provided, and available clinical material, rather than according to historical allotments. The integration of VACHCS has prompted this process. This is a complex issue because of its consequences to various Affiliate Training programs. Nevertheless, as of Q 2, AY '03-04' Network has requested that all sites have access to OAA database so that each site knows the allotments to others. The long-term goal is to convert the residency allocations requests from facility based to network planning. Our Network based Affiliation Agreement is consistent with this approach. Dialogue and negotiation with respective Affiliates will ensue and will require creative solutions and wiling partners. Estimated target date for complete and full implementation would not be until AY '07-08.'
5. Developed agreement that if a site requests less positions in a residency training category or specialty, then first priority for filling an "additional" request allocation or any internal re-allocation of positions must first be committed to a position providing similar call or service coverage. Such agreements force residency allocations requests to take into consideration VHA service demands and available residency labor.
6. Because there are no apparently available funds to hire ancillary professional staff to meet the shortfall of resident provided services, the attending staff is providing more independent clinical services including emergency room. We are in the process of identifying other services beyond the obvious that can be "off-loaded" from residents. However, finding readily available labor sources that fit within the ordinary flow of services and operations is problematic. Resources to hire ancillary or para-professional labor to provide clinical, laboratory, transportation or call coverage services would obviate the burgeoning service responsibilities of staff and focus resident work towards education and professional services . Recurrent agenda item since AY '02-03'.
7. An Academic Council Task Force composed of Affiliate and VHA representatives has been charged to monitor and follow implementation of the new work rules at the local and the national level and to report problematic issues and potential solutions to the Academic Council.
8. There are two significant Network integrations that effect resident services, labor, and work hours. One is the integration of a facility; the other is consolidation of cardiovascular

Q6. (For March 1, 2004 Network Plan submission Only) List the steps taken, resources allocated, or plans in progress to succeed in achieving the goals of this initiative.

8. (continued) The integration of VACHCS into one site with two Affiliates has caused a net loss of positions at that site. The net loss of work hours and services has been addressed by methods mentioned above. However, the most significant position loss was in the medical services and the positions gained were in the surgical sub-specialty services. Combining clinical services, for certain functions, compensates the net medical lost hours such that one resident covers two service with the attending staff filling in the gaps. The tentative consolidation of cardiovascular services to one site in each of two tiers will be more problematic. The net loss or-redistribution of surgical and accompanying medical specialty positions will impinge on the already stretched resident services. The long-term solution will emerge from the compensatory decrease for demand for those services at one site while the increased workload at the other will be addressed by the network re-allocation of residency positions. The short-term solutions are still being discussed at Council meetings, as the final consolidations project plans are not completed.

VHA Strategy 20 – Data Sheet & VISN Report for Network Plan Submission

Provide appropriate support for training, education and resident supervision

Initiative #4 – 2003-2008: Trainee Registration

Facility implementation of new requirements to register all clinical trainees in the VistA New Person File (VHA Directive 2003-032).

Description: A New VHA Directive requires all current and future trainees to be registered in the VistA New Person file.

Outcome Measure: Facilities and VISNS should be aware of the directive. Procedures should be established at the facility level to capture all trainees within 72 hours of Entrance on Duty. Monitoring of the number of registrants will be done by the Office of Academic Affiliations and fed back to facilities.

VISN Instructions: Please send the Data Form to all facilities to solicit facility level data. However, data should be in aggregate format only for the required submission of the March 1, 2004 Network Plan. Separate facility responses should not be submitted in the Network Plan. ***Note, that Q3 is only for the Facility Data collection and Q6 is only for the Network Plan submission not the facility data collection*****. Please report specific examples of best practices, innovations, and highlights.**

VISN # 12	Facility #	Facility Name:

Q1. Please rate your current level of performance on this initiative

Minimally successful	Partially successful	Fully successful	Exceptional
		X	

Q2. Please describe your current level of performance in a narrative format.

Network facilities whose trainees require access to CPRS are fully compliant with the trainee registration Directive 2003.032. Most of the technical hurdles are overcome and operational systems are in place to obtain and register the relevant personal information. Most sites use a web-based request form that requires completion of the trainee information which is then entered into VISTA New Person File. A paper process is in place to capture those individuals who do not requests access through the web-based system. CPRS training provided to individuals verifies that recipients are listed in the File. The major obstacle is devising systems that capture individuals that do not access CPRS (as part of their trainee experience).

Q3. (Facility Data Collection Only) List one specific example of what you have done at the facility level to improve performance on this initiative.

1. Electronic form requesting CPRS access requiring trainee information and linking it with entry into the New Person File (#607).
2. All training program coordinators are educated on the requirement to register all trainees irrespective of whether they require CPRS access. (#695)
3. Registration of medical students is processed as a class in their 2nd year. (#578)
4. Developed an action plan to co-ordinate this process among various training programs. (#556)

Q4. List identified barriers to achieving fully successful or exceptional performance on this initiative. (For March 1, 2004 Network Plan submission, List most frequently identified)

1. Capturing data from trainees that do not require CPRS access. Because the New Person File is a restricted access file, clerks cannot enter trainee information simultaneous with confirming the trainee appointment.
2. Lack of person, program or discipline-specific reports from the local New Person File makes it difficult to locate areas of non-compliance. Obtaining schedules from training programs and educational institutions before the start of a trainee's rotation is problematic.
3. Rapidly rotating pool of trainees (#578)
4. Inadequate staff in the ACOS (E) office to co-ordinate all of the processes (#556).

Q5. List resource needs or other assistance required for achieving fully successful or exceptional level of performance on this initiative. (For March 1, 2004 Network Plan submission, List most frequently identified)

1. Additional staff for a centralized trainee access and processing site. Such would be engage in all of the related activities concerning registration and orientation as those functions represent a continuum of related activities.
2. Non-compliance reports and training program schedules before rotations.
3. Clerical staff to track data and co-ordinate process with trainees.
4. FTEE (1.0) support staff in the office of the ACOS (E). (#556)

Q6. (For March 1, 2004 Network Plan submission Only) List the steps taken, resources allocated, or plans in progress to succeed in achieving the goals of this initiative.

1. The trainee registration process and data was reviewed quarterly at Academic Council meetings. With the new registration process in place, the matched OAA registrations that are submitted to the network are reviewed with the Academic Council whenever provided. The same information is provided to the Executive Leadership Council on a regular and recurring basis.
2. This is a key initiative for this network because the motivation to act upon the Learners Perception Survey results is mitigated by the lack of confidence in its statistical validity and sampling bias.
3. Each site complies with VHA Directive 2003.032. All sites monitored the 72- hour registration deadlines.
4. The Academic Council reviews each sites method of registering trainees and share "best practices" across sites. Each site whose registries were statistically at variance with the OAA obtained data (presumably derived from RCS 10.0161) were reviewed and their operations evaluated, and each site was required to verify that their "patch" was functioning properly, and that the file template was accurately and correctly employed.
5. We are exploring whether we identify a common site and place to register all trainees rather than using an "ad hoc" basis such as dependant upon requests for CPRS access. This locale has to be a shared component to each site's registration process. The major obstacle is developing "fail safe" methods to capture trainees who do not access CPRS. We suspect that the resolution lies with developing an arrangement with all Affiliates that will allow us to register trainees before they start their clinical rotations.
6. *All sites are requested to review with their IRM staff whether local reports can be generated to determine the number of registered trainees without having to wait for OAA feedback regarding the number of registered trainees.*
7. No additional resources are requested.
8. Goal is 100% registration. The higher the proportion of trainees who require CPRS at a site, the more likely that the percentage will approach 100%.

Italics = project in process or to be completed

VHA Strategy 20 – Data Sheet & VISN Report for Network Plan Submission

Provide appropriate support for training, education and resident supervision

Future Initiative #5 – 2005-2009: Trainee Orientation

Facility implementation of trainee orientation programs that provide instruction on overall VHA topics as well as local and program specific topics.

Description: A standardized VHA Trainee Orientation curriculum is being developed to assist trainees with understanding of Veterans Health Administration and veterans' health needs. This orientation will be available in FY2005 for implementation at the facility level.

Outcome Measure: Facilities will implement VHA Trainee Orientation as appropriate to their veterans and trainees.

VISN Instructions: Please send the Data Form to all facilities to solicit facility level data. However, data should be reported aggregate format only for the required submission of the March 1, 2004 Network Plan. Separate facility responses should not be submitted in the Network Plan. *Note, that Q6 is only for the Network Plan submission not the facility data collection*. Please report specific examples of best practices, innovations, and highlights. This is baseline data for this area. Initiative to begin in 2005.

VISN #	Facility #	Facility Name:

Q1. Please rate your current level of performance in this area (initiative to begin 2005)

Minimally successful	Partially successful	Fully successful	Exceptional
	X		

Q2. Please describe your current level of performance in a narrative format (initiative to begin 2005).

Trainee orientation is offered at the facility and program level and, justifiably, not identical across sites. In most instances, the medical center provides orientation regarding the facility's policies and general operating schemes, such as safety and all aspects of personal and information security. The "clinical orientation" and its related topics are usually provided at the clinical service level and directed towards the section's requirements. The amount of time directed for this purpose varies, and the methods used are different, e.g., brochures, web-based, didactic or combinations thereof. The content similarly differs with elements common to all. Some orientation occurs at clinics such as specific Veterans Health Care needs and which are tailored to the clinical service provided. Some surgical services lack a formal orientation program. No network site contains an organized "top to bottom" comprehensive orientation program.

Q3. Do you currently orient trainees to overall VHA topics and veterans' health needs? Please give specific examples of your efforts and results.

