



## Key Measures Data Table

*Sorted by Owner, by Strategic Objective*

<b>Key Performance Measure</b> Sorted by <i>Strategic Objective</i>	<b>Definition</b>	<b>Data Source</b>
<p><b><u>Objective 1.2</u></b>  <b>Compensation:</b>  <b>National accuracy rate</b>  <b>(core rating work)</b></p>	<p>Processing accuracy for compensation claims that normally require a disability or death rating determination. Review criteria include: addressing all issues, Veterans Claims Assistance Act (VCAA)-compliant development, correct decision, correct effective date, and correct payment date if applicable. Accuracy rate is determined by dividing the total number of cases with no errors in any of these categories by the number of cases reviewed.</p>	<p>Findings from Compensation and Pension (C&amp;P) Service Systematic Technical Accuracy Review (STAR) are entered in an Intranet database maintained by the Philadelphia LAN Integration Team and downloaded monthly to the Performance Analysis and Integrity (PA&amp;I) information storage database.</p>
<p><b><u>Objective 1.2</u></b>  <b>Compensation and Pension:</b>  <b>Rating-related actions - average days to process</b></p>	<p>The average elapsed time (in days) it takes to complete compensation and pension claims that require a rating decision is measured from the date the claim is received by VA to the date the decision is completed. Includes the end products (EPs): Original Compensation, with 1-7 issues (EP110); Original Compensation, 8 or more issues (EP010); Original Service Connected Death Claim (EP140); Reopened Compensation Claims (EP020); Review Examination (EP310); Hospitalization Adjustment (EP320); Original Disability Pension (EP180); and Reopened Pension (EP120). The measure is calculated by dividing the total number of days recorded from receipt to completion by the total number of cases completed.</p>	<p>Data source is the Benefits Delivery Network (BDN). The data are manually input by VBA employees during the claims process. Results are extracted from BDN by VA managers. VBA's C&amp;P Service owns the data and is therefore responsible for validation of data accuracy.</p>
<p><b><u>Objective 1.2</u></b>  <b>Compensation:</b>  <b>Rating-related actions - average days pending</b></p>	<p>The measure is calculated by counting the number of days for all pending compensation claims that require a rating decision from the date each claim is received through the current reporting date. The total number of days is divided by the total number of pending claims. Includes the end products (EPs): EP110, EP010, EP140, EP020, EP310, and EP320.</p>	<p>BDN</p>



Frequency	Data Limitations	Data Verification and Measure Validation
<p>Case reviews are conducted daily. The review results are tabulated monthly on a 12-month rolling basis.</p>	<p>None</p>	<p><b>Verification:</b> C&amp;P STAR quality reviews by individual reviewers are routinely validated by C&amp;P managers as part of individual performance. Additionally, when a regional office (RO) disagrees with an error call, it is reviewed as part of a formal process requiring the concurrence of the service director.</p> <p><b>Validation:</b> This measure assesses the quality of claims processing and assists VBA management in identifying improvement opportunities and training needs.</p>
<p>Data are collected daily as awards are processed. Results are tabulated at the end of the month and annually.</p>	<p>None</p>	<p><b>Verification:</b> Data are analyzed weekly and results are recorded quarterly by VBA's Central Office-based C&amp;P Service, which performs quality and consistency reviews on cases from the ROs.</p> <p><b>Validation:</b> This measure improves the focus on service delivery to claimants. Additionally, it ensures that claimants receive the benefits to which they are entitled in a consistent and timely manner.</p>
<p>The element is a snapshot of the age of the inventory at the end of each processing day.</p>	<p>None</p>	<p><b>Verification:</b> Data are analyzed weekly and results are recorded quarterly by VBA's Central Office-based C&amp;P Service, which performs quality and consistency reviews on cases from the ROs.</p> <p><b>Validation:</b> This measure improves the focus on service delivery to claimants. Additionally, it ensures that claimants receive the benefits to which they are entitled in a consistent and timely manner.</p>



