

## VHA SYSTEMS REDESIGN AND IMPROVEMENT PROGRAM

**1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) directive establishes policy for the deployment of a Veterans Health Administration-wide, integrated program for Systems Redesign and Improvement to optimize Veterans' experience by providing services to develop self-sustaining improvement capability.

**2. SUMMARY OF CONTENTS:** This new VHA directive:

a. Defines specific roles and responsibilities of leadership at the national, network, and VA medical facility levels for oversight of the Systems Redesign and Improvement Program.

b. Defines policy, oversight, and responsibilities of the VA medical facility Systems Redesign and Improvement Coordinator for implementation and support of a robust Systems Redesign and Improvement Program and associated culture in support of High Reliability Organization (HRO) transformation.

**3. RELATED ISSUES:** None.

**4. RESPONSIBLE OFFICE:** The Office of the Assistant Deputy Under Secretary for Health for Quality, Safety, and Value (10E2) is responsible for the contents of this directive. Questions may be addressed to [kay.calloway@va.gov](mailto:kay.calloway@va.gov) or [vha10e2clship@va.gov](mailto:vha10e2clship@va.gov).

**5. RESCISSIONS:** None.

**6. RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of December 2024. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

**BY THE DIRECTION OF THE UNDER  
SECRETARY FOR HEALTH:**

/s/ Gerard R. Cox, MD, MHA  
Deputy Under Secretary for Health for  
Organizational Excellence

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***NOTE:*** All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.

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## VHA SYSTEMS REDESIGN AND IMPROVEMENT PROGRAM

### 1. PURPOSE

This Veterans Health Administration (VHA) directive establishes policy for the deployment of a VHA-wide, integrated program for Systems Redesign and Improvement. **AUTHORITY:** 38 U.S.C. 7301(b) and 7311.

### 2. BACKGROUND

a. In 1999, VHA recognized the need for process improvement to streamline access to care and services. VHA partnered with the Institute for Healthcare Improvement (IHI) to learn process improvement strategies and implemented Advanced Clinic Access (ACA). IHI designed and the Department of Veterans Affairs (VA) implemented a major system re-organization to spread ACA throughout VHA. Recognizing the continuous nature of process improvement, VHA realized further waste reduction was required in clinical and non-clinical components of the health care delivery system. In response, the VHA Systems Redesign (SR) Program Office was created in 2006.

b. In 2008, Veterans Engineering Resource Centers (VERC)s were established. They assisted Systems Redesign and Improvement in facilitating and consulting collaborative initiatives at regional and national levels. The year 2010 was an integral year, as the first VHA Improvement Framework Guide was released, which introduced VA Vision-Analysis-Team-Aim-Map-Measure-Change-Sustain (VA TAMMCS). VA TAMMCS provided much needed standardized guidance to process improvement professionals and staff. This same year, the first National Improvement Advisory Academy was offered, which provided participants an in-depth knowledge of project management, multiple improvement methods and tools, data and statistical analysis, facilitation and team relations, change management, and leadership engagement tools, all which support the development of strong improvement professionals to support the mission of the Office of Systems Redesign and Improvement.

c. In 2015, the Secretary of Veterans Affairs released the Department of Veterans Affairs Performance Improvement Strategy, identifying Lean as the improvement strategy “to make the Department more responsive to our customers’ needs.”

d. In 2016, the VERC merged with the Office of Strategic Integration (OSI), whose primary mission is to plan, engineer and implement enterprise-wide Veteran-driven systems of care in support of VA priorities. In 2017, the National Systems Redesign and Improvement steering committee identified national standardization for the Systems Redesign and Improvement Program, through a National Directive, Standardized Position Descriptions, and orientation resources as priorities to strengthen and support the sustainment of the program.

e. In 2019, VHA’s transformation journey to become a High Reliability Organization (HRO) began with the identification of HRO Lead Sites across the enterprise. Continuous Process Improvement represents one of the three pillars of HRO, with the development and sustainment of process improvement capability in direct support of

VHA's HRO transformation and pursuit of "zero harm" and a robust culture of improvement and patient safety.

### 3. DEFINITIONS

a. **High Reliability Organization.** A high-reliability organization (HRO) is an organization with a goal of achieving "zero harm" in an environment where accidents are expected due to complexity or risk factors. HRO requires the following factors to be present simultaneously.

(1) Sensitivity to operations (Focus on Front Line Staff and Care Process).

(2) Preoccupation with failure (Anticipate Risk- Every Staff Member is a Problem Solver).

(3) Reluctance to simplify (Get to the Root Causes).

(4) Commitment to resilience (Bounce Back from Mistakes).

