2010 VHA Facility Quality and Safety Report

Department of Veterans Affairs
Veterans Health Administration
October 2010

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Executive Summary

The Veterans Health Administration (VHA) is committed to providing the highest quality and safest health care for Veterans. VHA has established a wide array of innovative and comprehensive programs to measure, analyze, improve and report on all aspects of health care quality and patient safety. This is the third annual VHA facility quality and safety report.

VA issued its first facility-level report on quality and safety in 2008. The 2008 and 2009 reports are available at: (http://www1.va.gov/health/HospitalReportCard.asp), and data files that comprise the report can be accessed through http://www.data.gov/. The 2010 report of VHA's quality and safety data presents information related to the care provided in outpatient and hospital settings, the staffing of each Department of Veterans Affairs medical facility, the quality of inpatient and outpatient health care provided to all Veterans and to certain patient populations, the medical center accreditation status, patient satisfaction and selected patient outcomes for FY09. This information has been compiled from multiple sources throughout VHA. This report is greatly expanded from previous reports and includes new metrics such as medical and surgical outcomes data and a detailed analysis of VA's safety reports from its rich patient safety reporting system. The Facility Quality and Safety Report is organized to provide information organized according the six domains that the Institute of Medicine established for defining quality in health care: Effective, Equitable, Safe, Timely, Patient-centered, and Efficient.

The highlights of the 2010 report are as follows:
- During FY09 in VHA there were :
    - 485,774 acute medical/surgical and 81,634 mental health hospital discharges;
    - 62,686,340 outpatient visits made by 5,447,889 individual Veterans to VA facilities;
    - 12,462 full-time and 2,837 part-time physicians;
- All eligible VHA facilities and programs were accredited by The Joint Commission (TJC); All VHA laboratories were accredited by either the College of American Pathologists (CAP) or TJC. Over 200 VHA programs were accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).
- VHA facilities provided high quality outpatient medical care as measured by its performance on the Healthcare Effectiveness Data and Information Set (HEDIS) and favorable comparisons with national external benchmarks.
- Based upon disease-specific composites for inpatient care processes using Joint Commission ORYX® measures, VHA compares quite favorably to other accredited organizations.
- 30 day unadjusted all-cause readmission rates averaged 12.7 percent across the VA healthcare system.
- The rates of hospital-acquired infections in VA hospitals were generally low compared to national averages reported by the Centers for Disease control, with many facilities reporting rates that are as good or better as the top 10 percent of reporting hospitals in the U.S.

- Both rural and urban-dwelling Veterans report satisfaction with outpatient care that is equivalent, and the quality of outpatient care remains high regardless of where Veterans reside.
- Overall, provision of gender-specific care to women, e.g., screening for breast and cervical cancer, substantially exceeded that in other settings including commercial managed care systems, Medicare and Medicaid.

Despite ongoing efforts to reduce barriers to access and ensure the same high quality care for all Veteran groups, certain health disparities persist within the VHA health care system:

- Veteran patients over age 65 receive slightly higher quality of outpatient care than younger Veterans, especially for preventive services.
- Outpatient quality scores for women Veterans were lower than those for men for many measures, such as control of LDL cholesterol control, rates of vaccination, colorectal cancer screening, and screening for depression.
- African-American Veterans across VA were less satisfied with inpatient and outpatient health care than White Veterans. It cannot be determined from the available data whether the differences in Veterans' perceptions of their health care reflect actual differences in quality.

The analysis of adverse event and close call reporting in VHA (FY06 to FY09) demonstrates:

- A significant improvement in the timeliness of root cause analyses (RCAs) (43.6 percent were submitted in 45 or fewer days in FY06, 96.9 percent in FY09).
- An increase in the number of RCAs submitted from FY06 (1,024) to FY09 (1,316).
- An increase in the percent of RCAs including strong actions from FY06 (42.6 percent) to FY09 (74.7 percent).

The overall results provided in this report are favorable in comparison with the overall performance of the U.S. health care system. VHA continues to be committed to identifying and addressing potential disparities in quality and satisfaction among women and racial/ethnic minorities, a problem which has also been noted throughout the U.S. health care system and proven difficult to correct.

Introduction

The Veterans Health Administration (VHA) is the largest integrated health care system in the U.S. In fiscal year (FY) 2009, within its budget of $42.7 billion, VHA delivered clinical services to 5.4 million out of 7.8 million enrolled Veterans. VHA operated a wide range of facilities and programs including 153 hospitals, 901 hospital and community-based independent clinics, 135 nursing homes, 225 Readjustment Counseling Centers, and 47 domiciliaries. This report summarizes performance data for clinical quality and patient safety for all VA facilities. Where two or more hospital divisions operate as an integrated health care system under a single leadership team, those facilities are combined, so a total of 139 separate facilities are listed in this report.[1]

Facilities are categorized according to complexity level which is determined on the basis of the characteristics of the patient population, clinical services offered, educational and research missions and administrative complexity. Facilities are classified into three levels with Level 1 representing the most complex facilities, Level 2 moderately complex facilities, and Level 3 the least complex facilities. Level 1 is further subdivided into categories 1a - 1c.

The first section of the report describes the infrastructure of VHA facilities and locally available services across the continuum of Veteran care needs.

The next six sections are organized around the Institute of Medicine's (IOM) six dimensions defining health care quality. According to the IOM,[2] health care should be:

- *Effective*—providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and overuse).

- *Equitable*—providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

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[1] The following hospitals are reported with their parent facility [designated in brackets]: Brockton/West Roxbury [VA Boston HEALTH CARE SYSTEM], Castle Point [VA Hudson Valley HEALTH CARE SYSTEM], Lincoln [Nebraska/Western Iowa HEALTH CARE SYSTEM], Lyons [VA New Jersey HEALTH CARE SYSTEM], Miles City [VA Montana HEALTH CARE SYSTEM], Murfreesboro [VA Tennessee Valley HEALTH CARE SYSTEM], Sepulveda [VA Greater Los Angeles HEALTH CARE SYSTEM], Tuskegee [Central Alabama Veterans HEALTH CARE SYSTEM], Leavenworth [VA Eastern Kansas HEALTH CARE SYSTEM], Los Angeles OPC [VA Greater Los Angeles HEALTH CARE SYSTEM], Grand Island [Nebraska/W. Iowa HEALTH CARE SYSTEM], Lake City [N. Florida/ S. Georgia HEALTH CARE SYSTEM], and Knoxville [VA Central Iowa HEALTH CARE SYSTEM]. The Manila VAMC reports no quality data.

[2] Institute of Medicine. *Crossing the Quality Chasm.* National Academy Press: Washington, D.C., 2001.

- *Safe*—avoiding injuries to patients from the care that is intended to help them.

- *Timely*—reducing waits and sometimes harmful delays for both those who receive and those who give care.

- *Patient-centered*—providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.

- *Efficient*—avoiding waste of equipment, supplies, ideas, and energy.

Following presentation of quality and safety data organized by the six IOM dimensions, there is a detailed analysis of adverse event and close call reporting in the Veterans Health Administration for FY06 TO FY09.

Part 1. VHA Facility Quality and Safety Data

Part 1 references the data tables displayed in Part 3 of this report. The data are organized by data elements defined in columns and facilities defined in rows. The columns referenced in this narrative correspond to the data elements found in the data tables.

Section 1: Infrastructure

Available In-House Services:

Eighty nine percent of VHA facilities provide in-house acute medical and surgical services, and 79 percent provide acute inpatient psychiatric services. Eighty four percent (117 of 139) have intensive care units, 83 percent have emergency departments, and 85 percent have community living centers (formerly designated as nursing home care units).[3]

In 2004, Public Law 108-422 and Public Law 108-447 directed VA to establish specialized interdisciplinary rehabilitation programs to handle the complex medical, psychological, rehabilitation, and prosthetic needs of Veterans with complex trauma associated with combat injury. The changing nature of combat (e.g., increased prevalence of blast-related as opposed to gunshot-related injury) as well as improved battlefield casualty care has resulted in a growing proportion of Veterans who have polytrauma, a combination of injuries that include brain injury, limb loss, impaired vision, hearing loss, and psychological sequelae including post-traumatic stress injury. VA implemented the requirements of these public laws by developing a Polytrauma System of Care (PSC) for severely injured Veterans. The components of the PSC include:

- Four regional Polytrauma/Traumatic Brain Injury (TBI) Rehabilitation Centers (PRC) provide acute comprehensive medical and rehabilitation care for complex and severe polytraumatic injuries. They maintain a full staff of dedicated rehabilitation professionals and consultants from other specialties related to polytrauma. The PRCs serve as resources for other facilities in the PSC, develop research and educational programs and provide system-wide consultation to assist implementation of best practice models of care.

- The 22 Polytrauma Rehabilitation Network Sites (PNS) have dedicated interdisciplinary teams to manage the post-acute sequelae of polytrauma and to coordinate life-long rehabilitation services for patients within each Veterans Integrated Service Network (VISN). These sites provide a high level of expert care, a full range of clinical and ancillary services, and serve as resources for

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[3] VA provides institutional long-term care services through three mechanisms: 132 VA owned and operated Community Living Centers (CLCs), services purchased under contract with over 2500 Community Nursing Homes, and 122 State Veterans Homes located in 48 states and Puerto Rico.

other facilities within their network which manage Veterans with severe and lasting injuries that return to their VISN area.

- The 82 Polytrauma Support Clinic Teams (PSCT) are local teams of providers with rehabilitation expertise that deliver follow up services in consultation with regional and network specialists. They assist in management of stable polytrauma sequelae through direct care, consultation, and the use of tele-rehabilitation technologies, as needed. The PSCT also provides second-level comprehensive evaluation of patients who screen positive for possible TBI.

- The remaining 48 VA facilities that do not have the necessary services to provide specialized care have a designated Polytrauma Point of Contact (PPOC) who is knowledgeable of the PSC, and ensures that patients are referred to a facility capable of providing the level of services required. They commonly refer to the PNS and PSCT within their VISN, and may also utilize fee-basis contracting to local civilian rehabilitation resources.

Hospital Services

Unique Patients: This is the total number of unique patients at the national or facility level who received care from VA in a VA or Non VA setting (VA Care, Non-VA Care, Home Dialysis, Observation Beds, and Pharmacy Only file sources) during FY09. In FY09, the Veterans Health Administration provided health care services to 5,447,889 unique patients.

VHA had a total of 485,774 Acute Inpatient Medical/Surgical hospital discharges in FY09 with an average system-wide length of stay of 5.4 days. The rate of discharges per 1000 facility unique patients was 89.2 and the rate of bed days of care per 1000 unique patients was 479.4. The average number of facility discharges was 3,918 with a range of 70 to 12,139.

VHA had a total of 81,634 Acute Inpatient Psychiatry hospital discharges in FY09 with an average system-wide length of stay of 9.5 days. The rate of discharges per 1000 unique patients was 15 and the rate of bed days of care per 1000 unique patients was 142.5. The average number of facility discharges was 742 with a range of 39 to 2,281.