1. " At our facility, the hospital orients trainees relative to general operating and security policies. The clinical services train based upon specific clinical rotations; included within that training is information regarding Veterans Health Care needs. Clinic training specifically includes information for Veterans Health Care needs with the clinic training focused upon the service provided, e.g., Woman's. Health issues. The training is provided via distributed brochures and web-based sources. Other topics include violence in the work place, performance improvement and infection control." (# 607)
2 Incoming trainees receive orientation form the Affiliate covering generic issues. The majority of house staff receive hospital specific orientation organized via the programs and cover security, electronic medical records, safety, Veterans Health Needs, QI process, VA policies and procedures and the like. (#695), We provide a resident orientation manual and will soon combine our orientation process into the Affiliate's. (#695)
3. "Clinical intervention coordinator distributes pockets guidelines" including information Veterans health needs and they are regularly updated. Medical and physician assistant students are personally oriented at the start of their rotation by the respective services.(#556)

Q4. List potential barriers to achieving fully successful or exceptional performance in this area. (For March 1, 2004 Network Plan submission, List most frequently identified)

1. Trainee information "overload"
2. Limited time for orientation.
3. Developing and updating education material
4. Developing collaborative training with Affiliate.
5. Facility and national based integration of material
6. Developing training priorities and defining those orientation elements common to all sites
7. Flexibility and "customization" as a priority
8. Availability and timeliness of Human Resource process which can interfere with the commencement of the orientation and education experience.
9. Some portions of orientation are performed by residents that is compromised by competing scheduling obligations.
10. Short rotations with frequent "turn-over."

Q5. List potential resource needs or other assistance required for achieving fully successful or exceptional level of performance in this area. (For March 1, 2004 Network Plan submission, List most frequently identified)

1. Catalogue available training material
2. Uniform training requirements
3. Creation of a standardized "minimum" education curricula, either web-based or printed format that lends itself to modification and revision and which does not detract from patient contact.
4. Web-based (link) to Veterans Health Needs providing education at convenient times.
5. Mechanism to track orientation completion.
6. Dedicated staff to manage the process.
7. Laminated cards containing relevant information.

Q6. (For March 1, 2004 Network Plan submission Only) List any steps taken, resources allocated, or plans in progress to succeed in achieving the goals in this area.

1. The orientation process is site specific, program dependant, offered primarily on "as needed" basis and provided "rotation by rotation." The major specialties are more proficient and diligent in performing the process. Commonly, the commitment to performance diminishes in proportion to the size of the program and number of trainees.
2. *There are burdening Affiliate created scheduling that allows two- week student rotations. The frequent rotations and large number of students converts the "ad hoc" orientation process into a management" nightmare" and is labor intensive if the process is to be comprehensive. A formal orientation process is often lacking in the smaller disciplines and the problem is compounded by the frequent rotations. We are in the process of raising the issue with all of our Affiliates whether the trainee orientation process can be provided to all students in their last pre-clinical year before they begin clinical rotations or whether we can integrate our process into theirs. Target date for completion Q4 AY 03-04.*
3. *A regional or national standardized orientation process would contribute to a more effective resident supervision and documentation program, add significance to the Learners Perception Survey, and identify any failed trainee registrations. A comprehensive orientation process would require the contributions of other hospital operating units, and therefore such an initiative would demand the authority and support of hospital executive management. The Academic Council will identify the key and common clinically based components of a uniform orientation process. Other components of the process will be identified and the Council will seek the advice of representatives within those other operating units or functions. This activity will be initiated with the intention of building upon and or adding regional nuances to the national initiative due in Annual Year '04.' Start date for the project is Q 3-Q4, AY '03-04'.*
4. An examination and survey should be created and integrated into the orientation process to determine the effectiveness of the purpose and to constantly refine the product. Similarly, the process should contain an examination ensuring a basic level of understanding and expectation and conditioning access to clinical work upon successful completion. Given the time constraints, this would require a very efficient program. Similarly, the Learners Perception Survey should contain questions regarding whether the process meets its intended purpose.
5. The goal is for 100% of VHA trainees to undertake the trainee orientation, but the performance achievement will have to be graded upward over time. I do not believe that any sites collect reliable data as to the % oriented and we will first have to take steps in that direction. .

VHA Strategy 20 – Data Sheet & VISN Report for Network Plan Submission

Provide appropriate support for training, education and resident supervision

Future **Initiative #6 – 2005-2009: Recruitment of trainees**

VACO, VISN and facility efforts to strengthen recruitment efforts for graduating trainees.

Description: National initiatives to recruit trainees to VHA staff appointments will begin in 2005.

Outcome Measure: Facilities will implement recruiting efforts for trainees as appropriate for veterans' health needs.

VISN Instructions: Please send the Data Form to all facilities to solicit facility level data. However, data should be reported in aggregate format only for the required submission of the March 1, 2004 Network Plan. Separate facility responses should not be submitted in the Network Plan. *Note, that Q6 is only for the Network Plan submission*. Please report specific examples of best practices, innovations, and highlights. This is baseline data for this area. Initiative to begin in 2005.

VISN #12	Facility #	Facility Name:

Q1. Please rate your current level of performance in this area (initiative to begin 2005)

Minimally successful	Partially successful	Fully successful	Exceptional
X			

Q2. Please describe your current level of performance in a narrative format (initiative to begin 2005).

Recruitment success bears relationship to the academic and financial fortunes of the respective Affiliates, as much of the network VHA staff positions are linked with Affiliate appointments. This is particularly the case concerning recruitment of the medical and surgical sub-specialties. The network and most facilities do not have an independent program or an organized process directed towards the recruitment of future professional staff gleaned from VHA trainees. In part the incentives are not particularly motivating to create such a program because most sites have not experienced substantial problems recruiting generalists. Recruitment of sub-specialists, surgeons of all scopes of practice, and physician consultants such as radiologists and anesthesiologists are difficult to recruit into VHA employment for the reasons mentioned below. Most of the reasons offered are not solvable by the presence of a recruitment program.

One site has hired 22 employees that were learner in VA-supported associate health training programs over the past 4 years. (#695)

Q3. Do you currently have active efforts to recruit trainees to VHA appointments? Please give examples of your efforts and results.

1. Recruitment is based upon an "as needed basis" seeking the most qualified individual for that position. A component of that criteria concerning the difficult to recruit specialties must take into account Affiliate interests and requirements.
2. Offer recruitment bonuses for difficult to fill positions.
3. Created a nurse assistance training program that has served to meet our needs for such services. (#695) .

Q4. List potential barriers to achieving fully successful or exceptional performance in this area. (For March 1, 2004 Network Plan submission, List most frequently identified) 1. Non competitive pay scales in the procedure based medical sub-specialties and both general and surgical sub-specialties The issue maybe positively modified with the putative Physician's Pay Bill. 2. Scare resources; both technical and support services 3. Perception among surgeons that they are compensated for procedures and not clinic staffing 4. Voluntary diminution of VHA appointments because of dissatisfaction with perceived onerous Time and Attendance requirements. 5. Physicians sharing office and clinic space. 6. Physician's dissatisfaction with perceived obligations to perform clerical tasks because of limited support staff and Directives constricting their ability to manage their time such as physician required CPRS order entry. 7. Limited dictation services . 8. Direct the creation of new training programs based upon the difficulty in recruiting within that sector of the labor force. Anticipate evolving shortages in specific disciplines. 9. Hospitals with lower level service missions lacking various disciplines.
Q5. List most frequently identified resource needs or other assistance required for achieving fully successful or exceptional level of performance in this area. (For March 1, 2004 Network Plan submission, List most frequently identified) 1. Physician compensation 2. Re-design Time and Attendance requirements and operations 3. Suggest physician survey to poll their level of satisfaction and seek opinions regarding recruitment efforts 4. Design a method to measure performance 5. Support for research time

Q6. (For March 1, 2004 Network Plan submission Only) List any steps taken, resources allocated, or plans in progress to succeed in achieving the goals in this area.

1. Our strategy is to focus our attention on the improvements suggested from the Learners Perception Survey, enhance, upgrade the residency supervision programs, and create an orderly and systematic orientation process. By providing an environment conducive to education via thoughtful and comprehensive supervision; by providing that function within reasonably hygienic and pleasant surroundings; and by devising ways (within the ordinary flow of hospital operations) to express appreciation for services rendered, all will collectively serve as inducements to attract future VHA trainees.

2. Consistent with the clinical needs and teaching material, develop plans with our Affiliates to maintain the network residency allocations; as maintaining the number of trainees serves as a constant flow of prospective employees. This will require flexibility and foresight from both parties as the changing demographics and projected labor demands suggest a re-alteration of resident allocations. Anticipate start date AY 04-05.

3. Develop Affiliate relationships with classes of schools not commonly associated with traditional VHA Affiliations, such as Schools of Public Health, Public Policy and Business and Management to increase the number of prospective employees personally familiar with the system and to attract employees with complimentary and eclectic educations and to broaden the VHA trainee experience. Such a diverse education could only serve to attract the most inquiring and intellectually stimulated of VHA trainees. Conceivable start date to launch project AY 05-06.

4. Find academic or other linkages with additional federal health care agencies such as NIH and the Public Health Services to provide their employees with exposure to the VHA work experience as a introduction to future employment. And, conversely create training linkages between VHA and those institutions to serve as an intellectual enticement for VHA trainees.

5. Find ways to manifest appreciation and respect for trainees and their services; such respect could be manifested by seamlessly linking them with core care and administrative serves including (ex-officio) representation to apropos hospital committee groups.

6. Find ways to embed clinical, bench, and health services research activities into the clinical services. Provide support to novice researchers.

7. Consider creating a two tiered professional employment track; one appealing to those who wish to teach with those responsibilities, and a track for those who prefer merely to provide service. There should be no differences in employee benefits and every VHA professional appointment in teaching institutions should not require an academic appointment.

8. Create inquiries, which can be integrated into the local program or national Learners Perception surveys, that seek information whether VHA would be a source of considered future employment and respondent's opinions as to future considered VHA employment.

9. Re-examine the balance between the three VHA missions in order to structure coherent and balanced work assignments. .

10. Gather data measuring the % of trainees who seek VHA employment.

11. Find ways to balance and integrate VHA labor requirements with Affiliate department staffing purposes

12. Support for novice investigators.

STRATEGY 21

Develop a comprehensive and coherent workforce development plan that incorporates HPDM, succession planning, diversity training, and ADR orientation.

