Salem Veteran Affairs Medical Center (658)
Strategic Plan

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Medical Center Director
FY13-FY18
INTRODUCTION

The location of the Salem Veteran Affairs Medical Center (SVAMC) was approved in 1933 by President Herbert Hoover after the Federal Board of Hospitalization recommended a “general” type facility be located in southwest Virginia. Careful consideration was given to population and accessibility. The actual selection of Roanoke, now annexed into Salem, was credited largely to the efforts of the local Chamber of Commerce, which had been lobbying for a facility to be established in the Roanoke area. These efforts were headed by Roanoke City Council member, Dr. Frank C. Cooper, with help and support from Representative Clifton A. Woodrum, Congressman, and 6th District of Virginia. According to the Roanoke Times, their bid was “laid impressively before the national administration.”

Salem VAMC was considered primarily a neuropsychiatric facility and was built on a 445-acre tract. Upon completion, it was expected to have 450 to 500 employees with a $600,000 annual payroll and 472 operating beds. SVAMC was also a working farm where patients raised cattle, hogs, and food as part of their therapy. The clinical section housed the “most modern of hospital design,” including a pharmacy, medical library, laboratory, dental office, and operating and x-ray suites. There were also eye, ear, nose, throat, cardiograph, and metabolism sections. A large dining hall was available for patients and staff, including a bakery and recreation building with an auditorium, complete with a stage to accommodate “theatrical entertainments and motion and talking pictures.”

Over our 78 year history, Salem VAMC has grown to meet the needs of the Veterans we proudly serve. During FY12, SVAMC advanced to a complexity level 1C facility providing a range of tertiary care services in medicine, surgery, mental health, and extended care and rehabilitation. SVAMC and its staff of 1870 serve a primary area which includes 26 counties representing over 8,800 square miles with a population of over 121,000 Veterans and approximately 39% market penetration. Of the over 47,000 enrolled Veterans, 36,283 uniques were served in FY 12. In addition to the medical center, SVAMC also maintains five Community Based Outpatient Clinics located in Danville, Lynchburg, Staunton, Tazewell, and Wytheville. Figure 1 on page 4 provides a graphic depiction of the SVAMC coverage area.

Our 290 bed facility is affiliated with the University of Virginia School of Medicine, Edward Via Virginia College of Osteopathic Medicine and Carilion/Virginia Tech School of Medicine for the training of residents, medical students and fellows in
medicine, surgery, and psychiatry. We also maintain nine nursing school affiliations and over 80 affiliations with other allied health programs.

SVAMC has an active research and development program, including studies in obesity, diabetes, osteoporosis, kidney disease, COPD, diabetic neuropathy, asthma, pneumonia, atrial fibrillation, PTSD, anemia, and substance abuse, all of which enhance the facility’s ability to provide state-of-the-art medical techniques and treatments. SVAMC currently has approximately 55 approved active studies and 30 investigators.

Multiple national programs that exemplify our commitment to that of a learning organization are present at Salem VAMC. SVAMC is one of five sites serving as host to PACT national training center. Salem PACT COE contributed to the development the model for VACO that is now the Longitudinal Training Model for PACT. The PACT COE faculty serve on multiple national committees and have been critical in the development of the National curriculum content. SCNT/SC-PACT program began in June 2012. SCNT teams have been organized in 5 areas and all have participated in a value stream analysis with the VISN 11 VERC. SCAN-ECHO was funded in Dec 2012 and projects are underway in cardiology, sleep medicine, and pulmonary.

Figure 1: VISN 6 Northwest Market is highlighted in yellow. Salem VAMC catchment area is below the line that intersects the Northwest Market.
The SVAMC functions under the guidance of our Executive Leadership Team or Quadrad. The Quadrad is led by the Medical Center Director who is supported by the Chief of Staff, Associate Director of Patient and Nursing Care Services, and the Associate Director. SVAMC operates through the use of service lines and service chiefs are organizationally aligned to report their respective Quadrad representative as is shown in Figure 2 below.

Figure 2: Salem Veteran Affairs Medical Center (658) Organizational Chart as of December 2012
II MISSION / VISION / VALUES

VHA Mission Statement
Honor America’s Veterans by providing exceptional health care that improves their health and well-being.

VHA Vision Statement
VHA will continue to be the benchmark of excellence and value in health care and benefits by providing exemplary services that are both patient centered and evidence based. This care will be delivered by engaged, collaborative teams in an integrated environment that supports learning, discovery and continuous improvement. It will emphasize prevention and population health and contribute to the nation’s well-being through education, research and service in National emergencies.

Core Values - "I CARE"

Integrity: Act with high moral principle. Adhere to the highest professional standards. Maintain the trust and confidence of all with whom I engage.

Commitment: Work diligently to serve Veterans and other beneficiaries. Be driven by an earnest belief in VA’s mission. Fulfill my individual responsibilities and organizational responsibilities.

Advocacy: Be truly Veteran-centric by identifying, fully considering, and appropriately advancing the interests of Veterans and other beneficiaries.

Respect: Treat all those I serve and with whom I work with dignity and respect. Show respect to earn it.

Excellence: Strive for the highest quality and continuous improvement. Be thoughtful and decisive in leadership, accountable for my actions, willing to admit mistakes, and rigorous in correcting them.

III PLAN ACCOMPLISHMENTS

VISN 6 established six major goals for FY12 and Salem VAMC worked toward achievement of the delineated performance measures. Following is a summary of our accomplishments and difficulties toward those goals.

Strategic Goal 1: Develop Personalized Health Plans for 15% of Primary Care Patients.

Salem VAMC exceeded this goal by completing Personalized Health Plans for 40% of Veterans enrolled in Primary Care.
Strategic Goal 2: Increase Customer Satisfaction

Sub-element 1: Increase SHEP Inpatient Score by 1 Point in FY12 over FY11 Baseline. Outcome: Salem VAMC experienced a major barrier in Q1 due to a community outbreak. By Q2 and Q3, scores were recovering and plans are in place for this trend to continue.

Sub-element 2: Increase SHEP Outpatient Score by 1 Point in FY12 over FY11 Baseline. Outcome: Salem VAMC has demonstrated performance which exceeds the set goal in Q1 and Q3 with a cumulative rating above the target.

