# Consensus Review Scorebook—Final

## 2015TST

### 06/30/2015

## Key Factors Worksheet

#### P.1a Organizational Environment

**Organizational Description** Pilot program integrating 3 service offerings: cemeteries, benefits, health care into one operation for Veterans/families. Started as a pilot in 2010 with integrated services to provide more comprehensive, effective, efficient care to Veterans in geo. areas without sufficient population for separate service. Higher than normal Veteran population (~8,500), higher than normal needs (8% of local population served in military, 50% enrolled, 35% treated annually, 32.5% below poverty level).

**Products and Service Offerings** (1) Health care services: complexity 2 inpatient hospital, surgery, ICU, emergency care, rehab, imaging, clinics telemedicine, telephone crisis line, helicopter transport service, other services; (2) Burial/memorial services; (3) Benefits: insurance, career services, home loans, pension services.

**Mission, Vision, and Values** 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 American’s Veterans. Vision: A transformed and integrated 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** (CC1) Veteran-centric care, including & especially treatment of war-related injuries that are physical, mental, and/or emotional; (CC2) Holistic, comprehensive, integrated system approach to provide Veterans, their families, & survivors with health care, benefits, & a final resting place; (CC3) Baldrige-based leadership & management systems. [Figure P.1-2]

**Workforce Profile** 291 employees: 225 hospital, 10 cemeteries, 29 benefits, 27 in 4 clinics. Also nursing students, 200 volunteers (approximately 40% of workforce). [Figure P.1-3]

**Workforce Segmentation** (1) 67% female, 33% male; (2) 70% black, 19% white, 1% Asian, 10% other (local area general 74% black, 16% white, 2% Asian, 8% other; (3) Veterans 60%, Non-Veterans 40%; (4) ~80% represented by collective bargaining unit.

**Workforce Engagement Key Drivers** Work environment; making a difference for Veterans. Other: teamwork; healthy, safe, secure work environment. Leadership System provides fair/equitable treatment, ethical service, professional growth opportunities.

**Assets and Delivery Mechanisms** Facilities- 25-bed, full service hospital—~20% of 100 acre-campus; 3 clinics; benefits office within hospital; cemetery—50% of 100-acre facility (18,000 unfilled gravesites, 10,000 columbaria niches, 2,500 in-ground garden niches); secure web connections linking three admin. functions; webcams; parent’s computer systems; software.

**Regulatory Requirements** Special parent requirements for applicant as pilot business model. Federal regulations for cemeteries, benefits admin., insurance industry, health care. OSHA, NRC, AHCG, CARF, CAP, AABB, FDA, OIG, EPA for service components.

#### P.1b Organizational Relationships

**Organizational Structure** Matrix structure: single Director reports equally to leaders of network office for cemetery activities, area office for benefits services, parent region for veteran’s health. SLT: Directory; Deputy Director; Associate Director for Health; Associate Director for Memorial Affairs & Facilities; Associate Director for Benefits; Chiefs of Performance Excellence, HR, IT.

**Key Customers** Veterans, their families and survivors; 3,000 Veterans enrolled for services, 5,000 Veterans receive insurance benefits; annual volumes: from 150 (burial) to 7,500 (outpatient).

**Key Customer Requirements** Veterans—timely & easy access, urgent/emergent care, interregional coordination, telehealth, electronic benefits access, electronic cemetery access; Veteran families & survivors—timely services/care/support, interregional coordination.

**Key Market Segments** Aligned with main offerings (health care, burial/memorial, benefits) & three islands; Also non-local-resident Veterans seeking services.

**Other Key Stakeholders** Workforce, stakeholder, partners, suppliers, local communities impacted by Veteran homelessness, parent system.

**Other Stakeholder Requirements** Attractive facilities, no homeless Veterans, healthy/safe/secure environment, supportive environment, feedback on performance, desired scheduling, on-time payments, clear/frequent communications, tangible success measures. [Figure P.1-5]

**Suppliers, Partners, and Collaborators** Vaults, Granite Works, AuditAccountAware, local university, Douden Medical, MedsPharmRUs, FEMA, local hospitals/social service agencies (including competitor hospitals), Air Tours, VSOs, VA OIT [Figure P.1-6]. Key suppliers have over 70% of book of business.

**Supply-Chain Requirements** (1) applicant: accuracy, on-time delivery; (2) suppliers: prompt payment, fair pricing; (3) two-way: open communication channels for requirements/expectations, performance, opportunities for improvement.

**Key Communities** local service area; Veteran population; specific focus on intersection of two groups (eligible Veterans who reside in or visit local service area).

#### P.2a Competitive Environment

**Competitors** Two general hospitals, large local insurance company, other local cemetery, other local insurance providers. Relationship collaborative due to high percentage of Veterans who can’t pay. Other cemeteries on islands, but applicant services unique. Benefits services unique.

**Competitive Position** More health insurance & health care choices for Veterans due to ACA Medicaid expansion & Veteran’s Choice Cards; may lead to increased competition with local hospitals & insurance providers. Much 2 larger hospitals have associated outpatient services & services not available from applicant via fee-basis provisions of “Non-VA Care.” Other cemeteries, but applicant’s have no cost to Veteran’s family (opening/closing, perpetual care, marker/headstone, burial flag, Presidential Memorial Certificate). Local unemployment rates: 13.5% vs. 6.1% continental US; poverty level: 32.5% vs. 15%; homelessness: 0.5% vs. 0.2%.

**Competitive Changes** Health system: ACA, Veteran’s Choice Cards may increase Veterans’ ability to choose other providers. Few changes for benefits and cemetery service lines.

**Comparative and Competitor Data (Figure P.2-1)** Challenges: timely comparative data/information from external sources, cost for data from trade organization. Internal data sources: Cemetery Summary Report, Cemetery Performance Reports, Benefits Performance Summary, Health Performance Summary, Health Performance Reports. External data sources: ACSI, HEDIS, CMS core measures, HCAHPS, IMPress, OSHA, AES.

**Contracted Services** Due to facility sizes, applicant pays under a fee-basis provision for “Non-VA Care” program.

#### P.2b Strategic Context

**Strategic Advantages and Strategic Challenges** (SA1) beautiful campus, adequate space; (SA2) support from service orgs.; (SA3) parent’s technology/infrastructure resources; (SA4) new infrastructure/technology; (SA5) community support; (SA6) alignment with parent plan; (SA7) many Veteran employees/volunteers; (SA8) engaged employees/volunteers. [Figure P.2-2] (SC1) increasing complexity of benefits & health care management, (SC2) more options for health care providers available to Veterans, (SC3) integrated system in a complex government agency, (SC4) remote location making procurement difficult, (SC5) local economic conditions, (SC6) few external training programs. [Figure P.2-2]

**Strategic Opportunities** (SOpp1) identify/enroll all eligible Veterans, particular emphasis on homeless; (SOpp2) anticipated increase in local Veteran population as DoD downsizes.

**Strategic Objectives** world-class: (SObj 1) access, (SObj 2) quality, (SObj 3) safety, (SObj 4) customer experience, (SObj 5) workforce engagement, (SObj 6) value. [Figure 2.1-5]

#### P.2c PERFORMANCE Improvement System

**Performance Improvement System** IDEALS (Figure P.2-3). Promoted to workforce as “simply a way of life.” Includes tools from Lean, theory of constraints, Six Sigma, appreciative inquiry, other improvement methodologies. Deployed w/PIT Crews. Also 6-Ps of Leadership; 6-E Leadership Tool.

## Key Themes Worksheet

### a. What are the most important strengths or outstanding practices (of potential value to other organizations) identified in the applicant’s response to process items?

1. The applicant uses data and information as the basis for tracking daily and overall operational performance and as input to key analyses. The Performance Measurement, Analysis, and Review System (PMARS), a key component of the Integrated Leadership Management System (ILMS), converts Veterans Administration (VA) big data into useful information to guide decision making. Key data are regularly reviewed in different venues, including the Measures of Success Scorecard (MOSS) and the daily Senior Leadership Team (SLT) huddle. The organization also uses performance data for analyses, such as determining priorities for Performance Improvement Team (PIT) Crews and identifying the key drivers of workforce engagement through analyses of data from the All-Employee Survey (AES). Collectively, these efforts contribute to the organization’s core competency of Baldrige-based leadership and management systems and demonstrate the Baldrige core value of management by fact.
2. The applicant has a comprehensive approach to gaining insights from customers. Multiple methods of listening to current, former, and potential customers are integrated into the Customer Relationship Management System (CRMS), including social media outlets. The interdisciplinary Patient-Aligned Care Teams (PACTs) enable customers to seek information and support. These integrated PACTs also have access to information on Veterans who receive health services from a non-VA facility, allowing the teams to follow up and gain insights on competitor organizations. Senior leaders augment survey data about customer satisfaction by personally participating in focus groups with Veterans, their families, and the Veteran Service Organization (VSO). For example, monitoring these data resulted in expanded hours and standby appointments. These approaches demonstrate the core competency of a holistic, integrated systems approach to providing Veterans and their families and survivors with health care, benefits, and a final resting place. They exemplify the Baldrige core value of customer-focused excellence.
3. The applicant relies on the workforce as a primary knowledge resource and thus demonstrates the Baldrige core value of valuing people. The 6-E Leadership Tool is centered on the workforce, from education and empowerment to engagement and encouragement. For example, in addition to participating in formal training and mentoring processes, any worker can contribute to Caseypedia (the policy and procedure database). Also, to address the potential impacts of workforce plans that support strategic objectives, associated workforce plans are incorporated into the master staffing plan, which is developed in partnership with Associated Government Employees (AGE). These contribute to the applicant’s core competency of engaged employees and volunteers.

### b. What are the most significant opportunities, concerns, or vulnerabilities identified in the applicant’s response to Process Items?

1. It is not clear how the applicant routinely evaluates many key approaches for potential improvement. For example, cycles of learning are not evident for customer engagement approaches, such as customer segmentation and complaint management, or for workforce engagement approaches, such as those for fostering a high-performance organizational culture, for assessing workforce engagement, and for the learning and development system. Similarly, it is not clear how the applicant routinely evaluates various information technology processes, supply-chain management, and safety and emergency preparedness approaches for possible improvements. Systematically evaluating and improving such approaches may improve their efficiency and effectiveness over time and thus help the organization achieve its strategic objective of world-class performance.

The people, tools, and techniques used to carry out the various process-specific uses of the Identify, Design, Execute, Analyze, Learn, Sustain/Share (IDEALS) approach are not clear. The intent and general steps in the approach are evident, but defined series of specific steps are not provided. Examples are the approach for senior leaders to determine which initiatives have priority and the process for achieving appropriate balance among competing organizational needs for the three Administrations. In addition, the process steps and the individuals involved in projecting future performance and using projections to systematically develop priorities for innovation are not evident. It is also unclear how the applicant systematically tailors workforce needs, benefits, services, and other programs to various employee segments. Finally, the process steps used to determine whether a support process is key to enabling primary operations are unclear. Clearly defining the people, tools, and techniques for these processes may help the applicant ensure their effectiveness.

1. Several approaches involving suppliers and partners do not appear to be fully deployed. For example, it is not clear how the applicant deploys its action plans to key suppliers and partners, beyond considering requirements and expectations in all action plans. Similarly, other than including information on emergencies in contracts, it is unclear how the organization integrates suppliers and partners into the execution of the emergency preparedness processes. Given the critical role of suppliers and partners in the applicant’s work system and the strategic challenge of the applicant’s remote location, full deployment to suppliers and partners may be important.

### c. Considering the applicant’s key business/organization factors, what are the most significant strengths found in its response to results items?

1. Many key product and process, customer-focused, and leadership results show progress toward the applicant’s strategic objective to provide world-class quality. Mortality ratios, hospital-acquired infection for critical care, and ambulatory care sensitive condition hospitalizations are all at or above the benchmarks, and severity-adjusted length of stay, key Shrine standards met, and benefit accuracy are at the top-decile level. Acute care for catheter-associated urinary tract infections (CAUTI) shows marked improvement, achieving the VA 90th percentile level. In addition, measures of Veterans invested and enrolled in PACT, engagement for volunteering, and the meeting of next-of-kin desires all show improvement and are better than the comparison results given. Furthermore, results for leaders’ communication of goals and priorities and for leadership motivation and commitment to the workforce have all improved over the periods shown. Collectively, these results demonstrate the core competency of a holistic, comprehensive, integrated system approach to provide Veterans, their families, and survivors with health care, benefits, and a final resting place.
2. Workforce-focused results show beneficial trends. For example, workforce climate results, such as employee days away/restricted/transferred (DART) incidents, radiation badge monitoring, and security incident rates per 1,000 work days, reflect support of the workforce requirement of a safe and secure environment. Similarly, beneficial trends in results for having the talent necessary to meet goals and for workforce engagement index scores reflect the organization’s commitment to the workforce. Results for ethical behavior show good levels and beneficial trends, indicating a workplace environment that supports ethical behavior. These favorable workforce trends may help the applicant address the strategic challenge of limited personnel availability due to its remote location and demonstrate the Baldrige core value of valuing people.
3. In customer and leadership results, the applicant demonstrates world-class performance in support of its strategic objective. The customer satisfaction index, satisfaction with Emergency Department (ED) wait time, and satisfaction with care elements have all improved over a four-year period and are better than the VA and other comparisons shown. In addition, the applicant reports multiyear 100% regulatory compliance and full accreditation with zero violations. These levels of performance reflect the applicant’s value of excellence.

### d. Considering the applicant’s key business/organization factors, what are the most significant opportunities, vulnerabilities, and/or gaps (related to data, comparisons, linkages) found in its response to Results Items?

1. The applicant does not report some key product and process, customer-focused, workforce-focused, leadership and governance, and financial and market results. For example, no results are provided for PACT satisfaction, the patient advocate tracking system, on-track status for personnel development plans, student grades, grievances, ethics results from nonemployee stakeholders, the value of health care services received from a non-VA provider via a Veteran’s Choice Card, and cost savings from PIT Crews and other process improvements. Tracking results such as these may provide the applicant with additional insights for achieving the vision to serve a changing population of Veterans with the highest quality of care and support services while controlling costs.
2. Many of the comparisons offered represent the VA or national averages exclusively. Examples are results for leadership communication and engagement with the workforce, which are compared with VA or the government levels; comparisons for some workforce climate, satisfaction, engagement, and development results, which do not reflect the applicant’s strategic objective of world-class workforce engagement; and some product and process results. Additional top-decile comparisons from outside the VA may help the applicant gauge its progress toward its vision of providing world-class care and services, which the applicant defines as top decile.
3. Some results are not segmented by product offerings, customer groups, or key locations. For example, satisfaction results are not segmented by different benefits offerings, and some results for health care offerings are not segmented by inpatient, emergency, and outpatient offerings. In addition, the applicant does not segment some marketplace results by customer groups or delivery mechanisms, and emergency preparedness results are not segmented by the applicant’s various locations. Additional segmentation may increase the applicant’s understanding of its performance and identify location-, service-, or customer-group-specific opportunities for improvement.