Initiative: VISNs will conduct a workforce analysis and other activities in compliance with Workforce Planning and Development Office (10A2B) requirements.

VISN 12 recently established a network Workforce Development Council (WDC). The purpose of the WDC is to provide consultation and support to VISN leadership through the ELC regarding Educational Opportunities, Workforce Development, Succession Planning and Diversity Management. The WDC determines the appropriate committees (e.g. education, employee satisfaction, diversity management, etc.), organizational structure, and reporting processes to accomplish the following VISN-wide functions.

a. Develop the annual VISN Workforce Analysis and Plan to achieve national performance goals.
b. Establish workforce planning and development guidelines and expectations for organizational elements in the VISN.
c. Develop an ongoing succession plan for the VISN.
d. Develop VISN-wide educational opportunities that reduce training duplication efforts, promote sharing of best practices, and support VISN learning objectives.
e. Conduct ongoing assessments of the employee work environment and address causes of dissatisfaction.
f. Provide consultation and/or advice for facilities having questions regarding employee development, education or planning issues.
g. Develop ongoing strategies to foster and support a diverse workforce.
h. Recommend system improvements that will improve recruitment and retention.
i. Assess the need for and help develop VISN training programs for anticipated shortage careers (ie, HR, Fiscal).
j. Monitor the effectiveness of employee development, educational programs, recruitment activities, diversity promotion and employee satisfaction efforts.

Representatives of the WDC are currently engaged in the development of the Workforce Development Plan that is to be submitted to VHA (10A2B) by April 1, 2004.

1. To implement this strategy, what is your Network planned resource investment in FYs 2004, 2005, and 2006?

An estimated resource investment is not available for this strategy since specific actions are still being developed and all resources will come from normal VISN 12 budget allocations.

2. For FY 2004:

a. Define what successful implementation of this strategy would look like in your Network (to the level you expect to attain).

Successful implementation of this strategy will begin with establishment of a VISN 12 Workforce development Plan. Specific goals will be developed and identified in the Workforce Development Plan.

b. When appropriate to the strategy, describe the equipment you expect to have and identify that which will be obtained this fiscal year to complement existing equipment.

Nothing identified at this time.

c. How many FTEE are dedicated to implementing this strategy?

Development and implementation of the Workforce Development Plan is the responsibility of the WDC but also requires the input and support of multiple committees, VISN staff, product line staff, and facility personnel.

d. How many unique patients will be served in this effort?

Improvements to the VISN 12 workforce have the potential to impact all veterans receiving services in the network.

e. How are you going to measure success for this fiscal year?

Success will be measured using the identified goals established in the Workforce Development Plan.

Strategy 24a. Expand VA sharing and collaboration with the Indian Health Service (IHS).

Initiative: In FY2004, VISN leadership will meet with IHS Area Directors to increase their mutual understanding of VA and IHS programs, to assess the health care needs of the American Indian and Native Alaskan veteran populations, and to identify areas for increased collaboration and sharing to increase access, quality and satisfaction with care. VISNs will develop a plan for VA-IHS collaboration.

FY 2004 timeline

The VISN 12 Chief Medical Officer represented the Network in a meeting with Indian Health Service Area Directors on January 15, 2004. Following that meeting, there have been conference calls with representatives from VISN 12 and Bemidji Area IHS. The tribal health centers throughout VISN 12 were identified. There already exist collaborative relationships between some VISN 12 facilities and area tribal health centers in Wisconsin and Michigan. Plans are underway to have IHS representatives attend a VISN 12 Executive Leadership Council meeting in March 2004 to meet facility directors. VISN 12 staff have been invited to attend an intertribal meeting hosted by the area IHS in April 2004.

Existing relationships with IHS/tribal organizations

- A contract was established with the Oneida Tribe of Indians for readjustment counseling services.

- A sharing agreement is being reinstated between VA Milwaukee and Oneida Community Health Center for outpatient primary care services in a remote area to American Indian native veteran population residing on the reservation.

- VA Iron Mountain currently provides EKG and lab services to:
    - MUNISING TRIBAL
    - MANISTIQUE THS
    - SOO TRIBAL HEALTH

- VISN 12 Vet Center outreach: The primary outreach is out of the Madison Vet Center. A contract has been established with Forest County Potawatami Mental Health to provide services to Native American veterans in Northern WI. Eligible veterans would be any combat veteran with an honorable or general discharge as well as any veteran who served during the Vietnam era. Once approved for services, Readjustment Counseling Service (RSC) would pay for individual or group therapy through the Forest County agency for a year. The treatment plan and progress would be reviewed quarterly and an extension after the first year could occur if deemed necessary. Another member of the Madison Vet Center team is charged with outreach in the Upper Peninsula to all veterans. Efforts are focused, particularly in Escanaba, where many Native American veterans are seen.

Future Opportunities

- A sharing agreement was signed on December 19, 2003 between VA Tomah and the Ho-Chunk Nation Department of Housing. Under this agreement, VA will allow Ho-Chunk Nation to utilize vacant space (7,229 sq. ft.) in Bldg. 23 to house approx. 35 Housing Authority employees. This building was under utilized on campus and the dollars coming back to the site will help defray maintenance and repair costs incurred. As future tenants, additional healthcare service related opportunities might develop.

- The Green Bay CBOC became operational December 1, 2003. VA Milwaukee Chief of Staff is exploring purchasing Audiology services from Oneida Nation tribal organization to better serve our veteran and Comp/Pen patients. Other services that may lend themselves to purchasing from Oneida are: gastroenterology and dental, as a backlog exists for these services currently at VA Milwaukee.

- VA Iron Mountain is interested in exploring providing stress tests and colonscopies in addition to the services already being provided.

- VA Tomah representatives have scheduled a site visit to St. Cloud VA Medical Center to learn more about their Sweat Lodge Ceremony. Arrangements had been made for two of VA Tomah veterans to be lodged at the St. Cloud VA program to participate in the Sweat Lodge Ceremony. The intent of the site visit will entail a staff person to accompany the veterans to learn how the program had been organized in the hopes of VA Tomah establishing a local program. The staff at the St. Cloud VA Medical Center has been extremely cooperative and is allowing VA Tomah to utilize their program until Tomah can establish their own. Based on feedback from the Native Americans in the residential programs it appears that this would be beneficial.

1. To implement this strategy, what is your Network planned resource investment in FYs 2004, 2005, and 2006?

An estimated resource investment is not available for this strategy since specific actions are still being developed and all resources will come from normal VISN 12 budget allocations.

2. For FY 2004:

a. Define what successful implementation of this strategy would look like in your Network (to the level you expect to attain).

Successful implementation of this strategy will focus on improved communication with IHS and local tribal health center leaders that result in lasting opportunities for innovative collaboration and sharing

b. When appropriate to the strategy, describe the equipment you expect to have and identify that which will be obtained this fiscal year to complement existing equipment.

Nothing identified at this time.

c. How many FTEE are dedicated to implementing this strategy?

Unable to determine specific FTEE requirements

d. How many unique patients will be served in this effort?

Unknown at this time.

e. How are you going to measure success for this fiscal year?

Success will be measured by the number of collaborative arrangements that result in improved service for veterans and Native Americans.

STRATEGY 24b

Strategy 24b. Expansion of VA sharing and collaboration with the Department of Defense

Initiative: In FY 2004, VISN 12 leadership will meet with their DoD counterparts to explore needs and collaborative opportunities. Network Directors will ensure that VHA facilities become TRICARE network providers under the new suite of TRICARE contracts.

Operational Plan for VA-DoD collaboration:

Demonstrated Service Sharing

- VA Milwaukee has been recently been approached by the Naval Hospital Corp School to process approximately 25,000 pounds of sheets (flat) and pillowcases per year (500 pounds per week).

- The ribbon cutting ceremony was held on October 27, 2003, for the new VA-staffed Nursing Unit for Navy Mental Health Patients, located in Building 131, Ward 3C. The unit began admitting patients on October 28, 2003. This initiative was a critical element in the ongoing development of the Joint Federal Healthcare Facility currently being planned between VA and Navy.

FY 2004 Education sharing/coordination Agreements

- 2004-FRS-0039 between VA Hines and 801st Combat Support Hospital, Fort Sheridan, IL to provide medical function training to IL National Guard Unit, Army Reserve.

The following is a list of existing VA/DoD Sharing Agreements in VISN 12:

537	FRS - 01-0069	Walter Reed Army Medical Center	Allergens & Allergy Test Materials
537	FRS - 99-0064	US Coast Guard Maintenance & Logistic	U.S. Coast Guard (LS)
537	FRS - 99-0065	US Coast Guard Maintenance & Logistic	U.S. Coast Guard (WS)
556	FRS - 97-0297	Great Lakes Naval Training Center	Sewer
556	FRS - 97-0297	Great Lakes Naval Training Center	Steam
556	FRS - 97-0297	Great Lakes Naval Training Center	Water
556	FRS - 00-0092	Great Lakes Naval Hospital	Health Care Resources
556	FRS - 01-0131	Great Lakes Veterinary	Veterinary Svcs

