

# *Glossary of Performance Measures*

## **VETERANS HEALTH ADMINISTRATION**

### ***Medical Care***

***Access*** - Measures the average number of days until the next available new patient appointment in primary care and the next available new patient specialty visit appointment. Primary care encompasses primary care, general medicine, and women's clinics; specialty clinics encompass 43 clinic stop codes. Specialty clinics will include (among others) mental health and prostheses; primary care clinics will include those with stop codes for general medicine, primary care, and women's clinics.

***Admission and discharge planning program*** - Programs to ensure that the hospital admission and discharge processes are coordinated and patient-centered. Advanced directives, blood transfusion consent, and organ donation procedures should be addressed either before or during the admission process.

***Ambulatory surgery*** - Measures the percent of appropriate surgical and invasive diagnostic procedures performed by qualified providers in a surgical suite or specialized area with procedural and immediate post-procedural care on the same day (23 hours or less) without hospitalization.

***Bed days of care per 1,000 unique patients*** - Assesses the fiscal year bed days of care (BDOC) generated by VA patients treated in designated acute care, inpatient treating specialties at VA or non-VA contract hospitals. The denominator for this performance measure is unique patient counts at the VISN level.

***Clinical guidelines*** - Each VISN will implement five nationally developed guidelines, e.g., Agency for Health Care Policy and Research (AHCPR) developed, U.S. Preventive Task Force (USPTF) recommendations, VA-supported guidelines for Amputees, Stroke, Ischemic Heart Disease, Major Depressive Disorder (MDD), MDD with PTSD, and MDD with Substance Abuse.

***Customer satisfaction*** - Measures performance on ambulatory care customer service standards between the FY1995 and FY1996 Ambulatory Care Customer Feedback Survey. During FY1995 and FY1996, VA conducted the second in a series of surveys to gather information on the level of satisfaction expressed by users of inpatient healthcare services. There were a number of questions dealing with patients' overall impressions of the care they received. Among these were patients' satisfaction with the quality of care they received at the hospital, information on whether or not patients would choose to be hospitalized at a VA hospital again even if they could receive free care elsewhere, and whether or not inpatients ever complained to anyone about the care they received. Feedback was also obtained from patients on a variety of different customer service areas—preferences for care; emotional support; patient education; coordination of care; physical comfort; family participation; continuity of care; transition; access;

and staff courtesy. The numerators and denominators are the baseline risk-adjusted performance on each customer service standard as measured by the patient satisfaction surveys.

***Functional assessment of spinal cord injury (SCI) patients*** - All VISN SCI patients undergoing rehabilitation will be monitored with an appropriate functional outcome measure, such as Functional Independence Measure (FIM). FIM is a measure of disability whose purpose is to monitor the outcomes of medical rehabilitation.

***Hiring*** - All VISN key personnel will be hired and management support and stakeholder involvement structures such as the Management Assistance Council and Executive Leadership Council will be operational.

***Primary care enrollment*** - Primary care is defined as the provision of integrated accessible healthcare services by clinicians who are accountable for addressing a large majority of personal healthcare needs, developing sustained partnership with patients, and practicing in the context of family and community. The denominator for calculating the percentage of patients enrolled in primary care will be the ambulatory care customer satisfaction survey respondents. The numerator will be the percentage who answer favorably to having one person or team in charge of their care.

***Prosthetic orders*** - Refers to the process for acquiring prosthetic devices for veterans.

***Strategic planning*** - A plan that includes a one-year tactical plan, a two- to three-year strategic plan, and five-year strategic targets built upon, among other things, the principles and objectives outlined in the *Prescription for Change* and *Vision for Change*.

***Sufficiency of Compensation and Pension (C&P) exams*** - Measures the percent of C&P exams performed that meet the procedural guidelines contained in the Physician's Guide and are designated sufficient by VBA for claims rating purposes.

***Telephone liaison programs*** - Telephone liaison or call center programs. Network-wide clerical and clinical response protocols will be in effect at each call center. Call centers would be part of primary care.

***Temporary lodging*** - Operating beds for temporary housing acute care facilities. May be done by contractual arrangements or use of VA operating beds or other means. This lodging is for use by patients who need housing commensurate with their treatment but not acute hospital care.

***Unique VA healthcare users*** - Total number of patients using VA healthcare services as represented by the count of unduplicated social security numbers.

***Utilization review*** - A series of processes designed to identify whether patients receive care in the appropriate settings.

### ***Medical Care Cost Recovery (MCCR)***

***Average personal services cost per FTE*** - Demonstrates the resources used per FTE to accomplish the MCCR mission.

***Collections per FTE*** - Demonstrates MCCR's effectiveness at utilizing its personnel in accomplishing workload. Collections are comprised of recoveries from third party insurance carriers for treatment of nonservice-connected conditions, copayments from certain veterans for treatment of nonservice-connected conditions, and copayments for medications.

***Cost to operate*** - Identifies the total operating cost of the MCCR program (including software enhancements, training initiatives, equipment contracts, personal services, and MCCR's share of ambulatory data capture) against total recovery amounts deposited into the United States Treasury.

***Percent recovery increase over prior year*** - Indicates the percent change between current year's total collection and the prior year's total collections.

***Performance to recovery goal*** - Identifies MCCR's performance in reaching targeted recovery goals, i.e., the planned recovery amount for a fiscal year, established in the President's Annual Budget.

### ***Research***

***Percent of funds from extra-mural sources*** - The percent of total funds that the Research Program receives from extra-mural sources. Extra-mural sources include both federal and non-federal entities, e.g., the Department of Defense, the National Institute of Health, the Juvenile Diabetes Foundation, and other non-profit and private sources.

