Measuring Volunteer Programs & Services
For High Impact Value

AN IMPACT EVALUATION STRATEGY
For Voluntary Service

May 2004
Message from the Director

Voluntary Service programs have a major positive impact on VA health care and add significant measurable value to the local medical centers and outpatient clinics. For many years VA Voluntary Service (VAVS) has been and continues to be an integral part of delivering health care to veterans.

Traditionally, volunteer program managers, have been focused on collecting, computing, maintaining, and accurately reporting statistics that are beneficial in describing our volunteer program in terms of numbers. Statistics and data such as the number of volunteers, hours served, patients transported, and amount of donations provide valuable information about the size, workload, and trends of our programs. What basic statistics do not reflect is “how” these cumulative human and financial resources are utilized to make a difference in service to veterans.

Our challenge is to find new ways of describing our volunteer programs so that we can more effectively communicate how the services rendered by volunteers add measurable value to the organization. By implementing a method to measure the impact our volunteer programs have on the organization and our customers, the potential exists for management officials, stakeholders, and others to better understand how volunteers effectively contribute to the overall VA mission. VA Voluntary Service is a viable bank of resources that has a significant positive impact on patient care at local VA facilities. Our volunteers do much more than simply provide warmth, comfort, and caring support to veterans. They also provide vital programs and resources that otherwise would not be available. They help to lower health care costs, increase services, and improve patient satisfaction.

The impact measurement template presented in this guide will assist you to evaluate and communicate high impact services within your volunteer program. It is essential that we effectively demonstrate “how” our volunteer programs add measurable value to our local health care delivery systems, improve customer service, build healthy communities, improve access to care, and represent cost savings for our facilities. This measurement template was developed to complement the VHA Strategic Plan and Goals, Network Performance Measures, and the High Performance Development Model.

We strongly encourage you to utilize this new resource to assist you in measuring the value and impact of key elements within your volunteer program. By developing a better understanding of how our programs make a difference in service to veterans, we can enhance our value to the organization.

Jim W. Delgado
Director, Voluntary Service Office
Why Measure Volunteer Impact?

The following article by leading volunteer management consultant, Mary V. Merrill, Merrill & Associates, Inc., outlines in greater detail why it is essential to evaluate the impact of volunteer programs. She has granted permission for the entire article to be reprinted in our publication.

Impact Evaluation and Mission
by Mary V. Merrill

Evaluating the impact of volunteer programs has become increasingly important for volunteer managers. Impact or outcome evaluation allows volunteer administrators, and volunteers, an opportunity to see the positive impacts they are having within the organization and within the larger community.

Impact evaluation provides the information and documentation that volunteer activities and programs are having an effect and making a difference in the lives of those being served. Volunteer administrators often find their role and their program being scrutinized and judged on the basis of public and organizational perceptions that volunteer programs provide opportunities for good people to do nice things but may not contribute to the bottom line. In today's climate of limited resources it is important to understand that volunteer programs are often viewed as cost centers rather than revenue centers. Volunteer programs require money and resources to operate. It is imperative, therefore, that we document the impact of those resources.

Traditionally volunteer managers focused energies (often at the insistence of funders) on counting the number of volunteers and the hours of service. They documented and talked about what the program did in terms of numbers of clients served, or items produced, or programs conducted. This type of data, numbers of volunteers and hours of service, provides valuable information regarding program inputs. These figures refer to the people involved and the things done -- the activities accomplished. This data does not address the critical issue of impact.

Impact refers to the extent to which the program has affected the consumers of our services. It measures the extent to which people changed or benefited through our services and programs. Impact looks at the effects on participants, clientele and the entire community or society. Knowing there are 65 volunteers who have provided 1200 hours of service does not say anything about the changes those volunteers have made in the lives of the clients or consumers. Impact evaluation focuses on the goals of the program--why are volunteers doing what they do? What changes are happening because of these volunteer activities? How are volunteers making a difference for our consumers? Volunteers and paid staff are a means to an end. They are engaged in an effort to fulfill the organizational mission. Impact evaluation measures the impact volunteers and the volunteer program makes towards the fulfillment of our mission. The ultimate questions to be asked in assessing the impact of the volunteer program are, "Have participants/clientele been helped as result a of our program? In what way? To what degree? How has the public (including non-program participants) been affected by the program? What difference have we made? 

"
There is a word of caution here that volunteer administrators must resist the temptation to talk about the impact of volunteer work on the volunteers themselves. There is considerable research on the positive effects of volunteering. Few will dispute that volunteers gain valuable skills, learn new information and receive emotional benefits from volunteer service. Volunteer managers actually may have three sets of outcome to watch—outcomes for clients/consumers/customers, outcomes for the volunteers and outcomes for staff. Often volunteer managers are trying to build support and buy in among staff and they are interested in the reactions and input of the paid staff. A danger, however, is that because volunteer managers deal so much with the volunteers, they tend to lose the consumer focus. Mission must always be the primary focus. If there were no volunteers, only paid staff would be doing the work and offering the services.