Sub-element 3: Increase Press Ganey Outpatient Score by 1.5 Points in FY12 from FY11 Baseline. Outcome: Salem VAMC exceeded the FY11 baseline score but not to the degree needed to meet this measure.

Sub-element 4: Increase Press Ganey Inpatient Score by 1 Point in FY12 from FY11 baseline. Outcome: This measure was met with success with higher than targeted score.

Strategic Goal 3: Reduce overtime and absenteeism.

Sub-element 1: Reduce Overtime by 5% with Salem VAMC Stretch Goal of 10%. Outcome: While some services made significant strides and did meet the 10% reduction, overall the goal was not met.

Sub-element 2: Reduce Absenteeism by 1.67%. Outcome: The workgroup assigned to this sub-element made progress in understanding the areas in which absenteeism presents the largest concern. The goal was not met and plans continue into FY13 for a pilot of joint management and labor (AFGE) focus groups on our inpatient nursing floors.

Strategic Goal 4: Reduce Non-VA Fee Expenditures for FY12 Reduce by 6.67% of FY11 Baseline.

Outcome: This goal was not met, however, hiring for the Non-VA Care Coordination Program (NVCC) was completed and Salem VAMC looks forward to full implementation of NVCC which should position Salem VAMC well toward attainment of FY13 goals.
In addition to the above referenced VISN goals, Salem VAMC exceeded fully successful performance with a score of 470 on the overall ECF scorecard. Highlights for FY12 included a focus on improved utilization of operating rooms (OR) which culminated in an RPIW. The results of which will be reviewed with VISN 6 leadership in Q1FY13 to develop and implementation strategy. Salem VAMC also excelled in accomplishment of VHA 2012 T21 deliverables related to PACT, Prevention, Secure Messaging, Homelessness, Rural Health, Mental Health, Women’s Health, Specialty Care, System Redesign, and Patient-Centered Care.

IV STRATEGIC ANALYSIS
A Planning Assumptions:
The Health Care Planning Model (HCPM) tool was utilized to determine the below referenced planning assumptions.
B Internal Environmental Assessment:

Strengths (internal):
- Compassionate, committed, capable staff
- More business focused/increased transparency
- Educational programs (affiliates, SCAN-ECHO, SCNT)
- PACT Implementation
- Mental Health Services (CTS, VJO, EBP, Womack Telepsychiatry project, SPC)
- Extended Care Services/Palliative Care
- RPIWs regarding OR utilization and bed flow between medicine/surgical beds
- Rural Health
- Interventional Radiology

Weaknesses (internal):
- Succession Planning/aging workforce
- Difficulty with recruitment of high demand specialties
- Containment of Overtime
- OIT
- Clinical Informatics

Opportunities (external):
- Development of VISN wide Centers for Excellence for specialties not available at Salem VAMC (neurosurgery, cardiothoracic services)
- Joint recruitment with affiliates
- Collaboration with other VAMCs
- Expansion of telemedicine
- Continued promotion of public image demonstrating care of the whole Veteran (Job Fair, Job Summit, CWT, VJO, media interviews)

Threats (external):
- Budget
- Lack of space in CBOCs limiting spread of programs
- Aging Infrastructure
- Implication of Health Care Reform Law
- Health Care Talent Pool
- Absenteeism
- Pay Freeze

Decreasing Veteran population over the next 5 years
Continued market penetration at approximately 40-42%
Minimal increase in vested patients (averaging 3%)
Projected decrease in need for inpatient care
Projected increase in need for outpatient care
Zero to low growth budget
C External Environmental Assessment:
Following analysis completed using the SKEPTIC model.

<table>
<thead>
<tr>
<th>Issue</th>
<th>Description</th>
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<tbody>
<tr>
<td>Social/Demographic</td>
<td><strong>VA Employees:</strong> 1870 employees; Avg Age 48.95, Avg Hire Age 37.03, Vet Pop, 23.98%, Employees with Targeted Disabilities 2.28%</td>
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<td></td>
<td>White Male Pop: 23.19%, White Female Pop: 48.96%, Black Male Pop: 6.54%, Black Female Pop: 15.55%, Other: 5.76</td>
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<td><strong>Veteran Population:</strong> 35,603 Enrolled Veterans (FY11 EOY); 1,877 female, 33,750 male, 3 unknown; 24,852 Priority Group 1-6,10,778 Priority Group 7-8</td>
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<td><strong>Military Population:</strong> Limited active, duty military population as no military bases are within the catchment area of the Salem VAMC</td>
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<td>Kompetition/Substitutes</td>
<td><strong>Insurance:</strong> Private Insurance, Tricare, Tricare for Life, Medicare, Medicaid</td>
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<td><strong>Community Providers:</strong> Carilion Clinic, Centra Health, Danville Regional Health System, and HCA Virginia Health System</td>
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<td>Economics/Ecology</td>
<td><strong>Pay Freeze:</strong> Salary Rate Freeze has been implemented through 2012 and will most likely continue through FY2013</td>
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<td><strong>Increase in Benefit Costs:</strong> As third party insurance providers raise rates this increases the amount VHA has to pay into employee benefits</td>
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<td><strong>Inflation:</strong> Standard rate of inflation on the healthcare industry is between 5-6%</td>
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<td><strong>Instability in Utilities Costs</strong></td>
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<td><strong>National Drug Shortages:</strong> Drug shortages cause hospitals to buy more expensive alternatives as well as receive drugs off contract price</td>
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<td><strong>New Program Implementations &amp; National Mandates:</strong> With changes in administrations and leadership, priorities shift to new programs which require continued funding</td>
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<td><strong>Congressional Budget:</strong> Funding sources</td>
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requires the legislative branch to pass the budget into law.

**Regional Concerns:** Localities that have experienced significant job loss and continue to have high unemployment rates due to the economy. Service industry jobs account for the majority of job opportunities and these are typically centered close to minimum wage with minimal or no additional benefits.

