

# Assessments and Operational Benchmarking

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Department of Veteran Affairs

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# Overview

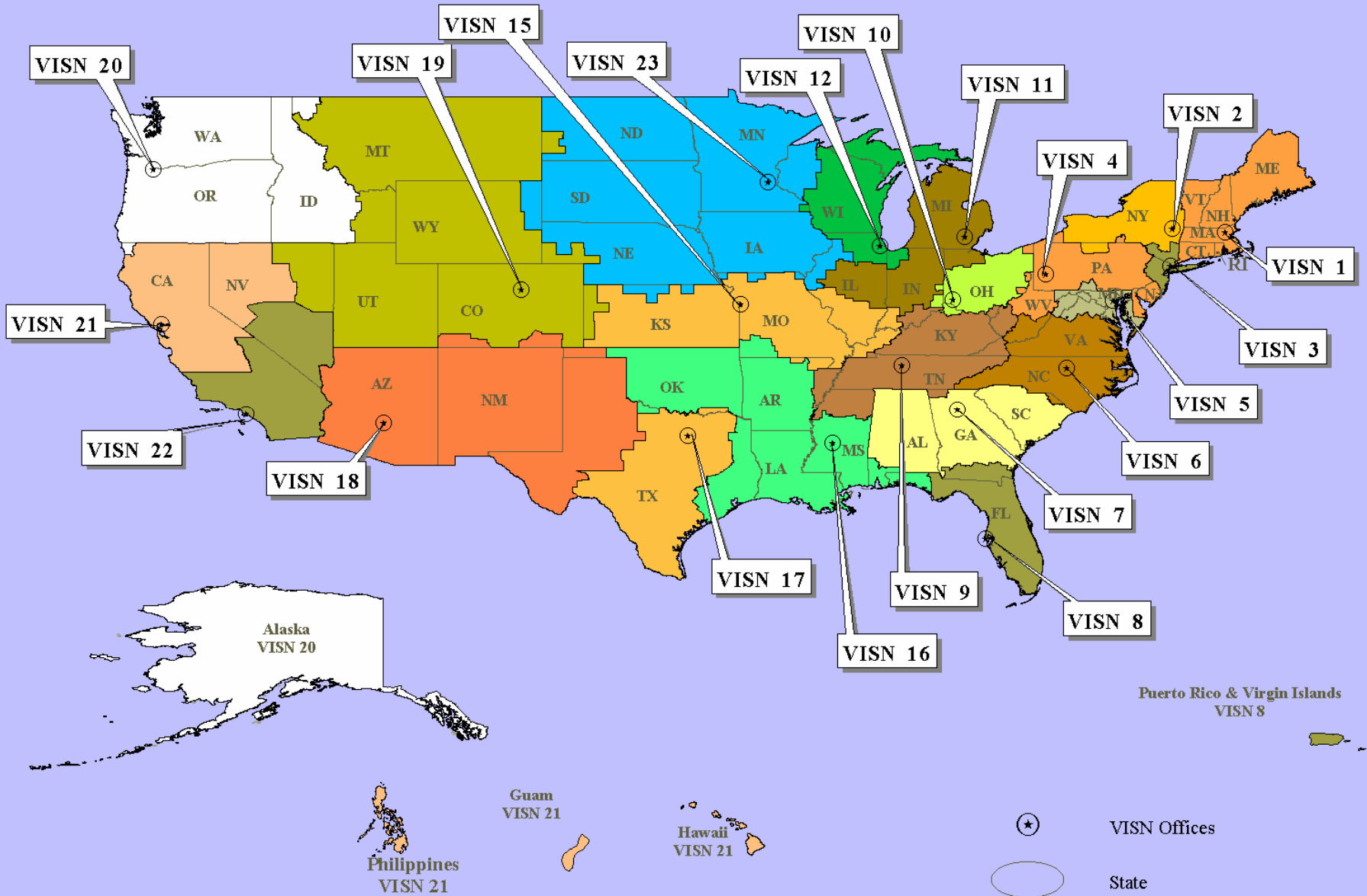
- **Description of the Veterans Health Administration**
  - **The Nations largest health care network**
- **Transformation of the VA 1990 – 2006**
- **Role of Balanced Scorecards in this transformation**



# The VA Health Care System

VA Hospital	<b>156</b>
VA Outpatient Clinics	<b>877</b>
NHCU/Domiciliary	<b>179</b>
Regions (VISNS)	<b>21</b>
Patients Treated	<b>5.3 million</b>
FTE	<b>198,000</b>
Budget	<b>31 billion</b>

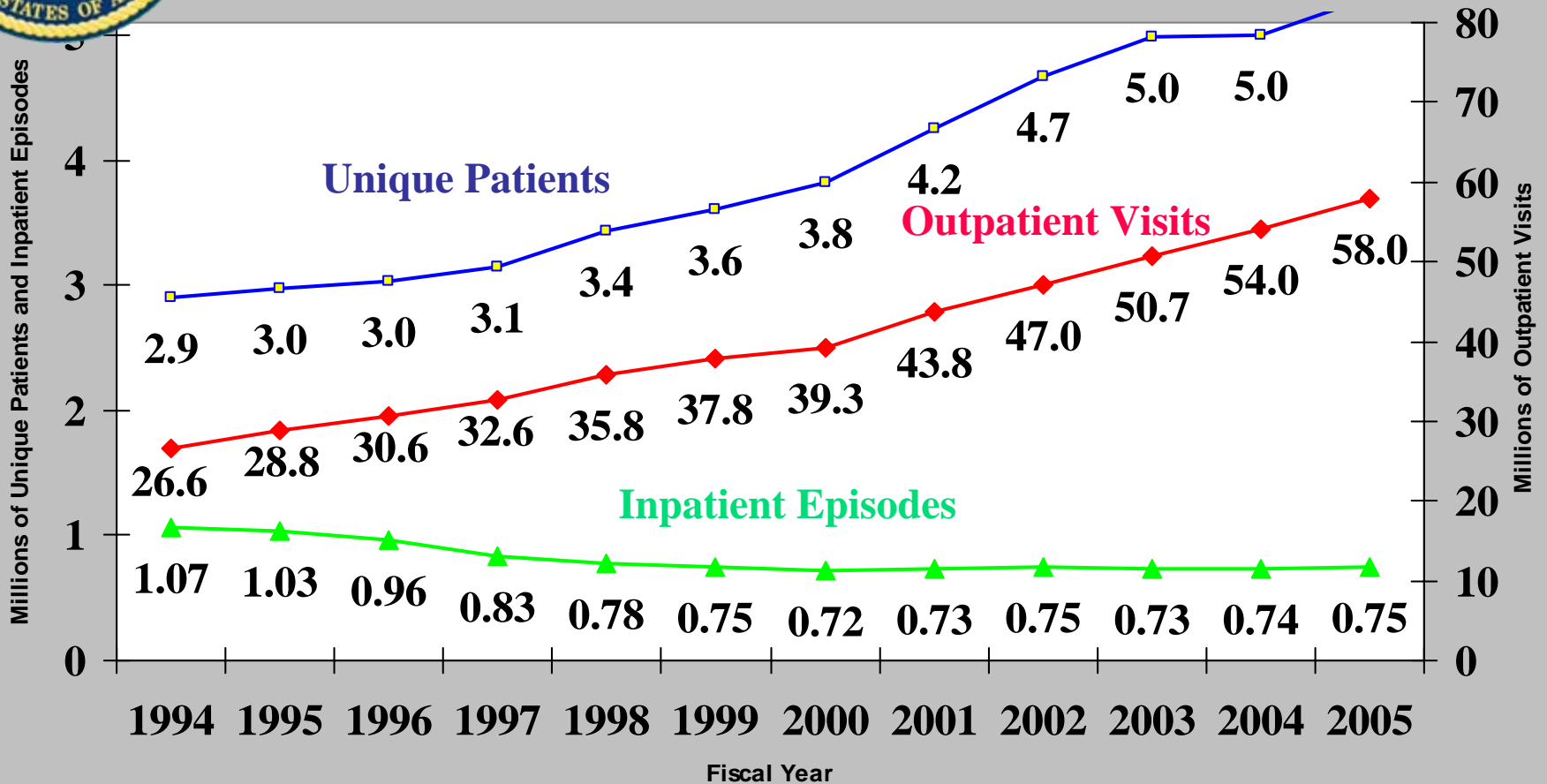
Department of Veterans Affairs  
 Veterans Health Administration  
 21 Veterans Integrated Service Networks





