

FY 04 Strategic Plan

*Department of Veterans Affairs Medical Center
Wilkes-Barre, PA*



Allentown Columbia County Sayre Schuylkill County Tobyhanna Williamsport

A Member of the VA Stars & Stripes Healthcare Network (VISN 4)

January 2004

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Introductory Remarks from the Director, Wilkes-Barre VA Medical Center

The mission of the Wilkes-Barre VA Medical Center is to maintain and improve veteran's health and quality of life. As a means of accomplishing this mission, a Strategic Plan was developed for FY 04. This is part of the overall plan to be a national leader in providing healthcare services to our veterans.

As we approach 2004, we will face challenges, which will serve as accomplishments in our aim to be the best VA Medical Center in the Veterans Health Administration. I believe in our ability to fully accomplish our mission and that we can achieve these goals to better serve our nation's heroes.

/S/

ROLAND E. MOORE

Director, Wilkes-Barre VA Medical Center

Outcomes of FY 03 Strategic Plan	
Key Business Driver/Strategic Objective 1: Put quality first until first in quality.	
Operating Strategies	Accomplishments
Strategic Target 1. Systematically measure and communicate the outcomes and quality of care. Improve performance on Clinical guidelines.	Completed. Continue into FY 04 Plan
Strategic Target 2. Continuously improve the quality and safety of health care for veterans.	
a. Implement a Bar Code Medication Administration (BCMA) contingency plan and conduct tests of the plan annually.	Completed.
b. Total replacement of aging BCMA equipment.	Completed.
c. Continue to strengthen the CARF initiative.	Completed.
d. Formulate qualitative measures in women's health for osteoporosis.	Completed.
e. Ensure the JCAHO requirement for Preventative Maintenance completion rate remains at times 100% target on an ongoing basis.	Continue in FY 04 Plan
Strategic Target 3. Emphasize health promotion and disease prevention to improve the health of the veteran population. Increase the scores on Prevention Index.	Completed. Continue into FY 04 Plan
Strategic Target 4. Develop a performance-based system of incentives, awards, and recognition for achievement of VHA's 6 for 2007 mission and goals. Improve employee satisfaction.	Completed. Continue into FY 04 Plan
Strategic Target 5. Implement programs for employee training and personal development to ensure continual improvement of the knowledge and skills required to serve the veteran. Establish a comprehensive educational framework that addresses the continual learning needs of all medical center personnel.	Completed. Continue into FY 04 Plan
Key Business Driver/Strategic Objective 2: Provide easy access to medical knowledge, expertise, and care.	
Strategic Target 6. Improve access, convenience, and timeliness of VA health care services.	
a. Increase the percentage of all non-emergent primary care appointments scheduled within 30 days of desired date.	Completed. Continue into FY 04 Plan
b. Increase the percentage of all non-emergent specialty care appointments scheduled within 30 days of desired date.	Continue into FY 04 Plan
c. Increase the percentage of patients who report being seen within 20 minutes of scheduled appointments at VA health care facilities.	Completed. Continue into FY 04 Plan
d. Maintain patient access to telephone care 7 days a week, 24 hours a day.	Completed. Continue into FY 04 Plan
e. Increase access of non-institutional care for Mil-bill eligible veterans.	Completed. Continue into FY 04 Plan
f. Reduce the Echo/Stress Testing backlog.	Completed.
g. Investigate the feasibility of utilizing a fee basis strategy to address Sigmoidoscopy waiting times.	Completed.
h. Expand Williamsport Outpatient Clinic	Completed.
i. Renovate 4th floor NHCU	Completed.
j. Refresh/replace information technology equipment/software.	Completed.
k. Web Site Development and Enhancements	Completed. Continue into FY 04 Plan
l. Provide support staff required per Primary Care Provider at a minimum of 1.0 FTEE (RN) and 1.0 FTEE administration support.	Completed. Continue into FY 04 Plan
m. Maintain existing panel size for full time Physician Primary Care Providers at a minimum of 1,200 patient level with target of 2.5 visits for Primary Care. Maintain existing panel size for full time Extended Primary Care Providers at 900 patient level.	Completed. Continue into FY 04 Plan
n. Utilize a fee basis ophthalmologist or other temporary strategy to reduce Eye Care waiting times.	Completed.
o. Determine if existing employee can be retrained to perform eye tech duties for Allentown and Wilkes-Barre.	Completed.

Operating Strategies	Accomplishments
p. Assess the feasibility of fee basis or direct hire of Podiatrist to reduce Waiting Times at AOPC and Wilkes-Barre.	Completed.
q. Expand the Enhanced Access Initiatives to areas of need.	Continue in FY 04 Plan
Strategic Target 7. Optimize the use of health care information and technology for the benefit of the veteran.	
a. Implement the Electronic Medical Record.	Continue into FY 04 Plan
b. Initiate Teleradiology for specific studies to be transmitted from Wilkes-Barre VAMC to the Philadelphia VAMC.	Continue into FY 04 Plan
c. Upgrade the current paging and phone systems (Micro cellular).	Continue into FY 04 Plan
d.	
e. Full EFAV (Disaster Recovery)	Completed.
f. Review the need to enter into the VISTA System the need for point of care laboratory testing results. Evaluate utilization of encoder software (3M or Quadramed).	Continue into FY 04 Plan
g. Implement a Telecare strategy.	Completed. Continue into FY 04 Plan.
h. Fully Implement Vista Imaging	Completed. Continue into FY 04 Plan
Strategic Target 8. Increase provider and veteran knowledge of the impact of military service on health.	
Screen more veterans for military sexual trauma.	Completed.
Key Business Driver/Strategic Objective 3: Enhance, preserve, and restore patient function.	
Strategic Target 9. Enhance outcomes for patients with special needs and special disabilities.	
a. Identify the gaps of services in Special Emphasis Programs	Completed.
b. Increase the percentage of veterans who were discharged from a Health Care for Homeless Veterans (HCHC), community-based	Completed. Continue into FY 04 Plan
c. Process all prosthetic orders within five (5) days.	Completed. Continue into FY 04 Plan
d. Examine the feasibility of a non-profit organization to operate the wellness/recreation therapy program and provide alternative	Completed.
Strategic Target 10. Coordinate acute, chronic, and rehabilitative care to improve patient functioning.	
a. Increase the average functional change of veterans undergoing rehabilitation in a medical rehabilitation unit.	Completed. Continue into FY 04 Plan
b. Increase the average length of stay efficiency of veterans undergoing rehabilitation for a lower extremity amputation.	Continue into FY 04 Plan
c. Pursue sending sleep laboratory studies to the Philadelphia VAMC.	Completed.
d. Assess the feasibility of integrating Escort Service into Voluntary Services.	Completed.
e. Assess the feasibility of integrating the medical cardiac laboratory functions into imaging services.	Completed.
f. Utilize the Prosthetics Clinical Management Program.	Completed.
g. Evaluate Community Based Outpatient Clinic (CBOC) utilization of resources.	Completed. Continue into FY 04 Plan
Key Business Driver/Strategic Objective 4: Exceed patients' expectations.	
Strategic Target 11. Ensure that patients understand and participate in decisions about their health care.	
Decrease the percentage of patients who report problems in the following categories regarding their participation in health care decisions: - Patient involvement in decision-making. - Information on condition/ treatment.	Continue into FY 04 Plan
Strategic Target 12. Create a health care environment characterized by courteous and coordinated patient-focused service.	
Maintain the percentage of patients who report problems for the following Veterans Health Service Standard (VHSS). - Patient education - Visit coordination - Pharmacy categories	Continue into FY 04 Plan

Operating Strategies	Accomplishments
Strategic Target 13. Continually assess and improve patients' perceptions of their VA health care.	
a. Increase the percentage of patients rating VA health care service as very good or excellent. - Inpatient - Outpatient	Continue into FY 04 Plan
b. Maintain new signage system.	Continue into FY 04 Plan
c. Computerized Wayfinding.	Continue into FY 04 Plan
d. Update & maintain interior finishes.	Continue into FY 04 Plan
Strategic Target 14. Promote cooperation and collaboration throughout VA in order to provide "All-VA" seamless service to veterans.	
Maintain the percent of electronic transmissions between VBA and VHA.	Continue into FY 04 Plan
Key Business Driver/Strategic Objective 5: Maximize resource use to benefit veterans.	
Strategic Target 15. Assess and align the health care system to enhance cost-effective care for veterans.	
a. Identify the potential for maximizing space within each VHA VISN.	Completed.
b. Identify and monitor the Network Director's goals for enhancing quality, efficiency, and cost effectiveness.	Continue into FY 04 Plan
c. Expand present case management initiative to other patient populations to manage costs and provide a continuum of care on a financial platform.	Completed. Continue into FY 04 Plan
d. Assess fuel and utility costs. Maximize energy conservation efforts and opportunities.	Continue into FY 04 Plan
e. Continue to utilize of laboratory services at Philadelphia VAMC.	Completed. Continue into FY 04 Plan
f. Review Pharmacy expenditures and ensure they remain at 3% or less.	Continue into FY 04 Plan
g. Review current Laundry Expenditures.	Completed.
h. Review Control Radiology Supplies and Services.	Completed.
i. Review surgical supplies and services.	Completed.
j. Assess communication expenditures.	Continue into FY 04 Plan
k. Review the maintenance contracts.	Continue into FY 04 Plan
l. Renegotiate the Good Sam CBOC contract.	Continue into FY 04 Plan
m. Maintain planned FY 03 expenditures.	Completed.
n. Review options for MRI Services.	Continue into FY 04 Plan
o. Provide transcription services.	Completed.
p. Continue to provide for allocated ADC nursing home requirements as first priority.	Completed. Continue into FY 04 Plan
q. Meet Medical Care Cost Funding (MCCF) Collection goal:	Completed. Continue into FY 04 Plan
r. Review coding/billing contract costs.	Completed.
s. Decrease claim days in Accounts Receivable.	Completed. Continue into FY 04 Plan
t. Align food production Staffing levels to meet current needs	Completed.
u. Fund Control Points.	Continue into FY 04 Plan
v. Evaluate all existing fee-basis providers to determine the most cost-effective mechanism.	Continue into FY 04 Plan
w. Decrease laboratory utilization costs.	Completed. Continue into FY 04 Plan
x. Relocate services housed outlying buildings into Wilkes-Barre facility.	Completed.
y. Institute an admission office.	Completed.
z. Review contract hospital costs.	Completed. Continue into FY 04 Plan
aa. Assess 363 FEE Medical Expenditures.	Completed.
ab. Assess expenditures associated with 151 Beneficiary Travel.	Completed. Continue into FY 04 Plan
ac. Review fee-basis bills and contract care for compliance with Medicare rates.	Completed. Continue into FY 04 Plan
Strategic Target 16. Increase revenue and efficiency through private sector partnerships, technology, and improved business practices.	

