

DEFINITIONS

Medical Care

Chronic Disease Care Index (CDCI) — The index consists of 13 medical interventions assessing how well VA follows nationally recognized guidelines for 5 high-volume diagnoses. Within each of the five diagnoses, two to five medical interventions are measured as follows:

<u>Diagnosis</u>	<u>Medical Interventions</u>
Ischemic heart disease	Administration of aspirin Administration of beta blockers Cholesterol management plan
Hypertension	Exercise counseling Nutrition counseling
Chronic obstructive pulmonary disease	Instruction and observation in inhaler use
Diabetes mellitus	Visual foot inspection Examination of pedal pulses Foot sensory examination Retinal eye examination Hemoglobin Alc
Obesity	Nutrition counseling Exercise counseling

Cost per patient — This is the cost to provide health care to a patient during the noted fiscal year. The cost of care per patient is calculated by dividing total obligations by the number of unique patients treated. Reductions in the average cost per unique social security number (see "Unique patients treated" below) are to be understood in "after-inflation" dollars. For example, if the average cost remains the same in 2 successive fiscal years, and the medical inflation is 5 percent, VA would calculate an average cost reduction per patient of 5 percent.

Inpatients/outpatients rating VA health care service as very good or excellent — This measure reflects the results of VA care and service provided to veterans, based on surveys of their experiences during their most recent hospitalization (inpatients) or care received within the previous 2 months (outpatients). Both nationwide and VISN-specific findings are reported annually. The *Inpatient Survey*, targeting a random sample of veterans recently discharged from inpatient care, is a composite of the satisfaction averages from the medicine, neurology, psychiatry, rehabilitation medicine, spinal cord injury, and surgery bed sections. VA sends the *Outpatient Survey* to veterans who had at least one outpatient visit at the General Medicine Clinic, Primary Care Clinic, or Women's Clinic. A standardized questionnaire and consistent methodology nationwide permit the analysis of trends over time, and permit comparisons between VA and private sector benchmarks. Standardized survey research techniques ensure the validity and reliability of the findings.

Medical cost recoveries, Medicare, and other sharing revenues as a percentage of the medical care operating budget — This is a generic description of VA's alternate revenue sources, over and above its yearly Congressional budget appropriations. The income comes from fee-for-service payments or third-party payments for care received by veterans covered by a medical insurance policy.

Number of community-based outpatient clinics (CBOCs) — This term applies to VA-operated, funded, or reimbursed health care facilities, which are geographically distinct and separate from a VA medical center. It does not include hospital-based, mobile, or independent outpatient clinics. Through the establishment of CBOCs, VA has increased the number of access points to facilities providing primary and sub-specialty care, including mental health care services. In particular, VA has encouraged arrangements to establish CBOCs in remote or under-served areas in order to provide comprehensive care closer to veterans' homes.

Outpatients who rate the quality of VA health care service as equivalent to or better than any other health care provider — In many areas, VA benchmarks its performance to other recognized standards of health care quality, e.g., *Healthy People 2000*. In addition, VA solicits information from its veteran patients through the annual *National Ambulatory Care Satisfaction Survey*, to determine how they would compare the quality of VA medical care with that provided elsewhere. Patients are asked to respond to the following statement: "VA medical care is as good as that provided anywhere."

Patients reporting coordination of care problems in the outpatient customer feedback survey — This measure is derived from the annual *National Ambulatory Care Satisfaction Survey*. It reflects a summary score on five questions relating to the coordination of a patient's care during his or her most recent visit to a VA medical facility: (1) Did someone tell you how you would find out the results of your tests? (2) Did someone tell you when you would find out the results of your tests? (3) If you needed another visit with this provider, did the staff do everything they could to make the necessary arrangements? (4) If you were referred to another provider, did the staff do everything they could to make the necessary arrangements? (5) Did you know whom to call if you needed help or had more questions after you left your appointment? The patient's responses to these questions indicate the perception of how well his or her care and treatment were coordinated.

Patients reporting problems on courtesy questions in the annual outpatient customer feedback survey — Veteran patients deserve to be treated with courtesy and respect, and VA places a good deal of emphasis on this veterans' service standard. Courteous service from the employees with whom a patient interacts is an integral factor in determining that patient's overall satisfaction with VA health care. This measure is derived from two questions on the annual *National Ambulatory Care Satisfaction Survey*: (1) How would you rate the courtesy of the person who made your appointment? (2) Overall, how would you rate the courtesy of your provider?