In FY09, VHA performed 408,789 outpatient endoscopy procedures in-house. Of the five endoscopy procedure types reported, 53 percent (214,955) were colonoscopies, 26 percent (104,976) upper GI procedures, 15 percent (62,519) ENT Endoscopies, 4 percent (16,321) sigmoidoscopies and 2 percent (10,018) bronchoscopies. On average, facilities performed 1,666 colonoscopies (range 9 to 7,478), 820 Upper GI procedures (range 5 to 2,374), 574 ENT endoscopies (range 9 to 2,106), 127 sigmoidoscopies (range 5 to 1,523), and 87 bronchoscopies (range 7 to 397).

Hospital Accreditation Status

VHA requires that all VHA Hospital and Ambulatory Care facilities, utilized for the diagnosis, treatment and prevention of disease in patients meet or exceed the standards of The Joint Commission (TJC). The formal review and accreditation process by TJC demonstrates that the VHA medical facilities are committed to quality and performance improvement. All VHA facilities undergo a triennial onsite survey that includes hospital, ambulatory, long term care, home care and behavioral health programs. The onsite inspection examines all processes and outcomes of the medical care delivery system to include, but not limited to:

- Environment of Care
- Emergency Management
- Human Resources
- Infection Prevention and Control
- Information Management
- Leadership
- Life Safety
- Medication Management
- Medical Staff
- National Patient Safety Goals
- Nursing
- Provision of Care, Treatment and Services
- Performance Improvement
- Record of Care, Treatment, and Services
- Rights and Responsibility of the Individual
- Transplant Safety
- Waived Testing

In 2009, all VHA Hospital and Ambulatory Care facilities were fully accredited by TJC. As new VHA facilities open, these facilities will be required to obtain TJC accreditation.

Commission on Accreditation of Rehabilitation Facilities (CARF): VHA is committed to providing specialized treatment and quality rehabilitation care to Veterans with disabilities. These populations include Veterans with spinal cord injury and disorders (SCI/D), blindness or severely visually impaired, traumatic brain injury, amputation, serious mental illnesses, and those who are homeless. This commitment is supported through a system-wide, long-term joint collaboration with CARF to achieve and maintain national accreditation for all appropriate VHA rehabilitation programs. The number of CARF accredited VHA programs has grown considerably from twelve programs in 1997 to over 200 programs today. The number of CARF accredited programs is expected to double over the next 5 years.

Accreditation Program for VHA Clinical Laboratories: VHA requires that all laboratory testing performed at VHA medical laboratories, both within medical centers or community based laboratories, utilized for the diagnosis, treatment and prevention of

disease in patients, meet or exceed the requirements of the Clinical Laboratory Improvement Amendments (CLIA) of 1988. All laboratory testing, regardless of location, is subject to onsite inspection and accreditation by a nationally recognized accreditation body, either CAP or TJC. These accrediting bodies perform a comprehensive review which involves a biennial onsite examination of processes and outcomes of medical laboratory operations including:

- Patient Test Management
- Leadership
- Personnel Standards
- Quality Assurance
- Quality Control
- Proficiency Testing
- Safety

Hospital and Facility Services

In FY09, there were 62,686,340 outpatient visits in VHA. The average number of visits to a VA facility was 450,836. Total outpatient visits to a VA facility ranged from 113,184 (Sheridan, Wyoming) to 1,331,446 (Cleveland, Ohio).

VHA employed 12,462 full-time and 2,837 part-time physicians FTEE (Full-Time Employee Equivalents) in FY09. Nationally, there were 2.8 staff physician FTEE per 1,000 unique patients.[4]

Hours per Patient Day (HPPD) data (also known as NHPPD - Nursing Hours per Patient Day) are an industry standard that measures the average hours of direct nursing care that patients receive per inpatient day. Data in this report are estimates that are derived from employment files and VHA's Decision Support System (DSS), and dependent upon accurate mapping of labor to specific patient wards. Although comparative data is available from external sources (Labor Management Institute and National Database Nursing Quality Indicators), it is important to note that VHA data includes **all** worked hours mapped to a ward – e.g. both direct and indirect care.

The facility total loss rate reflects any loss, retirement, death, termination, voluntary separation or transfer that removes employee from the selected facility. This report gives the facility total loss rate for:

- Registered Nurse (occupation code 0610)
- Practical Nurse (LPN) (occupation code 0620)
- Nursing Assistant (occupation code 0621)

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[4] This number excludes medical residents and other trainees, physicians who provide occasional services without compensation, and contracted physicians.

Table 1.1 reports comparison data for non-VA facilities by region, hospital ownership and bed size for registered nurses. These self-reported data were collected by Nursing Data Solutions, Inc., from July 2008 through June 2009, and represent only 123 hospitals, a 5.6 percent response rate to their solicitation. Comparisons are only approximate because of the small sample size and self reported nature of data collection, but do provide some insight into variables that may affect turnover.

Table 1.1: Benchmark Staff Turnover Rates

REGION	Percent TOTAL RN TURNOVER	Percent FULL/PART TIME RN TURNOVER
North East	11.0	8.4
North Central	15.5	10.8
South East	13.4	12.3
South Central	17.6	15.3
West	17.8	15.2

OWNERSHIP	Percent TOTAL RN TURNOVER	Percent FULL/PART TIME RN TURNOVER
For-Profit – Acute Care	20.6	13.8
Non-Government/Non-Profit – Acute Care	12.7	9.5
Government – Acute Care	13.3	17.5

BED SIZE	Percent TOTAL RN TURNOVER	Percent FULL/PART TIME RN TURNOVER
<200 beds	12.2	10.6
200 – 349 beds	13.7	13.1
350 – 500 beds	20.1	14.1
>500 beds	12.0	9.1

NATIONAL AVERAGE	Percent TOTAL RN TURNOVER	Percent FULL/PART TIME RN TURNOVER
	14.2	10.6
VHA AVERAGE	**7.5**	(unavailable)

Section 2: Effective Care

Outpatient Care Composites

The National Committee on Quality Assurance (NCQA) publishes the Healthcare Effectiveness Data and Information Set (HEDIS), a recognized tool used by the majority of U.S. health plans to measure performance on important evidence-based dimensions of care and service. VHA uses a subset of measures applicable to the VA population from the HEDIS measures, and collects data on performance using a random sample of patient records that are analyzed and abstracted by trained personnel as part of VHA's

External Peer Review Program (EPRP). In this section, quality performance is reported by dimensions of care (diabetes; prevention and screening for cancer; cardiovascular care; immunization; and smoking cessation) with composite scores for each dimension calculated using an "opportunities model" approach.[5] Comparisons between facilities using these metrics should be interpreted cautiously as many factors can account for variations in scores such as differences across facilities in Veterans' clinical and socio-economic conditions.

- Diabetes Mellitus: The percentage of patients 18 to 75 years of age with diabetes (type 1 and type 2) who had each of the following:
    - HbA1c testing.
    - poorly controlled HbA1c >9
    - LDL-C screening.
    - LDL-C controlled to less than 100 mg/dL.
    - Patients receiving any retinal screening during the report period, or a documented refusal of a diabetic eye exam.
    - Patients who have received nephropathy screening.
    - Diabetic blood pressure <140/90: the percentage of hypertensive adults ages 18 to 85 whose blood pressure was controlled to or below 140/90 mmHg during the past year. Both systolic and diastolic pressure readings must be at or under this threshold for blood pressure to be considered controlled.

- Prevention And Screening For Cancer:
    - Breast Cancer Screening: The percentage of women between 50 and 69 years old who had at least one mammogram in the past 2 years.
    - Cervical Cancer Screening: The percentage of women aged 21 to 64 enrolled in a health plan that had at least one Pap test in the past 3 years.
    - Colorectal cancer screening: The percentage of adults 50 to 80 years of age who have had appropriate screening for colorectal cancer.

- Cardiovascular Care:
    - Cholesterol Management: The percentage of patients 18-75 years of age with a diagnosis of ischemic vascular disease (IVD) who received LDL-C screening and whose LDL-C concentration was controlled to <100mg/dL.
    - Blood Pressure: The percentage of hypertensive adults ages 18 to 85 whose blood pressure was controlled to less than 140/90 mmHg during the past year. Both systolic and diastolic pressure readings must be at or under this threshold for blood pressure to be considered controlled.

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[5] The opportunities model assumes that each Veteran needs and has the opportunity to receive one or more processes of care, but not all Veterans need the same care. Composite measures that use this model summarize the proportion of appropriate care that is delivered. The denominator for an opportunities model composite is *the sum of opportunities (across all Veterans) to receive appropriate care* across a set of individual process measures. The numerator is the sum of the components of appropriate care that are *actually delivered.* See Agency for Healthcare Quality and Research, National Healthcare Quality Report 2008, http://www.ahrq.gov/qual/nhqr08/Chap1.htm (accessed June 30, 2010).

- Immunizations:
  - Influenza: The percentage of adults 50 years of age or older who received an influenza vaccination during the most recent flu season.

- Smoking Cessation Measures:
  - The percentage of current smokers 18 or older who received advice to quit smoking from their practitioner within the past year.
  - The percentage of current smokers 18 or older whose practitioner discussed or recommended smoking cessation medications with them over the past year.
  - The percentage of current smokers 18 or older whose practitioner discussed or recommended smoking cessation methods or strategies with them over the past year.

Table 1.2, External Comparisons, displays comparative system level information about outpatient performance on individual HEDIS metrics. In making comparisons, caution is warranted due to significant differences in the way VHA abstracts clinical data and defines eligible patient. In private (non-VA) health care settings, HEDIS data are collected on an annual basis for all enrollees, primarily from billing data. VHA collects the HEDIS outpatient measures on a monthly basis through medical chart abstraction, only for those Veterans who have been seen at least twice in a 24-month period.

Table 1.2: External HEDIS Comparisons for 2008/2009

Clinical Indictor	VA Average Percent 2009 [1]	VA Average Percent 2008 [1]	HEDIS Commercial 2008 [2]	HEDIS Medicare 2008 [2]	HEDIS Medicaid 2008 [2]
Breast Cancer Screening	87	87	70	68	51
Cervical Cancer Screening	92	92	80	n/a	66
Cholesterol Management for Patients with Cardiovascular Conditions: LDL-C Control (<100 mg/dL)	67	66	60	57	40
Cholesterol Management for Patients with Cardiovascular Conditions: LDL-C Screening	96	94	89	89	80
Colorectal Cancer Screening	80	79	59	53	n/a
Comprehensive Diabetes Care - Blood Pressure Control (<140/90)	80	78	66	60	57
Comprehensive Diabetes Care - Eye Exams	88	86	57	61	53
Comprehensive Diabetes Care - HbA1c Testing	98	97	89	88	81
Comprehensive Diabetes Care - LDL-C Controlled (LDL-C<100 mg/dL)	69	68	46	49	34
Comprehensive Diabetes Care - LDL-C Screening	96	95	85	86	74
Comprehensive Diabetes Care - Medical Attention for Nephropathy	95	93	82	88	77
Comprehensive Diabetes Care - Poor HbA1c Control	16	16	28	29	45
Controlling High Blood Pressure - Total	77	75	63	59	56
Flu Shots for Adults (50-64)	69	69	50	n/a	n/a
Medical Assistance with Smoking Cessation - Advising Smokers To Quit [3]	96	89	77	n/a	69
Medical Assistance with Smoking Cessation - Discussing Medications [3]	90	84	54	n/a	41
Medical Assistance with Smoking Cessation - Discussing Strategies [3]	96	92	50	n/a	41
Flu Shots for Adults (65 and older) [4] [5]	83	84	n/a	71	n/a
Immunizations: Pneumococcal (note patients age groups) [4] [5]	95 (all ages)	94 (all ages)	n/a	67	n/a

Due to population differences, and methodology variations not all HEDIS measures are comparable to VA measures – therefore this is not a comprehensive list of indicators but this comparison does contain those indicators that are closely aligned in content and methodology.