The emphasis today is on impact as it relates to the effects on clientele/consumers, the organization, and the community at large. This type of impact relates directly to the overall organizational mission. These are the outcomes that identify volunteer efforts and volunteer programs as essential components for carrying out the work of the organization. This type of information shows how volunteers and volunteer programs do make a difference to the community being served.

Today’s funders are not usually interested in outcomes for volunteers or staff. They are interested in the consumer. If time and money is short (and I constantly hear from volunteer managers that impact evaluation is one more thing on a full plate) volunteer managers have to make serious (political) choices about what to measure and where to put their energy and emphasis.

Often we are frustrated because funders seem to want to see immediate change or impact. Practice change (true change) is something you measure over time to see if indeed a person has made a change in the way they do things. Volunteer managers can begin to measure the things beyond initial reactions as the next step towards long-term change. Most funders are thrilled when organizations move beyond initial reactions and begin to track movement towards change.

CEOs, boards, funders and consumers are demanding a new accountability for the dollars they are giving organizations and programs. These stakeholders want to know that volunteer programs are making a difference. They want to know the impact of volunteer efforts!

* * * * * * *
Useful Tools to Implement Your Impact Measures

**Strategy Guideline Booklet**
This guide provides an overview of impact evaluation strategy and is a helpful reference in establishing program or service measures with a high impact value to the organization.

**Quick Reference Brochure**
This brochure may be used as a quick reference to help promote the concept and importance of utilizing high impact measures to interested stakeholders, staff, and management officials.

**Power Point Slide Presentation**
The power point presentation may be used to present impact measure results to staff, management officials, VAVS Committees, and other interested stakeholders. This will be an effective way to demonstrate how high impact services within VAVS add measurable value back to the organization and relate directly to the network performance measures.

**Impact Measure Template Form**
This form is to be used for reporting data, statistics, and describing the significance of the impact of a specific program or service within your VAVS Program that makes a real difference within your organization.
Slide 1
The opening slide serves as an introduction with the title “Voluntary Service Impact Measures”.

Slide 2
This slide reflects Voluntary Service as it relates to the VA Health Care Values and includes Access to Care; Building Healthy Communities; Cost; Function; Domain of Quality; and, Patient Satisfaction.

Slide 3
The High Performance Development Model Core Competencies are outlined in this slide, which include Interpersonal Effectiveness; Customer Service; Creative Thinking; Flexibility/Adaptability; Organizational Stewardship; Systems Thinking; Technical; and Personal Mastery.

Slide 4
Shown here is the Voluntary Service Impact Measure Template, which indicates the various elements included in the form.
The number of slides utilized here will depend on the number of impact measures you wish to present to a specific audience. After you have developed your impact measures, the specific information regarding your measures may be inserted where this “place holder” slide is located. A suggested format is to use bullet statements to describe the impact measures instead of the completed form.

**Final Slide**

This slide displays a graphic that reflects the correlation between VAVS Program and the VA health care values. It also demonstrates the relevance to the High Performance Development Model Core Competencies.
Template Form Elements Defined

**Program**

This is the title of the program, service, or activity that has a high impact value related to the effects on customers or patients, the organization, or the community.

**Impact Statement**

State “how” this program, service, or activity makes a significant difference, or has a high impact, in terms of cost savings, time, value added, how customers have been helped or to what degree. This should be written so that if the reader reads only this statement, he/she will clearly see the significance, impact, or value of the program or service volunteers are providing. A suggestion is to describe the program’s relevance to the VHA Vision 2020 Strategic Goals 2003-2008 (see back of this booklet for reference listing on the VHA Vision 2020).

**VAVS Impact Measure**

This part of the template demonstrates how the impact measure supports the VHA Vision 2020 Strategic Goals for 2003-2008 and the Network Performance Measures. The first section of this element should quote the VHA Strategic Goal or Objective that is most applicable to the program, service, or activity you are describing. There may be one or more of these goals that your impact measure directly supports. The second section of this element is a checklist of the Network Performance Measures and the High Performance Development Model components. Check all of these areas that apply, as some impact measures may apply to several categories.

**Description/Rationale**

Describe the program, service, or activity and the reason why it is a high impact measure, including any benefits, positive outcomes, or what the specific impact measure accomplishes.

**Measurement/Indicators**

This element will show all of the specific data and statistics relevant to the impact measure. Be sure to include what specifically was measured, how it was measured, time period covered, and show any formula or math process used to arrive at the conclusion. For example, if attempting to demonstrate cost savings, list how the cost savings figure was calculated. Several examples are shown in this booklet as guides.