Patients seen within 20 minutes of scheduled appointment at VA health care facilities — Service must be delivered in a timely manner. VA patients with scheduled appointments expect to be seen within a reasonable time of their appointment. This measure reflects the percentage of patients who report being seen in 20 minutes or less. It is derived from the responses to the following question on the annual *National Ambulatory Care Satisfaction Survey*: "How long after the time when your appointment was scheduled to begin did you wait to be seen?"

Patients who know there is one provider or team in charge of their care — Over the last several years, VA has implemented universal primary care for its patients. Primary care may be defined as the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing sustained partnerships with patients, and practicing within the context of family and community. This measure is one indicator of how successful VA has been in this effort. It is based on a single question in the annual *National Ambulatory Care Satisfaction Survey*: "Is there one provider or team in charge of your VA care?" When VA began the conversion to primary care, the answer to this question was used as a proxy for the existence of primary care, i.e., a "yes" answer was interpreted as "Yes, I am in Primary Care." The total "yes" answers were then used to compute the number of patients enrolled in primary care.

Patients who use tobacco products — Smoking remains the single greatest cause of preventable disease in the United States. It is estimated that 34 percent of veterans smoke. The smoking program in VHA's Office of Public Health and Environmental Hazards and the National Center for Health Promotion and Disease Prevention are responsible for policy development relating to smoking by patients, employees, and visitors at VA facilities. Activities revolve around developing and disseminating clinical guidelines for smoking cessation, and implementing a joint VA-DoD National Smoking Cessation Program. Data obtained through a random sample of the records of patients seen at least three times in a year at one of eight ambulatory care clinics are used to assess the effectiveness of the program.

Patients with terminal diagnoses or advanced, progressive, incurable illnesses receiving ongoing care through VA who have a documented individualized plan for palliative care services — Palliative care refers to the comprehensive management of the physical, psychological, social, spiritual, and existential needs of inpatients with advanced, progressive, incurable illnesses. Palliative care affirms life and regards dying as a natural process that is profoundly personal for the individual and family. The goal of palliative care is to achieve the best possible quality of life through relief of suffering, control of symptoms, and restoration of functional capacity, while remaining sensitive to personal, cultural, and religious values.

Prevention Index (PI) — The index consists of eight medical interventions that measure how well VA follows nationally recognized primary prevention and early detection recommendations for eight diseases or health factors that significantly determine health outcomes. Data contained in the prevention index are estimates of the average percentages of patients receiving appropriate medical interventions for these diseases and health factors.

Disease/Health Factor

Influenza
Pneumococcal pneumonia
Tobacco consumption
Alcohol abuse
Breast cancer
Cervical cancer
Colorectal cancer
Prostate cancer

Medical Intervention

Influenza vaccination
Pneumococcal vaccination
Tobacco use screening
Alcohol use screening
Mammography
Cervical cancer screening
Colorectal cancer screening
Prostate cancer screening education

Unique patients treated — The total number of individual patients who use health care services provided by, or funded by, VA in a given one-year period. This figure is obtained through a count of unduplicated social security numbers.

VA-managed Federal Coordinating Centers that complete at least one National Disaster Medical System (NDMS) casualty reception exercise every three years — Since disasters are commonplace in today's world, prompt, coordinated response and relief efforts are necessary to reduce morbidity and mortality. As a large integrated health care system with a presence in every state, VA operates a national emergency management program that includes NDMS Federal Coordinating Centers strategically located throughout the country. Emergency preparedness drills and related activities test the effectiveness of existing training programs and capabilities, and keep skills honed for real-life emergency events. This measure provides the percent of VA-managed NDMS Federal Coordinating Centers that complete at least one casualty reception exercise every three years.

VHA employees receiving necessary level of education time and other learning experience time — The quality of VHA's service depends on a workforce that understands, believes in, and fulfills the organization's mission and goals. As work processes and organizational needs change, there will be a demand for more multi-skilled individuals who will work in new environments, such as teams; rewards will be linked directly to performance measures and organizational goals. Therefore, VHA owes its employees the opportunities to upgrade professional skills and to work in an environment that encourages success. This measure indicates the percent of permanent VHA employees who meet or exceed the minimum number of hours spent in educational activities or other learning experiences.