## Item Worksheet—Item 1.1

## Senior Leadership

### Relevant Key Factors

1. 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 American’s Veterans. Vision: A transformed and integrated 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.
2. Work environment; making a difference for Veterans. Other: teamwork; healthy, safe, secure work environment. Leadership System provides fair/equitable treatment, ethical service, professional growth opportunities.
3. Veterans—timely & easy access, urgent/emergent care, interregional coordination, telehealth, electronic benefits access, electronic cemetery access; Veteran families & survivors—timely services/care/support, interregional coordination.
4. (SA1) beautiful campus, adequate space; (SA2) support from service orgs.; (SA3) parent’s technology/infrastructure resources; (SA4) new infrastructure/technology; (SA5) community support; (SA6) alignment with parent plan; (SA7) many Veteran employees/volunteers; (SA8) engaged employees/volunteers. [Figure P.2-2] (SC1) increasing complexity of benefits & health care management, (SC2) more options for health care providers available to Veterans, (SC3) integrated system in a complex government agency, (SC4) remote location making procurement difficult, (SC5) local economic conditions, (SC6) few external training programs. [Figure P.2-2]
5. (SOpp1) identify/enroll all eligible Veterans, particular emphasis on homeless; (SOpp2) anticipated increase in local Veteran population as DoD downsizes.
6. world-class: (SObj 1) access, (SObj 2) quality, (SObj 3) safety, (SObj 4) customer experience, (SObj 5) workforce engagement, (SObj 6) value. [Figure 2.1-5]

### Strengths

| **++** | **Strength** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
|  | In support of the applicant’s vision, the ILMS (Figure 1.1-1) is a systematic, effective process for deploying the vision and values throughout the organization and to partners and collaborators. Its 10 specific management systems include the PMARS. Additionally, thank-you notes to employees, the 6-Ps of Leadership, and the 6-E Leadership Tool assist the Leadership System. A recent improvement is the SLT’s implementing “See it, Own it, Solve it (SOS).” | 7 of 9 examiners had this as a STR and one person had it listed as a DOUBLE.  • Workforce (employees, volunteers, students, contractors) asked to commit to the MVV and demonstrate expected behaviors.  • Signage, posters, screen savers, and other materials displayed throughout the facilities.  • SLT displays behaviors and role models for the org.  • 2013 recognition program about commitment to world class  • Thank-you notes mailed to workforce homes.  • Fig. 1.1-1  • Integrated with cats. 2, 3, 4, 5 and 6—the ILMS forms the basic root for all other category major processes.  • Learning—in strength and 2010 refining the use of Baldrige Criteria.  • 6-P’s of leadership—purpose, passion, planning, persistence, patience and presence  • 6-E Leadership Tool: Educate, equip, empower, engage them, encourage desired behaviors, and evaluate through MoS and evaluations. | a(1) |
|  | The applicant’s approaches to encourage frank, two-way communication demonstrate its value of respect across the workforce, customers, community, and partners. These approaches include the Communication System (Figure 1.1-2) and tools such as SLT huddles, communication boards, and the applicant’s annual report (Figure 1.1-3). | 7 examiners had this STR. Communication System (Fig. 1.1-2), multiple two-way communication mechanisms (Fig. 1.1-3), effective utilization of social medial, commitment to in person communication to increase clarification and help ensure understanding, cycles of learning demonstrated (follow up talking points provided to all SL to ensure consistent messaging), motivating workforce through reward and recognition (embedded in 6-E Leadership Tool). | b(1) |
|  | Senior leaders demonstrate their commitment to legal and ethical behavior, reinforcing the applicant’s value of integrity. Personal actions include encouraging discussions of ethical concerns, participating in New Employee Orientation to discuss ethics, and explaining decisions and recommendations to model ethical decision making. | 7 examiners listed this as a STR. Senior leader actions demonstrating their commitment to legal and ethical behavior include encouraging discussions of ethical concerns, participating in the IEC, communicating clear expectations via polices/procedures and education, personally participating in the NEO, explaining decisions and recommendations to role model ethical decision making, and supporting the IEP. The training was updated in 2012 to include scenario-based discussions, and ethics were integrated into the new SOS campaign in 2014. | a(2) |
|  | Senior leaders align resources to the applicant’s mission and deploy the I-CARE values to create a Veteran-centric workforce culture. A metrics dashboard that compares the applicant’s performance with that of other organizations sets expectations for high performance. Also, senior leaders create a culture of patient safety to encourage vigilance in addressing potentially harmful events. | 4 examiners had a STR around alignment of resources to mission. I-CARES values, personal learning, communication linkages, veteran-centric culture based on core competencies and mission, mentoring. Standardized process to assess performance and overall org health. Preset limits with color-coded stoplight charts. Lower and upper control limits to alert SLT when action is needed. DataFACTS system Biostatistician on the DataFACTS team. | a(3) |

#### Notes

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| The team had a lot of alignment on almost all STRs. Strength not used: 1 examiner had a 1.1a(3) STR about succession planning, but no one else identified it, plus others had OFIs on this item. 3 examiners had a b(2) STR about SL creating a focus on action. 2 examiners had this as an OFI. 1 examiner had a b(1) STR about reward and recognition. This didn’t seem like the most important/relevant comment for this applicant. |

### Opportunities for Improvement

| **--** | **Opportunity for Improvement** | **Rationale** | **Item Ref.** |
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|  | Beyond making data available and relying on culture, it is not clear how the organization systematically creates an environment for innovation and intelligent risk taking or a focus on action that will achieve the applicant’s mission. Without systematic approaches in these areas, the applicant may jeopardize its long-term vision to adapt to new realities. | 5 examiners identified this as an OFI.  Ambiguous process. Could not determine one. There are a number of statements about culture impacting the environment.  Availability of data was also cited as an enabler. The applicant uses the SOS example on page 2, but unclear if SOS meets the desired outcome of seeking innovative solutions to better serve Veterans, etc. | a(3),b(2) |
|  | No cycles of learning are evident for senior leaders’ approaches to creating a successful organization, for communication approaches, or for creating a focus on action. Learning in these areas may be critical as the applicant strives to achieve world-class access, quality, safety, customer experience, workforce engagement, and value. | No evidence provided. | a(2,3),b |
|  | Beyond leaders striving to develop each member of the workforce to his/her fullest potential, it is not clear how the applicant systematically achieves effective succession planning. A systematic approach in this area may leverage the applicant’s core competency of Baldrige-based leadership and management systems. | 2 examiners identified this as an OFI. Narrative describes what, not how. Page 2 states senior leaders strive to develop each member of the workforce to his/her fullest potential through WEDMS. | a(3) |

#### Notes

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| Notes for entire section: OFIs not used: 1 examiner had an OFI about SL commitment to legal and ethical, but we have a good STR about this. 1 examiner had a STR on approaches to creating workforce culture that delivers positive customer experience and fosters engagement. 1 examiner had a STR about this. 1 examiner had an OFI lack of systematic eval. and improvement of key leadership processes. 1 examiner had an OFI about being unclear how MoS creates successful organization. 1 examiner had an OFI about being unclear how SL actions build org that is successful now and in the future … we have a STR on this. 1 examiner had an OFI on effective use of social media. 2 examiners had an OFI on not setting expectations for organizational performance (we didn’t have a STR on this, but 3 examiners had a STR for this). |

### Scoring

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| Score Value: **65**  Score Range: **50-65%**  Why shouldn’t the score be in the range above or below the selected one? **A—responses to many of the multiple requirements, but not fully, 70-85% range**  **D—well deployed, but some gaps ... but more than early stages, 50-65% range**  **L—beginning stages of evaluation and learning, but no real examples of innovation, 30-45% range**  **I—aligned to overall needs, not integrated with FUTURE org needs. Better than early stages of alignment, 50-65% range.**  **The entire team was within the 50-65% range except for one person above and one below that range.** |

## Item Worksheet—Item 1.2

## Governance and Societal Responsibilities

### Relevant Key Factors

1. 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 American’s Veterans. Vision: A transformed and integrated 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.
2. (CC1) Veteran-centric care, including & especially treatment of physical, mental, and/or emotional war-related injuries; (CC2) Holistic, comprehensive, integrated system approach to provide Veterans, their families, & survivors with health care, benefits, & a final resting place; (CC3) Baldrige-based leadership & management systems. [Figure P.1-2]
3. Special parent requirements for applicant as pilot business model. Federal regulations for cemeteries, benefits admin., insurance industry, health care. OSHA, NRC, AHCG, CARF, CAP, AABB, FDA, OIG, EPA for service components.
4. Matrix structure: single Director reports equally to leaders of network office for cemetery activities, area office for benefits services, parent region for veterans’ health.
5. Attractive facilities, no homeless Veterans, healthy/safe/secure environment, supportive environment, feedback on performance, desired scheduling, on-time payments, clear/frequent communications, tangible success measures. [Figure P.1-5]
6. Local service area; Veterans; focus on intersection of two groups (eligible Veterans who reside in or visit local service area).

### Strengths

| **++** | **Strength** | **Rationale** | **Item Ref.** |
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|  | Several approaches support the applicant in promoting and ensuring ethical behavior in all interactions. Examples include the 6-E Leadership Tool, the Advocacy Award, and the IEC, which integrates leadership, preventive ethics, and consultation into a comprehensive program to enable ethical behavior throughout the organization. The IEC now uses new review methods to better protect identities as well as using new guidance documents and education materials. | 7 examiners had ethical behavior as a STR. IEC structure that integrates leadership, preventive ethics, and ethics consultation into a comprehensive program.  All customers and workforce can ask for an ethics consultation at any time.  Compliance and Ethics Officer chairs the IEC with representation of clinical, nonclinical, physician, legal counsel, administrators and a representative from the Veteran community.  Cycle of learning—IEC adopted new review methods to protect identities, new guidance documents and patient education materials.  Results from the All Employee Survey, Volunteer Survey, Vendor Survey, IMPress Survey of Veterans, and ACSI are used as indicators/measures as well as internal and external audit results. New workforce members are asked to help identify ethical opportunities for improvement at 30/60/90-day evaluations. Responses to breaches of ethical behavior are based on just culture premise. | b(2) |
|  | The applicant addresses the environmental impact of its operations through approaches such as Leadership in Energy and Environmental Design (LEED)-verified facilities, solar power, wind turbines, recycling programs, and *GreenMachine* technology. Collectively, these actions support the applicant’s two key communities, particularly the intersection of eligible Veterans who reside in or visit the islands, as well as the community initiative of preserving paradise. | 8 examiners had this as a STR. EMR (paper reduction), carpool program, telehealth, televisitation. See the Green Campaign, LEED buildings, solar power, wind turbines, recycling programs, *GreenMachine*, Preserving Paradise initiative. | b(1),c(1) |
|  | The evaluation of senior leaders’ performance reinforces the core competency of Baldrige-based leadership and management systems. A formal annual evaluation includes a 360-degree evaluation. In addition, the organization’s performance is compared with that of Baldrige Award recipients, and various feedback surveys provide additional input. | 7 examiners had this as a STR. The 3 Regional Directors for the region, MSN, and Benefits and Loans rotate quarterly to provide feedback on the Director in consultation with the other 2 Regional Directors. The annual appraisal includes a 360-degree evaluation. A similar process is used for the remainder of the SLT. In addition, organizational performance is compared to Baldrige Award recipients and various feedback surveys provide additional input. | a(2) |

#### Notes

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| STRs not used: 1 examiner had mentioned societal responsibilities as a STR as part of a larger STR comment. 2 examiners had a b(1) STR about regulatory/legal. 1 examiner had a c(2) STR about community support programs. 3 examiners had an STR a(1) about governance. Due to the OFI conflict, I deleted it. |

### Opportunities for Improvement

| **--** | **Opportunity for Improvement** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
|  | It is not clear how the applicant deploys and integrates its governance processes (Figure 1.2-1) across the work processes, work systems, departments, or the workforce to address the needs of each of the three Administrations, especially if priorities conflict and given the applicant’s diverse stakeholders. A systematic approach may help the applicant better fulfill its patient needs, organizational goals, and societal responsibilities across its three Administrations. | 6 examiners had a(1) OFIs for elements about deployment and integrated approaches.  Figure 1.2-1 lists numerous approaches. But there is nothing in the application about how these are used, deployed, or integrated across the work processes, work systems, departments or workforce. Several processes in place, but direction comes from each of the three Administrations, so unclear how their approaches address the needs of each especially if there is conflicting direction/priority (especially given the diverse group of stakeholders). | a(1) |
|  | It is not clear how the applicant determines areas for organizational involvement, or how it leverages its assets to improve its key communities. Identifying areas for community involvement may help the applicant reach its vision of transforming and becoming an integrated VA facility that adapts to new realities. | 2 examiners had an OFI on this. The applicant states that SLs solicit ideas and they prioritize, but there is no explanation of what process/steps they use to prioritize. Seems like a lot of activity. | c(2) |
|  | It is not clear how the applicant deploys governance and societal responsibility approaches, particularly the 6-Ps, to remote locations; nor is it clear whether specific programs, such as carpooling and *GreenMachine*, are deployed to these locations. Such deployment may enhance the applicant’s contribution to its key communities. | Unclear whether/how these processes/programs are deployed outside the main location. | 1.2 |

#### Notes

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| OFIs not used: 1 examiner had an (a) OFI about approach to evaluating and improving governance. 2 examiners had an (a) OFI about lack of learning. 1 examiner had an a(1) OFI about independence/effectiveness of audits. 1 examiner also had an a(1) OFI about succession planning. 1 examiner had an a(1) OFI about evaluation of SLs. 2 examiners had a b(1) OFI about lack of approach for legal/regulatory. 1 examiner had a b(2) OFI about ethical behavior. 1 examiner had a c(1) OFI about consider societal well-being as part of daily operations. |

### Scoring

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| Score Value: **50**  Score Range: **50-65%**  Why shouldn’t the score be in the range above or below the selected one? **A—effective approaches to multiple requirements, but not fully: 70-85% range**  **D—early deployment, but not well deployed: 30-45% range**  **L—beginning approach to evaluation and improvement, but not a fact based process including innovation: 30-45% range.**  **I—approaches are aligned with overall org. needs, but not with future needs: 50-65% range.**  **The entire team scored this in the 50-65% range, except for one person who had this item as a 35.** |

## Item Worksheet—Item 2.1

## Strategy Development

### Relevant Key Factors

1. (1) Health care services: complexity 2 inpatient hospital, surgery, ICU, emergency care, rehab, imaging, clinics telemedicine, telephone crisis line, helicopter transport service, other; (2) Burial/memorial services; (3) Benefits: insurance, career services, home loans, pension services.
2. Vision: A transformed and integrated 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.
3. (CC1) Veteran-centric care, including & especially treatment of physical, mental, and/or emotional war-related injuries; (CC2) Holistic, comprehensive, integrated system approach to provide Veterans, their families, & survivors with health care, benefits, & a final resting place; (CC3) Baldrige-based leadership & management systems. [Figure P.1-2]
4. Attractive facilities, no homeless Veterans, healthy/safe/secure environment, supportive environment, feedback on performance, desired scheduling, on-time payments, clear/frequent communications, tangible success measures. [Figure P.1-5]
5. Veterans, their families and survivors; 3,000 Veterans enrolled for services, 5,000 Veterans receive insurance benefits; annual volumes: from 150 (burial) to 7,500 (outpatient).
6. (SA1) beautiful campus, adequate space; (SA2) support from service orgs.; (SA3) parent’s technology/infrastructure resources; (SA4) new infrastructure/technology; (SA5) community support; (SA6) alignment with parent plan; (SA7) many Veteran employees/volunteers; (SA8) engaged employees/volunteers. [Figure P.2-2] (SC1) increasing complexity of benefits & health care management, (SC2) more options for health care providers available to Veterans, (SC3) integrated system in a complex government agency, (SC4) remote location making procurement difficult, (SC5) local economic conditions, (SC6) few external training programs. [Figure P.2-2]
7. world-class: (SObj 1) access, (SObj 2) quality, (SObj 3) safety, (SObj 4) customer experience, (SObj 5) workforce engagement, (SObj 6) value. [Figure 2.1-5]

### Strengths

| **++** | **Strength** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
|  | The well-deployed Strategic Planning System (SPS; Figure 2.1-1) and Strategic Planning Process (SPP; Figure 2.1-2) are integrated with the applicant’s needs and provide the agility and flexibility to address short- and long-term time horizons. Recently, the planning was aligned with the budget process to ensure that resources are available to execute the strategic plan. This may allow the organization to continue to grow and address its strategic challenge related to the increased complexity of benefits and health care management. | Applicant has systematic, multistep strategic planning system that is linked to IDEALS methodology. It includes representation from all key stakeholder groups and leverages multiple communication mechanisms for input. Draft plans are reviewed outside the organization (but within the parent org.). 5 examiners noted this as a STR, with 4 rating it either their number 1, or number 2 STR.  This strength is intended at the totality of the a(1) requirement. Note also that there is an OFI for a(1), which focuses on a specific multiple requirement. I don’t think this STR conflicts with the OFI as the approach can be well-deployed even if it is unclear how change initiatives are prioritized. We can discuss on the consensus call if there is strong energy around this. | a(1) |
|  | Approaches related to strategic objectives (Figure 2.1-5) help the applicant prioritize strategy deployment and achieve world-class value. The objectives are linked to the organization’s strategic goals, strategic advantages, and strategic challenges and are addressed with key action plans. Specific, Measurable, Aligned, Realistic, Time-bound (SMART) goals were improved to be SMARTER goals by adding “Evaluated” and “Reviewed” elements. | Applicant provides a comprehensive list of strategic objectives that are linked to strategic goals, addresses strategic advantages/challenges, have key action plans, MoS, targets, and linkages to results (Figure 2.1-5). Based on feedback, I revised the comment to be focused on only b(1) and revised the relevance statement to remove the reference to “balance.” | b(1) |
|  | The applicant is beginning to systematically stimulate innovation through its strategy development process. The use of stretch goals and the 6-E Leadership Tool in this area helps the applicant leverage the strategic advantage of engaged employees and volunteers in pursuit of the vision of a transformed and integrated VA. | Modified the comment post–consensus calls to soften the language on innovation so as to not conflict with multiple OFIs on innovation. Used lower scoring-range language to soften the strength. Also, dropped the comment to the 3 of 3 in the ranking to further deemphasize the strength. Applicant’s approaches leverage employees to stimulate and encourage innovation.  After reviewing the feedback. I went back to the application and reread the response. The applicant says this is how it stimulates innovation; therefore, without additional evidence, I believe we need to give the benefit of the doubt. Otherwise, we would have to write an OFI for their approach not being clear about how what they say accomplishes what they say it does. | a(2) |

#### Notes

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| Overall, good approaches that have some cycles of learning, fundamentally well deployed, although some deployment is implied rather than being addresses directly. Approaches addresses some to many of the multiple requirements, though not all. Methods are aligned and seem integrated with needs of the organization. |

