

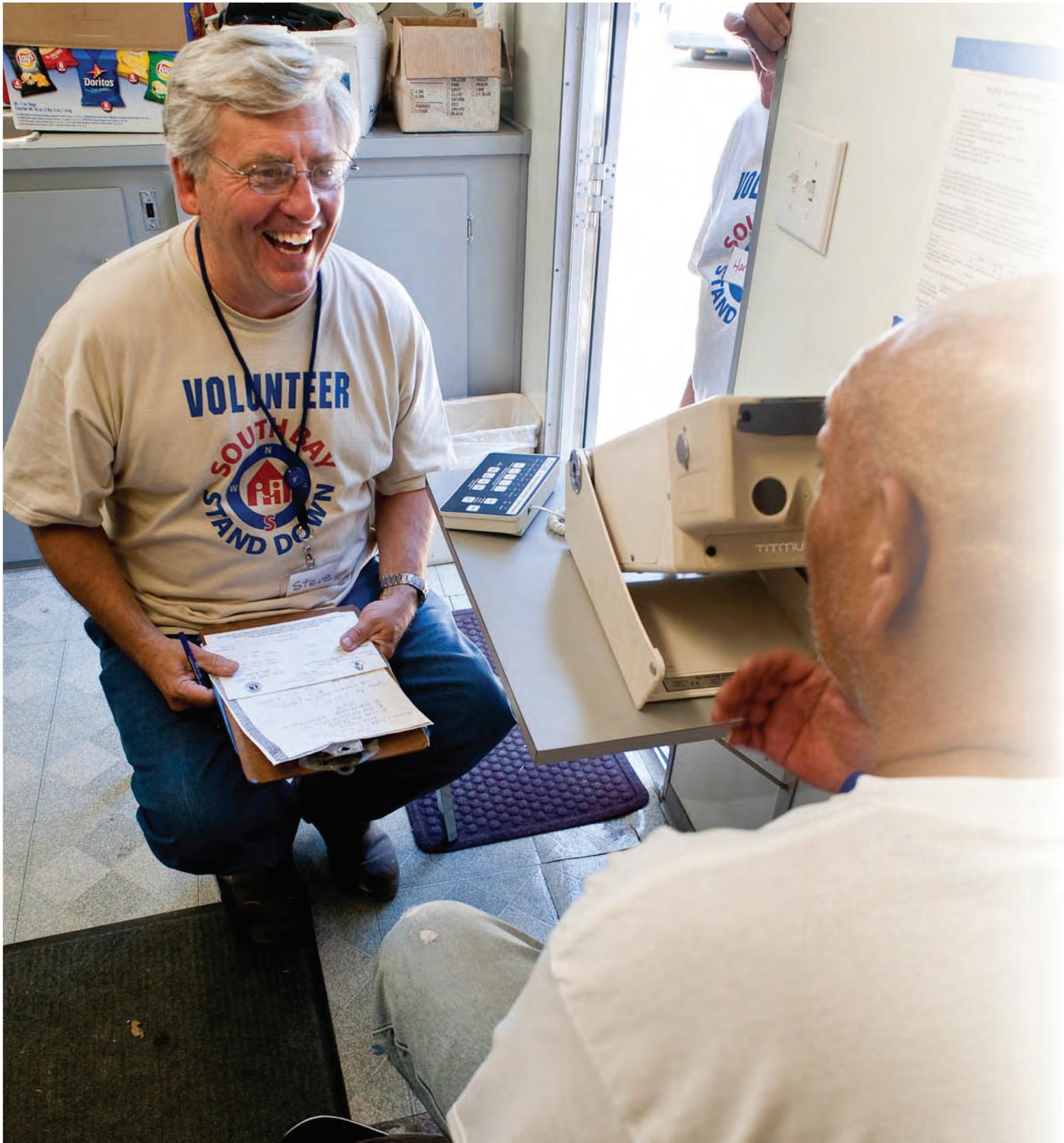


STRATEGIC PLAN 2010-2012

VA PALO ALTO
HEALTH CARE
SYSTEM

Exceeding Expectations: A Path to Excellence





SUMMARY	1
PYRAMID	2
ALIGNMENT	4
MATRIX	6
SERVICE AREA	7
FACILITIES	8
SATISFACTION	10
Strategic Priority 1 <i>Improve Veteran satisfaction</i>	
Strategic Priority 2 <i>Enhance workforce development and employee satisfaction</i>	
INNOVATION	16
Strategic Priority 3 <i>Establish a culture of continuous improvement</i>	
Strategic Priority 4 <i>Enhance research program</i>	
EFFICIENCY	20
Strategic Priority 5 <i>Establish a holistic, systematic and efficient approach to care delivery</i>	
Strategic Priority 6 <i>Improve data-based decision making</i>	
Strategic Priority 7 <i>Manage financial resources efficiently</i>	
Strategic Priority 8 <i>Improve service management</i>	
ACCESS	26
Strategic Priority 9 <i>Improve access</i>	
QUALITY	28
Strategic Priority 10 <i>Be known for excellence in quality</i>	
DIRECTOR'S MESSAGE	32



This strategic plan builds on the progress we have made over the last two years in accomplishing our strategic goals.



By looking at our internal strengths and areas for improvement and the external political, economic, social, and technological factors, we have identified where we need to go and how we will get there working together for our Veterans.

The FY2012 update to the plan contains changes that reflect the progress we have achieved in meeting our strategic objectives as well as the increased focus on customer service, efficiency and quality.

The foundation of our strategic plan is the VHA vision, mission and values that honor our nation's Veterans. Based on that foundation, our strategic priorities are satisfaction, innovation, efficiency, access and quality. Providing **Veteran-Centered Care** and striving for **Process Excellence** are two guiding principles which shape the overall approach to how we will deliver outstanding health care and achieve the goals set forth in this plan.