# Medical Care Workload

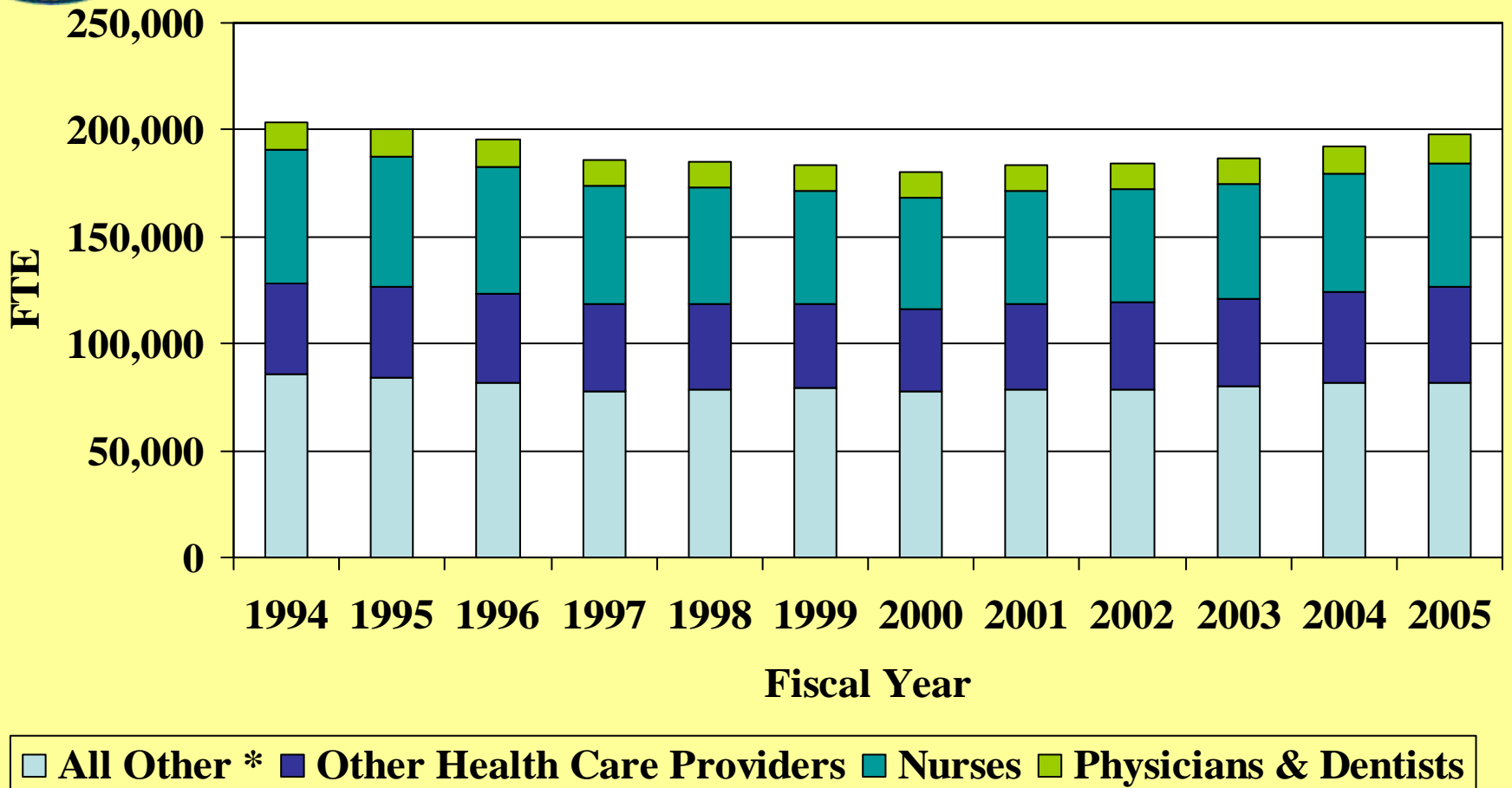
FY 1994-2005





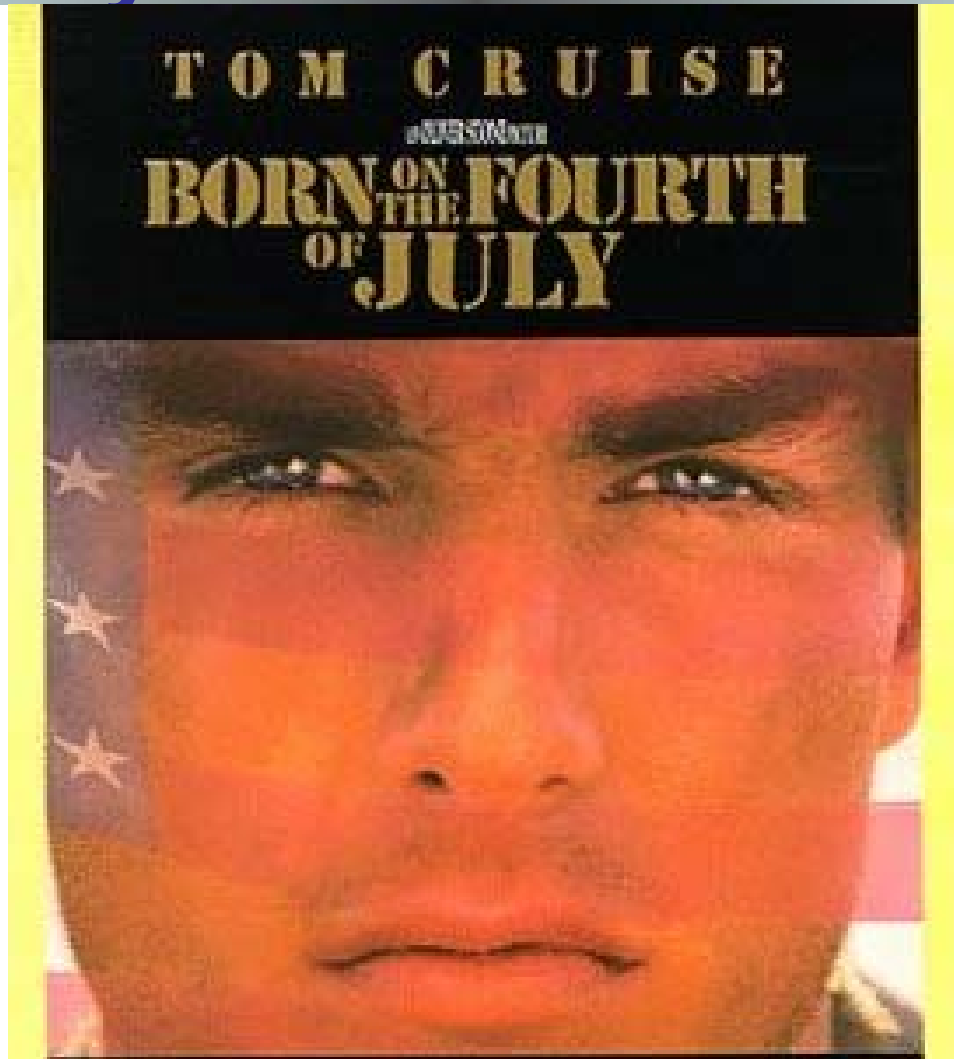
# Medical Care Staffing

FY 1994-2005





# Early 1990's VA Health Care System was in Trouble





# 2003 New England Journal of Medicine

The NEW ENGLAND JOURNAL of MEDICINE

## SPECIAL ARTICLE

### Effect of the Transformation of the Veterans Affairs Health Care System on the Quality of Care

Ashish K. Jha, M.D., Jonathan B. Perlin, M.D., Ph.D.,  
Kenneth W. Kizer, M.D., M.P.H., and R. Adams Dudley, M.D., M.B.A.