### Opportunities for Improvement

| **--** | **Opportunity for Improvement** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
|  | It is unclear how the SPS and SPP systematically address the prioritization of change initiatives. For example, the goal-setting step is now aligned with the budget process, but the people and steps involved in senior leaders’ use of the matrix tool to determine which initiatives have priority are not evident. Considering the applicant’s diverse service areas, a systematic approach to prioritization may assist in meeting the needs of all stakeholders. | Applicant describes what it does but does not provide a description of how; consequently it is difficult to determine of their approach addresses the issue of prioritization. This OFI is different from the a(1) STR in that it is targeted at one specific multiple requirement—prioritization. I removed the phrases around “agility” and “flexibility” in the previous version to tighten this one up from the STR comment so it is differentiated. Also, because of this OFI, I removed the double from the STR comment. | a(1) |
|  | Beyond the commitment to enrolling eligible Veterans for benefits and health care services, the approach for achieving appropriate balance among competing organizational needs for its three Administrations and its product and service offerings is not clear. For example, separate funding sources for the three areas limit the applicant in aligning budgets to overall organizational priorities. Systematic consideration of appropriate balance through the SPP may strengthen the applicant’s core competency of providing a holistic, comprehensive, integrated system for Veterans, their families, and survivors. | Revised the comment in response to the consensus call discussions about how to balance revenue streams that have limited ability to be commingled.  1 examiner provided excellent feedback in the form of a comment that went to the heart of the issue in refining the feedback. Health care funding is managed through the VERA model, and memorial and benefits are managed through the Resource Management Tool. It is unclear how these are integrated into the SPP to ensure balance among the different services. Unless the different funding streams are analyzed and rationalized, there may be issues created that result in regulatory non-compliance and other related areas that may show up in external audit of IG findings. Only 1 examiner mentioned this OFI, compared with 7 for the a(3) OFI, so I am going to leave it as the last OFI, although I am on the fence about raising it above the a(3) OFI. | b(2) |
|  | It is not evident how the applicant analyzes relevant data and develops information to address potential changes in regulatory environments with regard to benefits and cemetery use. An approach involving standards for these areas may assist the applicant in addressing its challenge of being an integrated system in a complex government agency. | I removed the second sentence about regulatory environments in response to feedback. I don’t see the conflict 1 examiner is referring to with respect to innovation. . . . I still believe that the a(1) OFI is higher than the a(3), but we can discuss.  a(1) STR has been modified to make the distinction clearer and remove potential conflict. Standards of care are addressed, however other standards involved in memorial and benefits are not addressed. 7 examiners made a comment on this as an OFI and all had it listed as their first or second OFI on their respective lists. 3 examiners listed a(3) as a STR, with one having it as the first STR and one as the second STR. Consequently, I am going to delete the STR comment during this round of feedback as the OFI has more weight than the STR comment. | a(3) |

#### Notes

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| OFIs are relatively minor in that they are all at the multiple requirements level. I have read the feedback about OFI b(2), but I need help here as it is beyond my knowledge for this organization. Even if we delete it, I do not think the score changes. |

### Scoring

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| Score Value: **65**  Score Range: **50-65%**  Why shouldn’t the score be in the range above or below the selected one? **Score was raised to 65 post–consensus call after modifying STR a(2), and OFI b(2). Examiners felt that approaches were stronger than the R2 score of 60. Applicant’s approach is solidly in the 50-65 range, addressing all aspects of ADLI to varying degrees.** |

## Item Worksheet—Item 2.2

## Strategy Implementation

### Relevant Key Factors

1. CC3) Baldrige-based leadership & management systems.
2. Vaults, Granite Works, AuditAccountAware, local university, Douden Medical, MedsPharmRUs, FEMA, local hospitals/social service agencies (including competitor hospitals), Air Tours, VSOs, VA OIT [Figure P.1-6]. Key suppliers have over 70% of book of business.
3. Challenges: timely comparative external data/information, cost for trade organization data. Internal sources: Cemetery Summary Report, Cemetery Performance Reports, Benefits Performance Summary, Health Performance Summary, Health Performance Reports. External sources: ACSI, HEDIS, CMS core measures, HCAHPS, IMPress, OSHA, AES.
4. world-class: (SObj 1) access, (SObj 2) quality, (SObj 3) safety, (SObj 4) customer experience, (SObj 5) workforce engagement, (SObj 6) value. [Figure 2.1-5]
5. IDEALS (Figure P.2-3). Promoted to workforce as “simply a way of life.” Includes tools from Lean, theory of constraints, Six Sigma, appreciative inquiry, other improvement methodologies. Deployed w/PIT Crews. Also 6-Ps of Leadership; 6-E Leadership Tool.

### Strengths

| **++** | **Strength** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
|  | The applicant’s systematic, refined approach to action plan development supports the strategic objective to provide world-class value. The applicant converts strategic objectives into action plans using the Action Planning System (Figure 2.2-1) and ensures that action plans are SMARTER. Deployment occurs through the WEDMS (Figure 5.1-1) and is made sustainable through key outcomes with the SMARTER process and the integration of DataFACTS. | I removed the double on this comment due to feedback from 2 examiners. I can live with it either way. I will reduce the score to 55 due to removing the double.  It appears to be an effective, systematic system that has undergone cycles of improvement.  Developed using the Action Planning System (Fig. 2.2-1), alignment is noted with strategic objectives, planning horizons are established and action plans are SMARTER. Cycles of improvement noted with action plan template development in 2013 and 2014 showed revisions to include DataFACTs and AGE representative sign-offs on every plan.  7 examiners had this STR listed, and all had it is their number 1 STR. I believe it is a very good process and gave it a double STR even though no examiner gave a double in item 2.2. | a(1), a(2) |
|  | The applicant’s systematic approach for determining resource needs during the planning process helps address the strategic challenge of being an integrated system in a complex government agency. Resource needs are identified and integrated with the budget process, which includes personnel, equipment, capital, and facilities. In 2014, a master facilities plan was incorporated to consider space needs. | Narrative states that the action plan template requires identification of resources and integration with the budget cycle. Strategic action plans have an SLT champion and include risk. Cycle of learning: master facilities plan added in 2014, for space considerations APs are segmented according to scope and must align to department and overall organizational goals Strategic action plans use a risk/impact analysis–business impact analysis plan. Strategic Action Plans are implemented when multiple areas are involved and are championed by an SLT member. | a(3) |
|  | Workforce plans incorporated into the master staffing plan address potential changes in workforce capacity needs. Workforce capability changes are addressed in educational needs assessments. These efforts may help the applicant address the strategic challenge of limited personnel availability due to the organization’s remote location. | I modified the lead-in sentence slightly to try to address 1 examiner’s comment. The action plan template addresses both workforce capacity and capability needs, including potential impacts, and these are included in the master staffing plan. 3 examiners listed this as a STR with 2 listing it as the number 2 STR. I beefed up the relevance statement in response to feedback. | a(4) |

#### Notes

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| Overall, good approaches that have some cycles of learning, fundamentally well deployed, although some deployment is implied rather than being addresses directly. I gave a double for action development/deployment as 7 examiners mentioned the a(1) area as a strength and the methods are sound. Methods are aligned and seem integrated with the needs of the organization. |

### Opportunities for Improvement

| **--** | **Opportunity for Improvement** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
|  | It is not evident how the applicant deploys its action plans to key suppliers and partners, beyond considering requirements and expectations in all action plans, or how the plans are communicated (Figure 1.1-3). Given the critical role of suppliers and partners in the applicant’s work system, effective, systematic action plan deployment may help the applicant achieve world-class care for Veterans. | I fixed the typo and revised that same sentence to try to make it more clear by using a different word from the Criteria (deployment vs. implementation). I don’t see the contradiction 1 examiner referred to in the 6.2 STR comments as there we mention vendor (supplier) selection, while here we are discussing how action plans are deployed to suppliers/partners. Maybe I am missing something. Applicant describes what they do, but not how. Narrative provides information on identifying stakeholder requirements and expectations, but the description is anecdotal and appears to be internal facing only. There is no description of how the plans are deployed or implemented to suppliers and partners. 4 examiners listed this OFI and all had it ranked as their number 1 or number 2. The next most OFIs was for a(1), but they were nuanced and did not outweigh the STR for a(1). I am leaving this as the number 1 OFI even though there was feedback to drop this down the list. | a(2) |
|  | The specific actions that the applicant will take to reach its strategic objectives are not evident, as the action plans detailed in Figure 2.1-5 appear to be goals (e.g., “Improve overall customer satisfaction”). | In Figure 2.1-5, the column labeled “Key Action Plans” seems to include goals, not actions: “Improve X,” “Reduce X,” “Operate within budget.” Can’t tell “the specific actions your organization will take” (from the Baldrige glossary) to get to the goals, just the goals. | a(1) |
|  | It is not clear how the applicant’s action plan measurement system reinforces organizational alignment. For example, most Measures of Success (MoS; Figure 2.1-5) appear to be end-of-process measures, and it is unclear how they are chosen. An effective, well-defined approach in this area may help the applicant address its strategic challenge related to the increasing complexity of benefits and health care management. | It’s not clear how MoS accomplishes alignment. Most measures are end of process measures and there is no description about how they are chosen. 2 examiners had this as an OFI, and 2 examiners had a(5) as a STR. I put both a STR and an OFI in the first draft, but agree with feedback that the OFI is stronger than the STR so I deleted the STR in favor of the OFI as that will benefit the applicant more. | a(5) |

#### Notes

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| OFIs are relatively minor in that they are all at the multiple requirements level. Having said that, the OFIs listed are not insignificant. This is what keeps this item from being in a higher range. |

### Scoring

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| Score Value: **55**  Score Range: **50-65%**  Why shouldn’t the score be in the range above or below the selected one? **There were no changes to the score as a result of consensus, and no changes to comment content or order. I reduced the score from 60 to 55 after removing the double STR on a(1). Applicant’s approaches are solidly in the 50-65 range, addressing all aspects of ADLI to varying degrees. There are no significant gaps. I could make a case for going up to 60 as the OFIs are minor compared to the strength of the strengths—but then again, the OFIs are not insignificant.** |

## Item Worksheet—Item 3.1

## Voice of the Customer

### Relevant Key Factors

1. (CC1) Veteran-centric care, including & especially treatment of physical, mental, and/or emotional war-related injuries; (CC2) Holistic, comprehensive, integrated system approach to provide Veterans, their families, & survivors with health care, benefits, & a final resting place; (CC3) Baldrige-based leadership & management systems. [Figure P.1-2]
2. Veterans—timely & easy access, urgent/emergent care, interregional coordination, telehealth, electronic benefits access, electronic cemetery access; Veteran families & survivors—timely services/care/support, interregional coordination.
3. Health system: ACA, Veteran’s Choice Cards may increase Veterans’ ability to choose other providers. Few changes for benefits and cemetery service lines.
4. (SOpp1) identify/enroll all eligible Veterans, particular emphasis on homeless; (SOpp2) anticipated increase in local Veteran population as DoD downsizes.

### Strengths

| **++** | **Strength** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
|  | By obtaining actionable information from customers through multiple methods, the applicant strengthens its core competency to provide Veteran-centric care. These methods, which are integrated into the CRMS (Figure 3.1-1), include social media outlets, such as AppearanceBook and PinBoard; parent website “contact us” links; and comment cards. Improvements include enhancing preference page information, the “art cart,” and kiosks, as well as the use of SurveyGorilla and IMPress to enhance other survey methods. | There are multiple methods used to obtain actionable information from customers. These include the preference page prepared during initial benefits enrollment, SHEP questionnaires, SurveyGorilla, social media such as AppearanceBook and PinBoard, website “contact us” links, and comment cards.  Several cycles of learning include enhancing the preference page information, use of the “art cart” to interact with patients and demonstrate I-CARE, and survey access through kiosks. The NEO emphasizes customer experience expectations, and the APS is used to make improvements.  Page 15 includes various social media outlets, preference pages, use of SurveyGorilla and IMPress to enhance other survey methods.  COL include kiosks, making access for computers, preference pages made when benefits are applied for.  Use of PATS integrated into the ILMS, CRMS, CS and KMS—analyzed through the PMARS. R2 Feedback—switched order of the feedback structure and placed relevance statement at the end. | a(1) |
|  | Multiple methods to listen to former and potential customers help the applicant meet Veterans’ requirements and provide a world-class customer experience. Through the benefits and cemetery operations, the applicant follows up with Veterans who receive services from a non-VA provider and determine the reason. Other examples include proactive contact with Veterans claiming the local area as their home of record, participation in DoD transition assistance programs, and Benefits Information Days. | Figure 1.1-3, PACTs enable knowing when other service providers are used, integration of services, use of SurveyGorilla, transition assistance to active duty ready to retire, Benefits Information Days, vets as employees and volunteers, Potential customers are flagged through the veteran status (transition from active duty to veteran). Those who indicate VI as their residence are proactively contacted to notify them of the services available.  A recent improvement is the addition of the Benefits Information Days to inform veterans of services offered. These include Veterans focus groups and proactive contact with Veterans claiming the local area as their home of record. | a(2) |
| ` | The applicant’s systematic approach to determining patient satisfaction by customer and market segments helps address the strategic challenge of the availability of more health care options for Veterans. Surveys, focus groups, and comment cards are the primary sources. A Data Warehouse captures all information for analysis via the PMARS. An improvement was to incorporate a thesaurus database so feedback can be aggregated by key words. | Integration of survey, focus group, and comment card information. Methods are segmented among customer and market segments, dissatisfaction survey results, complaints and social media, satisfaction-memorials personnel, results are captured in the data warehouse, PMARS enables analysis by DataFACTS; one improvement was to incorporate a thesaurus database so feedback can be aggregated by key words.  R2 Feedback—removed dissatisfaction from the comment. There were as many with OFIs for this as strengths, and the feedback was the same :)! After several comments related to OFI b(1), reading through Criteria, Criteria notes—I agree that dissatisfaction is not done systematically—per the Criteria notes: Determining customer dissatisfaction should be seen as more than reviewing low customer satisfaction scores. Dissatisfaction should be independently determined to identify root causes and enable a systematic remedy to avoid future dissatisfaction. | b(1) |
|  | The applicant’s assessment of customers’ satisfaction relative to their satisfaction with competitors leverages the core competency of providing a holistic, integrated system approach to services. A primary way to obtain this information is to ask Veterans who obtain services elsewhere. Use of other providers is also identified via the Benefits Service and through analysis of publicly reported data. | Internal surveys include questions asking customers to compare the service they received to that of others. Further, survey results have comparative/competitive data available These include HCAHPS (for health care), CAHPS (for benefits), and ACSI (for memorials). A primary way to obtain customer satisfaction relative to other providers is to ask them directly. The use of other providers is identified via the Benefits Service.  R2 Feedback, strength b(2): there was a possible conflict between 4.1 OFI a(2), 1 examiner changed the 4.1 OFI, removed “select” from the feedback comment, \*think\* this differentiates the two! | b(2) |

#### Notes

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| a(1) strength 6 examiners—2 doubled  b(2) strength 3 examiners  b(1) strength 5 examiners—did not include the engagement portion as noted in some comments, as it conflicted with a B(1) OFI  a(2) strength 6 examiners |

### Opportunities for Improvement

| **--** | **Opportunity for Improvement** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
|  | It is unclear how the applicant determines customer engagement; information on the measurement of engagement appears anecdotal. Actionable information on engagement may allow the applicant to better meet Veterans’ requirements for care. | There is no discussion of how customer engagement is determined as a measure different from customer satisfaction beyond making data actionable. Engagement information in the application is anecdotal 3.1b(1), page 16. | b(1) |
|  | The applicant’s communication mechanisms (Figure 3.1-1) do not appear to vary over the customer life cycle. For example, the applicant asks if the respondent is a new customer, is visiting, or has received care in the past, but does not appear to tailor approaches based on this information. Varying listening methods in these ways may support the applicant’s core competency of delivering Veteran-centric care. | No evidence. 10% of the Veterans are surveyed through SurveyGorilla, with the help of the VSOs but that doesn’t really tell how the different customer listening methods vary by the different stages of a customer’s life cycle.  They ask in surveys if the respondent is new to the system, is visiting VI, or experienced care at applicant in the past. But they don’t change their approaches based on this. | a(1) |

#### Notes

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| a(1) OFI combined 4 examiners’ comments into one  a(2) OFI by 3 examiners regarding customer engagement determination  Did not use b(2) OFI by 2 examiners; part was in conflict with strength (competitor and comparison)  Did not use a(1)b(1) OFI, in conflict with strength about listening methods with actionable information  Did not use a(2) OFI regarding listening to potential customers; was in conflict with strength  Did not use b(2) OFI, although there is no evidence of how industry benchmarking is used—I know this will be captured in 7, but will need to bring up for awareness.  March 4—moved b(1) OFI up per feedback (had it there and moved it down, always trust your first instinct!) |

### Scoring

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| Score Value: **60**  Score Range: **50-65%**  Why shouldn’t the score be in the range above or below the selected one? **Could not move above, innovation is not evident, future organizational needs approach is not apparent, and there is a significant gap with engagement.**  **R2 feedback, 1 examiner in favor of moving the score up, 1 moving down related to the change in b(1) OFI; did not change, as I feel the rationale above still stands.** |

## Item Worksheet—Item 3.2

## Customer Engagement

### Relevant Key Factors

1. (CC1) Veteran-centric care, including & especially treatment of physical, mental, and/or emotional war-related injuries; (CC2) Holistic, comprehensive, integrated system approach to provide Veterans, their families, & survivors with health care, benefits, & a final resting place; (CC3) Baldrige-based leadership & management systems. [Figure P.1-2]
2. Work environment; making a difference for Veterans. Other: teamwork; healthy, safe, secure work environment. Leadership System provides fair/equitable treatment, ethical service, professional growth opportunities.
3. Veterans—timely & easy access, urgent/emergent care, interregional coordination, telehealth, electronic benefits access, electronic cemetery access; Veteran families & survivors—timely services/care/support, interregional coordination.
4. (SA1) beautiful campus, adequate space; (SA2) support from service orgs.; (SA3) parent’s technology/infrastructure resources; (SA4) new infrastructure/technology; (SA5) community support; (SA6) alignment with parent plan; (SA7) many Veteran employees/volunteers; (SA8) engaged employees/volunteers. [Figure P.2-2] (SC1) increasing complexity of benefits & health care management, (SC2) more options for health care providers available to Veterans, (SC3) integrated system in a complex government agency, (SC4) remote location making procurement difficult, (SC5) local economic conditions, (SC6) few external training programs. [Figure P.2-2]
5. (SOpp1) identify/enroll all eligible Veterans, particular emphasis on homeless; (SOpp2) anticipated increase in local Veteran population as DoD downsizes.

