VHA CENTRAL OFFICE GOVERNANCE BOARD

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive sets forth the roles, responsibilities and decision rights for the VHA Central Office (VHACO) Governance Board.

2. SUMMARY OF CONTENT:

a. Amendment dated July 19, 2022 updates:

(1) Incorporates responsibilities from VHACO Governance Board Executive Committee Charter (see paragraph 5).

(2) Incorporates the following VHACO Governance Board Charters as Appendices:

(a) Healthcare Delivery Council.

(b) Healthcare Operations Council.

(c) Organizational Health Council.

(d) Quality and Patient Safety Council.

b. This directive provides policy on the VHACO Governance Board responsibilities.

3. RELATED ISSUES: VHA Directive 1217, VHA Central Office Operating Units, dated September 10, 2021.

4. RESPONSIBLE OFFICE: VHA Governance Board Office (10BGOV) is responsible for the content of this directive. Questions may be referred to VHA10BGOVGovernanceAction@va.gov.

5. RESCISSIONS: Under Secretary for Health Memorandum, Executive Decision Memorandum Procedures, dated August 8, 2019, is rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of September 2026. This VHA directive will continue to serve as the national VHA policy until it is recertified or rescinded.

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

/s/ Steven L. Lieberman, M.D.
Deputy Under Secretary for Health,
Performing the Delegable Duties of Under
Secretary for Health

NOTE: *All references herein to Department of Veterans Affairs (VA) and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

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CONTENTS

VHA CENTRAL OFFICE GOVERNANCE BOARD

1. PURPOSE 1

2. BACKGROUND 1

3. DEFINITIONS 2

4. POLICY 2

5. RESPONSIBILITIES 3

6. MEMBERSHIPS 6

7. TRAINING 9

8. RECORDS MANAGEMENT 9

9. REFERENCES 9

APPENDIX A

VHA GOVERNANCE BOARD COUNCILS A-1

APPENDIX B

HEALTHCARE DELIVERY COUNCIL CHARTER B-1

APPENDIX C

HEALTHCARE OPERATIONS COUNCIL CHARTER C-1

APPENDIX D

ORGANIZATIONAL HEALTH COUNCIL CHARTER D-1

APPENDIX E

QUALITY AND PATIENT SAFETY COUNCIL CHARTER E-1

VHA CENTRAL OFFICE GOVERNANCE BOARD

1. PURPOSE

This Veterans Health Administration (VHA) directive sets forth the roles, responsibilities and decision rights for the VHA Central Office (VHACO) Governance Board ("Governance Board"). **AUTHORITY:** Title 38 U.S.C. § 7301(b).

NOTE: *This policy* ***must not*** *be used to grade positions, establish staffing requirements or differentiate pay bands. VHA positions must be graded in accordance with 5 U.S.C., 5 C.F.R., and guidance provided by the Office of Personnel Management (OPM).*

2. BACKGROUND

a. Section 201 of the Veterans Access, Choice, and Accountability Act of 2014 required an independent assessment of the hospital care, medical services and other health care furnished in medical facilities of the Department of Veterans Affairs (VA). The Act specifically directed that assessments be conducted in 12 areas, covering a broad spectrum of VHA including leadership, operations and services. The leadership assessment found that leaders are not fully empowered due to lack of clear authority, priorities and roles. In response to this finding, the assessment made several recommendations including a redesign of VHA's operating model to create clarity for decision-making authority, prioritization and long-term support. Specifically, the assessment recommended that VHA should immediately lead an effort to clearly define roles and decision rights at each level and increase coordination within VHACO, refocusing the role of VHACO to managing outcomes and providing "corporate center"-like support to the field.

b. The Government Accountability Office (GAO) High-Risk Report of 2015, Managing Risks and Improving VA Health Care, cited VHA's inadequate oversight and accountability in the High-Risk area. A formally accepted, clear articulation of Governance Board's role will clarify their decisional, oversight and accountability responsibilities.

c. Office of Management and Budget (OMB) Memorandum M-17-22, Comprehensive Plan for Reforming the Federal Government and Reducing the Federal Civilian Workforce, directs Federal agencies to optimize spans of control and delegations of authority to accomplish the work with the fewest amount of management layers needed to provide for appropriate risk management, oversight and accountability. In addition, the memorandum directs agencies to assess options that improve organizational decision making.

