

FY19-
FY24

Salem Veteran Affairs Medical Center (658) Strategic Plan



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FY19-FY24

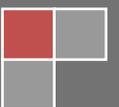


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I INTRODUCTION

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 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. Per 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 84-year history, Salem VAMC has grown to meet the needs of the Veterans we proudly serve. SVAMC is 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 1,820 serve a primary area which includes 26 counties and 13 independent cities representing over 8,800 square miles with a projected population of 67,676 eligible Veterans and approximately 72.3% market penetration. Of the over 48,900 enrolled Veterans, 37,252 uniques were served in FY 18. In addition to the medical center, SVAMC also maintains five Veterans Affairs (VA) Clinics (also known as Community Based Outpatient Clinics or CBOCs) located in Danville, Lynchburg, Staunton, Tazewell, and Wytheville. Figure 1 on page 5 provides a graphic depiction of the SVAMC service area.

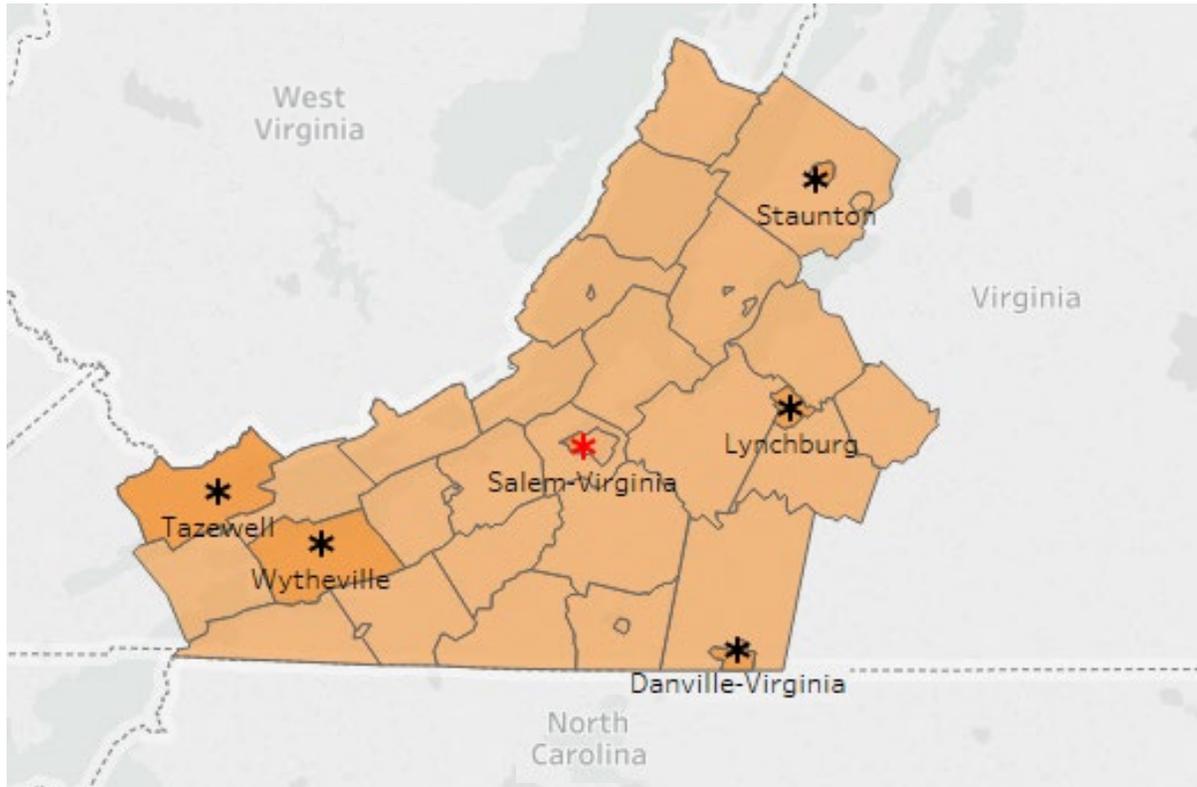
SVAMC's 242 bed facility is affiliated with three medical schools: The University of Virginia School of Medicine, Virginia Tech Carilion School of Medicine, and

Edward Via Virginia College of Osteopathic Medicine. SVAMC provides graduate medical education and clinical training opportunities to medical residents and fellows associated with sponsoring residency programs at Carilion Clinic/Virginia Tech School of Medicine, Lewis Gale-Montgomery, Lewis Gale-Salem, Centra Medical Group-Lynchburg, and the University of Virginia School of Medicine. In 2012-2013 academic year, SVAMC launched an independent podiatry residency program. Robust clinical education and training opportunities are provided to Associate Health and Nursing trainees annually from over 60 affiliates. SVAMC sponsors Associate Health programs including (but not limited to) Optometry, Pharmacy, Physician Assistant clinical education, Podiatry, Psychology, and Social Work. Over 1,000 trainees rotate through SVAMC annually. Emphasis is placed on delivery of safe, high-quality, patient-driven care and is enhanced through supplemental task-trainer, high fidelity manikin-based, and cognitive simulation offered through the SVAMC Simulation Center. The SVAMC Simulation Center also plays an important role in training SVAMC staff to continue with our mission of improving quality of care and patient safety.

In FY18, SVAMC had 92 active research studies with over 30 principal investigators leading studies in Human Immunodeficiency Virus (HIV), diabetes, asthma, osteoporosis, kidney disease, Chronic Obstructive Pulmonary Disease (COPD), pneumonia, atrial fibrillation, dementia, Post-Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), obesity, depression, and substance abuse, all of which enhance the facility's ability to provide state-of-the-art medical techniques and treatments. This year the facility continued with internal/external grant funding including a VA Career Development Award, a VA Diffusion of Excellence Implementation Award, several VA funded Merit Awards and a Department of Defense (DoD) Congressionally Directed Medical Research Program Award.

SVAMC (inclusive of VA Clinics) is comprised of 68 buildings which total over 1.2 million square feet. Recent and ongoing projects include addition of a two-story Community Living Center dining room, expansion and renovation of the Emergency Department, Renal Dialysis Unit and Surgical Suite, construction of a new utility plant, continuation of upgrades to the water distribution system, renovation of a building for student housing, and upgrades to Heating, Ventilation, and Air Conditioning (HVAC) systems. SVAMC is beginning design of future projects to expand the Dental Clinic, consolidate Intensive Care Units (ICUs), and renovate Primary Care clinics to better align with the Patient Align Care Team (PACT) model.

