

SES Report Template - FY2017

Measure Name	Demonstrated Performance	Level 3 Target	Level 4 Target	Level 5 Target	Comments	VAPHS POC
CRITICAL ELEMENT 1: LEADING CHANGE (20% Weight)						
Strategic Intent: Consistency and spread of innovation & best practices.						
Alignment: Blueprint for Excellence # 1, 6 and 7						
Government Wide Performance: Develops and implements an organizational vision that integrates key organizational and program goals, priorities, values, and other factors. Assesses and adjusts to changing situations, implementing innovative solutions to make organizational improvements, ranging from incremental improvements to major shifts in direction or approach, as appropriate. Balances change and continuity; continually strives to improve service and program performance; creates a work environment that encourages creative thinking, collaboration, and transparency; and maintains program focus, even under adversity.						
1a. Consistency and spread of innovation & best practices	1a.: Quantity and Quality of Best Practices that are submitted and applied	1a.: Fully Successful: Facility submission of 2 practices to the VISN QSV Office for vetting at QM Oversight and VISN ELC <u>AND</u> replication of at least 1 best practice by each facility.	1a.: Excellent: Fully Successful, plus meaningful improvement in associated indicator(s) within the rating period.	1a.: Outstanding: Excellent, plus spread to additional sites.	1a.: Each identified best practice will be linked to a performance measure, operational indicator, or analytic tool (e.g. SAIL, SPARQ, PCMM, EHCPM, AES results, IE Survey results and others) to continually monitor the broad range of operational, quality, safety, financial, and organizational health indicators that are necessary for a successful health care delivery system.	1a. VERC/System Redesign - PENTAD AD
VISN 4 Measure: 1b. Implementation of New Models of Care Delivery	1b.: Plan, develop and implement healthcare delivery based on Veteran demographics, preferences, and care needs in an evolving healthcare delivery model.	1b.: Fully Successful: At least One New Model of Care Delivery is identified; plan and timeline for implementation is approved by VISN 4 leadership by end of FY17 Q1.	1b.: Excellent: Full implementation of one New Model of Care Delivery by end of FY17Q2.	1b.: Outstanding: Implementation of more than one New Model of Care Delivery <u>AND</u> demonstrated improvement on a clinical measure.	1b.: Shared clinical services within Eastern and Western markets and expansion of home based care delivery.	1b.: Chief of Staff

SES Report Template - FY2017	
------------------------------	--

Measure Name	Demonstrated Performance	Level 3 Target	Level 4 Target	Level 5 Target	Comments	VAPHS POC
--------------	--------------------------	----------------	----------------	----------------	----------	-----------

CRITICAL ELEMENT 2: LEADING PEOPLE (20% Weight)	
--	--

Strategic Intent: Employee Engagement
--

Alignment: Blueprint for Excellence #4 and 5

Government Wide Performance: Designs and implements strategies that maximize employee potential, connects the organization horizontally and vertically, and fosters high ethical standards in meeting the organization's vision, mission, and goals. Provides an inclusive workplace that fosters the development of others to their full potential; allows for full participation by all employees; facilitates collaboration, cooperation, and teamwork, and supports constructive resolution of conflicts. Ensures employee performance plans are aligned with the organization's mission and goals, that employees receive constructive feedback, and that employees are realistically appraised against clearly defined and communicated performance standards. Holds employees accountable for appropriate levels of performance and conduct. Seeks and considers employee input. Recruits, retains, and develops the talent needed to achieve a high quality, diverse workforce that reflects the nation, with the skills needed to accomplish organizational performance objectives while supporting workforce diversity, workplace inclusion, and equal employment policies and programs.

VA Specific Requirements: VA Core Values: Demonstrates VA Core Values. Creates an organizational environment that ensures all employees clearly understand VA's Core Values and the requirement to demonstrate them: Integrity, Commitment, Advocacy, Respect, Excellence ("I CARE") . Learning Organization: Proactively promotes a learning organization through feedback and coaching, development plans, access to training, and timely completion of mandatory training (ethics, security, etc.).

