

**Executive Career Field (ECF)
PERFORMANCE PLAN FOR FY 2009
Network Director
October 1, 2008 – September 30, 2009**

The 2009 Network Director Executive Career Field (ECF) Performance Plan consists of five elements:

- Element One: Mission Critical Measures specific to the Network office (critical element);
- Element Two: Business Plan specific to the Network office (critical element);
- Element Three: Transformational Measures that demonstrate consistency and standards of practice for all VHA Network offices (non-critical);
- Element Four: High Performance Development Model (HPDM) Key Core Competencies that demonstrate personal leadership to effect positive change and improve overall Network office support (Business Results/Critical element);
- Element Five: HPDM Additional Core Competencies the effective Executive demonstrate (non-critical).

Network/Network Office specific strategic goals and initiatives, national program operations, and special assignments and projects that are not already described in Element One, should be included under the appropriate Core Competency in either Element Four (for critical goals and objectives) or Element Five (for substantial but non-critical goals and objectives).

The 2009 Network Director Executive Career Field (ECF) Performance Plan is solidly rooted in the Veterans Administration Strategic Plan. Each element of the Plan supports the ultimate achievement of the Strategic Plan Measure of Successes and Strategies. (See attachment).

- **Evaluation of Element One: Mission Critical Measures: Clinical Measures (50 Percent)**
These performance measures are categorized as mission critical and are aligned around core corporate expectations and focus on Network office strategic and/or business plans that contribute to achieving Under Secretary priorities, overall improved systems performance, and demonstrate close collaboration and support for improved Network performance. As appropriate, numeric benchmarking is preferred.
- **Evaluation of Element Two: Critical Element: Business Plan (10 Percent)**
These performance measures are categorized as mission critical and are aligned around business measures.
- **Evaluation of Element Three: Non-Critical Element: Transformational Measures (20 Percent)**
These Transformational measures are incremental measures designed to support long term strategic goal. Transformational Measures are visionary and

identify areas of significant systems impact and redesign, but may not be attainable in a single performance year. **Transformational Measures** establish incremental steps toward the Measure of Success, reinforce corporate commitment, develop familiarity and buy-in, set internal benchmarks of progress and ensure the necessary technical, procedural and cultural adaptations to realize the Transformational Measure of Success. The Transformational Measures for FY09 include: Disease Managed Care, Follow up Care for at risk populations, Non-Institutionalized Care, Clinical Quality/Safety and Readmission Rate.

- **Evaluation of Element Four: Critical Element: HPDM Key Core Competencies (10 Percent)**

The HPDM Key Core Competencies are defined as systems thinking, organizational stewardship, service, and interpersonal effectiveness. At the end of the rating period, the Executive will be asked to briefly describe personal actions/accomplishments that reflect significant achievement under these key core competencies. The HPDM Key Core Competencies sections contain a combination of mandatory measures as well as Additional Measures. The Mandatory Measures must be addressed by each Executive; The Additional Measures should be, as appropriate, addressed in the body of the evaluation of that section with sufficient description to assess executive performance.

- **Evaluation of Element Five: Non-Critical Element : HPDM Additional Core Competencies (10 Percent)**

The additional HPDM core competencies are defined as technical competence, creative thinking, flexibility/adaptability and personal mastery. At the end of the rating period, the Executive will be asked to briefly describe personal actions/accomplishments that reflect significant achievement under these additional core competencies.

Element One: Mission Critical Measures
(50 percent of Performance Contract - Critical Element)

Below includes the Metrics for the Network Directors. Each Mission Critical Measure supports the VHA Strategic Plan as evidenced by clear linkage of each chosen Measure to the VHA Strategy (ies) which the Measure supports (see attachment). Each Measure will also contain a definition of "Measure of Success".

Measure of Success: 80% of identified Measures must be successfully met.

MC1: HEALTHCARE VALUE: QUALITY ^{s1, s2, s3, s4, s5, s6, s8}

Measure of Success Quality of Care provided to veteran will improve

- Each Network will prioritize and identify up to 5 measures to include those measures that are currently performing at 5 or more points below target. (Attachment A)

MC2: HEALTHCARE VALUE: SATISFACTION ^{s3}

MEASURE OF SUCCESS: In FY09 the percent of inpatients/outpatients reporting overall satisfaction as Very Good or Excellent will meet targets in Inpatient and outpatient care using the Survey of Healthcare Experiences of Patients (SHEP)

MC2a: Inpatient Satisfaction

MC2b: Outpatient Satisfaction

MC3: HEALTHCARE VALUE: ACCESS ^{s1, s2}

Measure of Success:

MC3a: Percent of unique patients on the Access List waiting more than 30 days from desired date will not exceed 1% for fully successful and 0.5% for exceptional performance of all uniques served during FY 2008

MC3b: Outpatient satisfaction related to ability to get an appointment when needed

MC4: HEALTHCARE VALUE: SCREENING ^{s1, s3, s5}

Measure of Success: Facilities will provide the following screening to the appropriate patient populations:

MC4a: Screened for Alcohol Misuse using the AUDIT-C (3 Questions) annually

MC4b: Screened for PTSD using the PC-PTSD (4 Questions) annually for first five years after most recent date of separation and then every five years thereafter

MC4c: Screened for Depression using the PH-Q2 (2 Questions) OR the PH-Q9 (10 question) annually

MC4d: PTSD Screen positive with timely suicide ideation/behavior evaluation

MC4e: Depression Screen positive with timely suicide ideation/behavior evaluation

MC4f: Screened initially for Traumatic Brain Injury in a timely manner per VHA Directive

MC5: HEALTHCARE VALUE: PATIENT CENTERED CULTURE ^{s1, s3, s4}

Measure of Success Each network will have implemented a system of post-discharge telephone contact by a qualified staff member, for 80% of all acute care patients discharged to home, and analyze the input received to improve patient services.