**Additional Comments**

If necessary, make any additional comments or statements in this section that might further clarify, explain, or describe the value of the impact measure that are not covered in any of the other sections on the template.

**Date, VISN, Facility, VAVS Manager**

Complete the specific information in this section to identify user information.
BLANK TEMPLATE FORM

VOLUNTARY SERVICE IMPACT MEASURE

Program:
[Click here and type Title or Area of Measurement]

Impact Statement:
[Click here State how this makes a difference to station operations in dollars, time, or other measurement or value.]

VAVS Impact Measure as related to VA Strategic Goals, Network Performance Measures and HPDM:
Related VA Strategic Goal(s)
[Click here and type in VA or VHA strategic goal, objective or strategies supported (see training manual for listing)]

Network Performance Measures
Check all that apply and reference in Impact Statement or Additional Comments sections
☐ Access to Care
☐ Building Healthy Communities
☐ Cost
☐ Function
☐ Domain of Quality
☐ Satisfaction

HPDM
☐ Interpersonal Effectiveness
☐ Systems Thinking
☐ Flexibility/Adaptability
☐ Organizational Stewardship
☐ Service (Patient-centered focus)
☐ Creative Thinking
☐ Personal Mastery
☐ Technical

Description/Rationale:
[Click here and type description of program, intervention, or reason for doing.]

Measurement/Indicators: Note: Impact refers to the extent to which the program has affected the consumers of our Service.
[Click here and type What and how was measured, by whom, time frame, etc...]

Additional Comments:
[Click here and type Longer statement of value or relational explanation to network or facility goals]

Date:         VISN:        Facility:

VAVS Manager:
EXAMPLES OF LOCAL IMPACT MEASURES
Program:
MCCR Billing Volunteers – Community Outreach

Impact Statement:
The MCCR section of the Business Office Service Line needed supplemental assistance with billing/coding/insurance verification procedures. Over the past year, between 20 to 30 volunteers rotated through the MCCR section. Volunteers were recruited from the National Institute of Technology (NIT) and Houston WorkSource, a back-to-work program for individuals seeking new job skills or transitioning from assistance programs to self reliance. Volunteers assisted in significantly increasing insurance payments to the Houston VA Medical Center (HVAMC) as Volunteer MCCR support clerks.

VAVS Impact Measure as related to VA Strategic Goals, Network Performance Measures and HPDM:
Related VA Strategic Goal(s)
Improve overall governance and performance of VA by applying sound business principles, ensuring accountability, and enhancing our management of resources… - VHA Goal 8.

Network Performance Measures
Access to Care
XBuilding Healthy Communities
XCost
XFunction
□ Domain of Quality
□ Satisfaction

HPDM
□ Interpersonal Effectiveness
XSystems Thinking
□ Flexibility/Adaptability
□ Organizational Stewardship
□ Service (Patient-centered focus)
XCreative Thinking
□ Personal Mastery
□ Technical

Description/Rationale:
The NIT and the Houston WorkSource are community programs which partner to provide comprehensive employment experience to participants. The program is designed to enhance the employability of individuals, provide supplemental volunteers to MCCR and to actively promote the VAVS program within the community. Volunteers follow a progression in this program, starting with insurance verification and once proficient are moved to medical coding, medical billing and insurance billing follow-up. Not all volunteers are trained in all areas. The supervisor makes the determination on the strengths and weakness of the volunteer and places them in the area where they can be the most productive. Volunteers are screened by the Houston WorkSource and Volunteer Office prior to placement in this area.

Measurement/Indicators: Note: Impact refers to the extent to which the program has affected the consumers of our Service.
Over the course of the first seven months volunteers and one employee increased insurance billable patients from 9% to 15% and increased insurance payments from 8 million to 15 million dollars - a 53% increase.

Date: 03-2002   VISN: 17   Facility: Houston

VAVS Manager: Bryan J. Dyck
Program:
Donations

Impact Statement:
Donations can have a tremendous impact by providing items that are not currently attainable through appropriated resources at the time the need is identified.

VAVS Impact Measure as related to VA Strategic Goals, Network Performance Measures and HPDM:
Related VA Strategic Goal(s)
“Provide coordinated, comprehensive, and integrated care to promote health and improve patient functioning.” – VHA Objective 2

Network Performance Measures
X Access to Care
X Building Healthy Communities
X Cost
X Function
X Domain of Quality
X Satisfaction

HPDM
□ Interpersonal Effectiveness
□ Systems Thinking
□ Flexibility/Adaptability
□ Organizational Stewardship
X Service (Patient-centered focus)
X Creative Thinking
□ Personal Mastery
□ Technical

Description/Rationale:
Items acquired for the facility from sources other than appropriated funds.

