

WOMEN VETERANS PROGRAM MANAGER (WVPM) POSITION

- 1. REASON FOR ISSUE.** This Veterans Health Administration (VHA) Handbook describes the duties and responsibilities of health care professionals who perform the duties of Women Veterans Program Managers (WVPM).
- 2. SUMMARY OF MAJOR CHANGES.** This VHA Handbook outlines WVPM standards of professional performance; it:
 - a. Contains guidance on developing performance standards for Title 38 and Title V WVPMs performing these duties in a supplemental or collateral capacity.
 - b. Provides guidance in developing performance standards for full-time WVPM Title 38 functional statements and Title V position descriptions.
- 3. RELATED ISSUES.** VHA Handbook 1330.1, VHA Services For Women Veterans.
- 4. RESPONSIBLE OFFICE.** Women Veterans Health Program Office (133) is responsible for the contents of this VHA Handbook. Questions may be referred to 202-273-8577.
- 5. RECISSIONS.** VHA Handbook 1330.2, dated March 21, 2003, is rescinded.
- 6. RECERTIFICATION.** This VHA Handbook is scheduled for recertification on or before the last working day of March 2012.

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WOMEN VETERANS PROGRAM MANAGER (WVPM) POSITION

1. PURPOSE

This Veterans Health Administration (VHA) Handbook describes duties and responsibilities of health care professionals assigned as Women Veterans Program Managers (WVPMs). It outlines duties, responsibilities, competency standards and/or qualification statements for local and Veterans Integrated Service Network (VISN)-level WVPMs who perform these duties on a full-time or supplemental basis. **NOTE:** *The standards contained in this VHA Handbook provide guidance to all VHA organizational elements in the Department of Veterans Affairs (VA), including VHA field facilities.*

2. AUTHORITY

a. Public Law (Pub. L.) 102-585 Section 108, Veterans Health Care Act of 1992, requires the Secretary of Veterans Affairs to ensure that a VHA official in each region serves as a coordinator of women's services. **NOTE:** *As a result of the realignment of VHA from four Regions to twenty-two VISNs, the position of Regional Women Veterans Coordinator has been re-titled Deputy Field Director (DFD), Women Veterans Health Program.*

b. Section 108 further requires that this official's (presently DFD) responsibilities include:

(1) Conducting periodic assessments of the needs for services of women veterans within their region (presently VISN).

(2) Planning to meet such needs.

(3) Assisting facility Directors in:

(a) Identifying and assessing opportunities to expand the availability of and access to inpatient and outpatient services for women veterans that are furnished under VA-Department of Defense (DOD) sharing agreements; and

(b) Providing the counseling, care, and services authorized by Title I of this Act (i.e., sexual trauma counseling, Papanicolaou tests (PAP smears), breast examinations, mammography, and general reproductive health care). **NOTE:** *Refer to Title 38 United States Code (U.S.C.) 1720D for VA's authority to provide sexual trauma counseling and care to veterans; this statute incorporates all the amendments to this program that have been enacted subsequent to the enactment of Pub. L. 102-585.*

(4) Coordinating the training of women veterans coordinators who are assigned services to VA medical facilities under their jurisdiction.

(5) Providing appropriate technical support and guidance to VA medical facilities in their region with respect to outreach activities to women veterans.

c. Human Resource Management Letter (HRML) 05-94-16 issued guidance on the Women Veterans Coordinator position.

3. BACKGROUND

a. The Women Veterans Health Program has been in existence since 1985. In October 1991, VA issued G-5, M-2, Part I, Women Veterans Coordinators (WVC) Program Guide, to guide facilities in the development of WVC positions to oversee their local women veterans programs, and to ensure that women veterans have equal access to VA facilities. On September 27, 1993, VHA issued the Women Veterans Health Care Guidelines as an attachment to IL 10-93-027. The guidelines stated that all VHA facilities must designate a WVC, who will be a Social Worker or Nurse, with responsibility for assessing the needs of women veterans at their respective facilities, and then assisting in the planning, organizing, and coordinating of facility services and programs to meet those needs.

b. The duties and responsibilities of those individuals responsible for oversight and coordination of women veterans programs have changed significantly since the program's inception. The Women Veterans Health Program contracted with Partners in Change to develop a Performance Model for the WVC position. As a first important step, the WVC position was renamed WVPM, to emphasize program management responsibilities.

c. Prototypes for the qualifications, competencies, duties, and responsibilities for both allied and health care professionals assigned as WVPM are found in Appendix A and Appendix B. Core competency statements, and sample supplemental duties and responsibility statements, are also provided.

4. SCOPE

a. Each VHA facility must have a designated WVPM to assess the need for and implementation of services for eligible women veterans and to provide oversight to ensure identified needs are met. **NOTE:** For purposes of this Handbook, "facility" refers to all freestanding medical centers, primary and legacy facilities, Community-based Outpatient Clinics (CBOCs), and independent clinics, but does not include mobile clinics.

b. The WVPM must possess the appropriate skills to execute comprehensive planning for women's health issues that improve the overall quality of care provided to women veterans and achieve program goals and outcomes. Each WVPM is subject to a number of goals and identified performance measures. WVPMs at each facility dedicate a minimum of 10-hours per week (.25 Full-time Equivalent (FTE)) to programmatic activities. The introduction of this numeric value represents a minimal WVPM-protected administrative-time threshold.

5. PERFORMANCE STANDARDS

a. Six performance standards have been identified to ensure successful performance of WVPMs including several examples of measurable performance outcomes for each standard

provided. *NOTE: The performance measures must be negotiated between the individual WVPM and the WVPM's supervisor, and be tailored to local circumstances with consideration for the program manager's allocated administrative time each rating cycle.*

b. The six performance standards are:

(1) To promote systems and practices, which enhance women veterans' satisfaction, to include:

(a) Positive results on patients' satisfaction survey and other systems (data collection tools).