- Measure of Success of the post discharge calls:
 - Confirm discharge instructions
 - Reinforce perception of excellent care

MC6: HEALTHCARE VALUE: INFECTION RATE REDUCTION ^{s1, s3, s4, s5, s8}

Measure of Success: In FY 09, the rate of Catheter-associated (Central Line) Blood Stream Infections and Ventilator Pneumonia rates will decrease.

MC6a1: Central Line associated blood stream infections (CLAB) in the intensive care unit rate:

- Definition: number of CLAB infections / 1000 line days
- CLAB definition (from the CDC)
- Target: CLAB rate < 1.0/ 1000 line days; target met; CLAB rate > 1.0/ 1000 line days; 50% reduction in infection rate OR (for sites with ≤ 500 line days) 10 months without any line infections.

MC6a2: Number of months without incidence of a single CLAB.

- This indicator will be used for facilities with <500 Line days
- All ICU patients with a central line admitted/transferred to the facility's intensive care units are included in this measure.
- Target is 9 months without any CLAB infection.

MC6b1: Ventilator associated pneumonia (VAP) infection rate:

- Definition: Number of ventilator associated pneumonias /1000 ventilator days (# VAP/ Vent days) x 1000)
- VAP Definition (CDC)
- Target: ICUs with a VAP rate ≤ 3/1000 ventilator days in the baseline year 2008 will maintain infection rate < 3/1000 ventilator days; ICUs with a VAP rate >3/1000 vent days in the baseline year 2008 will reduce their infection rate by 50%.

MC6b2: Number of months without incidence of a single VAP

- This indicator will be used for facilities with low rates of ventilator days.
- All ICU patients on ventilator assistance admitted/transferred to the facility's intensive care unit(s) will be included in this measure.
- Target: 9 months without any VAP infections

MC7: HEALTHCARE VALUE: EFFICIENCY- IMPROVING PATIENT FLOW

Measure of Success: *s1, s2, s3, s4, s5, s8*

MC7a: ICU OMELOS

- Definition: the observed LOS (date and time of discharge from ICU minus date and time of admission = hours in ICU / 24 to convert to days) in ICU minus the predicted length of stay where the predicted length of stay is determined from a linear regression model using as independent predictors: age, diagnosis, co morbid conditions, and the most clinically significant abnormal 11 laboratory tests drawn during the 24 hours surrounding admission (sodium, blood urea nitrogen, glucose, creatinine, hematocrit, white blood cell count, bilirubin, albumin, ph, PACO₂, PAO₂) and source of ICU admission (nursing home, operating room, ward, other hospital, ED/ OPC)
- Target: ICUs with a baseline OMELOS < or equal to 0 will maintain their OMELOS at < or equal to 0; VA ICUs with a baseline OMELOS > 0 will demonstrate a 50% reduction.

MC7b: Hospital OMELOS

- Definition: the observed LOS (date and time of discharge from the hospital minus date and time of admission to the hospital in hours / 24 to convert to days) minus the predicted length of stay where the predicted length of stay is determined from a linear regression model using as independent predictors age, diagnosis, co morbid conditions, and the worst of 11 laboratory tests drawn during the 24 hours surrounding admission (sodium, blood urea nitrogen, glucose, creatinine, hematocrit, white blood cell count, bilirubin, albumin, ph, PACO₂, PAO₂) and source of hospital admission (nursing home, operating room, ward, other hospital, ED/ OPC)

- Target : VA hospitals with a baseline OMELOS < or equal to 0 will maintain their OMELOS at < or equal to 0; VA hospitals with a baseline OMELOS >0 will demonstrate a 50% reduction.

MC8: HEALTHCARE VALUE: RECRUITMENT AND RETENTION OF QUALIFIED STAFF ^{s6, s7}

Measure of Success: In FY09 improvement will be made in the recruitment process at each facility toward the Measure of Success of a 30 day hiring model. Performance will be measured for Title 38 Licensed Dependent Practitioners (RNs and others) and one Title 5 category (TBD*). The 30 day time period is measured as follows:

- Title 5 Positions: Date vacancy announcement closes to date of firm offer.
- Title 38 and Hybrid Title 38 Positions: Date of tentative selection to date of firm offer.
 - Note: Firm offer is made following successful completion of the following, as applicable: verification of education, licensure(s), certification(s), verification of attestation questions, verification of last employment and VA employment history, verification of selective service, cleared List of Excluded Individuals and Entities (LEIE), cleared National Practitioner Data Bank (NPDB), cleared Health Integrity and Protection Data Bank (HIPDB) and any other applicable data banks, Professional Standards Board, Compensation Panel, Credentialed, Privileged, fingerprints/Special Agreement Check (SAC) results adjudicated, and satisfactory results of physical exam.
 - Facilities will establish a baseline in 1st quarter. The baseline average days to bring a new employee on duty will improve by 35% (if over the 30 day timeline) as a 4th quarter snapshot, tracked by WebHR

MC9: HEALTHCARE VALUE: ORGANIZATION SPECIFIC MEASURES

- The Networks and Network Offices are offered an opportunity to build (2) measures of particular importance or relevance to their organizations. It is anticipated that best practices may be identified from these measures.
 - Must align with VHA Strategic Objectives
 - Must have established metrics
 - Must have opportunity for improvement
 - Must not be a requirement of another policy/directive

Link to Strategic Framework

Code	Description	Network/Office Name Mission Critical Measure that links to VHA Strategy
S1	VHA Strategy 1: Continuously improve the quality and safety of health care for veterans, particularly in those health issues associated with military service	MC 1, MC3, MC4, MC5, MC6, MC7
S2	VHA Strategy 2: Provide timely and appropriate access to health care by implementing best practices	MC1, MC3, MC7
S3	VHA Strategy 3: Continuously improve veteran and family satisfaction with VA	MC1, MC2, MC4, MC5, MC6, MC7

	care by promoting patient-centered care and excellent customer service	
S4	VHA Strategy 4: Promote health within VA, local communities, and the Nation consistent with VA's mission	MC1, MC5, MC6, MC7
S5	VHA Strategy 5: Focus research and development on clinical and system improvements designed to enhance the health and well-being of veterans	MC1, MC4, MC6, MC7
S6	VHA Strategy 6: Promote excellence in the education of future healthcare professionals and enhance VHA partnerships with affiliates	MC1, MC8
S7	VHA Strategy 7: Promote diversity, excellence, and satisfaction in the workforce, and foster a culture which encourages innovation	MC8
S8	VHA Strategy 8: Promote excellence in business practices through administrative, financial, and clinical efficiencies	MC1, MC7, MC6

Element Two: Business Plan

(10 percent of Performance Contract - Critical Element)

HEALTHCARE VALUE: COST

VA Enabling Measure of Success: Deliver world-class service to veterans and their families by applying sound business principles that result in effective management of people, communications, technology, and governance VHA strategy promotes excellence in business practices through administrative, financial, and clinical efficiencies

Ethical Practices and Business Integrity The Network Director is required to act with financial integrity by adhering to ethical principles and sound business practices in the systematic performance of due diligence to assure proper asset use, control, reliability and accuracy in reporting. The senior leaders within VHA have a responsibility to foster an organizational culture that supports ethics quality and business integrity to mitigate VHA's material weaknesses.

BP1: Compliance and Business Integrity (CBI)- The Compliance and Business Integrity (CBI) Network provides oversight of business processes, supports compliance with legal standards, strengthens internal controls, and promotes business quality and integrity.

Measure of Success: By the end of FY09, Network Directors will ensure that core CBI internal audits of business processes are being undertaken in alignments with standards that support accountability and that provide timely, accurate and reliable data to VHA leadership.

BP 2: Quality Control over Accounting and Financial Reporting- Processes designed and placed into operation by top management to reduce material weakness with reasonable assurance*.

Measure of Success: The successful executive will ensure his/her organization:

- Establishes and maintains appropriate quality control and oversight VHA assets and resources through the use of routine, systematic reporting and monitoring of financial business practices.
- Develops and implements a system of internal controls to ensure the Network is in compliance with VA financial policies; and
- Takes timely corrective actions as needed to address deviations from VA / VHA financial policies.
 - Reasonable assurance is defined as a high degree of confidence by an individual, entity, or application that the received data should be treated as valid and unaltered. Reasonable assurance that this has been met by the Network Director will be evidenced through audits and certifications.

BP 2a: Real Property Management (Work-in-process and Capitalization) Facilities

Measure of Success: By the end of FY09, local, NRM, minor, and major projects that meet capitalization criteria, will be capitalized in accordance with VA Directive and Handbook 4511. Costs for projects that extend the service life or capacity of an asset will be capitalized. To provide assurances of policy compliance, the Network Financial Quality Assurance Manager will certify receipt of a Real Property Oversight Report each month from facility management. The Measure of Success is timely capitalization of all projects placed in service according to VA Directive and Handbook 4511.

BP2b: Undelivered Orders/Accrued Service Payables Follow-up

Measure of Success: By the end of FY09, demonstration that adequate follow-up on Undelivered Order and Accrued Service Payables is properly accomplished. Adequate follow-up of Undelivered Order and Accrued Service Payables will be certified by FQAM quarterly. Performance will be based upon the total instances of compliance compared to the sample size. The Measure of Success is adequate and timely follow-up on Undelivered Orders and Accrued Service payables.

