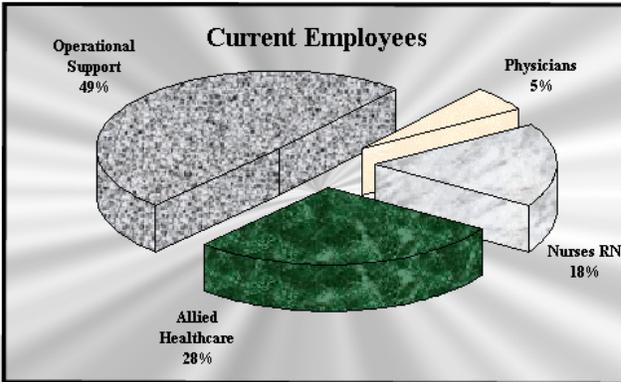


ORGANIZATIONAL OVERVIEW

1. Basic Organization Description. For over 50 years, the Grand Junction Veterans Affairs Medical Center (GJVAMC) has been privileged and honored to serve the medical, surgical, rehabilitative and mental health needs of enrolled veterans living in 15 Western Colorado and 2 Eastern Utah counties. Dedicated on April 27, 1949, the Center was proclaimed throughout the Grand Junction community as “a dream come true.” The dream is alive today. Over 315



employees strong, GJVAMC is a leading community employer and health care provider; a significant contributor to the prosperity and economic stability of the region. During our Jubilee Year in 1999, GJVAMC was recognized for quality, service, and performance excellence by the Secretary of Veterans Affairs, through the awarding of the Robert W. Carey Quality Award Trophy. We are a family enterprise of caring, healing and wellness, proud to serve genuine American heroes every day.

Our Medical Center mission focuses on *improving the health of veterans by providing primary care, specialty care, extended care and related social support services in an integrated health care delivery system.* Our vision is *to be the preferred health care system for all area veterans.* The VA Medical Center fabric has long been woven with the VHA core values of trust, respect, commitment, compassion and excellence. A strong work ethic amongst our family of staff and volunteers, combined with an abiding attitude of service before self, and a history of innovation, sets the foundation for a constant emphasis on improving quality care and customer service.

GJVAMC has 53 operational beds, comprised of 23 acute and 30 long term care beds. Our transition from hospital care to a healthcare organization produces healthier, more satisfied patients, and has transformed GJVAMC into a “lean and meaningful” organization. This was accomplished by instituting active observation, ambulatory surgery, primary care and lodger programs. GJVAMC is one of seven medical centers in the VA Rocky Mountain Network (VISN 19). VISN 19 is one of 22 Veterans Integrated Service Networks. We are fully accredited. Our mountainous terrain has challenged us to provide cost effective, easily accessible quality care to our patients. Delivery of health care to our veterans in this 50,000 square mile area, which stretches to the continental divide, is influenced by many environmental factors, particularly the Rocky Mountains. Extreme weather conditions make travel difficult if not impossible. Public transportation is virtually nonexistent. Additional significant factors include socioeconomic conditions revealing many people living below the poverty level, and severe shortages of health manpower throughout much of the service area.

GJVAMC provides a complete benefits package to veterans including: acute medical, surgical, and psychiatric inpatient care; rehabilitative long term care (Transitional Care Unit ‘TCU’); nuclear medicine; and a mental health care center. Our local tertiary care “partner” St. Mary’s Hospital provides by contract radiation therapy, cardiovascular procedures including cardiac surgery and home health care. Community medical specialists provide urology, ophthalmology, otolaryngology, orthopedics, oncology, neurology, and podiatry services. Occasionally, patients

requiring tertiary care may be referred to one of two VA Rocky Mountain Network academic centers located in Denver and Salt Lake City. Nearly 8,500 veterans made over 76,000 visits to the Medical Center for care and services in FY 99; a number which continues to rise. Our key processes are delivery of healthcare and operational support. Within the key processes, several processes are prominent; for example, Ambulatory Care, Surgery, and Mental Health Care. We have a family of over a hundred measures such as: Customer Satisfaction, Ambulatory Surgery, the Chronic Disease Care Index, the Prevention Index, Clinical Practice Guidelines, Mental Health Follow-up, Continuing Education and Training, Veteran Outreach, Implementation of the Electronic Medical Record and other technologies which enhance patient safety, and Cost-efficiency measures.

In 1988 a creative clinical staff envisioned a better way to care for veterans through primary care and shaped GJVAMC into a model for VA hospitals across the country. This approach places added emphasis on prevention and healthy living, using teams comprised of a physician, nurse, medical clerk and social worker – forming a virtual circle of care around each veteran patient.

Our staff of 315 employees, as well as over 100 volunteers, are responsible for our success. Categories of employees include physicians, dentists, nurses, allied health and support staff. Educational levels of employees range from high school and college graduates, masters and doctoral degrees and special board certifications. Employees are committed to providing the highest quality patient care and service by using a planned, systematic organization-wide approach to design, measure, assess and improve performance. This culture, in conjunction with a patient-focused strategic planning foundation puts us on target to achieve our mission, vision, strategic priorities and goals. Our bargaining unit partners, the National Association of Government Employees (NAGE), work in synergy with management to continually evaluate and improve our service to veterans and each other.

A unique GJVAMC innovation is the National Disabled Veterans Winter Sports Clinic (NDVWSC). The concept of employing outdoor physical activities as a medical rehabilitative tool for severely incapacitated veterans began at GJVAMC in 1981, as a small program offering winter sports to Colorado disabled veterans. Overwhelming popularity of the local program resulted in evolution to a national VA Special Program in 1987. The NDVWSC has since grown into a one-of-a-kind week long rehabilitative event. The Clinic operates by employing a guided self-discovery model, providing rehabilitation via assisted physical activities such as downhill and cross-country skiing, snow shoeing, rock climbing, scuba diving, and other events. As a result of the expertise our staff has developed in rehabilitating veterans with brain and spinal cord injuries, amputations, and visual impairments, GJVAMC is recognized throughout VA as a national center for adaptive winter sports. The Medical Center also sponsors an annual local Creative Arts Festival. We were honored to host the 1999 National Veterans Creative Arts Festival in October. These events provide veterans a competitive channel to exhibit their creative talents in fine arts, crafts, applied arts and the performing arts. The festivals are public events which attract community members, fostering a sense of respect and appreciation for America's veterans and the worth of GJVAMC.

Outreach to all regional veterans has been an area of emphasis and resulted in opening the Montrose VA Community Clinic in January 1999. This ambulatory care center provides convenient basic health care services to nearly 1,000 Southwestern Colorado veterans, close to home. Medical Center staff also deliver outreach through periodic traveling Health Fairs

conducted throughout our service area. In addition, GJVAMC reaches out to the community through its commitment to education and its diverse teaching capabilities, maintaining active affiliation agreements with several institutes of higher learning. These arrangements provide training opportunities for students from a variety of clinical disciplines.

2. *Principal Factors Determining Performance Success.*

For four years GJVAMC has been a network leader in achieving high levels of performance in well over a hundred national VHA objective measures. Each year, the organization is formally rated based largely on these measures. In addition, we closely track quality, cost and customer data which substantiate the high level of taxpayer value for the local investment in VA health care.

Emphasis on the personal and professional development of every employee is achieved through our comprehensive High Performance Development Model (HPDM) where core competencies of personal mastery, technical skills, interpersonal effectiveness, customer service, flexibility/adaptability, creative thinking, systems thinking, and organizational stewardship are stressed. The Medical Center Director, Associate Medical Center Director, and Chief of Staff comprise the leadership 'Triad'. The Executive Committee (EC), whose membership includes key organization leaders, assists the Triad in evaluating, guiding, planning and coordinating health care system operations. Our key organizational drivers are: 1) Excellence in Health Care Value, 2) Excellence in Service as Defined by our Customers, 3) Intensive Outreach to Increase Workload, 4) Enhance Information Management Structure and Function, 5) Employer of Choice.

In 1992, GJVAMC embraced a continuous quality improvement (CQI) philosophy. Over the ensuing years, Process Action Teams (PAT) were chartered to address such issues as patient education and customer telephone access. Each PAT incorporates the needs and expectations of customers in process or service planning and design. Following a facility-wide reorganization, completed in FY 95, employee focus groups helped provide the feedback necessary to continue gains in operational efficiency and optimal working relationships. Regular feedback from staff is sought on an open ended basis to continually refine health care system operations.

We use analyzed data from patient surveys, trending of Patient Advocate contacts, veteran focus groups, and the results of customer satisfaction studies to define customer needs and assure that we are meeting our veterans' requirements for services. Patient feedback data demonstrates our success in these areas as compared within and outside of the VA system.

3. *Customer Requirements.* Our primary customers are America's veterans and their families, but we also serve many others who have similar basic requirements and expectations from the organization. They require a safe, ethical, respectful, healing environment in which health care is of impeccable quality, service is exceptional, and accurate information is freely and openly communicated.

Veterans Service Organizations (VSOs), such as the Disabled American Veterans (DAV), the American Legion and others are important customers and members of VSOs provide a source of ideas and feedback for improving services to veterans. They also contribute financial resources and volunteer services in support of the organization's mission. Our VSO and volunteer partners render assistance with special events and fundraising activities.

GJVAMC established a Labor-Management Partnership Council which has been an important contributor to effective operations since September 1996. The local bargaining unit (NAGE Local R14-77) is consistently involved in grass roots planning, program design and improvement. A major initiative arising out of the Partnership Council was a very successful comprehensive facility awards program which instituted Employee of the Month recognition in January 1998.

Our Leadership Team hosts quarterly informational forums with state and local VSOs and Congressional office staff. This initiative began in 1994 and enhances the public's understanding of our Medical Center, while opening lines of communication and soliciting input from these important and valued customers. Veterans' Forums have been held in conjunction with Denver Veterans Benefits Administration (VBA) officials over the past several years to inform and hear from community veterans at large. Regular Employee Forums are hosted by the Director.

4. *Supplier and Partnering Relationships.* Our Acquisition and Materiel Management Section (AMMS) operates as a "prime vendor" in a total support effort for the Medical Center. Our suppliers and vendors number approximately 5,000, however, a critical few furnish items which contribute to quality patient care and safety such as: medical/surgical supplies, pharmaceuticals, subsistence, construction and maintenance, scarce medical services, service contracts, prosthetics and medical equipment.

We use scarce medical contracting to partner with medical specialists who provide high quality, convenient comprehensive benefits to our veterans in a cost-effective manner. The contract solicitation and negotiation places strong emphasis on quality requirements in addition to cost. Because of our partnering efforts with St. Mary's Hospital and community medical specialists, we are not viewed as a competitor for health care dollars, but rather as a valuable referral source for veteran medical care. Shared continuing education opportunities also flow from our partnership with community health care organizations and our VA medical staff participate along side community physicians as members of the Mesa County Medical Society.

We are committed to preferentially awarding contracts to small and minority businesses. The Small Business Administration (SBA) (8a) program is used for construction. Three significant projects, awarded to minority and SBA contractors in the community, were completed this fiscal year. Other contracting efforts resulting in considerable savings are prime vendor pharmaceuticals, wellhead gas, and, in partnership with the US Department of Energy, an innovative Energy Savings Performance Contract (ESPC).

5. *Other Important Strategic Factors.* Major challenges facing GJVAMC include maintaining a sustainable volume of patient demand to warrant a broad spectrum of services, preserving high technical quality of those services with limited volumes, and sustaining adequate funding. In 1994, station leadership saw that the future survival of the Medical Center depended upon creating a streamlined and adaptable organizational structure to ensure a secure long term financial position; thus they initiated a major reorganization and consolidation effort. Since that time, re-engineering continues as a dynamic process resulting in assessment, adjustment and refinement on a ongoing basis. These efforts resulted in a 48% decrease in supervisory positions since FY 94, while building to our largest patient load ever. By analyzing and evaluating each vacancy, we manage an effective workforce by attrition and have avoided reductions in force.

Thanks to our assertive approach to health insurance collections as an adjunct to appropriated funding, our financial situation is solid. Ambitious outreach continues to provide growing levels of local veteran demand to justify comprehensive benefits at this VA locality. A formal facility mission review recently revalidated our value and efficiency to local veterans and the American taxpayers as a whole.

As a respected component of the VA Rocky Mountain Network GJVAMC staff enthusiastically contribute to network policy making groups. In FY98, the Medical Center received the distinct honor of leading the VISN in JCAHO scores, national performance measures, and exceeding the established maximum insurance collection goal. VISN 19 financially rewarded us for these and other outstanding accomplishments for the past several years.

Capital improvement and introduction of new technology is a component of our daily work. Our Laboratories were recently remodeled; likewise state of the art facilities and equipment are nearing completion in Radiology, Intensive Care, and Inpatient Psychiatry. Magnetic Resonance Imaging (MRI) capability will be operational by the end of the year. To enhance patient safety and facilitate excellence in health care delivery we have implemented a computerized patient record (CPRS) and an inpatient medication administration system augmented by bar coding technology. GJVAMC will remain a thriving health care system for Western Slope veterans through persistent alertness to our customers' needs and by excelling at local, network, and national priorities. Our firm resolve which we now take into the new millennium is actualized in the quote from the Grand Junction Daily Sentinel dating back to the early days of the Medical Center. It is as true today as it was back then.

"No project or movement in Grand Junction's history has been characterized by greater determination, more diligent effort, harder work and refusal to accept rebuffs than is true in connection with the Veterans Hospital in Grand Junction. The story of the work and the efforts, much of which has never been revealed publicly, would fill a considerable volume."

GLOSSARY AND DEFINITION OF TERMS

AARP	American Association of Retired Persons
ACOS	Associate Chief of Staff
ADP	Automated Data Processing
ALC	Administrative Leadership Council
AMMS	Acquisition and Materiel Management Section
BCMA	Bar Coded Medical Administration
BDOC	Bed Days of Care
BP	Blood Pressure
BTU	Unit used to measure energy
CAP	College of American Pathologists – Accrediting organization for hospital laboratories
CATEGORY A VETERAN	Veteran legislatively entitled to care
CBOC	Community Based Outpatient Clinic
CDI	Chronic Disease Index
CD	Compact Disc
CEB	Clinical Executive Board
CSS	Customer Satisfaction Survey
CMOP	Consolidated Mail Out Pharmacy
COTR	Contracting Officer’s Technical Representative
CPG	Clinical Practice Guidelines
CPRS	Computerized Patient Record System
CQI	Continuous Quality Improvement
DAV	Disabled American Veterans - A Veterans Service Organization

DoD	Department of Defense
EC	Executive Committee
EEO	Equal Employment Opportunity
ENT	Ear, Nose, and Throat
EPRP	External Peer Review Process
ESPC	Energy Saving Performance Contract
ETC	Education and Training Committee
FTEE	Full Time Equivalent Employee
FY	Fiscal Year
GAF	Global Assessment Function – a measurement used by Psychiatrists to assess patients ability to perform activities of daily living.
GJVAMC	Grand Junction Veterans Administration Medical Center
H & PE	History and Physical Examination
HEALTHY PEOPLE 2000	A comprehensive study done by the National Center for Health Promotion designed to measure progress over time with a series of objectives to bring better health to all people in the United States.
HEDIS	Health Plan Employer Data and Information Set – HEDIS is a set of standardized performance measures designed to ensure that purchasers and consumers have the information they need to reliably compare the performance of managed health care plans.
HIMS	Health Information Management Section
HPDM	High Performance Development Model
HR	Human Resource
HR LINKS	VA’s Automated Self Service Human Resource and Payroll System
IA	Information and Analysis

ICU	Intensive Care Unit
IEC	Informatics Executive Committee
IRS	Internal Revenue Service
ITS	Information Technology Service
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
LEADERS EDGE	Programmed Instruction Training Course for New Supervisors
LPC	Labor Partnership Council
MAC	Management Advisory Council
MCCR	Medical Care Cost Recovery Program – collections derived from co-payments from veterans and third party insurance
MD	Medical Doctor
MHCC	Mental Health Care Center
MIA	Missing In Action
MRI	Magnetic Resonance Imaging
MUMPS AUDIOFAX INC. SOFTWARE	Automated appointment reminder and medication information system
NAGE	National Association of Government Employees
NASC	Network Acquisition Service Center
NCFS	National Customer Feedback Survey
NCQA	National Center for Quality Assurance
NDVWSC	National Disabled Veterans Winter Sports Clinic
NRC	Nuclear Regulatory Commission – Certifying body for hospital radiology operations
OB/GYN	Obstetrics and Gynecology
OPTUM	Automated program allows patients direct accessibility by telephone to a nurse or to audio library for healthcare related information

OSHA Occupational Safety and Health Administration

OUTREACH

TEAM Highly trained, interdisciplinary team traveling within the GJVAMC catchment area holding prevention clinics and enrolling new veterans.

OWCP Office of Workman's Compensation Programs

PAT Process Action Team

PBI Structured interviewing process designed to obtain behavioral examples of the knowledge, skills and abilities required for a job.

PC Personal Computer

PI Prevention Index

**PICKER
INSTITUTE**

Picker Institute scores are current, best in class customer satisfaction scores from over 500 hospitals nation wide. Picker is nationally known for leadership in measuring healthcare customer satisfaction.

POW Prisoner of War

PTL Plant, Technology, and Logistics Service

QLT Quality Leadership Team

RIF Reduction in Force

RN Registered Nurse

SBA Small Business Administration

SPC Strategic Planning Committee

SPD Supply, Processing, and Distribution Section

SSC Support Service Center

TCU Transitional Care Unit

TEC Training and Education Committee

TQI Total Quality Improvement

UNAFFILIATED Has no connection and receives no support from a medical school

VA MEDICAL CENTERS

UTEC United Technical Education Campus

VA Veterans Administration

VAHQ Veterans Administration Headquarters in Washington DC

VAMC Veterans Administration Medical Center

VAVS Veterans Administration Volunteer Services

VBA Veterans Benefits Administration

VERA Veterans Eligibility Reform Act

VFW Veterans of Foreign Wars – A Veteran Service Organization

VHA Veterans Health Administration

VISN Veterans Integrated Service Network

VISTA Veterans Health Administration Information System Technology Architecture

VSO Veterans Service Organization

VVA Vietnam Veterans of America – A Veterans Service Organization

WSC National Disabled Veterans Winter Sports Clinic

1.0 Leadership

The Medical Center Director, Chief of Staff, and Associate Medical Center Director, comprise the top leadership triad. VAMC's leadership promotes excellence at all organizational levels. The triad leads by example and involvement; drives the continuous improvement process; manages by fact, through data, empowers people; and exemplifies the highest ethical and quality values.

1.1a(1) In 1992, as the medical center began to embrace the concepts of TQI, the Quality Leadership Team (QLT) drafted and developed the mission and vision, which was then validated Medical Center-wide. In 1998, the mission statement was further refined by integrally aligning it with the VHA mission statement. The mission focuses on improving the health of veterans through clinical excellence in an integrated health care delivery system. Our vision describes a quest to excel in providing customer service as we reach out to all veterans.

GJVAMC operational structure was streamlined in 1995 to promote efficiency, involvement and empowerment throughout the organization. A resultant improvement was a realignment and reduction of the numbers of committees and meetings which allows clinicians to spend more time with patients and less time in meetings. Issues may be referred to the Executive Committee (EC) through either the Administrative Leadership Council (ALC), Clinical Executive Board (CEB), or Local Partnership Council (LPC), from all levels within the Medical Center, including individuals, oversight groups, services, or based on data extracted through systems wide programs. The Committees in cooperation with the Triad, propose strategic priorities and work through the various committee structures for concurrence and approval. Strategic priorities are then communicated to all employees at staff meetings, Employee Forums, and by publication in the weekly VAMC newsletter *The Plan-It*.

High Performance Development Model, (HPDM) a headquarters mandated program, was overwhelmingly endorsed by the EC and introduced to VAMC staff at a Director's Staff Meeting. The center of HPDM focuses on the **Eight Core Competencies**, which are the skills, abilities and knowledge every employee needs to provide quality patient care today and in the future. HPDM is a regularly scheduled agenda item for Director's Staff and EC meetings to insure staff are trained on this important concept.

Trust, respect, commitment, compassion, and excellence combined with a strong work ethic, innovation and a sense of facility pride make up our organizational values. Involvement of senior leadership and supervisors in the ALC, CEB, and LPC demonstrates their strong quality commitment. These groups provide input to the senior leadership team, insuring that the works of the committees and councils are congruent with the strategic plan, that communication lines are open, senior leadership is informed and appropriate recognition is given. To promote a common understanding, the organizational values have been defined and are published in public areas of the Medical Center so customers can become familiar with the meanings.

The Medical Center Director, Kurt W. Schlegelmilch, M.D., CHE, ("Dr. Kurt") serves as a positive role model for customer focused care. He is known for his enthusiasm, positive attitude, communication, motivational and people skills. He takes great pride in ensuring that employees

are recognized for their quality efforts and strives to obtain a positive image for the Medical Center.

Table 1-1. Examples of Top Leadership Behaviors That Reinforce Commitment to Mission, Vision, and Values.

Title	Action	Key Driver	How Evaluated and Improved
Medical Center Director "Dr. Kurt"	Inspirational and motivational messages to staff	2,5	Listening and learning through customer and employee feedback
	Regular visits to patient care areas	1,2,3,5	Feedback, monitoring complaints
	Hand delivers birthday and thank you cards; lunch with "Employee of the Month"	2,5	Listening and learning through employee feedback
	Established CBOC	1,2,3	Monitor customer satisfaction and utilization
	Conducts training on patient satisfaction survey results	1,2,3,5	Monitor patient satisfaction surveys, track and trend complaints
Associate Medical Center Director	Conducts regular environmental rounds throughout the Medical Center	1,2,5	Monitor identified deficiencies; track progress toward correction
Chief of Staff	Medical Staff Leadership Primary Care Provider	1,2,3,4,5	Hands- on experience with CPRS and BCMA; track and trend patient complaints; assesses need for acquisition of state of the art medical technology and equipment.