### Strengths

| **++** | **Strength** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
| X | The applicant’s approach for enabling customers to seek information and support demonstrates the core competency of a holistic, integrated system approach. Customers seek information via communication mechanisms (Figure 1.1-3) and the PACTs. The integrated PACT structure allows Veterans to seek information and support for benefit, health care, and memorial services. Process improvements include the development of We’re Listening! and integration with Speak Up!, VETBase, and the VETBase app. | Figure 1.1-3, PACTs, key customer requirements determined from listening mechanism, cycle of improvement in 2014 with creation of VETBase. To ensure deployment of requirements, applicant utilizes the 6-Ps of leadership weaving the MVV, core competencies, and characteristics into the fabric of the applicant’s culture. The PACTs are multidisciplinary and include a benefits coordinator and volunteers in addition to health care workers.  R2 Feedback—removed the double but will bring up for discussion—in the parent organization, this would be a tremendous process—to integrate these services, especially given access and benefit issues. | a(2) |
|  | Improvements in determining product offerings, identifying customer and market needs, and adapting product offerings to meet customer and market requirements strengthen the strategic advantage of engaged employees and volunteers. Market requirements stem from Title 38 CFR. Environmental scans and monitoring of internal and external data identify changes needed, such as expanded hours and standby appointments. Customer requirements are determined through listening mechanisms (Figure 3.1-1), and new customers are identified through analysis of the Veteran population and DoD projections of personnel leaving active duty. | Determines product offering to support customers in accordance with Title 38 of CFR that governs benefits provided to Veterans through the environmental scan of the SPP with ongoing monitoring and analysis of data and regulatory changes, use listening mechanisms from Figure 1.1-3 and CRMS (Figure 3.1-1). Environmental scans and ongoing monitoring identify any changes needed.  Customer requirements are determined through listening methods and analysis of external data. For example, new processes such as expanded hours of service and standby appointments evolved from analysis of external data. The labyrinth meditation walk resulted from an employee suggestion. New customers are identified through analysis of the Veteran population and DoD projections of personnel leaving active duty. | a(1) |
|  | The applicant’s aligned process for managing customer relationships for benefits and health care services supports the core competencies of Veteran-centric care and a holistic, comprehensive system approach to Veteran care. For example, relationship management begins with the Transition Assistance Program. PACTs build the brand and help leverage relationships. In addition, the applicant is piloting integration between MyHealth*e*Vet and eBenefits. | Use of social media TAP is not outsourced as at other facilities. TAP is a week-long mandatory program to inform separating active duty service men and women. PACTs are included to build the brand and help leverage relationships. Education/outreach channel YourConduit. Leveraging social media. eBenefits portal. MHV is access for veteran into personal health record. Now piloting integration between MHV and eBenefits.  R2 Feedback: Removed management of customer complaints—as it conflicts with b(1) OFI—and changed to show that customer relationship management is clear within the application for benefit and health care services and added OFI b(1) around memorial service customer relationship and complaint management. | b(1) |
|  | The applicant’s systematic approach to determining customer groups and market segments leverages the strategic opportunity to identify and enroll all eligible Veterans. For example, the applicant uses data collected and analyzed during strategic planning, DataFACTS, and Title 38 CFR regulatory requirements to determine its customer groups and market segments. Senior leaders augment survey data on customer satisfaction by personally participating in focus groups with Veterans, their families, and the VSO. | Title 38 CFR, data analysis during strategic planning, DataFACTS. | a(3) |

#### Notes

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| a(1) strength 6 examiners—combined thoughts  a(2) strength 7 examiners (moved up and doubled per feedback on 3/4)  3/18 removed double per feedback; double added again at consensus  b strength combined b(1) and b(2) strength comments; 8 examiners in total—3 per first-round feedback, removed cycle of learning language as it conflicted with OFI a(3)b(2)  a(3) strength 4 examiners |

### Opportunities for Improvement

| **--** | **Opportunity for Improvement** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
|  | It is unclear how the applicant evaluates customer segmentation and complaint management processes for potential improvements. A process in this area may support the applicant’s core competency of providing Veteran-centric care. | There is no discussion of improvements for customer segmentation and complaint management processes.  R1 Feedback was to swap this to the top OFI, and R2 Feedback from one examiner was to swap to the bottom OFI, leaving for consideration during consensus. | a(3),b(2) |
|  | The applicant’s approach to complaint management—resolving individual issues, incorporating them into a database, and identifying trends—does not appear to recover customers’ confidence and avoid similar complaints in the future. An effective, systematic process in this area may help the applicant achieve its goal of registering and serving all Veterans in the service area. | Page 19, only mention is through the incorporation of the issue into the Veteran preference database, provides a list of things they track, but no description of how that enables recovery of confidence and satisfaction.  R2 feedback, added a piece to discuss avoiding similar complaints in the future per 1 examiner, reading Criteria and reading the application again. Complaint management process (Fig. 3.2-1) addresses individual responses, but not circle back to improve the process that created the failure. Not sure the wording is right, but I think the intent of the comment was captured. | b(2) |
|  | It is unclear how Memorial Services builds and manages customer relationships. This may limit the applicant’s core competency of providing a holistic, comprehensive, integrated system approach to provide Veterans, their families, and survivors with health care, benefits, and a final resting place. | Applicant states that PACTs inform Veterans of services offered, there is some information available via social media, but no real information on how memorial services builds and manages customer relationships. The focus is on benefit and health care services.  R2 Feedback: added this comment per several examiners feedback, reading application and Criteria again. Suggestion from 1 examiner (good one!). | b(1) |

#### Notes

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| The a comment combined all segmentation comments for a(1), a(2), and a(3) into one comment (6 examiners)—3/4 deleted this comment per discussion and feedback. In conflict with strength a—there is evidence of segmentation of product offerings/seeking support (mentioned on pages 16–18) related to different Veteran populations (women, Vietnam Veterans, OIF/OEF Veterans) although families and survivors are not addressed (this would be a site visit issue). The competitor piece is difficult to address because of Federal Regulation restrictions related to the VA not being able to compete etc.... Score was also raised after removing the OFI.  b(2) 3 examiners  a(3)b(2) 2 examiners (one was an a, b comment)  Did not use b(1) about complaint management to volunteers (1 examiner)  Did not use b(1) about memorial services building relationships (1 examiner) (R2 feedback, added this OFI)  R2 feedback, did not add complaint management to volunteers although in the application, there are many times when the applicant mentions the “workforce” and in Figure P.1-3 and P.1a(3), they identify volunteers as workforce. Giving the benefit of the doubt, but will bring up for consensus. It was almost as if the applicant was switching back and forth between staff and workforce on 1 or 2 descriptions of process. Although I agree, it would be an issue. |

### Scoring

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| Score Value: **60**  Score Range: **50-65%**  Why shouldn’t the score be in the range above or below the selected one? **OFIs in improvement to customer complaint and engagement processes; missing segmentation opportunities. Some deployment issues involving segmented populations).**  **R2 Feedback: lowered score in the range and added OFI b(1), and edits to b(1) strength to take out entire organization language and emphasize benefit and health care services.** |

## Item Worksheet—Item 4.1

## Measurement, Analysis, and Improvement of Organizational Performance

### Relevant Key Factors

1. Vision: A transformed and integrated 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.
2. Values: I-CARE, Integrity, Commitment, Advocacy, Respect, Excellence.
3. (CC3) Baldrige-based leadership & management systems.
4. Vaults, Granite Works, AuditAccountAware, local university, Douden Medical, MedsPharmRUs, FEMA, local hospitals/social service agencies (including competitor hospitals), Air Tours, VSOs, VA OIT [Figure P.1-6]. Key suppliers have over 70% of book of business.
5. Challenges: timely comparative external data/information, cost for trade organization data. Internal sources: Cemetery Summary Report, Cemetery Performance Reports, Benefits Performance Summary, Health Performance Summary, Health Performance Reports. External sources: ACSI, HEDIS, CMS core measures, HCAHPS, IMPress, OSHA, AES.
6. (SObj 2) world-class quality

### Strengths

| **++** | **Strength** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
| X | The organization’s approaches to using data and information to track operations and performance support its vision to become a transformed and integrated facility. The PMARS (Figure 4.1-1) converts VA “big data” into useful information to guide decision making. The SLT reviews the MOSS daily, weekly, monthly, and quarterly, including at the daily SLT huddles. Key data are regularly reviewed in different venues. MOSS data are integrated into management zones (Figure 1.1-5) to assist in resource and time allocation. | Fig. 4.1-1, 4.1-2, and 4.1-3. Also pages 19-20. Data tracked real time. MoS are actively reviewed on a regular schedule using the MOSS. Data and information used to support decision making and in the SPP. Cycle of learning: segmented data into two areas—MoS and Metrics to Monitor—the latter are automated. 6 of 8 examiners identified this as a strength.  1 examiner suggested a ++. Very strong process, would consider, but a small gap identified in OFI area for financial data. Comment from 1 examiner. Would like feedback especially on double!!  R1 Feedback: Variable support for ++—I personally recommend it. . . .  R2 Feedback: Revised comment related to relevance. The majority would double. Will have in the consensus script as a decision. Left a double for now. If add an OFI for a(1) for missing data, may change the point of a double. | a(1) |
|  | Supporting the core competency of Baldrige-based leadership and management, the applicant’s analysis and review of performance data are well integrated and deployed through the SLT into a review by governance leaders. Since 2012, the organization has revised the presentation to include Baldrige evaluation factors. DataFACTS performs several statistical analyses to help the SLT have confidence in conclusions based on the data. | Reviews are conducted through MOSS (Fig. 4.1-3). Changes have been made to guide reviews relative to levels, trends, and comparisons. Data are aggregated (Data Warehouse, Figure 4.1-2) by defined time frames to support review cycles and action plans (Figure 2.1-5). DataFACTS performs various analyses to support reviews. These include correlation, regression, and audits. Governance leaders review performance on a quarterly basis. 5 examiners cited this as a strength (1 embedded in an a(1) comment)  3 had feedback-ready comment. Comment from 1 examiner’s R2 comment—minor rewording to clarify. | b |
|  | The applicant’s approach to developing priorities for improvement reflects its value of excellence. Priorities are developed based on an analysis of the gap between trend projections and goals, with the highest priorities assigned to goals in areas of greatest strategic importance. Priorities are deployed mostly through PIT Crews. Suppliers, partners, and collaborators also contribute. Reward and recognition programs (Figure 1.1-4) are aligned with this approach. | Findings from Performance Reviews are prioritized through trends, impact of action plan, and alignment of national priorities, through MOSS to develop priorities for continuous improvement and innovation opportunities. These opportunities are deployed through PIT Crews and include all stakeholders or stakeholder inputs as appropriate. Prioritization matrix is used to determine and document priorities. Reward and Recognition programs (Figure 1.1-4) include recognition for 90th percentile performance, “longest time since,” and Capture the Flag. The highest priority is given to an area with a broad gap between trend analysis and the established goal.  R2: c(3) strength revised to remove reference to innovation. Otherwise leave unchanged: 4 examiners identified this as a strength. Comment based on comments by 2 examiners. | c(3) |

#### Notes

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| Strengths not used and rationale: a(2) strength: Applicant systematically selects and utilizes comparative data through the Decision Flow Chart Comparison (Figure 4.1-4) and based on five considerations including level of performance through seeking external data. This process supports the work of the applicant’s PIT Crews and assists the applicant in improving the delivery of Veteran-centric care.  Comment from 1 examiner: 5 had this strength. There is an OFI that I believe is more helpful related to this Criteria requirement. I believe the OFI is on target and consistent with the notes.  a(3) strength (2 examiners): Use of VOC data—true but minor and not top priority.  a(4) strength (2 examiners): DataFACTS and responsiveness—some had minor OFI. Included in other comments.  abc strength (1 examiner): addressing basic Criteria requirement, included in other comments.  c strength (1 examiner): MOSS—included in other reviews.  R1 Feedback: Are figure references needed? |

### Opportunities for Improvement

| **--** | **Opportunity for Improvement** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
| X | A systematic approach to using comparative data that is aligned with the applicant’s top-decile objectives is not evident; the applicant considers external and other sources of comparative data only after top-quartile performance is achieved within the parent organization. Systematic use of top-decile comparisons may help the applicant see where it stands in relation to its strategic objective. | The first consideration for comparatives is within the national organization and they ONLY consider external/other comparative data once they achieve the top quartile. Given their competitive position, having relevant comparisons (e.g., local hospitals, clinics, burial services, benefits) will help the applicant monitor where it is relative to the competition and/or like organizations. 2 examiners had this OFI, both as a feedback-ready comment. Based on the notes in the Criteria, I believe they are on target. That’s why I did not include the a(2) STR. I believe this point would help the organization more than the strength would help. NEED FEEDBACK HERE.  R2 Feedback—removed the statement related to selecting comparative information. The process to select is sound, the use of comparative data is the problem. Hope this meets the needs. | a(2) |
|  | The process steps and the individuals involved in projecting future performance and using projections to systematically develop priorities for innovation are not evident. Without a systematic process in this area, the applicant may have difficulty achieving the strategic objective of world-class performance. | Narrative says they do it, but no description of how. Narrative references 2.2b, it is actually 2.2a(6), but still not a good description of how this is accomplished and deployed. Process not clear. Describes many ‘“listening posts” as I defined them, but do not a see a clear process. 5 examiners had this OFI.  R1 Revision, added Beyond ... phrase. The OFI is for HOW it is done, not that it is done. Component of c3 added related to priorities for innovation.  R2—minor rewording of relevance. | c(2,3) |
|  | Beyond the identification of high-performing organizational units via DataFACTS, it is not clear how the applicant identifies best practices that lead to instances of high performance and shares them with the remainder of the organization. This may limit the applicant’s ability to become a transformed and highly integrated organization. | While they use DataFACTS to identify high performing areas, there is no evidence provided as to how they identify the best practices of those areas and implement them. It seems like they just say that departments can look to see who is performing well but then there is no process for identifying best practices and ensuring they are deployed to other relevant areas All examiners had this OFI in part. 3 examiners had feedback-ready comment. Comment based on a combination.  R2—minor rewording of relevance. | c(1) |

#### Notes

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| OFIs not used and rationale: a(1) OFI—4 examiners. 1 examiner’s feedback-ready comment: It is not clear what the applicant’s key short-term financial measures are or how frequently they are tracked. Timeliness of review of financial measures may impact the applicant’s ability to respond to important changes in its fiscal environment. Analysis: According to MOSS (Figure 4.1-3), monthly financials are monitored as well as quarterly results. I believe this is a benefit of the doubt issue or site visit issue given the strong a(1) strength.  R2 FEEDBACK: ADDED OFI to support KT.  a(3) OFI—1 examiner: How does social media play into this. Minor, less priority  b OFI—2 examiners: missing how for workforce and financial—less priority.  R1 Feedback: Consider OFI for innovation since removed from R1 c(3) strength. |

### Scoring

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| Score Value: **55**  Score Range: **50-65%**  Why shouldn’t the score be in the range above or below the selected one? **Not lower: Basic and overall Criteria requirements are largely met. There are a few cycles of learning. Many of the multiple requirements have an approach and are deployed. Not higher: sharing best practices, using internal data for comparator, and not the best national data. Not as many cycles of refinement as shown in other areas. Based on R1 feedback, same range but score dependent upon OFI/strength. Adding the c(3) OFI to the c(2) and doubling the a(1) strength will increase initial score to 55.** |

## Item Worksheet—Item 4.2

## Knowledge Management, Information, and Information Technology

### Relevant Key Factors

1. Vision: A transformed and integrated 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.
2. 291 employees: 225 hospital, 10 cemeteries, 29 benefits, 27 in 4 clinics. Also nursing students, 200 volunteers (approximately 40% of workforce). [Figure P.1-3]
3. Veterans, their families and survivors; 3,000 Veterans enrolled for services, 5,000 Veterans receive insurance benefits; annual volumes: from 150 (burial) to 7,500 (outpatient).
4. Vaults, Granite Works, AuditAccountAware, local university, Douden Medical, MedsPharmRUs, FEMA, local hospitals/social service agencies (including competitor hospitals), Air Tours, VSOs, VA OIT [Figure P.1-6]. Key suppliers have over 70% of book of business.
5. (SA3) parent’s technology/infrastructure resources; (SA4) new infrastructure/technology.
6. (SC1) increasing complexity of benefits & health care management.
7. (SObj 1) world-class access; (SObj 5) world-class workforce engagement.