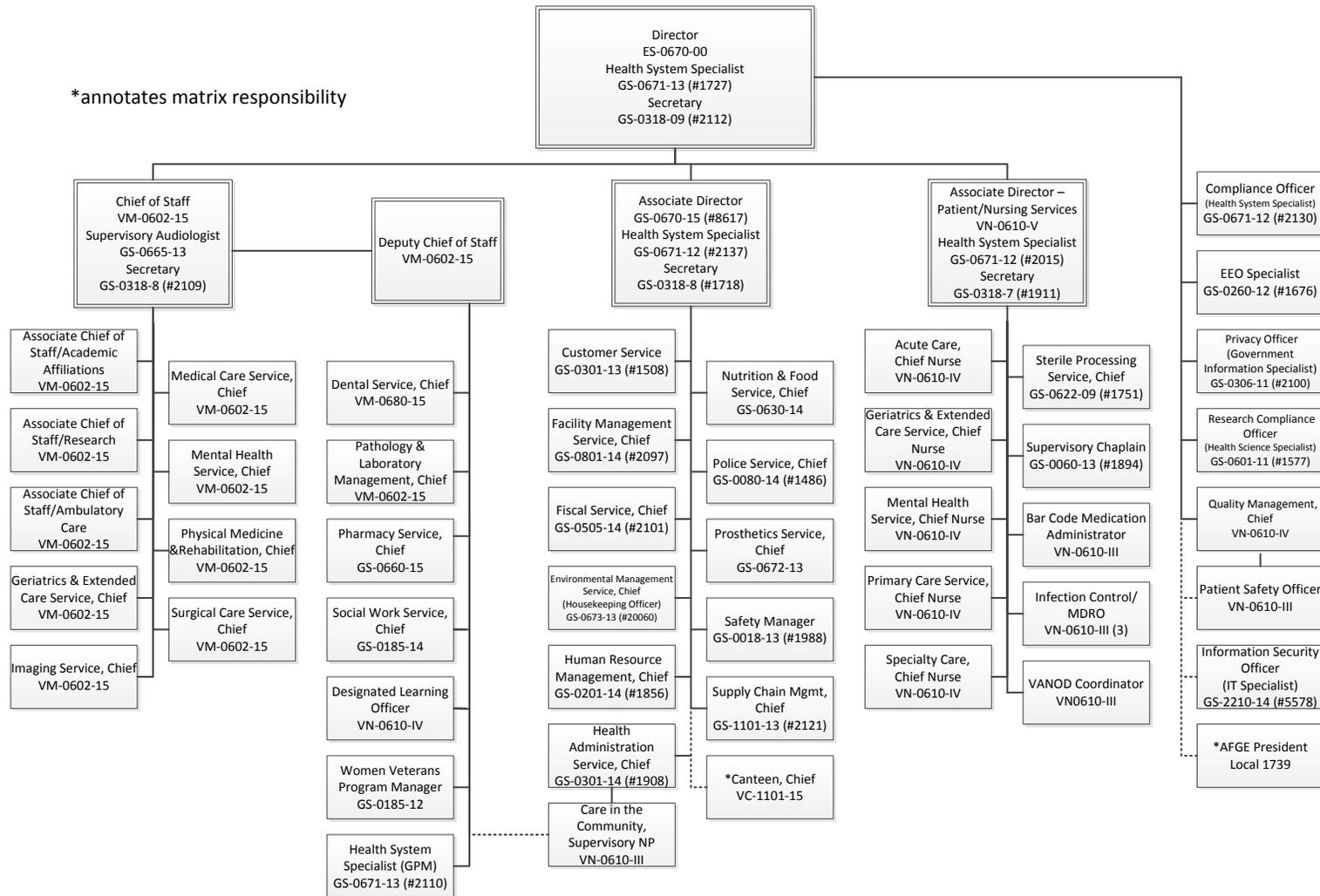
Figure 1: VISN 6 Northwest Market is comprised solely of the Salem VAMC and its service area.



VA Medical Center (VAMC)	(1V06) (658) Salem, VA
VA Community Clinics	(1V06) (658GB) Danville, VA
VA Community Clinics	(1V06) (658GC) Lynchburg, VA
VA Community Clinics	(1V06) (658GD) Staunton, VA
VA Community Clinics	(1V06) (658GA) Tazewell, VA
VA Community Clinics	(1V06) (658GE) Wytheville, VA

SVAMC functions under the guidance of our Executive Leadership Team (ELT). The ELT is led by the Medical Center Director who is supported by the Chief of Staff, Deputy Chief of Staff, Associate Director of Patient and Nursing Care Services, and the Associate Director. SVAMC operates using service lines and service chiefs are organizationally aligned to report their respective ELT representative as is shown in Figure 2 below.

Figure 2: Salem Veteran Affairs Medical Center (658) Organizational Chart as of December 2018



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.

The five Core Values underscore the obligations inherent in VA's mission: integrity, commitment, advocacy, respect, and excellence. The core values define "who we are," our culture and how we care for Veterans, Service members and eligible beneficiaries. Institutionalizing these values is essential if we are to achieve the long-term cultural change that assures Veterans they will always be treated with dignity and respect. Our values are more than just words – they affect outcomes in our daily interactions with Veterans and with each other. Taking the first letter of each word – Integrity, Commitment, Advocacy, Respect, Excellence – creates a powerful acronym, "I CARE," that reminds each VA employee of the importance of their role in this Department. These core values

come together as five promises we make as individuals and as a department to those we serve.

The Core Characteristics define “what we stand for,” and help guide how we will perform our core mission. They shape our strategy, guide the execution of our mission, and influence key decisions made within VA. The Characteristics are Trustworthy, Accessible, Quality, Agile, Innovative, and Integrated.

III PLAN ACCOMPLISHMENTS

VISN 6 established six major goals for FY13-FY18 and Salem VAMC worked toward achievement of the delineated performance measures. The following is a summary of our accomplishments towards those goals.

Strategic Goal 1 (VISN 6): Promote the Health Status and wellbeing of Veterans in a patient-centric partnership with healthcare and community support teams

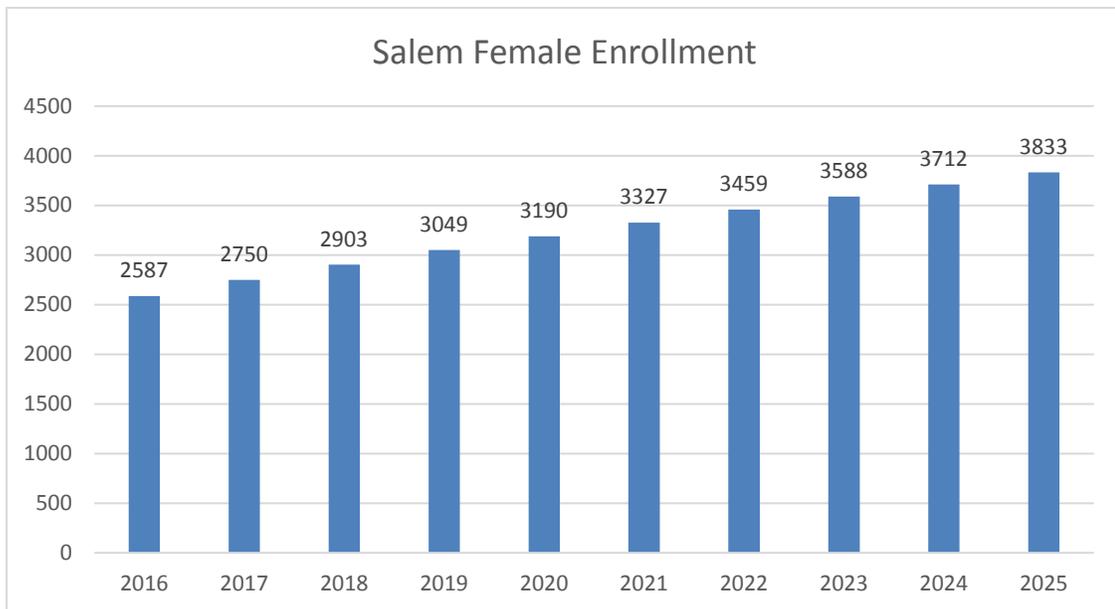
- On November 11, 2015 Governor McAuliffe announced that Virginia was certified by the United States Interagency Council on Homelessness, the US Department of Housing and Urban Development, and the US Department of Veterans Affairs as the first state in the nation to functionally end Veteran homelessness.
- Through a multi-step process, SVAMC was successful in restructuring inpatient mental health bed alignment. This included placing 54 Sustained Treatment and Rehabilitation Beds as out of service and realigning our inpatient Specialized Inpatient PTSD unit to the residential rehabilitation level of care. Both of these changes sought to offer Veterans recovery oriented care in the least restrictive environment possible.