		Treatment	
556	FRS - 01-0132	Morale, Welfare & Recreation	Morale Welfare & Rec Svc
556	FRS - 01-0133	Great Lakes Naval Hospital	Chest Roentgenogram Test
556	FRS - 02-0029	Great Lakes Naval Hospital	Medical Librarian
556	FRS - 93-0084	Naval Training Ctr.	Fire Protection
556	FRS - 2004-0039	801st Combat Support Hospital	Inactive Duty Training (IDT)
556	FRS - 96-0118a	Great Lakes Naval Hospital	Training-Podiatry
556	FRS - 96-0186a	Great Lakes Naval Hospital	Training, Nurse Military
556	FRS - 98-0155	Naval Hosp Corp School	Training Navy Corpsmen
556	FRS - 99-0147	Great Lakes Naval Hospital	Training Dental
556	FRS - 03-0115	Dept. of the Navy	MMSO Dental (NC)
556	V69DS-1032	U.S. Army Corps of Engineers	Use of Space - Bldg 1, Rooms 306 A,B,&C
578	FRS - 03-0002	Naval Mobile Constar. BN 2-5, D	Use of Space for Engineering Assistance
578	FRS - 03-0002	Naval Mobile Constr. BN 2-5, D	Use of Space for Engineering Assist
578	FRS - 99-0069	US Coast Guard Maintenance & Logistic	U.S. Coast Guard (HI)
585	FRS - 99-0067	US Coast Guard Maintenance & Logistic	U.S. Coast Guard (IM)
607	FRS - 00-0036	Naval & Marine Corps	Training Medical Personnel
607	FRS - 00-0090	115th Medical Squadron WI ANG	Training medical personnel
607	FRS - 00-0096	5502D US Army Hospital	Training medical personnel
607	FRS - 03-0023	National AMEDD Augmentation De	Training Medical Personnel
607	FRS - 03-0027	Fort Knox	Launder Linen
676	FRS - 00-0192	Wisconsin Air National Guard	ABO Typing
676	FRS - 01-0100	US Dept. of Army	Summer Mission Troop Medical Clinic
676	FRS - 01-0101	US Dept. of Army	Troop Medical Clinic
676	FRS - 03-0114	Dept. of the Navy	MMSO Dental (TO)
695	FRS - 00-0031	Naval & Marine Corps Reserve C	Use of space and equipment
695	FRS - 00-0130	88th Regional Support Command	Laundry Sleep Bags
695	FRS - 00-0151	Company B	Classroom Space Equipment and Mater
695	FRS - 02-0025	440th Medical Squadron	Radiology Interpretation Svcs 100%
695	FRS - 00-0058	452nd Combat Support Hosp	Training, Nurse & Lab

695	FRS - 01-0072	WI Army National Guard	Training Nurse
695	FRS - 02-0032	452nd Combat Support Hosp	Training Nurse
695	FRS - 98-0257A	440th Medical Squadron	Training Medical Tech
695	V69DP-2524	Defense Contract Mgmt. District West	Use of space – Bldg. 70
695	V69DS-1007	WI Army National Guard	State of WI referral site to provide Cardiac Stress Testing

New Opportunities

- An Enhanced-Use lease was executed May 21, 2002 that outleased approximately 1 acre of vacant land on VA North Chicago grounds to the North Chicago Energy Trust. In exchange for the land lease a private developer, Energy Systems Group, is required to design, construct and operate an energy center to provide an alternate source of steam and electricity for the North Chicago VA Medical Center. Through an Interagency Cross-Servicing Support Agreement with DoD-Navy the VA will provide a portion of the energy provided by the Energy Center to Great Lakes Naval Training Center for operation of barracks under construction on VA grounds.

- VA signed a VA/DoD-Navy sharing agreement with NHGL to provide laboratory space to house Navy's Blood Bank/Blood Donor Processing Center (BDPC). NHGL will provide blood products to VA North Chicago in exchange for utilization of VANC laboratory space. Agreement was forwarded to BUMED on October 24, 2003 for review and approval.

- On October 16, 2002, the Co-Chairs of the VA/DoD Health Executive Council approved a recommendation for NCVAMC to provide inpatient surgical, medical, mental health and pediatric health care services to Navy's beneficiary population currently treated at NHGL. This collaboration will improve access to care for military and veteran beneficiaries while improving resource utilization by both Departments, by reducing redundancies and more fully utilizing existing capacity. Successful completion of a plan and project is critical to both Departments meeting the expectations of the President's Management Agenda. The proposed agreement is in the final stages of development.

- Agreement is currently being developed between VISN 12, NCVAMC and NHGL to establish guidelines for the provision of teleradiology interpretational services. The Radiology Department at the Naval Hospital Great Lakes requires interpretation services of Special Physicals PA and Lateral Chest X-Rays. This program acquaints our facilities with each other's patient level systems (CHCS & VISTA), and identifies the limitations and barriers of the systems connectivity. This agreement is specifically designed to serve as a back-up contingency/augmentation plan for NHGL.

- A conference call was held on November 20, 2003 with the VA Tomah Director and Col. Pierce from Fort Knox to discuss collaborative efforts to support the Army. This call also included needs at Indianapolis for Camp Atterbury and Louisville for Ft. Knox. Three areas of need were discussed:

    - Army had an immediate need for two Family Practice Physicians, and PA specialized in Orthopedics, and a Psychiatrist. Great Lakes Acquisition Center provided contracting staffing support to fulfill the service requirement.
    - Fort Knox requested a proposal from VA Tomah to potentially replace the Green suit, Medical Support Group, which is currently operating at Ft. McCoy, approx. 125 staff. A proposal was developed in include contract staff costs, plus administrative costs, and additional contracting staff at an estimated cost of $15 million. The likelihood of this transpiring was slim; however, if it did it would not happen for 6 months.
    - The third issue was dealing with services for those soldiers on Medical Hold. The standard set for them last week from the Surgeon General of the Army was 3 days for a specialty consult and 14 days for surgery if determined necessary from the consult. She seemed to be pleased with the way things were working at Ft. McCoy using a local facility, Franciscan Skemp. VA Tomah requested a profile of the needs to see if there were certain services Tomah or the network could provide. Estimated medical holds at Fort McCoy was between 25 - 95 people.

Use of Joint Incentive Fund

- Implementation of Mammography Services: This proposal requests the purchase of an additional mammography unit, recruitment of an additional mammography technologist, and one stereo-tactic mammography unit. Incorporated in this proposal is the concept that all VA/DoD beneficiaries would have their mammography issues addressed at this facility. Aside from the immediate benefits of increased accessibility VA/DoD patients and the ability to re-capture outsourced studies (stereo-tactic), the additional unit would allow NCVAMC/NHGL to re-capture the mammography studies currently outsourced (approximately 250/year). The space for this service is currently being planned for in the new Naval Ambulatory Care Clinic to be sited on the grounds of NCVAMC.

- Women's Health Center: NCVAMC and NHGL are actively integrating services in planning for the activation of a Joint Federal Healthcare Facility. One aspect of care that currently needs to be strengthened in both organizations is women's health. NCVAMC/NHGL are developing interagency multi-specialty women's health center to serve both women veterans and women DoD beneficiaries. This project will include many of the items highlighted by the Department of Health and Human Services (HHS) for women's health centers including state of the art comprehensive and integrated health care for women, multidisciplinary care and opportunity for research, education and training classes and materials,

community linkages for health services and programs, and leadership positions for women in medicine**.**

- Joint fixed site MRI Service between the NCVAMC and NHGL: NHGL and the NCVAMC currently utilize mobile MRI Services to serve the patients who require MRIs. This service has not fulfilled the needs of both institutions, as there is currently a five to six week waiting period for a routine scan to be performed. To provide speedier access to MRI services for NHGL and NCVAMC patients, a full-time MRI Service would greatly reduce the "backlog" for these services and avoid the need for some patients to seek expensive off-base care. The MRI will be housed in an MRI suite and will an open-field magnet. The patient will no longer have to climb into a truck to be scanned and will enjoy the comfort and advantage of an open scanner (particularly obese, claustrophobic and pediatric patients), while clinically getting the advantages of a high-field, 1.5t magnet. This project would initiate the resource sharing between the two facilities and would begin the process of moving inpatient care over to the VA.

TRICARE Contracting

VISN 12 is working with VA/DOD Sharing Office in HQ to obtain an Office of General Counsel approved ***TRICARE contract template*** from Healthnet. Each VAMC in the network will be able to utilize the basic template, and negotiate percentages based on the CMAC rate.

It is the intent of VISN 12 to have 100% of all VAMC's and participating CBOCs to sign contracts to serve as TRICARE network providers by the second quarter 2005.

1. To implement this strategy, what is your Network planned resource investment in FYs 2004, 2005, and 2006?

An estimated resource investment is not available for this strategy since specific actions are still being developed and all resources will come from normal VISN 12 budget allocations.

2. For FY 2004:

a. Define what successful implementation of this strategy would look like in your Network (to the level you expect to attain).

Successful implementation of this strategy will build on the successful agreements that have been established with DoD. Further sharing between NCVAMC and NHGL is anticipated, along with the expansion of TRICARE contracting referenced above.

b. When appropriate to the strategy, describe the equipment you expect to have and identify that which will be obtained this fiscal year to complement existing equipment.

Nothing identified at this time.

c. How many FTEE are dedicated to implementing this strategy?

Unable to determine specific FTEE requirements

d. How many unique patients will be served in this effort?

Unknown at this time.

e. How are you going to measure success for this fiscal year?

Success will be measured by the implementation of additional sharing agreements that result in improved service for veterans and DoD beneficiaries.

STRATEGY 29

Take full advantage of research-related intellectual property opportunities.

Initiative: Total number of inventions disclosed per facility/VISN and the total number of intentions disclosed to an affiliate but not VA per facility/VISN. The Program Office plans include – short term 1) a new intellectual property (IP) tracking system will be installed and operational within 1 year; 2) formal review and analysis of internal and external IP capacity by outside expert within 1 year; continued regular IP VALU broadcasts and web redesign and improvement for educational efforts; and long term – any and all inventions are disclosed by all VA employees in a timely process to allow VA ownership rights when appropriate.

Required Submission

Provide this information in the following format.

VISN # and Name: VISN 12, Great Lakes Health Care System
Reporting Period: October 1 2002 – September 30, 2003

Total number of inventions disclosed.

Name of Facility	Number of Inventions
VAMC Hines #578 VAMC	1
VAMC VACHCS, LS #535	1
VAMC VACHCS #537	10
VAMC Madison #607	14
VAMC Milwaukee #695	6
Total for VISN	**22**

Total number of inventions disclosed to an affiliate but not to a VA.