(1) VA comparison data is obtained by abstracting medical record data using similar methodologies to matched HEDIS methods.
(2) HEDIS data were obtained from the 2009 "State of Health Care Quality Report" available on the NCQA website: http://www.ncqa.org/
(3) HEDIS is obtained by survey; VA is obtained by medical record abstraction
(4) BRFSS reports are available on the CDC website: http://www.cdc.gov/

(5) BRFSS survey scores are median scores. VA scores are averages obtained by medical record abstraction.

Hospital Processes of Care Composites

Of the 139 facilities listed in this report, 124 hospitals offer inpatient acute care services and thus report hospital processes of care using The Joint Commission ORYX[®] measures of inpatient quality.[6] Within VHA, there are four applicable core measurement sets: Acute Myocardial Infarction, Congestive Heart Failure, Community Acquired Pneumonia and the Surgical Care Improvement Project (SCIP).[7] Summary scores in the form of composite metrics are created by combining the individual measures within each core set using the "opportunities model" approach described previously for Outpatient Care Composites.

- Acute Myocardial Infarction (AMI). The percent of AMI patients:
    o Without aspirin contraindications who received aspirin within 24 hours of arriving at the hospital.
    o Without aspirin contraindications who are prescribed aspirin at hospital discharge.
    o With left ventricular systolic dysfunction and without both angiotensin converting enzyme inhibitor (ACEI) and angiotensin receptor blocker (ARB) contraindications who are prescribed an ACEI or ARB at hospital discharge.
    o With a history of smoking cigarettes who are given smoking cessation advice or counseling during hospital stay.
    o Without beta blocker contraindications who are prescribed a beta blocker at hospital discharge.
    o Without beta blocker contraindications who received a beta blocker within 24 hours after hospital arrival.
    o Receiving thrombolytic therapy during the hospital stay and having a time from hospital arrival to thrombolysis of 30 minutes or less.
    o Receiving primary percutaneous coronary intervention (PCI) during the hospital stay with a time from hospital arrival to PCI of 90 minutes or less.
    o With documentation of low-density lipoprotein cholesterol (LDL-C) level in the hospital record or documentation that LDL-C testing was done during the hospital stay or is planned for after discharge.
    o With elevated low-density lipoprotein cholesterol (LDL-C ≥ 130 mg/dL or narrative equivalent) who are prescribed a lipid-lowering medication at hospital discharge.
    o Median time from, time of arrival to the hospital to administration of a thrombolytic agent. This measure applies in cases where an electrocardiogram, performed closest to time of arrival, shows a

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[6] The following facilities do not offer acute care inpatient services: Honolulu, Anchorage, Bedford, Butler, Canandaigua, Manchester, New Orleans, Northampton, St. Cloud, Orlando, Tuscaloosa, Walla Walla, White City, El Paso, and Columbus.

[7] For further information consult:
http://www.jointcommission.org/accreditationprograms/hospitals/oryx/.

specific electrocardiogram pattern, referred to as an ST elevation or LBBB, indicating that a patient is having a myocardial infarction or heart attack.

- Heart Failure (HF). The percent of HF patients:
  o Discharged home with written discharge instructions or educational material given to patient or caregiver at discharge or during the hospital stay addressing all of the following: activity level, diet, discharge medications, follow-up appointment, weight monitoring, and what to do if symptoms worsen.
  o With documentation in the hospital record that left ventricular function (LVF) was assessed before arrival, during hospitalization, or is planned for after discharge.
  o With left ventricular systolic dysfunction (LVSD) and without both angiotensin converting enzyme inhibitor (ACEI) and angiotensin receptor blocker (ARB) contraindications who are prescribed an ACEI or ARB at hospital discharge.
  o With a history of smoking cigarettes who are given smoking cessation advice or counseling during hospital stay.

- Pneumonia. The percent of pneumonia patients:
  o Who had an assessment of arterial oxygenation by arterial blood gas measurement or pulse oximetry within 24 hours of arriving at the hospital.
  o Age 65 and older who were screened for pneumococcal vaccine status and were administered the vaccine prior to discharge, if indicated.
  o Transferred or admitted to the ICU within 24 hours of hospital arrival, who had blood cultures performed within 24 hours prior to or 24 hours after hospital arrival.
  o Whose initial emergency room blood culture specimen was collected prior to first hospital dose of antibiotics.
  o With a history of smoking cigarettes who are given smoking cessation advice or counseling during hospital stay.
  o Who receive their first dose of antibiotics within 6 hours after arrival at the hospital.
  o Who receive an initial antibiotic regimen during the first 24 hours that is consistent with current guidelines.
  o Age 50 years and older, hospitalized during October, November, December, January, or February who were screened for influenza vaccine status and were vaccinated prior to discharge, if indicated.

- Surgical Care Improvement Project (SCIP):
  o Surgical patients who received prophylactic antibiotics within 1 hour prior to surgical incision.
  o Prophylactic antibiotic selection for surgical patients.

- Surgical patients whose prophylactic antibiotics were discontinued within 24 hours after surgery end time.
- Cardiac surgery patients with controlled blood glucose at 6 a.m. on the morning following surgery.
- Surgery patients with appropriate hair removal.
- Patients on beta-blocker therapy prior to admission who received a beta-blocker during the perioperative period.
- Surgery patients with recommended venous thromboembolism prophylaxis ordered.
- Surgery patients who received appropriate venous thromboembolism prophylaxis within 24 hours prior to surgery to 24 hours after surgery.

VHA compares quite favorably to other organizations on hospital processes of care, with most facilities scoring at or above 90 across all core measurement sets. Beginning in March 2010, VHA performance on core hospital process of care measures has been reported on the Center for Medicare and Medicaid Service's Hospital Compare Web site, http://www.hospitalcompare.hhs.gov/.

Risk Adjusted Disease Mortality

Hospital-specific, risk-standardized rates of mortality within 30 days of discharge are reported for patients hospitalized with a principal diagnosis of heart attack, heart failure, and pneumonia. For each condition, the risk-standardized (also known as "adjusted" or "risk-adjusted") hospital mortality rate are calculated using mathematical models that use administrative data to adjust for differences in patient characteristics that affect expected mortality rates.[8] With risk adjustment, mortality rates can be used to compare performance among hospitals. The mortality measures for heart attack, heart failure, and pneumonia have been endorsed by the National Quality Forum (NQF).[9]

30 day Unadjusted Readmission Rates

Reducing hospital readmissions has been an area of focus for VHA as a way to improve quality and reduce costs. A readmission is defined as a patient who has had a recent hospital stay and needs to re-enter the hospital again within 30 days. These rates are not adjusted for patient characteristics that affected expected admission rates, so comparisons among hospitals should be interpreted with caution.

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[8] Ross J, et al. Use of administrative claims models to assess 30 day mortality among Veterans Health Administration hospitals. Medical Care 2010; 48: 652-658.

[9] http://www.qualityforum.org/Home.aspx

All-Cause Readmissions: All cause readmission is an unplanned readmission to a hospital after a previous hospital stay. Readmissions may or may not be related to the previous visit, and not all readmissions may be preventable. The percentage of patients readmitted within 30 days for any cause in VA ranged from 0 to 17.7 percent with a facility mean of 12.7 percent.

Congestive Heart Failure (CHF) Readmission: A CHF readmission is defined by patients who had an initial hospitalization for CHF and were readmitted at least once to acute care in the hospital within 30 days following discharge for CHF. Of the individual hospital-level all cause readmission rates calculated for 124 VA facilities, the unadjusted readmission rate for congestive heart failure (CHF) was higher than the VA National Average (20.2 percent) at 12 facilities and significantly lower than the VA National Average at 10 facilities.

Veterans admitted to VHA facilities may have different characteristics than other patients, making comparisons with other health systems difficult. Previously reported 30 day readmission rates among Medicare fee-for-service patients have averaged approximately 20 percent.[10]

Surgical Quality

VA's Surgical Quality Improvement Program (VASQIP) monitors major surgical procedures performed at VHA facilities and tracks risk adjusted surgical complications (morbidity) and mortality rates. The following patient data is collected at each facility by a specially trained nurse and entered into the VA's electronic health record: detailed preoperative patient characteristics including chart-abstracted medical conditions, functional status, recent laboratory tests, information about the surgical procedure performed, and 30-day outcomes data. A surgical procedure is classified as major if the health of the patient and the risk of the surgical procedure create any significant morbidity or mortality within 30 days after the surgical procedure.

The VASQIP program analyzes this patient data using mathematical models to predict an individual patient's expected outcome based on the patient's preoperative characteristics and the type and nature of the surgical procedure. Overall patient outcomes for major surgical procedures are expressed by comparing observed rates of mortality and morbidity to the expected rates for those patients undergoing the procedure as observed-to-expected (O/E) ratios. For example, if, based on patient characteristics, a facility expected 5 deaths following major surgery, but only 4 patients died, the O/E ratio would be reported as 0.8.

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[10] Jencks SF et al. Rehospitalizations among patients in the Medicare fee-for-service program. N Engl J Med 2009; 360:1418-1428.

Listed in columns BS and BT are VA medical centers performing more than 400 major surgical procedures in FY09 and the associated O/E ratios for morbidity and mortality. As reference for this period, VASQIP analyzed 125,955 major surgical procedures performed at 123 VA medical centers. The overall 30-day unadjusted mortality and morbidity rates were 1.31 percent and 8.53 percent, respectively.

Section 3: Equitable Care

Gender

This section compares the outpatient care received by men and women Veterans using HEDIS outpatient composites across VHA facilities. It is important to note that only 5 percent of users of the VHA health care system are women. Although the External Peer Review Program uses a special augmented sample of 30,000 women aged 40 to 69 to increase the precision of the estimates of each quality measure, small sample sizes may limit the ability to compare scores for men and women for some VHA sites. Facility results are only reported if there are 30 or more women in the composite denominator.

The quality of care provided to women is considerably higher in VA health care than the private sector for many gender-specific and gender-neutral measures. For example, VA provides recommended prevention and screening services, such as mammography and cervical cancer screening, to female Veterans at higher rates than commercial health plans. Despite these positive results, there is a consistent gap in the quality of care for several measures between men and women. LDL cholesterol control for at risk and non-risk populations continues to compare less favorably for female Veterans than for male Veterans. In addition, prevention measures including vaccination, colorectal and depression screening continue to be lower for women Veterans, although there is considerable variation in the magnitude of these differences across VISNs and facilities.

Such gender-related gaps in care have also been recognized in private sector health care systems. VHA has been striving to understand and close those gaps for female Veterans by specifically examining patient factors, provider factors and systemic organizational factors that might impact the care provided to female Veterans.

Age

This section compares patients age 65 and older to patients under age 65 on the outpatient HEDIS composites. Comparisons of the quality of outpatient care for different age groups indicate that Veterans aged 65 or older receive slightly higher levels of recommended services than Veterans younger than 65, particularly for preventive health services.