Special Emphasis Programs

Average number of months in which the veteran received VA mental health services during the six months after the first post-traumatic stress disorder (PTSD) visit — PTSD is an anxiety disorder that can occur following the experience or witnessing of life-threatening events, such as military combat, natural disasters, terrorist incidents, serious accidents, or violent personal assaults such as rape. People who suffer from PTSD often relive the experience through nightmares and flashbacks, have difficulty sleeping, and feel detached or estranged. These symptoms can be severe enough and last long enough to significantly impair the person's daily life. Common PTSD stressors in veterans include war zone stress (e.g., combat and exposure to mass casualty situations), the crash of a military aircraft, or sexual assault. VA is committed to providing an integrated, comprehensive, and cost-effective continuum of care for veterans with PTSD, including early identification and intervention; assessment, triage, and referral; acute stabilization and intervention (hospitalization, if necessary); treatment and rehabilitation on an outpatient or residential basis; and other medically indicated outpatient care. This performance measure indicates the average number of months in which PTSD patients with two outpatient visits received follow-up services in the six months following the second outpatient visit. Once a unique patient with two visits is identified, the number of months during the following six-month period in which the patient makes one or more visits is calculated. Each month with one or more visits is counted as one month with a follow-up. The denominator is the number of PTSD patients with at least two outpatient encounters. The numerator is the number of months each unique patient received care for the next six months after two visits.

Cervical cancer screening examination rate among appropriate and consenting women veterans — The proportion of female veterans age 65 and younger (who have not had a hysterectomy) with documentation of a cervical cancer screening in the past 3 years. This is one of the medical interventions measured by the prevention index.

Diabetic patients, at risk for foot amputations, who are referred to a foot care specialist — The goal of the National Diabetes Education Program is to reduce the suffering and death resulting from complications related to diabetes. This is accomplished through programs that increase public and health-professional awareness of the seriousness of diabetes and the importance of proper treatment. Proper care and management of diabetes can prevent or control complications. Early identification and appropriate preventive measures are critical to the preservation of "at-risk" limbs in the diabetic population. VA provides a model of at-risk limb care, known as Preservation-Amputation Care and Treatment (PACT). This program expands the scope of care and treatment by providing preventive measures designed to reduce the incidence of primary and secondary complications due to diabetic foot ulcers and amputations. The PACT program coordinates the efforts of surgeons, rehabilitation physicians, nurses, podiatrists, and therapists with the services of social-work, primary-care-medicine, and prosthetic/orthotic-personnel. This performance measure addresses the success rate achieved by primary care clinicians in identifying diabetic patients with foot care problems and referring them to a foot care specialist for further evaluation and preventive care.

Health care providers or stakeholders who have received primary care education/training on former prisoners of war (POW) — One goal of the former POW program is to promote compassionate treatment of these veterans by ensuring they are treated by health care providers who are familiar with their special needs. The training provided in former POW issues includes information about presumptive disabilities, their symptoms and treatment, the special emotional and personality qualities of individuals who have been held for some time as prisoners of war, and the need to work closely with VBA in assisting with compensation and pension issues. This performance measure indicates achievement in providing primary care providers and stakeholders with the proper training.

Homeless patients with mental illness who receive a follow-up mental health outpatient visit, admission to a Compensated Work Therapy/Transitional Residence (CWT/TR) or admission to a Psychiatric Residential Rehabilitation Treatment Program (PRRTP) within 30 days of discharge — Operating one of the largest mental health programs in the country, VA provides state-of-the-art diagnosis and treatment to improve the mental and physical functioning of veterans in need of mental health treatment. Care is provided across a broad continuum of inpatient, partial-hospitalization, outpatient, and community facilities. This performance measure tracks the percent of homeless patients with mental health disorders who received follow-up outpatient care related to mental health, admission to a CWT/TR, or admission to a PRRTP within 30 days following discharge from Domiciliary Care for Homeless Veterans (DCHV) or Health Care for Homeless Veterans (HCHV) contract care (see page 124 on the DCHV and HCHV programs).

Mammography examination rate among appropriate and consenting women veterans — The proportion of female veterans age 50-69 who have documentation in their medical records of receiving a mammography examination in the past two years. This is one of the medical interventions measured by the prevention index.

Medical facilities that have at least one clinician trained in primary care for Gulf War veterans — Between August 1990 and March 1991, the United States deployed 697,000 troops to the Persian Gulf to liberate Kuwait from Iraqi occupation. Since the Gulf War, several thousand veterans have complained of illnesses that have not been readily explained. The most commonly reported unexplained complaints have been chronic fatigue, skin rash, headache, arthralgias, myalgias, difficulty concentrating, forgetfulness, and irritability. These symptoms have not been localized to any one-organ system, and there has been no consistent physical sign or laboratory abnormality that indicates a single specific disease. Because of these unexplained illnesses, the Departments of Veterans Affairs, Defense, and Health and Human Services have organized comprehensive clinical and research efforts to provide care for veterans and to evaluate their medical problems. This performance measure tracks the progress in VHA's effort to ensure all VA medical facilities have at least one clinician who is trained in primary care for Gulf War veterans and who will be able to respond to the needs of that population.