#### ABSTRACT

##### **BACKGROUND**

In the mid-1990s, the Department of Veterans Affairs (VA) health care system initiated a system-wide reengineering to, among other things, improve its quality of care. We



# Spring 2006...

# BusinessWeek

## The Best Medical Care In the U.S.

Reprinted from the July 17, 2006 issue of BusinessWeek magazine.

## Winning Scorecard

Hospitals in the Veterans Affairs system outpace those in the private sector by many measures

### QUALITY of Care

The latest Rand Corp. study found that VA patients, on average, received about two-thirds of the care recommended by national standards, compared with just half for patients at a sample of the nation's other hospitals. Here's the breakdown:

HEALTH INDICATOR	VA SCORE*	NATIONAL SAMPLE**
Overall	<b>67%</b>	<b>51%</b>
Chronic care	<b>72</b>	<b>59</b>
Lung disease	<b>69</b>	<b>59</b>
Heart disease	<b>73</b>	<b>70</b>
Depression	<b>80</b>	<b>62</b>
Diabetes	<b>70</b>	<b>47</b>
Hypertension	<b>78</b>	<b>65</b>
High cholesterol	<b>64</b>	<b>53</b>
Osteoarthritis	<b>65</b>	<b>57</b>
Preventive care	<b>64</b>	<b>44</b>
Acute care	<b>53</b>	<b>55</b>
Screening	<b>68</b>	<b>46</b>
Diagnosis	<b>73</b>	<b>61</b>
Treatment	<b>56</b>	<b>41</b>
Follow-up	<b>73</b>	<b>58</b>

\*596 VA patients \*\*992 patients at non-VA hospitals  
Data: Rand Corp.; Agency for Healthcare Research & Quality

### Patient SATISFACTION

For the sixth year in a row, veterans in 2005 were happier than other patients with their health care.

	VA	PRIVATE SECTOR
Inpatient	<b>83*</b>	<b>73</b>
Outpatient	<b>80</b>	<b>75</b>

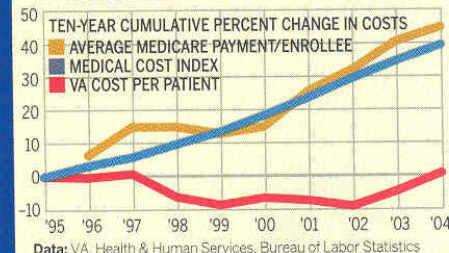
\*Out of 100 Data: American Customer Satisfaction Index

### TECHNOLOGY Use

The VA has the most advanced electronic-records system in the U.S.

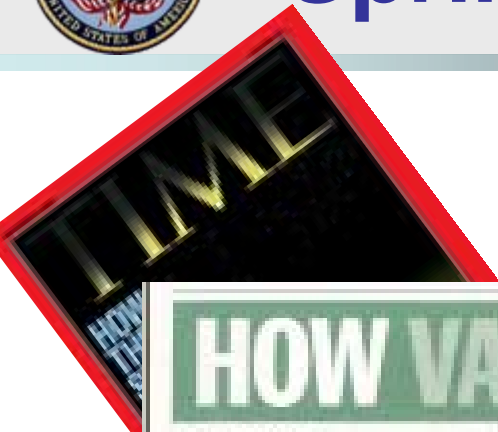
PERCENTAGE OF NEW-DRUG AND PROCEDURE	
VA	<b>94%</b>
Academic medical centers	<b>30</b>
Nationwide	<b>8</b>

### Cost EFFICIENCY





# Spring 2006...



## HOW VA HOSPITALS BECAME THE BEST

No longer shame, but leading care

By JOURNALIST WALLACE

**M**any private hospitals have only a shadow of the patient experience. In a *Time* magazine feature, VA hospitals are clearly patients' best choice for receiving top-notch care. The magazine's analysis, based on a survey of 100,000 patients, found that VA hospitals score highest in patient satisfaction, a result of a focus on patient care, better staffing and better care. The magazine's analysis also found that VA hospitals score highest in patient satisfaction, a result of a focus on patient care, better staffing and better care. The magazine's analysis also found that VA hospitals score highest in patient satisfaction, a result of a focus on patient care, better staffing and better care.

...and all that has resulted in a steady rise in the number of VA hospitals. In 2004, the VA had 163 hospitals, up from 143 in 2003. The VA's budget for fiscal year 2006 is \$11.5 billion, up from \$10.5 billion in 2005. The VA's budget for fiscal year 2006 is \$11.5 billion, up from \$10.5 billion in 2005.



A doctor examines a patient's hand in a clinical setting.



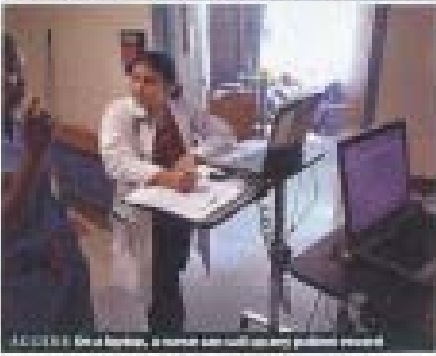
A woman works on a laptop computer in a hospital office.

...the VA's success in providing care to its patients is a result of its focus on patient care, better staffing and better care. The VA's success in providing care to its patients is a result of its focus on patient care, better staffing and better care.

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A nurse works at a computer workstation in a hospital setting.



A patient lies in a hospital bed with medical equipment.

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# How the VA Transformed Itself

- **VISION:**

- 1995 Prescription, & Journey for Change – Ken Kizer MD, MPH

- **STRUCTURAL CHANGE:**

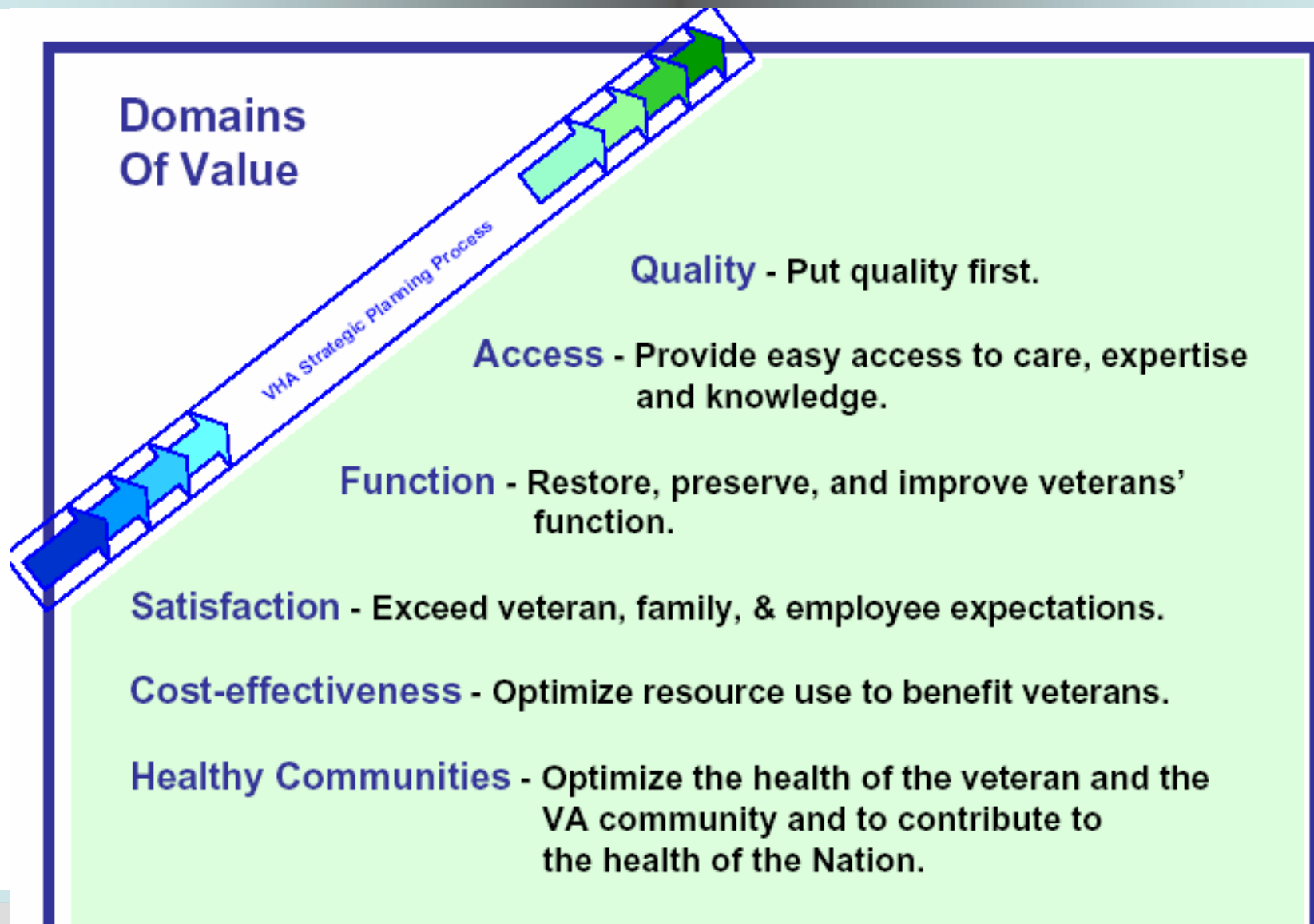
- Created strategic framework – “*Domains of Value*”
- 1996 - Created Performance Measurement System that emphasized Health Promotion / Disease Prevention / Continuity / Coordination of Care