(b) Positive results on surveys sent to providers and other staff regarding treatment of patients.

(c) Positive feedback from women who attend events and presentations.

(d) The WVPM is a member of a local and/or VISN group or task team.

(2) To identify and enroll women veterans in need of health services, to include ensuring women veterans are enrolled at an established percent rate of growth; to see that:

(a) The percentage goal for increase in women veterans in the VISN and/or facility is achieved or exceeded.

(b) There is an increase in actual number of women veterans enrolled in the facility.

(c) The number of outreach events which occur in a year is at, or above, the established target.

(3) To increase utilization of gender-specific services, such as Pap smears and mammograms, in compliance with clinical practice guidelines; i.e., to ensure:

(a) Women veteran are notified of normal and abnormal test results within established guidelines.

(b) The number of unique female enrollees and patients remains stable or increases year to year.

(c) The gender-specific External Peer Review Program outcomes meet or exceed the target.

(4) To advocate on behalf of women veterans, and to identify gaps in gender-specific health care services and the need to develop new programs and services. This includes ensuring that:

(a) The inventory of services available to women is maintained or increases year-to year.

(b) Established goals for expanded and/or service enhancements are met or exceeded.

(c) There is positive feedback from staff and women on the quality of expanded and/or enhanced service.

(5) To support performance improvement activities, which benefit all veterans, to include:

(a) An 80 percent satisfaction level (or better) on the inpatient and outpatient National Customer Feedback Survey.

(b) The no-show rates on scheduled appointments for Women's Primary Care Clinic or Team are at, or below, the national target.

(c) That 85 percent (or more) of the eligible women are offered PAP smears and mammograms; any exceptions must be documented.

(d) That 85 percent (or more) of the eligible women with abnormal PAP smear and/or mammogram results will be appropriately documented, receive timely notification of results, follow-up, or referral per established industry guidelines.

(e) The response rate to patient surveys is at or above the facility goal.

(f) There is a 5 percent decrease in the number of women veteran complaints received in local Patient Advocate Offices compared to the preceding year.

(g) There is a 5 percent decrease in the number of women veteran's complaints received in WVHP national office compared to the preceding year.

(h) That 100 percent of women veterans receive "first available" appointment times within established access target guidelines at VA facilities and clinics where women receive care.

(i) That there is an improvement in the privacy standard ratings, which is reflected in WVHP annual report.

(j) There exists a Women Veterans Advisory Committee.

(k) The Women Veterans Advisory Committee minutes are forwarded to the facility Director through the Chief of Staff.

(6) To initiate and support activities which educate and sensitize internal staff to the unique needs of women veterans; notably the:

(a) Number of in-service trainings provided.

(b) Positive staff feedback and evaluations.

(c) Number of new employee orientation sessions provided.

- (d) Number of women's health-related programs offered.

6. RESPONSIBILITIES OF THE VISN DIRECTOR

The VISN Director is responsible for designating a Lead WVPM to serve as the VISN representative on women veterans' issues, and to serve on the WVPH Field Advisory Group.

NOTE: Appendix B includes work done at the VISN level.

7. RESPONSIBILITIES OF THE FACILITY DIRECTOR

Each facility Director is responsible for:

(1) Appointing a WVPM, who must be a clinical health care professional sensitive to the needs of women in VA health care facilities, capable of working with both caregivers and patients.

(2) Ensuring that the name, location, and telephone number of the WVPM is posted and appropriately publicized in each facility.

(3) Ensuring that when a new WVPM is appointed, the name, title, administrative hours assigned, commercial telephone number, and e-mail address is submitted to the appropriate DFD and to the Veterans Integrated Service Network (VISN) Director within 10 working days. The DFD then notifies the VHA Women Veterans Health Program (WVHP) Office, VHA Central Office, which maintains a list of current WVPMs.

(4) Ensuring that an individual is designated at each facility to perform data entry of women veterans' health care services furnished by the facility into existing software packages. Effective and accurate data management is an integral component of the WVHP. *NOTE: The individual designated should be a clerical support staff member and not the clinical professional providing the care.*

(5) Ensuring that the WVPM has direct access to top management in the facility and serves on appropriate administrative and clinical boards and/or committees.

(6) CBOCs and independent clinics must designate a WVPM contact and/or liaison to:

(a) Coordinate women's issues with the parent facility; and

(b) Meet reporting requirements.

8. RESPONSIBILITIES OF THE WVPM

The responsibilities of the WVPM must be negotiated between the individual WVPM and the WVPM's supervisor, and be tailored to local circumstances with consideration for the program manager's allocated administrative time. These responsibilities must be incorporated in the

WVPM's Position Description. Prototypes for the qualification, competencies, duties, and responsibilities for both allied and health care professionals assigned as WVPM are found in Appendix A and Appendix B. Core competency statements, and sample supplemental duties and responsibility statements are also provided. The minimum number of protected-administrative hours is exclusive of the WVPM's clinical time and needs to include activities such as:

- a. Participating as an administrative resource and consultant member of the Women Veterans Primary Health Care Team.
- b. Participating in the regular review of the physical environment, to include the review of all plans for renovation and construction, for the identification of potential privacy and safety deficiencies, as well as availability and accessibility of appropriate equipment for the medical care of women.
- c. Partnering with the local Operation Enduring Freedom (OEF) or Operation Iraqi Freedom (OIF) points-of-contact to ensure that OEF/OIF women veterans have access to and receive priority, quality, gender-specific health care and services.
- d. Reviewing contracts that impact the delivery of services to women veterans, e.g., radiology and/or mammography, maternity and infertility, grant and per diem, and gynecology.

9. WVPM QUALIFICATIONS

The WVPM must be a health care professional, either Doctor of Medicine (MD) or Doctor of Osteopathy (DO), Nurse Practitioner (NP), Physicians Assistant (PA), Social Worker (MSW), Psychologist (PhD), Pharmacist (Pharm. D), Registered Nurse (RN), or other allied health professional who provides health care services to women as part of their regular responsibilities.