### Strengths

| **++** | **Strength** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
| **X** | The applicant’s approach to knowledge management enables workers to make a difference, a key driver of workforce engagement. Multiple methods include collection and transfer of knowledge through written policies and procedures as well as formal training, mentor processes, and Caseypedia. DataFACTS, with input from workers, analyzes the various data repositories that feed the data warehouse to create new knowledge. Relevant knowledge is transferred to customers, suppliers, partners, and collaborators through the organization’s communication system. | Caseypedia (the policy and procedure database) and workers are the primary knowledge repositories. Any worker can add to Caseypedia, and contributions are now validated prior to posting. DataFACTS, with input from workers, analyzes the various data repositories that feed the data warehouse to create new knowledge. Customer and SPC inputs are obtained via various listening methods and inclusion on performance improvement projects. The PMARS (Figure 4.1-1) is used to embed learning into operations using the IDEALS format. All examiners had this strength.  1 examiner suggested double plus.  R1 a(1) strength feedback—would not double. Will keep double as the entire team comments on this. May be a consensus call issue if not received by feedback.  R2 Feedback—revise comment, more agree on double than not (no examiner said not to double). 1 examiner was unsure. | a(1) |
|  | To support the strategic objective of world-class workforce engagement, the applicant systematically ensures that organizational data and information are high quality and are available to the workforce, suppliers, partners, and collaborators. For example, quality is ensured through a data dictionary to define metrics, queries across multiple systems to validate results, and automated flow between IT systems to ensure currency. | Quality ensured through data dictionary, pick lists in IT systems, training, and automated flow between IT systems to ensure currency. Access via login/passwords plus PIV.  All examiners had a part of this strength. Some commented on b(1) (3 examiners), b(2) (6 examiners), and b(3) (3 examiners). Comment is largely from 1 examiner’s comment but modified.  There is an OFI not used on cybersecurity, but issues identified in the application work towards prevention of cyberattacks, but not specifically called out. Based on feedback can use the OFI to call out that specific area.  R1 Feedback: delete reference to b(2, 3) since not user—friendly. R2: b(1) strength revised to exclude b(2, 3) reference. | b(1), b(3) |
|  | Approaches to ensuring emergency availability of systems and data support the applicant’s strategic objective of world-class access. In the event of an emergency, the applicant’s “Code Z” systematically ensures that hardware, software, and data and information continue to be available through predefined processes established by the VA. In addition, the organization has full generator power as an emergency backup. | Hardware and software availability protocols follow the parent organization’s processes and include planned communications, contingency planning, and redundant systems. Data are backed up hourly or daily, depending on the application. Backup generators and satellite telephones are available in case of outages. Comment based on 1 examiner’s comment. 5 examiners had this strength.  R2: Reworded based on feedback. | b(5) |

#### Notes

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| Strengths not used and rationale: a(2) strength embedding PMARS—included in others.  b(4) strength user-friendly data: contradicts most examiners’ OFI. |

### Opportunities for Improvement

| **--** | **Opportunity for Improvement** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
|  | Beyond querying databases and knowledge repositories, it is not clear how the applicant routinely evaluates the PMARS and various data, information, and information technology processes for possible improvements. Without systematic improvement, process efficiency or effectiveness may degrade over time. | There are no discussions of how the various data, information, and information technology processes are routinely evaluated for possible improvements. It doesn’t seem to take a formal approach to embedding learning within the organization since it references querying databases and knowledge repositories. This seems like an optional thing for employees to do rather than having an intentional approach to learning. Comment from merger of several. All cited organizational learning in either a(2) or b as an issue. 4 examiners used this as the feedback-ready comment. | a(2),b |
|  | It is not clear how the applicant ensures the user-friendliness of data and information. For instance, it is not clear how the organization draws on user feedback for improvement or addresses hardware and software reliability and security for the workforce, suppliers, partners, collaborators, and customers beyond complying with regulations. Without ensuring these aspects of information technology, the applicant may limit its ability to meet its strategic objectives of world-class performance. | The availability of data and information is addressed via messaging, reports, and VPN access as needed. All are done in accordance with policies and procedures to ensure compliance with multiple regulations. However, there is no discussion of how user-friendliness is addressed, including how user feedback is used for improvement. Comment from various examiners. 4 examiners cited this, with 3 using it as the feedback-ready comment.  R1 feedback: Separate b(3) and b(4).  R2: b(3) OFI—4 examiners, with one as feedback-ready comment.  R2 Feedback: Combined b(3) and b(4) based on feedback. One reviewer raised the issue of “‘what could be done” in an environment where the ability to have complete flexibility is not the norm. SME: As a Chief of Staff who had CIO report to me, we made sure we had user-friendly processes and the ability to influence future releases in software upgrades. As time went on we became an alpha site for innovation. So is it possible—YES; easy—NO. | b(3,4) |
|  | It is unclear how the applicant systematically protects its highly sensitive information and data from cyberattacks. This may be a major vulnerability given the applicant’s status as a high-profile target and the confidential nature of the data in its systems. | 2 examiners called out lack of a systematic process for cybersecurity. Given the public concern regarding protection of information, this was separately called out as an OFI. | b(2) |

#### Notes

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| OFIs not used and rationale: a(1) OFI—OFI related to innovation (1 examiner) and SPC (1 examiner)—majority, including these examiners, also had an a(1) strength.  SHOULD R3 COMBINE R2 b(3) OFI and R2 b(4) OFI? PLEASE COMMENT. |

### Scoring

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| Score Value: **55**  Score Range: **50-65%**  Why shouldn’t the score be in the range above or below the selected one? **Lower: Approach is integrated. Higher: learning—no clear evidence of refinement as a result of organizational-level analysis & sharing.** |

## Item Worksheet—Item 5.1

## Workforce Environment

### Relevant Key Factors

1. 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 American’s Veterans. Vision: A transformed and integrated 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.
2. (CC1) Veteran-centric care, including & especially treatment of physical, mental, and/or emotional war-related injuries; (CC2) Holistic, comprehensive, integrated system approach to provide Veterans, their families, & survivors with health care, benefits, & a final resting place; (CC3) Baldrige-based leadership & management systems. [Figure P.1-2]
3. Work environment; making a difference for Veterans. Other: teamwork; healthy, safe, secure work environment. Leadership System provides fair/equitable treatment, ethical service, professional growth opportunities.
4. (SA1) beautiful campus, adequate space; (SA2) support from service orgs.; (SA3) parent’s technology/infrastructure resources; (SA4) new infrastructure/technology; (SA5) community support; (SA6) alignment with parent plan; (SA7) many Veteran employees/volunteers; (SA8) engaged employees/volunteers. [Figure P.2-2] (SC1) increasing complexity of benefits & health care management, (SC2) more options for health care providers available to Veterans, (SC3) integrated system in a complex government agency, (SC4) remote location making procurement difficult, (SC5) local economic conditions, (SC6) few external training programs. [Figure P.2-2]
5. (SOpp1) identify/enroll all eligible Veterans, particular emphasis on homeless; (SOpp2) anticipated increase in local Veteran population as DoD downsizes.

### Strengths

| **++** | **Strength** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
| **X** | The applicant’s effective, well-deployed process to assess workforce capability and capacity supports the core competency of providing Veteran-centric care. A master staffing list, which includes volunteers, is created to assess workforce capacity as an element of the SPP and in partnership with Associated Government Employees (AGE). Workforce capacity is evaluated during the SPP, through the WEDMS (Figure 5.1-1), and through Independent Development Plans (IDPs). | 7 examiners recognized strength (1 examiner recognized as a double).  Workforce capacity-master staffing plan, integrated with SPP and AGE and position control database, workforce capability/performance appraisal, learning represented from prior feedback reports and now the capability/capacity processes are deployed to volunteers, all workforce has access to TMS, training and development program and VA learning University. | a(1) |
|  | Aligned approaches to acquiring and preparing new workforce members help address the strategic challenge of limited personnel availability. Approved open positions are communicated via multiple channels, including recruiters who seek qualified Veteran candidates. A PIT Crew improved the hiring and on-boarding processes, and the hiring system redesign team integrated diversity considerations into the hiring process. | 6 examiners recognized this strength. OPM, recruiters target venues where qualified Veteran candidates would likely be seeking positions, learning—addition of VETBase, specific volunteer recruitment efforts, fellowship programs, 2013 redesign systems to improve hiring-placement and on-boarding, behavior-based interviewing.  Diverse ideas, culture-focused recruitment efforts, hiring redesign, cultural competency and plain language communication annual training, celebrate long-term employees as a retention strategy-this is also utilized for volunteers. | a(2) |
|  | The applicant’s aligned approach to workforce capability and capacity addresses the strategic challenge of the increasing complexity of benefits and health care management. Changes in needs are first addressed in the master staffing plan. Any anticipated decreases are discussed with the AGE. Short-term capacity changes are addressed via cross-training opportunities and rewards to workforce members who fill in or float to other work areas. A cycle of improvement provided for rewards to supervisors who allow employees to float. | 5 examiners recognized strength. Workforce planning embedded in the SPS, master staffing plan utilized for projects and changes in volume, which creates a change in the hiring process (all staff reductions are managed by AGE), changes in capability are managed through educational needs assessments and training (not experienced any decreases in capability needs), bonuses are offered for cross-training, Master Agreement between the parent and AGE, being part of the overall parent system, cross-training and job flexibility. | a(4) |

#### Notes

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| R1: strength analysis: a(1) 7 examiners recognized strength (1 examiner as a double), a(2) 6 examiners recognized strength, a(4) 5 examiners recognized strength, b(1) 5 examiners recognized strength, b(2) 2 examiners recognized strength.  R2: team majority was to not double STR1. a(1)—removed the double, no other changes made.  Consensus: deleted strength: b(1) “To meet key workforce requirements, the applicant has multiple approaches to ensure workplace health, security, and accessibility. Improving health of the workforce is ensured through numerous wellness programs and includes volunteer participation. Workforce security is ensured through background investigations, Hazard Surveillance Inspections/Environment of Care Rounds that include additional inspections for high hazard areas, GEMS to address environmental rounds and Police Services that include extra security in non-public areas. Workforce accessibility is addressed several ways including full compliance with ADA.” |

### Opportunities for Improvement

| **--** | **Opportunity for Improvement** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
|  | It is not clear how the applicant organizes the workforce in the Benefits Office or the Veterans’ Cemetery operation. A systematic approach in this area may support the value of commitment to Veterans and help achieve the vision of a transformed VA facility. | 8 examiners recognized OFI.  The applicant provided information on how the departments and hierarchy are structured, but nothing on others. The applicant outlines the PACT work but does not mention all lines of business and work accomplishment. There is clearly a focus on the health care part, but not clear how benefits and cemeteries are done. | a(3) |
|  | Other than processes to increase the proportion of Veterans in the paid and volunteer workforce, it is unclear how the applicant systematically ensures that the workforce represents the diverse ideas, cultures, and thinking of the local hiring community. An approach in this area may help the applicant sustain the strategic advantage of community support. | 3 examiners recognized this OFI, was developed after R1 feedback and the deletion of OFI b(1). For example, volunteers are chosen by KSAs. They mention incorporating diversity considerations into the hiring process but it is unclear how that ensures that connects to the needs of the community. | a(2) |
|  | It is unclear how the applicant systematically tailors workforce needs, benefits, services, and other programs to various employee segments. For example, how the telework option is administered is not evident. An approach in this area may improve the applicant’s ability to meet key workforce requirements and build an effective and supportive workforce environment. | Applicant states that, when appropriate, specific workforce needs are addressed through benefits, services, and other programs tailored to various employee segments, but there is not a clear process outlined in the application.  Mention that benefits are consistent with federal government. There is mention of one benefit for some employees to work from home but it doesn’t seem like there is an approach to this. Given their strategic challenges around the workforce, it may help them to address the specific needs of their employees and volunteers. | b(2) |
|  | The WEDMS and its processes do not appear to be systematically evaluated to foster cycles of learning and improvement. Systematic evaluation may help the applicant uncover role-model strengths to share with other VA organizations as well as additional opportunities for improvement. | No evidence of cycles of learning for these processes. | a, b |

#### Notes

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| R1: OFI analysis: a, b: 2 examiners recognized OFI (1 examiner as a double), a(2): 3 examiners recognized OFI, a(3): 8 examiners recognized OFI, a(4): 1 examiner recognized OFI, b(1): 3 examiners recognized as OFI, b(2) 2 examiners recognized as OFI.  Feedback from TL and backup resulted in the following changes after R1: repositioned a, b OFI to first position, deleted b(1) OFI [It is not evident that the approach to support the workforce in their health, security, and environment varies among workforce segments or has undergone cycles of refinement. Failure to vary among workforce segments and improve workforce health, security and environment may jeopardize the ability to recruit and retain future workforce members.] Related to conflict with b(1) strength, added OFI a(2)  R2: moved a, b OFI from 1st to last position, added b(2) OFI (2 examiners had this OFI from IR and during R2 received feedback from 2 additional examiners to add this OFI), adjusted OFI a(3) relevance statement based on examiner feedback. |

### Scoring

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| Score Value: **50**  Score Range: **50-65%**  Why shouldn’t the score be in the range above or below the selected one? **30-45: applicant more accomplished than this range on ADLI. 70-85: did not move into this range related to integration (lack of consideration of the non-health-care work systems) and cycles of learning.** |

## Item Worksheet—Item 5.2

## Workforce Engagement

### Relevant Key Factors

1. 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 American’s Veterans. Vision: A transformed and integrated 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.
2. 291 employees: 225 hospital, 10 cemeteries, 29 benefits, 27 in 4 clinics. Also nursing students, 200 volunteers (approximately 40% of workforce). [Figure P.1-3]
3. (1) 67% female, 33% male; (2) 70% black, 19% white, 1% Asian, 10% other (local general 74% black, 16% white, 2% Asian, 8% other; (3) Veterans 60%, Non-Veterans 40%; (4) ~80% represented by collective bargaining unit.
4. Work environment; making a difference for Veterans. Other: teamwork; healthy, safe, secure work environment. Leadership System provides fair/equitable treatment, ethical service, professional growth opportunities.
5. (SA1) beautiful campus, adequate space; (SA2) support from service orgs.; (SA3) parent’s technology/infrastructure resources; (SA4) new infrastructure/technology; (SA5) community support; (SA6) alignment with parent plan; (SA7) many Veteran employees/volunteers; (SA8) engaged employees/volunteers. [Figure P.2-2] (SC1) increasing complexity of benefits & health care management, (SC2) more options for health care providers available to Veterans, (SC3) integrated system in a complex government agency, (SC4) remote location making procurement difficult, (SC5) local economic conditions, (SC6) few external training programs. [Figure P.2-2]

### Strengths

| **++** | **Strength** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
|  | The applicant’s systematic approach to assessing workforce engagement and satisfaction reinforces the strategic advantage of engaged employees. These elements are assessed through the AES, IDP accomplishment, and participation in improvement events. Key drivers of workforce engagement are identified through regression analysis of the AES data. Senior leaders also gather satisfaction and engagement information by talking to and observing the workforce. | a(2) 3 examiners recognized strength, a(3) 6 examiners recognized strength.  Applicant uses employee surveys, IDP accomplishment, analysis of items such as absenteeism, grievances, safety, and productivity.  Questions on the AES are designed to differentiate workforce satisfaction from workforce engagement. Key drivers of workforce engagement are identified via regression analysis. In addition, SLT asks specific engagement-related questions in various interactions with the workforce. Also, the SLT observes workforce behaviors through direct interaction and review of data such as absenteeism. The processes and conclusions are reviewed annually with the AGE to ensure comprehensiveness and accuracy. | a(2,3) |
|  | With the 6-E Leadership Tool, MoS, CREW (Civility, Respect, and Engagement in the Workplace), IDPs, and SMARTER action plans, the applicant fosters a culture and workforce performance management system that encourages high performance for the entire workforce. These approaches align with the applicant’s value of excellence. | 6 examiners identified a(1) and a(4) as strengths.  6-E Leadership Tool, 6-Ps of Leadership, MoS, CREW, SMARTER Action Plans, Spotlight on innovation, reward and recognition, & Engagement with High Performance (Figure 5.2-1). For example, the integrations among strategic plans, department plans and IDPs link individual success with the success of the organization. This process supports the applicant’s mission accomplishment. | a(1,4) |
|  | Supporting the development of its workforce, the applicant uses the Kirkpatrick model as well as other methods (Figure 5.2-2) to evaluate the effectiveness of its learning and development system. DataFACTS links training to changes in organizational performance results, which also enables leaders to evaluate the return on investment in training. | 6 examiners recognized as a strength Hierarchy of learning evaluation (Fig. 5.2-2). Course evaluations, pre and post training testing, supervisors monitor changes in behavior, change in results. The education office evaluates the efficiency of the Learning and Development system. Kirkpatrick Model (Figure 5.2-2) to evaluate effectiveness with course evaluations, pre and posttests as appropriate and monitoring changes in behavior.  DataFACTS assists in linking training with changes in organizational performance results, which also enables leaders to evaluate ROI in training. Criteria is used to determine the efficiency of the learning and development system. | b(2) |