Improving Veteran satisfaction by enhancing Veteran-centered care is a key priority that will focus on engaging Veterans as partners in a team-based health care delivery model (Patient-Aligned Care Teams – PACT). We will also engage Veterans as partners in setting the direction for the health care system through the Veteran and Family Advisory

Council (VFAC) and systematically capturing and integrating Veteran feedback. In addition, enhancing employee satisfaction is important to us. We aim to achieve this by fostering a no-fear culture, promoting employee reward and recognition programs, improving diversity, inclusion and succession planning, and re-examining training and educational opportunities for all staff.

We will embrace innovation by establishing a culture of continuous improvement, ensuring staff have the training, tools and resources to systematically improve their work and organizational processes. We will continue to enhance our robust research program by developing research centers in emerging fields such as genomics.

We will improve efficiency by striving to establish a holistic, systematic and efficient approach to care delivery, specifically focusing on improving the medical discharge process and prosthetic delivery systems. We also aim to increase efficiency by improving data-based

decision making and managing financial resources efficiently.

Additionally, we will improve service management by seeking to standardize work processes and realigning our committee structure.

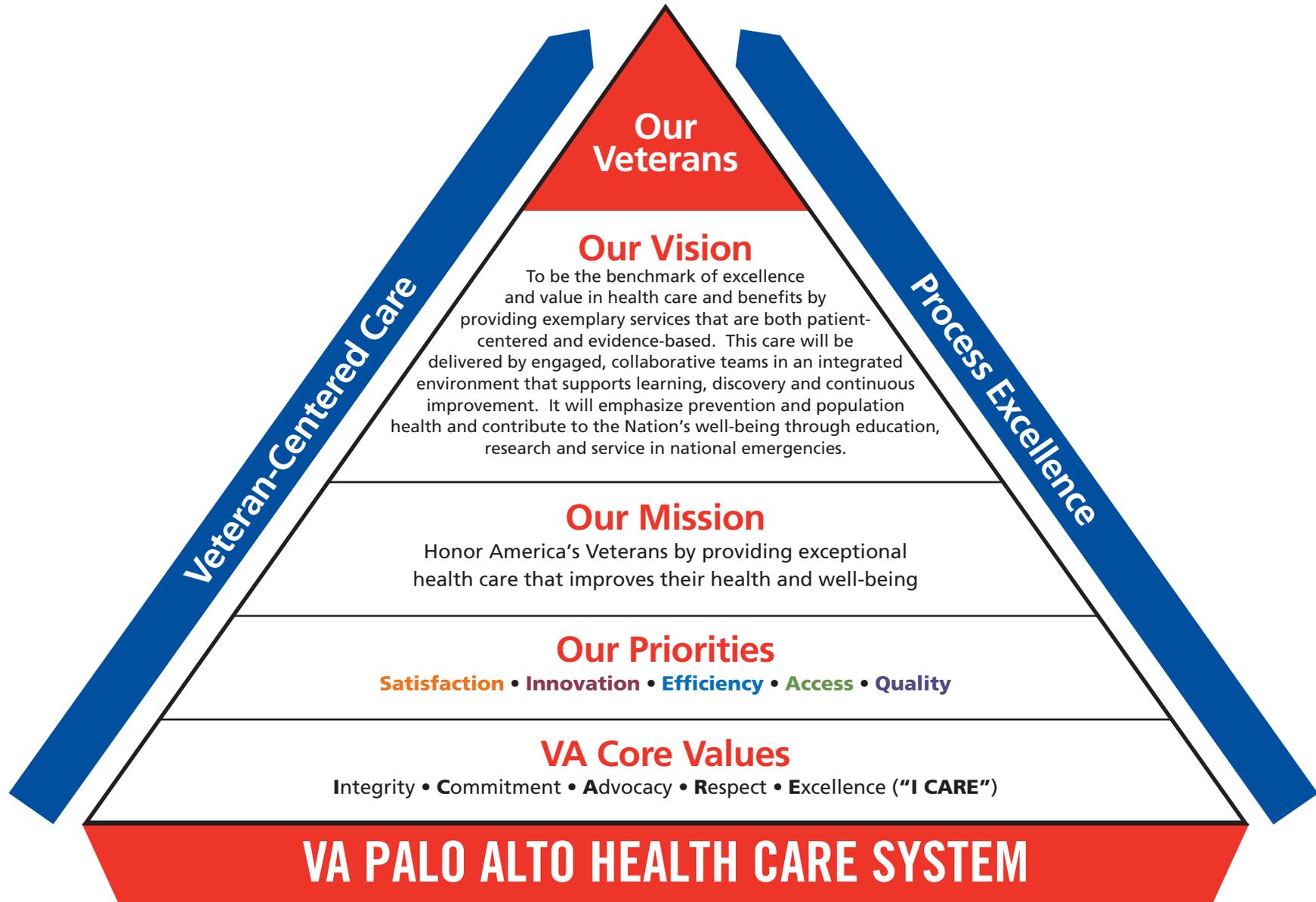
Our Veteran population is projected to decrease and migrate over time. Therefore, increasing enrollment, improving access and enhancing the continuity of care for Veterans are strategic priorities. We will also continue the implementation of our ambitious construction program to create world-class facilities for Veterans throughout our health care system.

Finally, we strive to be known for quality by pursuing the Baldrige and Magnet journeys for excellence in health care and nursing. We each have a unique role to play in achieving our strategic goals. Together we will evaluate our progress towards achieving these priorities and make course adjustments as necessary on our path to excellence.