BP2c: Non-Medical Care Collections Fund (MCCF) Account Receivable Reconciliation

Measure of Success: By the end of FY09, reconciliation of Non-Medical Care Collections Fund (MCCF) receivables will be properly accomplished. Reconciliations will be certified by FQAM quarterly. Performance will be based upon reconciliation of all receivables within 30 days without report exception.

BP2d: Non - Medical Care Collection Fund (MCCF) Accounts Receivable

Measure of Success: By the end of FY09, demonstration of improved follow-up will increase for Non-MCCF accounts receivable outstanding debt. Adequate follow-up of NonMCCF accounts receivable outstanding debt will be certified by FQAM quarterly. Performance will be based upon the total instances of compliance compared to the sample size. The Measure of Success is adequate and timely follow-up consistent with VA Collection Standards to reduce outstanding debt.

BP2e: Medical Care Collection Fund (MCCF) Accounts Receivable Third Party

Measure of Success: By the end of FY09, demonstration of improved follow-up will increase for Medical Care Collection Fund (MCCF) accounts receivable outstanding

debt. Adequate follow-up of MCCF third party accounts receivable outstanding debt will be certified by FQAM quarterly. Performance will be based upon the total instances of compliance compared to the sample size. The goal is that all appropriate follow-up for third party receivables is completed and documented as required in VA Handbook 4800.14 and OF Bulletin 08GC1.01 Revised Follow-Up Timelines for Third Party Medical Care Collections. This is consistent with VA Collection Standards to reduce outstanding debt

BP3: Increase Revenue Generation - Improve Total MCCF Collections

Measure of Success: By the end of FY09, the Network will increase the total MCCF collections. Percentage of total MCCF collections to expected results will meet performance targets, which are total collections expected results that are established for each Network. The criterion to meet this performance target is 97% of expected results. This measure compiles monthly/quarterly collection totals by station, Network, and national totals for the first party copay, third party, pharmacy copayments and long term care collections in the Medical Care Collections Fund (MCCF). This report is considered the official collection report. It validates the 224 transfer amounts each month from the Treasury to Medical Care, which is then distributed back to the Networks for their use. By the end of fiscal year 2009 (Oct. 1, 2008 through Sept. 30, 2009), the Network will obtain Collections at least equal to 97% of a pre-determined amount known as expected results.

- Meets target: Revenue collected reaches at least 97% of the established expected results amount.

BP4: Improve Processing of Fee Basis Claims

Measure of Success: By the end of FY09, the Network will improve processing time for Fee Basis claims. Processing time for all Fee Basis claims will be measured via the Fee Basis Stoplight Reporting Tool, entered each month by facility and Network staff. The criterion to meet this performance target is 90% claims processed within 30 days of receipt.

BP5: Assurance of Research Compliance

For each VA facility for which they are responsible, the Network and Medical Center Director will ensure that the research conducted meets the standards and expectations for protection of human subjects, animal welfare, biosafety/biosecurity, and research information security that are defined by VA and other Federal requirements.

Measure of Success:

- By the end of Quarter 1 FY 2009, each facility that conducts a research program has appointed at a minimum one full-time dedicated Facility Research Compliance Officer. The Research Compliance Officer will report to the Facility Director and perform the following functions:
 - Conduct audits and reviews to ensure compliance with all VA and other federal requirements for the conduct of research, including (a) annual audits of all active studies to ensure that informed consent has been properly obtained and documented for each subject accrued since the previous audit, and (b) regulatory compliance audits of all active studies at least every 3 years.
 - Serve as a local resource for regulations, policies, memoranda, alerts, and other VA and federal requirements related to research compliance
 - Serve as a non-voting member on the Institutional Review Board (IRB), Institutional Animal Care and Use Committee (IACUC), Biosafety Committee, and Research and Development (R&D) Committee.

- Provide education to investigators and research staff regarding regulatory and policy requirements
- Ensure prompt reporting in accordance with all applicable policies to the Office of Research Oversight (ORO).
- Promptly forward all auditing and monitoring reports in which any noncompliance is identified to the Facility Director and ORO, with simultaneous copies to the VISN Research Compliance Officer, Facility Chief of Staff (COS), Associate COS for Research (ACOS/R), Research and Development (R&D) Committee Chair, Institutional Review Board (IRB) Chair, and the Office of Research and Development (ORD).

Element Three: Transformational Measures

(20 percent of Performance Contract – Non-critical Element)

Transformational Measures: The Transformational Measures are visionary and identify areas of significant systems impact, but may not be attainable in a single year. Transformational Measures establish incremental steps toward the goal, reinforce corporate commitment, develop familiarity and buy-in, set internal benchmarks of progress and ensure necessary technical procedural and cultural adaptations to realize success in the Transformational Measures.

As a member of senior VHA leadership, the Executive is expected to contribute to the achievement of overall VHA objectives, and to ensure policy actions of his/her office are consistent with overall agency Measure of Successes. Additionally, each Network Director is expected to proactively ensure appropriate policy development, dissemination, implementation, and monitoring. This will include: consulting with appropriate internal and external stakeholders, working collaboratively with other senior VA leaders to ensure policy alignment, obtaining input on the field-impact of policy actions, and planning to ensure the success of policy actions including resource estimation, education, and consultation with field sites implementing policy actions.

