

# VISN 23 Today

The VA Midwest Health Care Network, VISN 23, is one of VA's 21 Veteran Integrated Health Service Networks. VISN 23 serves veterans residing in a seven state area through a system of community based outpatient clinics and outreach clinics (36), medical centers (11), nursing homes (7) and domiciliary residential rehabilitation treatment programs (4).

The states in the VISN 23 service area include Iowa, Minnesota, Nebraska, North Dakota, South Dakota and portions of Illinois, Kansas, Missouri, Wisconsin and Wyoming. A map of the VISN is presented on the back cover.

The medical centers and health care systems include the VA Black Hills Health Care System (Hot Springs and Fort Meade), VA Central Iowa Health Care System (Des Moines and Knoxville), VA Nebraska-Western Iowa Health Care System (Omaha, Lincoln, and Grand Island), Iowa City VA Medical Center, Minneapolis VA Medical Center, St. Cloud VA Medical Center, Fargo VA Medical Center and the Sioux Falls VA Medical Center.

Community based outpatient clinics and outreach clinics are located at the following sites listed by state:

*Illinois:* Galesburg and Quincy

*Iowa:* Bettendorf, Dubuque, Fort Dodge, Mason City, Sioux City, and Waterloo

*Minnesota:* Brainerd, Fergus Falls, Hibbing, South Central, Maplewood, Montevideo and Rochester

*Nebraska:* Alliance, Scottsbluff, Lincoln, Norfolk, North Platte and Rushville

*North Dakota:* Bismarck, Grafton, Minot and Williston

*South Dakota:* Aberdeen, Eagle Butte/Isabel, McLaughlin, Rosebud, Pine Ridge, Pierre, Rapid City and Winner

*Wisconsin:* Superior and Chippewa Falls

*Wyoming:* Newcastle

This past year, the CBOC at Lame Deer, MT closed due to the small workload demand and the availability of VA care from VISN 19. Lame Deer resides within the borders of VISN 19.

The mission, vision, values, and organizational strategy are statements guiding leaders and employees as they care for veterans and plan for future services.

*Our mission is to honor America's veterans by providing exceptional health care that improves their health and well being*

*Our vision is to be a patient-centered, integrated health care organization for veterans providing excellent health care, research and education; an organization where people choose to work; an active community partner; and a back-up for National emergencies.*

*Our values are trust, respect, excellence, commitment, compassion, empowerment, continuous improvement and collaboration.*

*Our organizational strategy is to operate as an organization of excellence with the following attributes: provides patient centered care, provides coordinated care, is fully integrated, learns continuously, improves processes, identifies and deals with errors, continuously measures performance, manages employees' skills and knowledge, empowers employees, works in teams, works collaboratively and demonstrates consistent and predictable performance.*

The VISN operates under a service line collaborative organizational structure where service lines use a formal system to disseminate exemplary practices, coordinate care, conduct strategic planning and integrate the health care delivery system.

The following network-wide service lines operate within VISN 23:

- Extended Care and Rehabilitation
- Imaging
- Mental Health Care
- Pathology & Laboratory Medicine
- Primary and Specialty Medicine
- Surgical/Specialty Care

Administrative integrated services foster a culture of systems operation. The following services are integrated at a network level:

- Business Office
- Compliance
- Decision Support Service
- Information Technology
- Logistics
- Prosthetics & Sensory Aids

#### **What do the VISN 23's values mean?**

*Trust* means having a high degree of confidence in the honesty, integrity, reliability and sincere good intent of those with whom we work, of those whom we serve, and the system of which we are a part. Trust is the basis for the caregiver-patient relationship and is fundamental to all that we do in health care.

*Respect* means honoring and holding in high regard the dignity and worth of our patients and their families, our co-workers, and the system of which we are a part. It means relating to each other and providing services in a manner that demonstrates an understanding of, sensitivity to, and concern for each person's individuality and importance.

*Excellence* means being exceptionally good and of the highest quality. It means being the most competent and the finest in everything we do. It also means continually improving what we do.

*Compassion* means demonstrating empathy and caring in all that we say and do in responding to our co-workers, our patients and their families, and all others with whom we interact.

*Commitment* means meaningful engagement with coworkers, veterans, and families. It includes a promise to work hard to do all that we can in accordance with the highest principles and ethics governing the conduct of the health care professions and public service. It is a pledge to assume personal responsibility for our individual and collective actions.

*Empowerment* means work teams have the budget and authority to make changes in their work systems to improve quality, reduce cost and improve customer service.

*Continuous Improvement* means that every work team has a process in place to continuously question, evaluate and improve their work. Improving our work is an important part of our work.

*Collaboration* means that individuals in a work group cooperate together to achieve a common goal and that work groups collaborate with one another.

# Environmental Assessment

## Key Customers/Market Segment

Under the auspices of VA, VISN 23 is authorized to provide health care services to enrolled veterans. In FY 2006, 375,706 veterans were enrolled to receive health care services in VISN 23. This represents 36 percent of the one million veterans in VISN 23. The number of enrollees is projected to peak in 2007 and then begin to decline.