“ Our Strategic Pyramid has Veterans at the pinnacle. ”

2010-2012

PYRAMID

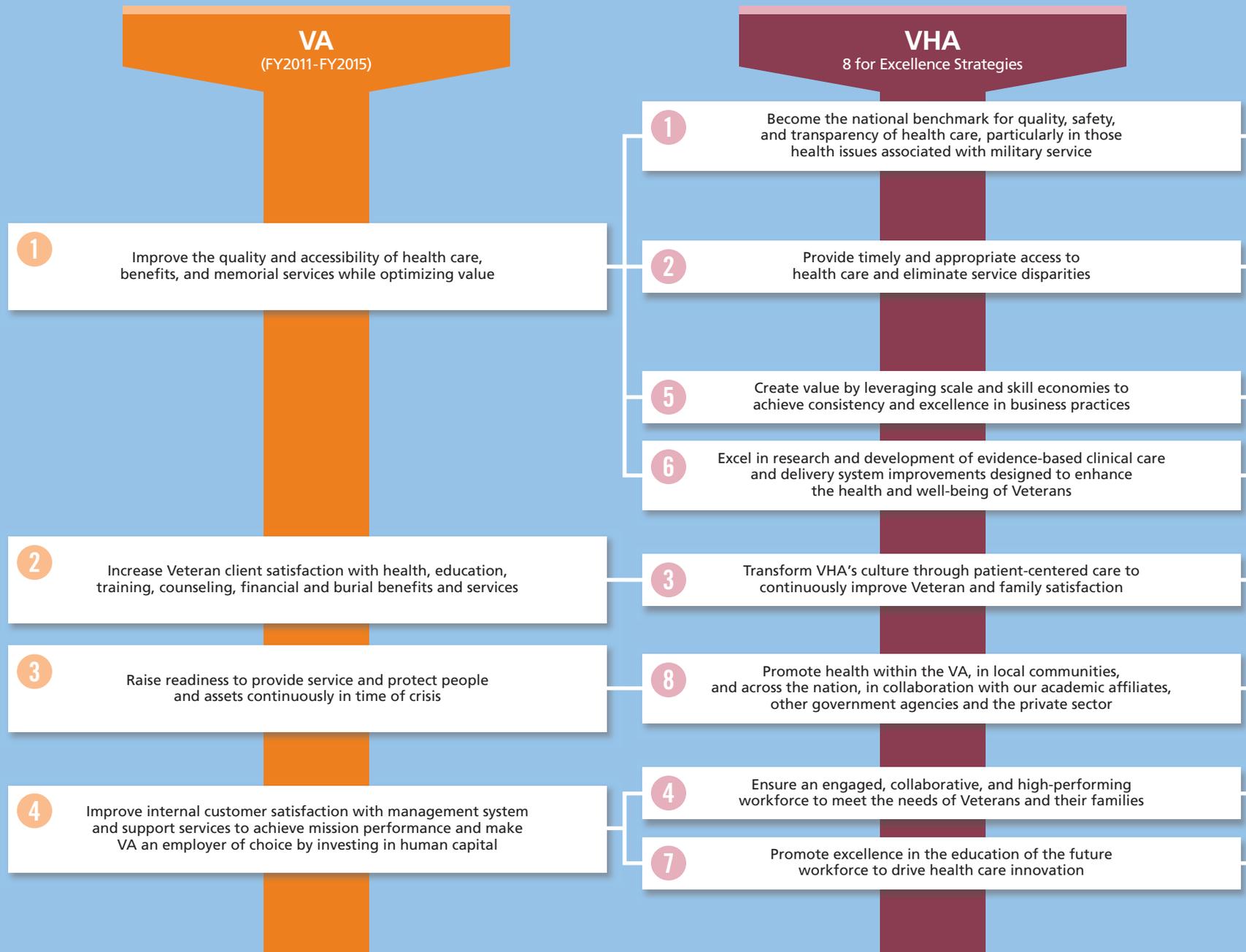




Our VA Core Values are Integrity, Commitment, Advocacy, Respect and Excellence "I CARE".

ALIGNMENT

Strategic Alignment



ALIGNMENT

VA Transformational Initiatives-T21 (VHA FY2012-FY2014 Operating Plans)

- 1 Eliminate Veteran homelessness
- 2 Improve Veteran's mental health
- 4 Enhancing the Veteran Experience and Access to Health care (EVEAH)
- 6 Health care efficiency: improve the quality of health care while reducing cost
- 7 Transform health care delivery through health informatics
- 5 Perform research and development to enhance the long-term well-being of veterans
- 3 Design a Veteran-centric health care model help Veterans navigate the health care delivery system and receive coordinated care (New models of care)

VHA Organizational-Specific Initiatives (FY2012-FY2016)

- 1 Decrease health care associated complications
- 2 Sterile Processing and Distribution (SPD) action plan (ISO-9001)
- 6 Deploy best practices in financial and business practices
- 3 Strengthen VHA emergency preparedness training and response including collaborations with communities and other organizations
- 4 Promote excellence in the education of future health care professionals and enhance VHA partnerships with affiliates
- 5 Ensure a qualified and engaged workforce

VAPAHCS Priority Objectives (FY2012)

- 10 Be known for excellence in quality
- 9 Improve access
- 5 Establish a holistic, systematic and efficient approach to care delivery
- 3 Establish a culture of continuous improvement
- 6 Improve data-based decision making
- 7 Manage financial resources efficiently
- 4 Enhance research program
- 1 Improve Veteran satisfaction
- 8 Improve service management
- 2 Enhance workforce development and employee satisfaction