TM1: Management of the CHF Patient

Measure of Success In FY09, we will examine quality of care and readmission rates for a population based cohort.

The cohort will be all inpatient admissions for CHF. A composite measure will be used to assess the compliance with both inpatient/outpatient process measures. In addition to examining the overall adherence to processes of care, readmission rates will be examined. Readmissions will be defined as readmitted within 30 days with the same primary diagnosis of CHF. Patients will be included in the cohort with each admission/readmission.

- Quality of care data will be EPRP abstracted
- Readmission data- Data Source DSS

TM2: Follow-up care for at risk populations

Measure of Success: Implement a Seamless Continuum of Care for At-Risk Populations

TM2a: Brief Alcohol Counseling for patients with an Alcohol Misuse Screening Result of 5 or greater

TM2b: Timely Triage of Patients with Positive PC-PTSD Screening Result

TM2c: Timely Triage of Patients with Positive Depression Screening or Affirmative PHQ-9 Q9 Result

TM2d: Timely Contact for Follow-up to an initial positive TBI screen.

TM2e: Screened initially for Traumatic Brain Injury and if positive screen follow-up evaluation within 30 days of initial screen

TM3: Palliative Care

Measure of Success: By the end of FY09, facilities will increase the number of completed inpatient Palliative Care consults for eligible patients.

- Cohort is identified as veterans who expired in a VHA facility, all inpatient settings including all Acute Inpatient Units, Inpatient VHA Hospice Units, Inpatient VHA Palliative Care units and VHA Community Living Centers.
- Numerator is defined as the number of eligible veterans who have a palliative care consult within the last 12 months.

TM4: Non-Institutional Care in Home and Community based Care (H&CBC) and Average Daily Census in CC/HT

Measure of Success: By the end of FY09, the veterans receiving care in non-institutionalized programs will increase.

The ten programs included in the Non-Institutional Care Transformational Measure include: Home Based Primary Care (HBPC), Purchased Skilled Home Care, Homemaker/Home Health Aide, Adult Day Health Care- VA ADHC, Adult Day Health Care- Community ADHC, Home Respite, Home Hospice, Care Coordination/Home Telehealth, Medical Foster Homes, and where present Spinal Cord Home Health Care.

TM5: Clinical quality/safety

Measure of Success: Improve clinical quality/safety of hospitalized patients

TM5a: DVT prophylaxis

- Definition: the number of patients for whom heparin or heparin agent or coumadin was ordered by their physicians in first 24 hours of admission to the hospital in high risk diagnostic groups (medical cases of congestive heart failure, pneumonia, respiratory failure, sepsis, renal failure, hip fracture, malignancy AND those operative cases for GI surgery, urological surgery, orthopedic surgeries and hip fracture/replacement) divided by the total number of patients in those diagnostic groups.
- Target: 85th percentile of all patients in the VA nationally

TM5b: Insulin-induced hypoglycemia

- Definition: the number of patient days in the ICU with any glucose < 45 mg/dl/ total number of patient days (ref Inzuchi)
- Target: ≤10%

**ELEMENT Four:
HPDM Key Core Competencies (Critical Element)
(10 Percent of Performance Contract)**

The HPDM Key Core Competencies are designed to evaluate the executive. What actions has the Network Director or VHACO Network Official taken personally to effect

positive change and improve overall Network Office performance in VHA's core competencies? Mandatory measures must be addressed by all Network Directors. Additional measures should be addressed as appropriate to the mission of the Network Office. The body of the evaluation must include sufficient description to assess executive performance

I. Systems Thinking:

The ability to understand the pieces as a whole and appreciate the consequences of actions on other parts of the system. The successful executive thinks in context, knows how to link actions with others in the organization and demonstrates awareness of process, procedures and outcomes. He possesses a big (whole) picture view of the world.

Mandatory Measures:

ST1: Ensures that individual performance plans for subordinates are consistent with Network Office/Network performance plans, Measure of Successes and objectives and are vertically integrated throughout the organization such that performance plans for subordinate employees support the performance plans for their supervisor.

Measure of Success: Organization performance plans reflect business requirements of the organizational unit.

ST2: Effectively supports VHA, Network, and other VHACO Network Office initiatives; identifies unique opportunities to expand quality, access, and timeliness of care to veterans. Identifies opportunities to strengthen VHA through Network Office AND Network initiatives and support to national initiatives; communicates and defends initiatives to improve services.

Measure of Success: Provide narrative description of initiative or action taken to strengthen and/or support other VHA entities.

II. Organizational Stewardship:

The successful executive is sensitive to the needs of individuals and the organization and provides service to both. (S/he) assumes accountability for self, others, and the organization. This executive demonstrates commitment to people and empowers and trusts others.

Mandatory Measures

OS1: Plans, develops, coordinates, and implements an effective **information security** program, ensuring that all of the Network Office's information systems are operated with appropriate management review and that there is ongoing monitoring of security controls. Where applicable, ensures that Network Office information systems and applications identified in the VA FISMA inventory are certified and accredited in accordance with VA policy and that re-accreditation occurs periodically and whenever there is a significant change to the system or its operational environment. The executive will briefly describe any violations of information security or privacy occurring by their staff members, or within their office environments.