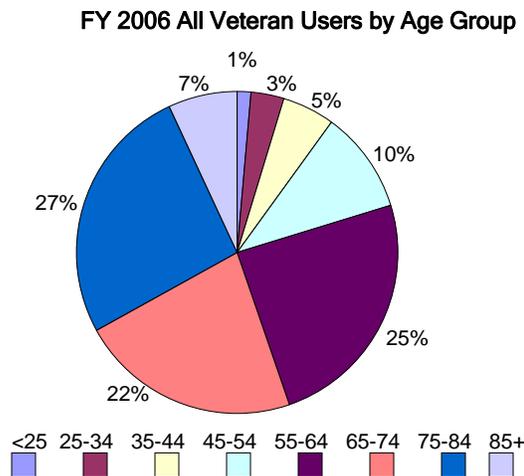
VISN Veteran Population & Enrollment	
2006 Estimated Veteran Population	1,042,306
2010 Projected Veteran Population	950,721
2006 Veteran Enrollees	375,706
2010 Projected Veteran Enrollees	356,688
VISN FY2006 Workload	
Unique Patients	281,354
• Men	94%
• Women	6%
Outpatient Visits	2,333,551
Hospital Patients Treated	23,438
Nursing Home Patients	4,175
Domiciliary Patients Treated	1,723
Contract Hospital Patients Treated	2,819
Community Nursing Home Pts. Trtd.	1,050
Fee Outpatient Visits	354,683

The majority of patients are men (94%), but the number of women selecting VA care is expected to increase as the percentage of women in the military continues to grow.

In FY 2006, the majority of users (66%) were in priority groups 1-6. The smallest percentage of users (49%) in priority groups 1-6 were in the age group 65-74 years, an age group representing 22% of the VISN's workload.

Age Group	% Priority 1-6 Users	# Priority 1-6 Users
<25	95%	2,448
25-34	92%	7,190
35-44	88%	11,086
45-54	84%	22,124
55-64	79%	51,674
65-74	49%	30,219
75-84	54%	39,609
85+	67%	13,200
Total	66%	177,549

The VISN provides a high proportion of care to veterans age 55 and older (74% of all users). The largest veteran group of users is age 75-84 years. The graph below displays the percent of veterans using VISN 23 medical care by age group.



Since Operation Iraqi Freedom and Operation Enduring Freedom, the number of combat veterans seeking VA care has increased noticeably. As of October 2006, 11,953 combat veterans were enrolled for VA care in VISN 23.

The VISN also provides health care services to active duty military through sharing agreements with the Department of Defense and TRICARE. Veteran's families may participate in group therapy programs when their involvement supports the veteran patients' recovery to good health.

The market share of veteran users to veteran population continues to increase over time as the veteran population decreases and enrollment grows. In the table below, the market share in 2004 is compared to 2006. The largest increase occurred at VA Black Hills HCS where the market share increased five percentage points from 42 to 47 percent. Most sites experience a three percent increase.

VISN Market Share	2004	2006
VA Black Hills Health Care System	42%	47%
VA Central Iowa Health Care System	24%	27%
VA Medical Center Fargo	27%	30%
VA Medical Center Minneapolis	15%	18%
VA Nebraska Western Iowa HCS	21%	24%
VA Iowa City Health Care System	19%	22%
VA Medical Center St. Cloud.	28%	32%
VA Medical Center Sioux Falls	26%	32%
<i>Source:</i> DSS (veteran users/vet pop)		

### Key Services

Through its system of hospitals and clinics the VISN provides inpatient primary, secondary and tertiary care in medical, surgical, neurological, rehabilitative, short and long-term psychiatry modalities; and primary and specialized medical, surgical and mental health ambulatory care. Nursing home care programs include sub-acute, transitional and long-term care. Home and community based care such as hospice, skilled home care, and homemaker-home health aid services are available. Other programs include residential rehabilitation treatment programs, homeless veterans programs, compensated work therapy/ veterans industries, residential care, and vocational assistance.

Newer programs include a Poly Trauma center at VAMC Minneapolis and a Bariatric Surgery Program at VA Nebraska Western Iowa HCS. Chronic

Disease Management Programs were initiated VISN-wide.

### Key Suppliers and Partners

Key partners to VA in providing care to veterans include university affiliates, contract hospitals, contract community based outpatient clinics and Department of Defense. Major suppliers are multi-vendors for fee basis care, state veterans homes, pharmaceutical companies, community nursing homes and scarce medical contractors.

### Changes in Major Technology and Equipment

The VISN continued to implement telemedicine services throughout the network to improve access to rural areas. Telemedicine is now used for diabetic retinal screening, dermatology, orthopedics, post-op clinic visits, mental health services and monitoring congestive heart failure. Tele-health technologies in the home will increase substantially in the next five years. VISN 23 received \$1M from VA Central Office for telehealth equipment in FY04 for the Care Coordination Home Telehealth (CCHT) Program. The VISN provided additional funding in FY07 to expand the program to serve additional veterans.

The Picture Archive and Communications System (PACS) was implemented at VAMC Minneapolis in FY04. PACS provides timely and wide access to patient radiology images, Digital modalities at all sites are targeted to be integrated to the VISN PACS for Modality Work list and study archiving purposes by April 30, 2007. Full implementation of PACS, including digital diagnostic interpretation and image distribution is anticipated by the end of the 2007 calendar year.

In FY 07, 64 slice CT scanners will be installed at Omaha, Iowa City, Des Moines, Minneapolis, Sioux Falls, Fort Meade, and Fargo. Providers at these sites will be able to order a variety of new imaging exams including cardiology exams. Advanced 3D post processing capabilities will be implemented across the VISN.