Strategic Goal 2 (VISN 6): Make our workplace a better place to work

- Advanced in SAIL from 96th place in FY13Q1 to 66th place by FY18Q3 for Best Place to Work.
- Organizational Health Committee initiated in April 2014 which reports directly to the Executive Leadership Board.
- Reinvegorated Worklife Improvement Team (WIT) promoting activities such as Farmer's Market, Food Trucks, and educational learning opportunities.
- Celebration of staff with institution of quarterly Employee Awards and Recognition ceremony
- Institution of weekly Friday Kudos email from the Director highlighting staff compliments that have been received.
- Promotion of leadership growth opportunities at the local, VISN, and National levels through Non-Supervisory Leadership Development Program (NLD), Mid-Atlantic Advancement Program (MAP), Leadership Development Institute (LDI), Health Care Leadership Development Program (HCLDP), Executive Candidate Development Program (ECDP) , and Leadership VA (LVA).
- 92% of senior leaders participated in the Servant Leaders 360 assessment over FY 16 and FY17.
- VA Voices was initiated in July 2015. By the end of FY18, 564 staff have been trained and 45 supervisors attended an additional one day training geared towards managers and supervisors.
- Instituted the DAISY Award Program, an international program committed to honoring excellent and compassionate nurses.

Strategic Goal 3 (VISN 6): Create a healthcare environment that attracts and retains Veterans

- Slight unique growth was experienced in FY15 and FY16 at 1.8% and 1.7%. A dip was experienced in FY17 and FY 18 placing SVAMC at a loss of 2% and 3% respectively.
- Measuring reliance based on cumulative visits demonstrated a steady increase from FY13 baseline. FY17 increase from FY13 was 7.72%.
- Established Quick Care Clinic in December 2016. In FY18, QCC treated 5,827 unique patients for 9,719 encounters.
- The Salem VAMC Women’s Health Program has shown steady growth in enrollment through rigorous outreach efforts and program development. Women’s health services has expanded beyond the Women’s Clinic to all 5 CBOCs with comprehensive care provided at each site.



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

- Targeted recruitment of Orthopedic specialties has been completed, leading to highly productive total joint program supporting Salem VAMC and other VISN 6 sites.
- Excellence in podiatric services as evidenced by patient experience responses.
- Implementation of the Center for Integrated Pain Management, aimed at introducing alternatives for narcotic pain management an alternative treatments for chronic pain.

Strategic Goal 5 (VISN 6): Align mission and resources to provide recognized value to our Veterans

- Clinical Inventory was populated and is reviewed periodically to ensure contents are accurate.
- Realignment of Supply Chain Management to ensure clinical product availability at the point of care.
- Continuation of Revenue Maximization Workgroup to enhance revenue opportunities.
- Used of Expense Minimization Workgroup to develop and oversee implementation of staffing plan for solvency in FY 2017 and continued fiscal glidepath for FY 2018.
- Centralization of the anti-coagulation clinic to provide for improved access to state of the art care.

Strategic Goal 6 (SVAMC): Foster an environment of continuous improvement and learning

- Data from the Strategic Analytics for Improvement and Learning (SAIL) are available to all staff. All areas are supported in efforts to improve on these quality measures. SVAMC has moved from a 3 star to a 5 star facility through these initiatives.
- Staff have been provided with multiple learning opportunities related to lean concepts with over 200 employees at various belt levels.
- Basic principles of lean are reviewed by the Director during New Employee Orientation.
- Job control is supported through Improving Our Work Is Our Work which was initiated in FY12. Over 250 projects were completed as part of IOWIOW.
- Academic affiliations were expanded to include Creighton University (Doctorate of Pharmacy), Loyola University (MSN and DNP), and Virginia Commonwealth University (MHA).
- Leadership Management Institute launched in July 2018, providing interactive supervisory training to 55 supervisors. Additionally the Leadership Engagement Book Club included 25 supervisors or team leads.
- New Provider Orientation began in 2018 and has engaged 35 providers thus far.
- Medical Support Assistant Academy is a two day interactive, customer service centric course that started in January 2018 and has developed over 100 support staff and was disseminated to another facility via the Hub of Excellence.

In addition to the above referenced VISN goals, Salem VAMC implemented a fiscal glidepath in FY17 which allowed successful management of budget allocation. Reaccreditations were also experienced during the FY13-FY17 time period for The Joint Commission, Long-Term Care Institute, College of American Pathologists, and Commission for Accreditation of Rehabilitation Facilities (inclusive of Mental Health Intensive Case Management (MHICM), Housing & Urban Development-Veterans Affairs Supportive Housing (HUD-VASH), Therapeutic and Supported Employment Service (TSES), Psychosocial Rehabilitation and Recovery Center (PRRC), Substance Abuse Residential Rehabilitation and Treatment Program (SARRTP), and PTSD Residential Rehabilitation Program (PRRP).

SVAMC's Simulation Center (Sim Center) opened in the Spring of 2012. It received Intermediate level accreditation from SimLEARN on July 15, 2015. The Sim Center provides training to all levels of staff including but not limited to environmental management, medical support assistants, nurses, and physicians. In August 2017, the Sim Center was asked to assume the voice activated mannequins used for Basic Life Support and Advanced Life Support certification and saw staff satisfaction scores improve from 84% to 93.67%.

IV STRATEGIC ANALYSIS

A Planning Assumptions:

The Health System Planning Application (HSPA) for Base Year (BY) 2016 was utilized to determine the below referenced planning assumptions.

Decreasing Eligible Veteran population over the next 5 years

Increasing market share of eligible Veterans who are enrolled at approximately 60-65%

Minimal to flat growth in enrolled patients

Projected decrease in need for inpatient care

Projected increase in need for outpatient care

Zero to low growth budget

B Internal Environmental Assessment:



C External Environmental Assessment:

Following analysis completed using the SKEPTIC model.

Issue	Description
Social/Demographic	<p>VA Employees: 1905 employees; Avg Age 48.37, Avg Hire Age 40, Vet Pop, 24.26%, Employees with Targeted Disabilities 2.67%</p> <p>White Male Pop: 25.04%, White Female Pop: 47.61%, Black Male Pop: 7.24%, Black Female Pop: 13.18%, Other: 6.9%</p> <p>Enrolled Veteran Data: 44,423 Enrolled Veterans; 2,587 female, 41,836 male; 31,922 Priority Group 1-6, 12,501 Priority Group 7-8</p>

	<p>FY 2017 Unique Veteran Period of Service: 43.04% Vietnam era, 22.12% Persian Gulf War era, 13.82% Post-Vietnam era, 6.81% Korean era, 5.3% Post-Korean era, 2.79% World War II era, .31% Pre-Korean era, 5.81% other categories (Data Source: Unique Patient Demographics Report)</p> <p>Military Population: Limited active, duty military population as no military bases are within the catchment area of the Salem VAMC</p>
<p>Kompetition/Substitutes</p>	<p>The Veterans Access, Choice, and Accountability Act (VACAA): Signed into law in August of 2014, VACAA expanded the availability of medical services for eligible Veterans with community providers through the Veterans Choice Program (VCP). In April 2017, Congress passed a bill which eliminated the sunset date for the VCP that was listed in VACAA.</p> <p>Insurance: Private Insurance, Tricare, Tricare for Life, Medicare, Medicaid</p> <p>Community Providers: Carilion Clinic, Centra Health, Danville Regional Health System, and HCA Virginia Health System</p>
<p>Economics/Ecology</p>	<p>Competitive Salaries: There are hard to fill specialties in which the lack of ability to offer a competitive salary makes recruitment and retention difficult.</p> <p>Increase in Benefit Costs: As third party insurance providers raise rates this increases the amount VHA must pay into employee benefits.</p> <p>Inflation: Standard rate of inflation on the healthcare industry is between 5.37%.</p> <p>Instability in Utilities Costs</p> <p>National Drug Shortages: Drug shortages cause hospitals to buy more expensive alternatives as well as receive drugs off contract price.</p> <p>New Program Implementations & National Mandates: With changes in administrations and leadership, priorities shift to new programs which require continued funding.</p>