Operating Strategies	Accomplishments
a. Increase the dollars derived from alternate revenue generated from health care cost recoveries.	Completed. Continue into FY 04 Plan
b. Increase Revenue.	Completed. Continue into FY 04 Plan
c. Communication Device for senior management.	Completed.
Key Business Driver/Strategic Objective 6: Build healthy communities.	
Strategic Target 17. <i>Be an industry leader in developing innovative approaches to the design and evaluation of health care delivery systems.</i>	
Pursue recognition as a leader in providing health care.	Completed.
Strategic Target 18. <i>Expand federal, state, local, and private partnerships to foster improvements in the coordination and delivery of health care and other services.</i>	
Increase the number and dollar volume of sharing agreements over previous year (baseline = FY 2001).	Completed. Continue into FY 04 Plan
Strategic Target 19. <i>Develop new, state-of-the-art training programs to best educate the health care professionals of the future.</i>	
Increase medical residents' and other trainees' scores on VHA survey assessing their clinical training experience.	Completed. Continue into FY 04 Plan
Strategic Target 20. <i>Optimize VA's capability to provide medical assistance in responses to disasters and national emergencies.</i>	
Optimize the Medical Center's capability to provide medical assistance in responses to disasters and national emergencies.	Continue into FY 04 Plan

History of the Wilkes-Barre VA Medical Center

Shortly after the end of World War II a decision was made to locate a VA Hospital in the Northeastern corner of Pennsylvania.

This decision was made partly due to the large numbers of Northeastern Pennsylvania Residents who had served in the military. Another consideration was the presence of a VA Regional Office located here and the availability of a large, well-trained work force.

The decision to finally locate the hospital in Wilkes-Barre was assured after a highly successful “grassroots” community effort to raise the money to purchase the land where the hospital is currently standing. The fund-raising was so successful that the remaining balance of that fund has now grown to a substantial trust fund administered by a Board of Trustees for the benefit of the veteran patients.

The hospital was dedicated in December 1950. It was originally built as a 500-bed general medical and surgical hospital with three floors dedicated to psychiatric patients. The regional office in downtown Wilkes-Barre housed an outpatient clinic and, consequently, no provision was made in the hospital infrastructure for an outpatient facility.

The regional office closed in 1965 and the Veterans Benefits functions were transferred to Philadelphia. The outpatient portion of the workload was transferred to the hospital in 1956. Since that time outpatient visits in our Community Based Outpatient Clinics has grown from 25-30,000 visits per year to over 266,593 visits in 2001.



A nuclear medicine suite was added in the 1980s. Also, in 1982, a 120-bed Nursing Home Care Unit (NHCU) was built connected to the Medical Center. In the early '90s, another 60 beds were added to the NHCU. During this period the Medical Center was assigned responsibility for two satellite outpatient clinics--one in Allentown (Lehigh County), Pennsylvania, in 1979 and the

other in Sayre (Bradford County), Pennsylvania, in 1983. In 1997, two additional VA-staffed clinics, which provide primary care services, were opened in Williamsport (Lycoming County) and in Tobyhanna (Monroe County). In 1998, a contract was established to provide primary care services in Schuylkill County and in 2001, a similar contract was established for Columbia County.

As the history of the Medical Center continues to unfold, emphasis will continue to be placed on our Mission: *To maintain and improve veterans' health and quality of life.* The Medical Center is looking towards being a national leader in the provision of healthcare services.

*Department of Veterans Affairs Medical Center
1111 East End Boulevard
Wilkes-Barre, PA 18711*

Mission

To maintain and improve veterans' health and quality of life.

Vision

To be a national leader in the provision of healthcare services.

Values

Trust, Respect, Excellence, Compassion, Commitment

Organizational Profile



The Wilkes-Barre VA Medical Center is one facility among ten within the VA Stars & Stripes Healthcare Network. The Wilkes-Barre VA Medical Center service area consists of 19 counties in Pennsylvania and 1 county in New York, having a veteran population of over 219,672 that covers over 13,300 square miles. The Wilkes-Barre VA Medical Center is a General Medical and Surgical facility consisting of 79 Operating Hospital Beds, 105 Operating Nursing Home Beds, and 10 Substance Abuse Residential Rehabilitation Treatment Program Beds. The facility serves veterans throughout northeastern and central Pennsylvania and southern New York State. The Medical Center has an Independent Medical Resident Training Program and is affiliated with Drexel University College of Medicine, St. Luke's Hospital and Health Network (medical residency affiliation with Allentown CBOC), Lake Erie College of Osteopathic Medicine and the Pennsylvania College of Optometry. Several special programs offered at the Wilkes-Barre facility include; a Hemodialysis Unit, Cardiopulmonary Rehabilitation Program, Outpatient Post-Traumatic Stress Disorder Program, Mental Hygiene Clinic, Polysomnography Laboratory, Short Procedure Unit, Same Day Surgery Program, Women's Health Program, 23-Hour Observation Beds, Substance Abuse Residential Rehabilitation Treatment Program (SARRTP), Halfway House and Visual Impairment Services and Telehealth/Telemedicine Program. The extended care program encompasses Inpatient Programs such as: Nursing Home Care Unit, a Rehabilitation Unit, a Hospice Unit, and Respite and Residential Care Programs. Programs that enhance Care Coordination which include Outpatient Programs such as: Contract Adult Day Health Care, Homemaker Home Health Care, Outpatient Hospice Care, Respite Care and Hospital Based Primary Care (HBPC). Operation Enduring Freedom/Operation Iraqi Freedom, Persian Gulf, HIV, Ex-POW, sexual abuse and behavior management modification are other examples of the diverse services provided by VAMC Wilkes-Barre. There are Vet Centers located in Scranton and Williamsport. Primary Care is also provided through the Medical Center's Community Outpatient Clinics located in Allentown, Columbia County, Sayre, Schuylkill County, Tobyhanna and Williamsport.

STATION/MARKET:		WILKES-BARRE, PA (693)										
Column markings		C	D	F	G	H	I	J	K	L	M	N
PROGRAM CATEGORY	PROGRAM	In-House VAMC/DOM/NHCU	In-House VAMC Clinic	Satellite	VHA Regional/referral		Sharing with Comm/DoD/affiliate		Purchase Fee-For-Service		Contract service	
					VISN 4	Other VISN	On-site	Community	On-site	Community	On-site	Community
Ancillary Support	Chaplain	X										
Ancillary Support	Hoptel Beds											
Ancillary Support	Nutrition/Dietetics	X	X	X								
Ancillary Support	Readjustment Counsel.	X	X	X								
Ancillary Support	Social Work	X	X	X								
Ancillary Support												
Ancillary Support												
Ancillary Support												
Audiology & Speech Pathology	Assistive Listening Devices	X	X	X								
Audiology & Speech Pathology	Auditory Rehabilitation	X	X	X								
Audiology & Speech Pathology	Audiology	X	X	X								
Audiology & Speech Pathology	Augmentative and Alternative comm. Devices	X	X	X								
Audiology & Speech Pathology	Balance Assessment											
Audiology & Speech Pathology	Cochlear Implant											
Audiology & Speech Pathology	Cognitive Disorder Clinic											
Audiology & Speech Pathology	Compensation and Pension Exams	X	X	X								
Audiology & Speech Pathology	Dysfluency Clinic											
Audiology & Speech Pathology	Dysphagia Management Team	X										
Audiology & Speech Pathology	Electrophysiology (ABR,MLR,OAE)											
Audiology & Speech Pathology	Hearing Aid Clinic Devices	X	X	X								
Audiology & Speech Pathology	Hearing Conservation Program	X	X	X								
Audiology & Speech Pathology	Instrumented swallowing exams (MBS,FEES)	X	X									
Audiology & Speech Pathology	Neurogenic speech/language											
Audiology & Speech Pathology	Speech Lab											
Audiology & Speech Pathology	Speech Pathology	X	X									
Audiology & Speech Pathology	Tinnitus Management	X	X	X								
Audiology & Speech Pathology	Voice Disorder Clinic											
Audiology & Speech Pathology	Voice Prostheses	X	X									
Audiology & Speech Pathology												
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					VISN 4	Other VISN	On-site	Community	On-site	Community	On-site	Community
Blind Rehabilitation	Blind Rehab. Center *											
Blind Rehabilitation	Blind Rehab. Clinic *											
Blind Rehabilitation	BROS*											
Blind Rehabilitation	VIST*	X	X									
Blind Rehabilitation	VICTORS	X	X									
Blind Rehabilitation												
Blind Rehabilitation												
Blind Rehabilitation												
Dentistry	Dental Hygiene	X	X	X								
Dentistry	Endodontics	X	X	X								
Dentistry	Facility Dental Lab Service	X	X									
Dentistry	General Dentistry	X	X	X								
Dentistry	Gerodontics	X	X	X								
Dentistry	Oral/Maxi Surgery	X	X									
Dentistry	Periodontics	X	X	X						X		
Dentistry	Prosthodontics	X	X	X								
Dentistry												
Dentistry												
Dentistry												
Diagnostic-Radiology	Angiography	X	X									
Diagnostic-Radiology	Contrast Procedures/Routine Xray	X	X									
Diagnostic-Radiology	CT Scan	X	X									
Diagnostic-Radiology	Diagnostic Imaging	X	X									
Diagnostic-Radiology	Diagnostic Neuro Radiology											
Diagnostic-Radiology	Interventional	X	X									
Diagnostic-Radiology	Mammography	X	X	X						I, O		
Diagnostic-Radiology	MRI	X	X							I, O/P		
Diagnostic-Radiology	PACS	X	X									
Diagnostic-Radiology	Radiology Service	X	X									
Diagnostic-Radiology	Teleradiology	X	X									
Diagnostic-Radiology	Ultrasound	X	X									