NOTE: *Three years of progressive experience with demonstrated knowledge and expertise in program administration is strongly recommended. Experience in women's health is desired.*

**SAMPLE CORE COMPETENCY STATEMENTS,
DUTIES AND RESPONSIBILITIES FOR TITLE V
WOMEN VETERANS PROGRAM MANAGER**

The following competencies describe the responsibilities of a facility-level Women Veterans Program Manager. The scope, complexity, and impact must be expanded for the Veterans Integrated Service Network (VISN) Lead Women Veterans Program Manager. The competencies are generic to all Title V duties and responsibilities. An asterisk (*) denotes specialized competencies for social workers, but may be used by other occupations as deemed appropriate. Other occupation-specific duties and responsibilities should be added as appropriate.

| CORE COMPETENCY | COMPETENCY STATEMENTS |
|--|---|
| 1. Promote systems and practices that enhance women veterans' satisfaction. | <ul style="list-style-type: none"> a. Develops process for orienting women patients to the medical center, comprehensive diagnostic and preventive health care services and their eligibility for veterans benefits. b. Identifies, develops and coordinates the use of existing community resources to ensure that women veterans receive needed services within a reasonable radius of their home. c. Provides consultation and technical assistance to the medical center Contracting Officer. d. Collects and monitors reliable, current data on the care of women veterans including patient workload statistics (demographics, specialty visits, stop codes, Current Procedural Terminology (CPT)-4, International Classification of Diseases, 9th Edition (ICD-9) and Decision Support System (DSS) Codes). e. Monitors and ensures patient satisfaction among women veterans developing effective mechanisms for feedback and for implementation of improvements in service, in all aspects of women veterans' health care. f. Develops and monitors gender-specific indicators and monitoring outcomes in health care delivery to women veterans in both the outpatient and inpatient settings. |

CORE COMPETENCY

COMPETENCY STATEMENTS

g. Provides consultation to the Primary Health Care Team and/or Women Veterans Clinic(s) in meeting established criteria.

h. Provides telephone and/or outpatient follow-up after discharge of inpatients, as appropriate.

i. Identifies and collaborates with statewide service providers.

j. Prepares reports and recommends short and long-range program modifications in compliance with medical center and Department of Veterans Affairs (VA) Central Office requirements and objectives.

k. Acts as a consultant and role model in clinical practice by collaborating with the appropriate inter- and/or intra-disciplinary services to meet the veterans' health care needs and to maximize the veterans' access to care. *NOTE: This activity includes providing intake and initial assessments to determine the need for services.*

l. Screens referrals, provides therapy, as appropriate, and ensures timely access to services across the continuum of health care services.

m. Interviews women patients upon admission and provides information and assistance.

n. Collaborates with the Primary Health Care Team and/or Women Veteran Clinic(s) in developing documented, comprehensive treatment plans for women veteran patients.

o. Consults with the Primary HealthCare Team and Stress Disorder Treatment Team to provide greater understanding of psychosocial dynamics and special concerns of women veterans.

p. Provides individual and/or family therapy for women veteran inpatients, outpatients and their families.

CORE COMPETENCY

2. Identify and enroll women veterans in need of health care

COMPETENCY STATEMENTS

- q. Develops support groups for women veterans.
- r. Serves as an advocate for women veterans by identifying issues pertinent to the care of women veterans and mobilizing resources for resolution.
- a. Provides outreach to women veterans, transitioning active-duty personnel, and community service providers.
- b. Collaborates with other agencies within and outside VA to evaluate and monitor the implementation and completion of plans.
- c. Collaborates with community agencies to develop and implement programs and activities for women veterans.
- d. Coordinates public relations and advertising efforts including print, radio, electronic, and television media.
- e. Designs and manages promotional events and actions that encourage utilization of existing services.
- f. Takes initiative to identify women veterans in the geographic area of the facility.
- g. Works with the Women Veterans Health Committee to form and implement a marketing plan.
- h. Develops and maintains effective working relationships with Women Veterans Service Organizations and Auxiliaries.
- i. Assumes leadership with the Social Work profession through involvement in professional organizations, community agencies and the academic community.
- j. Identifies needs and justifications, develops proposals, and builds the business case for expanding services, indicating staffing requirements and benefits.

CORE COMPETENCY

COMPETENCY STATEMENTS

3. Increase utilization of gender-specific services, such as, Papanicolaou tests (PAP smears) and mammograms, in compliance with clinical practice guidelines.

a. Actively seeks contract providers (community health care practitioners, university clinics, community agencies) expanding services to offer to women. *NOTE: Examples of "expanded" services include: Sexual trauma counseling, maternity care, bone density testing and treatment for osteoporosis, mammography, tubal ligation, infertility, and support groups.*

b. Utilizes the Women's Health Software Package to monitor utilization rates.

c. Coordinates input from providers and works closely with the Pharmacy and Therapeutics Committee to ensure that appropriate pharmaceuticals are available.

d. Utilizes specialized expertise, systems theory and effective communication skills, e.g., social science, social behavior and counseling, to promote a productive work environment and enhance interdisciplinary collaboration across internal and external programs.

4. Advocate on behalf of veterans to identify gaps in gender-specific health care services and the need to develop new programs and services.

a. Ensures the Women Veterans Health Program complies with all existing VA policies and regulations medical center procedures and policies, and other relevant requirements.

b. Acts as a consultant and ombudsperson on issues pertaining to women veterans' health care.

c. Plans, organizes, directs, controls, and evaluates Women Veterans health programs and follow-up actions required by internal and external review organizations and/or accrediting bodies.