<b>Key Performance Measure Sorted by Strategic Measure</b>	<b>Definition</b>	<b>Data Source</b>
<p><b><u>Objective 1.3</u></b>  <b>Vocational Rehabilitation and Employment (VR&amp;E) Rehabilitation rate</b></p>	<p>The rehabilitation rate calculation is as follows: (a) the number of disabled veterans who successfully complete VA's vocational rehabilitation program and acquire and maintain suitable employment and veterans with disabilities for which employment is infeasible but who obtain independence in their daily living with assistance from the program divided by (b) the total number leaving the program—both those rehabilitated plus discontinued cases with a plan developed in one of three case statuses (Independent Living, Rehabilitation to Employability, or Employment Services) minus those individuals who benefited from but left the program and have been classified under one of three "maximum rehabilitation gain" categories: (1) the veteran accepted an employment position incompatible with disability limitations, (2) the veteran is employable but has informed VA that he/she is not interested in seeking employment, or (3) the veteran is not employed and not employable for medical or psychological reasons.</p>	<p>VR&amp;E management reports</p>
<p><b><u>Objective 1.4</u></b>  <b>Compensation: Average days to process - DIC actions</b></p>	<p>The average length of time (in days) it takes to process a Dependency and Indemnity Compensation (DIC) claim from the date the claim is received by VA to the date the claim is completed. The measure is calculated by dividing the total number of days recorded from receipt to completion by the total number of claims completed. DIC actions are all Original Service Connected Death Claims (EP140) processed.</p>	<p>BDN</p>
<p><b><u>Objective 2.2</u></b>  <b>Average days to complete original and supplemental education claims</b></p>	<p>Elapsed time, in days, from receipt of a claim in the regional processing office (RPO) to closure of the case by issuing a decision. Original claims are those for first-time use of this benefit. Any subsequent school enrollment is considered a supplemental claim.</p>	<p>Education claims processing timeliness is measured by using data captured automatically through VBA's BDN. This information is reported through VBA's data warehouse using the Distribution of Operational Resources (DOOR) system.</p>



Frequency	Data Limitations	Data Verification and Measure Validation
<p>Quality Assurance Reviews evaluate the accuracy and reliability of data and are conducted twice a month.</p>	<p>None</p>	<p><b>Verification:</b> QA reviews are completed by each station and VR&amp;E Service. The QA program was set up to review samples of cases for accuracy and to provide scoring at the RO level. The VR&amp;E service reviews 76 cases per station each year, and all field stations conduct local QA Reviews on 10 percent of their caseload.</p> <p><b>Validation:</b> The primary goal of the VR&amp;E program is to assist service-disabled veterans in becoming employable. The rehabilitation rate is the key indicator of the program's success in meeting this goal, as it illustrates the number of veterans successfully reentering the workforce following completion of their VR&amp;E program.</p>
<p>Data are collected daily as awards are processed. Results are tabulated at the end of the month and annually.</p>	<p>None</p>	<p><b>Verification:</b> Data are analyzed weekly and results are recorded quarterly by VBA's Central Office-based C&amp;P Service, which performs quality and consistency reviews on cases from the ROs.</p> <p><b>Validation:</b> This measure improves the focus on service delivery to claimants. Additionally, it ensures that claimants receive the benefits to which they are entitled in a consistent and timely manner.</p>
<p>Monthly</p>	<p>None</p>	<p><b>Verification:</b> The Education Service staff in VA Central Office confirms reported data through ongoing quality assurance reviews conducted on a statistically valid sample of cases. Dates of claims are reviewed in the sample cases to ensure they are reported accurately. Each year, Central Office staff reviews a sample of cases from each of the four RPOs. Samples are selected randomly from a database of all quarterly end products. The results are valid at the 95 percent confidence level.</p> <p><b>Validation:</b> Timeliness is directly related to the volume of work received, the resources available to handle the incoming work, and the efficiency with which the work can be completed, and is thus the best quantifying measure for education processing.</p>