(5) Deference to expertise (Empower and Value Expertise and Diversity).

b. **Continuous Process Improvement.** The ongoing improvement of products, services or processes through incremental and breakthrough improvements.

c. **Lean.** Lean improvement methods are a system of techniques and activities for efficiently running a manufacturing or service operation which share the underlying principle of eliminating all non-value-added activities, or waste, from the operation and strives for near perfection.

d. **Systems Redesign and Improvement.** Systems Redesign and Improvement is the VHA practice of utilizing improvement tools to conduct Continuous Process Improvement (CPI). The practice evaluates and analyzes operational processes and procedures for the purpose of driving continuous improvement to increase/ decrease output, increase efficiency, or increase the effectiveness of the process or procedure.

e. **Veterans Integrated Service Network Systems Redesign and Improvement Program Manager.** The Veterans Integrated Service Network (VISN) Systems Redesign and Improvement Program Manager is a Systems Redesign and Improvement professional responsible for management, growth and oversight of the Systems Redesign and Improvement programs within the associated VISN.

f. **VA Medical Facility Systems Redesign and Improvement Coordinator.** The VA medical facility Systems Redesign and Improvement Coordinator is a Systems Redesign and Improvement professional responsible for management, growth and oversight of the Systems Redesign and Improvement programs within the associated facility.

g. **VA Medical Facility Systems Redesign and Improvement Specialist.** The VA medical facility Systems Redesign and Improvement Specialist is a Systems Redesign and Improvement professional responsible for supporting the Systems Redesign and Improvement Coordinator in the day to day operations of the Systems Redesign and Improvement programs within the associated facility.

#### 4. POLICY

a. It is VHA policy that an enterprise-wide program for Systems Redesign and Improvement be established for each organizational level within VHA to continuously pursue improvement of services through the evaluation, monitoring, and implementation of process changes which support a High Reliability Organization (HRO).

b. It is VHA policy that the primary process improvement methodology utilized enterprise-wide is LEAN.

#### 5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for

(1) Ensuring compliance with this directive.

(2) Aligning resources required to implement and maintain the enterprise-wide Systems Redesign and Improvement Program.

b. **Deputy Under Secretary for Health for Organizational Excellence.** The Deputy Under Secretary for Health for Organizational Excellence is responsible for monitoring implementation of the enterprise-wide Systems Redesign and Improvement program within an HRO framework by the Assistant Deputy Under Secretary for Health for Quality, Safety, Value (QSV), through the Program Director of Systems Redesign and Improvement.

c. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Service Networks (VISNs).

(2) Ensuring that each VISN Director has sufficient resources required to implement and maintain the Systems Redesign and Improvement program within an HRO framework in all medical facilities within the VISN.

d. **Assistant Deputy Under Secretary for Health for Quality, Safety, and Value.** The Assistant Deputy Under Secretary for Health for Quality, Safety, and Value (QSV) is responsible for:

(1) Ensuring incorporation of Systems Redesign and Improvement activities into the QSV strategic planning processes, VHA enterprise quality framework, and HRO framework.

(2) Providing operational direction, and oversight of resource management to ensure the Office of Systems Redesign and Improvement can support implementation of an enterprise-wide program.

d. Obtaining an annual audit report outlining improvement outcomes aligned with VHA strategic priorities and systems redesign and improvement initiatives from the National Office of Systems Redesign and Improvement to assist with strategic planning.

e. **Program Director, VHA Office of Systems Redesign and Improvement.** The Program Director, VHA Systems Redesign and Improvement is responsible for:

(1) Overseeing the establishment, implementation, and integration of the Systems Redesign and Improvement Program under the Office of QSV. Implementing and continuously improving an integrated approach to organizational capacity to continuously progress toward the goal of high-reliability through transparency, standardized work, and process improvement implementations.

(2) Planning, directing, coordinating, and evaluating VHA's national improvement approaches in support of refining outputs of business processes or procedures to increase efficiency or effectiveness.

(3) Annual auditing of the improvement outcomes aligned with VHA strategic priorities and systems redesign and improvement initiatives and reporting the audit results to the Assistant Deputy Under Secretary for Health for QSV.

(4) Identifying evidence-based practices, initiatives, and measures that support health care improvements and the promotion of health equity, in collaboration with program offices.

(5) Establishing an organizational standardized training program to teach the tools and techniques utilized by Systems Redesign and Improvement.