Most sites have State of the Art (SOA) Nuclear Medicine Cameras installed. Installation of cameras at Sioux Falls and Black Hills is pending site preparation completion. The workload will increase 20-30%, with backlogs significantly reduced to zero.

Radiation Oncology equipment infrastructure will be substantially upgraded in FY07. Two replacement linear accelerators and a new CT simulator will be implemented. The Radiation Treatment Planning system and the Record and Verify quality arrangement system will both be substantially upgraded. Clinical IMRT and IGRT will be enabled.

Clinical Information Systems (CIS) will be purchased in FY07 to automate bedside charting activities in intensive care units at Minneapolis, Omaha, Des Moines and Iowa City. Implementation will be scheduled, coordinated and accomplished following system purchase.



A Real Time Location System (RTLS) will be implemented as a VHA demonstration project for asset tracking at Minneapolis. Portable medical and computing devices will be tagged and have their locations tracked. Following the pilot period, the system may be expanded.

Improvements continue to the computerized medical record used at all VA medical centers.

### **Changes in Legal/Regulatory Environment**

The Joint Commission on Accreditation of Healthcare Organizations reviewed all VISN 23 medical centers during FY04 using a new patient focused process, called Shared Visions New Pathways. The new process shifts from survey preparation to one of continuous improvement and uses the patient experience as a viewpoint to assess standards compliance. All medical centers received accreditation. VISN 23 will be surveyed under the unannounced process in FY07.

A SOARS (System-wide Ongoing Assessment and Review Strategy) visit occurred at Minneapolis, St. Cloud and the Black Hills in December 2006.

## Staff Profile and Issues

As a service industry, the VISN employed a large work force of 10,480 employees in FY 2006. The workforce was comprised of 655 medical officers, 2,056 nurses, and other staff in pharmacy, dentistry, radiology and laboratory medicine forming the clinical staff structure to provide health care services. Of all employees, 9.2 percent represent minority populations and 2,301 were employees with service connected disabilities. Staff recruitment and retention will remain challenges in the next ten years. At least 33% of the current workforce is eligible to retire now. Retirements in key leadership positions have occurred and will continue.

The VISN developed a Workforce Succession Strategic Plan and identified the top ten critical occupations for succession planning as displayed in the chart on this page.

Employees completed the VA All Employee Survey during FY 2006. Results of the survey indicate that VISN 23 employees are most satisfied with the work quality, type of work and customer satisfaction, and least satisfied with promotion opportunities, senior management and amount of praise received. The top three satisfiers and dissatisfiers remain the same as reported under the FY 2004 survey. The Workforce Development Council and VA medical centers are addressing the findings.

### Top Ten Critical Occupations in VISN 23

Rank	Code	Occupation
1	0660	Pharmacist
2	0620	Practical Nurse
3	0644	Medical Technologist
4	0201	Human Resource Management
5	0672	Prosthetic Representative
6	0505	Financial Management
7	0633	Physical Therapist
8	1102	Contracting
9	0649	Medical Instrument Technician
10	0647	Diagnostic Radiological Tech

## Market Position

### Position of Strengths

As VISN 23 plans for the future, the organization's strengths will play a key role in shaping a market position.

For the past three years, VISN 23's primary strategy was to develop a *culture of continuous quality improvement*. Outcome performance measures enable VISN 23 to evaluate its performance in quality, access, cost and satisfaction. VISN 23 and the VHA system lead the nation in demonstrating that VA Medical Centers provide high quality health care in a safe environment.

Competent and compassionate *employees*, experienced and skilled in their work, are committed to continuously improving the quality of care provided to the nation's veterans. VISN 23 will continue to nurture workforce development programs to maintain this strength.

Veterans report higher *satisfaction* with the care they receive at VA Medical Centers in VISN 23 than elsewhere in the VHA system or in the private sector. The employees, facilities, administrative and clinical services, and advanced technology and equipment all contribute to veteran satisfaction. Veterans' satisfaction and support of VISN 23 medical centers are major strengths of the organization.

*Information technology* and electronic medical records improve the quality of care available through VISN 23. They allow the VISN to demonstrate quality of care through reporting systems and

performance measure outcomes data, areas where the VHA system leads the private sector health care system. VISN 23 will ensure information technology remains an organizational strength.

### Opportunities to Address Weaknesses

While focusing on the organization's strengths, the VISN will take opportunities to address weaknesses impacting its long-term viability. The following paragraphs explain key issues the VISN faces.

Many of the VISN 23 VA medical centers operate *aging infrastructure* and physical plants. While the VISN receives funding for station projects every year, the larger major and minor construction project applications always exceed the number of VACO awards. In the past, the VISN has creatively planned for some minor construction projects in place of majors, with successful outcomes. Even with the visible CARES program, resources have not matched the need for capital improvements. The private sector has moved into a capital replacement program which is hard to match with VA resources allocated by Congress.



VA Medical Centers experience difficulties in *recruiting specialty physicians*, especially in the smaller centers. In some instances, when only one specialist works for the medical center, their departure closes the program and the medical center must either refer patients to the private sector or VA tertiary sites until a replacement is found. This may result in delays and increased patient waiting times for appointments.

*Effective communication* is essential in a well-managed organization. Using a matrix organizational and governance structure for medical centers and service lines increases the importance of effective communication throughout the VISN to avoid duplication of efforts and confusion.