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<tr>
<th>Political/Regulatory</th>
<th><strong>Transformational Goals T21:</strong> Salem continues to hire funded positions required to meet our Transformational Goals. These hires are in Mental Health (MHC and R-19), Primary Care (PACT and Rural Health)</th>
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<td><strong>Centralized Classification Unit (CCU):</strong> Issues related to downgrades have culminated in a Nationwide rally in DC to protest.</td>
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<td><strong>OEF/OIF/OND:</strong> Continued conflict leading to increasing mental health and medical needs of those with multiple and/or protracted deployments.</td>
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<td><strong>Enhanced Use Lease (EUL) Program:</strong> Status of current legislation allowing for an EUL</td>
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<td></td>
<td><strong>Salem VAMC Congressional Representatives:</strong> Robert Hurt, Congressman 5th Dist-VA, Bob Goodlatte, Congressman 6th Dist-VA, Morgan Griffith, Congressman 9th Dist-VA, Jim Webb, Senator Virginia, Mark R. Warner, Senator Virginia, and Bob McDonnell Governor Virginia. We maintain quarterly meetings with congressional staffers.</td>
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<tr>
<th>Technology</th>
<th><strong>Social Media:</strong> Active Facebook and Twitter accounts (currently not active with other forms of social media)</th>
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<td><strong>My HealtheVet:</strong> Continue to refine plans to increase those enrolled in secure messaging with understanding that for many of our newer enrollees this is the preferred method of communication</td>
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<td><strong>PACT/TILC/COE:</strong> Training for PACT staff throughout VISNs 5-9 via face-to-face and virtual trainings</td>
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|            | **Simulation:** Obtaining equipment to provide **

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cutting-edge high-fidelity, high-technology medical simulation. This will provides consistency in the training for staff and trainees and testing required for competency (implementation FY13).

**SCAN-ECHO:** VA SCAN-ECHO is an innovative healthcare program that is designed to treat chronic and complex diseases in rural and medically underserved areas. This innovative model leverages telehealth, specifically the use of clinical videoconferencing equipment and/or telephone lines, to allow healthcare specialists the opportunity to provide expert advice to Primary Care Providers in rural and remote settings. We have three arms of SCAN-ECHO currently up and running: Cardiology, Sleep, and Pulmonary. During FY13, Musculoskeletal, Metabolic, and OEF/OIF/OND will be implemented as well.

**Specialty Care Neighborhood Teams (SCNT):** The goal of this broader, more extensive approach to the Team-Based model is to integrate SC and Surgery services around and within the PACT model. This project will also seek to galvanize and examine methods for developing a truly integrated network across VA facilities. We intend to galvanize core elements of PACT and seek to integrate SC and PC across multiple VISN 6 facilities by:

a) Increasing access to SC and improving coordination of care across multiple facilities via use of technology (i.e., SCAN-ECHO, E-Consults, Telehealth, and telephone-based care)

b) Embedding SC within PC. This will include embedding SC via integrative clinics and integrative group medical encounters that will provide min-residency training opportunities;

c) Reducing barriers in the existing consult system by developing an open-access Neighborhood model whereby SC actively seeks to assist PC in clarification of consultations via a variable consult model;

d) Development of intrafacility and interfacility CCAs that focus on effective coordination of
| Industry/Suppliers | **Federal Acquisition Regulations Part 8:**  
Compliant with this regulation which describes the hierarchy for disposable and RME medical supplies to include Agency Inventories, excess from other agencies, Federal Prison Industries (Unicor), JWOD/AbilityOne, Wholesale supply sources, Mandatory Federal Supply Schedules (SEWP, Prim Vendor), Non-Mandatory Federal Supply Schedules, Commercial Sources (Open Market) in the following order: Service-disabled veteran-owned businesses, Veteran-owned businesses, 8(a) businesses and Hubzone (HZ)-same level priority, other socioeconomic categories (women-owned, minority-owned, etc), small businesses with no special socioeconomic category and Large businesses. Cardinal is our Prime Vendor for medical supplies and we support local small businesses when applicable and necessary. |
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<td>Customers/Citizens</td>
<td><strong>Stakeholders:</strong> Veterans and families (with a gradual shift toward Vietnam era and above Veteran population served at Salem); Veteran Service Organizations; local posts and units to include those in areas where community based outpatient clinics are located; Roanoke Valley Veterans Council (comprised of key Veteran leadership in the community; VA employees; local media; local colleges and institutes of higher education; community at large to include employers and businesses with vested interest in potential employment of Veterans; community organizations such as Rotary, Lions, Kiwanis, Elks, and others. Community image is strong and medical center is engaged in various community activities to raise awareness. Examples include outreach conducted by Rural Health Team and various components of the Center for Traumatic Stress; participation of the medical center in parades, Valentines for Veterans concert, Veteran only job fairs; Homeless Stand Down and other events where VA is represented.</td>
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and Veteran recognition is a primary focus. Public and media image has had positive shift in the past five years and tends to continue to focus mostly on mental health treatment at this facility and community based clinics. Public image has also increased with extended use of social and web-based communication.

**Affiliates:** We have three active medical school affiliations with the University of Virginia School of Medicine, the Edward Via Virginia College of Osteopathic Medicine, and the Virginia Tech Carilion School of Medicine. Salem also has a major role in training nursing students throughout our affiliations with the University of Virginia, Medical College of Virginia, Virginia Western Community College, Radford University, Duke University, Liberty University, Jefferson College of Health Sciences, Skyline College, and Old Dominion University. Salem has over 80 affiliations with colleges and universities. During fiscal year 2012, 833 trainees completed at least 40 hours of training at Salem VAMC.

**Stakeholders:**
Salem VAMC routes communication with Veteran Service Organization through the Public Affairs Officer (PAO) and office of the Medical Center Director. As key stakeholders and partners in fulfilling the mission of the medical center, the Public Affairs staff and Executive Leadership Team meet frequently with these groups as a means to proactively share information and solicit assistance with specific initiatives. Meetings include: bi-monthly VSO meetings, bi-annual Post Commander meetings, and quarterly VAVS meetings. Topics include a brief medical center overview about upcoming surveys, construction/renovation projects, staffing and budget status, system/process changes, and other topics which may impact the general Veteran population. Subject matter experts are frequently invited to the meetings to share and discuss new programs. Executive leadership and members of the VAMC staff frequently respond and speak at local and state service organization meetings and other functions. Newsletters, media releases, and other informational materials are shared with stakeholder groups and congressional staffers to assist with response to Veteran inquiries. Usage of the Salem VA website has been enhanced as well as Salem VAMC presence on Facebook and Twitter social network sites. Salem continues to foster a strong relationship with the community and engages their support.
and participation in special events such as speaking engagements, Veterans Day Parade, Annual Welcome Home/Car Show event, rural health team outreach, Veteran Job Fair, Homeless Veteran Stand Down, pre and post deployment events for returning service members, and National Salute to Veterans.