Measurement/Indicators:
During FY02, $150,511 was received in monetary donations. Items acquired included:
• Bariatric Patient Lift - $9,185 (during transfers protects obese patients and staff)
• Oral Digital Camera - $5,100 (treatment of oral lesions or as preventive for those with high risk)
• Typanometer/Otoscope - $3,650 (Audiology patient treatment and home care training
• Televisions for Patient Rooms - $11,895
• Root Canal Instrumentation - $2,015 (root canals performed at the facility instead of fee basis or other VA
• Healthwise Patient Education Manuals - $11,999 (patient self-care awareness tool)

Additional Comments:
The acquisition of these items funded by donations provided immediate patient services or comfort now rather than a later time when appropriated funds might be available. Benefits of the acquisitions also enhanced employee morale.

Date: 08-13-03         VISN: 12         Facility: Madison

VAVS Manager: Scott Krueger
Program:
Escort

Impact Statement:
This service contributes directly to the mission of the medical center by transporting patients, specimens, and medical records to desired locations. By freeing staff of these tasks, more quality time may be devoted to direct patient care.

VAVS Impact Measure as related to VA Strategic Goals, Network Performance Measures and HPDM:
Related VA Strategic Goal(s)
“Improve access, convenience, and timeliness of VA health care services.” -- VHA Objective 7

Network Performance Measures
- X Access to Care
- X Building Healthy Communities
- X Cost
- X Function
- X Domain of Quality
- X Satisfaction

HPDM
- □ Interpersonal Effectiveness
- □ Systems Thinking
- □ Flexibility/Adaptability
- □ Organizational Stewardship
- □ Creative Thinking
- □ Personal Mastery
- □ Technical

Description/Rationale:
Timely and efficient transport of patients, records, or specimens ensures quicker access or response.

Measurement/Indicators:
Total number of patient runs (one way) per fiscal year multiplied (x) total number of minutes to complete run equals (=) total number of minutes spent on a run divided by 60 minutes plus (+) total hours per year divided by 2080 (the number of work hours in a year) equals (=) Full time employee (FTE)

Total FTE multiplied (x) the average annual salary

Additional Comments:
While escorting, volunteers often bond with patients easing concerns about their care.

Date: 08/03   VISN: 08   Facility: Tampa

VAVS Manager: Christine Feeseer
Program:
Greeter/Ambassador

Impact Statement:
Trained volunteers meet and greet patients, visitors (family, friends, vendors, and general public) providing
must needed information or direction about the facility that otherwise would not be available. By greeting
individuals, they are made to feel at ease, comfortable, and welcome. Additionally, this service allows
facilities to redirect staff resources to other needed areas.

VAVS Impact Measure as related to VA Strategic Goals, Network Performance Measures and HPDM:
Related VA Strategic Goal(s)
“Improve access, convenience, and timeliness of VA health care services.” -- VHA Objective 7

Network Performance Measures | HPDM
--- | ---
X Access to Care | □ Interpersonal Effectiveness
□ Building Healthy Communities
□ Cost
□ Function
X Domain of Quality
X Satisfaction | X Systems Thinking
□ Flexibility/Adaptability
X Organizational Stewardship
X Service (Patient-centered focus)
□ Creative Thinking
□ Personal Mastery
□ Technical

Description/Rationale:
Each individual is acknowledged and treated with respect and dignity, which is a positive impact to the health
care facility. This service positively impacts patient satisfaction surveys and assists in reducing frustration,
visitor and/or patient complaints.

Measurement/Indicators:
Number of individuals greeted annually (sampling size: two weeks)
Number of volunteer greeters/ambassadors
Hours of coverage

Additional Comments:
Specific training is provided regarding terminology, clinic changes, and updated maps.

Date: 08-27-03    VISN: 02    Facility: Syracuse

VAVS Manager: Robert Hawes
VOLUNTARY SERVICE IMPACT MEASURE

Program:
Hospice

Impact Statement:
This service was established to ensure that no patient dies alone. Many patients have outlived their family/friends or travel distance prevents loved ones from being available. Volunteers provide support by being there, if needed around the clock.

VAVS Impact Measure as related to VA Strategic Goals, Network Performance Measures and HPDM:
Related VA Strategic Goal(s)
“Honor and serve veterans in life and memorialize them in death for their sacrifices on behalf of the Nation.”
-- VA Strategic Goal 3
“Create a health care environment characterized by patient-centered services where individual health care decisions are made on the basis of current medical knowledge, consistent with patients’ information preferences and needs.” -- VHA Objective 8

Network Performance Measures
Access to Care
Building Healthy Communities
Cost
Function
Domain of Quality
Satisfaction

HPDM
Interpersonal Effectiveness
Systems Thinking
Flexibility/Adaptability
Organizational Stewardship
Service (Patient-centered focus)
Creative Thinking
Personal Mastery
Technical

Description/Rationale:
Volunteers are available to sit at the patient’s bedside, providing emotional and spiritual support. Volunteers may be called to come in anytime, day or night. Volunteers are sensitive to the patient’s needs. They also receive specific training for emotional well being, spiritual support and how to deal with grieving family.