	<p>Congressional Budget: Funding sources requires the legislative branch to pass the budget into law.</p> <p>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 most job opportunities and these are typically centered close to minimum wage with minimal or no additional benefits.</p>
<p>Political/Regulatory</p>	<p>Salem VAMC Congressional Representatives: Senator Mark Warner, Senator Tim Kaine, Representative Denver Riggleman (VA 5), Representative Ben Cline (VA 6), Representative Morgan Griffith (VA 9), and Governor Ralph Northam. SVAMC maintains quarterly meetings with congressional staffers.</p>
<p>Technology</p>	<p>Social Media: Active Facebook and Twitter accounts</p> <p>My HealthVet: 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.</p> <p>Telehealth: Implementing new programs that will expand access and allow convenience for the Veteran. Moving forward, telehealth will offer video care to the home as well as expand telehealth offerings at the medical center and to VA Clinics.</p> <p>Electronic Health Record (EHR): Nationally, the Department of Veterans Affairs has announced they are adopting the same EHR as the Department of Defense. The system is known as MHS Genesis, which at its core consists of Cerner Millennium. A pilot phase (which SVAMC is not participating with) is anticipated to occur over the next three years with full implementation in seven.</p> <p>Electronic Health Information Exchange (eHIE): Salem fully adopted Veteran Health Information Exchange (VHIE) in January, 2015, and utilizes a local, onsite Community</p>

	<p>Coordinator to launch and manage the VHIE Program. Since inception, the VHIE program at Salem VAMC is recognized as a top performer in the nation in all measured categories, such as Veteran Authorization collection, and clinical use (VA providers using JLV to seek/view non-VA health data).</p>
<p>Industry/Suppliers</p>	<p>Federal Acquisition Regulations Part 8 (.001 thru .004): To be compliant with this regulation which describes the hierarchy for disposable and Reusable Medical Equipment (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, Prime 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. American Purchasing Services LLC, dba: American Medical Depot (AMD) is our Prime Vendor for medical supplies and we support local small businesses when applicable and necessary.</p> <p>Additionally, in accordance with the Veterans First Contracting Program (the Program), created by 38 U.S.C. 8127 and 8128 and implemented in 2009 as VAAR 819.70. The VA is fully complying with the Veterans First Contracting Program and specifically applying the “VA Rule of Two.” The Vets First Verification Program affords verified firms owned and controlled by Veterans and Service-disabled Veterans the opportunity to compete for VA set asides. The VA Rule of Two is the process prescribed in 38 U.S.C. 8127(d) whereby a contracting officer of the VA, “shall award contracts on the basis of competition restricted to small business concerns owned and controlled by veterans if the contracting officer has a reasonable expectation that two or more small business concerns owned and controlled</p>

by veterans will submit offers and that the award can be made at a fair and reasonable price that offers best value to the United States.”

Customers/Citizens

Stakeholders: Veterans and families; Veteran Service Organizations; local posts and units to include those in areas where community based outpatient clinics are located; Roanoke Valley Veterans Council and Lynchburg Veterans Council (comprised of key Veteran leadership in each respective 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. SVAMC has a firm working relationship with reserve units who provide added support and involvement with VA programs when appropriate. Community support and image is strong and the medical center is engaged in various community activities to raise awareness of VA and our mission. Examples include SVAMC participation in parades, Veteran specific job fairs, Veteran/Staff Education Fairs, Homeless Stand Down, Renovation Alliance for Veteran families, and other events where VA is represented within the community and Veteran recognition is a primary focus.

Public and media image remains neutral in the past five years. SVAMC continues to pursue opportunities to increase public communication and awareness through development of partnerships and collaboration with stakeholders to positively promote SVAMC. Examples include the recent partnership with the local FOX affiliate with weekly segments to highlight VA health care programs, marketing efforts through use of strategically placed billboards to promote the suicide prevention crisis line and the addition of an Outreach Coordinator to supplement efforts for Veteran enrollment in VA health care, particularly in rural areas and serve as a positive presence in colleges/universities for younger Veteran populations. Communication with the public continues to grow with daily use of social

media postings about past/future events and as a means to showcase new or high performing programs and public appreciation of staff members.

Affiliates: Salem VA Medical Center is affiliated with three regional medical schools that include the University of Virginia School of Medicine, the Edward Via Virginia College of Osteopathic Medicine, and the Virginia Tech Carilion School of Medicine. Salem VA Medical Center also plays a significant role in graduate medical education, supporting 56 medical resident FTE from five regional sponsoring institutions that include the University of Virginia School of Medicine, Carilion Clinic, LewisGale Salem Medical Center Internal Medicine Program, Lewis Gale Montgomery Regional Medical Center Internal and Family Medicine Programs, the Centra Medical Group-Lynchburg Family Medicine Program and. Associate health and nursing trainees are also supported through a number of other regional affiliations that include the University of Virginia, Medical College of Virginia, Virginia Western Community College, Radford University, Duke University, Liberty University, Shenandoah University, Jefferson College of Health Sciences, Skyline College, and Old Dominion University. Salem actively supports associate health and nursing trainees from over 70 affiliated universities, colleges, and professional training programs. During fiscal year 2017, 977 graduate medical education, associate health, and nursing trainees completed rotations through Salem VA Medical Center.

D 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 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 include a quarterly staffer meeting.

Salem VAMC Congressional Representatives:

- Senator Mark Warner
- Senator Tim Kaine
- Representative Denver Riggleman (VA 5)
- Representative Ben Cline (VA 6)
- Representative Morgan Griffith (VA 9)
- Governor Ralph Northam.

E Competitors:

The primary competitors in our catchment area are Carilion Clinic, Centra Health, Danville Regional Health System, and HCA Virginia Health System. Per the US Department of Health and Human Services Hospital compare website (<http://www.hospitalcompare.hhs.gov/>), these competitors operate ten hospitals within a 50-mile radius of the Salem VAMC. Carilion Clinic and HCA Virginia Health System operate Carilion Roanoke Memorial Hospital and LewisGale Medical Center respectively. Both facilities are near SVAMC and provide specialty services that are not currently available SVAMC. Therefore, an active partnership exists with them to provide services to our Veterans as appropriate. In regard to patient satisfaction scores, both are above state and

equal to or above the national averages for those patients that would definitely recommend the facility at 75% and 72%, while Salem's rating for the same question is 71%. Ratings for serious complications deaths among patients with serious treatable complications after surgery, and deaths within 30 days of admission to the hospital for LewisGale Medical Center were "no different than the national rate." Carilion Roanoke Memorial Hospital had "worse than the national rate" for deaths among patients with serious treatable complications after surgery, death rate for COPD patients within 30 days of admission to the hospital, and death rate for pneumonia patients within 30 days of admissions. They were "no different than the national rate" for serious complications, and the four other categories for deaths within 30 days of admission to the hospital.

F Partners:

Salem VA Medical Center partners with the Department of Defense through the VA-DOD sharing agreement program. The sharing agreement with the US Army Medical Department (AMEDD) to provide on-the-job training for the National AMEDD Augmentation Detachment. Additionally, 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 an agreement with Durham VAMCs to provide laundry services as well.

Community partnership has grown and will continue to grow, respective to two areas: Veterans Care Agreements (VCAs) and Veterans Healthcare Information Exchange. Community providers have partnered with VA to ensure timely scheduling and payment for services authorized by the Veterans Community Care Program that the Third Party Administrator either cannot schedule, or cannot schedule timely. The majority of these partners are for home care and dental care services, but other providers are partnering with VA to include other outpatient services. The Veterans Healthcare Information Exchange works to partner with community providers to provide a service to Veterans, allowing VA to share healthcare information directly with them, and for VA to receive medical records directly from the community. This partnership relies heavily on Veterans individually signing up for the service, but as they sign up, the community providers are more likely to partner.