d. OMB Circular A-123, Management's Responsibility for Enterprise Risk Management and Internal Control, advises that effective enterprise risk management (ERM) should include an understanding of the combined impact of risks as an interrelated portfolio, rather than addressing risks only within silos. ERM should provide an enterprise-wide, strategically-aligned portfolio view of organizational challenges to

provide better insight about how to most effectively prioritize resource allocations to ensure successful mission delivery.

e. Levels of Authority designate decisional authority and accountability for the Governance Board by defining its span of control and areas of responsibility. VHA established the Governance Board after disbanding the National Leadership Council to form a stronger body responsible for decisions and recommendations on matters affecting the development and implementation of national strategies. Informally, the Governance Board's role is to foster shared governance and the opportunity to shape policy between VHACO upper level leadership, who are responsible for VHACO program offices, and Veterans Integrated Service Network (VISN) leaders, who are responsible for implementing VHA policies and strategies.

f. By defining and explicitly setting forth decision authorities within VHA's operating units, this directive will enable the articulation of a clear, sustainable and repeatable governance process that, in turn, empowers action at all levels of authority, is less leadership dependent, and supports robust oversight and management of VHA activities.

3. DEFINITIONS

a. **Governance.** Governance is defined in VA Directive 0214, Department of Veterans Affairs Enterprise Governance Structure and Process, dated May 14, 2019, as the process by which VA Senior Leadership makes decisions, provides strategic direction and maintains accountability in a transparent and collaborative manner. It enables informed decision-making based on current strategic objectives, VA's risk appetite and responsible resources allocation.

b. **Governance Board.** VHA's Governance Board is organized at Level of Authority (LOA) 3. It is delegated authority from the Under Secretary for Health and is directly accountable to VHA's Deputy Under Secretary for Health. The Governance Board has broad span of control to ensure outcomes are organized and aligned within a comprehensive strategy. The Governance Board is organized in accordance with this directive.

c. **Operating Unit.** Operating units are organizational structures (i.e., offices) with clearly defined spans of control. ***NOTE:*** *See VHA Directive 1217, VHACO Operating Units, dated September 10, 2021, for information, including the principal and national program offices referred to in this directive, and for common definitions of governance terms referred to in this directive, such as national program and span of control.*

4. POLICY

It is VHA policy that the Governance Board drive decisions over matters within its span of control and make recommendations to the Under Secretary for Health on matters of national strategy, operations and implementation. See VA Directive 0000, Delegations of Authority, dated November 14, 2018. ***NOTE:*** *In accordance with OPM*

Policy HRCD-5, Governance decisions made at this level must provide guidelines for management and not cross over into performing operational and management duties.

5. RESPONSIBILITIES

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

(1) Ensuring overall compliance with this directive. ***NOTE:*** *All authority, responsibility and accountability across VHA ultimately derives from the Under Secretary for Health as VHA's only Presidentially-appointed, Senate-confirmed government official.*

(2) Delegating (but not relinquishing) authority to the Governance Board, which is so delegated by this directive. The Under Secretary for Health retains all rights and authority to include the authority to approve or override recommendations from the Governance Board.

b. **Chair, VHA Governance Board.** The Chair, VHA Governance Board is responsible for:

(1) Ensuring accountability for, and overseeing, Governance Board actions in accordance with its roles and responsibilities set forth in this directive.

(2) Ensuring that the Governance Board Executive Committee develops processes and standards for Governance Board operations that include:

(a) Minimum requirements for quorum and voting rights.

(b) Deliberative processes to enable VHA Operating Units to submit decisional or information documents to the Governance Board.

(c) Establishing systems of accountability for Governance Board decisions.

(d) A system to record and publish Governance Board deliberations and decisions, and to appropriately communicate same.

(e) Approving Governance Board procedures and membership.

(3) Overseeing the education of Governance Board members on both organizational issues and Governance Board responsibilities.

c. **VHA Governance Board.** In accordance with VA Directive 0000, collectively, as an operating unit, the Governance Board is delegated authority for:

(1) Developing enterprise-wide goals, objectives and strategies to prioritize the direction set forth in VA- and VHA-level strategic planning documents.