(6) Facilitating a National Systems Redesign and Improvement advisory group, including membership from VISN and Facility Systems Redesign and Improvement staff, to develop strategic priorities to support the field level Systems Redesign and Improvement programs.

f. **Veterans Integrated Service Network Director.** The Veterans Integrated Service Network (VISN) Director is responsible for:

(1) Ensuring that the functions of the VISN program for Systems Redesign and Improvement comply with appropriate VHA standards, including those of The Joint Commission and the Commission on Accreditation of Rehabilitation Facilities, and are integrated within the VISN and VA medical facility organizational structure.

(2) Designating a VISN Systems Redesign and Improvement Program Manager to ensure execution of key functions of the enterprise program for Systems Redesign and Improvement.

(3) Ensuring adequate dedication of resources to support a robust and comprehensive VISN-wide System Redesign and Improvement Program. **NOTE:** *Recommended staffing levels are a minimum of 1 Systems Redesign and Improvement Program Manager per VISN.*

(4) Ensuring continuous improvement through utilization of Lean Methodology, All Improvement Guidebook, and other improvement tools.

(5) Integrating operational improvement plans and priorities developed during the Strategic Planning process into to the Systems Redesign and Improvement program, with assistance from the VISN Systems Redesign and Improvement Coordinator.

g. Establishing a VISN Systems Redesign and Improvement advisory group, including Systems Redesign and Improvement representation from each VISN medical center, to focused on program priorities.

**h. Veterans Integrated Service Network Systems Redesign and Improvement Program Manager.** The Veterans Integrated Service Network (VISN) Systems Redesign and Improvement Program Manager is responsible for:

(1) Providing consultative guidance to all levels of leadership and management on process improvement by providing tools and expertise to process owners and subject matter experts (SMEs) within the organization. Consultative guidance will include but is not limited to:

- (a) Development of project management plans.
- (b) Identification and completion of key deliverables.
- (c) Identification of key metrics.
- (d) Data collection.
- (e) Development and prioritization of solutions.
- (f) Implementation of improvements and action plans.

(2) Facilitating, coaching, and serving as the SME for the application of improvement tools and methodologies during improvement projects related to national or VISN metrics and performance indicators.

(3) Reporting to the VISN Executive Leadership Team and functioning as a liaison for collaboration with QSV and VA medical facility improvement functions.



(4) Participating in The National Systems Redesign Advisory Group, review, identify, and report gaps:

- (a) Improvement needs.
- (b) Training and education needs.
- (c) Data.
- (d) Business rules.

(5) Working with the VISN Director to ensure that the VISN Systems Redesign and Improvement program is integrated into the VISN strategic planning process.

(6) Assisting with VHA-wide training program to teach the tools and techniques utilized by Systems Redesign and Improvement Coordinators when appropriate.

(7) Participating on the VISN Quality Management Committee aligned with the national framework for quality oversight and accountability. **NOTE:** *The VISN Quality Management Committee is separate and apart from the VISN Systems Redesign Review Advisory Group referenced in paragraph 5.e.6.*

(8) Coordinating continuous performance improvement training and education for VA medical facility staff, utilizing the National Systems Redesign and Improvement program office standardized training resources.

i. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Assigning a VA medical facility Systems Redesign and Improvement Coordinator, with direct reporting to the VHA Health Care System/VA medical facility Director or one supervisory level below.

(2) Ensuring compliance with this directive.

(3) Working with the VISN Director to ensure the VA medical facility has one Systems Redesign and Improvement Coordinator and consults with the National Office of Systems Redesign for staffing recommendations based on facility complexity.

(4) Integrating operational priorities within Systems Redesign and Improvement program primacies (supporting access and flow), to include the efficient and effective use of informatics flow applications and VHA metrics and analytics.

j. **VA Medical Facility Systems Redesign and Improvement Coordinator.** The VA medical facility Systems Redesign and Improvement Coordinator is responsible for:

(1) Serving as a key advisor to VA medical facility leadership in the application of improvement science.

(2) Serve as an improvement SME, supporting improvement projects aligning with VHA, VISN, and facility strategic goals.

(3) Tracking facility level improvement capability and projects.

(4) Participating on the Facility Quality Management Committee to review: improvement needs, data, business rules, and to ensure that key improvement, quality, safety, and value functions are discussed and integrated on a regular basis.

(5) Facilitating, coaching, and serving as the subject matter expert for the application of improvement tools and methodologies during improvement projects related to Facility/VISN/VHA Health Care System metrics and performance indicators.

(6) Executing programs, education, and curriculum to educate staff on Systems Redesign and Improvement principles and techniques incorporating the Lean methodology.

(7) Participating in VISN Systems Redesign Review Advisory Group, which will include VHA medical facility Systems Redesign and Improvement Coordinator representation from each facility within the respective VISN to review, identify, and report gaps:

(a) Improvement needs.