### **Strategic Challenges Ahead**

The number of enrollees in VISN 23 is expected to peak in FY 2007 and then decline over the next 20 years as the veteran population declines.

*Maintaining growth*, one of the VISNs four critical success factors, will be a challenge in the next decade. The VISN is at a point where strategies must be developed to address no growth scenarios in some geographic areas. More information obtained through current market research may be necessary to determine why some eligible veterans do not use VA services.

Health care is becoming more personalized. In the future, VISN 23 may need to improve processes to connect with veterans and develop a stronger *personal relationship* with them. Employing more mid-level providers who can spend more time with patients may be an option. The VISN should determine what veterans are looking to find from health care providers and what veterans perceive as personal care. Some veterans may want more care

delivered at home using telemedicine and communications via the internet.

### **External Opportunities**

As reservists, National Guard and active duty service men and women return home from *Operation Iraqi Freedom and Operation Enduring Freedom*, VISN 23 has an opportunity to aggressively outreach to the returning soldiers to offer a seamless transition from military health care to VA health care.

VISN 23 should continue to collaborate and partner with other federal and non-federal agency including the Department of Defense, Indian Health Service and the Institute for Healthcare Improvement.



### **Critical Success Factors**

Critical success factors influence the organization's survival and operations. Identifying the factors helps the organization focus its efforts and energies in strategic and tactical planning on challenges faced. The Strategic Planning Council identified four Critical Success Factors listed below.

- Quality of health care services and patient safety
- Growth in new users and maintain current users
- Efficient use of staff, equipment and resources
- Customer service

## Financial Impact

### Budget Issues

The budget issues facing the network are workload and creating efficiencies. The budget allocation is based on the VISNs ability to continue to treat the same or greater number of veterans than the national rate and maintain a vesting ratio at or better than the national rate.

Creating efficiencies will allow the VISN to operate within its future budgets. The VISNs utilization and cost must be at or better than the national rates.

### Staffing Needs

Additional physicians, nurses, and other staff are needed at most care sites. Surgeon and Radiologist recruitment and retention continue to be issues.

Workforce Succession Plans are underway including a leadership development program (LEAD).

### Equipment Needs

For the past two fiscal years, the VISN's budget allocation was sufficient to permit the purchase of needed high tech/high cost equipment (\$24.5 million in purchases) and high volume under threshold equipment. The following high cost equipment purchases are planned:

#### VA Central Iowa HCS: Des Moines

- 2009: MRI Scanner

#### VAMC Iowa City

- 2007: CT-PET Scanner

#### VAMC Minneapolis

- 2009: Special Procedures 2
- 2009: MRI Scanner

#### VAMC Sioux Falls

- 2009: MRI Scanner

## Capital Asset Plans

The CARES (Capital Asset for Enhanced Services) process outlined construction and renovations for the next 20 years. The VA Secretary issued the CARES Decision document in May 2004. Based on the decision, the VISN is moving forward with the recommendations.

### Major Construction Projects

At Des Moines, construction of a new Extended Care Facility will be awarded in early FY07.

*Minneapolis* awarded a contract in FY06 to build a new 30-bed spinal cord injury/ disorder center (funded in 2004). Construction will be completed in the summer of 2008.

At *Omaha*, upgrade heating and air conditioning to correct indoor air quality deficiencies and upgrade in 2009.

In *Iowa City*, construct a new Specialty Care Building, proposed for 2010.

## Minor Construction Projects

### VA Central Iowa HCS: Des Moines

- 2004-2: Renovate ward to create new 10 bed psych unit and outpatient mental health area. Under construction; should be completed by March 2007.
- 2005-4: Primary Care Enhancement. Design awarded in 2006; construction in 2008
- 2009: Construct med/surg addition, renovate adjacent areas for new inpatient bed unit.

### VAMC Fargo

- 2009: Renovation for specialty care

### VAMC Iowa City

- 2010: Construct new surgery suite adjacent to ICU and renovate old operating room for ambulatory surgery
- 2007: Renovate inpatient wards for patient privacy

### VAMC Minneapolis

- 2009: Renovate bed ward to primary care clinics
- 2010: Renovate patient ward for specialty clinics

### VA NWI HCS: Omaha

- ICU on top of existing clinic addition under construction; complete May 2007
- 2009: New SPD space adjacent to ICU
- 2010: New surgery suite adjacent to ICU

### VAMC St. Cloud

- 2008: Renovate space to expand inpatient psych ward
- 2009: Construct new space for specialty care
- 2010: Renovate space to expand specialty care

### VAMC Sioux Falls

- 2008: New surgery suite and clinical space
- 2009: Renovate Mental Health area

- 2009: Remodel PT and OT

## Realignment of VA Central Iowa

In FY 2006-07, VA Central Iowa HCS will develop and recommend actions for the Knoxville campus.



## Community Based Outpatient Clinics

Under the Secretary's CARES Decision, VISN 23 received approval for 21 Community Based Outpatient Clinics (CBOCs). Business plans were or will be developed and submitted to VA Central Office for approval in the year indicated below.

Implementation will be contingent upon available funding. All plans were shifted forward one year due to budget constraints in FY05.