The EC, CEB, ALC, LPC, or any interdisciplinary functional oversight group may launch a cross-functional Process Action Team (PAT) if the process impacts patient care, involves more than one service, is within the facility's authority/resources to change and if stakeholders are available to work on process. Bargaining unit staff participates on the teams, as do veterans when feasible and appropriate. Each PAT includes dialogue with customers through focus groups, interviews, and surveys.

Senior leaders evaluate themselves by using feedback from external stakeholders, through VA Voluntary Service (VAVS) quarterly meetings and quarterly meetings with the VSO's and congressional representatives. Feedback results are incorporated into the performance expectations of all employees including senior leaders.

The VAMC strategic plan serves as the vehicle to communicate customer focus and organizational priorities through leadership, service chiefs, and supervisors down to front line employees. Organizational goals have assigned leadership responsibility. To improve stakeholder information and feedback as a means of enhancing the planning process, a strategic initiative was developed to annually distribute draft copies of the Strategic Plan to all Chiefs/Supervisors to share with their employees for feedback to the Strategic Plan Committee.

Quality values are reinforced by senior leadership during formal employee recognition events as well as during informal discussions. Leaders communicate expectations to employees through various methods, i.e. meetings, Medical Center Policy, and performance standards. Leadership tracks quality initiatives and trends at a variety of meetings including EC.

1.1a(2) In February 1998, a process was established allowing all employees to anonymously submit suggestions, comments, or ideas to the Medical Center Director using the E-mail system. Each message receives a response. Ideas have resulted in process changes which improved

customer service such as increased handicapped access, information security, and safety issues. There is also a suggestion box for patients, staff, and visitors located in the main lobby. Data from the suggestion box is gathered daily by Customer Relations Service, aggregated, and reported at the daily morning management meeting. An example of improved customer service as a result of a suggestion box submission resulted in a significant increase in handicapped parking spaces.

Bargaining unit leaders are included in the Director’s Staff meetings, and the facility committees i.e. Strategic Planning , Safety, Education and Training and other key policy making activities. Bargaining unit staff are included in key VISN level meetings.

1.1a(3) The *Prescription for Change* (VHA 1996) outlined principles and objectives for transformation of the system, the VA Under Secretary for Health’s 30/20/10 goals (see overview) and VISN 19’s strategic goals and performance measures are driving forces in strategic objectives and quality planning for the Medical Center. These strategic goals identify objectives and measures that impact the view toward the future.

Table 1-2. Examples of how GJVAMC Uses Mandates to Improve Facility Function

VHA Mandates-“Strategic Six for 2006”	Example of Progress	Responsible Committee	Key Driver
“Put Quality First Until First in Quality”	Monitors in place are: 1. Clinical Reminders 2. Prevention Care Index 3. Clinical Practice Guidelines 4. Long term care monitors	Clinical Executive Board Executive Committee	1,2,5
“Provide Easy Access to Medical Knowledge, Expertise, and Care”	1. OPTUM® Nurseline 2. Montrose CBOC 3. Patient Education Initiatives 4. Medication Counseling	Clinical Executive Board Strategic Planning Committee	1,2,3
“Exceed Customers’ Expectations”	GJAMC a leader in customer service scores in VISN 19	Executive Committee	1,2,3
“Enhance, Preserve, and Restore Patient Function”	Established ACT Program Palliative Care Long Term Care	Clinical Executive Board	1,2
“Save More Dollars to Serve More Veterans”	Alternative Revenue Collections Low UCR	Executive Committee Resource Management Committee	1,2,3
“Build Healthy Communities”	Traveling Prevention Clinics Montrose CBOC	Clinical Executive Board Executive Committee	1,2,3,5

GJVAMC is actively involved in VISN 19, both in network leadership and specific disciplines with numerous employees serving on VISN-wide committees and work groups.

The future of healthcare relies upon creative use of technology, therefore in conjunction with a VA wide initiative, GJVAMC implemented a computerized patient record system (CPRS). The Medical Center is also the pilot facility in VISN 19 for testing the bar code medication administration (BCMA) project, a computerized program designed to impact patient safety by reducing medication administration errors. The facility was chosen because of the ability to test the system in a small intensive care unit setting.

Programs responsive to identified customer needs, i.e. cardiac surgery, home health care, are implemented and evaluated for areas of program improvement. Our first community based

outpatient clinic (CBOC) opened in January 1999 in Montrose, Colo. 60 miles from the Medical Center. This has proven to be a very successful program and was initiated in response to an identified customer need.

1.1b(1) Senior leaders assess organizational health using multiple performance measures that include patient and family feedback, compliance with key clinical measures, employee feedback, and feedback from suppliers and labor partners. Cost, productivity and utilization data are summarized monthly and made available to staff by e-mail. (See table 1-3)

Table 1-3 Key Performance Measures

Key Driver	Measure	Review Schedule	Who Reviews	How Information Deployed
#1	Reduce average length of stay in acute mental health to an average of 12 days or less	Monthly	Chief, Psychiatry Service; CEB, EC	Director's Staff Meeting; through various committees; e-mail to all staff; stakeholder meetings
#2	Telephone linked care	Monthly	ACOS for Ambulatory Care; CEB; EC	Morning Management Meeting; CEB; EC; Monthly "Taking Care" publication mailed to all current patients
#3	Increase patients by 20% by 2002	Monthly	Chief Clinical Support Svc.; SPC CEB; ALC; EC	Employee forums; e-mail to all staff; Director's Staff meeting; through various committees; stakeholder meetings
#4	Establish electronic medical record	Monthly	Chief of Staff; Chief, ITS; CEB; Informatics Executive Committee	CEB; Medical Staff Meetings; e-mail to all staff; stakeholder meetings
#5	50% of all employees receive 40 hours of continuing education or training directly related to VHA goals	Monthly	Supervisor, HR; ALB; CEB; EC; Educ. & Training Committee	Director's Staff Meeting; through various committees; e-mail to all staff
#1,2	Monitor patient falls		Chief of Staff; ACOS for CM; Quality Manager	Daily morning management meeting; CEB; various committee meetings; e-mails to all staff
#1,2	Patient satisfaction with contracted home care services	Quarterly	Chief, Clinical Support Svc; Quality manager; Home Care Committee	CEB; EC; through various committees

1.1b(2,3) Mechanisms for timely review and analysis of performance results allow leadership to promptly identify the need for redirection. Leaders identify expected or unexpected trends, introduce new mission priorities, or identify areas for improvement through review of reports from committees and other groups, issues brought forward at the morning management meeting, and items reported by stakeholders. Senior leaders identify gaps in performance measures. (See Table 1.2.) Measures needing improvement are prioritized based on clinical impact, veteran needs, cost, and available resources. Competing priorities are evaluated based on the best value for the veterans. Comparative measures are analyzed to determine who has the best practice among VISN or comparable VHA facilities.

1.1b(4) Leadership does a self-assessment of its performance by measuring progress toward network goals and strategic goals for the facility and by assessing patient and employee satisfaction. These are measured monthly, quarterly, and annually and compared to the network and other VA facilities. Performance appraisals are completed annually. Outcome monitoring is based on VHA's performance measures and the organization's strategic plan. Monitoring is ongoing and results of performance measures are reported as applicable to all levels of management and staff formally on a monthly basis.

1.2a(1,2) Grand Junction VAMC is a major employer in the Grand Valley and the second largest healthcare provider in Western Colorado. The Medical Center and its staff are active members of the Grand Junction Chamber of Commerce. The community takes an active interest in the Medical Center and the general public attend many VA events.

Our first community based outpatient clinic (CBOC) opened in January 1999 in Montrose Colo., 60 miles from the Medical Center. Before selecting a clinic site, we evaluated community impact by key staff meeting with veterans, city government, VSO's and members of the local medical community to gather information and assess the impact of the clinic on the community.

Table 1-4 Environmental Concerns

Regulatory Agency	Concern	How Addressed	Responsibility
Environmental Protection Agency	Recycling	Active recycling program (Comingled paper; cardboard, plastics, motor and cooking oils; batteries, tin cans, silver, mercury)	Plant Technology & Logistics Svc.,(PTL) Safety Officer; ALC
Environmental Protection Agency	Medical Waste Disposal	Contract for Disposal	PTL; Safety Officer
Nuclear Regulatory Commission	Radiation Safety	Active Radiation Safety Program- includes monitoring and reporting	Radiation Safety Officer; CEB

1.2a(3) Legal and ethical conduct is addressed during initial employee orientation. Standards of Ethical Conduct for employees of the Executive Branch are reviewed annually by employees in sensitive positions with authority for fiscal, contracting, or procurement activities. Conflict of interest for professionals and outside VA employment is addressed through periodic employee bulletins and training. Staff with access to protected quality management data sign statements of confidentiality annually and all staff are routinely cautioned to refrain from discussing patient related information outside the immediate care area. Patient rights are posted in all patient care areas. An Ethics Advisory Committee establishes the policy for organizational ethics and is a resource for assisting clinicians with patient care related ethical issues.

1.2b Examples of community educational partnerships include Mesa County School District #51, United Technical Education Campus (UTEC), and Mesa College. On the job training and work experience are provided for students enrolled in the Work Experience Studies Program. The Medical Center, in cooperation with Mesa Developmental Disabilities (a county social service agency) provide employment and volunteer opportunities for the developmentally disabled.

The Medical Center contributes to the Mesa County Civic Forum, and is represented on the coordinating council by a member of the medical staff. The Forum mission is to promote citizen influence regarding the important issues affecting Mesa County's quality of life. Medical Center staff were involved in the planning and implementation of a valley-wide transportation system which was actualized early in 2000. This is a benefit and convenience for our elderly veteran population and for our employees which was not previously available. Our facility has embraced this effort to improve our community in this enlarged definition of health involving spiritual health, cultural well being, economic livelihood, educational excellence, environmental quality, and community safety.

The employees of the facility volunteer their time and talents to serve disabled veterans at the NDV Winter Sports Clinic. As host facility, our staff are in key leadership and operational positions, assuring the needs of the veterans are met. In October 1999 the Medical Center again demonstrated special program expertise by hosting the National Veterans Creative Arts Festival.

The week-long Festival and particularly the stage performance was a major highlight in the Grand Junction community. The medical center is host site for the Tax Aide Program, sponsored by the American Association of Retired People (AARP) and in cooperation with the Internal Revenue Service (IRS). This eleven week free tax assistance program, operated by volunteers, is for middle and low income taxpayers.

Table 1-5 Examples of Community Citizenship

Example of Participation	Supports Key Driver	Who Participates	How Participants are Recognized and Rewarded
Holiday Parades	2,3,5	Employees, their families, volunteers, veterans	Recognized at Director’s Staff Meetings and publication in the <i>Plan-It</i> ; Special Certificates of Appreciation
Veterans Recognition Activities and Programs; Veterans Day; Memorial Day; POW/MIA Observance; Women’s Veterans Celebration	2,3,5	Veterans, employees, their families, volunteers	Recognized at Director’s Staff Meetings; Publication in the <i>Plan-It</i> ; Special Certificates of Appreciation; Time off awards
American Cancer Society “Relay for Life”	2,3,5	Employees; volunteers	Recognition at Director’s Staff Meeting; Publication in the <i>Plan-It</i> ; Special Certificates of Appreciation
American Heart Association “Heart Walk”	2,3,5	Employees; volunteers	Recognition at Director’s Staff Meeting; Publication in the <i>Plan-It</i> ; Special Certificates of Appreciation
City Parks & Recreation Dept. “Bike to Work Day”	2,3,5	Employees, volunteers	Recognition at Director’s Staff Meeting; Publication in the <i>Plan-It</i> ; Special Certificates of Appreciation

In conclusion, the VA Medical Center, Grand Junction recognizes that its community responsibilities extend well beyond the geographic boundaries. Many additional initiatives are designed with the community in mind, reflecting the creativity and commitment of staff. Leaders and employees have expanded the scope of caring beyond the physical borders, resulting in service not only to veterans but also to the surrounding communities.

2.0 Strategic Planning

2.1a(1) GJVAMC exists *to improve the health of the served veteran population by providing primary care, specialty care, extended care and related social support services in an integrated healthcare delivery system.* To achieve this mission, our organization must strengthen overall performance to meet or exceed veteran patients and other stakeholder requirements, while sustaining viability in an extremely competitive health care environment. The strategic planning (SP) process provides the vehicle to systematically examine and improve mission, vision, and values statement, (2) examine key factors that impact organizational success, (3) develop strategic objectives based on the review and analysis of data and information targeted for improvement, (4) formulate action plans for each objective, (5) deploy action plans, (6) measure performance, and (7) evaluate plan effectiveness. Descriptions of the steps in this process, or cross-references to the steps are included in Table 2.1.

Table 2 - 1 STEPS in the Strategic Planning Process

Steps	Description	Who’s Involved
Review of Key Factors	Strategic Planning (SP) is coordinated through the Strategic Planning Committee SPC initiates strategic planning process with a thorough review of key factors. These are addressed in 2.1a(2) to include how they are specifically used to develop strategy and strategic objectives and key participants in the process.	Chair – Special Asst. to Director Chair of CEB – Chief of Staff Chair of ALC – Associate Director Adm. Clinical Service Chiefs Data Manager Union Representative Veteran

Steps	Description	Who's Involved
		Quality Manager
	<p>Additional key factors impacting development of strategy and strategic objectives:</p> <ul style="list-style-type: none"> VHA's <i>Vision for Change, Prescription for Change, 10 for 2002 Strategic Targets, Strategic 6 for 2006</i>. These strategic initiatives include Veterans Eligibility Reform Act (VERA) and the Millennium Veterans Health Care Act form a framework for VA Rocky Mountain Network (VISN 19) and GJVAMC strategic planning. VISN 19 customizes and applies VHA priorities with input and assistance from GJVAMC and the six other VISN 19 health care organizations. This collaborative planning process, a major activity of the VISN Executive Leadership Council (ELC) results in unity of commitment to specific initiatives, while simultaneously identifying and capitalizing on facility-based strengths and opportunities. Accrediting bodies, such as the Joint Commission on Accreditation of Health Care Organizations (JCAHO) and other federal, state, and local requirements are reviewed and incorporated into strategic planning to meet standards for patient care and support services as required. 	<p>Congress VHA Headquarters Veterans Service Organizations VHA Networks VISN 19 Executive Leadership Council GJVAMC Triad</p>
Strategic objective development	See 2.1b.	
Formulation of action plans	See 2.2a(1-3)	
Deployment of action plans	See 2.2a(5)	
Performance measurement	See 2.2a(4)	
Plan evaluation	<p>Comparing results of plan performance measurements to target, goals, and benchmarks form the basis for evaluating successful plan implementation. Success and/or improvement needs are identified and documented monthly, quarterly, and annually as required by the specific measure. Action plans are revised as necessary. Plan evaluations occur at the service level, in work groups, and committees. Service Chiefs assigned accountability for meeting strategic objectives provide quarterly progress reports to SPC and EC.</p>	

2.1a(2)

Customer/market/mission needs and expectations:

- It is essential to address the health care needs and expectations of the veteran patients that we serve. Feedback is provided through patient satisfaction surveys, focus groups, contacts with the Patient Advocate and other employees, and anonymous suggestions. After data is collected, it is aggregated and analyzed using brainstorming, flow, run, and control charts, on a monthly, quarterly, and/or annual basis. Data is compared to targets or goals, and benchmarks as available. In response to veterans requests, we have improved the appearance and comfort of the facility, access to clinics and parking, and outpatient clinic space.
- Information is gathered during quarterly forums with local VSO leadership and congressional staff. Additional information is derived from VISN 19 Management Assistance Council (MAC). Organizational leadership evaluates this input, compares with other feedback, collects additional data as needed, and makes recommendations accordingly. Feedback from these groups and our veteran patients resulted in the opening of the CBOC in Montrose, Colorado.

Competitive/mission environment capabilities/use of new technology:

- There is yearly reevaluation and revalidation of Grand Junction VAMC mission, vision, core values, organizational drivers, and strategic priorities. Information from the most recent mission review verifies that we are able to provide comprehensive health care and services to veterans at an equal or lower cost than in the community.
- Data is collected on services (to include technology), and a make-buy analysis is conducted to determine whether we will provide the service or contract for the service and technology. Enhancements in services that we provide directly include the recent remodeling of Laboratory and Cardiopulmonary. State of the art facilities and technology are nearing completion in Radiology, Intensive Care, and Inpatient Psychiatry. A computerized patient record system (CPRS) is being implemented. Future plans include Magnetic Resonance imaging (MRI) by the end of the year, and installation of an advanced telecommunication system within a year.
- Data is collected and analyzed to elucidate potential opportunities to increase services and/or increase market share, such as CBOC planning and outreach to increase enrollment. A CBOC opened in 1999 to place care closer to home for the veterans in Montrose, Colorado.

Financial, societal, and other potential risks:

- Workload data, budget information, and other financial reports are evaluated to project future resource needs. Analysis indicates that our workload is increasing, and our budget is not increasing proportionally. Alternative revenue sources are needed to fund patient care services.
- An environmental assessment reveals that Grand Junction VAMC serves a large, sparsely populated, mountainous geographical area in Western Colorado, which has extreme seasonal weather conditions, frequently making travel difficult, if not impossible.
- Many people residing in our service area at or below poverty level.

Human resource capabilities and needs:

- Service Chiefs, Supervisors and Managers use data and information from a variety of workload reports to project personnel needs, equipment needs, space requirements, etc. for current, augmented, or new services. New compliance requirements indicate the need to hire additional coders for Health Information Management System (HIMS); and reassign this service to Resource Management Service.
- As demonstrated in the Human Resource Plan, to include the implementation of the High Performance Development Model (HPDM), criteria are established for selecting and orienting new staff, providing continuous performance assessment, performance management, continuous education, and staff rewards.
- Employees provide valuable feedback through employee forums, staff meetings, anonymous suggestions, and individual contacts. A copy of strategic plans are distributed to employees through the service chiefs and supervisors, for their review and comment.

Operational capabilities and needs/resource availability:

- Annually, the United States Congress appropriates funds to VHA to provide health care and services to veterans. The VHA allocates these resources to the twenty-two VISNs. Subsequently, VISN 19 distributes operating funds to Grand Junction VAMC. Collectively, government funding, revenue from MCCR and other alternative sources finance comprehensive health care to veterans in our service area, to include strategic initiatives. (See 2.2a(3)).

- A make-buy analysis identifies the need to partner with a local hospital, to provide cardiac services and home care services for our veterans. Community medical specialists, to include urology, ophthalmology, otolaryngology, orthopedics, oncology, neurology and podiatry provide contract or fee-basis services as required.
- Centralized contracting through VISN 19 NASC provides opportunities to acquire volume-based discounts for selected goods and services.
- Approximately 5,000 vendors furnish items which are critical to quality patient care and safety such as medical/surgical supplies, pharmaceutical, subsistence, construction and maintenance, scarce medical services, service contract, prosthetics and medical equipment.

2.1b. The analysis of the data and information acquired during the review of key factors reveals opportunities for improvement in work processes to more fully achieve our mission. Quality tools used in this process are brainstorming, flow, run, and control charts. Processes targeted for improvement drive strategic direction and formulation of strategic objectives. Grand Junction VAMC Strategic Planning Committee & other facility leaders, VISN 19, and VHA guide formulation of strategic objectives. Resources available to implement improvements also impact decision making when prioritizing goals and objectives. Grand Junction VAMC EC reviews and gives final approval to strategic objectives and action plans addressed in 2.2a(1-3).

Table 2-2 Major Strategic Objectives and Timetable for Completion

Strategic Objective (Associated Key Driver)	Timetable
Increase number of users of veteran health care system (Intensive outreach to increase workload)	Fiscal Year (FY) 2002
Increase percent of operating budget obtained from non-appropriated sources (Excellence in health care value)	FY 2002
Establish Primary Care as a means to integrate, coordinate and authorize care (Excellence in service as defined by customers)	FY 2002
Meet or exceed National VHA Quality Outcome Measures and community standards for quality in the area it serves (Excellence in Service as defined by customers)	FY 2002
Establish an information system in the Network that meets Headquarter's requirements and contributes to the implementation of all major strategies (Enhance information management structure and function)	FY 2000
Increase to 40 hours per year the amount of employee education • Implement HPDM	FY 2002

2.2 Strategy Deployment

2.2a(1) Action plans are created specifically for each strategic objective. GJ VAMC leadership and other employees, VISN 19, VHA, and other stakeholders provide input for action planning. A review of the steps in the work process (e.g. decreasing clinic appointment wait times) will isolate specific opportunities that can improve the process and better meet veteran patient and other stakeholder expectations. Several action plan options may be applicable; however resource availability, impact on other processes, and potential resistance are addressed and assist in selecting the most feasible action plan(s).