(2) Identifying and addressing key issues that affect VHA's national strategic goals or health care delivery. This may be accomplished by approving recommendations

submitted through the Governance Board's deliberative process or by direct action on its own initiative.

(3) Assigning a single accountable executive to be responsible for oversight and monitoring outcomes of Governance Board decisions. Where decisions are based on submissions by another VHA operating unit, the Governance Board has authority to assign responsibility to the executive over that operating unit. Otherwise, Governance Board must assign responsibility to a voting member. The purpose of this responsibility is to ensure that Governance Board decisions are implemented in the desired manner and, if not, that the Governance Board provides strategic instruction or redirection as needed.

(4) Allocating or reallocating system-wide resources (e.g., personnel, facilities or capital) within overall financial and capital plans approved by the Under Secretary for Health. ***NOTE:*** *Governance Board will ensure that it does not exercise authority over matters appropriate for the VHA Central Office Resource Board.*

(5) Where resources are necessary for oversight or implementation of Governance Board decisions, making recommendations to the Under Secretary for Health to obtain such resources and ensuring resources are obtained before requiring oversight or implementation.

(6) Promptly providing decisional or information briefings to the Under Secretary for Health on matters outside Governance Board authority or where the Governance Board identifies significant matters requiring Under Secretary for Health or Secretary review. Examples might include the need to revise national objectives or standards; recommending reallocation of resources or identifying the need for resources; and recommending sustainable, interdisciplinary solutions to root causes.

(7) Reviewing and approving recommendations for changes to VHA's strategic and operational plans.

(8) When deemed necessary, particularly to support uniform national results, mandating implementation of best practices by VISNs or VA medical facilities.

(9) Reviewing external recommendations and findings and, when necessary, requiring periodic progress updates.

(10) Mandating uniform resource utilization and setting priorities through the post Veterans Equitable Resource Allocation (VERA).

(11) Recommending the establishment, sunset or revision to enterprise programs or initiatives consistent with an approved prioritization strategy for VHA.

(12) When necessary, recommending to the Under Secretary for Health changes to VHA talent management strategies, national stakeholder relations, legislative authority or any other matter affecting the national delivery of health care or health care operations.

(13) As needed, chartering and delegating appropriate authority to subordinate councils or other action groups, consistent within the Governance Board's authority. Governance Board delegates authority to VHA Governance Board Councils (see Appendices A-E).

(14) Directing any Governance Board member to provide reports on a matter within that individual's responsibility.

d. **VHA Governance Board Voting Members.** In accordance with VA Directive 0000, Governance Board members are individually responsible for:

(1) Actively engaging in and deliberating on Governance Board matters within their areas of expertise.

(2) Reporting identified risks related to matters within the Governance Board's responsibilities, particularly those that could impact VA's mission and goals.

(3) Responding to all Governance Board requests for information.

(4) Promptly implementing or supporting all decisions and removing bureaucratic processes that impede progress within their scope of control.

(5) Highlighting best practices for broader adoption.

e. **Chair, VHA Governance Board Executive Committee.** The Chair, Governance Board Executive Committee is responsible for the annual evaluation of the effectiveness of the Governance Board to include a review of the membership, councils and committees. The annual evaluation must be submitted to the Under Secretary for Health.

f. **VHA Governance Board Executive Committee.** The Governance Board Executive Committee is responsible for:

(1) Administering and overseeing the operations of the Governance Board including:

(a) Setting Governance Board meeting agendas.

(b) Developing criteria for the exercise or delegation of Governance Board jurisdiction and other related functions.

(c) Developing and ensuring the effectiveness of the Executive Decision Memorandum (EDM) process.

(d) Developing processes outside of the EDM process for issues that require rapid response.

(e) Ensuring appropriate communication to all Governance Board members of decisions made between Governance Board meetings.

(2) Council formation, management and operations including:

(a) Approval of new councils or sunsetting of existing councils.

(b) Council membership and rotation of leadership positions.

(c) Assignment and coordination of council reviews of EDMs, assigning a single owning council where an EDM is assigned to multiple councils, and resolving disagreement between councils.

(3) Ensuring the effectiveness of Governance Board and council processes and recommending changes or improvements, as necessary.