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					VISN 4	Other VISN	On-site	Community	On-site	Community	On-site	Community
Diagnostic-Radiology												
Diagnostic-Radiology												
Diagnostic-Radiology												
Diagnostic-Laboratory & Pathology	Autopsy Pathology	X										
Diagnostic-Laboratory & Pathology	Blood Donor Collection and Component Processing											
Diagnostic-Laboratory & Pathology	Chemistry (Routine)	X	X		X							
Diagnostic-Laboratory & Pathology	Chemistry (Special)	X			X							
Diagnostic-Laboratory & Pathology	Coagulation (Routine)	X	X									
Diagnostic-Laboratory & Pathology	Coagulation Reference Lab											P
Diagnostic-Laboratory & Pathology	Crystal Identification Ref. Lab	X										
Diagnostic-Laboratory & Pathology	Cytogenetics											P
Diagnostic-Laboratory & Pathology	Cytopathology											P
Diagnostic-Laboratory & Pathology	Dermatopathology	X										
Diagnostic-Laboratory & Pathology	Electron Microscopy											P
Diagnostic-Laboratory & Pathology	Endocrine Reference Lab				X							P
Diagnostic-Laboratory & Pathology	Flow Cytometry											P
Diagnostic-Laboratory & Pathology	GLC Mass Spectroscopy											P
Diagnostic-Laboratory & Pathology	Hematology (Routine)	X	X									
Diagnostic-Laboratory & Pathology	Hemoglobinopathy Ref. Lab											P
Diagnostic-Laboratory & Pathology	Immunofluorescence Microscopy				X							P
Diagnostic-Laboratory & Pathology	Immunohistochemistry											P
Diagnostic-Laboratory & Pathology	Infertility Testing (Semen Analysis and Related testing)											P
Diagnostic-Laboratory & Pathology	Microbiology (BSL3 or Higher)				X							P
Diagnostic-Laboratory & Pathology	Microbiology (Routine BSL/1 or 2)	X			X							
Diagnostic-Laboratory & Pathology	Microprobe Analysis											P
Diagnostic-Laboratory & Pathology	Molecular Pathology (PCR/Immunoblot/Related Technology)											P
Diagnostic-Laboratory & Pathology	Muscle Biopsy Pathology											P
Diagnostic-Laboratory & Pathology	Mycobacteriology (Routine)				X							
Diagnostic-Laboratory & Pathology	Mycobacteriology Ref. Lab				X							
Diagnostic-Laboratory & Pathology	Mycology Ref. Lab				X							

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					VISN 4	Other VISN	On-site	Community	On-site	Community	On-site	Community
Diagnostic-Laboratory & Pathology	Mycology (Routine)				X							
Diagnostic-Laboratory & Pathology	Neuropathology	X										
Diagnostic-Laboratory & Pathology	Parasitology				X							
Diagnostic-Laboratory & Pathology	Paternity Testing											P
Diagnostic-Laboratory & Pathology	Serology (Autoimmune Disease)				X							P
Diagnostic-Laboratory & Pathology	Serology (Infectious Disease including Hepatitis, HIV, Syphilis, Others)				X							P
Diagnostic-Laboratory & Pathology	Surgical pathology	X										
Diagnostic-Laboratory & Pathology	Tissue Typing/Transplant Ref. Lab											P
Diagnostic-Laboratory & Pathology	Toxicology Reference Lab				X	X						P
Diagnostic-Laboratory & Pathology	Transfusion medicine	X										P
Diagnostic-Laboratory & Pathology	Virology Reference Lab											
Diagnostic-Laboratory & Pathology												
Diagnostic-Laboratory & Pathology												
Geriatric and Extended Care	Adult Day Health Care (contract)										X	
Geriatric and Extended Care	Adult Day Health Care (VA)#											
Geriatric and Extended Care	Adult Day Health Care (State)											
Geriatric and Extended Care	Alzheimers (Dementia) Tx	X										
Geriatric and Extended Care	Assisted Living Pilot											
Geriatric and Extended Care	Community Home Health	X									X	
Geriatric and Extended Care	Community Nursing Home Care	X										X
Geriatric and Extended Care	Community Residential Care		X									X
Geriatric and Extended Care	Domiciliary (State)											
Geriatric and Extended Care	Domiciliary (VA)#				X							
Geriatric and Extended Care	End of Life											
Geriatric and Extended Care	GEM (Outpatient)	X	X									
Geriatric and Extended Care	GEM (Inpatient)											
Geriatric and Extended Care	Geriatric Consultative Services											
Geriatric and Extended Care	Geriatric Primary Care	X	X									
Geriatric and Extended Care	GRECC											
Geriatric and Extended Care	HBPC#		X								X	X

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					VISN 4	Other VISN	On-site	Comm-unity	On-site	Comm-unity	On-site	Comm-unity
Geriatric and Extended Care	Homemaker/Home Health Aid Svcs											
Geriatric and Extended Care	Hospice (Inpatient)	X									X	
Geriatric and Extended Care	Hospice (Outpatient)											
Geriatric and Extended Care	Respite Care	X									X	
Geriatric and Extended Care	VA Nursing Home Care#	X										
Geriatric and Extended Care	Nursing Home Care (State)											
Geriatric and Extended Care												
Geriatric and Extended Care												
Medicine	Acute Internal Medicine Beds											
Medicine	Admitting/Screening	X	X	X								
Medicine	Aids Clinic (Op)	X	X									
Medicine	Aids/HIV Center	X	X									
Medicine	AIDS/HIV LTC	X	X									
Medicine	Allergy Treatment	X	X									
Medicine	Bone Marrow Trans.				X							
Medicine	Cardiac (non-invasive)	X	X									
Medicine	Cardiac Catheterization				X	VISN 3						
Medicine	Cardiac Holter	X	X	X								
Medicine	Cardiac intensive care											
Medicine	Cardiac telemetry											
Medicine	Cardiology Section	X	X									
Medicine	Cardiology (Consult/Init)	X	X									
Medicine	Cardiothoracic ICU											
Medicine	Cardiov. Risk Factor	X	X									
Medicine	Chronic Vent Unit	X										
Medicine	Coronary Angioplasty				X	VISN 3						
Medicine	Coumadin Clinic	X	X									
Medicine	Dermatology	X	X									
Medicine	Dialysis	X										
Medicine	Echocardiology	X	X									

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					VISN 4	Other VISN	On-site	Community	On-site	Community	On-site	Community
Medicine	Electrocardiography	X	X	X								
Medicine	Electrophysiology/Pacer				X	VISN 3						
Medicine	Endocr. & Metabolism	X	X									
Medicine	Endoscopy (Diag)	X	X									
Medicine	Gastroent - ERCP	X	X							X		
Medicine	Gastroent - Lasers					VISN 3				X		
Medicine	Gastroent - Proctology	X	X							X		
Medicine	Gastroenterology	X	X							X		
Medicine	Gulf War Clinic		X	X								
Medicine	Hematology Section	X	X									
Medicine	Immunology Section											
Medicine	Infectious Disease	X	X									
Medicine	Intermediate Medicine	X	X									
Medicine	Laser Treatment											
Medicine	Medical Inpatient ICU	X	X									
Medicine	Metabolic Units											
Medicine	Nephrology Section	X	X		X							
Medicine	Onc. Cancer Treat. (Prim)	X	X	X	X							
Medicine	Onc. Cancer Treat. (Sec)	X	X									
Medicine	Onc. Cancer Treat (Tert)				X							
Medicine	Pacemaker Implants	X	X								X	
Primary Care	Preventive Care Program											
Primary Care	Primary Prevention Prog (Immunz/screen)											
Primary Care	Prevention Clinical Team											
Primary Care	Weight Program											
Primary Care	Comprehensive Tobacco Cessation Prog											
Primary Care												
Primary Care												
Primary Care												
Primary Care	Pulmonary - scopes	X	X									
Primary Care	Pulmonary Medicine	X	X									

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PROGRAM CATEGORY	PROGRAM	In-House VAMC/DOM/NHCU	In-House VAMC Clinic	Satellite	VHA Regional/referral		Sharing with Comm/DoD/affiliate		Purchase Fee-For-Service		Contract service	
					VISN 4	Other VISN	On-site	Community	On-site	Community	On-site	Community
Primary Care	Rheumatology Section	X	X									
Primary Care	Sleep Disorders Prog	X	X		X	EP Apnea lab only						
Primary Care	Telemedicine											
Primary Care	Telephone Care/Triage	X	X	X		VISN 3						
Primary Care	Therapeutic Pheresis				X							
Primary Care	Transesophageal Usound	X	X									
Women's Health Clinic	Gynecology											
Women's Health Clinic	Obstetrics											
Women's Health Clinic		X	X	X								
Women's Health Clinic												
Women's Health Clinic												
Women's Health Clinic												
Women's Health Clinic												
Mental Health Services	Behavioral Medicine (biofeedback)	X	X	X								
Mental Health Services	Case Management, Intensive (MHICM)*	X	X	X								
Mental Health Services	Case Management Standard	X	X	X								
Mental Health Services	Community Residential Care (CRC)											O/P
Mental Health Services	CWT Transitional Residence (CWT/TR)	X	X									
Mental Health Services	Day Hospital											O/P
Mental Health Services	Day Treatment											O/P
Mental Health Services	Electroconvulsive Therapy (ECT)				X							
Mental Health Services	Family education/therapy	X	X	X								
Mental Health Services	General Mental Health Intermediate Beds	X										
Mental Health Services	General Mental Health/SMI Residential Rehab (PRRTP and/or Domiciliary)*				X							
Mental Health Services	HCHV Contract Residential Program*											O/P
Mental Health Services	Homeless Domiciliary*				X	X						
Mental Health Services	Homeless HUD/VASH*											O/P
Mental Health Services	Homeless grant and per diem*											O/P
Mental Health Services	Homeless Outreach*		X	X								
Mental Health Services	Mental Health Clinic		X	X								