CORE COMPETENCY

COMPETENCY STATEMENTS

- d. Communicates results of patient satisfaction and improvement efforts related to women veterans to medical center administration (i.e., Performance Improvement Coordinator, education committees, Administrative and Clinical Executive Boards, Primary Health Care Team, Women Veterans Health Clinic, the specialty clinics and teams, and the Women Veterans Health Committee).
- e. Initiates successful integration with other programs at the facility level and other programs on a geographical basis with the Women's Health Program.
- f. Ensures that a comprehensive range of services of interest to women is available within the facility or through contract suppliers.
- g. Participates in executive-level decision-making deliberations and policy design that will impact the care of women veterans.
- h. Participates in medical center planning activities, therapies and construction modifications, which reflect the needs of female patients.
- i. Chairs and/or serves on appropriate medical center committees (i.e., Employee Education Service (EES) and medical center education committees, medical specialty boards and/or clinics, Administrative and Clinical Executive Boards, Quality and Performance Committee, etc.).
- j. Represents the Women Veterans Health Program on designated VISN committees and/or national work groups.
- k. Provides clinical and administrative supervision of assigned staff and students, formulating policy and establishing program guidelines.

CORE COMPETENCY

5. Support of Performance Improvement (PI) activities which benefit all veterans.

COMPETENCY STATEMENTS

- a. Develops and/or conducts women veteran groups (i.e., sexual trauma therapy group).
- b. Serves as Chair of the Women Veterans Health Committee, meeting regularly to manage the care of the women patients and to identify and address areas of special concern for women veterans who use the facility. *NOTE: The committee needs to be multidisciplinary in membership to facilitate problem solving.*
- c. Systematically reviews problems by initiating review systems, developing an action plan, and reporting methods of resolution.
- d. Conducts ongoing internal reviews and PI measures, developing appropriate quality indicators and coordinating compliance mechanisms, in all aspects of women veterans' health care.
- e. Reviews clinical records and technical reports for appropriateness of care and accuracy.
- f. Completes periodic program planning, evaluations, and reviews, including privacy.
- g. Recommends and implements new programs and/or modification and/or expansion of existing programs.
- h. Represents the Women Veterans Health Program on designated VISN committees and/or national work groups (i.e., VISN Process Action Teams, Strategic Planning, etc.).
- i. Identifies and resolves privacy issues for all medical center patients.
- j. Conducts ongoing reviews of the medical center environment to ensure that it promotes comfort, a feeling of security and a sense of welcome.

CORE COMPETENCY

6. Initiate and support activities which educate and sensitize internal staff to the unique needs of women.

COMPETENCY STATEMENTS

- a. Identifies the learning needs of providers regarding women's health care.
- b. Serves as a medical center resource on women's health care needs.
- c. Conducts or facilitates training for staff, students and interns of all disciplines on women veterans' issues.
- d. Identifies, develops, and coordinates orientation and training programs for new service providers using VA primary health care professionals, mental health professionals, military women services staff, and other identified personnel.
- e. Maintains appropriate documentation of the training activities.
- f. Coordinates women veterans' activities and programs within the facility (e.g., the activities of Women Veterans Recognition Programs).
- g. Develops resource guides on women veterans' concerns and maintains a focus for women's literature and activities in the medical center.
- h. Serves as a social work graduate field instructor with an emphasis on health care for women.

**SAMPLE DIMENSION, QUALIFICATIONS, AND
COMPETENCY STATEMENTS FOR TITLE 38
WOMEN VETERANS PROGRAM MANAGER**

**1. WORK PERFORMED AT THE UNIT OR WOMEN’S HEALTH CARE TEAM
LEVEL**

a. **Scope.** The Women Veterans Program Manager (WVPM) must demonstrate leadership in delivering and improving holistic care through collaborative strategies with others.

b. **Complexity.** The WVPM functions in a variety of primary roles that impact women veterans’ health care and organizational processes or systems to improve overall outcomes for women veterans, and accomplish improved care to women veterans at the unit or women’s health care team level. A considerable amount of administrative time must be allocated to the performance of these supplemental duties.

| c. <u>Dimension</u> | <u>Qualification Standard</u> | <u>Competency Statements</u> |
|---------------------|--|--|
| (1) Practice | (1)(a) <u>1</u> . Applies systems or processes at the unit, team, or work group level to improve care. | (1)(b) <u>1</u> . Utilizes systems or processes to provide and improve care to women veterans at the unit, team, or group level. |
| | (1)(a) <u>2</u> . Demonstrates leadership by involving others in improving care. | (1)(b) <u>2</u> . Chairs and/or serves as a member n the facility Women Veterans Health Committee. |
| | | (1)(b) <u>3</u> . Identifies, analyzes and resolves problems related to women’s health. |
| | | (1)(b) <u>4</u> . Acts as a patient advocate for women veteran inpatients and outpatients. |
| | | (1)(b) <u>5</u> . Serves as a liaison for women veterans with management and veterans service organizations. |

| <u>Dimension</u> | <u>Qualification Standard</u> | <u>Competency Statements</u> |
|--|--|---|
| (2) Quality of VA Care | (2)(a) <u>1</u> . Initiates and/or participates in quality improvement activities that result in improved customer outcomes. | (2)(b) <u>1</u> . Facilitates patient's entry into the system. |
| | | (2)(b) <u>2</u> . Analyzes women veterans' complaints and makes recommendations to leadership through proper channels. |
| | | (2)(b) <u>3</u> . Identifies problem areas for monitoring and evaluating women veterans' health care. |
| | | (2)(b) <u>4</u> . Analyzes findings and changes Practices based on quality improvement findings. |
| | | (2)(b) <u>5</u> . Maintains statistics on women veteran patients and prepares reports in compliance with requirements. |
| (3) Performance | (3)(a) Evaluates practice of self and others using professional standards, relevant statutes, and regulations | (3)(b) <u>1</u> . Initiates action to improve self and others using performance based on established guidelines, regulations, and women's health care practice standards. |
| | | (3)(b) <u>2</u> . Develops and administers customer service surveys specific to issues regarding delivery of services to women. |
| | | (3)(b) <u>3</u> . Ensures maintenance of standards for professional practice. |
| (4) Education and/or Career Development | (4)(a) <u>1</u> . Acquires knowledge and skills to maintain expertise in area of practice | (4)(b) <u>1</u> . Participates in 40-hour WVPM orientation within 6 months of appointment to the role of WVPM. |
| | | (4)(b) <u>2</u> . Ongoing professional development is to be demonstrated by participating in a minimum of 8 hours of training annually specific to the WVPM role. |