<b>Key Performance Measure Sorted by Strategic Objective</b>	<b>Definition</b>	<b>Data Source</b>
<p><b><u>Objective 3.1</u></b>  <b>Percent of patients rating VA health care service as very good or excellent: Inpatient and Outpatient</b></p>	<p>Data are gathered for these measures via a VA survey that is applied to a representative sample of inpatients and a sample of outpatients. The denominator is the total number of patients sampled who answered the question, "Overall, how would you rate your quality of care?" The numerator is the number of patients who respond 'very good' or 'excellent.'</p>	<p>Survey of Health Experiences of Patients</p>
<p><b><u>Objective 3.1</u></b>  <b>Percent of primary care appointments scheduled within 30 days of desired date</b></p>	<p>This measure tracks the time between when the primary care appointment request is made (entered into the computer) and the date for which the appointment is actually scheduled. The percent is calculated using the numerator, which is all appointments scheduled within 30 days of desired date (includes both new and established patient experiences), and the denominator, which is all appointments in primary care clinics posted in the scheduling software during the review period.</p>	<p>VistA scheduling software</p>
<p><b><u>Objective 3.1</u></b>  <b>Percent of specialty care appointments scheduled within 30 days of desired date</b></p>	<p>This measure tracks the time between when the specialty care appointment request is made (entered into the computer) and the date for which the appointment is actually scheduled. This includes both new and established specialty care patients. The percent is calculated using the numerator, which is all appointments scheduled within 30 days of desired date, and the denominator, which is all appointments posted in the scheduling software during the review period in selected high volume/key specialty clinics.</p>	<p>VistA scheduling software</p>



Frequency	Data Limitations	Data Verification and Measure Validation
<p>Surveys are conducted as follows:</p> <p>Inpatient - Semi-annually</p> <p>Outpatient - Quarterly.</p>	<p>None</p>	<p><b>Verification:</b> Routine statistical analyses are performed to evaluate the data quality, survey methodology, and sampling processes. Responses to questions are routinely analyzed to determine which areas of VA's health care delivery system should be focused upon in order to positively impact the quality of health care delivered by VA.</p> <p><b>Validation:</b> Satisfaction surveys are the most effective way to determine patient expectations and provide a focused critique on areas for improvement.</p>
<p>Monthly</p>	<p>None</p>	<p><b>Verification:</b> The VistA scheduling software requires minimal interpretation from an employee to ensure accuracy of data collected.</p> <p><b>Validation:</b> Provides a reliable measure of timeliness of access to care as well as responsiveness to the patient's stated needs.</p>
<p>Monthly</p>	<p>None</p>	<p><b>Verification:</b> The VistA scheduling software requires minimal interpretation from an employee to ensure accuracy of data collected.</p> <p><b>Validation:</b> Provides a reliable measure of timeliness of access to care as well as responsiveness to the patient's stated needs.</p>



<b>Key Performance Measure Sorted by Strategic Objective</b>	<b>Definition</b>	<b>Data Source</b>
<p><b><u>Objective 3.1</u> Clinical Practice Guidelines Index II</b></p>	<p>The Clinical Practice Guidelines Index is a composite measure comprised of the evidence and outcomes-based measures for high-prevalence and high-risk diseases that have significant impact on overall health status. The indicators within the Index are comprised of several clinical practice guidelines in the areas of ischemic heart disease, hypertension, diabetes mellitus, major depressive disorder, schizophrenia, and tobacco use cessation. The percent compliance is an average of the separate indicators. As clinical indicators become high performers, they are replaced with more challenging indicators. The Index is now in Phase II.</p>	<p>VHA biostatisticians design and obtain a statistically valid random sample of medical records for review. The findings of the review are used to calculate the index scores.</p>
<p><b><u>Objective 3.1</u> Prevention Index III</b></p>	<p>The Prevention Index is an average of nationally recognized primary prevention and early detection interventions for nine diseases or health factors that significantly determine health outcomes. The nine diseases or health factors include: rate of immunizations for Influenza and Pneumococcal pneumonia; screening for tobacco consumption, alcohol abuse, breast cancer, cervical cancer, colorectal cancer, and cholesterol levels; and prostate cancer education. Each disease has an indicator. Each indicator's numerator is the number of patients in the random sample who actually received the intervention they were eligible to receive. The denominator is the number of patients in the random sample who were eligible to receive the intervention. As prevention indicators become high performers, they are replaced with more challenging indicators. This Index is now in Phase III.</p>	<p>VHA biostatisticians design and obtain a statistically valid random sample of medical records for review. The findings of the review are used to calculate the index scores.</p>