<p>2a. Employee Engagement</p> <p>VISN 4 Measure: 2b. Employee Engagement: Just Culture</p>	<p>2a&b.: All Employee Survey – Organizational Commitment, Psychological Safety, and Burnout Composite</p> <p>All executives emphasize LDL, Servant Leadership (leading with integrity by putting needs of customers, employees and communities first; sharing knowledge and power; helping people to develop and perform to their highest capability) and Just Culture (patient safety culture first focuses on a systems and nonpunitive approach that recognizes the complexity of health care and mitigates the tendency to blame individuals involved in medical error; a systems approach to error, balanced with potential for</p>	<p>2a&b.: Fully Successful: AES data are discussed at every level of the organization and managers formulate action plans using targets based on the analysis of baseline AES results.</p>	<p>2a.: 0%< >2% increase in Best Place to Work from FY16 to FY17.</p> <p>2b. Excellent: The executive will coordinate with the National Center for Patient Safety to implement Just Culture training (or comparable training) to educate staff and increase awareness of Just Culture principles at their facility, with 80% of supervisory staff (includes leadership) trained by the end FY17.</p> <p>* Numerator: number of supervisory staff trained; Denominator: number of total supervisory staff</p>	<p>2a. Greater than 2% increase in Best Place to Work from FY16 to FY17.</p> <p>2b. Outstanding: Excellent, <u>PLUS</u> 50% of front-line/non-supervisory staff trained by the end of FY17.</p> <p>* Numerator: number of staff in this category who have been trained; Denominator: total number of staff in this category</p>	<p>2a&b.: All executives will emphasize Leaders Developing Leaders, Servant Leadership, and Just Culture through regular, recurring, and inclusive visibility.</p> <p>This section will also include the Teachable Point of View (TPOV) related goals as per instructions from the SecVA.</p>	<p>2a. Associate Director and Chief of Staff</p> <p>2b. Chief of Staff and Associate Director</p>

SES Report Template - FY2017									
------------------------------	--	--	--	--	--	--	--	--	--

Measure Name	Demonstrated Performance	Level 3 Target	Level 4 Target	Level 5 Target	Comments	VAPHS POC
CRITICAL ELEMENT 3: BUSINESS ACUMEN (10% Weight)						
Strategic Intent: Trust						
Alignment: Blueprint for Excellence #10						
Government Wide Performance: Assesses, analyzes, acquires, and administers human, financial, material, and information resources in a manner that instills public trust and accomplishes the organization's. Uses technology to enhance processes and decision making. Mission. Executes the operating budget; prepares budget requests with justifications; and manages resources.						
VA Specific Requirements: Performance accountability structure. Include applicable common performance requirement for your appropriate functional community, i.e. financial management, human resources, information technology, public affairs, or procurement. "Principles Based" TPOV and Effective response to System Integrity Tools. Supports VHA efforts to operate an effective health care system that meets VA, JC, and OSHA standards. As a leader of a public health care system, the SE will be held accountable for the results of external evaluations including those of formal accrediting bodies (e.g., JC, CARF, GAO, OMB, OPM etc.) as well as the results of internal VA evaluations and investigations (e.g., OIG/CAP, AIBs, Human Resources Assessments, Water Safety, Capital and Infrastructure Program Reviews, etc.) relating to matters under the executive's control. Meets the requirements of external accrediting bodies and appropriately responds to internal evaluations and investigations. Ensures that performance appraisal processes take into account an employee's timely and appropriate response to internal/external evaluations or investigations (OIG, TJC, GAO, AIB, Management Reviews, CARF, CAP, etc....).						
3a. Trust	3a.: "Principles Based" TPOV and Effective response to System Integrity Tools.	3a.: Fully Successful: Significant opportunities are assessed and acted on for learning.	3a.: Excellent: A "best practice" for integrity and trust is identified and implemented.	3a.: Outstanding: One or more identified "best practices" are widely implemented or direct assistance is provided to a struggling site.	3a.: The intent of this element is to embody "Principles Based" rather than "Rules Based" leadership. Executives should utilize the TPOV to communicate effectively throughout the organization.	3a. Still Needs Assigned
VISN 4 Measure: 3b. External Review Program	3b.: Include brief narrative summary of progress on noteworthy findings from local OIG, CAP, JC, CARF, etc.	3b.: Fully Successful: Facility passed all external review site visits.	3b.: Excellent: Opportunities for Improvement action plan implemented within 6 months. LTCI not higher than group 4; no findings in the high widespread or immediate threat to life categories of the Joint Commission's new SAFER Matrix.	3b.: Outstanding: Best practice identification by survey teams. LTCI group 3 or below. Not more than an increase of 10% in findings from other surveys.	3b.: Integrity tools and systems include: 1) Internal and external audits and reviews, e.g. OMI, OIG; 2) CBI Scorecard; 3) other triggering systems In the narrative, the Executive will briefly summarize progress on addressing significant findings or deficiencies from prior surveys.	3b. Quality Management Director