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					VISN 4	Other VISN	On-site	Comm-unity	On-site	Comm-unity	On-site	Comm-unity
Mental Health Services	Mental Health consultation-liaison	X	X	X								
Mental Health Services	Mental Health Emergency	X	X	X								
Mental Health Services	Mental Health Intensive Care Unit (MHICU)				X							
Mental Health Services	Mental Health Primary Care Clinic		X									
Mental Health Services	Neuropsychology/Neurobehavioral exam (Psychology)				X							
Mental Health Services	Opioid Substitution				X							
Mental Health Services	Psychogeriatric clinic				X							
Mental Health Services	Psychogeriatric inpt setting (separate unit or NHCU subunit)				X							
Mental Health Services	Psychiatry Individual/Group	X	X	X								
Mental Health Services	Psychology Individual/Program	X	X	X								
Mental Health Services	Psychosocial Rehabilitation (outpt)	X		X								
Mental Health Services	PTSD-inpatient* (EBTPU; SIPU)	X	(INC INPT PSYCH BEDS)									
Mental Health Services	PTSD Outpatient clinics (including PTSD Clinical Teams		X	X								
Mental Health Services	PTSD Residential Rehab Program (PRRP and/or Domiciliary*)				X							
Mental Health Services	STAR (Sustained Treatment SMI*)				X							
Mental Health Services	Sleep Disorders Clinic				X							
Mental Health Services	Specialized Women's Programs (Womens Trauma Recovery; Womens Stress Disorde					X						
Mental Health Services	Substance Use Disorders-Inpatient*	X										
Mental Health Services	Substance Use Disorders-OUTpatient*(including intensive		X	X								
Mental Health Services	Tele-mental Health		X	X								
Mental Health Services												
Mental Health Services												
Mental Health Services												
Neurology	ADD											
Neurology	ALS Center for Excellence											
Neurology	Behavioral Neurology	X	X									
Neurology	Brain Electrical Activity Mapping	X	X									
Neurology	Consult Svcs (Neuro)	X	X									
Neurology	Dementia	X	X									
Neurology	Electroencephalography	X	X									
Neurology	EMG (Neuro)	X	X									

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					VISN 4	Other VISN	On-site	Community	On-site	Community	On-site	Community
Neurology	Epilepsy Center	X	X									
Neurology	Evoked Potential Testing	X	X									
Neurology	Movement Disorders	X	X									
Neurology	Multiple Sclerosis	X	X									
Neurology	Nerve Conduction Studies											
Neurology	Neuro AIDS	X	X									
Neurology	Neuro Bed Svc											
Neurology	Neurodegenerative Disorders	X	X		X	VISN 3						
Neurology	Neuroimmunology											
Neurology	Neurology Service (consultation/liaison)											
Neurology	Neuromuscular Disease	X	X									
Neurology	Parkinson's Disease											
Neurology	PADRECC											
Neurology	Seizure Disorders	X	X									
Neurology	Stroke Center (Acute)	X	X									
Neurology												
Neurology												
Neurology												
Nuclear Medicine	Bone Densitometry	X										X
Nuclear Medicine	Cyclotron											
Nuclear Medicine	Nucleur Med (Diagnostic)	X	X									
Nuclear Medicine	Nucleur Med (scans)	X	X									
Nuclear Medicine	PET											
Nuclear Medicine	Radiation Therapy/Linear Accel											
Nuclear Medicine	Radioimmunoassay											
Nuclear Medicine	Radionuclide Therapy	X	X									
Nuclear Medicine	Radiopharmacy											
Nuclear Medicine	Telenucl Med Interpreter											
Nuclear Medicine												
Nuclear Medicine												
Nuclear Medicine												

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					VISN 4	Other VISN	On-site	Community	On-site	Community	On-site	Community
Pharmacy	Clinical Pharmacy Inpatient	X	X									
Pharmacy	Clinical Pharmacy Outpatient		X	X								
Pharmacy												
Pharmacy												
Pharmacy												
Prosthetics*/Sensory Aids	ADD Restoration Lab											
Prosthetics*/Sensory Aids	Amputee Clinic	X	X	X								
Prosthetics*/Sensory Aids	Auto. Fabrication & Restoration											
Prosthetics*/Sensory Aids	Home Respiratory Care											X
Prosthetics*/Sensory Aids	Prosth/Ortho. Lab.										X	X
Prosthetics*/Sensory Aids	Wheelchair Clinic		X	X								
Prosthetics*/Sensory Aids												
Prosthetics*/Sensory Aids												
Rehabilitation	Biofeedback (Rehab.)											
Rehabilitation	Brain Injury Rehab*											
Rehabilitation	Cardiac Rehab. Prog.											
Rehabilitation	Chiropractic Medicine											
Rehabilitation	Chronic Pain Program											
Rehabilitation	Compensated Work Therapy											
Rehabilitation	Drivers Training Rehab											
Rehabilitation	Electromyography/nerve conduction studies	X	X									
Rehabilitation	Gait Analysis	X	X									
Rehabilitation	Incentive Therapy											
Rehabilitation	Kinesiotherapy	X	X									
Rehabilitation	Occupational Therapy	X	X									
Rehabilitation	Physiatry	X	X									
Rehabilitation	Physical Rehabilitation (Inpatient) CIIRP	X										
Rehabilitation	Physical Rehabilitation (Outpatient)	X	X	X								
Rehabilitation	Physical Therapy	X	X	X								
Rehabilitation	Preservation/Amputation Care & Trtmnt (PACT)	X	X									

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					VISN 4	Other VISN	On-site	Comm-unity	On-site	Comm-unity	On-site	Comm-unity
Rehabilitation	Recreation Therapy	X	X									
Rehabilitation	Stroke Rehab.	X	X	X								
Rehabilitation	Therapeutic Swimming Pool											
Rehabilitation	Work Evaluation	X	X									
Rehabilitation	Vocational Rehabilitation Therapy											
Rehabilitation												
Rehabilitation												
Rehabilitation												
Surgery	AICD	X										
Surgery	Anesthesia-Pain Control	X	X									
Surgery	Anesthesia (General)	X	X									
Surgery	Anesthesiology-MD on Staff	X	X									
Surgery	Anesthesiology-CRNA only											
Surgery	Cardiac Surgery						VISN 3					
Surgery	Endoscopy (Broncho)	X	X									
Surgery	Heart Transplant						THRU CENTRAL OFFICE					
Surgery	Hyperbaric									X		
Surgery	Intensive Care (Sur)	X										
Surgery	Kidney Transplant						THRU CENTRAL OFFICE					
Surgery	Laparoscopic Surgery	X	X									
Surgery	Liver Transplant						X					
Surgery	Neodyn. laser		X									
Surgery	Neurosurgery	X	X							P		
Surgery	Ophthalmology	X	X	X								
Surgery	Optometry	X	X	X								
Surgery	Region Eye Centers											
Surgery	Otolaryngology	X	X									
Surgery	Peripheral vasc. Lab	X	X									
Surgery	Podiatry	X	X	X								
Surgery	Shock Wave	X	X									
Surgery	Surgery (Ambulatory)	X	X									

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					VISN 4	Other VISN	On-site	Comm- unity	On-site	Comm- unity	On-site	Comm- unity
Surgery	Surgery (General)	X	X									
Surgery	Surgery (Hand)	X	X									
Surgery	Surgery (Othopedic)	X	X									
Surgery	Surgery (Plastic)	X							I/P	O/P		
Surgery	Surgery (Thoracic)	X										
Surgery	Surgery (Urology)	X	X									
Surgery	Surgery (Vascular)	X	X									
Surgery	Surgery (GYN)											P
Surgery	23 hour stay beds	X										
Surgery												
Surgery												
Surgery												
Spinal Cord Injury	SCI Center *											
Spinal Cord Injury	SCI Primary Care Team*											
Spinal Cord Injury	SCI Support clinic*	X	X				VISN 2					
Spinal Cord Injury												
Spinal Cord Injury												
Spinal Cord Injury												
Telemedicine	Telecardiology											
Telemedicine	Teledermatology											
Telemedicine	Telemental health		X	X								
Telemedicine	Telenutrition		X	X								
Telemedicine	Teleophthalmology											
Telemedicine	Telepathology											
Telemedicine	Teleradiology	X										
Telemedicine	Other											
Telemedicine	Other											
Other	Emergency Department											
Other	Fitness Center	X										
Other	Free standing outpatient care center											
Other	Trauma Center											

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					VISN 4	Other VISN	On-site	Community	On-site	Community	On-site	Community
Other	Urgent Care											
Other	Urgent Care											
Emergency Preparedness Site	Decontamination											
Other												
Other												
Other												
Other												

Strengths, Weaknesses, Opportunities, Threats

Strengths

- ❖ Clinical guideline and standards
- ❖ Large patient base
- ❖ Technology: CPRS
- ❖ Part of large healthcare system
- ❖ Experienced/dedicated workforce
- ❖ Continuum of care
- ❖ Wide variety of services
- ❖ Unique specialties (i.e. PTSD)
- ❖ Newly renovated clinical areas
- ❖ Partnership with union
- ❖ VA mission
- ❖ Education and training of employees
- ❖ Strong clinical data collection
- ❖ Well established voluntary program
- ❖ Federally funded
- ❖ Holistic medicine
- ❖ Affiliations
- ❖ CBOCs
- ❖ Excellent morale program
- ❖ Congressional support
- ❖ Residency program
- ❖ VSO's relationship
- ❖ Networking opportunities
- ❖ Compliance
- ❖ Strong peer review
- ❖ Minimal agency staff
- ❖ Physicians work full time on staff
- ❖ Respect from community
- ❖ Highly educated staff
- ❖ Consolidated purchasing system
- ❖ CARF Accredited Rehab and Community Nursing Program
- ❖ Health Care for Homeless Veterans (HCHV)

Strengths, Weaknesses, Opportunities, Threats (Continued)

