



FY2011-2013 STRATEGIC PLAN



Table of Contents

VISN 4: Goals and Environmental Analysis

Message from the Network Director	3
VISN 4 Goals: FY2011-2013 – Eight for Excellence	4
VISN 4 Environmental Analysis.....	6

VA/VHA Mission, Vision, and Goals

VHA Mission and Vision Statement.....	13
VA Core Values, Secretary's Themes and Guiding Principles	14
Under Secretary for Health's Strategies and Priorities	14
VA's Strategic Goals and Integrated Objectives.....	15-16
VA's Major Initiatives	17
VHA Operating Plans and Organizational-Specific Initiatives.....	18
VHA's Eight For Excellence	19

VISN 4 Performance Measures: FY2011-2013

Quality and Access.....	20
Veteran Client Satisfaction	20
Management of People and Assets.....	21
Internal Customer Satisfaction	21

VISN 4 Achievements: FY2009-2010

Access.....	22
Quality	23
Veteran and Employee Satisfaction	24
Asset Management	25





A Message from the Network Director

As the Network Director for VA Healthcare – VISN 4, I am pleased to present the refreshed Strategic Plan for fiscal years 2011 to 2013.

This document outlines many of the accomplishments that VISN 4 facilities achieved during fiscal years 2009-2010. Our ten medical centers continue to excel in clinical performance measures and embrace technological advancements and systems efficiencies that enable us to enhance access and the quality of the care we provide to our nation's heroes.

While I am proud of our past achievements, VISN 4 is always looking toward the future as we develop new and innovative ways to deliver the efficient, high quality care our Veterans expect and deserve. We also seek to build on our strong performance in Veteran satisfaction. In the next few years, VISN 4 will implement initiatives that will help eliminate Veteran homelessness, improve Veterans' mental health, enhance the Veteran experience and access to health care, and improve quality while reducing cost – all in alignment with the highest-priority goals of Secretary Shinseki and the entire Department. In addition, VISN 4 will continue to collaborate with the regional offices of the Veterans Benefits Administration to help reduce the benefits claim backlog. We will also ensure that capital investments maintain and improve our infrastructure, provide support to family caregivers, and continue to invest in the development of our greatest resource – VISN 4 employees.

As we move forward, I envision that VISN 4 will lead the nation in providing the highest quality service. We will deliver Veteran-centered care from Patient Aligned Care Teams and expand access with advancements in telehealth and secure messaging. Serving as responsible stewards of financial resources, we will strategically manage costs.

With the release of the updated Strategic Plan, VISN 4 pledges our support and commitment to the transformation of VA that is currently underway. The strategic and operational goals included in this plan outline the role VISN 4 will play during this time of exciting change and evolution. We will continue to update our plan annually to share our progress in achieving these goals and will add new initiatives as we strive to define excellence in the 21st century in VISN 4.

Michael E. Moreland, FACHE
Network Director, VISN 4

The following VISN 4 initiatives for FY2011-2013, in alignment with VHA's Eight for Excellence, also support the overall integrated objectives, strategies, and crosscutting goals of the Department.

1. Become the national benchmark for quality, safety, and transparency of health care, particularly in those health issues associated with military service.
Excel on national performance measures through the sharing of innovative strategies and enhanced data management and reporting.
Ensure safe health care through careful analysis and thoughtful intervention to prevent unsafe events in both the inpatient and outpatient setting.
Ensure that safety is viewed as a continuum throughout the organization; encompassing staff, trainees, patients and visitors.
Continue to expand the products maintained by the Information Resource Center to include expansion of telehealth reports as well as development of rurality data reporting and a one-stop shop for systems redesign data.
Expand accreditation resources across the VISN to include a Joint Commission scorecard, self assessment tools, and a database to review recommendations and best practices.
Lead VHA in high quality and timely medical evaluations utilizing innovative approaches and enhanced collaboration with VBA to improve processing time of benefit claims.
Provide for the continuity of care of VA patients within VISN 4 and of essential operations in the event of a disaster or emergency.
2. Provide timely and appropriate access to health care and eliminate service disparities.
Improve Veterans' mental health by supporting implementation of the Uniform Mental Health Services Handbook and retention of mental health staff.
Enhance outreach services to homeless Veterans, expand use of HUD-VASH program to provide case management support and housing assistance to homeless Veterans, and continue to develop the Veterans Justice Outreach (VJO) program to provide treatment as an alternative to incarceration.
Implement innovative approaches to outreach, education and communication to become the health care provider of choice for returning service members.
Enhance and standardize early identification of returning service members with care management needs at the time of their enrollment for health care.
Improve access to health care, including women and rural populations, through the expansion of services in community based outpatient clinics (CBOCs) and increased availability of telehealth technology and other forms of virtual access.
Ensure delivery of comprehensive health care for women Veterans that demonstrates continued efforts to narrow gender disparity.
Ensure patient aligned care teams (PACT) address the specific needs of women's health care with the incorporation of women's health providers at each VISN 4 facility.
Implement off-site dialysis program in Philadelphia to enhance access for Eastern Market Veterans.
Monitor and manage the access list and waiting time monitors to assure available access for new and established patients.
Support participation in a VISN 4 missed opportunity/no-show reduction initiative with the goal of reducing no-show rates by at least 2% by the end of FY 2013.
Fully adopt and actively support the use of a portfolio of inpatient informatics tools, including the Bed Management solution (BMS) and the Emergency Department Integration Software (EDSI), to aid VISN 4 business managers and clinicians in improving patient flow for process and outcome improvements.
Expand access to care at community based outpatient clinics (CBOCs) and spoke facilities by aggressively expanding Clinical Video Telehealth (CVT), Care Coordination Store and Forward (CCSF) and Care Coordination Home Telehealth (CCHT) program capability throughout VISN 4.
3. Transform VHA's culture through patient-centered care to continuously improve Veteran and family satisfaction.
Provide care that the Veteran and his/her family perceive as accessible, timely, high quality, and safe, while at the same time is fully respectful of the Veteran's personal goals and wishes.
Deliver benefits, assistance, and education to family caregivers providing physical and emotional support to seriously injured Veterans so that they may remain in their homes.
Enhance methods of communicating with Veterans about their care and increase awareness of available services through the use of tools such as kiosks and secure messaging for My HealthVet.
Continue to improve discharge communication about inpatient medication.
Excel in ratings of Veteran satisfaction while focusing on opportunities for improvement.
Facilitate further advancement of cultural transformation in VISN 4 Community Living Centers (CLCs).