6. MEMBERSHIPS

a. **VHA Governance Board.**

(1) **Chair.** The Governance Board is chaired by the Assistant Under Secretary for Health for Operations.

(2) **Voting Members.**

(a) Assistant Under Secretary for Health for Operations.

(b) Assistant Under Secretary for Health for Clinical Services.

(c) Assistant Under Secretary for Health for Patient Care Services.

(d) Assistant Under Secretary for Health for Integrated Veteran Care.

(e) Assistant Under Secretary for Health for Discovery, Education and Affiliate Networks.

(f) Assistant Under Secretary for Health for Quality and Patient Safety.

(g) Assistant Under Secretary for Health for Support.

(h) Chief Informatics Officer.

(i) Chief Financial Officer.

(j) Chief Human Capital Management.

(k) Chief Strategy Officer.

(l) Network Director, VISN 1.

(m) Network Director, VISN 2.

(n) Network Director, VISN 4.

(o) Network Director, VISN 5.

(p) Network Director, VISN 6.

(q) Network Director, VISN 7.

(r) Network Director, VISN 8.

(s) Network Director, VISN 9.

(t) Network Director, VISN 10.

(u) Network Director, VISN 12.

(v) Network Director, VISN 15.

(w) Network Director, VISN 16.

(x) Network Director, VISN 17.

(y) Network Director, VISN 19.

(z) Network Director, VISN 20.

(aa) Network Director, VISN 21.

(bb) Network Director, VISN 22.

(cc) Network Director, VISN 23.

(3) **Non-Voting Members.**

(a) Under Secretary for Health.

(b) Deputy Under Secretary for Health.

(c) VHA Chief of Staff.

(d) Deputy VHA Chief of Staff.

(e) Special Advisor to the Acting Under Secretary for Health.

(f) Senior Advisor, Office of the Deputy Under Secretary for Health.

(g) Deputy to the Assistant Under Secretary for Health for Operations.

(h) Deputy to the Assistant Under Secretary for Health for Clinical Services.

(i) Deputy to the Assistant Under Secretary for Health for Patient Care Services.

(j) Deputy to the Assistant Under Secretary for Health for Integrated Veteran Care.

(k) Deputy to the Assistant Under Secretary for Health for Discovery, Education and Affiliate Networks.

(l) Associate Deputy Under Secretary for Health for Oversight, Risk and Ethics.

(m) Deputy to the Assistant Under Secretary for Health for Support.

(n) Executive Director, Analytics and Performance Integration.

(o) Director, Diversity Equity & Inclusion Office.

(p) Executive Director, Office Regulations, Appeals and Policy.

(q) Chief Readjustment Counseling Officer.

(r) Executive Director, Access.

(s) Executive Director, VHA Office of Health Care Transformation.

(t) Executive Director, National Center for Organization Development.

(u) Executive Director, Office of Integrity and Compliance.

(v) Director, Data Management and Analytics, Clinical Informatics and Data Management Office (CIDMO).

(w) Senior Advisor to the Under Secretary for Health for Asset and Infrastructure Review.

(x) Executive Director, Office of Patient Centered Care and Cultural Transformation.

b. **VHA Governance Board Executive Committee.**

(1) **Chair.** The Governance Board Executive Committee is chaired by the Assistant Under Secretary for Health for Operations.

(2) **Members.**

(a) Co-Chairs, Healthcare Delivery Council.

(b) Co-Chairs, Healthcare Operations Council.

(c) Co-Chairs, Organizational Health Council.

(d) Co-Chairs, Quality and Patient Safety Council.

7. TRAINING

There are no training requirements associated with this directive.

8. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by 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 addressed to the appropriate Records Officer.