Number of homeless veterans treated in the VA health care system — The mission of the Homeless Veterans Treatment and Assistance Program is to address the causes and effects of homelessness among veterans. VA accomplishes this in two ways: providing direct services, such as outreach, case management, residential treatment, therapeutic work opportunities, and assistance with permanent housing for homeless veterans and veterans at risk for homelessness; and coordinating the provision of care with Federal, state, and local agencies, community non-profit organizations, and private entities. VA is the only Federal agency that offers substantial hands-on assistance directly to homeless persons. This performance measure is an indicator of VHA's efforts to identify veterans diagnosed as homeless during any mental health encounter and to treat them within the VA health care system.

Patients queried on the National Blind Rehabilitation Customer Satisfaction Survey who are satisfied or completely satisfied — VA has been committed to providing comprehensive rehabilitation services to America's blinded veterans since the late 1940s and has been an international leader in the rehabilitation of the blind. The Blind Rehabilitation Service improves the quality of life for blind veterans by assisting them to develop the skills and capabilities needed to attain personal independence and emotional stability. The annual *National Blind Rehabilitation Patient Satisfaction Survey* is the patient's personal evaluation of satisfaction with the services or care received in the inpatient setting. This measure is derived from the responses to the following question on the survey: "How would you rate your overall satisfaction with the blind rehabilitation program?" Since FY 1997, 98 percent of blind veterans responding to the survey have indicated they were either "satisfied" or "completely satisfied" with the inpatient blind rehabilitation program.

Patients seen in specialized substance abuse treatment settings who have an initial Addiction Severity Index (ASI) and six month follow-up — The ASI is a semi-structured interview designed to address seven potential problem areas in substance-abuse patients: medical status, employment and support, drug use, alcohol use, legal status, family/social status, and psychiatric status. By providing an overview of problems related to substance abuse, the ASI can be used effectively to explore problems within any adult group of individuals who report substance abuse as their major problem. The ASI provides two scores: severity ratings, which are subjective ratings of the client's need for treatment and are derived by the interviewer; and composite scores, which are measures of problem severity during the prior 30 days and are calculated by a computerized scoring program. The ASI has been used

extensively for treatment planning and outcome evaluation. VA administers an initial ASI on admission of a patient to a specialized addiction treatment program and a six-month follow-up ASI on current or past patients to determine their current functioning. Exceptions are patients lost to follow-up after attempts to locate them or patients who refuse to complete an initial or follow-up ASI. The central database is then used to compare the functioning of patients in specialized programs at baseline and the six-month follow-up. The goal is to increase the percentage of patients who show improvement at the six-month ASI over the initial ASI.

Proportion of discharges from spinal cord injury (SCI) center bed sections to non-institutional settings — This measure is the percentage of SCI inpatient veterans who are discharged to non-institutional community living locations from a VA SCI bed section. Excluded from the count are patients with irregular discharges, patients transferred in from institutional care, and patients who have died. Non-institutional community living locations do not include a different hospital, nursing home care unit, state home, domiciliary, or penal institution.

Rate of prophylaxis for human immunodeficiency virus (HIV)-related, opportunistic infections — Because of their compromised immune systems, HIV-infected patients have an increased susceptibility to opportunistic infections. Since AIDS was first recognized nearly 20 years ago, remarkable progress has been made in improving the quality and duration of survival for HIV-infected persons. During the first decade of the epidemic, this improvement occurred because of better recognition of opportunistic disease processes, better therapy for acute and chronic complications, and the introduction of chemoprophylaxis against *Pneumocystis carinii* pneumonia (PCP), toxoplasmosis, *Mycobacterium avium* complex disease, and bacterial infections. In recent years, the clinical improvements of patients receiving highly active anti-retroviral therapy (HAART) have allowed discontinuation of previously required opportunistic infection prophylaxis. Due to the success of HAART in improving immune function, the rate of prophylaxis declined from 65 percent in FY 1999 to 61 percent in FY 2000. The VA National HIV Registry tracks HIV-infected patients through various stages of the disease, reports on the inpatient and outpatient medical care provided to veterans for whom care is indicated (in accordance with national guidelines), records diagnoses for opportunistic infections (including PCP), and extracts outpatient pharmacy data. The pharmacy data are used for comparing the rates of prophylaxis against PCP.

Spinal cord injury respondents to the National Performance Data Feedback Center who rate their care as "very good" or "excellent" — The Spinal Cord Injury and Disorders (SCI&D) program assists veterans with SCI&D to develop the capacities needed to maintain independence, health, and well-being. To accomplish this, the SCI&D program provides rehabilitation, preventive care, sustaining care, and extended care across a continuum. This measure indicates VA's ability to maintain a viable spinal cord injury system providing health care that will receive positive patient evaluations.

