

VISN 23

Strategic Plan

2009-2013



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 (45), hospitals (10), community living centers (8) 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, Shenandoah, Sioux City, Spirit Lake and Waterloo

Minnesota: Bemidji, Brainerd, Fergus Falls, Hibbing, St. James/Mankato, Maplewood, Montevideo and Rochester

Nebraska: Alliance, Bellevue, Grand Island, Holdrege, Scottsbluff, Lincoln, Norfolk, North Platte and Rushville

North Dakota: Bismarck, Dickinson, Grafton, Jamestown, Minot and Williston

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

Wisconsin: Superior and Chippewa Falls, Hayward/Rice Lake

Wyoming: Newcastle

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. At the end of FY 2008, 384,255 veterans were enrolled to receive health care services in VISN 23. This represents 37 percent of the one million veterans residing in VISN 23. The number of enrollees is projected to peak in 2012 at 387,387 and then decline in future years.

Projected Use of VA

Fiscal Year	Projected Enrollees
2008*	384,255
2012	387,387
2017	374,263
2022	352,848
2027	327,837

*2008 Actual Data

Over the next 20 years, the number of enrollees with service connected disabilities is projected to increase 15 percent in Priorities Group 1-3 and decrease in Priority Groups 4-6 and 7-8 approximately 30 percent. Over time, veterans' service connection disabilities percentages increase with age and shift upward in priority groups.

Fiscal Year	Projected Enrollees by Priority Group		
	1-3	4-6	7-8
2008*	134,782	121,493	127,950
2012	141,240	122,904	123,243
2017	150,832	108,310	115,121
2022	155,418	93,719	103,711
2027	155,474	81,383	90,980

*2008 Actual Data

Between 2008 and 2027, the largest group of enrollees is the 65-84 year old age group, an age when their health often begins to deteriorate.

Fiscal Yr	Projected Enrollees by Age Group			
	<45	45-64	65-84	85+
2008*	52,612	133,869	163,019	34,725
2012	63,722	128,989	159,598	35,028
2017	57,294	105,854	174,043	37,072
2022	52,929	99,145	166,281	34,494
2027	47,192	95,658	154,286	30,700

*2008 Actual Data

The veteran population is projected to decline 35 percent between 2008 and 2027. While the veteran population declines, the number of enrollees is projected to decline only 15 percent.

Fiscal Year	Projected Veteran Population
2008	1,025,564
2012	939,128
2017	832,760
2022	740,671
2027	662,077

Historical Use of VA

The number of veterans seeking care from VA continued to increase over the past three years as displayed in the following four charts of enrollees, unique patients, outpatient visits, and fee outpatient visits. The increase of enrollees in Priority Group 1-3 has already begun.

Fiscal Year	Enrollees by Priority Group		
	1-3	4-6	7-8
2006	117,194	121,556	138,226
2007	127,109	123,176	133,490
2008	134,782	121,493	127,950

Fiscal Year	Unique Patients
2006	281,354
2007	286,310
2008	290,489

Fiscal Year	Outpatient Visits
2006	2,333,532
2007	2,403,006
2008	2,514,579

Fiscal Year	Fee Outpatient Visits
2006	354,889
2007	400,608
2008	520,967

Since Operation Iraqi Freedom and Operating 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. At the end of 2008, the number had grown to 28,525 combat veterans.

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.

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. Community Living Centers formerly referred to as nursing home care, include sub-acute, transitional and long-term care. Non-institutional care home and community based care such as hospice, skilled home care, homemaker-home health aid services and Care Coordination Home Telehealth continue to grow. Other programs include residential rehabilitation treatment programs, homeless veterans programs, compensated work therapy/ veterans industries, residential care, and vocational assistance.

Recently constructed is a spinal cord injury center, a \$20 million 30-bed inpatient unit at VAMC Minneapolis. One of four Polytrauma Centers VA-wide is located 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 specialist contractors.