Salem VAMC maintains ongoing open communication with the offices listed below on items of interest affecting the care of Veterans in southwest Virginia which includes a quarterly staffers meeting. Salem VAMC Congressional Representatives: Robert Hurt, Congressman 5th Dist-VA, Bob Goodlatte, Congressman 6th Dist-VA, Morgan Griffith, Congressman 9th Dist-VA, Jim Webb, Senator Virginia, Mark R. Warner, Senator Virginia, and Bob McDonnell Governor Virginia.

E Competitors:
The primary competitors in our catchment area are Carilion Clinic, Centra Health, Danville Regional Health System, and HCA Virginia Health System. According to the US Department of Health and Human Services Hospital compare website (http://www.hospitalcompare.hhs.gov/), these competitors operate ten hospitals within a 50 miles radius of the Salem VAMC. Carilion Clinic and HCA Virginia Health System operate Carilion Roanoke Memorial Center and LewisGale Medical Center respectively. Both of these facilities are in close proximity to SVAMC and provide specialty services that are not currently available SVAMC. Therefore, an active partnership exists with them to provide services to our Veterans when no other feasible VISN 6 resource exists. In regards to patient satisfaction scores, both are above state and national averages for those patients that would definitely recommend the facility at 76% and 74%. Ratings for readmissions, complications, and deaths for both are “no different than US national rate.”

F Partners:
Management of Salem VAMC and American Federation of Government Employees Local #1739 work in a collaborative manner to ensure the best quality of care is made available to the Veterans we serve. Monthly partnership meetings are held to discuss areas of concern and develop plans for resolution. The President of the National VA Council #53 and the District 4 Representative maintain their offices in Building 76-1. The Director of the Salem VAMC is also the co-chair of the VISN 6 Labor Management Forum which worked diligently to produce a VISN 6 ADR policy that was signed in FY12. Salem VAMC has an active Alternative Dispute Resolution (ADR) program.

Another significant partner for SVAMC is Beckley Veteran Affairs Medical Center (BVAMC) located in Beckley, WV. BVAMC serves as SVAMC’s
primary geographic partner and together comprise the VISN 6 Northwest market. Beckley VA Medical Center is approximately 116 miles from SVAMC and serves the following counties in West Virginia: Clay, Fayette, Greenbrier, McDowell, Mercer, Monroe, Nicholas, Pocahontas, Raleigh, Summers, and Wyoming. BVAMC refers patients to Salem VAMC on a frequent basis for services that are not offered at their site such as: Cardiology, Endocrinology, Gastroenterology, General Surgery, Gynecology, Infectious Disease, Inpatient Psychiatry, Cardiac Catheterization, Ophthalmology, Pain, Pulmonary, and Vascular Surgery.

Additionally, Salem VA Medical Center partners with the Department of Defense through local and national VA-DOD sharing agreements. The sharing agreement with the Army provides on-the-job training for the National AMEDD Augmentation Detachment. Sharing agreements with the Naval and Marine Corps Reserve Center, Roanoke, Virginia, require Salem VAMC to provide physical examination tests and laboratory/x-ray tests for reservists. Other sharing agreements are revenue initiatives with various organizations, agencies, and universities. Salem VA Medical Center has two different sharing agreements with the Virginia Veterans Care Center (VVCC). One agreement allows the Virginia Veterans Care Center to purchase drugs from the VA Federal Supply Schedule (FSS). The second agreement is for SVAMC to provide laundry services for VVCC. Salem has agreements with Beckley and Durham VAMCs to provide laundry services as well.

Community agreements include gynecology, radiation oncology, teleradiology, telepsychiatry, imaging, gastroenterology, and ophthalmology services from local health care providers.

G Regulatory Drivers and Mandates:
Salem VAMC operates under the same regulatory drivers and mandates as other facilities throughout the VISN. Unique to SVAMC is our Enhanced-Use Lease (EUL) project. The VA Building Utilization Review and Repurposing (BURR) initiative identified two parcels of vacant land for a long-term ground lease Salem VAMC. Proposals were accepted to “finance, design, develop, construct, equip, furnish and maintain a new permanent supportive housing project for homeless Veterans and Veterans at risk of homelessness and their families, on a priority basis.”

Enacted in 1991 and codified in sections 8161-8169 of title 38, United States Code, VA’s Enhanced-Use Lease (EUL) authority allowed the Secretary to enter into this agreement to lease land to public, private and/or non-profit partners for terms of up to 75 years.
On November 2, 2011, Homeless Veterans Housing & Jobs Program Department of Veterans Affairs (VA-i2) awarded to Ridgewood/5Stone Real Estate Partners LLC a $6.8 million dollar project to provide housing for homeless veterans. In Phase I, The Partners will build 28 to 30 units of sustainably designed, energy efficient, ADA compliant modular housing on 5.4 acres of underutilized land at SVAMC. Phase II will provide an additional 49 to 51 units on 8.4 acres of underutilized land. The Partners will build an adjacent hydroponic farm that over time is projected to employ as many as 10-14 Veterans annually. The total cost of the project is projected to be approximately $8.8 million.