Weaknesses

- ❖ Communication
- ❖ Customer service
- ❖ Waiting time for service
- ❖ Interior customer satisfaction- (employees)
- ❖ Uncertain budget (Year-to-Year)
- ❖ Patient transportation
- ❖ Waiting times for appointments
- ❖ Budget allocation
- ❖ External customer satisfaction (patients and other customers)
- ❖ Lack of team concept in outpatients
- ❖ Telephone system
- ❖ Outdated processes (still do things the old way)
- ❖ Succession planning
- ❖ Staff shortages in certain areas
- ❖ Lack of organizational chart
- ❖ Lack of adequate resources for training, i.e. technology
- ❖ Lack of team concept in inpatients
- ❖ Limited control staff rewards
- ❖ Aging workforce
- ❖ "What's-in-it-for-me" attitude
- ❖ Scheduling
- ❖ Lack of specialties at clinics
- ❖ Limited (homogenous) patient profile
- ❖ Employee diversity
- ❖ Unfunded mandates
- ❖ Inability to compete with technically skilled employees.
- ❖ Public Relations-Need to do and restrictions
- ❖ CBOC distance
- ❖ Staff reluctance to accept new treatments
- ❖ Review team (i.e. JCAHO) preparation process
- ❖ Too many start-ups, without completion

Strengths, Weaknesses, Opportunities, Threats (Continued)

Opportunities

- ❖ Expand access/CBOC proposals
- ❖ Increase demand for system
- ❖ Telemedicine
- ❖ Increase third party collections
- ❖ Financial problems of external organizations affecting VA
- ❖ Inpatient care workload
- ❖ CARES
- ❖ Standardize care
- ❖ Lack of affordable health insurance
- ❖ Malpractice crisis
- ❖ Enhance Public Images
- ❖ Improving training techniques
- ❖ Benchmarking
- ❖ Beautification of internal/external grounds
- ❖ Aging patient population
- ❖ Increase efficient use of personnel
- ❖ Research opportunities
- ❖ Partnership with DoD/NASA/community
- ❖ Minimal invasive surgery
- ❖ Reengineer processes
- ❖ Facility impact on budget
- ❖ Increase military use
- ❖ Telepsychiatry
- ❖ Feasible operating budget

Strengths, Weaknesses, Opportunities, Threats (Continued)

Threats

- ❖ Contracting out
- ❖ Workforce (aging & shrinking)
- ❖ Veteran population
- ❖ Patient reliance on system
- ❖ Aging population
- ❖ Lack of congressional support
- ❖ Public image
- ❖ CARES
- ❖ Patient co-pay
- ❖ Limited services
- ❖ Future eligibility restrictions
- ❖ Replacement of aging equipment
- ❖ Utilization of inpatient services
- ❖ Competition for resources (staff) with other agencies
- ❖ Total community acceptance
- ❖ Medicare standoff
- ❖ Physician exodus due to malpractice
- ❖ External reviews
- ❖ Payments of suits (EEO, Malpractice, etc.)

Budget Assumptions
FY 04

1. Enhance VERA revenue streams to capture all allowable revenues.
2. Meet the VISN MCCF collection goals and reduce the backlog and days in Accounts Receivables to meet the established performance goals.
3. Increase alternative source of revenues by 10%.
4. Increase uniques by 1,400 over the FY 03 actual.
5. Maintain an FTEE cumulative level of 940 (or below) as of 9/30/04.
6. End the Fiscal Year with an on board FTEE level of 950 or below.
7. Monitor Pharmacy strategies in order to maintain expenditures at or below an 8% increase.
8. Each Service Chief will limit FY 04 Control Point expenditures to a growth of no more than 1.5% (excluding Pharmacy).
9. Maximize the allowable amount of carryover funds to FY 05.
10. Meet or exceed the planned amount of management efficiencies for FY 04.

Wilkes-Barre VAMC FY/04 Strategic Objectives				
I. VHA GOAL: Maximize the physical, mental and social functioning of veterans with disabilities and be recognized as a leader in the provisions of specialized health care services. (VA Objective 1.1)				
			Responsible	Target
Key Drivers	VHA Strategies	Action Plan	Party	Date
Quality (Technical)	* 1. Improve and enhance home care services and develop an assisted living strategy.	1. Home Based Primary Care (HBPC) - Fully implement this program in FY04. Identify support staffing needs as the program expands - initial staffing needs supported by existing staff. Leased Health Buddy equipment will be required. Peripheral devices linked to the Health Buddy to be purchased as needed by Rehab & Prosthetics Services.	Chief, Geriatrics & Extended Care Service	1.10/1/04
	CONTINUED	2. Homemaker Health Aide - Enhance services, if eligibility requirements are relaxed under the new guidelines, patient participation will be increased, therefore will require additional resources.	Chief, Geriatrics & Extended Care Service	2.10/1/04
	CONTINUED	3. Telehome Medicine - Identify equipment to support this program.	Chief, Geriatrics & Extended Care Service	3.10/1/04
	CONTINUED	4. Skilled Nursing - Enhance skilled nursing service to provide care to a larger population of patients.	Chief, Geriatrics & Extended Care Service	4.10/1/04

	CONTINUED	5. Adult Day Health Care (Contract Service) - Expand availability of this service to meet the needs of the patients in urban areas.	Chief, Geriatrics & Extended Care Service	5.10/1/04
Key Drivers	VHA Strategies	Action Plan	Responsible Party	Target Date
Quality (Technical)	* 2. Promote the use of care management to facilitate care in the least restrictive and most efficient setting.	1. Care Management Committee to meet weekly.	Assoc. Chief of Staff for Clinical Operations / Nurse Executive	
	CONTINUED	2. Orient staff chosen for Telecare and HBPC positions.	Assoc. Chief of Staff for Clinical Operations / Nurse Executive	
	CONTINUED	3. Additional staff/money to be addressed as program evolves.	Assoc. Chief of Staff for Clinical Operations / Nurse Executive	

			Responsible	Target
Key Drivers	VHA Strategies	Action Plan	Party	Date
Quality (Technical)	<p>* 3. Reduce variability of health outcomes by providing for a more consistent delivery of services to include the following Special Emphasis Programs:</p>			
	<p>a. SPINAL CORD</p>	<p>1. Increase the number of unique patients by approximately 15-20% by maintaining a current SCI/D Registry and adding new entries as indicated and by assigning SCI/D patients to Dr. Sussman as the PCP.</p> <p>2. Increase the number of visits by 25% by maintaining a current SCI/D Registry and adding new entries as indicated and by assigning SCI/D patients to Dr. Sussman as the PCP.</p> <p>3. A general letter regarding SCI/D Clinic including patient satisfaction survey will be mailed to patients on the SCI/D Registry during October 2003.</p>	Alan Kurlansky	<p>1. 9/30/04</p> <p>2. 9/30/04</p> <p>3. 10/31/03</p>

	<p>b. BLINDNESS</p>	<p>1. VIS will retrieve data on workload by diagnostic code as well as stop code and compare with the capacity report data to assure accuracy. 2. VIS will print a list of VIS veterans each day who have outpatient appointments and attempt to contact those veterans who have not been seen or reviewed in at least 6 months. 3. Relocate VIS Coordinators office closer to Eye Clinic for easier access for blinded veterans.</p>	<p>Kay Klushin</p>	<p>1. 9/30/04 2. 9/30/04 3. 9/30/04</p>
	<p>c. SERIOUSLY MENTALLY ILL</p>	<p>1. Increase MHICM workload by having social worker complete the initial screen on all patients with a mental health diagnosis including dual diagnosis. Any patient who meets criteria for diagnosis, functional impairment or high hospital use will be reviewed by the treatment team to determine need for MHICM follow up. 2. Increase staffing to meet increased workload demands.</p>	<p>John Shalanski</p>	<p>1. 9/30/04 2. 9/30/04</p>
	<p>d. SUBSTANCE ABUSE</p>	<p>Increase compliance with SUD monitor by: 1. Tracking Substance Use Disorder (SUD) monitor weekly. 2. Rescheduling no-shows and cancellations for the SATU clinics only after contact is made with the veteran. 3. Utilizing outreach social workers for veterans that have difficulty returning for appointments due to transportation, employment issues, etc. 4. Utilizing Hoptel for up to 2 days post discharge from Detox and SARRTP for patients with transportation difficulties. 5. Ensuring accuracy of data by monthly review of the SUD Continuity of Care report.</p>	<p>Chris Veach</p>	<p>9/30/04</p>

	e. HOMELESS	<ol style="list-style-type: none"> 1. Maintain capacity to provide critical residential housing resources. 2. Work with local non-profit agencies to have them reapply for per diem only funding to support operational costs. 3. Expand transitional housing program on VA grounds. 	John Shalanski	9/30/04
	CONTINUED			
	f. PTSD	Work with Business Office to establish data format for accurate reflection of productivity in treating unique PTSD patients and for continuous tracing of effectiveness of new PTSD program initiatives.	Dr. Casagrande	9/30/04
	g. PSYCHOTIC DISORDERS	Ensure adequate capacity for veterans with psychotic disorders by monitoring through mental health advanced access initiatives.	Dr. J. Shah	9/30/04
	h. MINORITY VETERANS	Provide outreach/inreach services to minority veterans and their families and to educate them of benefits and services that are available through the Dept. of Veterans Affairs.	Bill Whitlock	9/30/04

	<p>I. WOMEN'S HEALTH</p>	<p>1. Issue: Breast cancer screening has been at 75% throughout the last 3 quarters of FY 2003. Goal is to attain breast screening to 84% (fully successful). 1a. Action Plan: Clinical reminder for breast cancer screening has been incorporated into the electronic APHR form and comes up yearly as part of that reminder. Incorporate in the Womens Veterans Newsletter, which is published quarterly, a reminder to veterans regarding their need to seek routine mammographies and pap smears. 2. Issue: High no-show rates among Womens Health Clinic. 2a. Action Plan: Continue to place electronic reminders of the patients appointments. Also, include in the Womens Newsletter a reminder to cancel and reschedule her appointment if unable to keep. 2b. Implement Open Access 3. Issue: Maintain social functioning of women veterans. 3a. Action Plan: Continue to hold at least two social/educational programs for women veterans. Consider a women veterans support group. This plan will be discussed at the next Women Veterans Committee in September.</p>	<p>Louise Guzick</p>	<p>9/30/04</p>
	<p>j. PACT</p>	<p>PACT</p>	<p>Toni Germain-Tudgay</p>	<p>9/30/04</p>