Staff Profile and Issues

As a service industry, the VISN employed a large work force of 11,830 employees in FY 2008. The workforce was comprised of 720 medical officers, 2,433 RNs, and other staff in pharmacy, dentistry, radiology and laboratory medicine forming the clinical staff structure to provide health care services. Of all employees, 9.3 percent represent minority populations and 74% are age 40 and older. Staff recruitment and retention will remain challenges in the next ten years. At least 29% of the current workforce is eligible to retire now, down from 31% in FY07. Retirements in key leadership positions will continue to occur.

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

Top Ten Critical Occupations in VISN 23 (2009)

Rank	Code	Occupation
1	0602	Medical Officer
2	0610	Nurse
3	0660	Pharmacist
4	0620	Practical Nurse
5	1102	Contracting
6	0201	Human Resource Management
7	0605	Nurse Anesthetist
8	0633	Physical Therapy
9	0180	Psychology
10	0858	Biomedical Engineering



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 five 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, 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 physical plants*. While the VISN receives funding for station projects every year and in recent years additional non-recurring maintenance (NRM) funds, 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. 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 2012 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.

Federal budget deficits may impact future resource allocations to the VISN and VA Medical Centers at the same time unemployment increases and results in increasing numbers of uninsured veterans turning to VA for health care. VISN 23 may need to intensify efforts to identify systems efficiencies. Creating efficiencies will allow the VISN to more easily operate within its future budgets. The VISN's utilization and cost must be at or better than the national rates.

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. 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

Capital Asset Plans

The VISN continues to implement its Capital Asset Plans. The Economic Stimulus Plan enacted by Congress during FY 2009 will provide an additional \$37.4 million for Non-recurring Maintenance Projects. The VISN continues to compete for funds for the Major and Minor projects listed in this section.

Major Construction Projects

VA NWI HCS: Omaha

Year Project

2010: Upgrade heating and air conditioning to correct indoor air quality deficiencies and upgrade

VAMC Fargo

2012: Construct a new Specialty Care Clinic Addition

VAMC Minneapolis

2012: Expand polytrauma space

Minor Construction Projects

VA Central Iowa HCS: Des Moines

2010: Emergency Room Expansion/Renovation

2010: Ward 3B Expansion/Renovation

2011: Surgery Building

2011: Imaging Expansion

VAMC Fargo

2009: Audiology-Eye-Ophthalmology 4th Floor Addition

2009: Replacement Operating Rooms

2010: Bldg 1 Additional Outpatient Treatment Space

2010: TCU Expansion/Remodeling

VAMC Iowa City

2010: Relocate Surgical Operating Rooms

2010: Construct 400 Car Parking Garage

2012: Replace Administration Bldg 21

VA NWI HCS: Omaha

2010: SPD to 4th Floor of OPC

2011: OR to 2nd Floor of OPC (Ph1)

2012: OR to 2nd Floor of OPC (Ph2)

2013: OR to 2nd Floor of OPC (Ph3)

VAMC St. Cloud

2010: Expand/Renovate Wards, Bldg. 49-1 & 49-2

2010: Long Term Care/Intermediate Psych

2010: Expand Primary Care/Specialty Care

2011: Expand Community Living Centers

2012: Expand Community Living Centers

Clinical Specific Initiatives

VA Central Iowa HCS: Des Moines

2010: Emergency Room Expansion & Renovation

VAMC Fargo

2009: Radiology Equipment Site Preps & Consolidation

2009: OEF-OIF Building

2009: Center for Recovery



Central Iowa Community Living Center Construction

VAMC Iowa City

2009: New Space for Clinical Specific Initiatives

VA NWI HCS: Omaha

2010: Day Hospital Expansion

2010: Radiology Bed down

2011: Radiology Bed down

2012: Radiology Bed down

2013: Radiology Bed down

New Leases above \$300,000

2009: Cedar Rapids, IA

2009: Rapid City, SD

2009: Northwest Twin Cities Metro, MN

2009: Bettendorf, IA

Enhanced Use Lease Opportunities

- Lincoln (Campus)
- Minneapolis (Land)
- Knoxville (Campus for New CBOC)
- Fort Meade (Land)

Equipment

Approximately \$35M in new diagnostic, treatment, and monitoring equipment will be deployed in VISN 23 such as ultrasound machines, c-arms, computed radiography readers, portable x-ray machines, mini-ultrasound devices, endoscopy equipment, infusion therapy devices, cardiac image management systems, interventional radiology and cardiology procedure labs, and digital radiographic systems.