MATRIX

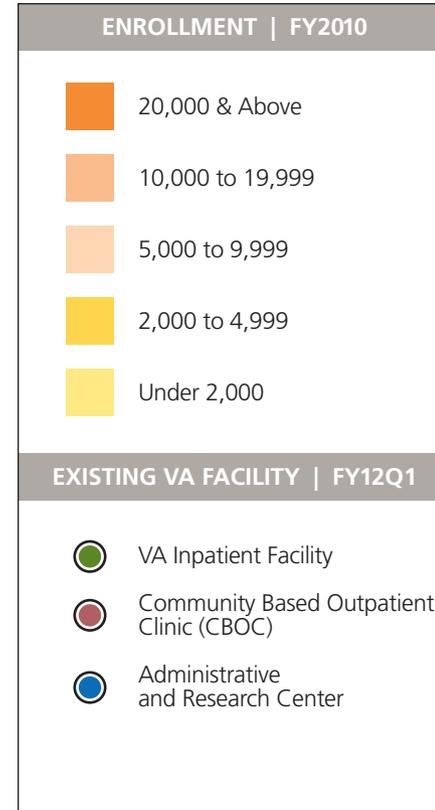
	Priority	Objective
SATISFACTION	1. Improve Veteran satisfaction	1.1 Enhance Veteran-centered care
		1.2 Improve outpatient care delivery model
		1.3 Establish program to improve courtesy
	2. Enhance workforce development and employee satisfaction	2.1 Foster "no fear" culture
		2.2 Promote employee reward and recognition programs
		2.3 Improve diversity and inclusion
		2.4 Improve succession planning
2.5 Re-examine allocation of educational resources		
	2.6 Evaluate and realign workforce development, resident, nursing and allied health training programs	
	2.7 Implement "patient safety begins with me" campaign	
INNOVATION	3. Establish a culture of continuous improvement	3.1 Provide tools for services to improve efficiency and throughput
	4. Enhance research program	4.1 Increase support of VAPAHCS' research mission
		4.2 Establish a Genomics Research Center of Excellence
EFFICIENCY	5. Establish a holistic, systematic and efficient approach to care delivery	5.1 Improve inpatient care delivery model
		5.2 Improve patient outcomes by re-engineering the acute care discharge process resulting in decreased readmission rates
		5.3 Improve prosthetic service delivery
		5.4 Implement process to establish evidence-based treatment protocols in areas with large care variances
	6. Improve data-based decision making	6.1 Develop tools for services to enable data-based decision making
		6.2 Track, monitor and act upon data trends identified in data dashboards
	7. Manage financial resources efficiently	7.1 Develop VAPAHCS finance module
		7.2 Improve fee-basis efficiency
		7.3 Resolve MCCF backlog in preparation for CPAC transition
		7.4 Maximize workload capture to optimize VERA reimbursement
	8. Improve service management	8.1 Systematically establish standard work in services to improve efficiency
8.2 Realign committee structure to reflect Baldrige framework		
8.3 Improve emergency preparedness		
ACCESS	9. Improve access	9.1 Ensure successful implementation of major and minor construction and leasing projects
		9.2 Define clinical service review process and clinical service offerings at each site
		9.3 Increase outreach programs and Veteran enrollment
		9.4 Increase telehealth access
QUALITY	10. Be known for excellence in quality	10.1 Pursue Baldrige journey
		10.2 Pursue Magnet journey
		10.3 Improve wound care
		10.4 Implement ABCS fall program



Our Veteran population is projected to decrease and migrate over time. Therefore, increasing enrollment, improving access and enhancing the continuity of care for Veterans are strategic priorities.



Service Area



This map illustrates our primary service area and existing facilities. The table includes information on Veteran population, enrollment and market penetration for these counties.

	ACTUAL		PROJECTED		
	2009	2010	2011	2012	2013
Veteran Population	225,428	218,621	212,298	206,080	199,956
Enrollees	73,447	76,905	74,858	75,108	75,482
Market Penetration	32.58%	35.18%	35.26%	36.44%	37.75%

Figures are for the South Coast Market which includes 9 counties shown in the highlighted map above. Figures do not include data from Alameda County which is shared with the North Coast Market

OVERVIEW



Menlo Park Division



Palo Alto Division



Livermore Division



We are a teaching hospital—affiliated with Stanford University School of Medicine—providing a full range of patient care services using state-of-the-art technology, education and research.

The VA Palo Alto Health Care System (VAPAHCS) is part of VA Sierra Pacific Network (VISN 21), which includes facilities in California, Nevada and Hawaii.

VAPAHCS consists of three inpatient divisions located at Palo Alto, Menlo Park and Livermore. VAPAHCS also has seven Community-Based Outpatient Clinics (CBOCs): in San Jose, serving Santa Clara County; in Capitola, serving Santa Cruz County; in Monterey, serving Monterey and San Benito Counties; in Stockton, serving San Joaquin County; in Modesto, serving Stanislaus County; in Sonora, serving Calaveras and Tuolumne Counties and in Fremont, serving southern Alameda County. Additionally, there are four Vet Centers located in Redwood City, Santa Cruz, Modesto and San Jose.

VAPAHCS is a tertiary care facility classified as a Clinical Level 1A Facility. We are a teaching hospital—affiliated with Stanford University School of Medicine—providing a full range of patient care services using state-of-the art technology, education and research.

VAPAHCS has 833 operating beds, including 52 internal medicine, 42 surgical, 92 acute psychiatry, 43 spinal cord injury, 32 blind rehabilitation, 30 traumatic brain injury, 172 homeless domiciliary, 360 skilled nursing home and 10 psychosocial residential rehabilitation treatment program (PRRTP) beds. VAPAHCS is home to a variety of regional treatment



San Jose Clinic



Monterey Clinic



Modesto Clinic



Stockton Clinic



Sonora Clinic



Capitola Clinic



Fremont Clinic

centers including a Spinal Cord Injury Center, a Polytrauma Rehabilitation Center, the Western Blind Rehabilitation Center, a Geriatric Research, Educational and Clinical Center, a Homeless Veterans Rehabilitation program and the Men's and Women's Trauma Recovery Programs.

VAPAHCS is one of VA's two largest research programs with annual expenditures of over \$50M. Areas of investigation include spinal cord injury, genomics, diabetes, endocrinology, immunology, dermatology, geriatrics, nephrology, post-traumatic stress disorder, hepatitis, vision rehabilitation and cardiology. VAPAHCS manages several centers supported

by the VHA Office of Research and Development (ORD), including the Health Services Research and Development Center for Health Care Evaluation, Rehabilitation Research and Development Bone and Joint Center of Excellence, Cooperative Studies Program Coordinating Center and Health Economics Resource Center.

