2015

Casey Comprehensive Care Center for Veterans Case Study

Baldrige Performance Excellence Program

National Institute of Standards and Technology (NIST) • United States Department of Commerce

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To obtain Baldrige Program products and services, contact
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The Casey Comprehensive Care Center for Veterans is a fictitious Baldrige Award application prepared for use in the 2015 Malcolm Baldrige National Quality Award Examiner Preparation Course. The fictitious case study organization presents an integrated-services concept to provide comprehensive care to Veterans from all three Administrations within the U.S. Department of Veterans Affairs (VA). The case study illustrates the format and general content of an award application. However, since the case study serves primarily as a tool for training examiners to evaluate organizations against the 2015–2016 Baldrige Excellence Framework, the case study may not address all Criteria for Performance Excellence requirements or demonstrate role-model responses in all Criteria areas. Please refer to the Casey Comprehensive Care Center for Veterans Feedback Report to learn how the organization scored and to see its strengths and opportunities for improvement.

This case study was written in collaboration with and with the support of the Secretary's Robert W. Carey Performance Excellence Award Program, a Baldrige-based national award program for all VA agencies. The Carey Award recognizes organizations within the VA that have implemented management approaches that result in sustained high levels of performance and service to Veterans. For more information, go to http://www.va.gov/.

This case study is a work of fiction, created and produced for the sole purpose of training regarding the use of the Baldrige Excellence Framework. There is no connection between the fictitious Casey Comprehensive Care Center for Veterans and any other organization, named either Casey Comprehensive Care Center for Veterans or otherwise. Any resemblance to any specific facility within or external to the VA is purely coincidental. The names of several national and government organizations, including the Administrations of the VA, are included to promote the realism of the case study as a training tool, but all data and content about them have been fictionalized, as appropriate; all other organizations cited in the case study are fictitious or have been fictionalized.

The Baldrige Program welcomes your comments on this case study and other Baldrige products and services. Please direct your comments to the address above.

NIST, an agency of the U.S. Department of Commerce, manages the Baldrige Program. NIST has a 100-plus-year track record of serving U.S. industry, science, and the public with the mission to promote U.S. innovation and industrial competitiveness by advancing measurement science, standards, and technology in ways that enhance economic security and improve our quality of life. NIST carries out its mission in three cooperative programs, including the Baldrige Program. The other two are the NIST laboratories, conducting research that advances the nation's technology infrastructure and is needed by U.S. industry to continually improve products and services; and the Hollings Manufacturing Extension Partnership, a nationwide network of local centers offering technical and business assistance to small manufacturers.

Suggested citation: Baldrige Performance Excellence Program. 2015. 2015 Baldrige Case Study: Casey Comprehensive Care Center for Veterans. Gaithersburg, MD: U.S. Department of Commerce, National Institute of Standards and Technology. http://www.nist.gov/baldrige.

CONTENTS

2015 ELIGIBILITY CERTIFICATION FORM

2015 Eligibility Certification Form

1. Your Organization

Official name	The Casey Comprehensive Care Center for Veterans
Other name	C^4V
Prior name	*(if changed within the past 5 years)*

Headquarters address:
The Casey Comprehensive Care Center for Veterans
100 Storetvaer Gade
Charlotte Amalie
St. Thomas, U.S. Virgin Islands 00802

2. Highest-Ranking Official

☐ Mr. ☐ Mrs. ☐ Ms. ☒ Dr.

Name	Denise Johnson
Job title	Director and CMO C^4V
E-mail	djohnson@c4v-va.gov
Telephone	340-555-0000
Fax	

Address: ☒ Same as above

3. Eligibility Contact Point

Designate a person who can answer inquiries about your organization. Questions from your organization and requests from the Baldrige Program will be limited to this person and the alternate identified below.

☒ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

Name	Doug Simon
Job title	Deputy Director
E-mail	dsimon@c4v-va.gov
Telephone	340-555-0012
Fax	

Address: ☒ Same as above

Overnight mailing address: ☒ Same as above *(Do not use a P.O. box number.)*

4. Alternate Eligibility Contact Point

☐ Mr. ☐ Mrs. ☒ Ms. ☐ Dr.

Name	Cheri Golden	Telephone	340-555-0902
E-mail	cgolden@c4v-va.gov	Fax	

5. Application History

a. Has your organization previously submitted an eligibility certification package?

☐ Yes. *Indicate the year(s). Also indicate the organization's name at that time, if different.*

Year(s)	
Name(s)	

☒ No

☐ Don't know

b. Has your organization ever received the Malcolm Baldrige National Quality Award®?

☐ Yes.

Did your organization receive the award in 2009 or earlier?

☐ Yes. *Your organization is eligible to apply for the award.*

☐ No. *If your organization received an award between 2010 and 2014, it is eligible to apply for feedback only. Contact the Baldrige Program at (877) 237-9064, option 3, if you have questions.*

☒ No

c. Has your organization participated in a regional/state/local or sector-specific Baldrige-based award process?

☒ Yes. Years: 2013, 2014 (Casey Performance Excellence Program [CPEP])

☐ No

d. Is your organization submitting additional materials (i.e., a completed Organizational Profile and two results measures for each of the five Criteria results items) as a means of establishing eligibility?

☒ No. *Proceed to question 6.*

☐ Yes. *In the box below, briefly explain the reason your organization chose this eligibility option. (This information will be shared with the Alliance leadership, without revealing your organization's identity.)*

6. Eligibility Determination

See also Is Your Organization Eligible? (http://www.nist.gov/baldrige/enter/eligible.cfm).

a. Is your organization a distinct organization or business unit headquartered in the United States?

☒ Yes ☐ No *Briefly explain.*

b. Has your organization officially or legally existed for at least one year, or since April 1, 2014?

☒ Yes ☐ No

c. Can your organization respond to all seven Baldrige Criteria categories? Specifically, does your organization have processes and related results for its unique operations, products, and/or services? For example, does it have an independent leadership system to set and deploy its vision, values, strategy, and action plans? Does it have approaches for engaging customers and the workforce, as well as for tracking and using data on the effectiveness of these approaches?

☒ Yes ☐ No

d. If some of your organization's activities are performed outside the United States or its territories and your organization receives a site visit, will you make available sufficient personnel, documentation, and facilities in the United States or its territories to allow a full examination of your worldwide organization?

☐ Yes ☐ No ☒ Not applicable

e. If your organization receives an award, can it make sufficient personnel and documentation available to share its practices at the Quest for Excellence® Conference and at your organization's U.S. facilities?

☒ Yes ☐ No

If you checked "No" for 6a, 6b, 6c, 6d, or 6e, call the Baldrige Program at (877) 237-9064, option 3.

Questions for Subunits Only

f. Is your organization a subunit in education or health care?
☒ Yes. *Check your eligibility by reading* Is Your Organization Eligible? (http://www.nist.gov/baldrige/enter/eligible.cfm). ***Then proceed to item 6k.***

☐ No. *Continue with 6g.*

g. Does your subunit function independently and as a discrete entity, with substantial authority to make key administrative and operational decisions? (It may receive policy direction and oversight from the parent organization.)

☒ Yes. *Continue with 6h.*

☐ No. *Your subunit probably is not eligible to apply for the award. Call the Baldrige Program at (877) 237-9064, option 3.*

h. Does your subunit have a clear definition of "organization" reflected in its literature? Does it function as a business or operational entity, not as activities assembled to write an award application?

☒ Yes. *Continue with 6i.*

☐ No. *Your subunit probably is not eligible to apply for the award. Call the Baldrige Program at (877) 237-9064, option 3.*

i. Is your subunit in manufacturing or service?

☐ Yes. Does it have 500 or fewer employees? Is it separately incorporated and distinct from the parent organization's other subunits? Or was it independent before being acquired by the parent, and does it continue to operate independently under its own identity?

☐ Yes. *Your subunit is eligible in the small business category. Attach relevant portions of a supporting official document (e.g., articles of incorporation) to this form.* ***Proceed to item 6k.***

☒ No. *Continue with 6j.*

j. Is your subunit self-sufficient enough to be examined in all seven categories of the Criteria?
- Does it have its own senior leaders?
- Does it plan and implement its own strategy?
- Does it serve identifiable customers either inside or outside the organization?
- Is it responsible for measuring its performance and managing knowledge and information?

- Does it manage its own workforce?
- Does it manage its own work processes and other aspects of its operations?
- Can it report results related to these areas?

☒ Yes. *Proceed to 6k (table below).*

☐ No. *Your organization probably is not eligible to apply for the award. Call the Baldrige Program at (877) 237-9064, option 3.*

k. Does your organization meet one of the following conditions?

1. My organization has won the Baldrige Award (prior to 2010).	Yes☐	Your organization is eligible.	No	Continue with statement 2.
2. Between 2010 and 2014, my organization applied for the national Baldrige Award, and the total of the process and results band numbers assigned in the feedback report was 8 or higher.	Yes☐	Your organization is eligible. Year: Total of band scores:	No	Continue with statement 4.
3. Between 2010 and 2014, my organization applied for the national Baldrige Award and received a site visit.	Yes☐	Your organization is eligible. Year of site visit:	No	Continue with statement 5.
4. Between 2010 and 2014, my organization received the top award from an award program that is a member of the Alliance for Performance Excellence.	Yes☒	Your organization is eligible. Award program: CPEP Year of top award: 2014	No	Continue with statement 3.
5. More than 25% of my organization's workforce is located outside the organization's home state.	Yes☐	Your organization is eligible.	No	Continue with statement 6.
6. There is no Alliance for Performance Excellence award program available for my organization.	Yes☐	Your organization is eligible.	No	Continue with statement 7.
7. My organization will submit additional eligibility screening materials (i.e., a complete Organizational Profile and two results measures for each of the five Criteria results items). The Baldrige Program will use the materials to determine if my organization is eligible to apply for the award this year (as described in the fact sheet at www.nist.gov/baldrige/publications/upload/2015-Baldrige-Eligibility-FAQs.docx/).	Yes☐	The Baldrige Program will review the materials and contact your ECP after determining your eligibility.	No	Call 877-237-9064, option 3, if you have questions.

7. Award Category

a. Award category *(Check one.)*

Your education or health care organization may use the Business/Nonprofit Criteria and apply in the service, small business, or nonprofit category. However, you probably will find the sector-specific (Education or Health Care) Criteria more appropriate.

For-Profit	Nonprofit
☐ Manufacturing	☒ Nonprofit
☐ Service	☐ Education
☐ Small business (≤ 500 employees)	☐ Health care
☐ Education	
☐ Health care	

b. Industrial classifications. In table below, list up to three of the most descriptive NAICS codes for your organization (see NAICS list included at the end of this document). *These are used to identify your organizational functions and to assign applications to examiners.*

921	621	5251

8. Organizational Structure

a. For the preceding fiscal year, the organization had

		in
☒ up to $1 million	☐ $1.1 million–$10 million	☐ sales
☐ $10.1 million–$100 million	☐ $100.1 million –$500 million	☐ revenue
☐ $500.1 million–$1 billion	☐ more than $1 billion	☒ budget

b. Attach a line-and-box organization chart that includes divisions or unit levels. In each box, include the name of the unit or division and the name of its leader. Do not use shading or color in the boxes.

☒ The chart is attached.

c. The organization is _(see below)_ a larger parent or system. *(Check all that apply.)*

☐ not a subunit of *(See item 6 above.)*

☐ a subsidiary of	☐ controlled by	☐ administered by	☐ owned by
☐ a division of	☐ a unit of	☐ a school of	☒ other a facility of

Parent organization	U.S. Department of Veterans Affairs	Address	U.S. Department of Veterans Affairs 9922 State Avenue, NW Washington DC 20420
Total number of paid employees*	304,099		
Highest-ranking official	Joseph A. Secretary	Job title	Secretary of Veterans Affairs
Telephone	1-800-555-0000		

Attach a line-and-box organization chart(s) showing your organization's relationship to the parent's highest management level, including all intervening levels. In each box, include the name of the unit or division and its leader. Do not use shading or color in the boxes.

☒ The chart is attached.

d. Considering the organization chart, briefly describe below how your organization relates to the parent and its other subunits in terms of products, services, and management structure.

The U.S. Department of Veterans Affairs is organized into three Administrations: National Cemetery Administration, Veterans Benefits Administration, and Veterans Health Administration. C^{4}V falls under all three Administrations. C^{4}V's Director therefore reports to Regional Directors for each Administration who in turn report to Undersecretaries for each Administration; all Undersecretaries report to the Secretary who has responsibility for the entire VA.

C^{4}V is the VA's regional facility for the Virgin Islands; its products and services mirror what is offered at other VA facilities across the United States. However, C^{4}V is different because it was stood up following a pilot format for a business/health care model that integrates the products and services of all three Administrations in one center. (The majority of VA facilities offer either health care, benefits, or cemetery services; at C^{4}V, Veterans can access all three types of Veteran products and services.)

e. Provide the title and date of an official document (e.g., an annual report, organizational literature, a press release) that clearly defines your organization as a discrete entity.

Title: Virgin Islands Pilot Program: Integrated Care Center for Veterans | Date: 2010

Attach a copy of relevant portions of the document. If you name a website as documentation, print and attach the relevant pages, providing the name only (not the URL) of the website.

☒ Relevant portions of the document are attached.

f. Briefly describe the major functions your parent or its other subunits provide to your organization, if appropriate. *Examples are strategic planning, business acquisition, research and development, facilities management, data gathering and analysis, human resource services, legal services, finance or accounting, sales/marketing, supply chain management, global expansion, information and knowledge management, education/training programs, information systems and technology services, curriculum and instruction, and academic program coordination/development.*

The VA provides research and development, information systems and technology services (including hardware, software, an electronic health record, and other systems managed by the VA's Office of Technology [i.e., ASPIRE dashboards that are used at all VA benefits offices and are aggregated for VBA centrally, and that are used at all VA hospitals and are aggregated for VHA centrally]), legal services, procurement/contracting guidelines and services, guidelines regarding Veteran eligibility for C^{4}V's services, a mission, values, guiding principles, key priorities, standard health and other benefits and guidelines for Federal employees (including pay tables), and regulations/policies/directives/standards (including Federal Acquisition Regulations) for VA facilities. The Veterans Affairs Central Office conducts department-wide functions, such as legal counsel, planning, acquisitions, logistics, information technology support, etc., and is organized into units called staff organizations and staff offices.

9. Supplemental Sections

The organization has (a) a single performance system that supports all of its product and/or service lines and (b) products or services that are essentially similar in terms of customers/users, technology, workforce or employee types, and planning.

☒ Yes. *Proceed to item 10.*

☐ No. *Your organization may need to submit one or more supplemental sections with its application. Call the Baldrige Program at (877) 237-9064, option 3.*

10. Application Format

If your organization applies for the 2015 award, in which format will you submit your application?

☐ 25 paper copies **and** a CD (must be postmarked on or before May 12, 2015)

☒ CD only (must be postmarked on or before April 28, 2015)

11. Use of Cell Phones, Cordless Phones, and Voice-over-Internet Protocol (VoIP)

Do you authorize Baldrige examiners to use cell phones, cordless phones, and VoIP to discuss your application? *Your answer will not affect your organization's eligibility. Examiners will hold all your information in strict confidence and will discuss your application only with other assigned examiners and with Baldrige Program representatives as needed.*

☒ Yes ☐ No

12. Site Listing

You may attach or continue your site listing on a separate page as long as you include all the information requested here. You may group sites by function or location (city, state), as appropriate. Please include the total for **each column** (sites, employees/faculty/staff, volunteers, and products/services). See the ABC HealthCare example below.

Your Organization				
	Workforce* *List the numbers at each site.*		*List the % at each site, or use "N/A" (not applicable).*	
Sites (U.S. and Foreign) *List the city and the state or country.*	*Check one or more.* ☒ **Employees** ☐ **Faculty** ☐ **Staff**	**Volunteers (no. or N/A)**	*Check one.* **% of** ☐ **Sales** ☐ **Revenue** ☒ **Budget**	**Relevant Products, Services, and/or Technologies**
Holliday Hospital Charlotte Amalie, St. Thomas U.S. Virgin Islands	225	140	78	Health care services, including acute care, surgery, telemetry, intensive care, imaging, and cardiovascular diagnostics
Virgin Islands Veterans' Cemetery Charlotte Amalie, St. Thomas U.S. Virgin Islands	10	50	3	Memorial services, including opening and closing, perpetual care, marker/headstone, burial flag, and Presidential Memorial Certificate
Virgin Islands Regional Benefits Office Charlotte Amalie, St. Thomas U.S. Virgin Islands	29	N/A	10	Benefits, including loans, housing, education, vocational rehabilitation, and insurance
Brabson Clinic Frederiksted, St. Croix U.S. Virgin Islands	19	6	7	Community-based outpatient health care services, 24/7 Emergency Department
Burton Clinic Cruz Bay, St. John U.S. Virgin Islands	4	2	1	Community-based outpatient health care services

	Young Clinic Frydenhoj, St. Thomas U.S. Virgin Islands	4	2	1	Community-based outpatient health care services
Total	6	291	200	100%	

**The term* workforce *refers to all people actively involved in accomplishing the work of an organization. The workforce includes paid employees (e.g., permanent, part-time, temporary, telecommuting, and contract employees supervised by the organization) and volunteers, as appropriate; it also includes team leaders, supervisors, and managers at all levels.*

13. Key Business/Organization Factors

List or briefly describe the following key business/organization factors. Please be concise, but be as specific as possible. Provide full names of organizations (i.e., do not use acronyms). *The Baldrige Program uses this information to avoid conflicts of interest when assigning examiners to your application. Examiners also use this information in their evaluations.*

a. Main products and/or services and major markets served (local, regional, national, and international)

Comprehensive care for Veterans and their families (including health care, benefits, and memorial services). Major markets are Veterans and their families presiding in or visiting the three islands of the U.S. Virgin Islands.

b. Key competitors (those that constitute 5 percent or more of your competitors)

Local hospitals: St. Croix Island General Hospital, St. Thomas Island General Hospital

Insurance providers: VI Insurance Company

Cemeteries: VI Island Cemetery

c. Key customers/users (those that constitute 5 percent or more of your customers/users)

All Virgin Island Veterans of the U.S. Armed Forces and their families and survivors

d. Key suppliers/partners (those that constitute 5 percent or more of your suppliers/partners)

VI Vaults, VI Granite Works, AuditAccountAware, Caribbean Sea University, Douden Medical, MedsPharmRUs, Federal Emergency Management Agency, local hospitals and social service agencies (including St. Croix Island General Hospital, St. Thomas Island General Hospital), VI Air Tours, Veteran Service Organizations, and VA Office of Information Technology (VA-OIT)

e. Financial auditor — Fiscal year (e.g., October 1–September 30)

VA Office of Inspector General	October 1–September 30

f. Parent organization (if your organization is a subunit).

U.S. Department of Veterans Affairs	

14. Nomination to the Board of Examiners

If your organization is eligible to apply for the Baldrige Award in 2015, you may nominate one senior member from your organization to the 2015 Board of Examiners.

Nominees are appointed for one year only. Nominees

- **must not have served previously on the Board of Examiners** and
- must be citizens of the United States, be located in the United States or its territories, and be employees of the applicant organization.

The program limits the number of examiners from any one organization. If your organization already has representatives on the board, nominating an additional person may affect their reappointment.

Board appointments provide a significant opportunity for your organization to learn about the Criteria and the evaluation process. The time commitment is also substantial: examiners commit to a minimum of 110 hours from April to December, including approximately 40 hours in April/May to complete self-study, three to four days in May to attend Examiner Preparation, and 50–70 hours from June through August to complete an Independent and Consensus Review. If requested by the program, examiners also participate in a Site Visit Review of approximately nine days. The nominee or the organization must cover travel and housing expenses incurred for Examiner Preparation.

☐ Mr. ☐ Mrs. ☒ Ms. ☐ Dr.

Cheri Golden	from our organization will serve on the 2015 Board of Examiners.
cgolden@c4v-va.gov	E-mail address

☒ I understand that the nominee or the organization will cover travel and hotel costs associated with participation in Examiner Preparation. I also understand that if my organization is determined to be ineligible to apply for the Baldrige Award in 2015, this examiner nomination will not be considered for the 2015 Board of Examiners.

15. Fee

Indicate your method of payment for the $360 eligibility certification fee.

☒ Check (enclosed) ☐ Money order (enclosed) *Make payable to the **Malcolm Baldrige National Quality Award**.*			
☐ ACH payment ☐ Wire transfer		Checking ABA routing number: 000-000-000 Checking account number: 00000000	
☐ Visa ☐ MasterCard ☐ American Express			
Card number		Authorized signature	
Expiration date		Printed name	
Card billing address		Today's date	

W-9 Request: If you require an IRS Form W-9 (Request for Taxpayer Identification Number and Certification), contact ASQ.

16. Self-Certification and Signature

I state and attest the following:

(1) I have reviewed the information provided in this eligibility certification package.

(2) To the best of my knowledge,
- this package includes no untrue statement of a material fact, and
- no material fact has been omitted.

(3) Based on the information herein and the current eligibility requirements for the Malcolm Baldrige National Quality Award, my organization is eligible to apply.

(4) I understand that if the information is found not to support eligibility at any time during the 2015 award process, my organization will no longer receive consideration for the award and will receive only a feedback report.

Denise Johnson	Denise Johnson	2/18/15
Signature of highest-ranking official	Printed name	Date

17. Submission

To be considered for the 2015 award, send your complete eligibility certification package postmarked no later than February 23, 2015, to ASQ.

Include proof of the mailing date. Send the package via

- a delivery service (e.g., Airborne Express, Federal Express, United Parcel Service, or the United States Postal Service [USPS] Express Mail) that automatically records the mailing date or
- the USPS (other than Express Mail), with a dated receipt from the post office.

2015 Eligibility Certification Form Checklist

1. Eligibility Certification Form*

☒ I have answered all questions completely.

☒ I have included a line-and-box organization chart showing all components of the organization and the name of each unit or division and its leader.

☒ The highest-ranking official has signed the form.

For Organizations Submitting Additional Eligibility Screening Materials (to meet the new alternative eligibility condition no. 7 for question 6k; see the table on page E-4)

☐ I have enclosed a complete Organizational Profile.

☐ I have enclosed data for two results measures for each of the five Criteria results items.

For Subunits Only

☒ I have included a line-and-box organization chart(s) showing the subunit's relationship to the parent's highest management level, including all intervening levels.

☒ I have enclosed copies of relevant portions of an official document clearly defining the subunit as a discrete entity.

**Please do not staple the pages of this form.*

2. Fee

☒ I have indicated my method of payment for the nonrefundable $360 eligibility certification fee.

☒ If paying by check or money order, I have made it payable to the **Malcolm Baldrige National Quality Award** and included it in the eligibility certification package.

3. Submission and Examiner Nomination

☒ I am nominating a senior member of my organization to the 2015 Board of Examiners.

☐ I am not nominating a senior member of my organization to the 2015 Board of Examiners.

☒ I am sending the complete eligibility certification package to

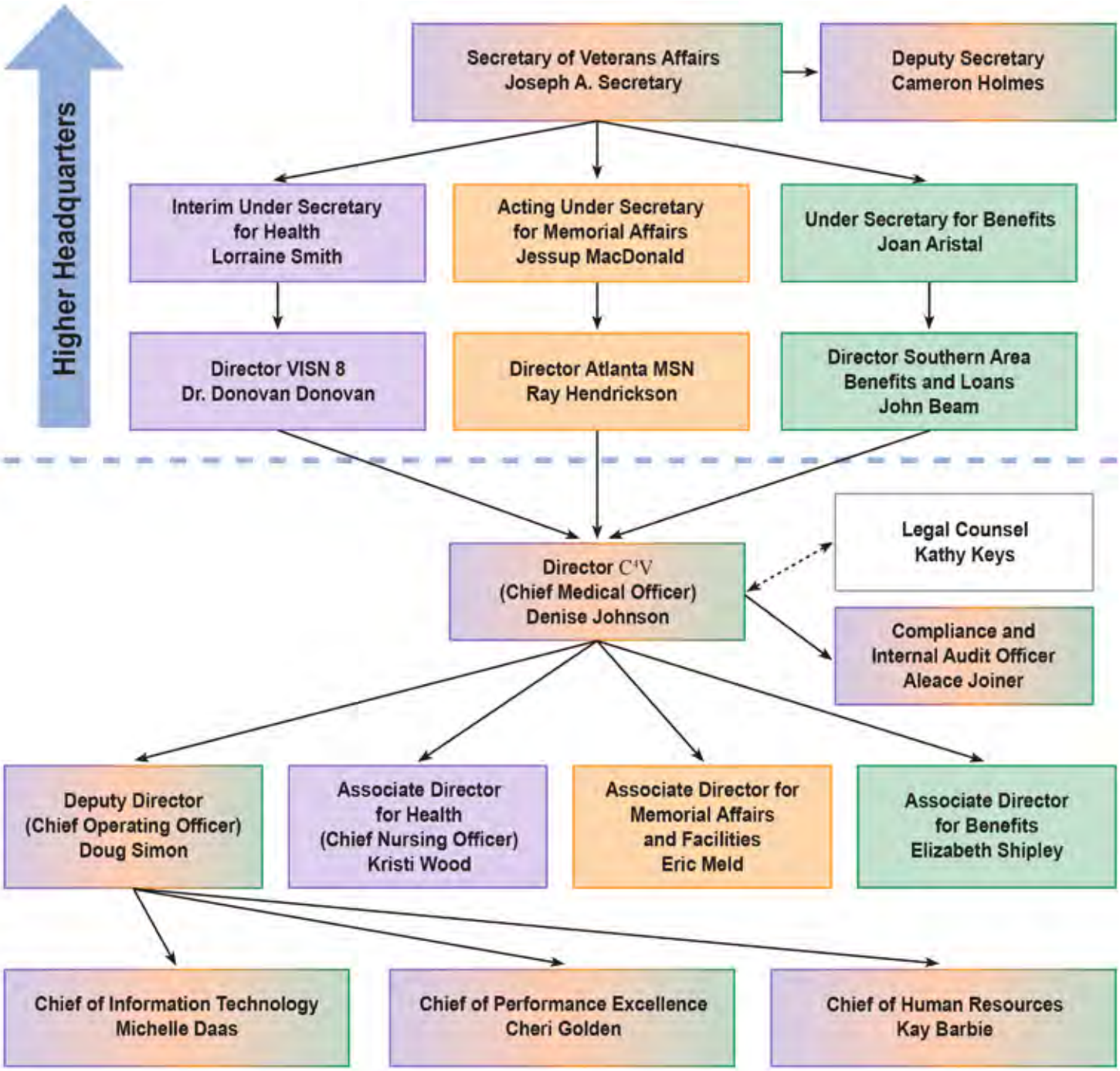
Malcolm Baldrige National Quality Award
c/o ASQ—Baldrige Award Administration
Milwaukee, WI 53203

☒ I have included proof of the mailing date. (See Application Form and Content instructions at http://www.nist.gov/baldrige/enter/format.cfm/.)

ORGANIZATION CHART

Casey Comprehensive Care Center for Veterans (C^4V)—Because I-CARE for Veterans

Organization Chart



Department of Veterans Affairs Central Office

Staff Organizations

Acquisition, Logistics, and Construction
Advisory Committee Management Office
Board of Veterans' Appeals
Center for Faith-Based and Neighborhood Partnerships
Center for Minority Veterans
Center for Women Veterans
General Counsel
Office of Regulation Policy and Management
Inspector General
Office of Employment Discrimination Complaint Adjudication
Office of Small and Disadvantaged Business Utilization
Office of Survivors Assistance
Veterans Service Organization Liaison

Staff Offices

Office of Congressional and Legislative Affairs
Office of Human Resources and Administration
Office of Information and Technology
Office of Management
Office of Operations, Security, and Preparedness
Office of Policy and Planning
Office of Public and Intergovernmental Affairs

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OF THE
2015 AWARD
APPLICATION FORM

2015 Award Application Form

Malcolm Baldrige National Quality Award

OMB Clearance #0693-0006
Expiration Date: May 31, 2016

1. Your Organization

Official name	The Casey Comprehensive Care Center for Veterans
Mailing address	100 Storetvaer Gade Charlotte Amalie St. Thomas, U.S. Virgin Islands 00802

2. Award Category and Criteria Used

a. Award category (Check one.)

- ☐ Manufacturing
- ☐ Service
- ☐ Small business. The larger percentage of sales is in *(check one)* ☐ Manufacturing ☐ Service
- ☐ Education
- ☐ Health care
- ☒ Nonprofit

b. Criteria used (Check one.)

- ☒ Business/Nonprofit
- ☐ Education
- ☐ Health Care

3. Official Contact Point

Designate a person with in-depth knowledge of the organization, a good understanding of the application, and the authority to answer inquiries and arrange a site visit, if necessary. *Contact between the Baldrige Program and your organization is limited to this individual and the alternate official contact point. If the official contact point changes during the application process, please inform the program.*

☒ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

Name	Doug Simon
Title	Deputy Director
Mailing address	☒ Same as above
Overnight mailing address	☒ Same as above *(Do not use a P.O. box number.)*
Telephone	340-555-0012
Fax	
E-mail	dsimon@c4v-va.gov

4. Alternate Official Contact Point

☐ Mr. ☐ Mrs. ☒ Ms. ☐ Dr.

Name	Cheri Golden
Telephone	340-555-0902
Fax	
E-mail	cgolden@c4v-va.gov

5. Release and Ethics Statements

Release Statement

I understand that this application will be reviewed by members of the Board of Examiners.

If my organization is selected for a site visit, I agree that the organization will

- host the site visit,
- facilitate an open and unbiased examination, and
- pay reasonable costs associated with the site visit (see *Award Process Fees* on our website [http://www.nist.gov/baldrige/enter/award_fees.cfm]).

If selected to receive an award, my organization will share nonproprietary information on its successful performance excellence strategies with other U.S. organizations.

Ethics Statement and Signature of Highest-Ranking Official

I state and attest that

(1) I have reviewed the information provided by my organization in this award application package.
(2) To the best of my knowledge,
- this package contains no untrue statement of a material fact and
- omits no material fact that I am legally permitted to disclose and that affects my organization's ethical and legal practices. This includes but is not limited to sanctions and ethical breaches.

Denise Johnson	4/15/15
Signature	Date

☐ Mr. ☐ Mrs. ☐ Ms. ☒ Dr.

Printed name	Denise Johnson
Job title	Director and CMO C^{4}V
Applicant name	The Casey Comprehensive Care Center for Veterans
Mailing address	☒ Same as above
Telephone	340-555-0000
Fax	

GLOSSARY OF TERMS AND ABBREVIATIONS

Glossary of Terms and Abbreviations

AABB ..... American Association of Blood Banks
ACA ..... Affordable Care Act
ACO ..... Accountable Care Organization
ACR ..... American College of Radiology
ACSI ..... American Customer Satisfaction Index
ADA ..... Americans with Disabilities Act
AES ..... All-Employee Survey
AGE ..... Associated Government Employees
AHCG ..... Accrediting Health Care Group
AHRQ ..... Agency on Healthcare Research and Quality
AMI ..... Acute Myocardial Infarction
ANCC ..... American Nurse Credentialing Center
AOS ..... Available On-Site
APS ..... Action Planning System
ARNP ..... Advanced Registered Nurse Practitioner
ASPIRE ..... Web-based dashboard that documents quality and safety goals
AV ..... Annual Volume
AWE ..... Annual Workplace Evaluation
BCMA ..... Barcode Medication Administration
BID ..... Benefits Information Day
BMP ..... Basic Metabolic Panel
BOSS ..... Burial Operations Support System
BPTW ..... Best Places to Work
C^4V ..... Casey Comprehensive Care Center for Veterans
CAHPS ..... Consumer Assessment of Healthcare Providers and Systems
CAM ..... Committee for the Acquisition of Materials
CAP ..... College of American Pathologists
CARF ..... Commission on Accreditation of Rehabilitation Facilities
CAUTI ..... Catheter-Associated Urinary Tract Infections
CBC ..... Complete Blood Count
CBOC ..... Community-Based Outpatient Clinic
CDC ..... Centers for Disease Control
CDL ..... Competency Development for Leaders
CFR ..... Code of Federal Regulations
CHF ..... Congestive Heart Failure
CLABSI ..... Central Line-Associated Blood Stream Infection
CMS ..... Centers for Medicare and Medicaid Services
CO ..... Contracting Officer
COR ..... Contracting Officer's Representative
CPEP ..... Casey Performance Excellence Program
CPOE ..... Computerized Physician Order Entry
CPRS ..... Computerized Patient Record System
CREW ..... Civility, Respect, and Engagement in the Workplace
CRMS ..... Customer Relationship Management System
CS ..... Communication System
CSU ..... Caribbean Sea University
CT ..... Computerized Tomography
CWT ..... Compensated Work Therapy
DART ..... Employee Days Away/Restricted/Transferred
DataFACTS .. Data Find, Analyze, Compare, and Trend Service
Debil ..... Debilitating
DEPS ..... Disaster and Emergency Preparedness System
DHS ..... U.S. Department of Homeland Security
DoD ..... U.S. Department of Defense
DRG ..... Diagnosis-Related Group
Dx ..... Diagnosis
EDM ..... Executive Decision Memorandum
EEOC ..... U.S. Equal Employment Opportunity Commission
EMTALA ..... Emergency Medical Treatment and Labor Act
EOC ..... Environment of Care
EPA ..... U.S. Environmental Protection Agency
FacWork ..... Facility Work
FAR ..... Federal Acquisitions Regulations
FCC ..... Federal Coordinating Center
FDA ..... U.S. Food and Drug Administration
FDC ..... Fully Developed Claim
FEMA ..... U.S. Federal Emergency Management Agency
FIM ..... Functional Independence Measure
FMEA ..... Failure Mode and Effects Analysis
FSS ..... Federal Supply Schedule
FTEE ..... Full-Time Employee Equivalent
FY ..... Fiscal Year
GAO ..... U.S. General Accounting Office
GEMS ..... Green Environmental Management System
GS ..... General Schedule: Predominant pay scale within the U.S. civil service, includes the majority of white-collar personnel (professional, technical, administrative, and clerical) positions
Guiding Principles ..... People-Centric, Results-Driven, Forward-Looking
HAI ..... Hospital-Acquired Infection
HCAHPS ..... Hospital Consumer Assessment of Healthcare Providers and Systems
HEDIS ..... Healthcare Effectiveness Data and Information Set
HH ..... Holliday Hospital
HHS ..... U.S. Department of Health and Human Services
HICS ..... Hospital Incident Command System
HIPAA ..... Health Insurance Portability and Accountability Act
HPDM ..... High Performance Development Model
HPEX ..... Healthcare Performance Excellence Composite
HUD ..... Housing and Urban Development
I-CARE ..... Integrity, Commitment, Advocacy, Respect, and Excellence (VA values)
IDEALS ..... Identify, Design, Execute, Analyze, Learn, Sustain/Share
IDP ..... Individual Development Plan
IEC ..... Integrated Ethics Council
IEP ..... Integrated Ethics Program
ILMS ..... Integrated Leadership and Management Systems
IRB ..... Institutional Review Board
IRIS ..... Inquiry Routing and Information System
ISO ..... International Organization for Standardization
KIO ..... Key Intended Outcome
Key Priorities ..... VA-mandated priorities addressing issues related to Veteran access, claims backlog, and Veteran homelessness
KMS ..... Knowledge Management System
KSA ..... Knowledge, Skills, and Abilities
LCMS ..... Learning Content Management System
LEED ..... Leadership in Energy and Environmental Design
LGBT ..... Lesbian, Gay, Bisexual, Transgender
LinKS ..... Linking Information Knowledge and Systems
LIP ..... Licensed Independent Practitioner
LTC ..... Long-Term Care
LOS ..... Length of Stay
LS ..... Leadership System
MCCF ..... Medical Care Collection Fund
MHV ..... MyHealth*e*Vet
MoS ..... Measure(s) of Success
MOSS ..... Measures of Success Scorecard
MQSA ..... Mammography Quality Standards
MRI ..... Magnetic Resonance Imaging
MRSA ..... Methicillin-Resistant Staphylococcus Aureus
MSD ..... U.S. Virgin Islands Monetary Services Division

MSN ..... Memorial Service Network
MVV ..... Mission, Vision, and Values
NCA ..... National Cemetery Administration
NEO ..... New Employee Orientation
Neuro..... Neurological
NHPP ..... National Health Physics Program
NOV ..... Notice of Violation
NPSG ..... National Patient Safety Goals
NRC ..... Nuclear Regulatory Commission
OAI ..... Organizational Assessment and Improvement
OCR ..... Office for Civil Rights
OEF ..... Operation Enduring Freedom
OIF ..... Operation Iraqi Freedom
OIG ..... Office of the Inspector General
OMB ..... U.S. Office of Management and Budget
OMIS ..... Operations Management and Improvement System
OND..... Operation New Dawn
OPM..... U.S. Office of Personnel Management
Ortho ..... Orthopedic
OSHA..... U.S. Occupational Safety and Health Administration
P ..... Projected
PA..... Physician Assistant
PACT ..... Patient-Aligned Care Team
PAO..... Public Affairs Office (or Officer)
PAR ..... Performance and Accountability Report
PATS..... Patient Advocate Tracking System
PDSA ..... Plan, Do, Study, Act
PENTAD/
QUADRAD.. VHA-facility leadership, based on whether there are four or five members of the SLT
PharmD ..... Doctor of Pharmacy
PI..... Performance Improvement
PII..... Personally Identifiable Information
PIT..... Performance Improvement Team
PIV ..... Personal Identity Verification
PMARS ..... Performance Measurement, Analysis, and Review System
Pneum ..... Pneumonia
PSI..... Patient Safety Indicator
PT/OT ..... Physical Therapy/Occupational Therapy
PT/PTT..... Prothrombin Time/Partial Thromboplastin Time
QR Code ..... Quick Response Code
R&E ..... Requirements and Expectations
RBO ..... Regional Benefits Office
RCA ..... Root Cause Analysis
RESOLVED.. Record, Empathize, Solve, Offer Options, Listen, Verify, Express Appreciation, Document
RN..... Registered Nurse
ROI..... Return on Investment
RSRR ..... Risk-Standardized Readmission Rate
SA..... Strategic Advantage
SAIL ..... Strategic Analytics for Improvement and Learning (VHA standardized report)
SAMHSA..... U.S. Substance Abuse and Mental Health Services Administration
SAW..... School at Work
SC..... Strategic Challenge
SHEP..... Survey of Healthcare Experiences of Patients
SIPOC ..... Supplier, Input, Process, Output, Customer Mapping
SLT..... Senior Leadership Team
SMARTER .. Specific, Measurable, Aligned, Realistic, Time-bound, Evaluated, and Reviewed
SME ..... Subject-Matter Expert
SMR..... Standardized Mortality Ratio
SO ..... Strategic Opportunity
SOS ..... See it, Own it, Solve it
SPC ..... Suppliers, Partners, and Collaborators
SPP..... Strategic Planning Process
SPS ..... Strategic Planning System
SSA ..... U.S. Social Security Administration
Stand Up/
Stand Down.. To formally activate and commission a unit, formation, or command structure/To deactivate or decommission it
SWOT ..... Strengths, Weaknesses, Opportunities, and Threats
TBI..... Traumatic Brain Injury
TAP ..... Transition Assistance Program
TMS ..... Talent Management System
Tx..... Treatment
U/UNIQUE... Unique Veterans served, number of. Each individual Veteran is counted only one time, even if receiving multiple services, having multiple visits, or utilizing multiple facilities.
UCR ..... Unit Cost Report
UA..... Urinalysis
UC..... Urgent Care
VA ..... U.S. Department of Veterans Affairs
VA-OIT ..... VA Office of Information and Technology
VAAR..... VA Acquisition Regulation
VACO ..... VA Central Office
VALU..... VA Learning University
VAMC..... VA Medical Center
VAP..... Ventilator-Associated Pneumonia
VASH..... Veterans Affairs Supportive Housing
VAVS ..... VA Volunteer Services
VBA ..... Veterans Benefits Administration
VERA..... Veterans Equitable Reimbursement Allocation
VHA ..... Veterans Health Administration
VI ..... U.S. Virgin Islands: St. Thomas, St. John, and St. Croix
VICTARS .... Veterans Insurance Claims Tracking and Response System
ViNF..... Virgin Islands Network for the Future
VIRBO ..... Virgin Islands Regional Benefits Office
VISN ..... Veterans Integrated Services Network
VistA ..... Veterans Health Information System and Technology Architecture
VIVC ..... Virgin Islands Veterans' Cemetery
Veteran's
Choice Card.. For Veterans enrolled in the VA system as of August 1, 2014, as well as those who served in combat. May be used by Veterans who experience time and distance delays to receive care from non-VA facilities
VPN..... Virtual Private Network
VSO ..... Veteran Service Organization
WEDMS ..... Workforce Engagement, Development, and Management System
WG..... Wage Grade: federal employees in trade and labor occupations

Icons/Color Coding

Purple text or shading denotes health care operations (VHA).

Green text or shading denotes benefits operations (VBA).

Gold text or shading denotes cemetery operations (NCA).

Gradient coloring denotes multiple operations, inclusive of more than one Administration.

ORGANIZATIONAL PROFILE

Organizational Profile

P.1 Organizational Description

P.1a The Casey Comprehensive Care Center for Veterans (C^4V) is an innovative, collaborative center for Veterans living in or visiting the U.S. Virgin Islands (VI). C^4V was stood up (opened) in 2010 as the first U.S. Department of Veterans Affairs (VA) facility under a single directorship that provides services from all three Administrations within the VA: the Veterans Benefits Administration (VBA), the National Cemetery Administration (NCA), and the Veterans Health Administration (VHA). This integrated-services concept was piloted based on the desire to provide more comprehensive, effective, and efficient care to Veterans in geographic areas that are not sufficiently populated to justify separate services from all three Administrations.

Since two of the three primary C^4V offerings fall under the Baldrige Excellence Framework (Business/Nonprofit), this application will address those criteria, while responding to the health care version as appropriate. Background colors on tables and in text show Administration-specific information: VBA (green), NCA (orange), and VHA (purple).

P.1a(1) The main **products** and **health care service offerings** (Figure P.1-1) provide comprehensive care for Veterans. The **delivery mechanisms** include the Holliday Hospital (HH), the VI's Veterans' Cemetery (VIVC), and the VI's Regional Benefits Office (VIRBO), which are all co-located on 100 acres of property just outside of the capital city of Charlotte Amalie on the island of St. Thomas. Additionally, community-based outpatient clinics (CBOCs) are located on each of the three main islands of St. Croix (Brabson CBOC), St. John (Burton CBOC), and St. Thomas (Young CBOC). The Brabson CBOC also houses a 24/7 Emergency Department with a staffed telephone crisis line and helicopter transport service. The CBOCs are not new facilities. Previously, these were satellite facilities of the VHA hospital in Puerto Rico; when HH was built and opened, affiliation was transferred. HH is rated as a complexity 2 health care facility within the VA system. Complexity 1 (a, b, and c) facilities manage the most difficult clinical conditions, while complexity 3 facilities manage the least difficult. Although HH is small, it is staffed as a complexity 2 facility due to the remote, island location.

The Senior Leadership Team (SLT) determines the **relative importance** of each service based on "demand" measures, either in terms of annual volume (AV) or number of unique (U) Veterans served, as well as financial aspects, measured as a percentage of the C^4V budget.

Veteran status within the VI is slightly higher than the rest of the country. Approximately 8% of the VI total population has worn an American military uniform—a total of about 8,500 island residents. C^4V also provides services to visiting Veterans—primarily through the medical facilities, although there are frequent requests from Veterans who wish to be interred in the paradise that is the VI.

The islands were particularly impacted by the economic downturn of the previous decade because their main activity is tourism. Economic hardships in the VI mean that more islanders decide to serve in the military when they can't find gainful employment locally, and more VI Veterans meet eligibility requirements for care. Nationally, about 42% of Veterans are enrolled with the VHA for health care, 26% are treated annually, and 7% are below the poverty level. In the VI, over 50% of eligible Veterans are enrolled, 35% are treated annually, and 32.5% are below the poverty level; C^4V has just over 3,000 "unique" Veterans enrolled for services.