Satisfaction with Care by Race/Ethnicity

This section provides a comparison among race/ethnicity groups on self-reported overall patient satisfaction in the inpatient and outpatient care settings. Facility overall satisfaction scores were obtained from FY09 Survey of Health Experiences of Patients (SHEP) (See Section 6 for a description of SHEP survey procedures). Veterans were classified as White, Black, or other minority group based upon their self response to the following two SHEP questions: 1) Are you of Spanish, Hispanic or Latino origin or descent? ; and 2) What is your race? (Mark all that apply: White (Caucasian), Black or African American, Asian, Native Hawaiian or Pacific Islander, American Indian or Alaska Native). The latter three race categories were collapsed into Other Minority Group due to small numbers at individual facilities. Veterans who provided a positive response to the Hispanic/Latino ethnicity question were classified as Other Minority Group, regardless of their response to the race question. Facility results are not presented if less than 30 African Americans responded. Because of overall small numbers in the Other Minority Groups, comparisons are made only between Whites and African Americans.

Facility patient satisfaction scores for inpatient and outpatient were slightly higher for Whites compared with African American Veterans. The average facility inpatient satisfaction score was 62 percent for Whites versus 60 percent for African Americans. The average facility outpatient satisfaction score was 59 percent for Whites versus 54 percent for African Americans.

The differences in satisfaction scores reported by African American and White Veterans are concerning and are continuing to be investigated by VHA. Possible explanations encompass a wide variety of factors that may include real or perceived discrimination, trust in medical care providers, ethnic concordance between patient and provider, medical knowledge, expectations regarding the medical encounters, religious beliefs, and geographic factors. There are also methodological challenges in measuring patient satisfaction across race and ethnic groups. For example, global ratings of satisfaction (i.e., 0 to 10 scale) can be susceptible to differences in expectations across race and ethnic groups.[11] [12] Higher expectations for health care may result in less positive evaluations of care. A final challenge is the low survey response rate for African Americans that can undermine the representativeness of the results for this sub-population.

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[11] Elliott, M. N., Haviland, A. M., Kanouse, D. E., Hambarsoomian, K., & Hays, R. D. (2009). Adjusting for subgroup differences in extreme response tendency when rating health care: Impact on disparity estimates. *Health Services Research, 44*, 542-561.

[12] Weech-Maldonado, R. W., Elliott, M. N., Oluwole, T., Schiller, C., & Hays, R. D. (2008). Survey response style and differential use of CAHPS rating scales by Hispanics. *Medical Care, 46*, 963-968.

Urban vs. Rural (See Tables 1.3 and 1.4)

The special needs of Veterans who live in rural areas and have to travel further to receive health care is a top priority for the VHA. In this section, determination of Urban versus Rural residence was based on the Veteran's reported home address. Urban areas were defined by U.S. Census as urbanized areas; rural areas are all other areas excluded in U.S. Census defined as urbanized areas. Clinical data were obtained from the External Peer Review Program (EPRP) outpatient samples in FY09. National and VISN weighted scores were calculated for the outpatient quality of care clinical composites. Facility level scores were not calculated because facilities may not be wholly urban or wholly rural based on geographic location. Differences of +/- 5 points are viewed as clinically significant. No adjustments were made for patient characteristics.

In FY09, 59 percent of VHA enrolled patients lived in urban areas while 41 percent lived in rural areas. There was significant variation across Veterans Integrated Service Networks (VISNs) in the proportion of patients residing in rural areas (9 percent to 59 percent) who were seen in the outpatient setting. VISNs 9, 15, and 23 had a high proportion of rural patients (59 percent overall). Low proportions of rural patients were observed in VISNs 3 (10 percent), 8 (23 percent), and 22 (14 percent). There were no clinically significant differences at the national level for any of the outpatient quality of care composites between patients residing in rural and urban areas. At the VISN level, most of the outpatient composite score differences between rural and urban patients were within four percentage points (see Table 1.3), a difference judged to have little clinical significance. Ischemic heart composite scores were lower for urban patients in VISN 3 (-8 percent) and VISN 5 (-6 percent). Tobacco composite scores were higher for urban patients in VISN3 (5 percent).

In additional analyses, we used FY09 Survey of Health Experiences of Patients (SHEP) outpatient data to examine the Consumer Assessment of Healthcare Providers and Systems (CAHPS) composite and reporting measure satisfaction scores for patients living in urban or rural areas (see Table 1.4). There were no clinically significant differences at the national level in the scores for any of the outpatient CAHPS composites and reporting satisfaction measures for patients residing in rural or urban areas, although there is a slight trend towards higher satisfaction among rural Veterans. Within the 21 VISNs, Overall Quality scores showed no significant differences for 16 VISNs, were significantly higher for rural patients in four VISNs, and significantly lower for rural patients in one VISN. The Provider Wait Time and Getting Care Quickly measures had significantly higher scores for rural patients within 7 VISNs. The Getting Needed Care measure had significantly lower scores for rural patients within 5 VISNs. In VISNs 5 and 22 there was also a trend toward higher scores for rural patients in 5 of the 7 outpatient measures.

In summary, satisfaction with VHA ambulatory care is similar among Veterans residing in urban and rural areas. With few exceptions, individual VISNs show either similar, or slightly higher, satisfaction of rural compared with urban Veterans. Additional analysis will be conducted to determine whether factors known to influence patient satisfaction such as age, education, or health status, play a role in understanding patterns of quality for patients residing in rural and urban areas.

Table 1.3: Outpatient Care Composites in Percentages, Urban vs. Rural

Populations	Diabetes Mellitus Urban	Diabetes Mellitus Rural	Prevention Urban	Prevention Rural	Ischemic Heart Dz Urban	Ischemic Heart Dz Rural	Tobacco Urban	Tobacco Rural	Behavioral Health Screening Urban	Behavioral Health Screening Rural
National	87.2	87.6	85.8	86.4	79.4	79.9	93.7	93.8	95.8	96.1
VA New England Health Care System - VISN 1	88.1	87.1	88.1	87.8	81.8	80.2	96	94	96.6	96.6
VA Healthcare Network Upstate New York - VISN 2	87.7	86.4	86.6	87.2	78.5	78.6	98.4	97	94.9	96.1
VA NY/NJ Veterans Healthcare Network - VISN 3	87.1	89.3	85.1	85.4	78.2	85.7	93.6	88.6	95.7	95.5
VA Healthcare - VISN 4	88.9	88.2	87.2	86.6	81	82.7	93	95.7	95.9	97.1
VA Capitol Health Care Network - VISN 5	86.1	89.3	86.1	85	77.4	83.5	94.8	96.1	97.2	97.2
VA Mid-Atlantic Health Care Network - VISN 6	86.9	87.3	90.2	90	79.3	78	97.2	95.9	96.3	96.4
VA Southeast Network - VISN 7	87.5	88.9	86.6	87.5	79.8	80.4	95.8	96.9	95	95.8
VA Sunshine Healthcare Network - VISN 8	87.6	89.8	86.1	86.7	79.6	82.2	92.9	96.8	97.4	96.8
VA Mid South Healthcare Network - VISN 9	87.5	86.7	84.3	84.8	79.4	78.5	90.2	91.9	94.1	91.8
VA Health Care System of Ohio - VISN 10	88	87	87.4	86.7	78.8	80.8	93.8	95.1	96.9	97.6
Veterans In Partnership - VISN 11	86.7	88.4	84.7	85.5	79.2	80.6	92.4	93.3	96.2	97.1
The Great Lakes Health Care System - VISN 12	88.3	91.3	84.5	87.3	83.4	85.8	95.9	94.4	97.1	97.5
VA Heartland Network - VISN 15	86.1	87.1	82.6	85.8	78.4	78.1	95.8	96	94.5	97.5
South Central VA Health Care Network - VISN 16	86.5	87.3	85.5	86.3	79.2	81.2	94.2	90.6	96	96.2
VA Heart of Texas Health Care Network - VISN 17	87.6	88.3	87.9	87.5	79.2	80.9	92.5	88.8	96.6	97.3
VA Southwest Health Care Network - VISN 18	86.6	85.4	86.8	85.3	79.1	78.1	89.7	92.8	93.6	95.4
Rocky Mountain Network - VISN 19	87.1	87.1	84	85.2	81	77	93.1	93.6	96.1	94.4
Northwest Network - VISN 20	87.1	86.6	82.7	83.9	78.7	76.4	92.9	90.8	94	95.6
Sierra Pacific Network - VISN 21	86.8	84.8	85.8	84.7	80.3	82.1	92.6	91.2	96.6	96.9
Desert Pacific Healthcare Network - VISN 22	85.4	84.8	82.4	82.1	76.6	71.3	92.2	93.1	92.9	91.3
VA Midwest Health Care Network - VISN 23	87.7	87.6	87.7	87.3	77.5	76.7	94.8	96.1	97	97.5

Table 1.4. FY09 Outpatient SHEP Scores, Urban vs. Rural

All scores are cumulative from October 2008 through September 2009 except those marked with *. Scores marked with a * are cumulative from April 2009 through September 2009. Definitions of Urban and Rural were obtained from 10A5. % Pos are the percent of patients who responded positively to the given metric. N is the number responding to the composite or reporting measures not in the total patient population.

Table 1.4.a. Overall Rating of Health Care

Reporting Level	Urban % Pos	Urban N	Rural % Pos	Rural N
National	57.5	42087	57.8	57495
VISN1	64.7	3345	62.1	2544
VISN2	66.8	1236	62.5	2829
VISN3	60.9	3352	60.5	682
VISN4	63.8	3286	65.5	4063
VISN5	55.9	976	65.1	992
VISN6	52	1082	56.8	1967
VISN7	58.4	1965	57.1	2777
VISN8	63.7	4076	59.1	2171
VISN9	52.6	1478	53.1	4016
VISN10	58.3	2054	59.1	2420
VISN11	51.4	1703	62.7	2320
VISN12	59.2	2173	61.5	2753
VISN15	60.9	1295	54.7	4575
VISN16	51.2	1805	53.6	3902
VISN17	52.8	1376	60.5	2199
VISN18	51.2	1637	48.7	3582
VISN19	53.3	1507	54.5	3549
VISN20	52.6	1542	53	2551
VISN21	62.2	2152	62.7	1763
VISN22	52.4	2785	62.6	664
VISN23	61.1	1262	60.6	5176

Table 1.4.b. Overall Rating of Specialist

Reporting Level	Urban % Pos	Urban N	Rural % Pos	Rural N
National	61.7	40416	62.6	49481
VISN1	66.8	2910	67.5	2288
VISN2	67.6	989	65.7	2389
VISN3	62.8	3160	62.2	667
VISN4	66	2581	67.5	3044
VISN5	51.8	1015	62.5	865
VISN6	58	1154	64.7	1997
VISN7	62.5	1910	64.6	2490
VISN8	67.8	4035	63.4	2174
VISN9	62.6	1412	57.1	3658
VISN10	61.4	2003	60.5	2190
VISN11	59	1585	68.5	1823
VISN12	61.5	1920	62.6	1950
VISN15	57.4	1244	62.3	3668
VISN16	58.7	1765	58.1	3618
VISN17	55.4	1386	62.8	1994
VISN18	59.4	1632	57.6	3279
VISN19	59.1	1550	60.1	2908
VISN20	61.3	1465	64.7	2191
VISN21	64.4	2486	65.7	1800
VISN22	57.5	3120	60.2	690
VISN23	61.9	1094	62.7	3798