II. VHA Goal II. Ease the reentry of new veterans into civilian life by increasing awareness of, access to, and use of VA Health Care, Benefits and Services. (VA Objective 2.1)				
Key Drivers	VHA Strategies	Action Plan	Responsible Party	Target Date
Quality (Technical) Efficiency	* 4. Accelerate development of Health Data Repository (HDR), Health Vet, and telehealth initiatives.	1. Implement MUSE system at Wilkes-Barre as well as CBOCs. Train all providers on MUSE System.	1. Chief, Primary Care & Medical Svc.	1. 10/1/03
	CONTINUED	2. Formulate an educational rollout plan for telehealth. Interact with telemedicine chairperson to provide educational program to all providers and support staff.	2. Telehealth Coordinator	2. 10/1/03
	CONTINUED	3. Formulate telemedicine/telecare policies/procedures.	3. Telehealth Coordinator	3. 2/15/04

III. VHA GOAL: Provide high quality, reliable, accessible, timely and efficient health care that maximizes the health and functional status for all enrolled veterans, with special focus on veterans with service-connected conditions, those unable to defray the cost, and those statutorily eligible for care (VA Objective 3.1).				
			Responsible	Target
Key Drivers	VHA Strategies	Action Plan	Party	Date
Quality (Technical) Efficiency	* 9. Be a leader in the advancement of knowledge and practice of quality and patient initiatives to include: (a) the use of preventive medicine practices and guidelines for chronic disease management; (b) increasing the use of automated systems to reduce the likelihood of errors; and (c) developing a culture of error reporting, analysis and learning.	1. Keep abreast of current prevention and clinical practice guideline measures through VHA's Office of Quality and Performance and other best practice sources, and disseminate this information to the medical staff through the Office of the Chief Medical Officer.	1. PI Coordinator	9/30/2004
	CONTINUED	2. Work in collaboration with the ISS Department to measure the sustained and/or increased use of automated systems that improve patient safety, which includes BCMA, direct POE and the electronic medical record.	2. PI Coordinator	9/30/2004
	CONTINUED	3. Encourage and support staff participation in RCA teams.	3.PI Coordinator	9/30/2004
	CONTINUED	4. Complete aggregate RCA's on a quarterly basis.	4. PI Coordinator	9/30/2004

	CONTINUED	5. Deploy the utilization of HealthVet to include education of veterans and employees.	5. Kay Klushin (HealthVet Coordinator)	9/30/2004
			Responsible	Target
Key Drivers	VHA Strategies	Action Plan	Party	Date
Quality (Perceived) Quality (Technical) Efficiency	10. Implement a "service-recovery" program.	1. Assist in providing staff education on Service Recovery.	PI Coordinator	9/30/2004
	CONTINUED	2. Utilize a three-pronged implementation approach that includes Service-Level Patient Advocacy, the PULSE Tool Kit and participation in the Mystery Shopper Program.	PI Coordinator	9/30/2004
			Responsible	Target
Key Drivers	VHA Strategies	Action Plan	Party	Date
Quality (Perceived) Quality (Technical) Efficiency	* 14. Implement initiatives to support shared decision-making and patient empowerment.	1. Ensure copy of advance directive is documented in the electronic record.	1. Chairman, Ethics Committee	1. Ongoing

	CONTINUED	2. Implement and educate staff on revised Informed Consent Policy.	2. PI Coordinator	2. 11/1/03
	CONTINUED	3. Pilot i-Med Consent software, upon approval of Central Office, for standardization in procedure risk/benefit education and documentation.	3. ISS/Chief of Staff	3. 9/30/04
V. VHA GOAL: Advance VA medical research and development programs that address veterans' needs, with an emphasis on service-connected injuries and illnesses, and contribute to the Nation's knowledge of disease and disability (VA Objective 4.2)				
			Responsible	Target
Key Drivers	VHA Strategies	Action Plan	Party	Date
Quality (Technical)	* 17. Maintain full research compliance and standardized protection of human subjects.	1. Director and Chief of Staff will complete required training on protection of human subjects.	1. Chief of Staff / Chairperson, Research Committee	1. 11/30/03
	CONTINUED	2. Pursue the implementation of an IRB.	2. Chief of Staff	2. 9/30/04

VII. VHA GOAL: Recruit, develop, and retain a competent, committed and diverse workforce that provides high quality service to veterans and their families (VA Enabling Goal E-1)				
Key Drivers	VHA Strategies	Action Plan	Responsible Party	Target Date
Quality (Technical)	* 21. Develop a comprehensive and coherent workforce development plan that incorporates HPDM, succession planning, diversity training, and ADR orientation.	1. Implement a Mentoring Program	1. Staff Dev	1. 9/30/04
	CONTINUED	2. Offer a Career Development Program	2. Staff Dev	2. 9/30/04
	CONTINUED	3. Provide HPDM classes to new employees	3. Staff Dev	3. 9/30/04
	CONTINUED	4. Review Individual Development Plans (IDP) for common learning needs	4. Staff Dev/Chief HR/EEO	4. 9/30/04
	CONTINUED	5. Implement Upward Mobility Program and a Workforce/Succession Plans	5. EEO/Chief HR	5. 12/30/03

			Responsible	Target
Key Drivers	VHA Strategies	Action Plan	Party	Date
Quality (Technical)	* 22. Implement pay policies and HR practices to facilitate hiring and retaining sufficient health care workers to meet capacity demands across the full continuum of care.	1. Utilize special pay survey to ensure nursing is competitive with local labor market	Chief, HR	9/30/2004
	CONTINUED	2. Utilizaiton of retention and relocation bonuses for hard to recruit specialities that meet regulatory guidelines	Chief, HR	9/30/2004
VIII.	VHA GOAL: Improve the overall governance and performance of VA by applying sound business principles, ensuring accountability, and enhancing our management of resources through improved capital asset management; acquisition and competitive sourcing; and linking strategic planning, budgeting, and performance planning (VA Enabling Goal E-4)			
Key Drivers	VHA Strategies	Action Plan	Responsible	Target
			Party	Date
Quality (Technical)	* 24. Expand VA sharing and collaboration with DoD, Indian Health Service, and state veterans' organizations.	Explore additional sharing opportunities with the Tobyhanna Army Depot and State Veterans organizations.	Chairperson, SPC/ Chief, A&MMS	9/30/2004

			Responsible	Target
Key Drivers	VHA Strategies	Action Plan	Party	Date
Quality (Technical)	* 26. Deploy VHA Initiative to increase competitive sourcing.	On indefinite hold. Pending Congressional approval.	Chief, A&MMS	n/a
			Responsible	Target
Key Drivers	VHA Strategies	Action Plan	Party	Date
Quality (Technical)	* 27. Fully implement PRTF recommendations.	The Procurement Reform Task Force recommendations will be implemented once the report is released.	Chief, A&MMS	9/30/2004

	CONTINUED	2. Install infrastructure to allow for Telehealth (e.g. for telepsychiatry chaplain, consults, telehome and overall Home Based Care)	2. ISS	2. 9/30/04
	CONTINUED	3. Pilot then implement, I-med consent software	3. ISS	3. 3/30/04
	CONTINUED	4. Explore alternative technologies to improve the dispensing of medications through BCMA	4. ISS	4. 9/30/04
	CONTINUED	5. Pilot the "Group Visit" Initiative		05. 9/30/04

III. VHA GOAL: Provide high quality, reliable, accessible, timely and efficient health care that maximizes the health and functional status for all enrolled veterans, with special focus on veterans with service-connected conditions, those unable to defray the cost, and those statutorily eligible for care (VA Objective 3.1).				
			Responsible	Target
Key Drivers	VHA Strategies	Action Plan	Party	Date
Quality (Technical) Efficiency	5. Increase collaboration between VBA, VHA and DoD during the military discharge process.	1. Assemble a team which will include Enrollment, Pri-Care and VARO Staff:	1. Assoc. Chief, Business Office Svc	1. 10/31/03
		a. Contact DoD to identify the current discharge procedure.	a. Supr. HBS	a. 12/31/03
		b. Assess the possibility of having our facility handle the discharge physicals of persons from our catchment area currently serving in the military.	b. Supr. HBS/ Supr. OPS	b. 2/02/04
		c. Prepare a program whereby we work with VBA to ensure the veteran is educated in Enrollment and Eligibility, Compensation and Pension, and any other benefits.	c. Supr. HBS	c. 3/31/04

	CONTINUED	2. Formulate a plan for maintaining association with the veterans' discharged through our facility.	2. Supr. HBS	2. 4/30/04
	CONTINUED	3. Offer the veterans the basic benefit package.	3. Supr. HBS	3. 5/31/04
			Responsible	Target
Key Drivers	VHA Strategies	Action Plan	Party	Date
Quality (Technical) Efficiency	6. Collaborate with DoD to develop a complete lifelong health record for veterans.		VHA	
			Responsible	Target
Key Drivers	VHA Strategies	Action Plan	Party	Date
Quality (Technical) Efficiency	7. Collaborate with VBA to invigorate and update the Transitional Assistance Program (TAP).		VHA	

			Responsible	Target
Key Drivers	VHA Strategies	Action Plan	Party	Date
Quality (Technical) Efficiency	8. Intensify efforts to implement Veterans' Health Initiative (VHI), including fully incorporating each veteran's military history and potential consequences of service into CPRS.		VHA	
Key Drivers	VHA Strategies	Action Plan	Responsible Party	Target Date
Quality (Perceived) Quality (Technical) Efficiency	11. Standardize patient satisfaction surveys with real time results.	1. Utilize the IDEAS Program and share results with services on a quarterly basis.	PI Coordinator	8/30/2004
	CONTINUED	2. Increase utilization of the PULSE Tool Kit.	PI Coordinator	8/30/2004