Measure of Success:

- Reporting system/local policy in place to verify timely termination of computer access upon separation of employees, students, and contract staff.

- Reporting system/local policy in place to verify that when staff moves to another position or resume service within the VA, review the list of privileges/access, to ensure that only the access and screens that are currently appropriate will be activated, all others are discontinued.
- Ensure system/local policy is in place to initiate, follow up and complete background investigations for the workforce, which includes contractors, volunteers, and students.
- Reporting system is in place to verify that a risk analysis has been completed and actions taken to correct deficiencies and reporting system in place to verify that security violations identified in the VA SOC report are tracked and resolved.
- Education tracking system is in place to verify that all users, including senior executives, complete training on information system security awareness before authorizing access to the system and annually thereafter.

OS2: Accreditation/Investigation - Supports VHA efforts to operate an **effective safety and occupational health program** that meets VA, JC, and OSHA standards. As an accountable and public health care system, places great emphasis on the results of external evaluations including those of formal accrediting bodies (e.g., JC, CARF, GAO, OMB, OPM etc.) as well as those of internal VA evaluations and investigations (e.g., OIG/CAP, SOARS, AIBs, ETC.). Meets the requirements of external accrediting bodies and appropriately responds to internal evaluations and investigations. Ensure that performance appraisal processes in the NETWORK take into account an employee's timely and appropriate response to external evaluations or investigations.

Measure of Success: The Network Director is expected to provide necessary oversight, support, and policy direction to facilitate successful achievement and maintenance of Joint Commission full accreditation status and accreditation from other accrediting bodies.

OS3: EEO – Implements effective affirmative action program within the network. Meets affirmative action, equal opportunity and diversity Measure of Successes, and complies with Merit System and EEO principles.

Measure of Success:

- Networks will report their compliance with the VHA hiring goal of 2% for individuals with targeted disabilities.
- Analysis of Network EEO Program Status Report will identify at least three (3) collaborative efforts with colleges, universities, professional or civic organizations i.e. Historically Black Colleges and Universities, Hispanic Serving Institute, Tribal Colleges and Universities, vocational rehabilitation programs, military installations, etc. that result in successful hiring practices.
- Networks will report internship programs that they use other than academic affiliations, and the number of interns in each program. Network reports will be compared with Reports contained in the VA National Database for Interns (VANDI -see VANDI website: <http://vawww.VANDI.va.gov>) for a comparative baseline between the Network Report and actual entries by interns.
- To gather baseline data, Networks will report the number of mediations that are offered by management (including rejections) in order to resolve EEO complaints at the lowest possible level.

OS4: Takes positive action to identify and resolve grievances / complaints of discrimination/sexual harassment. Ensure a respectful environment that contributes to employee morale and satisfaction.

OS5: Employee Relations - Implement a system to communicate organization expectations and standards of conduct. Hold supervisors & employees accountable for performance and behavior. Hold managers accountable for the effectiveness, productivity and performance quality of subordinate employees. Ensures that there is consistency between organizational performance and the performance ratings and bonuses given to employees

OS6: ALL EMPLOYEE SURVEY: AES results will be disseminated and discussed broadly with staff.

Measure of Success: Based on AES results and other relevant information, Networks/Facilities will identify a maximum of 3 work units and/or occupation groups critical to operational and organizational health of the facility (with concurrence of the Network Director), justify their selection, analyze data, develop action plans, and implement appropriate interventions.

- Documentation will be entered into Succession Planning website in 4th quarter, and verified by NCOD using the following criteria:
 - Means by which AES results were disseminated to staff
 - Work units/occupational groups identified
 - Selection justified by data or other means
 - Major components of action plan
 - Extent to which staff participated in developing action plans
 - Rationale for interventions selected
 - Implementation and follow up
 - Measurable or anecdotal outcomes
- Communicates network Measure of Successes, objectives, & achievements to internal & external stakeholders.

OS7: Leadership and Employee Development

Measure of Success: Must meet OS7a, OS7b, OS7d1 and OS7d3.

OS7a: Network and VHACO LEAD

Networks and VHA CO will annually conduct a Network/VHA CO level LEAD Program that meets the national minimal criteria (which can be viewed at <http://lrnestweb8.dva.va.gov/succession/Estrada.config?resource=2891>).

Measure of Success: In FY09 every Network/VHA CO level LEAD Program must incorporate integrated ethics into the curriculum. Guidance will be provided by the VHA HPDM Network Office, National LEAD Network Manager.

OS7b: Facility LEAD

Measure of Success: Facilities will annually conduct facility level LEAD Program that meets the national minimal criteria (which can be viewed at <http://lrnestweb8.dva.va.gov/succession/Estrada.config?resource=2892>).

OS7c: Mentor Certification

All workforce development Networks will attempt to solicit certified mentors/coaches.

Measure of Success: The measure establishes that the workforce development Networks noted below utilize mentors/coaches who are certified, or ensure uncertified mentors/coaches agree to seek certification after their assignment as a mentor/coach.