4. Ensure an engaged, collaborative, and high-performing workforce to meet the needs of Veterans and their families.
Remain a leader in employee workplace safety and satisfaction through analysis of tools such as the All Employee Survey, Voice of the VA Survey, and Integrated Ethics Survey, with the implementation of actions to address areas of employee concern.
Establish new processes to reduce the recruitment and hiring times for Title 5, Title 38 and Hybrid Title 38 employees.
Continue to review options for utilizing flexible work schedules as an employee satisfier when feasible.
Remain an employer of choice by investing in employee development and the promotion of health and wellness throughout our workforce.
Continue to increase the rate of VISN 4 employees with targeted disabilities to achieve the VHA goal of 2%, as well as the goal for hiring Veterans of 33%.
Increase the ability to recruit and retain specialty care providers to meet projected growth in demand for specialty care and to appropriately allocate resources to support new models of care initiatives.
Develop additional nursing recruitment and retention strategies at each medical center in response to ongoing nursing recruitment challenges.
Increase the number of new hires and backfills proportionately across the VISN to achieve the VHA goal for the ratio of HR professionals to employees of 1:85.
Maximize opportunities for high-potential, diverse applicants to submit application to leadership and development programs, which will result in a field of well-trained and highly-qualified candidates for leadership positions.
Continue to submit worker's compensation claims promptly in order to minimize the financial impact of occupational injuries or illness to employees, as well as assist in their rehabilitation by fostering a work environment that quickly identifies and extends suitable employment consistent with medical restrictions.
5. Create value by leveraging scale and skill economies to achieve consistency and excellence in business practices.
Assure operations within available resources although workload costs and inflation may exceed future budget increases.
Demonstrate stewardship of VA assets by maintaining effective and ethical organizational oversight and business practices.
Increase efficiency and improve the timeliness of processing fee-based Mill Bill and unauthorized claims through a consolidation of these functions.
Ensure a seamless transition to the Northeast Consolidated Patients Accounts Center (CPAC) while increasing efficiency and standardization of billing processes.
Continue to invest in the modernization and improved condition of our medical centers, community based outpatient clinics, and independent outpatient clinics to maintain a safe, functional and productive environment for both Veterans and employees.
Minimize security risks through the identification and mitigation of vulnerabilities associated with the management of information.
Manage non-VA care costs based on medical needs, appropriateness and VA referral policies.
Continue to develop and implement efficiencies to monitor and control fee costs in VISN 4 facilities.
Monitor fee basis, coding, separation of duties and costing across the network for quality and consistency.
Support enhancements to clinical pharmacy services within VISN 4 that would improve workload capture, billing processes, and expansion of services offered.
6. Excel in research and development of evidence-based clinical care and delivery system improvements designed to enhance the health and well-being of Veterans.
Continue to support research centers within the network.
Carefully trial innovative forms of health care that are intended primarily to improve the Veteran experience.
All VISN 4 sites will be actively engaged in the PACT Systems Redesign Collaborative for successful spread of existing knowledge about PACT.
7. Promote excellence in the education of the future workforce to drive health care innovation.
Strengthen the VISN's succession planning, such that 1% of the employee population at each medical center is certified in the national mentor program at the level of resident or fellow.
Provide education and training opportunities with VISN reimbursement through the Employee Development Fund (EDF) to offer an additional incentive to employees to pursue development above and beyond facility resources.
Emphasize leadership development as an opportunity at every grade level throughout the VISN.
8. Promote health within the VA, in local communities, and across the nation, in collaboration with our academic affiliates, other government agencies, and the private sector.
Continue to support the MOVE program at all facilities within VISN 4.
Ensure VHA a flexible, scalable response capability by working with partner VISNs comprising National Emergency Medical Response Team #1 to increase team readiness and training in preparation to assist VA facilities as well as missions VA may receive under the National Response Framework.

VISN 4 Environmental Analysis

VA Healthcare – VISN 4 is an integrated system consisting of ten VA Medical Centers, including one (three-division) health care system in Pittsburgh, PA, and 44 community-based outpatient clinics (CBOCs). The network also operates one Rural Mobile Health Clinic (RMU) that serves rural Veterans under the jurisdiction of the Clarksburg VA Medical Center.

VISN 4 serves Veterans in 104 counties in the states of Pennsylvania, West Virginia, Delaware, New Jersey, New York, and Ohio. The network is divided into two markets: Eastern and Western, each consisting of 5 medical centers and 22 CBOCs.

The Eastern market is comprised of 33 counties in eastern Pennsylvania, 7 counties in New Jersey, 3 counties in Delaware and 1 county in New York (44 total). The Western market consists of 60 counties that cover western Pennsylvania and adjacent counties in New York, Ohio, and West Virginia.

In FY2010, the VISN 4 budget was \$2.267 Billion, and is \$2.353 Billion for FY2011. At the end of FY2010, VISN 4 had 12,344 employees (FTEE), which reflects more than 20% growth from FY2005. In FY2010, 5,943 volunteers helped carry out VHA's mission in 10 medical centers. More than \$132 million was obligated in FY2009 and \$95 million in FY2010 for construction projects and over \$43 million in FY2009 and \$56 million in FY2010 for capital equipment.

VISN 4 partners with over 20 medical schools and numerous other academic/health care institutions. We have also recently expanded our pharmacy resident program.