- **EXECUTION:**

- Explicit accountability for performance through performance contracts
- Systematization of quality through benchmarking
- Build quality into day-to-day operations through the Electronic Medical Record



# Begin with a Strategic Framework





# Indicator Selection

- **Link strategic vision with measurement**
  - **Selecting indicators that drive improvement within each domain – balanced approach**
- **Criteria for indicator selection:**
  - **Evidence based – Clinically it is the right thing to do**
  - **Political needs – VHA Mission**
  - **Change needed – drive organizational change**



# Examples of Indicators

FY06 Table of Measures			FY 06 Targets		
Measure #	Measure	<i>Green text = sections of a measure</i> <i>text = New in FY06</i>	<i>Blue italic</i>	FY06 Meets Target (MT)	FY06 Exceeds Target (ET)
<b>Domain: Quality</b>					
<b>10</b>		<b>Cancer Measure: % of patients receiving screening for:</b>			
10a	p3h	Breast Cancer		85	90
10b	p4h	Cervical Cancer		85	90
10c	p6h	Colorectal Cancer, 52-80 yrs		72	75
<b>11</b>		<b>Cardiovascular Measure</b>			
11a		<i>ACS Inpatients with:</i>			
11a1	ihi41	ECG timely		75	85
11a2	ihi42	Reperfusion intervention as appropriate - all STEMI		90	95
11a3	ihi44	Reperfusion PCI in 120 min - all STEMI		90	95
11a4	ihi43	Reperfusion Thrombolytic Rx in 30 min - all STEMI		90	95
11a5	ihi45	Risk High/Mod with Cardiology involvement in 24 hours - all AMI		87	92



# Benchmarks

- **Within VHA**
  - **Successful VA Facilities**
- **External to VHA**
  - **HEDIS**
  - **Healthy People 2010**
  - **HCFA**
  - **Private health organizations**



# VA's Performance Compared to Non VA

CLINICAL PERFORMANCE INDICATOR	VA FY 05	HEDIS <sup>121</sup> Commercial 2004	HEDIS <sup>121</sup> Medicare 2004	HEDIS <sup>121</sup> Medicaid 2004
Breast cancer screening	86%	73%	74%	54%
Cervical cancer screening	92%	81%	Not Reported	65%
Colorectal cancer screening	76%	49%	53%	Not Reported
LDL Cholesterol < 100 after AMI, PTCA, CABG	Not Reported <sup>121</sup>	51%	54%	29%
LDL Cholesterol < 130 after AMI, PTCA, CABG	Not Reported <sup>121</sup>	68%	70%	41%
Beta blocker on discharge after AMI	98%	96%	94%	85%
Diabetes: HgA1c done past year	96%	87%	89%	76%
Diabetes: Poor control HbA1c > 9.0% (lower is better)	17%	31%	23%	49%
Diabetes: Cholesterol (LDL-C) Screening	95%	91%	94%	80%
Diabetes: Cholesterol (LDL-C) controlled (<100)	60%	40%	48%	31%
Diabetes: Cholesterol (LDL-C) controlled (<130)	82%	65%	71%	51%