			Responsible	Target
Key Drivers	VHA Strategies	Action Plan	Party	Date
Quality (Perceived) Quality (Technical) Efficiency	12. Provide incentives for ongoing, continuous healthcare system redesigns to streamline work, and to analyze, identify, and promulgate improved health care practices.	1. Expand telemedicine program to Clinical Nutrition and Chaplain Services.	1. Chief Nutrition/ Chief Chaplain	1. 12/30/2003
	CONTINUED	2. Examine feasibility to expand telemedicine to Sub Specialty Services.	2. Telehealth Coordinator	2. 3/31/04
	CONTINUED	3. Develop & Implement Home Telehealth Program	3. HBPC / Telehealth Coordinator	3. 3/31/04
	CONTINUED	4. Initiate HBPC Program	4. HBPC Coordinator	4. 12/30/03

	CONTINUED	5. To further expand HBPC by identifying necessary staff.	5. HBPC Coordinator	5. 2/29/04
	CONTINUED	6. Reduce the amount of vacant space as directed by the CARES initiative by vacating buildings 8 & T42 and leasing-out buildings 35 & T42.	6. Supervisor, General Engineer	6/30/2004

			Responsible	Target
Key Drivers	VHA Strategies	Action Plan	Party	Date
Quality (Perceived) Quality (Technical) Efficiency	13. Collaborate with public and private organizations to reduce redundancies and fill gaps in services to veterans.	Identify gaps in services to veterans (e.g. Patient Transportation, alternatives to Long Term Care, CBOC development) and work with other organizations to resolve the gaps.	Chairperson, SPC	9/30/2004
IV. VHA GOAL: Improve the Nation's preparedness for response to war, terrorism, national emergencies, and natural disasters by developing plan and taking actions to ensure continued service to veterans as well as support to national, state, and local emergency management and homeland security efforts (VA Objective 4.1)				
			Responsible	Target
Key Drivers	VHA Strategies	Action Plan	Party	Date
Quality (Technical)	15. Partner with other Federal, state and community agencies to develop a national emergency preparedness plan that clearly articulates VA's role and capabilities to respond to emergencies.	Participate in the development of a Community Disaster Plan and define VA's role in it.	Emergency Preparedness Coordinator	1/31/2004
Key Drivers	VHA Strategies	Action Plan	Responsible	Target
Key Drivers	VHA Strategies	Action Plan	Party	Date

Quality (Technical)	16. Conduct training and emergency preparedness drills using standardized scenarios consistent with VA's Emergency Management Program Guidebook.	Conduct Emergency Preparedness Drills twice a year and as needed.	Emergency Preparedness Coordinator	ongoing
V. VHA GOAL: Advance VA medical research and development programs that address veterans' needs, with an emphasis on service-connected injuries and illnesses, and contribute to the Nation's knowledge of disease and disability (VA Objective 4.2)				
			Responsible	Target
Key Drivers	VHA Strategies	Action Plan	Party	Date
Quality (Technical)	18. Increase the proportion of research funding directed to projects addressing veteran-related issues, cooperative studies and translational research.	1. As part of collateral duty as Research Officer for the VISN, COS will ensure all seed grants are veteran-related.	Chief of Staff / Chairperson, Research Committee	Ongoing
	CONTINUED	2. If IRB is reactivated, will ensure same locally.	Chief of Staff /	Ongoing

VI. VHA GOAL: Sustain partnerships with the academic community that enhance the quality of care to veterans and provide high quality educational experiences for health care trainees. (VA Objective 4.3)				
			Chairperson, Research Committee	Target
Key Drivers	VHA Strategies	Action Plan	Party	Date
Quality (Technical)	19. Improve the training and awareness in military health related issues.	1. Provide annual review on military sexual trauma. 2. Provide class on military sexual trauma. 3. Provide class on chemical and biological warfare health related issues.	Chief, Staff Development Service	9/30/2004
Key Drivers	VHA Strategies	Action Plan	Responsible Party	Target Date
Quality (Technical)	20. Provide appropriate support for training, education, and resident supervision.	1. Conduct an educational needs assessment of all employees.	1. Chief, Staff Dev Svc	1. 9/30/04
	CONTINUED	2. Utilize a prioritization grid to plan educational programs.	2. Chief, Staff Dev Svc	2. 9/30/04
	CONTINUED	3. Implement classes associated with identified needs.	3. Chief, Staff Dev Svc	3. 9/30/04
	CONTINUED	4. Conduct focus groups and analyze results to identify learning needs.	4. Chief, Staff Dev Svc	4. 9/30/04
	CONTINUED	5. Enhance the electronic education web page.	5. Chief, Staff Dev Svc	5. 9/30/04

	CONTINUED	6. Provide educational opportunities to ensure that at least 50% of employees receive 40 hours of continuing education annually.	6. Chief, Staff Dev Svc	6. 9/30/04
	CONTINUED	7. Provide mandatory classes as required.	7. Chief, Staff Dev Svc	7. 9/30/04
	CONTINUED	8. Ensure standards for residents training as per ACGME.	8. Chief, Primary Care & Medical Svc	8. 9/30/04
VIII.	VHA GOAL: Improve the overall governance and performance of VA by applying sound business principles, ensuring accountability, and enhancing our management of resources through improved capital asset management; acquisition and competitive sourcing; and linking strategic planning, budgeting, and performance planning (VA Enabling Goal E-4)			
			Responsible	Target
Key Drivers	VHA Strategies	Action Plan	Party	Date
Quality (Technical)	23. Implement the VHA communication plan.	Develop and implement a Medical Center Communication Plan.	Staff Assistant to the Director / Chief, Voluntary Service	6/30/2004
			Responsible	Target
Key Drivers	VHA Strategies	Action Plan	Party	Date
Quality (Technical)	25. Expand the Compensation and Pension Record Interchange (CAPRI).		VHA	

			Responsible	Target
Key Drivers	VHA Strategies	Action Plan	Party	Date
Quality (Technical)	28. Assess the feasibility of Federal imaging, lab, and prescription centers.		VHA	
Key Drivers	VHA Strategies	Action Plan	Responsible	Target
Key Drivers	VHA Strategies	Action Plan	Party	Date
Quality (Technical)	29. Take full advantage of research-related intellectual property opportunities.	If IRB is reactivated, ensure that research-related intellectual property opportunities are fully realized.	Chief of Staff	9/30/2004

VAMC WILKES-BARRE, PENNSYLVANIA
COMPLIANCE PLAN 2004

RISK AREA	CONCERN	ACTION/PLAN	RESPONSIBLE PERSON/UNIT	REFERENCE
<p>CODING ACCURACY OF BILLABLE ENCOUNTERS BY CONTRACT STAFF.</p>	<p>REVENUE CYCLE: The accuracy of coding is a vital component of the provisions of healthcare, as well as an essential process that, if done inaccurately, can adversely affect the financial position of the VISN thru VERA and the facility thru MCCF</p>	<p>MONTHLY CODING CBI AUDIT ACROSS THE BILLED POPULATION. 100 CASES AS REQUIRED BY NATIONAL CBI INITIATIVE</p>	<p>PROGRAM ANALYST, OR DESIGNEEE/ BUSINESS OFFICE</p>	<p>VA CODING GUIDELINES CPT ICD-9-CM CODING CLINIC AHA HANDBOOK CMS REGS</p>
<p>THIRD PARTY BILLING</p>	<p>BILLING IS A CRITICAL FUNCTION, THAT, IF DONE INCORRECTLY CAN DELAY PAYMENT, INCREASE AR, RESULT IN FUNDING / REVENUE LOSS AND EXPOSES FACILITY TO SANCTION</p>	<p>MONTHLY CBI AUDIT OF 100 BILLABLE CASES, RANDOMLY SELECTED. ALL ASPECTS OF CBIO WORKSHEET WILL BE AUDITED.</p>	<p>SUPERVISOR MCCF/DESIGNEE</p>	<p>ALL CURRENT APPLICABLE BILLING DIRECTIVES/POLICIES INLCUDING CMS FOR SUPPLEMENTAL PLANS. VA CBIO GUIDELINES</p>

RISK AREA	CONCERN	ACTION/PLAN	RESPONSIBLE PERSON/UNIT	REFERENCE
1 ST PARTY BILLING	ALL 1 ST PARTY BILLS MUST BE JUSTIFIED. ERRORS IN FIRST PARTY BILLING CAUSE PATIENT DISATISFACTION, AS WELL AS EXPOSURE TO FRAUDULENT BILLING ACCUSATIONS.	MONTHLY CBI MONITOR OF 100 BILLED 1 ST PARTY CASES.	SUPERVISOR MCCF/DESIGNEE	ALL CURRENT APPLICABLE BILLING DIRECTIONS/POLICIES VHACBIO GUIDELINES
DOCUMENTATION REQUIREMENTS FOR RESIDENT SUPERVISION	DOCUMENTATION LACKING EVIDENCE OF RESIDENT SUPERVISION CANNOT BE BILLED, HAVING NEGATIVE EFFECTS UPON THE FACILITY BUDGET.	ESTABLISH A LEGEND NUMBER WITH CODING CONTRACTOR TO ISOLATE THOSE SCREENED OUT DUE TO LACK OF SUPPORTING DOCUMENTATION FOR BILLING. FEEDBACK WILL BE PROVIDED TO THE COMPLIANCE OFFICER FOR USE IN CORRECTIVE ACTION.	COMPLIANCE OFFICER	RESIDENT SUPERVISION GUIDELINES AND RESIDENT SUPERVISION HANDBOOK 1400.1 REVISED 3/19/04
PART TIME PHYSICIAN TIME AND ATTENDANCE	OIG WORKPLAN	MONTHLY AUDIT OF PHYSICAL PRESENCE OF SCHEDULED PT PHYSICIANS	COMPLIANCE OFFICER/DESIGNEE	PART TIME PHYSICIAN TIME AND MCP1703-378, dtd 4/25/03
LEIE (LIST OF	OIG WORKPLAN,	AUDIT ALL NEW APPOINTMENTS	HR, CONTRACT, FEE	VACBI GUIDELINE