VISN 4 currently has 5 research centers located in Clarksburg, Coatesville, Philadelphia, Pittsburgh, and Wilkes-Barre. Specialized research centers include:

- Center for Health Equity Research and Promotion – Pittsburgh & Philadelphia
- Center of Excellence for Substance Abuse Treatment and Education - Philadelphia
- Geriatric Research, Education and Clinical Center - Pittsburgh
- Human Engineering Research Laboratory - Pittsburgh
- Mental Illness Research, Education and Clinical Center– Pittsburgh & Philadelphia
- Parkinson's Disease Research, Education and Clinical Center - Philadelphia
- Eastern Regional Sleep Center – Philadelphia

Research programs in the VISN encompass basic scientific, clinical, and epidemiological (population-based) studies. Disorders particularly affecting the Veteran population are areas of emphasis in VISN 4 research studies (for example: hepatitis C, sleep apnea, diabetes, obesity, prostate cancer, mental illness, substance abuse). VISN 4 Competitive Pilot Project Fund (CPPF) research grants are allocated for promising studies that, without further data, may become competitive for major extramural funding from VA or from the National Institutes of Health (NIH).

Currently, VISN 4 is conducting 676 research projects with total research funding of \$43,734,786.00.

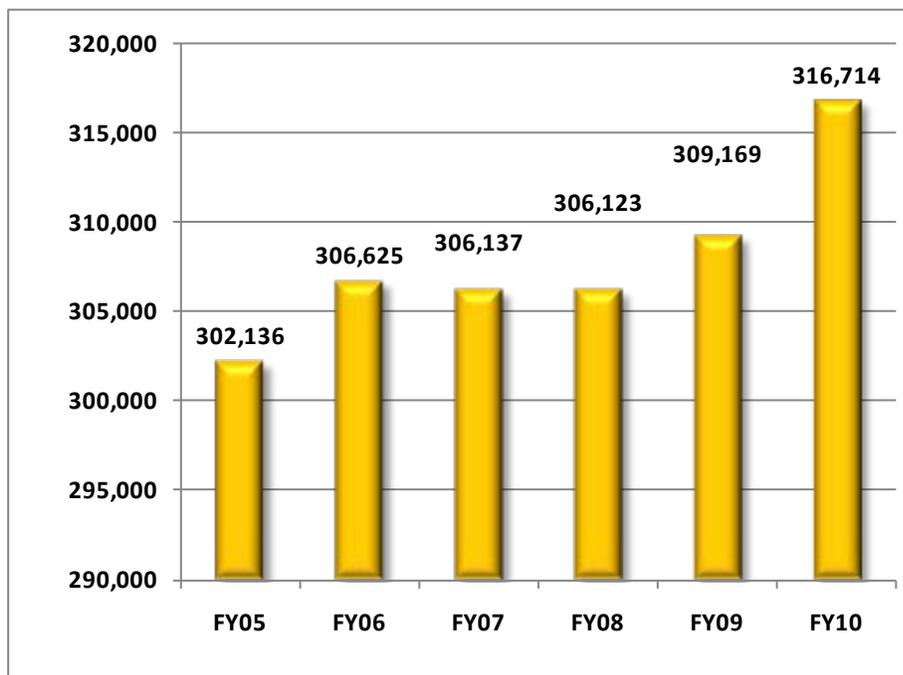
Who VISN 4 Serves

Pennsylvania is one of the largest states in the country in terms of Veteran population and more than 1.2 million Veterans live in the VISN 4 service area. At the end of FY2010, VISN 4 had 452,781 enrollees, for an overall market penetration rate of more than 37%.

The Western Market had an enrollment of 187,326 at the end of FY2010, with an estimated population of 447,519 Veterans, for a market share of 41.9%. Market penetration in the Eastern Market is 33.5%, based on FY2010 enrollment of 265,455 and a projected Veteran population of 792,754.

In FY2010, VISN 4 treated 316,714 unique patients, which reflects a modest 2.4% growth from FY2009, and 4.8% growth from FY2005.

VISN 4 Unique Patient Trends



As of the end of FY2010, the female Veteran population accounted for 13,829 unique patients, which represents a 77% increase from the 7,804 female Veterans that the network treated in FY2001.

In FY2010, VISN 4 also provided care for 20,722 OEF/OIF service members, compared to 5,168 in FY2005.

Outpatient Trends

In FY2010 VISN 4 had:

- 3,137,829 total outpatient hospital visits
- 534,583 Community Based Outpatient Clinic (CBOC) visits
- 1,097,563 Home and Community Based Visits

There is continued growth in outpatient workload and in home and community based visits as the shift from inpatient care continues:

	FY07	FY08	FY09	FY10
Outpatient Visits	2,736,118	2,849,241	2,990,221	3,137,829
CBOC Visits	436,008	466,549	498,659	534,583
Home and Community Based Visits	493,408	765,399	1,046,024	1,097,563

Telehealth workload has also seen dramatic growth as VISN 4 embraces new ways of providing care that is more convenient for the Veteran:

Program	FY08	FY09	FY10
Home Telehealth (Enrollees)	1,743	1,999	2,746
Clinical Video Telehealth (Encounters)	1,997	3,980	6,048
Store and Forward (Encounters)	564	2,234	3,552

Inpatient Trends

In FY2010 VISN 4 had:

- 28,372 hospital admissions
- 17,882 internal medicine admissions
- 3,024 Community Living Center (CLC) admissions
- 2,615 domiciliary admissions
- 4,764 psychiatry admissions
- 5,630 surgery admissions

	FY07	FY08	FY09	FY10
Domiciliary	2,559	2,265	2,158	2,615
CLC	3,393	3,236	3,034	3,024
Hospital	25,881	26,688	27,704	28,372
Internal Med	16,447	17,150	17,838	17,882
Psychiatry	4,732	4,734	4,624	4,764
Surgery	4,652	4,696	5,187	5,630

CLC admissions continue to decline, but VISN 4 is experiencing increases in hospital, internal medicine, psychiatry, and surgery admissions. Workload projections indicate that VISN 4 will experience a short-term increase in inpatient workload over the next few years, followed by a sharp decline as the transition toward increased ambulatory care continues. The spike in domiciliary admissions in FY2010 is attributed to the integration of domiciliary and Psychosocial Residential Rehabilitation Treatment Program (PRRTP) beds.

The number of operating beds has decreased by 15.2% since FY2005 due to declining inpatient workload, with a small increase in FY2009. The network will continue to monitor facility data and make adjustments as needed in the future.

The following tables identify VISN 4 trends in operating beds, Average Daily Census (ADC), and Bed Days of Care (BDOC) since FY2005.