Table 1.4.c. Overall Rating of Personal Doctor/Nurse

Reporting Level	Urban % Pos	Urban N	Rural % Pos	Rural N
National	65.9	70435	66.1	88715
VISN1	69.6	5598	71	4067
VISN2	67.7	1936	69.7	4141
VISN3	73.1	5854	63	1101
VISN4	72.2	5313	74.1	5958
VISN5	68.5	1692	75.4	1723
VISN6	64.3	1799	63.3	3242
VISN7	66	3190	66.2	4286
VISN8	69.6	6903	65.6	3513
VISN9	62.1	2463	64.3	6052
VISN10	64.7	3590	63.9	3634
VISN11	61.2	2808	68.2	3494
VISN12	68.1	3622	70.8	4174
VISN15	64.3	2214	63.3	6858
VISN16	63.9	2950	62.1	6313
VISN17	58.4	2219	68.8	3393
VISN18	59.8	2690	63.7	5639
VISN19	66.3	2646	61.4	5528
VISN20	63	2475	57.7	3890
VISN21	66	3812	69	2938
VISN22	61.7	4629	72.3	1103
VISN23	68.4	2032	70.1	7668

Table 1.4.d. Provider Wait Time (20 Minutes or less)

Reporting Level	Urban % Pos	Urban N	Rural % Pos	Rural N
National	77.3	91828	81.4	123318
VISN1	84.7	7155	89.8	5473
VISN2	89.4	2635	90.2	6174
VISN3	76.5	7342	76.9	1467
VISN4	84.1	7180	88.6	8740
VISN5	72.8	2144	79.7	2275
VISN6	75.2	2372	82.7	4351
VISN7	77.7	4302	75.9	5835
VISN8	70.2	9040	78.6	4719
VISN9	76.3	3140	76	8270
VISN10	85.3	4543	88.1	5131
VISN11	76.4	3795	85.3	4857
VISN12	76.2	4719	88.1	5943
VISN15	80.4	2914	83.3	9948
VISN16	69	3913	73.9	8614
VISN17	69.8	2969	70.9	4674
VISN18	77.3	3456	80	7882
VISN19	82.5	3237	85.7	7503
VISN20	86.6	3290	83.2	5290
VISN21	85.4	4703	83.7	3780
VISN22	73.7	6285	87.2	1489
VISN23	84.5	2694	86.9	10903

Table 1.4.e. Getting Care Quickly

Reporting Level	Urban % Pos	Urban N	Rural % Pos	Rural N
National	76.1	17268	78.3	22262
VISN1	90.8	1209	83.9	935
VISN2	91.8	452	82.5	1063
VISN3	81.7	1310	84.4	267
VISN4	81.4	1149	90.4	1381
VISN5	77.1	435	78.1	354
VISN6	69.6	475	77	819
VISN7	75.9	855	75.4	1112
VISN8	78.8	1583	78.7	875
VISN9	75.4	638	73.3	1616
VISN10	75	827	84.6	902
VISN11	77	665	81.8	900
VISN12	77.7	849	87.5	963
VISN15	77	537	77.8	1708
VISN16	71.7	780	69.3	1551
VISN17	60.6	631	78.7	950
VISN18	74.7	735	72.4	1536
VISN19	73.9	699	79.8	1434
VISN20	82.7	738	76.7	1070
VISN21	83.9	980	79.8	735
VISN22	64.8	1234	80.6	301
VISN23	81.7	491	85.7	1796

Table 1.4.f. Getting Needed Care

Reporting Level	Urban % Pos	Urban N	Rural % Pos	Rural N
National	80.1	24300	81.1	31890
VISN1	90	1770	88.4	1351
VISN2	91.4	664	86.1	1541
VISN3	84.6	1886	74.7	420
VISN4	85.2	1658	89.5	2051
VISN5	76.5	592	82	526
VISN6	72.3	656	76.4	1140
VISN7	74.6	1176	73.9	1564
VISN8	81.8	2348	77.9	1272
VISN9	80.9	816	78.4	2197
VISN10	82.7	1200	89.3	1411
VISN11	83.9	984	85.7	1323
VISN12	85.3	1226	84.7	1415
VISN15	74.7	714	84	2435
VISN16	72.4	1059	76.1	2156
VISN17	76.9	851	77.7	1310
VISN18	77.1	1009	80.8	2106
VISN19	76.5	942	82.8	2049
VISN20	81.9	938	84.7	1491
VISN21	85.4	1387	82.9	1078
VISN22	74.3	1759	82.4	411
VISN23	84.4	671	85.6	2649

Table 1.4.g. How Well Doctors/Nurses Communicate

Reporting Level	Urban % Pos	Urban N	Rural % Pos	Rural N
National	91.6	71184	92.1	89669
VISN1	94.7	5661	95.4	4108
VISN2	93.3	1955	95.2	4194
VISN3	95.3	5910	95.3	1115
VISN4	93.7	5379	95.7	6035
VISN5	90.6	1730	96.4	1734
VISN6	89.5	1820	91.1	3287
VISN7	92.4	3229	90.3	4327
VISN8	92.3	6979	89.4	3544
VISN9	90.2	2470	91.2	6116
VISN10	92.6	3629	92.2	3665
VISN11	90.8	2854	93.6	3561
VISN12	92	3645	94.3	4228
VISN15	90.9	2228	91.6	6902
VISN16	89.6	2981	90.8	6377
VISN17	83.8	2251	90.6	3433
VISN18	89.9	2709	90.8	5690
VISN19	92.5	2663	93.6	5608
VISN20	92.6	2501	90.3	3929
VISN21	92.9	3863	93.3	2963
VISN22	90.2	4672	93.5	1119
VISN23	94.1	2057	94.7	7739

Section 4: Safe Care

Health Care-Associated Infections

The rates of health care-associated occurrences for ventilator associated pneumonia, central line blood stream infections and Methicillin Resistant Staph Aureus in VA hospitals were generally low. One of the most serious and preventable is pneumonia occurring in Veterans who require mechanical ventilation. The rates of ventilator-associated pneumonia in VA ranged from 0 to 14.8 per 1000 days of mechanical ventilation with pooled mean of 2.3 for medical/surgical intensive care units (ICUs). Thirty-five facilities had no ventilator associated pneumonias during FY09.   By way of comparison, the Centers for Disease Control (CDC) reported for 2006-2008 a pooled mean rate of ventilator-associated pneumonia of 2.9 among medical/surgical major teaching ICUs with the 10th percentile of 0.0 and 90th percentile of 5.6.[13]

Intravascular catheters are indispensable in modern-day medical practice, particularly in ICUs, but their use puts patients at risk for local and systemic infectious complications. The use of central lines (catheters that terminate at or close to the heart or in one of the great vessels) is particularly common in the ICU. The incidence of central line associated bloodstream infections varies considerably by type of catheter, frequency of catheter manipulation, and patient-related factors (e.g., underlying disease and acuity of illness). The rates for of central line associated bloodstream infections in VA hospitals were generally quite low ranging from 0 to 27.8 per 1000 days of line placement with a pooled mean of 1.8. Thirty-five facilities had no central line associated bloodstream infections. By way of comparison, the National Healthcare Safety Network (NHSN) indicates that infection rates in 2006-2008 from a select group of medical major teaching ICUs in private sector hospitals that self-report, range from a 10th percentile of 1.1 to a 90th percentile of 5.2 per 1000 line days (median = 2.3).[13]

Methicillin-Resistant Staphylococcus Aureus (MRSA). Healthcare-associated infections with MRSA can cause significant mortality and morbidity for hospitalized patients. After a successful demonstration project to reduce MRSA healthcare-associated infections at the VA Pittsburgh Healthcare System, VHA has undertaken an MRSA Prevention Initiative to reduce healthcare-associated infections with MRSA system-wide. This initiative includes performing active surveillance screening on persons admitted to hospital for acute medical care and during subsequent transfers and discharges, as appropriate, to identify patients who may be colonized with MRSA. Based on this initiative, VA is reporting health care-associated infection with MRSA in both the ICU and non-ICU acute care settings. Additionally, as a performance measure to assess compliance with active surveillance screening, data are collected on the number of opportunities for screening which are completed.

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[13] Edwards, J.R., Peterson, K.D., Mu, Y., et al. (2009). National Healthcare Safety Network (NHSN) report: Data summary for 2006 through 2008, issued December 2009. *Am J Infect Control 37: 783-805.*

From the time of full implementation of the MRSA Initiative in October 2007 through June 2009, monthly rates of MRSA health care-associated infections have decreased 76 percent in the ICU setting and have decreased 28 percent in the non-ICU acute care setting. The mean baseline rate for 2009 for ICU MRSA healthcare-associated infections was 0.6 infections/1,000 bed days of care, and for the non-ICU acute care setting, this rate was 0.35 infections/1,000 bed days of care. Twenty-six facilities had no cases of MRSA infections (including Acute Care and ICU). There are no similar nationwide data currently available against which VA can compare itself. Similarly, no nationwide data are available against which VA can compare itself for compliance with active surveillance screening in a program for MRSA Prevention.

Other

ICU Risk Adjusted Length of Stay. Although intensive hospital care is potentially life-saving, prolonged ICU care is expensive and may expose Veterans to complications such as healthcare associated infections. Thus, one measure of quality health care is to ensure a patient's length of stay in the ICU is appropriate for the patient's needs. To assist in tracking the appropriate length of treatment in the ICU, VHA calculates an Observed Minus Expected Length of Stay (OMELOS), which is a risk adjusted measure of appropriate ICU utilization that accounts for characteristics of the individual patient such as age, diagnoses, and laboratory values that determine need for more intensive treatment. An OMELOS less than 0 indicates that on average, Veterans in that ICU stay for a period that is shorter than what is expected based on their risk, while an OMELOS greater than 0 indicates the opposite. Values for OMELOS across the VHA system ranged from -1.60 to -1.49, with a facility mean of - 0.12.

Insulin Induced Hypoglycemia. The parameters for optimal glucose control have been studied in literature for several years. Recent studies in the critical care population identified severe hypoglycemia (low blood glucose) as a significant risk of intensive glucose control. The VA reports the proportion of patient days which include a measured blood glucose concentration <45mg/dl or <60mg/dl for Veterans receiving hypoglycemic agents. Only a small number of sites exceed the mean of 3.2 for <60mg/dl and 1.1 mean for <45mg/dl.