Some CBOCs will operate as outreach clinics in low density veteran population areas because the number of projected users would be fewer than needed to justify a full time clinic. Outreach clinics are clinics usually staffed by VA employees who travel to the site on a weekly or monthly basis. The VA Black Hills HCS has operated outreach clinics successfully for several years and has improved access for veterans in highly rural areas.

### VACO Approved FY 2006

#### Scheduled to Open in FY 2007

- Bemidji-Fosston, MN
- Holdrege, NE
- Spirit Lake, IA
- Western Wisconsin
- Dickinson, ND (outreach clinic)
- Williston, ND (outreach clinic)
- Jamestown, ND (outreach clinic)

#### Under VACO Review in FY 2007

- Shenandoah, IA Carroll, IA
- Marshalltown, IA
- Cedar Rapids, IA Wagner, SD Watertown, SD

#### FY 2008 Business Plan Development Sites

- Alexandria, MN Bellevue, NE
- Redwood Falls, MN O'Neill, NE

- Ottumwa, IA Northwest Twin Cities Metro Area Grand Forks, ND Air Force Base
- Devils Lake, ND



# VISN 23 Tomorrow

VISN 23 supports the “Eight for Excellence”

Strategies of the Veterans Health Administration.

The main strategy emphasized in VISN 23 is VHA Strategy 1: *Continuously improve the quality and safety of health care for veterans, particularly those health issues associated with military service.*

The Executive Leadership Council will continue to emphasize in FY 2007, the five priority initiatives from 2004-2006: 1) Build a culture of continuous quality improvement, 2) Implement a Care Coordination Program, 3) Fully implement Advanced Clinic Access, 4) Prepare for Workforce Replacement and 5) Implement a Utilization Management Program.

By continuously improving patient care, the VISN is moving towards becoming a health care system where patients experience no needless deaths, no needless pain, no needless waste, no unwanted waits and no helplessness during their health care treatment. Employees will continuously improve work processes, measure outcomes, and participate in collaboratives in order to transform the health care organization to an improved level of performance. VISN Priority Initiatives to support the effort are listed to the right.

All VA Medical Centers joined the Institute for Healthcare Initiatives’ “Saving 100,000 Lives”. The campaign enlisted thousands of hospitals across the country in a commitment to implement changes in care that have been proven to prevent avoidable deaths. In December 2006, IHI launched another campaign to protect patients from five million

incidents of medical harm over the next two years (December 2006 - December 2008). VISN 23 will adopt the following new interventions:

**Prevent Harm from High-Alert Medications...** starting with a focus on anticoagulants, sedatives, narcotics, and insulin

**Reduce Surgical Complications...** by reliably implementing all of the changes in care recommended by SCIP, the Surgical Care Improvement Project ([www.medqic.org/scip](http://www.medqic.org/scip))

**Prevent Pressure Ulcers...** by reliably using science-based guidelines for their prevention

**Reduce Methicillin-Resistant *Staphylococcus Aureus* (MRSA) infection...**by reliably implementing scientifically proven infection control practices

**Deliver Reliable, Evidence-Based Care for Congestive Heart Failure...** to avoid readmissions

**Get Boards on Board ...** by defining and spreading the best-known leveraged processes for hospital Boards of Directors, so that they can become far more effective in accelerating organizational progress toward safe care

## VISN 23 's Continuous Quality Improvement Planning Initiatives

- Develop chronic disease management programs
- Develop a network pain management program
- Improve diagnostic results management
- Educate employees on continuous improvement concepts
- Support new and existing Network collaboratives that cross service lines and facilities
- Continue the commitment to 100K Lives Campaign
- Reduce unexplained and unwarranted clinical and cost variation in processes and outcomes throughout the Network
- Involve HSR&D in clinical and administrative studies for services such as study design, data collection and defining measurements
- Expand work team access to data about their cost, quality and customer satisfaction
- Develop a resource clearinghouse for benchmark information
- Improve the resource allocation model

## *Strategic Initiative Funding*

In FY04, the VISN 23 Executive Leadership Council (ELC) committed nearly \$7 million of the network's FY04-05 budget to implement proposals supporting strategic and tactical plan initiatives. Funding the planning initiatives solidified the linkage between the budget and the strategic/tactical planning process, and improved the networks ability to achieve its goals. Each year the ELC has continued to fund strategic initiatives aligning with strategic priorities.

In FY07, network service lines, network councils and network integrated services were invited to apply for VISN funding over a two year period. The ELC approved funding the projects described in the following paragraphs.

### **Inpatient Flow Improvement Collaborative**

VISN 23 will send 12 individuals to the Institute for Healthcare Improvement course "Managing Hospital Operations" to acquire a core knowledge base for inpatient flow improvements at the home site of the participant. The intent of the strategic initiative is to build an infrastructure around the attendees to facilitate a VISN-wide initiative to improve patient flow at the acute care medical centers. Increased capacity due to improved flow of patients at the medical centers could reduce non-VA cost by 15 to 20 percent.

### **MOVE**

MOVE (Managing Overweight/Obesity for Veterans Everywhere) is a national weight management program designed by the VA National Center for Health Promotion and Disease Prevention, to help veterans lose weight and improve their health.

The VISN 23 MOVE initiative will hire FTE to enable facilities to expand the MOVE weight management program for all veterans with a BMI $\geq$ 25 and to fully implement MOVE Level I and II at all VISN CBOCs. The program also will hire a nurse practitioner to implement the Optifast Program of Level IV at the Omaha VA Medical Center and part-time physicians who will provide program oversight and support throughout the VISN.