Measurement/Indicators:
Number of volunteers assigned to the area
Number of veterans served

Additional Comments:
In several instances, the facility benefits from donations made in memory of the deceased veteran. These donations enhance the quality and support by continuing to meet identified needs of the program.

Date: 08-26-03 VISN: 04 Facility: Pittsburgh

VAVS Manager: David Tomayko
Program: Memorial Service

Impact Statement: This program provides an opportunity to honor and recognize veterans who have passed away, which encourages closure for the community, employees, co-veterans, and family members while promoting spiritual well being.

VAVS Impact Measure as related to VA Strategic Goals, Network Performance Measures and HPDM: Related VA Strategic Goal(s) “Honor and serve veterans in life and memorialize them in death for their sacrifices on behalf of the Nation.” – VA Strategic Goal 3

Network Performance Measures HPDM
Check all that apply and reference in Impact Statement or Additional Comments sections
☐ Access to Care X Interpersonal Effectiveness
☐ Building Healthy Communities ☐ Systems Thinking
☐ Cost X Flexibility/Adaptability
☐ Function X Organizational Stewardship
☐ Domain of Quality X Service (Patient-centered focus)
☐ Satisfaction ☐ Creative Thinking
☐ Personal Mastery
☐ Technical

Description/Rationale: Services are held on a regular basis honoring veterans for their sacrifices made on behalf of their country. Services allow attendees to have closure and pay a lasting tribute.

Measurement/Indicators: Number of services held per year
Number of veterans honored
Number of attendees (family, community, employee, and co-veteran)

Additional Comments: In many instances the facility benefits from donations made in memory of the deceased veteran.

Date: 08-26-03 VISN: 04 Facility: Pittsburgh

VAVS Manager: David Tomayko
Program:
Parking Lot Shuttle (TRAM)

Impact Statement:
Without this service patients would not be able to get to their appointments in a timely manner and for some, not at all. Disabilities or illnesses prevent them from navigating throughout a large campus. The Tram also transports visitors and family members.

VAVS Impact Measure as related to VA Strategic Goals, Network Performance Measures and HPDM:
Related VA Strategic Goal(s)
“Improve patients’ satisfaction with their VA health care.” -- VHA Objective 6  
“Improve access, convenience, and timelines of VA health care services.” – VHA Objective 7

Network Performance Measures
Check all that apply and reference in Impact Statement or Additional Comments sections
X Access to Care
☐ Building Healthy Communities
☐ Cost
☐ Function
☐ Domain of Quality
X Satisfaction

HPDM
☐ Interpersonal Effectiveness
X Systems Thinking
X Flexibility/Adaptability
☐ Organizational Stewardship
X Service (Patient-centered focus)
☐ Creative Thinking
☐ Personal Mastery
☐ Technical

Description/Rationale:
Timely and efficient transport of patients to and from parking areas ensures timely access to care.

Measurement/Indicators:
Number of shuttles each day multiplied (x) the number of hours per day multiplied (x) the number of days in operation equals (=) total hours divided by 2080 equals (=) FTE. Calculation based on WG-5 (17.17/hr including benefit costs) multiplied (x) FTE equals (=) cost savings to facility

Additional Comments:
This is a highly regarded program as reported by veterans.

Date: 08-26-03 VISN: 08 Facility: Tampa

VAVS Manager: Christine Feeser
Program:
Personal Care Comfort Items

Impact Statement:
As budgets have increasingly become strained and services reduced, this continues to ensure that inpatients have their individual personal daily hygiene needs met with items such as: shaving crème, razor, deodorant, toothbrush, toothpaste, shampoo, and comb/brush.

VAVS Impact Measure as related to VA Strategic Goals, Network Performance Measures and HPDM:
Related VA Strategic Goal(s)
“Improve patients’ satisfaction with their VA health care.” -- VHA Objective 6

Network Performance Measures
- Access to Care
- Interpersonal Effectiveness
- Cost
- Systems Thinking
- Function
- X Flexibility/Adaptability
- Domain of Quality
- Organizational Stewardship
- X Satisfaction
- Creative Thinking
- Personal Mastery
- Technical

Description/Rationale:
Personal care items may be given either on a regular basis or upon request to meet needs of residents/patients. Service organizations acquire these items by monetary support, soliciting from their membership or soliciting from local businesses. Coordinate with SPD, eliminate duplicate purchase which is a cost savings to medical center.