SES Report Template - FY2017

Measure Name	Demonstrated Performance	Level 3 Target	Level 4 Target	Level 5 Target	Comments	VAPHS POC
VISN 4 Measure: 3c. Standardization of Care in the Community Processes	3c.: Assure the highest possible level of health and wellbeing for both the individual Veteran and the enrolled population, regardless of setting or circumstance.	3c.: Fully Successful: Assign an analyst to certify reconciliations by 12/31/16.	3c.: Excellent: Implementation of complete, defined, and timely referral/appointment and reconciliation process by 3/31/17.	3c.: Outstanding: Fully Successful and Excellent, PLUS accurate certification that FMS obligations are accurate compared to FBCS estimated authorizations all months January through August.	3c.: Implement a standardized, sustainable process for timely certifications of Care in the Community reconciliations.	3c HAS/CBC/Associate Director

SES Report Template - FY2017

Measure Name	Demonstrated Performance	Level 3 Target	Level 4 Target	Level 5 Target	Comments	VAPHS POC
CRITICAL ELEMENT 4: BUILDING COALITIONS (10% Weight)						
Strategic Intent: High Performing Network						
Alignment: Blueprint for Excellence #8 and 9						
Government Wide Performance: Solicits and considers feedback from internal and external stakeholders or customers. Coordinates with appropriate parties to maximize input from the widest range of appropriate stakeholders to facilitate an open exchange of opinion from diverse groups and strengthen internal and external support. Explains, advocates, and expresses facts and ideas in a convincing manner and negotiates with individuals and groups internally and externally, as appropriate. Develops a professional network with other organizations and identifies the internal and external politics that affect the work of the organization.						
VA Specific Requirements: High Performing Network: Movement towards high performing partnerships with community providers, with success in Access and Coordination of Care assessed via the new Care in the Community SHEP Survey.						
4a. High Performing Network	4a.: Movement towards high performing partnerships with community providers, with success in Access and Coordination of Care assessed via the new Care in the Community SHEP survey.	4a: Fully Successful: Fully successful performance will be met if preliminary data are analyzed at the VISN or facility level and used to formulate an action plan. This is a brand new metric so will undergo phased implementation. First year is used to establish baseline and targets for the future.	4a.: Excellent: Performance ratings of excellent or outstanding will require evidence of implementation supplemented by significant quantitative progress even in the absence of a defined target. (narrative)	4a.: Outstanding: Excellent plus spread to additional sites	4a: Survey launching in March 2016. First 6 months of data will be used to generate an Attributable Effects analysis for Action Planning at the VISN level. Initial focus will be on NVCC (4ai., 4aii, 4aiii) and partnering.	4a. HAS / COS
4ai. NVCC Partnerships	4ai.:Non-VA Care Coordination (NVCC) processes and strengthening of partnerships with community-based providers	4ai. Fully Successful: Develops network within and outside of the organization.	4ai. Excellent: Fully Successful <u>PLUS</u> identification of internal and external barriers that affect organizational work and action plan to address barriers.	4ai1: Outstanding: Excellent <u>PLUS</u> examples of coordination within and outside of the organization to achieve maximum network performance.		4ai. HAS
4aii. NVCC Consult Authorizations	4aii.:Networks and facilities will continue to monitor NVCC Consults Missing FBCS authorizations (goal is under 10%) and Urgent Consults sent to Community Care.	4aii. Fully Successful: less than 9% FBCS	4aii: Excellent: less than 8% FBCS	4aii: Outstanding: Less than 5% FBCS		4aii. HAS (4aiii was removed)