Traumatic brain injury patients discharged to a community setting — The Traumatic Brain Injury (TBI) Network of Care provides case-managed, comprehensive, specialized TBI rehabilitation, spanning the period from the acute surgical treatment unit until permanent living arrangements can be made. Arrangements are made at the highest independent living level and are confirmed through follow-up. This measure indicates our level of success in increasing the percentage of patients discharged to the community following inpatient rehabilitation.

Veterans currently enrolled in the National Post-Traumatic Stress Disorder (PTSD) Outcomes Monitoring System who were successfully followed-up by the fourth month after discharge — Patients enrolled in the National PTSD Outcomes Monitoring System are those registered with VHA's Mental Health and Behavioral Sciences Strategic Health Care Group and admitted to the following specialized intensive PTSD programs: Evaluation Brief Treatment PTSD unit, Specialized Inpatient PTSD program, PTSD Residential program, or a PTSD Day Hospital program. Patients with successful follow-ups are those who have completed a follow-up assessment form, as required for the outcome-monitoring program. This measure scores the percentage of all patients discharged from a registered specialized PTSD program who have completed a four-month follow-up form.

Veterans using Vet Centers who report being satisfied with services and saying they would recommend the Vet Center to other veterans — Since 1979, VA has provided counseling services to assist veterans in readjusting to civilian life through a nationwide system of 206 community-based counseling facilities known as Vet Centers. The Vet Centers were the first VA service program to treat PTSD systematically in returning war veterans. Vet Centers now provide, in a non-hospital community setting, a variety of social services, extensive community outreach and referral activities, psychological assessment, psychological counseling for war-related experiences (including PTSD) and sexual trauma, and family counseling when needed. Initially restricted to Vietnam veterans, current law has extended eligibility for Vet Center services to any veteran who has served in the military in a theater of combat operations or in any area where armed hostility was occurring at the time of the veteran's service. This performance measure tracks the percentage of veterans who respond on the *Vet Center Veteran Satisfaction Survey* that they are satisfied with services and would recommend the Vet Center to other veterans.

Veterans who obtained employment upon discharge from a Domiciliary Care for Homeless Veterans (DCHV) program or a community-based contract residential care program — VA administers two special programs for homeless veterans: the Domiciliary Care for Homeless Veterans (DCHV) program and the Health Care for Homeless Veterans (HCHV) program. These programs provide outreach, psychosocial assessments, referrals, residential treatments, and follow-up case management to homeless veterans. The denominator for the homeless/independent living and homeless/employment measures includes all veterans discharged from DCHV programs or HCHV community-based residential treatment programs. The homeless/independent living measure tracks the percentage of these veterans who are discharged directly to independent living in the community. Independent living is defined as residence in one's own apartment, rooms, or house. The homeless/employment measure tracks the percentage of discharged veterans who obtain full-time employment, part-time employment, or therapeutic work opportunities in Veterans Industries at discharge.

Veterans who acquired independent living arrangements at discharge from a Domiciliary Care for Homeless Veterans (DCHV) program or a community-based contract residential care program — *See the previous definition.*

Medical Education

Residents trained in primary care (Category I) — Primary care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community. It consists of intake, initial assessment, health promotion, disease prevention, emergency services, management of acute and chronic conditions, medical referrals (for specialty, rehabilitation, and other levels of care), follow-up, overall care management, and patient and caregiver education. For several years, VA has been working toward redirecting educational resources to primary care, realigning the academic training program, and updating the curriculum to reflect a greater emphasis on primary care. This measure demonstrates, in part, the extent to which VA's education mission has been reengineered to support the overall goal of providing universal primary care to veterans.

Medical Research

Funded research projects in Designated Research Areas (DRA) relevant to VA's health care mission — While all VA research and development is relevant to veterans and their health, VHA's Office of Research and Development has identified certain areas as primary research targets because of their prevalence in the veteran patient population. These DRAs are aging, chronic disease, mental illness, substance abuse, sensory loss, trauma-related impairment, health systems, special populations, and military occupational and environmental exposures. This measure tracks the percent of the total number of research projects whose subject matter places them in one or more of the DRAs.

Funded research projects reviewed by appropriate peers and selected through a merit-based competitive process — VHA's Office of Research and Development uses peer review as the basis for all research funding decisions. Peer review consists of a rigorous evaluation by a multidisciplinary group of experts, from inside and outside VA, to ensure the scientific and technical merit of individual research projects and the integrity of VA's research programs. Virtually all research projects undergo the peer review process for scientific merit before being funded. This measure tracks the percentage of the total number of projects funded that have undergone peer review.