RISK AREA	CONCERN	ACTION/PLAN	RESPONSIBLE PERSON/UNIT	REFERENCE
EXCLUDED INDIVIDUALS AND ENTITYS	CBIO ADVISES LEIE SHOULD BE CHECKED FOR ALL NEW APPOINTMENTS, CONTRACT, S FEE PROVIDER APPOINTMENTS AS WELL AS PERIODIC CHECKS OF CURRENT EMPLOYEES	CONTRACTS, FEE PROVIDERS AGAINST THE LEIE AND CURENT EMPLOYEES, RANDOM SAMPLE	SUPERVISOR/DESIGNEE	
PROGRAM POLICY AND DEVELOPMENT	CURRENT POLICY IN ACCORDANCE WITH MODEL	UPDATE COMPLIANCE POLICY TO INSURE IT IS CURRENT	COMPLIANCE OFFICE	MCDM 00/PI 02-264
COMPLIANCE ANNUAL REPORT	NEW ANNUAL REPORT DRAFT DUE OCTOBER 2004	REVIEW ANNUAL REPORT CATEGORIES FOR STATUS AT THE FACILITY LEVEL. VALIDATE FACILITY ASPECTS FOR COMPLIANCE, OR PROVIDE PLAN AS APPLICABLE TO EFFECT SUCH.	COMPLIANCE OFFICER AND OTHER SERVICES AS APPLICABLE	FINAL DRAFT COMPLIANCE ANNUAL REPORT
AARP CAP	REHAB BILLING IN ACCORDANCE WITH CMS REGS FOR CMS SUPPLEMENTAL PLAN	MONTHLY AARP STATUS REPORT WILL BE DONE. POLICIES TO BE REVISED TO INSURE GUIDANCE FOR COMPLIANT DOCUMENTATION REQUIREMENTS OF REHAB SVCS	COMPLIANCE OFFICER & SUPVR REHAB	CMS MANUALS
COMPLIANCE	PERFORMAMNCE	DEVELOP ANNUAL PLAN OT		

RISK AREA	CONCERN	ACTION/PLAN	RESPONSIBLE PERSON/UNIT	REFERENCE
EDUCATION	EDUCATION MEASURE GOAL @ 100% FOR FY2004	<p>PROVIDE SUFFICIENT OPPORTUNITIES FOR ALL CLASSIFICATIONS OF EMPLOYEES TO RECEIVE THE REQUIRED HOURS.</p> <p>MONTHLY COMPLIANCE NEWSLETTER. .50 HRS EACH</p> <p>SOPC 2/26/04 SC VS NSC PRESENTATION</p> <p>ANNUAL MANDATORY REVIEW COMPLIANCE MODULE, ALL EMPLOYEES INCLUDING ALL NEW APPOINTMENTS.</p> <p>JULY 2004 RESIDENT ORIENTATION, TBA AS ANNOUNCED IN PLAN IN COMMITTEE MINUTES</p>		

**Wilkes-Barre VA Medical Center
ENHANCED ACCESS PLAN FY 2004-2005**

Long Range Goals

1. Veterans will be able to receive care from their primary care provider on the same day the request is made (or on a day of their choosing) and within a week or less for specialty care services.
2. Advanced Clinic Access (ACA) principles and practices will be spread to all clinics within the Medical Center

ShortTerm Performance Goals:

1. Veterans will be able to obtain an appointment with their primary care and specialty providers for non-urgent or emergent issues within 30 days of their request.
2. Percent of next available appointments scheduled within 30 days will meet or exceed national standards in all performance measure clinics.
3. Veterans with a scheduled appointment will be seen within 20 minutes of their scheduled time.
4. Veterans will be satisfied with the time it takes for them to get a desired appointment.
5. Waiting Lists will be eliminated.

To accomplish the goals, the following strategies and actions have been identified and will be tracked via reoccurring reports to the Wilkes-Barre ACA Steering Committee

Strategy	Action Plan to Achieve Strategy	Person Responsible	Target Date	Status
1. Enhance skills Medical Center wide in Advanced Clinic Access Techniques	1.a. Identify actions needed to bring all 8 key performance measure clinics into compliance with VISN 4 and national performance measures	POC Chief of Staff ACA Steering Committee	Ongoing	
	1.b. Provide avenues for newly added clinics (GI and Mental Health) to enhance understanding and skill level in ACA principles	POC Chief of Staff ACA Steering Committee	Ongoing	

Strategy	Action Plan to Achieve Strategy	Person Responsible	Target Date	Status
	1.c. Document and disseminate best practices and lessons learned both within the VISN and from other VISNs	E. Helsel POC	Ongoing	
	1.d. Encourage participation in specialty-specific National Access Experts conference calls.	POC Chief of Staff Medical Center Teams	Ongoing	
	1.e. Promote and support development of alternatives to face-to-face encounters (group visits, telephone clinics, etc) across VISN 4 Support group visit pilots at Wilkes-Barre, Butler, and Erie and foster mechanisms to spread to other interested facilities within the VISN	COS POC	4 th Qtr FY 04	
	1.f. Implement processes to facilitate development, clinical review, and utilization of PC/specialty service agreements for cardiology, urology, orthopedics, audiology, eye care, GI, and mental health.	COS POC Steering Committee Teams	3 rd Qtr FY 04	
2. Utilize infrastructure created within the Medical Center to support and expand Enhanced Access initiative	2.a. Work to enhance role of POC to <ul style="list-style-type: none"> <input type="checkbox"/> Oversee implementation of ACA spread <input type="checkbox"/> Monitor performance of medical center teams <input type="checkbox"/> Assure timely submission of requested/required reports <input type="checkbox"/> Monitor and oversee correction of data accuracy issues <input type="checkbox"/> Link with VISN POC and medical center leaders to identify and resolve barriers and issues <input type="checkbox"/> Facilitate implementation of strategic planning strategies and initiatives 	POC COS	3 rd Qtr FY 04	

Strategy	Action Plan to Achieve Strategy	Person Responsible	Target Date	Status
	2.b. Update Steering Committee membership and provide admin support for minutes/action plans from each meeting for reporting to leadership and VISN 4 POC.	POC COS Steering Committee Chair	2 nd Qtr FY 04	
	2.c. Maintain at least one face to face meeting of the Wilkes-Barre Steering Committee, quarterly, with representation from the outpatient clinics to refresh, retrain, and identify actions needed to move forward	POC COS Steering Committee Chair & membership	3 rd Qtr FY 04	
	2.d. Facilitate efforts to have Medical Center representation at additional communities of learning and/or formal, VISN wide specialty specific collaborative and listen to scheduled conference calls to further enhance EA efforts in key clinics, including identification of Medical Center champions/coaches for key areas.	POC COS	Ongoing	
	2.e. Provide individualized assistance to teams and or staff as needed via e-mail, face to face meetings, conference calls, intra-VA details, and other methods.	POC	Ongoing	
	2.f. Promote utilization of Enhanced Access VISN website to serve as the mechanism for sharing information, contacts, reporting, and resources about Enhanced Access.	POC COS	Ongoing	
	2.g. Develop an ACA Page on Wilkes-Barre's Website to post updates, provide education and display data for our local ACA initiative	POC Webmaster WB	Ongoing	

Strategy	Action Plan to Achieve Strategy	Person Responsible	Target Date	Status
3. Identify and correct barriers and system problems within the Medical Center and its divisions promote coordinated, standardized approach to resolution	3.a. Review the finalized and published VISN wide policy on enrollment and use of Waiting Lists to be sure Wilkes-Barre is compliant with this policy Identify the need for development and/or revision of other local policies that impact Enhanced Access implementation.	POC COS	April 2004 Ongoing	
	3.b. Analyze “next available” appointment patterns to determine appropriate usage and reason for variation and initiate actions as indicated.	POC	3rd Qtr FY 04	
	3.c. Add clinics from Top 50 that are fallouts to data clean up efforts to ensure that data errors are not impacting waiting time	POC	2nd Qtr FY 04	
4. Monitor progress and improvements through data collection and analysis	4.a. Monitor and report monthly on ACA performance measures, monitors, and related issues at Medical Center level to leadership at the facility	POC COS Steering Committee Chair	Ongoing	
	4.b. Submit status of medical center initiatives quarterly through Director/COS monthly updates.	COS POC	Ongoing	
	4.c. Monitoring and review Hot Spot reports and other data reports as distributed by VISN & VACO. Target outliers for improvement. Identify and correct potential data problems	POC COS Director	Ongoing	

Strategy	Action Plan to Achieve Strategy	Person Responsible	Target Date	Status
	4.d. Develop coordinated efforts to monitor and improve status of newly developed FY 04 Performance Monitors as data becomes available.	POC	3 rd Quarter FY 04	
	4.e. Implement coordinated efforts to improve performance and reduce variation within the Wilkes-Barre Health care system regarding No-Shows in key performance clinics	POC COS	3 rd Quarter FY 04	
	4.f. Assure evidence of continued progress and aggressive efforts toward elimination of any existing waiting lists /preference lists at Wilkes-Barre for report to the VISN.	POC COS	Ongoing	
5. Align Enhanced Access Initiative with other resources and groups within the facility	5.a. Identify resource issues within the facility and utilize Strategic Planning process to align planning and budgeting with identified needs	POC COS	Ongoing	
	5.c. Work with Patient Education Committee to enhance communication and education to veterans and other stakeholders. Utilize existing vehicles including MAC meetings to disseminate Medical Center and VISN efforts in EA and dispel misconceptions	POC COS Patient Ed Committee	3 rd Quarter FY 2004 Ongoing	
	5.d. Identify avenues to work with HAS lead to assure support of processes and initiatives among clerical and health administration staff. Including: <ul style="list-style-type: none">❑ Monitoring appointment classification accuracy and communicate necessary corrections❑ Training schedulers on how to enter appointments including desired date and next available	POC D. Karrott	3 rd Qtr FY 04	
	5.e. Collaborate with PI representative to integrate enhanced access activities into medical center quality improvement efforts	POC PI rep	Ongoing	

Strategy	Action Plan to Achieve Strategy	Person Responsible	Target Date	Status
	5.f. Collaborate with Medical Center Compliance office to monitor OIG CAP results and facilitate improvements in areas related to waiting times and waiting lists	POC F. Wojtash	Ongoing	
	5.g. Collaborate with Staff development to: <ul style="list-style-type: none"> • Explore ways to integrate ACA principles into hiring practices and educational curriculum for new employees and residents • Provide incentive awards for successful achievement of ACA goal accomplishment 	POC COS Staff Dev.	4 th Qtr FY 04	