Table 2-3 Key Short and Longer Term Action Plans

Strategic Objective (Associated Key Driver)	Short Term Action Plans (By 2002)	Long Term Action Plans (By 2006)
Increase number of users of veteran health care system (Key Drivers 1 & 3)	Increase category A patients	Routinely conduct outreach and marketing activities to attract all veterans
Increase percent of operating budget obtained from non-appropriated sources (Key Driver 1)	Maximize MCCR and other revenue streams	Generate revenues by increasing sharing agreements with private community agencies
Establish Primary Care as a means to integrate, coordinate and authorize care (Key Drivers 1 & 2)	Decrease clinic appointment wait times for Primary Care and Specialty Care	Increase access to care by expanding telemedicine and information technology alternatives
Meet or exceed National VHA Quality Outcome Measures and community standards for quality in the area it serves (Key Drivers 1 & 2)	Provide preventive screening and services for current veteran population served	Provide prevention screening for all veterans at the time of separation from the Armed Forces
Establish an information system that contributes to implementation of strategies (Key Driver 4)	Improve functions and processes for the electronic medical record	Electronic record is available to Department of Defense (DoD), VA and private sector practitioners Utilize national data warehouse for all medical data and information
Human Resource Plans Implement HPDM (Key Driver 5)	Increase employee education to improve quality and customer service	Tie compensation and benefits package to group productivity

2.2a.(2) Human resource plans are an important component of the strategic planning process. Table 2-4 demonstrates the action plans and the key human resource requirements and plans for the strategic objective: implementation of HPDM.

Table 2-4. Human Resource Plans

Action Plans	Key Human Resource Requirements
Interview prospective employees using the techniques of Performance Based Interviewing (PBI)	Requirements: Selecting the best person for the job. Predicting future behavior based on past behavior. Plans: <ul style="list-style-type: none"> • Provide education to management level staff • HR to provide individual assistance with interview questions • Distribute memo to current employees informing them of change to PBI
Provide coaching and mentoring for all levels of staff	Requirements: A seasoned employee guides the orientation of the new employee. Plans: <ul style="list-style-type: none"> • All new supervisors take "Leader's Edge Training" • All Supervisors identify mentor/preceptors at all staff levels
Provide education related to the eight (8) core competencies	Requirements: Core competencies are identified to address the skills and attitudes most needed for today's work environment Plans: <ul style="list-style-type: none"> • All staff levels view videos on eight (8) core competencies • Brochures and pocket cards on competencies distributed to staff
Explore tools for continuous assessment	Requirements: Staff at all levels need to have continuous feedback on their performance Actions: <ul style="list-style-type: none"> • Supervisors receive bullet-point summary on how to give effective feedback • Explore use of multiple tools for providing feedback
Incorporate human resource plans with strategic plans and measures	Requirement: Tie human resource strategic objectives/goals to action plans and performance measures Plans: Reward employees based on their contribution to attaining organizational goals and objectives
Provide continuous education	Requirements: Provide on going opportunities for education, in multiple formats to facilitate learning. Plans: <ul style="list-style-type: none"> • Perform annual education needs assessment • Provide training in various modes to potentiate learning (i.e.: Lunch and Learn, satellite broadcast, interactive CD, demonstration, lecture, home study, etc.

2.2.a(3) Financial Management Services, in conjunction with the Resource Management Committee allocate resources in the most effective and efficient manner, to assure the best quality of health care delivery and Medical Center operation. Requests for funding (to include action planning) must be fully substantiated (with data) for finances, equipment, space, and personnel before being submitted to management. Government funding, revenue from alternative sources such as third party insurance collections, fund all patient care, and are appropriated to support comprehensive health care services for veterans.

2.2.a(4) Table 2-5 Key Performance Measures for Tracking Progress of Action Plans

Action Plan	Performance Measure
Increase category A patients	Increase by 20% by 2002
Maximize MCCR collections & alternate revenue streams	Increase by 10% by 2000
Decrease clinic appointment wait times for Primary Care and Specialty Care	Next available appointment within 45 days
	Scheduled appointments within 20 minutes
Improve functions and processes for the electronic medical record	Implement Clinical Reminders
Meet or Exceed Performance Standards	Prevention Index
Increase employee education to improve quality and customer service	50% of full time employees receive 40 hours of education

2.2a(5) Strategic objectives and action plans are communicated and deployed through VHA & VISN leadership, facility leadership committees, on the service level from Service Chiefs to employees, from the Director to employees during forums, and by facility leadership to VSOs and congressional staff. Results of strategic planning measurements (to include performance standards) are communicated during leadership meetings (EC, CEB, ALC, SPC, Director's Staff), Oversight Committees, in service level staff meetings, through e-mail messages, memos, postings on facility bulletin boards, and in individual meetings.

2.2b(1) Table 2-6 Performance Measures and Performance Projections for Key Measures

Performance Measure	1999	2000	2001	2002	2003
Increase Category A patients by 20% by 2002	6,481	6,721	6,961	7,201	
Increase MCCR and alternative revenues by 10% by 2002					
• MCCR projections	\$979,020	\$1,454,640	\$1,527,372	\$1,603,741	
Decrease wait time for next available appointment in Primary & Specialty Care		45 days	40 days	35 days	30 days
Scheduled appointments within 20 minutes		75%	80%	85%	90%
Prevention Index	FS = 85% Ex = 90%	FS =85% Ex =90%	FS = 85% Ex = 90%	FS = 90% Ex = 95%	FS = 90% Ex = 95%
Increase employee education	50% full time receive 30 hours	50% full time receive 40 hours	60% full time receive 40 hours	70% full time receive 40 hours	75% full time receive 40 hours

Key: FS = Fully successful, Ex = Exceptional

2.2b(2) Increases in Category A patients, MCCR and alternative revenues, and employee education are tracked monthly. Facility based comparisons to goals are made month to month, and on an annual basis. Waiting times are measured monthly, and facility-based comparisons are made for scheduled appointments within 20 minutes. For next available appointments (Primary & Specialty Care), the data are tracked monthly and compared to goal at the facility level, and comparisons are also made with other facilities in VISN 19. Results of individual screening

exams within the Prevention Index are reported quarterly, and our facility-based results are compared to other facilities within the VISN, VHA, and other benchmarks such as NCQA and Healthy People 2000. We compare favorably as demonstrated in Business Results 7.2 and 7.5.

3.0 Customer Focus

GJVAMC provides services to a total population of approximately 32,000 veterans in Western Colorado and Eastern Utah. GJVAMC strives to provide timely and effective care of the highest quality. It is important to know what our customers want, and to design and implement processes to insure satisfaction. GJVAMC builds and maintains customer relationships and provides access and information to enable customers to seek assistance, conduct business, and voice complaints.

3.1a(1) Customer and market knowledge of our patient base is used to determine unique customer needs. Legislative mandates, VHA policy, and national trends in health care delivery are taken into account when planning and allocating resources. Customer segments, although not inclusive, have been identified along with needs and expectations. Table 3-1 summarizes the segments, listening and learning approaches, and requirements.

Table 3-1 KNOWLEDGE OF NEEDS OF KEY CUSTOMER SEGMENTS (Key Driver: Excellence in Service as Described by our Customers)

Customer Segment	Need	Listening and Learning Strategies	Mechanism for Deployment	How Needs Addressed
All Veterans	Improved access; Single Provider of care; Shorter waiting times	Customer surveys; Patient Representative feedback; National performance initiatives; Veteran focus groups	Primary Care Model	Patient Care Teams; Increased number of specialty clinics; Expanded waiting areas
Women Veterans	Privacy; Preventive healthcare and maintenance; Early detection and treatment of cancer; OB/GYN care	Customer surveys; Patient Representative feedback; National performance initiatives; Veteran focus groups	Women Veteran Coordinator and Committee	Environment changes to address privacy; Contract for OB/GYN services; National performance initiatives established for preventive measures.
Geriatric Veterans	Improved access; Single provider of care; Home care	Customer surveys; Patient Representative feedback; Veteran focus groups; Suggestion program	Interdisciplinary committee; Home Care Committee	Contract for Home Health Care; Established primary care in long term care setting; Contracts for long term care
CHAMPVA Beneficiaries	One stop shopping for veterans and dependents; no cost share or out of pocket expenses; no claim forms to complete	Customer surveys; Patient Representative feedback	Alternative Revenue Stream Committee	Established alternative revenue stream initiative; Established primary care for CHAMPVA patients
Volunteers	Communication; Involvement in planning process	VAVS meetings; Customer Relations Service feedback; Suggestion program	VAVS Committee	Increased communication and sharing of information
Veteran Service Organizations	Communication; involvement in planning process	VSO quarterly liaison meetings; State and National veteran meetings	Strategic Planning Committee	Veteran included in membership of Strategic Planning Committee; Established quarterly veteran newsletter <i>West Vets Express</i>

3.1a(2) Listening and learning strategies are listed in Table 3-1. The Medical Center Director makes regularly scheduled visits to patient care areas to solicit information from patients and their families. The Chief of Staff is a primary care provider and interacts with patients and families at the grass roots level.

3.1a(3) The VAHQ Customer Satisfaction Survey is a critical means for determining customer satisfaction. The Medical Center Director holds special educational sessions with all employees to discuss results and develop action plans for improvement. The results are also analyzed at the CEB, ALC, and EC and actions instituted to improve where needed. We have locally generated customer satisfaction surveys to give us expeditious feedback because of the national customer satisfaction survey's lag time. Surveys are geared to customer segments to identify their specific needs. For example, feedback from female veterans indicated a need for increased privacy; a construction project was designed to meet this need. In order to increase healthcare services to veterans and increase the quality of healthcare in our community, we have formed an alliance with our competitors to provide contract cardiac care and home care. Other customer satisfaction measures are outlined in table 3-2.

Table 3-2 Customer Satisfaction Measures (Key Driver – Excellence in Customer Service)

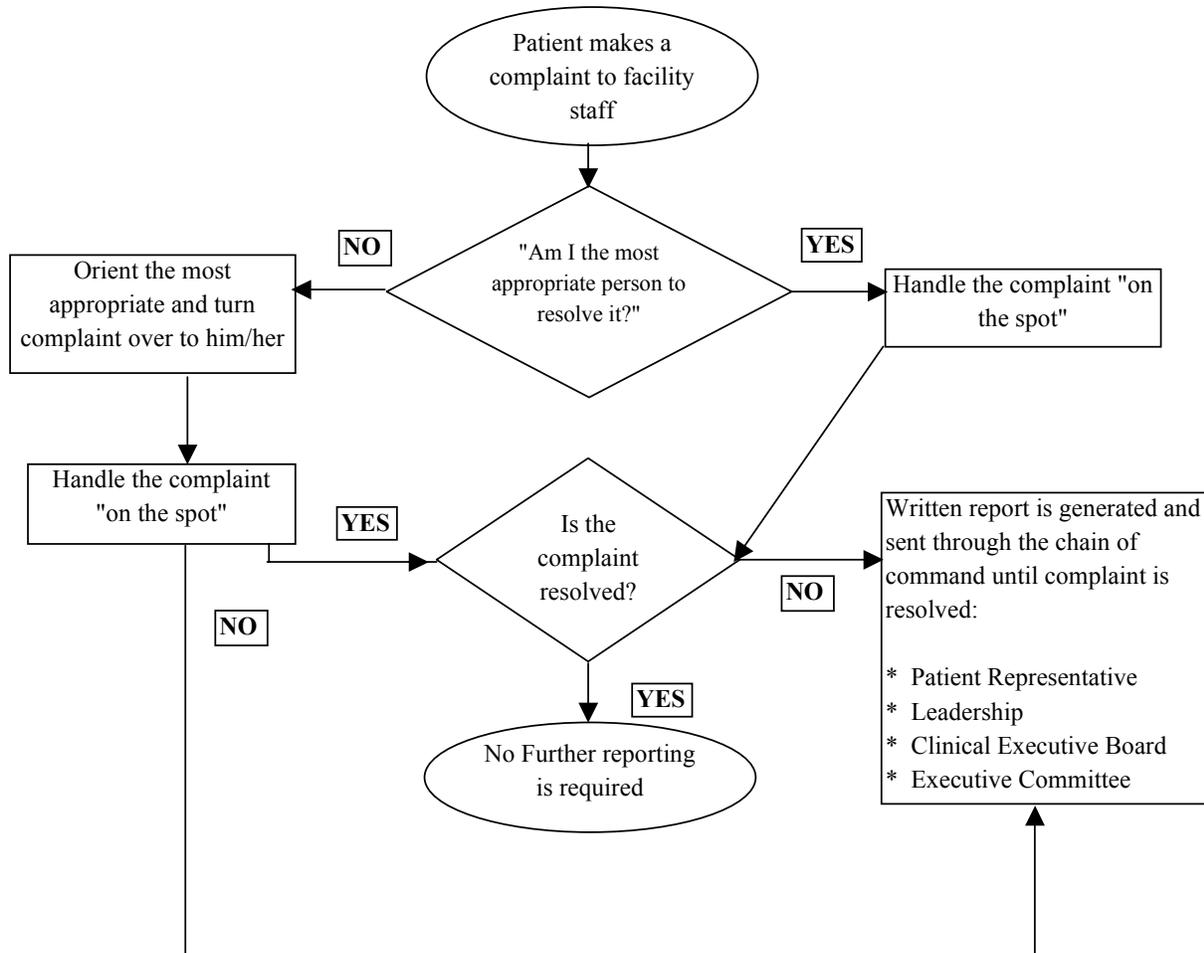
SERVICE	WHAT IS MEASURED?
Prosthetics	Waiting time, overall satisfaction with service provided
Pharmacy	Medication counseling understanding; waiting time, courtesy, mail service
Ambulatory Surgery	Understanding of post-op instructions; medications; pain assessment; signs of infection
Primary Care	Waiting time; patient education; satisfaction with provider
Home Care (contracted service)	Timeliness; overall satisfaction with service provided; infection control measures; patient education
Home Oxygen Program (contracted service)	Timeliness of delivery; patient education; safety; overall satisfaction with service

3.1a(4) GJVAMC uses knowledge of market segments to plan healthcare services (Table 3-1). Geographical distance factors, as well as feedback from veterans and VSO's were taken into account when evaluating the need to open the CBOC in Montrose to improve access for veterans. Medical Center leadership holds a quarterly liaison meeting with veteran service organizations (e.g. Disabled American Veterans, Veterans of Foreign Wars, American Legion, Vietnam Veterans of America etc.) and members of our Congressional delegations. Quarterly meetings are also held between Medical Center leadership and the groups who comprise the VAVS. Concerns of these key external stakeholders are brought to this public forum.

3.2a(1,2) Customer feedback identified the need for enhanced access. In response, a highly trained, interdisciplinary team was developed which travels within the catchment area holding prevention clinics and enrolling new customers. Contact requirements, including customer service standards are determined by market analysis, assessment of standards, satisfaction surveys, focus groups, and Patient Representative feedback. Contacts are specific for customer segments, for example, homeless veterans have been historically less likely to seek VA healthcare for a variety of reasons. GJVAMC, in partnership with VBA, VSO's and local community agencies conducted successful stand downs in 1994, 2000, and are actively planning for 2001, for homeless, specifically targeting homeless veterans; offering them easy access to VA healthcare and benefits. Our commitment to building customer relationships is evidenced by our requirement that all employees receive 20 hours or more customer service training annually.

In FY 99, 78% of all employees received 20 hours or more customer service training (7.3). This resulted in increased customer satisfaction as evidenced in 7.1, especially among inpatients.

3.2a(3) Patient complaint resolution process



The complaint management process is coordinated by the Patient Representative who addresses problems directly with veterans and families at all organizational levels. She makes rounds in all patient care areas; her picture is prominently displayed in all patient care areas also. Staff are cognizant that everyone is a patient representative and are empowered to solve veterans problems at the level of primary identification. There is a prescribed time line for response and resolution. The Patient Representative reports on patient complaints daily at the morning management meeting. All complaints are tracked and trended and a quarterly summary of patient comments and complaints are reviewed and addressed by the CEB, ALC, and EC. The Medical Center Director summarizes this information in e-mail messages to all staff. Information is also published in the weekly Medical Center newsletter *The Plan-it*. There is also a “comment box” located in the main lobby for veterans, visitors and families to make suggestions or air complaints.

3.2a(4) We build customer loyalty by our listening and learning strategies listed in Table 3-1. If a patient misses an appointment, a letter is sent advising of a new appointment and stressing the importance of health care follow-up. Efforts to build relationships with other stakeholders

include meetings with veterans’ service organizations, community planning organizations, volunteers, and Congressional representatives.

3.2a(5)GJVAMC is guided by our 5 key drivers. The Montrose CBOC and a pilot evening clinic were established in response to customer feedback. MRI and lithotripsy were initiated to meet identified customer needs.

3.2b(1,2) (See 3.2a1) VHA mandates the use of the National Customer Feedback Survey (NCFS) which are linked to the Customer Service Standards and developed in collaboration with the Picker Institute, nationally known for leadership in measuring healthcare customer satisfactions. Findings may be compared across the network, VA, or private sector organizations and benchmark sites (*Charts 7.1*). The Medical Center Director holds special educational sessions with all employees to discuss results of the NCFS and identify areas for improvement. The results of the NCFS are also analyzed at the EC. Results are continually used for improvement. As an example, based on the results of the 1997 NCFS, a PAT was chartered to determine specific patient needs and make changes in areas that offered opportunities for improvement. (See table 3-3).

Table 3-3 Specific Patient Needs Identified by NCFS (Key Driver – Excellence in Customer Service)

Identified Need	How Need Addressed	Results
1. Information about why tests were ordered 2. Assurance that their physician was receiving and reviewing test results in a timely manner.	1. Published article in veterans quarterly newsletter <i>West Vets Express</i> about how to take charge of your health and ask questions of health care providers. 2. Physicians provided results of survey; requested to explain purpose of tests to patients. 3. Signs posted in patient care areas and lab blood drawing station to explain what was done with test results and how they were reported to the physicians. 4. GJVAMC subscribed to OPTUM® Nurseline to provide patients better access to health care information. Patients call 800 number, speak directly to nurse or access audio library to get answers to health care questions and concerns.	Improved score on 99 NCFS in areas of patient education/ information. GJVAMC exceeded VISN and VHA FY99 scores.
More information about side effects of medications	1. Construction project completed to provide private area for expanded medication counseling to patients. Physical setup provides better access to pharmacists to ask questions at the time prescriptions are being filled. 2. Software from MUMPS AudioFAX,® Inc., used to provide automated information 24 hours a day on medications. Information includes common usage; precautions, how to use and side effects. 3. Signs posted in patient care and waiting areas informing patients about newly opened medication counseling area.	Pharmacy Service Patient Satisfaction Survey results show 90% of patients surveyed in FY 99 and 2000 rated pharmacy service as good or excellent.

3.2b(3) The NCFS has national benchmarks identified to facilitate setting performance targets. DRG specific length of stay and admission criteria are also used as benchmarks. In spite of our best efforts, local hospitals will not share their specific information with us. The Medical also benchmarks against VISN 19 and VHA. (See table 3.3).

3.2b(4) The NCFS is continuously changed in collaboration with the Picker Institute. Local surveys are redesigned as necessary to meet the specific needs of both customers and survey users.

4.0 Information and Analysis (IA)

GJVAMC is an integrated healthcare system whose performance and progress is founded in timely, accurate information and data analysis. We are continually in the midst of change and find ourselves at the forefront of tomorrow, setting the standards to be met or exceeded by others.

4.1a(1) GJVAMC concentrates on four types of data; Clinical, Operational, Customer Satisfaction and Human Resources for planning and to manage day to day operations. The choice of data is driven by VHA Performance Standards, VISN and facility strategic priorities, requests from user work groups and committees, administrators/managers, workforce requirements and resources available. The source data selected contains information that is needed by leadership and the workforce to carry out actionable plans and mission requirements to achieve facility goals. Table 4-1 shows the information contained in the four types of data and where the information is derived.

Information is made accessible to all levels of the organization through a variety of means including, but are not limited to, the VHA Data Base, Veterans Health Administration Information Systems Technology Architecture, (VISTA), the VA Intranet, meetings, video, telephone and network conferencing, telephone, and face-to-face contact. Components of GJVAMC information management system are:

Table 4-1 Clinical, Financial, and Non-Financial Data Used at GJVAMC

Key Driver Measured	VISTA Computer System (real-time access)	VHA National Databases (Information Collected & Compiled)	VA Intranet (Results Reported)	Customer Feedback	External Review
<p>Excellence in Health Care Value</p> <p>Excellence in service as defined by our customers</p> <p>Intensive outreach to increase workload</p> <p>Enhancement of information management and function</p>	<p>Clinical</p> <ul style="list-style-type: none"> ◆ Clinical/Patient Records ◆ Patient Outcomes (workload) ◆ Admission/Discharge ◆ In & Outpatient Pharmacy ◆ Surgery & results ◆ Medical, DX & procedures ◆ Mental Health ◆ Quality Management ◆ Dental ◆ Rehabilitation ◆ Laboratory, tests & results ◆ Radiology, tests & results ◆ Prosthetics ◆ Nursing ◆ Nutrition & Food Service ◆ Patient Education ◆ Transfer/Scheduling 	<p>VISTA Support Service Center</p> <p>Health Eligibility Center</p> <p>Clinical Workload</p> <p>VHA Risk Alert System</p>	<p>Customer Satisfaction Survey (CSS)</p> <p>Clinical Practice Guidelines</p> <p>Clinical Performance Measures</p> <p>Utilization Management</p> <p>Resource Links</p>	<p>CSS</p> <p>Focus Groups and Interviews</p> <p>Interviews with Patient</p> <p>Patient/Family Correspondence</p> <p>Telephone contact</p> <p>Media Coverage</p> <p>Information from meetings with Stakeholders</p>	<p>Healthcare (JCAHO)</p> <p>Laboratory (CAP)</p> <p>West Virginia Medical Institute Inc. (EPRP)</p> <p>Safety (OSHA) Literature based</p> <p>Nuclear Regulatory Commission (NRC)</p> <p>Trainee evaluation from affiliates</p>
<p>Excellence in Health Care Value</p> <p>Enhancement of</p>	<p>Operational</p> <ul style="list-style-type: none"> ◆ Budget ◆ Salaries ◆ Environment/Engineering 	<p>VISTA Support Service Center</p>	<p>Financial Performance Measures</p>	<p>Medical Center Committees</p> <p>Employees</p>	<p>Healthcare (JCAHO)</p> <p>Safety (OSHA)</p>

Key Driver Measured	VISTA Computer System (real-time access)	VHA National Databases (Information Collected & Compiled)	VA Intranet (Results Reported)	Customer Feedback	External Review
information management and function	<ul style="list-style-type: none"> ◆ Equipment/Supplies ◆ Fee Basis ◆ Informatics 	Financial Management System	Resource Links	Supplier Survey	Literature based
Excellence in Health Care Value	<p><i>Customer Service</i></p> <ul style="list-style-type: none"> ◆ Incident reporting ◆ Pt. Representative reporting 	VISTA Support Service Center	CSS	Patients Pt Representative CSS	Healthcare (JCAHO) Safety (OSHA) Literature based
Excellence in Health Care Value Employer of Choice	<p><i>Human Resources</i></p> <ul style="list-style-type: none"> ◆ Employee Records, training, scheduling, and evaluation ◆ Volunteer scheduling, training, records and evaluation 	VISTA Support Service Center	Employee Satisfaction Survey Employee Training Measures	Annual Department Satisfaction Survey Employee Volunteers	Healthcare (JCAHO) Safety (OSHA) Literature based

Table 4-2 GJVAMC's Components of Performance Measurement System

Component	Example	Responsible Committee
Integration	Clinical Measures rolled up into indicators	Clinical Executive Board
	HR measures are integrated into surrogate measures	Administrative Leadership Council Executive Committee
Comparative Data	Picker data on Customer Satisfaction from National Performance Data Feedback Center	Executive Committee
Data/Information Reliability	Computer Back-Ups ADP Coordination Technical Work Group	Informatics Committee
Cost/Financial understanding	Analysis of information costs such as Human Resources, equipment, market, and availability	Executive Committee
Correlation Data to Support Planning	Workload Satisfaction Data Cost per Patient Demographic Data	Strategic Planning Committee

The process described in section 4.1a(1) is continually reviewed, monitored for accuracy, and improved. The evaluation is derived from both internal and external sources. Internal evaluation comes from management who expedites necessary changes; clinicians, who are responsible for the quality of healthcare and front-line users who request guidance, express concerns and make recommendations. External evaluation comes from Congress who influences this process and evaluates the end product, the health care industry, and accrediting agencies. The ultimate evaluation comes from the veteran patient who judges every aspect of health care with each visit according to his/her expectations.