Compensation and Pension (C&P)

Abandoned call rate — Nationwide, the percentage of call attempts for which the caller gets through, but hangs up before talking to a VA representative.

Average days to process rating-related actions — Elapsed time, in days, from receipt of a claim in the regional office to closure of the case by issuing a decision by a regional office. Rating-related actions include the following types of claims: original compensation, original disability pension, original dependency and indemnity compensation (DIC), reopened compensation, reopened pension, routine examinations, and reviews due to hospitalization.

Average days to process non-rating actions — Elapsed time, in days, from receipt of a claim in the regional office to closure of the case by issuing a decision by a regional office. Non-rating actions

Definitions

include the following types of claims: original death pension, dependency issues, income issues, income verification matches, income verification reports, burial and plot allowances, claims for accrued benefits, and special eligibility determinations.

Blocked call rate — Nationwide, the percentage of call attempts for which callers receive a busy signal because all circuits were in use.

Fiduciary activities — Nationwide, the percentage of fiduciary initial appointments that require more than 45 days to complete.

National accuracy rate (authorization work) — Nationwide, the percentage of original death pension claims, dependency issues, income issues, income verification matches, income verification reports, burial and plot allowances, claims for accrued benefits, and special eligibility determinations completed and determined to be technically accurate. The accuracy rate for the Nation is a compilation of the C&P Service review results for the nine Service Delivery Networks (SDNs).

National accuracy rate for core rating work — Nationwide, the percentage of original compensation, disability pension, death pension, and DIC claims; reopened compensation and pension claims; and appellate actions completed and determined to be technically accurate. The accuracy rate for the Nation is a compilation of the C&P Service review results for the nine SDNs weighted to reflect their relative share of national workload.

National accuracy rate (fiduciary work) — Nationwide, the percentage of field examinations and account audits completed and determined to be technically accurate. The accuracy rate for the Nation is a compilation of the C&P Service review results for the nine SDNs.

Non-rating actions - average days pending — Elapsed time, in days, from date of receipt of a claim (for which work has not been completed) in the regional office to current date. Non-rating actions include the following types of claims: original death pension, dependency issues, income issues, income verification matches, income verification reports, burial and plot allowances, claims for accrued benefits, and special eligibility determinations.

Overall satisfaction — This is an index of answers from the annual customer satisfaction survey. The survey assesses the level of satisfaction veterans had with the way their claim was handled by VA.

Rating-related actions - average days pending — Elapsed time, in days, from date of receipt of a claim (for which work has not been completed) in the regional office to current date. Rating actions include the following types of claims: original compensation, original disability pension, DIC, reopened compensation, reopened pension, routine examinations, and reviews due to hospitalization.

Education

Abandoned call rate — Nationwide, the percentage of call attempts for which the caller gets through, but hangs up before talking to a VA representative.

Administrative cost per trainee — The average annual cost, including direct labor and overhead, to serve an education beneficiary.

Average days to complete education claims — Elapsed time, in days, from receipt of a claim in the regional office to closure of the case by issuing a decision.

Blocked call rate — Nationwide, the percentage of call attempts for which callers receive a busy signal because all circuits were in use.

Compliance survey completion rate — The percentage of compliance surveys completed, compared with the number of surveys scheduled at the beginning of the fiscal year.

Customer satisfaction — Nationally, the percentage of respondents to the education customer satisfaction survey who rated their interactions with VA as "very satisfied" or "somewhat satisfied."

Job satisfaction — The overall level of job satisfaction, on a 5-point scale, expressed by education employees.

Montgomery GI Bill usage rate — The percent of eligible veterans who have ever used their earned benefits.

Payment accuracy rate — Measures how well decisions reflect payment at the proper rate for the correct period of time.

Vocational Rehabilitation and Employment (VR&E)

Accuracy of decisions (entitlement) — Percent of entitlement determinations completed accurately. Accuracy is determined through case reviews.

Accuracy of decisions (fiscal) — Percent of vendor fiscal transactions and subsistence award transactions that are accurate and consistent with laws and regulations. The measure, calculated by determining the number of completed cases reviewed that were correct compared to the total number of cases reviewed, is expressed as a ratio.

Accuracy of decisions (services) — Percent of cases completed accurately of veterans who receive Chapter 31 (disabled veterans receiving vocational rehabilitation services) services and/or educational/vocational counseling benefits under several other benefit chapters. Accuracy of service delivery is expressed as a percent of the highest possible score (100) on cases reviewed.

Customer satisfaction — Percent of veterans who answered "very satisfied" or "somewhat satisfied" when asked about their level of overall satisfaction with VR&E services.