In fiscal year 2011, we served 63,884 unique patients and provided over 725,000 outpatient visits. VAPAHCS FY11 operating budget, including special program funding, was \$835M which supported over 3,660 full time employees.

FACILITIES

The purpose of improving Veteran satisfaction is to honor our Veterans by providing exceptional health care that improves their health and well-being.

Improve Veteran satisfaction

Objective 1.1

Enhance Veteran-centered care

1.1 Performance Metrics	Baseline	2010 goal	2010 actual	2011 goal	2011 actual	2012 goal
Increase the number of health care system improvement efforts in which Veteran and family input is used	10-20	10	16	15	21	20
Increase the number of health care system initiatives in which Veteran/family members collaborate	New	1	1	2	4	3
Increase the number of health care system-wide committees on which Veteran/family members participate	New	5	5	7	7	8
Increase the percentage of participants who complete the Veteran and family-centered care assessment tool	New	4	5 (service-level)	20% Employees	20% Employees	25% Employees
Increase the number of teams that participate in patient-centered communication simulation training	New	N/A	N/A	N/A	N/A	5
Implement systematic way to capture and integrate Veteran feedback from specific Veteran cohorts, to include inpatient, outpatient and mental health patients	New	N/A	N/A	N/A	N/A	Complete



In fiscal year 2011, we served 63,884 unique patients and provided over 725,000 outpatient visits.





Strategic
Priority **1**

SATISFACTION

SATISFACTION

Objective 1.2

Improve outpatient care delivery model

1.2 Performance Metrics	Baseline	2010 goal	2010 actual	2011 goal	2011 actual	2012 goal
Improve overall Veteran satisfaction with care	54.9%	63%	New	63.5%	65%	64%
Increase the percentage of patients seen within 14 days of desired date	85%	84%	New	87%	87%	89%
Decrease the call abandonment rate	5%	13%	New	8%	15.3%	5%
Increase the number of Veterans who complete the process to use Secure Messaging	-	55	New	800	1,711	3,000
Increase the percentage of Primary Care teams certified as Patient Aligned Care Teams	New initiative	-	New	-	-	50%

Objective 1.3

Establish program to improve courtesy

1.3 Performance Metrics	Baseline	2010 goal	2010 actual	2011 goal	2011 actual	2012 goal
Improve Veteran perception of being treated with dignity and respect (Reduce # of complaints in this area)	168	N/A	N/A	N/A	N/A	Reduce by 10%



SATISFACTION

Enhance workforce development and employee satisfaction

Objective 2.1

Foster “no-fear” culture

2.1 Performance Metrics	Baseline	2010 goal	2010 actual	2011 goal	2011 actual	2012 goal
Improve the percentage of Integrated Ethics survey respondents who perceive non-punitive response to error*	25%	30%	45.20%	N/A	N/A	40%
Increase the number of services trained to use alternative dispute resolution	18	31	31	9	9	Completed
Increase the number of established CREW groups	New	3	3	6	6	12

* Survey administered every other year

Objective 2.2

Promote employee reward and recognition programs

2.2 Performance Metrics	Baseline	2010 goal	2010 actual	2011 goal	2011 actual	2012 goal
Increase the percentage of services trained on using workforce recognition	80%	90%	90%	90%	95%	100%
Increase the percentage of services using non-monetary employee reward and recognition programs	74%	85%	85%	100%	90%	100%



The purpose of enhancing workforce development and employee satisfaction is to increase employee empowerment, employee morale, job satisfaction and connection with VAPAHCs, and to build a sustainable organization.

Strategic
Priority **2**

SATISFACTION

SATISFACTION

Objective 2.3

Improve diversity and inclusion

2.3 Performance Metrics	Baseline	2010 goal	2010 actual	2011 goal	2011 actual	2012 goal
Increase the number of established employee resource groups	1	3	3	5	5	10
Increase the number of employees trained in communication, cross-cultural communication and conflict resolution	250	500	500	750	787	1,000
Establish a Veteran's Special Emphasis Program (SEP) to assist with Veterans hiring and employee engagement	New	-	-	-	-	✓
Increase the number of outreach and recruitment activities in which Veteran's SEP members participate	New	-	-	-	-	4
Increase SEP outreach to community partners by increasing the number of relationships with outside organizations	New	-	-	6	6	12

Objective 2.4

Improve succession planning

2.4 Performance Metrics	Baseline	2010 goal	2010 actual	2011 goal	2011 actual	2012 goal
Increase the conversion rate of STEP/SCEP interns to career employees	10%	15%	15%	20%	27%	25%
Increase the number of services that have completed workforce strategic plans	New	-	-	-	-	All



Enhance workforce development and employee satisfaction

Objective 2.5

Re-examine allocation of educational resources *(Moved from Innovation in 2011)*

2.5 Performance Metrics	Baseline	2010 goal	2010 actual	2011 goal	2011 actual	2012 goal
Increase the number of employees utilizing educational funds	564	650	682	750	845	900

Objective 2.6

Evaluate and realign workforce development, resident, nursing and allied health training programs

2.6 Performance Metrics	Baseline	2010 goal	2010 actual	2011 goal	2011 actual	2012 goal
Improve resident, nursing and allied health training programs under the ACOS for E (Academic Affairs)	New	-	-	-	-	✓
Establish workforce development committee	New	-	-	-	-	✓
Consolidate workforce development program activities	New	-	-	-	-	✓

Objective 2.7

Implement "patient safety begins with me" campaign

2.7 Performance Metrics	Baseline	2010 goal	2010 actual	2011 goal	2011 actual	2012 goal
Implement audit system to review patient safety	New	-	-	-	-	✓
Develop and display a checklist for patient safety in all procedure areas	New	-	-	-	-	✓





SATISFACTION



We will engage a wide range and number of stakeholders in achieving our strategic priorities and support our services in developing their own strategic plans. We look forward to your collaboration along this journey.