| <u>Dimension</u> | <u>Qualification Standard</u> | <u>Competency Statements</u> |
|--------------------------|--|--|
| (5) Collegiality | (5)(a) Educates colleagues and/or students and serves as a preceptor and/or mentor. | (5)(b) <u>1</u> . Promotes public relations and outreach within the medical center and the community. (5)(b) <u>2</u> . Provides formal in-services and acts as a resource in women's health for colleagues and/or students. |
| (6) Ethics | (6)(a) <u>1</u> . Supports and enhances client self-determination. (6)(a) <u>2</u> . Serves as a resource for clients and staff in addressing ethical issues. | (6)(b) <u>1</u> . Collaborates with local committees to resolve ethical decisions specific to women veterans. (6)(b) <u>2</u> . Demonstrates knowledge of local ethics policies in day-to-day practice and professional decision-making. |
| (7) Collaboration | (7)(a) Uses group process to identify, analyze, and group resolve care problems. | (7)(b) <u>1</u> . Collaborates with others in the unit and/or work group and uses the group process to identify, analyze, and resolve problems affecting the care of women veterans. (7)(b) <u>2</u> . Collaborates with medical center staff to design, administer and/or collect data required to complete surveys on women veterans' health care services. |
| (8) Research | (8)(a) Uses a body of research to validate and/or change work group practice. | (8)(b) <u>1</u> . Identifies clinical issues relevant to women's health. (8)(b) <u>2</u> . Reviews and evaluates research-based literature that is related to the identified practice, problem, or issue. (8)(b) <u>3</u> . Incorporates that knowledge into critical thinking about the practice, problem, or issue. |

| <u>Dimension</u> | <u>Qualification Standard</u> | <u>Competency Statements</u> |
|---------------------------------|---|---|
| (9) Resource Utilization | (9)(a) Identifies and assesses resource utilization and safety issues, taking appropriate action. | (8)(b)4. Utilizes knowledge gained to validate or change work group practice when appropriate. (9)(b) Identifies potential problems involving resources and/or safety and takes action to avert or manage the situation in a manner which meets the needs of the women veterans in a safe and/or therapeutic manner. |

2. WORK PERFORMED AT THE MEDICAL CENTER OR MULTIPLE SITES LEVEL

a. **Scope.** Executes position responsibilities that demonstrate leadership, experience, and creative approaches to management of complex client care.

b. **Complexity.** The WVPMS functions in a variety of roles impacting medical center services or service lines, or multi-site facilities to improve overall outcomes for women veterans. The effect of the WVPMS' practice goes beyond the Women's Health Clinic or team to encompass the WVHP facility-wide. A considerable amount of administrative time must be allocated to the performance of these supplemental duties.

| <u>c. Dimension</u> | <u>Qualification Standard</u> | <u>Competency Statements</u> |
|---------------------|--|---|
| (1) Practice | (1)(a) Provides leadership in caring for the health needs and concerns of women veterans and in organizational processes and/or systems to accomplish improved care to women veterans at the program or service level. | (1)(b)1. Provides direct patient care to individual women veterans and groups. (1)(b)2. Acts as a patient advocate for women veterans. (1)(b)3. Applies processes and demonstrates leadership to improve care of women veterans at the unit, team, or group level. (1)(b)4. Serves as a liaison for women veterans with management and veterans service organizations. |

| <u>Dimension</u> | <u>Qualification Standard</u> | <u>Competency Statements</u> |
|----------------------------|--|--|
| | | (1)(b)5. Represents WVHP on designated medical center committees. |
| | | (1)(b)6. Serves on designated medical Center committees. |
| | | (1)(b)7. Serves as chair or co-chairperson of the Women Veterans Health Committee. |
| (2) Quality of Care | (2)(a) Initiates inter- disciplinary projects to improve the care of women veterans throughout the organization. | (2)(b)1. Provides active leadership on interdisciplinary committees, task forces, or other groups that have the objective of improving organizational performance as it relates to the care of women veterans. (2)(b)2. Facilitates the patient's entry into the VA system and develops goals and plans of care in order to provide health maintenance and/or manage ongoing health problems. (2)(b)3. Provides appropriate clinical care across the health care continuum with emphasis on the promotion of health, prevention of disease, and early detection and treatment of disease. (2)(b)4. Demonstrates self-direction in making sound clinical decisions and initiates a variety of modalities to meet needs based on theoretical knowledge. (2)(b)5. Assists with planning activities, therapies, and building modifications that reflect the needs of women veterans. |

| <u>Dimension</u> | <u>Qualification Standard</u> | <u>Competency Statements</u> |
|------------------------|--|---|
| | | (2)(b)6. Maintains statistics on women veteran patients and prepares reports in compliance with requirements. |
| | | (2)(b)7. Assists with the review of clinical care and services provided women veteran patients. |
| | | (2)(b)8. Evaluates patient care outcomes such as satisfaction with care received. |
| | | (2)(b)9. Evaluates the program and monitors the availability of adequate hospital rooms with appropriate maintenance of privacy, clothing, and other items to support the personal needs of women veterans. |
| (3) Performance | (3)(a) Uses professional standards of care and practice to evaluate the women's health program and/or service line activities. | (3)(b)1. Initiates action to improve performance based on established guidelines, regulations, and women's health care practice standards. |
| | | (3)(b)2. Actively involved in evaluating professional practice relative to the women's health program based on established professional, community, or regulatory standards; and recommending and implementing changes to meet those standards. |
| | | (3)(b)3. Ensures maintenance of standards for professional practice. |