Measurement/Indicators:
Cost of items distributed (2 week sampling) multiplied (x) 26 weeks equals (=) annual savings to the facility

Additional Comments:
Specific requests are accommodated by the VAVS program. Inpatients, new patients, or recently transferred patients may be indigent, low on funds, or family unavailable to purchased needed items.

Date: 08-23-03
VISN: 10
Facility: Dayton

VAVS Manager: Sharon Croteau
Program:
Volunteer Transportation Network (VTN)

Impact Statement:
Due to budget cuts several years ago, the VA reduced the Beneficiary Travel fund, resulting in the DAV becoming committed to ensure that veterans eligible for travel pay could get to their scheduled VA appointments at no charge. Since that time several vans were donated to the Medical Center to be out based in communities to assist in meeting this need. Cost savings and revenue generating benefits resulted: 1) average monthly costs in gas/maintenance continued to be less than what would have been paid in Beneficiary Travel; and 2) transporting veterans to their scheduled appointments ensures future cost reimbursement for the Medical Center.

VAVS Impact Measure as related to VA Strategic Goals, Network Performance Measures and HPDM:

Related VA Strategic Goal(s)
“Improve access, convenience, and timelines of VH health care services. – VHA Objective 7

Network Performance Measures
Check all that apply and reference in Impact Statement or Additional Comments sections
X Access to Care
X Building Healthy Communities
☐ Cost
☐ Function
X Domain of Quality
X Satisfaction

HPDM
☐ Interpersonal Effectiveness
☐ Systems Thinking
☐ Flexibility/Adaptability
X Organizational Stewardship
X Service (Patient-centered focus)
☐ Creative Thinking
☐ Personal Mastery
☐ Technical

Description/Rationale:
Eligible veterans who otherwise would not have transportation available are bought to the facility for their scheduled outpatient appointments at no cost.

Measurement/Indicators:
1) Total amount of monies saved from Beneficiary Travel minus (-) total amount of van maintenance/gas expense equals (=) Cost savings (+) or cost deficient (-)
2) Number of patients transported by VTN multiplied (x) reimbursement cost

Additional Comments:
Specific orientation and training are held for drivers. Physicals and background checks are also required. Drivers may be asked to pick up or deliver equipment, resulting in monetary savings, i.e., postage, vendor charge, or staff time.

Date: 09/23/03 VISM: 06/04 Facility: Asheville/Pittsburgh

VAVS Manager: Darlene Laughter/David Tomayko
Program:
Telephone Reminder

Impact Statement:
“Provide high quality, reliable, accessible, timely and efficient health care that maximized the health and functional status for all enrolled veterans…” – VHA Goal 3

This service provides the “high touch” in a “high tech” world. This service directly relates to a reduction of no-shows. Missed appointments cost staff time and create inefficiency in service. Additionally, the patient’s well-being may be compromised if appointments are missed. If transported by the Volunteer Transportation Network, additional dollars are saved by the facility, which otherwise would be paid in Beneficiary Travel.

VAVS Impact Measure as related to VA Strategic Goals, Network Performance Measures and HPDM:
Related VA Strategic Goal(s)
[Click here and type in VA or VHA strategic goal, objective or strategies supported (see training manual for listing)]

Network Performance Measures          HPDM
Check all that apply and reference in Impact Statement or Additional Comments sections
X Access to Care                      □ Interpersonal Effectiveness
X Building Healthy Communities       X Systems Thinking
X Cost                                X Flexibility/Adaptability
□ Function                            X Organizational Stewardship
X Domain of Quality                   X Service (Patient-centered focus)
X Satisfaction                        □ Creative Thinking
□ Technical                           □ Personal Mastery

Description/Rationale:
Volunteers contact veterans via telephone reminding them of their scheduled appointments (date and time). It gives the veteran and or family member an opportunity to ask questions or state that the appointment cannot be kept. Volunteers serve as liaisons referring questions to appropriate staff.

Measurement/Indicators:
Number of volunteers assigned to the area
Number of patients called
Number of missed appointments/Percentage of decrease in no-shows

Additional Comments:
Builds positive community relationships.

Date: 08-26-03          VISN: 04          Facility: Pittsburgh

VAVS Manager: David Tomayko
Program:
Cemetery Memorial Honor Guards

Impact Statement:
This service provides an opportunity to properly honor and recognize deceased veterans who served their country. It also assists families by providing their loved one a proper burial with full military honors.