VHA Succession Model National Network Name	Role to be Certified	Level of Certification	FY that Certification is required
Graduate Health Administration Training Program (GHATP)	HARP Preceptor and HSM Mentor	Fellow	2009
HCLI	HCLI Coach	Fellow	2009
ECF Candidate Development Program (ECFCDP)	Mentor and Preceptor	Fellow	2009
Nurse Manager Development Program	Nurse Manager Mentor	Fellow	2009
New Nurse Executive Mentoring Program	Nurse Exec Mentor	Fellow	2009
New Assist. Director & AD Mentor/Program	AD Coach &/or Mentor	Fellow	2009
New COS Mentor/Coach Program	COS Coach &/or Mentor	Fellow	2009
SES Coaching Network	SES Coach	Fellow	2009

OS7d: Supervisor Training

All new supervisors will be assigned the national curriculum of nuts and bolts of supervision (or a certified substitute) within the LMS as part of their LMS training record; to include a pre and post test.

Measure of Success: The supervisor training comprehensive post-test must be completed with a score of 80% or greater. Training and tests must be completed within 12 months of appointment.

Element 1: By the close of FY09, 80% of new supervisors must have a pre-test. The cohort will be new supervisors identified with a supervisory appointment date from 4thQFY08 - 3rdQFY09.

Element 2: By the close of FY09, 80% of new supervisors with 12 months in their position will have completed the national curriculum of nuts and bolts of supervision (or a certified substitute). Thus the cohort will begin with supervisory appointment intent dates from 10/01/07 to 9/30/08.

Element 3: By the close of FY09, 80% of new supervisors with 12 months in their position will have a post test completed with a score of 80% or greater. Thus the cohort will begin with supervisory appointment intent dates from 10/01/07 to 9/30/08.

OS8: Distinguish VHA as a Learning Organization - Distinguish VHA as a Learning Organization

Measure of Success: FY09 will focus on establishing national, Network, and facility baseline data and identifying targeted areas of focus in our journey to distinguish VHA as a Learning Organization. All facilities will complete a self assessment and action plan based on the following data sets:

- The Harvard Business School Learning Organization Survey
- Facility action plans must specifically address any of the Harvard Survey's three (3) building blocks or subcomponent results that fall in the lower two quartile benchmark

scores. Facilities with any benchmark scores within the top quartile will identify best practices.

All action plans will be reviewed by the NLB Human Resources Committee to determine needed system-wide strategies and initiative for FY10 and beyond, develop criteria to distinguish facilities reaching levels of excellence as a learning organization.

OS9: Diversity

Each Network will appoint a Diversity Committee that will be chaired by an ECF member and provide leadership for the development and implementation of initiatives which foster the valuing of differences and promote the principle of inclusive excellence.

Measure of Success: During FY09, the Network Director will ensure diversity in executive level committees at the Network and facility level by demonstrating involvement of senior leadership in diversity activities and councils, and ensure that diversity management is incorporated into strategic and business plans.

OS10: Integrated Ethics

Measure of Success: By the end of FY09, Network Directors will achieve specific implementation targets.

a. Ethics Consultation- Each facility and Network will implement a plan to improve the overall proficiency of its ethics consultation service(s) based on data from the evaluation of individual consultants. (Not applicable to VACO.)

b: Preventive Ethics- Each facility will complete two or more preventive ethics ISSUES cycles with at least one based on results from the Integrated Ethics staff survey and the Network will address at least one Network wide cross-cutting issue identified through IE resources (Facility Workbooks, IE Staff Survey, ISSUES logs, etc.) (Not applicable to VACO.)

c: Ethical Leadership- ECF members will demonstrate the systematic integration of ethical leadership practices in the routine operations and management of the facility, Network or Network Office through at least three examples. ECF members will complete the Integrated Ethics ethical leadership self assessment tool and initiate an action plan to address one or more deficiencies identified through the assessment.

III. Service:

S1: The ability to integrate service to veterans, employees and others, including patient satisfaction and stakeholder support, into a management plan. A service-driven executive enhances internal and external satisfaction. She models service by handling complaints effectively and promptly and ensuring a patient-centered focus in direction and daily work. This executive uses patient and other stakeholder feedback in planning and providing products and services and encourages subordinates to meet or exceed patient and stakeholder needs and expectations.

S2: Operates an effective program to receive, evaluate and resolve patient-initiated complaints. Tracks data to identify and correct systemic issues.

S3: Fosters a patient/customer/stakeholder-focused environment resulting in demonstrable improvements in patient service outcomes.

IV. Interpersonal Effectiveness:

The ability to build and sustain relationships, resolve conflicts, handle negotiations effectively, and develop collaborative working relationships. The successful executive displays empathy, empowers others, and possesses written and oral communication skills.

IE1: Through effective communications, builds and maintains effective partnerships and mutually supportive relations with Veteran Service Organizations, Congress, and other stakeholders.

IE2: Provides fair, principled, decisive leadership to facility and network employees inspiring a climate of productivity, effectiveness and high morale.

IE3: Provides for an environment that recognizes all employees as leaders and promotes the concepts of shared leadership and accountability.