Hospital Acquired Pressure Ulcer Rate. Pressure ulcer prevention is an important patient safety goal. According to the Institute for Healthcare Improvement (IHI), 1 million people develop pressure ulcers annually, while approximately 60,000 acute care patients die from related complications. The Institute for Healthcare Improvement (IHI) recommends measurement of pressure ulcer <u>incidence</u> as an outcome measure, using either 100 patient admissions or 1,000 patient days as the denominator. The IHI Mentor Hospital Registry lists hospital acquired pressure ulcer <u>incidence</u> rates ranging from 1.14 percent to 5.07 percent. When reviewing comparative data, it is important to ensure that the incidence rate is reviewed (many health care facilities use prevalence as a measure for hospital acquired pressure ulcers).[14]

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[14] http://www.ihi.org/IHI/Programs/Campaign/mentor_registry_pu.htm

Root Cause Analyses (RCAs)

Root Cause Analysis (RCAs), an important process for ensuring the delivery of safe care, involves identifying the basic or contributing causal factors to adverse events or close calls[15]. RCAs have the following characteristics:

- The review is interdisciplinary in nature with involvement of those closest to the process.
- The analysis focuses primarily on systems and processes rather than individual performance.
- The analysis digs deeper by asking *what* and *why* until all aspects of the process are reviewed and all contributing factors are identified (progressing from looking at special causes to common causes).
- The analysis identifies changes that could be made in systems and processes through either redesign or development of new processes or systems that would improve performance and reduce the risk of event or close call recurrence.

Timely RCAs help assure that actions in response to adverse events and close calls are implemented rapidly. RCAs completed in ≤ 45 days is the percentage of RCA reports that were completed within the required 45-day analysis period, starting from the event aware date and ending on the date the facility director signs off on the completed RCA. Forty-five days for completion of an RCA is a Joint Commission standard for sentinel events and also a requirement included in the VHA Patient Safety Improvement Handbook. From FY06 to date great progress has been made in the timeliness of RCAs, even as the overall number of RCAs submitted has increased (Table 1.5). RCAs constitute only about 1.3 percent of all reported adverse events and close calls so an increase in RCAs does not necessarily represent an increase or decrease in adverse events or overall patient harm.

Table 1.5: Root Cause Analysis Timeliness and Volume Trends, FY06-FY09

RCA Parameter	FY06	FY07	FY08	FY09
Mean RCA Duration (Date Aware - Date Signed)	75	66	46	42
Percent RCAs Completed Within 45 Days	44.5	51.2	85.4	95.7
Percent RCAs Completed Within 46 to 90 Days	32.7	30.6	9.8	3.2
Percent RCAs Completed Within >90 Days	22.8	18.1	4.8	1.1
Total Number of RCAs Submitted	1024	1224	1472	1314

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[15] http://www.patientsafety.gov/glossary.html

Section 5: Timely Care

Access to Care

Wait times for Completed Appointments. This is a measure of the actual wait time looking back from the date the appointment is completed. During FY09, wait time for a "new" patient (defined as a patient not seen within the last 24 months at that facility for a specific type of clinical service) was measured as the number of days the patient waited on the electronic wait list to be given an appointment, or the number of days from the date the appointment was created until the date of the completed appointment, whichever number is greater. Wait times for "established" patients (all other patients) were measured as the number of days individual patients waited between the desired date for the appointment and the date of the completed appointment. In the event of an appointment being cancelled by the clinic, the wait time for the rescheduled appointment included all wait time for the cancelled appointment, added on to that of the rescheduled appointment. All facilities in FY09 reported greater than 90 percent of requested appointments were completed in 30 days or less for both primary and specialty care.

Section 6: Patient Centered Care

Beginning in FY09, the Survey of Healthcare Experiences of Patients (SHEP) began the two year transition from a proprietary survey with few available external benchmarks to a new public-domain survey instrument, the Consumer Assessment of Healthcare Providers and Systems (CAHPS). The CAHPS program (https://www.cahps.ahrq.gov/default.asp) is a public-private initiative to develop standardized surveys of patient experiences with inpatient and outpatient care. Due to the administration of new surveys using CAHPS protocol, the results for FY09 cannot be compared with SHEP results from prior years.

We report FY09 hospital results for the CAHPS standardized composites and reporting measures (see list below). Composites are aggregation of two or more individual questions, and reporting measures are based on a single question.[16]

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[16] Further detail on the calculation of CAHPS composites is available in Description of Data Elements, Part 4 of this report.

Inpatient Composite and Reporting Measures	Outpatient Composite and Reporting Measures
• Overall Rating of Hospital • Communication with Nurses • Communication with Doctors • Communication about Medication • Nursing Services • Discharge Information • Pain Control • Cleanliness of the Hospital Environment • Quietness of the Hospital Environment • Willingness to recommend Hospital	• Outpatient Satisfaction (Overall Rating of Healthcare) • Getting Needed Care • Getting Care Quickly • How Well Doctors/Nurses Communicate • Rating of Personal Doctor/Nurse

Composites and reporting scores are calculated as the <u>weighted</u> percentages of survey responses. Inpatient results use population weights to reflect the numbers of patients at each facility, bedsections and other categories such as age and gender. Also, inpatient scores exclude responses from Psychiatry bedsection. Outpatient results use population weights to reflect the numbers of patients at each facility or clinic and other categories such as age, gender and patient type (primary care new and established, non-primary care). Outpatient scores for Overall Rating of Healthcare, Getting Needed Care, and Getting Care Quickly reflects data collected from April 2009 through September 2009.[17]

The FY09 SHEP scores presented in this report include additional adjustments to account for a change in survey protocol to align the hospital CAHPS methodology to the requirements for public reporting on the CMS Hospital Compare Web site. This allows the results presented in this report to be compared to future updates.

Survey Sampling:

Outpatient Sampling - All patients who had received provider-based ambulatory care in a given month and who had not been selected for participation in a previous SHEP survey in the past 12 months were eligible. All sites providing such care were included. Samples of patients were drawn at each of these sites. At each site, a fixed number of patients were randomly selected from each of three pools—New Primary Care, Established Primary Care, and Specialty Care patients—in order to ensure sufficient representation of each of these three groups. In particular, 15 patients per group per site per month were sampled, for a total of 45 patients per site per month. (In cases where there were fewer than 15 patients per group to draw from, these numbers were adjusted, with the goal of still sampling 45 individuals per site.) A survey is mailed to selected patients early in the second calendar month following their outpatient visit.

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[17] Outpatient data collected between October 2008 and March 2009 were determined to be untrendable due to the presence of a "skip pattern" in the questionnaire that resulted in patients failing to complete a response for several key survey items

Inpatient Sampling - All patients who had received provider-based inpatient care in a given month and who had not been selected for participation in a previous SHEP survey in the past 12 months were eligible. All sites providing such care were included. Samples of patients were drawn at each of these sites. Sample sizes were customized for each site based on past performance, previous response rates, and the number of eligible patients at that particular site. A survey is mailed to selected patients early in the second calendar month following their discharge from inpatient care.

Survey Administration. SHEP employs a modified version of the methodology described by Dillman for the administration of mail surveys.[18] Veterans selected for the survey are sent a pre-survey notification letter explaining the nature and goals of the upcoming survey and encouraging the Veteran to participate. One week later the questionnaire is mailed to everyone in the sample. Thank you/reminder postcards are sent to the entire sample one week later. Data collection remains open for three weeks after the postcard is mailed.

Because the facility results provided in this report were unadjusted CAHPS scores, we caution conducting comparisons across hospitals. Self-reported patient satisfaction depends on both on patient expectation, the actual quality of the actual care received, and the perception of that quality relative to expectation. Important factors influencing perceptions of care include age, gender, education, and health status. Other non-patient factors that can affect hospitals scores include mode of administration (e.g., mail vs. telephone) and geographic region.

Although VA administers patient satisfaction surveys using standardized CAHPS surveys and administration protocol, external benchmarking of VA performance is also imperfect due to challenges of adjusting for differences in case-mix and other factors. In Tables 1.6 and 1.7, we provide the unadjusted VA national scores and the scores from the outpatient national CAHPS data base and the CMS Hospital Compare Web site. As mentioned previously, the inclusion of VA data in Hospital Compare will create adjusted scores for all VA hospitals and will permit a fair comparison of performance between VA and non-VA hospitals.

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[18] Dillman, D. A. *Mail and telephone surveys: The total design method.* New York: Wiley, 1978.

Table 1.6: Unadjusted CAHPS Comparisons (Outpatient)

Outpatient CAHPS Composites and Reporting Measures	VA FY09	Commercial[1] 2009	Medicare[2] 2009
Getting Needed Care	80	86	90
Getting Care Quickly	77	87	87
Doctor/Nurse Communication	92	94	94
Rating of Personal Dr/Nurse	66	63	74
Rating of Specialist	62	62	69
Rating of Overall Healthcare	57	48	57

[1] Commercial results based on surveys collected from September 2008 thru June 2009; 405 health plans
[2] Medicare survey data were collected from February 2009 thru June 2009; 405 health plans

Table 1.7: Unadjusted CAHPS Comparisons (Inpatient)

Inpatient HCAHPS Composites and Reporting Measures	VA FY09	Hospital Compare[1]
Communication with Nurses	92	94
Communication with Doctors	92	95
Communication About Medications	77	78
Responsiveness of Hospital Staff	83	89
Cleanliness of Hospital Environment	91	90
Quietness of Hospital Environment	85	88
Pain Management	88	92
Discharge Information	81	81
Rating of Hospital	63	65
Willingness to Recommend	66	68

[1] Results taken from CMS Hospital Compare website and based on surveys collected from June 08 to July 09

Section 7. Efficient Care

Ambulatory Care Sensitive Conditions Hospitalizations

Hospitalizations due to ambulatory care sensitive conditions (ACSCs) such as hypertension, CHF and pneumonia are believed to be potentially avoidable or preventable if ambulatory care is provided in a timely and effective manner. The Agency for Healthcare Research and Quality (AHRQ) and the Institute of Medicine have endorsed ACSC rates as Preventive Quality Indicators (PQI),[19] furthermore, the Centers for Medicare and Medicaid Services (CMS) have conducted studies evaluating ACSC hospitalizations among Medicare Fee-for-Service Beneficiaries.   The 12 ACSC Conditions that apply to Veterans are:

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[19] http://www.qualityindicators.ahrq.gov/

Adult Asthma
Angina without Procedure
Bacterial Pneumonia
Chronic Bronchitis
Chronic Obstructive Pulmonary Disease (COPD)
Congestive Heart Failure
Dehydration
Diabetes Mellitus
Diabetes Mellitus Lower Limb Peripheral Vascular Disease
Hypertension
Perforated Appendix
Urinary Tract Infection

All 12 ACSC Conditions: Hospitalizations per 1000 ACSC Patients: This is the rate of ACSC hospitalizations per 1000 unique ACSC patients during Fiscal Year 2009. A total of 130 ICD-9 diagnosis codes associated with the 12 ACSCs listed previously were used to identify all patients with any of the ACSCs (see code detail at http://www.qualityindicators.ahrq.gov/pqi_download.htm) in any position in the inpatient, outpatient, and Fee/Contract files. Avoidable or ACSC hospitalizations were identified by matching these 130 ICD-9 codes to the principal diagnosis in the inpatient main files *(certain CHF and pneumonia admissions are excluded according to AHRQ's algorithm*). ACSC patients and hospitalizations were then assigned to facilities by their assignment to an associated Primary Care Provider (PCP).

Congestive Heart Failure (CHF): Hospitalizations per 1000 CHF ACSC Patients: This is the rate of CHF ACSC hospitalizations per 1000 unique CHF ACSC patients during Fiscal Year 2009. A total of 25 ICD-9 diagnosis codes associated with the CHF ACSCs were used to identify all patients with any of the ACSCs (see code detail at http://www.qualityindicators.ahrq.gov/pqi_download.htm) in any position in the inpatient, outpatient, and Fee/Contract files. Avoidable or ACSC hospitalizations were identified by matching these 25 ICD-9 codes to the principal diagnosis in the inpatient main files *(certain CHF admissions are excluded according to AHRQ's algorithm*). CHF ACSC patients and hospitalizations were then assigned to facilities by their assignment to an associated Primary Care Provider (PCP).