VISN 4 Operating Beds						
	FY05	FY06	FY07	FY08	FY09	FY10
Domiciliary	386	386	386	285	350	443
Intermediate	38	2	2	2	0	0
Internal Med	368	341	345	339	334	334
Neurology	6	6	4	4	4	4
Nursing Home	1,354	1,262	1,175	1,175	1,118	1,118
PRRTP	119	140	135	104	135	42
Psychiatry	317	293	250	250	240	240
Rehab Med	0	0	10	10	10	10
Surgery	150	141	133	133	129	129
Total:	2,738	2,571	2,440	2,302	2,320	2,320

VISN 4 Cumulative ADC (by Bed Service Subcategory)						
	FY05	FY06	FY07	FY08	FY09	FY10
Domiciliary	310.3	320.3	311.5	314.2	313.0	332.9
Intermediate	4.5	2.8	1.7	1.1	1.2	0.0
Internal Med	251.3	254.7	249.9	235.2	253.3	247.5
Neurology	1.0	0.6	0.4	0.4	0.3	0.2
Nursing Home	1,027.9	957.8	952.3	908.0	821.9	798.0
Psychiatry	294.5	289.9	290.3	300.7	313.8	297.4
Rehab Med	5.3	4.9	4.2	4.7	4.8	4.2
Surgery	89.3	85.8	81.5	80.6	85.7	83.2

VISN 4 Bed Days of Care (BDOC) Trends						
	FY05	FY06	FY07	FY08	FY09	FY10
Domiciliary	112,782	116,457	113,203	114,186	116,091	135,506
Intermediate	1,627	927	643	403	61	0
Internal Med	94,658	91,290	89,687	92,127	93,650	90,737
Neurology	611	339	245	307	306	243
Nursing Home	367,827	342,854	339,802	339,081	306,074	294,562
PRRTP	28,934	30,528	35,181	39,735	36,201	19,808
Psychiatry	78,293	75,189	70,130	70,165	72,084	71,107
Rehab Med	1,942	1,758	1,421	1,691	2,004	1,970
Surgery	31,664	30,567	28,240	26,619	28,181	26,914
Total:	718,339	689,909	678,552	684,314	654,652	640,846

VISN 4 Workload Projections

VISN 4 workload and utilization projections reflect that when compared to FY2009 actual workload data:

- BDOC for acute inpatient medicine will decrease by 13% by FY2019 and by 28% by FY2029.
- BDOC for acute inpatient mental health will decline by 16% by FY2019 and by 33% by FY2029.
- BDOC for acute inpatient surgery will be reduced by 9% by FY2019 and by 25% by FY2029.
- Workload (clinic stops) for ambulatory mental health programs is projected to increase by 21% by FY2019 before a slight decline by FY2029.
- Workload (clinics stops) for primary care, geriatrics, and urgent care is expected to increase by 12% by FY2019 and remain steady through FY2029.
- Workload (clinic stops) for medical and other non-surgical specialties is projected to increase by 13% by FY2019 (after an initial decline in utilization) and will then maintain through FY2029.

Key Assumptions

VISN 4 has developed this Strategic Plan for FY2011–2013 based on the following financial, external, and environmental planning assumptions, population and enrollment projections and data regarding Veteran enrollee reliance upon VA.

Financial:

- VA will conform to the budget passed by Congress and signed by the President.
- Capital obligations are subject to full funding being allocated to VISN 4.
- Based on current workload growth, VISN 4's share of the Veterans Equitable Resource Allocation (VERA) is likely to remain unchanged, however; it is expected that the overall increase to VA may be lower than previously experienced.
- Over the past five years, VISN 4 has realized average budget increases of 5% to 8%. It is anticipated that the network's budget will continue to grow, but at a drastically reduced rate. It is estimated that future budgets will only increase by 0% to 2%, while inflation for healthcare will increase by 5% to 10%.

Veteran Reliance (based on 2008 Veteran Reliance Report & Base Year 2009 Enrollment and Utilization Projections):

- Approximately 79% of enrollees have additional public or private health insurance.
- Nationally, enrollees with poor and fair self-reported health statuses are more reliant upon VHA for outpatient care.
- Enrollees under age 30 and between ages 50-64 report higher reliance on VHA for care.
- Nationally, enrollees receive only about 20 percent of their inpatient acute care in the VA health care system.
- Vietnam-era Veterans are most reliant on VHA, with World War II Veterans the least reliant.
- The VISN 4 enrollee unemployment rate (self-reported) is 12.7%, compared to a national enrollee unemployment rate of 15.4%.
- 56.1% of VISN 4 enrollees are in Priority Groups 1-6, compared to 70.2% nationally.
- 43.9% of VISN 4 enrollees are in Priority Groups 7-8, compared to 29.9% nationally.

- 57.6% of VISN 4 enrollees report an income under \$36,000, compared to 53.1% nationally.
- VISN 4 has the lowest percentage of Veteran enrollees reporting no private or public health insurance coverage at 14.6%. The national rate is 20.4%.
- 57.8% of VISN 4 enrollees have Medicare Coverage Part A & B, compared to a national rate of 61.8%. 38.4% of VISN 4 enrollees with Medicare have Part D, compared to 34.4% nationally.
- 34.3 % of VISN 4 enrollees plan to use VHA as their primary source of care in the future, and 11.5% have no plans to use VHA.