#### Notes

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| Strength analysis: a(1) 6 examiners recognized strength, a(2) 3 examiners recognized strength, a(3) 6 examiners recognized strength, a(4) 6 examiners recognized strength, b(1) 4 examiners recognized strength, b(2) 6 examiners recognized strength, b(3) 2 examiners recognized strength.  Following R1 feedback, the following adjustments were completed: repositioned strength a(2, 3) to the first position, clarified language in strength a(1, 4).  R2: removed volunteers from a(2, 3) strength, also included ADLI language to strengthen comment. |

### Opportunities for Improvement

| **--** | **Opportunity for Improvement** | **Rationale** | **Item Ref.** |
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|  | It is not clear how workforce engagement approaches—such as those for fostering a high-performance organizational culture and for assessing workforce engagement, including the key drivers of engagement—are routinely evaluated for potential improvements. Systematic improvement in this area may strengthen the strategic advantage of engaged employees and volunteers. | a, b—1 examiner recognized OFI (as a double). There is limited discussion of organizational learning via cycles of improvement for workforce engagement processes. This began as an a, b OFI and through consensus discussion changed to an a, b(1, 3). | a, b(1,3) |
|  | It is not evident how the applicant systematically reinforces new knowledge and skills, supports ethics, improves customer focus, and supports leaders’ personal development. For example, the WEDMS (Figure 5.1-1) does not appear to systematically address the reinforcement of new knowledge and skills, even though some examples are given. A systematic approach may support the vision to be a transformed and integrated VA facility that adapts to new realities. | b(1) 3 examiners recognized as OFI. The application is silent; the applicant discusses transfer of knowledge, but does not address new knowledge and skills; anecdotal description. Some anecdotal information provided in this item and elsewhere in the application (new employee orientation, mentoring, super-users, coaching, annual training sessions, role play, etc.), but the overall process not described. | b(1) |
|  | The School at Work and Competency Development for Leaders do not appear to address succession planning for management and leadership positions. An approach in this area may support the key workforce engagement driver of professional growth opportunities. | There appears to be no approach to succession planning for management and leadership positions. This may be critical due to their remote location, which makes finding personnel limited (Figure P. 2-2), which they identify as a strategic challenge. They have training programs for many levels within the organization, but no succession planning process, program or approach. GS-5 employees can earn certificates and degrees and leaders can take the CDL, but it is unclear if individuals are systematically selected/required to participate to ensure key positions are filled (succession planning). | b(3) |

#### Notes

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| a, b—1 examiner recognized OFI (as a double), a(1) 3 examiners recognized OFI, a(2) 2 examiners recognized OFI, a(3) 1 examiners recognized OFI, a(4) 2 examiners recognized OFI, b(1) 3 examiners recognized as OFI, b(2) 2 examiners recognized as OFI, b(3) 3 examiners recognized OFI.  Following R1 feedback the following adjustments were completed: OFI b(3) deleted [It is not clear how the applicant manages career progression for the organization or how the applicant carries out succession planning for management and leadership positions which may hinder addressing the key workforce engagement driver of professional growth opportunities.]  R2: OFI b(3) removed after R1 and added back in after R2; a, b removed double and added clarification to for example sentence, b(1) clarified statement. |

### Scoring

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| Score Value: **50**  Score Range: **50-65%**  Why shouldn’t the score be in the range above or below the selected one? **30-45 ADI beyond this range—50-65.**  **Double OFI for learning; if team makes an adjustment and does not support the double OFI, will recommend moving to this range at 50.**  **R2 removed double OFI, proposed score change to 50.** |

## Item Worksheet—Item 6.1

## Work Processes

### Relevant Key Factors

1. (1) Health care services: complexity 2 inpatient hospital, surgery, ICU, emergency care, rehab, imaging, clinics telemedicine, telephone crisis line, helicopter transport service, other; (2) Burial/memorial services; (3) Benefits: insurance, career services, home loans, pension services.
2. Matrix structure: single Director reports equally to leaders of network office for cemetery activities, area office for benefits services, parent region for veterans’ health. SLT: Directory; Deputy Director; Associate Director for Health; Associate Director for Memorial Affairs & Facilities; Associate Director for Benefits; Chiefs of Performance Excellence, HR, IT.
3. Veterans—timely & easy access, urgent/emergent care, interregional coordination, telehealth, electronic benefits access, electronic cemetery access; Veteran families & survivors—timely services/care/support, interregional coordination.
4. SC1) increasing complexity of benefits & health care management, (SC2) more options for health care providers available to Veterans, (SC3) integrated system in a complex government agency, (SC4) remote location making procurement difficult, (SC5) local economic conditions.
5. IDEALS (Figure P.2-3). Promoted to workforce as “simply a way of life.” Includes tools from Lean, theory of constraints, Six Sigma, appreciative inquiry, other improvement methodologies. Deployed w/PIT Crews. Also 6-Ps of Leadership; 6-E Leadership Tool.

### Strengths

| **++** | **Strength** | **Rationale** | **Item Ref.** |
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|  | The integration of the Operations Management and Improvement System (OMIS; Figure 6.1-1), listening and learning mechanisms (Figure 1.1-3), and the CRMS (Figure 3.1-1) systematically help the applicant understand customer requirements. In addition, needs are balanced through negotiation, keeping the Veteran at the center of decision making. | 7 of 8 examiners support this strength (for all a(1) and a(2) combined; 1 examiner: no observation for a(1); Credit for Approach, Deployment, & Integration. Use of the Operations Management and Improvement System and the Listening and Learning methods.  Reworded opening sentence based on feedback. | a(1) |
|  | Supporting the applicant’s value of excellence, PIT Crews use the OMIS and the Identify, Design, Execute, Analyze, Learn, Sustain/Share (IDEALS) system, along with tools such as Lean and Six Sigma, to improve work processes. In a recent improvement, an AGE representative signs off on the action plan template. | 6 examiners support this comment. 1 examiner had strength for all of b. 1 examiner no comment.  This comment is for improvement, not for enhancing core competencies (2 examiners had OFIs for this). The applicant uses PIT Crews to deploy the OMIS and IDEALS processes.  Reworded opening sentence based on feedback. | b(3) |
|  | Standard documentation, training, and in-process and leading performance indicators ensure that day-to-day operation of key processes meet requirements. Furthermore, through IDEALS and MOSS, the applicant monitors MoS for key work processes monthly for many measures and annually for AES measures. DataFACTS permits further analysis to evaluate progress. This process supports the ability to meet the customer requirements of timeliness, access, and coordination. | 5 examiners (1 double) support this comment (1 examiner mislabeled in IR as b(2)). 1 examiner had this as an OFI (but maybe the opening sentence of the OFI will address this concern). 2 examiners had no comment.  IR note from 1 examiner: training and documentation of SOPs; policies, procedures, job aids, and job descriptions; internal and external audits. Performance measures are identified for MOST areas (assume they recognize the need for this so giving credit for early stages of deployment).  Feedback from 4 examiners asked for “early stages” removed. Looking for feedback on this based on 1 examiner’s OFI. | b(1) |

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### Opportunities for Improvement

| **--** | **Opportunity for Improvement** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
|  | It is unclear what specific process steps are used to determine whether a support process is key to enabling primary operations. A systematic approach in this area may be critical to ensuring that value-creation processes get the resources needed while ensuring achievement of the value of excellence, especially for an integrated VA facility. | 4 examiners support this comment. 3 examiners have this as a strength. 1 examiner has strength for all of b but doesn’t mention support processes in IR evidence. Also, 1 examiner has strength for AD and OFI for LI.  They don’t seem to describe a process for determining which are enablers. I don’t think this conflicts with the strength of b(1) since that is around how they know if requirements are met and this comment is around how they determined what processes are key. If needed, we can remove “support processes” from the b(1) strength. 1 examiner: since we don’t call out work systems specifically in the 2.1 a(1) strength, I think we are ok without adding a connection to 2.1 but I’m open to suggestions on language. 1 examiner: reworded comment based on feedback.  Added the example to clarify a bit. These are the applicant’s words in terms of response to the Criteria (not Criteria language). | b(2) |
|  | Beyond creating a safe environment for creative thinking, it is unclear how the applicant systematically ensures that appropriate strategic opportunities are pursued, resourced, and discontinued if appropriate. Implementing approaches in this area may help the organization address the strategic challenge of integrating systems in a complex governmental agency. | 6 examiners support this OFI; 1 examiner had this as a strength; 1 examiner had no comment. In general, the 6 examiners felt there was little described in terms of an actual process.  IR comment: The process by which they pursue strategic opportunities through innovation is not described. IR comment: there is no discussion of how resources are systematically made available to pursue these opportunities or how opportunities are discontinued at the appropriate time. | c |
|  | It is unclear how the applicant incorporates product excellence, customer value, and agility into product and work process design, as well as how it integrates the needs of the local enterprise with those set forth by the parent, especially given the organization’s unique integrated approach to Veteran services. Approaches in these areas may help the organization maintain or capture additional market share at a time when Veterans have more options for health care providers. | 3 examiners had an OFI for this; 3 examiners had a strength for a(2) but for the overall requirement portion of a(2); 1 examiner had a strength relating to this comment.  IR note: Headquarters and the region have priorities which occasionally will be at cross purposes with the local administration and customer requirements. It is essential to have a process to reconcile these.  IR note: technology is ensured primarily through the parent so it is unclear how they ensure their specific process needs are incorporating technology. Given the relationship to the parent, I think it is important feedback to be provided to the applicant. All examiners but 1 support the comment. Changed second part of comment to address concern. Will address on the call to make sure it’s ok. | a(2) |

#### Notes

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| Comment not used: OFI for learning for all of 6.1(b).  Comment order rationale OFIs: b(2) is overall requirements so listed first. The other 2 OFIs are around the multiple requirements. The a(2) OFI is second because of the critical nature of the relationship with the parent (could argue this goes first). |

### Scoring

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| Score Value: **55**  Score Range: **50-65%**  Why shouldn’t the score be in the range above or below the selected one? **Not 30-45% because they largely meet the overall requirements. Not 70-85 because OFIs are around lack of approach.** |

## Item Worksheet—Item 6.2

## Operational Effectiveness

### Relevant Key Factors

1. (1) Health care services: complexity 2 inpatient hospital, surgery, ICU, emergency care, rehab, imaging, clinics telemedicine, telephone crisis line, helicopter transport service, other; (2) Burial/memorial services; (3) Benefits: insurance, career services, home loans, pension services.
2. Special parent requirements for applicant as pilot business model. Federal regulations for cemeteries, benefits admin., insurance industry, health care. OSHA, NRC, AHCG, CARF, CAP, AABB, FDA, OIG, EPA for service components.
3. Matrix structure: single Director reports equally to leaders of network office for cemetery activities, area office for benefits services, parent region for veterans’ health. SLT: Directory; Deputy Director; Associate Director for Health; Associate Director for Memorial Affairs & Facilities; Associate Director for Benefits; Chiefs of Performance Excellence, HR, IT.
4. Vaults, Granite Works, AuditAccountAware, local university, Douden Medical, MedsPharmRUs, FEMA, local hospitals/social service agencies (including competitor hospitals), Air Tours, VSOs, VA OIT [Figure P.1-6]. Key suppliers have over 70% of book of business.
5. (1) Applicant: accuracy, on-time delivery; (2) suppliers: prompt payment, fair pricing; (3) two-way: open communication channels for requirements/expectations, performance, opportunities for improvement.
6. (SA1) beautiful campus, adequate space; (SA2) support from service orgs.; (SA3) parent’s technology/infrastructure resources; (SA4) new infrastructure/technology; (SA5) community support; (SA6) alignment with parent plan; (SA7) many Veteran employees/volunteers; (SA8) engaged employees/volunteers. [Figure P.2-2] (SC1) increasing complexity of benefits & health care management, (SC2) more options for health care providers available to Veterans, (SC3) integrated system in a complex government agency, (SC4) remote location making procurement difficult, (SC5) local economic conditions, (SC6) few external training programs. [Figure P.2-2]
7. IDEALS (Figure P.2-3). Promoted to workforce as “simply a way of life.” Includes tools from Lean, theory of constraints, Six Sigma, appreciative inquiry, other improvement methodologies. Deployed w/PIT Crews. Also 6-Ps of Leadership; 6-E Leadership Tool.

### Strengths

| **++** | **Strength** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
|  | The applicant’s approach to cost control contributes to meeting its strategic objective of providing world-class value. Overall operational costs are controlled with several systematic methods, starting with the OMIS to incorporate cost control during process design or redesign. Furthermore, specific cost-control approaches during operations include proactive regulatory audits and engaging PIT Crews and the overall organization to reduce waste and improve efficiency. The value equation helps ensure that action plans consider return on investment and costs. | Strength for cost control (processes are cited in the feedback-ready comment).  All 8 examiners have this as a strength. 1 examiner has a strength for A and an OFI for DLI. Giving benefit of the doubt for D & I. L is captured in the OFI for lack of learning for the entire item. | a |
|  | The applicant’s systematic approach for providing a safe work environment addresses the workforce expectation of a safe and secure work environment. The Safety System begins with addressing accident prevention in the design of all processes. During the execution of processes, audits, inspections, and observations ensure safety as designed. To prevent similar events, the applicant performs root-cause analyses whenever there is an incident. | Strength for approach to safe work environment. Not giving credit for deployment here based on OFI for deployment of Safety and Emergency Preparedness processes to suppliers. 4 examiners (a only) support this comment.  3 examiners had OFIs for this: 1 examiner questions recovery, 1 examiner questions deployment to suppliers, 1 examiner questions whether learning has been applied—this, however, is addressed in the Learning OFI. 2 examiners: no comment.  1 examiner’s IR: The safety system (Fig. 6.2-1) is deployed by addressing action prevention, audits, inspections and observations in the execution phase in accordance to the plan. Incidents are evaluated by RCA to focus on recovery, error-proofing and prevention of recurrence.  1 examiner’s IR: mention of CAM to gather opinions and preferences, evaluate cost and other measures, and track performance but this is only for medicines. It is unclear what is done for suppliers, etc. outside of medicines.  1 examiner thinks this may conflict with c OFI. Feedback please. | c(1) |
|  | The applicant’s well-deployed approach for vendor selection aligns with the vision of providing Veterans with the highest quality of care and support services while controlling costs. Supplier-input-process-output-customer (SIPOC) mapping, the government contracting system, and standardized products assist in this area. | 7 examiners support this comment. 1 examiner had an OFI questioning deployment of this to all suppliers and collaborators. Based on feedback, these processes are quite standard within the government, so moved down in priority.  1 examiner’s feedback on relationship with 2.2a(2) OFI—this STR is simply about the vendor selection process. I reworded the opening sentence so I think we are ok. | b |
|  | The applicant’s Disaster and Emergency Preparedness System (DEPS) addresses the work environment and the ability to make a difference for Veterans, both key drivers of workforce engagement. For example, the DEPS addresses prevention via a risk analysis. | Early stages of emergency preparedness. We are somewhat split on this as a group. So, I decided to give a weak strength here for approach and early stages of deployment and an OFI for deployment to suppliers. 5 examiners support this. 3 examiners have OFIs, 1 for continuity).  Removed continuity based on feedback to avoid conflict with the OFI; changed opening sentence based on feedback to address approach only. | c(2) |

#### Notes

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### Opportunities for Improvement

| **--** | **Opportunity for Improvement** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
|  | It is not evident that processes for efficiency and effectiveness, supply-chain management, and safety and emergency preparedness (e.g., the Safe Operating Environment process; Figure 6.2-1) are routinely evaluated for improvement. Systematic cycles of learning for these processes may help address the applicant’s strategic objectives of world-class quality and safety. | 6 examiners had some version of this OFI around lack of learning. The applicant doesn’t provide examples of learning/improvements. They also don’t demonstrate that learning is a process step for the processes listed. This comment may support a key theme of lack of learning (or early stages of learning). Recommending this be a double given the lack of learning (it is an evaluation factor that isn’t evident and it is cat 6). 1 examiner’s feedback suggests since one example of learning was provided for VendorTrack, that the OFI be for a and c only. For now, keeping this for a, b, and c since one example doesn’t seem to demonstrate systematic cycles of learning.  Removed double. | a,b,c |
|  | It is unclear how the applicant ensures that suppliers, partners, and collaborators are positioned to meet operational needs and enhance performance or how emergency preparedness processes are deployed to them. For example, suppliers have information in their contracts for emergencies, but it is unclear how these groups are integrated into the execution of the processes. Consideration of reliance on suppliers, partners, and collaborators may be important given the strategic challenge of the applicant’s remote location, which makes procurement difficult. | Lack of deployment of safety and emergency preparedness to suppliers, partners, /collaborators.  5 examiners support this for c(1) and/or c(2): 4 examiners made this a double. Would like feedback as to whether or not it should be. It seems critical given their location. Feedback from 1 examiner suggests that this may conflict with the c(1) strength. This is focused on deployment to suppliers, etc. Especially when they state only medicines have a process for safety (no mention of other supplies/processes).  Please provide feedback based on the rationale for both comments. Removed double. 1 examiner’s feedback is that safety does not apply to suppliers. Kept OFI as written—can discuss on the call. | b, c(2) |