INNOVATION

A culture of continuous improvement will allow staff to actively engage in improving their work. In FY2011, staff collaborated to improve the blood culture draw process by implementing standard work.



The purpose of establishing a culture of continuous improvement is to ensure that all employees are actively engaged in improving their work in order to increase patient satisfaction, improve patient outcomes and improve efficiency.

Strategic Priority **3**

INNOVATION

INNOVATION

Establish a culture of continuous improvement

Objective 3.1

Establish a culture of continuous improvement *(Moved from Efficiency in 2012)*

3.1 Performance Metrics	Baseline	2010 goal	2010 actual	2011 goal	2011 actual	2012 goal
Increase the number of employees who complete training in Process Improvement	New	100	118	250	283	750
Increase the number of supervisors who receive Process Improvement Training	New	–	–	–	–	100
Increase the number of RPIWs completed	New	2	2	6	6	6
Increase the percentage of services that complete a process improvement project	New	–	–	–	–	100%



The purpose of enhancing excellence in research is to support VHA's mission by discovering and implementing best practices in Veteran clinical care.

Strategic Priority

4

Enhance research program

Objective 4.1

Increase support of VAPAHCS' research mission

4.1 Performance Metrics	Baseline	2010 goal	2010 actual	2011 goal	2011 actual	2012 goal
Develop a "Research Participant" web page	New	✓	Complete			
Participate locally in National VA Research Week	✓	✓	✓	✓	✓	✓
Develop and implement an investigator lecture series	New	✓	✓	✓	✓	✓
Revise and implement Principal Investigator eligibility and non-sponsored project policies	New	✓	✓	✓	✓	✓

Objective 4.2

Establish a Genomics Research Center of Excellence

4.2 Performance Metrics	Baseline	2010 goal	2010 actual	2011 goal	2011 actual	2012 goal
Increase local participation in the Million Veteran Program (MVP)	New	-	-	-	-	900
Implement demonstration project to build foundation to establish national Genomics Informatics site	New	-	-	-	-	2

Million Veteran Program:
A Partnership with Veterans



Rendering of New Research Center





VAPAHCS will continue to be a leader in all VHA focus areas for research and development including biomedical laboratories, clinical science, health services and rehabilitation. Among other initiatives, we will continue pursuing the establishment of a national Genomics Research Center of Excellence.

The purpose of establishing a holistic, systematic and efficient approach to care delivery is to improve patient outcomes and Veteran and employee satisfaction by improving timeliness of service, ensuring continuity of care and providing individualized health care planning for Veterans.

Establish a holistic, systematic and efficient approach to care delivery

Objective 5.1

Improve inpatient care delivery model

5.1 Performance Metrics	Baseline	2010 goal	2010 actual	2011 goal	2011 actual	2012 goal
Ensure utilization review performed on a real-time basis	20%	100%	100%	100%	100%	100%
Decrease the percentage of Emergency Room patients waiting > 6 hours for an inpatient bed	20-30%	<10%	18.10%	<10%	16%	<10%
Improve score for acute care length of observed minus expected stay	-1.2 days	-1.2	-0.67	-1.3	0.2	0

Objective 5.2

Improve patient outcomes by re-engineering the acute care discharge process resulting in decreased readmission rates

5.2 Performance Metrics	Baseline	2010 goal	2010 actual	2011 goal	2011 actual	2012 goal
Embark on ProjectRED (Re-engineering discharges)	New	-	-	-	-	✓
Reduce re-admissions in acute care	New (Med - 20.45% Surg - 12.45%)	-	-	-	-	Reduce by 30%
Improve efficacy of patient education for discharge instructions	New	-	-	-	-	✓





Strategic
Priority

5

EFFICIENCY

EFFICIENCY

Objective 5.3

Improve prosthetic service delivery

5.3 Performance Metrics	Baseline	2010 goal	2010 actual	2011 goal	2011 actual	2012 goal
Reduce delayed and pending order backlog	<2% delayed orders 0% pending orders >60 days	N/A	N/A	<2% delayed orders 0% pending orders >60 days	0% delayed orders 1.3% pending orders >60 days	0% delayed orders 0% pending orders >45 days

Objective 5.4

Implement process to establish evidence-based treatment protocols in areas with large care variances

5.4 Performance Metrics	Baseline	2010 goal	2010 actual	2011 goal	2011 actual	2012 goal
Increase the number of areas where protocol is established	New	-	-	-	-	3

The purpose of improving data-based decision making is to ensure that health care system policy and decisions are based on validated data, trends, comparisons and analysis.

Strategic
Priority

6

Improve data-based decision making

Objective 6.1

Develop tools for services to enable data-based decision making

6.1 Performance Metrics	Baseline	2010 goal	2010 actual	2011 goal	2011 actual	2012 goal
Increase the number of service level gap assessments performed	New	10	33	25	All	All
Increase the number of services that identify and use an additional data tool for management decisions	New	-	-	-	-	All
Increase the percentage of Executive Resource Board requests made using data-driven template	New	-	-	-	-	80%

Objective 6.2

Track, monitor and act upon data trends identified in data dashboards

6.2 Performance Metrics	Baseline	2010 goal	2010 actual	2011 goal	2011 actual	2012 goal
Track, report and act upon trends of PRPs, Facwork and patient-weighted work	New	-	-	-	-	✓





The purpose of managing financial resources efficiently is to improve the allocation and utilization of financial resources, decrease unnecessary expenditures and ensure the best use of the valuable resources in our health care system.