4.1a(2) GJVAMC's performance measurement system is kept current with multidisciplinary teams. The IEC is responsible for determining information requirements, and making

recommendations for automation, information security, and management of information. Automated Data Processing Application Coordinator (ADPAC)/Clinical Applications Work Group – are responsible for the oversight, integration and training for the software packages that enhance clinical care. Technical Work Group - researches the type of technology to be used, reviews new requirements and the feasibility of installing/using the technology and locates the best price. This group takes the goals of the other groups and makes them a reality. Outcomes Work Group is responsible for reviewing and ensuring data leaving the facility is correct and a true reflection of the work performed.

All employees have access to VISTA. Employee menus vary according to each individual's responsibility and the requirements of their position. Security is maintained by the use of individual passwords and user identification. VHA conventions automatically require passwords be changed every 90 days. The VA-Intranet provides rapid access to such information as performance measures, goals, outcomes-based performance, workload, clinical guidelines, financial information, directives, status of training, and is available to management, supervisors, and all personnel at their desk. Results are discussed in the Director's quarterly all employee forums as well as e-mail and the weekly news letter.

4.2a(1) Data is analyzed and compiled into information from which Medical Center/VISN/National reports are derived. This information defines our progress. Nationally the information presented to Congress originates here, directly impacting the VA's direction in the future, appropriations requests, and determines the amount of funding each VISN and medical center will receive and which programs will be funded. This information demonstrates our progress, determines our direction, and provides us with opportunities for improvement.

Management, supervisors and work groups use bench marking/comparative studies as a gauge showing our position in comparison to other facilities within the VISN, across the nation, and the private sector. This information is used to evaluate quality of care, patient satisfaction, resource allocation and usage, financial position, human resources, employee training, employee satisfaction, workload and population served. The information demonstrates our accomplishments and highlights opportunities for improvement. When seeking sources of benchmark data, the primary requirement is that the comparative information provides data applicable to our strategic priorities. For example, comparison of our patient satisfaction survey results with VISN 19 and VHA facilities. The challenge is to find or produce the maximum amount of accurate information on a specified priority, from the widest range of sources and present the information in a concise, easy to understand report. Despite our best efforts, local healthcare facilities are unwilling to share benchmark information. An example of the type of benchmarks used at GJVAMC are the Picker Institute scores, which are current, best-in-class customer service scores from over 500 hospitals nation wide. Benchmarks are not only used to assess medical center performance compared to other facilities, benchmarks are also used by VHA and VISN to set performance expectations. The established benchmarks are set as the standard for excellence and surpassing these standards is our goal.

With respect to the deployment of information, clinical, operational, customer service, and human resource data are transmitted nightly from VISTA databases to the VISTA Support Service Center (SSC). This information is compiled and returned in the form of monthly or quarterly reports. Our progress can be reviewed through the VHA database or, in many cases, on

the VA-Intranet. Some of the information we receive will not only provide comparison to facilities within the VISN/VHA but will also compare us with non-governmental facilities through the Picker Institute, or other outside comparative studies. Front line level individuals input clinical and administrative data into VISTA. Changes and corrections can be made until the 10th of the next month. Validation of clinical data, is assured through medical record abstraction in the external peer review process (EPRP). Data is automatically aggregated through a number of sources, examples are VISTA SSC and locally created reports. Data from the above sources are downloaded into an Excel spread sheet and used to answer specific questions relative to progress of the strategic defined goals in support of the key drivers and to manage daily operations. An example is the tracking of incompletely documented encounters which is reported at the daily management meeting. Reports are sent to management. Results are discussed in meetings, conference calls, Town Hall Meetings, Employee Forums, and the weekly medical center newsletter. Selected reports are posted in public areas for all to see. The timeliness of this information gives management an opportunity to evaluate the information, explore opportunities for improvement. Options are presented, a plan is decided on and put into action, then evaluated to determine if further action is required.

4.2a(2) Reports discussed in 4.2a(1) are provided monthly via electronic means, appear as agenda items on pertinent committees and are used for decision making on present status and future direction. Staff at all levels have easy access to vital information through desktop personal computer (PC) workstations. VISTA is the primary database and is used for most day-to-day activity as shown in Table 4-1. The VA-Intranet provides staff with rapid access to a variety of performance data, directives, program related information and training; information needed specifically by employees to perform their job. Data and information complexity is determined by job requirements. For example, a physician must have access to all patient related data, while resource management needs access to financial information related to the medical center.

Customer satisfaction feedback is gathered both formally and informally. The results of the FY 99 formal customer satisfaction survey appear in section 7.1. Informally, feedback is gathered from the Patient Representative, telephone and face-to-face contacts, suggestion box, and correspondence. This information is used to determine ways to better meet our customer needs and is integrated into our organization through quality of care, increased availability of services, increased access to care, mail order prescription refills, employee education, reduced waiting time, and increased efficiency of the care delivery process.

Operational performance includes consideration of patient needs, financial information, quality of care, resources required for healthcare, environment, staffing, quality and training of employees, equipment and contracting. Information is used to improve care and streamline services, reduce costs, increase efficiency, reduce waste, increase productivity and improve employee morale.

Performance indicators gathered from raw data contained within the VISTA database serve as a baseline for comparison to other facilities throughout the nation. This information is analyzed, action plans are developed and implemented, and processes are evaluated.

Financial management affects every aspect of the medical center. Medical Care Cost Recovery (MCCR) does not begin to cover the cost associated with healthcare, but this program is still

growing, and has exceeded established goals for the last three years. Our budget is determined by Congress and there is a direct correlation between performance and resources we receive.

4.2a(3) A morning management meeting is held daily to review patient care and medical center operational issues. The meeting is attended by the triad, patient representative, quality manager, and key administrative and clinical managers. Items reported are workload, patient admission, discharges and deaths; status of patients in intensive care units; patient incidents; patient representative contacts; suggestion box items; staffing levels, and public affairs issues. The information reported is used to make systematic adjustments and develop action plans where needed to enhance the quality of patient care.

5.0 Human Resource Focus

Grand Junction VA Medical Center meets the challenges of designing or redesigning current processes with the help of its employees using the process described in 6.1a. Leadership values staff input and assures that employee needs for education and training are met.

5.1(1) GJVAMC uses three primary mechanisms to analyze work systems and manage the work – Process Action Teams, Focus Groups, and Ad Hoc Task Groups composed of interdisciplinary groups, patients, and VSO’s. PAT’s are chartered to focus on medical center processes and improvements that involve work redesign. Focus Groups direct and support work redesign. Ad Hoc Task Groups are created to evaluate effectiveness of the current structure and make recommendations for design, redesign or management of work to achieve maximum performance. Labor partners participate in each of these mechanisms.

Table 5-1 Examples of Work Design/Redesign Mechanisms

Mechanism	Project Example	Business Need	Impact on Work Design
Process Action Team	Redesign of Ambulatory Care Work Stations	Employee Health and Safety; Employer of Choice (<i>Key Driver # 5</i>)	Work stations replaced with ergonomically correct work stations resulting in decreased number of new carpal tunnel problems.
Ad Hoc Task Group	Reorganization of Resource Management Service	Excellence in healthcare value (<i>Key Driver #1</i>) Excellence in customer service (<i>Key Driver #2</i>) Employer of choice (<i>Key Driver #5</i>)	Realigned employees from several related services into Resource Management Service. Improved accountability; improved customer service.
Focus Group	Redesign Employee award, reward and recognition system	Employer of Choice (<i>Key Driver #5</i>) Excellence in customer service (<i>Key Driver #2</i>)	Link awards to customer service standards. Increased all types of employee rewards and recognition.

5.1a(2) Supervisors seek employees’ participation on process action teams, focus groups, ad hoc task groups, and facility-wide programs for self-development. Employees are encouraged to participate in special events such as Winter Sports Clinic, Creative Arts Festival, VA Country Store Committee; and EEO Advisory Committee. Employees also serve as facilitators for the VA Learning Maps Training Program and VA Customer Service Training Programs. Supervisors use a number of mechanisms for developmental and learning needs such as time away from work for training, tuition support, and recognition for participation in the above listed activities.

5.1a(3) The Key Driver #2 *Excellence in Service as Defined by our Customers* supports high performance by all staff. Performance standards and competency checklists were created to include customer service as a key element. Because of the aging veteran population served by GJVAMC, age-specific competencies are specified for all staff having direct patient contact. These competencies recognize that services required by one age group may not be required by

another. GJVAMC has begun incremental implementation of the High Performance Development Model (HPDM) with the goal of totally implementing all six components (performance based interviewing, coaching and mentoring, core competencies, continuous assessment, performance management, and continuous learning) of HPDM by September 30, 2000. HPDM supports Key Driver #5 *Employer of Choice*. Results of performance evaluations and competency checklists are used to identify organizational training and educational needs. Supervisors meet with employees formally twice a year to review performance progress.

5.1a(4) Compensation programs are mandated by federal law therefore the Medical Center awards program recognizes both team and individual performance and is a critical method for recognizing a job well done. Employees are encouraged to nominate Medical Center staff who achieve high performance and provide exceptional customer service for Employee of the Month. The Labor/Management Partnership Council reviews employee of the month nominations and makes recommendations for selection to the Medical Center Director. The intent of this program is to promote a positive work environment and link awards to employee contributions that reinforce high performance. The employee suggestion program was re-emphasized and broadened in FY 98 to include anonymous e-mail suggestions and a new *Suggestion Box* was installed in the Medical Center Lobby for staff, patients, and visitors. The rewards and recognition program is outlined below in Table 5-2.

Table 5-2 Grand Junction VAMC Reward and Recognition Approaches

Reward or Recognition	Purpose	Key Driver	Who is Eligible
Employee Suggestion	Directly contributes to efficiency, economy, or effectiveness of Medical Center and government programs	1,2,5	Individual/Team
Performance Awards and Quality Increases	Reward for sustained superior performance over extended period	1,2,5	Individual/Team
Special Contribution Awards	Reward outstanding employee contributions occurring on a one-time basis	1,2,5	Individual/Team
Honor Awards	Recognize individuals making a unique contribution to mission and strategic goals of VHA	1,2,5	Individual/Team
Time Off Awards	Provides a tangible reward for significant contributions to Medical Center	1,2,3,4,5	Individual/Team
Employee of the Month	Recognizes high performance and exceptional customer service	1,2,5	Individual/Team

5.1a(5) Telephone and e-mail are used as primary communication tools within the Medical Center and are the primary link between GJVAMC and the Montrose CBOC. Each employee has access to a computer and e-mail is used for leave requests and to access HR Links, VHA's automated employee service center. Employee orientation includes e-mail training. The Medical Center weekly newsletter *The Plan-It*, performance data results, events, employee training announcements, and messages from Management are published on e-mail.

New ideas are shared and past experiences are discussed at employee forums in an effort to implement a comprehensive, trouble free environment.

5.1a(6) Characteristics and skills are pre-determined for all positions through four mechanisms: position descriptions, functional statements, scope of practice, and clinical privileges. GJVAMC recruits candidates internally and nationally, through e-mail, medical journals, and newspaper advertisements. Recruitment bonuses and special salary rates are used in recruiting candidates in shortage categories such as pharmacists and physicians. Credentialing is required for all

physicians, dentists, registered nurses, and care extenders. This process is used to evaluate education, clinical experience, malpractice history, professional license and to check references. To assure the best-qualified applicant is selected, the first competency check is done during the interview process. Performance Based Interviewing (PBI) is used to determine if the applicant possesses the skills to meet job requirements. PBI is based on the principle that “the best predictor of future behavior is past behavior”. By developing structured interviews to obtain behavioral examples of the knowledge, skills and abilities required for the job, the selecting official has a better basis for making a decision. Interviews are conducted via panels of peers who provide input into the final selection process. To evaluate and assess workforce diversity, all occupational groups are analyzed for workforce composition. This data is compared with civilian labor force demographics. If certain ethnic, gender or minority groups are not well represented, occupational categories are selected for targeted recruitment. VHA established policies on EEO, prevention of sexual harassment, fair labor standards act, and Alternative Dispute Resolution to ensure adherence to merit system principles in all employment practices.

5.2a(1,2,3) The Education and Training Committee (an interdisciplinary group including labor representation) develops annual Medical Center Education Strategic Initiatives to guide training throughout the year. The initiatives are based on priorities of the Medical Center strategic and human resource plans. In support of *Excellence in Customer Service (Key Driver #2) “Serving Your Internal Customer and Dealing with Difficult Situations”* classes were provided to 62% of Medical Center employees by a nationally renowned trainer. VISN 19 Education, Training and Development Group (comprised of members from each network facility) identified a need for hands-on new supervisor training. In FY 00, a programmed instruction supervisory course *The Leader’s Edge* was developed for new supervisors. The course includes a self-learning module and classroom instruction. Additionally, a trained coach and mentor is assigned to each new supervisor. Four new supervisors are currently participating in the program. Supervisors were trained to conduct performance-based interviews (PBI) when hiring a new employee. This improved interview process allows supervisors to better identify and assure a match of the skills and knowledge required for targeted positions. These processes support the *key drivers 1,2, and 5*. In support of the strategic plan, educational priorities are both short and long term, based on identified organizational and employee needs.

Table 5-3 Training Supporting Key Drivers

Key Driver	Training Activity	Business Need
Excellence in Healthcare Value	Compliance Training	Accurate information to support billing ; collect 10% of budget from outside sources (30,20,10 Goal)
Excellence in Service as Defined by our Customers	Customer Service Training: “Serving Your Internal Customer” “Dealing with Difficult Situations”	Increased awareness of courtesy and empathy toward patients and co-workers with skills development.
Intensive Outreach to Increase Workload	Eligibility Reform/Enrollment	Increase number of users of the Veterans Health Care System by 20% by FY 2002. (30/20/10 Goal)
Enhancement of Information Management Structure and Function	Computerized Patient Record System (CPRS) Training	Paperless medical record with improved timeliness and availability of medical records.
Employer of Choice	Management of Dangerous and Disruptive Behavior	Increased employee and patient safety and security.

5.2a(4,5) Education and Training Programs are delivered via numerous modalities to enhance learning and performance excellence. Methods include independent or self-directed training, satellite courses, computer assisted instruction, video teleconferencing, on-the-job training, Lunch and Learn programs and a new interactive educational modality recently introduced by

VHA – Learning Maps. A comprehensive *New Employee Orientation Program* is used to introduce new employees to the medical center culture. Mandatory employee safety training reinforces patient safety and diversity training promotes understanding of the diverse culture of employees and patients. Training in age specific competencies assures the needs of our veteran patients are met. The TEC solicits feedback from all services outlining anticipated education and training needs for the upcoming planning cycle. This input, along with Medical Center strategic goals, performance measures and customer feedback are used to develop the annual education/training strategic initiatives. At various intervals during the year, TEC members review the overall goals of each training program, along with program attendance, number of sessions conducted, program cancellations, number of participants, and participant comments and evaluations. This determines the extent to which goals have been reached.

Table 5-4 Formal Evaluation Process: Five Level Model

Level	Description	Training program used for:
I. Process	Evaluates the teaching/learning process, including program objectives.	All programs use this level of evaluation. Example: New Employee Orientation
II. Content	Evaluates change in knowledge or skill through the use of self-rating scales, return demonstration, group work exercises, and/or case studies	TQI Team Leader/Facilitator training uses group exercises and case studies.
III. Outcome	Evaluates the change in individual practice (institution of new process, habitual use of new skill, integration of new value, and integration of new function or role). Most outcome evaluations occur three to six months after a learning experience or follow learners to their new work area.	Prevention and Management of Disruptive Behavior training uses practice exercise and sessions similar to situations which may encounter when managing problem or violent patients.
IV. Systems	Evaluations are based on changes that impact or influence a work unit, department, or institution as a whole. This requires complex designs more commonly used in formal research.	Customer satisfaction training uses case examples, patient complaint data, and techniques to respond positively to patients.

5.2a(6) TQI education and training is provided to employees to promote use of strategic tools. As a part of a VHA mandate, 50% of all full-time employees are required to complete 40 hours of continuing education directly related to VHA strategic goals. (7.3). Benchmarks are used extensively throughout the Medical Center to measure effectiveness and efficiency of service delivery.

5.2a(7) Reinforcement of new knowledge and skills is accomplished through both formal and informal methods. One formal method is annual competency assessment in which employees complete specialized training and are evaluated by supervisors. Development plans are made for the employee to receive training in any area where improvement is needed. Informally, education is upgraded through coaching and mentoring by peers and supervisors at the work site. Employee and organizational needs are systematically analyzed to address achievement of key drivers. Monthly Lunch and Learn educational sessions have proven to be a very successful method of introducing new knowledge and skills into the workplace.

5.3a Safety is an important aspect of the driver, *Employer of Choice*. The lost time accident rate for GJVAMC is 2.24%, significantly lower than last years rate of 3.11%, and meets OSHA’s standard. The lower rate can be attributed to strong top management support of the safety program, a knowledgeable and professional safety staff, a strong occupational health program, and employee accessibility to discuss any safety issues of concern. The Safety Committee, which consists of labor and front line staff, supports and oversees promotion of a safe work environment. GJVAMC has an innovative Ergonomics Program which provides support to the employees with the goal of reducing work related repetitive strain and musculoskeletal disease.

The Ergonomics Coordinator works effectively in conjunction with Human Resources, Safety Committee, Accident Review Board and the Interior Design Committee to assure workplace safety and comfort. The Coordinator reviews all work areas for proper body alignment and equipment. All chairs are ergonomically correct. Early symptom identification, work-site modification and medical intervention are used effectively to virtually eliminate more significant problems. GJVAMC actively seeks to prevent back injuries through an effective healthy back education curriculum taught by Physical Therapy specialists.

5.3b(1) Management fosters an environment that supports good working conditions and quality of life with a variety of programs meeting the needs of our diverse work force:

- Employee Health program which provides cost-free influenza vaccinations, tetanus, Hepatitis B immunizations and TB skin testing.
- Annual hearing tests for employees in at-risk occupations
- Nutrition counseling
- Smoking cessation for employees
- Employee Assistance Program provides counseling to employees whose work-related conduct or performance is adversely affected by alcohol or drug abuse, behavioral disorder, financial, marital, legal, or emotional disturbance.
- On-site credit union
- Outdoor areas for breaks and meals have been created. Areas are used for recreational picnics and programs.
- On-site Canteen store and restaurant
- 24 hour-a-day vending service area
- Annual Cultural Diversity celebrations
- Annual Medical Center picnic and Holiday season celebration for all shifts
- Tuition Support for competency-related course work and conferences.
- Compressed work schedules.

5.3b(2) Leadership encourages and supports employee development. One mechanism is front line employee involvement in work team and interdisciplinary team decision making. In Acquisition and Materiel Management Section (AMMS), a self-directed work group, using work evaluation, cross-training, and work redesign techniques were able to consolidate the functions of warehouse, supply processing, distribution and property management eliminating four positions, including one supervisory position. The anonymous e-mail suggestion program allows employees to make suggestions about work and job design and to suggest system efficiencies. GJVAMC provides learning activities to enable employees to develop their full potential. An example is a medical records coding class available to all interested employees.