9. REFERENCES

a. 38 U.S.C. § 7301(b).

b. VA Directive 0000, Delegations of Authority, dated November 14, 2018.

c. VA Directive 0214, Department of Veterans Affairs Enterprise Governance Structure and Process, dated May 14, 2019.

d. VHA Directive 0000, Delegations of Authority, dated January 3, 2019.

e. VHA Directive 1030(1), VHA Integrity and Compliance Program, dated May 13, 2020.

f. VHA Directive 1217, VHA Central Office Operating Units, dated September 10, 2021.

g. VHA Governance Board SharePoint: http://vhagovboard.vssc.med.va.gov/Pages/default.aspx. ***NOTE:*** *This is an internal VA website and is not available to the public.*

h. VHA Integrated Clinical Communities SharePoint: https://dvagov.sharepoint.com/sites/VACOVACOMPM/CSL/SitePages/CSLHome.aspx. ***NOTE:*** *This is an internal VA website and is not available to the public.*

i. VHA Strategic Plan*:* http://www.va.gov/health/docs/VHA_STRATEGIC_PLAN_FY2013-2018.pdf*.* ***NOTE:*** *This is an internal VA website and is not available to the public.*

j. U.S. Government Accountability Office. Report to Congressional Committees. High-Risk Series: An Update. GAO-15-290. Managing Risks and Improving Veterans Affairs (VA) Health Care. February 2015: https://www.gao.gov/assets/gao-15-290.pdf.

k. U.S. Office of Management and Budget (OMB) Circular No. A-123, Management's Responsibility for Enterprise Risk Management and Internal Control, dated July 5, 2016:

https://www.whitehouse.gov/sites/whitehouse.gov/files/omb/memoranda/2016/m-16-17.pdf.

l. U.S. OMB Memorandum M-17-22, Comprehensive Plan for Reforming the Federal Government and Reducing the Federal Civilian Workforce, dated April 12, 2017: https://www.whitehouse.gov/sites/whitehouse.gov/files/omb/memoranda/2017/M-17-22.pdf.

m. U.S. Office of Personnel Management (OPM). General Schedule Supervisory Guide. HRCD-5 (1998): https://www.opm.gov/policy-data-oversight/classification-qualifications/classifying-general-schedule-positions/functional-guides/gssg.pdfSuper.

VHA GOVERNANCE BOARD COUNCILS

The Governance Board delegates to all of its councils the authority described in this appendix and delegates to each council the authority described in the council-specific appendices that follow.

1. COUNCIL RESPONSIBILITIES

The Governance Board delegates authority via paragraph 5.c.(13) to each VHA Governance Board Council responsibility for the following actions:

a. Approving funded, no-cost or de minimis cost programs or initiatives within their area of expertise. ***NOTE:*** *"De minimis cost" is determined at the discretion of the council co-chairs. Examples might include sharing non-mandatory best practices or providing opt-in opportunities across VHA.*

b. Managing their committees, including:

(1) Creating or disbanding committees,

(2) Selecting and approving members,

(3) Making assignments to committees, and

(4) Holding committees accountable for results.

c. Assisting the Governance Board with development and oversight of operational strategies to achieve VHA's mission, vision and strategic initiatives set by the Governance Board and Under Secretary for Health.

d. Ensuring sharing and spread of best practices throughout VHA and ensuring alignment to VHA strategic priorities.

e. Assessing performance gaps, setting priorities and chartering teams or initiating strategies to improve outcomes for Veterans.

f. Providing oversight and coordination of council initiatives and programs that impact the quality of health care or the utilization of health care resources throughout VHA.

g. Reviewing data, information and risk intelligence to ensure that key quality, safety, trust and value functions are discussed and integrated throughout VHA on a regular basis.

h. Providing updates and reports to the Governance Board, as requested.

i. Coordinating with their Veterans Integrated Services Network (VISN)-level council counterparts to ensure alignment at all levels of the organization.

2. QUORUM

All meetings require the presence of a quorum. A quorum is met when more than half of the council's voting members are present, either in person or electronically.

3. VOTING

a. The council co-chairs will facilitate a consensus building process whenever possible. All motions require approval by a two-thirds majority.

b. Proxy voting may be utilized when members are unable to present during the meeting. However, proxies may not be used to provide a quorum.

c. All votes must be documented.

d. Recommendations that are beyond the scope of the council charter will be presented to the Governance Board for final decision.

4. MEETING CADENCE

Each council will meet at the direction of the co-chairs. Each council must meet at least ten times per year.