P.1a(2) The SLT made the strategic decision to align the C^4V **mission, vision, and values** (MVV) with those of the overall VA, due to the comprehensive services provided. C^4V embraces its role (initially as a pilot program) to lead and guide the VA through this "unknown and intricate model" of comprehensive, integrated care; to better serve Veterans in the VI; and to lead the way for other underserved and remote areas of the country.

C^4V's **core competencies** are built around Veterans and their families to support the VA mission. The center leverages the Baldrige Excellence Framework as its strategic framework for integrated leadership and management systems, setting C^4V apart from many other VA facilities and providers of similar services within the VI and the rest of the country. Early adoption of these core competencies helped C^4V "hit the ground running" when it was stood up in 2010, focusing on recruiting Veterans to serve the Veteran population; building systems, approaches, and processes

Figure P.1-1: Product and Service Offerings

Main Service Offerings	Volume	Budget	Delivery Mechanisms
Burial and Memorial	150 AV	1%	VIVC
Insurance	5,000 U	10%	VIRBO
Career Services	675 AV	3%	VIRBO
Home Loans	500 U	4%	VIRBO
Pension Services	1,250 U	40%	VIRBO
Inpatient Care	1,300 AV	20%	HH
Emergency Care	4,800 AV	10%	HH
Rehab./Hosp. Outpatient	3,500 AV	9%	HH
Other Outpatient	7,500 AV	3%	3 CBOCs

Figure P.1-2: Mission, Vision, Values, and Core Competencies

Mission

To fulfill President Lincoln's promise "to care for him who shall have borne the battle, and for his widow, and his orphan" by serving and honoring the men and women who are America's Veterans

Vision

A transformed and integrated VA facility that adapts to new realities, leverages new technologies, and serves a changing population of Veterans with the highest quality of care and support services while controlling costs

Values

I-CARE: Integrity, Commitment, Advocacy, Respect, Excellence

Core Competencies

- Veteran-centric care, including and especially treatment of war-related injuries that are physical, mental, and/or emotional
- A holistic, comprehensive, integrated system approach to provide Veterans, their families, and survivors with health care, benefits, and a final resting place
- Baldrige-based leadership and management systems

around the needs of the Veterans served; and enabling it to design and build facilities, infrastructure, and processes, as needed, in a Veteran-centric, systematic manner.

P.1a(3) The C⁴V **workforce profile** (Figure P.1-3) is relatively small, with 225 at the hospital, 10 at VIVC, 29 at VIRBO, 4 each at the Young and Burton CBOCs, and 19 at the Brabson CBOC (who also staff the Emergency Department, crisis line, and flight crew).

In addition to employees, the workforce includes many dedicated volunteers in all health care facilities and the cemetery. The workforce also includes the nursing students at Caribbean Sea University (CSU) who use C⁴V as a clinical training site for associate and baccalaureate degrees in nursing.

The C⁴V work environment and making a difference for Veterans are the **key drivers that engage the workforce** in accomplishing the mission and vision, in addition to pride in being part of this integrated service-delivery model for Veterans. The C⁴V Leadership System (LS; category 1) creates an environment that includes fair and equitable treatment, ethical service, and professional growth opportunities. The workforce also requires and expects teamwork and a healthy, safe, and secure work environment.

Approximately 80% of the workforce is represented by the Associated Government Employees (AGE) **collective bargaining unit**. **Special health and safety requirements** are noted in Figure P.1-3.

P.1a(4) Primary **assets**, in addition to the workforce, are the C⁴V **facilities**. HH is a 25-bed, full-service hospital in a beautiful two-story, 102,500 sq. ft. building, set on approximately 20 park-like acres of the 100-acre campus. All inpatient rooms are private and telemetry-capable. C⁴V offers three surgery suites, a minor procedure room, a five-bed general intensive care unit, and a 24-hour Emergency Department, with six care stations including two trauma bays. Services also include imaging, including CT, MRI, ultrasound, and mammography, and cardiovascular diagnostics. C⁴V integrates its health care offerings through telemedicine services, providing expertise and guidance in remote locations to the three CBOCs and receiving expertise and guidance from other VHA facilities in the continental United States.

VIRBO occupies space within HH to facilitate Veterans' access to their benefits and enable two-way communication between Veterans and benefits officers.

The cemetery portion of the campus encompasses over 50 acres, including 18,000 unfilled gravesites, 10,000 columbaria niches, and 2,500 in-ground garden niches. Webcams and special lighting enable loved ones to "visit" the cemetery 24/7 through the internet, and the national gravesite locator system ensures that families and friends can easily "find" their loved ones, whether visiting in person or electronically.

One of the advantages of the collaborative integration of C⁴V is the shared expertise among the Administrations. For example, cemetery personnel maintain the grounds of the entire main campus, ensuring that personnel and equipment are used to their fullest capacity, efficiently, and effectively, maintaining the respectful, park-like atmosphere of the entire facility for the enjoyment and relaxation of the Veteran population and the entire local community.

Through secure web connections, all three Administrative functions within C⁴V are linked into the VA computer systems and software programs described in category 4.

P.1a(5) The VA has published special requirements based on the business model for C⁴V (Figure 2.1-4). General requirements include the **regulatory environment** for VA facilities (Title 38 of the U.S. Code of Federal Regulations); plus all general **regulations** for cemeteries, benefits administrations, the insurance industry, and health care apply (Figure P.1-4).

P.1b(1) The **organizational structure** is a matrix reporting format, led by a single Director, who in turn reports separately to the **governance system** of the leaders of the Atlanta Memorial Service Network (MSN) for NCA activities, the Southern Area Office for Benefits and Loans for VBA services, and Veterans Integrated Service Network 8 for VHA activities. In addition to the Director, the SLT includes the Deputy Director, Associate Director for Health, Associate Director for Memorial Affairs and Facilities, Associate Director for Benefits, and the Chiefs of Performance Excellence, Human Resources, and Information Technology.

P.1b(2) At C⁴V, each member of the workforce and each supplier, partner, and collaborator (SPC) is absolutely clear that C⁴V is mission-driven, and the mission clearly defines the C⁴V **key customer groups:** Veterans and their families and survivors. Key **market segments** are aligned to the main offerings (Figure P.1-1) and the three islands.

One additional market segment is non-VI-resident Veterans seeking C⁴V services, usually for health care or memorial services. Other **stakeholders** include the workforce and SPCs, the VI

Figure P.1-3: Workforce Profile

Groups and Segments	%	Educational Requirements	Special Health/ Safety	Results
Memorial services	3%	Equipment use	Heavy equip, confined space	7.3-11
Benefits services	10%	Computer skills	Ergonomics	7.3-11
Health services	87%	**Further segmented below:**		
HH	78%	Clinical specialties	Lifting, infection control	7.3-11
Brabson CBOC	7%	Clinical specialties, helicopter pilot and crew	Infection control, flight safety	7.3-11
Burton CBOC	1%	Clinical specialties	Infection control	7.3-11
Young CBOC	1%			

Segments/Diversity				
Memorial services	Admin. 10%	Wage grade 90%	Volunteers 50	
Benefits services	Admin. 10%	GS 90%		
Clinicians	Nursing 32%	Physician 9%	Other 27%	
Health, nonclinician	Admin. 22%	GS 10%	Volunteers 150	
Gender	Female 67%		Male 33%	
Ethnicity (C⁴V)	Black 70%	White 19%	Asian 1%	Other 10%
Ethnicity (VI general)	Black 74%	White 16%	Asian 2%	Other 8%
Veteran status	Veteran 60%		Non-Veteran 40%	

Figure P.1-4: Regulatory Environment

Agency	Process	Measure	Goal	Results
General Regulatory Agencies/Information				
VA/NCA/ VBA/ VHA	Regulations, policies, directives, and standards	% Compliance	100%	7.4-11
VI MSD	Insurance laws	Violations	0	7.4-12
Occupational Health and Safety Regulations				
OSHA	Workplace safety	Lost-time injuries	Best Q'tile	7.3-10
NRC	Radiation safety	% Compliance	100%	7.3-13
Accreditation and Licensure Requirements				
AHCG	Hospital accreditation	Accreditation	Full	Text in 7.4a(3)
CARF	Rehab. certification	Certification	Full	
CAP	Lab. certification	Certification	Full	
AABB	Blood bank certification	% Compliance	100%	
FDA	Mammography	% Compliance	100%	
NHPP	Radiation oncology	% Compliance	100%	
Financial and Environmental Regulations				
FAR	Acquisitions compliance	% Compliance	100%	7.4-11
OIG	Regulatory compliance	Violations	0	7.4-12
EPA	Cemetery management	Violations	0	7.4-12
EPA	Hospital waste	Violations	0	7.4-12
Sector-Specific Regulations				
CFR	38 Code Federal Regs.	% Compliance	100%	7.4-11, 12

communities impacted by Veteran homelessness, and the entire VA system (because C⁴V was a pilot format for integrated care). **Requirements and expectations** (R&E) of each stakeholder group are noted in Figure P.1-5, including the **differences in requirements** for specific segments.

P.1b(3) Each of the administrative functions of C⁴V have **SPCs** with specific **roles** (Figure P.1-6). Suppliers are designated as "key" if they receive over 70% of the specific book of business from C⁴V. In accordance with the Federal Acquisition Regulations (FAR), all suppliers' services are managed through a centralized contracting process, with the key **communication mechanism** for all being the Contracting Officer (CO) and/or the technical representatives (COTRs). Additionally, all suppliers are given a performance report at least annually, as specified by the terms of their contracts. The report provides feedback about the contractual measures of success and helps to create accountability for all parties.

Within C⁴V's work systems, SPCs are key enablers for **delivery** of services, as C⁴V would not be able to offer services to Veterans without supplies and equipment. Collaboration with CSU helps keep health care service offerings current with standards of practice and evidence-based guidelines. Partnership with the Veteran Service Organizations (VSOs) aids in outreach to Veterans and helps Veterans to trust and use C⁴V services.

Supply chain requirements from C⁴V include accuracy and on-time delivery. Supplier requirements for C⁴V include prompt payment and fair pricing. Two-way requirements include open communication channels regarding R&E, performance, and opportunities for improvement.

P.2 Organizational Situation

P.2a The C⁴V SLT and workforce embrace the incredible mission of "serving those who have served." Additionally, C⁴V has the honor and privilege of helping to shape the vision and forge a future in which many Veterans who are currently underserved due to remote geographic regions, areas of sparse populations, and resource constraints may have access to high-quality care and services from the VA.

P.2a(1) C⁴V serves a niche within the VI. In some regards, C⁴V **competes** with local hospitals, insurance providers, and cemeteries, but in most cases, C⁴V provides services to those who could not pay other providers. Typically, the Veterans served by C⁴V would not produce significant revenue for other local providers of similar services, and therefore, relationships with others are collaborative rather than competitive. However, with the expansion of Medicaid services under the Affordable Care Act (ACA) and the new Veteran's Choice Cards, many Veterans will have increased choices for health insurance and health care, and relationships may become increasingly competitive.

Figure P-1.5: Stakeholder Group Requirements and Expectations

Stakeholder groups	General R&E	Segments	Differences in R&E	Results
Veterans	Live the values—Integrity Commitment Advocacy Respect Excellence	Resident	Timely access	7.2-3
		Non-resident	Urgent/emergent care	7.2-4
			Interregional coordination	7.2-9
		St. Thomas	Ease of access	7.2-1, 3
		St. Croix and St. John	Telehealth	7.1-11
			Electronic benefits access	7.1-11
			Electronic cemetery access	7.2 text (AOS)
Veterans' families and survivors		Resident	Timely services, care, and support	7.2-22
		Non-resident	Interregional coordination	7.2-9
VI communities		Each Island	Community support	7.4-19
			Attractive facilities	7.2-11
			No homeless Veterans	7.4-17, 7.4-21
Workforce		All workforce	Healthy, safe, and secure environment	7.3-12
			Supportive environment	7.3-15
			Feedback regarding performance	7.3-25
Other SPCs		Local funeral directors	Desired scheduling	7.2-22
			Facilities and support	7.2-12
		Suppliers	On-time payments	7.1-34
		All SPCs	Clear and frequent communications	7.1-35
		VA	Tangible measures of success of new business model	Various, noted in charts

Figure P.1-6: Key Suppliers, Partners, and Collaborators

Organization	Role	Innovation Role
VI Vaults (S)	Burial vaults	New technology
VI Granite Works (S)	Headstones/markers	New techniques
AuditAccountAware (P)	Auditing and accounting firm	Regulation updates, strong business practices
CSU (C)	Students	Clinical updates
CSU (C)	Research	New evidence-based practices
Douden Medical (S)	Supplies and equipment	New technology
MedsPharmRUs (S)	Pharmaceuticals	New medications
FEMA (C)	Disaster distribution points	Emergency-response best practices
Local hospitals and social service agencies (C/P)	Care and services not available at C⁴V	Sharing of strong practices, coordination of care
VI Air Tours (C)	Pilot training/ certification	Flight crew safety
VA-OIT (P)	Information technology	New hardware/software programs
VSOs (P)	Connection with Veterans, transportation services	Veteran enrollment processes, elimination of homelessness

S = Supplier, P = Partner, C = Collaborator

The decision to pilot the C⁴V collaborative delivery model in the VI was driven by the high rates of VI unemployment (13.5%, more than double the 6.1% average for the continental United States), the associated high rates of people living below the poverty level (32.5%, compared with 15% average for the continental United States), and homelessness (0.5%, compared with 0.2% average for the continental United States). These statistics tend to strike Veterans particularly hard, due to their relatively high rates of disability from physical and emotional trauma incurred while serving our country.

With 25 inpatient beds, HH's **relative size** is much smaller than the other VI hospitals; St. Croix has a hospital with 188 beds, and St. Thomas has a hospital with 194 beds. Each has associated outpatient services, including psychiatric services. Both of these larger facilities collaborate and partner with C⁴V by offering services that are not available from C⁴V and are paid by C⁴V under fee-basis provisions of the "Non-VA Care" program for Veterans. Both local hospitals also provide telemedicine and consultative resources for C⁴V, in addition to the telemedicine services available to Veterans from other VA facilities.

Similarly, while there are other cemeteries on all three islands, VIVC provides services at no charge to the Veteran's family, including opening and closing, perpetual care, a marker or headstone, a burial flag, and a Presidential Memorial Certificate. Families of many Veterans could not afford services at other locations, and many select C⁴V services to provide their family members with a final resting place meeting National Shrine Standards, with lasting tributes that commemorate their service and sacrifice to our nation.

Services provided by VIRBO are also unique. Health insurance is offered to eligible Veterans at no charge, and other benefits include loan guarantees, low-interest loans for housing and education, vocational rehabilitation and education, life insurance, and disability benefits. As with health care, the ACA is increasing the competitive nature of VIRBO, as VA-eligible Veterans may also become eligible for Medicaid services.

There are no plans at the present time for facility or service expansion. HH typically has inpatients in 20 of the 25 available beds, and most Veterans are able to obtain an outpatient appointment on their first or second choice of dates and times. VIRBO has one of the best claims processing times in the country, and VIVC is projected to have space available until 2050.

P.2a(2) Few **key changes are anticipated to affect the competitive situation** for VIVC or VIRBO, although the ACA and the new Veteran's Choice Cards will likely prompt changes in the competitive situation for C⁴V's health services. The issues that other VHA facilities faced in 2014 related to timeliness of access and VBA-related claim backlogs resulted in new regulations to enable Veterans to use a Veteran's Choice Card to receive care from any Medicare provider, Federally Qualified Health Center, Indian Health Center, or medical center funded by the U.S. Department of Defense (DoD).

P.2a(3) Figure P.2-1 presents **comparative and competitor data**, including limitations on obtaining valid, reliable, timely, and affordable information. The major issue in obtaining comparative data and information is timeliness, particularly from data sources external to the VA. Additional data may be available more timely from trade organizations and third-party data firms, such as commercial satisfaction survey companies; however, these data tend to be very expensive to procure.

Figure P.2-1: Comparative/Competitor Data

Data Source	Measure	Limitations
Within VA		
NCA Summary Report	5 measures on PAR	Annual data, only averages available
NCA Performance Reports	73 measures of interment, grounds, markers, and equipment	Only within NCA
VBA Performance Summary	8 measures on PAR	Annual data
VBA Performance Reports	Weekly workload report	Only within VBA
	Annual report for each service	Annual data
VHA Performance Summary	10 measures on PAR	Annual data
VHA Performance Reports	100+ measures of evidence-based practice compliance and health outcomes	Only within VHA
Outside VA		
ACSI	Satisfaction	Annual data
HEDIS	75 measures, 8 domains of care	Annual data
CMS core measures/HPEX	Compliance with evidence-based practices	Only selected conditions
HCAHPS/IMPress	Satisfaction (comp. with SHEP)	None
OSHA	Reportable/recordable injuries	Quartiles only are reported
	Lost-time injury rates	
AES	Employee satisfaction	Federal Gov't only

The myriad of variables in gathering and reporting data, particularly in health and benefits operations, presents challenges ensuring reliability and validity of comparison and benchmark information.

As a Federal agency, C⁴V must obtain Office of Management and Budget (OMB) approval when identical information is to be collected from more than nine respondents. The VSOs help foster relationships with Veterans and within the community by sharing data and information with C⁴V that they obtain through their survey processes.

P.2b C⁴V has the **strategic advantage** of being perceived as a key resource for Veterans. As a strategic action taken in support of two of the three VA "Key Priorities," C⁴V was stood up in an area where resources for Veterans were scarce.

Leadership and the workforce at C⁴V understand the irony that many of its **strategic challenges** (Figure P.2-2) are the same factors that led to the creation of C⁴V and its unique initial role as a VA pilot program. The SLT capitalizes on this role by carefully measuring the impact on helping overcome those strategic challenges. C⁴V is very aware of the fact that success may create the incentive for other similar collaborative facilities to be stood up in other underserved areas of the country, so that outreach toward Veterans extends beyond the VI's shores.

For the VI, in addition to the decrease in tourism associated with the economic downturn, an additional hardship occurred in February 2012 when a major VI manufacturer ceased operations. This company contributed about 20% of the territory's gross domestic product, and the closure led to major job losses and a double strain on the local economy from tax losses and social service need increases. High unemployment prompted more VI youth to enter military service, and many of them will be discharged in the next 12–24 months due to the DoD personnel drawdown.

These returning VI Veterans face an even higher rate of unemployment than the general population due to the high incidence of physical and emotional trauma associated with military service. Currently, 13.5% of VI Veterans are unemployed, increasing their eligibility for C⁴V services, and this rate is expected to grow over the next few years.

Figure P.2-2: Strategic Challenges and Advantages

Key Strategic Challenges	Type	Key Strategic Advantages
Increasing complexity of benefits and health care management (SC1) More options for health care providers available to Veterans (SC2)	Sector-specific	Beautiful campus, adequate space available (SA1) Support from VSOs (SA2)
Integrated system in a complex government agency (SC3) Remote location making procurement difficult (SC4)	Operational	VA technology and infrastructure resources (SA3) New infrastructure and technology (SA4)
Local economic conditions (SC5)	Societal Responsibility	Community support (SA5) Alignment with VA Plan (SA6)
Remote location limiting personnel availability (SC4) Few external training programs (SC6)	Workforce	Many Veteran employees and volunteers (SA7) Engaged employees and volunteers (SA8)

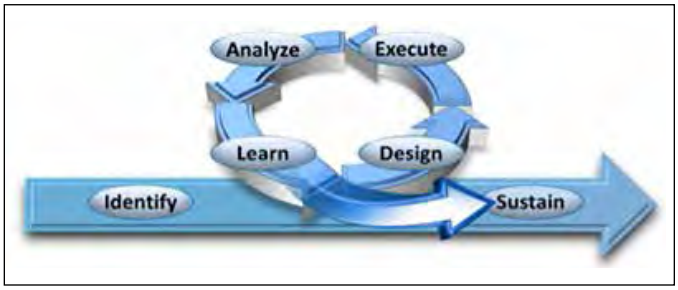
Many social issues facing the VI are magnified in the Veteran population. For example, there is a high degree of correlation between warmer climates and homelessness, as well as between traumatic brain injury (TBI) and homelessness, and between TBI and job loss/unemployment leading to poverty and homelessness. The commitment of the VA in helping to find solutions is welcomed by the VI government and its citizens.

P.2c The SLT had strategic discussion about the design and implementation of its **performance improvement (PI) system(s).** Several key staff members had experience using the Baldrige Criteria as a strategic framework for leadership and management. The decision was made to design the entire organization using systematic approaches prompted by the Baldrige Criteria questions; this led to C⁴V winning the CPEP trophy in 2014.

To foster innovation, ongoing learning, and wise stewardship of resources, senior leaders evaluated several PI systems to adopt and deploy to the C⁴V workforce. Each SLT member had experience using plan-do-study-act (PDSA) and systems redesign. After comparing the advantages and disadvantages of these methodologies, SLT members chose IDEALS (Figure P.2-3), which they learned about at a Baldrige Quest for Excellence® Conference. This approach encompasses a wide variety of other tools, to include PDSA as the "big DEAL" loop in the center. IDEALS is promoted to the workforce as "simply a way of life," with the recognition that the first step toward any improvement is identifying a need for change, and that improvements need to be sustained in order to be successful. Benefits operations are also pursuing ISO certification, in alignment with the VBA initiative to enhance claims efficiency and accuracy.

IDEALSolutions include tools from Lean, theory of constraints, Six Sigma, appreciative inquiry, and other improvement methodologies, which are deployed through Performance Improvement Team (PIT) crews, particularly during the "design" and "execute" phases. Statistical tools are used to "analyze" findings to drive further "learning." IDEALS has three key advantages: it's easily understood and remembered, it permits "stepping out" of the improvement cycle when resources would be better used elsewhere, and it systematically promotes efforts to "sustain" and share processes that are proven to be effective by the results achieved. The *6-Ps of Leadership* and the *6-E Leadership Tool*, described in 1.1a(1) and 1.1b(1), are also key elements of the PI system.

Figure P.2-3: IDEALS Performance Improvement System



RESPONSES ADDRESSING ALL CRITERIA ITEMS

Category 1 Leadership

1.1 Senior Leadership

Senior leaders at C⁴V have developed a set of Integrated Leadership and Management Systems (ILMS) to lead the organization. The ILMS comprise the LS (Figure 1.1-1); Communication System (CS; Figure 1.1-2); Strategic Planning System (SPS; Figure 2.1-1); Action Planning System (APS; Figure 2.2-1); Customer Relationship Management System (CRMS; Figure 3.1-1); Performance Measurement, Analysis, and Review System (PMARS; Figure 4.1-1); Knowledge Management System (KMS; Figure 4.2-1); Workforce Engagement, Development, and Management System (WEDMS; Figure 5.1-1); Operations Management and Improvement System (OMIS; Figure 6.1-1); and Disaster and Emergency Preparedness System (DEPS; Figure 6.2-2). All are structured around the IDEALS system noted in P.2c, and each key task (e.g., "deploy vision and values") identified in each system is a defined and systematic approach.

The Director used the Baldrige Criteria and ILMS at a previous facility and brought them to C⁴V, where the SLT has used and refined them since 2010. Each of the ILMS is designed to address the basic and overall levels of the Baldrige Criteria, and they are reviewed during each strategic planning cycle and also with each self-assessment/application cycle. In 2013, the SLT evaluated the systems and decided to process map every key task identified in each of the ILMS to ensure that the systems were systematic and adequately addressed the multiple areas of the Criteria. The process maps, such as the Strategic Planning Process (SPP) in Figure 2.1-2, further integrate the ILMS and are reviewed twice per year. The SLT reviews the public applications of each Baldrige Award recipient and the Baldrige case study, looking for ideas for potential enhancements to the ILMS and its associated processes.

The LS (Figure 1.1-1) uses the CS (Figure 1.1-2), communication mechanisms (Figure 1.1-3), and the CRMS (Figure 3.1-1) as inputs to identify and understand stakeholder requirements and expectations. Processes are deployed through planning, policies, and procedures; evaluated using the PMARS (Figure 4.1-1); and improved through the OMIS (Figure 6.1-1).

1.1a(1) Senior leaders set the **vision and values** through the SPP (Figure 2.1-2), in alignment with the VA and its three Administrations. The mission and values are identical throughout the VA; while the vision, designed to create a focus on performance excellence, is specific to C⁴V.

Senior leaders **deploy** the vision and values through the LS. First, the **workforce**, including employees, volunteers, students, and contractors, as well as **suppliers and partners**, are asked to commit to the MVV prior to beginning their engagement with C⁴V. Then, through signage, posters, screen savers, and written materials as reminders of expected behaviors, the MVV are made highly visible **to the workforce, customers**, and other **stakeholders** who visit the facilities. Next, the SLT further deploys the MVV through **personal actions** that role model expected behaviors, reviews of performance, discussions about the importance of the behaviors, and personal participation in recognizing and rewarding exemplary activities. For example, in 2013, C⁴V updated and refreshed the recognition system based on the Dr. Seuss quote that "*to the world you may be just one person, but to this one person you may be the world*," to emphasize the commitment to world-class care. Exemplary actions are communicated to the SLT, one of whom personally sends a note card to the employee's home, expressing appreciation for "going out of this world" to improve the life of a Veteran. Notes include the quote, depict a globe, and specify how the action links to C⁴V values.

Figure 1.1-1: Leadership System

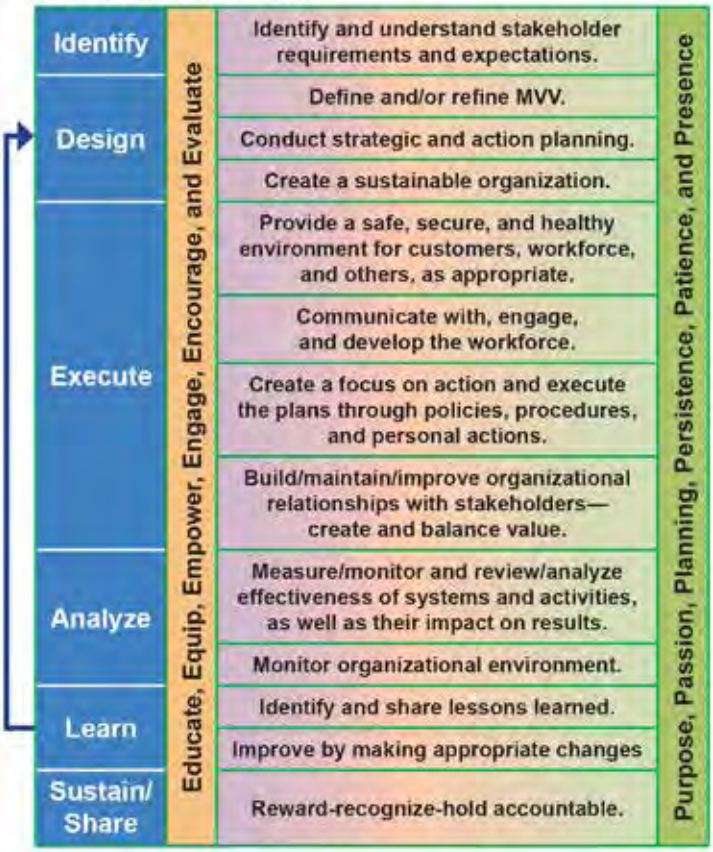


Figure 1.1-2: Communication System

Figure 1.1-3: Communication Mechanisms

Mechanism	Frequency	Media	Audience/Segment	Flow
Morning SLT huddle	Daily	P/C/V	Multilevel leadership	Both
Director's staff meeting	Monthly	P/C/V	Managers	Both
Staff meetings	Monthly	P/C/V	All workforce	Both
Director's town hall	Quarterly	P/C/V	All workforce invited	Both
Focus groups	Biannually	P	All stakeholders	Both
VIVA! the News	Weekly	E/W	Workforce	Out
Director's blog	Monthly	E	Public	Out
Director's mega-huddle	Quarterly	P	All workforce invited	Both
After-action huddles	As needed	P	SMEs and stakeholders	Both
Communication boards	Daily	E/D	Workforce	Out
VSO/volunteer meetings	Monthly	P	VSO/VAVS	Both
Leadership rounds	Weekly	P	On-site stakeholders	Both
AppearanceBook, BirdCall, Your-Conduit, PinBoard, SpinPanel	Daily	E/S	All stakeholders	Out
Veteran focus groups	As needed	P	Veterans, families, VSO	Both
Awards and recognition	Monthly	P	Employees	Both
E-mail	As needed	E	Employees, partners	Both
Open-door policy	As needed	P	All stakeholders	Both
Customer surveys	Ongoing	W	Veterans and survivors	In
AES	Annually	E/W	All employees	In
AES quarterly focus groups	Quarterly	P/W	All employees	Both
Listening posts	Submitted	E	All intranet users	In
Annual report	Annual	E/W	All stakeholders	Out
Internet/intranet	Ongoing	E	All stakeholders	Both
Written memo/letter	As needed	W	All stakeholders	Both
INFONet education	Ongoing	E	Inpatients	Out
Bed management system	Ongoing	E	Workforce	Both
MyHealtheVet/ eBenefits	Ongoing	E	Veterans and care teams	Both
Telemedicine/ Telehealth	Ongoing	E/V	Veterans and care teams	Both
E-meeting networks	Scheduled	E	Workforce and partners	Both
CPRS (digital record)	Ongoing	E/W	Veterans and care teams	Out
Health fairs/outreach	Scheduled	P/D	All stakeholders	Both
Meeting minutes/ teams	As written	W/E	S-drive, ShareSpot	Out
Chain of command	Ongoing	W	See organization charts	Both
Press release	As needed	E/P	All stakeholders	Out

P – Personal, C – Call (Conference or Individual), V – Video, W – Written, D– Display, E – Electronic, S – Social Media

SLT actions reflect a **commitment to the values** through systematic use of the *6-Ps of Leadership*: **P**urpose, **P**assion, **P**lanning, **P**ersistence, **P**atience, and **P**resence. The SLT considers and discusses each of the 6-Ps as it relates to each of the IDEALS-based systems, particularly the LS (Figure 1.1-1). Deployment of the *6-Ps of Leadership* begins with personal participation in New Employee Orientation (NEO) and continues through leadership rounding, morning SLT huddles, reward and recognition systems, and use of the *6-E Leadership Tool* (1.1b[1]) in providing resources that educate, equip, empower, engage, and encourage the entire workforce to live the MVV and to evaluate progress toward becoming a world-class organization. In 2014, C⁴V implemented a new campaign *See it, Own it, Solve it* (SOS), which is focused on accountability to help engage all members of the workforce in seeking innovative solutions to better serve Veterans.

1.1a(2) SLT members' **actions demonstrate their commitment to legal and ethical behavior**, and they **promote** an organizational environment that requires such behavior in accordance with the VA National Center for Ethics Four Compass Points for Ethical Leadership. First, SLT members demonstrate that ethics is a priority by talking about ethics and proving that ethics matters to each of them personally, by encouraging discussions of ethical concerns, and by participating on the Integrated Ethics Council (IEC). Second, they communicate clear expectations for ethical practice through policies, procedures, and education, beginning with SLT personal participation in NEO and reinforced through annual training for the entire workforce and contractors. They recognize when expectations need to be clarified by the questions, scenarios, and situations that come before the IEC, Peer Review Committee, or other listening mechanisms, including the Ethical Concerns Reporting Tool and the helpline. Communications about ethical expectations are explicit, identifying examples of concerns and linking recommendations to stories of personal experiences and the underlying values. As much as possible, senior leaders anticipate barriers to meeting expectations and allocate resources accordingly. Third, they role model ethical decision making, identifying decisions that raise ethical concerns and including the perspectives of key stakeholders in the decision-making process, clearly explaining decisions and recommendations. Finally, they support the Integrated Ethics Program (IEP) described in 1.2a(1). They are engaged in all aspects of the ethics program, encouraging the raising of concerns, having courageous conversations about concerns, reaching consensus about the best manner to address a concern, and encouraging audits related to high-risk issues to ensure that behaviors are appropriate. In 2012, C⁴V determined that scenario-based training would be more realistic and memorable, so the training was refreshed and updated, and in 2014, ethics were integrated into the new SOS campaign.

1.1a(3) Senior leaders **create a successful organization** through diligent allocation of resources, aligned to the mission, through the integrated planning and budgeting processes. Deployment of the I-CARE values creates an environment to **achieve the mission** and **improve** performance to world-class levels through organizational and personal **learning**. When the I-CARE values of *Integrity, Commitment, Advocacy, Respect,* and *Excellence* were adopted by the VA in 2011, the SLT spent a day off-site, focused on how to best integrate them into C⁴V, along with the VA

characteristics of being *Trustworthy, Accessible, Quality-Oriented, Innovative, Agile,* and *Integrated.*

The SLT systematically uses many methods to keep the values and characteristics at the forefront of everyday experience. For example, I-CARE certificates are available from the VA for the workforce to recognize each other's noteworthy words or actions that make a positive difference to the workplace and the Veterans served. Every meeting agenda, newsletter article, web page, and other C⁴V communication must be specifically linked with at least one value or characteristic. The linkages heighten awareness and focus and help create a **workforce culture** that is Veteran-centric and values-driven to deliver a **consistently positive customer experience**. When SLT members evaluated this process of *always* linking a value and/or characteristic, they found that linkages were usually obvious, and when a linkage was not readily apparent, the activity was usually non-value-added, or misaligned, and should be stopped.

The VA values and characteristics are also integrated into the process to develop plans, training, and improvement initiatives by using a weighted prioritization matrix. Each plan or initiative includes key Measure(s) of Success (MoS) to focus on management by fact, and is assigned to a single owner (not a committee or group) to create accountability. Clear communications regarding expectations for performance and developing the SOS culture help leaders create an **environment for innovation** and **intelligent risk taking**, as well as help the center achieve the strategic **objectives** and promote organizational **agility.**

Driven by use of the Baldrige Excellence Framework, the SLT considers the Baldrige concepts of *Visionary Leadership* and *Organizational Learning* to supplement the I-CARE values and VA characteristics with the core values of Baldrige that do not overlap. Use of all thirteen values and characteristics helps create balance among sustainability, improvement, agility, stability, and innovation, and drives organizational and personal learning.

C⁴V's Baldrige journey has helped promote sustainability by enhancing analysis of data tools and analytics. Using the NCA's Organizational Assessment and Improvement (OAI) Program as a model, C⁴V established a standardized process to assess performance and overall organizational health. Standard measures, which include a robust data dictionary and preset control limits, help the center evaluate when metrics are in need of attention in order to achieve high performance and focus resources for improvement. The preset limits include spreadsheet conditional formatting to automatically add red, yellow, green, and blue color-coding. On these color-coded stoplight charts, leaders encourage the workforce to "go for the blue"—levels of performance that are world-class in comparison to other organizations performing similar services, typically 90th percentile or above. "Green" status represents the 60th percentile, with "yellow" indicating 50th percentile, and anything below the 50th percentile (average performance) is considered "red." Additional upper and lower control limits were added in 2012 to alert the SLT to take action, and slope controls now trigger an audit when a performance change seems unrealistic. In response to inaccurate wait time reporting identified elsewhere in VHA, C⁴V was audited in June 2014 with no irregularities found. In 2012, C⁴V implemented a new service known as DataFACTS: **F**ind, **A**nalyze, **C**ompare, and **T**rend **S**ervice. The DataFACTS Team includes a biostatistician who supports all three C⁴V Associate Directors in converting the **big data** into information to guide decision making (specific support is described in category 4) and resource allocation. This model is being deployed throughout the VA.

The SLT participates in **succession planning** and development of future organizational leaders in accordance with VA policies. Succession planning and appointments for the Director, Deputy, and Associate Directors are made at the Administration level. Other SLT members' succession planning is accomplished by C⁴V. To prepare future organizational leaders, C⁴V strives to develop each member of the workforce to his/her fullest potential through the WEDMS (Figure 5.1-1).

All of the SLT members and many of the other leaders serve as VA-certified mentors. They support VA employee development through mentoring and coaching participants in the Leadership VA and Competency Development for Leaders (see 5.2b[3]) programs. They also support a variety of intern programs and mentor graduate-level students in related fields of study. SLT members provide expertise and funding for leadership development training at all levels, as described in category 5, and promote growth and development to ensure continuity of operations during their absences by assigning interim coverage to subordinates.

The SLT creates a culture of **patient safety** by setting clear expectations and rewarding safety initiatives, embracing the *Just Culture* and *Speak Up* initiatives of the Agency on Healthcare Research and Quality (AHRQ) and the Accrediting Health Care Group (AHCG). The SLT uses the *Good Catch!* award program to encourage reporting of instances where a potentially harmful event was averted. A multidisciplinary committee determines award levels, ranging from a certificate to cash, depending on the severity of the potential for harm. Initiated in health care operations, these processes are now deployed throughout C⁴V.

1.1b(1) The SLT **communicates** with and **engages** the entire workforce and key customers through the CS, shown in Figure 1.1-2, using the multiple communication mechanisms listed in Figure 1.1-3. Many of the mechanisms shown are designed to encourage frank, **two-way** communication, including effective use of **social media**. When feasible, **key decisions** are communicated in person to allow for clarification and help ensure understanding. Based on feedback from focus groups, follow-up talking points are now provided in writing to all senior leaders to ensure that a clear and consistent message is literally carried forth. Communications about key decisions are always aligned to the C⁴V values and characteristics.

The *analyze* phase of the CS takes on many forms. Based on an innovative idea from the Training Department, C⁴V now applies the Kirkpatrick Model for evaluation of training to the communication processes. The first level is to ensure that the intended recipients received the information. The second level evaluates whether the recipients actually understood the communication. Typically, this is evaluated through the conversations held during leadership rounds, giving the leaders something specific to discuss. The third level requires that the immediate supervisor or another observer ensure that the desired behaviors requested in the communication are being followed. The highest level is to

evaluate organizational performance relative to the topic. Based on the immediate post-dissemination analysis, the DataFACTS Team evaluates performance relative to the specific topic, as appropriate, as well as results related to the associated value/characteristic. The first level evaluates the effectiveness of the mechanisms for transmission, while the higher levels evaluate transmission of, receipt of, and action on the message. Level four also evaluates organizational learning about the topic.

The SLT takes a very active role in **motivating the workforce**, primarily through participation in **reward and recognition** programs. Reward and recognition are embedded into the *6-E Leadership Tool*. First, senior leaders **E**ducate the workforce about requirements and expectations, carefully aligning reward and recognition to the key intended outcomes and associated MoS. Next, they **E**quip the workforce with information about current and benchmark performance levels to help identify opportunities for improvement and innovation. Then, senior leaders **E**mpower workforce members with the necessary resources, **E**ngaging them by showing the integration of (1) the MVV, (2) their ability to *mean the world* to people by improving processes, and (3) both intrinsic and extrinsic motivation. Finally, C[4]V uses multiple mechanisms to **E**ncourage the desired behaviors through reward and recognition, based on performance **E**valuated through MoS. A cycle of improvement last year was to more tightly integrate the reward with the desired behavior, as shown in Figure 1.1-4, to **reinforce high performance** and a **patient and other customer** focus.

1.1b(2) The SLT creates a **focus on action** aligned with organizational objectives and the **MVV** and encourages high **performance**, **innovation,** and **intelligent risk taking** through use of the ILMS, Baldrige Criteria, and the *6-Ps of Leadership* and the *6-E Leadership Tool*. While preparing to stand up C[4]V, SLT members attended a team-building and problem-solving course. They used principles of appreciative inquiry to identify the most desirable characteristics of leaders based on personal experience and historical figures. They then focused on how to systematically incorporate these characteristics into daily activities. When the VA memorialized characteristics and values, C[4]V suggested many of the attributes that made the list. Leadership behaviors embedded at C[4]V for each characteristic include

- Trustworthy = Integrity + Capability + Capacity. Keep our word, treat others fairly, balance value, and base decisions on fact.
- Accessible = Physical + Emotional + Logical. Be approachable and open to ideas and suggestions by being positive and proactive.
- Quality-Oriented = Inputs + Processes. Continuously evaluate to identify the IDEALSolution within the current resource constraints.
- Innovation = Need + Knowledge + Creative thinking. Never be content with the status quo, nor desire change just to change. Seek always to be the role model in enhancing the Veteran experience.
- Agility = Flexibility + Sustainability. Seek to be reactive in a proactive manner. Create the future!
- Integrated = Me + You + Others are more than the sum of the parts. Embrace the challenges and advantages of being part of a larger whole, and seek to be both a disruptive and stabilizing influence.

There is a common saying within the VA: "If you've seen one VA facility, . . . you've seen one VA facility." Recent challenges—within VHA regarding access, within VBA regarding backlog, and within NCA regarding correct identification of gravesites—remind the workforce that "when something bad happens at one VA facility, it happened in the VA," and all of the VA feels the repercussions. Leadership's focus on *management by fact* promotes the confidence of all key stakeholders—especially the workforce, taxpayers, and Veterans—in C[4]V's quality and performance.

The SLT **identifies needed actions** based on performance measures; this identification includes careful selection of SMARTER goals when setting **expectations for organizational performance**. C[4]V formerly used the acronym SMART but then added the "ER" to ensure that all of the goals were **S**pecific, **M**easurable, **A**ligned, **R**ealistic, **T**ime-bound, **E**valuated, and **R**eviewed, as described in 2.2a(1). Ensuring that goals are aligned and realistic enables the SLT to focus on **creating and balancing value** for patients, other customers, and other stakeholders. Including short- and longer-term planning horizons for each goal helps to ensure that it is realistic. As described in 1.1a(3), C[4]V uses multiple "preset points" to prompt actions at various levels of leadership. Lower in the organization, the perspective is near term and more narrowly focused, as shown in Figure 1.1-5. Middle management is focused on the "operational zone" covering the 1–12 month timeframe. Higher in the organization, the perspective becomes longer term and more broadly focused. All workforce members are expected to spend some of their time in both the short- and longer-term domains. Leaders drill down and take immediate

Figure 1.1-4: Reward and Recognition Mechanisms

Program		See
Noncompetitive Individual Awards		
Penny for Your Thoughts	Improvement/innovation suggestions	2.1a(2)
Service anniv. awards	Longevity/seniority	5.1a(2)
"Out of this World" note	Exemplary "above and beyond" actions	1.1a(1)
Gasoline gift card	Working extra on short notice	5.1a(4)
Gasoline gift card	Five round-trip ride shares	1.2b(1)
Good Catch!	Errors caught before harm done	1.1a(3)
I-CARE Certificates	Noteworthy behavior making a difference to the workplace and Veterans we serve	
Resourcefulness Award	Environmental preservation	1.2b(1)
Advocacy Award	Bringing forward ethical concerns	1.2b(2)
See the Green	Environmentally friendly suggestions	1.2b(1)
Noncompetitive Group Recognition Awards		
You had a Hand in This	Talk with leaders; we're listening	2.1b(2)
"World-Class" pins	90th-percentile performance	4.1c(3)
Blue Ribbon Certificates	Group/Team PI initiatives	4.1c(3)
Competitive Awards		
Capture the Flag	Highest-level Veteran-centric performance	4.1c(3)
VIVA! Quality	Longest time since specific adverse event	4.1c(3)

Figure 1.1-5: Focal Point

action when a performance preset point is triggered; actions may include mentoring, brainstorming, or reallocation of resources. This approach helps the entire workforce to remain *focused on success* and innovative about reaching the vision.

1.2 Governance and Societal Responsibilities

The C⁴V approach to **responsible governance** and **leadership improvement** is rooted in the MVV and VA characteristics and begins at the very top. The VA Secretary states, "The VA Core Values and Characteristics apply across the entire VA organization." They are the foundation of VA culture and support VA's mission to provide the best care and services to Veterans, their families, and beneficiaries. They focus minds on the mission of caring and thereby guide actions toward service to others. These values—Integrity, Commitment, Advocacy, Respect, and Excellence—define the culture and strengthen the dedication to those served. They provide a baseline for the standards of behavior expected of all VA employees. They remind the workforce and others that "I CARE."