Frequency	Data Limitations	Data Verification and Measure Validation
<p>Data are reported quarterly with a cumulative average determined annually.</p>	<p>None</p>	<p><b>Verification:</b> Review is performed by an external contractor to ensure accuracy of findings. In addition, the reliability of the collected data is evaluated using accepted statistical methods along with inter-rater reliability assessments that are performed each quarter.</p> <p><b>Validation:</b> The CPGI II demonstrates the degree to which VHA provides evidence-based clinical interventions to veterans seeking care in VA. The measure targets elements of care that are known to have a positive impact on the health of our patients who suffer from commonly occurring acute and chronic illnesses.</p>
<p>Data are reported quarterly with a cumulative average determined annually.</p>	<p>None</p>	<p><b>Verification:</b> Review is performed by an external contractor to ensure accuracy of findings. In addition, the reliability of the collected data is evaluated using accepted statistical methods along with inter-rater reliability assessments that are performed each quarter.</p> <p><b>Validation:</b> The Prevention Index III demonstrates the degree to which VHA provides evidence-based clinical interventions to veterans seeking preventive care in VA. The measure targets elements of preventive care that are known to have a positive impact on the health and well-being of our patients.</p>



Key Performance Measure Sorted by Strategic Objective	Definition	Data Source
<p><b><u>Objective 3.1</u></b>  <b>Annual percent increase of non-institutional, long-term care average daily census using 2006 as the baseline</b></p>	<p>The percentage increase is based on the Average Daily Census (ADC) of veterans enrolled in Home and Community-Based Care programs (e.g., Home-Based Primary Care, Contract Home Health Care, Adult Day Health Care (VA and Contract), and Homemaker/Home Health Aide Services). The percentage increase is also based on the number of veterans being cared for under the Care Coordination/Home Telehealth settings.</p>	<p>The ADC data are obtained from VHA workload reporting databases designed to capture both VHA-provided care and VHA-paid (fee-based or contracted) care.</p>
<p><b><u>Objective 3.2</u></b>  <b>Compensation and Pension: Rating-related actions - average days to process</b></p>	<p>The average elapsed time (in days) it takes to complete compensation and pension claims that require a rating decision is measured from the date the claim is received by VA to the date the decision is completed. Includes the end products (EPs): Original Compensation, with 1-7 issues (EP110); Original Compensation, 8 or more issues (EP010); Original Service Connected Death Claim (EP140); Reopened Compensation Claims (EP020); Review Examination (EP310); Hospitalization Adjustment (EP320); Original Disability Pension (EP180); and Reopened Pension (EP120). The measure is calculated by dividing the total number of days recorded from receipt to completion by the total number of cases completed.</p>	<p>Data source is the BDN. The data are manually input by VBA employees during the claims process. Results are extracted from BDN by VA managers. VBA's C&amp;P Service owns the data and is therefore responsible for validation of data accuracy.</p>
<p><b><u>Objective 3.2</u></b>  <b>Pension: Non-rating actions - average days to process</b></p>	<p>The average length of time (in days) it takes to process a pension claim that does not require a rating decision from the date the claim is received by VA to the date the claim is completed. The measure is calculated by dividing the total number of days recorded from receipt to completion by the total number of claims completed. Includes the end products (EPs): Disability and Death Dependency Claims (EP 130); Income, Estate and Election Issues (EP 150); Income Verification Match Cases (EP 154); Eligibility Verification Report Referrals (EP 155); and Original Death Pension Claims (EP 190).</p>	<p>Data source is the BDN. The data are manually input by VBA employees during the claims process. Results are extracted from BDN by VA managers. VBA's C&amp;P Service owns the data and is therefore responsible for validation of data accuracy.</p>