5.3c(1,2) Employee Satisfaction is determined by asking employees what they want. Key indicators used in evaluation of employee well being, satisfaction and motivation are turnover rate, absenteeism and grievances. These are measured on a quarterly basis, tracked and trended and reported to EC. Results of employee exit interviews are also monitored and reported. Productivity and performance are monitored and assessed for improvement opportunities. In March, 2000 an internal customer service survey, using Baldrige based criteria, was done assessing:

Courtesy of Service

- Telephone Responsiveness

- Timeliness of Service
- Usefulness of Information received
- Communication
- Overall Performance

In spite of the fact that all scores were in the good to very good range, employee comments indicated communication needed improvement. This has been addressed through staff meetings, employee forums, newsletters, and e-mail messages from the Medical Center Director.

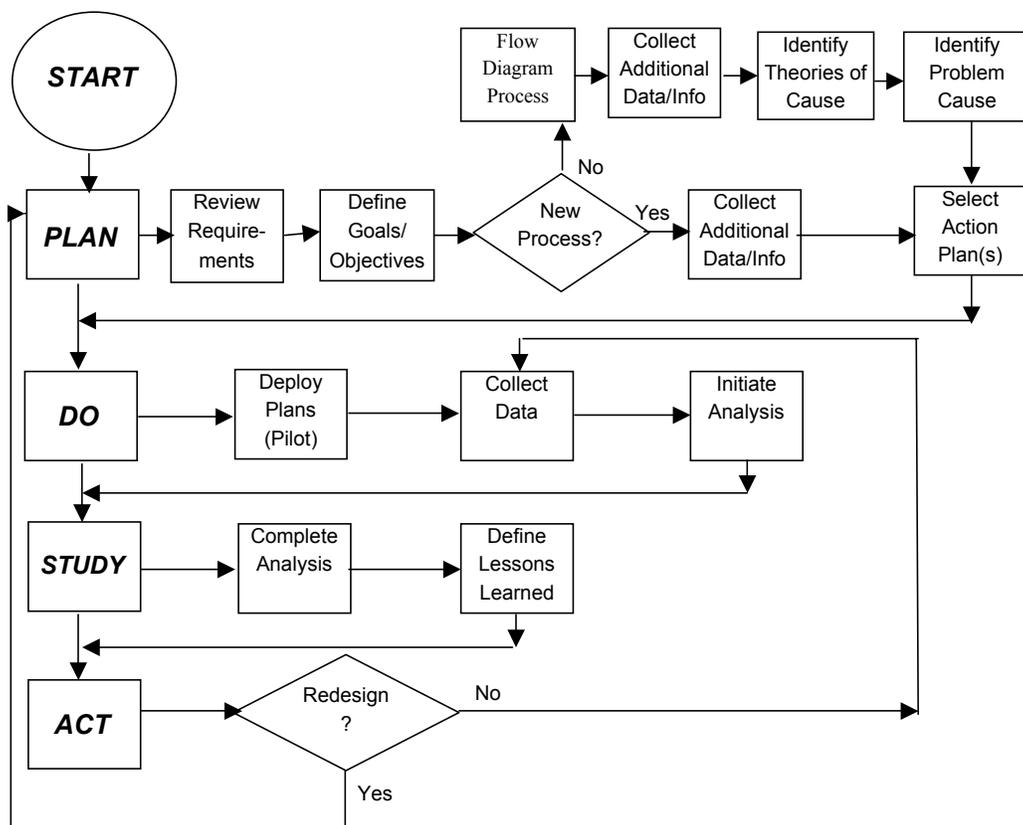
5.3c(3) GJVAMC is continually responsive to the changing needs of its workforce. Through a variety of TQI mechanisms, the organization quickly responds to employee needs by involvement of top management and employees at all levels. Organizational values are supported by organizational training, use of employee teams, an emphasis on communication, courtesy, recognition programs, and workplace safety.

6.0 Process Management

Process management seeks to systematically design and improve the full scope of processes that underpin comprehensive health care and services to our veterans. The three major process management categories include health care delivery, support, and partner/supplier; all use the design process described in 6.1a, Figure 6-1. Veteran and other stakeholder requirements provide the catalyst for designing or redesigning health care systems that ultimately result in the fulfillment of our mission.

6.1a(1) The basic steps in the design process include PLAN, DO, STUDY, and ACT.

Figure 6.1 Design and Improvement Process



New process design(s) and process redesign(s) are commissioned through EC, CEB, and ALC. An interdisciplinary group with labor representation, with knowledge and expertise specific to the proposed process or process change are assembled. Their charter is to design or redesign the new process(es), using the steps in the Design and Improvement Process diagrammed in Figure 6-1.

6.1a(2) Veteran patient and other stakeholders/market/mission requirements are dynamic and assessed on an on-going basis. For example, we use the listening and learning strategies described in 3.1a to determine our ever changing customer needs and expectations. This assures that needs and expectations are addressed, and incorporated into process designs and redesigns. Addressing these changing requirements are initiated in the first step of the strategic planning process, as demonstrated in 2.1a(1); under "PLAN" in the Design and Improvement Process illustrated in Figure 6 - 1. For example, in response to customers desire to have health care closer to home, GJVAMC opened the CBOC in Montrose. Patients indicated the need for more information about the side effects of medication; expanded medication counseling was offered to patients.

6.1a(3) We continually assess the advances in health care technology, and incorporate them into our health care delivery, support, and partner/supplier processes. For example, the Laboratory was remodeled to accommodate state of the art equipment and provide more space to meet increasing demand. CPRS and BCMA software has enhanced patient safety. Our new MRI will be operational by the end of the year.

6.1a(4) Design quality, cycle time, cost control, new design technology, and other efficiency/ effectiveness factors are addressed during the DO and STUDY phases of the Design and Improvement Process (Figure 6 - 1). Lessons learned are acquired at the end of the STUDY step, and transfer of learning from projects is incorporated into the redesign of the same process, or during the PLAN step (review of requirements) of a design or redesign of another process.

6.1a(5) The key operational performance requirements are determined in the PLAN phase of the Design and Improvement Process. Performance measures are formulated to match key requirements to determine if all requirements are met.

6.1a(6) Staff are oriented prior to new service delivery. This provides the opportunity to become familiar with job responsibilities, policies, and procedures, before delivering new or redesigned services. For example, the volume of patients seen initially at the Montrose Clinic was low by design, to allow the program to be piloted prior to full implementation.

6.1b(1) Patient health care and services are provided through five major health care delivery processes.

Table 6 - 1 Key Health Care Delivery Processes and Key Requirements

Key Health Care Delivery Process	Key Performance Requirements
Assessment of Patients	<ul style="list-style-type: none"> • Patients have a timely evaluation of their health status. • Health care providers collect and analyze data related to a patient's health history, physical, and psychosocial condition. This information is used to make care decisions and to determine the appropriate care setting for the patient.
Care of Patients	<ul style="list-style-type: none"> • Patient care is planned, provided, monitored, and modified as appropriate.
Education of Patients and Family	<ul style="list-style-type: none"> • Patients and their families receive information and training related to the patient's specific disease state(s) and/or preventive health maintenance. Every attempt is made to provide

Key Health Care Delivery Process	Key Performance Requirements
	education at a level the patient and family can understand.
Continuum of Care	<ul style="list-style-type: none"> The Primary Care Provider coordinates the patient's health care in all health care settings (e.g.: ambulatory, specialty care, acute care, extended care, home care).
Information Management	<ul style="list-style-type: none"> Timely, adequate, accurate data to make administrative and clinical decisions
Patient Rights	<ul style="list-style-type: none"> Patients have access to care, and are treated with respect and dignity. Patients and families take part in making health care decisions. Grand Junction VAMC conducts business and provides patient care in an ethical manner.

6.1b(2) Key performance requirements for the delivery processes delineated in Table 6 - 1 are addressed in organizational policy and procedures, and process flow diagrams. These policies and procedures are reviewed monthly and revised as necessary to reflect changes in requirements. Staff receives initial and on-going education and training related to the delivery processes and expectations. For example:

- Patient care forms are developed and implemented to assure that essential information is collected and analyzed.
- Patient's rights are posted, and included in patient information packets.
- Interdisciplinary meetings are held to discuss continuum of care issues. Daily meetings with social worker and primary care provider.
- Oversight committees meet monthly to review performance data for each process.
- Patient, workload, and key operational data are reviewed daily at the morning management meeting.

6.1b (3,4) Information regarding improvements to processes are communicated throughout the organization during employee forums, service level staff meetings, EC, CEB, ALC, Director's Staff, oversight committee meetings, story boards/bulletin boards, e-mails, memos, in committee meetings, during Process Action Team meetings, and other work groups as appropriate.

Table 6 – 2 How Key Healthcare Deliver Process Requirements are Improved

Key Healthcare Delivery Process Requirements	Performance Measurement	Improvements in Health care Delivery Processes
Assessment of Patients	<ul style="list-style-type: none"> Specified time frames for : <ul style="list-style-type: none"> Completion of assessments Implementation of assessments in CPRS 	<ul style="list-style-type: none"> Patient assessments incorporated into computerized patient record system (CPRS) H & P dictated and in CPRS Patient is formally assessed for pain
Care of Patients	<ul style="list-style-type: none"> Prevention Index, Goal: 85-90% Clinical Practice Guidelines; Goal: Specific to each indicator 	<ul style="list-style-type: none"> Development of "To Your Good Health" to facilitate collection of Prevention Index health information
Education of Patients and Family	<ul style="list-style-type: none"> Patient satisfaction with comparison to National, VISN, and Picker scores 	<ul style="list-style-type: none"> Patient education articles provided for "West Vets Express" Review and acquired improved patient education materials for distribution to veterans Improved medication counseling process
Continuum of Care	<ul style="list-style-type: none"> Patient satisfaction with comparison to National, and VISN 	<ul style="list-style-type: none"> Implementation of Primary Care Teams provides better coordination of care for veterans
Patient Rights	<ul style="list-style-type: none"> Advanced Directives: Completion of Acknowledgment Form; Goal: 100% 	<ul style="list-style-type: none"> Re-education process improved compliance related to completion of Acknowledgment form Development of extract routine to track on-going

Key Healthcare Delivery Process Requirements	Performance Measurement	Improvements in Health care Delivery Processes
Patient Rights	<ul style="list-style-type: none"> Access: Follow-up appointment within 30 days of inpatient admit to mental health; Goal: 90% Exceptional 	<ul style="list-style-type: none"> compliance for follow-up mental health The patient Advocate and other facility employees address real time complaints, complements and other feedback from veterans and stakeholders.

6.2a(1-2) Key support processes are designed and redesigned following the same Design and Improvement Process depicted in 6.1a(1). Relevant inputs from veteran patients and other stakeholders, in combination with key factors previously addressed during the strategic planning process (2.1a(1-2) and the Design and Improvement Process (2.1a(1-2) lay the ground work for identifying the key support process requirements. Table 6 - 3 lists the key support processes, and their associated requirements.

Table 6 - 3 Key Support Processes and Requirements

Key Support Processes	Key Performance Requirements
Resource Management Human Resources	<ul style="list-style-type: none"> There are adequate numbers of qualified, competent staff to perform patient care delivery services and support services. Specific requirements include: <ul style="list-style-type: none"> Selecting the best person for the job through the use of PBI techniques A seasoned employee guides the orientation of the new employee Core competencies are identified to address the skills and attitudes most needed for today's work environment. Staff at all levels need to have continuous feedback on their performance Human resource strategic objectives/goals are tied to action plans and performance Continuous education is provided
Fiscal & Other Management Resources	<ul style="list-style-type: none"> Provision of adequate finances, equipment and space to support the patient care delivery processes
Information Management	<ul style="list-style-type: none"> Information is acquired, managed and used to improve patient care and outcomes Patient information is confidential
Environment of Care	<ul style="list-style-type: none"> The health care delivery and support services environment is safe, functional, supportive, and effective

6.2a(3-5) As addressed in the previous section, related to health care delivery process (6.1b), key requirements are identified early on in the PLAN phase of the Design and Improvement Process. These key requirements form the specifications for the design or redesign of support processes. Steps in the process can be directly aligned with the requirements. Specific action plans and/or measurements are then assigned for follow-up. For example, a key requirement under Resource Management is continuous education. The process(es) can then be designed to provide an assessment of education needs, education and training to meet the needs, provision of education and training to facilitate learning preferences, and follow with a measure to determine that continuous education is provided to at least 50% of the staff. Employee evaluations related to training and education provided, give immediate feedback that can be incorporated into education redesigns), if indicated. Improvements in support processes are shared with staff as stated in 6.1b(3-4).

Table 6-4 demonstrates the key support processes, their associated key measurements, and improvements in support processes.

Table 6 - 4 Key Support Processes, Requirements, and Improvements

Key Support Process	Key Measurements	Support Process Improvements
Resource Management <ul style="list-style-type: none"> Human Resources Management of other resources 	<ul style="list-style-type: none"> ≥50% of permanent employees have at least 40 hours of education Staff turnover rate, sick leave usage, formal grievances, and EEO complaints are tracked by Human Resource Management Service 	<ul style="list-style-type: none"> Implementation of HPDM provides a model for employee development at all levels Process improvements maximize MCCR collections Improved facilities and equipment
Management of Information	<ul style="list-style-type: none"> Specific target dates set for implementation of software programs Data validation 	<ul style="list-style-type: none"> Implementation of CPRS Implementation of Bar Code Medication Administration
Environment of Care	<ul style="list-style-type: none"> Environmental Rounds Review and trending of accidents and injuries Compliance with Life Safety Code 	<ul style="list-style-type: none"> Safe Workplace Environment Increased Patient Safety

6.3a(1-3) As identified in the Strategic Planning section (2.1a.(2)), there are times when Grand Junction VAMC may purchase services, when justified through a make/buy analysis. Our key partner and suppliers, their key performance requirements, and associated measures are outlined in Table 6.5. This table demonstrates examples of:

Table 6.5 Supplier and Partnering Processes

Key Product or Service	Performance Requirements	Measurement
Home Care	Patients are satisfied with care	Patient satisfaction: minimum of 90%
Energy Savings Performance	Reduction in energy use	<ul style="list-style-type: none"> + Reduction: <ul style="list-style-type: none"> BTU change Average dollar change
Medication mail out refills	Timely fill and distribution of mail-out refills	≤ 5 days
Scarce Medical (Orthopedics, Urology, Ophthalmology, Ear Nose & Throat, Podiatry, Neurology)	<ul style="list-style-type: none"> Licensed, credentialed, privileged Compliance to medical record documentation time frames 	Initial and biannual review resulting in approval

6.3a(4) When available, Grand Junction VAMC prefers to partner with health care providers and suppliers that are Joint Commission accredited. These agencies are subject to the same standards that we would be, if we provided the service/supplies ourselves. These partners and suppliers collect and aggregate data on our patients that use their services, and provide periodic reports for our review and assessment. Partners meeting this description include a local private hospital, home care agency, and home O2 company. This quality review process creates no additional costs for inspections, tests, or audits for us.

Partners that provide health care services within our facility are subject to our standards and quality monitoring processes. This minimizes cost to the degree that the same indicators are used to evaluate patient care and outcome. No special audits are created and implemented.

6.3a(5,6) It is mutually beneficial to create relationships with partners and suppliers, that foster open communication, and a "win- win" work environment. Feedback with contractors will vary according to the services provided. Each contract has a medical center employee representative (Contracting Officer's Technical Representative) COTR, who serves as a facility liaison and a contact between the Medical Center and the contractor.

- Our home care agency meets monthly with the Ambulatory Care nurses to identify and resolve patient care issues.
- Quality data is provided and discussed quarterly.

- In the event that data and information derived from monitoring the process reveals that requirements are not met, a special meeting is conducted with the home care supervisor. The process is reviewed, using the same PLAN, DO, STUDY, and ACT system illustrated in 6.1a(1), taking the redesign path (the process is not new). Working together to redesign the process will result in restoration of the process, and satisfied veterans.
- Information related to process improvements in partner and supplier products and services are shared in EC, ALC,CEB, and other leadership groups; and other staff and stakeholders as appropriate.

7.1 Customer Focused Results. In support of the key driver ‘Excellence in Service as Defined by our Customers’, Grand Junction VA Medical Center uses multiple mechanisms to determine customer satisfaction, assure customer loyalty, and promote customer referrals. Satisfaction data is compared internally, to other network facilities, to all other VHA facilities, private sector organizations, and to a cohort group consisting of thirty-four unaffiliated VA medical centers with similar mission, size, and complexity.

Chart 7.1-1 Results of Outpatient Satisfaction (Key Driver #2)

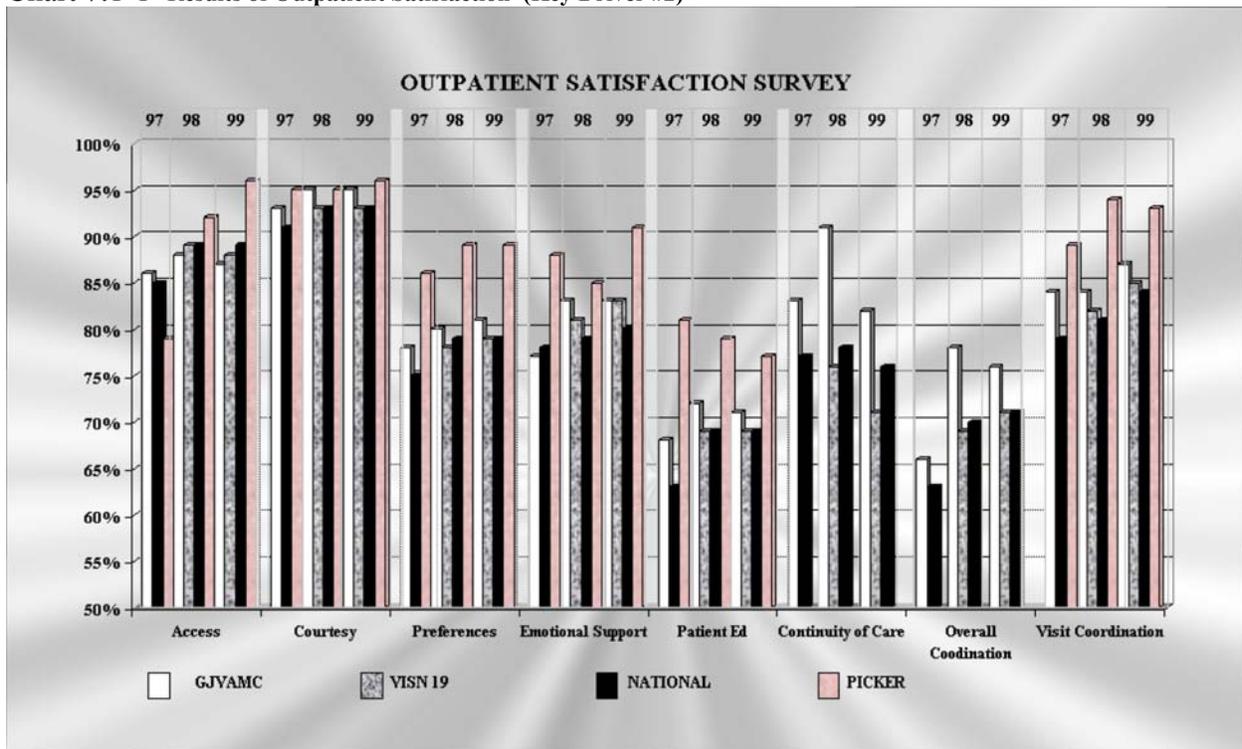


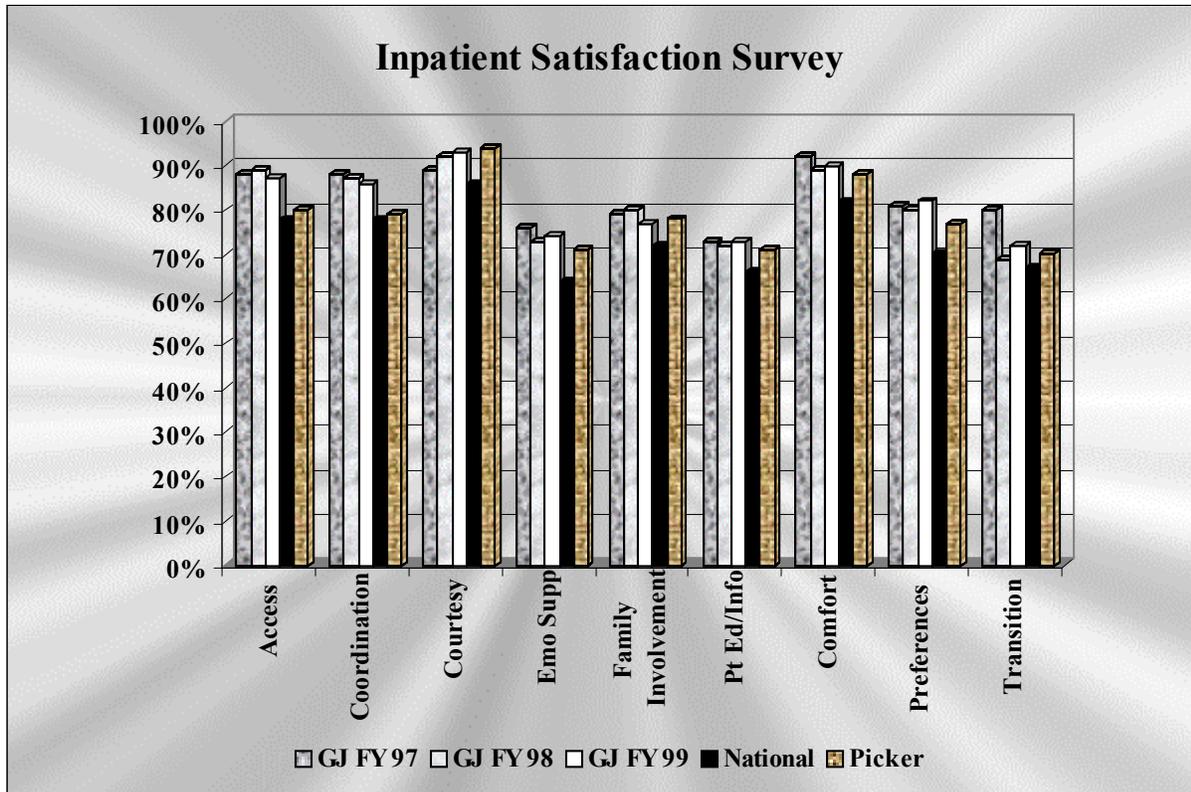
Chart 7.1-1 shows the results of the outpatient National VA Customer Satisfaction Survey for FY 97, 98, and 99. Results of the FY 00 survey are not yet available from VHA Headquarters. Results are compared to VISN 19, VHA, and to the Picker benchmark. GJVAMC scored exceptionally well in the areas of courtesy, preferences, emotional support and patient education. Key questions in those areas are:

- Courtesy – “Were you treated with respect and dignity?”
- Preferences – “Were you involved in your care decisions?”
- Emotional Support – “Do you have confidence and trust in your care provider?”