Population and Enrollment Projections:

VISN 4 Veteran Population Projections by State through FY2030								
	FY2011	FY2012	FY2013	FY2014	FY2015	FY2020	FY2025	FY2030
DE	77,214	76,123	74,977	73,818	72,643	66,804	61,269	56,129
NJ	115,071	109,793	104,875	100,247	95,925	78,330	65,702	56,302
NY	15,211	14,672	14,162	13,677	13,216	11,144	9,511	8,246
OH	16,980	16,464	15,948	15,463	14,990	12,844	11,139	9,715
PA	913,958	884,461	855,731	828,065	801,412	684,536	592,052	518,069
WV	62,491	61,060	59,627	58,225	56,850	50,449	45,101	40,789
Total:	1,200,925	1,162,572	1,125,320	1,089,494	1,055,034	904,107	784,774	689,250

VISN 4 Enrollment Projections through FY2030									
	FY2011	FY2012	FY2013	FY2014	FY2015	FY2020	FY2025	FY2030	Projected decrease from FY2011 to FY2030
VISN 4	442,853	444,571	449,047	449,647	448,545	432,286	407,513	380,011	-14.2%
Eastern Market	262,173	263,950	266,659	267,252	266,780	257,374	242,687	226,424	-13.6%
Western Market	180,680	180,621	182,387	182,395	181,765	174,913	164,826	153,587	-14.9%

- VISN 4 is projected to experience a slow increase in enrollment through FY2014, followed by a steady decline.
- Inpatient utilization is projected to increase slightly over the next 1-2 years, followed by a steady decline in both markets. This decline will be due, in part, to how inpatient care is managed as the trend continues towards greater utilization of ambulatory care.
- Workload projections will continue to account for an improved level of efficiency in the VA health care system over time (systems redesign).
- Available enrollment and workload projections do not yet account for the impact of health reform.
- Veteran response since enrollment was reopened to Priority 8 Veterans was less than expected.
- Workload projections are not yet available for long-term care (expected in future updates).
- Enrollment and utilization rates are lower for female Veterans than male Veterans (women Veterans account for 5% of current enrollees).

External and Environmental Factors:

- The impact of the economic recession has the greatest impact on workload projections through FY2011, and then begins to moderate in FY2012.
- Unemployment rates are projected to return to pre-recession levels by FY2016, at which point enrollee reliance will also return to pre-recession levels.
- The size of the military is estimated at 1.42 million, according to the Department of Defense.
- The size of the military is projected to remain relatively stable, although minimal projected budget growth in coming years will have an effect.
- An estimated 140,000 service members will leave active duty each year.
- OEF/OIF/OND has already lasted longer than World War II, meaning VA must prepare to continue to accommodate an influx of new Veterans.
- Many retail chains offer prescription medications at lower co-pay costs than VHA.
- The potential impact of health reform on VHA is not yet known.
- VISN 4 will need to maintain a state of readiness to respond to any natural or man-made disaster scenario either at the local level or under the National Response Framework (NRF).



VHA Mission Statement

Honor America's Veterans by providing exceptional health care that improves their health and well-being.

VHA Vision Statement

VHA will continue to be the benchmark of excellence and value in health care and benefits by providing exemplary services that are both patient-centered and evidence-based.

This care will be delivered by engaged, collaborative teams in an integrated environment that supports learning, discovery, and continuous improvement.

It will emphasize prevention and population health and contribute to the Nation's well-being through education, research, and service in national emergencies.



VA Core Values: I CARE

- *Integrity*
- *Commitment*
- *Advocacy*
- *Respect*
- *Excellence*

Secretary Shinseki's Themes:

- *Access*
- *Homelessness*
- *Backlog*

Secretary's Guiding Principles:

People-Centric: Veterans and their families are the centerpiece of our mission and of everything we do. Equally essential are the people who are the backbone of the Department – our talented and diverse workforce.

Results-Driven: We will be measured by our accomplishments, not by our promises.

Forward-Looking: We will seek out opportunities for delivering the best services with available resources, continually challenging ourselves to do things smarter and more effectively.

Under Secretary for Health's Four Strategies:

- *Patient-centered*
- *Data-driven*
- *Continuously-improving*
- *Team-based*

Under Secretary for Health's Priorities:

- *Create a Vision for the Organization*
- *Align/Reorganize the Organization*
- *Reduce Variation*

VA Strategic Goals:

Four crosscutting strategic goals represent the top priorities of the Department.

Improve the quality and accessibility of health care, benefits, and memorial services while optimizing value.

Increase Veteran client satisfaction with health, education, training, counseling, financial, and burial benefits and services.

Raise readiness to provide services and protect people and assets continuously and in time of crisis.

Improve internal customer satisfaction with management systems and support services to achieve mission performance and make VA an employer of choice by investing in human capital.

Integrated Objectives:

Three integrated objectives form the foundation on which VA will build strategies and initiatives to collectively achieve VA's Strategic Goals. Fourteen integrated strategies define the ways and means, or courses of action, that have been designed to realize VA's objectives.

Integrated Objective 1: Make it easier for Veterans and their families to receive the right benefits, meeting their expectations for quality, timeliness, and responsiveness.

Integrated Strategies to achieve this objective:

- *Improve and integrate services across VA to increase reliability, speed, and accuracy of delivery.*
- *Develop a range of effective delivery methods that are convenient to Veterans and their families.*
- *Improve VA's ability to adjust capacity dynamically to meet changing needs, including preparedness for emergencies.*
- *Provide Veterans and their families with integrated access to the most appropriate services from VA and our partners.*

- *Enhance our understanding of Veterans' and their families' expectations by collecting and analyzing client satisfaction data and other key inputs.*

Integrated Objective 2: Educate and empower Veterans and their families through proactive outreach and effective advocacy.

Integrated Strategies to achieve this objective:

- *Use clear, accurate, consistent, and targeted messages to build awareness of VA's benefits amongst our employees, Veterans and their families, and other stakeholders.*
- *Leverage technology and partnerships to reach Veterans and their families and advocate on their behalf.*
- *Reach out proactively and in a timely fashion to communicate with Veterans and their families and promote Veteran engagement.*
- *Engage in two-way communications with Veterans and their families to help them understand available benefits, get feedback on VA programs, and build relationships with them as our clients.*

Integrated Objective 3: Build our internal capacity to serve Veterans, their families, our employees, and other stakeholders efficiently and effectively.

Integrated Strategies to achieve this objective:

- *Anticipate and proactively prepare for the needs of Veterans, their families, and our employees.*
- *Recruit, hire, train, develop, deploy, and retain a diverse VA workforce to meet current and future needs and challenges.*
- *Create and maintain an effective, integrated, Department-wide management capability to make data-driven decisions, allocate resources, and manage results.*
- *Create a collaborative, knowledge-sharing culture across VA and with DoD and other partners to support our ability to be people-centric, results-driven, and forward-looking at all times.*
- *Manage physical and virtual infrastructure plans and execution to meet emerging needs.*

VA has identified 16 Major Initiatives that will serve as a platform from which to execute the VA Strategic Plan. These crosscutting and high-impact priority efforts were designed to address the most visible and urgent issues in VA. These initiatives will require resources from across the Department to execute, and will, in turn, transform the entire Department.