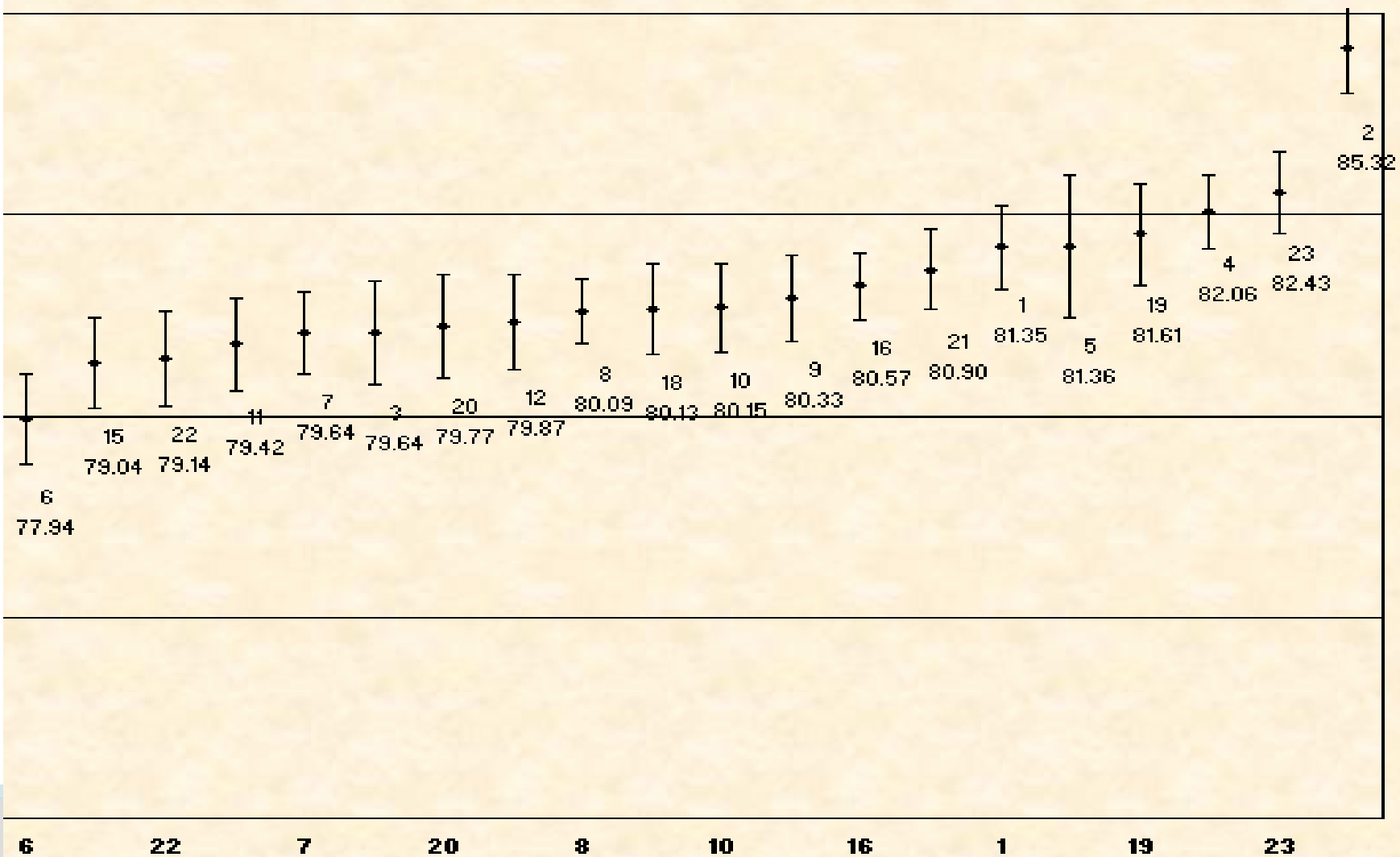
# Veteran Satisfaction Scores

DIMENSION	SHORT DESCRIPTION	1	2	3	4	5	6
<b>Access</b>	We will provide you with timely access to health care	86	89	78	85	82	78
<b>Continuity of Care</b>	One health care team or provider will be in charge of your care	74	79	76	80	82	80
<b>Courtesy</b>	We will treat you with courtesy and dignity	97	97	95	96	95	94
<b>Information and Education</b>	We will strive to provide information and education about your health care that you understand	76	77	73	74	75	70
<b>Emotional Support</b>	We will provide support to meet your emotional needs.	86	86	83	84	86	79
<b>Overall Coordination of Care</b>	We will take responsibility for coordination of your healthcare	77	80	78	79	76	75
<b>Mailed Pharmacy Care</b>	We will provide you with timely and appropriate mailed pharmacy services	83	89	78	84	86	80
<b>Pickup Pharmacy Care</b>	We will provide you with timely and appropriate pharmacy pickup services	63	81	62	67	63	58
<b>Patient Preferences</b>	We will ensure that you are involved with decisions about your care	84	86	83	84	84	80
<b>Specialist Care</b>	We will coordinate all your Specialist care in a timely manner	83	85	83	82	81	81
<b>Visit</b>	We will take responsibility for						



# Satisfaction Confidence Intervals

## Outpatient SHEP Q2 FY2006





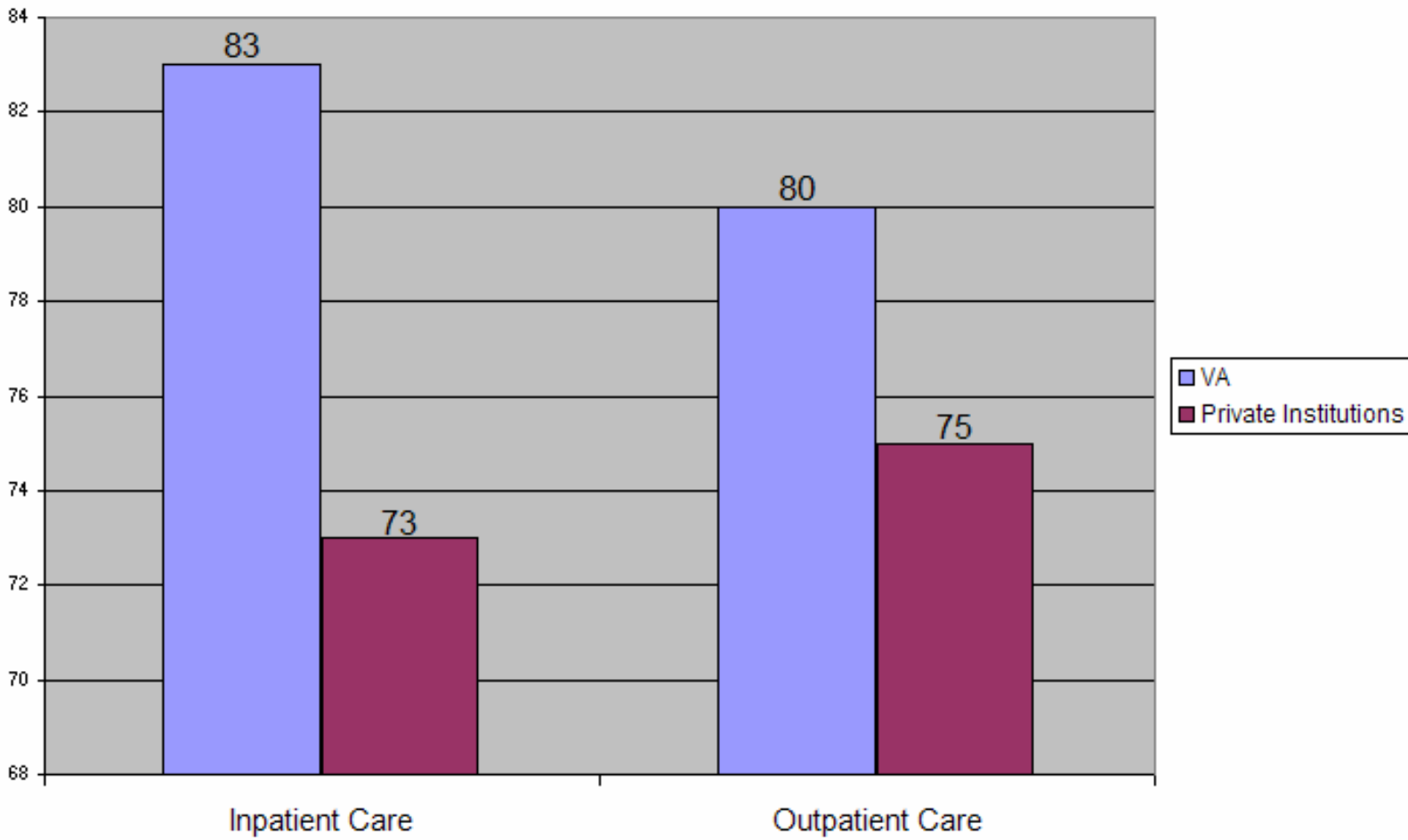
# Veteran Satisfaction Benchmarks

- **Picker Institutes Satisfaction Survey**
- **University of Michigan's American Customer Satisfaction Index (ACSI)**
  - **Survey patients on the quality of care received**



# Customer Satisfaction

ACSI Survey of Customer Satisfaction (2005)





# Setting Annual Targets

- **Set at top 20% of achievers**

**AND/OR**

- **Public health / accreditation goals**



# Aggregation Strategies

<b>Domain</b>	<b># of Indicators</b>
<b>Access</b>	<b>35</b>
<b>Cost</b>	<b>3</b>
<b>Functional Status</b>	<b>2</b>
<b>Healthy Community</b>	<b>3</b>
<b>Veteran Satisfaction</b>	<b>2</b>
<b>Quality</b>	<b>47</b>
<i>Cancer Screening:</i>	<i>3</i>
<i>Cardiovascular Measure</i>	<i>14</i>
<i>Endocrinology Measure</i>	<i>10</i>
<i>Infectious Measure</i>	<i>6</i>
<i>Intensive Care</i>	<i>1</i>
<i>Substance Use Disorder: % of patients with</i>	<i>1</i>
<i>Nursing Home Care Unit - % of pts with:</i>	<i>2</i>
<i>Tobacco - % of patients who smoke:</i>	<i>6</i>
<i>Compensation and Pension Exam Report Quality</i>	<i>1</i>
<i>Radiology: Verification of Reports in TWO (2) days</i>	<i>1</i>
<i>Surgical Infection Prophylaxis</i>	<i>2</i>