5. MEMBERSHIP

a. **VHA Central Office Co-Chair.** The VHA Central Office (VHACO) Co-Chair is a VHACO leader.

b. **Network Director Co-Chair.** The Network Director Co-Chair is a Network Director leader.

c. **Vice Chair.** The Vice Chair is an alternate to the Network Director Co-Chair.

d. **Member.** Members are representatives from VHACO, VISNs and Department of Veterans Affairs (VA) medical facilities.

6. CHAIR ROTATION

a. The VHACO Co-Chair serves as a permanent co-chair of the council.

b. The VHACO Co-Chair comes from the program office that has the greatest subject matter expertise in the council's area of focus. The following program offices have been identified for leadership of each council:

(1) Healthcare Delivery Council: Office of Clinical Services.

(2) Healthcare Operations Council: Office of Operations.

(3) Organizational Health Council: National Center for Organizational Development.

(4) Quality and Patient Safety Council: Office of Quality and Patient Safety.

c. The Network Director Co-Chair is a rotational position among the Network Director Governance Board members, who will serve as co-chair for no longer than 2 years.

d. The Vice Chair will rotate into the Network Director Co-Chair position when it becomes vacant. When the Vice Chair becomes co-chair, a new Network Director is selected to become Vice Chair.

e. The Assistant Under Secretary for Health for Operations will propose candidates for replacement Network Director Co-Chair and Vice Chair, who will be presented to the Governance Board for approval.

f. Selection of new Vice Chairs will be brought to the Governance Board for adjudication.

7. CHARTER REVIEW

All council charters must be reviewed at least every 5 years upon recertification of this directive.

HEALTHCARE DELIVERY COUNCIL CHARTER

1. AREA OF EXPERTISE

a. The Healthcare Delivery Council (HDC) is a key component of the Veterans Health Administration (VHA) Governance Board that is focused on carrying out VHA's vision to be a patient-centered, integrated health care organization that provides excellent health care, research and education. The goal of the HDC is to maintain a high reliability health care organization through the ongoing review of quality, efficiency and performance metrics and focus on future strategic performance.

b. To achieve this vision, the HDC provides oversight of medical staff functions throughout its aligned Veterans Integrated Service Networks (VISNs) regarding the implementation, development and promotion of clinical innovations, standards, policy and guidance for clinical initiatives. The HDC is also responsible for monitoring performance and outcomes in these activities.

2. COUNCIL RESPONSIBILITIES:

a. The Governance Board delegates authority via paragraph 5.c.(13) to the HDC responsibility for the following actions:

(1) Prioritization of service, treatment or modality (e.g., whether VHA should adopt an enterprise approach that impacts the broader delivery of care.)

(2) Development of a dashboard to track and monitor identified committee reports and metrics. Examples include: Strategic Analytics for Improvement and Learning (SAIL), turnover rates and Veteran satisfaction metrics.

b. The HDC has the authority to review and make recommendations to the Governance Board on the following:

(1) The initiation or discontinuation of a service, treatment or modality.

(2) Expansion of a pilot program for national adoption.

3. MEMBERSHIP

Title	Role
VHA Chief Medical Officer (CMO)/Assistant Under Secretary for Health for Clinical Services	Co-Chair
Network Director	Co-Chair
Director, Continuum of Care and General Mental Health Services	Vice Chair

Title	Role
Executive Director, Office of Patient Centered Care and Cultural Transformation	Member
VHA Chief Nursing Officer (CNO)/Assistant Under Secretary for Health for Patient Care Services	Member
National Clinical Service Line Director, Mental Health	Member
National Clinical Service Line Director, Primary Care	Member
National Clinical Service Line Director, Surgery	Member
National Clinical Service Line Director, Diagnostic	Member
National Clinical Service Line Director, Rehab and Extended Care	Member
National Clinical Service Line Director, Specialty Care	Member
Deputy Under Secretary for Health for Integrated Veteran Care	Member
VISN CMO	Member
VISN CNO	Member
VISN Deputy Network Director	Member
Department of Veterans Affairs (VA) Medical Center Director	Member
VA Medical Center Chief of Staff	Member
VA Medical Center Assistant Director, Patient Care Services	Member

HEALTHCARE OPERATIONS COUNCIL CHARTER

1. AREA OF EXPERTISE

a. The Healthcare Operations Council (HOC) is a key component of the Veterans Health Administration (VHA) Governance Board that is focused on providing enterprise-level oversight of administrative processes, policies, performance measures and outcomes in support of enterprise-wide objectives for clinical operations. The HOC also oversees information technology, human resources, finance and supply chain and logistics.

b. The goal of the HOC is to contribute to the Veterans Integrated Service Network (VISN) efforts toward continued survey readiness and improvement and efficiency of health care operations across the continuum of care.