SES Report Template - FY2017

Measure Name	Demonstrated Performance	Level 3 Target	Level 4 Target	Level 5 Target	Comments	VAPHS POC
CRITICAL ELEMENT 5: RESULTS-DRIVEN (40% Weight)						
Strategic Alignment: Identify clear, transparent alignment to agency strategic planning initiatives (e.g., relevant agency or organizational goals/objectives with cited page numbers from the Strategic Plan, Congressional Budget Justification/Annual Performance Plan, or other organizational planning document) in the designated section for each performance requirement. Blueprint for Excellence: # 2, 3, 7.						
Government Wide Mandatory Performance Requirement: This critical element includes specific performance requirements expected of the executive during the appraisal period, focusing on measurable results from the strategic plan or other measurable outputs and outcomes clearly aligned to organizational goals and objectives. At a minimum, the performance requirements must contain measurable results and their quality indicators describing the range of performance at Level 3 for each result specified. In addition to the quality indicators, applicable measures of quantity, timelines, and/or cost-effectiveness may be included as appropriate.						
5a. Overall Effectiveness of Care	5a.: SAIL	5a.: Fully Successful: Quality star calculation and + or - improvement, as defined per Dr. Almenoff and SAIL analytics team's algorithm.	5a.: Excellent: Quality star calculation and + or - improvement, as defined per Dr. Almenoff and SAIL analytics team's algorithm.	5a.: Outstanding: Quality star calculation and + or - improvement, as defined per Dr. Almenoff and SAIL analytics team algorithm.	5a.: SAIL currently comprises 26 measures across 10 domains. Component metrics can be tracked in finer detail within other reporting systems. Metrics with the greatest opportunity for improvement are also highlighted in the report.	5a. Quality Management Director
5b. Access	5b.: Measured using the % of respondents answering "Always" or "Usually" to Question 6 in the PCMH-CAHPS (SHEP) Survey	5b.: Fully Successful: At least 2 point improvement over FY16 baseline or maintain a score of 80%. A facility that has special constraints (e.g. inability to recruit staff) may achieve Fully Successful by implementing a Telehealth programs with a quantifiable positive impact (even if 2 point gain is not achieved) <u>AND</u> develop and implement a plan to improve customer service and Veteran experience.	5b.: Excellent: More than 2 point improvement over baseline.	5b.: Outstanding: Excellent, plus provides assistance to a "challenge site" (i.e. Telehealth clinics) with a quantifiable positive impact.	5b: Scores will be adjusted to take into account growth in Veteran population (VISN level) or uniques (facility). Because SHEP results are delayed by a month or longer, and cannot be reliably drilled down to the Stop Code or Provider Level, the Health Operations Dashboard is the preferred source for real-time access performance data. Details on the utilization of these tools will be included in the	5b. Medicine and COS

SES Report Template - FY2017

Measure Name	Demonstrated Performance	Level 3 Target	Level 4 Target	Level 5 Target	Comments	VAPHS POC
5c. Customer Service/Veteran Experience	5c. Facility Directors will develop/implement a plan to improve customer service and Veteran Experience. Plan must include measureable objectives/outcomes currently tracked by CAHPS surveys captured in the Access and SAIL sub-elements. Plan will be reviewed at mid-year; end of year review will document outcomes.	5c. Fully Successful: A plan will be developed by the end of 2nd quarter.	5c. Excellent: The plan shows evidence of implementation by the end of 3rd quarter.	5c. Outstanding: There is demonstrated improvement in Customer Service using SHEP/SAIL/or other Customer Service survey tools.	5c. Engages the workforce in understanding the intent of the measure and the appropriate means to achieve the intended outcomes.	5c. Group Practice Manager / COS
VISN 4 Measure: 5d. Become an Integrated Network through telehealth expansion.	5d.: Expand telehealth services to enhance high performing, patient-centered care.	5d.: Fully Successful: Partner with other facilities within VISN 4 either as a service recipient or service provider, to implement real-time teleconsultation across a spectrum of specialty care services (i.e., renal, ID, cardiology, pulmonary, etc.) and settings (i.e., UCC, inpatient, CLC, primary care).	5d.: Excellent: Operational implementation of at least one specialty in one or more settings by 6/30/2017.	5d.: Outstanding: Operational implementation of more than one specialty in one or more settings AND demonstrated positive impact on a meaningful clinical measure (i.e., reduced: use of Care in the Community, readmissions, and avoided hospitalizations or transfers.	5d.: Increase access to clinical services via telehealth offering Veterans new options and connecting people and resources to work effectively across time and location to achieve clinical care goals.	5d. Chief of Staff, VP Medicine and VP Surgery