EFFICIENCY

EFFICIENCY

Manage financial resources efficiently

Objective 7.1

Develop VAPAHCS finance training

7.1 Performance Metrics	Baseline	2010 goal	2010 actual	2011 goal	2011 actual	2012 goal
Increase the number of services trained in creating and managing service-level budgets	New	10	19	25	All	All
Increase the number of services trained on understanding applicable VERA and other applicable budget principles	New	10	N/A	25	All	All

Objective 7.2

Improve fee-basis efficiency

7.2 Performance Metrics	Baseline	2010 goal	2010 actual	2011 goal	2011 actual	2012 goal
Meet VISN fee-basis reduction goal	New	N/A	N/A	✓	✓	✓
Increase the number of services with standard fee-basis criteria	New	N/A	N/A	✓	✓	All

Objective 7.3

Resolve MCCF backlog in preparation for CPAC transition

7.3 Performance Metrics	Baseline	2010 goal	2010 actual	2011 goal	2011 actual	2012 goal
Resolve MCCF backlog in preparation for CPAC transition	New	-	-	-	-	✓

Manage financial resources efficiently

Objective 7.4

Maximize workload capture to optimize VERA reimbursement

7.4 Performance Metrics	Baseline	2010 goal	2010 actual	2011 goal	2011 actual	2012 goal
Explore data capture and workload of residential rehabilitation services	New	-	-	-	-	✓
Explore data capture and workload of psychiatric and substance abuse services	New	-	-	-	-	✓
Analyze changes in unique Veteran enrollment between fiscal years (Change in total # uniques, # new uniques and # of uniques unenrolled)	New	-	-	-	-	✓





The purpose of improving service management is to support our VHA mission of providing exceptional health care to Veterans.

Strategic Priority **8**

EFFICIENCY

EFFICIENCY

Improve service management

Objective 8.1

Systematically establish standard work in services to improve efficiency

8.1 Performance Metrics	Baseline	2010 goal	2010 actual	2011 goal	2011 actual	2012 goal
Increase the number of services that identify and implement a standard work process	New	-	-	-	-	All

Objective 8.2

Realign committee structure to reflect Baldrige framework

8.2 Performance Metrics	Baseline	2010 goal	2010 actual	2011 goal	2011 actual	2012 goal
Complete realignment of committee structure	New	-	-	-	-	All

Objective 8.3

Improve emergency preparedness

8.3 Performance Metrics	Baseline	2010 goal	2010 actual	2011 goal	2011 actual	2012 goal
Ensure complete functionality of decontamination program	2009 Booz Allen Gap Assessment	Complete	Complete	Recruit 20 staff for decon process	25 staff recruited	Complete training for decon staff
Ensure complete functionality of emergency preparedness communications system (Revised 2011)	2009 Booz Allen Gap Assessment	Complete	Complete	✓	✓	✓

The purpose of improving access to health care services for our Veterans is to enhance the continuity of care for Veterans throughout our service area and increase overall market enrollment.

Improve access

Objective 9.1

Ensure successful implementation of major and minor construction and leasing projects

9.1 Yearly Project Status Updates	Baseline	2010 goal	2010 actual	2011 goal	2011 actual	2012 goal
Gero-psychiatric Community Living Center, Menlo Park	New	Grand Opening	✓	Grand Opening	Complete	
Mental Health Center, Palo Alto	New	Under Construction	✓	Complete Construction	On Target	Grand Opening
Polytrauma and Blind Rehabilitation Center, Palo Alto	New	Complete Design	✓	Award Construction	On Target	Under Construction
Ambulatory Care Center, Palo Alto	New	Design	✓	Design	✓	Complete Design
Research Center and Vivarium, Palo Alto	New	Design	✓	Design	✓	Complete Design
East Bay CBOC - Livermore Realignment	New	Acquire Property/ Start Design	Design Underway	Acquire Property/ Design	✓	Complete Design
Central Valley CBOC - Livermore Realignment	New	Acquire Property/ Start Design	Design Underway	Acquire Property/ Design	✓	Complete Design
VA/DoD Monterrey CBOC, Monterrey	New	Complete Design	Design Underway	Design	✓	Complete Design
Future Major Construction Applications	New	Submit Applications	✓	Submit Applications	✓	Submit Applications
Mental Health and Education Facility, Palo Alto	New	Complete Design	✓	Award Construction	✓	Under Construction
Spinal Cord Injury Center, Palo Alto	New	Start Design	✓	Award Construction	✓	Under Construction
Rehab Research & Development Center, Palo Alto	New	Start Design	✓	Award Construction	✓	Under Construction
Acquire two BRAC Properties to Decompress Palo Alto	New	Acquisition & Design	✓	Award Construction	✓	Under Construction
Future Minor Construction Applications	New	Submit Applications		Submit Applications	✓	Submit Applications
Fremont CBOC (New Site of Care)	New	Grand Opening	✓			
Modesto CBOC Expansion	New	Acquire Lease/ Start Design and Construction		Start Design Start Design	✓	Under Construction
Stockton CBOC Expansion	New	Acquire Lease/ Start Design and Construction		Acquire Lease/ Start Design and Construction	On Target	Open Expansion

Objective 9.2

Define clinical service review process and clinical service offerings at each site

9.2 Performance Metrics	Baseline	2010 goal	2010 actual	2011 goal	2011 actual	2012 goal
Complete clinical inventory for each site of care	New	-	-	-	✓	✓

Objective 9.3

Increase outreach programs and Veteran enrollment

9.3 Performance Metrics	Baseline	2010 goal	2010 actual	2011 goal	2011 actual	2012 goal
Increase unique Veterans by 5%	New	-	-	-	-	5%
Increase the number of new unique Veterans whose enrollment is attributed to outreach efforts	1,000	1,000	1,107	1,200	973	1,200
Increase the number of Veterans representing each of the special populations targeted by the Outreach program	3,300	3,300	3,626	4,000	2,167	4,000
Increase the number of geriatric Veterans (>64) targeted by the Outreach program	356	356	356	390	206	350
Increase the number of women Veterans targeted by the Outreach program	190	190	190	210	41	200
Increase the number of OEF/OIF Veterans targeted by the Outreach program	258	258	258	284	231	275
Increase the number of homeless Veterans targeted by the Outreach program	1,272	1,272	1,272	1,400	1,603	1,700
Increase the number of community and military partnerships that target OEF/OIF and rural Veterans	76	76	76	90	125	150
Realign Outreach program resources	New	-	-	-	-	✓

Objective 9.4

Increase telehealth access (New 2011)

9.4 Performance Metrics	Baseline	2010 goal	2010 actual	2011 goal	2011 actual	2012 goal
Increase the number of patient encounters for video telehealth	686	1463	New	2,150	1,724	2,936
Increase the number of services offering telehealth	7	9	New	14	15	23



QUALITY

“ We aim to provide the highest quality health care to all our Veterans by utilizing state-of-the-art technology and medical equipment.”