<i>16 Major Initiatives for the VA Strategic Plan (FY2011-2015)</i>
Eliminate Veteran homelessness.*
Enable 21st century benefits delivery and services.
Automate GI Bill benefits.
Create Virtual Lifetime Electronic Record by 2012.
Improve Veterans' mental health.*
Build Veterans Relationship Management (VRM) capability to enable convenient, seamless interactions.
Design a Veteran-centric health care model to help Veterans navigate the health care delivery system and receive coordinated care.*
Enhance the Veteran experience and access to health care.*
Ensure preparedness to meet emergent national needs.
Develop capabilities and enabling systems to drive performance and outcomes.
Establish strong VA management infrastructure and integrated operating model.
Transform human capital management.
Perform research and development to enhance the long-term health and well-being of Veterans.*
Optimize the utilization of VA's Capital Portfolio by implementing and executing the Strategic Capital Investment Planning (SCIP) process.
Health Care Efficiency: Improve the quality of health care while reducing cost.*
Transform health care delivery through health informatics.*

**Significant VHA role*

VHA has developed operating plans that clearly define goals, outline monthly milestones, and specify budget, FTEE, and IT needs:

VHA Operating Plans
Five-year plan to end homelessness
Virtual Lifetime Electronic Record (VLER) Health Communities Program
Increase Investment in Mental Health
Design a Veteran-centric health care model (aka New Models of Health Care)
Enhancing the Veteran experience and access to healthcare
Health Care Efficiency
Health Informatics

In addition, six initiatives that are VHA-specific have been developed to further outline our goals and strategies:

VHA Organizational-Specific Initiatives (OSIs)
Decrease Health Care Associated Complications
Supply Processing and Distribution (SPD) Scope Action Plan (ISO-9001)
Strengthen VHA emergency preparedness training and response including collaborations with communities and other organizations
Promote excellence in the education of future health care professionals and enhance VHA partnerships with affiliates
Ensure a qualified and engaged workforce
Deploy best practices in financial and business processes

VHA has established a set of eight strategies — Eight for Excellence — to guide our plan of action for the delivery of services into the future. These strategies serve as a bridge between the organizational-specific initiatives and the VA integrated objectives and strategies.

1. Become the national benchmark for quality, safety, and transparency of health care, particularly in those issues associated with military service.
2. Provide timely and appropriate access to health care and eliminate service disparities.
3. Transform VHA's culture through patient-centered care to continuously improve Veteran and family satisfaction.
4. Ensure an engaged, collaborative, and high-performing workforce to meet the needs of Veterans and their families.
5. Create value by leveraging scale and skill economies to achieve consistency and excellence in business practices.
6. Excel in research and development of evidence-based clinical care and delivery system improvements designed to enhance the health and well-being of Veterans.
7. Promote excellence in the education of the future workforce to drive health care innovation.
8. Promote health within the VA, in local communities, and across the nation in collaboration with our academic affiliates, other government agencies, and the private sector.

VISN 4 has developed specific initiatives to support and implement the VHA *Eight for Excellence* strategies (see pages 4-5).

VA HEALTHCARE – VISN 4: PERFORMANCE MEASURES

In addition to the initiatives established, VISN 4 will also help achieve the Department’s mission by meeting or exceeding the following FY2011 performance measures that support VA’s crosscutting goals.

Improve the quality and accessibility of health care, benefits, and memorial services while optimizing value.

In support of the Departmental goal of Eliminating Veteran Homelessness , VISN 4 will ensure effective resource stewardship by monitoring the number of Veterans who achieve resident status after receiving a HUD/VASH voucher.
In support of VHA goals for Enhancing the Veteran Experience and Access to Healthcare , VISN 4 will monitor the percent of unique primary care and specialty care patients (new and established) on the access list waiting more than 14 days from their desired date for an appointment.
In alignment with VHA goals for New Health Care Models , VISN 4 will increase the number of patient encounters for Clinical Video Telehealth (CVT); Store-and-Forward Telehealth (CCSF); and census enrolled in Care Coordination Home Telehealth (CCHT).
VISN 4 will continually monitor facility performance in providing effective and safe clinical care (inpatient and outpatient) and assign requirements to appropriate clinical units or medical centers where specific actions or improvements are needed. In addition, VISN 4 will monitor network improvement in providing diet, weight, and medication instruction to inpatients at discharge.
In support of VHA goals for Women's Health , VISN 4 has selected the measurement of LDL cholesterol (less than 100 mg/dl) as the network gender-based quality or satisfaction disparity identified for improvement.
In support of Departmental goals to Enable 21st Century Benefits Delivery and Services , VISN 4 will ensure compensation and pension (C&P) rating exam reports meet criteria set for sufficiency.

Increase Veteran client satisfaction with health, education, training, counseling, financial, and burial benefits and services.

In support of multiple VHA transformational goals (T21) , VISN 4 will develop a project plan aligned with specific sub-initiatives, with associated staffing and spending plans, and will measure success by the ability to meet identified milestones.
In support of VHA goals for New Health Care Models , VISN 4 will ensure progress in the implementation of patient aligned care teams (PACT). All facilities will utilize the Medical Home Builder Tool to identify areas where adjustments are needed to achieve an optimal staffing mix and ratio.
In support of Departmental goals to Enable 21st Century Benefits Delivery and Services , VISN 4 will ensure compensation and pension (C&P) rating exam reports meet criteria set for timeliness.
In support of VHA goals for Enhancing the Veteran Experience and Access to Healthcare , VISN 4 will continually monitor facility performance based upon validated inpatient and outpatient satisfaction metrics, and will specify which particular metrics for which individual facilities are expected to show meaningful improvements. (Communication about Medications - inpatient) .

VA HEALTHCARE – VISN 4: PERFORMANCE MEASURES

Raise readiness to provide services and protect people and assets continuously and in time of crisis.