### Resource Requirements – Budget, Human Capital, and Infrastructure:

**Budget**

For FY 13, Salem VAMC received an increase of 4.55% in its general purpose allocation, a difference of approximately $9.6 million. In order to adjust to outside economic factors and demands on the healthcare industry, SVAMC is working to streamline its processes and become more efficient in its operations. Additionally, with economic uncertainty, a need to increase revenues will play a critical role in Salem VAMC’s ability to maintain fiscal sustainability. Following is the budget plan to meet these goals.
1. Reduction of Non-VA Care Coordination (NVCC) by $2 million
   - Full implementation of the NVCC case management program
   - Enhanced utilization of interfacility transfers

2. Targeted pharmacy cost reduction at approximately $1.4 million
   - Improved prescription management
   - Conversion of name brand drugs to generics
   - Advanced purchases (drug buy aheads) in previous years

3. Additional reductions
   - Minimize overtime needs by approximately $381,000
   - Reduce discretionary travel by $100,000 (Aspirational target)
   - Reduce printing and reproduction costs by $8,000
   - Reduce supplies cost by $100,000

4. Increase future funding
   - Develop better coding practices
   - Increase capture 3rd party insurance data so as to increase MCCF collections
   - Increase vesting of new and existing patients
Human Capital
Safe, effective, efficient and compassionate patient care begins by having a sufficient number of competent and motivated staff who have the tools necessary to address the new and emerging challenges and opportunities of a rapidly changing patient care environment. The Salem VAMC encourages each of its employees to seek self-development opportunities and they are supported in stretch assignments and pursuit of leadership roles in support of VISN 6 initiatives through participation in self-development programs such as MAP, LDI, and LVA. A fifteen member Work-life Improvement Team (WIT) was developed to identify and improve employee work satisfaction. In addition there is an active Employee Association. Salem VAMC’s current cumulative FTE is 1870. Salem VAMC continues to strive to become an Employer of Choice within our community. Our employee satisfaction scores continue to provide Salem VAMC with vital information that allows us to evaluate our organization’s health. This year our concentrated efforts will be in psychological safety, civility, promotion opportunities and demands. Recruitment efforts are ongoing for all critical care areas. Salem VAMC has identified 10 top critical occupations that are critical to our mission and success. The top three are Registered Nurses, Specialty Physicians and Nurse Anesthetist. Salem VAMC is actively recruiting and has had some success with our hard to fill positions. The majority of these hard to fill critical occupations have been deemed eligible for the Education Debt Reduction Program in order to assist with our recruitment/retention as has the use of relocation/recruitment incentives.

Over the next five years, it is expected that budgetary pressures and ongoing workload growth will make efficient recruitment and retention of staff essential to reduce the costs of orientation and training of staff. At the same time, the economic recession continues to slow retirement rates and increases the applicant pool, thereby lowering turnover rates and stabilizing the work force. To meet these challenges we must find more and better ways to invigorate our recruitment and retention activities, adopt more aggressive use of available recruitment and retention tools, and expand our recruitment base. The Salem VAMC will continue to use the selective placement coordinator and special hiring authorities to assist recruitment activities. Additional emphasis will continued to be placed on further educating managers on special hiring authorities for hiring disabled employees using targeted disability recruitment efforts.
VISN 6 has identified improvements in the workplace as a VISN wide goal. In adapting to internal and external demands, components that will be vital to creating, maintaining and sustaining a competent and motivated staff are:

### 1. Enhance Recruitment and Retention
- Targeted recruitment
- Grow our own
- Find additional, and using all available, financial incentives

### 2. Maintain a competent, well-trained staff
- Hire the right people for the right jobs
- Provide opportunities to maintain state-of-the-art expertise
- Identify potential supervisors and preparing them to enter supervision

### 3. Increase employee satisfaction
- Develop and use appropriate staffing models
- Streamline processes
- Use techniques such as CREW to emphasize that civility and respect among coworkers and patients play a vital role in increasing workplace satisfaction.
- Continue to provide training and development opportunities for our leaders
- Address weaknesses identified through surveys and focus groups
4. Increasing customer satisfaction

Identifying factors through All Employee Surveys that directly impact employee job satisfaction and addressing them.

Infrastructure

Much of the Salem VAMC was constructed prior to 1934 with the main hospital facility (Building 143) constructed in 1994. Current critical infrastructure needs are focused on structural, electrical and mechanical deficiencies. The most current Facility Correction Assessment (FCA) report indicates $62.4 million of corrective costs for items scoring a D or F. Typically, only a fraction of overall project costs are utilized to address FCA deficiencies due to construction requirements. For example, a hot water heater may be identified as requiring replacement, but will also require ancillary construction that is not included in the FCA costs estimate, such as piping, wall demolition and replacement, floor repairs, etc. In addition, construction premiums such as evening and weekend work and Service Disabled Veteran Owned Small Business mandates can substantially increase the true costs of FCA remediation so that actual costs may double the estimates indicated in the FCA report. Therefore, a more realistic cost to address the identified FCA deficiencies is $125 million. At the historic rates of funding for non-recurring maintenance, major and minor construction at this station, it will take 15 years to address all current FCA deficiencies assuming all capital funding is directed to addressing FCA deficiencies. However, not all capital funding is dedicated to FCA remediation. Strategic planning indicates gaps in areas such as utilization, accessibility, space, wait times and other self-identified deficiencies that are expected to be addressed by capital improvements. This will further extend the FCA remediation schedule by five to ten years, at which point a substantial portion of currently new infrastructure components will have reached end of life.

The Salem VAMC coordinates strategic planning with the Medical Center Director, Associate Director, Chief of Staff, the Nurse Executive and service line management so that known and anticipated gaps in service delivery are addressed in the most economical and efficient method possible. Both long term and short range planning are incorporated into the Salem VAMC Master Plan to provide improvements to patient care services and to maintain continuity of operation. The Facility Strategic Plan has permitted leadership to
direct both capital and non-capital solutions to maintain and improve healthcare delivery.

The majority of buildings on the Salem VAMC campus are 78 years old. Maintaining these facilities with current staffing levels while staying within established overtime budgets continues to be a challenge. Although funding for non-recurring maintenance, minor and major construction projects has not been a significant issue, the procurement process and associated review timelines pose obstacles to meeting obligation goals.

V STRATEGIC PLANNING ALIGNMENT

VHA Strategic Plan
The Veterans Healthcare Administration long-term strategies are based upon a patient-centered integrated health care system. The implementing goals include improving access to care; reducing and eliminating waiting lists; improving the quality of health care; improving cost-effectiveness; addressing the needs in special emphasis areas; and improving patient satisfaction. Salem VAMC strategic planning reflects implementation of these initiatives at a facility level.