Veterans must know that C⁴V is "all in" when it comes to accomplishing the mission and living by the values. The SLT uses the *Analyze* and *Learn* phases of the LS to measure, monitor, review, and analyze the effectiveness of the systems and activities, based on their impact on results. The *6-Ps of Leadership* are the daily guide to leading:

- **P**urpose is providing others with a clear vision and direction to foster individual and organizational alignment. Purpose also provides a sense of security in the future and in the leader.
- **P**assion is the personal drive to realize the vision for the future. Teams and organizations sense the commitment and engagement by the SLT, and passion is contagious.
- **P**lanning understands that purpose and passion need direction and focus to move efficiently and effectively along the path.
- **P**ersistence is the willingness to stay the course through the tough times—staying focused on the vision and never wavering, even when the going gets tough.
- **P**atience means never giving up on the journey or the people who may not progress as quickly as desired, while recognizing that some may need a different seat on the bus or to go on a different bus.
- **P**resence is the commitment of the SLT to be visible and approachable on the front lines of the organization, listening, caring, and seeking to understand, including caring enough to take action—even if the action is not easy.

Incorporating the Baldrige Criteria as a key element of the PI system, the SLT uses the Criteria questions to evaluate and improve processes, as well as its own leadership effectiveness. SLT members use the MVV, characteristics, *6-E Leadership Tool*, and *6-Ps of Leadership* to guide behaviors to ensure **legal** and **ethical behavior**, fulfill **societal responsibilities**, support **key communities**, and contribute to **community health.**

1.2a(1) The processes to **review and achieve** good governance are shown in Figure 1.2-1. There is no traditional governance board. C⁴V reports to all three Administrations within the VA, so it is subject to review from each one and has the benefit of learning from all three. For example, C⁴V adopted the use of standardized measure sets patterned after the OAI program used to designate national shrines; VIRBO and VIVC have been integrated into the IEP; and full deployment of the Shared Governance Council to move toward Magnet status, as well as use of advisory councils that include Veterans and their families to provide input to key decisions being made, are common practices in the VHA, but not yet within the VBA or NCA.

1.2a(2) The performance of the **Director is evaluated** jointly by the VISN 8 Network Director, the Atlanta MSN Director, and the Southern Area Office Benefits and Loans Director. For

Figure 1.2-1: Organizational Governance/Accountability

Indicators	Processes
Senior leader accountability	➲ SMARTER planning and goals ➲ Internal and external audits ➲ IEP, including helpline ➲ OIG hotline/whistleblower protections ➲ Accreditation and review processes
Accountability for strategic plans	➲ SMARTER planning and goals ➲ Alignment of plans with higher headquarters ➲ Roll up of performance measures to higher headquarters
Fiscal accountability	➲ Internal and external budget accountability ➲ Fiscal performance measures ➲ Finance and Revenue Committee oversight ➲ Independent audits by OIG/GAO ➲ VHA/VBA/NCA oversight and audits ➲ Congressional oversight
Transparency	➲ Regulatory and accreditation oversight ➲ Public reporting of OIG/GAO findings/NOV ➲ Performance measures posted on website ➲ Institutional disclosures for errors ➲ Freedom of Information Act ➲ Federal regulations and contracts made public
Independence in audits	➲ External audits by accrediting bodies and OIG ➲ No-notice reviews by OIG/GAO/OAI/AHCG/CARF
Protection of stakeholder interests	➲ Stakeholder interests represented ↘ Patient Advocacy Program ↘ Veterans and families advisory councils ↘ VSOs/VAVS advocacy programs ↘ Focus groups (OEF/OIF/Women/LGBT) ↘ Shared governance councils system ↘ Feedback from Congressional staffers ➲ Anonymous reporting systems in place
Succession planning	➲ VA Leadership Development Programs ➲ IDPs

three quarters of the year, each of them rotates taking the lead on providing feedback to the C⁴V Director, while seeking input from the other two. For the annual appraisal, a 360-degree evaluation is conducted by one of the higher-level directors, incorporating input from the others, input from the members of the SLT, and a self-evaluation. Organizational performance is evaluated at each quarterly review session as one element of the overall appraisal. The C⁴V Director evaluates the Deputy Director and Associate Directors in the same manner, and the Deputy Director evaluates the **other members of the SLT** using the same process.

Performance evaluations are one part of **determining executive compensation**. Executive and organizational performance are the primary drivers of the SLT bonus package, and ratings are the basis for developmental opportunities and career growth. Due to issues arising from inappropriate reporting of performance regarding Veteran access to care at many facilities, bonuses were withheld throughout the VHA in 2014. The SLT is included in any disciplinary action from any Administration.

The most robust evaluations derive from the reviews of C⁴V's own performance compared with Baldrige Award recipients and other benchmarked organizations, both internal and external to the VA. The SLT and other leaders **use performance evaluations**, organizational performance metrics, and feedback regarding leadership from the All-Employee Survey (AES), Independent Practitioner Survey, and Volunteer Survey to identify personal and organizational areas of strength and opportunities for improvement or **development**. These performance reviews and aggregate information from individual development plans (IDPs) inform the training plans for the upcoming year. Recent examples have included leadership development regarding creating a safe environment for innovation, evaluating and improving communication effectiveness, and implementing principles of appreciative inquiry to focus more on the positive and identify behaviors to recognize and encourage. These areas of developmental focus have also resulted in updates to the LS such as the expressed requirement to provide a "safe, secure, and healthy" environment.

1.2b(1) While there are few **adverse impacts** of C⁴V's services and operations on society, it addresses them proactively. Adverse impacts generally are related to the consumption of **natural resources** or preservation of the environment through waste regulation. C⁴V has multiple mechanisms to reduce consumption of resources, ranging from electronic records cutting down on paper use in health care, benefits, and cemetery operations; to the car pool program, managed through the "employee self-serve" electronic platform. Riders record their shared trips electronically, and when they accumulate 10 round-trips, they receive a $10 gasoline gift card. Periodic audits are performed to ensure that ride shares are recorded accurately.

Use of electronic media also helps conserve natural resources, reducing physical trips among the facilities. This program began with telehealth services and quickly expanded to televisitation at VIVC through the innovative use of webcam technology. C⁴V now offers televisitation as appropriate for inpatients at HH through the use of portable computers and e-visit video communication. Electronic media initiatives have enhanced patient satisfaction by increasing visitation while reducing the carbon footprint. Such initiatives were recognized through C⁴V's *See the Green* campaign with cash awards; Veterans are now able to video-chat with the Benefits Office, enhancing relationship building by improving communication.

All of C⁴V's facilities are LEED-verified as "green," incorporating solar power for heating, ventilation, and air conditioning; water heaters; and parking lot lights. C⁴V installed vertical axis wind turbines at all four health care locations to generate electric power. To sustain both the environment and emergency operations, these technologies are tied to the main power grid and emergency generators.

Regarding waste reduction, C⁴V has an avid culture to *reduce, reuse,* and *recycle*, when possible. C⁴V installed the innovative *GreenMachine* technology that uses ozone in a zero-emissions process to sterilize biohazardous waste, reduce emissions by over 90%, and replenish the earth's ozone layer. *GreenMachine* also represents a strong business case for intelligent risk—the return on investment (ROI) was initially calculated at 2.7 years, but with excess capacity for waste processing and a partnership with the VI Waste Management Authority to process other island waste, the actual ROI was reduced to 2.1 years. This gave C⁴V an opportunity to contribute to the community initiative of *preserving paradise.* C⁴V also has a very active recycling program for paper, plastics, and metal.

C⁴V encourages efficiencies and conservation through its **supply-chain management processes**, as appropriate. Bulk quantity purchases are made when possible to reduce shipping costs to the islands, and volunteers or Compensated Work Therapy (CWT) employees repackage or "kit" supplies when needed. Suppliers are also eligible for the Resourcefulness Award Program. For example, C⁴V recently implemented a program with VI Granite Works to use the scrap from its headstone manufacturing as the gravel for Serenity Garden's walking pathways and labyrinth, creating a beautiful appearance that attracts visitors.

The primary **concern** of the **general public** with C⁴V's operations is localized traffic flow, particularly on Veteran-related holidays or during memorial services**.** C⁴V **prepares** for these impacts and concerns by publicizing the planned events and inviting the community to participate. The VSOs and local media are very supportive in alerting the community. The **concerns** of the **Veteran-specific public** relate to access, quality, safety, and customer experience—all strategic objectives of C⁴V. Establishing MoS for each objective and transparency in reporting results, integrated with the SLT's accessibility, address these concerns. When a particular concern is elevated, such as the access issue within the VHA in 2014, C⁴V partners with local VSOs and the media, and uses multiple communication mechanisms to inform and reassure the local population about its performance. A recent C⁴V message reminded Veterans that they can access immediate care through the Emergency Department, if needed. In addition, another patient advocate position was added, and advocate service is now available to all local Veterans, not just inpatients. When the VA was in the news in 2014, the outreach coordinator also helped take calls and respond to concerns. C⁴V encourages Veterans to reach out to other Veterans and the general public personally through traditional and social media to share their experiences, which helps alleviate anxiety.

Key **compliance processes, measures, and goals** for meeting or surpassing regulatory and legal requirements are shown in Figure P.1-4, with associated references to results. Key **risks** associated with operations, from the Veteran perspective, and the **processes** to address these risks are shown in Figure 1.2-2. **Measures and goals** are shown in Figure 2.1-5, as the risks are addressed in the strategic plan.

1.2b(2) SLT members promote and ensure **ethical behavior** in all interactions through the *6-E Leadership Tool*. First, they **E**ducate the entire workforce regarding expectations, beginning with NEO and on an annual basis using scenario-based training and the mandated *No Fear* training. Next, they **E**quip and **E**mpower workforce members to do the right thing through guidelines, policies, and procedures. SLT members **E**ngage the workforce through conversations about ethics and communications from Veterans about what C⁴V's services have meant to them. SLT members **E**ncourage ethical behavior through the reward and recognition systems. The Advocacy Award recognizes anyone who brings forward an ethical concern for discussion, deliberation, and decision, and C⁴V embraces and discusses whistleblower protection provisions. The SLT **E**valuates training effectiveness and the IEP through issues raised and audits, as appropriate.

Key to **promoting and ensuring ethical behavior** is the IEC structure that integrates ethical leadership, preventive ethics, and ethics consultation into a comprehensive program covering both medical and business ethics. Veterans, family members, beneficiaries, or any member of the workforce may ask for an ethics consultation at any time regarding any business or patient care concern. The council is chaired by the Compliance and Ethics Officer and includes legal counsel, physicians, clinical and nonclinical employees, administrators, and representatives from the Veteran community. During the annual process review, the IEC adopted new review methods to better protect identities. IEC members also created new guidance documents and patient education materials. Veterans were previously given a *Patient's Bill of Rights* on admission. They are now given a *Veteran's Rights and Responsibilities* document on enrollment for any C⁴V service. The new document is also printed in the *Patient Information Booklet* provided on admission and is posted in key areas throughout the facilities.

Key **processes** begin with an annual risk assessment as part of the environmental scan in the SPP. An internal audit work plan is developed annually to address high-priority issues based on rankings of likelihood, impact, and alternative means of potential detection. The risk analysis and audit plan drive auditing activities and the education plan, as well as the creation or editing of policies, procedures, and guidance documents. Every member of the SLT, the CO and COR, as well as everyone with purchasing authority, signs a conflict-of-interest disclosure annually.

Prior to engagement with C⁴V, all new workforce members undergo a criminal background check and sign a *Statement of Understanding* of the C⁴V *Behavior Standards*, which are addressed in the workforce handbook. Everyone on the workforce signs the *Statement of Understanding* annually during their performance appraisals. This creates an opportunity to discuss concerns with the rater. The Compliance and Ethics Officer is available for raising concerns outside of the chain of command, and a

Figure 1.2-2: Addressing Risks and Concerns

Strategic Objective	Concern/Risk	Addressed by:
Access	• Will I be able to schedule services as needed/desired? • Will I be able to get there and get in, with my limitations?	➲ Self-scheduling online ➲ Patient advocates ➲ Transportation available ➲ ADA accessible
Quality	• Will I have the best care/service available? • Would "mainland"/"mainstream" care be better?	➲ Outcome transparency ➲ Evidence-based care ➲ Strong communication ➲ Participative decisions
Safety	• Will I have benefits, health care, or interment errors? • Can I trust my life and future to C4V care?	➲ Strong communication ➲ Data transparency ➲ Veterans recommend care ➲ Written information
Customer experience	• Will C4V understand and address my "special needs"?	➲ Veterans recommend care ➲ Veterans serve Veterans

confidential helpline allows anonymous reports. All concerns are investigated, logged, and tracked by topic to identify opportunities for education or policy revision based on patterns or trends. This database is now cross-referenced with the Just Culture Survey and *Speak Up!* initiative, described in 1.1a(3), to better identify patterns and trends.

Measures or **indicators** of ethical behaviors throughout C⁴V, including interactions with the workforce, Veterans and other customers, partners, suppliers, and other stakeholders, include survey tools asking for a rating of C⁴V as "an ethical organization." This question is asked on the AES, Volunteer Survey, Vendor Survey, American Customer Satisfaction Index (ACSI), and IMPress Survey of Veterans. Audit findings, both internal and external, are also used as **indicators** of ethical behavior. New workforce members are asked to help identify ethical opportunities for improvement during the 30-, 60-, and 90-day evaluation processes, and departing workforce members are asked about any ethical concerns during their exit interviews. Program evaluation in 2013 uncovered a gap in surveying Veterans specific to benefits functions, so partner VSOs implemented a process using SurveyGorilla to fill the gap. This approach was later expanded to include the capture of satisfaction data on limited focus areas.

Monitoring breaches of ethical behavior is integrated formally into the audit process and informally by training all of the workforce and the Veterans to serve as the eyes and ears of Veterans and to *advocate* for them if they see a concern. **Response** to breaches of ethical behavior is based on the *just culture* premise, which is nonpunitive in the absence of intent. A *zero-tolerance* policy is in place for willful breaches. Action may include re-education and probation with heightened oversight, disciplinary action up to and including termination of employment, and criminal prosecution, as appropriate.

1.2c(1) C⁴V considers **societal well-being and benefit** as **part of strategy** discussions during the environmental scan and action planning, in alignment with the MVV. C⁴V contributes to the well-being of the **environmental** system through the implementation of the Green Environmental Management Systems (GEMS) Program, a systematic approach to environmental management within the VHA Environment of Care (EOC) management processes. GEMS guidance ensures environmental regulatory

compliance with Executive Order 13148 through policies and auditing processes. At C4V, GEMS was expanded into the benefits and cemetery operations, using the program and expectations to create C4V-wide compliance. C4V modified the program from PDSA to be IDEALS-based.

Daily operations, guided by the MVV, enhance **social and economic systems** by caring for Veterans and their families; addressing issues such as homelessness; and overcoming barriers to the physical, mental, and emotional health and well-being of those who served. As a major employer in the area, C4V supports the local economy. C4V also contributes to *preserving paradise,* as described in 1.2b(1).

1.2c(2) K**ey communities** include the VI and the Veteran population, based on regulatory authority. There is a specific focus on where those two groups—eligible Veterans who reside in or visit the islands—intersect. C4V actively **supports and strengthens** key communities through providing services and sponsoring activities. The SLT solicits ideas for involvement and prioritizes support based on the **core competencies**, MVV, best stewardship of resources, and value-added factors. An SLT champion is now assigned to nurture and coordinate each area of support. For example, as part of the OEF/OIF/OND Seamless Transition Outreach, teams conduct post-deployment health assessments for those returning from combat; assessments include the presentation of all available benefits and opportunities. "Welcome home" events, collaboration with the Homeless Coalition for stand downs, participation in Congressional-sponsored outreach fairs, and health screenings at many Veteran-centric events are key outreach mechanisms. For example, C4V outreach and clinical teams attend local Greased Lightning motorcycle rides and VI sporting events to give information to Veterans and conduct screenings for high blood pressure, high blood sugar, and other health-related issues.

C4V collaborates with community partners for emergency management. This partnership is demonstrated through annual community-wide mass casualty exercises and responses to actual events. C4V is the designated Federal Coordinating Center (FCC) for the islands and any cruise ships at VI ports of call. The FCC role is to receive, triage, stage, track, and transport patients affected by a disaster or national emergency, with the full support of state, regional, local, federal, and nongovernment organizations. The FCC was activated shortly after C4V opened in 2010, providing support to over 300 victims affected by severe flooding in the islands. Hurricanes are the major threat, but the VI has not had a major storm since 2010.

C4V partners with CSU for training, and its Institutional Review Board (IRB) is formally designated to approve, monitor, and review C4V research. C4V supports the community through fundraising for the Combined Federal Campaign, participation in the annual Heart Walk, and hosting frequent blood drives. Community outreach, such as suicide prevention and education about all types of trauma, is usually related to C4V core competencies. C4V provides Federal Emergency Management Agency (FEMA)-certified crisis counselors in the event of any disaster. Cross-training among the Substance Abuse and Mental Health Services Administration (SAMHSA), Emergency Mental Health and Traumatic Stress Services Branch, FEMA, and the VA enhances overall services and provides better support to Veterans. The entire SLT and others from the C4V workforce participate in the VI Speaker's Bureau to **contribute** to enhancing knowledge of the local community and promoting the **health** of the Veteran community.

Category 2 Strategy

2.1 Strategy Development

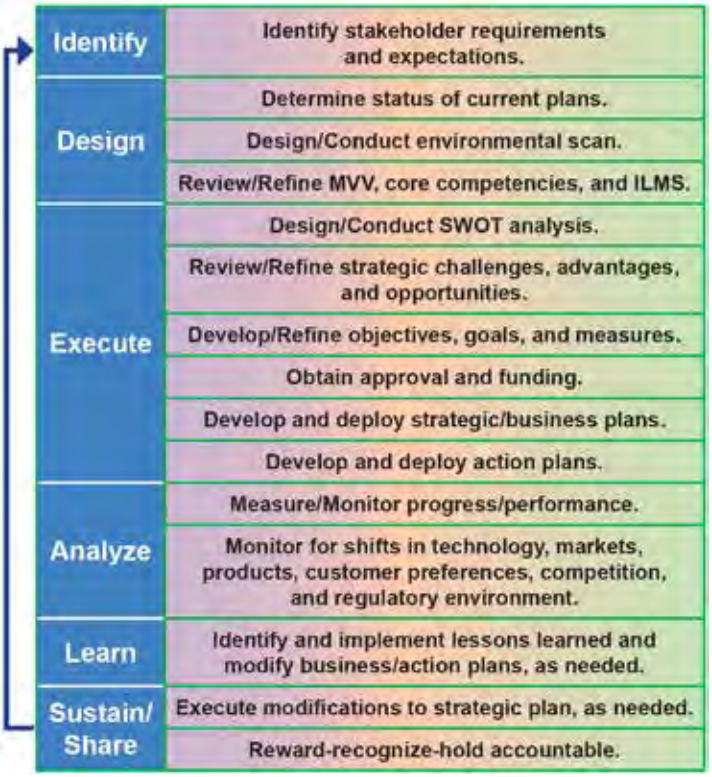
C4V establishes **strategy** and general objectives to address challenges and leverage advantages and opportunities through the SPS (Figure 2.1-1), as one element of the overarching ILMS. The SPS receives inputs from the LS (Figure 1.1-1), PMARS (Figure 4.1-1), and the CRMS (Figure 3.1-1). Strategy is deployed through the APS, shown in Figure 2.2-1. Data and information are collected from and transferred to key stakeholders for sharing and implementing role-model practices through the KMS (Figure 4.2-1). The OMIS, shown in Figure 6.1-1, provides C4V leaders at all levels with agility and promotes learning and innovation that is incorporated into the next strategic planning cycle.

The C4V strategic plan is a one-page document printed on folded heavy 11″ × 17″ paper that is specifically designed to be carried with leaders and managers to assist them in their day-to-day activities. Inside the cover, it contains the MVV and characteristics, all derived directly from the 2014–2020 VA Strategic Plan, the C4V core competencies, the key intended outcomes (KIOs), the key strategic objectives and most important goals, and the key measures with performance projections for the coming year and the next three years. During the annual retreat to begin the SPP, the SLT reviews the mission and values, updates the ILMS as needed, evaluates the core competencies and services offered, and refines the vision for the future, as appropriate. This is accomplished through a facilitated holistic review, dialogue, and consensus, which is an improvement over the previous process that required more time and was a less collaborative process of separately reviewing each item and requiring unanimous voting by all senior leaders to make any change. The mission and values are the same throughout the VA and would only be revised at the VA Central Office (VACO).

The ILMS were revised in 2011 to incorporate the integration of all C4V services, and the vision was revised in 2012. Rather than keeping three separate vision statements, C4V broadened the vision in scope to cover benefits, health, and memorial services and to be more directly aligned with the stated vision of the VA. The ILMS were revised again in 2013 and 2015 to align with Baldrige Criteria changes.

2.1a(1) The SPS, shown in Figure 2.1-1, identifies the major systematic approaches used for strategic planning. Details of the **key process steps** of the *execute* phase of the SPS and APS are contained in the SPP, shown in Figure 2.1-2.

Figure 2.1-1: Strategic Planning System

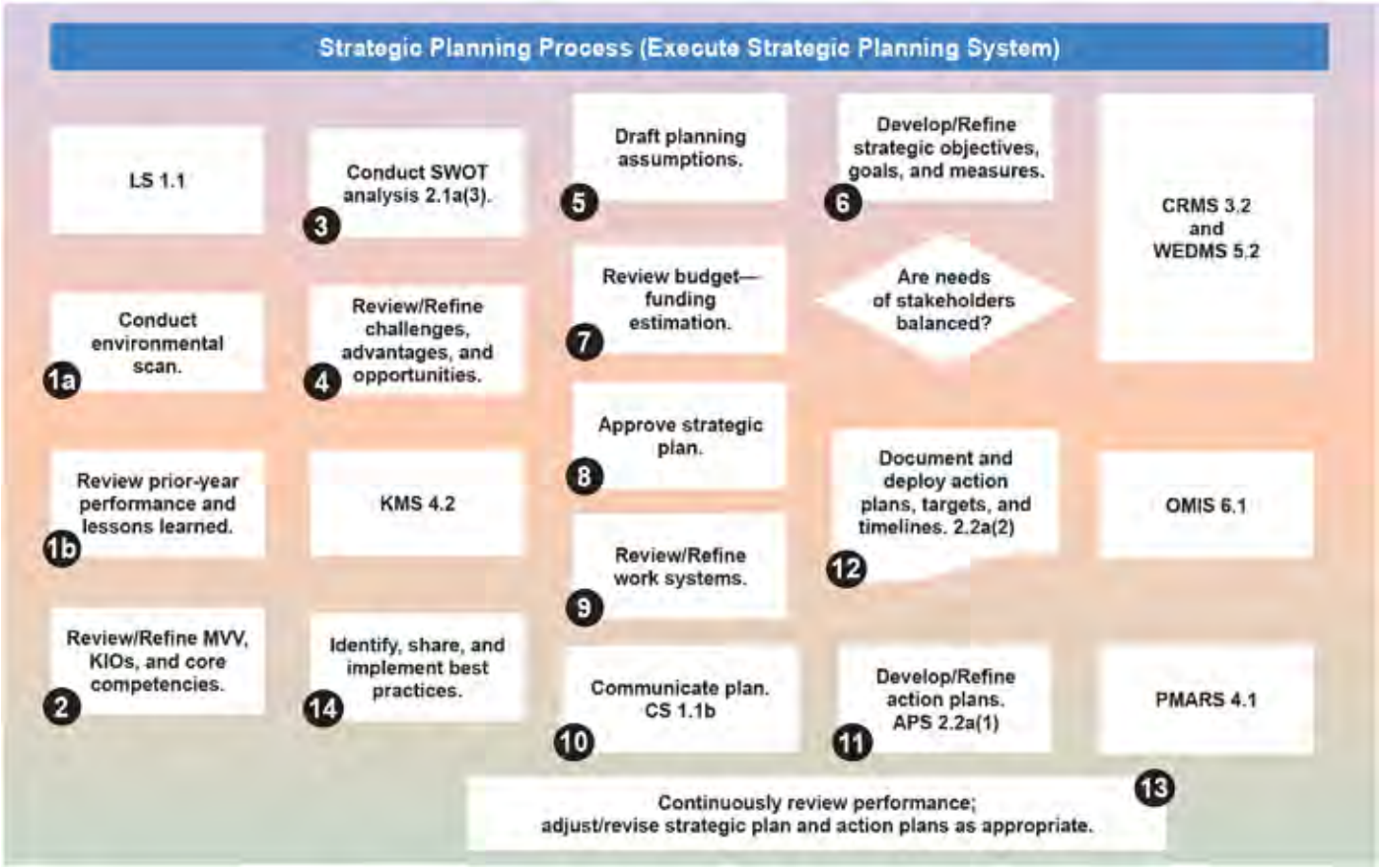


Representatives of each key stakeholder group **participate** in the planning process, or their requirements and expectations are discerned through the multiple communication mechanisms shown in Figure 1.1-3. The entire SLT **participates** in the SPP. Local VSO members, community leaders, and AGE representatives are invited. Draft plans are shared with the Atlanta MSN, the Southern Area Office, and VISN 8 for input and to check alignment prior to finalization.

The **short- and longer-term planning horizons** are one year and three years, respectively, based on the assessment of the changing regulatory environment and needs of Veterans. Prior to 2011, strategic planning was conducted and plans were published prior to the budgeting process. The one-year planning cycle now aligns with the budget cycle, giving C⁴V the ability to ensure that appropriate resources are available and the **agility** to adjust appropriately as regulations, requirements, and expectations change. The three-year plan gives C⁴V a degree of stability and keeps the longer-term focus on reaching the vision. The SPP **addresses the time horizons** by establishing objectives and measures of success for each horizon, and review of the horizons themselves are now part of the planning process.

2.1a(2) The strategy development process **stimulates** innovation through the establishment of stretch goals that represent targets for the three-year planning horizon, tying rewards and recognition to the early attainment of stretch goals and **incorporating** innovation through the *6-E Leadership Tool*. First, C⁴V **E**ducates the workforce through various training covering process improvement models such as theory of constraints, appreciative inquiry, Lean,

Figure 2.1-2: Strategic Planning Process



and Six Sigma, and discussing the importance of innovation, while emphasizing the three "must" criteria to evaluate innovative ideas: must not compromise safety, must add value, and must be reasonable.

Next, C⁴V **E**quips workforce members with information about the current and benchmark performance levels to help identify opportunities for innovation. Then, they are **E**mpowered with necessary resources and **E**ngaged in taking on projects to make improvements. Finally, C⁴V uses many mechanisms to **E**ncourage innovation. One cycle of improvement in 2012 was to reward the desired behavior—the submission of ideas—rather than only rewarding and recognizing ideas that were adopted. The *Penny for Your Thoughts* campaign rewards every submission of a suggestion for improvement with a penny attached to a certificate. The employee may choose to enter the certificate into a monthly drawing for prizes ranging from gift cards to a time-off-with-pay award. The most recent improvement was the addition of the 6th E—**E**valuate the impact on C⁴V key measures (Level 4 of the Kirkpatrick Model) such as safety, cost, efficiency, and effectiveness. This enables the SLT to show workforce members the major impact they make when *they lend a hand* to improvement.

Strategic opportunities and opportunities for innovation are identified during Steps 1 through 4 of the SPP, shown in Figure 2.1-2. The internal performance review and external environmental scan (Step 1) as well as the SWOT analysis (Step 3) uncover opportunities to evaluate for innovation potential. C⁴V uses principles of appreciative inquiry to imagine an "ideal" future during Steps 2 and 4 of the SPP and capitalize on the strategic advantages, and to ensure that core competencies enable pursuit of opportunities.

C⁴V leadership decides which **strategic opportunities are intelligent risks** to pursue through the strategic planning and action planning systems described throughout category 2 and a cost:benefit analysis, as described in 2.2a(3). The business plan and action plan template both require identification of **financial and other resources needed** to pursue these opportunities, so that resources can be allocated through the budget process or contingency funds. Large-scale or high-cost changes require a full business plan, whereas smaller-scope changes require completion of the action plan template. The SLT recognizes that each commitment creates an opportunity cost, drawing resources away from other programs, activities, and resource investments. This awareness helps guide fact- and criteria-based decisions regarding when to **discontinue pursuing opportunities** at the appropriate time to enhance support to higher-priority opportunities. The criteria that serve as the basis for these decisions include value to Veterans, support to C⁴V as a whole, and determination of the best course of action given the C⁴V MVV, strategic objectives, action plans, work systems, and core competencies.

The major **strategic opportunity** (SO1) is to identify and enroll all eligible Veterans, with a particular emphasis on those who are homeless. With the mandate of the ACA that all U.S. residents have health insurance, C⁴V intensified outreach to ensure that all Veterans eligible for VA services are enrolled. This adds value for the Veterans and also supports C⁴V financial sustainability, as VHA funding is driven by the number of "unique" Veterans under C⁴V care. DataFACTS now has a statistically valid formula to more clearly estimate the eligible population, based upon discharge data, income levels, recent combat deployment, and other factors. Using this as the denominator for the market share calculations, rather than the total number of Veterans in the area, provides the SLT with better information on which to base outreach activities. The secondary **strategic opportunity** (SO2) is the anticipated increase in the Veteran population of the VI, as the DoD downsizes.

Other innovative approaches C⁴V uses to intensify outreach include partnerships with homeless shelters and social service agencies and visits to areas around the VI where the homeless tend to stay. C⁴V expanded the Patient-Aligned Care Teams (PACTs) to include a benefits representative to create an expedited and smoother process for Veterans to enroll and engage with a PACT. This integration has improved satisfaction with the enrollment process (Figure 7.2-13) across all segments and supports the VA major initiative to eliminate Veteran homelessness. C⁴V initially planned to roll out one PACT designed to specifically serve the specialized needs of the homeless but learned that a designated team would actually be a barrier in serving this segment due to the associated stigma. All PACTs are trained to discuss homelessness with *Compassion* and *Respect* and to be alert to signs that a Veteran may be—or is about to be—homeless.

2.1a(3) Data are **collected** through the robust environmental scan and scorecards, **and analyzed** to **develop information** by the DataFACTS in collaboration with subject-matter experts (SMEs). Previously, nine key focus areas included Veterans and their demographics, economy and finance, human resources, IT and e-health, insurance and coverage, political issues, provider organizations and physicians, quality and safety, and science and technology. These were later modified to also address memorial and benefits services. The comprehensive services create the need for more comprehensive data, so the scan now includes those factors listed in Figure 2.1-3 and considers linkages to all strategic challenges, advantages, and opportunities.

Satisfaction analysis includes formal and informal data gathered from patients, other customers, and stakeholders (see category 3),

Figure 2.1-3: Key Elements of Environmental Scan Data Use

Data	Strategic Impact
Migration data	SC(all), SA5, SO1, SO2
VI demographics and population changes	SC3, SC4, SA4, SA7, SO1, SO2
Disease incidence rates	SC1, SA2
Socioeconomic and educational-level changes	SC3–SC5
Patient outcomes	SC1, SA(all)
Satisfaction	SC2, SA(all)
AES results and Workforce demographics	SC3, SC4, SA(all)
Technological advances	SC1, SA2, SA3
Research findings and changes in standards of care	SC1, SA2, SA3
Actuarial projections	SC(all), SA1, SA2, SA7, SA8
Participation rates with local VSOs	SC3, SA2
CSU enrollment in programs for future workforce	SC3–SC5, SA1–SA5, SA8
Eligible Veteran population and demographics	SC1, SC 5, SA2, SA5

Figure 2.1-4: Key Work Systems/Business Model

as well as from physicians, employees, volunteers, and students (see category 5). Technology advances include changes in IT. Robust data analysis helps identify **blind spots** and mitigate potential **risks to sustainability**. Integration of the budget process (SPP, Step 7), including workforce, operations, and capital budgets, helps ensure the **ability to execute** the plan.

2.1a(4) The C⁴V three services-based **work systems** are shown in Figure 2.1-4. Work system decisions, including which key processes will be **accomplished by external** suppliers and partners, are included in the SPP, Step 9. The primary evaluation factor is how to add best value for Veterans—considering capability, capacity, **core competencies**, and relevance of the task to the MVV, compared and contrasted against potential suppliers or partners.

When the analysis shows that the core competency is MVV-critical or would add most value to Veterans as an internal process, it is developed as a **future organizational core competency** and not outsourced. The **core competencies** were determined during the 2011 strategic planning cycle, identifying strategically important capabilities central to fulfilling the mission after the first year was complete. The core competencies, along with the MVV and ILMS, are evaluated and validated or refined during Step 2 of the SPP cycle to ensure that they remain current and appropriate. For example, *Baldrige-based leadership and management systems* were added as a core competency in 2012, when the second year of experience showed that a *systems perspective* would better align and integrate the comprehensive model of care for Veterans. The SLT refined and redeployed the ILMS to be more inclusive of VIRBO and VIVC.

2.1b(1) In order to attain the C⁴V vision of "the highest quality of care and support services," the SLT selected "world-class" strategic **objectives** (90th percentile performance). Their associated **goals** and the **timetable for achievement** are shown in Figure 2.1-5, along with the associated key **action plans** (2.2a[1]). There are no anticipated **changes** in products/services, suppliers and partners, or operations. Primary **key changes** in the customers and markets include an increase in eligible Veterans, as the DoD downsizes military operations. This anticipated increase, coupled with the recent access issues within VHA, has sharpened the focus on ensuring that Veterans served by C⁴V receive their services as desired. The economic recovery for the VI is expected to lag the mainland, as the primary economic driver in the VI is tourism. Incidents aboard several cruise ships recently have had a negative impact on the number of tourists visiting VI ports of call. The volume of burials and interments at VIVC is also anticipated to increase, due to the "baby-boomer bubble" entering the endstages of life.

2.1b(2) The strategic objectives comprehensively **address all of the strategic challenges and leverage the core competencies and strategic advantages**, as shown in Figure 2.1-5. All Veterans are eligible for interment at VIVC, but the commitment to providing Veterans with access to world-class care and services **leverages the strategic opportunity** of enrolling all Veterans who are eligible for benefits and health care services, which account for 99% of the budget. Enrollment enables C⁴V to provide world-class service to those who have served the country so well, helps eliminate Veteran homelessness, and preserves C⁴V funding by increasing the count of "uniques." Under the Veteran Equitable Resource Allocation (VERA) model, additional health care funding is given to C⁴V for each unique Veteran who is "vested," meaning that he/she has received a qualifying health assessment and recommended health screenings within the previous three years. The funding incentive related to vesting aligns the budget with a focus on wellness as an Accountable Care Organization (ACO), promotes Veteran well-being, and helps relationship development between PACTs and the Veterans they serve.

C⁴V funding for NCA and VBA activities is managed through the Resource Management Tool. Throughout the VA, directors input work activities and Veteran population demographics into this staffing model, and the system projects workload to drive budgets and allocate Full-Time Employee Equivalent (FTEEs) and other resources to the local level.

The targets for the short- and longer-term time horizons are also shown in Figure 2.1-5. The SLT **balances time horizons** by setting its sights on the vision of world-class performance (top decile) in all measures while setting realistic interim goals. Although frequently tempted to set "big, hairy, audacious goals," workforce members provided the SLT with feedback and solid evidence that being realistic, yet stretching, promotes their engagement in achieving the goal. This commitment by the SLT was the first systematic communication using *You had a Hand in This*—an icon depicting a hand holding a globe, now broadly deployed to inform the workforce and other stakeholders that the SLT decision included their input. This cycle of learning also strengthened the resolve to always require SMARTER MoS with *every* key process, requirement, and action plan.

The root cause analysis (RCA) of VHA access issues, VBA backlog, and NCA inaccurate records indicated that SMARTER goals, as well as the Baldrige-style assessment of performance levels, trends, comparisons, and integration, may have uncovered issues and undesirable behaviors before they grew to negatively impact Veterans and damage the reputation and credibility of the entire VA, including C⁴V. The plans consider and **balance the needs of stakeholders** by including their requirements and expectations in the planning process and using a matrix tool for prioritization, based on resources needed and probable impact.

Figure 2.1-5: Strategic Objectives and Goals

Strategic Objective	Strategic Goal	Addresses SA, SC, SO	Key Action Plan(s)	Measure of Success	2015 Target	2018 Target	Figure
World-Class Access	Every eligible Veteran or family member can access desired services at the desired time.	SC1, SC2, SC3, SC4, SA1, SA3, SA4, SA5	AP-1–Improve interment process efficiency	Burial/interment on desired date	95%	100%	7.2-22
		SC1, SC2, SC3, SC4, SC5, SA3, SA4, SA6	AP-2–Reduce processing cycle time by 50%	Enrollment/claim processing cycle time	30% reduction	50% reduction	7.1-14
		SC4, SC5, SA2, SA3,	AP-3–Improve outpatient appointment process	Appointments made <14 days	90%	95%	7.1-23
		SC1, SC4, SC5	AP-4–Reduce ED and urgent care (UC) wait time	ED wait <2 hrs if not adm, <4 hrs if adm. UC <1 hr	90%	95%	7.1-10
World-Class Quality	Compliance with National Shrine Standards	SC4, SC5, SA1, SA2, SA3, SA6, SA7, SA8	AP-5–Improve compliance with National Shrine Standards	NCA Shrine Standards	80%	100%	7.1-13
	Compliance with HEDIS initiatives	SC1, SC3, SC4, SC5, SA2, SA3, SA4, SA6	AP-6–Increase compliance with HEDIS initiatives	Applicable HEDIS measures	85th percentile	90th percentile	7.1-4
	Compliance with all process of care and outcome measures	SC1, SC4, SC5, SC6, SA2, SA3, SA4, SA6, SA7, SA8	AP-7–Improve percentile ranking within CMS	CMS-specified measures	87th percentile	90th percentile	7.1-3 to 7.1-7
	Low mortality rates	SC1, SC2, SC4, SC5, SC6, SA2, SA3, SA4, SA5, SA6, SA7, SA8	AP-7–Improve percentile ranking within CMS	Risk-adjusted mortality	83rd percentile	90th percentile	7.1-1, 7.1-2
	Low readmission rates	SC1, SC2, SC4, SC5, SC6, SA2, SA3, SA4, SA5, SA6, SA7, SA8	AP-7–Improve percentile ranking within Hospital Compare	Readmission within 30 days, CHF/AMI/ pneumonia	85th percentile	90th percentile	7.1-24
World-Class Safety	Safe workforce, patient, and visitor environment	SC4, SC5, SC6, SA1, SA3, SA7, SA8	AP-8–Reduce all injury rates to OSHA best percentile reporting (75th)	Any injuries at any C4V site	>75th percentile	>75th percentile	7.3-10
	Compliance with National Patient Safety Goals	SC1, SC2, SC3, SC4, SC5, SA2, SA3, SA4, SA7, SA8	AP-9–Improve compliance with National Patient Safety Goals (NPSG) measures (Patient Safety Index)	Current applicable NPSG	89th percentile	90th percentile	7.1-7
World-Class Customer Experience	Overall rating	All strategic challenges and advantages	AP-10–Improve overall customer satisfaction ratings	Customer/patient satisfaction survey questions	87th percentile	90th percentile	7.2-1, 7.2-2
	Willingness to recommend	All strategic challenges and advantages	AP-10–Improve overall customer engagement ratings		85th percentile	90th percentile	7.2-17
World-Class Workforce Engagement	Overall rating	All strategic challenges and advantages	AP-11–Improve overall workforce satisfaction ratings	Workforce satisfaction surveys	85th percentile	90th percentile	7.3-18, 7.3-19
	Willingness to recommend	All strategic challenges and advantages	AP-11–Improve overall workforce engagement ratings		88th percentile	90th percentile	7.3-20 to 22
World-Class Value	Operate within budget	SC1, SC2, SC3, SC4, SC5, SA3, SA4, SA5, SA7, SA8	AP-12–Operate within budget AP-13–HUD-VASH vouchers	Budget performance	97%	100%	7.5-1, 7.4-17

2.2 Strategy Implementation

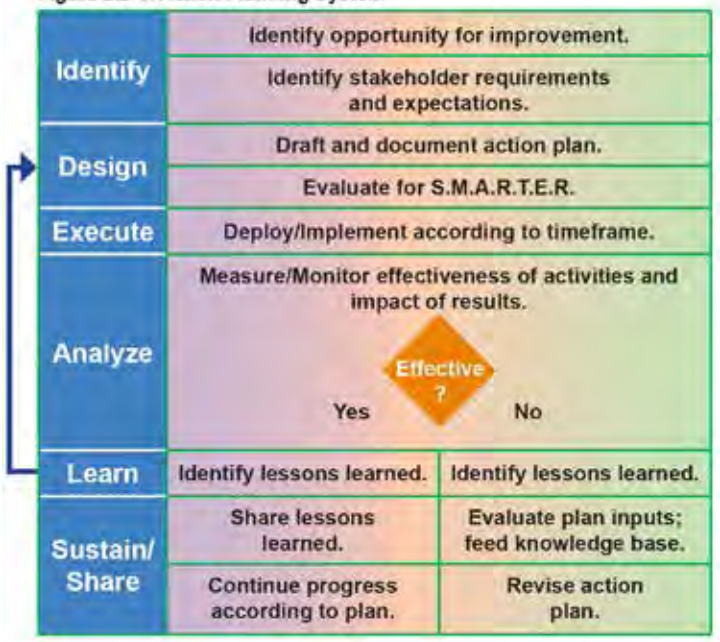
C⁴V converts the **strategic objectives into action plans** using the APS, shown in Figure 2.2-1, an integral element of the ILMS. The **summaries** of key action plans, including the key **measures/ indicators of progress,** are shown in Figure 2.1-5. The action plans are SMARTER—**S**pecific, **M**easurable, **A**ligned, **R**ealistic, **T**ime-bound, **E**valuated, and **R**eviewed—which means that the **projections** for future performance on these measures or indicators are equivalent to the targets shown, because the targets are established considering the projected impact of the plans. Most of the targets are percentile rankings to incorporate key **comparisons**. A function of DataFACTS is now to help project the shift in actual performance that will equal top decile, based on historical trends and known improvement activities in the sectors.

2.2a(1) Action plans are **developed** using the APS (Figure 2.2-1). All key **action plans are related** to the strategic objectives and have short- and longer-term targets listed in Figure 2.1-5.

Particular attention is given to ensuring that key action plans are **SMARTER**:

- **S**pecific means that the deliverable is very clear. Plans always begin with an action verb selected to facilitate movement.
- **M**easurable includes the Baldrige evaluation factor of levels—evaluating progress based on a meaningful measurement scale. As a cycle of learning, plans may cite *intangible results,* but all plans must include at least one quantifiable MoS.
- **A**ligned means each plan must support one or more strategic objective or goal. In 2011, a step was added to ensure that every goal and objective had sufficient action plan support.
- **R**ealistic includes clear understanding of context based on comparison information and evaluates resources necessary to move at the desired rate—such as people, finances, space, equipment, and ideas.

Figure 2.2-1: Action Planning System



- **T**ime-bound includes the accomplishment of short- and longer-term goals by a specific date, typically aligned to the planning horizons.
- **E**valuated is now driven largely by DataFACTS. As described in category 4, DataFACTS ensures that data can be converted to reliable, valid information upon which to base decisions.
- **R**eviewed means ensuring a culture of accountability and commitment by identifying a recurring venue where the SLT or a governance committee reviews performance. Incorporating this step has streamlined the dashboards and data collection.

In 2013, an action plan template was developed to ensure that all SMARTER elements were fully deployed and documented in every plan. Effectiveness of the templates was evaluated in 2014, and they were revised to include DataFACTs and AGE representative sign-offs on every plan to ensure that the MoS can be collected and that all measures are included in the C4V data dictionary. AGE also helps to communicate and deploy the plans to the workforce.