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. The President of

the National VA Council #53 and the District 4 Representative maintain their offices in Building 76-1. Salem VAMC has an active Alternative Dispute Resolution (ADR) program.

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

Budget

For FY 19, Salem VAMC received an increase of 7% in its general-purpose allocation, a difference of approximately \$18 million. In order to adjust to outside economic factors and demands on the healthcare industry, SVAMC is continuing to focus on expanding revenue recognition through the VERA model. Additionally, with economic uncertainty, a need to minimize expenditures will play a critical role in Salem VAMC's ability to maintain fiscal sustainability. Following is the budget plan to meet these goals.

1. Increase Third Party Collections

Verification of third party insurance

Review and assess Reasons Not Billable

2. Stabilize expenditures

Pharmacy

Salary\FTE

CITC & Choice

Contract Management

3. Increase Workload

Increasing unique Veterans served

Identify areas of potential loss of basic\complex patients

4. Identify areas which will produce additional VERA funding in future years

Conduct detailed make/buy analysis on select departments

Revenue Maximization Workgroup

Human Capital

Safe, effective, efficient and compassionate patient care begins by having enough 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 initiatives through participation in self-development programs such as Salem's Non-Supervisory Development Program, Leadership Management Institute, and the virtual Aspiring Leaders Program (vALP). Supervisor lunch and learn sessions are provided to strengthen our growing professionals, providing the tools and support needed to lead their employees. The Work-life Improvement Team (WIT) continues to identify and improve employee work satisfaction. In addition, there is an active Employee Association. Salem VAMC's current on-board FTE is 1820.

Salem VAMC continues to strive to become an Employer of Choice within our community. Our All Employee Survey (AES) employee participation rate increased to 66 percent over the past year and this has provided vital information allowing us to evaluate our organization's health. This year, our concentrated efforts will be communication, accountability, and growth. 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 Primary Care Providers. Salem VAMC is actively recruiting and has had some success with our hard to fill positions. Most these hard to fill critical occupations have been deemed eligible for the Education Debt Reduction Program 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 continue to be placed on further educating managers on special hiring authorities for hiring disabled employees using targeted disability recruitment efforts.

Infrastructure

Much of the Salem VAMC was constructed prior to 1934 with the main hospital facility (Building 143) construction completed in 1992. During the past several years and into the present timeframe, there has been a significant emphasis on critical infrastructure and utility needs including architectural and structural components; primary and secondary electrical systems; water distribution systems; transport systems (elevators); and heating, ventilation and air conditioning (HVAC) systems.

The most current Facility Correction Assessment (FCA) report (conducted in 2015) indicates \$253.2 million in corrective costs for items scoring a D or F in the FCA indicating a range of conditions from poor or problematic to critical or failing. Typically, only a fraction of overall project costs are captured in the FCA deficiencies tally due to construction requirements for a complete project effort. For example, a water heater may be identified as requiring replacement, but the replacement effort also requires ancillary construction that may not be included in the FCA cost estimate such as certain piping components, wall demolition and replacement, floor repairs, etc. In addition, construction premiums such as evening and weekend work to minimize impacts to patient care and Service Disabled Veteran Owned Small Business (SDVOSB) mandates can substantially increase the actual costs of addressing FCA deficiencies. This often results in actual costs exceeding those indicated in the FCA assessment. At the historic average rate of funding for non-recurring maintenance, major and minor construction at this station, it would likely require as many as 25 years or more to address all currently existing FCA deficiencies at a D or F level, assuming all capital funding is directed to addressing FCA deficiencies. Of course, it is never the

case that all capital funding is dedicated to addressing critical FCA deficiencies. Strategic planning indicates gaps in areas such as utilization, accessibility, space, wait times and other self-identified deficiencies, and a large portion of capital funding goes to address these gaps often without a significant impact to FCA reduction. This fact further extends the FCA remediation schedule by many years as does the fact that other systems which initially received higher ratings also deteriorate with time. While existing FCA deficiencies will see some reduction on an annual basis, it is also true that the true FCA backlog at any particular future point in time may not see a reduction and could be increasing over time.

Salem VAMC coordinates strategic planning with the Medical Center Director, Associate Director, Chief of Staff, Deputy 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. For example, current near term focused projects are aimed at providing a more homelike environment for Salem's long-term care population, providing more efficient and effective access to emergency services, and providing more convenient and private access to renal dialysis services. Projects in this near-term arena also include modernization of surgical space and upgrades to HVAC systems to improve the quality of the environment for Laboratory Services and women's health. With regards to longer term focus, future projects place an emphasis on greater privacy for both medical/surgical patients as well as long term care patients. Longer term projects also include upgrades to primary care clinics and consolidation of Intensive Care services for greater efficiency and better care. Overall, the Facility Strategic Plan has permitted leadership to direct both capital and non-capital solutions to maintain and improve healthcare delivery in many areas.

The majority of buildings on the Salem VAMC campus are approaching 85 years old and require a great deal of attention with regards to building envelop corrections to prevent acceleration of deterioration and possible development of adverse interior conditions. We have been able to secure funding to make many corrections, and continue to do so. It is very difficult to maintain these facilities with current staffing levels while staying within established (and generally flat-line) maintenance and overtime budgets, but the facility has managed to do so and continues to do so. Although Salem has received good support for funding of non-recurring maintenance, minor,

and one major construction project, the procurement process and restrictive contracting market for both design services and construction services continues to be very difficult to manage. We continue to explore every allowable avenue for procuring design and construction services, but the restrictive market often results in delays due to high bid prices and requirements to adjust the design and re-advertise construction services for a fairly significant portion of our project load. This sometimes places project funding in jeopardy, and can result in loss of critical projects at times.

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.

Four strategic goals (draft) have been described by the former Secretary of the Department of Veterans Affairs (DVA) for FY 2018-2024. They are as follows:

Strategic Goal 1: Veterans Choose VA for easy access, greater choices, and clear information to make informed decisions.

- Strategic Objective 1.1: VA anticipates Veterans' changing needs throughout their lives to enhance their choices.
- Strategic Objective 1.2: Veterans are informed of, understand, and can avail themselves of the benefits, care and services they choose.

Strategic Goal 2: Veterans receive timely and integrated care and support that emphasizes their well-being and independence throughout their life journey.

- Strategic Objective 2.1: VA has collaborative, high-performing and integrated delivery networks that enhance Veteran well-being and independence.
- Strategic Objective 2.2: VA ensures at-risk and underserved Veterans receive what they need to eliminate Veteran suicide, homelessness, and poverty.

Strategic Goal 3: Veterans trust VA to be consistently accountable and transparent.

- Strategic Objective 3.1: VA is always transparent in order to enhance Veterans' choices, to maintain trust, and to be openly accountable for its actions.
- Strategic Objective 3.2: VA holds its personnel and external service providers accountable for delivering excellent customer service and experiences while eliminating fraud, waste, and abuse.

Strategic Goal 4: VA will modernize systems and focus resources more efficiently in order to be competitive and to provide best-in-class capabilities to Veterans and its employees.

- Management Objective 4.1: VA's infrastructure improvements, improved decision-making protocols and streamlined services enable VA to agilely adapt to changing business environments and Veteran needs.
- Management Objective 4.2: VA will modernize its human capital management capabilities to empower and enable a diverse, fully staffed and highly skilled workforce that consistently delivers world class services to Veterans and their families.
- Management Objective 4.3: VA IT modernization will quickly deliver effective solutions that will enable VA to provide improved customer service and provide a secure and seamless experience while decreasing its rate of spend.