Medical technology enhancements costing approximately \$13M are planned for 13 RF rooms, two MRI scanners, seven CT scanners, consolidated MUSE Cardiology Information System, Advanced Image Visualization, PACS Optimization, and Unified Powerscribe Speech Recognition across the VISN.

Adoption of new and additional VISN-wide medical technology not previously implemented in all facilities includes Clinical Information Systems for ICUs and EDs, Anesthesia Record Keeper Systems, four MRI

Scanners, three PET/CT Scanners, nine SPECT/CT Scanners, Tablet Computers, and Digital OR booms and video integration systems. Virtual ICU technology will be acquired and implemented.



VAMC Iowa City Main Entrance Before Renovation



VAMC Iowa City Main Entrance After Renovation

Community Based Outpatient Clinics

Under the Secretary's CARES Decision, VISN 23 received approval for 21 Community Based Outpatient Clinics (CBOCs) in May 2004. Since then, the Secretary has approved business plans and implementation is underway. In FY 2008, the VISN identified four additional CBOCs for implementation in FY 2010.

VACO Approved FY 2006

Opened in FY 2007

- Bemidji, MN
- Spirit Lake, IA
- Hayward/Rice Lake, WI
- Dickinson, ND (outreach clinic)
- Williston, ND
- Jamestown, ND (outreach clinic)

Opened in FY 2008

- Holdrege, NE

VACO Approved FY 2007

Scheduled to open in FY 2009

- Bellevue, NE
- Carroll, IA
- Cedar Rapids, IA
- Devils Lake, ND (outreach clinic)
- Marshalltown, IA
- O'Neill, NE (outreach clinic)
- Shenandoah, IA
- Wagner, SD
- Watertown, DS



Norfolk, NE CBOC

VACO Approved FY 2008

Scheduled to open in FY 2009

- Alexandria, MN
- Grand Forks, ND
- Ottumwa, IA

VACO Approved FY 2008

Scheduled to Open in FY 2010

- Decorah, IA
- Northwest Twin Cities Metro Area
- Sterling, IL
- South Border, MN
- South West Twin Cities Metro, MN



Hayward, WI CBOC

VISN 23 Tomorrow



VISN 23 supports the “Eight for Excellence” Strategies of the Veterans Health Administration. The 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 the priority initiative first identified in 2004-- that is “**Build a culture of continuous quality improvement**”.

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 and measure outcomes in order to transform the health care organization to an improved level of performance. VISN Priority Initiatives to support the effort are listed below:

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
- 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

Rural Health Care – A New Priority

In FY 2008, the Executive Leadership Council developed new strategies for improving rural health. VISN 23 ranks second of all VISNs in the largest number of enrollees who reside in rural or highly rural areas. The new priority planning initiatives were to expand comprehensive care management and increase the availability of specialty services for veterans in rural areas. The new initiatives fall under VHA Strategy 2: *Provide timely and appropriate access to health care by implementing best practices.*

The VHA Office of Rural Health selected the VISN 23 application as one of eight VISNs receiving funds for a VISN Rural Consultant. The VRC will help lead VISN rural health activities, facilitate the ORH's information exchange and learning across VISNs, and engage in rural strategic planning efforts and outreach activities.

The VHA Office of Rural Health also selected the Iowa City VAMC as one of three sites nation-wide to operate a Veterans Rural Health Resource Center with an annual budget of \$2 million for five years. The center will serve as a satellite Office of Rural Health to engage in studies and analysis and demonstration projects.

The VHA Office of Rural Health (ORH) gave VISN 23 \$1.5 million for rural health initiatives in FY 2009-10. The VISN submitted eight proposals to compete for additional funding from ORH for FY 2009-10.