Pneumonia: Hospitalizations per 1000 Pneumonia ACSC Patients: This is the rate of bacterial pneumonia ACSC hospitalizations per 1000 unique bacterial pneumonia ACSC patients during Fiscal Year 2009. A total of 12 ICD-9 diagnosis codes associated with the bacterial pneumonia ACSCs were used to identify all patients with any of the ACSCs (see code detail at http://www.qualityindicators.ahrq.gov/pqi_download.htm) in any position in the inpatient, outpatient, and Fee/Contract files. Avoidable or ACSC hospitalizations were identified by matching these 12 ICD-9 codes to the principal diagnosis in the inpatient main files (certain pneumonia admissions are excluded according to the AHRQ's algorithm). Bacterial Pneumonia ACSC patients and hospitalizations were then assigned to facilities by their assignment to an associated Primary Care Provider (PCP).

Note: ACSC hospitalizations with "admission source" equal to "research" and all ACSC hospitalizations resulting in death are excluded from the count of hospitalizations in the reported ACSC rates.

When benchmarking to other organizations, it is important to understand the definition of population used in the denominator. For many organizations, calculating the population (i.e. Heart Failure, Pneumonia, etc.) is difficult, if not impossible and, therefore, they will frequently utilize the total population in the denominator. The use of the total population in the denominator will produce lower hospitalization rates than those included in the VHA analysis. Additionally, the lack of Medicare, Medicaid, and/or Private Insurance diagnosis and hospitalization data (numerator and denominator) may not provide an accurate accounting of ACSC rates in patients who may rely on both VHA and Medicare for their healthcare.

Results

All 12 Ambulatory Care Sensitive Conditions (ACSC): VHA provided health care to 5,447,889 unique patients in Fiscal Year 2009. Of these patients, 57 percent (3,101,457) were identified as having one or more of the 12 ACSC conditions. Hospitalizations in the ACSC population represented 14 percent (95,507 of 693,483) of the total hospital admissions to a VA or Non-VA facility. The average number of ACSC admissions was 687 with a range of 73 to 2,391. The system-wide rate of ACSC Admissions per 1,000 ACSC Patients was 30.8. Hospitalization rates for the 139 individual VHA facilities varied substantially with a range of 7.8 to 71.2; however, reported rates are not risk-adjusted. When VHA data were adjusted for patient risk and other variables, 47 percent (66 of 139) of VHA facilities were found to have higher than expected ACSC admission rates and 53 percent (73 of 139) lower than expected rates.

Geographic variation in raw VISN rates also exists, with the highest rate around 37.0 in the South Central and Midwest parts of the country, where VISN 9 and VISN 15 facilities are located, and the lowest rates of 21.4 and 24.4 in the West North Central (VISN 23) and New England States (VISN 1) respectively.

Congestive Heart Failure (CHF): 4 percent of VHA patients (212,293 of 5,447,889) were identified as having a Congestive Heart Failure (CHF) condition. Hospitalizations in the CHF population represented 4 percent (25,024 of 693,483) of the total hospital admissions to a VA or Non-VA facility. The average number of CHF admissions was 180 with a range of 16 to 776. The system-wide rate of CHF Admissions per 1,000 CHF patients was 117.9. Hospitalization rates for the 139 individual VHA facilities varied greatly from 21.0 to 334.2; however, reported rates are not adjusted for patient factors that may influence risk of admission. When VHA data were adjusted for patient risk and other variables, 47 percent (66 of 139) of VHA facilities were found to have higher than expected CHF admission rates and 53 percent (73 of 139) lower than expected rates.

Geographic variation in raw VISN rates exists with the highest rate of 160.3 in the South Atlantic part of the country (VISN 5) and the lowest rate of 72.5 in the West North Central (VISN 23).

Pneumonia: 1.3 percent of Veterans (72,799 of 5,447,889) were identified with a Pneumonia condition. Hospitalizations in the Pneumonia population represented 2.7 percent (18,459 of 693,483) of the total hospital admissions to a VA or Non-VA facility (FY09). The average number of Pneumonia admissions was 133 with a range of 13 to 392. The system-wide rate of Pneumonia Admissions per 1,000 Pneumonia patients was 253.6. Hospitalization rates for the 139 individual VHA facilities varied greatly from 103.4 to 479.2; however, reported rates are adjusted for patient factors that may influence risk of admission. When VHA data were adjusted for patient risk and other variables, 53.2 percent (74 of 139) of VHA facilities were found to have higher than expected Pneumonia admission rates and 46.8 percent (65 of 139) lower than expected rates.

Geographic variation in raw VISN rates exists, with the highest rate of 301.0 in the Mid-Atlantic States (VISN 3), and the lowest rate of 208.8 in the Northwestern states (VISN 20).

Conclusions

VHA has been an early adopter of performance measurement and improvement within an integrated health system. As a publicly funded health care system, VHA has a special responsibility to maintain the trust of the Veterans we serve and the public at large through reporting and transparency. With this report, VHA sets a new standard in reporting quality measures reflecting the structure, processes and outcomes of care. We are not aware of any U.S. health care system that reports similarly detailed information at the facility level.

The data presented in this report show that overall, VHA has made great strides in improving the quality and safety of its health care services, and compares quite favorably to available external benchmarks. Nonetheless, the report identifies continued challenges, including persistent variation in performance by region and facility, and continued disparities in the quality of care received by important groups of patients including women and African-American Veterans. VHA is strongly committed to reversing these trends. The challenges of regional variation in quality and disparity by gender, race, and ethnicity are persistent problems in the larger U.S. health system as well.[20] VHA has been in the forefront of documenting the existence of racial disparities in health care, understanding the mechanisms producing these disparities

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[20] AHRQ, 2009 National Healthcare Quality and Disparity Reports, http://www.ahrq.gov/qual/qrdr09.htm

and developing interventions to reduce disparities,[21] including the work of the Center for Health Equity Research and Promotion (CHERP), established in 2001.

VHA continues to expand the scope of quality and performance measurement, and to use those findings to identify areas for continued improvement. VHA's relentless commitment to self-examination and improvement is critical to meeting our mission, which is to serve and honor the men and women who are America's Veterans.

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[21] Department of Veterans Affairs, Racial and Ethnic Disparities in the VA Healthcare System, www.hsrd.research.va.gov/publications/esp/RacialDisparities-2007.pdf

Part 2: Adverse Event and Close Call Reporting in the Veterans Health Administration FY06 to FY09

Introduction

In 1999, the VA National Center for Patient Safety (NCPS) was established to lead the effort to improve the safety of patients cared for in the VA health system. One of the mechanisms that NCPS employs is the collection of reports of adverse events and close calls occurring at VA Medical Centers (VAMCs). Every year since 1999, the number of reports to NCPS has increased, with nearly 400,000 being received during Fiscal Years (FY) 2006 to 2009. Most of the reports document events that caused little or no harm to patients, but may be used to identify and elucidate the same problems that sometimes cause serious harm to patients.

Much of VA's patient safety program has focused on performing in-depth local reviews of individual adverse events through the root cause analysis (RCA) process, or in-depth local reviews of sets of adverse events and close calls on a single major category through aggregated reviews (ARs) and then utilizing this information to guide actions that will prevent harm to our patients in the future. NCPS staff has sorted RCAs as occurring in over 50 different categories, while ARs have been confined to almost entirely the four categories (falls, medications, missing patients, and suicide-related behaviors) identified at the outset of the program as occurring frequently. For FY06 to FY09, about 1.3 percent of all reports were the subject of dedicated single-case RCAs and about 70 percent of reports were in the four areas referenced above, with falls constituting about 43 percent of all reports. The five most frequent topics of RCAs were falls, delay in treatment/diagnosis/surgery (inpatient), "high alert" adverse drug events, unexpected death (Other Than Suicide), and outpatient suicide. In the period from FY06 to FY09, there was a large increase in the number of reports related to suicide and suicide attempts, with the number of RCAs on outpatient suicides going from 36 in FY06 to 138 in FY08, and the number of reports of suicide-related incidents (including attempts and gestures) submitted for potential AR going from 2,910 in FY06 to 6,489 in FY08. During this time, many other organizations in VHA in addition to NCPS and local patient safety programs were increasing their work on suicide prevention, with NCPS's efforts focusing especially on eliminating vulnerabilities to suicide in the inpatient environment of care. In FY09, the VHA Office of Patient Care Services Mental Health Group and the suicide prevention coordinators working with them at the VAMC level took on increasing and primary responsibilities in the area of suicide prevention.

Prior to an RCA being conducted, each incident to be reported is scored on a scale from 1 to 3 using the "safety assessment code" (SAC) developed by NCPS, with events scored 3, being the most harmful or potentially harmful. Overall, 44 percent of RCAs were scored as 3 and 56 percent scored 1 or 2, but the ratios within different categories varied widely. For example, there were slightly more hospital-acquired infections scored 3 than 1 or 2 combined, but for RCAs on missing patients there were more than 10 RCAs scored 1 or 2 for every RCA scored 3. Each RCA contains one or more

actions that must be implemented to try to prevent the occurrence or recurrence of similar events. The mean number of actions designed to reduce or prevent the likelihood of similar future events per RCA is about three. Patient safety staff at the VAMC is required to report back to NCPS regarding the effectiveness of RCA actions. Overall, 84 percent of actions were rated as having made the situation better, 15.7 percent rated as about the same, and 0.3 percent rated as worse. This data, while clearly having the weakness of being self-reported, suggests that the core imperative to "do no harm" is likely being met as VAMC staff work to improve patient safety.

The categories of RCAs reported vary widely by health care setting. For example, the most frequent category of RCA in long-term care settings is falls, while for OR, ER, and ICU settings the most frequent is the category of "delay in treatment/diagnosis/ surgery." The frequency of reports in the latter category suggests that further study of this group of RCAs is needed, and that it may be appropriate to subdivide this category into more specific subcategories. The work of other VHA groups studying tort claims related to misdiagnosis and related topics may be helpful in this effort. Preliminary NCPS work in this category has already begun with an "RCA Topic Summary" recently being completed on this topic. RCA Topic Summaries have been prepared on 33 different topics ranging from adverse events related to anticoagulation therapy, to home fires associated with oxygen use, to cleaning and sterilization of surgical instruments.

The Joint Commission and VHA both require that RCAs be completed within 45 days, and NCPS tracks RCA timeliness. Working with the Office of the Deputy Under Secretary for Health for Operations and Management to provide performance data to VAMC leaders, the rate of on-time RCAs went from 45 percent in FY06 to 96 percent in FY09. RCAs submitted after more than 90 days has gone from 23 percent in FY06 to 1.1 percent in FY09. In addition to tracking the timeliness of RCAs, NCPS staff assesses the quality of RCAs in terms of the actions contained in the RCAs, and their connections to quantifiable action measures and management concurrence. Data from FY06 to FY09 has shown steady improvement in this aspect of RCA quality.