VAVS Impact Measure as related to VA Strategic Goals, Network Performance Measures and HPDM:
Related VA Strategic Goal(s)
“Honor and serve veterans in life and memorialize them in death for their sacrifices on behalf of the Nation.”
-- VA Strategic Goal 3

Network Performance Measures
Check all that apply and reference in Impact Statement or Additional Comments sections
☐ Access to Care
☐ Building Healthy Communities
☐ Cost
☐ Function
☐ Domain of Quality
☐ Satisfaction

HPDM
☐ Interpersonal Effectiveness
☐ Systems Thinking
☐ Flexibility/Adaptability
☐ Organizational Stewardship
☐ Service (Patient-centered focus)
☐ Creative Thinking
☐ Personal Mastery
☐ Technical

Description/Rationale:
Volunteers, known as Honor Guards, are sometimes the only individuals at a veteran’s funeral as the veteran may outlive their family or the family structure no longer exists. Veterans are afforded dignity, respect, and the opportunity of final recognition of their sacrifices made in the name of freedom.

Measurement/Indicators:
Number of services held per year
Number of veterans honored
Number of Honor Guards

Additional Comments:
Has a beneficial impact on Public Relations. Helps build a positive community relationship.

Date: 08-23-03   VISN: 10    Facility: Dayton

VAVS Manager: Sharon Croteau
VHA VISION
2020
GOALS
OBJECTIVES
AND
STRATEGIES
## Chart 2.1 VHA Strategic Plan 2003-2008