Strategic Initiative Funding

Beginning in FY04, the VISN 23 Executive Leadership Council (ELC) committed at least \$5 million annually to implement proposals supporting planning initiatives. Funding solidified the linkage between the budget and the strategic planning process and improved the networks ability to achieve its goals. The following strategic initiatives will continue during FY 2009-10:

Advanced Care Planning: Hospice and Palliative Care—Advanced Care Programs will be enhanced at all VISN 23 facilities by providing dedicated staff at the VISN level and medical centers. The positions include a VISN MD Champion, a VISN Coordinator, VISN Program Support and Medical Center Coordinators. The overarching goal of the program is to increase access to Hospice and Palliative Care services through an organizational culture change.

Health Promotion and Disease Prevention: The intent of the VISN 23 Health Promotion Disease Prevention Program (HPDP) is to provide funding for a full time HPDP Coordinator at each facility or health care system (8.0 FTE). The HPDP Coordinator will be responsible for ensuring the implementation of the Healthier US Veteran (HUSV) Initiative and the Health Promotion and Disease Prevention Core Program requirements throughout the Network.

All Employee Survey: Each VISN 23 medical center will draft an action plan with interventions to address dissatisfiers in the 2007 All Employee Survey. Although facilities will be expected to fund a significant portion of the interventions themselves, the Workforce Development Council would like to address Network common initiatives and support addressing the survey from the corporate level.

Audiology/Speech Pathology Telemedicine Pilot: Establishing Audiology/Speech Pathology telemedicine clinics would reduce veteran travel times. The veteran would be able to communicate their problems to the appropriate clinician through the audio/video connection to Omaha or Grand Island.

Operating Room Nurse Training Pilot Program: The strategic initiative establishes a training pipeline for OR Registered Nurses. The Minneapolis VAMC found experienced OR RNS to be very scarce in the community and difficult to recruit. The strategic initiative would fund a total of four RN's who will each receive a year of specialized operating room training and orientation.

Systems Redesign Spread: Funds would be used to implement and sustain Systems Redesign principles in VISN 23 service lines, VAMCs and CBOCs. The goals are to eliminate waits and delays in all processes, ensure that VISN 23 has a strong coaching staff, skill in data collection and interpretation, use of lean thinking and a culture of accountability/ownership.

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 2009-2013. 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. Priority planning initiatives are indicated by a star★.

Quality

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

VHA Under Secretary for Health Priority: Put patient care first

VISN Priority: Build a Culture of Continuous Quality Improvement

Planning Initiatives:

★**Educate employees on continuous improvement concepts**

★**Develop chronic disease management programs**

- Continue implementation and expand programs for chronic disease management (CDM) beyond the original target populations for COPD, Heart Failure, & Diabetes. Refine the CDM measurement strategy and design a reliable method for current and retrospective program evaluation for both process and outcome measures. Incorporate Advanced Care Planning with CDM as a new change concept. ACP is a collaborative with the VISN 23 Extended Care and Rehabilitation Service Line.

Major components of the VISN 23 CDM Program include case management, Care Coordination Home Telehealth (CCHT), patient self-management, and implementing evidenced based guidelines. *Primary & Specialty Medicine Service Line*

- **Obesity:** Continue to support and monitor the local establishment of MOVE Program elements through the VISN 23 Obesity Work Group. *Primary & Specialty Medicine Service Line*
- **Dementia:** The Extended Care & Rehabilitation and PSM Service Lines are collaborating to implement the Dementia Demonstration Project. The project involves establishing a VISN-wide system of care for early identification and treatment of dementia. *Primary & Specialty Medicine SL*
- Refine model and work towards recommendations for a Dementia Demonstration Project. *Extended Care and Rehabilitation Service Line*

★**Reduce unexplained and unwarranted clinical and cost variation in processes and outcomes throughout the Network.**

- Promote evidence-based strategies for suicide risk assessment and prevention to include education of all staff who interact with veterans

and VA health care providers, and coordination with the VA National Suicide Prevention hotline. *Mental Health Service Line*

- Implement a network mental health pharmacoepidemiology team that will formulate methods to provide initial and ongoing reviews of mental health patients served within VISN 23 for use of multiple antipsychotics, for metabolic monitoring of atypical antipsychotics, and to provide initial and ongoing reviews of utilization with regard to cost (bupropion, SSRI, clozapine) *Mental Health Service Line*
- Continue to utilize Evidence-Based Medicine. The target for this initiative is to reach top quartile in all clinical measures by the end of FY09. *VA NWI HCS.*
- Meet or exceed all mission critical performance measures by the end of the 3rd quarter FY09. *VAMC Fargo*

★Involve HSR&Ds in clinical and administrative studies for services such as study design, data collection, and defining measurements. *All VAMCs & Service Lines*

★Expand work team access to data about their cost, quality and customer satisfaction.

