



Performance Scorecard

Color coding for FY 2008 Results
 ● Target Achieved
 ○ Target Missed - Small Extent
 ○ Target Missed - Great Extent

Strategic Goals	Key Performance Measures (page references)	FY 2007 Recap		FY 2008 Recap					
		Targets	Results	Targets	Results	Target Achieved?		Improved From FY 2007? Yes/No/Same	Measure Type
						Yes	No		
Strategic Goal #1 RESTORATION AND IMPROVED QUALITY OF LIFE FOR DISABLED VETERANS	National accuracy rate for compensation core rating work (pp. 121, 228)	89%	88%	90%	86%*		No	No	Output
	Compensation and pension rating-related actions — average days to process (pp. 119, 228)	160	183	169	179		No	Yes	Output
	Rating-related compensation actions — average days pending (pp. 120, 228)	127	132**	120	121		No	Yes	Output
	Vocational rehabilitation and employment rehabilitation rate (pp. 126, 228)	73%	73%	75%	76%	Yes		Yes	Outcome
	Average days to process Dependency and Indemnity Compensation actions (pp. 130, 228)	125	132	118	121		No	Yes	Output
Strategic Goal #2 SMOOTH TRANSITION TO CIVILIAN LIFE	Average days to complete education claims								
	Original claims (pp. 140, 228)	35	32	24	19	Yes		Yes	Output
	Supplemental claims (pp. 141, 228)	15	13	11	9	Yes		Yes	Output
Strategic Goal #3 HONORING, SERVING, AND MEMORIALIZING VETERANS	Percent of patients rating VA health care service as very good or excellent: - Inpatient (pp. 150, 230)	78%	78%	79%	79%*	Yes		Yes	Outcome
	- Outpatient (pp. 151, 230)	78%	78%	79%	78%*		No	Same	Outcome
	Percent of primary care appointments scheduled within 30 days of desired date (pp. 148, 230)	96%	97%	97%	98.7% ^(a)	Yes		Yes	Output
	Percent of specialty care appointments scheduled within 30 days of desired date (pp. 149, 230)	95%	95%	95%	97.5% ^(a)	Yes		Yes	Output
	Percent of new patient appointments completed within 30 days of desired date (p. 230)	N/A	N/A	FY 2008 was a Baseline year		N/A		N/A	Output
	Percent of unique patients waiting more than 30 days beyond the desired appt. date (p. 230)	N/A	N/A	FY 2008 was a Baseline year		N/A		N/A	Output



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		Targets	Results	Targets	Results	Target Achieved?		Improved From FY 2007?	Measure Type
						Yes	No		
Strategic Goal #3 (continued) HONORING, SERVING, AND MEMORIALIZING VETERANS	Clinical Practice Guidelines Index II (pp. 146, 230)	84%	83%	85%	84%*		No	Yes	Outcome
	Prevention Index III (pp. 147, 232)	88%	88%	88%	88%*	Yes		Same	Outcome
	Annual percent increase of non-institutional, long-term care average daily census (2006 baseline=43,325) (pp. 152, 232)	26.3%	-5.3%	7.7%	31.7%	Yes		Yes	Output
	Non-rating pension actions — average days to process (pp. 157, 232)	96	104	84	119		No	No	Output
	National accuracy rate for pension authorization work (pp. 158, 232)	89%	91%	92%	92%*	Yes		Yes	Output
	Average number of days to process Traumatic Injury Protection Insurance disbursements (pp. 162, 232)	5	3.0	5.0	2.5	Yes		Yes	Output
	Percent of veterans served by a burial option within a reasonable distance (75 miles) of their residence (pp. 167, 234)	83.8%	83.4%	83.7%	84.2%	Yes		Yes	Outcome
	Percent of respondents who rate the quality of service provided by the national cemeteries as excellent (pp. 168, 234)	97%	94%	97%	94%		No	Same	Outcome
	Percent of graves in national cemeteries marked within 60 days of interment (pp. 173, 234)	90%	94%	95%	93%		No	No	Output
	Foreclosure avoidance through servicing (FATS) ratio (pp. 177, 234)	51.0%	57.0%	56.0%	52.4%		No	No	Outcome
Strategic Goal #4 CONTRIBUTING TO THE NATION'S WELL-BEING	Progress towards development of one new treatment for post-traumatic stress disorder (5 milestones over 4 years) (pp. 184, 234)	67%	67%	80%	80%	Yes		Yes	Outcome
	Percent of respondents who rate national cemetery appearance as excellent (pp. 194, 234)	99%	97%	99%	98%		No	Yes	Outcome

Notes: 1) * Indicates partial or estimated actual data. 2) **Indicates corrected data. 3) ^(a) Office of Inspector General reports in 2005, 2007 and 2008 found reported outpatient waiting times to be unreliable because of data integrity concerns associated with VHA's scheduling system. VHA non-concurred with the 2007 findings due to disagreements with the OIG's methodology. In 2008, VHA obtained the services of an expert consultant to perform a thorough analysis and assessment of its scheduling and wait times reporting system. VHA is in the process of implementing the recommendations.