Frequency	Data Limitations	Data Verification and Measure Validation
Quarterly	None	<p><b>Verification:</b> VHA data quality/accuracy standards are applied, and data undergo audits and ongoing verification to ensure accuracy. This is critical as data are used for budgeting, workload planning, etc.</p> <p><b>Validation:</b> The measure captures the expansion of access to non-institutional care within VHA programs and/or contracted services. Non-institutional care is deemed to be more desirable and cost efficient for those veterans that are appropriate for this level of care. The measure drives both expansion of the variety of services and expansion of geographic access.</p>
<p>Data are collected daily as awards are processed.</p> <p>Results are tabulated at the end of the month and annually.</p>	None	<p><b>Verification:</b> Data are analyzed weekly and results are recorded quarterly by VBA's Central Office-based C&amp;P Service, which performs quality and consistency reviews on cases from the ROs.</p> <p><b>Validation:</b> This measure improves the focus on service delivery to claimants. Additionally, it ensures that claimants receive the benefits to which they are entitled in a consistent and timely manner.</p>
<p>Data are collected daily as awards are processed.</p> <p>Results are tabulated at the end of the month and annually.</p>	None	<p><b>Verification:</b> Data are analyzed weekly and results are recorded quarterly by VBA's Central Office-based C&amp;P Service, which performs quality and consistency reviews on cases from the ROs.</p> <p><b>Validation:</b> This measure improves the focus on service delivery to claimants. Additionally, it ensures that claimants receive the benefits to which they are entitled in a consistent and timely manner.</p>



<p><b>Key Performance Measure</b> Sorted by Strategic Objective</p>	<p><b>Definition</b></p>	<p><b>Data Source</b></p>
<p><b><u>Objective 3.2</u></b> <b>Pension: National accuracy rate (authorization work)</b></p>	<p>Processing accuracy for pension claims that normally do not require rating decisions (i.e., determinations and verifications of income as well as dependency and relationship matters). Review criteria include: correct decision, correct effective date, and correct payment date when applicable and Veterans Claims Assistance Act (VCAA)-compliant development. Accuracy rate is determined by dividing the total number of cases with no errors in any of these categories by the number of cases reviewed.</p>	<p>Findings from C&amp;P Service STAR are entered in an Intranet database maintained by the Philadelphia LAN Integration Team and downloaded monthly to the PA&amp;I information storage database.</p>
<p><b><u>Objective 3.3</u></b> <b>Average number of days to process TSGLI disbursements</b></p>	<p>TSGLI is a disability rider to the SGLI program that provides automatic traumatic injury coverage to all servicemembers covered under the SGLI program who suffer losses due to traumatic injuries. TSGLI payments range from \$25,000 to a maximum of \$100,000 depending on the type and severity of injury. Processing time, calculated as days, begins when the veteran's claim is complete and ends when the internal controls staff approves the disbursement.</p>	<p>Data on processing time are collected and stored through the Life Claims Management System (LCMS) maintained by the Office of Servicemembers' Group Life Insurance (OSGLI).</p>
<p><b><u>Objective 3.4</u></b> <b>Percent of veterans served by a burial option within a reasonable distance (75 miles) of their residence</b></p>	<p>The measure is the number of veterans served by a burial option divided by the total number of veterans, expressed as a percentage. A burial option is defined as a first family member interment option (whether for casketed remains or cremated remains, either in-ground or in columbaria) in a national or state veterans cemetery that is available within 75 miles of the veteran's place of residence.</p>	<p>For 2003 through 2005, the number of veterans and the number of veterans served were extracted from a revised VetPop2000 model using 2000 census data. For 2006, 2007, and projected targets, the number of veterans and the number of veterans served were extracted from the VetPop2004 version 1.0 model using 2000 census data.</p>