<table>
<thead>
<tr>
<th>VA STRATEGIC GOALS</th>
<th>VHA GOALS</th>
<th>VHA OBJECTIVES</th>
<th>VHA STRATEGIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Restore the capability of veterans with disabilities to the greatest extent possible and improve the quality of their lives and that of their families.</td>
<td>1. Maximize the physical, mental, and social functioning of veterans with disabilities and be recognized as a leader in the provision of specialized health care services. (VA Objective 1.1)</td>
<td>1. Maximize the independent functioning of veterans in the least restrictive setting.</td>
<td>(1) Improve and enhance home care services and develop an assisted living strategy.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Provide coordinated, comprehensive, and integrated care to promote health and improve patient functioning.</td>
<td>(2) Promote the use of care management to facilitate care in the least restrictive and most efficient setting.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Optimize the use of health care information and technology for the benefit of the veteran.</td>
<td>(3) Reduce variability of health outcomes by providing for a more consistent delivery of services.</td>
</tr>
<tr>
<td>2. Ensure a smooth transition for veterans from active military service to civilian life.</td>
<td>2. Ease the reentry of new veterans into civilian life by increasing awareness of, access to, and use of VA health care, benefits and services. (VA Objective 2.1)</td>
<td></td>
<td>(4) Accelerate development of Health Data Repository, HealtheVet, and telehealth initiatives.</td>
</tr>
<tr>
<td>3. Honor and serve veterans in life and memorialize them in death for their sacrifices on behalf of the Nation.</td>
<td>3. Provide high quality, reliable, accessible, timely and efficient health care that maximizes the health and functional status for all enrolled veterans, with special focus on veterans with service-connected conditions, those unable to defray the cost, and those statutorily eligible for care. (VA Objective 3.1)</td>
<td>4. Increase provider and veterans’ knowledge of the impact of military service on health.</td>
<td>(5) Increase collaboration between VBA, VHA, and DoD during the military discharge process.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5. Continuously improve the quality and safety of health care for veterans to be the benchmark for health care outcomes.</td>
<td>(6) Collaborate with DoD to develop a complete lifelong health record for veterans.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6. Improve patients’ satisfaction with their VA health care.</td>
<td>(7) Collaborate with VBA to invigorate and update the Transitional Assistance Program.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7. Improve access, convenience, and timeliness of VA health care services.</td>
<td>(8) Intensify efforts to implement Veterans’ Health Initiative, including fully incorporating each veteran’s military history and potential consequences of service into the Computerized Patient Record System.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8. Create a health care environment characterized by patient-centered services where individual health care decisions are made on the basis of current medical knowledge, consistent with patients’ informed preferences and needs.</td>
<td>(9) Be a leader in the advancement of knowledge and practice of quality and patient safety initiatives to include: (a) the use of preventive medicine practices and guidelines for chronic disease management; (b) increasing the use of validated standardized processes such as increasing the use of automated systems to reduce the occurrence of adverse events; and (c) developing a culture of safety where reporting of close calls and adverse events results in the development and implementation of corrective actions that prevent harm to patients while under our care.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(10) Implement a “service-recovery” program.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(11) Standardize patient satisfaction surveys with real time results.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(12) Provide incentives for ongoing, continuous healthcare system redesigns to streamline work, and to analyze, identify, and promulgate improved health care practices.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(13) Collaborate with public and private organizations to reduce redundancies and fill gaps in services to veterans.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(14) Implement initiatives to support shared decision-making and patient empowerment.</td>
</tr>
<tr>
<td>VA STRATEGIC GOALS</td>
<td>VHA GOALS</td>
<td>VHA OBJECTIVES</td>
<td>VHA STRATEGIES</td>
</tr>
<tr>
<td>---------------------</td>
<td>-----------</td>
<td>----------------</td>
<td>----------------</td>
</tr>
<tr>
<td>4. Contribute to the public health, emergency management, socioeconomic well-being, and history of the Nation.</td>
<td>4. Improve the Nation’s preparedness for response to war, terrorism, national emergencies, and natural disasters by developing plans and taking actions to ensure continued service to veterans as well as support to national, state, and local emergency management and homeland security efforts. (VA Objective 4.1)</td>
<td>9. Prepare to respond to disasters and national emergencies.</td>
<td>(15) Partner with other Federal, state, and community agencies to develop a national emergency preparedness plan that clearly articulates VA’s role and capabilities to respond to emergencies. (16) Conduct training and emergency preparedness drills using standardized scenarios consistent with VA’s Emergency Management Program Guidebook.</td>
</tr>
<tr>
<td>5. Advance VA medical research and development programs that address veterans’ needs, with an emphasis on service-connected injuries and illnesses, and contribute to the Nation’s knowledge of disease and disability. (VA Objective 4.2)</td>
<td>10. Conduct medical research that leads to demonstrable improvements in veterans health.</td>
<td></td>
<td>(17) Maintain full research compliance and standardized protection of human subjects. (18) Increase the proportion of research funding directed to projects addressing veteran-related issues, cooperative studies, and translational research.</td>
</tr>
<tr>
<td>6. Sustain partnerships with the academic community that enhance the quality of care to veterans and provide high quality educational experiences for health care trainees. (VA Objective 4.3)</td>
<td>11. Promote excellence and innovation in the education of future health care professionals.</td>
<td></td>
<td>(19) Improve the training and awareness in military health related issues. (20) Provide appropriate support for training, education, and resident supervision.</td>
</tr>
<tr>
<td>VA ENABLING GOAL</td>
<td>VHA ENABLING GOALS</td>
<td>VHA ENABLING OBJECTIVES</td>
<td>VHA ENABLING STRATEGIES</td>
</tr>
<tr>
<td>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.</td>
<td>7. Recruit, develop, and retain a competent, committed and diverse workforce that provides high quality service to veterans and their families. (VA Enabling Goal E-1)</td>
<td>12. Recruit, support, and retain a knowledgeable, diverse, engaged, and continuously learning workforce.</td>
<td>(21) Develop a comprehensive and coherent workforce development plan that incorporates High Performance Development Model, succession planning, diversity training, and Alternate Dispute Resolution orientation. (22) Implement pay policies and Human Resource practices to facilitate hiring and retaining sufficient health care workers to meet capacity demands across the full continuum of care.</td>
</tr>
<tr>
<td></td>
<td>8. Improve the overall governance and performance of VA by applying sound business principles, ensuring accountability, and enhancing our management of resources through improved capital asset management; acquisition and competitive sourcing; and linking strategic planning, budgeting, and performance planning. (VA Enabling Goal E-4)</td>
<td>13. Effectively communicate the contributions of VA health care, research, and education.</td>
<td>(23) Implement the VHA communication plan. (24) Expand VA sharing and collaboration with DoD, Indian Health Service, and state veterans’ organizations.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>14. Expand Federal, state, local, and private partnerships to foster improvements in the coordination and delivery of health care and other services. 15. Promote cooperation and collaboration throughout VA to provide seamless service to veterans. 16. Optimize the availability and efficient use of resources and services.</td>
<td>(25) Expand the Compensation and Pension Record Interchange. (26) Deploy VHA initiative to increase competitive sourcing. (27) Fully implement Procurement Reform Task Force recommendations.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>17. Increase revenue and efficiency through private sector partnerships, technology, and improved business practices.</td>
<td>(28) Assess the feasibility of Federal imaging, lab, and prescription centers. (29) Take full advantage of research related intellectual property opportunities.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>18. Develop innovative approaches to the design and evaluation of health care delivery systems.</td>
<td>(30) Re-engineer health care processes to incorporate technologic advances and to address shortages of health care professionals.</td>
</tr>
</tbody>
</table>
Task Group Members

Stephen Reid, Facilitator, VACO

Sharon Croteau
Dayton, OH

Christine Feeser
Tampa, FL

Robert Hawes
Syracuse, NY

Scott Krueger
Madison, WI

Darlene Laughter
Asheville, NC

David Tomayko
Pittsburgh, PA
TO HONOR

THOSE

WHO HAVE

SERVED