2.2a(2) Action plans are **deployed** to the workforce and to key suppliers and partners, as appropriate, by considering their requirements and expectations in all plans. The "people and plans"-oriented systems in the ILMS, including the LS (Figure 1.1-1), SPS (Figure 2.1-1), APS (Figure 2.2-1), CRMS (Figure 3.1-1), and WEDMS (Figure 5.1-1) all include a step to *Identify stakeholder requirements and expectations.* The CS and communication mechanisms shown in Figures 1.1-2 and 1.1-3 are used to identify requirements and expectations when a stakeholder group is not directly included in the planning processes to ensure that key **strategic objectives** are achieved. Typically, when a plan hits a barrier or "speed bump," a root cause is found to be that a stakeholder or his/her requirements and expectations were not adequately addressed or considered. To enhance the identification processes prior to finalizing an action plan template, the plan owner must now conduct a brainstorming session on this topic, without looking at the plan. This helps encourage new thoughts and ideas, rather than simply going along with the written plan.

Plan owners and C4V leadership ensure **sustainable key outcomes** of the action plans by making plans that are ***R**ealistic* and include a mechanism for ***E**valuation and **R**eview.* Integration of DataFACTS into the planning process has greatly enhanced the ability to set realistic goals and obtain comparative and benchmark data.

2.2a(3) The action plan template requires identification of necessary **resources** of all types to accomplish the plan. Integration of the Strategic and Action Planning Processes with the budgeting cycle helps to ensure that financial and other resources are available to support the plans while meeting current obligations. The budget process includes personnel, equipment, capital, facilities, and other resources, in addition to financial considerations. In 2014, C4V added a master facilities plan to ensure that plans consider space as a resource, particularly with changes in technology and the space re-allocation potential, based on the impact of the increasing use of telehealth care and *e*Benefits.

Action plans are segmented according to scope. *Personal Plans* are owned by the respective individual and incorporated into the performance management system described in 5.2a(3); they must align to department and overall C4V goals and objectives. *Department/Service Plans* are owned by the respective manager and are established to support overall C4V goals and objectives and must be implemented within the scope of the manager. Multiple areas may have similar *Department/Service Plans* and are encouraged to share details and progress informally as well as formally during committee meetings, recurring reporting venues, and improvement fairs. *Strategic Action Plans* are those that involve multiple areas within C4V, where **resource allocation** is crucial. For these plans, an SLT member is assigned responsibility as the "champion" to ensure adequate resourcing and compliance with time schedules and performance. For example, many strategic action plans commonly involve the Public Affairs Office (PAO), volunteers, VA-OIT, or DataFACTS. Champion oversight to coordination at the *Strategic Action Plan* level enables these areas to better plan and allocate their time.

One element in determining that a plan should be a *Strategic Action Plan* is the degree of risk/impact. Therefore, the template for this level of plan includes a *Business Impact Analysis* component to manage the financial and other risks associated with the plans and to **ensure ongoing financial viability** and stewardship of taxpayer resources.

2.2a(4) The key **workforce plans** to support short- and longer-term strategic objectives and action plans are incorporated with the master staffing plan, described in 5.1a(1). Each action planning template addresses **potential impacts on workforce** members and potential changes in **capacity** needs. These anticipated changes are factored into the master staffing plan and justified through the budgeting process when plans create changes in personnel requirements. Anticipated workforce **capability** changes are addressed through the educational needs assessment.

2.2a(5) The **key performance measures** and indicators C4V uses to track the achievement and effectiveness of action plans are shown in Figure 2.1-5. The action **plan measurement system**

reinforces organizational alignment by including at least one MoS with each action plan, and each action plan must align to C⁴V objectives. DataFACTs has enhanced the capability to identify relevant data and comparative information. C⁴V includes its measures on the VA Performance and Accountability Report (PAR), as reported to Congress annually and publicly posted. C⁴V also strives to avoid measures of volumes—preferring rates or ratios as better mechanisms to evaluate performance and progress. When possible, measures are risk- or severity-adjusted to enable more valid comparisons.

2.2a(6) Performance projections are equivalent to the short- and long-term targets in Figure 2.1-5 (discussed in 2.2). Projections for competitors or comparable organizations, along with **key benchmarks** (measures of success), are shown in the respective results figures in category 7. If there are any key gaps in performance identified against competitors or comparable organizations, DataFACTS provides this information to the SLT for discussion and decision making regarding agile action planning or inclusion in the next systemic performance review.

2.2b The action plan owners or other C⁴V leaders establish and implement **modified action plans** if circumstances require a shift in plans and rapid execution of new plans. The need for plan modifications mid-cycle is usually identified based on performance below expectations or changes in the regulatory, human resource, operational, or other environment factors. As with initial plans, the scope of the plan determines whether the plan will remain service/department specific or more strategic in nature. The same planning template and processes are used.

Category 3 Customers

3.1 Voice of the Customer

The CRMS (Figure 3.1-1) is deployed throughout C⁴V and includes systematic approaches for **listening to customers** and multiple mechanisms for **gaining information** regarding **satisfaction, dissatisfaction,** and **engagement**. As with the other systems of the ILMS, the CRMS begins with "identification," which is based on data and information gathered through the CS (Figure 1.1-2). Data and information are analyzed through the PMARS (Figure 4.1-1), which adds to the knowledge assets through the KMS (Figure 4.2-1). The CRMS is deployed primarily through the *execute and analyze phases* of the LS (Figure 1.1-1), and the *analyze phase* of WEDMS (Figure 5.1-1).

3.1a(1) C⁴V **listens to customers** using the multiple two-way communication mechanisms listed in Figure 1.1-3. A unique and innovative aspect of discerning communication and learning preferences involves using what was learned to **take action** and build relationships. When Veterans are enrolled for benefits, information is requested about various preferences. Topics include how they prefer to be addressed and preferences for communication and learning, food, hospital room type, religion, etc.—even ensuring that the Veteran is aware that there are over 60 emblems of belief that can be carved into NCA headstones.

This process evolved from benchmarking with Frish-Martin hotels. It was piloted in the health care operations as a "preferences page" in each patient record. Veterans and others see that C⁴V lives the values, specifically *Commitment, Advocacy, Respect,* and *Excellence,* through "seemingly simple" tasks such as serving their coffee and other menu items tailored to their preferences, or placing them in a bed by a window with a softer pillow. Giving people exactly what they want also greatly reduced waste.

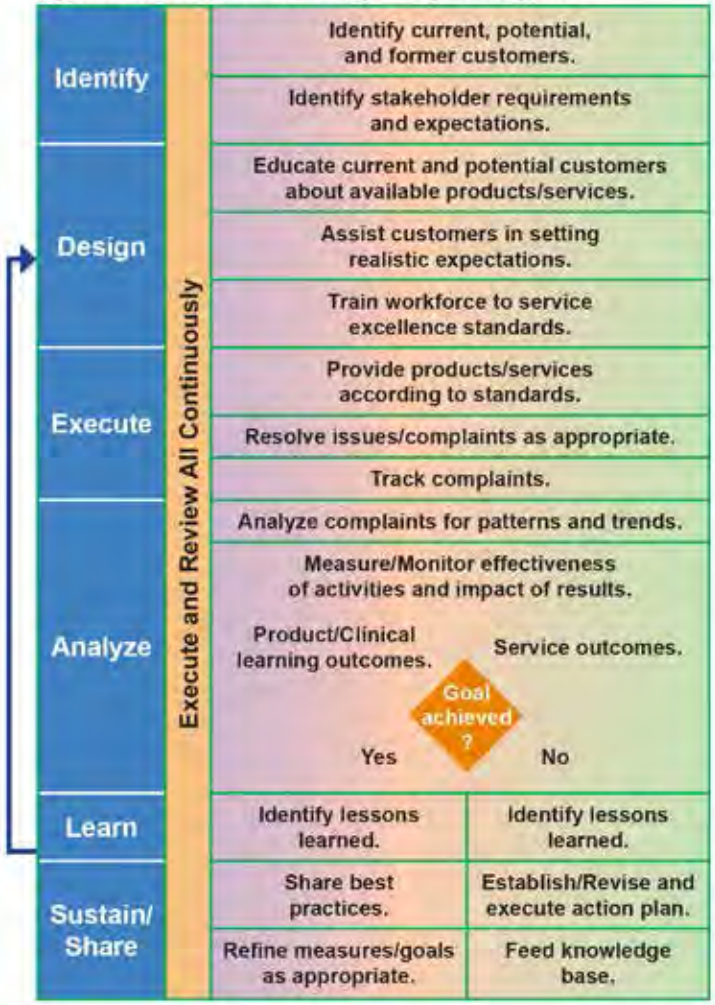
As a cycle of improvement in 2013, the preference page information now incorporates advanced directives, language preferences, and learning style, and Veterans are offered an opportunity to update preferences at each encounter. Additionally, the preference page has been updated to allow complaint information to be included (see 3.2b[2]), which automatically informs the Veteran's PACT. Learning style and other preferences have been particularly helpful to the rehabilitation counseling process to evaluate education and job development opportunities.

Determining preferences and keeping contact information updated are particularly critical for homeless Veterans. Initially, a PACT was planned to specifically address the needs of the homeless, but the associated stigma and geographic limitations were identified as barriers to access. PACTs are now strictly geographically focused, with staff cross-trained to understand the risk factors associated with TBI and other combat-related issues to prevent Veterans from losing their homes.

As described in 2.1a(2), the *6-E Leadership Tool* focuses the C⁴V workforce on capturing and communicating information gained during **interactions with**, and **observations of,** customers. As an example of a recent innovation from volunteers, when a Veteran is admitted to HH, a volunteer stops by with an "art cart" to see if the new patient would prefer a different picture on the wall. Volunteers selected for this role are all Veterans and have received special training in relationship development and stress management—including recognizing signs of stress in the Veterans, who are typically very stoic. Volunteers use this time to connect with the patient; offer the myriad of relaxation services, including massage, music therapy, animal visitation, spiritual care, and support groups; and demonstrate I-CARE. Employees also offer these services to Veterans throughout their hospital encounters, and the volunteer can be requested to re-visit, if the caregivers see the need. Constant vigilance and re-visits are crucial to effective stress management and relationship building, as many Veterans need to develop a sense of trust and emotional safety before they will admit they have a need. Stress management modalities enhance satisfaction (Figure 7.2-1), help with pain control (Figure 7.2-8), and decrease use of opiates. Stress reduction services are now offered without charge to nonhospitalized Veterans who are vested, as explained in 2.1b(2). This strengthens their relationship with C⁴V, serves as incentive for them to remain vested, and engages them with other Veterans through using these modalities.

Workforce education about building relationships and the customer experience standards begins during NEO, is updated during

Figure 3.1-1: Customer Relationship Management System



annual refreshers, and is reinforced by unit-based discussions and role play during staff meetings. NEO and most training are integrated for NCA, VBA, and VHA personnel to promote learning and stimulate new ideas and innovation across the various services, as described in 5.1a(2). Many of the workforce members are Veterans, so C[4]V now systematically engages them during NEO and performance evaluation meetings in discussion about Veteran requirements and expectations, and how C[4]V could better demonstrate I-CARE. The suggestions they make are recognized with *You had a Hand in This* to **E**ngage them in making additional suggestions. All educational offerings are evaluated based on perceptions of the learners, impact on behaviors, and results—at all Kirkpatrick levels, as described in 5.2c(2)—and improved with IDEALS.

According to expressed preferences, the listening methods are tailored to the individual and **vary for different customers, customer groups, or market segments.** For example, by direction of the VACO, the Survey of Healthcare Experiences of Patients (SHEP) questionnaires are only conducted for VHA and only by mail. ACSI and Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys are used for memorial and insurance services. To address the other stakeholder groups and gather additional information, C[4]V partners with the local Veteran Service Organization (VSO) to use SurveyGorilla to ask additional questions and gather segment- or service-specific information. For example, 10% of Veterans receiving outpatient care each month are randomly selected to receive a survey link, limited to one survey every six months. Veterans receiving recurring services are sent a survey link on a quarterly basis. Since these surveys can't include comparison data, C[4]V incorporates questions about other instances where the Veteran has used a similar provider to ascertain relative performance. DataFACTS determined that information regarding competitors and others offering similar services that could be obtained through these processes did not adequately address the challenge of the impact of health care reform, and results were not received in a timely manner, so C[4]V contracted the services of IMPress, a national health care satisfaction survey provider. As an additional cycle of improvement in 2014, surveys can also be accessed through the information kiosks located in each facilityfor those who may not have computer/internet access readily available.

C[4]V **uses social media** such as AppearanceBook, BirdCall, PinBoard, and SpinPanel to monitor and aggregate customer comments. HIPAA and VA regulations preclude the ability to share some information, and so, as an innovative solution, C[4]V actively encourages Veterans and family members to share their experiences with C[4]V and other Veterans on PinBoard. The PAO monitors what is "pinned" and "re-pinned." Veterans use these social media to enter reviews or identify "best practices" to help other Veterans navigate the often complex VA processes. When this happens, process owners use appreciative inquiry to conduct a positive RCA (RCA+) to learn why the recommendation works well and use the APS (Figure 2.2-1) to make the process more systematic. These improvements are also communicated using the *You had a Hand in This* program and icon, described in 2.1b(2).

C[4]V uses many **web-based technologies**, with the most visible being the (public access) website. C[4]V is linked to the VA administrative websites of NCA, VBA, and VHA, and each website has a "contact us" link. VA also hosts the Inquiry Routing and Information System (IRIS) for the public to obtain general information and as a secure way to send queries that contain personally identifiable information (PII). Users may submit compliments, complaints, and suggestions via IRIS, which routes the message to the appropriate station, service, and/or team. Additionally, the VA offers MyHealtheVet (MHV) and the *e*Benefits portal as secure messaging systems with the respective health and benefits functions at C[4]V. Recognizing that not all Veterans have computer access or are computer-capable—particularly homeless, disabled, and elderly Veterans—C[4]V collaborated with the VI Division of Libraries, Archives, and Museums on the VI Network for the Future (VINF). Beginning in 2013, C[4]V laptop computers began to reach their replacement schedule, so the C[4]V IT Department suggested an innovation: delete data files and donate the computers to VINF for relocation into libraries, museums, and VSOs. Recipient facilities agreed to provide computer support to any Veteran upon request to enhance Veteran access to C[4]V services.

In a cycle of improvement two years ago, all comments received through NCA, VBA, and VHA links are routed into the Patient Advocate Tracking System (PATS) and communicated to the PAO. The PAO aggregates, reviews, and analyzes the data to better discern satisfaction and dissatisfaction patterns and trends.

Trends and significant events are reported to SLT members at their daily huddle and reported to the PIT Crew monthly. Additionally, the PAO prepares "walking and talking" points for the SLT to deploy during daily leadership rounds. Key learnings are incorporated into the annual refresher training the following year or escalated as additional training in the current year.

In 2013, C⁴V installed webcams in some key areas of the campus. Through this **web-based technology**, families can "visit" the final resting places of their loved ones from anywhere in the world, and anyone can sit and relax, watching the waves come ashore on the property or see the tropical birds and plants in the C⁴V Serenity Garden. Early in 2014, these relaxing venues were more systematically incorporated into the stress management programs, with audio recordings and video displays available through the closed-circuit television system as relaxation modalities.

Quick Response (QR) codes were initially added to C⁴V information kiosks and signage to help families use the NCA gravesite locator service. QR codes are now used to enable the Veterans to more readily link with social media websites, and DataFACTS monitors "page views" as a listening mechanism to evaluate engagement and invites guests to these pages to link with the AppearanceBook page to "like" C⁴V or pin C⁴V on PinBoard. A recent innovative use of QR codes enables Veterans and families to "request a survey" from the VSO to provide C⁴V with feedback. An interactive site provides the appropriate link to a survey specific to service type and customer segment. The most recent QR code idea was to link to interactive maps to help Veterans and visitors find the services they are seeking anywhere on the campus, not limited to the cemetery. A smart phone "app" is under development to help Veterans navigate parking and physical access to C⁴V facilities. After the C⁴V pilot of the app is complete, it will be deployed to larger, more complex VA facilities.

To determine how perceptions **vary across the customer life cycle,** one of the demographic questions on each of the SurveyGorilla surveys asks whether the respondent is new to the system, visiting the VI, or has experienced care at C⁴V previously. To gain better comparative data, surveys now ask if the respondent has experienced care elsewhere within the past year and, if so, offers them the opportunity to complete an additional survey regarding that experience. Although not provider-specific, this mechanism obtains general comparison/competitor information to uncover potential opportunities to improve.

By regulation, the SHEP survey is not customizable, but the IMPress tool, SurveyGorilla surveys, and the compliment/complaint system are approaches to **seek immediate and actionable feedback** from customers on the **quality** of products, customer **support**, and **transactions**. After benchmarking with a previous recipient of the Casey Performance Excellence Program (CPEP), C⁴V posted collage frames with pictures of the current workforce in each area above a "comment card" box, inviting immediate feedback about specific customer-workforce interactions. Managers check the boxes before the end of each shift, enter the feedback into PATS and write affirming notes, or talk with those named in negative feedback. After a pilot period in VHA, this process was deployed to the NCA and VBA operations. Entry into PATS enables sharing of strong practices and opportunities for improvement and informs the training for the next year.

3.1a(2) C⁴V listens to **former customers, potential customers, and competitors' customers** to obtain actionable information and feedback using the mechanisms listed in Figure 1.1-3. Once engaged with the VA, most Veterans use VA services exclusively. Integration of benefits operations with the PACTs enables C⁴V to know when a Veteran receives health services from a non-VA provider to follow up and determine the reason. Similarly, integrated services enable C⁴V to contact the families of Veterans who receive non-VA memorial services to listen and learn why they did not select C⁴V. The most frequent reason cited is lack of awareness of benefits and services.

This feedback prompted action planning to increase efforts at outreach to potential customers. In a 2014 cycle of improvement, SurveyGorilla links are sent to any Veteran who has received fee-based services to determine relative satisfaction with the alternative provider and request suggestions for improvements to C⁴V services. A 2014 suggestion from a Veteran volunteer at C⁴V resulted in communications with any Veteran who selects to use the services of other providers being clearly focused on "help VA improve, so that the next Veteran receives even better care." This approach has improved response rates and identified opportunities for service recovery that increased engagement, measured by "willingness to recommend."

C⁴V incorporates the reasons that Veterans currently receiving services are "highly willing to recommend" into the approaches for offering services to **potential customers**. First, participation in DoD programs providing "transition assistance" to active duty military who are getting ready to transition to "Veteran status" identifies potential customers. Next, those who claim the VI as their home of record are proactively contacted and informed of C⁴V services and offerings. Within two weeks of official discharge, service members are contacted by either the Benefits Officer or social worker of a PACT to ensure that eligibility is understood. Outreach staff recognized last year a need to improve the process, so they began offering Benefits Information Days (BIDs) to inform Veterans who are *not* newly separated about their potential eligibility for the services. This day is offered as a "fair" atmosphere, including refreshments and tours of the station. BIDs also serve as an opportunity to engage Veterans in becoming volunteers or employees at C⁴V. BIDs have helped the outreach to the homeless, specifically providing information to shelters and known homeless living areas about these events. In 2014, C⁴V offered the first "off-site" BID in a park downtown near the St. Thomas homeless shelter, yielding the enrollment of 17 Veterans for C⁴V services.

C⁴V recognizes that Veterans who are C⁴V employees or volunteers are likely to be **potential** customers of C⁴V, and non-Veterans are likely to be customers of **competitors** or others providing similar services. Capitalizing on the *You had a Hand in This* program, patient advocates frequently ask workforce members to share their own experiences to help C⁴V learn and improve. Many welcome the opportunity.

3.1b(1) C⁴V **determines customer satisfaction, dissatisfaction, and engagement** primarily through integration of information gained from surveys, focus groups, and comment cards. As noted in 3.1a(1), methods **differ among customer groups and market segments**. Dissatisfaction is measured primarily through low

scores on satisfaction surveys, complaints received, and negativity on social media. Memorials personnel are the benchmark for satisfaction within C4V, and VIVC personnel engage as instructors for "The Experience of the Veteran" classes. All results flow into the C4V Data Warehouse to **capture information,** and PMARS enables analysis by DataFACTS and process owners. In addition to the coding system used to note source, type, and topic of feedback, the system also prompts entry of the type of service and whether the comment is negative, neutral, positive, or mixed. An improvement, based on the IDEALS analysis of both CRMS and PMARS, incorporated a thesaurus database, so that feedback can be aggregated by key words or "close matches" to better identify trends.

This robust analysis makes the data **actionable** for use in exceeding customers' expectations and **securing long-term engagement**. The training focus for 2013–2014 was deployment of the *Platinum rule* to ensure that the CRMS is used to understand requirements and expectations of customers. The *Platinum rule* goes beyond the *Golden rule* that states "do for others as you would have them do for you"—encouraging the workforce to "do for customers according to the *customer's* preference." The preference database was fully deployed throughout C4V to all NCA, VBA, and VHA services and facilities during this campaign.

C4V determines **dissatisfaction** and captures actionable information for **future** use by analysis of the "bottom-box" scores within the various mechanisms described above, as well as through the complaint management process described in 3.2b(2). This information is used to determine **priorities** for customer experience training and process improvements, and it drives updates to policies and procedures.

3.1b(2) C4V **obtains information** on Veteran and other customer satisfaction relative to **satisfaction with competitors,** other organizations providing **similar products and services,** and **industry benchmarks** directly through asking them, as noted in 3.1a(1). Additionally, process owners and DataFACTS analyze publicly reported data as available, including HCAHPS for VHA, CAHPS health plan comparisons for VBA, and ACSI for NCA, in addition to comparison information available from within the VA.

3.2 Customer Engagement

C4V **determines product offerings** to support customers in accordance with Title 38 of the Code of Federal Regulations that governs benefits provided to Veterans through the environmental scan of the SPP and ongoing monitoring and analysis of data and regulations changes. **Communication mechanisms** are determined by the process owner using the CS (Figure 1.1-2), based on demonstrated effectiveness as described in 1.1b(1) and expressed preferences of Veterans, their families, and survivors. C4V **builds relationships** with patients and other customers through the use of the CRMS (Figure 3.1-1).

3.2a(1) Many aspects of the **market requirements** for the **product offerings** and **services** of C4V are based on laws, rules, and regulations that are communicated through the organizational structure of the VA and legal counsel. C4V determines **customer requirements** for product **offerings** and **services** by the listening mechanisms shown in Figure 1.1-3 and described in 3.1a(1). In addition to the CRMS (Figure 3.1-1), study and analysis of external and internal data, as described in 2.1a(3), 4.1, and 4.2a, also contribute to understanding requirements and expectations of stakeholders, as well as available products, technologies, services, and evidence-based care to **identify** and **adapt** C4V offerings to **meet the requirements and exceed the expectations** of customer groups and market segments.

For example, to expand access to services, a C4V PIT Crew conducted research and benchmarked within the VA, with other health care providers, and with other industries. C4V implemented a myriad of innovative ideas and is still seeking solutions. Examples of new processes include expanded hours of service and additional group appointments. DataFACTS also benchmarked with airlines and hotels to explore the feasibility of overbooking. Patterned after these, as well as the restaurant industry, C4V offers "standby" appointments where the Veteran is guaranteed to be seen on a particularly day but not at a specific time. Veterans are provided with food vouchers and invited to wait in a comfortable lounge area, with stress-management modalities described in 3.1a(1), TV, games, internet, and health-related reading materials. They are given a pager that only works on C4V premises to alert them about an opening in the schedule. An unexpected benefit from this approach was that some of these Veterans offered to provide volunteer services while waiting for their appointment (these services are gratefully accepted by C4V), and many of these Veterans have now become engaged as regular volunteers.

C4V **identifies** product and service offerings to **enter new markets, attract new customers**, and **create opportunities to expand relationships with current customers** primarily through higher-headquarters initiatives and plans and by the gathering of data on disease incidence and needs of the Veteran population. Statistical and actuarial data analysis, projections of DoD personnel leaving active duty and becoming Veterans, and economic information for the VI help predict eligibility and the specific needs for health care, benefits, and memorial services. This robust analysis is conducted annually as part of the environmental scan in the SPP. DataFACTS, process owners, clinicians, and leadership monitor data and communication channels to determine when off-cycle adjustments may be needed to **adapt** current services to better address Veteran needs. The PACT model of care delivery fosters relationships, so that teams can reach out to Veterans with new benefits and health care services as they become available, rather than the Veteran needing to seek information from C4V. This supports the C4V core competency of Veteran-centric care.

Most recently, at the suggestion of some Veterans, C4V has begun to incorporate more complementary and alternative medicine (CAM) methodologies into the repertoire of healing modalities. Some of the C4V practitioners and volunteers have become skilled at Reiki, acupressure, and acupuncture, as well as music, art, and aroma therapies. Intrigued by these treatment modalities, one of the cemetery groundskeepers proposed including a labyrinth meditation walk, using the crushed white granite left from cutting cemetery headstones and markers. At the center of the labyrinth are markers, noting the history of the VI in various military conflicts over time, connecting the present-day Veterans to their military ancestors. The webcam network enables a "virtual walk" through the labyrinth when a physical walk is not possible.

3.2a(2) C⁴V enables customers to **seek information and support** and **to conduct business** through the multiple communication mechanisms in Figure 1.1-3 and through the PACT structure. A typical PACT includes a licensed independent practitioner, such as a physician, nurse practitioner, psychologist, dentist, etc., supported by a nurse and/or social worker, administrative support staff member, benefits coordinator, and volunteers. The PACT is the medical and benefits "home" for the Veteran and coordinates Veteran care and benefits to support physical, mental, and financial well-being. The PACT focuses on holistic care and life-long health and wellness. For example, in addition to treatment of illness and injury, PACTs offer nutrition information, smoking cessation guidance and support, immunizations, and the MOVE! weight management program. Many services are offered electronically or in group settings based on Veteran preferences.

The C⁴V innovation of adding a benefits coordinator and volunteers into the PACTs also provides access to additional support and assistance, such as education, home loans, disability compensation, job counseling, rehabilitation, pension, and life insurance. The PACT ensures that Veterans and families are aware of the various services offered by VIVC at no charge, including burial, columbaria, honor guard services, and perpetual care.

Veterans **give feedback** on services and support through their PACT, through the multiple surveys available, through VSOs, or less formally, through any of the **customer support** and **communication mechanisms** described in Figures 1.1-2 and 1.1-3. Figure 1.1-3 notes the **variety** in communication mechanisms **for different customers, customer groups, or market segments**, as well as which mechanisms are for disseminating information or listening, or both. Based on the increased workforce engagement in making improvement suggestions when the *You had a Hand in This* program was implemented, C⁴V started a new customer-related campaign in 2013 called *We're Listening!* Internal and external communications related to something learned from customer listening mechanisms are noted with an ear icon. This helps Veterans and other customers know that C⁴V takes what they say seriously. In 2014, the campaign was integrated with the *Speak Up!* initiative from AHCG related to patient safety. This re-energized both programs, reminding the C⁴V workforce to actively listen and demonstrating to Veterans and other customers that there is value to them and others in giving feedback.

C⁴V **determines** customers' **key support requirements** from its listening mechanisms. For example, in early 2014, a Veteran C⁴V employee commented how many community groups and programs are now available to support Veterans, and how much different this is than during the Vietnam era when he served. The SLT systematically researched the VI and asked Veterans to help identify public and private groups that support Veterans. They found church groups, other government agencies, Veteran groups, social action groups, community service groups, and support groups, in addition to programs, services, initiatives, and offers from local attorneys, retail establishments, restaurants, and other business—many dozens overall. C⁴V approached all of them about creating a more integrated network for Veteran support, and VETBase was born.

The C⁴V outreach coordinator maintains VETBase, which includes data on organizational focus areas, types of support, specific requirements, and contact information. This information in this database was initially shared with Veterans and other organizations upon request, but in 2014 it was made available as a smart phone app. Veterans can also write reviews of services to help guide other Veterans to high-quality services and help these organizations identify opportunities for improvement. VETBase has reduced duplication of efforts and enhanced the visibility of all of the programs; plus, it clearly demonstrates to Veterans the value that the VI community places on them and their service. C⁴V is now expanding the database to include non-local programs from which VI Veterans could benefit, despite the distance to evaluate the opportunity to use telehealth connectivity resources as an intelligent risk.

C⁴V ensures that **requirements are deployed** to all people and processes involved in customer support through the *6-E Leadership Tool* described in 1.1 and the *6-Ps of Leadership* described in 1.2. These tools weave the MVV, core competencies, and characteristics into the fabric of the C⁴V culture. Veteran-centric care is deployed from prior to hire through post-separation, as many retired employees return as volunteers. Specific deployment mechanisms include training events; policies and procedures; contracts for customer-facing suppliers, collaborators, and partners; and evaluation of associated results. The C⁴V training team is particularly attentive to Kirkpatrick levels 3 and 4 evaluations, as described in 5.2c(2), ensuring that all requirements are known and met, and that expectations are understood, negotiated as appropriate, and met or exceeded.

3.2a(3) C⁴V determines its customer groups and market segments first by Title 38 regulatory requirements that designate who may receive benefits and services, then through the use of the DataFACTs formula discussed in 2.2a(2). Then C⁴V uses information on customers, markets, and product offerings to **identify current and anticipate future customer groups and market segments** based on data and information. The PMARS, shown in Figure 4.1-1, and DataFACTS promote understanding of current needs for services and specific requirements and expectations upon which to make projections, as described in 2.2b. Offerings frequently address the requirements and expectations that define a segment, and once developed, they offer opportunities for learning and deployment to all customers. For example, social media mechanisms of communication were enhanced to address identified needs of the younger OEF/OIF/OND Veteran segments and are open to any generation or conflict-era Veterans. Female Veterans also have specific needs, requirements, and expectations around which C⁴V has designed specific processes and offerings. *You had a Hand in This* and *We're Listening!* programs promote communication, which promotes identification of specific needs and understanding and builds relationships.

The SLT understands that local health care organizations, cemeteries, and benefits providers may be competitors at times and collaborators in other instances, particularly for health care services. The C⁴V focus is on ensuring the best service for Veterans, while recognizing that VA offers the lowest-cost option because Veterans have already paid the price. C⁴V **considers competitors' customers** and **other potential customers** and **markets** in segmentation by evaluating how being Veteran-centric is similar to, or different from, being patient- or customer-centric. For example, 51% of the

population in the United States are female, while only 10% of the Veteran population are women. C⁴V customer experience trainers focus on this difference, noting that particular care must be taken to not assume a woman is "here with a Veteran," rather than *being* the Veteran. Other organizations may segment by generation; in the Veteran population, segmenting by era of conflict may be more relevant than by era of birth.

C⁴V determines which customers, customer groups, and market segments to **emphasize and pursue for business growth** based on Title 38 regulatory requirements. The C⁴V goal is to provide all services for which a Veteran is eligible to the fullest extent permissible by law.

3.2b(1) C⁴V **acquires customers** and **builds market share** through the outreach activities described in 3.2a(1). Because of the relatively small volume of Veterans served by C⁴V compared with other VA facilities and the integration of services, the Transition Assistance Program (TAP) at C⁴V is not outsourced to a contractor, as at other facilities. This week-long, mandatory program informs separating active duty military about the VA benefits and services available to them, facilitating enrollment for eligible Veterans. At C⁴V, TAP is conducted by the outreach coordinator, includes the PACTs, and is the primary mechanism to introduce, **build, and manage the C⁴V brand**. Initially, one of the PACTs on St. Thomas would attend TAP as a team, but feedback from Veterans was that while they began to engage with the PACT at TAP, they were then often assigned to a different PACT for care. C⁴V now has one PACT representative from each team attend each TAP, so that Veterans will meet someone from the team who will be engaged in their care. PACT assignments are made as soon as eligibility is determined, usually before TAP is complete. This enables C⁴V to offer enrollment to all eligible Veterans as they separate from active duty. Other outreach efforts are designed to enroll Veterans who are currently eligible but were not eligible when they separated from service.

PACTs are the primary mechanism to **build** and **manage relationships** with customers to **meet their requirements** and **exceed their expectations** in each **stage of the customer life cycle; increase their engagement** with C⁴V; and **retain** them as **customers**. Each Veteran is assigned to a PACT, which manages and coordinates all care for the Veteran for life while at C⁴V. As an interdisciplinary team, with the Veteran and family at the center, the PACT strives to provide holistic care focused on wellness, including physical, mental, and emotional health and well-being. When all aspects of care are coordinated through PACTs, continuity of care is enhanced, and the Veteran is empowered through information and education. C⁴V has four PACTs—one at each location, and each with a maximum panel size of 1,000 Veterans, which is slightly smaller than the average VA PACT size of 1,200 unique Veterans.

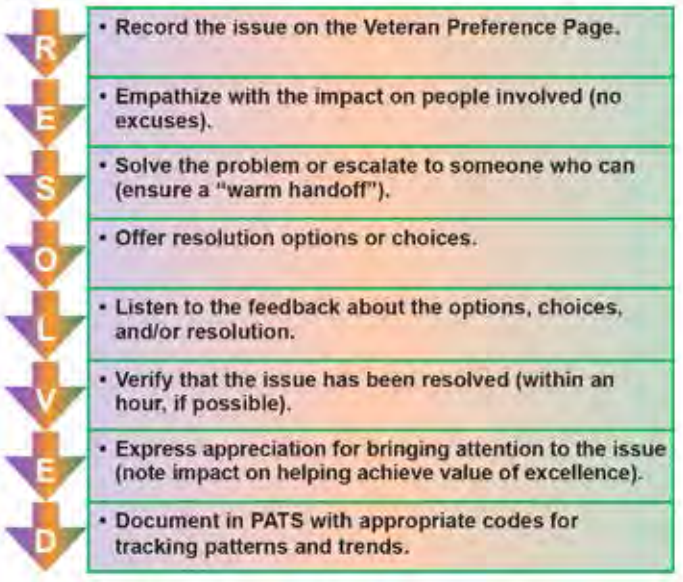
C⁴V **leverages social media** to enhance customer engagement and relationships in general through the mechanisms described in 3.1a(1). Additionally, C⁴V has an education and outreach channel on YourConduit, with video messages sharing role-model practices on topics that include enrollment, the filing of appeals and claims, selection of memorial options, and a variety of health-related topics. C⁴V **leverages social media** to enhance the Veterans' relationships with their PACTs through secure messaging systems within MHV and the *e*Benefits portal. All primary care staff members have been trained to promote MHV to Veterans, and role-model practices are shared regularly.

Veterans have the opportunity to register and become authenticated in the patient library at HH, at all three CBOCs, from home, or at any VI public library. *Basic* features of MHV enable Veterans to access general information; the *Advanced* option enables them to access their own records; and *Premium* access allows secure messaging to communicate online with their PACT or any specialist. To gain higher-level access, patients must complete an in-person identification authentication process. MHV also gives Veterans access to the "blue button," a one-click portal to access their own health records. Any MHV user is able to download data and results from the VA electronic health record, and once a Veteran has *Premium* access, he/she is able to enter information into his/her MHV personal health record. Based on a Veteran employee's suggestion, C⁴V is working with the VHA Support Service Center to integrate VBA information and enable the tracking of education loans, home loans, and other benefits.

At any C⁴V location, volunteer facilitators assist patients in registering, as needed. At public libraries, support is offered through VINF volunteers who have been trained on the system and also on HIPAA privacy regulations. Providers respond to patient questions within 72 hours, or the system automatically escalates the message. Actively promoting MHV, guiding Veterans through the process, and explaining the system advantages during a visit have led to C⁴V leading the nation regarding authentication rates. C⁴V is now piloting an integration initiative between MHV and the *e*Benefits portal, with a single sign-on and authentication process giving Veterans seamless access to both systems.

3.2b(2) C⁴V **manages customer complaints** consistently with the VA, although C⁴V integrates any benefits or cemetery complaints into the same PATS, as shown in Figure 3.2-1. C⁴V created the acronym RESOLVED to help the workforce ensure that all appropriate steps, including documentation, are taken in resolving complaints **promptly** and **effectively**. Timely, effective, and consistent complaint management and incorporation of the issue into

Figure 3.2-1: Complaint Management Process



the Veteran preference database enable C4V to **recover customers' confidence** and **enhance their satisfaction and engagement**. Monthly aggregation, review, and analysis of complaint topics by the PAO help to identify systemic issues for action planning in order to **avoid similar complaints** in the future.

Any complaints received are also noted by staff on the Veteran preference page, which automatically sends the entry into PATS, which enables tracking of patterns and trends in complaints, and ensures that the workforce "remembers" any complaints to ensure that issues are not repeated. Additionally, any person that logs into the Veteran's record will see a flagged entry associated with that encounter so that all appropriate members of the workforce can be made aware of the issue. The PACT structure and the integration at C4V enable caregivers from all services to enter and view information about Veteran preferences. PACT members use encounters as opportunities to discuss additional benefits, as appropriate, as well as advance directives, final resting place preferences, and beneficiaries, which helps the cemetery operations with longer-term planning.

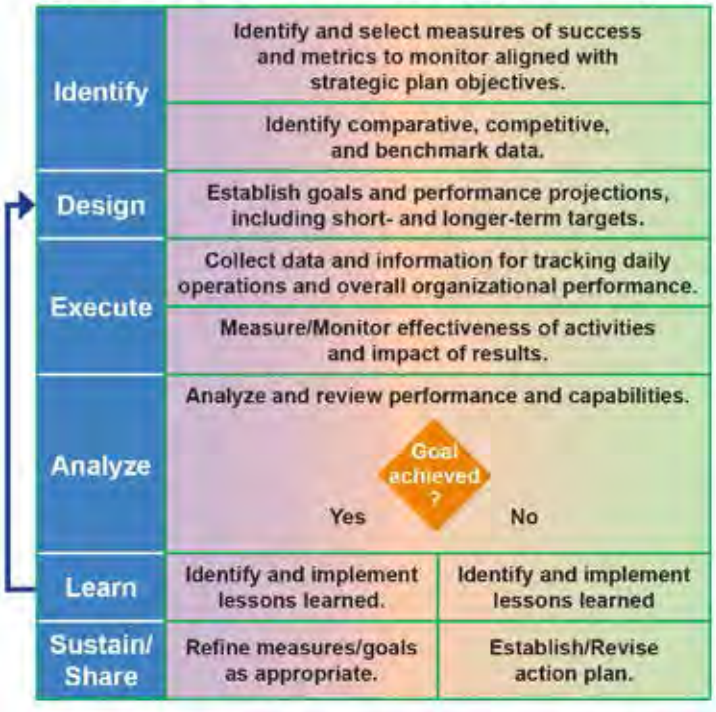
Category 4 Measurement, Analysis, and Knowledge Management

4.1 Measurement, Analysis, and Improvement of Organizational Performance

C4V **measures, analyzes, and improves performance** using data and information at all levels and in all parts of the organization using the PMARS, shown in Figure 4.1-1, one of the ILMS. PMARS assists C4V in converting the plethora of data within the VA into information to use to guide decision making, resource allocations, and the identification of opportunities for improvement and innovation, along with the guidance and support of higher headquarters, DataFACTS, and other knowledge assets. Creating and sustaining the core competency of using the Baldrige framework promotes C4V's use of **comparative and customer data to support decision making**. The SLT and DataFACTS use the *6-E Leadership Tool,* described in 1.1b(1), to foster consistent understanding of the relative performance of C4V.

4.1a(1) C4V **selects, aligns,** and **integrates** data and information to use in tracking daily operations and overall performance, including progress on achieving strategic objectives and action plans, based on measurement requirements from the three VA Administrations. As described in 1.2a(1) and shown in Figure 2.1-5, C4V followed the lead of NCA, which has standardized measures to designate certain cemeteries as National Shrines. This program clearly articulates the desired measures of performance and standards to achieve this highly coveted status. C4V health care operations are obligated to incorporate the standard in-process and outcome measure sets of the CMS to comply with AHCG standards and VHA regulations. Additionally, standard measures from HEDIS are used jointly by benefits services and PACT teams to provide preventive and chronic care and to promote wellness. VHA and VBA have additional standard measure sets, based on strategic initiatives of each Administration. These include the ASPIRE-health dashboard that documents quality and safety goals for VHA; Linking Information Knowledge and Systems (LinKS), a dashboard that documents outcome measures for acute care, intensive care unit, outpatient, and safety measures annually; and the Strategic Analytics for Improvement and Learning (SAIL) report. In addition, ASPIRE-benefits is a dashboard for tracking progress on goals for benefits, compensation, pension, education, loan guaranty, and vocational rehabilitation and employment. Performance is posted publicly on the HospitalCompareVA website, which is updated quarterly, and the VBA Performance Reports website, which is updated weekly.

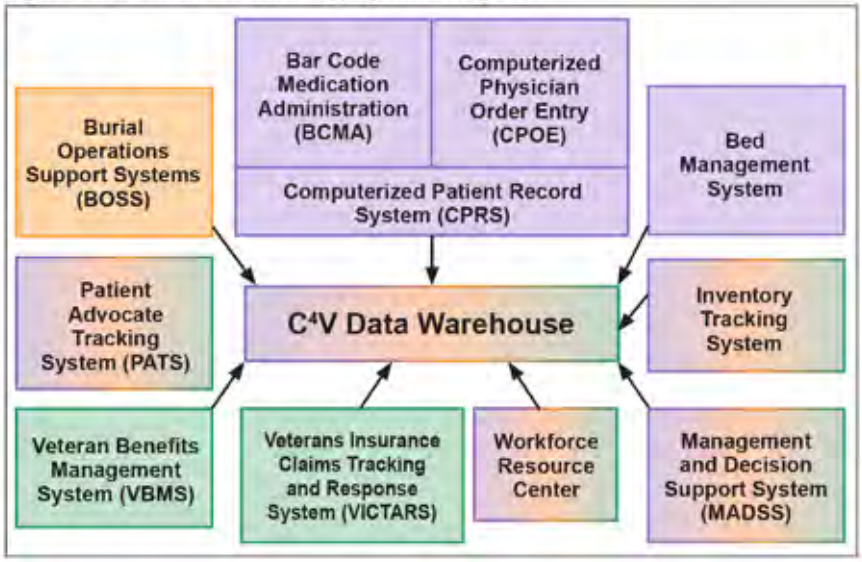
Figure 4.1-1: Performance Measurement, Analysis, and Review System



At C4V, data are **collected** automatically whenever possible. The Veterans Health Information Systems and Technology Architecture (VistA) from VHA includes nearly 160 integrated software systems, including computerized order entry, barcoded medication administration, clinical guidelines, coding, and MHV. C4V pulls information from each of these systems, as well as from key systems from VBA and NCA. Data flows from each of the systems, particularly those shown in Figure 4.1-2, into the C4V DataWarehouse, the central repository that enables DataFACTS to perform queries across all systems to extract meaningful information from the data. Automated queries provide the reports up the chain of command to each Administration, and reports are audited internally and externally for accuracy on a regular basis. Frequency of audits is determined by a risk matrix depending on the possibility of misinformation and the potential impact that misinformation would have on operations and/or the Veteran population.

The regulatory and VACO/Administration-imposed standardized and required measures for C4V number in the hundreds, and the

Figure 4.1-2: Information Technology Systems Integration



SLT determined the need to sharpen the focus on those that are key to Veteran care and organizational success. C4V now segments data into two types: *Measures of Success* and *Metrics to Monitor.* The latter are monitored by the automated systems and receive personal attention only when pre-set control limits are breached.

Measures of Success are actively reviewed on a regular schedule in at least one venue to focus attention on the need for improvement and innovation, and to create opportunities for discussion. *Measures of Success* are included on the C4V Measures of Success Scorecard (MOSS) shown in Figure 4.1-3 and demonstrate actual color-coding of performance (see Figure 2.1-5 for results figures references).