### **Home and Community Based Care Expansion**

Funding will be used to hire FTE to expand H&CBC Care through a variety of non-institutional programs. Funds will also be used to expand the Care Coordination Home Telehealth Program which addresses chronic disease management for high-risk, complex care patients.

### **Chronic Disease Management - Dementia**

VISN 23 will implement a chronic disease management program for dementia patients. Facility survey results indicate inconsistent resources from managing Dementia across VISN 23 and confusion regarding the Dementia services available. The Extended Care & Rehabilitation Service Line seeks to offer better coordination through a chronic disease management program.

### **CNHS Poly-Pharmacy Reduction Initiative**

The implementation of the initiative will enhance quality of care and reduce costs. Medical centers will receive information showing where reductions in CNS medications can improve cost savings. The Mental Health Service Line will provide monthly educational material and summary reports.

# Strategies and Planning Initiatives

Network service lines, councils and integrated services planning initiatives explain how VISN 23 intends to achieve VHA strategies and VISN priorities. On the next few pages, the VISN strategies and planning initiatives are presented for FY 2007-2011. The name of the service responsible for implementing the planning initiative is listed in italics.

The top three planning initiatives from each service are presented. Additional planning initiatives are presented in each of the service's strategic plan available upon request from the VISN 23 Office. Employees may access the strategic plans on the VISN 23 Intranet site

## Quality

**VHA Strategy 1:** Continuously improve the quality and safety of health care for veterans, particularly those health issues associated with military service.

**VISN Priority:** Build a Culture of Continuous Quality Improvement

### Planning Initiatives:

- Continue the Commitment to Build a Culture of Continuous Quality Improvement: a) Catalog collaboratives, and b) Measure the extent of cultural change. *Organizational Performance Council*
- VISN 23 Reporting Dashboard. *Organizational Performance Council*
- Develop a continuum of care for Polytrauma patients. *Extended Care and Rehabilitation Service Line*
- Establish a Continuum of Care for Chronic Disease Management of Dementia Patients. *Extended Care and Rehabilitation Service Line*
- Ensure continued implementation of Culture Transformation in VA Nursing Home Care Units. *Extended Care and Rehabilitation Service Line*
- Expand Home and Community Based Care: Provide Leadership to assure expansion of multi-Service Line Care Coordination Home Telehealth and Home Based Primary Care programs. *Extended Care and Rehabilitation Service Line*
- Establish imaging algorithms and incorporate them in the ordering templates to ensure appropriate utilization of Imaging procedures and contrast administration guidelines. *Imaging Service Line.*
- Develop and implement programs for chronic disease management (CDM) for COPD, HF, & Diabetes (Includes developing Care Coordination Home Telehealth Program), Obesity, and Depression. *Primary & Specialty Medicine Service Line*

- Increase focus on prevention and health education related to employee immunization. Increase focus on prevention and health education related to Healthier US Vet Proposal - to educate veterans, their families, and communities about the health risks of obesity and diabetes. *Primary & Specialty Medicine Service Line*
- Promote the use of evidence-based practices across the Network - Continue SSI Collaborative as part of the Saving 100K Lives Campaign. *Surgical/Specialty Care Service Line*
- Standardize and validate network-wide the electronic patient record; data input and reporting processes - Improve Resident Supervision. *Surgical/Specialty Care Service Line*
- Pursue standardized patient care - Complete Vascular Clinical Pathways Implementations. *Surgical/Specialty Care Service Line*
- Timely dental treatment of OIF/OEF veterans returning to VISN 23 in FY07. *Dental Integrated Service*
- Implement Full Medication Reconciliation. *Pharmacy Benefits Management*
- Reduce unexplained and unwarranted clinical and cost variation in processes and outcomes throughout the Network. *All VISN Service Lines, Integrated Services and VAMCs*
- Involve HSR&Ds in clinical and administrative studies for services such as study design, data collection, and defining measurements. *All VISN Service Lines, Integrated Services and VAMCs*
- Expand work team access to data about their cost, quality and customer satisfaction. *All VISN Service Lines, Integrated Services and VAMCs*
- Develop a resource clearinghouse for benchmark information. *VISN Office*
- Develop a network pain management program. *Chief Medical Officer*
- Improve diagnostic results management. *Informatics Sub-council.*
- Improve the VISN resource allocation model to incorporate incentives to support quality practices. *Finance & Capital Asset Sub-Council*