Name of Facility	Number of Inventions
VAMC Hines #578	0
VAMC VACHCS, LS # 535	0
VAMC VACHCS # 537	0
VAMC Madison #607	0
VAMC Milwaukee #695	0
Total for VISN	**0**

3. Network Actions to Achieve Departmental Goals and VHA Strategies and Initiatives

Part B

VISN 12 is providing general information on the VHA strategies that are still under development. These descriptions of local activities may assist in refining and improving future initiatives. In some instances anticipated obstacles and barriers to strategy implementation are identified.

VHA Strategy 1. Improve and enhance home care services and develop an assisted living strategy.

The VISN hospitals are currently undertaking several initiatives to meet this goal. They include Home-Based Primary Care and Adult Day Health Care programs. Home care needs have been, or are in the process of being assessed, and services have been established to enhance care to veterans. Examples of such services include: Home telehealth programs to monitor chronic health problems, in-home IV therapy - primarily antibiotics, total parenteral nutrition, in home PT and OT, consideration of in-home IV therapy for chronic pain and pain needs for end of life care.

Assisted Living strategies are being addressed at several facilities within the VISN. One of the major initiatives under way is entering into an Enhanced Use initiative to lease vacant space to the Catholic Charities of the Archdiocese of Chicago to establish an assisted living center on the Hines campus with priority and mission to veterans.

VHA Strategy 3. Reduce variability of health outcomes by providing for a more consistent delivery of services.

Clinical guidelines, protocols and pathways are utilized to standardize care with the expected result of reducing the variation in clinical practice and improved health outcomes. The National Performance Measures (NPM) provide the foundation for outcome data for significant medical cohorts through the EPRP chart reviews. Outcome data will continue to be regularly reviewed by the clinical staff and appropriate actions are taken to improve clinical outcomes. It is expected that fully satisfactory scores are met for all preventive and clinical guideline measures. Corrective action plans will be developed for any measures not meeting the fully satisfaction performance level as part of service line PI activities.

Additional initiatives put in place at various facilities include incorporating NPMs into Services/Service Line FY '04 Performance Improvement Plans, incorporating NPMs into Clinical, Business, and Service Line Managers annual performance appraisals, use of pathways and clinical protocols, expanding the use of clinical reminders, process action teams being established to focus on such areas as; preoperative antibiotics, diabetic programs, patients with swallowing disorders, hearing aid fittings, pressure ulcer program, PAT and Bariatric group discharges.

VHA Strategy 4. Accelerate development of Health Data Repository (HDR), HealtheVet, and telehealth initiatives.

These initiatives are mainly driven from the national level, but some steps are being taken in preparation at the facility level. Facilities continue to support the Health Data Repository development that began with CIRN and the Master Patient Index (MPI) for the entire VAH system. Patient Administration Service (PAS) continues to monitor and remove discrepancies within the national database on a weekly basis. All patches and other changes to VistA that are in preparation of an HDR are installed in a timely manner. Further Central Office action is required to develop this initiative and identify needed facility actions. Collaborative efforts between the clinical staff and Clinical Informatics Service will continue to create or to find ways to better use templated medical record forms to improve documentation and to enhance the clinical reminder system to achieve high performance.

VHA Strategy 5. Increase collaboration between VBA, VHA and DoD during the military discharge process.

Many facilities have met and established a mail group of VBA staff who are Points of Contact, and are providing services to new combat veterans. These POC lists are subscribed to web based informational updates. This is to increase communication and ease transition of separation from military to the local VA level. We have obtained a listing of local military units for outreach and education on VHA services and medical care for new combat veterans. Meetings have been held with key parties (VBA, VSO, Vet Centers, Patient Eligibility, Social Work and Voluntary Service) regarding survivors of those killed in Operation Iraqi Freedom. (Information was shared among those present on the array of VA benefits available to those being discharged from the military and the processes in place as well as the key POCs.) The outcome of this meeting was an agreed upon strategy in supporting VBA in assisting family members.

The NCVAMC, Great Lakes Compensation and Pension Claims Processing Team, and the Great Lakes Naval Training Center, residing in close proximity to each other, has resulted in a cohesive working effort to meet the needs of veterans. A Joint effort between the VBA/Chicago RO, Great Lakes Naval Training Center, Great Lakes Personnel Support Activity and VISN 12 Great Lakes Health Care System, North Chicago VAMC, allows service members who are undergoing separation or retirement out processing to file a claim for disability benefits with VA prior to their discharge, instead of waiting until after their discharge. This process allows the new veterans to receive decisions on their disability claims within a few days of discharge instead of waiting months for a decision.

VHA Strategy 6. Collaborate with DoD to develop a complete lifelong health record for veterans.

This strategy needs guidance from the national level as it involves accessing DOD health records. Most VISN facilities are awaiting CO guidance on this initiative.

VHA Strategy 7. Collaborate with VBA to invigorate and update the Transitional Assistance Program (TAP).

We are awaiting further VACO guidance. One facility has been proactive and has made contacts with VBA representatives who conduct TAP sessions and provide them with a sufficient level of enrollment applications and informational brochures.

VHA Strategy 8. Intensify efforts to implement Veterans' Health Initiative (VHI), including fully incorporating each veteran's military history and potential consequences of service into CPRS.

Most facilities are currently awaiting VACO direction for implementation and software. Some steps are being taken to ensure there is a more complete patient history. This includes Madison's Computerized Patient Record System presently including access to view DOD clinical information including the following: allergies, discharge summaries, lab results, medications, radiology reports, and demographic information. PAS obtains copies of DOD medical records for scanning into the veteran's computerized medical record. Other facilities are planning to incorporate scanning of paper documents, such as patient consent forms or military history records, to become part of the veteran electronic health record.

VHA Strategy 9b. Be a leader in the advancement of knowledge and practice of quality and patient safety initiatives to include increasing the use of validated standardized processes such as increasing the use of automated systems to reduce the occurrence of adverse events.

VHA Strategy 9c. Be a leader in the advancement of knowledge and practice of quality and patient safety initiatives to include developing a culture of safety where reporting of close calls and adverse events results in the development and implementation of corrective actions that prevent harm to patients while under our care.

Facilities are continuing to expand their patient safety programs. A measure being taken includes employee education on patient safety being a topic presented to new employees during hospital orientation.
Two key areas where the facility continues to advance knowledge and practice are:

1) The implementation and development of automated systems that support timely and effective clinical decision-making and safe clinical practice through validated standardized processes. (medication system (BCMA))
2) An integrated patient safety program where reporting of potential and actual adverse events results in the improvement of patient safety systems designed to detect and prevent potential or actual harm to patients while under our care.

Root Cause Analysis and failure mode effects analysis are conducted as part of hospital patient safety programs. Information on Patient Safety is routinely included in the

Mandatory Education Fair. Staff is surveyed on an annual basis to assess the culture and scores on targeted items have improved. RCA type processes have been integrated in all areas and information on close calls and actual events are widely shared. Employees who take specific actions to improve patient safety are recognized in a variety of ways, e.g. thank-you notes, recognition in facility newsletter. All Root Cause Analysis documents are reviewed to determine patterns or predictive behaviors. Based on findings, guidance is developed and disseminated defining managerial or clinical changes that promote prevention of adverse events and other undesirable outcomes. Patient incidents & error reporting is acknowledged & discussed with staff in real time utilizing e-mail technology. The dissemination of information & enacting of interventions is viewed by all staff levels as lessons learned & a means to adjust processes ASAP. Recurring issues are recognized in an aggregated RCA (quarterly submitted to mgt). New employee orientation is developed around the "Culture of Safety' principles of bringing all employees in to the system whereby they act as the "eyes & ears" of the facility. All employees w/computer privileges (MDs to EMS) have the capacity and are encouraged to report all incidents. Process analysis uses the input of staff to glean a perspective to the adverse event. Changes are made & measured through quarterly aggregated RCAs. This information receives leadership & staff buy-in as all become active members.

VHA Strategy 11. Standardize patient satisfaction surveys with real time results.

After results are received, they are disseminated among service line chiefs, employees, and various committees such as the Customer Service Council, Coordination of Care Committee, Inpatient Satisfaction Committee, Pain Clinic Committee, Discharge Processing Task Force, and the Strategic Planning Committee. In addition, local Patient Advocate Report Data is provided to the Coordination of Care and Strategic Planning Committees. Updated results are provided in monthly or quarterly increments. Low marks are reviewed and the corresponding questions are pinpointed to determine what areas need improvement. Several different routes are used to solve these problem areas and are listed below:

- We have implemented thru our Nurse Executive Board a listing of issues to address from our patient satisfaction reports
- Each CBOC is provided monthly patient satisfaction reports for review & action
- Hines has established an Ambulatory Care Executive Board to address waiting times in outpatient clinics.
- Performance Improvement Staff are working with services of assignment to incorporate patient satisfaction score info into service-specific performance improvement plans.
- Quarterly performance survey results directly tied to employee awards program.
- Employees updated regarding medical center and service results at Annual Training, and at other service-specific opportunities.

VHA Strategy 13. Collaborate with public and private organizations to reduce redundancies and fill gaps in services to veterans.

There are multiple collaborations underway and planned within the VISN. These range in services to help homeless veterans, contracted medical services, VA/DoD projects, and payment relief for veterans.

Homeless services include the following:

- An approved Enhanced Use initiative with Catholic Charities of the Archdiocese of Chicago to establish a transitional living center for veterans utilizing under-utilized space on the Hines campus.
- In response to first time HUD/HHS/VA Joint Notice of Funding Availability, the VISN 12 homeless coordinator has orchestrated VA involvement in development of "Chicago's Collaborative Initiative to Help End Chronic Homelessness", a public-private partnership that includes Chicago Department of Human Services, Illinois Office of Alcoholism and Substance Abuse, Illinois Office of Mental Health, VA, Chicago Health Outreach, and 8 other social service and housing provider agencies. The collaborative, funded at $3.5 million and one of 11 awarded nationally, is designed to address the needs of veterans and other single adults who experience chronic homelessness through a comprehensive approach including outreach and supportive services, mental health care and/or substance abuse treatment, housing, primary medical and dental care, and linkage to mainstream and community resources.
- Madison VAH, collaborated with the State Department of Veterans Affairs to set up a system for providing dental care to homeless veterans.