★Develop a network pain management program.

- Develop, test and distribute a pain management care VISN-wide by the end of FY09. Implement the National VHA Pain Management Directive upon publication. Survey veteran patients to assess satisfaction with pain management program. Document the VISN Pain Management organizational structure in a policy. *Chief Medical Officer; VISN Pain Management Coordinator*
- Establish a multidisciplinary pain clinic to serve veterans with chronic pain and to assist primary providers in pain management overseen by a new facility pain management committee. *VAMC Fargo*

★Improve diagnostic results management.

- *Chief Medical Officer; Primary & Specialty Medicine Service Line.*

Other

- Develop and implement a VISN-wide clinical simulation team training program for critical events. *Primary & Specialty Medicine SL*
- Provide support and leadership for the exploration feasibility analysis and planning for an electronic ICU capability with the CIS Steering

Committee and Critical Care Guidance Committee. *Primary & Specialty Medicine SL*



- Continue to analyze options within VISN 23 for veterans with Mental Health Long Term Care needs in collaboration with the Extended Care and Rehabilitation Service Line. *Mental Health Service Line; Extended Care and Rehabilitation Service Line*
- Continue to support Strategic Initiative Plus Point-of-Care basic testing in select VISN 23 CBOCs to support the Rural Health Care Initiatives. Continue to deploy Point-of-Care Troponin Testing in Emergency/ Urgent Care areas to support VISN 23 performance on the National EPRP Troponin Monitor. *Pathology & Laboratory Medicine Service Line*
- Develop and deploy integrated database and website solutions to improve laboratory communication and business performance. *Pathology & Laboratory Medicine Service Line*
- Ensure continued implementation of Culture Transformation in VA Community Living Centers via education, performance measures and consultative services. *Extended Care and Rehabilitation Service Line; VAMC St. Cloud*
- Develop a continuum of care for Polytrauma-TBI patients, VISN 23 SCI/D Hub/Spoke Network, Low Vision/Blind Rehabilitation Continuum of Care and Referral Network. *Extended Care and Rehabilitation Service Line*
- Surgery end-of-life palliative care project. *Surgical Specialty Service Line*
- Surgery Facility Visits Program. *Surgical Specialty Service Line*
- CIS & ARKS Implementation Projects. *Surgical Specialty Service Line*

- Digital OR Project. *Surgical Specialty Service Line*
- Improve radiologist services by recruiting part time experienced radiologists, improving teleradiology services and exploring alternatives as radiology services contracts become due. *Imaging Service Line*
- Develop specialty exams such as virtual colonoscopy, cardiac imaging and molecular imaging. *Imaging Service Line*
- Provide acceptable levels of treatment to veteran populations with special needs. Treatment levels will be tracked through review of percentage of OEF/OIF veterans treated in the VISN dental clinic that receives TBI screening. *Dental Integrated Service Line*

Access

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

VHA Under Secretary for Health Priority: Put patient care first

VISN Priority: Enhance veterans outreach services to OEF/OIF, rural health and mental health initiatives

Planning Initiatives:

★Rural Health

- Expand Home & Community Based Care/Rural Care Initiative; Develop new models of EC&R sponsored CCHT; Expand HBPC Satellite Programs in CBOCs; Develop new models of VA provided Home Care and Expand the Medical Foster Home Program. Improve facility resources for adequate oversight and expanded administrative requirements for VA-paid H&CBC Programs which includes Community Home Care, Hospice, Community Nursing Homes, and State Veterans Homes. Provide leadership support and resources to assure expansion of multi-service line care coordination home telehealth (CCHT) and home based primary care programs. *Extended Care and Rehabilitation Service Line*
- Develop strategies to increase the availability of specialty services (fee basis, telehealth, traveling specialists, partnerships, co-managed care, and offices of co-management) to veterans living in rural areas. *Primary & Specialty Medicine SL*
- Open new 11 CBOCs in 2009 and four in 2010. *Primary & Specialty Medicine Service Line*
 - CBOCs at Marshalltown and Carroll, IA, *VA Central Iowa HCS*
 - CBOCs at Cedar Rapids and Ottumwa, IA. *VAMC Iowa City*
 - CBOCs at Grand Forks and Devils Lake *VAMC Fargo*
 - CBOC at Norfolk, Bellevue, O'Neill, NE and Shenandoah. The additional facilities will not only increase access for rural veterans, but will also alleviate access issues at the Omaha facility. Use of ACA principles, expect to exceed the clinical wait time goal of 0.05% of patients waiting more than 30 days for appointments. *VA NWI HCS*



- CBOC at Alexandria, MN, VAMC *St. Cloud*
- CBOC at NW Metro MN, South Border and Southwest Metro. VAMC *Minneapolis*
- Move the Brainerd CBOC into a larger, more suitable space for patient care and enhancing care in other CBOCs. *VAMC St. Cloud*
- Increase enrollment of NIC patients in CCHT to nationally targeted levels. This will require additional resources of staff, IT equipment and Prosthetics funding for the purchase of the CCHT equipment by each facility. It is recommended that demonstration home messaging units be purchased with service line funds for each site to accommodate patient education on the devices. Rural and patients with mental health needs will be a focus of this initiative. *Care Coordination Home Telehealth Program*

★OEF/OIF

- Establish OEF/OIF Transition Clinics at each VISN 23 Medical Center. The focus for FY09 and beyond will be to implement transition clinic models of care further into all sites of care, including CBOCs. A post deployment conference is planned for FY 2009. OEF/OIF is a collaborative with the VISN 23 Mental Health Service Line and VISN 23 OEF/OIF Program Office. *Primary & Specialty Medicine Service Line*

★Mental Health

- Implement Mental Health Uniform Services Package. The areas of focus of implementation include: 1) establishment of a Psychosocial Rehabilitation and Recovery Center (PRRC) to provide a therapeutic and supportive learning environment for veterans in the program designed to maximize functioning in all domains, 2) the enhancement of outpatient substance use treatment modalities, and 3) the enhancement of the homeless program. *VAMC St. Cloud*
- Provide a comprehensive range of Substance Abuse services and further develop extended hour services during weekdays and eventually expand to Saturdays by 3rd quarter FY09. *VA Central Iowa HCS*
- Transition and fully consolidate bed units in psychiatry and doms by 4th quarter FY09. *VA Central Iowa HCS*

Other

- Provide timely dental treatment access to both current and new veterans who are eligible for dental treatment in VISN 23. Access will be evaluated through review of data from the Wait Time Access List Report and the VISN 23 Cumulative Dental OEF/OIF Application Monthly Report. *Dental Integrated Service*
- Explore the implementation of informal site "leads" to provide information and improve communication processes within the VISN. A VISN wide meeting of Mental Health CCHT staff will be considered. An operations manual will be developed to assist with stabilization of processes. *Care Coordination Home Telehealth Program*
- Expand Specialty Services in CBOCs. *Surgical/Specialty Care Service Line*
- Clinic staffing model project. *Surgical Specialty Service Line*
- Improve access to imaging services by eliminating inappropriate exams, implementing better scheduling systems (more high touch) and extending hours where necessary. *Imaging Service Line*
- Expand Advanced Care Planning (Hospice and Palliative Care): Continue with team development and expansion as demand is identified; continue the integration of ACP into Chronic Disease Management collaboratives for veterans in the advanced stages of heart failure, diabetes, COPD and dementia. Advanced Care Planning is a collaborative with the VISN 23 Primary & Specialty Medicine Service Line. *Extended Care and Rehabilitation Service Line*
- Improve management of the Advanced Care Planning palliative care as reflected in the Palliative Care Program monitors by 3rd quarter FY09. *VAMC Fargo*
- Establish strategic service contracts within the community to support and expand veteran services available at the Fargo VAMC and address succession planning. *VAMC Fargo*