Three strategic goals represent the top priorities of the VHA from the VA Strategic Plan for FY 2013-2018:

1. Provide Veterans personalized, proactive, patient-driven health care.
2. Achieve measurable improvements in health outcomes.
3. Align resources to deliver sustained value to Veterans.

**Mid-Atlantic Network Strategic Planning**
Senior leadership and other leaders within the facility that participate in Network planning and policy-making committees to ensure the needs of the Salem VAMC patient population and staff are addressed at the Network level. The Medical Center Director and Chief of Staff represent the Salem VAMC on the Mid-Atlantic Network Executive Leadership Council, the primary strategic planning/policy making body for the Network. The Chief of Staff is a member of the Mid-Atlantic Network Chief of Staff’s Council. He/she also is a member of the University of Virginia School of Medicine Dean’s Committee. The Associate Director is a member of the VISN 6 Associate Director Council and the Associate Director for
Patient Care/Nursing Services is a member of the VISN 6 Nurse Executive Council. The Salem VAMC is also represented on multiple committees. Conflict resolution is achieved by addressing issues through the chain of command from the local facility level to the Network and National level as appropriate. VISN 6 has identified the following network wide goals.

1. Promote the health status and wellbeing of Veterans in a patient-centric partnership with healthcare and community support teams
2. Make our workplace a better place to work
3. Create a healthcare environment that attracts and retains Veterans
4. Leverage VISN resources to become a leader in delivering timely, evidenced-based outpatient medical and surgical sub-specialty care.
5. Align mission and resources to provide recognized value to our Veterans

Salem VAMC Strategic Planning
The leadership of the Salem VAMC establishes strategic planning initiatives including annual goals and objectives at periodic strategic planning conferences, or as part of a focused workgroup, and in consideration of employee input. Current VHA Headquarters' initiatives are reviewed and discussed, with AFGE partnership participation and translated into specific actions and plans for the Salem VAMC. Each Service Line is also intertwined with the VISN 6 Service Lines in developing annual goals for inclusion into the VISN Strategic Plans. Following are the key drivers (facility specific goals) for the next three to five years which align with the three previously stated VHA Goals and the above referenced VISN 6 Goals.
The Executive Leadership Board and its committees, councils, and boards review these items and the action plans from their individual perspectives ensuring that action is consistent with the overall objectives and plans of VHA, the VISN and Salem VA Medical Center management.

VI STRATEGIC GOALS AND OBJECTIVES

Representatives from Salem VAMC participated in VISN 6 Strategic Planning sessions August 26 through 28, 2012 during which time all sites including SVAMC had the opportunity to contribute to the development of the VISN wide goals. On October 29, 2012, Salem VAMC held a Strategic Planning session to develop facility specific strategies in order to attain stated goals. The product of both meetings is summarized below.

1. Innovation (to lead the way in being the health care provider of choice for Veterans)

2. Leverage (implementation of best solutions/practices to meet the identified needs of both patients and staff)

3. Employer of Choice (to be where the best of the best want to work)

4. Fiscal Responsibility (gain/sustain financial stability in order to gain access to resources that provide world-class Veteran care)
### Strategic Goal 1 (VISN 6): Promote the Health Status and well-being of Veterans in a patient-centric partnership with healthcare and community support teams

<table>
<thead>
<tr>
<th>VA Strategic Imperatives: Be a trusted partner, Do what we do best, partner for the rest, Diversify the way we connect with our clients, Be recognized for providing a quality experience, Organize and run our business to deliver seamless and integrated support, Integrate with DoD to engage Veterans while that are still in service</th>
<th>VHA Goal 1: Provide Veterans personalized, proactive, patient-driven health care.</th>
<th>VHA Goal 2: Achieve measurable improvements in health outcomes.</th>
<th>Salem VAMC Key Driver 1: Innovation</th>
<th>Salem VAMC Key Driver 2: Leverage</th>
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</table>

#### 1a
- Create “super team” concept consisting of MD/NP or MD/PA
- Create PACT Dashboard for each PACT team
- PACT teams meeting 4/5 measures will be recognized as high performing teams.

#### 1b
- Each PACT RN will develop disease specific patient data base utilizing VSSC - focus on obese patients
- Complete hiring of CCHT staff to decrease backlog of telemove consults
- PACT RN to visit PACT patients who are hospitalized
- PACT RN to call PACT patients who visit ED
- ED will implement “nurse first triage” so pts who are screened with a level in PC can be assessed by their PACT

#### 1c
- Realign clerical staff under PCSL and fully staff clerical position in each PACT and have continuous hiring when positions become vacant
- Hire “gap” providers at ratio of 1 gap provider for each 10,000 patients
- Hire full time PACT Coordinator

#### 1d
- Target Provider/Nurse interactions with patients to increase SHEP and Press Ganey patient satisfaction scores
- Add specific questions to PG survey instrument referencing the patient’s PHP

#### 1e
- PACTs to develop PHPs for all patients assigned to their PACT

#### 1f
- Decrease cost per patient from baseline from FY11 and FY12 balanced with other effective measures

#### 1g
- Complete hiring of MH positions by 3QFY13
- Consider combining MH inpatient services to either Salisbury or Salem by end of FY13

#### 1h
- Focus on Homeless veteran housing.

#### 1i
- Focus on improving HTN, A1c, obesity, LDL.
- HPDP program will coordinate with national adding healthy living messages on MHV for patients to review
- Add nurse led educational groups.
### Strategic Goal 2 (VISN 6): Make our workplace a better place to work

**VA Strategic Imperatives:** Be a pro-active and agile institution, Make VA a place where people want to work, Empower independence through support, Be forward leaning and reward innovation

<table>
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<tr>
<th>VHA Goal 2: Achieve measurable improvements in health outcomes.</th>
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<tr>
<td>Salem VAMC Key Driver 3: Employer of Choice</td>
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#### 2a
- VISN plan

#### 2b
- Use Integrated Ethics, AES survey results, and NCOD assessments to identify gaps
- Develop appropriate plans to address identified gaps