The purpose of being known for excellence in quality is to improve Veteran and employee satisfaction and improve nursing recruitment and retention.

Strategic Priority **10**

QUALITY

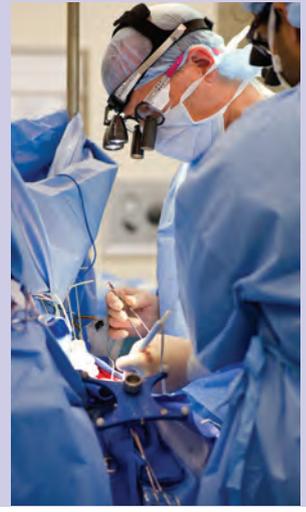
Be known for excellence in quality

Objective **10.1**

Pursue Baldrige journey

10.1 Performance Metrics	Baseline	2010 goal	2010 actual	2011 goal	2011 actual	2012 goal
Complete Baldrige training	New	✓	✓	Executive team	✓	Ongoing
Complete Baldrige gap assessment	New	N/A	–	Complete	✓	Complete
Submission of VA Carey Award and California Award for Performance Excellence applications	2002	–	N/A	Submit	✓	Submit
Submit Baldrige National application	New	–	–	–	–	Submit

The Baldrige Award was established by Congress to recognize and promote excellence in quality in industry according to seven pillars: leadership; strategic planning; customer and market focus; measurement, analysis, and knowledge management; workforce focus; process management; and results. The main benefit of the journey is not the award itself, but rather the examination of our health care system from an outside perspective to identify strengths and opportunities for improvement relative to industry leaders. This will allow us to accelerate our improvement efforts by learning from the feedback process.



QUALITY

The **Magnet Designation** was developed by the American Nurses Credentialing Center (ANCC) to recognize health care organizations that provide nursing excellence. The program also provides a vehicle for disseminating successful nursing practices and strategies. The main benefit of the journey is the improvement in quality patient outcomes related to the increased empowerment and job satisfaction of nurses.

Strategic Priority **10**

Objective **10.2**

Pursue Magnet journey

10.2 Performance Metrics	Baseline	2010 goal	2010 actual	2011 goal	2011 actual	2012 goal
Councilor Model implementation - Hospital-wide councils	New	>50%	70%	100%	100%	100%
Councilor Model implementation - Unit-based councils	New	New	New	10	3 started, 6 ID'd	10
Nursing job satisfaction score (out of 5)	4.04	4.09	3.90	4.14	4.10	4.19
Nursing retention rate	92.7%	>90%	96.4%	>90%	>90%	>90%
Nursing certification rate	10.0%	12.0%	11.6%	16.0%	18.8%	20.0%
Magnet application submission	New	N/A	N/A	N/A	N/A	Submit
Outcome Measures ⁽¹⁾						Out-perform National Benchmark
Total Falls per 1000 BDOC	5	4	3.1	3.5	3.9	
Hospital Acquired Pressure Ulcers - incidents	305	275	250	247	286*	
Restraints - incidents	23	21	22	20	24	

⁽¹⁾ 2012 goals consistent with Magnet requirements: >50% of units outperform national benchmark >50% of the time
 * 216 excluding Hospice ward





FY2012 will be another outstanding year for Nursing Service as we fully implement our Professional Practice Model.



We look forward to your partnership in accomplishing the dynamic goals set forth in this plan.



Thank you for reviewing our updated Strategic Plan for FY 2010 to 2012. There are a number of changes from our original FY 2010 plan in this iteration. We welcome and acknowledge VA's New Core Values – Integrity, Commitment, Advocacy, Respect and Excellence – I CARE.



We rolled out the I CARE campaign this summer tying I CARE to our Path to Excellence strategic initiatives. We have also highlighted the VA and VHA transformational initiatives in our plan. As always, we expect not only to meet and exceed the VA and VHA performance measures, monitors, accreditation and survey requirements, but to serve as a leader in health care excellence in VA and in this nation.

We acknowledge the challenges health care reform represents to VA and our need to adapt and change. We have enhanced our means of listening to our patients and their families and advocates. We are similarly listening to the desires of our workforce, including our volunteers. We understand the linkage between Veteran and employee satisfaction and constantly strive to improve in both arenas.

We are continuing to draw all employees into our continuous improvement activities both formally and informally. We emphasize the importance of Veteran and employee safety in all areas of the health care system, clinical and administrative. We also value our relationships with each other and will roll out an extensive campaign emphasizing courtesy and respect in all forms of interactions.

Finally, we are hitting our stride on our Magnet and Baldrige journeys. FY 2012 will be another outstanding year for Nursing Service as we fully implement our Professional Practice and Care Delivery Model. Our plan is to apply for Magnet designation by the end of 2012 with a site visit in the Spring of 2013. We applied for the VA version of the Baldrige Award in FY 2011 and received much constructive feedback to improve our processes. FY 2012 will be an exciting year and we continue on our continuous improvement journey. I want to thank all our Veterans, their families, our employees, volunteers and all other stakeholders who make VAPAHCS this very special place it is. We look forward to your partnership in accomplishing the dynamic goals set forth in this plan.

Sincerely,

Lisa Freeman | Director, VAPAHCS



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