The current Secretary of the Department of Veterans Affairs (DVA) has outlined 4 broad-based goals as follows:

1. Customer Service
2. Implementation of the MISSION Act
3. Replace aging Electronic Health Records
4. Transform business systems to include: HR, finance, and acquisition.

This also includes a focus on challenges of Veteran homelessness and suicide prevention.

Additionally, VA has set 4 goals for employee engagement, as well as a 5th driver, connection to the mission, as a cross-cutting component that is represented in each of the goals.

EMPLOYEE ENGAGEMENT STRATEGIC GOAL 1

Servant Leadership Behaviors

- All people in VA embrace servant leadership as the leadership philosophy of VA.
- Ensure continuous leadership development throughout an employee's service to VA.

EMPLOYEE ENGAGEMENT STRATEGIC GOAL 2

Employee's Voice

- Consistently collect and share employee feedback and engagement data.
- Make employee feedback and engagement data easy to understand and use to improve the workforce.
- Provide strategies to act on local data to improve employee engagement.

EMPLOYEE ENGAGEMENT STRATEGIC GOAL 3

Innovative Environment

- Utilize idea sharing, collaboration, and feedback to drive innovation.
- Provider leadership support and tools for employees to implement their ideas.
- Track, monitor, and evaluate the status of efforts across the organization to ensure sustainment.

EMPLOYEE ENGAGEMENT STRATEGIC GOAL 4

People Focused

- Hire employees who possess qualities that align with servant leadership culture.
- Ensure continuous leadership development throughout an employee's service to VA.
- Recognize employees' positive contributions.
- Promote and support work-life balance.

The Veterans Health Administration has set the following operational goals (draft) for FY 2018-2019.

PRIORITY 1 GREATER CHOICE FOR VETERANS

Vision: Community Care Network (CCN) is easy for Veterans and staff to navigate in VHA's High Performing Integrated Network.

- Strategy 1: Generate informed care decisions, through effective communication of CCN processes to VHA Staff and CCN options to Veterans.
- Strategy 2: Create clear responsibilities, guidelines, processes and delegated authorities for market area health systems and intermediate level (VISNs).
- Strategy 3: Create a readily accessible, single, data-rich environment to support analytics.
- Strategy 4: Honor Veterans' preferences by offering home and community based care to prevent unwanted nursing home care. (Choose Home Moonshot)

PRIORITY 2 MODERNIZE OUR SYSTEMS

Vision: VHA has a modern structure that is flexible enough to anticipate and adjust to the changing environment

- Strategy 1: Modernize our Health System, including capital infrastructure.
- Strategy 2: Modernize IT and plan for local implementation of new Electronic Health Record.
- Strategy 3: Boldly modernize the VHA organizational structure, and governance at all levels.

PRIORITY 3 FOCUS RESOURCES MORE EFFICIENTLY

Vision: VA demonstrates the most efficient use of limited resources, focusing their use on the most critical, mission-based priorities.

- Strategy 1: Align or reallocate resources to the five priorities and foundational services.
- Strategy 2: Diligently find areas of waste, and correct to generate savings.
- Strategy 3: Improve delivery of health care service by determining appropriate and efficient use of services and ensuring effective care coordination across all care settings.

PRIORITY 4 IMPROVE TIMELINESS OF SERVICES

Vision: Enrolled Veterans have timely access to efficiently delivered care in facilities, the community, and virtually.

- Strategy 1: Use all possible solutions to optimize access (e.g. Process Improvement, Increase Virtual Care, Productivity Enhancement, System Efficiencies, Additional Care Locations, etc.).
- Strategy 2: Expand all aspects of virtual care, to reach Veterans in the most convenient and expeditious way possible.
- Strategy 3: Expand and assure access to same day services.

PRIORITY 5 SUICIDE PREVENTION

Vision: The Rate of Veteran Suicide has been reduced to Zero

- Strategy 1: Improve transition from active duty to Veteran status.
- Strategy 2: Know all Veterans.
- Strategy 3: Partner across communities (Internal and External).
- Strategy 4: Increase safety with lethal means.
- Strategy 5: Improve access to all services that can reduce suicide.

Mid-Atlantic Network Strategic Planning

Senior leadership and other leaders within the facility 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 Executive Leadership Team represent the Salem VAMC on the Mid-Atlantic Network Executive Leadership Council, the primary strategic planning/policy making body for the Network. The Medical Center Director Chairs the VISN Resource Workgroup. The Chief of Staff is a member of the Mid-Atlantic Healthcare Delivery Council and a member of the University of Virginia School of Medicine Dean's Committee. The Associate Director, Chief of Staff, and Associate Director for Patient Care/Nursing Services are members of the VISN 6 Healthcare Operations Council. The Associate Director for Patient Care/Nursing Services also serves as a member of the VISN Sterile Processing Services Council. And the Deputy Chief of Staff participates on the VISN Organizational Health Council.

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 2018 Operational Priorities:

1. Identify Super CLC sites and develop an implementation plan
2. Expand Telehealth VISN Wide using VA Connect. Develop a strategy with timelines and measures.
3. Employee Engagement/Accountability – VISN wide Framework
4. CITC Standardization of process and model throughout VISN.
5. VISN wide Leadership Development Program for Mid-management
6. HR Consolidation

Salem VAMC Strategic Planning

Salem VAMC is committed to providing access to the best care anywhere for Veterans in southwest Virginia. To ensure high quality service delivery, SVAMC will focus in areas in which it can excel and develop community partnerships in complimentary services. To honor this commitment, 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 Central Office 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. Guiding principles for SVAMC are outlined below and align with DVA Priorities and VISN 6 Strategic Goals as listed above.

1. Enable VA to provide access to high-quality care for Veterans, by balancing care provided by SVAMC and the community while addressing variations in demand for care and care delivery.

2. Promote operational efficiency and simplicity, while balancing clinical care, education, research missions, and emergency preparedness.

3. Meet the changing needs of Veterans in a flexible way.

4. Promote an organizational culture in which people demonstrate servant leadership behaviors and an innovative and people-focused environment that listens to the employee's voice.

The Executive Leadership Council 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 Senior Management sessions October 10 through 12, 2017 and December 12 through December 15, 2017. During which time, all sites including SVAMC had the opportunity to contribute to the development of the VISN wide goals. As stated previously, VISN 6 FY19-FY24 goals have not been finalized. SVAMC has set the following facility level goals for FY19-FY24.

Strategic Goal 1: Greater Choice for Veterans

Vision: Salem VAMC's Veteran Community Care Program is easy for Veterans and staff to navigate.

DVA Strategic Goal 1: Veterans choose VA for easy access, greater choices, and clear information to make informed decisions.

DVA Strategic Goal 2: Veterans receive timely and integrated care and support that emphasizes their well-being and independence throughout their life journey.