***Percent of projects receiving extra-mural funds*** - The percent of projects receiving total or partial funding from extra-mural sources.

***Total new projects funded*** - The total number of new projects that the Research Program began through the end of the fiscal year.

***Total projects funded*** - Equals the total number of projects funded by the Research Program through the end of the fiscal year. The goals of the three primary subject areas of the Research Program—Medical Research, Health Services Research, and Rehabilitation Research—are accomplished using the strategies of investigator initiated projects, Career Development appointments, centers of excellence, and cooperative studies. Each of these activities is a “project,” independent of the cost, which varies from under \$100,000 for investigator-initiated projects to multi-million dollar cooperative study projects.

## VETERANS BENEFITS ADMINISTRATION

### *Compensation and Pension*

**Accuracy** - The accuracy rate represents the percentage of cases that are error free based on a quality review of a statistically valid sample of cases from each regional office. Cases are reviewed for payment, control, and notification errors.

**Average number of days to process claims** - Elapsed time, in days, from receipt of a claim in the regional office to closure of the case by issuing a decision.

**Claims processed** - Number of end products completed for original claims, supplemental claims, and ancillary actions and special reviews.

### *Education*

**Claims processed** - Total number of original and supplemental claims processed.

**Payment accuracy** - Percentage of cases with no payment errors based on a statistically valid random sample.

**Timeliness** - Percentage of claims processed in 30 days or less.

### *Insurance*

**Audit opinion** - Results of the Inspector General's audit of each Insurance Program to determine if assets, liabilities, income, and expenses are reported properly in the Chief Financial Officer statements.

**Average hold time** - The average length of time in seconds that a caller waits before being connected to an agent.

**Blocked call rate** - The number of individual callers who receive a busy signal when dialing the Insurance toll-free service, divided by the number of attempts.

**Disbursement accuracy** - The weighted composite accuracy rate for three key services: death claims, policy loans, and cash surrenders. The composite uses the end product volumes in combination with the corresponding statistical quality control accuracy data for each key service.

**Disbursement average days** - The weighted composite average processing days for all disbursements which include death claims and applications for policy loans and cash surrenders. The composite uses the end product volumes in combination with the corresponding statistical quality control average processing days data for each end product.

**Premium receipt rate** - Percentage of Servicemen's Group Life Insurance premiums received by VA Finance from the military service departments within the first ten days of each month.

### ***Loan Guaranty***

***Foreclosure Avoidance Through Servicing (FATS) ratio*** - The weighted percentage of veterans with loans in default who were assisted by VA in avoiding foreclosure. Weights are assigned to alternatives to foreclosure based on expected benefit and relative effort by VA.

***Property inventory*** - Number of properties acquired by VA because of foreclosure but not yet sold.

***Service to lenders, appraisals and CRVs*** - Average percentage of respondents to the Lender Survey who indicate that they were satisfied or very satisfied on questions regarding appraisals and CRVs (Certificates of Reasonable Value).

***Service to lenders, interaction*** - Average percentage of respondents to the Lender Survey who indicate that they were satisfied or very satisfied on questions regarding their overall interaction with VA.

***Service to veterans, information*** - Percentage of respondents to the Loan Guaranty Customer Satisfaction Survey who indicate they were satisfied or highly satisfied with the information received from VA.

***Service to veterans, timeliness*** - Percentage of veterans who say their loan took longer to process than expected and were told that VA was responsible for delaying the process.

### ***Vocational Rehabilitation and Counseling***

***Total number of veterans rehabilitated*** - The number of veterans who complete a rehabilitation program and acquire suitable employment.

## **NATIONAL CEMETERY SYSTEM**

***Burial eligibility verification*** - Burial eligibility verification measures the timeliness shown by cemetery personnel in obtaining verification of eligibility of a deceased veteran. This information can be obtained from various sources, including the DD-214 showing proof of service and type of discharge, VA's Beneficiary Identification and Records Locator System (BIRLS) and the VA Records Center.

***Developed acres maintained*** - Number of cemetery acres that have been cleared, graded, and laid out for interments, as well as other areas that are no longer in a natural state and thus require regular maintenance.

***Gravesites maintained*** - Number of in-ground gravesites (casket and cremain) and number of columbaria niches that must be maintained to ensure the cemeteries reflect the character of the national shrines that they are.

***Headstone/marker applications processed*** - Number of applications processed for government-furnished headstones and markers, including duplicate applications and canceled orders. Processing includes determining eligibility and verifying data accuracy.

***Interments performed*** - Number of interments performed is a good indicator of how well NCS is doing in providing burial benefits/services to eligible veterans and their family members. The detail is provided by type of interment because the resources and level of effort required for an interment varies significantly by type of interment.

- ***Full casket*** - Type of interment in which the remains of the deceased have been prepared for burial and placed within a casket.
- ***In-ground cremain*** - Type of interment in which the cremated remains of the deceased are buried.
- ***Columbaria niche*** -Type of interment in which the cremated remains of the deceased are sealed in a small compartment within a columbarium.

***Interments per wage grade FTE*** - Total number of interments, excluding those performed by contract, divided by the number of wage grade FTE devoted to interment workload activities.

***Requests for interment taken on weekends that result in final arrangements in the ensuing week*** - NCS has designated three regional cemeteries to provide weekend scheduling of the interment in a national cemetery for a specific time in the ensuing week. The percent of requests that are accommodated indicates the effectiveness of NCS's service to these families.

***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 actually using a burial option*** - Represents the percentage of all veteran deaths within the service area that result in interment in a national cemetery or a state veterans' cemetery.