The MOSS includes leading indicators of **key performance measures** related to the C4V strategic plan and associated action plans, including some aggregate measures from standard reports and C4V-identified critical opportunities for improvement. These measures are **tracked** in real time through automated systems and the C4V Data Warehouse, fed by integrated electronic systems.

MOSS measures are quickly reviewed at the daily SLT huddle, discussed and decided upon as appropriate, and additional topics are reviewed weekly, monthly, and quarterly, as noted on Figure 4.1-3. Twice per year, the SLT reviews the status and progress on completion of workforce performance evaluations and development plans. The MOSS appears on the desktop of each member of the SLT and is available to all workforce members with access through the C4V ShareSpot site. Clicking on any color-coded measure provides "drill-down" capability into the various segments to facilitate analysis of relative performance internally, as appropriate.

Data and information are **used to support** decision making, continuous improvement, and innovation by incorporating MoS into every action plan at all levels of the organization. The detail and time horizons of the measures are structured to align with the *management zones* shown in Figure 1.1-5. In a bureaucratic organization of the size, scope, and complexity of the VA, this alignment and appropriate focal point are crucial to success. As leaders of a pilot comprehensive care center, C4V leaders formalized the *management zone* concept and track the time that upper- and mid-level leadership spend in each zone. With this integrated structure, when the near-term performance in each segment of C4V is "running green or blue," SLT members are assured that they do not need to spend much time in the operational management zone and can remain focused on the longer term. The SLT focus on "red" is not punitive but acknowledges that resources, such as ideas, training, additional staff, or equipment, are required to improve. Yellow metrics are carefully monitored.

Data are used as the first step in the SPP, shown in Figure 2.1-2. The environmental scan includes external data and the systematic review of internal performance measures. As measures are selected during this review, they are segmented into *MoS* and

Figure 4.1-3: Measures of Success Scorecard

All measures and topics roll up.

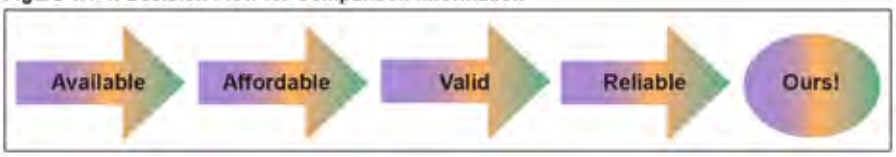
	Access	Quality	Safety	Customer Experience	Workforce	Value
Daily Planning Huddle	Interment as desired (AP1) Claims days pending (AP2) Cancellations (AP3) 1st/2nd choice (AP3)	Sentinel events (AP9) Congressional inquiries	Patient injury (AP9) NPSG-related events (AP9)	Complaints (AP10) Congressional inquiries Any unresolved complaints >48 hrs (AP10) Grave unmarked >50 days (AP5)	Lost-time injuries (AP8) In-quality staffing (AP12) Ethics or security events (AP11)	
End of Week	Plans and events for upcoming week, SLT coverage for absences, etc.					HUD-VASH vouchers (AP13)
Monthly	ED door to doc (AP4) ED door to bed (AP4) ED door to discharge (AP4)	90-day RCA report on sentinel event (AP9) Readmission rates (AP7) Shrine standards (AP5)	NPSG tracking (AP9)	% complaints resolved timely (AP10) Customer satisfaction (AP10)	Training on schedule	Budget variance (AP12) Fee-basis Care (AP12)
Quarterly	Homeless rating claims avg days pending (AP13)	HEDIS roll-up (AP6) Rating claims accuracy CMS roll-up (AP7) Mortality rates (AP7)		Customer satisfaction (AP10)	Personal development Plans on track Mid-year performance reviews completed	Budget variance (AP12)

Metrics to Monitor, based on current comparative levels of performance, alignment to the strategic plan, and requirements of higher-headquarters organizations.

4.1a(2) C⁴V **selects comparative data** in accordance with VA guidelines and based on five **key** considerations. The first consideration is the current C⁴V level of performance within the VA, based on comparison data typically being readily available internally. When C⁴V levels of performance have reached top quartile within the VA, DataFACTS collaborates with the SLT and process owners to make a determination regarding whether to seek external comparisons, based on the additional four considerations shown in Figure 4.1-4.

C⁴V also considers the goals of *Healthy People 2020* when setting internal goals, although these are not considered to be comparisons since they are not actual performance data.

Figure 4.1-4: Decision Flow for Comparison Information



Formerly, decisions about obtaining comparison data were only based on whether the data were available and affordable. Since the inception of DataFACTS and formalization of the C⁴V data dictionary, additional emphasis is placed on ensuring the validity and reliability of data before incorporating the data into use as information to help C⁴V. Limitations in obtaining data are noted in P.2a(3), and the hierarchy of comparison information shown in Figure 4.1-5 is used to drive higher-performance measures.

C⁴V **ensures** the **effective use** of key comparative data and information to support operational and strategic decision making and innovation by systematically incorporating comparisons into all graphs and charts used to analyze performance. Comparison data were also used to determine the set points described in 1.1a(3) to establish the levels of performance to be designated by color-coding. Risk-adjusted measures are used, when available, to increase validity and reliability.

When comparative data cannot be obtained, C⁴V uses the approach of asking survey respondents to compare C⁴V services with other similar providers. For example, funeral directors may be asked to compare VIVC services and support to other cemeteries. SurveyGorilla frequently includes questions about how C⁴V compares with other providers.

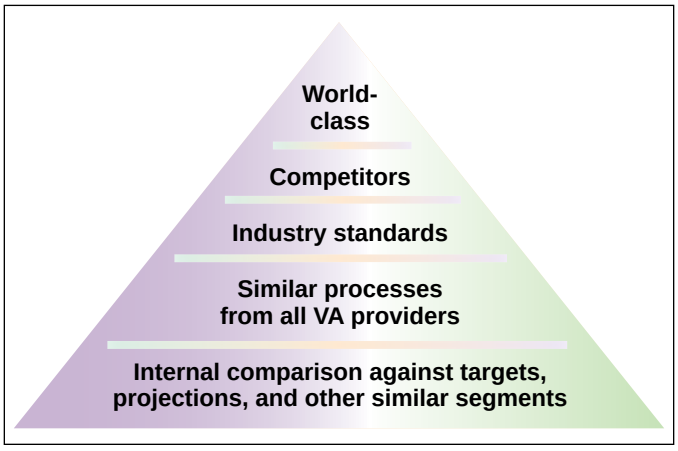
4.1a(3) C⁴V **selects** and **ensures effective use** of data and information specific to the **voice of the customer** and **market** in much the same manner as general information described in 4.1a(2). Additionally, voice-of-the-customer information is incorporated into process redesign and workforce training to build a more customer-focused culture. This constant focus builds on the C⁴V core competency of *Veteran-centric care, including and especially treatment of war-related injuries that are physical, mental, and/or emotional.* The systematic capture, aggregation, and integration of data from the wide range of C⁴V listening mechanisms (including **complaints)** support operational and strategic decision making and innovation through all of the ILMS, by helping to identify requirements and expectations as they change.

C⁴V uses data and information gathered through **social media** as one aspect of voice-of-the-customer feedback. As social media has matured, C⁴V has become more active in analyzing and using social media rather than simply monitoring them. For example, SpinPanel helps DataFACTS aggregate and track the mentions of C⁴V in various social media; correct possible misinformation; distribute a FACTSheet; and identify the need to charter a new PIT Crew to redesign, improve, or innovate a process. Periodically, C⁴V will actively campaign for Veterans, families, and survivors to share experiences through social media, writing reviews, giving a *ThumbsUp* on AppearanceBook, or sharing on PinBoard to help other Veterans understand the resources that C⁴V provides and to help C⁴V improve.

4.1a(4) DataFACTS has greatly enhanced the capability of C⁴V to ensure that the **performance measurement system can respond** to rapid or unexpected organizational or external changes. DataFACTS can add *Metrics to Monitor* to the MOSS immediately to sharpen the focus when set points are reached. Similarly, *MoS* can be deleted from MOSS when performance levels are stable and priorities shift. Data from each IT system shown in Figure 4.1-2 roll up into larger VHA, VBA, or NCA databases to proactively enable DataFACTS to note when performance elsewhere in the VA may require a C⁴V response.

4.1b C⁴V reviews **performance and capabilities** primarily through MOSS. Prior to 2012, this scorecard displayed data in spreadsheets that were color-coded red, yellow, green, or blue. In 2012, the SLT changed to using graphs in alignment with the Baldrige evaluation factors of levels, trends, comparisons, and integration. In another cycle of evaluation and improvement in 2013, C⁴V changed again to displaying performance using both mechanisms, inserting color-coded data tables into each MOSS chart. MOSS includes only **key performance measures**, although leaders and managers may add metrics to their own personal dashboard, as desired. To maintain focus, managers are asked to not exceed 10 additional metrics. Based on process cycle time, data points are added to MOSS on a daily, weekly, monthly,

Figure 4.1-5: Hierarchy of Comparison Information



or quarterly basis. When a timeframe is complete, the data are aggregated (packed up) into the next higher timeframe for review purposes. For example, when a week is complete, the daily data are displayed as a week; when a month is complete, weekly data are displayed as the month, etc.

DataFACTS performs various **analyses** to help the C4V SLT be confident that reviews are comprehensive and **conclusions are valid.** Analyses include correlation and regression; comparative analysis from different data sources; and robust use of comparison data, periodic audits, and conversations during leadership rounds to ensure that the data dictionary is properly understood and applied. MOSS was initially conceived in a balanced scorecard format, focused on financial, customer, internal process, and learning and growth measures. The design was changed prior to being implemented to reflect the Baldrige category 7 items in order to support the C4V core competency of Baldrige-based leadership and management systems. MOSS now includes measures aligned to each strategic objective—access, quality, safety, customer experience, workforce engagement, and value—and these strategic objectives are designed to include measures from each category 7 item and area to address.

This enables the SLT to **use the review** data from MOSS to assess organizational success, competitive performance, financial health, and progress on achieving strategic objectives and action plans. The structure of MOSS—displaying near-time data (today, yesterday, last week), which are then rolled up to show trends (monthly, quarterly, annually), including comparison data, and displaying both graphs and color-coded charts—enables C4V's SLT and other leaders to use these reviews to **respond rapidly** to changing internal needs and challenges in the operating environment. Color coding helps the SLT and other C4V leaders identify the need for **transformational change**. For example, performance levels trending in an adverse direction for more than one defined period, levels that are "red," or levels that violate an upper- or lower-control limit will cause a shift of leadership's focal point (Figure 1.1-5).

Leaders from the Atlanta MSN, the Southern Area Office, and VISN 8 review C4V **performance and progress on strategic objectives and action plans** on a quarterly basis. The dialogue during the evaluation of the Director described in 1.1a(2) focuses on leadership behaviors that may impact the performance displayed on MOSS. This helps the SLT to **assess** and enhance personal and organizational agility and to have the **ability** to respond to changing needs.

4.1c(1) MOSS, with DataFACTS support, enables C4V leaders at all levels to "drill down" into data to identify **organizational units or operations that are high performing.** DataFACTS also extends this capability beyond C4V, identifying practices in VBA, VHA, or NCA to share or incorporate within C4V, providing one of the advantages of being part of an organization the size of the VA.

4.1c(2) C4V **uses performance review findings** and key comparative and competitive data in projecting **future performance**, as described in 2.2a(6), considering both trends and the impact of action plans to reconcile any differences among goals, projections, and projections for comparison or competitor performance for each measure on MOSS. Additionally, these findings help identify opportunities for continuous improvement and innovation used in 4.1c(3).

4.1c(3) C4V uses performance review findings to **develop priorities** for continuous improvement and opportunities for innovation based on gap analysis between trend projections and goals, factoring in considerations such as alignment with the C4V strategic plan and the plans and priorities of VBA, VHA, NCA, or the VA overall. Highest priority for improvement and innovation is given to an area of performance showing a broad gap between trend analysis and the established goal in an area of strategic importance. As described in 2.1b(2), the prioritization matrix tool is used to determine and document priorities.

Priorities and opportunities are deployed to work group and functional-level operations throughout C4V primarily by chartering PIT Crews that are supported by DataFACTS. An example of PIT Crew work is described in 3.1a(1). Analysis of segmented data within C4V, throughout the VA, and external to the VA informs leadership, PIT Crews, and SMEs of strong practices for benchmarking purposes. Priorities and opportunities are **deployed to suppliers, partners, and collaborators** by including them on PIT Crews or by asking for their ideas, experiences, and suggestions, as appropriate. The support of DataFACTS helps to reinforce the C4V *management by culture* and ensure **organizational alignment** toward strategic objectives and performance goals.

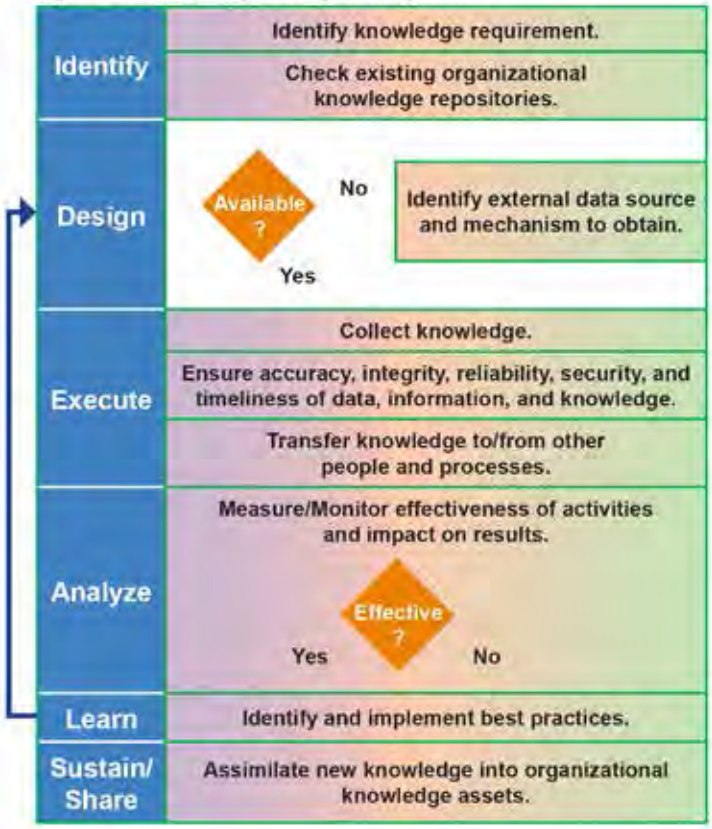
The *6-E Leadership Tool* and *6-Ps of Leadership* are used to support **continuous improvement and innovation** through many of the reward and recognition systems shown in Figure 1.1-4. These include noncompetitive recognition, such as giving each person in an area achieving 90th-percentile performance a recognition globe pin to recognize "world-class" performance, and frequent use of publicly displayed "blue-ribbon" certificates to note high-performance results from improvement activities or team efforts.

The SLT also promotes **continuous improvement and innovation** by team recognition, including VIVA! Quality, a fun play on words for the VI Veterans Affairs Quality, and the "longest time since" an adverse event of various types, such as a workforce injury, a hospital-acquired infection (HAI), or a claims error. Capture the Flag enables the health care area with the highest satisfaction level to proudly display a banner proclaiming that fact for the following month.

4.2 Knowledge Management, Information, and Information Technology

C4V **manages and grows knowledge assets** and learns using the KMS, shown in Figure 4.2-1, one of the ILMS. C4V distinguishes among data, information, and knowledge. The KMS enables the myriad of data available through C4V IT systems and databases to be transformed into information to grow knowledge assets and learn. *Management by fact* informs decision making and provides input into *organizational learning*, which in turn sharpens the *focus on delivering value and results* for the Veterans served. DataFACTS performs various analyses, and cross-referenced IT systems ensure the quality and availability of data and information needed by the workforce, suppliers, partners, collaborators, and customers. **Software and hardware** are maintained according to VA policies, procedures, and regulations.

Figure 4.2-1: Knowledge Management System



4.2a(1) C⁴V has multiple mechanisms to **collect and transfer workforce knowledge**, primarily using written policies and procedures as communication mechanisms, as well as formal training and less formalized personal interactions. Communication mechanisms have all been improved over time, based on workforce suggestions and benchmarking activities. As described in 5.1a(2), the most knowledgeable workforce members are selected to provide mentoring, coaching, and training to less experienced or newer workforce members, as well as to mentor students. Mentors are selected based on their knowledge and skills, as well as their attributes and abilities to teach and communicate.

High-performing employees from all disciplines are enrolled in the National Certified Mentor Program at VACO. Certification begins with a full-day "Coaching for High Performance" class. After completion, mentors electronically log hours into a national tracking site. Upon logging 25 hours, the mentor earns "resident"-level certification, and after logging 50 hours, the mentor receives "fellow"-level certification. Once certified, the mentor continues to log hours, including formal and informal coaching. Based on review of this process, C⁴V has begun two pilot programs. First is full deployment of similar processes for VIRBO and VIVC personnel. Second is a supplemental peer mentoring program to enable leaders to identify specific skills where they desire formal mentoring, and then pair them with a certified mentor at least two grades above who will provide tools and resources to build their skills and competencies in the specific areas identified.

Following the example of a previous Baldrige Award recipient, C⁴V implemented Caseypedia, a user-contribution intranet site to promote knowledge sharing of strong practices, tips, and techniques associated with the work environment. Any member of the workforce can add to this knowledge repository, and now DataFACTS verifies and validates the information prior to posting. Contributors to Caseypedia receive at least one of the reward and recognition mechanisms shown in Figure 1.1-4, depending on the details of the contribution, even if the contribution is not posted. The most experienced workforce members who actually carry out policies, procedures, and practices help with the ongoing review and updating of documentation, which is available online through a C⁴V ShareSpot site. Policies and procedures are maintained in a database searchable by keyword for easy reference. After the success of using a thesaurus database to ease analysis of customer feedback for patterns and trends, the thesaurus was expanded and deployed to the policy and procedure database to facilitate searching. The electronic systems in Figure 4.1-2 are the C⁴V data repositories. Caseypedia, the policy and procedure database, and the workforce are the primary knowledge repositories.

Shared governance at C⁴V began in nursing as a staff-leader partnership to promote collaboration, shared decision making, and accountability for improving quality and safety. Shared governance is now deployed throughout C⁴V as a mechanism to develop and share workforce **knowledge** and expertise. Governance councils conduct research into best practices and promote networking among colleagues and mentors, as well as collaboration among departments. In addition to the real-time sharing, governance councils standardize processes through policies and procedures, help deploy evidence-based practices through training and observations of colleagues, and incorporate diversity into improvement teams. This process now empowers the entire C⁴V workforce to use the *6-E Leadership Tool,* which enhances workforce satisfaction and engagement and **transfers knowledge** among the workforce.

Data are also collected automatically through IT platforms to add to C⁴V **knowledge** assets. Data collection and analytics systems include the IT knowledge assets shown in Figure 4.1-2, as well as the VA and non-VA standardized reports and sources of comparison information. Data from these standardized reports that are not included in the MOSS are the *Metrics to Monitor* described in 4.1a(1) and Figure P.2-1.

Data are obtained **from customers, suppliers, partners, and collaborators** through the various listening and communication mechanisms in Figure 1.1-3, the CS, and the CRMS, and they are converted into information and knowledge through the PMARS and the KMS by analysis, principally led by DataFACTS. Information and knowledge are transferred to these stakeholders through the CS. **Customers, suppliers, partners, and collaborators** are included in improvement projects and meetings to share information. Additionally, customers are provided with written materials and given many opportunities to ask questions and get clarification. This information sharing about all C⁴V services begins during the TAP, described in 3.1a(2) and 3.2b(1), and continues through relationship building with the PACT and the family through memorial services and perpetual care. One example of a new systematic approach to **transfer relevant knowledge** relates to information about prescription medications. The computerized patient record system (CPRS) identifies when a new medication is prescribed for a Veteran. DataFACTS has created a database of

medication information sheets, written in plain language (defined as communication the intended audience can understand the first time they read or hear it). The provider from the PACT or inpatient care team gives the information to the Veteran and requests that he/she "teach back" the information to the provider to ensure that knowledge was transferred. This process is now deployed when a Veteran receives a prescription from outside of the VA. When a request for payment is made to the VIRBO, a member of the PACT contacts the Veteran to ensure that information about the medication is understood.

All of the data are integrated through the Data Warehouse, as shown in Figure 4.1-2. The relational database structure enables DataFACTS to **blend and correlate data** from the various sources in order to validate information and create new knowledge from disparate data sources. For example, a nurse believed that patients on a certain medication were more prone to falling. Correlating data from the BCMA system with the incident database showed the same incidence of falls, but a much higher fall-with-injury rate for Veterans taking that medication. The new knowledge was used to change prescribing practices to an alternate medication and promoted patient safety.

The integration of VIRBO into the PACT model has also helped keep care integrated since the inception of Veteran's Choice Cards. External providers of care to Veterans must submit a visit summary to have the payment released. This supplemental record is scanned into CPRS and reviewed by the PACT, which has helped the PACT address some issues of Veterans seeking to obtain duplicate prescriptions, particularly for opiates.

Customers can opt to send or receive secure communications through MHV and the *e*Benefits Portal once they create the connection. Suppliers, partners, and collaborators may be provided access to data and information through secure virtual private network (VPN) access based on need.

Caseypedia and the C⁴V Data Warehouse are the collection points for data, and the C⁴V teams, supported by DataFACTS, convert the data to information and enable transfer of relevant knowledge. The *6-E Leadership Tool* and the *6-Ps of Leadership* create the conditions for **innovation**, and the data, information, and knowledge are incorporated into the **strategic planning** processes during the environmental scan.

4.2a(2) C⁴V **uses knowledge resources** to embed learning into operations through PMARS, shown in Figure 4.1-1. The capability to easily query electronic databases and knowledge repositories helps ensure a management-by-fact culture and drives future innovation. Historically, finding an answer to a "what if" question could require beginning a research study; now DataFACTS can set query parameters to look back and have an answer much more quickly. Rapid answers have been shown to prompt more questions, which has fostered innovation. Various discussion forums transform data and information into organizational and personal knowledge. For example, the SLT daily huddles have been restructured around MOSS to make prompt decisions about resource reallocation, as necessary. RCA, RCA+, and failure mode and effects analysis (FMEA) also facilitate data-driven decisions about improvement.

4.2b(1) C⁴V uses a robust data and information validation process, managed by DataFACTS, to ensure **accuracy, integrity, and reliability**. These factors are evaluated on an ongoing basis through reporting and auditing functions, both internally and externally. A data dictionary includes information about all C⁴V data including specific meanings of data and terms, relationships to other data, origin, usage guidelines, and format. Many IT systems use data-entry controls, such as "pick lists" from drop-down menus to minimize typographical errors and standardize terminology. When free-form text is desirable, the new thesaurus database, described in 3.1b(1), assists in analysis. When possible, queries are conducted across multiple sources to cross-verify and validate the results. Other controls include sample checking of entered data, verification of the data that have been entered, constant training and retraining of those entering data, and entries being made only by trained and authorized users of each system.

Automating the flow of data among electronic systems enhances **currency**. Clinicians are expected to complete notes prior to concluding their work day. Benefits workers complete claims and call logs in "real time," and VIVC enters data as interments are scheduled and completed.

4.2b(2) The entire workforce receives training on policies and regulations related to privacy and **confidentiality** in accordance with HIPAA provisions during NEO and annually thereafter. **Security** approaches include the use of the latest security software, firewalls, and malware detection systems, as well as frequent backup and encryption technologies. Computers require personal login and passwords as well as a personal identity verification (PIV) card system for access, and user accounts are audited periodically for inappropriate confidential information access.

Access to sensitive data repositories is predefined by regulatory requirements for protected health and benefits information and granted according to functional categories. **Security** access control for all users is reviewed quarterly. Annually, online training regarding personal, protected health information privacy and cyber security is mandatory for all employees and for volunteers and students who access confidential information based on their roles.

Workforce members who telecommute are given secure systems, including VPN access. As an additional safeguard, some information is not available off-site. All C⁴V computers are secured against files being transferred by portable media such as flash drives and disks. E-mail messages, particularly those with attachments, are monitored electronically for protected health information, and the sender is notified to use a secure transmission mode, as needed.

4.2b(3) C⁴V makes needed **data and information available** in a user-friendly format to the workforce, suppliers, partners, collaborators, and customers, as appropriate, through secure messaging, production of reports with appropriate information, and VPN access when necessary. Policies and procedures are evaluated to ensure regulatory compliance with VA handbook 6500; VA's information security statutes, 38 United States Code (U.S.C.) §§ 5721-5727, the Federal Information Security Management Act of 2002, 44 U.S.C. §§ 3541-3549, Coordination of Federal Information Policy, Information Security; and OMB Circular

A-130, Appendix III, Security of Federal Automated Information Resources. C4V seeks to balance the need for access with the need for security and confidentiality.

4.2b(4) C4V has limited input into the selection of hardware and software. IT support services ensure that hardware and software are **reliable, secure, and user-friendly** primarily by providing training, guidance through policies and procedures, and a 24/7 help desk to answer questions. In an organization the size of the VA, with the integration of CPRS, BOSS, and other nation-wide systems, being "user-friendly" focuses more on ensuring that users have information needed to use the system well than on the system itself. C4V identifies and trains selected personnel as "super-users" for each IT system to provide additional support and guidance.

4.2b(5) In the event of an **emergency**, C4V ensures that hardware and software systems and data and information continue to be available to effectively serve customers and business needs by following the processes established for the entire VA. These include planned communications, contingency planning, and redundant systems. A "Code Z" is called as the contingency code in the event that e-mail, telephone, VistA/CPRS, or network access are unavailable. In the event of a "Code Z," an overhead announcement is broadcast to all staff alerting them of the critical software component that is compromised and the expected duration. Each service has a Code Z contingency plan with specific procedures for continuity of operations during downtime and data-recovery procedures. VistA, VICTARS, and BOSS are backed up nightly and saved in two media (magnetic tape and internal hard-drive) in a separate, firewall-protected partition. Tapes are immediately sent to a secure vault in a bank on St. Thomas Island. Data are also sent via a secure connection to a remote VA Data Center.

If CPRS is in downtime, VistA is used to provide "read-only" access to information through the network. This web-based system is a nationally maintained contingency database of real-time patient charts independent of local systems. The contingency computers are updated hourly for the hospital and daily at the CBOCs. Full generator power is available for the hospital as an emergency power backup. The hospital has cell phones for regular communications, and satellite telephones are available at all four facilities in the event of cellular tower failure. Staff can also revert to paper format for continuous medical care and business operations.

Category 5 Workforce

5.1 Workforce Environment

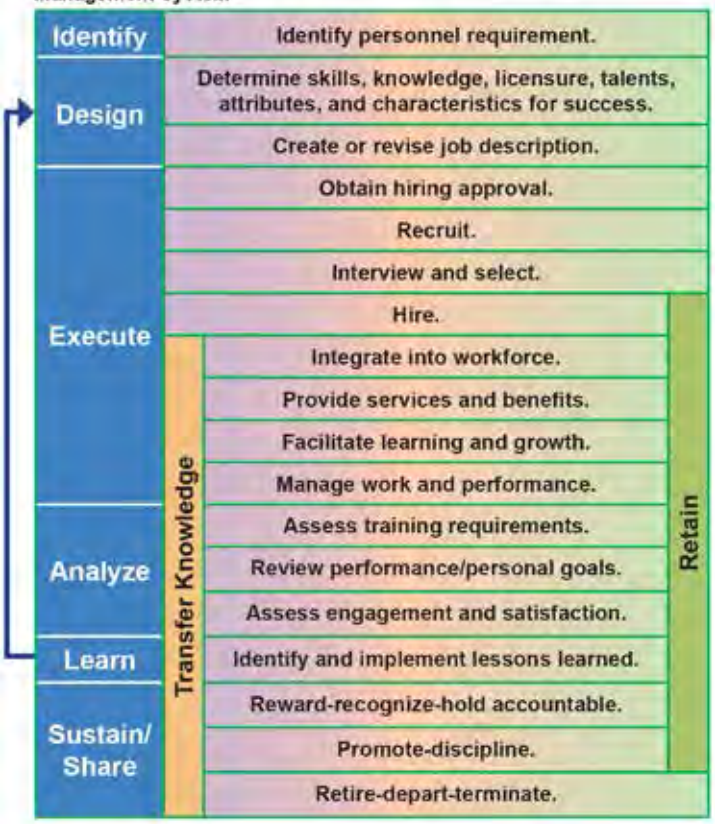
C4V leadership maintains a supportive and secure work climate through the LS, shown in Figure 1.1-1, the *6-Ps of Leadership* and the *6-E Leadership Tool* deployed through the WEDMS, shown in Figure 5.1-1.

C4V manages **workforce capacity** to accomplish work through the master staffing plan and associated position control database. **Workforce capability** is managed through the performance appraisal process, which includes an IDP for each member of the workforce. At C4V, based on a prior feedback report, these processes are now deployed to the volunteer members of the workforce—a position-control master list matches talents with specific needs, and volunteers are encouraged to develop new talents and skills through participation in on-site training events, as appropriate. All employees and some volunteer positions have access to the Talent Management System (TMS), the training and development program of the VA, offered by the VA Learning University (VALU).

5.1a(1) C4V uses three major processes to **assess workforce capability and capacity needs**, including the needed skills, competencies, certifications, and staffing levels. First, a master staffing plan is created or validated as an element of the SPP (Figure 2.1-2) during the step to obtain approvals and funding. The workforce budget is based on FTEE calculations. Under this model, an employee working 40 hours per week is one FTEE, while two employees each working 20 hours per week would still be considered one FTEE. Second, at the pre-standup management retreat in 2010, the SLT researched VA workload-based staffing guidance as well as professional workload standards, such as those from the AHRQ, to validate the optimal workload for each type of work that would be required at C4V. These included nurse:patient ratios in various care settings, appropriate PACT size, claims:processor ratio, square foot of building space per maintenance and housekeeping staff, burials and acreage maintained per worker, etc. Calculations and anticipated shifts in workload are considered during the environmental scan of the SPP. Representatives from the AGE work with the SLT and DataFACTS to verify the reasonableness of the workload. Changes in projected volumes/workload or the complexity of the tasks prompt adjustments in the master staffing plan. Third, "in-quality" staffing levels are determined, based on the ratios above, typically +/– 10% of the calculated need. Managers are held accountable for maintaining "in-quality" staffing, which is reviewed from the MOSS at the SLT daily huddle. When the monthly aggregate for a work area is not "in-quality," the manager submits a variance justification, which may prompt a change in staffing allowance, assignment of a PIT Crew to enhance efficiency, or other SLT action. In 2013, volunteer positions were added to the master staffing plan to ensure that volunteers were matched to work based on knowledge, skills, and abilities (KSAs) and that the volunteer coordinator could actively recruit according to identified needs.

Capability is evaluated during the SPP by assessment of both current and projected performance levels on each of the C4V MoS. Based on AHCG accreditation standards, clinicians are observed for competency in various skills on an annual basis. C4V deployed this process to identify critical or high-risk skills from each position description to verify competency annually, including volunteers. Competency observations are done by peer observation; certified mentors, as described in 1.1a(3); the staff development department; or a supervisor. The *6-E Leadership Tool* is used by the SLT and the Workforce Development Office to establish a needs assessment and plan the education offerings for the upcoming year. Training to address many educational needs is available through the TMS, which helps foster alignment

Figure 5.1-1: Workforce Engagement, Development, and Management System



throughout the VA and enables the Workforce Development Office at C[4]V to focus on local needs. Competency evaluations are also in place for certain volunteer positions. Some volunteer positions are required to enroll in TMS and take designated offerings; TMS is open to any volunteer.

5.1a(2) C[4]V **recruits new members** of the workforce using traditional government hiring processes through the Office of Personnel Management (OPM). When a position is approved for hire, the opening is communicated by OPM using multiple channels, including the intranet, internet (USA Jobs, USA Staffing, and VA Careers), delegated examining unit (when positions are open to all U.S. citizens), job fairs, and school career days. Recruiters particularly seek venues where qualified Veteran candidates would likely be seeking positions, such as military-specific job fairs, military events in the area, and partnerships with VSOs. VETBase, described in 3.2a(2), was recently added as a distribution channel to ensure outreach to as many Veterans as possible. Similar resources are used to recruit volunteers, with a keen focus on Veterans. Volunteer recruitment initiatives include use of the Volunteer Match website; attendance at health fairs; and use of partnerships, particularly with VETBase and CSU.

C[4]V benefits from a number of Federal and VA-specific fellowship and internship opportunities that attract highly qualified administrative and technical staff. Primary examples include the Presidential Management Fellows Program, which is available to all Federal agencies, as well as VA-specific programs such as the Technical Career Field Program (e.g., biomed engineering, business office, finance, public affairs, logistics, IT, and more) and the Graduate Healthcare Administration Training Program for hospital administration/management positions. These programs also support succession planning approaches.

The position description is used in the recruiting materials, which outlines the duties and responsibilities of the job and the KSAs needed. The KSAs identified for the position are used to evaluate candidates for job openings to help ensure a good match. In 2013, the Chief of Human Resources, the volunteer coordinator, and department managers worked with a PIT Crew to redesign systems to improve hiring, placement, and on-boarding processes. They streamlined the hiring process, reduced the hiring timeline, updated NEO, and formalized the mentoring process described in 4.1a(1) to create a more positive experience and first impression for new employees, volunteers, and students. Success is tracked by evaluating the one-year retention rate.

This team implemented a tool to assist with behavior-based interviewing for potential candidates to elicit responses that enable the interviewer to better evaluate KSAs and prior performance to match skill sets and competencies with specific job requirements and to identify high performers. The tool is aligned with the High Performance Development Model (HPDM) competencies and skills used throughout the VA. This Veteran-centric model focuses on eight competencies—organizational stewardship, systems thinking, creative thinking, flexibility/adaptability, customer service, interpersonal effectiveness, personal mastery, and technical competency. First, interviews are conducted by the manager of the area with the open position. Peer interviews are then conducted for top candidates, and all interviewers participate in the subsequent selection decisions.

A thorough background check is conducted for any prospective member of the workforce. Timing of the check varies by segment because of the applicant-to-selection ratio. Volunteers are checked prior to interviewing, as most volunteers who apply will be accepted for service. Paid employees are checked after interviewing, based on the expense of the background check and the selection ratio.

Volunteers are **placed** based on KSAs and their desires for type of work, matched to the need for those attributes in specific areas to augment the work capacity and capability of the paid workforce. Employees' **placement** is based on the specific position for which they were hired. Students' **placement** is determined by their specific learning needs, in collaboration with academic affiliates.

All new workforce members are oriented to their position and responsibilities. NEO provides training to new employees to introduce them to services, culture, and the core values of C[4]V, followed by a service-specific orientation to familiarize the new employee to his/her appointed service area. Mentors and trained preceptors help integrate the new employee quickly, which helps with retention.

C[4]V also uses the *6-Ps of Leadership* and the *6-E Leadership Tool* to quickly focus on employee satisfaction, encouraging employee involvement in personal development through learning and development opportunities and service on improvement teams. New workforce members frequently bring "fresh eyes" that see opportunities for improvement that longer-tenured employees may no longer notice. Retention incentives, such as tuition assistance, repayment of student loans, and flexible scheduling, are offered.

C⁴V participates in the VHA Education Debt Reduction Program to fill positions classified as "hard to recruit" (particularly physicians and nurses). This program repays up to $60,000 in education loans for newly appointed health care professionals. For nonclinical/hard-to-recruit positions/highly qualified employees, staff may be eligible for the Federal Student Loan Repayment Program as a recruitment or retention incentive for agency employees. Recruitment for specific work and diversity segments is managed through job fairs, specialty-specific recruitment fliers, advertisements in applicable specialty journals, and publications for specific professional associations and organizations.

Volunteer orientation includes the same key topics as the employee orientation and a service-specific orientation, although condensed into a shorter timeframe with a lesser degree of detail. Particular emphasis is placed on regulatory and safety requirements, such as privacy, infection control, and role-based information. Volunteers are provided with a handbook so that they can readily review and reference the critical information. Student orientation also covers these topics and may be offered at the C⁴V campus or by the training affiliate prior to the student arrival. Student positions that include compensation and interns attend the same orientation as new employees.

Focused recruitment efforts ensure that the C⁴V workforce **represents the diverse ideas, cultures, and thinking of the hiring and customer community**. The hiring system redesign team integrated diversity considerations into the hiring process. All employees attend annual training regarding cultural competency and plain-language communication. Health literacy training is required for benefits and health services workers. Depending on their role, volunteers may be included in these training requirements.

C⁴V **retains** the workforce primarily by constant focus on the *6-E Leadership Tool,* described in 1.1, and the *6-Ps of Leadership,* especially Engagement in the care of Veterans. Service anniversaries are recognized by the Director with a "thank you" card, and gifts of appreciation are presented in recognition of 5, 10, 15, 20, and 25 years of service, as well as annually after 30 years. People with 25+ years of service are personally recognized by an SLT member of their work unit in the presence of their peers. In recognition of the diversity of preferences, individuals can select from a catalog of gifts. In 2012, this process was deployed to volunteers who provide at least 400 hours of service per year.

5.1a(3) C⁴V **organizes and manages the workforce** to **accomplish work**, **capitalize on core competencies**, **reinforce a customer and business focus**, and **exceed performance expectations** using a variety of processes. Most of the C⁴V workforce is organized in a typical organizational structure hierarchy, including supervisors and managers for all positions and all shifts, as well as volunteers.

PACTs manage outpatient health care as teams, with the licensed independent practitioner (LIP) in the role of team lead and the Veteran at the center. PACT 1, located at HH, and PACT 3, also on St. Thomas, are partnered to allow the PACT 1 physician to provide medical supervision for the advanced registered nurse practitioner (ARNP) leading the PACT 3 team. PACT 2, located at the Brabson CBOC on St. Croix, is partnered with PACT 4, located at the Burton CBOC on St. John, which is led by a physician assistant (PA). The nonphysician PACTs (3 and 4) have slightly smaller panel sizes.

5.1a(4) C⁴V **prepares the workforce** for changing capability and capacity needs through the workforce planning processes embedded in the SPS. The master staffing plan is updated according to projections of volume, and the hiring process is initiated when increases are anticipated. Should a decreased need be projected, reductions would be managed in accordance with the Master Agreement between the VA and AGE. Changes in **capability** are accomplished through the educational needs assessment and subsequent training. C⁴V has not had any reductions to date as needs have increased since 2010.

C⁴V does not anticipate any **workforce reductions**, but being part of the VA system enables employees to transition seamlessly to other VA positions, to minimize the impact of such reductions, if they become necessary. Periods of **workforce growth** are prepared for and managed through the hiring and development processes described in 5.1a(1).

Very short-term changes in needed capacity are managed in collaboration with AGE by processes to reward those who come in extra on short notice with gasoline gift cards, as noted in Figure 1.1-4. Workforce members who are cross-trained to alternate areas receive bonuses under the Federal OPM "pay-for-performance" processes and are given an additional bonus if they "float" to another area. This process for creating capacity began in nursing and was deployed to all other appropriate areas in 2011. In 2013, the process was changed to also give a bonus to the supervisor when a member of his/her area works elsewhere to encourage the sharing of resources, foster a systems perspective, and break down silos, while still ensuring accountability for departmental-level performance.

The robust IT systems of the VA help to **ensure continuity** for the customer and workforce stakeholders. Caseypedia and online policies, procedures, guidance documents, and job aids help create consistency and continuity for the workforce, while the CPRS creates continuity for Veterans by enhancing care team communications.

5.1b(1) C⁴V addresses **workplace environmental factors** to ensure and improve workforce **health** by embracing the concept that health care providers should be role models for health care receivers. At C⁴V, wellness programs offered to Veterans are also made available without charge to the C⁴V workforce, in collaboration with AGE. Available programs include the MOVE! healthy weight program, smoking cessation, stress management, anger management, effective-parenting seminars, wellness coaches, and health education; these are also available without charge to volunteers. Integrated wellness activities promote relationship building among employees, volunteers, and Veterans.

Workplace **security** is ensured by numerous approaches:

- Background investigations and fingerprint analysis are performed on all staff, prior to hire, to ensure safety of coworkers, Veterans, and visitors, as described in 5.1a(1).
- Hazard Surveillance Inspections, commonly referred to as EOC rounds, are held semi-annually in all areas. Quarterly

inspections are conducted in high-hazard areas, including HH, due to its overnight accommodations, radiology, warehouse, laboratory, etc.
- The GEMS committee assesses environmental factors to improve quality and stewardship of natural resources.
- The C4V Police Service continually monitors safety through security cameras, training, presence in entrance areas, and regular walks through the buildings. Special focus is placed on nonpublic entrances to ensure that they are secured.
- Workforce members use a PIV card to access secured entrances and computers.

Physical **accessibility for the workforce** and customers is ensured through appropriate construction design efforts, including LEED verification, and full compliance with the Americans with Disabilities Act (ADA); technological accessibility is ensured through the various systems described in category 4, including telework processes and procedures.

The key **performance measures** for these workforce factors are identified and tracked through MOSS (Figure 4.1-3), as appropriate; **improvement goals** associated with specific world-class strategic objectives are noted in Figure 2.1-5, with others noted on the various graphs in category 7.

5.1b(2) C⁴V **supports the workforce** via services, benefits, and policies consistent with federal employment guidelines and policies, including federal pay tables for wage grade (WG) and general schedule (GS) employees, tuition support, health benefits, and leave. CSU is the only university in the VI, with campuses on St. Croix and St. Thomas. Nursing is the only clinical program offered, although students interested in medical school can study for their first three years locally and then transfer to one of three approved medical schools for their senior year. C⁴V also provides a comprehensive wellness program for the entire workforce, including volunteers, with free access to fitness facilities and coaches for nutrition, exercise, and other health issues. Services, benefits, and policies are revised at a minimum of every five years or as needed, using an automated ShareSpot site.

When appropriate, specific workforce needs are addressed through benefits, services, and other programs tailored to various employee segments. For example, telework is an innovative management tool that allows many employees the opportunity to work at alternative worksites, although direct caregivers in VHA and NCA must work on-site. CWT is a vocational rehabilitation program offered by the VA that matches work-ready Veterans with competitive jobs and provides additional support during the transition to work.

The multiple work-life and benefit programs offered to all C⁴V employees include

- The Federal Employee Retirement System
- The Civil Service Retirement System (pre-1987 hires)
- Flexible spending accounts
- Federal long-term care insurance
- Child Care Subsidy Program and Thrift Savings
- Observance of ten federal holidays annually
- Tuition assistance programs
- Employee assistance program counseling
- Health insurance and disability insurance
- Participation in wellness programs noted previously

5.2 Workforce Engagement

5.2a(1) C⁴V leadership fosters an **organizational culture** characterized by open communication, high-performance work, and an engaged workforce using the *6-Ps of Leadership* and the *6-E Leadership Tool*. Specifically, MoS and leadership attention are focused on high performance, defined as "world-class," usually meaning 90th-percentile scores or better. The attitudes, behaviors, and beliefs that are the C⁴V culture are nurtured by the SLT's attention to the *6-Ps of Leadership* and reinforced through the reward and recognition mechanisms shown in Figure 1.1-4. Civility, Respect, and Engagement in the Workplace (CREW) is a VA-wide culture change initiative by the VHA National Center for Organizational Development in response to employee feedback that low levels of civility negatively affected employees' level of job satisfaction. CREW training is used to establish a culture of respect and civility in the organization and is based on learning from the aviation industry that the primary cause of most aviation accidents is due to human error and the leading cause of the errors were failures of interpersonal communication, leadership, and decision making in the cockpit. In the health care setting, CREW focuses on the cognitive and interpersonal skills and the situational awareness and behavioral activities associated with the teamwork needed to effectively manage high-risk activity. CREW was initially implemented in some clinical areas and then expanded to other types of teams. It was deployed as a voluntary initiative and is now present across all functional areas at C⁴V. Training and CREW-based teams include volunteers and students, as appropriate.