#### Notes

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| Comments not used: 1 examiner: a(1) OFI for controlling cost of inspections/audits. Felt it may conflict with the strength and was less of a priority. 1 examiner: a(1) OFI for considering cycle time. Felt other comments were a priority. |

### Scoring

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| Score Value: **60**  Score Range: **50-65%**  Why shouldn’t the score be in the range above or below the selected one? **4 strengths and 2 OFIs**  **Not 30-45% because they meet more than the basic requirements and some approaches aligned with overall organizational needs. Not 70-85% because of the OFI around lack of learning and the OFI around deployment of processes to their suppliers/partners. Increased to 60% since both double OFIs were made into regular OFIs.** |

## Item Worksheet—Item 7.1

## Product and Process Results

### Relevant Key Factors

1. Pilot program integrating 3 service offerings: cemeteries, benefits, health care into one operation for Veterans/families. Started as a pilot in 2010 with integrated services to provide more comprehensive, effective, efficient care to Veterans in geo. areas w/o sufficient population for separate service. Higher than normal Veteran population (~8,500), higher than normal needs (8% of local population served in military, 50% enrolled, 35% treated annually, 32.5% below poverty level).
2. (1) Health care services: complexity 2 inpatient hospital, surgery, ICU, emergency care, rehab, imaging, clinics telemedicine, telephone crisis line, helicopter transport service, other; (2) Burial/memorial services; (3) Benefits: insurance, career services, home loans, pension services.
3. 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 American’s Veterans. Vision: A transformed and integrated 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.
4. Facilities: 25-bed, full service hospital—~20% of 100 acre-campus; 3 clinics; benefits office in hospital; cemetery—50% of campus (18,000 unfilled gravesites, 10,000 columbaria niches, 2,500 in-ground garden niches); secure web connections linking three functions; webcams; parent’s computer systems; software.
5. Challenges: timely comparative external data/information, cost for trade organization data. Internal sources: Cemetery Summary Report, Cemetery Performance Reports, Benefits Performance Summary, Health Performance Summary, Health Performance Reports. External sources: ACSI, HEDIS, CMS core measures, HCAHPS, IMPress, OSHA, AES.

### Strengths

| **++** | **Strength** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
| **X** | For most health care and customer-focused service results, the applicant reports good levels that show leadership relative to comparisons in areas of importance. Examples include mortality ratios (Figures 7.1-1 and 7.1-2), Hospital-Acquired Infection Critical Care (Figure 7.1-6), and patient safety index (Figure 7.1-7). In addition, Hospital Acquired Infection Acute Care shows marked improvement relative to the VA 90th percentile level for CAUTI (Figure 7.1-5). | This comment addresses the applicant’s results that show the highest levels of performance relative to comparisons for products and services for health care. | a |
|  | Many key work process effectiveness and efficiency results show excellent levels and beneficial trends. Results for Severity Adjusted LOS (Figure 7.1-8), Key Shrine Standards Met (Figure 7.1-13), and Benefit Accuracy (Figure 7.1-12) are at the top decile. These key process-effectiveness results point to the organization’s values of commitment and excellence. | This comment addresses the applicant’s results that show the highest levels of performance relative to comparisons for work process effectiveness. | b(1) |
|  | Several process effectiveness and efficiency results reflect the applicant’s progress in achieving its purpose as a pilot initiative to demonstrate efficient services. Examples that show improvement or exceed the parent’s or another national average include Emergency Room Length of Stay (Figure 7.1-10), Use of Electronic Access (Figure 7.1-11), and Key Shrine Standards Met (Figure 7.1-13). | R2 feedback led to deletion of a strength that had been written for item ref c. This replacement comment addresses the applicant’s results that show good levels of performance relative to comparisons that are not as ambitious for products and services as the previous comments because they are only within the parent. | b(1) |

#### Notes

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| In IR, there was a great deal of variation in comments and scoring for 7.1. These strengths were honed as the result of the feedback and consensus processes. |

### Opportunities for Improvement

| **--** | **Opportunity for Improvement** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
|  | Many of the comparisons offered are exclusively within the parent or against national averages. Top-decile, external comparisons may help the applicant see where it stands in relation to its vision of providing world-class care and services, defined as top decile by the applicant. | Many comparisons don’t reflect the top-decile goals, which would show the applicant its progress toward those goals. | a, b |
|  | Results are missing for some customer-focused products and services, such as Insurance and Career Services (Figure P.1-1). Without tracking key results for all services, the applicant may have difficulty attaining its vision of being a transformational and integrated facility. | Results missing for some products and services. | a |
|  | The applicant includes limited comparisons in its results for supply-chain management and their contribution to enhancing performance (e.g., Figures 7.1-34 through 7.1-36). Without such results, the organization may have difficulty assessing and improving this important component of its work system. | The applicant cites suppliers as “key enablers”—comparisons are limited here. | c |
|  | Results related to emergency preparedness (Figures 7.1-30 and 7.1-32) are not segmented by the applicant’s various locations. Segmentation—for example, in Figure 7.1-32, which compares the number of HICS commanders with those in other hospitals within the parent organization—may provide insights into location-specific opportunities for improvement. | Results for emergency preparedness aren’t segmented by location. Having segmented results might show differences in preparedness that might be important to address. | b(2) |

#### Notes

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| In IR, there was a great deal of variation in comments and scoring for 7.1. These OFIs were honed as the result of the feedback and consensus processes. |

### Scoring

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| Score Value: **50**  Score Range: **50-65%**  Why shouldn’t the score be in the range above or below the selected one? **The applicant’s results exceed the description of the 30-45% range because the majority of results presented show beneficial trends and good performance against comparisons. The 70-85% range was not selected because of the lack of relevant comparisons and benchmarks showing areas of leadership.** |

## Item Worksheet—Item 7.2

## Customer-Focused Results

### Relevant Key Factors

1. 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 American’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
2. Veterans—timely & easy access, urgent/emergent care, interregional coordination, telehealth, electronic benefits access, electronic cemetery access; Veteran families & survivors—timely services/care/support, interregional coordination.
3. world-class: (SObj 1) access, (SObj 2) quality, (SObj 3) safety, (SObj 4) customer experience, (SObj 5) workforce engagement, (SObj 6) value. [Figure 2.1-5]

### Strengths

| **++** | **Strength** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
|  | In support of its strategic objective to provide world-class quality (Figure 2.1-5), the applicant reports customer satisfaction and engagement results at or above benchmarks or the 90th percentile. Examples are results for satisfaction with ED wait time, with information, and with getting help when needed (Figures 7.2-4, 7.2-6, and 7.2-8); Memorials Satisfaction Rating by Next of Kin (Figure 7.2-10); and willingness to recommend the clinics and memorial services (Figure 7.2-17). | Customer Experience; and Value (Figure 2.1-5). For example Satisfaction with ED Wait Time (7.2-4), Satisfaction with Information (7.2-6), Satisfaction with Care Elements, Help when needed (7.2-8), memorials Satisfaction Rating by Next of Kin (Figure 7.2-10) and Willingness to Recommend are at or above benchmarks or 90th percentile.  R2 Feedback, changed first sentence to show favorable levels and comparisons, instead of many customer satisfaction and engagement performance levels and comparisons support ... also added a stronger engagement piece per feedback (added examples for willingness to recommend). 1 examiner stated that this may be a nice comment, but is it needed? Kept for consensus feedback. | a |
|  | Beneficial trends for customer engagement results in key service areas demonstrate the core competency of a holistic, comprehensive, integrated system approach to provide Veterans, their families, and survivors with health care, benefits, and a final resting place. These results include Veterans Vested and Enrolled in PACT (Figure 7.2-19), Engagement for Volunteering (Figure 7.2-21), and Next of Kin Desires Met (Figure 7.2-22). | Most customer engagement results show favorable trends and comparisons for key service areas. Examples include Secure Portal Registration (Fig. 7.2-18); Veterans Vested and Enrolled in PACT (Fig. 7.2-19); Enrollees Vaccinated for Influenza (Fig. 7.2-20); Engagement for Volunteering (Fig. 7.2-21); Next of Kin Desires Met (Fig. 7.2-22); and Site Ready for Viewing within 2 Hours (Fig. 7.2-23). | a(2) |
|  | Many customer satisfaction results support the applicant’s strategic objective to provide world-class customer experience and value. For example, the satisfaction index (Figure 7.2-2), as well as satisfaction with ED wait time and with getting help when needed (Figures 7.2-4 and 7.2-8), all show good levels, beneficial trends, and favorable comparisons. | Figure 7.2-2, all areas at or above comparisons from 2011 to 2014.  Figure 7.2-3 all clinics at or above the target 2012 to 2014  Figure 7.2-6 satisfaction with Meds and D/C at or above 90th percentile comparison, 2011 to 2014 | a(1) |

#### Notes

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| a strength for 90th percentile (high performance) 5 examiners  a(1) strength mentioned in some capacity by 8 examiners  a(2) 8 examiners |

### Opportunities for Improvement

| **--** | **Opportunity for Improvement** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
|  | The applicant does not report results for several key customer-focused measures, such as PACT satisfaction and the patient advocate tracking system, and customer dissatisfaction results are limited to those for benefits enrollment and the emergency department. In addition, no results are reported for mental health, career services, home loans, pension services, or rehabilitation. Monitoring such results may help the applicant sustain its core competency of a holistic, comprehensive, integrated system. | Data related to PACT satisfaction and, results for patient advocate tracking system, social media and customer dissatisfaction are missing. No data are reported for mental health, career services, home loans, pension services, or rehabilitation.  R2 Feedback—removed piece related to benefits/cemetery per feedback. | a |
|  | Some customer results are not segmented by the product offerings identified in Figure P.1-1, such as satisfaction results for different benefit offerings (e.g., Figures 7.2-2, 7.2-3, and 7.2-9) and results for inpatient, emergency, and outpatient health care offerings (e.g., Figures 7.2-2, 7.2-5, and 7.2-6). Tracking results by these segments may increase the applicant’s understanding of its performance. | Segmented data for different benefit offerings (Figure 7.2-2, 7.2-3, 7.2-9, 7.2-15 and 7.2-17), health-care-related results by the different services offered or by location (7.2-2, 7.2-5, 7.2-6, 7.2-9, 7.2-15 and 7.2-17) are missing. | a |

#### Notes

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| a missing results combined 5 examiners’ comments (included only key examples).  a OFI combined for missing average, not meeting top decile—5 examiners (updated with feedback March 9)—page tied into page 2, “go for the blue” levels of performance (90th percentile and above).  a OFI combined for segmented data from 4 examiners.  Did not use trends OFI, as the three were hard-hitting, but can add, as 3 examiners mentioned.  March 9—with feedback, made changes in language for first two OFIs to clarify “do not have comparisons” vs. missing results. |

### Scoring

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| Score Value: 60  Score Range: **50-65%**  Why shouldn’t the score be in the range above or below the selected one? **Not the range above because of missing results and lack of segmentation in some areas.** |

## Item Worksheet—Item 7.3

## Workforce-Focused Results

### Relevant Key Factors

1. Work environment; making a difference for Veterans. Other: teamwork; healthy, safe, secure work environment. Leadership System provides fair/equitable treatment, ethical service, professional growth opportunities.
2. local service area; Veterans; focus on intersection of two groups (eligible Veterans who reside in or visit local service area).
3. (SA1) beautiful campus, adequate space; (SA2) support from service orgs.; (SA3) parent’s technology/infrastructure resources; (SA4) new infrastructure/technology; (SA5) community support; (SA6) alignment with parent plan; (SA7) many Veteran employees/volunteers; (SA8) engaged employees/volunteers. [Figure P.2-2] (SC1) increasing complexity of benefits & health care management, (SC2) more options for health care providers available to Veterans, (SC3) integrated system in a complex government agency, (SC4) remote location making procurement difficult, (SC5) local economic conditions, (SC6) few external training programs. [Figure P.2-2]
4. World-class: (SObj 1) access, (SObj 2) quality, (SObj 3) safety, (SObj 4) customer experience, (SObj 5) workforce engagement, (SObj 6) value. [Figure 2.1-5]

### Strengths

| **++** | **Strength** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
|  | Beneficial trends or excellent sustained levels for many workforce capability, capacity, climate, engagement, and development results show progress toward the applicant’s strategic objectives of providing world-class access, quality, safety, customer experience, workforce engagement, and value. Examples include Time “In-Quality” Staffing (Figure 7.3-5), Security Incidence Rates/1,000 Work Days (Figure 7.3-14), Engagement Index Score (Figure 7.3-22), and Talent Necessary to Meet Goals (Figure 7.3-23). | 1. 7.3-1, 2, 3, 5, 6, 7, 8, 9, 10, 11, 13, 14, 19, 20, 21, 22.  2. Excellent levels: Figure 7.3-1, 2, 10, 11, 14, 20, 22, 23, 25 others good.  Trends beneficial except as follows: 7.3-3, 4, 6, 7, 16, 17, 24, 27 (all except 4,6 are flat)  3. Many workforce-focused results show favorable trends and comparisons. Examples include Selected Nursing Graduates who Accept Positions (Fig. 7.3-1); Required Training Timely Completion (Fig. 7.3-2); Diversity (Fig. 7.3-8); Employee DART Incidents (7.3-10); Supportive Work Environment (Fig. 7.3-15); Work-Life Balance (Fig. 7.3-16); Benefits (7.3-17); Engagement Index Score (7.3-22); and Mid-Year Reviews Completed (7.3-25). | a |
|  | In support of the workforce requirement of working in a safe and secure environment, the applicant’s results for Radiation Badge Monitoring (Figure 7.3-13) and Security Incidence Rates/1,000 Work Days (Figure 7.3-14) show sustained excellent levels. The continuation of this performance supports the achievement of key workforce requirements for health, safety, and a secure environment. | 1.) Rationale Radiation Badge Monitoring (7.3-13) is 00% compliant for badges submitted and within limit.  Security Incidence Rates/1000 work days (7.3-14) shows 0 incidents for physical and data security and hostile work environment  2.) 7.3-9 Wellness Program Participation (invited spouses in 2013, well segmented, good trends for 2011-2014). 7.3-10 Employee DART Incidents (well segmented, good levels, trends and comparisons) through 7.3-17 demonstrate excellent health and safety results. | a(2) |
|  | The applicant reports growth in a key workforce population, adult volunteers, whose number increased more than 120% between 2012 and 2014 (Figure 7.3-21).This result reflects the applicant’s key strategic advantage of engaged volunteers. | Figure 7.3-21 | a(3) |

#### Notes

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| R1= Strength Analysis: a(1) 2 examiners recognized strength, a(2) 5 examiners recognized strength, a(3) 5 examiners recognized strength, a(4) 2 examiners recognized strength. Feedback from TL and backup resulted in the following changes after R1: strength a(3) clarified the SA, added Figure 7.3-23 to strength a (feedback said OFI however this suggestions was for the strength comment).  R2 = Strength: a (change good to beneficial), a(2) removed this sentence: “In addition, results for Employee DART incidents (Figure 7.3-10) show beneficial trends” and adjusted comment relevance statement, a(3) received feedback to clarify comment and/or to possibly eliminate this comment. I chose to adjust the comment and not eliminate related to the significance of the volunteers to the applicant’s process of receiving customer data, competitor feedback, and sustainability of operations for the organization. |

### Opportunities for Improvement

| **--** | **Opportunity for Improvement** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
|  | Results are missing for some workforce capability and capacity and workforce engagement measures. Examples include results for personal development plans being on track (Figure 4.1-3) student grades, retention for the overall workforce, absenteeism, and grievances other than those relating to ethics. Without results for these measures, the applicant may have difficulty identifying early indicators of decreases in workforce engagement. | Missing results | a(1,3) |
|  | Some workforce-focused results (e.g., Figure 7.3-4, Percentage of Budget in Fee-Basis Care; Figure 7.3-6, Workforce Vacancy Percentage [health]; and Figure 7.3-24, Promotion Opportunity) show adverse trends. Collectively, these may limit the applicant’s strategic advantage of engaged employees and volunteers. | Some workforce-focused results have adverse trends. Percentage of Budget in Fee-Basis Care (Fig. 7.3-4); Workforce Vacancy Percentage (Fig. 7.3-6); Key Position Retention Rate for PharmD (Fig. 7.3-20); Promotion Opportunity (Fig. 7.3-24); and Satisfaction with Development (Fig. 7.4-27). | a(1,3,4) |
|  | Comparisons presented for some workforce climate (Figures 7.3-7, 7.3-8, 7.3-12, and 7.3-16), satisfaction (Figure 7.3-18), engagement (Figure 7.3-22), and development (Figures 7.3-24 and 7.3-27) results do not reflect the applicant’s strategic objective of world-class workforce engagement. Comparisons from outside the parent, such as non-parent comparatives from the AES, may reveal the applicant’s progress in achieving this objective. | Comparisons except for BPTW are the parent and sometimes government. It’s unclear whether these are averages or something else, but in either case going outside the sector may be useful since the applicant is above or close to the comparison in many cases. In 7.3a(2), the applicant says non-parent comparisons are available for the AES. | a(1,2,3) |