## Access

**VHA Strategy 2:** Provide timely and appropriate access to health care by implementing best practices.

**VISN Priority:** Fully implement Advanced Clinic Access

**VISN Priority:** Develop a Care Coordination Home Telehealth Program

### Planning Initiatives:

- Fully implement Advanced Clinic Access (ACA) to offer every patient an appointment today for any problem, urgent or routine in all clinics in VISN 23 by 2008. *Organizational Performance Council*
- Expand Hospice and Palliative Care: A. Assure end of life care is part of Network Chronic Disease Management Collaboratives. B. Enhance the development of Facility Palliative Care Consult Teams. *Extended Care and Rehabilitation Service Line*
- Management of Geriatric Mental Illness: Develop a collaborative approach with Mental Health Service Line for managing the problematic behavioral issues of the elderly. *Extended Care and Rehabilitation Service Line*
- Improve utilization efficiency of inpatient resources through a VISN-wide system of coordination of inpatient care. *Mental Health Service Line*
- Increase the availability of intensive case management to SMI patients in rural/remote areas of VISN 23 (three parent sites identified by NEPEC). *Mental Health Service Line*
- VISN 23 PLMS will train and place in operation up to 23 new full-time and half-time Laboratory ADPACs/LIM's to sustain laboratory information system operations as incumbent ADPAC/LIM positions become available due to retirements in the next 2-5 years. *Pathology & Laboratory Medicine Service Line*
- Activate CBOCs. *Primary & Specialty Medicine Service Line*
- Fully implement Advanced Clinic Access (ACA) in VISN 23 Integrated Dental Clinics. *Dental Integrated Service*
- Provide staffing levels & treatment rooms with accompanying equipment in VISN 23 Dental Clinics that are at the level recommended by the Office of Dentistry Staffing Model for VISN 23. *Dental Integrated Service*
- Implement One National Formulary. *Pharmacy Benefits Management*
- Fully implement a VISN wide Teleretinal Imaging Program (TRIP). *TeleHealth*
- Expand General Telehealth Programs. *TeleHealth*
- Develop and fully implement a Care Coordination Home Telehealth Program. *Care Coordination*



# Satisfaction

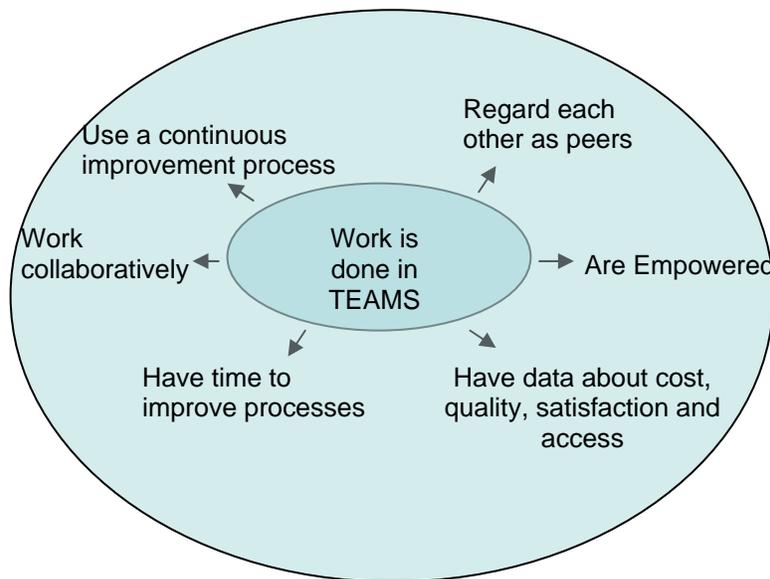
**VHA Strategy 3:** Continuously improve veteran and family satisfaction with VA care by promoting patient-centered care and excellent customer satisfaction.

**Planning Initiatives:**

- Develop MH Peer Support Programs in VISN 23.  
*Mental Health Service Line*
- Provide high quality and reliable services that maximize health and function. Develop and monitor patient satisfaction with Prosthetics services and goods. *Prosthetics and Sensory Integrated Service*

The VISN 23 Network Director outlined his vision for a New Health Care Work Place where all work would be conducted in teams. The figure below displays this concept and defines the characteristics of effective team work. Under the vision, employee satisfaction should improve resulting in improved veteran satisfaction.

**The New Health Care Work Place**



# Workforce

**VHA Strategy 4:** Promote diversity, excellence and satisfaction in the workplace and foster a culture which encourages innovation.

**VISN Priority:** Prepare for workforce replacement

**Planning Initiatives:**

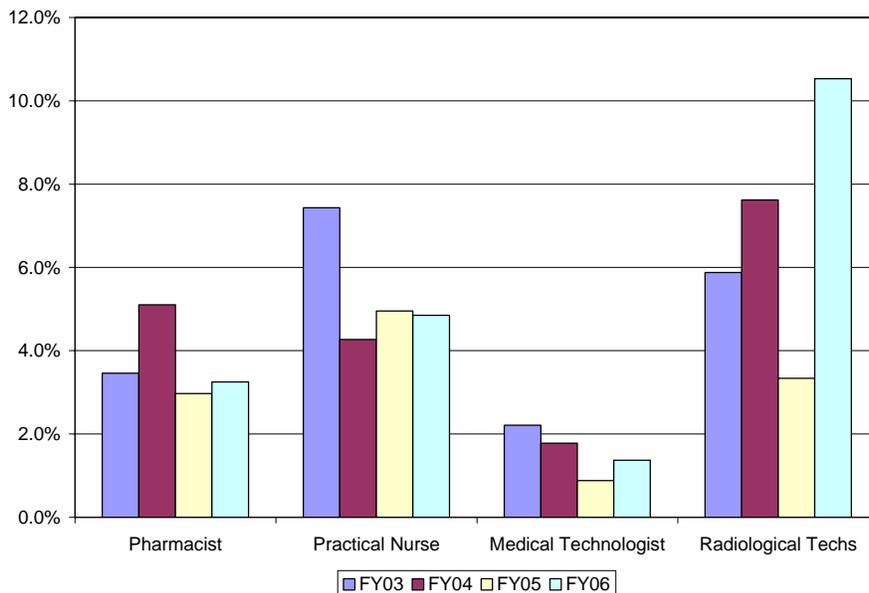
- Increase representation of minorities, women, and persons with disability in the workforce by 5% percent through attendance at career fairs, recruitment of high school and local college students, HACU Program. *Workforce Development Council*
- Implement the three-year funded Network Succession Plan in partnership with Diversity Sub Council with emphasis on increasing minority representation. *Workforce Development Council*
- Build strategies to drill All Employee Survey data down to the unit level; train a "consultant/advisory" team to assist with data analysis and action plan development; evaluate appropriateness and monitor action plans *Workforce Development Council*
- Continue to work collaboratively with the Organizational Performance Council to "Build a