C⁴V leadership ensures that the organizational **culture benefits from the diverse** ideas, cultures, and thinking of the workforce by building diverse teams and work groups, with the support of AGE. First, the workforce is educated about various cultures, personality types, and various styles of thinking/learning through many fun events, including fairs, festivals, events, and open houses. Second, workforce members are encouraged to participate in various personality assessments and learning style evaluations and to share their findings with coworkers and teammates. Third, diversity of ideas, cultures, experience, and thinking are considered when forming teams to maximize team effectiveness.

5.2a(2) C⁴V determines the **key drivers of workforce engagement**, including those for **different workforce groups and segments**, through various workforce listening and **assessment** mechanisms. First, some of the questions in the AES are designed to understand and evaluate engagement, differentiated from satisfaction, and regression analysis is conducted to help identify key drivers. Second, specific questions related to elements that foster engagement are asked during the Director's town hall, focus groups, the Director's huddle, and leadership rounds, as shown in Figure 1.1-3. Third, leaders observe workforce behaviors, such as participation with various types of teams, work activities, social events, absenteeism, injuries, etc. These processes are reviewed yearly with the AGE to ensure comprehensive and accurate information and to identify potential sources of additional knowledge.

5.2a(3) C⁴V **assesses workforce engagement and satisfaction formally** through employee surveys, the tracking of IDP

accomplishment, and workforce participation in improvement events and teams. **Informal assessment methods and measures** include participation in employee events. Methods and measures are relatively consistent among employee groups and segments but differ somewhat for volunteer and student segments. Key measures for these groups include donated volunteer hours and student grades. C4V uses other indicators, such as workforce retention, absenteeism, grievances, safety, and productivity as indirect measures of workforce engagement. Workforce engagement is evidenced through all C4V results, given that workforce engagement fosters Veteran and other customer satisfaction and organizational success. C4V leaders at all levels use the *6-E Leadership Tool* and *6-Ps of Leadership* to improve workforce engagement. DataFACTS uses statistical correlation and regression analysis to identify improvement opportunities for both workforce engagement and business results that frequently begin the IDEALS cycle.

5.2a(4) The C4V Workforce Performance Management System **supports high performance and workforce engagement** by tight integration among strategic plans, department plans, and IDPs to link individual success with the success of C4V toward mission accomplishment (see Figure 5.2-1). The process begins with hiring for KSAs and then uses WEDMS and IDPs to develop desired personal attributes—key to creating the desired culture. The performance management system and employee performance appraisal process include monitoring, developing, and rewarding/recognizing desired behaviors. Performance appraisals are structured around the MVV and strategic objectives of C4V, and they foster formal discussions between employees and supervisors at least twice per year. During the meetings, the employee and supervisor formulate the employee's IDP to identify specific individual goals that align with C4V strategic objectives and goals. The performance appraisal system focuses on training and development needs and desires, as well as improvement and enhancement of employee work skills, rather than being a punitive system. IDPs frequently include participation on improvement teams or other personal activities that support specific strategic objectives. These identified education and training needs "roll up" into the Workforce Development Plan. The volunteer coordinator and area managers work with volunteers to create IDPs for any volunteer who desires to participate in the process.

The performance management system includes workforce compensation primarily through rewards and incentive programs because most pay increases for most of the workforce are driven by federal policies, and most bonus incentives have been withheld due to recent VHA or VBA performance issues. Financial awards, rewards, and incentive practices include those shown in Figure 1.1-4, such as pay-for-performance incentives, individual cash awards, group cash awards, specialty certification awards, exemplary job performance/achievement awards, individual time-off awards, and group time-off awards.

The C4V Workforce Performance Management System reinforces **intelligent risk** taking to achieve **innovation** by creating SMARTER action plans, with goals that create stretch, while balanced with realism. PIT Crews and CREW teams are chartered to benchmark processes within and outside of the VA, and they are rewarded for creativity and suggestions, as well as actual improvements, as described in 1.1b(1). Public recognition tends to stimulate more ideas and suggestions and engage more of the workforce in seeking creative solutions, creating a *virtuous cycle*—the opposite of a vicious cycle—of increasing enthusiasm, engagement, improvement, and innovation. As noted in 2.2a(2), C4V leadership emphasizes the three key "must" criteria used to evaluate an idea: must not compromise safety, must add value, and must be reasonable. Twice per year, C4V's SLT sponsors a "Spotlight on Innovation" event with storyboards and multimedia presentations of innovative projects accomplished by the workforce. The event is open to the public, with a celebration atmosphere, including refreshments and health-related door prize drawings. The event is promoted by local media and VETBase partners and typically receives very positive media and public attention locally. A multidisciplinary workforce committee selects the top innovation project annually for submission in the Employee Innovation Competition held by the VA.

The focus on adding value, coupled with the VA principles of being people-centric, results-driven, and forward-looking, reinforces a **customer and business focus.** Alignment and integration of plans, from the strategic plan through the IDPs, foster **achievement of action plans**. The SLT sets the expectation that an action plan represents a covenant that the plan will be accomplished based on the resources committed. In-process measures help determine the need to renegotiate the agreement if the goals will not be achieved—either by adding resources or adjusting the goals. Integration of plans, resources, and accountability **help reinforce achievement of action plans**.

5.2b(1) WEDMS **supports both** C4V **needs and personal development** of the workforce, managers, leaders, and volunteers through alignment and integration of plans, as shown in Figure 5.2-1. This alignment and integration create synergy and energy by not drawing off resources to any unaligned or disintegrated activities. As shown in the SPS in Figure 2.1-1 and the APS in Figure 2.2-1, C4V plans at all levels **address strategic challenges** and foster **achievement of short- and longer-term action plans**. Additionally, plans at all levels are designed to capitalize on strategic advantages and **core competencies**, as well as determine which strategic opportunities represent intelligent risk.

The C4V learning and development system applies to all members, managers, and leaders, and is part of the WEDMS (Figure 5.1-1), beginning during the hiring process and progressing through integration into the workforce, facilitation of learning, growth, reinforcement of new knowledge and skills

Figure 5.2-1: Engagement with High Performance

on the job, and assessment of training requirements. Personal goal setting in alignment with the organization's strategic objectives and goals during the IDP process ensures that action plans and the organization's strategic challenges are addressed while capitalizing on its core competencies. Other ILMS support **performance improvement, organizational change,** and **innovation** (OMIS; Figure 6.1-1); **ethics** and **ethical business practices** are addressed by the LS (Figure 1.1-1); and improvements in **customer focus** are covered within the CRMS (Figure 3.1-1).

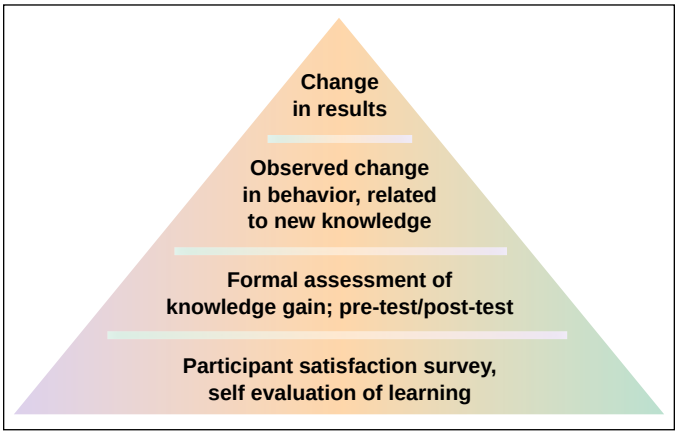
To **transfer knowledge** from departing or retiring workers, C4V deploys numerous systematic approaches, such as over-hiring when departures are anticipated or placing a qualified candidate into a position on a permanent or interim basis prior to the planned departure for key positions. Informal knowledge sharing is fostered through mentoring and preceptor programs, promoting cross-training and on-the-job training, and engaging the highly experienced workforce in creating job aids, policies, and procedures. C4V also frequently hires retired employees as contractors or recruits them as volunteers. C4V also promotes professional specialty certification, as available, and provides mentoring, study sessions, and funding for ongoing continuing education.

5.2b(2) C4V evaluates the **effectiveness** of the learning and development system across the organization using the four-level Kirkpatrick model, shown in Figure 5.2-2. Course evaluations are generated for each formal training event. Depending on the topic being presented, pre- and post-testing may evaluate the transfer of knowledge, which is particularly important with technical skills and when online training mechanisms are used. Supervisors monitor changes in behavior, particularly for behaviors associated with the personal improvement plan component of the formal performance appraisal process or to evaluate competencies. With the assistance of DataFACTS, C4V also links training with changes in organizational performance results.

The change in organizational performance also enables leaders to evaluate the ROI in training. The C4V Education Office established criteria to promote and evaluate the **efficiency** of the Learning and Development System, specifically determining whether training events will be instructor-led or online and whether external training resources will be used or if the necessary expertise is available in-house.

5.2b(3) C4V manages **effective career progression** for workforce members and effective succession planning for management and

Figure 5.2-2: Hierarchy of Learning Evaluation—Kirkpatrick Model



leadership positions through development of the full potential of the entire workforce. The IDPs guide the development of each workforce member.

The School at Work (SAW) program serves as a stepping-stone for GS-5 employees and below to enter into a certificate or degree program. This six-month career development program is designed to improve career progression opportunities for those employees who often do not have a career path from entry-level positions. The SAW program provides learning opportunities to develop computer skills, math, reading, grammar, writing, medical terminology, principles of patient safety and satisfaction, and organizational skills. IDPs support baccalaureate and graduate degrees either online or at CSU programs for GS 6–8 members of the workforce.

The Competency Development for Leaders in the 21st Century (CDL) is a six-month leadership program that seeks to promote personal and professional leadership development within the VA leadership competencies, targeting intermediate-level behaviors. CDL directly supports C4V succession plans with the intent to promote personal and professional leadership development, building on VA leadership competencies. These training efforts are fundamental to the preparation of emerging leaders in health care and Veteran services. This program targets employees at levels GS 9–14 or the equivalent with the intent to promote high-potential leaders into the Senior Executive Service.

Category 6 Operations

6.1 Work Processes

C4V **designs, manages**, and **improves** key work processes to deliver services that add customer value and contribute to organizational success and sustainability using the OMIS, shown in Figure 6.1-1. As with the other ILMS, the OMIS is structured in the IDEALS format. To maximize efficiency and effectiveness, the first step in OMIS is to identify the key requirements of all stakeholders, followed by steps to design the process or improvement change accordingly and to evaluate the impact of the new or improved process. OMIS supports the three guiding principles of the VA: that every VA organization be people-centric, results-driven, and forward-looking.

6.1a(1) C4V **determines key work process and service requirements** at Step 1 of the OMIS: identifying the key stakeholders for a process and then understanding their requirements and expectations. This understanding is gained through the listening and learning mechanisms in Figure 1.1-3 and the CRMS in Figure 3.1-1. When necessary, the requirements and expectations

Figure 6.1-1: Operations Management and Improvement System

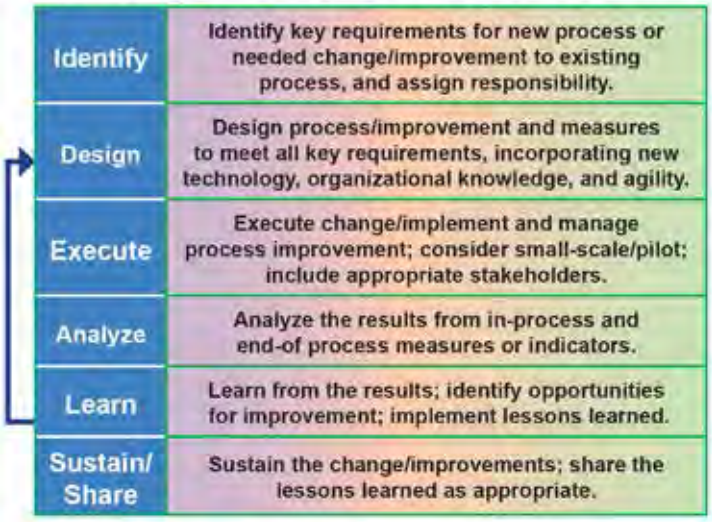


Figure 6.1-2: Key Work Processes, Requirements, Measures of Success

Process	Requirement	Measure of Success	Figure
Access	Timely	Burial/Interment on desired date	7.2-22
		Enrollment/Claim processing cycle time	7.1-14
		Outpatient appointment on desired date	7.1-23
		ED wait time	7.1-10
Service	Quality (Safe, Accurate, Standards met or exceeded, Customer experience)	Shrine standards for accuracy and appearance	7.1-13
		ACSI Customer Survey	7.2-2
		Accurate claims processing	7.1-12
		HEDIS measures	7.1-4
		CAHPS customer survey	7.2-2
		CMS-specified measures	7.1-4
		Risk-adjusted mortality	7.1-1, 7.1-2
		National Patient Safety Goals	7.1-5–7.1-7
		SHEP/IMPress customer surveys	7.2-1
Follow-up	Account-able across continuum of care	Site marked within 60 days	7.1-15
		HEDIS measures	7.1-4
		Readmission within 30 days, same diagnosis	7.1-24
		% of enrolled Veterans vested	7.2-19
		% enrolled with a PACT	7.2-19

of the stakeholders are balanced through negotiation, keeping the best interests of the Veteran as the central consideration, and processes are then designed accordingly. Key work **processes** and the associated **requirements** are noted in Figure 6.1-2.

6.1a(2) C4V **designs service offerings and work processes to meet all key requirements** using IDEALS. First, requirements and expectations are identified using the various listening and learning mechanisms described in categories 1, 2, 3, and 5. Particular emphasis is placed on ensuring that regulatory requirements are met and balancing alignment with higher-headquarters plans and initiatives with the agility needed to address individual Veteran needs. The SLT constantly reminds the workforce that a "unique Veteran" is not simply a number used to count delivery of services and receive funding allocations, but that each Veteran coming to C4V for care is a unique individual with unique needs. Especially because C4V operates within a large bureaucracy, process design includes consideration that C4V Veterans are people—not numbers. Associating MoS with each plan helps create accountability for identifying requirements and expectations, and tracking performance.

Prospective services or systems are evaluated by the SLT, based on a comprehensive business case analysis that examines the risks and benefits of implementation, as well as the risks and benefits of not implementing the change. The completion of an Executive Decision Memorandum (EDM) ensures that the proposed system, service, or process is aligned with the strategic direction of C4V; the VISN, MSN, or Benefits Region; the Administration(s); and the VA, as alignment with each of these facets must be demonstrated in the EDM. The EDM is then subjected to a full and systematic evaluation of intelligent risk, including the "must" criteria. Implementation is typically managed by a team, frequently through small tests of change, starting with one unit or group and making course corrections based on learning until the desired results are achieved.

C4V incorporates **new technology**, **organizational knowledge**, **product excellence**, and the potential **need for agility** into services and processes through the PMARS, KMS, and OMIS systems. The VA and DoD are key drivers of new technology and innovation, with major investments of research funding for health care technology, IT, facilities and equipment, and process/system redesign. At C4V, process owners search the existing knowledge repositories, including Caseypedia, to build on existing knowledge rather than "recreating the wheel." Capitalizing on prior learning helps build timeliness and agility into any process design or redesign. Approvals and timeliness are frequently a challenge in a large, bureaucratic organization. At C4V, the action plan template includes a section to document current knowledge, evidence-based best practices, new technology, and research into all plans.

C4V actively recruits Veterans into research and development projects, programs, and studies, following all regulations pertaining to human subjects in research. Partnerships with CSU and other university and industry leaders give Veterans access to the most current bionics, prosthetics, hearing and vision assistive technologies, and other medical devices.

Products that are not associated with a research project are submitted to the Clinical Product Review Committee. All stakeholders are present or represented at the meeting, and the committee may decide to pilot test the product or approve it for full implementation. This process has helped streamline inventory and training through standardization of products. A submission template considers cost, safety, feasibility, reprocessing, infection control, training requirements, and current inventory that may be able to be replaced. End-users are involved in the decision-making process, and vendor representatives may be invited to make a presentation (but leave prior to discussion or decision). A 2014 review of the process led to an electronic submission for approval, which enables better tracking of items.

6.1b(1) C4V ensures that **day-to-day operations** of work processes meet key process requirements through training and documentation of standard operating procedures. Policies, procedures, job aids, and job descriptions help to ensure that every interaction and activity meet key process requirements. As appropriate, internal and external audits are conducted to observe

and evaluate the consistency with which actual operations meet key requirements. Feedback from stakeholders provides insight into any gaps between intended operations and actual behaviors.

Figure 6.1-2 shows the **key performance measures** or indicators, along with the associated results figures. Many of these measures are included in the MOSS, strategic plan, and measures described in 1.2a(1), 2.1a(1), and 4.1b, and as shown in Figures 1.2-2, 2.1-5, and 4.1-3. Most of the outcome, service quality, and performance measures have in-process measures, leading indicators, or other associated measures to promote organizational agility. For example, the AES is only conducted annually, so DataFACTS determined that absenteeism, participation with improvement teams, and reward and recognition activities are valid leading indicators that predict the results of the AES.

6.1b(2) (Health Care-Specific Criteria) C[4]V addresses and considers each patient's expectations and preferences through the CRMS, shown in Figure 3.1-1. Consideration of individual needs has been greatly enhanced by the patient preference documentation process, described in 3.1a(1). During outreach and enrollment, the outreach coordinator or the benefits representative on the PACT explains health care service-delivery processes and likely outcomes to the Veteran. During the first visit and each vesting visit, the clinicians on the PACT review the health and wellness status of the Veteran and help to set realistic expectations. In collaboration with the Veteran and family or other caregivers of the Veteran's choice, a plan of care is documented in CPRS. The Veteran then receives secure messages and reminders through MHV to help stay on track with the plan. Patient decision making and preferences are factored into the delivery of health care services at each encounter through the patient preference profile and clear communication with the care team.

C[4]V determines key support processes by identifying those processes that are key to enabling the primary operations of each of the main product and service offerings shown in Figure P.1-1. These key support processes are shown as the "enablers" in the key work system diagram shown in Figure 2.1-4 and shown with their respective requirements and MoS in Figure 6.1-3. These include public relations and outreach, security, human resources, financial management and budgeting support, facilities and equipment maintenance, records management, contracting, and IT as common across all functional areas of C[4]V; while facilities and equipment-related support processes are primarily in the domain of memorial operations, and materials management is primarily the responsibility of health care operations.

Day-to-day operation of these key support processes ensures that they meet key business support requirements in much the same manner as the key work processes described in 6.1a(2), primarily through policies, procedures, and job aids.

6.1b(3) C[4]V **improves** work processes to improve products and performance, enhance core competencies, and reduce variability through systematic use of the OMIS, shown in Figure 6.1-1. The broad scope of the IDEALS performance improvement system and Baldrige framework enable PIT Crews to select the best improvement tools for each project, including Lean, Six Sigma, appreciative inquiry, or other methodologies. Considering these improvement methods to be "tools" from which to select the best option for any given project has helped C[4]V avoid the common perception in larger organizations of having a "flavor of the month." Criteria are established to guide teams in systematically selecting appropriate methodologies and tools. For example, larger-scope projects with multiple stakeholders may require a full system redesign team, while other changes may be better implemented through a rapid improvement event. Changes to be implemented after an RCA may undergo a FMEA prior to implementation.

By using the *6-Ps of Leadership* and the *6-E Leadership Tool,* the SLT has made a solid commitment to the entire workforce that is communicated frequently: an improvement initiative and gain in efficiency or effectiveness will absolutely never result in job loss. The leadership of AGE is always a key stakeholder in any improvement initiative to ensure that the workforce clearly understands that any improvement is Veteran-centric and workforce-secure. AGE representative sign-off is now included on the action plan template, and AGE leadership helps communicate with the workforce about new processes and why the change should be embraced by the workforce. The *6-Ps of Leadership* and the *6-E Leadership Tool* also help focus and prioritize improvements based on **strengthening core competencies,** and clear understanding of the importance of the core competencies by the entire workforce helps to deploy and solidify the changes and improvements.

6.1c C[4]V **manages innovation** through a variety of mechanisms, all fueled by the *6-E Leadership Tool* and the *6-Ps of Leadership,* as described in 2.1a(1). C[4]V builds innovation using the equation shown in 1.1b(2) for the VA core characteristic of innovation = need + knowledge + creative thinking. Needs are identified by the SOS culture through clear understanding of requirements and expectations based on the multiple listening mechanisms, as well as robust system performance measures and comparative data and information. Knowledge is enhanced through benchmarking activities and the workforce development processes described

Figure 6.1-3 Key Support Processes, Requirements, MoS

Process	Requirement	Measure of Success	Figure
Public Relations and Outreach	Eligible Veterans receive services	% of eligible Veterans enrolled	7.5-7
		VETBase utilization	7.4-20
		% of Veterans VIVC vs. private	7.5-7
Security	Safe and secure environment	Security incidents Emergency preparedness Indicators	7.3-14 7.1-30 7.1-32
Human Resources	Capable staff, sufficient capacity	Workforce vacancy rates Hiring cycle time	7.3-6 7.1-28
Financial Management	Accuracy	Performance to budget	7.5-1
Facilities and Equipment	Assets well-maintained	Appearance standards met	7.2-11
		Equipment available when needed	7.1-25
Materials Management	Availability	Order fulfillment rate Authorized inventory on hand	7.1-33 7.1-33
Records Maintenance/ IT	Information available when needed	IT system uptime	7.1-25
		Coding accuracy audits	7.4-10
Contracting	Compliance	Contract deficiencies	7.4-11, 7.4-12

in category 5, supported by leadership behaviors described in 1.1b(2). Perhaps the most important aspect is leadership creating a safe environment for creative thinking by establishing clear "must" criteria for acceptability and intelligent risk, as noted in 2.1a(2). The reward and recognition mechanisms noted in Figure 1.1-4 also help reinforce the culture of innovation and intelligent risk.

6.2 Operational Effectiveness

Determining the key MoS for each key process and a continuous focus on the MVV to promote alignment and integration are key to the synergy that drives effective management of operations.

6.2a C[4]V incorporates methods to **control costs** into process design and redesign during the OMIS. The action plan template includes identification of needed resources to implement changes—considering funds, personnel time, equipment, space, utilities, and ideas. Process measures, such as service turn-around (efficiency), accuracy, cost per service unit, and productivity, are methods used to monitor costs during service and process design and improvement.

Specific methods to **control costs**; **prevent errors and rework; and minimize the costs of inspections, tests, and audits** include

- Implement proactive audits on regulatory requirements, particularly as changes occur.
- Use tools including design of experiments, RCA, FMEA, IDEALS, pilot testing, and simulations to test for errors and issues prior to large-scale deployment.
- Invite internal auditors to monitor process design, redesign, and implementation to build in controls, and concurrently write or revise policies, procedures, and job aids.
- Use internal and external knowledge repositories in the KMS to identify evidenced-based practices and protocols to add value and improve the processes and outcomes.
- Effectively use data to drive performance by careful selection of MoS and analysis of data by DataFACTS and other stakeholders to ensure that desired behaviors are being rewarded and recognized.
- Encourage use of inprocess measures such as **cycle time, productivity, etc.,** to promote agility and outcomes.
- Seek comparative data, particularly world-class or top-decile levels of performance, before setting stretch goals.
- Incorporate technologies, such as telehealth, webcams, smart phone apps, etc., to accelerate improvements in quality, access, and affordability.
- Reduce waste, improve efficiency, decrease cost, and add value through the engagement of PIT Crews and the entire workforce by reward, recognition, and the *6-Ps of Leadership* and the *6-E Leadership Tool.*
- Monitor results and observe activities more frequently after a change to ensure processes perform to targets and are agile and responsive to changing conditions; identify additional opportunities for improvement.
- Decrease frequency of measurement and/or sample sizes as processes stabilize to reallocate resources to other activities.
- Use automated systems for monitoring when possible.

C[4]V balances the need for cost control with the needs of customers and other stakeholders by deployment of the C[4]V value equation, assisted by DataFACTS. Project or change value equals the benefits, divided by the cost. The value equation systematically considers the ROI and the cost defined as the resources identified on the action plan template and the benefit (including both tangible and intangible), such as impact on Veterans, workforce quality of life, and bottom-line dollars. The action plan owner may need to negotiate for resources and/or timing based on resource availability; resources include consideration of budget, personnel time, available grant funding, etc. Once the action plan or business plan is signed by the action plan owner, AGE representative, DataFACTS team member, and SLT champion, it becomes a covenant to provide resources and accomplish the plan.

6.2b C[4]V **manages the supply chain** using supplier-input-process-output-customer (SIPOC) mapping. Suppliers are **selected** through the formalized government contracting system under the FAR. The contracting system fosters efficient and economic procurement of all products through standardization of products and utilization of national or other consolidated contracts. User preference is balanced with standardization for economies of scale, with justification required to permit deviation from the standard to provide the best value. C[4]V provides clear communication to the CO or COR about requirements and expectations based on the identified requirements and expectations of C[4]V customers.

When selecting suppliers, the COR **ensures that the suppliers are qualified** and will enhance performance and Veteran satisfaction by reviewing requests for new or different products, conducting trials related to the item, and analyzing user feedback. Prior to selecting a supplier for medicines, the Committee for the Acquisition of Materials (CAM) gathers opinions and preferences from key stakeholders and defines the criteria for the selection process to include compliance with federal and VA acquisition regulations (FAR and VAAR) and Food and Drug Administration (FDA) approval, as appropriate. A background check of the supplier ensures it should not be excluded from participation. Stakeholders include a mix of clinical and/or other supply users, as well as SMEs. A key criterion in selecting the right supplier is the value equation described previously. The CAM evaluates total cost, customer service provided, on-time delivery, reliability and responsiveness, and both hard and soft resource savings. Frequently, a new item may become the new standard, promoting organizational agility and adding value for C[4]V, Veterans, and other customers. Cost-benefit analyses, validated by DataFACTS, and standardization opportunities are considered before selection.

C[4]V uses a unique device identifier tracker to maintain a database for specific biologicals and implants, such as pacemakers, insulin pumps, and orthopedic hardware. Most devices, including pacemakers, implants, and prosthetics, are also tracked by serial and model numbers. This information is integrated with the Recall Management System to ensure appropriate response and to notify the patient and provider within the specified timeframe for any patient safety alerts, advisories, or recalls.

An enhancement in supply-chain management at C[4]V was the implementation of VendorTrack, a service to verify the credentials

of all vendors and to provide security, safety, and regulatory instruction before engagement with C⁴V. When VendorTrack requirements are complete, the supplier is issued a badge. Vendors found on premises without a badge and any sterile supply items brought into a work area without a sign-in sheet are sent to Logistics for proper authorization. Vendors log in to VendorTrack upon entry into a C⁴V site, which helps to ensure proper receipt of items. Sterile supplies are checked by the Sterile Processing Service to verify their sterility by checking for test strips, package integrity, and outdated items. In addition, as supply items are checked, the vendor is given a sheet verifying their use. This process also safeguards the environment for Veterans and the workforce.

The CAM conducts an audit and assessment program for suppliers, tracking both positive **performance** and adverse trends. Suppliers are categorized into three tiers based on the level of importance and risk of what they supply. While audit frequency and impact of findings depend on the tier of the supplier, all suppliers are tracked for price, timeliness of delivery, accuracy of order fulfillment, fill rates, back orders, and timeliness of recall notification.

Supplier performance evaluations are patterned after workforce performance evaluations and include a self-assessment and a development plan, which may identify performance gaps, enhance supplier engagement in innovation at C⁴V, or help the supplier understand the impact of its performance on the Veterans served by C⁴V. Tier 1 suppliers, the high-importance or highest-risk suppliers, are evaluated quarterly; tier 2 suppliers are evaluated twice per year; and tier 3 suppliers are evaluated annually. The evaluation process helps position the supplier to enhance C⁴V's performance and customers' satisfaction, completing the SIPOC integration. Suppliers are provided with **written feedback reports** to help them improve. High-performing suppliers and those with innovative improvement ideas are eligible for a Resourcefulness Award. If a supplier has a pattern of **poor performance,** a written performance improvement plan may be required or C⁴V may terminate a contract.

6.2c(1) C⁴V provides a **safe operating environment** following the IDEALS model, as illustrated in Figure 6.2-1. The Safety System addresses **accident prevention** primarily in Steps 1 and 2, identifying risks and designing all processes to consider safety. Audits, **inspections**, and observations are integrated into the execution phase to ensure that processes are executed according to plan. In the event of an incident, **RCA** is conducted, with a focus on **recovery**, error-proofing, and prevention of similar events.

6.2c(2) C⁴V **ensures preparedness for disasters** or emergencies using the final system of the ILMS, the Disaster and Emergency Preparedness System (DEPS), shown in Figure 6.2-2. DEPS **considers prevention, continuity of operations, and recovery** structured in the IDEALS format. The process begins with a risk

Figure 6.2-1: C⁴V Safe Operating Environment

analysis for disasters that are man-made, natural, or technology-related. After identification, an evaluation and analysis of the potential business impact is conducted, with the assistance and support of DataFACTS. Risks are mitigated, as appropriate, through the physical and IT security measures described previously; structural design of buildings and transportation systems; and IT backup systems and redundancies. The role of **suppliers and partners** is crucial in C⁴V's island environment, and DEPS considerations are included in contracts. FEMA provides additional redundancy as a backup supplier, in the event of a disaster.

Figure 6.2-2: Disaster and Emergency Preparedeness System

Identify	Identify/Assess risk.	
	Identify potential organizational impact.	
Design	Conduct prevention, management, and continuity of operations planning.	
Execute	Provide training.	
	Conduct drills.	Respond to events.
	Integrate activities with other responders (if appropriate).	
Analyze	Measure/Monitor effectiveness of activities and impact of results.	
Learn	Identify and implement lessons learned.	
	Evaluate and improve plans, policies, equipment, and training.	
Sustain/ Share	Share lessons learned/best practices.	
	Feed knowledge base.	

Category 7 Results

7.1 Product and Process Results

Beneficial trend direction is indicated by a green arrow.

7.1a The ultimate indicator of success for C⁴V is the health and well-being of the Veterans served. While the fact that C⁴V is a complexity 2 facility means that highest-acuity Veterans are more likely to be served elsewhere, the risk-adjusted (standardized) mortality ratio (SMR) during an acute care event, and within the following 30 days, is evidence of successful services and processes. The goal for SMR is to be 1 or under, meaning "less than expected."

For outpatients (ambulatory care), quality is tracked primarily by success in preventing hospitalization for designated conditions, such as diabetes, pulmonary disease, heart failure, and dehydration. In addition to the PACT segmentation shown in Figure 7.1-3, segment analysis is also done by disease condition and by living conditions.

Outpatient health promotion is tracked through a HEDIS composite—17 indicators show the effectiveness of the health care team in preventing illness. The HPEX composite is a similar set of "core measures" for the inpatient setting. HEDIS and HPEX details, including condition, PACT, provider, etc., are available on-site (AOS).

HAIs are prevented through diligent care and shorter hospital stays. Infections common in acute care include methicillin-resistant staph aureus (MRSA) and catheter-associated urinary tract infections (CAUTI), shown in Figure 7.1-5. MRSA rates are graphed using a ten-fold scale in order to show C⁴V success.

Infections associated with critical care areas are central line-associated blood-stream infection (CLABSI) and ventilator-associated pneumonia (VAP), shown in Figure 7.1-6. C⁴V had no instances of VAP in 2014 and expects no MRSA or VAP in 2015.

Figure 7.1-1: Acute Care-Standardized Mortality Ratio

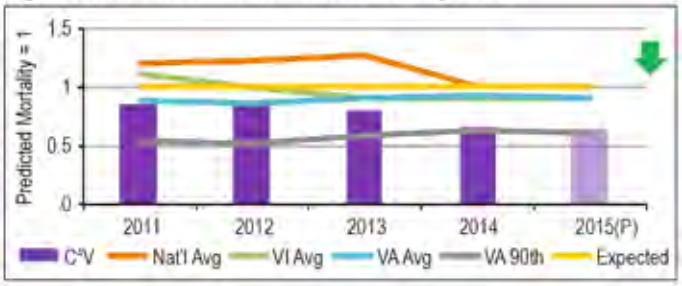


Figure 7.1-2: 30-Day Standardized Mortality Ratio

HAI rates are per 1,000 bed days of care for MRSA and per 1,000 line days for CAUTI.

VHA also tracks a patient safety indicator (PSI) composite, shown in Figure 7.1-7. This composite score compares actual patient safety experience with predicted safety. A PSI <1 indicates a safer environment than was predicted.

7.1b(1) The severity-adjusted length of stay (LOS) shows C⁴V's efficiency and effectiveness in treating Veterans and correlates to lower complications. Lower is better, as long as the readmission

Figure 7.1-3: Ambulatory Care Sensitive Condition Hospitalizations

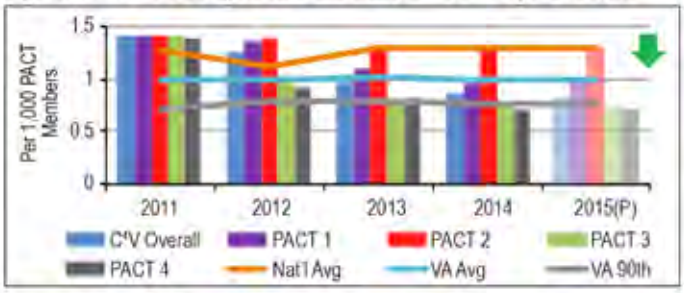


Figure 7.1-4: HEDIS and HPEX Composites

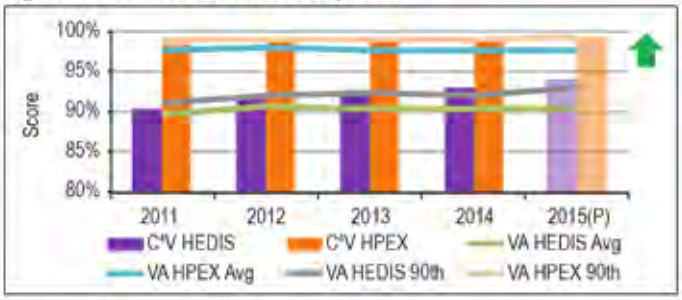


Figure 7.1-5: HAI Acute Care

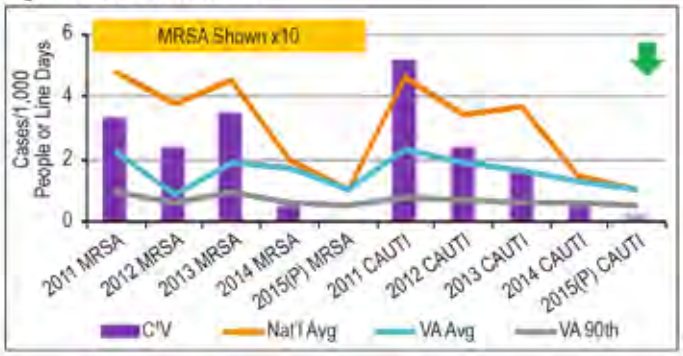


Figure 7.1-6: HAI Critical Care

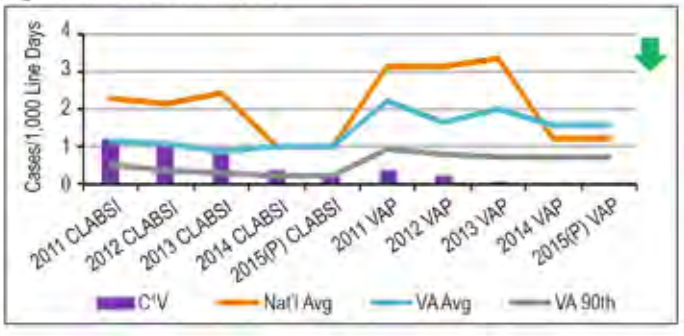


Figure 7.1-7: Patient Safety Indicator Index

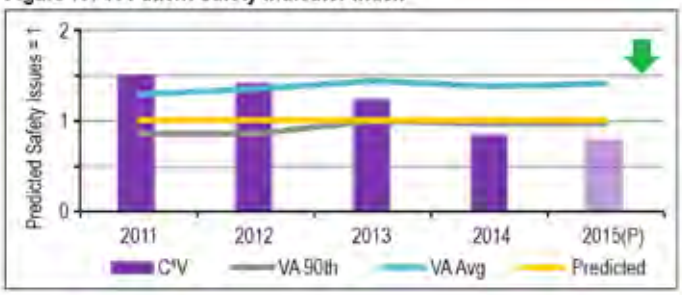
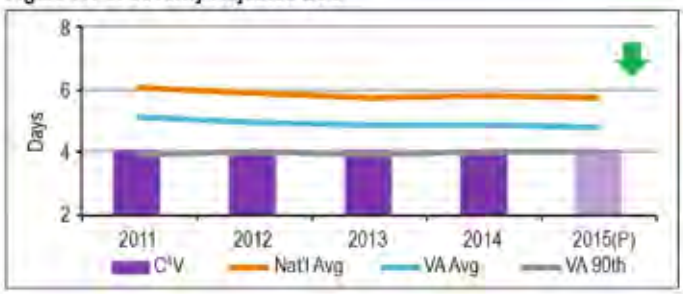


Figure 7.1-8: Severity-Adjusted LOS



rates (see Figure 7.1-24) do not indicate that people are discharged too quickly.

The well-being derived from functional independence is of great value to Veterans. Figure 7.1-9 shows the functional independence measure (FIM) score for each of the C⁴V rehabilitation services. Comparisons (*) are obtained from national data services.

C⁴V's size helps it to ensure prompt and personalized attention, with LOS in the Emergency Department better than the national standard of two hours for those treated and discharged, or four hours for those who need to be admitted.

Electronic filling of claims has helped gain efficiency in benefits management. The breakthrough improvement in 2013 was a result of VINF partnership with the VI libraries. Additionally, claims accuracy (Figure 7.1-12) is important to ensure that Veterans are paid promptly and correctly.

VIVC is designed to be a place of peace and rest for the living and the final resting place for Veterans. NCA Shrine Designation is a Baldrige-based organizational assessment and improvement program with operational standards and measures populating a balanced scorecard. Some measures from the scorecard are shown in Figure 7.1-13, with the remainder of the scorecard AOS.

Figure 7.1-9: Functional Independence Measure

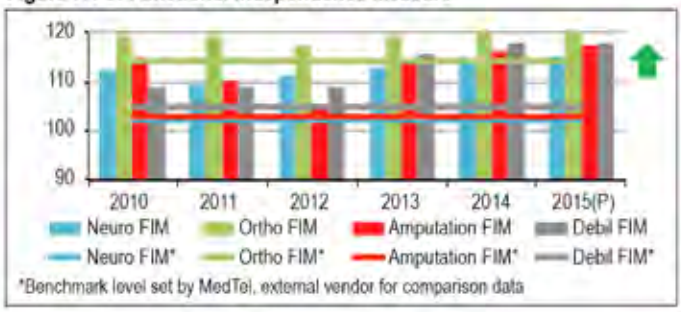
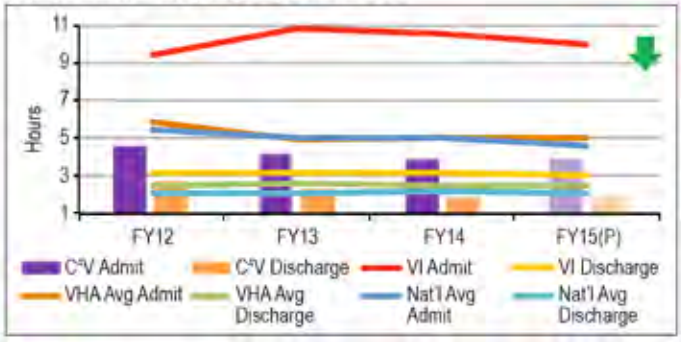


Figure 7.1-10: Emergency Department LOS



Some productivity measures are also reported in 7.5; those reported here are primarily customer focused. Integration of benefits personnel with the PACTs and tutelage from VINF have helped increase the proportion of fully developed claims (FDC): those that have all required information included with the claim. This helps reduce processing time.

Although grounds maintenance may seem easy in a tropical paradise, rapid growth and major storms require ongoing and timely maintenance intervention. There have never been any major deficiencies cited at VIVC.

In order to address access concerns, C⁴V began offering cancellation slots to waiting Veterans, an approach modeled after standby passengers in the airline industry. Cancellation slots are more

Figure 7.1-11: Use of Electronic Access

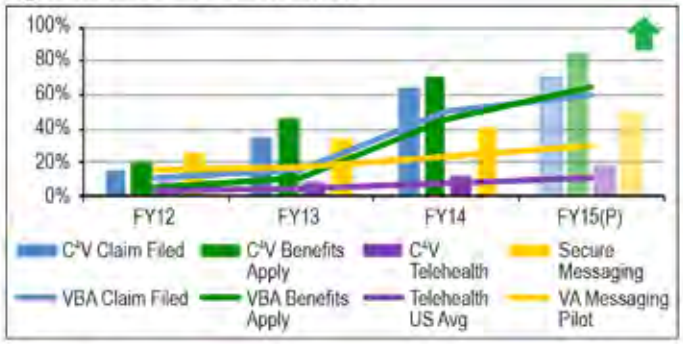


Figure 7.1-12: Accuracy

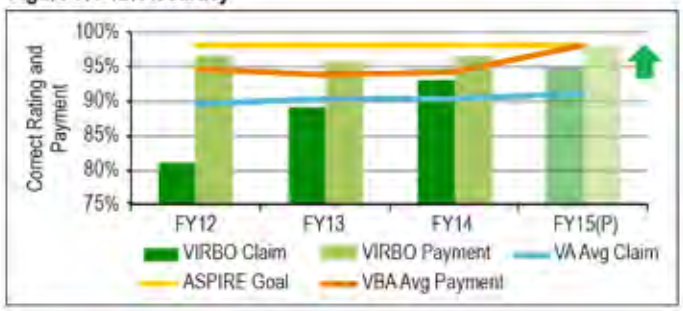
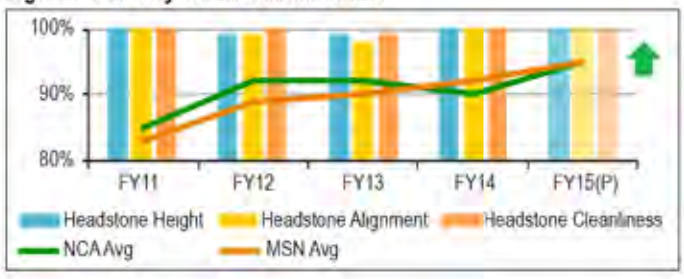


Figure 7.1-13: Key Shrine Standards Met



difficult to fill on St. John, due to the smaller population and travel limitations among islands.

A recent major initiative throughout VBA and VHA was to "fix the phones," eliminating a source of frustration for Veterans. Callers to C⁴V experience a fast answer and no more than a single voice prompt before talking with a real person, who is anxious to show I-CARE.

Waiting time for appointments was an issue throughout the VA in 2014. Figure 7.1-23 shows the percentage of patients with a wait time of less than two weeks for their appointments, segmented by service and whether the patient was new or established with the PACT, and compared against the VA average and VA 90th percentile. Figure 7.1-24 shows risk-standardized readmission rates as evidence of effectiveness of care. This measure is the check and balance to the reductions in LOS shown in Figure 7.1-10.

As a newer facility with new equipment, C⁴V enjoys very high IT system up time. Similarly, other equipment, primarily related to memorials and health services, must be available when needed, and collaboration between VIVC and maintenance staff yields a 98% equipment operational readiness rate.

VHA measures efficiency through the Stochastic Frontier Cost Efficiency Model. C⁴V lags slightly on this measure due to its size and the necessities of minimum staffing requirements in order to provide safe patient care.

Efficiency in internal processes leads to enhanced overall performance. For example, a frequent delay in treatment is waiting for test results. The C⁴V laboratory has made diligent efforts to report critical results in a timely manner, as shown in Figure 7.1-27.