Frequency	Data Limitations	Data Verification and Measure Validation
<p>Case reviews are conducted daily.</p> <p>The review results are tabulated monthly and annually</p>	<p>None</p>	<p><b>Verification:</b> C&amp;P STAR quality reviews by individual reviewers are routinely validated by C&amp;P managers as part of individual performance. Additionally, when an RO disagrees with an error call, it is reviewed as part of a formal process requiring the concurrence of the service director.</p> <p><b>Validation:</b> This measure assesses the quality of claims processing and assists VBA management in identifying improvement opportunities and training needs.</p>
<p>Monthly</p>	<p>None</p>	<p><b>Verification:</b> The Insurance Service will periodically evaluate the calculation of average processing time for TSGLI disbursements made by OSGLI.</p> <p><b>Validation:</b> The purpose of TSGLI is to provide rapid financial assistance to traumatically injured servicemembers so that their families can be with them during an often extensive recovery and rehabilitation process. The timeliness of disbursements is the primary reflection of this purpose and provides a clear indication of the ability to process the workload in a quality, timely manner.</p>
<p>Recalculated annually or as required by the availability of updated veteran population census data. Projected openings of new national or state veterans cemeteries and changes in the service delivery status of existing cemeteries also determine the veteran population served.</p>	<p>Provides performance data at specific points in time as veteran demographics change.</p>	<p><b>Verification:</b> In 1999, the OIG performed an audit assessing the accuracy of the data used for this measure. Data were revalidated in the 2002 report entitled Volume 1: Future Burial Needs, prepared by an independent contractor as required by the Veterans Millennium Health Care and Benefits Act, P.L. 106-117.</p> <p><b>Validation:</b> Reasonable access to a burial option means that a first interment option (whether for casketed remains or cremated remains, either in-ground or in columbaria) in a national or state veterans cemetery is available within 75 miles of the veteran's place of residence. VA established a 75-mile service area standard because NCA data show that more than 80 percent of persons interred in national cemeteries resided within 75 miles of the cemetery at the time of death.</p>



<b>Key Performance Measure Sorted by Strategic Objective</b>	<b>Definition</b>	<b>Data Source</b>
<p><b><u>Objective 3.4</u></b>  <b>Percent of respondents who rate the quality of service provided by the national cemeteries as excellent</b></p>	<p>The number of survey respondents who agree or strongly agree that the quality of service received from national cemetery staff is excellent divided by the total number of survey respondents, expressed as a percentage.</p>	<p>NCA's Survey of Satisfaction with National Cemeteries. The survey collects data from family members and funeral directors who have recently received services from a national cemetery.</p>
<p><b><u>Objective 3.5</u></b>  <b>Percent of graves in national cemeteries marked within 60 days of interment</b></p>	<p>The number of graves in national cemeteries for which a permanent marker has been set at the grave or the reverse inscription completed within 60 days of the interment divided by the number of interments, expressed as a percentage.</p>	<p>NCA'S Burial Operations Support System (BOSS) as input by field stations.</p>
<p><b><u>Objective 3.6</u></b>  <b>Foreclosure avoidance through servicing (FATS) ratio</b></p>	<p>The 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.</p>	<p>Data are extracted from the Loan Service and Claims (LS&amp;C) System. This system is used to manage defaults and foreclosures of VA-guaranteed loans.</p>