Culture of Continuous Improvement" *Workforce Development Council*

- Implement ACA2 principles in the Recruitment of Physicians and GS-5/6 Clerks. *Workforce Development Council*
- Develop and implement a succession plan for VISN 23 Logistics including Acquisition in the 1102 series. *Logistics Integrated Service*
- Ensure excellence in professional development opportunities, funding for same and upward mobility options for Prosthetic staff. *Prosthetics*

VA Quit Rate (Regrettable Losses) is voluntary resignations and losses to another federal agency. This turnover rate is especially important to analyze since these losses are voluntary and potentially preventable.

**VISN 23 VA Quit Rates in Critical Occupations FY03-FY06**



## Cost-Effective

**VHA Strategy 5:** Promote excellence in business practices through administrative, financial, and clinical efficiencies.

**VISN Priority:** Develop a Utilization Management Program

### Planning Initiatives:

- VISN Inpatient Flow Initiative. *Organizational Performance Council*
- Develop master plan for all capital in the Service line, to include age, condition, EE#, serial #, MFG, Model. From this list develop a five year capital replacement plan. *Imaging Service Line*
- Standardize and formalize in a document Service Line policies and procedures such as abnormal result reporting and coding. *Imaging Service Line*
- Increase laboratory participation in Utilization Review of lab tests and standards of practice for improving test utilization by utilizing VISN-2 Laboratory Expert System software for lab test utilization auditing. Minneapolis pilot program planned for fall 2006. Potential for export to other VISN 23 Laboratories pending outcome of pilot. *Pathology & Laboratory Medicine Service Line*
- Collaborate to improve the accuracy of laboratory testing requests, concentrating on provider order entry issues. (Carryover-TBD, based on HOWDY option feasibility currently under review by IRM). *Pathology & Laboratory Medicine Service Line*
- Implement the Primary & Specialty Medicine Utilization Management Program. *Primary & Specialty Medicine Service Line*
- Participate in the Inpatient Flow Collaborative. *Primary & Specialty Medicine Service Line*
- Accounts Receivable (AR) Follow-up - Implement procedures to insure that 3rd Party accounts are followed up in accordance with national guidelines. *Business Office Integrated Service*
- Non-VA Care - Implement VISN Task Force recommendations on improvements for Non-VA Care and NLB standardizations for Non-VA Care. *Business Office Integrated Service*
- Insurance Identification and Pre-Registration - Pilot patient kiosks to support insurance identification and pre-registration efforts. *Business Office Integrated Service*
- Develop and implement a coordinated and consistent facility-level department budget process exercising the benefits of the Decision Support System (DSS). *Finance*
- Develop system of financial reporting for VISN-wide financial analysis, incorporating budget execution and consistent projection methodologies. *Finance*
- Create and formalize VISN-wide tools, processes and procedures on accuracy and integrity of financial records. *Finance*
- Continuously standardize VISN 23 IT directions, systems and processes in conjunction with the National and Regional IT organization to improve the quality and operation of VISN 23 integrated systems, services, and access. *Information Technology Integrated Service*
- Continue to strengthen the VISN 23 information technology projects processes, methods, and techniques to insure full customer involvement and ownership in IT operational systems. *Information Technology Integrated Service*
- Implement all VA and VHA security rules and initiatives to fully comply with all national directions, mandates, and specific requirements to assure comprehensive security of all systems, access, and data. *Information Technology Integrated Service*

- Improve VISN 23 progress towards meeting VHA Socio-Economic Goals. *Logistics Integrated Service*
- Effectively use the GIP to manage VISN 23 inventory in the following categories: Med/Surg, Dental, Radiology and Lab. *Logistics Integrated Service*
- Reduce Outpatient Pharmacy Cost Per Unique Pharmacy User. *Pharmacy Benefits Management*
- Use sound business practices and apply national guidelines to achieve VHA initiatives and healthcare value, including monitoring against established parameters to ensure cost efficiency and compliance. *Prosthetics*

## Research

**VHA Strategy 6:** Focus research and development of clinical and system improvements designed to enhance the health and well-being of veterans.

**Planning Initiative:**

- Develop a pilot teledermatology program. *TeleHealth*

## Education

**VHA Strategy 7:** Promote excellence in education of future health care professionals and enhance VHA partnership with affiliates.

**Planning Initiatives:**

- Establish virtual school of radiological technique for VISN 23. *Imaging Service Line*

## Healthy Communities

**VHA Strategy 8:** Promote health within the VA, local communities, and the nation consistent with VA's mission.

**Planning Initiative:**

- Explore collaborative arrangements with Indian Health Service. *TeleHealth*
- Expand Telehealth services in home and community based care locations. *TeleHealth*