Other support staff members in the C⁴V work systems also understand the requirements for timeliness and accuracy, as evidenced by the hiring cycle time results attained by human resources, shown in Figure 7.1-28. The administrative segment

Figure 7.1-14: Claims Timeliness

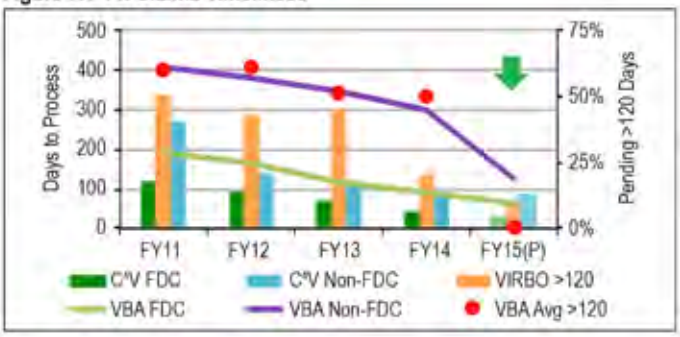


Figure 7.1-15: Graves Marked Error-Free within 60 Days

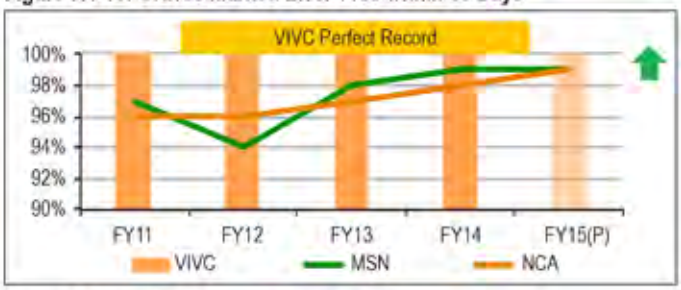


Figure 7.1-16: Significant Grounds Deficiencies

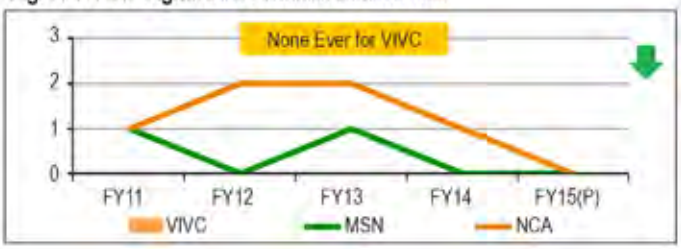


Figure 7.1-17: Helicopter Liftoff within 6 Minutes of Call

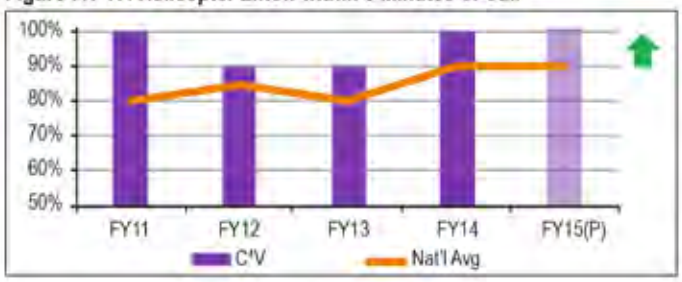


Figure 7.1-18: Cancellation Slots Filled

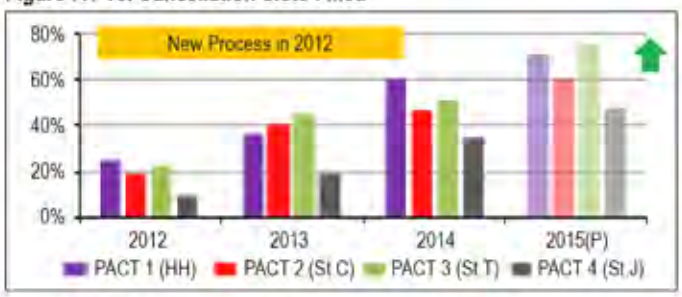


Figure 7.1-19: Interment to Release

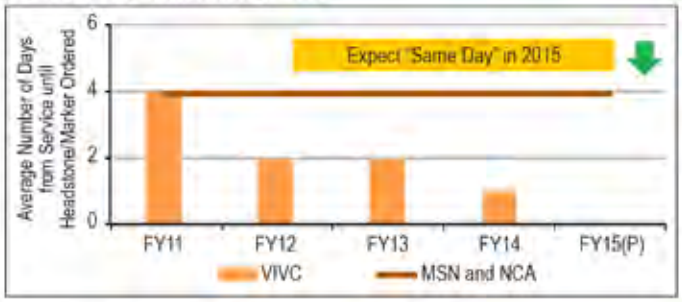


Figure 7.1-20: Receipt of Headstone/Marker to Set

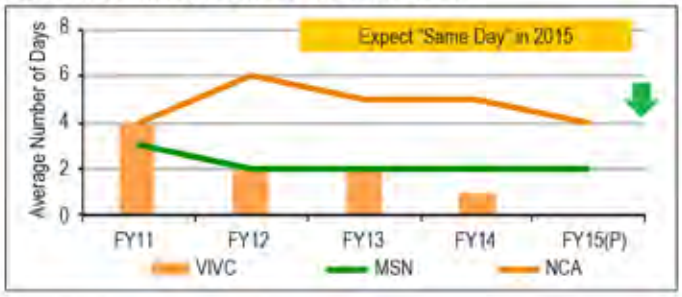


Figure 7.1-21: Call Responsiveness

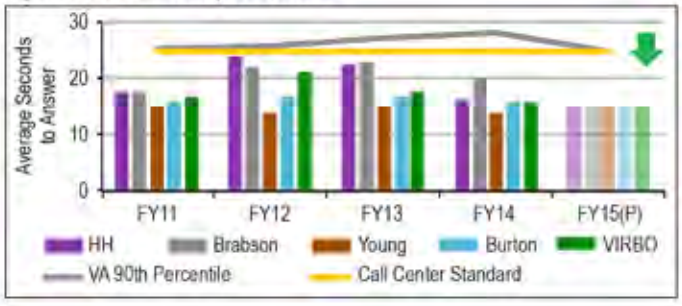


Figure 7.1-22: PATS Issue Resolved

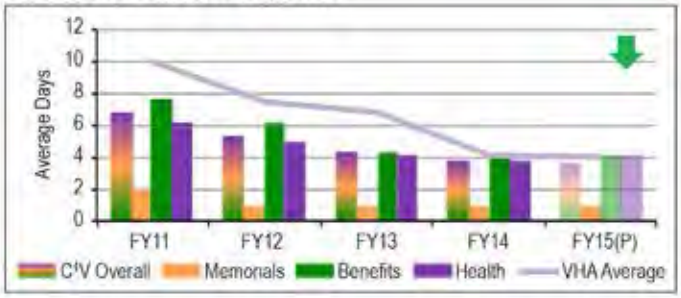


Figure 7.1-23: Percentage of Unique Patients with Wait Time < 14 Days

Higher = Better	2011	2012	2013	2014	2015(P)
C⁴V Primary New	70	85	97	98	100
VA Avg Primary New	41	40	96	95	96
VA 90th Primary New	66	67	99	99	98
C⁴V Primary Est	95	98	99	99	99
VA Avg Primary Est	91	94	94	95	97
VA 90th Primary Est	98	98	98	99	99
C⁴V Specialty New	60	72	96	97	98
VA Avg Specialty New	41	39	96	96	97
VA 90th Specialty New	56	53	98	98	99
C⁴V Specialty Est	95	96	97	98	100
VA Avg Specialty Est	94	94	91	91	95
VA 90th Specialty Est	97	97	97	97	99
C⁴V Mental Health New	N/A	N/A	85	90	95
VA Avg Mental Health New	N/A	N/A	71	70	75
VA 90th Mental Health New	N/A	N/A	82	82	85
C⁴V Mental Health Est	N/A	N/A	97	98	99
VA Avg Mental Health Est	N/A	N/A	97	96	99
VA 90th Mental Health Est	N/A	N/A	99	99	99

of the workforce is not shown, as none have been hired since the C⁴V inception. VI competitors declined to provide comparison information, and the island location makes the validity of other comparisons somewhat questionable.

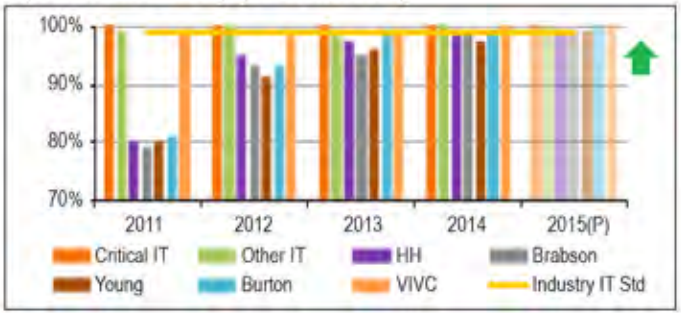
7.1b(2) The best measure of C⁴V effectiveness in preparedness for a disaster or emergency is the response to actual events and/or drills. Figure 7.1-30 shows the appropriateness and timeliness of responses each year, segmented by type of emergency. The detailed response times per event and per area of C⁴V impacted are AOS.

Emergency responsiveness is what it is because of the C⁴V dedication and diligence in ensuring that training is offered and

Figure 7.1-24: 30-day Risk Standardized Readmission Rates (RSRR)

Lower = better	2011	2012	2013	2014	2015(P)
C⁴V AMI	13.0	13.0	13.0	13.1	13.0
Nat'l Avg AMI	20.0	19.9	19.7	19.4	19.0
VI Avg AMI	20.0	19.0	18.0	17.0	17.0
VA Avg AMI	14.0	13.6	13.9	13.6	13.5
VA 90th AMI	12.7	12.4	13.2	13.2	13.0
C⁴V Pneum	14.0	14.0	14.0	14.0	14.0
Nat'l Avg Pneum	18.6	18.5	18.4	18.2	18.0
VI Avg Pneum	19.0	19.0	18.0	18.5	18.0
VA Avg Pneum	16.5	16.0	15.6	15.3	15.0
VA 90th Pneum	14.2	14.2	14.0	14.0	14.0
C⁴V CHF	18.0	18.7	19.0	19.0	19.0
Nat'l Avg CHF	25.0	24.9	24.7	24.6	24.5
VI Avg CHF	24.0	24.0	23.0	24.7	24.0
VA Avg CHF	20.7	20.8	20.9	20.5	20.0
VA 90th CHF	17.9	18.0	18.8	18.8	19.0

Figure 7.1-25: IT and Equipment Availability



understanding is evaluated before putting skills into practice. Figure 7.1-31 shows the training compliance for all staff, and Figure 7.1-32 shows the training and certification of incident commanders at C⁴V through Department of Homeland Security (DHS) multilevel hospital incident command (HIC) progressive training.

7.1c Suppliers are held accountable for keeping necessary items in stock and ready, as shown in Figure 7.1-33. Accountability is tracked through order fulfillment rates (desired quantities delivered when ordered) and authorized, periodic, automatic replenishment levels maintained on hand. These measures primarily pertain to health services.

Suppliers are also held accountable for the budget, as is the C⁴V leadership. C⁴V also tracks timely payments to suppliers, in accordance with FAR and to avoid penalties and surcharges for late payments per contract.

Figure 7.1-26: Inverse Stochastic Frontier Cost Efficiency Model

Figure 7.1-27: Critical Values Reported within 1 Hour

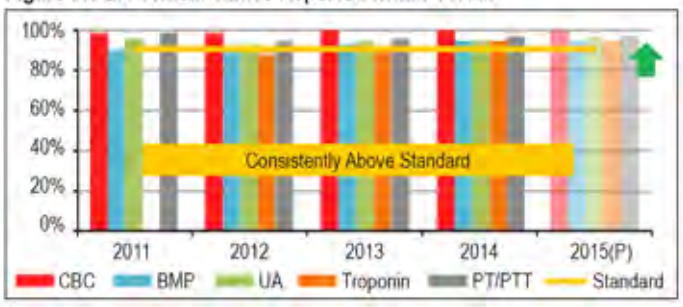


Figure 7.1-28: Hiring Cycle Time

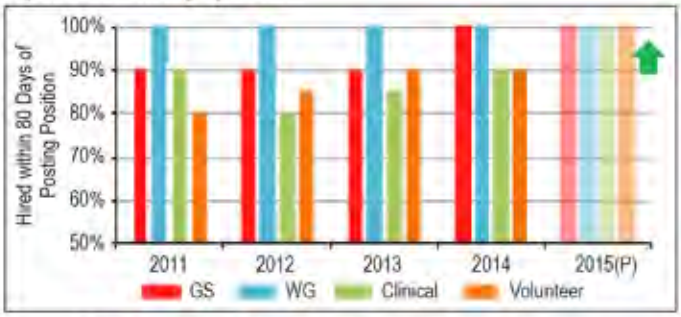


Figure 7.1-29: New Ideas Selected for Implementation

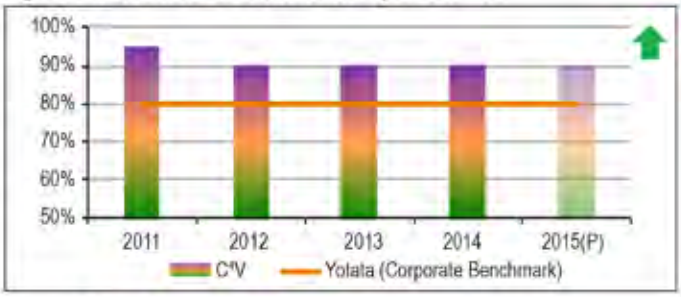


Figure 7.1-30: Appropriate and Timely Response

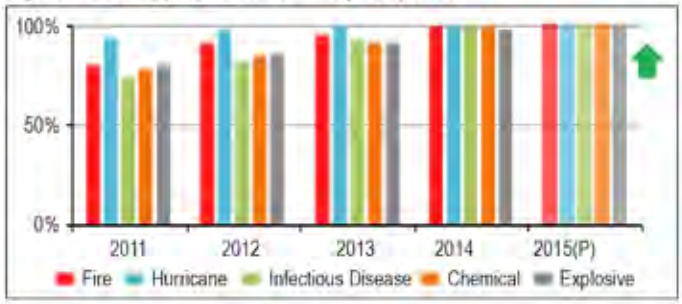


Figure 7.1-31: Staff Trained for Hazards

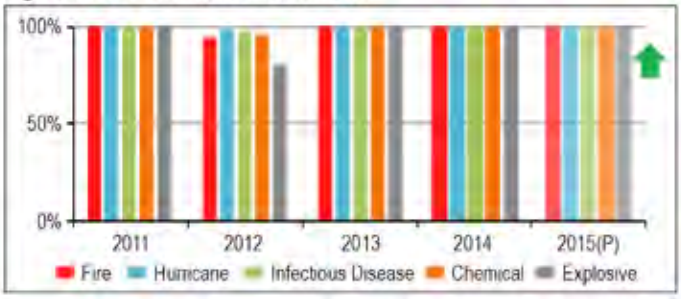


Figure 7.1-32: HICS Commanders Certified

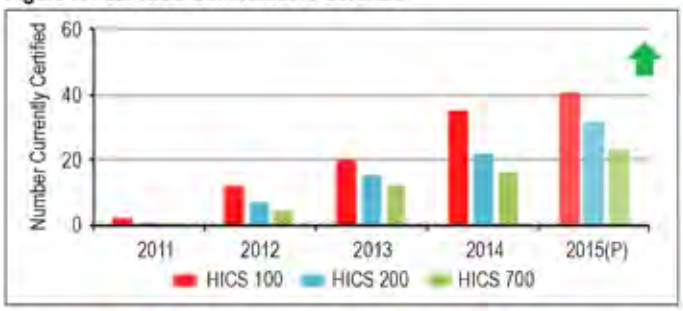


Figure 7.1-33: Order Fulfillment Rate and Authorized Inventory on Hand

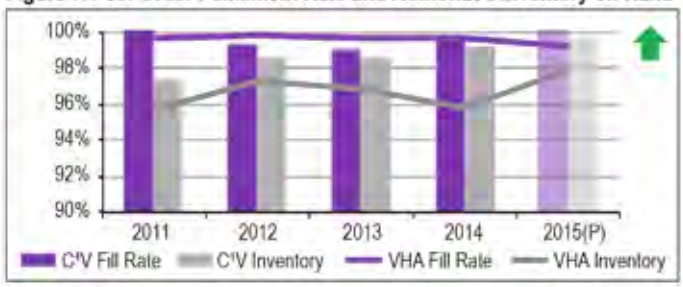


Figure 7.1-34: Supplies within Budget and Timely Payment

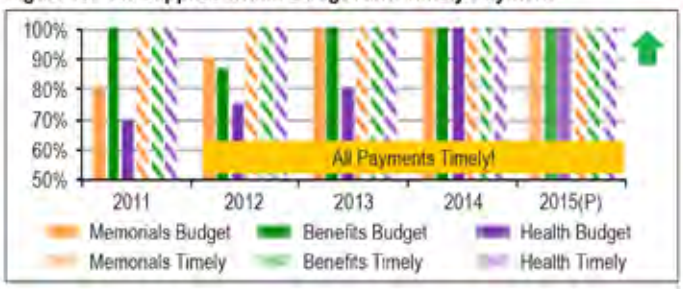


Figure 7.1-35: SPC Communications Satisfaction

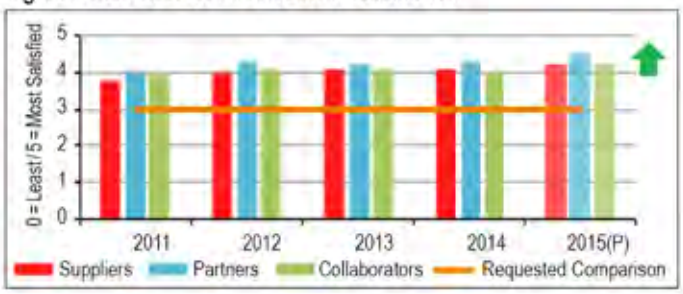
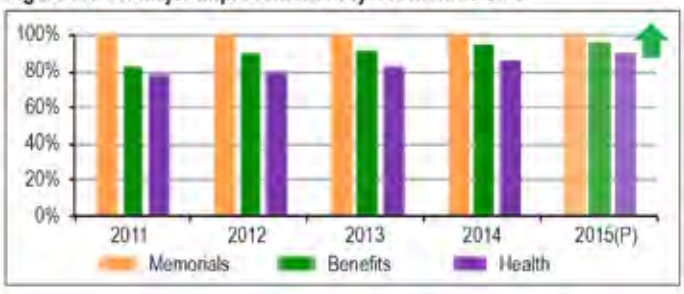


Figure 7.1-36: Major Improvement Projects Include SPC



7.2 Customer-Focused Results

7.2a(1) Figures 7.2-1 through 7.2-16 show various aspects of C⁴V customer satisfaction, progressing from general topics to more specific areas addressed. Each Administration is also scored using a vendor-provided satisfaction index, enabling comparison with non-VA providers of similar services, shown in Figure 7.2-2. In general, satisfaction is surveyed regarding timely access with the specific questions on the SHEP and HCAHPS surveys. Results are shown in Figures 7.2-3 through 7.2-8. Additional segmentation is AOS.

A major benefit to VA care is the ability to coordinate care throughout the country. This enables visiting Veterans to receive care "just like at home." Interregional coordination is helpful within all three administrative functions of C⁴V.

NCA ratings for satisfaction through ACSI are among the best of any industry in the country, and VIVC is among the best within NCA. To better gauge relative performance, VIVC also asks the next of kin to compare C⁴V services with other similar experiences.

Appearance is one factor that sets NCA facilities apart from all others and builds the reputation and brand of the Administration.

Figure 7.2-1: Overall Rating of 9 or 10

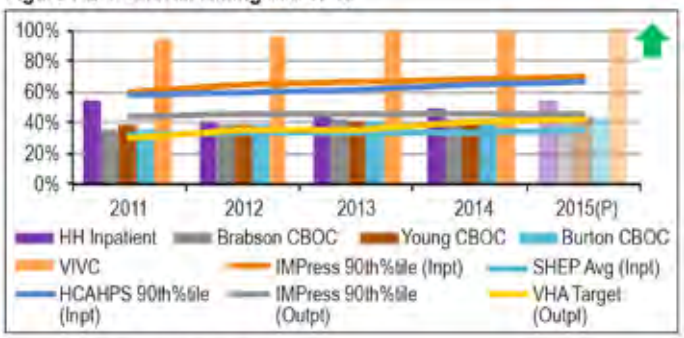


Figure 7.2-2: Satisfaction Index

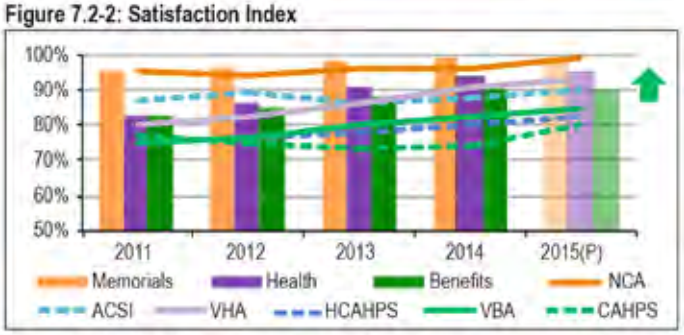
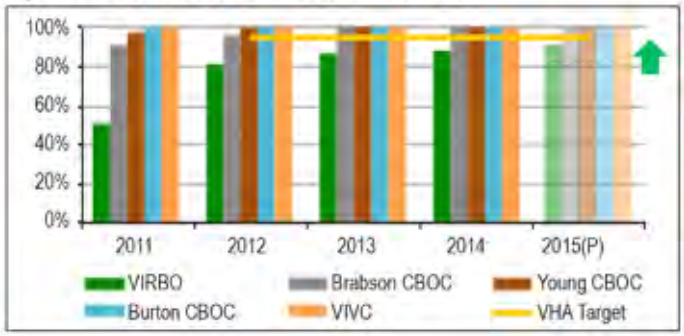


Figure 7.2-3: Satisfaction with Access Timeliness



It is therefore particularly important that the Veterans, next of kin, and community are satisfied with the VIVC appearance (Figure 7.2-11).

Funeral directors play a major role in the next of kin and family experience at the time of loss. Funeral directors also serve as outreach to the community about the availability of these services from the VA.

Overall satisfaction with benefits enrollment is shown in Figure 7.2-13. The innovative inclusion of benefits personnel during TAP outreach and with the PACTs led to breakthrough improvement. There are no known comparative data outside the VBA for enrollment process satisfaction.

Figure 7.2-8: Satisfaction with Care Elements

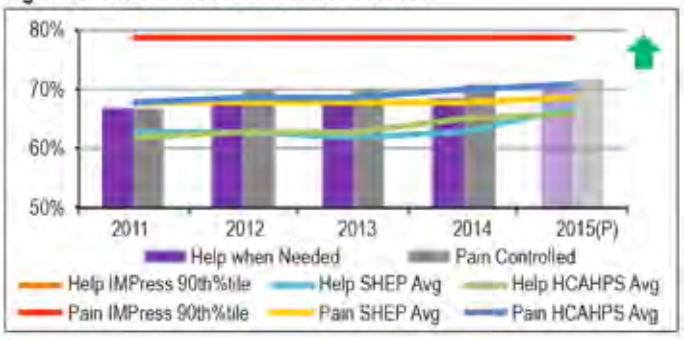


Figure 7.2-4: Satisfaction with Emergency Department Wait Time

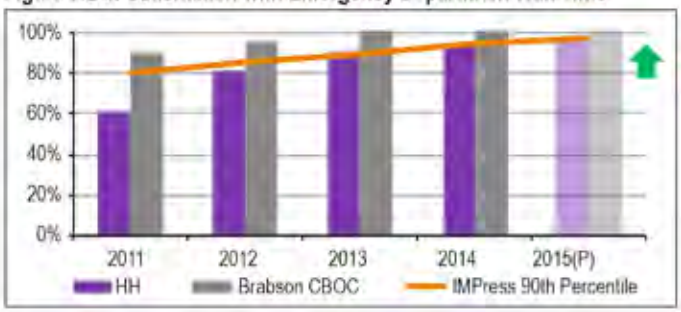


Figure 7.2-5: Satisfaction with Communication

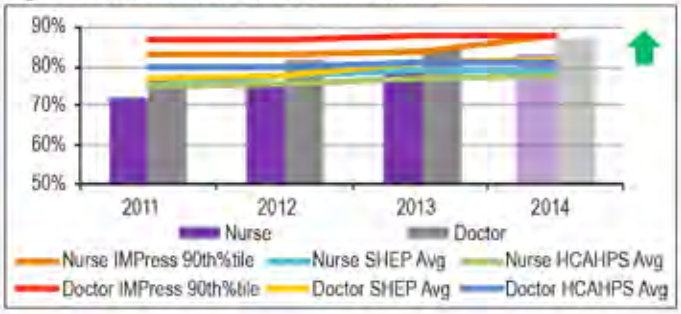


Figure 7.2-6: Satisfaction with Information

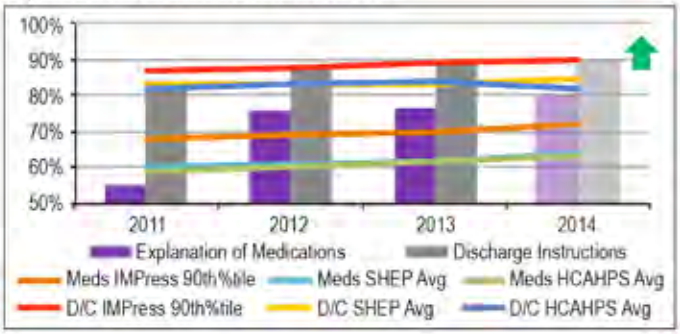


Figure 7.2-7: Clean and Quiet

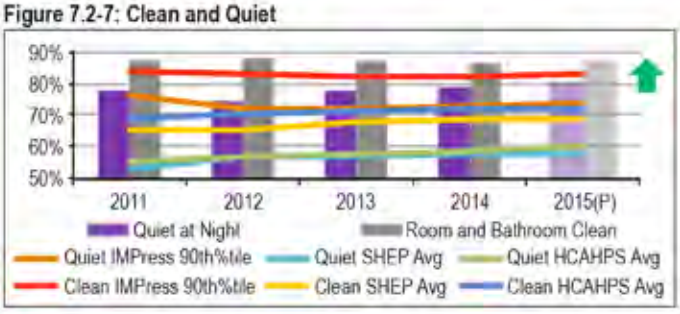


Figure 7.2-9: Satisfaction with Interregional Coordination

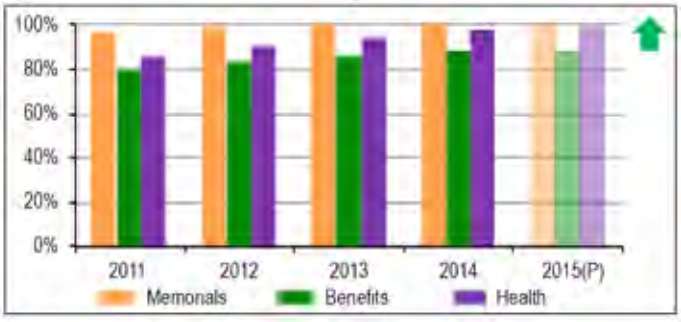


Figure 7.2-10: VIVC Satisfaction Rating by Next of Kin

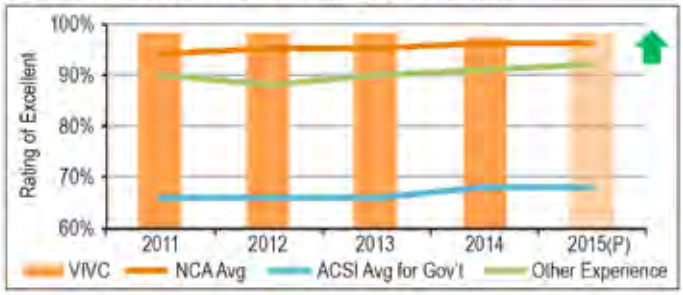


Figure 7.2-11: VIVC Cemetery Appearance Satisfaction

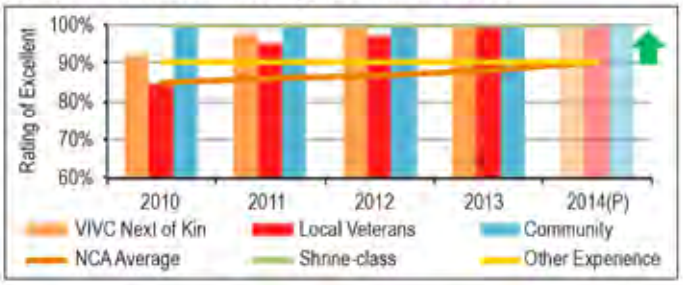


Figure 7.2-12: Funeral Director "Very Satisfied"

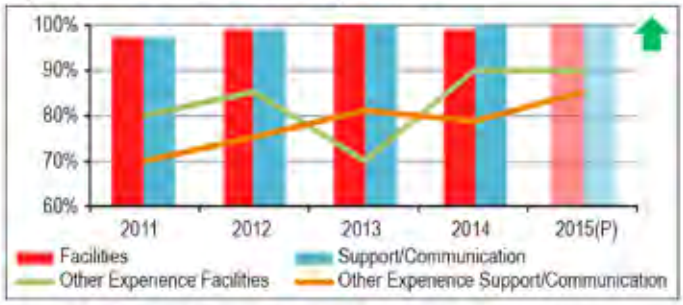


Figure 7.2-13: Benefits Enrollment Process Satisfaction

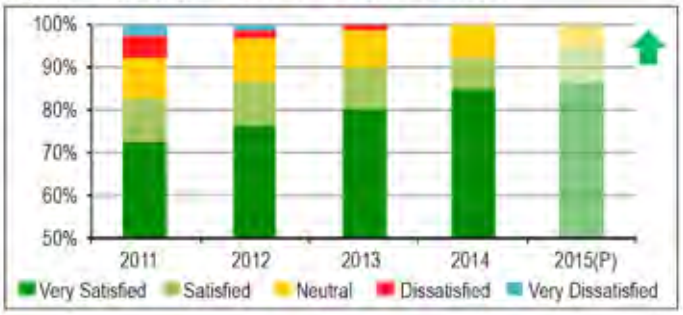
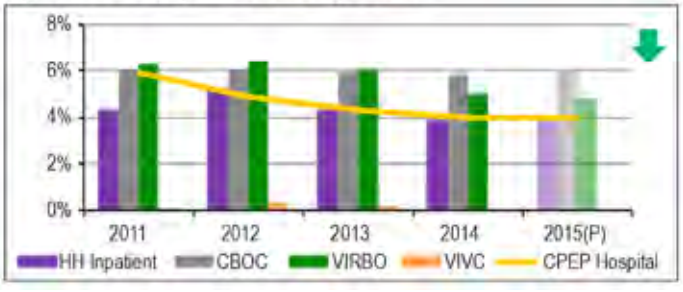


Figure 7.2-14: Complaint Rate / Unique Veteran



For health services, leaving the Emergency Department (Figure 7.2-16) prior to being seen by a physician or other independent practitioner is usually due to dissatisfaction with the wait time. Leaving also places Veterans at risk of not receiving appropriate care and is very carefully monitored.

Figure 7.2-15: AppearanceBook "Frown Face"

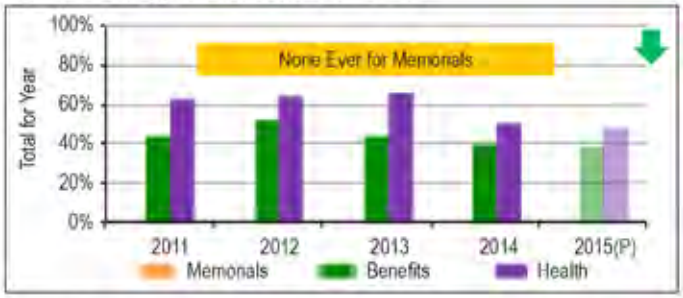


Figure 7.2-16: Left Emergency Department Without Being Seen

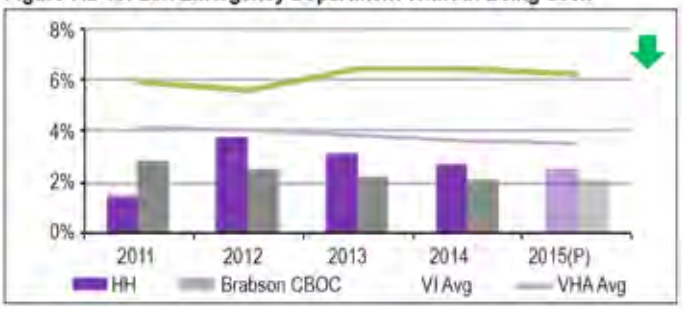


Figure 7.2-17: Willingness to Recommend

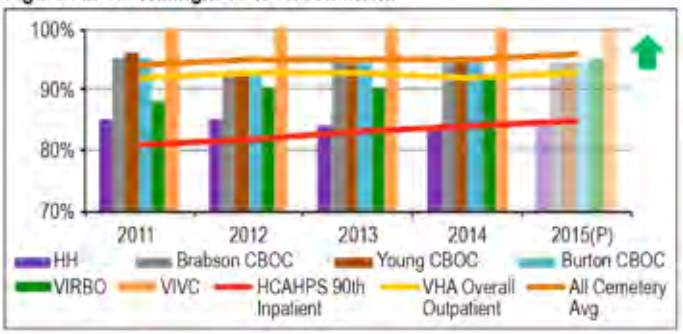


Figure 7.2-18: Secure Portal Registration

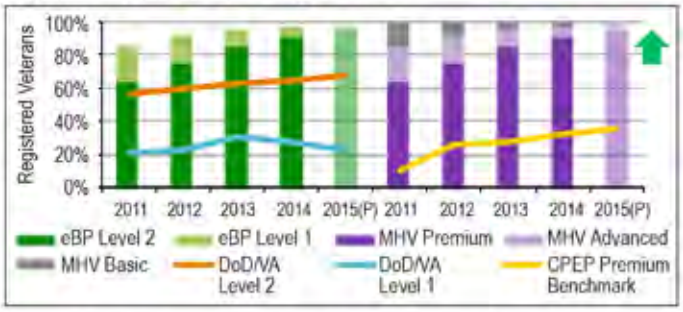


Figure 7.2-19: Veterans Vested and Enrolled in PACT

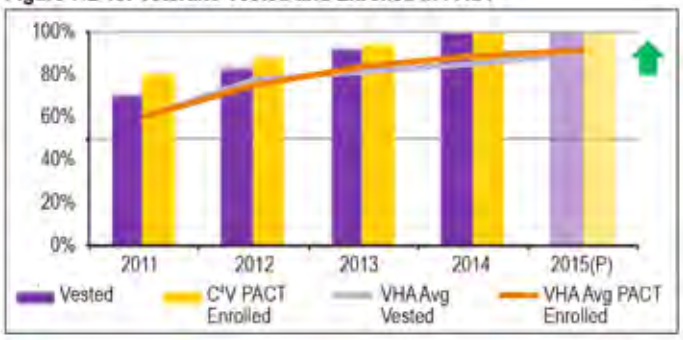


Figure 7.2-20: Enrollees Vaccinated for Influenza

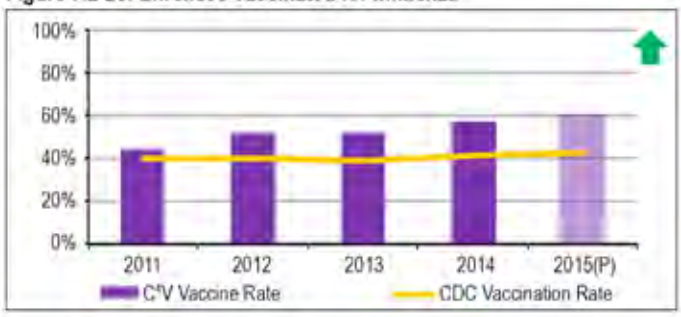


Figure 7.2-21: Engagement in Volunteering

Figure 7.2-22: Next of Kin Desires Met

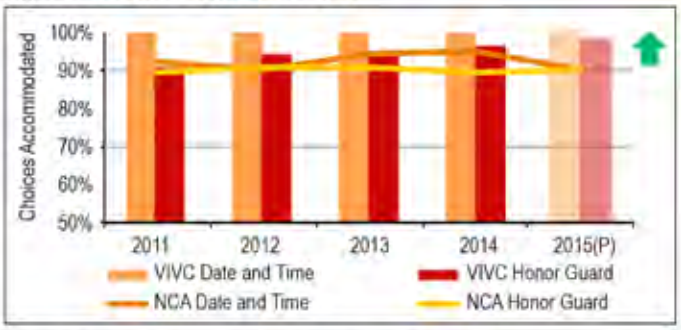
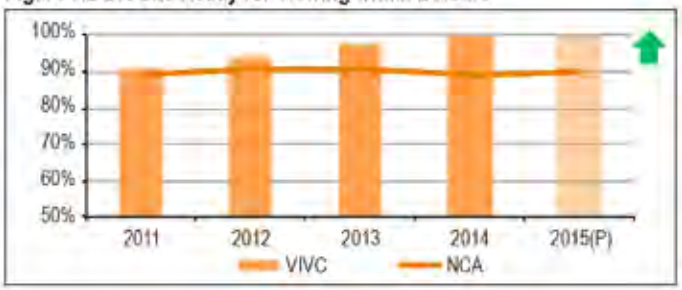


Figure 7.2-23: Site Ready for Viewing within 2 Hours



7.2a(2) Engagement is measured primarily through the willingness of the Veteran to recommend C⁴V services to others who may be eligible to receive care. This question is asked on a variety of survey tools.

Engagement is also indicated by Veterans' willingness to participate in their own care and the efficiency and effectiveness of services. Engagement can be discerned by the number of Veterans participating with electronic communications and registering for e-benefits and MHV. These portals enable secure communications with benefits and health representatives.

Being vested in their own care promotes wellness and well-being for Veterans. A "vesting visit" is required every two years, when the Veteran must meet with his/her practitioner and have certain screenings conducted. Vesting results in higher payment rates to C⁴V from the VA—creating a win-win situation. Vaccination rates are also tracked as an indicator of Veteran willingness to engage in his/her own health and wellness.

Engagement is also indicated by the number of Veterans enrolled for care at C⁴V who also serve as volunteers.

Unlike a non-VA cemetery, services are held at a committal shelter, which may not be available at the requested date or time. Due to its lower volume, VIVC has not had this issue. Next of kin frequently also request an honor guard for the services. Honor guard duties are performed by volunteers, and many non-VA cemeteries have difficulty filling all requests.

7.3 Workforce-Focused Results

7.3a(1) C⁴V expands workforce capability and capacity by attracting the brightest and best from the student population to join the workforce. Figure 7.3-1 shows the proportion of selected nursing school graduates who accepted C⁴V positions.

Once hired, the entire C⁴V workforce is expected to continue to grow in knowledge, skills, and capability through the extensive training programs offered and required. Nurses, in particular, are encouraged to return to school for baccalaureate and advanced degrees.

Capability, or lack of capability, is indicated when the VA must purchase services from other providers to meet Veteran needs, referred to as "fee-basis" care. Figure 7.3-4 shows C⁴V results, which increased in 2014 with new legislation to provide Veteran's choice cards in response to the timeliness of access issues elsewhere in the country.

Workforce capacity is measured by ensuring that adequate staffing is available and matched to the workload through predefined parameters, referred to as "in quality." This model corrects for both understaffing as well as overstaffing. Vacancies are also

Figure 7.3-1: Selected Nursing Graduates who Accept Positions

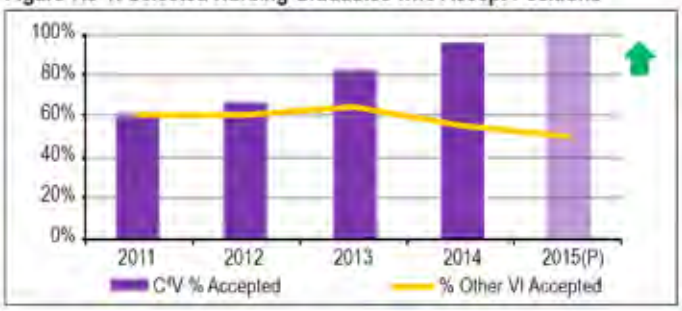


Figure 7.3-2: Required Training Timely Completion

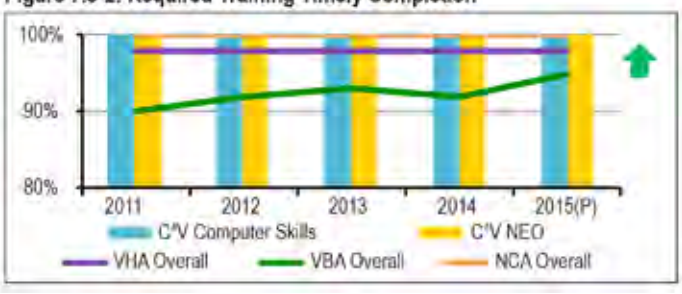


Figure 7.3-3: Increased Education Levels

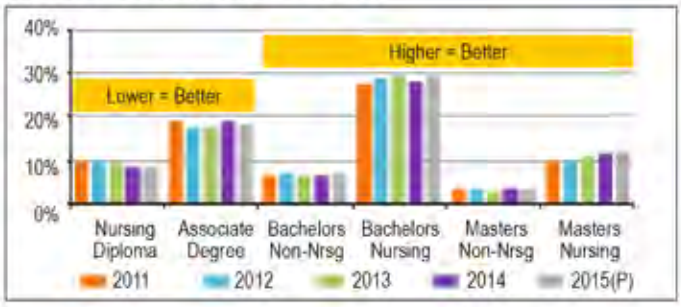


Figure 7.3-4: Percentage of Budget in Fee-Basis Care

Figure 7.3-5: Time "In-Quality" Staffing

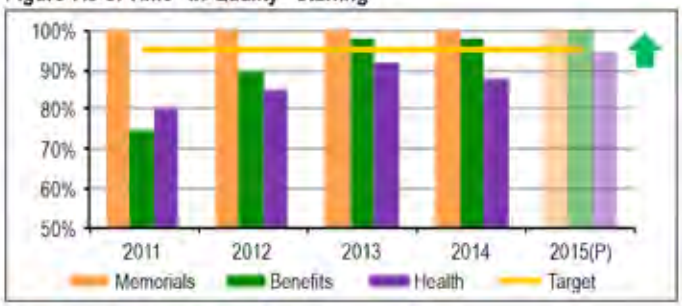
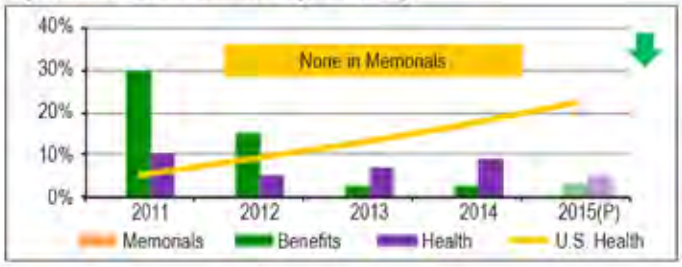


Figure 7.3-6: Workforce Vacancy Percentage



monitored, although each position is re-evaluated for need prior to filling when a member of the workforce leaves. Vacancy comparison information is only available from the health sector.

7.3a(2) The workforce climate is evaluated primarily through the survey tools offered by the VA, such as the AES. This tool is used throughout the federal government and also provides non-VA comparison information. Figures 7.3-7 and 7.3-8 show satisfaction with psychological safety and diversity.