- Patient Education – “Were test and test results explained to you in a way you could understand?”

GJVAMC is particularly outstanding in the areas of continuity of care; overall and visit coordination. A key question in continuity of care – “Is there one provider or team in charge of your care?” Results clearly indicate patients are very satisfied with our primary care team concept in which a “virtual circle of care” surrounds each patient. This strongly supports our Mission.

Chart 7.1-2 Results of Inpatient Satisfaction (Key Driver #2)



The NCFS inpatient satisfaction survey includes 9 customer service categories. GJVAMC results are shown for FY 97, 98, and 99 and compared with VHA national and Picker. GJVAMC exceeds national in all 9 categories and exceeds the Picker benchmark in 8 of the 9 categories. The most improved category from FY 97 to FY 99 is courtesy reinforcing our commitment to *Key Driver #2*.

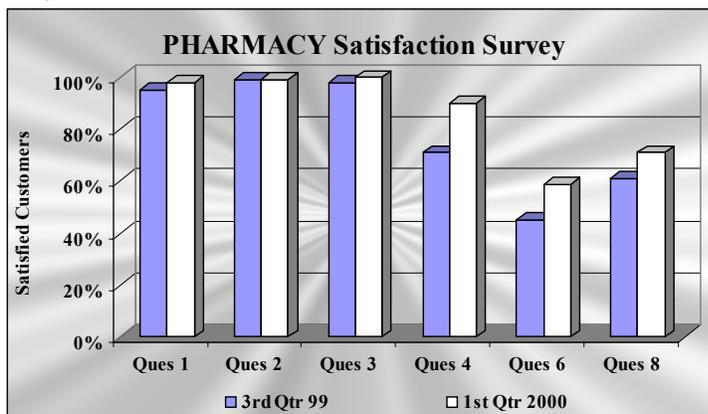


Chart 7.1-3 Results of Satisfaction Surveys – Pharmacy Patients (Key Driver #2)

In response to customer feedback indicating a need for more information about medications, in FY 99, Pharmacy Section was remodeled to allow for patient medication counseling by the pharmacist. A customer

satisfaction survey was conducted to identify opportunities for improvement. This is an example of how customer services are designed, evaluated and improved. Results are depicted for 3rd quarter FY 99 and 1st quarter FY 00.

Questions asked were:

Q1 – Did you have an opportunity to ask the pharmacist questions about your medication?

Q2 – Were you satisfied with the answers the pharmacist gave you?

Q3 – Were you treated courteously by Pharmacy Service personnel?

Q4 – Do you feel service provided by the Pharmacy is excellent, good, average, or poor? (90% selected Excellent)

Q5 – If average or poor, can you make any suggestions on how we can improve? (Comments aggregated and used to improve – a “listening and learning” strategy)

Q6 – How would you describe Pharmacy Service waiting time? (91% selected Excellent or Good)

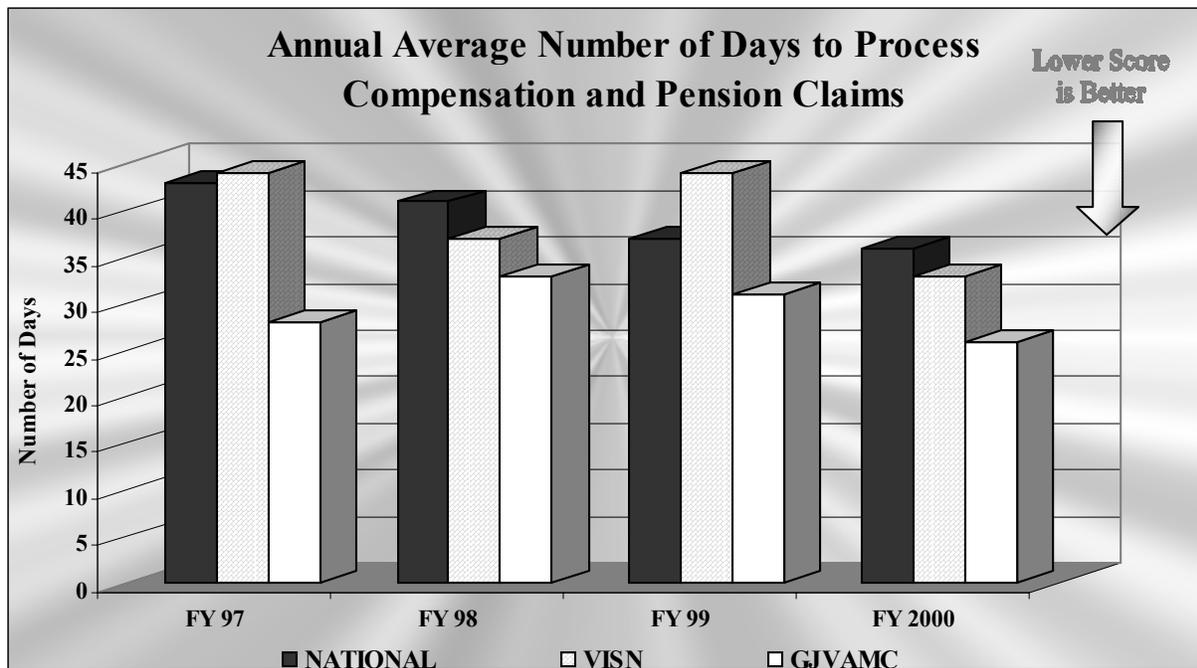
Q8 – When you used the mail service, did you get your mail on time?

Table 7.1-1 Summary of Grand Junction VAMC’s Competitive Awards and Recognition

Organizational Quality Awards	Source	Year
Robert W. Carey Quality Award	Veterans Affairs	1999
Mark Walcott Award for Clinical Excellence	Veterans Affairs	1998
Excellence in Laboratory Testing	Private Sector	1998
Outstanding Canteen	Veterans Affairs	1996 and 1999
National VA Safety Awards	Veterans Affairs	1996 and 1997

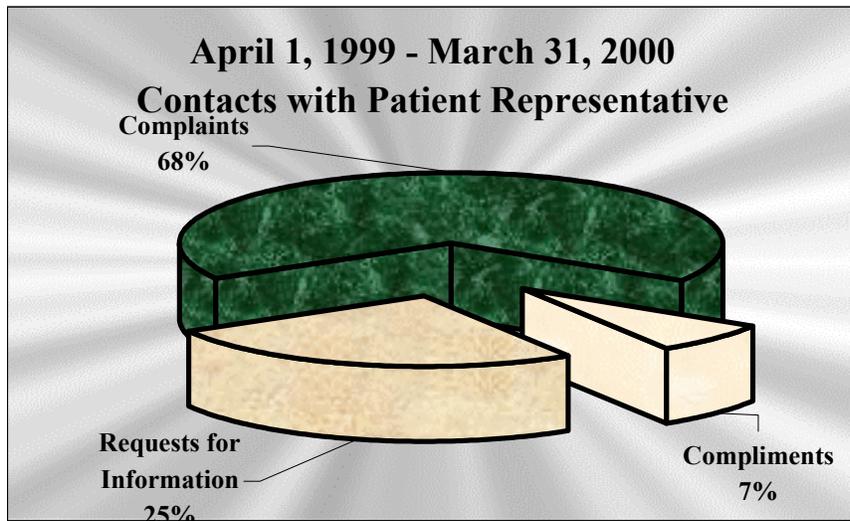
GJVAMC is committed to enhancing organizational quality and has received several prestigious national awards. Awards have been received in recognition for overall organizational excellence as well as in recognition of special programs or interdisciplinary teams. Award processes are valuable tools for organizational assessment and improvement and enhance individual pride. (Key Driver #2, 5)

Chart 7.1-4 (Key Driver #2,#3) Days to Complete Compensation and Pension Exams



For most veterans, the initial contact with Department of Veterans Affairs is for a compensation and pension exam. Complete results must be available to the Veterans Benefits Administration in a timely manner. (Key Drivers #1,#2,#3). Timeliness of the process became a concern at the national level. A goal for completing exams within 35 days was established by the Secretary of Veterans Affairs. GJVAMC, in partnership with the VBA Denver Regional Office (reinforcing the ONE VA concept) made extensive changes to streamline the processing of these exams, which is now done electronically instead of manually compiling and mailing exam requests and results. The current performance of 25 days exceeds the goal by 10 days.

Chart 7.1-5 **Contacts with Patient Representative** (Key Driver #2)



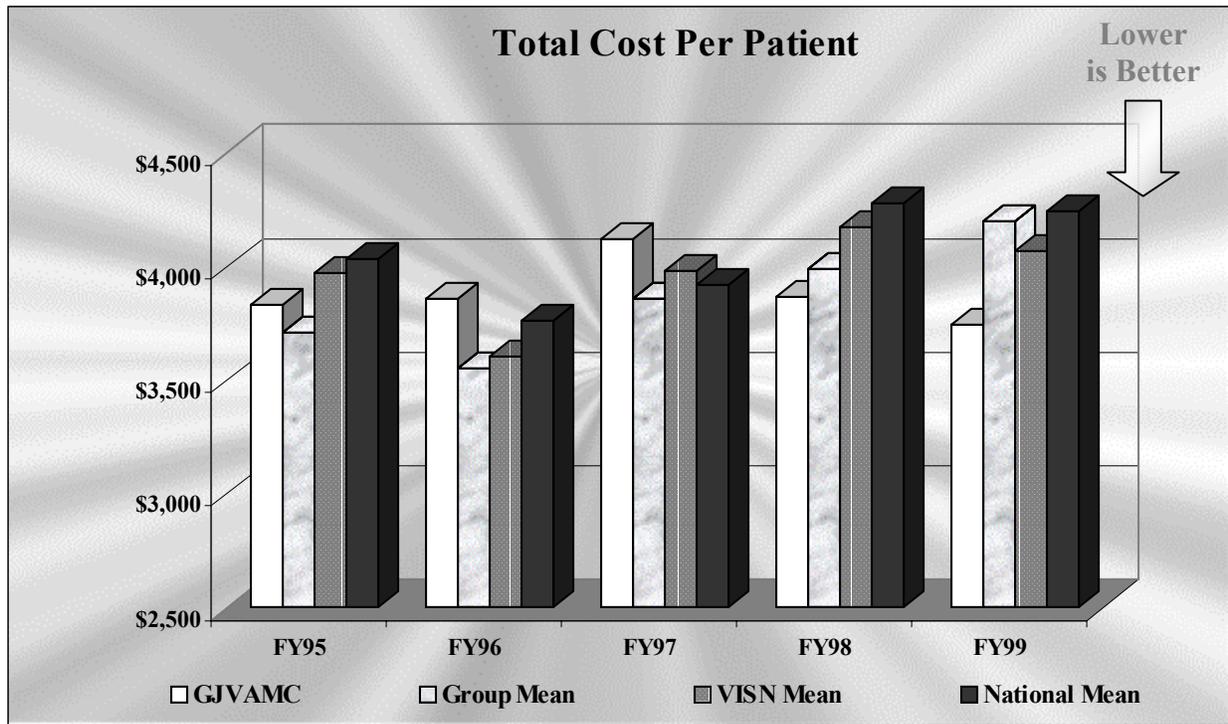
This chart illustrates the breakdown of the types of contacts (n = 385) with the Patient Representative for a one year period from April 1, 1999 through March 31, 2000. The next table lists the primary areas of patient concerns and how they are being addressed.

Table 7.1-2 **Patient Concerns**

Major Patient Concerns	How Being Addressed
Phone calls not returned/answered	Centralized point established to return calls about patient related issues; PAT in process of evaluating telephone system for improvements.
Delay in receiving test results	Patient Education PAT evaluated problem. Patient and provider education provided; measuring and re-evaluating results.
Delay in scheduling or rescheduling appointments.	VHA initiated national performance measure requiring next available appointment for non-emergent care within 45 days.

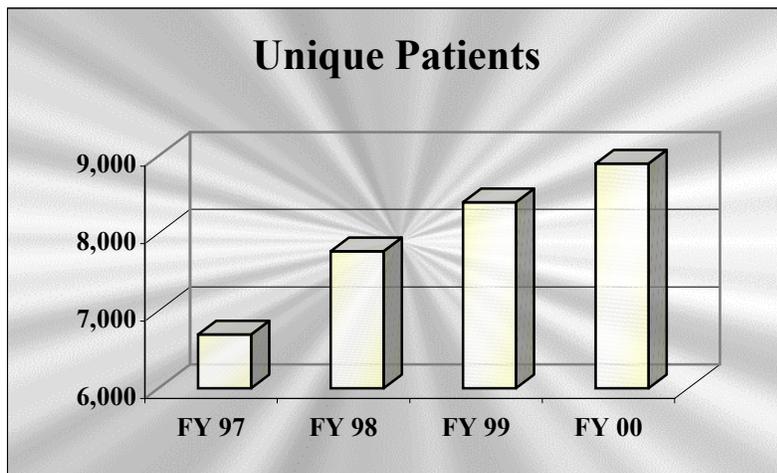
7.2 Financial Performance Results. In support of the key drivers, #2 and #3. GJVAMC uses key measures to assess financial performance. These measures reflect the VHA directive '30/20/10'.

Chart 7.2-1. Cost Efficiency (Key Driver #1)



The first element in the ‘30/20/10’ plan mandates healthcare costs per patient be decreased by 30%. Cost efficiency is a standard VA measurement per unit of patient care work and represents direct costs and expenditures for each patient’s care (hospital bed days, clinic visits, diagnostic procedures, prosthetics, and medications). In an environment of healthcare inflation, our costs have decreased. In FY 99, our cost per facility work was 11% below our cohort group’s average cost and was 8% below the VISN and 12% below the national average cost. Our performance is in line for meeting the ‘30/20/10’ stretch target.

Chart 7.2-2 Number of Unique Patients Treated (Key Drivers #1, #3)



The second challenge of the ‘30/20/10’ mandate is to expand healthcare to 20% more veterans over a five year period. Each individual who uses any aspect of care is counted as a UNIQUE patient, regardless of how many hospital days or clinic appointments. Results are compared to network and cohort group. GJVAMC growth rate exceeds 25% when compared with the baseline year of FY 97.

Performance has exceeded the stretch goal.

Chart 7.2-3 Alternate Revenue (Key Driver #1)

The last challenge of the ‘30/20/10’ mandate is to obtain external funding equal to 10% of the current healthcare budget. Alternate revenue is income from non-appropriated sources and includes MCCR collections, derived from insurance companies and patient co-payments. CHAMPVA and Tricare Mental Health services are also sources of alternative revenue. In FY 99, 6.5% of the facility budget was derived from alternative revenue. Our performance is on target to meet the stretch goal.

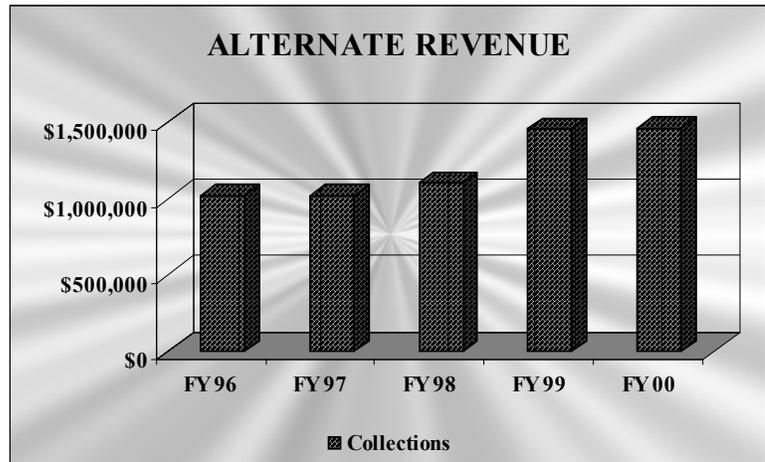
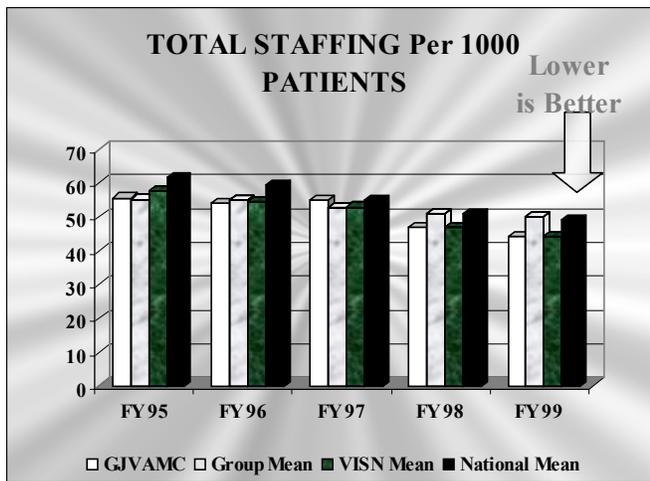


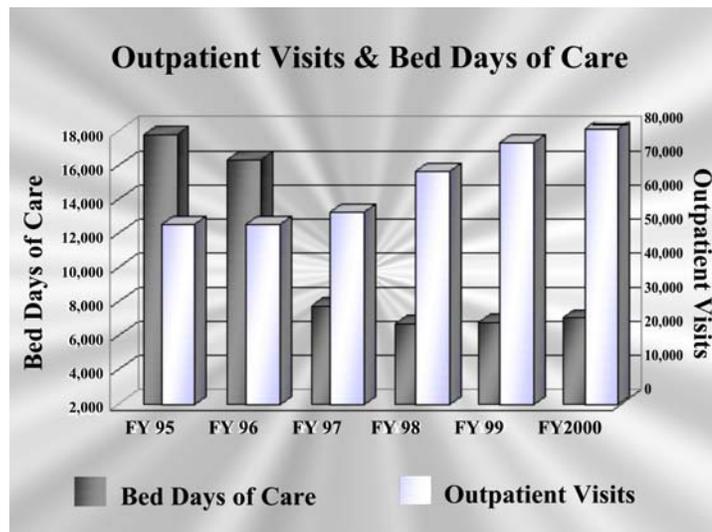
Chart 7.2-4 Staffing Per 1000 Patients



The largest component of costs related to patient care is employee salaries and benefits, approximately 65% of the total budget. The number of full time employees per 1,000 is a comparative measure. Results are compared to network facilities and to the cohort group. From FY 95 to FY 99, full-time employees per 1,000 patients were reduced by 22%. In FY 99, staffing per 1,000 patients at GJVAMC was 10% less than VISN average and 20% less than national average.

Chart 7.2-5 Bed Days of Care vs. Outpatient Visits

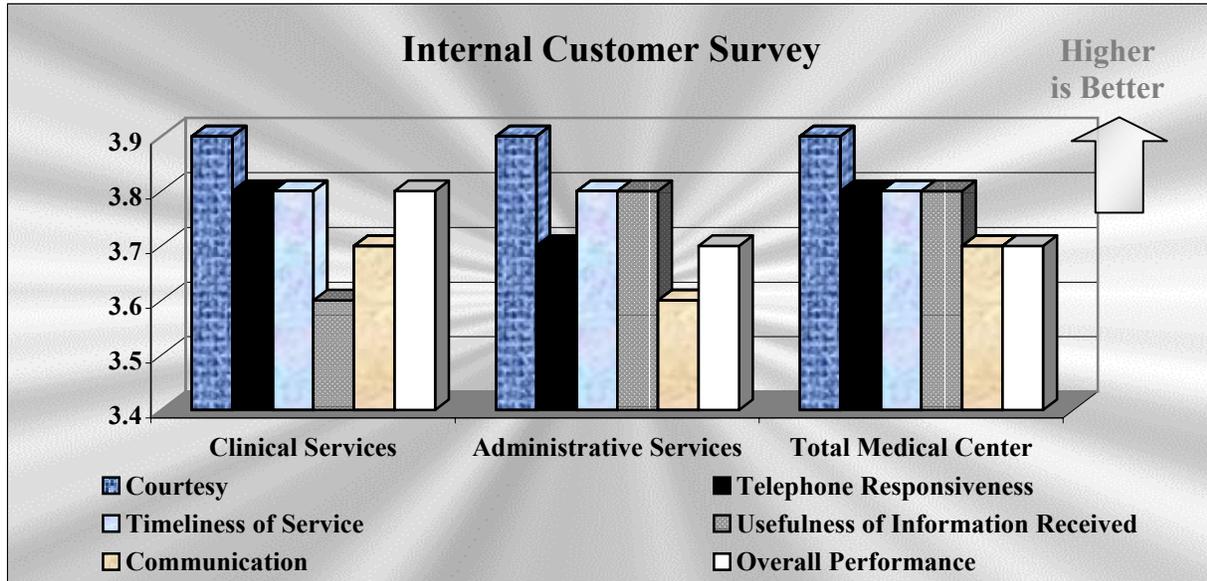
This chart depicts GJVAMC’s transition from hospital care to a healthcare organization, transforming GJVAMC into a “lean and meaningful” organization. Since FY 95, inpatient bed days of care have been reduced by 62%, while total unique patients have increased by 25%. The shift from inpatient to outpatient setting decreases the probability of adverse outcomes (infections, skin problems, respiratory



illness) for our patients and is cost effective for the Medical Center.