Employment timeliness in average days — The average number of days taken from the date the veteran begins Employment Services (job ready) to the date the veteran enters suitable employment.

Rehabilitation rate — The percentage of veterans who acquire and maintain suitable employment and leave the program, compared to the total number leaving the program. For veterans with disabilities that make employment infeasible, VR&E seeks to assist them to become independent in their daily living.

Serious Employment Handicap (SEH) rehabilitation rate — Proportion of all veterans with an SEH who are rehabilitated, compared to all veterans with an SEH who exit a program of services (discontinued or rehabilitated) during the fiscal year. These veterans are also included in the rehabilitation rate. The SEH rehabilitation rate provides additional credit for success in rehabilitating veterans with serious employment handicaps. VR&E Service is targeting veterans with SEH for increased attention and services.

Speed of entitlement decisions — Average number of days from the time the application is received until the veteran is notified of the entitlement decision.

Housing

Administrative cost per default — The average administrative costs of all defaults processed.

Administrative cost per loan — Administrative unit cost for each guaranty issued, including direct labor, indirect labor, and non-payroll costs.

Average days to issue certificates of reasonable value — The average number of days for VA to issue value determinations on properties to be purchased with a guaranteed loan.

Foreclosure avoidance through servicing (FATS) ratio — Measures the effectiveness of VA supplemental servicing of defaulted guaranteed loans. The ratio measures the extent to which foreclosures would have been greater had VA not pursued alternatives to foreclosure.

Property holding time (months) — The average number of months from date of custody of a property to the date of sale of a property acquired due to defaults on VA-guaranteed loans.

Return on sale — The national average on the return on investment (percentage) on properties sold that were acquired due to defaults on a VA-guaranteed loan. It is the amount received for the property (selling price) divided by the acquisition cost and all subsequent expenditures for improvements, operating, management, and sales expenses.

Statistical quality index — A quality index that reflects the number of correct actions found in Statistical Quality Control reviews, measured as a percentage of total actions reviewed.

Insurance

Average days to process insurance disbursements — The weighted composite average processing days for all disbursements, including death claims and applications for policy loans and cash surrenders.

Average hold time in seconds — The average length of time (in seconds) that a caller using the toll-free service number waits before being connected to an insurance representative.

Cost per death award — The average cost of processing a death claim, including appropriate support costs.

Cost per policy maintained — The average cost of maintaining an insurance policy, including all appropriate support costs.

Cumulative number of computer-based training modules completed — The number of insurance training modules computerized.

Employee satisfaction — The Insurance Service uses the national *One VA* survey for the purpose of measuring employee satisfaction. The survey, consisting of 100 questions, uses a 5-point scale to measure satisfaction. We include the top three categories as a favorable measure.

High customer ratings — The percent of insurance customers who rate different aspects of insurance services in the highest two categories, based on a 5-point scale, using data from the insurance customer survey.

Low customer ratings — The percent of insurance customers who rate different aspects of insurance services in the lowest two categories, based on a 5-point scale, using data from the insurance customer survey.

Percent of insurance disbursements paid accurately — The weighted composite accuracy rate for all disbursements, including death claims, policy loans, and cash surrenders.

Percentage of blocked calls — The percentage of call attempts for which callers receive a busy signal because all circuits were in use for the insurance toll-free service number.

Burial

Cumulative number of kiosks installed at national cemeteries — The total number of kiosks installed at national cemeteries to provide automated gravesite locator information. These kiosks also provide information regarding NCA services, such as eligibility requirements, Presidential Memorial Certificates, floral regulations, and other information about the cemetery.

Headstones and markers that are undamaged and correctly inscribed — This percentage represents the number of headstones and markers that are undamaged and correctly inscribed, divided by the number of headstones and markers ordered.

Individual headstone and marker orders transmitted electronically to contractors — The percent of individual headstone and marker orders that were transmitted to contractors via communication software or Internet e-mail.

Monuments ordered on-line by other federal and state veterans cemeteries using AMAS-R — The percentage represents the number of headstones and markers ordered through NCA's Automated

Monument Application System-Redesign (AMAS-R) by other federal (e.g., Arlington National Cemetery) and state veterans cemeteries, divided by the total number of headstones and markers ordered by other federal and state veterans cemeteries.

Presidential Memorial Certificates that are accurately inscribed — A Presidential Memorial Certificate (PMC) conveys to the family of the veteran the gratitude of the Nation for the veteran's service. To convey this gratitude, each certificate must be accurately inscribed. This measure represents the number of PMCs initially sent to the families of deceased veterans that are accurately inscribed, divided by the number of PMCs issued.