In alignment with the Departmental goal of Best Practices in Financial and Business Processes , VISN 4 will develop an action plan for quality improvement in response to feedback from fee care audits.
Supporting the Departmental goal of Best Practices in Financial and Business Processes , VISN 4 will ensure continual monitoring of facility performance on key financial and business compliance indicators by assigning requirements to business units where specific actions or improvements are needed. The network will also monitor improvement in project obligations with the development of metrics and goals to address needs in this area.
In support of Departmental goals to Ensure Preparedness to Meet Emergent National Needs , VISN 4 will ensure uninterrupted provision of medical and hospital services to Veterans, and during a disaster or emergency, to civilian victims, as appropriate.
The Network will ensure accountability and control of government property and adherence to security policy by all employees, contractors, and trainees.
In support of Departmental goals to establish a strong VA management infrastructure and integrated operating model , VISN 4 will ensure that an appropriate number of program and project managers (FAC-P/PM) are certified to manage the acquisition-related aspects of network projects.
VISN 4 will establish and ensure substantial achievement of contracting for Veteran Owned Business, designated small businesses, and minority and women owned businesses and will provide necessary resources and support to ensure that acquisition staff is allowed maximum opportunity to achieve the established Department goals.

Improve internal customer satisfaction with management systems and support services to achieve mission performance and make VA an employer of choice by investing in human capital.

To support VHA goals of Care Delivery by Engaged, Collaborative Teams in an Integrated Environment that Supports Learning, Discovery, and Continuous Improvement , VISN 4 will continually monitor workforce and organizational effectiveness using the All-Employee Survey, Learning Organization Survey, Integrated Ethics Staff Survey, and the Voice of the VA and assign individualized requirements where specific actions or improvements are needed.
The network will ensure timely delivery of performance appraisals, identification of performance-related deficiencies, recognition of contributions, and appropriate use of human resources .
VISN 4 will ensure timely recruitment of all Title 38, Hybrid 38, and Title 5 external hires, meeting the 30-day hiring model.
VISN 4 will ensure compliance with applicable EEO laws , regulations, Executive Orders, management directives, and policies. The network will proactively address workplace disputes before complaints/grievances are filed.
In support of Departmental goals to Transform Human Capital Management , VISN 4 will communicate and implement the VA Diversity and Inclusion Strategic Plan throughout the organization (as applicable) and show measurable results.
In support of Departmental goals to Transform Human Capital Management , VISN 4 will provide a narrative of the recruiting process including the methodology used to identify the skill set required for various positions as well as a summary of the boarding process for employees and of workforce and succession planning activities.
In support of Departmental goals to Transform Human Capital Management , VISN 4 will use the VHA workforce planning tool to ensure effective succession planning occurs for networks and facilities.
In support of Departmental goals to Transform Human Capital Management , VISN 4 will ensure employee development through mentoring and coaching and an appropriate number of nationally certified VHA mentors at the resident and/or fellow level.

VISN 4 Achievements: FY2009 – 2010

ACCESS
<i>Mental Health</i>
Continued to hire remaining enhancement positions and to implement the Mental Health Uniform Service Package.
Realigned mental health resources to support Veteran need in the community and utilized new FTEE effectively.
Expanded residential PTSD services in the Western Market by increasing exposure to evidence-based psychotherapies.
Utilized suicide prevention coordinators to educate staff and assist at-risk Veterans.
Continued to improve no-show rates for mental health patients and mental health intensive case management (MHICM) capacity to meet performance measure.
Established Mental Health Councils at several VISN 4 medical centers consisting of Veterans, advocacy groups, and family members.
<i>Rehabilitation Services</i>
Educated providers about symptoms of traumatic brain injury (TBI) and continue to track second level screenings for Veterans screening positive for TBI during first level screening.
Conducted monthly interdisciplinary care conferences for polytrauma Veterans at all VISN 4 sites.
<i>Prosthetic Services</i>
Established new VISN-wide eyeglass contract in March 2010.
Established local wound care contracts to include specialty mattresses.
<i>Systems Redesign</i>
Installed recall software in all VISN 4 facilities.
Met overall target to reduce no-show rates in specialty clinics at 8 of 10 VISN 4 facilities in FY2010.
Implemented AudioCare Scheduler technology across the VISN.
Conducted 50 systems redesign initiatives across the network in FY2009-10.
Received Systems Redesign Champion Awards at three facilities (Pittsburgh, Butler, and Erie) in FY2009-10.
<i>Telehealth</i>
Expanded and enhanced home and community-based non-institutional care (NIC) programs to include development of new disease management protocols, implementation of interactive voice recognition technology pilot, and purchase of home video equipment for home based primary care (HBPC) expansion.
<i>Women Veterans Health Program</i>
Designated Women Veterans Program Managers in all 10 VISN 4 facilities.
Established comprehensive primary care for women Veterans at all 10 parent facilities and in more than 50% of the community based outpatient clinics (CBOCs).
Sponsored a mini-residency program for 30 women's health primary care providers.
Continued the collaboration between Women Veterans Program Managers, OEF/OIF Program Managers and primary care providers to meet needs of increasing number of female enrollees and users in VISN 4.
Expanded outreach efforts to increase enrollment of female Veterans in VISN 4.
<i>Home Care</i>
Continued to identify opportunities to develop partnerships to enhance home and community-based care options.
<i>Informatics</i>
Expanded the use of patient registration kiosks.
Established and implemented measures to improve the timeliness of diagnostic imaging services.