7.3 Human Resource Results. GJVAMC leadership recognizes that employees, students, and volunteers are important internal customers. One of the key organizational drivers is *Employer of Choice* and goals are prominent in the medical center strategic plan.

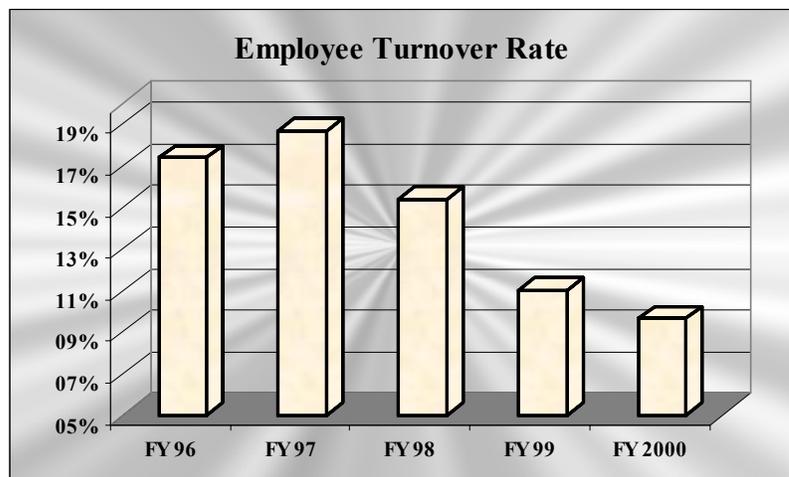
Chart 7.3-1 Results of Internal Customer Survey



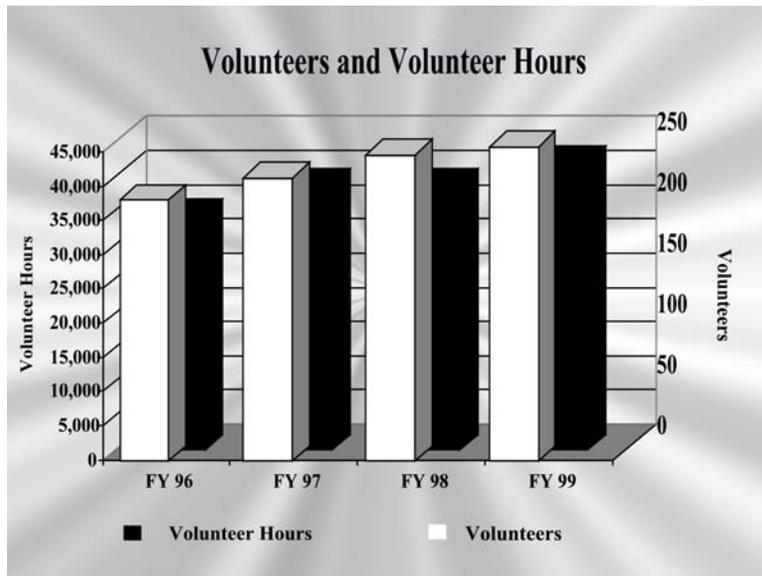
The above graph shows the results of our first internal customer survey. All results are in the good to very good range. Service-specific comments and survey results were reported to managers and supervisors to share with their employees and to develop action plans as appropriate. Based on information learned from listening to employees, suggested improvements in the survey process will be made and the survey administered again in 2001.

Graph 7.3-2 Employee Turnover Rate

Employee turnover is a measure used to assess employee satisfaction and well being. (Key Driver #5). The above graph shows a continuing decline in employee turnover by 39% from FY 97 through FY 2000.



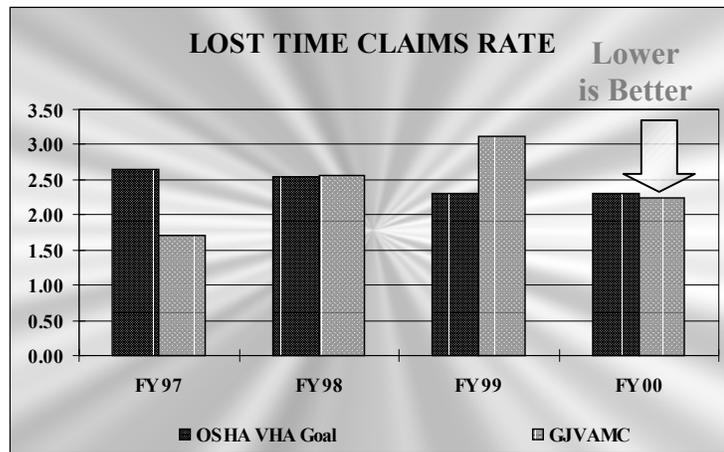
Graph 7.3-3 Volunteer and Volunteer Hour



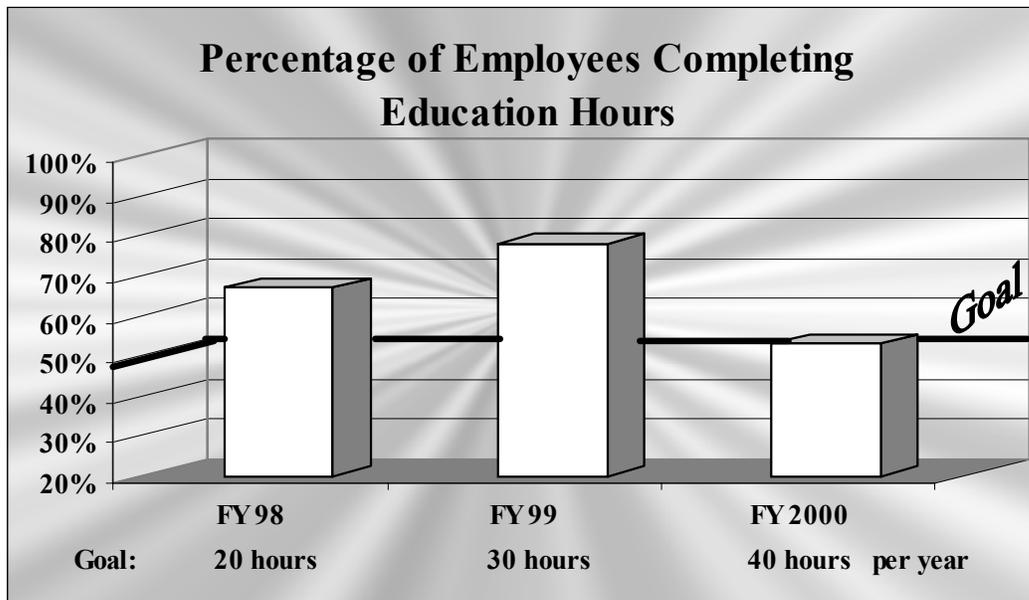
A factor in employee satisfaction and well being, making GJVAMC an employer of choice (Key Driver #5), is an ambitious volunteer staff augmenting the workforce. In FY 98, the economic impact of the volunteer program was the equivalent of 19 full time employees or \$527,852. The graph depicts the growth of the program.

Chart 7.3-4 Employee Lost Time Claims Rate

A concerted effort is made to optimize workplace safety. GJVAMC demonstrates improvement in FY 00 as compared to FY 99 for lost-time employee injuries. When GJVAMC's rate is compared to the to the National VHA Benchmark, the Medical Center's performance exceeds the national benchmark in 3 of 5 years.



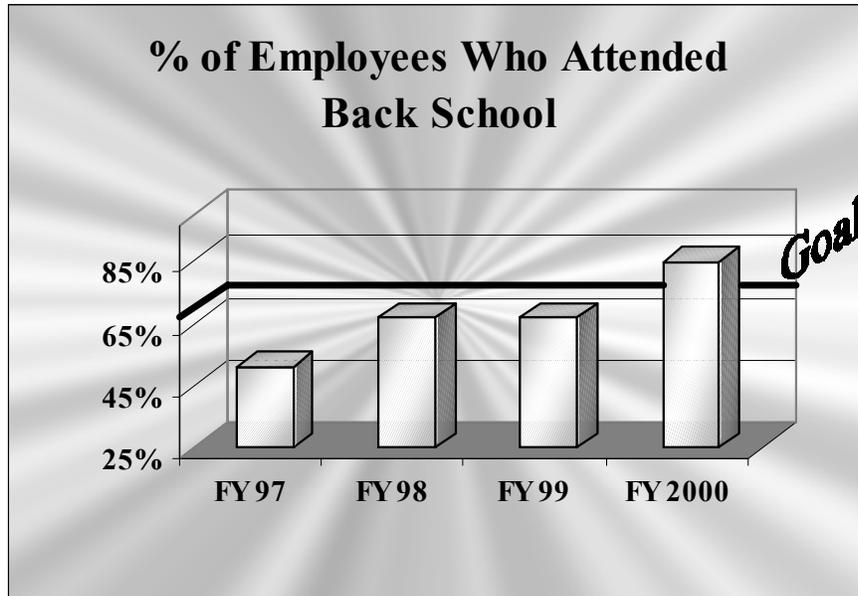
Graph 7.3-5 Percentage of Employees Completing Education Hours Goal



FY 98 – VHA Goal – 50% of employees receive 20 hours of continuing education
FY 99 – VHA Goal – 50% of employees receive 30 hours of continuing education
FY 00 – VHA Goal – 50% of employees receive 40 hours of continuing education

GJVAMC has exceeded the educational goals for the past 3 years due to innovative methods to increase employee access to training. This reinforces Key Drivers #1 and #5. An important factor in the satisfaction and well-being of employees is an active and effective wellness program.

Chart 7.3-6 Back School



GJVAMC actively seeks to prevent back injuries through an effective healthy back education curriculum taught by Physical Therapy specialists. Three distinct classes are available, one designed for new employees (Back School 1), a refresher course (Back School 2), and a “safe transfer” specific class for employees involved in direct patient care. This training impacts both employee and patient incidents. The graph shows the goal for

employee participation and the actual percent of employees who attended. This directly supports Key Drivers #1, #2, and #5.

Chart 7.3-7 Employees Receiving Flu Immunizations

GJVAMC also provides cost-free influenza vaccinations to all employees. The graph shows the growing numbers of employees who are taking advantage of this service.

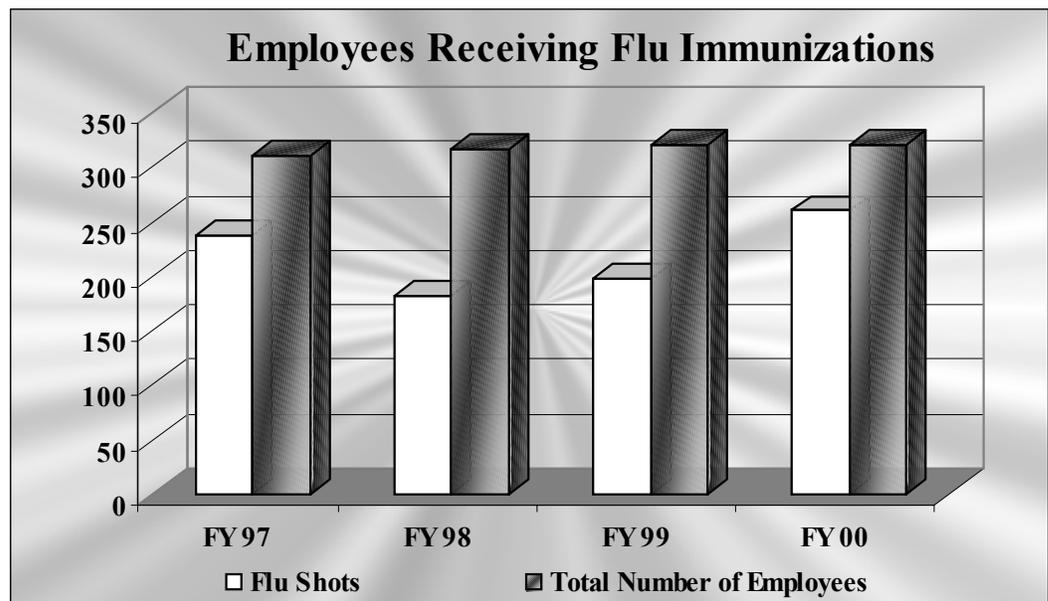
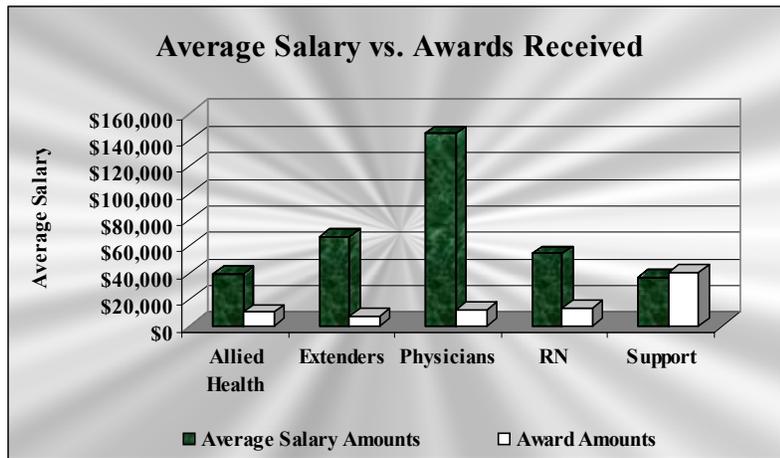


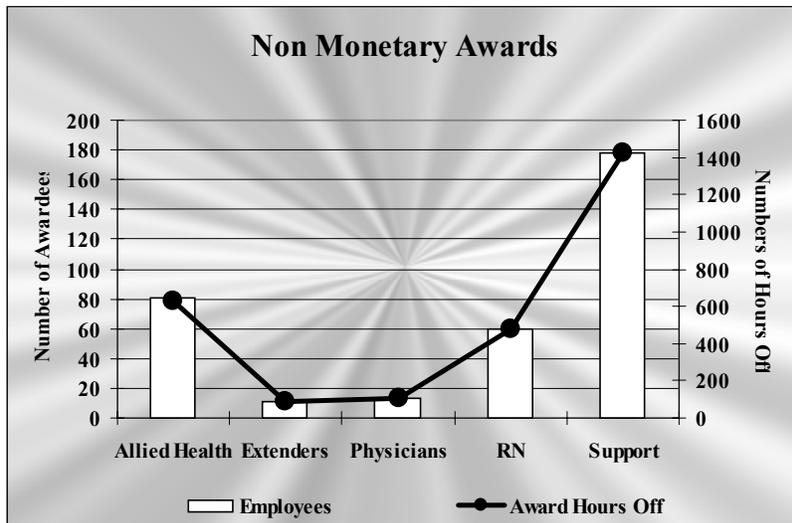
Chart 7.3-8 Average Salary vs. Awards Received



This chart demonstrates the average salary earned by employee category compared with the amount of awards each employee category received. For example, 48% of the award budget is allocated to the support employees; the Physician group receives 14%. (Key Driver #5).

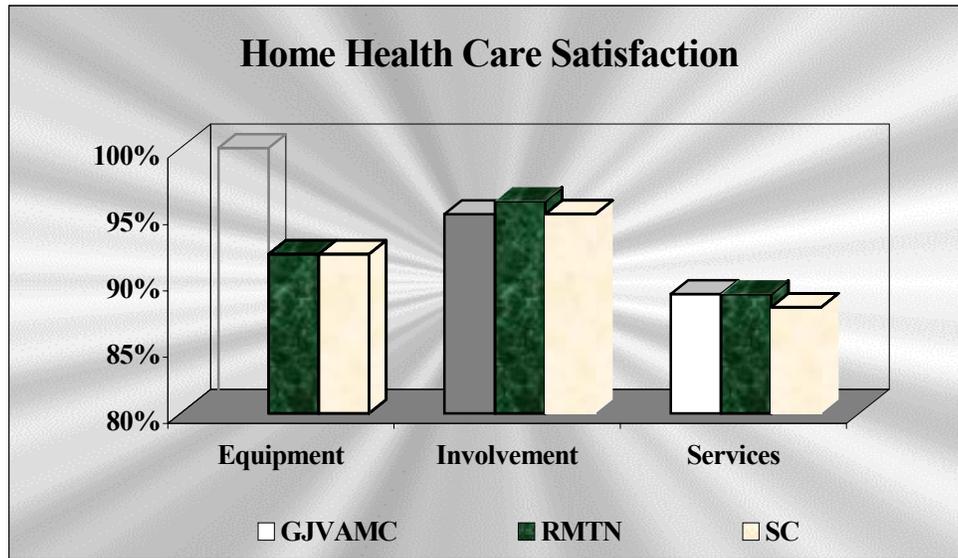
Chart 7.3-9 Non-Monetary Awards

Time off awards are used to reward Process Action Teams (PAT's) and to reward all employees for major milestone accomplishments. For example all employees were given a time off award to celebrate GJVAMC winning the VA Robert W. Carey Quality Award. (Key Driver #5). This chart shows the number of awardees and hours awarded by employee category.



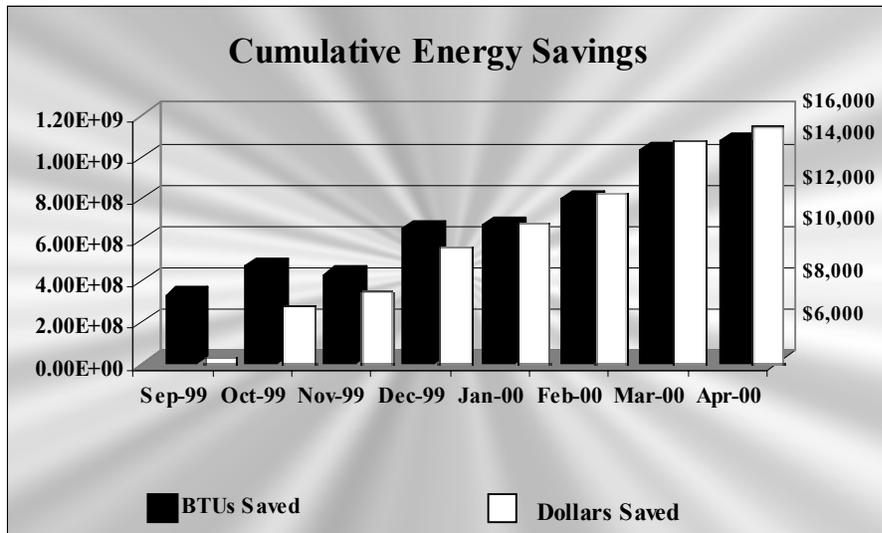
7.4 Supplier/Partner Results. GJVAMC is achieving outstanding results through supplier performance. The Prime Vendor programs for medical/surgical supplies, dietetics, and pharmaceuticals are decreasing inventory and improving operational efficiency. Our contracts with St. Mary's Hospital and local community specialists have expanded the number of healthcare services available to veterans in their local community, eliminating the need for them to travel to Denver or Salt Lake City VAMC's to receive these services. The measures outlined below depict performance. (Key Driver #1 and #2).

7.4-1 Home Health Patient Satisfaction – First Quarter FY 2000



GJVAMC contracts for home care with St. Mary’s Home Care. Results of a survey of VA patients satisfaction is compared with Rocky Mountain (RMTN), a region of home care that covers several states, as well as all home care provided by the Sister of Charity (SC). Results indicate that we exceed the comparison groups related to home care equipment, and have similar results for family involvement and agency services.

7.4-2 Cumulative Energy Savings Graph:



GJVAMC, in partnership with US Department of Energy developed an innovative Energy Savings Performance Contract (ESPC). The graph shows the cumulative BTU’s reduced and the dollar saving realized from this agreement through April 00.