| <u>Dimension</u> | <u>Qualification Standard</u> | <u>Competency Statements</u> |
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| (4) Education and/or Career Development | (4)(a)1. Implements an educational plan to meet changing women veterans' needs or programs for women veterans for self and others. | (4)(b)1. Assesses educational needs implement changes in the WVHP; and develops and implements an educational plan to meet the needs for self and other staff to accomplish the change. <i>NOTE: This activity involves instructor and/or student activities, self-learning strategies, and any other learning media; it must include an evaluation component.</i> |
| | (4)(a)2. Maintain knowledge of current techniques, trends, and professional issues relative to delivery of health care to women. | (4)(b)2. Maintains professional knowledge and skills based on currently published or communicated information. |
| | | (4)(b)3. Educates and consults with students and trainees of all disciplines about the concerns of women veteran patients. |
| | (5) Collegiality | (5)(a)1. Coaches colleagues in team building to support and improve women veterans' health care. |
| (5)(a)2. Makes sustained contributions to the health care of women veterans by sharing expertise within the medical center, or external to it. | | (5)(b)2. Shares clinical and/or professional expertise, especially as it relates to women veterans' health care with others within the facility or beyond, through consultation, presentations, publication, or participation in professional organizations. |
| | | (5)(b)3. Promotes public relations and outreach within the medical center and the community. |

| <u>Dimension</u> | <u>Qualification Standard</u> | <u>Competency Statements</u> |
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| | | (5)(b)4. Develops and/or maintains community resource linkages and networks to further facilitate needs of women veterans. |
| | | (5)(b)5. Provides education for staff members regarding the care of women veteran patients. |
| | | (5)(b)6. Utilizes creative approaches in women veteran patient education that enhance quality of patient care and productivity of providers. |
| (6) Ethics | (6)(a) Provides leadership in identifying and addressing ethical issues that impact women veterans, including initiating and participating in ethics consultations. | (6)(b)1. Analyzes ethical issues and appropriate theoretical principles. (6)(b)2. Ensures application of institutional policy and serves as a resource and advocate for the protection of patient and family rights. |
| (7) Collaboration | (7)(a) Uses the group process to identify analyze and resolve problems related to the health of women veterans. | (7)(b)1. Collaborates with other health care providers and caregivers and uses group processes for decision making to facilitate interdisciplinary problem solving especially care of as it relates to the needs of women veterans. (7)(b)2. Assumes responsibility in the group process to promote a productive work environment. (7)(b)3. Utilizes the group process to initiate and lead interdisciplinary groups. |

| <u>Dimension</u> | <u>Qualification Standard</u> | <u>Competency Statements</u> |
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| (8) Research | (8)(a) Collaborates with others in research activities to improve care to women veterans. | <p>(8)(b)1. Collaborates with and assists others within or across work groups to validate and/or improve health care for women veterans either on the basis of application of current research- based knowledge or the conduct of research.</p> <p>(8)(b)2. Evaluates the outcomes of practice changes in women's health and reporting the results as appropriate.</p> <p>(8)(b)3. Utilizes research findings to support and improve the care of women veteran patients.</p> <p>(8)(b)4. Serves as a resource in the promotion of research for women veterans.</p> <p>(8)(b)5. Encourages and participates in research efforts that are significant and beneficial to VA staff and the care of women veterans.</p> |
| (9) Resource Utilization | (9)(a) Manages resources (financial, human, material, or informational) of the local women veterans health program to facilitate safe, effective, and efficient care. | <p>(9)(b)1. Analyzes resources available and identifies risk areas that include budget, staffing, supplies, and equipment, or availability of data and/or information.</p> <p>(9)(b)2. Evaluates resource options available and selects a course of action that will result in the most favorable outcome.</p> <p>(9)(b)3. Increases utilization of existing services that are specific and unique to needs of women veterans.</p> |

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| <u>Dimension</u> | <u>Qualification Standard</u> | <u>Competency Statements</u> |
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(9)(b)4. Utilizes available software packages to monitor utilization of services.

3. WORK PERFORMED AT THE VETERANS INTEGRATED SERVICE NETWORK (VISN) LEVEL

a. **Scope.** WVPM exhibits leadership that is characterized by substantial and continuous responsibility and accountability for women veterans as a population, and/or the Women Veterans Health Program (WVHP) as an integrated program that crosses service and/or discipline lines and influences organizational mission and health care at the integrated health care system (HCS) or VISN level.

b. **Complexity.** The WVPM must be designated as the WVHP VISN (or Network) Lead. The incumbent functions in a full-time WVPM capacity with overall responsibility for ensuring the delivery of quality services to women veterans at the VISN level.

c: **DIMENSION QUALIFICATION STANDARD COMPETENCY STATEMENT**

(1) **Practice**

(1)(a)1. Uses an analytical framework to create an environment that facilitates the delivery of care to women veterans

(1)(b)1. Assesses, designs, measures, and/or evaluates health care delivery to women veterans. The WVPM utilizes current trends and relevant theory to identify and analyze problem areas in the women's health program or practice.

(1)(a)2. Coordinates and evaluates the integrated women veterans' health program or demonstrates clinical excellence in the management of health care for women.

(1)(b)2. Responsible for substantial and continuing efforts to design, develop, and implement processes and systems to improve the delivery of quality health care throughout a highly complex and integrated health care system and/or multiple sites.

(1)(b)3. Demonstrates clinical expertise and implements processes to coordinate the care of individual patients or the management of complex patient groups at one or more facilities within the HCS or VISN.