Contracted Medical Services includes:

- One consideration at present is partnering in a community hospital MRI acquisition plan.
- Specialty services are contracted from community providers. Where possible, services are provided or purchased as close to veterans as possible. The facility also partners with other VAMCs and coordinates patient transport systems for outpatient treatment or inpatient episodes of care.
- Community partnerships provide backup for clinical tests, equipment, and providers.
- There are working relationships with city, county, and state organizations that offer services to the general population that veterans may also be entitled to.
- Contracts exist for the provision of obstetrical care with John Stroger Hospital and acute dialysis care through our university affiliates.

VA/DoD projects include:

- VA-DOD sharing objectives were established to improve, explore and expand further opportunities to share excess capacities between North Chicago VA Medical Center and Naval Hospital Great Lakes.
- Major accomplishments, established naval inpatient mental health and medical hold unit at the VA, Navy providing orthopedic surgery for VA patients, teleradiology link has been established between the VA and DOD, and standardized a cost accounting system.

- Future initiatives include construction of shared surgical suites, centralized emergency rooms, and consolidate all inpatient care.

Payment relief for veterans include:

- Hines' compensated work therapy program collaborates with the Ill Dept. of Labor to facilitate job placement for veterans.
- The Wisconsin Department of Veterans Affairs (WDVA) has a grant program to provide eyeglasses to veterans who do not otherwise qualify for VAH sensory aids. Madison VAH has agreed to be the vendor for this health care aid grant to allow for the purchases of eyeglasses at a reduced rate.
- The Wisconsin Department of Veterans Affairs has a grant program to provide needy veterans with relief from medical bills when VAH cannot assist. There is considerable dialogue between the State Service Officers and VAH staff on these issues to determine VAH entitlements. Once it is determined that VA cannot assist with the medical expenses, the WDVA issues a health care aid grant if the claim is timely filed.

VHA Strategy 14. Implement initiatives to support shared decision-making and patient empowerment.

Hines is a pilot site for IMED (informed consent). Hines currently has established a program in GU clinic including a training and demonstration in January '04. Further expansion is expected in the future. Once this is officially released for use, other facilities will roll the software out to be used by providers.

Currently, Madison uses another process to involve patients in shared decision-making which is a variation of informed consent. Informed consent options are discussed for treatment of a condition along with risks and benefits of the consenting procedure. In addition, trainees are taught the fundamental practice of SOAP notes that subdivides the plan into diagnostic, therapeutic and educational. There is a section of the plan with the added subtitle: education. In this area of the progress note, documentation of shared decision-making for complex treatment plans is encouraged, i.e. chemotherapy, immunosuppressive therapy for rheumatic diseases and diabetes management.

VHA Strategy 17. Maintain full research compliance and standardized protection of human subjects.

Hines successfully completed NCQA certification in 2003 with an outstanding score of 96.6%, receiving a 3 year certification award in December. The IRB coordinators from Hines are participating in national VA training courses in preparation for NCQA, and are available for consultation regarding NCQA by other research programs in VISN 12. The experience has already been shared with the ACOS/R&D and AO from Madison, Milwaukee, and Chicago VAs to assist them in preparation for their NCQA certification inspections. Within the last year Madison VAH established a Federal Wide Assurance (FWA) for the protection of human research subjects with the Federal Office of Human Research Protections (OHRP).

VHA Strategy 18. Increase the proportion of research funding directed to projects addressing veteran-related issues, cooperative studies and translational research.

The national priorities for increasing clinical medicine research, health services research, and rehabilitation research while at the same time decreasing funding for laboratory medicine research are currently under review in VACO. Hines VA has recently received approval to continue its Cooperative Studies Program rather than have it closed as was ordered in May 2003. This will enable Hines to continue to provide strong leadership in the area of cooperative clinical trials, one of the priority strategies. Hines and VA Chicago have also received approval to jointly submit a grant proposal for a Clinical Research Center of Excellence, another initiative that will enable us in cooperation with our academic affiliates, to train young VISN 12 physicians in the methodology of doing clinical research studies, a very important training program for enhancing clinical research. Throughout the VISN, we are also reviewing all of our clinical trials to certify that as many veteran patients are enrolled as possible to ensure that we are responsive to the healthcare needs of veterans. Our Midwest Center for Health Services Research is growing rapidly and is focused on studies directly focused on clinical outcomes, particularly as they compare to veterans vs. private or Medicare patients. These studies will yield results directly applicable to the healthcare of veterans.

VHA Strategy 19. Improve the training and awareness in military health related issues.

The National Social Work Education Committee with collaboration with Employee Education Service has developed a training video to educate staff on the military experience. The video is targeted for completion in April 2004. It will be used for staff training on military experience and its impact on veteran‘s health issues. Other videos used for training purposes include a video titled, "The Epic of Gilgamesh: Clinical Practice Guideline for Post-Deployment Health Evaluation and Management." The objective of this video, from a clerical standpoint, was to inform staff on what type of medical problems these veterans may be facing. Recently some PAS staff attended the "Caring for Our Newest Veterans" satellite broadcast. The objective of that broadcast was to educate VA staff on how to assist veterans in making a smooth transition from military care to VA care. We are taping the post-deployment video for required viewing by all faculty and house-staff.

Visual aids such as laminated pocket flyers (developed by the Office of Academic Affiliations) highlighting common military health related issues, copies of any FACT SHEETS, Directives, Information Letters, etc., that are sent from VACO, regarding our returning troops are also used to improve awareness of military health related issues. Information is available in exam rooms and local websites. Daily resident conferences discuss military related problems as applicable to particular patient cases. Such issues discussed are hepatitis C, cold injury, PTSD, and chronic osteomyelitis as related to war wounds.

VHA Strategy 22. Implement pay policies and HR practices to facilitate hiring and retaining sufficient health care workers to meet capacity demands across the full continuum of care.

To support the accomplishment of this strategy facilities have taken the following actions:

1) Extensive use of recruitment and retention bonuses to attract and retain candidates for RN, LPN, Pharmacist, Echo Tech, Radiologists and Physical Therapist positions
2) Attendance at recruitment fairs
3) Development of a hiring program for student nurses as a way of attracting them for post-graduation employment
4) Use of the tuition reimbursement programs of VA
5) Use of special salary rates, above minimum entrance rates to attract and retain high quality applicants and employees
6) Established workforce development succession planning initiatives

Through the Workforce Development Council, VISN 12 will continue to locally develop new strategies as well as implement new initiatives from VACO that improve recruitment and retention.

VHA Strategy 23. Implement the VHA communication plan.

All facilities are constantly trying to build on the awareness and support of the mission and programs of the Department of VA. News releases are sent to the media in an effort to recognize/promote what we do and to better educate veterans and the public on what VA is all about. Monthly or weekly employee/volunteer newsletters are emailed/sent to help keep everyone informed of what is happening and to also recognize employees and volunteers for the efforts they make to assist with providing the best quality care possible to our veterans. Leadership at the medical center is committed to working with the veterans' service officers (VSO) and the community. Staff and leadership attend several VSO functions throughout the year and keep them informed and educated on services we offer and highlights taking place within VA.

In an effort to continually improve communications, some facilities have instituted Process Action Teams to work on the internal communication process. The intent is to uncover real and perceived roadblocks to communication up and down the organization. Some public affairs plans are being revised and being utilized to strengthen market awareness. Facilities and the Network office are increasing the level of promotional activities with community groups and actively pursuing positive publicity, i.e. Boy Scouts Disaster Drill on Hines campus, Hines Volunteer meeting President Bush, the Deputy Secretary signing of the Enhanced Use Lease with Catholic Charities, Crisis Communications, promoting the renaming of VA Chicago as Jesse Brown VA Medical Center.

VHA Strategy 24c. Expand VA sharing and collaboration with state veterans' organizations.

Collaboration currently exists with several state veterans' organizations by all of the VISN facilities. The Illinois Department of Veterans Affairs is entering into community networks through State Veteran Organizations, with help from one of the facilities, to increase their involvement and collaboration in initiatives to end homelessness. Hines is exploring locating Illinois Department of Veterans Affairs State Nursing Home on their campus. Iron Mountain is currently collaborating with the Jacobetti State Veterans Home. They also have a community-based outpatient clinic (CBOC) located at the state home as well. In 2003, excess Lakeside Clinic beds and equipment were donated to the State of Illinois Nursing Home in Manteno, IL. At the time of Lakeside's closing, additional equipment may be donated to health care facilities providing care to veterans. Many Veteran Service Organizations have office space on our campuses in order to support their efforts in assisting veterans. Several facilities have working relationships with the Disabled American Veterans (DAV) organization in particular. The DAV has provided transportation programs for many of our veterans. Voluntary Services also actively recruit volunteers from service organizations, who give of their time, money and service to support veteran programs. Additionally, management and other key staff participate in the conventions and conferences of the veterans' organizations as speakers when requested. We value our veterans' organizations and we strive to have a strong relationship with each of them. We certainly plan to continue this type of direct and ongoing communication.

VHA Strategy 25. Expand the Compensation and Pension Record Interchange (CAPRI).

Hospitals throughout the VISN are at different stages of compliance. Some are not currently involved in action and are waiting for instruction from the VISN office. Others are fully implementing all requirements to make the CAPRI system as functional as possible for VBA. VA Chicago has a representative on the national educational development team to improve the interchange throughout the country.

VHA Strategy 26. Deploy VHA initiative to increase competitive sourcing.

At this time, there are no actions to take on this strategy because the issue of competitive sourcing has been put on hold and is being evaluated at the VACO level. However, facilities and the VISN have been very proactive in formulating workgroups who are actively working on the areas identified for potential competitive sourcing.

VHA Strategy 27. Fully implement Procurement Reform Task Force (PRTF) recommendations.