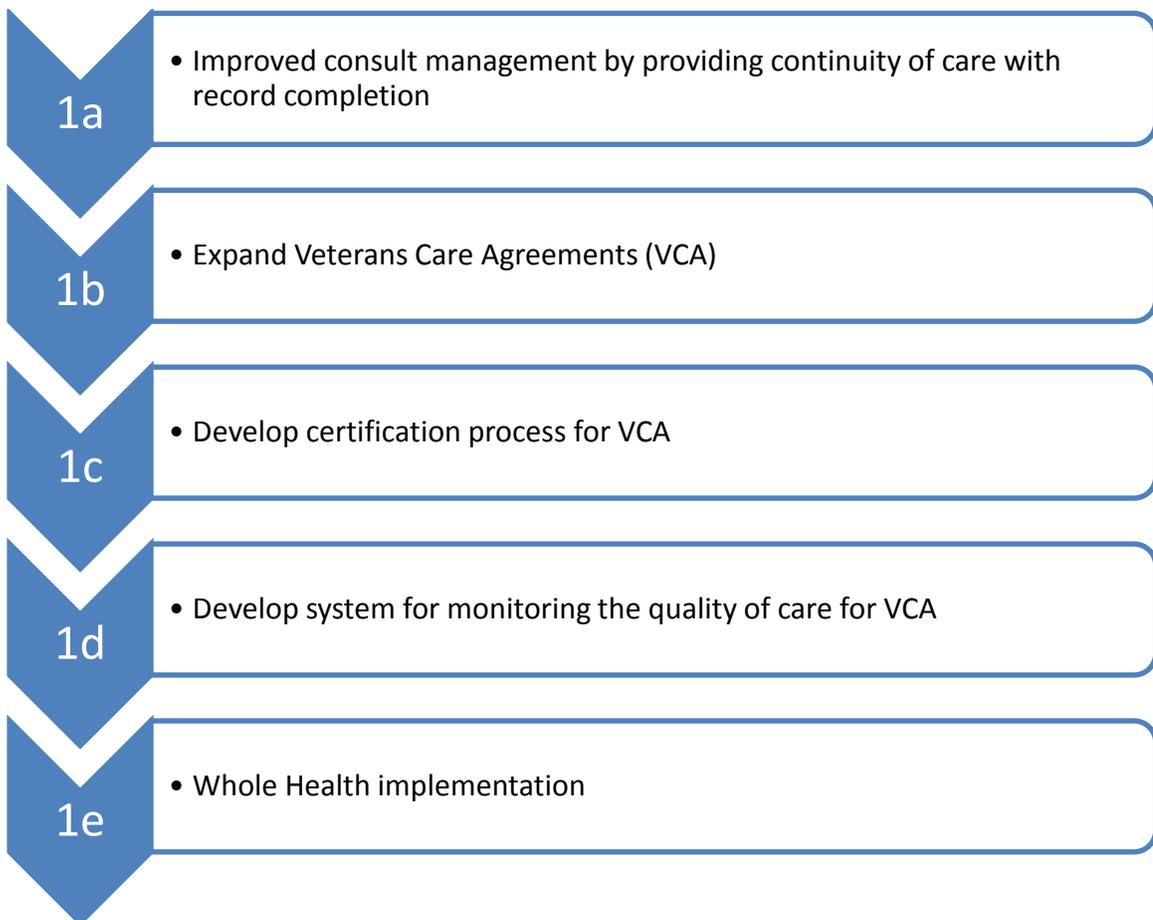
DVA Strategic Goal 3: Veterans trust VA to be consistently accountable and transparent.

VHA Priority 1: Greater Choice for Veterans
VHA Priority 4: Improve Timeliness of Service

Salem VAMC Guiding Principle 1: Enable VA to provide access to high-quality care for Veterans, by balancing care provided by SVAMC and the community while addressing variations in demand for care and care delivery.

Salem VAMC Guiding Principle 2: Promote operational efficiency and simplicity, while balancing clinical care, education, research missions, and emergency preparedness.

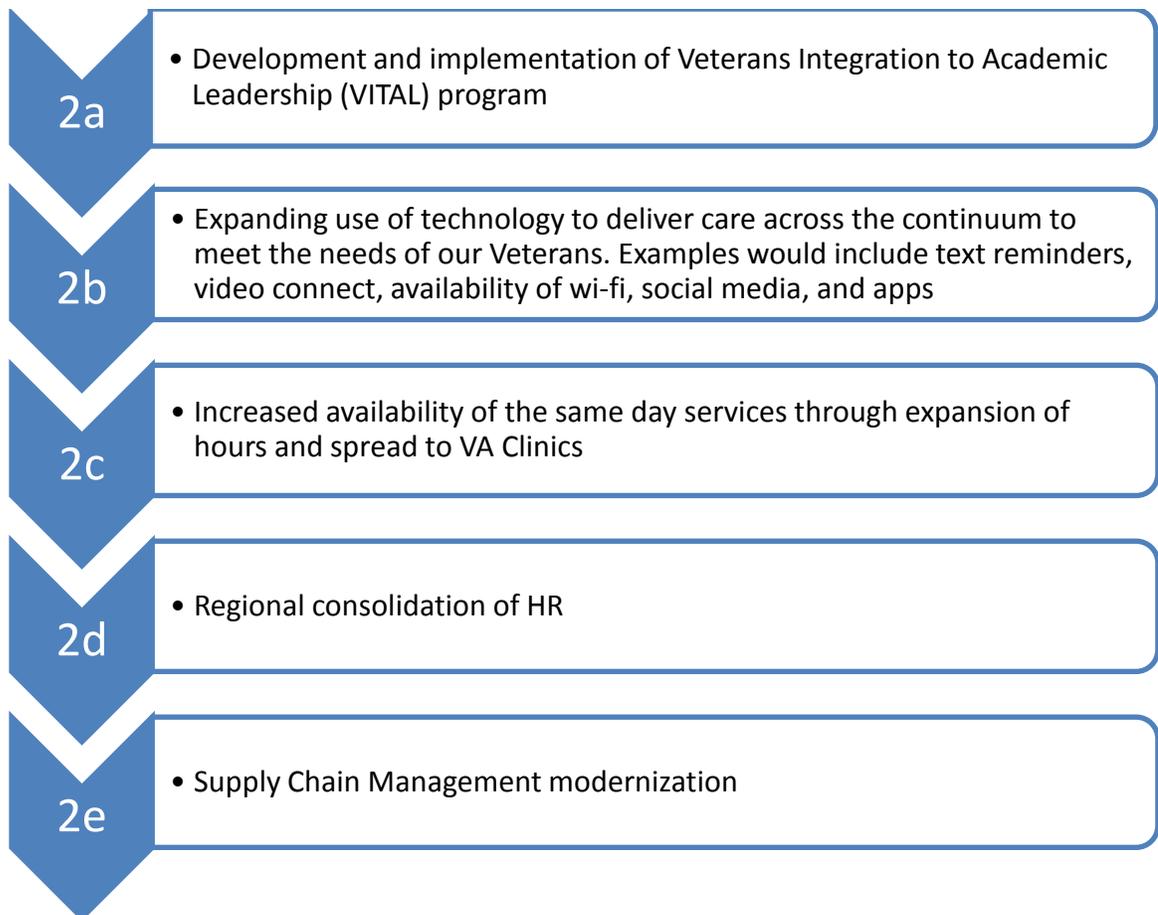
Salem VAMC Guiding Principle 3: Meet the changing needs of Veterans in a flexible way.



Strategic Goal 2: Modernize Our Systems

Vision: Salem VAMC has a modern structure that is flexible enough to anticipate and adjust to the changing environment.

<p>DVA Strategic Goal 1: Veterans Choose VA for easy access, greater choice, and clear information to make informed decisions.</p> <p>DVA Strategic Goal 2: Veterans receive timely and integrated care and support that emphasizes their well-being and independence throughout their life journey.</p> <p>DVA Enabling Goal 4: VA will modernize systems and focus resources more efficiently in order to be competitive and to provide best-in-class capabilities to Veterans and its employees.</p>	<p>VHA Priority 2: Modernize Our Systems</p> <p>VHA Priority 1: Greater Choice for Veterans</p>	<p>Salem VAMC Guiding Principle 1: Enable VA to provide access to high-quality care for Veterans, by balancing care provided by SVAMC and the community while addressing variations in demand for care and care delivery.</p> <p>Salem VAMC Guiding Principle 3: Meet the changing needs of Veterans in a flexible way.</p>
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Strategic Goal 3: Focus Resources More Effectively

Vision: Salem VA demonstrates the most efficient use of limited resources, focusing their use on the most critical mission-based priorities.