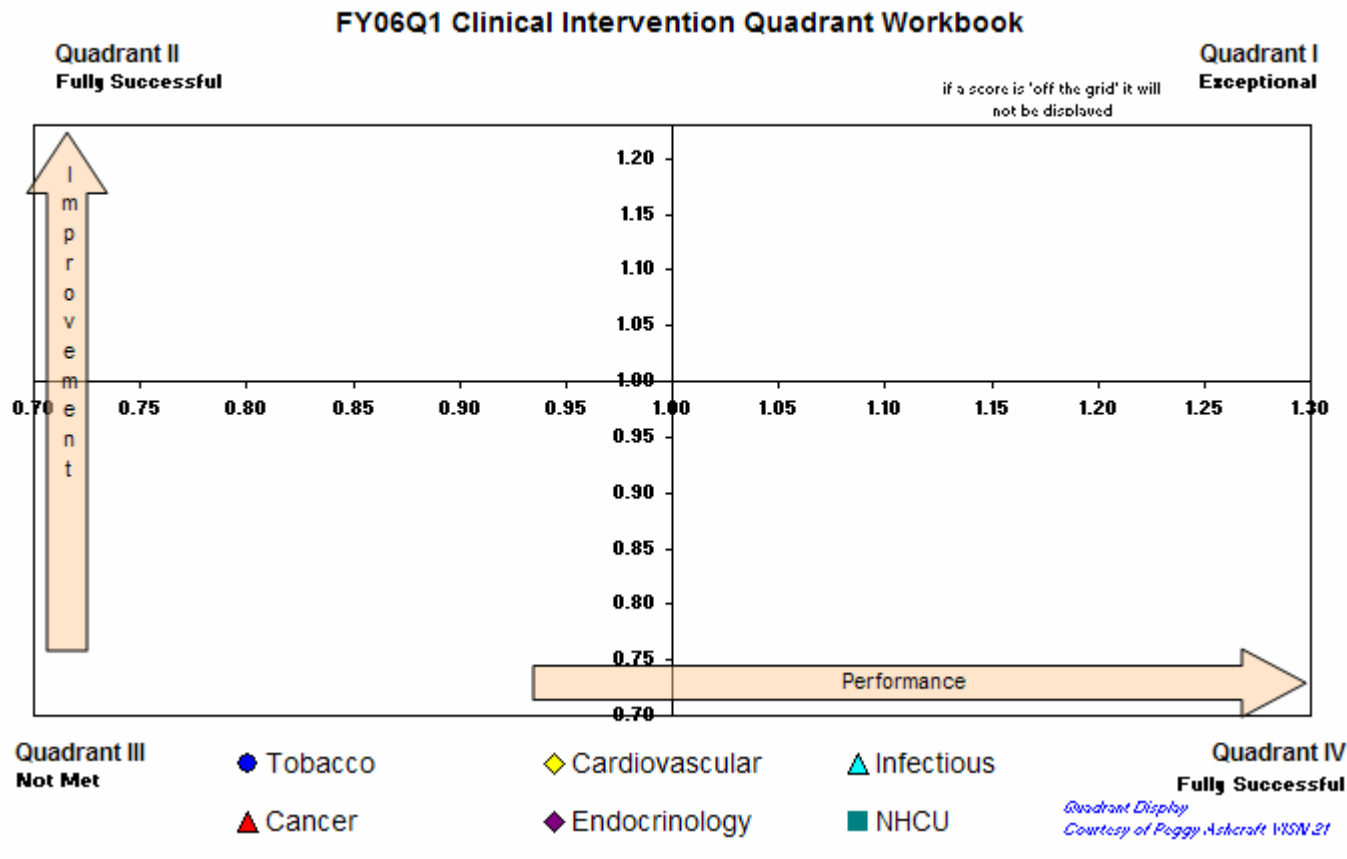


# Quadrants

- **Intended to show both improvement and performance**
- **Indicators for a specific area are normalized around 1**
  - Improvement = current score / past score
  - Performance = current score / target
- **Average normalized scores are graphed into quadrants**



# Quadrant Display





# Quadrants Targets



# Example of a Performance Measure Dashboard

Performance Measure		Priority	Meets Target	Exceeds Target	Facility 1		Facility 2	
		Tier						
Quality	1.1	Clinical Interventions (CPGs)	I	Meet All		Not Met		
	1.1.1	Cancer	I	Quad II or IV	Quad I	IV		
	1.1.2	Cardiovascular	I	Quad II or IV	Quad I	I		
	1.1.3	Endocrine	I	Quad II or IV	Quad I	III		
	1.1.4	Infectious	I	Quad II or IV	Quad I			
	1.1.5	Tobacco	I	Quad II or IV	Quad I	I		
	1.1.6	Long Term Care	I	Quad II or IV	Quad I	I		
	1.2	Ventilator Acquired Pneumonia	II	Bundles	Implemented	N/A		In
	1.3	Central Line Infection	II	Bundles	Implemented	N/A		In
	1.4	Mental Health SUD	II	39%	42%	25%		
	1.5	Quality of C&P Examinations	III	83%	86%	79%		
	1.6	Surgical Site Infection - Begun & D/C Timely	II	87%	90%	N/A	N/A	100%
	1.7	Core Clinical Indicators	II					
	1.7.1	Tobacco counseling PN	II	89%		N/A		
	1.7.2	Tobacco counseling ACS	II	89%		N/A		
	1.8	Outpt Satisfaction	I	77%	80%	81%		
	1.9	Inpt Satisfaction	I	76%	79%	83%		
	2.1	Workload	I			-20		
	2.2	Mental Health Visits in CBOCs	III	90%	95%	100%		
2.3	Mental Health Homeless <b>(June through August)</b>	II	Meet All		Not Met			
2.3.1	Intake assessment received timely MH or SUD svc	II	68%	71%	67%			
2.3.2	Entering homeless program who received timely MH or SUD	II	85%	89%	87%			
2.3.3	Entering homeless program who received timely Prim. Care	II	76%	79%	57%			
2.3.4	D/C homeless program who receive timely MH or SUD	II	60%	67%	46%			
2.4	Mental Health Intensive Case Management (MHICM)	II	65%	77%	N/A			
2.5	Clinic Wait Times (New/Established)	I	Meet All		New	Est	New	



# Financial Index

Key:										
Green: $\geq 85\%$ (Satisfactory)										
Red: $< 85\%$ (Under Performing)										
INDICATORS		FUNDS:	OCT'05	NOV'05	DEC'05	JAN'06	FEB'06	MAR'06	APR'06	CUM
1	AGENT CASHIER TURNOVER RATE	ALL	75	75	88	88	75	63	50	73%
2	DELAY IN BILLING - 1st Party	ALL	75	63	38	38	38	50	63	52%
3	DELAY IN BILLING - 3rd Party	ALL	13	50	50	63	50	63	50	48%
4	MCCF - RECEIVABLE (5287)	5287	100	100	100	100	100	100	100	100%
5	AGING OF ACCOUNTS RECEIVABLE (NON MCCF)	ALL	13	13	13	25	38	13	13	18%
6	BILLING RECONCILIATIONS	ALL	100	100	63	75	50	63	63	73%
7	AGING OF PAYABLES*	ALL	88	13	38	38	50	63	75	52%
8	AGING OF OBLIGATIONS*	ALL	100	25	75	100	100	88	75	80%
9	AGING OF TRAVEL OBL (NON-PCS)*	ALL	50	88	75	100	88	88	75	80%
10	AGING OF PROCEEDS OF SALES, PER PROP	3845	100	100	100	100	100	100	100	100%
11	AGING OF SUSPENSE	3875	100	100	88	100	100	88	88	95%
12	AGING OF SUSPENSE	3885	100	100	100	100	100	100	100	100%
13	AGING OF SUSPENSE	6501E	100	100	100	100	100	100	100	100%
14	ASSET ACCTS - FA & GL DIFF	ALL	100	100	88	100	100	100	88	96%
15	ANALYSIS OF FA SUBSYSTEM	ALL	88	88	88	75	88	88	100	88%
16	TIMELY RECONCILIATION AND MATCHING*	ALL	88	63	75	75	63	63	63	70%
17	APPROVAL OF CARD PAYMENTS*	ALL	75	75	88	88	100	100	88	88%
18	TOTAL AMT PAID IN INT PENALTY PYMNTS*	ALL	100	100	100	100	100	100	100	100%
19	OUTSTANDING TIMECARDS	ALL	100	88	100	100	100	100	100	98%
20	UN-MATCHED DEPOSITS SF-224	ALL	100	100	100	88	88	100	88	95%
21	UN-MATCHED DISBURSEMENTS SF-224	ALL	100	88	100	88	100	100	100	96%
* Denotes Key Measures										
		AVERAGE % GREEN	83.9	77.4	79.2	82.7	82.1	82.1	79.8	



# The Vital Signs Report

- **The Vital Signs Report is a summarization tool that has been layered on top of 61 performance indicators**
- **Its purpose is to create a single composite score that tells how a VISN/Facility is performing relative to those around it**



# Composite Score

- **Uses Existing 5 Performance Domains**
  - Indicators scores are averaged within domains
  - Equal weight for each indicator within a domain
- **Assigns weights to each domain**
  - Access 30% (24 indicators)
  - Functional Status 2.5% (2 indicators)
  - Healthy Communities 2.5% (3 indicators)
  - Quality 45% (30 indicators)
  - Satisfaction 20% (2 indicators)
- **Computes a weighted average across all domains**





# Building Quality Improvement into Day-to-Day Operations

- **VA's Electronic Medical Record is a powerful tool**
  - **Clinical Reminders facilitate the systematization of quality**
- **Scorecards / Dashboards with drill down help managers stay on top of performance**



# 2006 Electronic Medical Record

## VA Wins Harvard Award

VistA Awarded Harvard University's Prestigious Innovations in American Government Award

**INNOVATIONS IN AMERICAN GOVERNMENT AWARD**

**About This Award**

The Innovation in American Government Award is the highest honor bestowed by the American Society for Public Administration (ASPA) on a public sector organization that has demonstrated exceptional leadership in the public sector and made a significant contribution to the public sector. The award is presented annually to a public sector organization that has demonstrated exceptional leadership in the public sector and made a significant contribution to the public sector.