DIMENSION QUALIFICATION STANDARD COMPETENCY STATEMENT

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| | | <p>(1)(b)4. Acts as a consultant and ombudsperson on issues pertaining to women veterans' health care.</p> <p>(1)(b)5. Plans, organizes, directs, controls, and evaluates WVHP and follow-up actions required by internal and external review organizations and/or accrediting bodies.</p> <p>(1)(b)6. Initiates successful integration with other programs at the facility level and other programs on a geographic basis with the women's health program.</p> <p>(1)(b)7. Participates in executive-level decision-making and policy design, which impacts the care of women veterans.</p> <p>(1)(b)8. Represents the WVHP on designated VISN committees and/or national workgroups.</p> <p>(1)(b)9. Develops proposals and builds the business case for expanding services:</p> |
| <p>(2) Quality of Care</p> | <p>(2)(a) Provides leadership in improving and sustaining the quality and effectiveness of care in a diverse and complex WVHP.</p> | <p>(2)(b)1. Conducts site visits within integrated HCS to ensure consistent and effective privacy standards.</p> <p>(2)(b)2. Identifies outcomes of women veterans' health care that could be improved; initiates and/or leads quality improvement teams to collect data, analyze results, and design practice changes to improve and evaluate outcomes of care delivered to women veterans.</p> |

DIMENSION QUALIFICATION STANDARD COMPETENCY STATEMENT

(2)(b)3. Acts as a consultant and role model in clinical practice by collaborating with the appropriate inter- and/or intra-disciplinary services to meet the patient's health care needs and to maximize the women veteran patients' access to care.

(2)(b)4. Serves as member of the national WVHP Field Advisory Committee.

(2)(b)5. Conducts site visits to assess environment of care and adherence to established standards of care.

(2)(b)6. Systematically reviews problems identified by women veterans by initiating a review system, developing an action plan, and reporting methods of resolution.

(2)(b)7. Designs data collection tools on customer satisfaction, performance measures and outcomes. Collects and analyzes data and implements appropriate actions.

(2)(b)8. Evaluates and monitors the program, and implements plans to ensure the availability of adequate hospital rooms with appropriate maintenance of privacy, clothing, and personal needs of women veterans.

DIMENSION QUALIFICATION STANDARD COMPETENCY STATEMENT

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| | | (2)(b)9. Develops and implements gender specific indicators and monitors outcomes in health care delivery to women veterans. |
| (3) Performance | (3)(a) Implements standards of professional practice and accrediting bodies and applicable procedures and/or regulations. | (3)(b)1. Serves as a role model for practice and evaluates accreditation standards and ensures that clinical practice and women's health program policies are in compliance. (3)(b)2. Coordinates and monitors the care provided by other professionals and agencies for the woman veteran patient as needed to provide continuity of care. |
| (4) Education and/or Career Development | (4)(a)1. Develops staff for career progression. (4)(a)2. Forecasts new knowledge needs for changing practices, environments, populations, or groups. (4)(a)3. Plans, implements, and evaluates strategies to meet those needs. | (4)(b)1. Mentors and/or precepts staff and/or students for career advancement. (4)(b)2. Identifies current trends in clinical practice or health care delivery to women veterans and the knowledge needed by staff to remain current. (4)(b)3. Ensures the adequacy and appropriateness of environments and/or population education and training programs to meet the needs of staff that provide health care to women. (4)(b)4. Develops educational media for patients and staff. |

| <u>DIMENSION</u> | <u>QUALIFICATION STANDARD</u> | <u>COMPETENCY STATEMENT</u> |
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| | | (4)(b)5. Supports and provides broad educational and training programs for patients and providers related to women's health issues (to include sensitivity to women patients and their environment of care). |
| | | (4)(b)6. Serves as the health care system's education resource expert on women's health care needs. |
| (5) Collegiality | (5)(a) Contributes to the professional growth and development of colleagues and other providers of health care to women at the local, regional, state, or national level. | (5)(b)1. Precepts and/or mentors local WVPs on duties and activities specific to the WVPM role via site visits and regular conference calls. (5)(b)2. Establishes and/or maintains effective collegial relationships within the service, between services, within the administration and with other leaders in the larger health care community. (5)(b)3. Assumes leadership within the profession through involvement in professional organizations and the academic community. (5)(b)4. Utilizes group dynamics theory and sound communication skills to promote a productive work environment and enhance interdisciplinary groups at the local, state, and national levels. |
| (6) Ethics | (6)(a) Provides leadership in addressing ethical issues that impact clients and staff in, or beyond, the organization and the local health care community. | (6)(b)1. Assumes leadership in applying ethical principles to resolve substantial ethical dilemmas in practice. |

DIMENSION QUALIFICATION STANDARD COMPETENCY STATEMENT

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| (7) Collaboration | (7)(a) Collaborates with other executives for strategic planning, decision making, and problem solving about health care services and organizational priorities. | (6)(b)2. Advocates for protection of patient and/or family rights, both individually and at an organizational level, within the facility or at the local, regional, or national level. |
| | | (7)(b)1. Coordinates network and local women veterans outreach activities with state and county Veterans Service Organizations (VSOs), Veterans Benefits Administration (VBA), and community women's health stakeholders. |
| | | (7)(b)2. Facilitates the delivery of care to women veterans in collaboration with health care providers, health care managers and other resources within the community. |
| | | (7)(b)3. Chairs interdisciplinary VISN (or Network) Women Veterans' Health Committees. |
| | | (7)(b)4. Serves as a member of appropriate VISN committees, work groups, and task forces, such as: strategic planning, mental health, primary care, environment, pharmacy, and therapeutics. |
| | | (7)(b)5. Develops and maintains effective working relationships with women veterans groups and auxiliaries and/or veterans service organizations. |