All of the VISN facilities work with the Great Lakes Acquisition Center (GLAC) in complying with the recommendation of the VA Procurement Reform Task Force. The GLAC has established a close working relationship in development of contracts and agreements. A Sharing Coordinator has been established at sites to serve as a liaison between the facility and the GLAC on contracts/agreements that generate revenue.

Regarding the implementation of PRTF recommendations, headquarters has issued some directives to help us meet the five major goals that this task force targeted. Feedback from CO has been received indicating guidance/policy is being developed pertaining to those PRTF goals which have not been previously addressed. We are reluctant to put any change into effect pending receipt of guidance from the Department of Veterans Affairs Procurement Executives' Office in OA&MM.

1. Leverage purchasing power of VA.
    - VA promotes and enforces use of Federal Supply Schedule (FSS) and national contract sources for procurement of health care supplies.
    - Tiered pricing and use of Blanket Purchase Agreements (BPAs) are used whenever possible to reduce costs and streamline procurements.
    - High-cost, high-tech equipment requests are consolidated at the NAC in order to negotiate and achieve lowest possible pricing.
    - Ongoing training and monitoring of purchase cardholders is performed to yield optimal use of purchase cards.
2. Standardize commodities within VA.
    - Commodities are identified and standardized by the NAC with consideration given to product quality, end-user benefits and cost savings. This information is distributed to the individual facilities for us to convert to the contracted products. Our compliance with the use of these contracts is monitored and enforced. We also have a VISN and facility level Commodity Standardization Committee, working in conjunction with the GLAC in identifying commodities/services that lend themselves to standardization.
3. Obtain and improve comprehensive VA procurement information.
    - VA is currently expanding the requirement to implement and utilize the Generic Inventory Package (GIP) as a means of improving inventory and procurement practices.
    - There is a group currently working on establishing a National Item File (NIF) that will standardize naming convention and product identification.
    - Work on the NIF will be incorporated into the ongoing development of coreFLS.
4. Improve VA procurement organizational effectiveness.
    - VISN Chief Logistics Officers (CLO's) have been given the responsibility of providing program direction and coordination of VAH logistics and acquisition activities. It is also a requirement that all CLO's be Heads of Contracting Activities (HCAs).
    - There is a plan to reorganize the Office of Management that is intended on strengthening compliance and consistency with finance, acquisition and capital asset statutes, policies and procedures, and reducing overall staffing of these functions.
5. Ensure a talented and sufficient VA acquisition workforce.
    - Training courses have been set up for new contracting officers.
    - The Office of Management reorganization plan has established staffing levels that will be met once the plan is finalized.

VHA Strategy 28. Assess the feasibility of Federal imaging, lab, and prescription centers.

Currently the VISN has a northern hub and a southern hub for pathology, radiology, radiation therapy, human resource management and fiscal services. There is also a Consolidated Mail-Out Pharmacy and Pharmacy benefits management department located on the Hines campus.

If there is consideration pertaining to national centers for these services, the National Leadership Board and VACO should assure that any such Federal Center(s) for imaging, lab and prescriptions meet the quality and timeliness standards established for VHA entities providing similar services.

VHA Strategy 30. Re-engineer health care processes to incorporate technologic advances and to address shortages of healthcare professionals.

Q1 What directly related activities (if any) are you currently doing, or have plans to do, that supports the accomplishment of this strategy and associated initiative?

A. SCI Home Care Program. The SCI Home Care Program currently is responsible for implementing the home telemedicine program. When this program is re-implemented, SCI Home Care will resume coordinating and monitoring the program. The SCI Home Care Program is also involved in the VISN submission of a VISN 12-wide Request For Proposal (RFP) to become a national VHA Care Coordination Training Center. The Hines SCI Home Care and HBPC Programs would implement a care coordination model of care utilizing in-home messaging devices, telemonitors, and digital cameras.

B. Tele-Medicine Services. Tele-diagnostic services include: teleradiology, telepathology, tele-ultrasound, tele-nuclear medicine, etc. Telepathology and Teleradiology are programs that allow samples to be viewed electronically from various stations for readings, second opinions or specialty consultations. Diabetic retinal exams also use a similar technology that allows exam pictures to be taken when a patient is in GMC and viewed/screened at a later time by an opthamologist, thus opening ophthalmology clinic times to appointments other than screenings. Tele-clinics include mental health, psychology, home health, infectious disease, pain, rheumatology, prosthetics and pulmonary. These services alleviate professional staffing issues and create access for other appointment types. Currently in the planning stages is evaluating the possibility of virtual colonoscopy with a new CT scanner.

C. Home intravenous care service. We have developed a contract with a home intravenous care service. This is to take advantage of our ability to conduct an important portion of longer-term intravenous antimicrobial therapy in the home environment in a safe, reproducible manner. The facility provides the contractor with antimicrobials, thus saving very substantial costs. In many cases,

outpatients can have long lasting (PICC) IV catheters placed in interventional radiology and the first test dose of antimicrobial administered in our infusion clinic. The patient is then assigned to the contractor. The service also allows us to discharge patients out of the hospital more quickly. By using a contractor, the VA saves having to purchase the IV pumps, which are worn by patients for many of the therapeutic regimens. Qualified nurses are available via the contractor 24/7 to assist with patient problems. The contractor interfaces with the outpatient infectious disease team (physician, infection control nurse, and pharmacist) by telephone and by clinic visits as needed.

D. Nurse recruitment. We are hiring nursing students as fee basis staff to perform phlebotomy, EKGs, patient transport, and other support duties in clinical areas. This has proven to be quite successful in enhancing resident and nursing staff satisfaction. In addition, this concept is working well as a recruitment vehicle upon graduation for RN staff that have already assimilated into the culture and ethics of the organization thereby facilitating their transition into the work force.

E. Tuition for trainees. Madison VAH uses the Education Debt Reduction Program (EDRP) to attract and retain health care workers. Currently, there are three MDs, three pharmacists, five RNs and LPNs, and one physical therapist participating in this program. In addition, there are ten applications pending for funding. These applicants include: two MDs, one pharmacist, four RNs and LPNs, two physical therapists, and one physical therapy assistant.

F. Physician recruitment and retention. Recruitment for anesthesiology and radiology positions has become almost impossible. This is in spite of our requesting VACO to approve salary lines maximized to the extent possible using existing rules. We are relying on J-1 VISA applicants to fill positions. Even here, competition for particular subspecialties such as interventional radiology are tremendous. For situations where positions remain unfilled we are resorting to contracts with our affiliate and use of locum tenens. There are ways in which the national administration could improve the bargaining position of VA facilities in contract negotiations with affiliates (see Q2, item C).

G. Obtaining access to emerging technologies. Increasingly, it has been necessary for facilities to rely upon fee basis or contracts to access newly arrived technologies at affiliates (see Q2, item B). This needs to be addressed at the VISN and national level. At the VISN level, the CAC will be reviewing procedures that are being referred to affiliates due to services not being available in home. These include evolving technologies such as brachytherapy for prostate surgery, brachytherapy for coronary artery stenosis (stent failure), and PET scanning. The goal is to see if volumes and patterns of care would allow investment to set up a limited number of these programs within VISN 12. In cases where volume of tests or procedures is reasonably high but investment costs in equipment and personnel are very high, contracting will be necessary. At the national level, there are ways in which the bargaining position of the VA facilities in contracting for new technologies could be improved (see Q2 item C).

Q2 If you have no actions or any plans, why isn't facility/VISN action necessary or possible at this time? (For example, it is a national level not field level effort; or there are obstacles such as budget limitations or legislative requirements).

A. Regressive physician pay policies. The biggest obstacle to recruitment and retention of senior staff physicians is the failure of physician pay to keep pace with either academic or community pay scales. The problem is particularly acute outside general medicine, and most acute for procedural medical specialties, all surgical specialties, radiology, and anesthesiology. Drastic change is needed at a national level to create a system of pay that is competitive, that provides a base pay for key missions such as education, research, and planning roles for staff physicians, defined base pay for well defined administrative leadership roles, and a RVU styled payment for clinical work done. This clearly cannot be fixed at a facility or VISN level.

B. Priorities preventing investment in new technologies. A major barrier to item G under Q1 is resources. Any attempt to set up programs where new technology is evolving will require investments in equipment, support staff, and the hiring of physicians with expertise. The present VA pay scales for physicians are a major barrier. Also, emphasis nationally has been on issues such as clinic waiting times and total number of patients served. In order to maintain a quality standard of care, facilities are forced to use fee basis and contractual arrangements which are not likely to be cost effective in the long term. Thus facilities and VISN leadership cannot take appropriate action in the area of evolving technology without prioritization from VACO.

C. Inadequate contract bargaining tools. The VA is disadvantaged in bargaining with affiliates for contracts to obtain either professional services or access to equipment and programs. When proposals from the affiliate exceed Medicare, the facilities are mandated to request bids; however, in almost all cases bids from other vendors don't arrive or there are such major logistic problems in provision of care from another vendor that, as a practical matter, the affiliate is the only vendor available. The process whereby VA contracting offices seek to determine community standards for physician pay are variegated, cumbersome, often illogical, and always time consuming. All these factors produce stagnation in negotiations and often force contract prices up well above Medicare for access to service, which is truly essential for quality patient care

Section D - VISN 12 Resource Information

Resource information is included for the 10 designated strategies in Section C, Part A. In many cases it is not possible to estimate specific dollars or FTEE for specific initiatives or actions. Only the Care Coordination proposal (Strategy 2 & 4c) has a budget request for additional funds. All other initiatives will be implemented using the normal VISN budget allocation.

Section E - VISN 12 Capital Asset Plan

The VISN 12 Capital Asset Plan for the period FY 2005 thru FY 2009 outlines a series of capital (construction, capital & operating leases, equipment and enhanced use leases) and operational initiatives that continue the implementation of the recommendations (Planning Initiatives) that were contained in the Secretary's CARES decision addressing the three healthcare markets that comprise VISN 12. It is extremely important to note that the development of this Capital Asset Plan is viewed as a dynamic and iterative process, which no doubt will undergo continuous reviews and adjustments during the period FY 2005 thru FY 2009 and succeeding periods. Therefore, this plan can best be described as a work in progress, with adjustments made as necessary in future submissions of VISN 12's Strategic Plans.