Satisfaction

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

VHA Under Secretary for Health Priority: Put patient care first

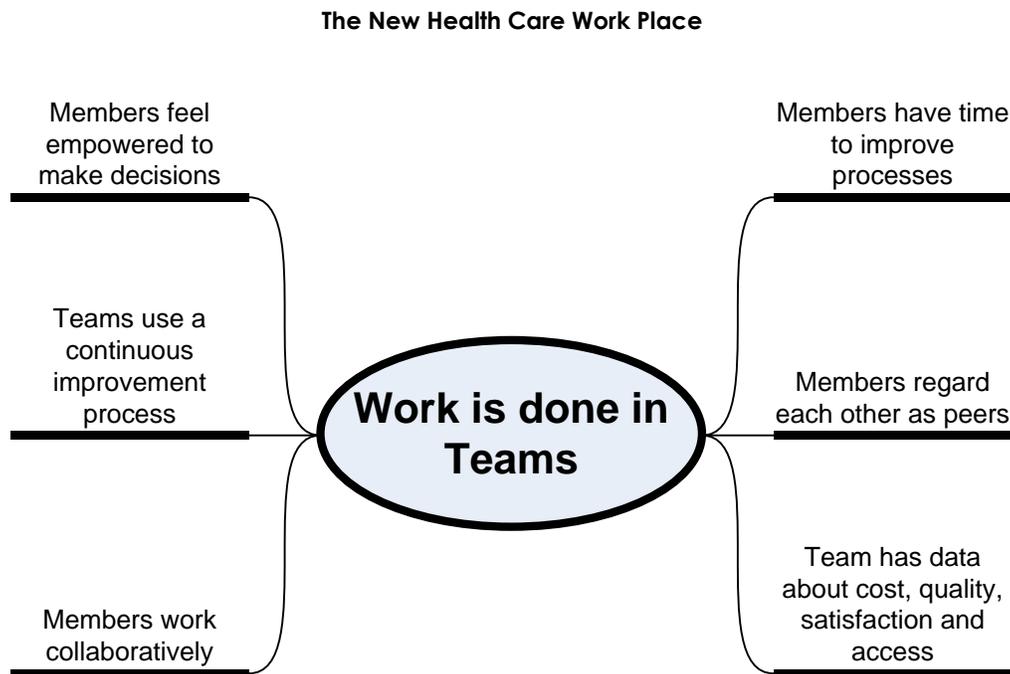
Planning Initiatives:

- Provide high quality and reliable services that maximize health and function and address the challenges of additional CBOC and use of non-VA care, rural setting and large network foot print. Develop process improvement plan or redesign delivery model to address gap of expanding access points away from parent station; collaborate with Primary & Specialty

Medicine and Extended Care & Rehabilitation
 Medicine Service Lines on new initiatives related to care deliver and resource allocation.
Prosthetics and Sensory Integrated Service

- Develop a comprehensive and long term space and parking plan that takes into consideration future needs of the veteran population and their needed services. *VAMC Minneapolis*

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.



Workforce

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

VHA Under Secretary for Health Priority: Practice progressive leadership

VISN Priority: Prepare for replacement, retention, and development of the workforce

Planning Initiatives:

- Address the All Employee Survey Overall Results. *Workforce Development Council*
- Address Network Succession Planning Needs. *Workforce Development Council*
- Workforce Population Diversity Statistics will match the diversity of veterans served. *Workforce Development Council*
- Distinguish VISN 23 as a Learning Organization at all levels of the workforce. *Workforce Development Council*
- Continue participating Employee Health Promotion and Disease Prevention and Worksite Health Protection, a two year pilot during FY08-09 to formalize employee wellness programs across VISN 23. *Primary & Specialty Medicine Service Line.*
- Ensure excellence in professional development opportunities by submitting preceptor applications for FY2010 TCF Prosthetics Management Intern and working with Workforce development to submit request for funding for Network Succession Planning Initiative for FY 2009. *Prosthetic Integrated Services*
- Develop and implement a succession plan training program for ancillary testing coordinators. Continue to support the FY09-FY10 Strategic Initiative Plus MT LEAD Training Program. *Pathology & Laboratory Medicine Service Line*
- Recruit and retain CRNAs through implementation of a tuition sponsorship-service commitment agreement at the University of Iowa CRNA program. *VAMC Iowa City*
- Develop workforce replacement/sustainability strategy to address the 20 plus positions being vacated through retirements in the next two years. *VAMC Sioux Falls*
- Standardized new employee orientation and welcome. Implement the national employee orientation program and establish a common welcome for new employees. *VAMC Fargo*
- Develop an effective and expedient plan for workforce recruitment and hiring processes in priority areas such as nursing, physician (specialties), mental health, support services and human resources. *VA Central Iowa HCS*



Cost-Effective

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

VHA Under Secretary for Health Priority: Promote improved business processes. Produce meaningful performance measures

VISN Priority: Implement the principles of systems redesign.

Planning Initiatives:

★Systems Redesign

- Work with the University of St. Thomas to train staff in Lean/Six Sigma and adopt as a framework for systematic process improvement. *VAMC Minneapolis*
- Provide optimum dental clinic resource utilization through effective scheduling practices and use of Systems Redesign principles. Utilization will be evaluated through review of Missed Opportunity Rate and Clinic Utilization Report data. *Dental Integrated Service*
- Participate in the OR Flow Project. *Surgical/Specialty Care Service Line*
- Increase veteran access through improving current process inefficiencies identified by the Systems Redesign Coordinators. *VAMC Iowa City*
- Focus on systems redesign and the systemic issues of staff education, use of external subject matter experts, and design a supporting organizational structure. *VA Black Hills HCS*
- Relocate non-patient care services off-site. In April 2010 additional business operations will co-late in expanded space in the Federal Building. *VAMC Iowa City*
- Use sound business practices and teams to achieve outcomes related to new VHA initiatives, OIG recommendations, new CMS Quality Standards and health care value including monitoring against established parameters to ensure cost efficiency staff development and training plan, and compliance. *Prosthetics Integrated Service*
- Enhance medical/services contracts. Determine the feasibility of extending more contracts to multi-regional coverage to save costs in non-VA care and provide greater access in rural areas. *VAMC Sioux Falls*
- Improve utilization of physical resources. Conduct a feasibility study of Omaha campus to evaluate space utilization and physical plant needs. Use the enhance use lease process to construct an outpatient clinic in Lincoln. *VA NWI HCS*

Other

- Develop a Master Facility Space Plan comprised of a short and long term comprehensive plan to effectively maximize space; evaluate and move services outside the facility with no adverse impact on veterans; identify service expansions/additions which require Minor Project applications. *VA Central Iowa HCS.*
- Develop and execute a space plan. Include short and long term comprehensive plans to effectively maximize available space within the medical center. *VAMC Fargo*
- Address utilization management for VA Community Living Centers (formerly VA Nursing Home Care Units); participate in a systems redesign project to address timely discharge planning from acute care focusing on screening and admission processed to improve timely access to appropriate extended care and rehabilitation services. *Extended Care & Rehabilitation Service Line.*

Research

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

VHA Under Secretary for Health Priority: Promote improved business processes. Produce meaningful performance measures

Planning Initiative:

- Beta testing for telepathology application between Omaha VAMC and Fargo VAMC. Beta site testing includes network bandwidth provisioning between VISN 23 facilities and establishing core business processes for

telepathology, such as clinical peer review and quality assurance programs for telepathology support, business office procedures, credentialing procedures, etc. *Pathology & Laboratory Medicine Service Line*

Education

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

VHA Under Secretary for Health Priority: Promote improved business processes. Produce meaningful performance measures

Healthy Communities

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

VHA Under Secretary for Health Priority: Practice progressive leadership

Planning Initiative:

- Develop partnership with Indian Health Services Agencies for providing patient care. Enhance the breadth, availability, and efficient utilization of both agencies to offer health care to veterans living in rural and highly rural markets. VAMC *Sioux Falls*