#### 2c
- Implement a multi-pronged, phased approach to include crucial conversations
- Invigorate our recruitment and retention activities, using targeted recruitment efforts
- “Grow” our own and empowering our employee for leadership opportunities/development

#### 2d
- Advocate/encourage continued use of awards, recognitions, and incentives for both individuals and teams
- Development of a recurring “HR newsletter” promoting and educating staff/supervisors of award opportunities

#### 2e
- Continue to improve upon work satisfaction through leveraging of “Worklife Improvement Team” (WIT)
- Use techniques such as CREW to emphasize that civility and respect among coworkers and patients play a vital role in increasing workplace satisfaction
- Identify factors through AES that directly impact employee job satisfaction and address them
Strategic Goal 3 (VISN 6): Create a healthcare environment that attracts and retains Veterans

<table>
<thead>
<tr>
<th>VA Strategic Imperatives: Be a trusted partner, Know and understand our clients, and our business</th>
<th>VHA Goal 1: Provide Veterans personalized, proactive, patient-driven health cared.</th>
<th>Salem VAMC Key Driver 4: Fiscal Responsibility</th>
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<tr>
<td>• Utilize Rural Health Team to vest 800 Veterans (stretch goal of 1,000) spread out over all six care sites.</td>
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<td>• Primary care to review PCMM monthly to identify:</td>
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<td>• Lost users that will open up panel slots</td>
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<td>• Prescription only users so query can be completed to ascertain interest in VHA care and/or performing vesting visit</td>
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<td>• Any Veteran that has not had a qualifying vesting appointment for 12+ months who will then be scheduled for a vesting appointment within 90 days</td>
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<tr>
<td>• Health Administration to run Non-Vested report monthly to identify non-vested Veterans and Work with Primary Care to schedule a vesting appointment within 30 days of identification</td>
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<tr>
<td>• VERA Coordinator to provide education to Primary Care providers of documentation requirement to qualify for a vesting appointment</td>
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3a

| • Public Affairs Officer, OEF/OIF/OND Program Manager, Customer Service Manager, Facility Planner, applicable Veteran Service Organizations and other representatives to create a local marketing plan. | | |
| • Plan should be incremental to manage growth and be inclusive of all media types (print, electronic, social, etc) | | |
| • Utilize VHA Communication Plan to ensure consistent approach to and adherence with VACO guidelines, directives, and rules. | | |

3b

| • Rural Health and Non-VA Care Coordination programs to collaborate on development of educational materials in conjunction with VISN Rural Health Subcouncil. | | |

3c
Strategic Goal 4 (VISN 6): Leverage VISN resources to become a leader in delivering timely, evidenced-based outpatient medical and surgical sub-specialty care.

| VA Strategic Imperative: Be a pro-active and agile institution, Be forward leaning and reward innovation | VHA Goal 3: Align resources to deliver sustained value to Veterans. | Salem VAMC Key Driver 1: Innovation  
Salem VAMC Key Driver 2: Leverage |
|---|---|---|
| 4a | • Comprehensive review of consults in scarce specialty fields to determine the demand and identify the right source of supply (F2F vs Non-F2F) to deliver the right care to meet the demand.  
• Adopting the metrics posted by the Office of Specialty Care Transformation such as Octane ratio to analysis the current new demand vs providing care to established patients.  
• Streamlining the duty and utilization of the mid level providers to meet the demand of the established patients by allowing providers to practice at the top of their license providing care for the established patients.  
• Streamlining the specialists schedule to enhance seeing more new patients thereby decreasing the octane ratio. | |
| 4b | • Increase utilization and availability of non face-to-face modes of care:  
  • SCAN-ECHO (interfacility consults are available for Sleep, Cardio, Pulm, and Surg).  
  • E-CONSults: Consistent with FY 13 SC T21 targets, setup and implement e-consults for all services that have at least 2 FTEE physicians. This will include education of PC on use of consults.  
  • Increase use of tele-health based SC  
  • Increased use of telephone-based care by 10%  
  • Implement SCNT model utilizing mid-level practitioner to improve coordination of care with PC and other SC services.  
  • Deliverables include reduced discontinued consults, improved access measures, and coordinated care.  
  • Increase access and capacity of SC-based physician care/procedures.  
  • Seek innovative and empirically-based methods for increasing access and capacity for SC services.  
  • Remote sleep clinic – delivered to Salem Catchment area utilizing remote-based devices.  
  • Telehealth services for PAD (cardiology).  
  • Vascular clinic (surgery). | |
| 4c | • Salem has made available the SCAN-ECHO interfaculty consults in Sleep, Cardio, Pulm, and Gen Surg across our network.  
• Salem is posed to increase the utilization of available supply of subspecialists thru SCAN and SCNT projects to help to meet the subspecialty demand in these fields by utilizing an already established Salem SCAN IFC in, Sleep, Cardiology and Surgery, Pulmonary (increase utilization of non F2F modes of care)  
• E-Consults: Consistent with FY 13 SC T21 targets, setup and implement e-consults for all services that have at least 2 FTEE physicians. This will include education of PC on use of consults.  
• Seek innovative and empirically-based methods for increasing access and capacity for SC services | |
| 4d | • Non-VA Care Coordination program to provide data related to fee services  
• Highest dollar fee services and cost comparison for in-house versus fee  
• Utilize new hires to reduce fee (i.e. new GI provider to begin January 2013) | |
| 4e | • Training to be conducted regarding proper linkage of notes for timely consult completion  
• Designated Point of Contact for high interest consults  
• Service management briefings to Quadrad (monthly to quarterly depending on service) | |
### Strategic Goal 5 (VISN 6): Align mission and resources to provide recognized value to our Veterans