VISN 4 Achievements: FY2009 – 2010

QUALITY
<i>Women Veterans Health Program</i>
Exceeded the overall benchmark for breast and cervical cancer screening performance measures in VISN 4.
Maintained an exceptional level in the bone density supporting indicator by consistently exceeding the national level at 9 of 10 VISN 4 facilities.
<i>Performance Measures</i>
Implemented daily patient reporting tools to assist facilities in identification of inpatient influenza, pneumococcal immunizations, and CHF patients admitted or readmitted.
Expanded VISN 4 Data Warehouse in FY2009-10 to include additional performance measures.
Passed 18 of 24 critical measures (78%) in FY2010, and passed all of the clinical quality composite measures, satisfaction measures, and 2 of 3 access measures.
Improved wait times for new patients from 94% to 96% across the VISN in FY2010, with improvement noted at each medical center.
Sustained 98% for wait times for established patients in FY2010, with improved performance shown at 8 of 10 medical centers.
Met the exceptional level for patients waiting over 30 days on the access wait list in FY2010, with 9 medical centers meeting the measure.
Improved scores in 6 of 7 surgical improvement measures (SIP) from FY2008-10, with the 7th measure maintaining a 100% score in all 3 years.
Maintained Joint Commission full accreditation status in FY2009-10 at all VISN 4 facilities.
Conducted a full self-assessment or periodic performance review (PPR) of their accreditation programs at all VISN 4 facilities.
<i>Patient Safety</i>
Maintained or expanded the number of academic affiliations with schools of pharmacy at all sites.
Received the National Center for Patient Safety Cornerstone Award for FY2010, which is awarded based on quality of RCAs and Aggregates, at all 10 VISN 4 facilities.
Developed restraints data base within VISN 4 to decrease use of and track trends of restraint usage.
Developed a VISN template that allows for tracking and trending of cardiac code event data.
Continued to ensure that facilities maintain policies which are in alignment with current VHA directives.
<i>Utilization Management</i>
Implemented inter-rater reliability process for utilization management within VISN 4.
Completed an enrollment initiative in collaboration with VBA and Medicaid offices in Delaware and Pennsylvania to identify Veterans not currently seeking care within VISN 4 facilities, which resulted in 2,934 new enrollees by the end of FY2010.
Developed a data extraction report within the data warehouse to report post-discharge follow-up contacts made to patients following discharge, which was designated as a best practice nationally by the Office of Quality and Performance (OQP).

VISN 4 Achievements: FY2009 – 2010

VETERAN AND EMPLOYEE SATISFACTION
<i>Returning Service Members</i>
Hosted "Welcome Home" events in FY2009-10 for OEF/OIF service members, Veterans and their families at all VISN 4 sites.
Conducted annual focus group meetings with OEF/OIF Veterans and family members in accordance with VHA Directive at all VISN 4 sites.
Continued to regularly participate in outreach activities such as Yellow Ribbon Reintegration Events and facility-hosted Post-Deployment Health Reassessments (PDHRAs) for OEF/OIF Veterans.
Continued to expand partnerships with the National Guard in FY2009-10, and provided support at pre-deployment and local unit-level briefings.
<i>Compensation and Pension</i>
Maintained regular dialogue between OEF/OIF Case Management Teams and Transition Patient Advocates and VBA counterparts to facilitate timely C&P exams and to address service member questions regarding benefit eligibility and pre-discharge programs.
<i>Veteran Satisfaction</i>
Continued to explore new methods for reaching Veterans via expansion of internet services, to include My HealthVet and Facebook.
Continued to expand the use of public events as opportunities to communicate with Veterans, employees, stakeholders and other beneficiaries.
<i>Employee Satisfaction</i>
Continued to monitor employee satisfaction through the All Employee Survey and develop and implement action plans to address areas of concern as needed.
Utilized 100% of the Employee Education Fund at all facilities within VISN 4 for a total of \$4 million spent in FY2010.
Continued to establish and fill positions utilizing upward mobility opportunities, as well as creating career ladder positions as a retention and succession planning tool.
Established a website at 9 facilities to improve communication with employees, with the 10th station's website currently in development.

Did you know....

....over \$1.4 Million in FY2009 and \$5.1 Million in FY2010 was spent on OI&T improvements and equipment in VISN 4?

VISN 4 Achievements: FY2009 – 2010

ASSET MANAGEMENT
<i>Emergency Management</i>
Provided employees with information to develop a family contingency plan during National Preparedness Month in September 2010.
Developed and participated in activities designed to ensure that the VISN 4 workforce is educated in emergency response protocols.
Participated with VISN 7 in a field training exercise designed to evaluate the operational plans and procedures of several field deployable resources including the Deployable Medical Unit, which was later showcased during National Preparedness Month.
Developed plan to minimize the disruption of care to home telehealth patients in the event of an internal or external disaster or emergency.
<i>Workforce Recruitment and Development</i>
Hired VISN OWCP Administrator in accordance with VHA National HR Delivery Model.
Established contract with a private vendor to assist VISN 4 facilities in OWCP case management and the reduction of charge-back costs.
Established and filled all Assistant Chief positions in Human Resources, Fiscal Service, and Pharmacy across VISN 4 facilities.
Provided Nuts and Bolts of Supervision training to all new supervisors within one year of appointment.
Utilized 100% of Employee Development Fund (EDF) monies within VISN 4.
Hired 10 Presidential Management Fellows in 2009.
Utilized the facility and VISN LEAD programs to develop potential future leaders.
<i>Finance</i>
Implemented a Medical Care Collection Fund (MCCF) task force, provided HEC training for eligibility and enrollment, and reduced the backlog of unbilled patients from 74,773 to 51,108.
Conducted monthly training for coding and revenue staff.

Equipment and Construction Obligations

	FY09		FY10	
	Equipment	Construction	Equipment	Construction
VISN 4	\$43,157,379	\$132,883,889	\$56,843,032	\$95,536,839
VISN 4 VA Healthcare VISN 4	-	-	\$9,053	-
Wilmington, DE	\$2,878,921	\$6,554,193	\$5,888,690	\$15,125,125
Altoona, PA	\$4,356,075	\$4,398,915	\$2,410,392	\$8,060,151
Butler, PA	\$4,111,604	\$15,538,176	\$1,922,621	\$8,916,273
Clarksburg, WV	\$3,397,760	\$20,194,281	\$4,442,397	\$2,418,470
Coatesville, PA	\$2,272,277	\$10,641,481	\$3,169,661	\$9,152,470
Erie, PA	\$810,183	\$5,522,269	\$2,556,880	\$1,506,033
Lebanon, PA	\$1,278,649	\$14,643,945	\$5,178,017	\$8,320,867
Philadelphia, PA	\$9,016,885	\$18,910,852	\$5,010,519	\$20,238,337
Pittsburgh, PA	\$14,323,957	\$35,069,800	\$24,840,559	\$15,913,614
Wilkes-Barre, PA	\$711,069	\$1,409,976	\$1,414,244	\$5,885,059



May 2011