**About VistA**

VistA is a primary mission of the Department of Veterans Affairs. It is the provision of high-quality patient care to our nation's eligible veterans. The VA has invested over 20 years in the development of a world-class health information system.

The Veterans Health Administration (VHA) is identified as the largest, centrally directed health care system in the United States and provides care in 156 medical centers, 876 ambulatory care and community-based outpatient clinics and 136 nursing homes.

**About CPRS**

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**About VistA Imaging**

...

Department of Veterans Affairs



# VA's Electronic Medical Record

Vista\_Imaging\_System

File Options View Reports Help Testing

Patient: MADTL,F 4 Images

1924 500505000 NON-VETERAN (OTHER)

MADTL,F F: 4 Images found.

Image listing :MADTL,F F

#	PROC. DATE	PROCEDURE	SHORT DESC
1	1998 - 03/24	COL	SIGMOID COLON DIVERTICULA
2	1997 - 07/28	GEN. MED.	X-RAY CHEST SINGLE VIEW 7/28/97
3	1997 - 07/28	COL	COLON 7/28/97
4	1992 - 12/24	GEN. MED.	BLEEDING SCAN FOR POSSIBLE GI BLEED 12/24/92

Abstracts : MADTL...

Vista CPRS in use by: Clerk,Pharm (LOCALHOST)

File Edit View Tools Help

MADTL,F F 500-50-5000 .1924 (74) Visit Not Selected Primary Care Team Unassigned

Provider: CLERK,PHARM

Lab Results

Laboratory Results - Worksheet - All Results

Table Format:  Horizontal  Vertical

Other Formats:  Comments  Graph

Abnormal Results Only  3D  Values

Date/Time	Specimen	HCT	HGB	MCV	PLT	WBC
06/18/98 00:00	Blood	35.3 L	11.4 L		276	7.1
01/21/98 00:00	Blood	34.6 L	11.6 L	90.4	276	8.1
01/21/98 00:00	Blood	34.6 L	11.6 L	90.4	282	8.1
08/17/97 00:00	Blood	34.1 L	11.3 L	90	549 H	13.7 H
08/16/97 00:00	Blood	33.9 L	11.4 L	89.2	605 H*	15.2 H
08/15/97 00:00	Blood	30.8 L	10.4 L	89	559 H	14.5 H
08/14/97 00:00	Blood	30.7 L	10.2 L	90.7	544 H	18 H
08/13/97 20:36	Blood	30.7 L	10.3 L	89.1	538 H	21.5 H
08/13/97 04:06	Blood	25.7 L*	8.4 L	90	559 H	20.1 H
08/12/97 04:44	Blood	29.4 L	10 L	88.7	596 H	21.6 H

Other Tests: Hct (Blood), Hgb (hb) (Blood), Mcv (Blood), Plt (Blood), Wbc (Blood)

Date Range: Today, One Week, Two Weeks, One Month, Six Months, One Year, Two Years, All Results

Hct (Blood) - Ref Low 41 - Ref High 51

KEY: "L" = Abnormal Low, "H" = Abnormal High, "\*" = Critical Value, "\*\*\*\*" = Comments on Specimen

Cover Sheet Problems Meds Orders Notes Consults D/C Summ Labs Reports

*Benchmarking in the Pursuit of Excellence*



# Clinical Reminders

Diabetes Patient Dialog for processing multiple reminders:

- Diabetic Foot Care Education
- Diabetic Foot Exam
- Diabetic Eye Exam
- Recommended Labs
- Other Health Activities

Acquisition of health data beyond care delivered exclusively through VHA

Standardized Data Elements

Reminder Resolution: Diabetes Patie... [X]

Patient had diabetes foot care education at this encounter.

Patient declined diabetes foot care education at this encounter.

Bilateral amputee

FOOT EXAM

Diabetic foot inspection done elsewhere.

Diabetic foot sensation done elsewhere.

Diabetic pedal pulse check.

DIABETIC FOOT EXAM DOCUMENTED ELSEWHERE

Diabetic foot inspection done elsewhere.

Diabetic foot sensation done elsewhere.

Diabetic pedal pulse check done elsewhere.

Diabetic eye exam done elsewhere.

Exam Result: Normal

Order Lab Tests:

Order for chem 7 placed.

Order for creatinine, serum placed.

Order for hemoglobin a1c placed.

Order for lipid profile placed.

Order for micro albumin placed.

Urinalysis ordered.

Patient has a life expectancy < 3 months.

Patient has a life expectancy < 1 year.

Clear Clinical Maint < Back Cancel

Examinations: **DIABETIC EYE EXAM (Historical)**

Orders: **LIPID PROFILE, Pneumococcal Vaccine**

**Links Reminder**

**With the Action**

**With Documentation**



# Proclarity/Microsoft Dashboard

Dashboard: **ACA Dashboard** | Email | Log off user | Help

Audiology

Cardiology

Eye

GI

Mental Health

Orthopedics

Podiatry

Primary Care

Urology

Facility: **(V07) (544) Columbia, SC** [Apply]

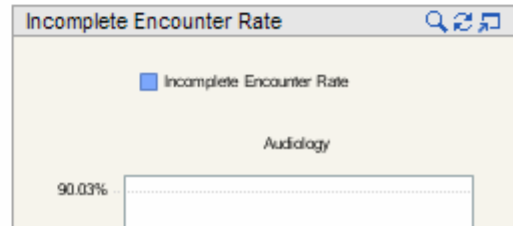
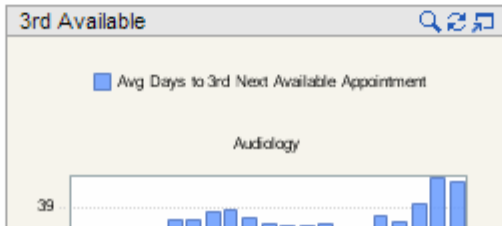
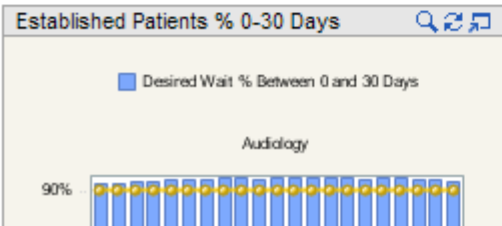
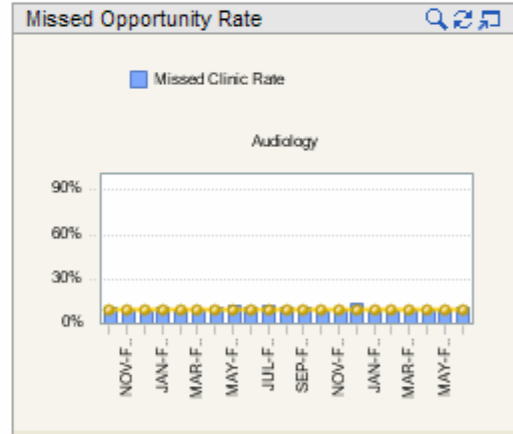
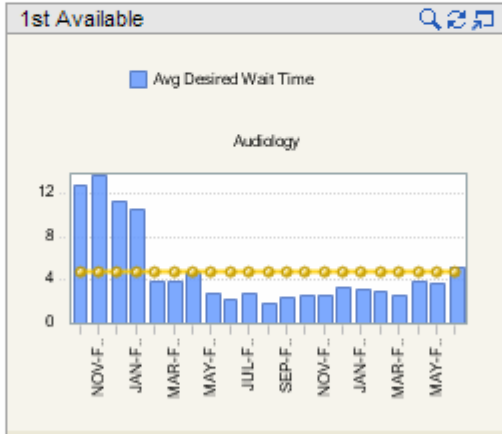
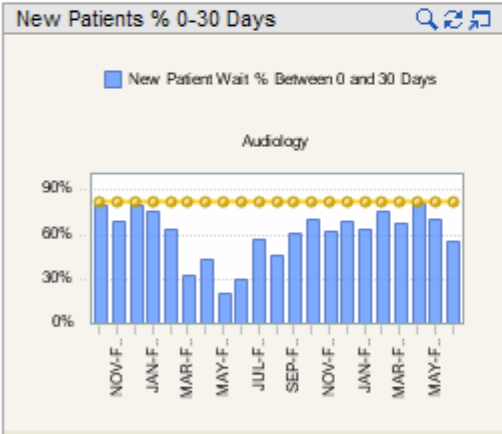
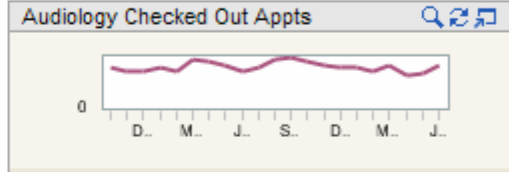
Data Definition Link