IE4: Maintains effective relations with the public and media, which results in a positive image of VA in the network or the community.

IE5: Promotes an effective, balanced relationship with academic affiliates which results in joint and mutually advantageous partnership. Articulates facility needs; evaluates program; and resolves problem areas.

ELEMENT Five:
HPDM Additional Core Competencies (Non-Critical Element)
(10 Percent of Performance Contract)

The HPDM Additional Core Competencies are designed to evaluate the executive. What actions has the Network Director/Network Officer taken personally to effect positive change and improve overall Network performance in VHA's HPDM additional core competencies? Each section has 'bullets' that, as appropriate, should be addressed in the body of the evaluation of that section with sufficient description to assess executive performance. The actions displayed are not intended to be exclusive. **Mandatory measures must be addressed by all Network Directors. Additional measures should be addressed as appropriate to the mission of the Network Office. The body of the evaluation must include sufficient description to assess executive performance.** Network Directors should feel free to add alternative 'bullets' that support specific initiatives. In addition, during the negotiation of this Performance Plan, any individual areas of emphasis that past performance may indicate are necessary will be added to the "core" set of additional competencies listed.

I. Technical:

The knowledge and skills to perform and evaluate the work of the organization based upon a clear understanding of the processes, procedures, standards, methods, and technologies of the organization. The successful executive demonstrates functional and technical literacy and measures results of work.

Mandatory Measure

T1: Establishes and ensures substantial achievement of **contracting Measure of Successes** for veteran business, small business (8a), minority and women contractors

for his/her Network office. Provide necessary resources and personal support to ensure that acquisition staff is provided maximum opportunity to achieve the established Department Measure of Successes for purchases from small, minority, women and veteran owned business.

Additional Measures

T2: Focuses on results that are demonstrable, measurable and observable.

T3: Balances organizational results with stakeholder/customer satisfaction and employee perspectives.

T4: Ensures the implementation of effective programs to ensure **high quality cost effective care**.

T5: Ensures appropriate program **monitoring and documentation mechanisms** are maintained for program oversight and review and effective problem identification and resolution.

II. Flexibility/Adaptability:

The ability to quickly adapt to change, handle multiple inputs and tasks simultaneously and accommodate new situations and realities. The successful executive works well with all levels and types of people, welcomes divergent ideas and maximizes limited resources.

F/A1: Balances various stakeholder needs, including those of patients, staff, affiliates, Labor Partnership and Veterans Service Organizations to optimize outcomes

III. Creative Thinking:

The ability to think and act innovatively, look beyond current reality to forecast future direction, take risks, challenge traditional assumptions and solve problems creatively. The successful executive is resourceful.

CT1: Identifies, develops, and implements **alternative and innovative** organizational structures, programs, policies, and processes to accomplish mission.

CT2: Identifies innovative ways to make **optimal use of limited resources** in establishing high priority programs.

CT3: Identifies opportunities to **partner** with other organizations to improve service.

IV. Personal Mastery:

The ability to recognize personal strengths and weaknesses and to engage in continuous learning and self-development. The successful executive demonstrates a willingness to take actions to change, and takes charge of own career.

PM1: Participates in significant professional activities including appropriate certification.

PM2: Participates in personal and organizational assessments and personal development programs. Ensures employees have appropriate opportunities for self development.

MC1: Healthcare Value: Quality

Up to 5 Measures for each Network, selection will preliminarily be based on measures performing at 5 or more points below target

VISN1	Mov5	Cap15j	ihl47	p4h	smg8
VISN2	Mov5	Cap15j	sip12	dmg31h	dmg25h
VISN3	Mov5	Cap15j	smg9	smg8	ihd18h
VISN4	Mov5	Cap15j	smg9	smg8	ihd18h
VISN5	Mov5	Cap15j			
VISN6	Mov5	Cap15j	ihd18h	cap23j	sip12
VISN7	Mov5	Cap15j	smg8	ihd18h	dmg25h
VISN8	Mov5	Cap15j	dmg25h	ihd18h	sip12
VISN9	Mov5	Cap15j	smg8	p6nh	sip14
VISN10	Mov5	Cap15j	p6nh	ihd18h	chi19
VISN11	Mov5	Cap15j	ihd18h	p4h	dmg27h
VISN12	Mov5	Cap15j	smg8	smg9	dmg23h
VISN15	Mov5	Cap15j	smg8	ihd18h	dmg31h
VISN16	Mov5	Cap15j	smg8	ihd16h	ihd18h
VISN17	Mov5	Cap15j	cap4a	chi6	cap2j
VISN18	Mov5	Cap15j	p6nh	sip14	smg10
VISN19	Mov5	Cap15j	smg8	dmg31h	smg9
VISN20	Mov5	Cap15j	ihd18h	smg10	sip14
VISN21	Mov5	Cap15j	smg10	dmg31h	htn9h
VISN22	Mov5	Cap15j	p6nh	sip14	sip3an
VISN23	Mov5	Cap15j	p4h	smg9	sip13

FY 2009 PERFORMANCE AGREEMENT

Network Director

Date

William F. Feeley, MSW, FACHE
Deputy Under Secretary for Health
for Operations and Management

Date