Respondents who rate cemetery appearance as excellent — NCA periodically obtains feedback from the families of individuals who are interred in national cemeteries, and from other visitors, to judge how the public perceives the appearance of the cemeteries. The measure for cemetery appearance is the percentage of respondents who rate the appearance of the cemetery as “excellent.” Respondents are asked to rate the appearance of cemetery grounds, headstones and markers, gravesites, and facilities. Cemetery appearance is considered the average of excellent scores in each of the four areas rated.

Respondents who rate the quality of service provided by the national cemeteries as excellent — NCA periodically obtains feedback from the families of individuals who are interred in national cemeteries, and from other visitors, to judge how the public perceives the service provided. The measure for quality of service is the percentage of respondents who rate the quality of interaction with cemetery staff as “excellent.”

Veteran population served by the existence of a burial option within a reasonable distance of place of residence — Burial option includes national cemeteries or state veterans cemeteries with space for first interments, whether full-casket or cremain, or both, either in-ground or in columbaria. Reasonable distance means, in most cases, 75 miles; however, for certain sites where historical data exist to demonstrate substantial usage from a greater distance, reasonable distance is defined as that greater distance.

Veterans served by a burial option in a state veterans cemetery — The number of veterans with reasonable access to a state veterans cemetery with space for first interments, whether full-casket or cremain or both, either in-ground or in columbaria. Reasonable access means, in most cases, within 75 miles of the veteran's place of residence.

Board of Veterans' Appeals (BVA)

Appeals decided per FTE — A basic measure of efficiency determined by dividing the number of appeals decided by the total BVA full-time equivalent staff.

Appeals resolution time (in days) — The average length of time the Department takes to process an appeal, from the date a claimant files a Notice of Disagreement until a case is resolved, including resolution at a regional office or by a final decision by the Board.

BVA response time (in days) — A future-oriented timeliness indicator that, based upon BVA's appellate processing rate of the immediately preceding one-year time frame, projects the time BVA will take to decide a new appeal added to its docket.

Cost per appeals case — A unit decision cost derived by dividing BVA's total obligational authority by the number of decisions.

Decisions containing quality deficiencies — This goal is based on a random sampling of approximately 5 percent of Board decisions. Decisions are checked for deficiencies in the following categories: identification of issues, findings of fact, conclusions of law, reasons and bases (or rationale) for preliminary orders, due process, and format.

Remand rate from CAVC to BVA — Percent of decisions entered by the United States Court of Appeals for Veterans Claims (CAVC) that are remanded (returned) to the Board of Veterans' Appeals.

Departmental Management

Contract disputes electing ADR — The percent of contract dispute matters electing to use Alternate Dispute Resolution (ADR) techniques. ADR techniques refer generally to several formal and informal processes for resolving disputes that do not entail courtroom litigation.

Franchise Fund — VA's fund is comprised of six Enterprise Centers that competitively sell common administrative services and products throughout the Federal Government. The Centers' operations are funded solely on a fee-for-service basis. Full cost recovery ensures they are self-sustaining.

Increase in purchases made using EDI from FY 1997 baseline — The percent increase in the number of line items ordered through Electronic Data Interchange (EDI) by fiscal year.

Number of national standardized contracts for medical and other related products and services — National standardized contracts for medical and other related products and services support the VA policy to standardize, to the maximum extent possible, the types of supplies and equipment purchased, consistent with clinical and practitioner needs. These national standardized contracts are for families of items that facilitate best-value product pricing through volume purchasing, and facilitate the delivery of high-quality health care. The number of these contracts is an indicator of our success in the ongoing standardization process.

Program evaluation — An assessment, through objective measurement and systematic analysis, of the manner and extent to which Federal programs achieve intended outcomes.

Office of Inspector General

Indictments, convictions, and administrative sanctions — The results of criminal and administrative investigations conducted in response to allegations or proactive initiatives.

Reports issued — Audit, contract review, and health care inspection documents that reflect independent and objective assessments of key operations and programs at VA facilities nationwide. These reports include recommendations for corrective action, cost savings, and/or programmatic improvement of the activities under review.

Value of monetary benefits from IG audits — A quantification of funds that could be used more efficiently if management took actions to complete recommendations pertaining to deobligating funds, costs not incurred by implementing recommended improvements, and other savings identified in audit reports.

Value of monetary benefits from IG contract reviews — The sum of the questioned and unsupported costs, identified in pre-award contract reviews, that the IG recommends be disallowed in negotiations unless additional evidence supporting the costs is provided.

Value of monetary benefits from IG investigations — Includes court fines, penalties, restitution, civil judgments, and investigative recoveries and savings.