C4V is deeply committed to workforce health and safety. An extensive wellness program is offered, and the innovation of inviting the spouse of any workforce member to participate led to breakthrough improvement in participation.

Safety is measured according to OSHA standards, as shown in Figure 7.3-10. It is noteworthy that there have been no DART incidents in memorial services, despite the use of heavy equipment. The SLT attributes this, at least in part, to requiring extensive safety training and ensuring that everyone is trained and knowledgeable. Additionally, the workforce is satisfied with safety.

In some specialty areas, particular precautions are taken to ensure safety and regulatory compliance; precautions include monitoring radiation exposure in specific job categories.

Training, accountability, physical controls for safety, and the focus of senior leaders on safety have all combined to result in no security incidents of any type (Figure 7.3-14).

The C4V workforce is also highly satisfied with the supportive environment and with work-life balance.

7.3a(3) Overall satisfaction is measured through a specific question on the AES (Figure 7.3-18), as well as the Best Places to Work (BPTW) survey (Figure 7.3-19).

Figure 7.3-7: Psychological Safety

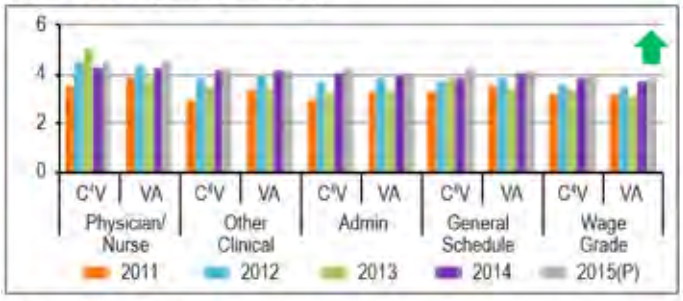


Figure 7.3-8: Diversity

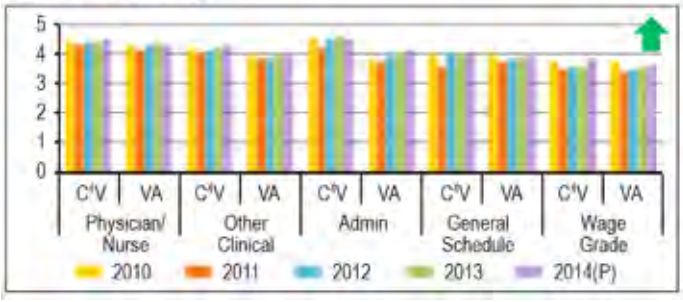


Figure 7.3-9: Wellness Program Participation

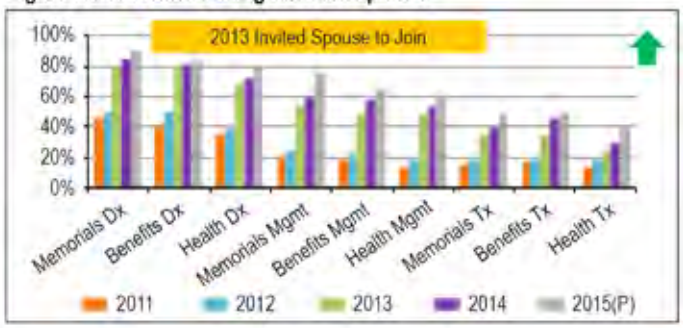


Figure 7.3-10: Employee DART Incidents

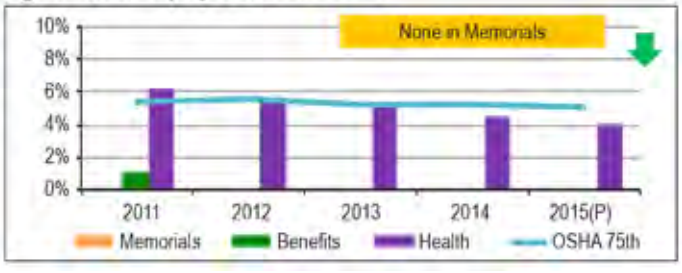


Figure 7.3-11: Safety Training Completed

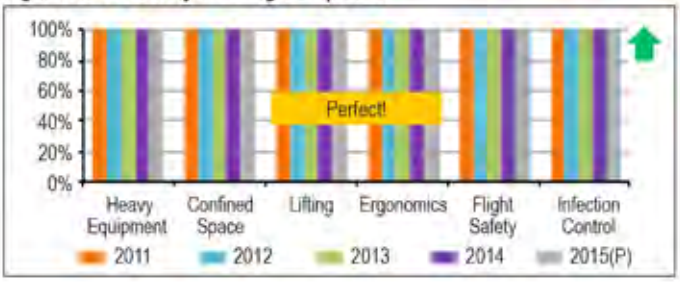


Figure 7.3-12: Workforce Satisfaction with Safety

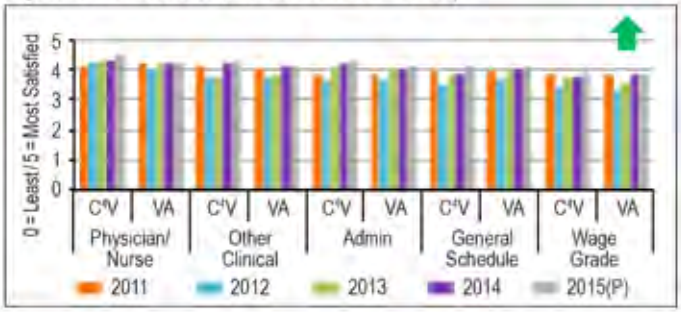


Figure 7.3-13: Radiation Badge Monitoring

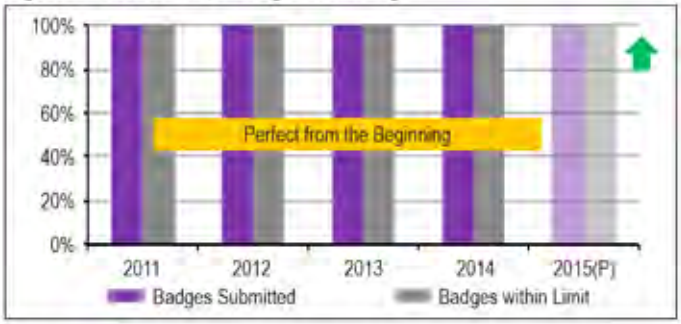


Figure 7.3-14: Security Incidence Rates/1,000 Work Days)

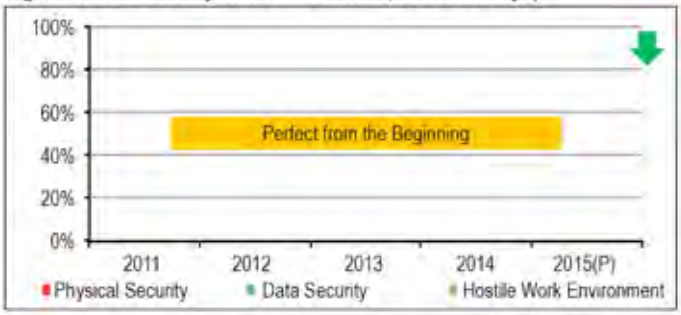


Figure 7.3-15: Supportive Work Environment

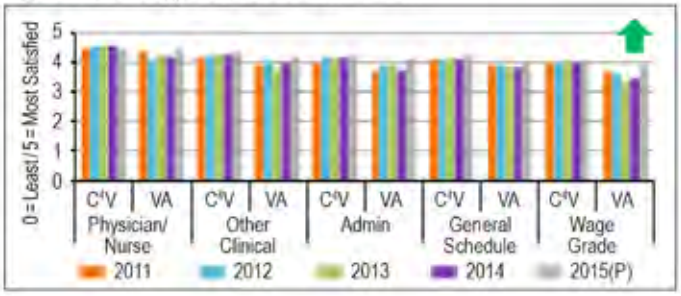


Figure 7.3-16: Work-Life Balance

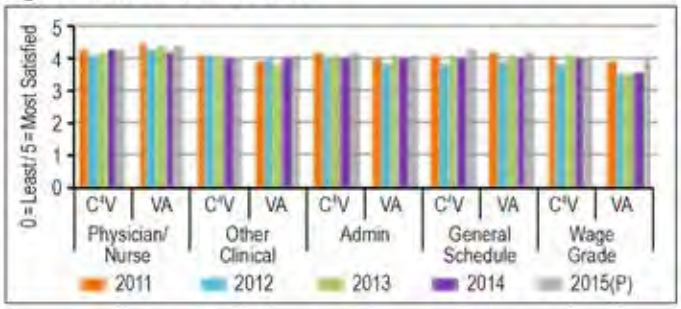


Figure 7.3-17: Benefits

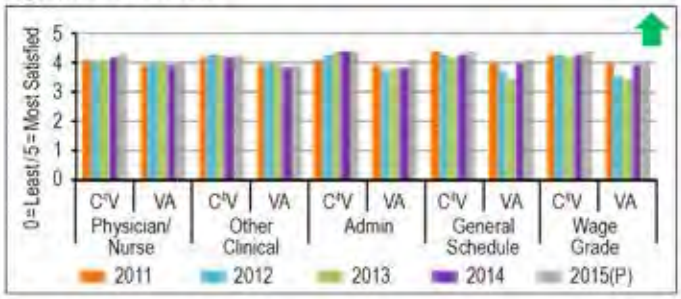


Figure 7.3-18: Overall Satisfaction

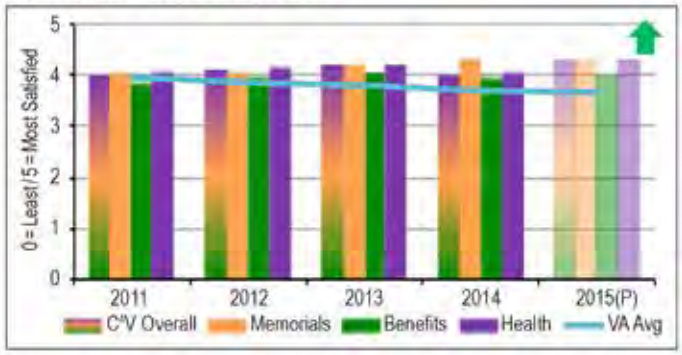


Figure 7.3-19: Best Places to Work

Engagement is indicated by the fact that the workforce stays at C⁴V when other options are available to them. Retention rates are tracked specifically for difficult-to-fill positions, as shown in Figure 7.3-20. Engagement is also indicated by workforce participation in suggestions, innovation, wellness activities, etc.

The number of active adult volunteers also demonstrates high levels of engagement. Over 60% of C⁴V volunteers have recruited at least one volunteer—clear evidence of "willingness to recommend."

C⁴V also participates in the calculation of an engagement index score, with comparisons throughout the government and the VA. This process includes volunteers. Student engagement is indicated

by the number who accept positions at C⁴V once their training is complete.

7.3a(4) Perhaps the best indicator of developmental opportunities at C⁴V is the perception of the workforce that the organization has the talent necessary to achieve its goals, as shown in Figure 7.3-23. All segments are satisfied with their promotion opportunities (Figure 7.3-24), particularly when considering the small size of the organization.

Leaders take an active role in the development of the workforce, from identifying opportunities, to planning a course of action, to coaching and mentoring, as shown in the completion of mid-year reviews (Figure 7.3-25) and the formalized VA coaching and mentoring program (Figure 7.3-26). All of these opportunities create the conditions for workforce members to be satisfied with their development opportunities, as shown in Figure 7.3-27.

7.4 Leadership and Governance Results

7.4a(1) The best indicator of how effectively the SLT communicates the goals and priorities of the organization is to simply ask the workforce. This is a question on the AES, and the results are shown in Figure 7.4-1. The survey also includes questions to evaluate perceptions about feeling encouraged and empowered to come up with new and better ways of doing things, leaders generating a high level of motivation and commitment, and the level of respect for the organization's senior leaders, shown in Figures 7.4-2 through 7.4-4. Results are segmented by service. Segmented analysis is also done by gender, shift, specific work area, Veteran status, etc. The traditional survey tool is about perceptions of SLT

Figure 7.3-20: Key Position Retention Rate

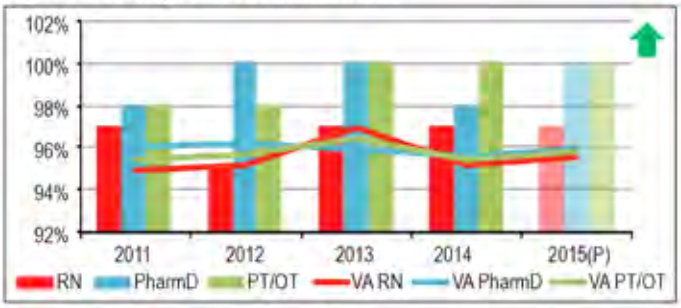


Figure 7.3-21: Number of Active Adult Volunteers

Figure 7.3-22: Engagement Index Score

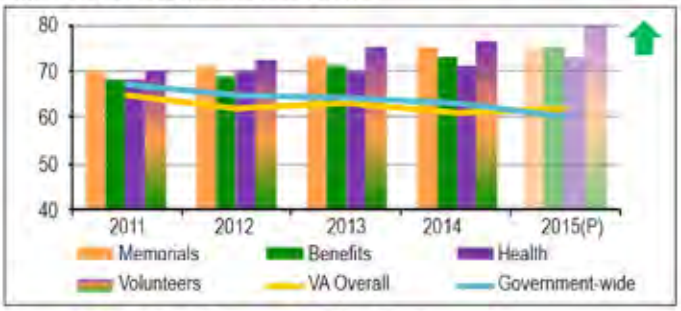


Figure 7.3-23: Talent Necessary to Meet Goals

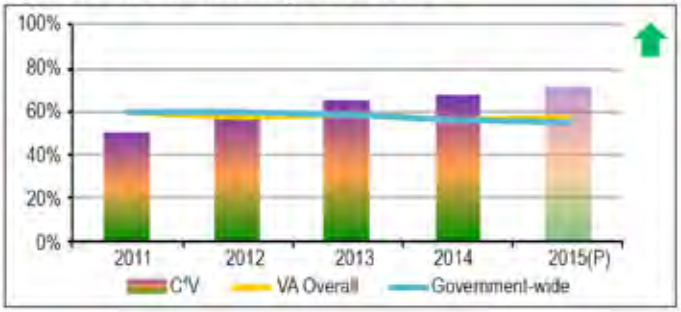


Figure 7.3-24: Promotion Opportunity

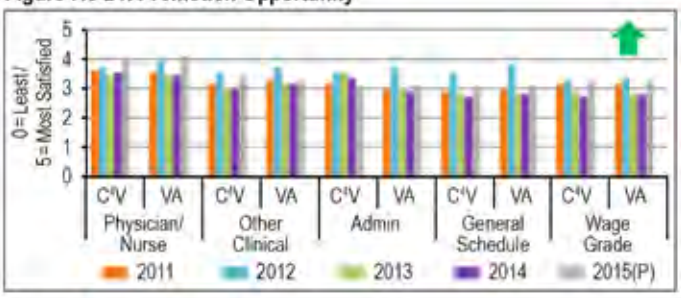


Figure 7.3-25: Mid-year Reviews Completed

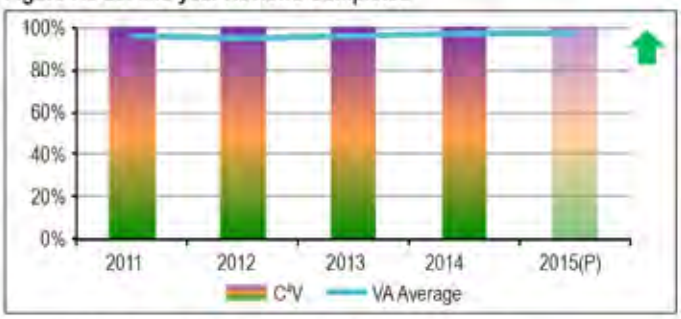


Figure 7.3-26: Participation in Coaching and Mentoring

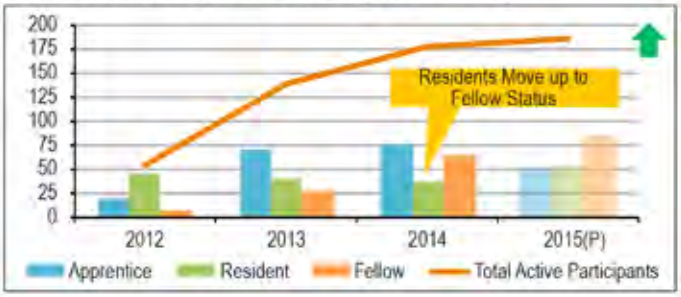


Figure 7.3-27: Satisfaction with Development

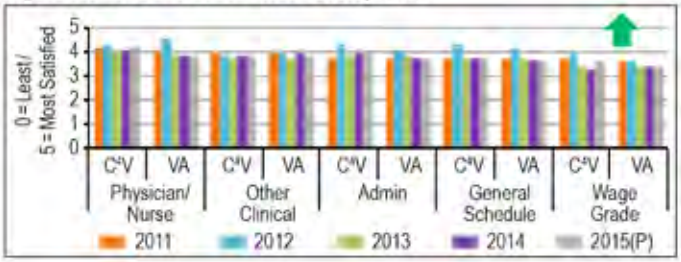


Figure 7.4-1: Leaders Communicate Goals and Priorities

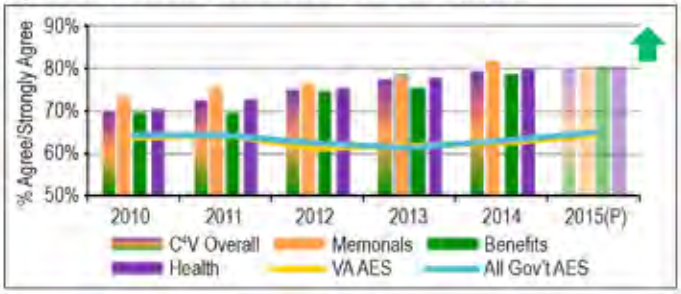


Figure 7.4-2: Feel Encouraged and Empowered

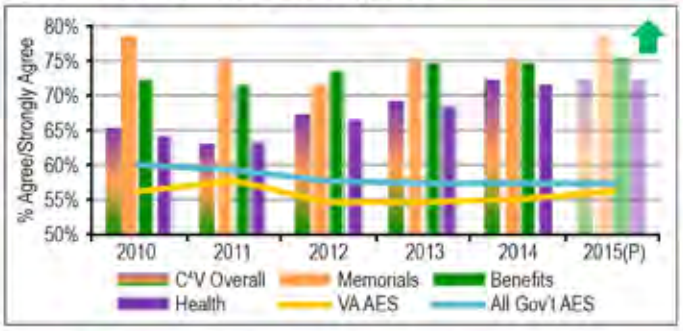


Figure 7.4-3: Leadership Motivation and Commitment to Workforce

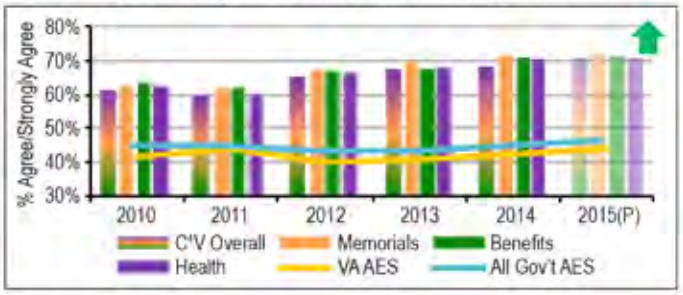
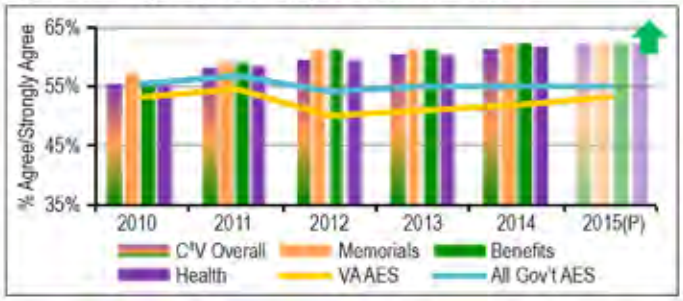


Figure 7.4-4: High Degree of Respect for Senior Leaders



engagement in the mission through Veteran support, as shown in Figure 7.4-6.

To evaluate senior leader communication and engagement with the workforce, C4V periodically asks the workforce about the most recent opportunity to communicate with a senior leader, with more recently being preferred. Because comparison data are not directly available, workforce members are asked to compare their C4V experience with previous places they have worked. Because C4V is a new organization, most employees have worked elsewhere relatively recently.

Figure 7.4-7 indicates appropriate governance by SLT members spending the appropriate proportion of their time in the

Figure 7.4-5: Most Recent Opportunity to Interact with a Senior Leader

Figure 7.4-6: Senior Leaders Demonstrate and Encourage Support for Veterans

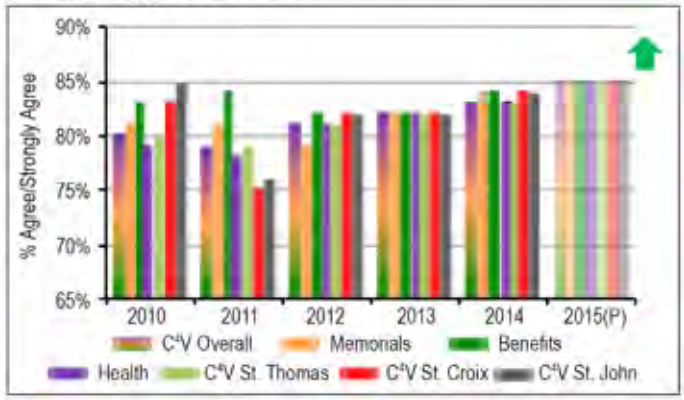


Figure 7.4-7: SLT Time in Strategic Management Zone

"management zone" commensurate with their position, as described in Figure 1.1-5, in order to balance the short- and longer-term perspectives for C4V. Calendar notations regarding the zone for each task are aggregated monthly, in order to provide feedback and improve governance. Early on, C4V required more "hands-on" and shorter perspectives, but as the organization matures, leadership can take a longer-term view. "Good" performance is when senior leaders spend 70–90% of their time in the strategic management zone.

7.4a(2) C4V does not have a traditional governance board but reports to higher headquarters, as noted on the organization chart. Accountability is established through the chain of command, congressional oversight, the VA OIG, and other auditing and regulatory authorities. Key measures of internal and external fiscal accountability are shown in Figures 7.4-8 through 7.4-10. The robust internal audit program, coupled with workforce education about proper procedures, helps keep external audits clean. Medical records coding does not drive payment in the VA as much as in non-VA facilities but remains vitally important for purposes such as for risk adjustment and for enabling proper disability ratings.

Figure 7.4-8: Internal Audit Findings

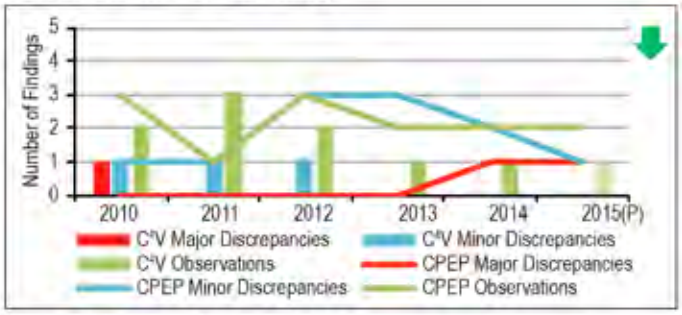


Figure 7.4-9: External Audit Findings

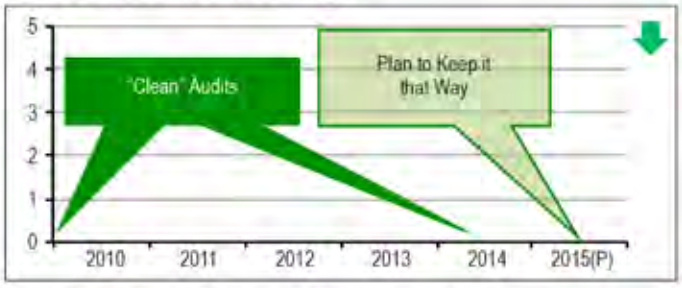
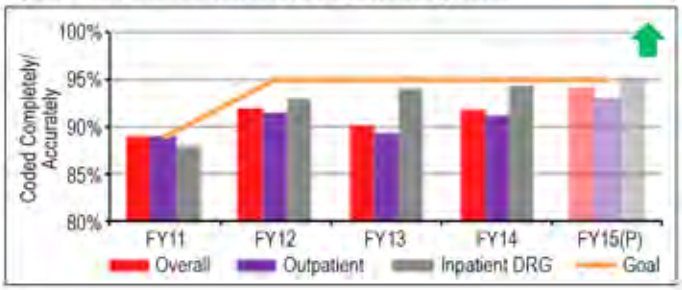


Figure 7.4-10: Health Records Coding Accuracy Audit



7.4a(3) All accreditation requirements noted in Figure P.1-4 have been maintained since C⁴V's inception in 2010. Many of the oversight organizations within VA and the federal government also have regulatory authority over C⁴V. Figures 7.4-11 and 7.4-12 shows regulatory compliance.

Figure 7.4-11: Deficiencies or Discrepancies

Figure 7.4-12: Notices of Violations or Adverse Findings

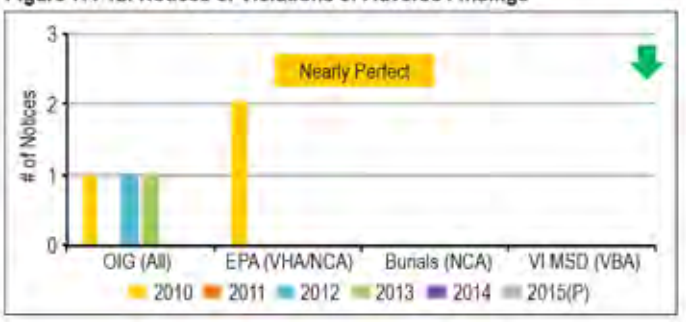


Figure 7.4-13: Commitment to Ethics

Lower = Better	2010	2011	2012	2013	2014	2015(P)
HIPAA violation from HHS/OCR	0	0	0	0	0	0
EMTALA violations	0	0	0	0	0	0
OIG complaint/hotline investigation	0	0	1	0	0	0
Substantiated			0			
Employee ethics-related grievances	0	0	0	0	0	0
Internal findings of ethics violation	0	0	0	0	0	0
EEOC adverse findings	0	0	0	0	0	0

Figure 7.4-14: Integrated Ethics Survey

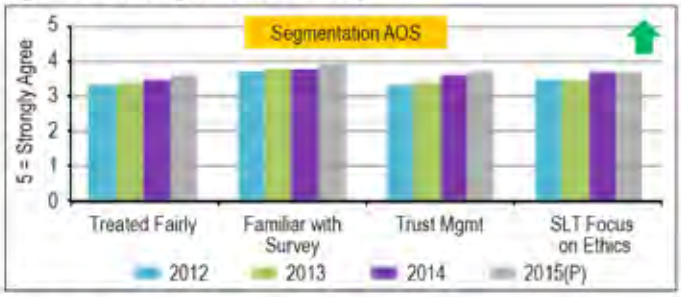
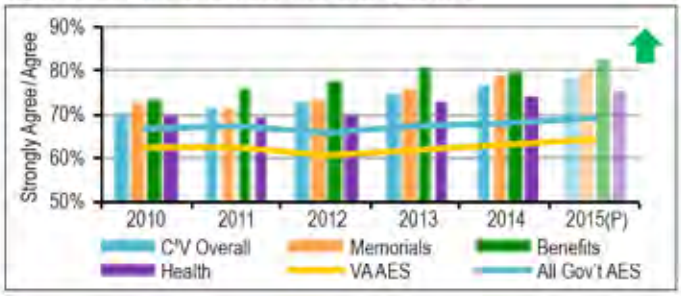


Figure 7.4-15: Trust and Confidence in Supervisor



7.4a(4) Figure 7.4-13 shows the C⁴V commitment to ethics, as evidenced by a lack of issues or findings. Figures 7.4-14 through 7.4-16 show the workforce perception of organizational ethics and trust and confidence in leadership.

7.4a(5) C⁴V fulfills societal responsibilities by caring for Veterans who have sacrificed much for the country. C⁴V supports the VA initiative to eliminate Veteran homelessness through the VA Supportive Housing (VASH) initiative, in collaboration with HUD, by distributing vouchers to Veterans in need. C⁴V does not supply the funding for the vouchers.

Figure 7.4-18 shows environmental social responsibility through use of the GreenMachine to eliminate waste and help replenish the earth's ozone layer, and Figure 7.4-19 shows support through volunteering.

Figure 7.4-16: Can Disclose a Suspected Violation

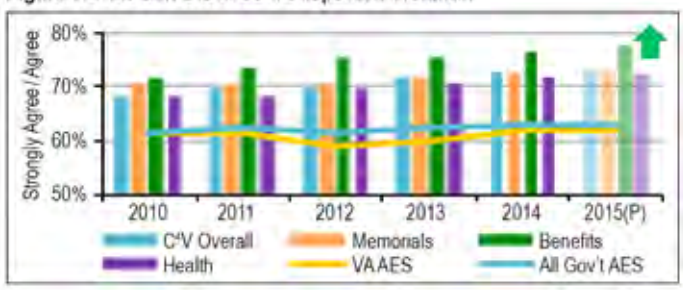


Figure 7.4-17: HUD-VASH Vouchers

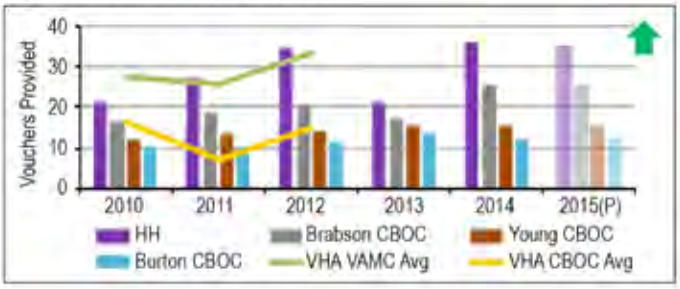


Figure 7.4-18: Waste Generated (Lbs.)

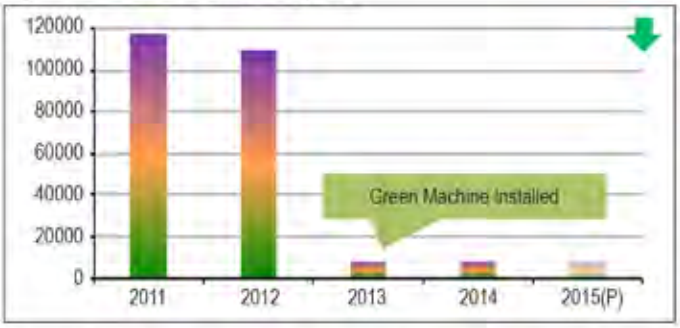


Figure 7.4-19: Community Support through Volunteering

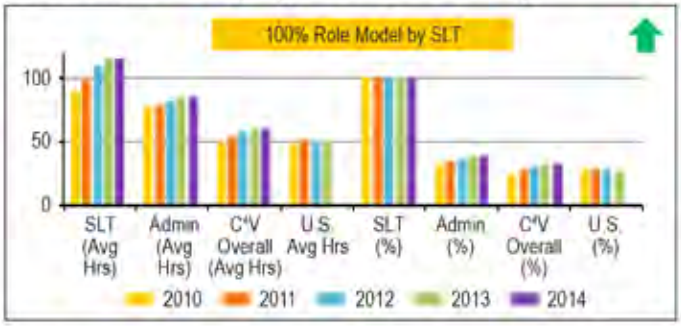


Figure 7.4-20: Percent Using VetBase

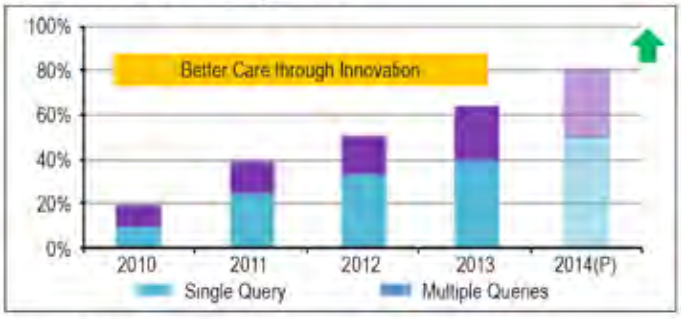


Figure 7.4-21: Homeless Veteran Population

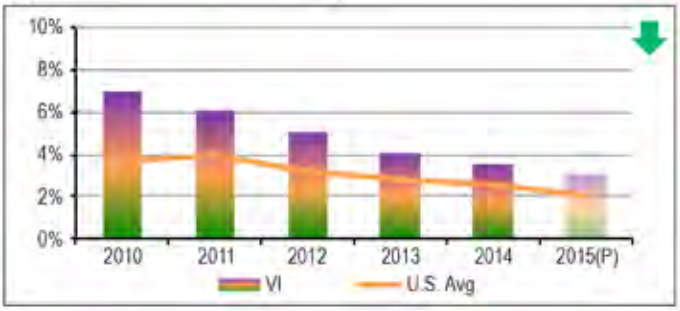


Figure 7.4-22: Veteran Status of Employees

7.4b Many results are linked to strategy implementation, as noted in Figure 2.1-5; two specific implementation measures impact homelessness and the Veteran status of the workforce. The homeless Veteran population remains higher in the VI than in the United States, in part due to the moderate climate and because the VI economic recovery is somewhat lagging from the mainland due to its heavy reliance on the tourism industry and cruise ships.

The innovative VETBase, described in 3.2a(2), also supports the community and promotes good stewardship of resources by making services more available and known to Veterans, while avoiding duplication of efforts.

7.5 Financial and Market Results

7.5a(1) As a government/nonprofit organization, C⁴V's financial and market results are different than typical businesses. C⁴V is not profit driven or motivated. Allocations are provided based on the funding models described previously, and financial performance is evaluated based on actual expenses compared with budget, as shown in Figure 7.5-1. There is no revenue generated.

As a labor-intense provider of services, C⁴V also tracks FTEEs and compares actual workforce to the budget allocation. At start-up, some aspects of C⁴V were over budget due to training and onboarding, while others were lower than budgeted until services

Figure 7.5-1: Actual Expense Percentage of Budgeted Expense

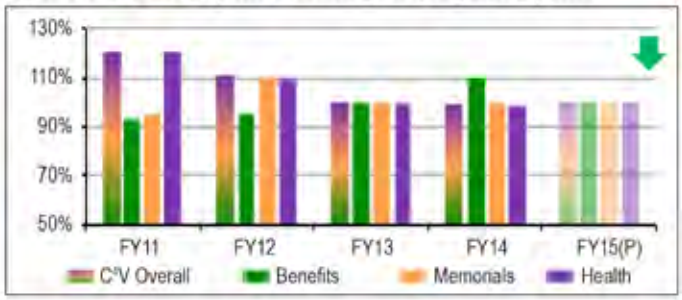


Figure 7.5-2: Actual FTEE Percentage of Budget FTEE

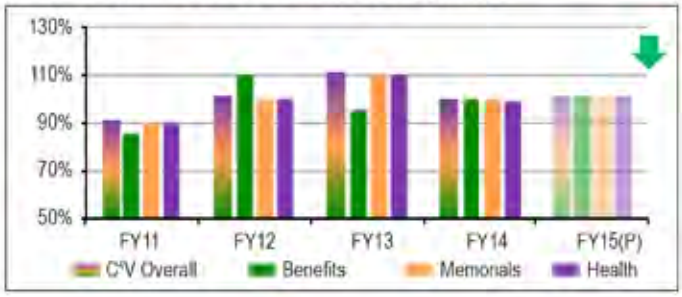


Figure 7.5-3: UCR-1: Adj. Cost per Adj. FacWork

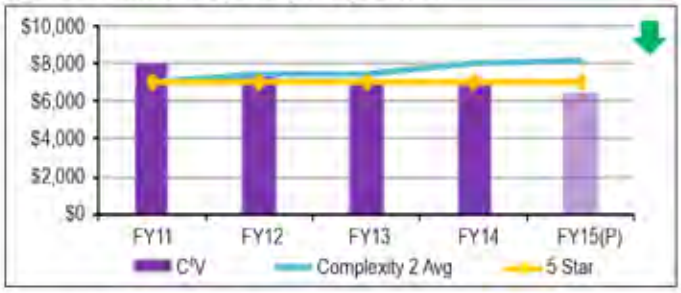


Figure 7.5-4: UCR-5: Adj. FTEE per Adj. FacWork

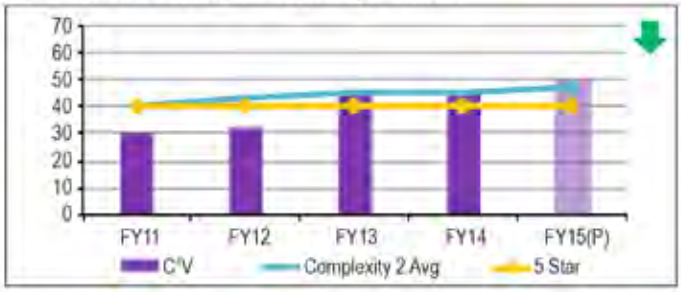


Figure 7.5-5: Cost as a Percentage of Benefits Claims

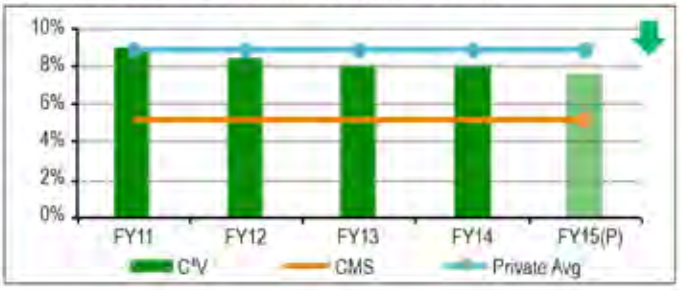


Figure 7.5-6: Third-Party Billing Collections

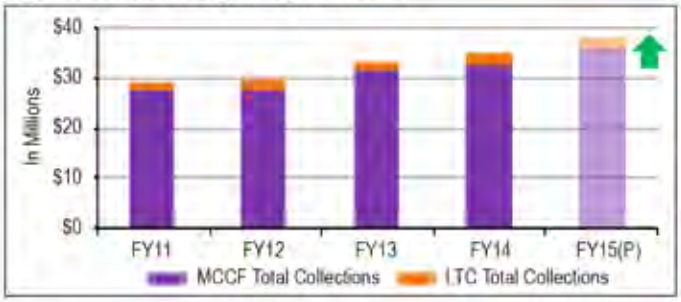


Figure 7.5-7: Eligible Veterans Using C⁴V

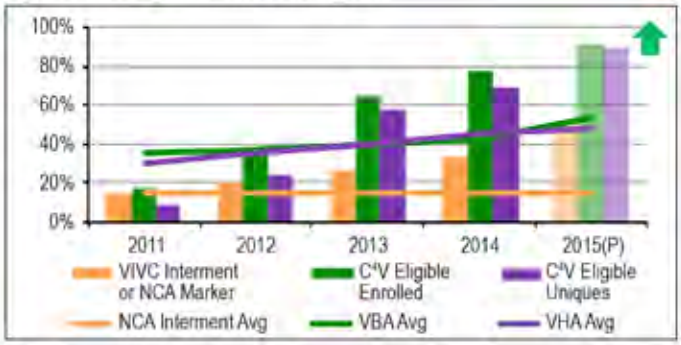
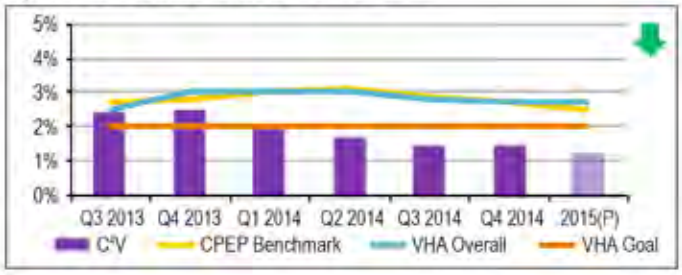


Figure 7.5-8: Veterans who Lost Vested Status



were available. After two years of "getting going," the budgets of dollars and FTEEs are more stable and near 100%, as expected.

VA also manages by a unit cost report (UCR), with measures of efficiency (UCR-1) and productivity (UCR-5). These ratios measure efficiency for overall, administrative and overhead, and salary costs based on facility work (FacWork). These ratios permit comparisons across various complexity ratings. When C⁴V opened, these measures were skewed, due to both the training/learning curve and the lower initial work at the facility. The ratios are likely to remain lower than average for C⁴V productivity and efficiency due to lower volumes and minimum staffing requirements.

7.5a(2) Market share measures are also atypical for a government organization. The C⁴V market and service offerings are determined by higher headquarters and Congress, rather than locally. The aim of C⁴V leadership is to provide care, services, and benefits to Veterans to the greatest extent permissible by law. There are no results for market position or new markets entered.

VHA is authorized to seek reimbursement from third-party health insurers (Figure 7.5-6) for the cost of medical care furnished to insured Veterans and to bill copayments for non-service-connected care.

Benefits and health services reached out to unique Veterans who may be eligible for services as a joint effort. Figure 7.5-7 shows the percentage of eligible Veterans who are enrolled.

Veterans can lose vested status by not being evaluated within a two-year time period. C⁴V conducted a focus group of Veterans who had lost status at the beginning of FY2014 to identify root causes and opportunities for improvement. At one of those groups, a project was started to personally call each Veteran who was about to lose his/her status and encourage him/her to schedule an appointment soon. A large percentage (20%) of those Veterans made an appointment and reengaged again with their PACT in the first quarter.

The ratio of the Baldrige Program's benefits for the U.S. economy to its costs is estimated at **820 to 1**.

99 Baldrige Award winners serve as national role models.

2010–2014 award applicants represent **537,871 jobs**, 2,520 work sites, over $80 billion in revenue/budgets, and more than 436 million customers served.

364 Baldrige examiners volunteered roughly **$5.5 million** in services in 2014.

State Baldrige-based examiners volunteered around **$30 million** in services in 2014.

Baldrige Performance Excellence Program

Created by Congress in 1987, the Baldrige Program (http://www.nist.gov/baldrige) is managed by the National Institute of Standards and Technology (NIST), an agency of the U.S. Department of Commerce. The program helps organizations improve their performance and succeed in the competitive global marketplace. It is the only public-private partnership and Presidential award program dedicated to improving U.S. organizations. The program administers the Presidential Malcolm Baldrige National Quality Award.

In collaboration with the greater Baldrige community, we provide organizations with

- a systems approach to achieving organizational excellence;
- organizational self-assessment tools;
- analysis of organizational strengths and opportunities for improvement by a team of trained experts; and
- educational presentations, conferences, and workshops on proven best management practices and on using the Baldrige Excellence Framework to improve.

Foundation for the Malcolm Baldrige National Quality Award

The mission of the Baldrige Foundation is to ensure the long-term financial growth and viability of the Baldrige Performance Excellence Program and to support organizational performance excellence in the United States and throughout the world. To learn more about the Baldrige Foundation, see http://www.baldrigepe.org/foundation.

Alliance for Performance Excellence

The Alliance (http://www.baldrigepe.org/alliance) is a national network of Baldrige-based organizations with a mission to grow performance excellence in support of a thriving Baldrige community. Alliance members contribute more than $30 million per year in tools, resources, and expertise to assist organizations on their journey to excellence. Alliance member programs also serve as a feeder system for the national Baldrige Award.

American Society for Quality

The American Society for Quality (ASQ; http://www.asq.org/) assists in administering the award program under contract to NIST. ASQ's vision is to make quality a global priority, an organizational imperative, and a personal ethic and, in the process, to become the community for all who seek quality concepts, technology, or tools to improve themselves and their world.

For more information:
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