#### Notes

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| R1 OFI analysis: a(1) 5 examiners recognized OFI, a(2) 3 examiners recognized OFI, a(3) 7 examiners recognized OFI, a(4) 3 examiners recognized OFI. Feedback from TL and backup resulted in the following changes after R1: switched order of OFIs—moved a(1, 3, 4) to first position with rationale of SA8 and SC6. Workforce development is a priority, remove word “appear” from a(1, 3, 4).  R2 OFI rework of OFI a(1, 2, 3) based upon feedback to clarify and create an actionable opportunity for the applicant. |

### Scoring

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| Score Value: 50  Score Range: **50-65%**  Why shouldn’t the score be in the range above or below the selected one? Not **30-45% because of good levels and beneficial trends, some comparisons. Not 70-85% related to missing results and not having top-decile or nonparent comparisons.**  **Feedback from TL and backup resulted in the following changes after R1: For levels, the 50-65 range as the applicant reported good data (levels) for each of the overall requirement questions and demonstrated beneficial trends cited.**  **R2: no change to score based upon feedback.** |

## Item Worksheet—Item 7.4

## Leadership and Governance Results

### Relevant Key Factors

1. CC1) Veteran-centric care, including & especially treatment of physical, mental, and/or emotional war-related injuries; (CC2) Holistic, comprehensive, integrated system approach to provide Veterans, their families, & survivors with health care, benefits, & a final resting place; (CC3) Baldrige-based leadership & management systems. [Figure P.1-2]
2. Work environment; making a difference for Veterans. Other: teamwork; healthy, safe, secure work environment. Leadership System provides fair/equitable treatment, ethical service, professional growth opportunities.
3. Special parent requirements for applicant as pilot business model. Federal regulations for cemeteries, benefits admin., insurance industry, health care. OSHA, NRC, AHCG, CARF, CAP, AABB, FDA, OIG, EPA for service components
4. Matrix structure: single Director reports equally to leaders of network office for cemetery activities, area office for benefits services, parent region for veterans health. SLT: Directory; Deputy Director; Associate Director for Health; Associate Director for Memorial Affairs & Facilities; Associate Director for Benefits; Chiefs of Performance Excellence, HR, IT.
5. Veterans—timely & easy access, urgent/emergent care, interregional coordination, telehealth, electronic benefits access, electronic cemetery access; Veteran families & survivors—timely services/care/support, interregional coordination.
6. Local service area; Veterans; focus on intersection of two groups (eligible Veterans who reside in or visit local service area).
7. Challenges: timely comparative external data/information, cost for trade organization data. Internal sources: Cemetery Summary Report, Cemetery Performance Reports, Benefits Performance Summary, Health Performance Summary, Health Performance Reports. External sources: ACSI, HEDIS, CMS core measures, HCAHPS, IMPress, OSHA, AES.

### Strengths

| **++** | **Strength** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
|  | Many key results for senior leaders’ communication and engagement with the workforce and governance accountability show sustained excellent levels or improvement, as well as good performance relative to comparisons. One example is Leaders Communicate Goals and Priorities (Figure 7.4-1), which the applicant uses as a key indicator of the effectiveness of leaders’ communication. Other examples are Leadership Motivation and Commitment to Workforce (Figure 7.4-3) and Internal and External Audit Findings (Figures 7.4-8 and 7.4-9). | 8 examiners had a STR for 7.4a(1) and/or 7.4a(2). Applicant states the best indicator of how effectively the SLT communicates the goals and priorities of the organization is to ask workforce.  See Figure 7.4-1, Leaders Communicate Goals and Priorities (levels, trends, and comparisons).  Figure 7.4-9 External Audit Findings—Fiscal accountability.  Excellent levels and beneficial trends: Fig. 7.4-1 to 12, except 7.4-9 where level is good and trend flat. | a(1,2) |
|  | Results for ethical behavior show good-to-excellent levels and beneficial trends, which demonstrate a workplace environment supportive of ethical behavior. For example, measures of HIPAA violations and EEOC filings (Figure 7.4-13) show zero findings, and Integrated Ethics Survey (Figure 7.4-14) and Can Disclose a Suspected Violation (Figure 7.4-16) show good levels and are improving. | 4 examiners had this as a STR.  Figure 7.4-13: HIPAA Violations/EEOC Filings, zero findings  Figure 7.4-14: Integrated Ethics Survey beneficial levels and trends other results available on site.  Fig. 7.4-15 support of the value of integrity, trust and confidence in supervisor (Fig. 7.4-15) and the ability to disclose a violation (Fig. 7.4-16) demonstrate a workplace environment supportive of ethical behavior. | a(4) |
|  | The applicant’s regulatory results demonstrate consistent multiyear 100% compliance (Figure 7.4-13), full accreditation (Figure P.1-4), and zero violations (Figure 7.4-12). These results— which include those for hospital, laboratory, and rehabilitation accreditation or certification; workplace safety; and radiation safety—reflect the organization’s value of excellence. | 5 examiners had this as a STR. P.1-4 source. Figure 7.4-13, HIPAA Violations/EEOC (zero filings)  7.4-12, Notices of Violations or Adverse Findings positive trends, levels with segmented results for each sector and Deficiencies or Discrepancies (Figure 7.4-11). | a(3) |

#### Notes

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| STRs not used: 1 examiner had an a(1) STR about good segmented results for SL communication and engagement. 1 examiner had an a(1, 2, 4) STR that included comparisons for SL communication, engagement, governance, and ethical results. 1 examiner had an a(2) STR about trends, comparisons for fiscal accountability. 1 examiner had an a(3, 4, 5) STR that included good trends for societal results. 1 examiner had an a(5) STR about societal results in relation to conservation of resources. 1 examiner had an a(5) STR on community support. 1 examiner had an a(5) STR on societal responsibilities and support of key communities.  All of these either didn’t seem to rise to great importance or we have an OFI about them. |

### Opportunities for Improvement

| **--** | **Opportunity for Improvement** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
|  | The applicant does not provide results for processes identified in item 1.1. Examples include results for senior leader communication with all workforce groups and for activities such as rounding (Figure 1.1-3); governance results, such as protection of stakeholder interests; ethics results from nonemployees; and results for key communities, including Veterans who reside in or visit the islands. Monitoring such results may help the applicant address its strategic challenges of being an integrated system and of local economic conditions. | 14 OFI comments by the team about missing results in 7.4a, a(2), a(4), and a(5) related to activities the applicant does. I added the figure reference to clarify.  Missing results for communication mechanisms from Fig. 1.1-3 (rounds, morning SLT huddle, Director town hall, communication effectiveness), Results for deployment of MVV, 2-way communication & creating a focus to action.  Governance-Results from Fig. 1.2-1 Org. Governance/Accountability (IEP including helpline, fiscal perf. measures, protection of stakeholder interests).  Key communities for Vets who reside in or visit the islands Strategy Implementation results for building & strengthening CC & results of action plan completion. Fig. 7.4-1 through 7.4-7 are all from employees, but no results provided for volunteers (40% of their workforce & 0 results provided for their customers). Further results for ethics (Fig. 7.1-14–7.1-16) are staff only with no results for stakeholders. | a(1,2,4,5) |
|  | Results for leadership communication and engagement with the workforce (Figures 7.4-1 through 7.4-5) do not include comparisons other than those from the parent or the government overall. Top-decile comparisons and additional benchmarks from outside the government may help the applicant gauge its progress toward the strategic objective of world-class workforce engagement. | Results are better than the comparisons for workforce perceptions of leadership (Figures 7.4-1 through 7.4-5), but the comparisons are parent/gov’t. May be useful to use additional comparators, given the SO of world-class workforce engagement. | a(1) |
|  | Trends are mixed for overall and outpatient records coding accuracy (Figure 7.4-10), and less than 50% of administrative employees and employees overall participated in volunteer activities (Figure 7.4-19). Improving these results may help the applicant ensure accurate risk adjustment and disability ratings, as well as strengthen its strategic advantage of community support. | 5 OFI comments about poor results in 7.4a(2), a(3), a(5) and b. Mixed trends for overall and outpatient health records coding accuracy (Figure 7.4-10).. Figure 7.4-19 shows 100% of SLs volunteered from 2010 to 2014 but less than 50% of Administration and Overall participate. | a(2,5) |

#### Notes

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| OFI not used: 1 examiner had an a(1) OFI about missing segmentation. 1 examiner had an a(1) OFI about inconsistent results. All other results were consolidated into our OFIs since we have similar concerns across numerous 7.4 requirements. |

### Scoring

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| --- |
| Score Value: **60**  Score Range: **50-65%**  Why shouldn’t the score be in the range above or below the selected one? **Le—70-85% good–to-excellent levels responsive to multiple requirements, but not FULLY. Also more than just overall requirements. T—50-65% beneficial trends are evident in areas of importance, but some are not sustained over time. C—50-65% some levels are evaluated against comparisons, but not many. I—30-45% results reported for many areas of importance, but some are missing for key customers, markets, and process requirements. The team was equally split with 3 scoring it at 40 (30-45% range), 3 scoring it in the 50-65% range, and 3 scoring it in the 70-85% range.** |

## Item Worksheet—Item 7.5

## Financial and Market Results

### Relevant Key Factors

1. (1) Health care services: complexity 2 inpatient hospital, surgery, ICU, emergency care, rehab, imaging, clinics telemedicine, telephone crisis line, helicopter transport service, other; (2) Burial/memorial services; (3) Benefits: insurance, career services, home loans, pension services.
2. Veterans, their families and survivors; 3,000 Veterans enrolled for services, 5,000 Veterans receive insurance benefits; annual volumes: from 150 (burial) to 7,500 (outpatient).
3. Aligned with main offerings (health care, burial/memorial, benefits) & three islands; Also non-local-resident Veterans seeking services.
4. Two general hospitals, large local insurance company, other local cemetery, other local insurance providers. Relationship collaborative due to high percentage of Veterans who can’t pay. Other cemeteries in local area, but applicant services unique. Benefits services unique.
5. More health insurance & health care choices for Veterans due to ACA Medicaid expansion & Veteran’s Choice Cards; may lead to increased competition with local hospitals & insurance providers. 2 larger hospitals have outpatient services & services not available from applicant via fee-basis provisions of “Non-VA Care.” Other cemeteries, but applicant’s have no cost to Veteran’s family. Local unemployment rates: 13.5% vs. 6.1% continental US; poverty level: 32.5% vs. 15%; homelessness: 0.5% vs. 0.2%.
6. Health system: ACA, Veteran’s Choice Cards may increase Veterans’ ability to choose other providers. Few changes for benefits and cemetery service lines.
7. Challenges: timely comparative external data/information, cost for trade organization data. Internal sources: Cemetery Summary Report, Cemetery Performance Reports, Benefits Performance Summary, Health Performance Summary, Health Performance Reports. External sources: ACSI, HEDIS, CMS core measures, HCAHPS, IMPress, OSHA, AES.

### Strengths

| **++** | **Strength** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
|  | Market share results show excellent levels and beneficial trends across the three work systems, which demonstrates the leveraging of the strategic opportunity to care for all eligible customers. For example, health, benefit, and cemetery use by eligible Veterans has increased from less than 20% to more than 60% for health and benefits and to more than 30% by cemetery users (Figure 7.5-7). | This comment reflects the applicant’s highest performance for item 7.5, but indicates that these results are limited. | a(2) |
|  | The applicant reports good levels and beneficial trends for Actual Expense Percentage of Budget Expense for the memorials and health work systems (Figure 7.5-1) and Cost as a Percentage of Benefits Claims (Figure 7.5-5), as well as other results. These results support the vision of providing the highest-quality care and support services while controlling costs. | This comment points out the applicant’s second highest areas of performance. | a(1) |
|  | Financial and market results with good relative performance against comparisons support fulfillment of the applicant’s requirement for financial viability. Examples include UCR-5: Adjusted FTEE per Adjusted FacWork (Figure 7.5-4; compared with the complexity 2 average); Cost as a Percentage of Benefits Claims (Figure 7.5-5; compared with CMS); Eligible Veterans Using the Applicant (Figure 7.5-7); and UCR-1: Adjusted Cost per Adjusted FacWork (Figure 7.5-3), which has reached the 5 Star benchmark. | This comment addresses performance against comparisons, using Criteria language of show “good relative performance” to support the score. | a |

#### Notes

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| 7.5 had a wide range of scores in independent review. The comments selected reflect the most agreement among examiners and were edited in the review process to ensure that they reflect the scoring guidelines language. |

### Opportunities for Improvement

| **--** | **Opportunity for Improvement** | **Rationale** | **Item Ref.** |
| --- | --- | --- | --- |
|  | The applicant reports limited measures of financial performance. Without monitoring additional performance measures, such as cost savings or administrative expenditures as a percentage of budget, the applicant may have difficulty sustaining its financial viability. | This comment re: missing measures was determined to be the most important for the applicant and put in first place. | a(1) |
|  | The applicant does not segment some marketplace results by customer groups (e.g., Figures 7.5-7 and Figure 7.5-8) or by delivery mechanisms. By segmenting these results, the applicant may increase its ability to compete in the local marketplace and continue to be the resource for Veteran care. | This comment was crafted to indicate to the applicant the importance of segmentation of data in being competitive. | a(2) |
|  | Results for some key measures of financial and marketplace performance do not include comparisons or are unfavorable against comparisons. For example, results for Actual Expense Percentage of Budgeted Expense (Figure 7.5-1) and Actual FTEE Percentage of Budget FTEE (Figure 7.5-2) do not include comparisons, and Cost as a Percentage of Benefits Claims (7.5-5) is unfavorable against the CMS comparison. | This comment was crafted to indicate to the applicant the importance of comparison data to assess its performance. | a |

#### Notes

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| 7.5 had a wide range of scores in independent review. The comments selected reflect the most agreement among examiners and were edited in the review process to ensure that they reflect the scoring guidelines language. |

### Scoring

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| --- |
| Score Value: **40**  Score Range: **30-45%**  Why shouldn’t the score be in the range above or below the selected one? **The score was lowered from 50 to 40 due to missing data and unfavorable comparisons. The score should not be in the 10-25% range because there are some good organizational performance levels and some comparisons. The score should not be in the 50-65% range because of missing financial and market results.** |

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| **Summary of Criteria Items** | **Total Points Possible** | **% Score** | **Score** | **Scoring Band** |
| --- | --- | --- | --- | --- |
| Category 1—Leadership | | | | |
| 1.1 Senior Leadership | 70 | 65% | 46 |  |
| 1.2 Governance and Societal Responsibilities | 50 | 50% | 25 |  |
| Category Totals | 120 |  | 71 |  |
| Category 2—Strategy | | | | |
| 2.1 Strategy Development | 45 | 65% | 29 |  |
| 2.2 Strategy Implementation | 40 | 55% | 22 |  |
| Category Totals | 85 |  | 51 |  |
| Category 3—Customers | | | | |
| 3.1 Voice of the Customer | 40 | 60% | 24 |  |
| 3.2 Customer Engagement | 45 | 60% | 27 |  |
| Category Totals | 85 |  | 51 |  |
| Category 4—Measurement, Analysis, and Knowledge Management | | | | |
| 4.1 Measurement, Analysis, and Improvement of Organizational Performance | 45 | 55% | 25 |  |
| 4.2 Knowledge Management, Information, and Information Technology | 45 | 55% | 25 |  |
| Category Totals | 90 |  | 50 |  |
| Category 5—Workforce | | | | |
| 5.1 Workforce Environment | 40 | 50% | 20 |  |
| 5.2 Workforce Engagement | 45 | 50% | 23 |  |
| Category Totals | 85 |  | 43 |  |
| Category 6—Operations | | | | |
| 6.1 Work Processes | 45 | 55% | 25 |  |
| 6.2 Operational Effectiveness | 40 | 60% | 24 |  |
| Category Totals | 85 |  | 49 |  |
| SUBTOTAL Cat. 1-6 | 550 |  | 315 | 4 (261-320 points) |
| Category 7—Results | | | | |
| 7.1 Product and Process Results | 120 | 50% | 60 |  |
| 7.2 Customer-Focused Results | 80 | 60% | 48 |  |
| 7.3 Workforce-Focused Results | 80 | 50% | 40 |  |
| 7.4 Leadership and Governance Results | 80 | 60% | 48 |  |
| 7.5 Financial and Market Results | 90 | 40% | 36 |  |
| SUBTOTAL Cat. 7 | 450 |  | 232 | 4 (211-255 points) |
| GRAND TOTAL | 1000 | TOTAL SCORE | 547 |  |