DIMENSION QUALIFICATION STANDARD COMPETENCY STATEMENT

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| | | (7)(b)6. Collaborates with community agencies and providers to design, develop and implement programs and activities for women veterans. |
| (8) Research | (8)(a) Promotes an environment that supports the conduct and utilization of research in practice and a spirit of inquiry. | (8)(b)1. Provides leadership in developing and evaluating a program of research and/or research utilization activities in women's health, and works with other staff, other disciplines, academia, and/or publishes results of activities. |
| | | (8)(b)2. Assists with formulation of research proposals and protocol submissions to the Department of Veterans Affairs (VA) Central Office. |
| | | (8)(b)3. Compiles demographic and health related research data for local, regional and national projects, as appropriate. |
| | | (8)(b)4. Guides and directs others in research activities. |
| | | (8)(b)5. Conducts research studies and/or ensures that women veterans are included in relevant research studies. |
| | | (8)(b)6. Reviews protocols to ensure human subjects' rights are protected. |
| | | (8)(b)7. Implements study findings into practice where indicated. |

| <u>DIMENSION</u> | <u>QUALIFICATION STANDARD</u> | <u>COMPETENCY STATEMENT</u> |
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| (9) Resource Utilization | (9)(a)1. Develops resource utilization strategies to improve organizational professional performance. | (9)(b)1. Manages the financial, human, material, and informational resources of the WVHP in a manner that applies standards of practice in an effective and efficient method, resulting in favorable outcomes. |
| | (9)(a)2. Strategies reflect changing societal and health care environments and the economic climate. | (9)(b)2. Assists top management in preparing special reports and surveys concerning cost containment measures and program development for women veterans. |
| | | (9)(b)3. Increases utilization of existing services that are specific and unique to the needs of women. |
| | | (9)(b)4. Utilizes available software packages to monitor utilization of services, analyze outcomes, and implement appropriate corrective action. |

**SAMPLE POSITION DESCRIPTION FOR A SOCIAL WORKERS ASSIGNED THE
DUTIES OF A WOMEN VETERANS PROGRAM MANAGER**

NOTE: This is a sample only, not a classified Position Description (PD), and is not targeted to any specific grade.

1. RESPONSIBILITIES

a. The incumbent, a professional social worker, is the Women Veterans Program Manager (WVPM) for the medical center, responsible for administering, planning, monitoring, and evaluating the Women Veterans Health Program (WVHP). This professional social worker coordinates a variety of activities, including outreach; multidisciplinary activities; psychosocial assessments; treatment and discharge planning; consultation and/or education to medical center staff and community service providers; the collection and maintenance of statistical data; program planning, evaluation and modification; and the supervision of staff, as assigned.

b. The incumbent is to coordinate the provision of comprehensive health care services to women veterans; plan for the establishment of new specialty or primary programs and the expansion of existing programs to meet the needs of women veterans who are currently seeking care within the facility and the increasing number expected to do so; ensure equity of access, service and benefits to women veterans; coordinate the provision of state-of-the-art diagnostic, treatment, consultation and referral services for women veterans within a comprehensive, integrated health care network; coordinate medical and/or surgical health care services and provide psychological care of mental health needs, assess the improved quality of clinical care; collect, develop and analyze data derived from these programs to assist in planning for women veterans services, and utilize appropriate clinical indicators and monitoring activities to assure that the care provided is of the highest quality.

c. The incumbent must ensure the coordination and provision of gender-specific and gynecological services; ensure counseling and treatment for sexual trauma; ensure psychiatric services such as drug and alcohol treatment and group therapy, which may have gender variations; endocrinology; and oncology (breast and reproductive cancers) to eligible women veterans.

d. The WVPM designs and implements an aggressive outreach program to identify and locate women veterans in need of health care services. Outreach is to include extensive communication and coordination with state veterans' offices and other health social services agencies. The incumbent is the designated contact person for medical center staff, women veterans and their families, as appropriate, who are in need of health care and counseling services. To the extent possible, the WVPM must ensure that the veteran is followed throughout the treatment process to ensure appropriateness and continuity of care.

2. SUPERVISORY CONTROLS OVER THE POSITION

The incumbent is professionally and administratively responsible to the Chief of Staff, medical center Director, Associate Director, or comparable level facility leader. As an experienced independent practitioner, considerable latitude is granted in the day-to-day management of the program. For the most complex situations, consultation may be obtained to ensure the attainment of program goals and objectives. Consultation may be obtained from the Chief, Social Work Service, or counterpart, as required.

3. OTHER SIGNIFICANT FACTS

- a. The WVPM must be knowledgeable about women veterans' health care as well as all major areas of social work practice including assessment, treatment, discharge planning, case management, in-reach, community coordination and development, and local community resources.
- b. Due to the unique nature of the WVHP, the social worker selected to serve as the WVPM will be required to perform an increased amount of statistical reporting, consultation, and collaboration with non-VA facilities, as well as other VA health care professionals and administrators. The incumbent must be able to comprehend and maintain knowledge of current VA guidelines, policies, Federal regulations, and laws governing medical benefits for women veterans. The incumbent must be sensitive to the issues and needs of women veterans and their families.
- c. The incumbent must be flexible, as it may be necessary to work irregular tours of duty, and to travel, including overnight details, to meet program requirements. The incumbent must possess effective public speaking skills, and the ability to communicate effectively, both orally and in writing, with a wide variety of individuals and organizations. The incumbent must also be comfortable in the role of administrator, educator, and direct services provider, as the needs of the program require. The coordinator must be capable of providing strong leadership.
- d. The incumbent may provide direct patient care to individuals in the age range of 18 to 100+ years of age. The age, ethnicity, culture, values, and beliefs of the veterans and family members treated are taken into account in psychosocial assessments, the individual and team treatment plans, and in the treatment modalities used. The incumbent understands the need to modify treatment plans to address the unique patient's needs and circumstances.