This Capital Asset Plan is developed principally using a combination of Major and Minor construction funding for accomplishing the strategic initiatives included in VISN 12's Strategic Plan. The funding for the capital initiatives outlined in the following attachments are critical to accomplish the major capital initiatives described in VISN 12 CARES Implementation Plan for the period FY 2002 thru FY 2010, approved by VA's Under Secretary for Health in March 2002. Moreover, it was assumed throughout the development of this plan, that the source of funding for enhancing health care services at other Network facilities, including project activation costs and activating CBOCs, will be from the reduction in operational costs from closing the Lakeside facility and from revenues generated from the Enhanced Use Lease (EUL) of the Lakeside properties.

Realizing that funding in the Major construction program will be limited in future years, VISN 12 has developed its Capital Asset Plan to rely less on this source of funding for achieving the modernization of facilities envisioned in VISN 12 CARES decision. Consequently, the majority of the capital projects for accomplishing our capital goals are planned in the Minor and Non-Recurring Maintenance (NRM) construction programs. Additionally, acknowledging VISN12's capital needs far exceed the annual funding allocation in these two programs, VISN 12 will consider utilizing a portion of the projected revenue from the EUL of the Lakeside properties to supplement the annual VERA funding shortfall in the Minor and NRM programs. More specifically, the NRM construction projects will be prioritized in order of facility needs, with the ultimate goal of enhancing the quality of the environments of care in which health care services are rendered to our veteran beneficiary population, consistent with the approved VISN 12 CARES decision.

This table summarizes the proposed construction funding in the VISN 12 Capital Asset Plan for FY 2005 – FY 2009.

Category	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009
Major Construction	**$21,800,000**	**0**	**$23,000,000**	**0**	**0**
Minor Construction	**$80,333,000**	**$16,561,000**	**$29,780,000**	**$7,690,000**	TBD

Category	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009
NRM	**$21,324,270**	**$23,294,347**	**$29,016,932**	**$23,221,825**	**$23,377,808**

With the release last year of the Presidential Taskforce Report that places increased emphasis on further collaboration between VA and DoD, our Capital Plan includes a number of initiatives planned to expand the sharing of healthcare resources between the DoD's Naval Training Center Great Lakes, Illinois, VISN 12 and its healthcare facilities.

In summary, the capital initiatives contained in VISN 12 Capital Asset Plan, if fully funded, will hasten the attainment of the strategic objectives outlined in the VHA Planning Guidance and further the improvements in the healthcare environments throughout VISN 12.

APPENDIX I

VISN 12 Facility Mission Statements

Edward Hines, Jr. VA Hospital, Hines, IL

Edward Hines, Jr. VA Hospital is located just west of the City of Chicago. This Tertiary Care Center delivers medical care in 290 total hospital beds and provides 518,759 visits annually through an extensive outpatient program. The hospital is a major referral center for blind rehabilitation and spinal cord injury patients. The hospital has a well-developed research program. The nursing home care unit of 210 beds includes a 30-bed reactivation unit designed to restore patients to their optimal level of functioning. The hospital is the parent facility for 7 community based outpatient clinics. The Loyola University Stritch School of Medicine is the primary affiliate of Hines VAH. Hines is also affiliated with all other VISN 12 affiliate medical schools and universities under VISN 12's Affiliation Master Agreement. Hines will relocate blind rehabilitation and spinal cord injury into a new 102-bed Comprehensive Rehabilitation Center that is part of the VISN 12 CARES decision. The construction start date was spring 2003, and the approximate completion date is late fall 2004.

Iron Mountain VA Medical Center, Iron Mountain, MI

The Iron Mountain VAMC is a Primary Care Center that provides primary medical and surgical care to the approximately 72,000 eligible veteran beneficiaries residing in northern Wisconsin and the Upper Peninsula in Michigan. The medical center has an operating bed level of 17 acute care beds and 40 Nursing Home Care Unit (NHCU) beds. This facility affords special tele-diagnostic services (to include pathology, imaging, ultrasound, and nuclear medicine), as well as clinical laboratory services. Specialty care such as rheumatology, CWT, psychiatry, primary care, HIV and infectious diseases, pulmonary, prosthetics, urology, and dermatology are available via a telemedicine link with other facilities in VISN 12. Referrals for tertiary medical and surgical care are made primarily to VAMCs Milwaukee and Madison; and for psychiatric care, to VAMCs Tomah, Milwaukee and North Chicago. The medical center is the parent facility for 6 community based outpatient clinics and provides 110,558 visits annually through an extensive outpatient program.

William S. Middleton VA Hospital, Madison, WI

The William S. Middleton VA Hospital, or Madison VA Hospital as it is more commonly known, is a Regional Care Center that delivers medical care in 87 acute care operating beds and provides 253,556 outpatient visits annually. The Madison VA Hospital operates a Geriatric Research, Education and Clinical Center (GRECC), a cardiac surgery program, a neurosurgery program, an epilepsy treatment center, and contracted transplantation facilities for heart/lung. Madison took over operation of the CBOC in Rockford, Illinois in 1997 (from North Chicago) and now operates 3 additional CBOCs. The University of Wisconsin Medical School is the primary affiliate of Madison VAH. Madison is also affiliated with all other VISN 12 affiliate medical schools and universities under VISN 12's Affiliation Master Agreement.

Clement J. Zablocki VA Medical Center, Milwaukee, WI

The Clement J. Zablocki VA Medical Center, or Milwaukee VA Medical Center (VAMC) as it is more commonly known, is a Tertiary Care Center that delivers medical care in 176 acute care operating beds and provides 474,767 visits annually through an extensive outpatient program. The nursing home care unit of 113 beds offers geriatric programming that preserves and enhances the individual's dignity. The 356 operating domiciliary beds are the locus of several innovative programs, including the Sobriety Living Unit, the PTSD/Substance Use Disorder Unit and the Homeless Veterans Program. The Medical Center also assists the Vet Center located in the City of Milwaukee. The VAMC is the parent facility for community based outpatient clinics in the Fox Valley area of Wisconsin, the southeastern part of the state at Union Grove and in east central Wisconsin at Cleveland. In December 2003 the VAMC opened its fourth CBOC in Green Bay, WI. The Medical College of Wisconsin is the primary affiliate of Milwaukee VAMC. Milwaukee is also affiliated with all other VISN 12 affiliate medical schools and universities under VISN 12's Affiliation Master Agreement.

North Chicago VA Medical Center, North Chicago, IL

The North Chicago VA Medical Center (VAMC) is a Primary Care Center that provides integrated, high quality, comprehensive mental health, extended and primary care services to patients served by the VA Great Lakes Health Care System -VISN 12. The Medical Center consists of 150 operating hospital beds, 204 nursing home care beds, and a 186-bed domiciliary. North Chicago VAMC is an affiliated facility with appropriate acute care components, which are necessary to fulfill its mission of mental health, extended and primary care. These supportive acute components include primary and secondary medical care, ambulatory surgery and rehabilitation medicine to support an aging veteran population. The CARES (Capital Asset Realignment for Enhanced Services) decision, while reinforcing North Chicago VAMC's current mission, will result in enhancing VA/DoD Sharing with the Great Lakes Naval Hospital (GLNH). A decision was made for North Chicago to provide acute inpatient services for GLNH. Inpatient psychiatry is already being provided to the Navy at North Chicago VAMC, and plans are well underway for inpatient medicine and surgery to follow. The Medical Center is the parent facility for 3 community based outpatient clinics (CBOCs) and provides 215,830 visits annually. North Chicago VAMC has a primary affiliation with the Rosalind Franklin University of Medicine and Science (formerly named Finch University of Health Sciences/The Chicago Medical School). North Chicago is also affiliated with all other VISN 12 affiliate medical schools and universities under VISN 12's Affiliation Master Agreement.

Tomah VA Medical Center, Tomah, WI

The Tomah VA Medical Center (VAMC) is a 331-bed Primary Care Center specializing in primary care, mental health services and nursing home care. The medical center consists of 86 hospital beds, 200 nursing home care beds, and a 45-bed psychiatric residential treatment program. Tomah has been very successful in developing innovative partnerships with Department of Defense, the State of Wisconsin, as well as local community organizations. The hospital is located in western Wisconsin and along with 4 community based outpatient clinics provides 147,205 visits annually.

Jesse Brown Department of Veterans Affairs Medical Center, Chicago, IL

The VA Chicago Health Care System (VACHCS) was renamed in 2004 to the Jesse Brown Department of Veterans Affairs Medical Center. In August 2003, consistent with the CARES implementation plan, all inpatient services were consolidated at the West Side facility. VACHCS is a Regional Care Center with 209 hospital beds, nearly 10,000 inpatient admissions, and provides 528,247 annual outpatient visits to both primary and specialty clinics. VACHCS also operates the Adam Benjamin, Jr. VA Outpatient Clinic in Crown Point, IN, along with two smaller community based outpatient clinics. The overriding strategic direction of VACHCS over the next several years will be implementation of the approved CARES (Capital Asset Realignment for Enhanced Services) study option. Northwestern University Medical School and the University of Illinois at Chicago College of Medicine are the primary affiliates for the training of medical residents at VACHCS. VACHCS is also affiliated with all other VISN 12 affiliate medical schools and universities under VISN 12's Affiliation Master Agreement. Under the CARES Decision Document, VACHCS is funded for construction of a new 200-bed tower ($99 million for a design-construction project to build an approximately 250,000 square foot building to house all inpatient beds and operating rooms at the West Side Division). It is anticipated that the new building will be completed and activated by Spring 2007. Lakeside Division properties are in the process of being leased through the Enhanced Use Lease program. VA will maintain an outpatient clinic in the City of Chicago.