2. COUNCIL RESPONSIBILITIES

The HOC has the authority to review and make recommendations to the Governance Board on the following:

a. Organizational initiatives related to supply chain, resources, strategic directions and Information Technology that may require substantive changes to VISN or Department of Veterans Affairs (VA) medical facility operations.

b. Organizational initiatives that may divert attention and resources from VISN or VA medical facility operations.

c. Organizational initiatives that may impact VA Central Office program offices that provide oversight of VISN or VA medical facilities.

d. Any organizational restructuring that may impact VISN or VA medical facility operations and that is not under the responsibility of a Principal Office under VHA Directive 1217, VHA Central Office Operating Units, dated September 10, 2021, paragraph 5.b.

e. Appropriate actions based on outcome metrics and analysis by the HOC's committees.

3. MEMBERSHIP

Title	Role
Assistant Under Secretary for Health for Operations	Co-Chair
Network Director	Co-Chair
Network Director	Vice Chair

Title	Role
VHA Chief Financial Officer	Member
VHA Chief Informatics Officer	Member
VHA Chief of Human Capital Management	Member
VHA Chief Strategy Officer	Member
Assistant Under Secretary for Health for Integrated Veteran Care	Member
Assistant Under Secretary for Health for Support	Member
VISN Chief Financial Officer	Member
Executive Director of Logistics	Member
VISN Deputy Network Director	Member
VISN Human Resources Officer	Member
VA Medical Center Director	Member
Assistant Director, Patient Care Services	Member
Assistant Director, VA Medical Center	Member
Acting Executive Assistant to the Deputy Assistant Under Secretary for Operations	Member

ORGANIZATIONAL HEALTH COUNCIL CHARTER

1. AREA OF EXPERTISE

a. The Organizational Health Council (OHC) is a key component of the Veterans Health Administration (VHA) Governance Board that is focused on enhancing the Veteran and employee experience. The goal of the OHC is to foster a cohesive, proactive workplace environment that provides unparalleled support to VHA's service partnerships and employees and enables the delivery of excellent care to Veterans.

b. **Employee Experience.** The OHC promotes inclusion and aims to leverage the diverse talents and attributes of the entire workforce. The OHC targets the five main drivers of employee engagement identified at the Department of Veterans Affairs (VA) department level:

(1) **Servant Leadership Behaviors.** Focus on effective leader behaviors with servant leadership as the foundation.

(2) **Employee's Voice.** Use of VA workforce survey data.

(3) **Innovative Environment.** Employee-driven and owned process improvement.

(4) **People Focused.** Focus on employee development.

(5) **Mission.** Connection to the mission.

c. **Veteran Experience.** The OHC aims to restore trust, foster collaboration, communicate best practices and improve Veteran experience by incorporating Voice of the Veteran metrics and supporting the cultural aspects of Whole Health.

2. COUNCIL RESPONSIBILITIES

The Governance Board delegates authority via paragraph 5.c.(13) to the OHC responsibility for the following actions:

a. Identifying dashboard metrics to monitor Veteran and employee experience and disseminating results through Veterans Integrated Services Network (VISN)-level OHCs for appropriate action. Data sources include, but are not limited to, the VA All Employee Survey, Best Places to Work Survey, and Signals.

b. Overseeing the development of toolkits or guidebooks that outline how to improve employee engagement or experience.

c. Providing oversight and coordination of OHC's initiatives and programs that impact the quality of employee and Veteran experience.

d. Sharing information with the Governance Board and other councils and consulting on issues that arise outside the scope of OHC but may impact Veteran or employee experience.