Frequency	Data Limitations	Data Verification and Measure Validation
Annually	The mail-out survey provides statistically valid performance data at the national and MSN levels and at the cemetery level for cemeteries having at least 400 interments per year.	<p><b>Verification:</b> VA Headquarters staff oversees the data collection process and provides an annual report at the national level that describes the sampling plan and survey methodology. In addition, MSN and cemetery level reports are provided to NCA management.</p> <p><b>Validation:</b> NCA strives to provide high-quality, courteous, and responsive service in all of its contacts with veterans and their families and friends. These contacts include scheduling the committal service, arranging for and conducting interments, and providing information about the cemetery and the location of specific graves.</p>
Monthly	None	<p><b>Verification:</b> VA Headquarters staff oversees the data collection process to validate its accuracy and integrity. Monthly and fiscal-year-to-date reports are provided at the national, MSN, and cemetery levels.</p> <p><b>Validation:</b> The headstone or marker is a lasting memorial that serves as a focal point not only for present-day survivors but also for future generations. In addition, it may bring a sense of closure to the grieving process to see the grave marked. The amount of time it takes to mark the grave after an interment is important to veterans and their family members.</p>
Data are collected on a monthly basis.	There are five components that make up the FATS ratio. The four involving financial transactions are auditable. The fifth component, successful interventions, is based on employee interpretation of established criteria.	<p><b>Verification:</b> Data for the FATS ratio are validated on a monthly basis by the Regional Loan Center field review of all components of the ratio, followed by Central Office review of a percentage of successful interventions.</p> <p><b>Validation:</b> The primary goal of Loan Guaranty Service is to assist veterans in obtaining home ownership. The FATS ratio measures VA's ability to assist veterans in maintaining home ownership during periods of personal financial hardship.</p>



<b>Key Performance Measure Sorted by Strategic Objective</b>	<b>Definition</b>	<b>Data Source</b>
<p><b><u>Objective 4.2</u></b>  <b>Progress towards development of one new treatment for PTSD (Five milestones to be achieved over four years)</b></p>	<p>PTSD is an anxiety disorder that can develop after a person has been exposed to a terrifying event or ordeal in which physical harm occurred or was threatened, as in the example of combat. PTSD related to combat exposure is a major concern in the health of the veteran population. The long-term goal of this research is to develop at least one new effective treatment for PTSD and publish the results by 2011.</p>	<p>Data are obtained from (1) the written annual research progress reports, which are submitted electronically through the Office of Research and Development's ePROMISE system; (2) personal communications with the investigator in relation to this performance goal, which will be noted and filed; and (3) submission of an application for VA research funding by the Principal Investigator, which will include a summary of progress.</p>
<p><b><u>Objective 4.5</u></b>  <b>Percent of respondents who rate national cemetery appearance as excellent</b></p>	<p>The number of survey respondents who agree or strongly agree that the overall appearance of the national cemetery is excellent divided by the total number of survey respondents, expressed as a percentage.</p>	<p>NCA's Survey of Satisfaction with National Cemeteries. The survey collects data from family members and funeral directors who have recently received services from a national cemetery.</p>



Frequency	Data Limitations	Data Verification and Measure Validation
Annually	None	<p><b>Verification:</b> Milestones for completing four clinical trials and publishing findings have been identified and published as part of the VHA Performance Plan.</p> <p><b>Validation:</b> The results from the clinical trials will be published in peer-reviewed scientific journals, providing an evidence base for clinical practice generally and for Clinical Practice Guidelines specifically.</p>
Annually	<p>The mail-out survey provides statistically valid performance data at the national and MSN levels and at the cemetery level for cemeteries having at least 400 interments per year.</p>	<p><b>Verification:</b> VA Headquarters staff oversees the data collection process and provides an annual report at the national level that describes the sampling plan and survey methodology. In addition, MSN and cemetery level reports are provided to NCA management.</p> <p><b>Validation:</b> NCA will continue to maintain the appearance of national cemeteries as national shrines so that bereaved family members are comforted when they come to the cemetery for the interment, or later to visit the grave(s) of their loved one(s). Our Nation's veterans have earned the appreciation and respect not only of their friends and families, but also of the entire country and our allies. National cemeteries are enduring testimonials to that appreciation and should be places to which veterans and their families are drawn for dignified burials and lasting memorials.</p>