Chart 7.4-3 CMOP Mailout RX Fill Time

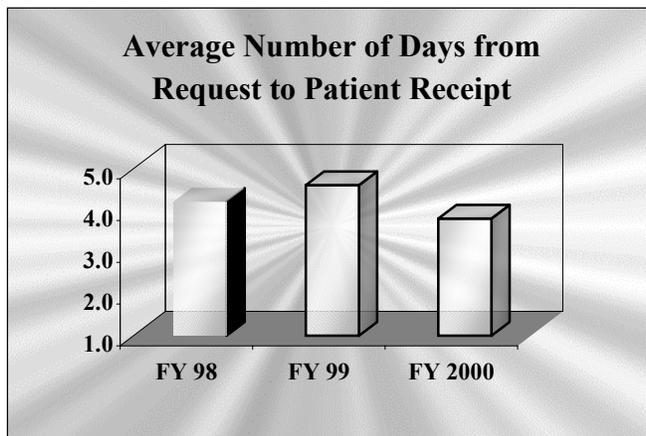
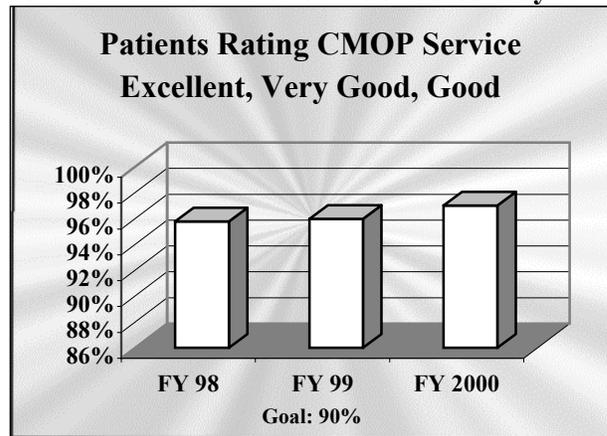
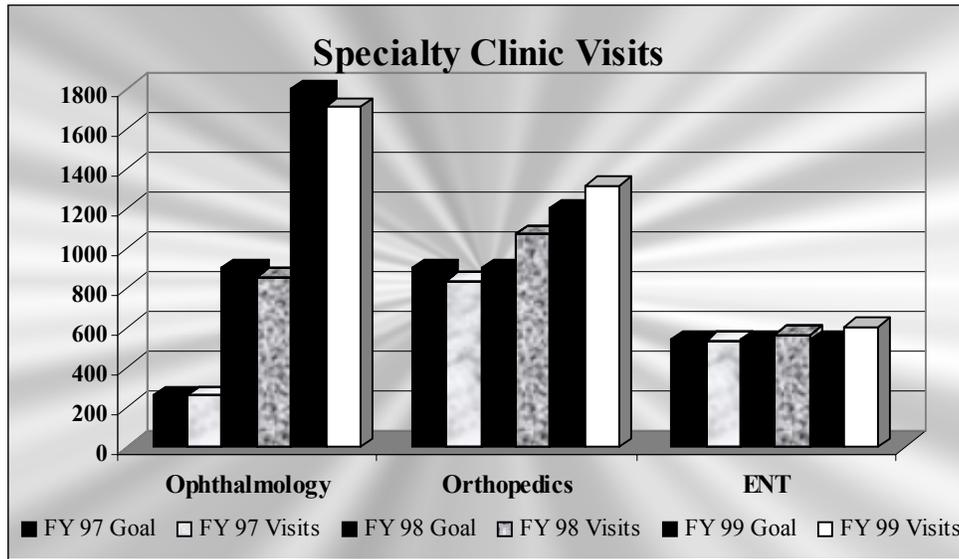


Chart 7.4-4 CMOP Satisfaction Survey



GJVAMC contracts with the VA Consolidated Mail-Out Pharmacy Service (CMOP) to fill prescriptions for our patients. We work in partnership with them and have established goals to ensure exceptional service to our patients. (Key Driver #1 and #2). The graphs outlines their performance.

Chart 7.4-5 Selected Specialty Clinic Visits

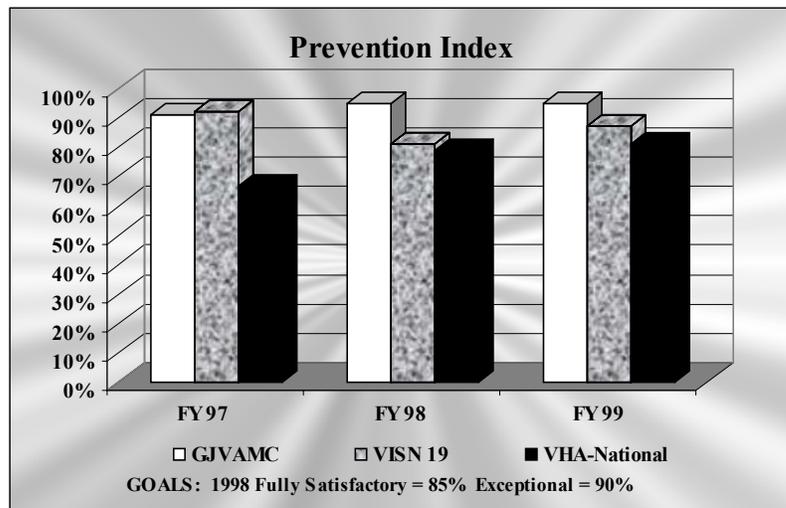


Contracts with providers of scarce medical services specify target goals for clinic visits. Chart 7.4-5 indicates that ophthalmology, orthopedics, and ENT have exceeded contract expectations for provision of clinic visits from 1997 through 1999. In addition, these partners must (and do) meet criteria for appointment and reappointment to the Medical Staff (credentialing and privileging), in order to provide patient care services to GJVAMC veteran patients.

7.5 Organizational Effectiveness Results. The key performance measures outlined below demonstrate GJVAMC’s progress toward our key organizational goals and directly support our mission and vision. Our outstanding performance in the clinical measures further demonstrates our commitment to provide the highest quality of health care to Colorado’s Western Slope Veterans.

Chart 7.5-1 Prevention Index

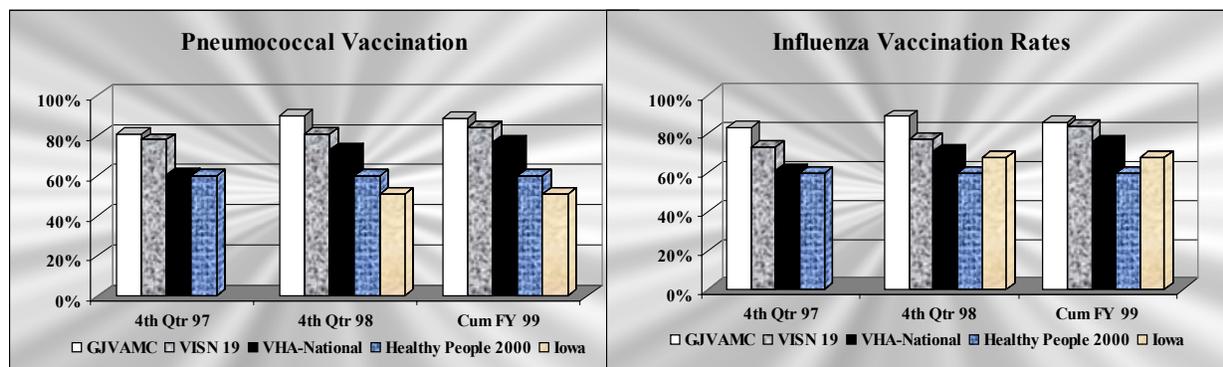
The Prevention Index (PI) is a compendium of 9 medical interventions that measure our compliance to recommendations for primary prevention and early detection of 8 diseases to include influenza and pneumococcal diseases; tobacco use; alcohol abuse; and cancer of the breast, cervix, colon, and prostate. The 9



interventions are weighted equally when calculating the PI. Comparisons with VHA and VISN 19 illustrates GJVAMC taking the lead in the 3 monitoring periods depicted in Chart 7.5-1.

Chart 7.5-2 Pneumococcal Vaccination

Chart 7.5-3 Influenza Vaccination



Charts 7.5-2 and 7.5-3 highlight 2 examples of individual disease related measurements within the PI. GJVAMC's pneumococcal and influenza immunization rates are compared with VISN 19, VHA, Healthy People 2000 goals, and Iowa. Results indicated that GJVAMC scores exceed all comparison groups.

Table 7.5-1 Clinical Practice Guidelines (CPG) Results FY 1999

CPG Measure	Fully Successful	Exceptional	GJVAMC	VISN 19	VHA
Diabetes					
Hemoglobin A1c	91%	96%	92%	93%	93%
Foot Inspection	95%	100%	*97%	95%	96%
Pedal Pulses	84%	89%	*89%	87%	84%
Foot Sensory Exam	80%	85%	*89%	85%	78%
Eye Exam	70%	75%	*74%	74%	67%
Renal	50%	55%	*53%	49%	44%
Lipid Control	75%	80%	*77%	74%	73%
BP < 140/90	55%	60%	37%	42%	43%
Chronic Obstructive Pulmonary Disease					
Pneumococcal Immunization	85%	90%	*90%	88%	81%
Influenza Immunization	85%	90%	*86%	85%	77%
Non-smokers	70%	75%	*71%	68%	65%
Ischemic Heart Disease					
Aspirin in 24 Hours	95%	100%	93%	98%	96%
Aspirin Follow-up	95%	100%	79%	96%	97%
Reperfusion	84%	89%	78%	92%	86%
Risk Reduction Plan	95%	100%	*100%	98%	100%
Smoking Cessation					
Counseled x3/year	50%	55%	34%	49%	49%
Major Depressive Disorder					
Screening	60%	65%	*77%	65%	62%
GAF	97%	100%	*100%	100%	100%
Hypertension					
BP < 140/90	55%	60%	40%	45%	44%

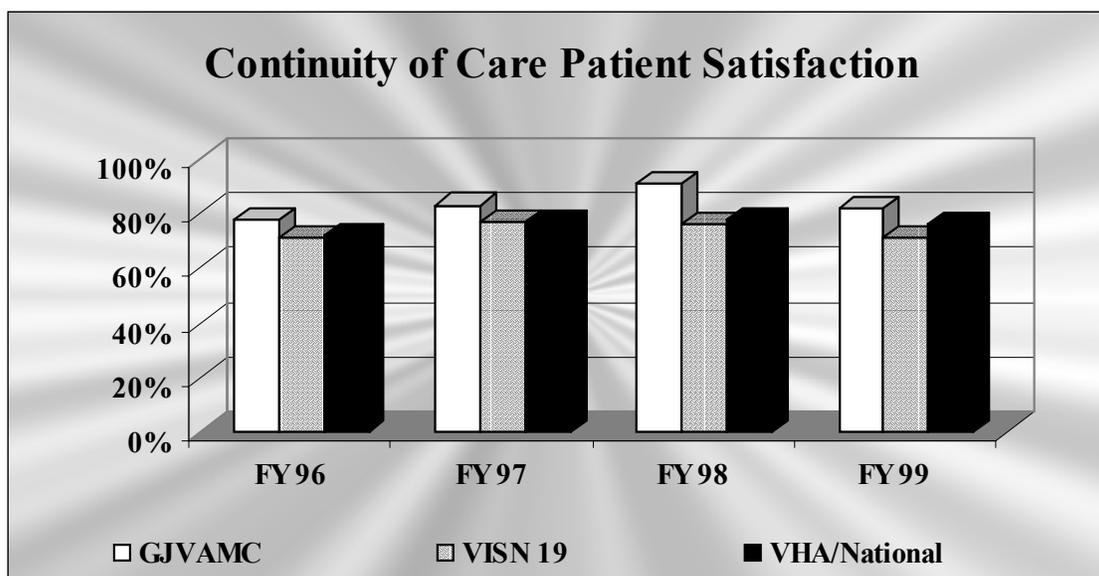
CPG Measure	Fully Successful	Exceptional	GJVAMC	VISN 19	VHA
* Indicates that GJVAMC had the highest score or tied for the highest score in FY 1999.					

CPGs provide processes to improve the quality of patient care and outcomes. Relative to the measurements associated with these guidelines, Table 7.5-1 demonstrates GJVAMC's performance compared to goals, VISN 19, and VHA. GJVAMC performed better than the comparative groups for 12 of the 19 indicators monitored. Five (5) of the 7 indicators targeted for improvement during FY 1999 show improvement during the first three quarters of FY 2000 are demonstrated below in Table 7.5-2.

Table 7.5-2 CPG FY 2000 (Cumulative 1st, 2nd, 3rd Quarters)

CPG Measure	Target	GJVAMC	VISN 19	VHA
Diabetes				
BP < 140/90	55%	**56%	55%	51%
Ischemic Heart Disease				
Aspirin Follow-up	90%	**100%	100%	98%
Reperfusion	90%	**100%	94%	92%
Smoking Cessation				
Counseled X3/Year	65%	**70%	64%	59%
Hypertension				
BP < 140/90	50%	**54%	47%	45%
** Indicates that GJVAMC had the highest score or tied for the highest score through 3 rd quarter FY 2000.				

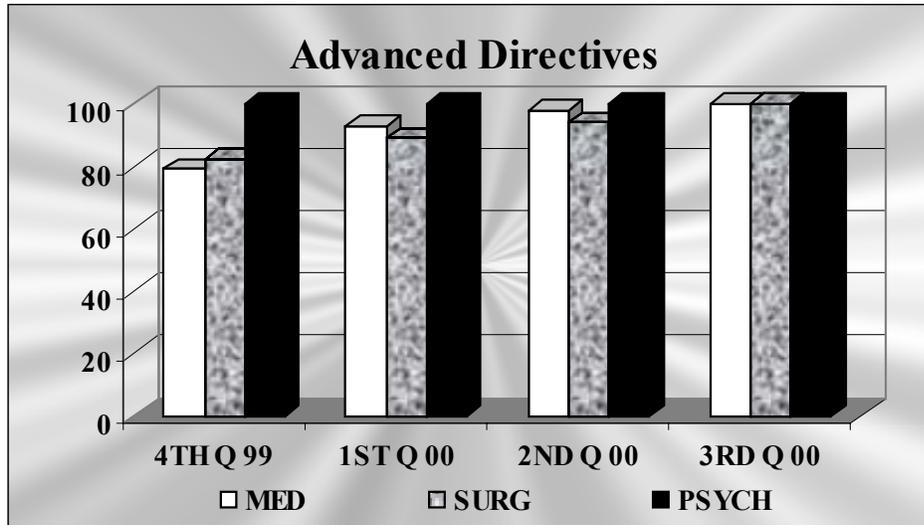
Chart 7.5-4 Continuity of Care



GJVAMC uses the Primary Care Model to coordinate patient care. Annually, veterans are surveyed to determine if one provider or team is in charge of their care. As depicted in Chart 7.5-4, Grand Junction showed progressive improvement in patient satisfaction in the area of continuity of care from 1996 through 1998, while simultaneously exceeding the scores of VISN 19 and VHA. In FY 1999, our results continued to exceed VISN 19 and VHA; however

decreased 9% from our 1998 score. Analysis indicated that turn over in Primary Care providers may have accounted for this decrease in satisfaction. Although disappointing, it provides an opportunity to improve. We eagerly await the results of the FY 2000 survey.

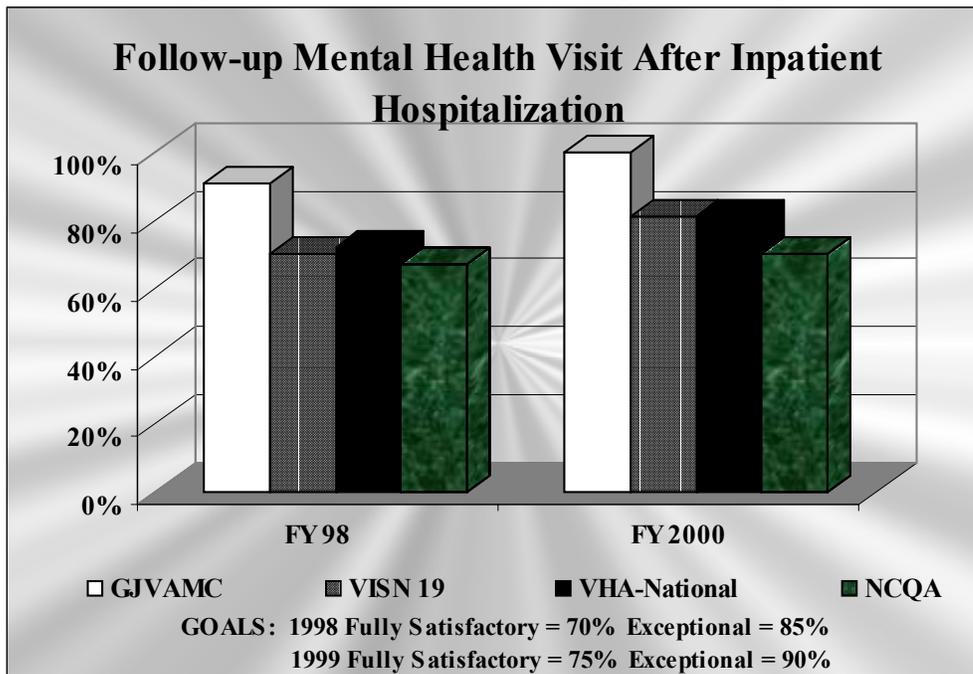
Chart 7.5-5 Advance Directives



Patients admitted to the medical center for inpatient care are given the opportunity to complete, update, or decline their right to execute Advanced Directives. Advanced Directives provide instructions about their future health care should they become unable to make the decisions themselves. After initial

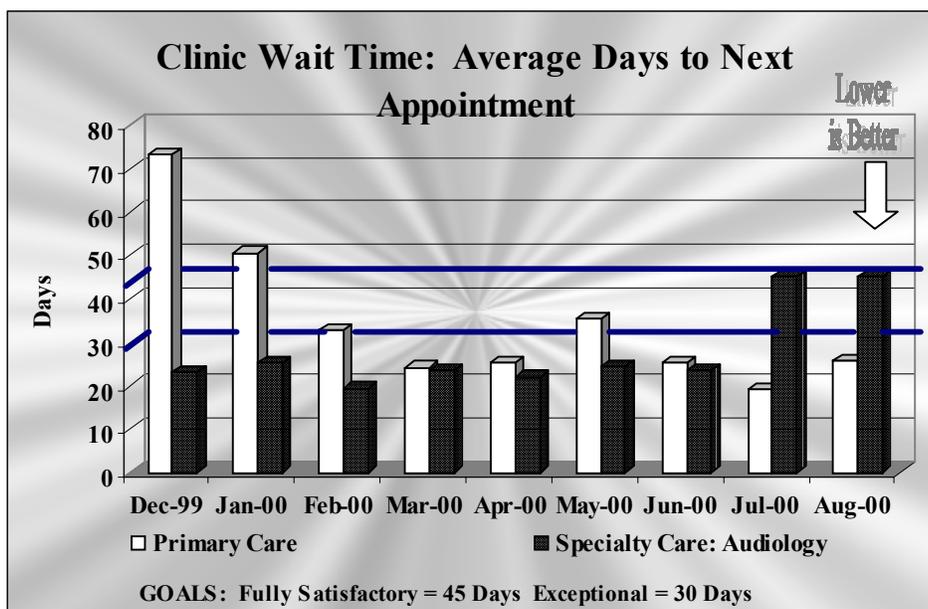
discussions, patients read and sign an Advanced Directive Acknowledgment form. The data in Chart 7.5-5 indicates the percentage of patients completing this form. As noted, medical and surgical has shown progressive improvement, and psychiatry has maintained 100%.

Chart 7.5-6 Follow-up Mental Health Visit After Inpatient Hospitalization



Patients that are hospitalized with the diagnoses of mental illness should have outpatient follow-up within 30 days of discharge. This measurement is comparable to NCQA’s HEDIS measure. As demonstrated in Chart 7.5-6, GJVAMC scores the best when compared to VISN 19, VHA, and NCQA.

Chart 7.5-7 Clinic Wait Time: Average to Next Available Appointment



To provide adequate access to care, GJVAMC monitors the average waiting time for the next available appointment for Primary Care and specialty care clinics. Chart 7.5-7 exhibits Grand Junction’s results for Primary Care and one specialty clinic (Audiology). Data indicates that wait times for these 2 clinics meet or exceed established goals since February

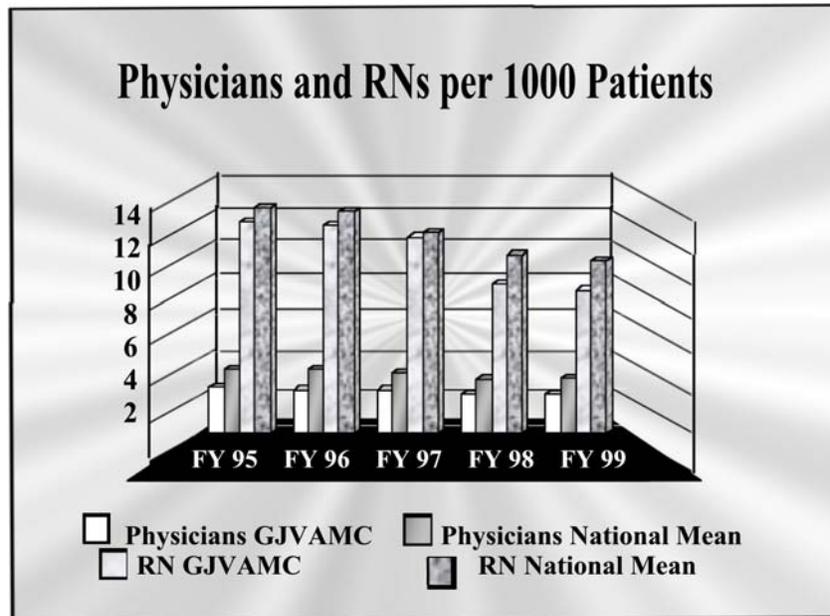
2000.

7.5 Organizational Effectiveness Results

Patient care productivity is a measure which supports Key Drivers #1 and 2. The graph shows the increased productivity of Physicians and RN's from FY 95 through 99. This is in line with our successful transition from an inpatient based operation to a comprehensive health care facility.

Physician productivity per 1000 patients has increased 16% from FY 95 to FY 99. Our physician productivity is 14% more than our cohort group, 25% more than the VISN and 30% more than the national mean.

RN productivity per 1000 patients has increased by 33% from FY 95 to FY 99. Our RN productivity is 15% more than our cohort group, 20% more than the VISN, and 17% more than the national mean.



REGULATORY /ACCREDITING BODY	YEAR	RESULT
Joint Commission on Accreditation of Healthcare Org.	1992	Score 98 – Accreditation with Commendation
	1995	Score 99 – Accreditation with Commendation
	1998	Score 98 – Accreditation Awarded
College American College of Pathologists	1992	Accreditation Awarded
	1995	Accreditation Awarded
	1998	Accreditation Awarded
	2000	Accreditation Awarded
Nuclear Regulatory Commission	1992 –2000	Certification Awarded