Contents | Navigation | Data Link

1a. Data Definitions and Documentation

Dashboard Instructions

- Print: File/Page Setup then change to landscape and smallest margins
- Analyze: Click on little Spyglass Icon
- Enlarge: Click on little Window Icon
- E-Mail: E-Mail Tab at top to send link



*Benchmarking in the Pursuit of Excellence*



# Excel Percent Performing Report

## Percent Performing Quarter 3 2006

Network	# Exceeding Target	# Meeting Target	# Target Not Met	Total Measures
VISN 1	54%	28%	18%	78
VISN 2	48%	31%	21%	75
VISN 3	44%	19%	37%	78
VISN 4	46%	31%	23%	78
VISN 5	41%	19%	40%	75
VISN 6	50%	26%	24%	78
VISN 7	33%	18%	49%	79
VISN 8	34%	29%	37%	79
VISN 9	42%	32%	27%	79
VISN 10	42%	27%	32%	79
VISN 11	34%	24%	43%	80
VISN 12	33%	24%	42%	78
VISN 15	28%	30%	43%	80
VISN 16	34%	27%	39%	79
VISN 17	30%	12%	57%	82
VISN 18	35%	35%	29%	79
VISN 19	36%	36%	28%	75
VISN 20	21%	35%	45%	78
VISN 21	39%	29%	32%	79
VISN 22	27%	22%	51%	77
VISN 23	30%	39%	31%	80



# Micro Strategy Dashboard

Access	PM	QD
Total:	34	--
Exceeds Target:	8	--
Meets Target:	11	--
Under Performing:	15	--
VHA Best:	--	

Cost	PM	QD
Total:	0	--
Exceeds Target:	--	--
Meets Target:	--	--
Under Performing:	--	--
VHA Best:	--	

Functional Status	PM	QD
Total:	2	--
Exceeds Target:	1	--
Meets Target:	1	--
Under Performing:	--	--
VHA Best:	--	

Healthy Communities	PM	QD
Total:	3	--
Exceeds Target:	2	--
Meets Target:	--	--
Under Performing:	1	--
VHA Best:	--	

Quality	PM	QD
Total:	53	6
Exceeds Target:	11	4
Meets Target:	20	2
Under Performing:	22	--
VHA Best:	--	

Satisfaction	PM	QD
Total:	2	--
Exceeds Target:	--	--
Meets Target:	2	--
Under Performing:	--	--
VHA Best:	--	



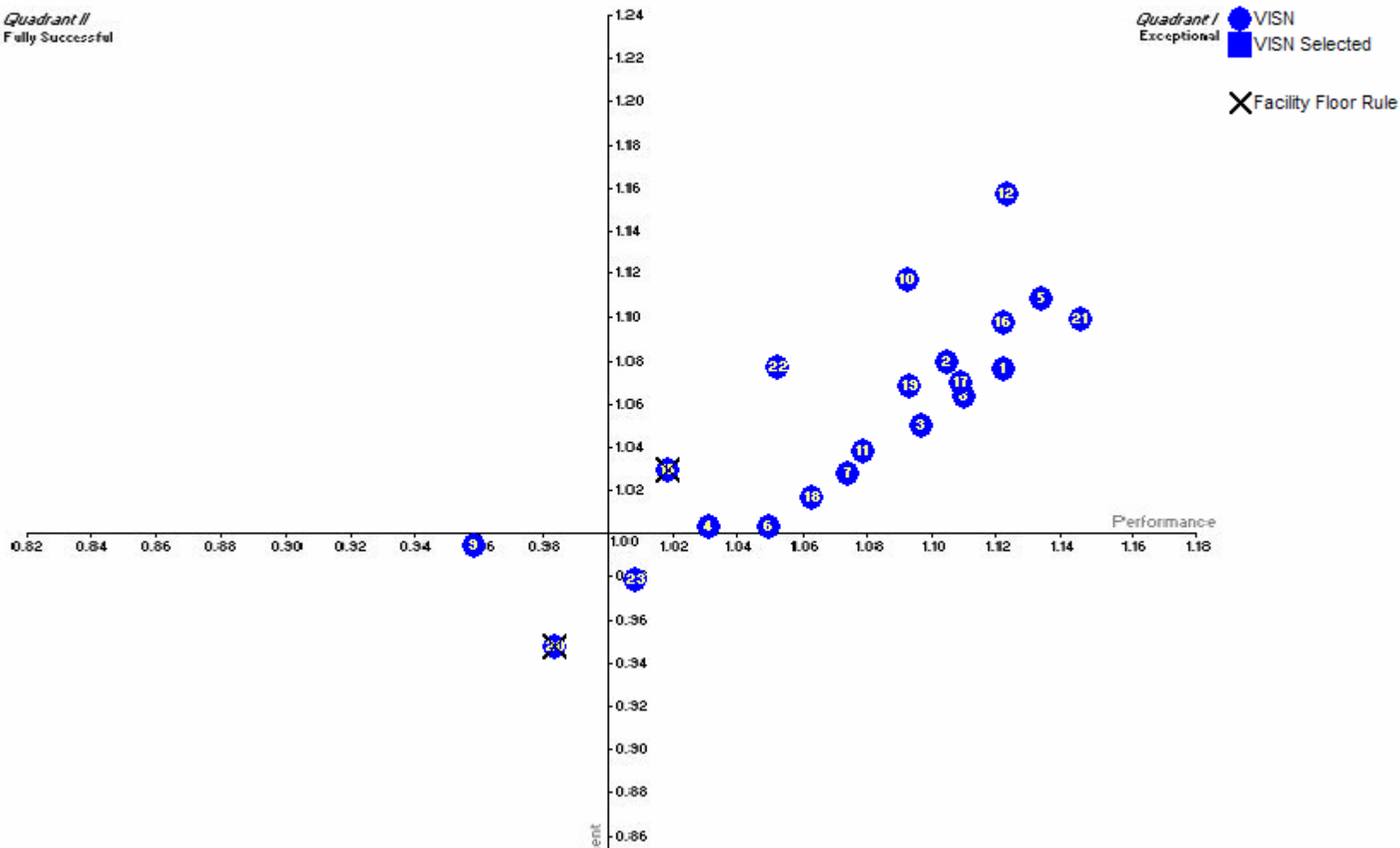
# Quadrant Display

Q3 2006 : Long Term Care

*Quadrant II*  
Fully Successful

*Quadrant I*  
Exceptional

- VISN
- VISN Selected
- Facility Floor Rule





# Goal of VA's Performance Measurement System

- **Decrease variation in practice**
- **Increase consistent outcomes of care across the organization**
- **Continuous Improvement**



# Questions & Comments