DVA Enabling Goal 4: VA will modernize systems and focus resources more efficiently in order to be competitive and to provide best-in-class capabilities to Veterans and its employees.

VHA Priority 3: Focus Resources More Effectively

Salem VAMC Guiding Principle 1: Enable VA to provide access to high-quality care for Veterans, by balancing care provided by SVAMC and the community while addressing variations in demand for care and care delivery.

Salem VAMC Guiding Principle 2. Promote operational efficiency and simplicity, while balancing clinical care, education, research missions, and emergency preparedness.

Salem VAMC Guiding Principle 3: Meet the changing needs of Veterans in a flexible way.

3a

- Continued evaluation of insourcing vs outsourcing products and services

3b

- For those determined to be appropriate for community partnerships, develop plans for transition of services

3c

- Continued evaluation of MHICM and other potential hybrid programs to enhance coverage of severely mentally ill populations

3d

- Continued evaluation of HBPC and other potential hybrid programs to enhance coverage of the aging population

3e

- Implement new EHR

Strategic Goal 4. Improve Timeliness of Services

Vision: Enrolled Veterans have timely access to efficiently delivered care at Salem VAMC, the community, and virtually.

DVA Strategic Goal 2: Veterans receive timely and integrated care and support that emphasizes their well-being and independence throughout their life journey.

VHA Priority 4. Improve Timeliness of Services

Salem VAMC Guiding Principle 1: Enable VA to provide access to high-quality care for Veterans, by balancing care provided by SVAMC and the community while addressing variations in demand for care and care delivery.

Salem VAMC Guiding Principle 3: Meet the changing needs of Veterans in a flexible way.

4a

- Increase availability of direct clinic scheduling

4b

- Expand same day services in all sites of care

4c

- Expand availability of electronic technologies for scheduling

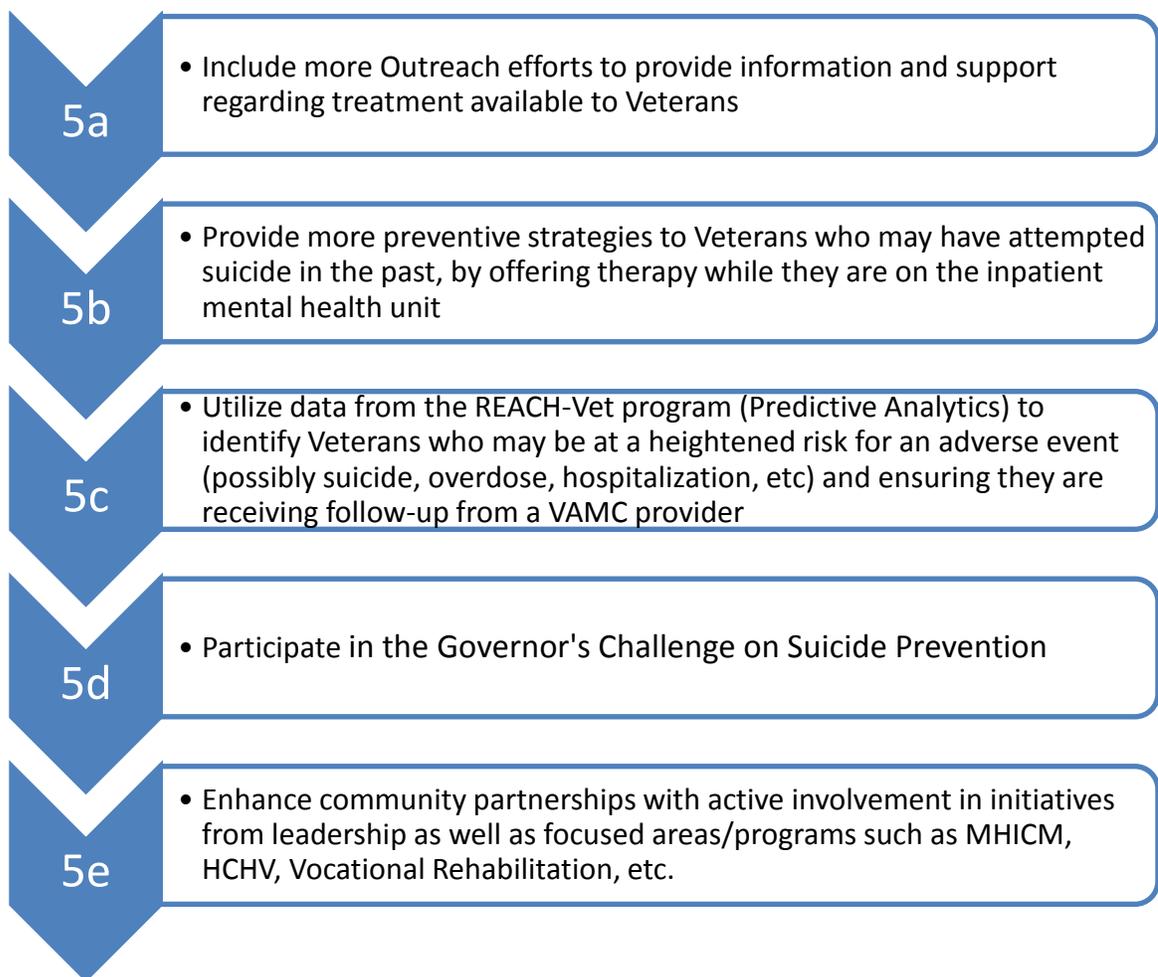
4d

- Expand Caregiver Support Program

Strategic Goal 5: Suicide Prevention

Vision: The rate of Veteran suicide has been reduced to zero.

<p>DVA Strategic Goal 2: Veterans receive timely and integrated care and support that emphasizes their well-being and independence throughout their life journey.</p>	<p>VHA Priority 5: Suicide Prevention: Getting to Zero</p>	<p>Salem VAMC Guiding Principle 1: Enable VA to provide access to high-quality care for Veterans, by balancing care provided by SVAMC and the community while addressing variations in demand for care and care delivery.</p> <p>Salem VAMC Guiding Principle 3: Meet the changing needs of Veterans in a flexible way.</p>
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Strategic Goal 6: Employee Engagement

Vision: An organizational culture in which people inspire and support each other to deliver world-class services to Veterans.

DVA Enabling Goal 4: VA will modernize systems and focus resources more efficiently in order to be competitive and to provide best-in-class capabilities to Veterans and its employees.

VHA Priority 2: Modernize Our Systems

Salem VAMC Guiding Principle 4: Promote an organizational culture in which people demonstrate servant leadership behaviors and an innovative and people-focused environment that listens to the employee's voice.

6a

- Continued implementation of VA Voices

6b

- Continued leadership development through implementation of Leadership Management Institute, Salem VAMC Non-Supervisor Development Program, MSA Academy, and other educational and experiential programs.

6c

- Enhance and maximize strategies to recruit and retain talent in the workforce

6d

- Act on employee feedback and engagement data to improve on employee engagement through OHC, WIT, leadership rounding, AES implementation/action planning, and employee Town Hall meetings.

VII PERFORMANCE RESULTS

As defined in MCM 658-00-35, the Salem Quality, Safety and Value Council is designed to comprehensively plan, design, and measure, assess, improve and sustain all patient care and organizational processes. It includes all clinical and administrative services and programs of this hospital, VA Community Clinics, Home Care Programs, Behavioral Health Programs (including MHICM, the domiciliary, Vocational Rehabilitation, Healthcare for Homeless Veterans, acute inpatient, and outpatient), 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, 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 three guiding principles 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 is established by and reports directly to the Salem VAMC Executive Leadership Council. Each council has a set of designated committees that report up to the council 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 with goals as set forth in the FY13-FY18 Strategic Plan and looks forward to utilizing innovative approaches in attainment of our FY19-FY24 Strategic Priorities.