3. MEMBERSHIP

Title	Role
Program Office Official within OHC	Co-Chair
Network Director	Co-Chair
Network Director	Vice Chair
Chief of Staff, VA Medical Center	Member
Associate Director of Patient Care Services, VA Medical Center	Member
Associate Director, VA Medical Center	Member
VISN Chief Human Resource Officer	Member
Healthcare Leadership Talent Institute (HLTI) Representative	Member
Employee Education System (EES) Representative	Member
National Chaplain Office Representative	Member
Patient Advocacy Representative	Member
Communications Representative	Member
Co-Chairs, VHA Employee Engagement Committee	Members
Co-Chairs, VHA Patient Experience Committee	Members
Co-Chairs, VHA Diversity, Equity, and Inclusion Committee	Members
Co-Chairs, VHA Organizational Assessment Committee	Members

QUALITY AND PATIENT SAFETY COUNCIL CHARTER

1. AREA OF EXPERTISE

a. The Quality and Patient Safety Council (QPSC) is a key component of the Veterans Health Administration (VHA) Governance Board that is focused on integrating the functions of quality, safety and high reliability to achieve value for Veterans. The goal of the QPSC is to reduce harm and maintain high quality, safe, reliable, Veteran-centered care, while promoting population health throughout the coordinated care continuum.

b. The QPSC's scope includes oversight of quality and patient safety activities to include, but not limited to: high-reliability organization, risk management, credentialing and privileging, evidence-based practice, peer review, performance improvement, external accreditation, utilization management, data analytics and performance integration.

2. COUNCIL RESPONSIBILITIES

a. The Governance Board delegates authority via paragraph 5.c.(13) to the OHC responsibility for the following actions:

(1) Changes to policy or processes regarding quality or patient safety that are consistent with industry movement and do not require substantive changes to Veterans Integrated Services Network (VISN) or Department of Veterans Affairs (VA) medical facility staffing or resources.

(2) Changes to the use of quality and patient safety metrics for the oversight and improvement of health care delivery.

(3) The identification of quality and patient safety metrics that are used to monitor health care delivery.

(4) Guiding VHA's journey toward becoming a High Reliability Organization (HRO) and committing to zero harm to Veterans by overseeing the work of the HRO Steering Committee.

(5) Identifying evidence-based practices, initiatives and measures that support improvements in health. Monitoring the results of external and internal reviews of quality and safety, such as accreditation reports and root cause analyses, to identify national trends and performance gaps and guide continuous improvement efforts.

(6) Ensuring that quality and patient safety metrics are robust, accurate and aligned with the measures tracked by VISNs and VA medical centers.

(7) Monitoring quality and safety measures across all clinical communities to ensure a single standard of quality.

b. The QPSC has the authority to review and make recommendations to the Governance Board on the following:

(1) Developing recommendations for the Governance Board for actions to improve quality, safety and health care value within VHA.

(2) Changes to policy or processes regarding quality or patient safety that are consistent with industry movement and may require substantive changes to VISN or VA medical facility resource allocation.

(3) Changes to the use of quality and patient safety metrics used for employee performance reviews.

(4) Significant organizational initiatives that may divert attention and resources from quality and patient safety oversight.

(5) Significant organizational initiatives that may impact VA Central Office program offices that provide oversight or quality and patient safety (e.g., changes in accreditation providers or process, Veterans Health Care System).

(6) Any organizational restructuring that may impact the ability to provide a coordinated approach to promoting quality and patient safety.

(7) Identifying quality and safety metrics and initiatives that support the delivery of safe, effective, patient-centered, timely, efficient and equitable care; reduce risk and harm; and create a just culture.

3. MEMBERSHIP

Title	Role
Assistant Under Secretary for Health for Quality and Patient Safety	Co-Chair
Network Director	Co-Chair
Network Director	Vice Chair
Executive Director, Analytics and Performance Integration	Member
Chief Nursing Officer or designee	Member
Assistant Under Secretary for Health for Clinical Services	Member
Executive Director, National Center for Patient Safety	Member

Title	Role
Executive Director, Office of Quality Management	Member
VISN Quality Management Office	Member
VISN Chief Medical Officer	Member
VISN Patient Safety Officer	Member
VA Medical Center Director	Member
VA Medical Center Chief of Staff	Member
VA Medical Center Quality Manager	Member
VA Medical Center Patient Safety Manager	Member
Executive Assistant to the Assistant Under Secretary for Health for Quality and Patient Safety	Support