(b) Training and education needs.

(c) Data.

(d) Business rules.

(8) Participating in VA medical facility, VISN, and national improvement initiatives, as directed by VA medical facility leadership, and representing the VA medical facility on committees, task forces, and work groups.

(9) Coordinating continuous performance improvement training and education for VA medical facility staff, utilizing the National Systems Redesign and Improvement program office standardized training resources.

k. **VA Medical Facility Systems Redesign and Improvement Specialist.** The VA medical facility Systems Redesign and Improvement Specialist is responsible for:

(1) Serving as a liaison between VA medical facility staff and the VHA Systems Redesign and Improvement program to facilitate the application of improvement science.

(2) Supporting the Systems Redesign Coordinator with improvement projects aligning with VHA, VISN, and facility strategic goals.

- (3) Supporting the facility staff in tracking facility level improvement projects.
- (4) Organizing facilitation support for facility level improvement projects.

(5) Assisting the Systems Redesign and Improvement Coordinator with executing programs, education, and curriculum to educate staff utilizing the National Systems Redesign and Improvement program office standardized training resources.

## 6. TRAINING

a. There are no required trainings associated with this directive.

b. Recommended trainings related to performance improvement and education for VA medical facility staff are part of the National Systems Redesign and Improvement program standardized training resource, which can be accessed at <https://vaww.rtp.portal.va.gov/OQSV/10A4C/SRD/education/LeanTraining/SitePages/Home.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

## 7. RECORDS MANAGEMENT

All records in any medium (paper, electronic, electronic systems) created in response to this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management should be referred to the appropriate Records Manager or Records Liaison.

## 8. REFERENCES

a. 38 U.S.C. 501, 510, and 7311.

b. Association for Healthcare Quality: <https://asq.org/training/catalog>. **NOTE:** *This Web site is outside VA control and may not confirm to Section 508 of the Rehabilitation Act of 1973.*

c. Baldrige Performance Excellence Program®: <http://www.nist.gov/baldrige/>. **NOTE:** *This Web site is outside VA control and may not confirm to Section 508 of the Rehabilitation Act of 1973.*

d. High Reliability Organization: <https://dvagov.sharepoint.com/sites/OHT-PMO/high-reliability/Documents/Forms/AllItems.aspx>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

e. Koenigsaecker, George (2013). *Leading the Lean Enterprise Transformation*, Second Edition. Boca Raton, Florida. CRC Press.

f. Scoville R, Little K, Rakover J, Luther K, Mate K. *Sustaining Improvement*. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2016,

available at: <http://www.ihl.org/>. **NOTE:** This Web site is outside VA control and may not confirm to Section 508 of the Rehabilitation Act of 1973.

g. The Joint Commission (TJC): <http://www.jointcommission.org/>. **NOTE:** This Web site is outside VA control and may not confirm to Section 508 of the Rehabilitation Act of 1973.

h. Toussaint, John (2015). *Management on the Mend*. Appleton, Wisconsin. Jenkins Group, Inc.

i. VA National Center for Patient Safety: <http://www.patientsafety.va.gov/>.

j. VA's 4 Priorities, <https://vaww.insider.va.gov/priorities/>. **NOTE:** This is an internal VA Web site that is not available to the public.

k. VHA Office of Quality, Safety, and Value: <http://vaww.staging.oqsv.med.va.gov/Default.aspx>. **NOTE:** This is an internal VA Web site that is not available to the public.

l. VHA Office of Systems Redesign and Improvement: <https://vaww.rtp.portal.va.gov/oqsv/10a4b/isocd/SRC/SRExt/layouts/15/start.aspx#/SitePages/Home.aspx>. **NOTE:** This is an internal VA Web site that is not available to the public.

m. VHA Supporting All Improvement Methods (SAIM) Guide: [https://vaww.rtp.portal.va.gov/OQSV/10A4C/SRD/committees\\_workgroups/VHA%20Supporting%20All%20Improvement%20Methods/SitePages/Home.aspx](https://vaww.rtp.portal.va.gov/OQSV/10A4C/SRD/committees_workgroups/VHA%20Supporting%20All%20Improvement%20Methods/SitePages/Home.aspx). **NOTE:** This is an internal VA Web site that is not available to the public.

n. Wyatt R, Laderman M, Botwinick L, Mate K, Whittington J. *Achieving Health Equity: A Guide for Health Care Organizations*. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2016, available at: <http://www.ihl.org/>. **NOTE:** This Web site is outside VA control and may not confirm to Section 508 of the Rehabilitation Act of 1973.