| VA Strategic Imperative: Be a pro-active and agile institution; Become flexible and scalable | VHA Goal 3: Align resources to deliver sustained value to Veterans. | Salem VAMC Key Driver 1: Innovation  
Salem VAMC Key Driver 2: Leverage  
Salem Key Driver 4: Fiscal Responsibility |
|---|---|---|
| **5a**  
• Determine baseline Clinical Inventory  
• Query clinical services for proposals on how they would like to expand and/or alter services | | |
| **5b**  
• Identify top three fee services by cost and develop a reduction strategy  
• Implement a Mental Health CLC Dementia Recovery Household  
• Explore transition of SARRTP to an intensive outpatient program with focus on harm reduction  
• Consult with Salisbury regarding partnership related to SARRTP and Inpatient PTSD programs | | |
| **5c**  
• Explore use of smartphones in delivery of mental health and recovery services  
• Develop a pilot program for use in the Substance Abuse Intensive Outpatient Program | | |
Strategic Goal 6 (SVAMC): Foster an environment of continuous improvement and learning

| VA Strategic Imperatives: Be a proactive and agile institution, Be forward-leaning and reward innovation | VHA Goal 3: Align resources to deliver sustained value to Veterans. | Salem VAMC Key Driver 1: Innovation  
Salem VAMC Key Driver 3: Fiscal Responsibility |
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6a
- Implementation of RPIW related to maximizing Operating Rooms (OR) utilization
  - Phase I: 6 of 8 OR to be fully utilized
  - Operating rooms 1-4 and 6 are in need of no additional work
  - Scope in OR 5 to be moved to OR 7
  - OR 8 to be outfitted with shelving and locked cabinet and then will be used as MOPS room
  - Staffing issues to be fully evaluated (at present no additional nursing staff would be required)
  - Phase II: 8 of 8 OR to be fully utilized

6b
- Examine available data to define areas in need of efficiency strategies
  - GlidePath Tool
  - VA Thompson Reuters (VA TR) Value Model

6c
- Expand academic affiliations to include
  - Creighton University (Doctorate of Pharmacy)
  - University of Charleston (PA program)
  - Loyola University (MSN and DNP)
  - VCU (MHA)

6d
- Decrease spending
  - Reduction of Non-VA Care Coordination expenditures
  - Targeted pharmacy cost reduction
  - Minimize overtime needs
  - Reduce discretionary travel
  - Reduce printing and reproduction costs
  - Reduce supply cost
  - Increase MCCF revenue
  - Develop better coding practices
  - Increase capture of 3rd party insurance data
  - Increase vesting of new and existing patients
VII PERFORMANCE RESULTS

As defined in MCM 658-00-55, The Salem VAMC Quality Management System Plan is designed to comprehensively plan, design, measure, assess, improve and sustain all patient care and organizational processes. It includes all clinical and administrative services and programs of this hospital, Community Based Outpatient Clinics, Home Care Programs, Behavioral Health Programs, Outpatient Programs and Community Living Center (CLC). It is inclusive of the requirement for an effective Quality Management System and focuses on the components and key drivers of the Medical Center. The Quality Management Plan:

- Ensures quality assurance activities are in place and utilized.
- Ensures performance improvement and performance measurement activities are present and ongoing.
- Continuously improves patient safety activities.
- Coordinates and drives improvement from internal and external reviews.
- Continuously improves internal and external customer satisfaction by integrating indicators from the various committees/teams to assess, measure, and improve the functions or processes.
- Improves access to care through effective system redesign, utilization management and patient flow activities.
- Incorporates risk management activities.

Although a variety of models and performance improvement tools may be used, the basic model used for designing new and modifying existing process is the Vision-Analysis-Team-Aim-Map-Measure-Change-Sustain (VA-TAMMCS) framework from the VHA Office of Systems Redesign. This framework incorporates the Plan-Do-Study-Act (PDSA) cycle which forms the basis for performance improvement at this medical center.

New/modified programs/processes will be consistent with the SVAMC Mission, Vision, Core Values, and strategic plan; will meet the needs of patients, staff and external customers; will be consistent with appropriate resource utilization; and will include small test of change and incorporate the results of performance improvement activities. Performance expectations are established and
monitored. The design will draw on information from pertinent literature and other sources, including assessment of potential risk to patients and occurrence of sentinel events surrounding the new process, in order to minimize the risk to patients affected by the new program/process.

Performance improvement priorities will be driven by and reinforced through the Governance Structure using the Four Key Drivers as the cornerstone. Additional components that may impact performance improvement priorities include: patient access to care; patient satisfaction with care and services; quality patient care outcomes reflected in performance measures or internal monitors; high risk to patient, employees or organization if function is not performed well; problem prone activity for patients, employees or organization; national, VISN or accreditation/regulatory body requirement or performance measure; ethical issues or employee satisfaction. Each council/board is established by and reports directly to the Salem VAMC Executive Leadership Board. Each council/board has a set of designated committees that report up to the council/board and focuses on improving identified processes. It is the responsibility of each committee and council/board to compare data analysis results with established targets or internal or external benchmarks, identify opportunities for improvement, implement and evaluate actions until problems are resolved or improvements are achieved.

The selection of performance monitors/measures will be aimed at determining if a process or function is performing at the level expected and designed. Performance measures may be designed by the Medical Center or selected from appropriate external measures. To the extent possible, relevant measures will be selected that may be compared to similar organizations/industries, or benchmarked with exceptional performers/organizations. Comparative data are used to determine if there is excessive variability or unacceptable levels of performance, as well as levels that represent superior performance.

Data collection and analysis activities are intended to address important Medical Center processes and functions. Statistical tools and techniques are used to analyze and display data. Data collection and analysis will be balanced with available resources and likely usefulness of the outcomes.

Performance improvement priorities and activities are communicated across the organization. Communication strategies include, but are not limited to: town hall meetings, newsletters, and minutes of committees utilizing a standardized format, staff meetings and electronic messages. Collaboration on performance
improvement priorities enables the Medical Center to foster a culture focused on systematic improvement.

VII CONCLUSION
Salem Veteran Affairs Medical Center is proud of our accomplishments in advancing the evidence-based care that is available to Veterans through embracing technological innovations. In doing so, we are at the cutting edge of patient centered health care delivery through our projects in SCAN-ECHO, SCNT, and expansion into simulation in FY13. Additionally, we are well positioned to expand our use of telehealth technologies given our early adoption of tele mental health strategies. We look forward to advancing our delivery of care as we focus on the five VISN 6 goals and continue to foster an environment of continuous improvement as we work on the identified facility specific goals.