The number of RCAs completed at VHA facilities and reported to NCPS, although small in comparison to the total number of incidents reported, is greater than the number submitted to some other organizations, and should be understood in context. For example, The Joint Commission, which collects data on "sentinel events" only, received approximately 3,000 RCAs for the period from FY06 to FY08. The state of Minnesota received less than 800 reports for the five-year period from FY03 to FY08; it confines reporting of adverse events to occurrences of 28 types of serious reportable events (sometimes called "Never" events). Pennsylvania has cast a wider net, and has made some reporting mandatory; it received reports of 8,645 "Serious Events" and 211,229 "Incidents" for FY08. These three non-VA cases suggest that when the topics and criteria for reporting are strictly limited, then there will be few reports submitted, and when topics are unconstrained and there is a mandate for reporting, then many reports will be submitted. The correlation between the number of reports submitted to a health care facility or system and the facility's or system's safety has not been established and should not be assumed to be related (directly or inversely) to the number of events or RCAs reported.

VHA has encouraged reporting not for the sake of accumulating reports, but primarily for identifying problems that need to be addressed at the local level, and in some cases nationally through responses such as patient safety alerts, new purchasing decisions, and new practices or policies. The data presented in this report for FY06 to FY09 suggest that facility-level VHA staff believe that the actions they have designed and implemented as part of the RCAs performed in response to adverse events and close calls have been effective. The data compiled by NCPS also shows reporting continuing to increase, timeliness of RCAs improving, and the assessed quality of RCAs submitted by VAMCs increasing.

Section 1: Overview and Event Types and Locations Associated with Root Cause Analyses Submitted FY06 to FY09

To improve patient safety within the VA health care system – a system that provides comprehensive health care services to about 6 million Veterans across the United States through over 150 VA Medical Centers (VAMCs) within 21 geographically defined integrated service networks – in 1999, the VA established the National Center for Patient Safety (NCPS). To allow facility, network and VHA-wide learning about adverse events, NCPS developed a standardized method for "root cause analysis" (RCA) of adverse events and close calls. Each VAMC supports a full-time patient safety manager that is responsible for implementing the patient safety program, a major focus of which is performing RCAs.

NCPS defines adverse events as "untoward incidents, therapeutic misadventures, iatrogenic injuries or other adverse occurrences directly associated with care or services provided within the jurisdiction of a medical center, outpatient clinic or other facility." Adverse events may result from acts of commission or omission (e.g., administration of the wrong medication, failure to make a timely diagnosis or institute the appropriate therapeutic intervention, adverse reactions or negative outcomes of treatment, etc.).

Adverse events and close calls reported to NCPS are termed "safety reports," and are scored by the facility patient safety manager along two scales: Harm (from catastrophic to minor) and Probability (from frequent to remote). Each event is coded both for the actual harm caused, and the potential harm that could have been caused. Harm and probability are combined to get a score from 1 to 3 called the safety assessment code (SAC). Safety reports receiving the highest priority score of 3 on the SAC ("SAC 3s") must be reviewed using the RCA process. Events scoring 1 or 2 may also be the subject of an RCA, at the discretion of facility management. RCAs may be performed on actual adverse events (those that cause harm) or on "close calls" (also known as "near misses") where harm was avoided. More information is available in the VHA "National Patient Safety Improvement Handbook" (see: http://www1.va.gov/VHAPUBLICATIONS/ViewPublication.asp?pub_ID=1695).
An RCA includes an initial summary of the event, a final understanding of the event, including contributing factors and causes identified by the RCA team, and a specific action plan for addressing the causes. Each action plan is specified, with a timeline for implementation together with a description of how, when and by what parties the

accomplishment of the corrective actions will be evaluated; all RCAs are signed by the director of the facility from which the RCA was submitted. RCAs are conducted by interdisciplinary facility teams organized by the VAMC's patient safety manager. A recent NCPS analysis of the membership of RCA teams indicated that nurses were present on at least 80 percent of RCA teams, physicians - at least 35 percent, pharmacists – at least 22 percent, and social workers and mental health professionals – at least 22 percent.

Single case RCA reports are submitted to the NCPS throughout the year as they occur, while Aggregate Reviews (ARs) of four types of events (adverse drug events, falls, missing patients, and suicidal behaviors) have been submitted each year, one per quarter, for events in these four areas that score 1 or 2 on the SAC matrix. ARs may cover a few or a few dozen adverse events or close calls, and allow for the review team to look for recurring problems at the VAMC level. Table 2.1 provides a summary of the total number of adverse events and close calls reported for FY06 to FY09. Overall, of 389,398 reports, 70.1 percent were on one of the four AR topics, and 1.3 percent was the subject of dedicated RCAs. Of the 5,037 adverse events and close calls that were the subject of RCAs, only about a third (1,741 or 34.6 percent) were for events with an actual SAC score of 3. The large majority of RCAs (3,296 or 65.6 percent) were performed on events with actual SAC scores of 1 or 2.

Table 2.1. All Reports of Adverse Events and Close Calls, FY06 to FY09

	FY06	FY07	FY08	FY09	TOTAL
RCAs	1,024	1,224	1,473	1,316	5,037
	1.3%	1.4%	1.4%	1.2%	1.3%
Safety Reports	20,038	25,214	30,682	35,273	111,207
	25.0%	28.1%	28.3%	31.8%	28.6%
Safety Reports on Any of Four Aggregated Review Topics	59,220	63,256	76,266	74,412	273,154
	73.8%	70.5%	70.3%	67.0%	70.1%
TOTAL	80,282	89,694	108,421	111,001	389,398

The safety assessment code (SAC) scores for the adverse events and close calls reported from FY06 to FY09 are shown in Table 2.2. The approximately 600 events that received a SAC score of 3 but were not the subject of individual RCAs were included in ARs.

Table 2.2. Safety Assessment Code (SAC) Scores for All Reports of Adverse Events and Close Calls, FY06 to FY09

SAC Score	FY06	FY07	FY08	FY09	TOTAL
1	72,177	79,426	96,257	99,042	346,902
	89.9%	88.6%	88.8%	89.2%	89.1%
2	7,630	9,763	11,404	11,348	40,145
	9.5%	10.9%	10.5%	10.2%	10.3%
3	475	505	760	611	2,351
	0.6%	0.6%	0.7%	0.6%	0.6%
TOTAL	**80,282**	**89,694**	**108,421**	**111,001**	**389,398**

When an RCA is submitted to NCPS, it is coded into one of over 50 categories by an analyst according to several criteria, including the event type and the activity or process associated with the event. Major event types have been defined since 2000 according to the NCPS primary analysis and categorization (PAC) glossary and have been used to code all RCAs. A single event may be coded under more than one PAC event type, so the event types should not be understood as constituting a true taxonomy of mutually exclusive events types. Approximately 20 percent of RCAs are coded with two or more categories. For example, a single RCA might be coded both for "Delay in Treatment/Diagnosis/ Surgery" as well as for "Communication of Abnormal Result." The PAC codes were designed to be useful for follow-up at the national, network, and local level. When a facility patient safety manager or network patient safety officer, or a member of the NCPS staff is working to understand the causes of a type of adverse event, or the actions that have been implemented at VAMCs in the past to try to prevent adverse events in that category, the PAC categories facilitate the rapid identification of RCAs previously submitted in a particular category.

Summary VHA-wide data on the PAC codes most frequently assigned to RCAs is provided below in Table 2.3. In the period from FY06 to FY08 there was a large increase in the number of reports related to suicide and suicide attempts, with the number of RCAs on outpatient suicides going from 36 in FY06 to 138 in FY08, and the number of reports of suicide-related incidents (includes attempts and gestures) submitted for potential AR going from 2,910 to 6,489.[*] During this time, many other organizations in the VHA in addition to NCPS and local patient safety programs were increasing the attention on suicide prevention, with NCPS's efforts focusing especially on eliminating vulnerabilities to suicide in the inpatient environment of care. In FY09, the VHA Office of Patient Care Services Mental Health Group and the suicide prevention coordinators working with them at the VAMC level took on increasing and primary responsibilities in the area of suicide prevention, including receiving the majority of event reports related to suicidal behaviors and outpatient suicides.

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[*] Not all outpatient suicides are the subject of RCAs, so the numbers in Table 2.3 (36, 84, 132, and 125) should not be misunderstood as representing the number of VA outpatient suicides in FY06 to FY09. Thus, these cited numbers (2910 to 6489) are not reflected in Table 2.3.

Table 2.14 provides a glossary of the definitions of the PAC categories used in Tables 2.3 through 2.13. The definitions for the 25 PAC categories appearing in Tables 2.3 to 2.13 are provided.

Table 2.3. Ten PAC Codes Most Frequently Assigned to RCAs

PAC Code	FY06	FY07	FY08	FY09	TOTAL
Fall	152	191	197	161	701
Delay in Treatment/Diagnosis/Surgery (Inpatient)	138	157	168	134	597
High Alert ADEs	95	118	102	85	400
Unexpected Death (Other Than Suicide)	61	83	148	93	385
Outpatient Suicide	36	84	138	125	383
Misidentification	65	68	88	90	311
Missing Patient	59	67	95	84	305
Communication of Abnormal Results	27	44	61	67	199
Hospital Acquired Infections	40	41	51	41	173
Inpatient Para-Suicide	28	32	55	39	154
All Other Events (47 TOTAL)	534	604	612	526	2276
Total (FY06 to FY09)	**1,235**	**1,489**	**1,715**	**1,445**	**5,884**

The information in Tables 2.3 through 2.13 are drawn from the PAC codes for all individual RCAs submitted from FY06 through FY09 (5,037), and 5,884 PAC codes associated with those RCAs (RCA cases may have multiple PAC codes).

Table 2.4 provides information on the SAC scores associated with the RCAs summarized in Table 2.3. It is clear from the variation in SAC scores that the locally-assessed severity and likelihood of recurrence of events associated with different types of events varies, i.e., that some reported event types, when receiving single case RCAs, tend to have higher SAC scores than others.

Table 2.4. SAC Scores for RCAs Associated With the Ten PAC Codes Most Frequently Assigned to RCAs (FY06 to FY09)

PAC Code	SAC score of 1 or 2 - N	SAC score of 1 or 2 - %	SAC score of 3 - n	SAC score of 3 - %	Total Event Codes - n
Fall	271	38.7%	430	61.3%	701
Delay in Treatment/Diagnosis/Surgery (Inpatient)	413	69.2%	184	30.8%	597
High Alert ADEs	294	73.5%	106	26.5%	400
Unexpected Death (Other Than Suicide)	49	12.7%	336	87.3%	385
Outpatient Suicide	16	4.2%	367	95.8%	383
Misidentification	288	92.6%	23	7.4%	311
Missing Patient	279	91.5%	26	8.5%	305
Communication of Abnormal Results	165	82.9%	34	17.1%	199
Hospital Acquired Infections	85	49.1%	88	50.9%	173
Inpatient Para-Suicide	150	97.4%	4	2.6%	154
Total	**2,010**	**55.7%**	**1,598**	**44.3%**	**3,608**

As stated above, RCAs include action plans, and part of the local follow-up on each RCA is to report back to NCPS after implementation of the actions to provide an assessment or perception of the effectiveness of the actions. Table 2.5 provides the number of actions associated with the RCAs associated with the data in Table 2.3, as well as effectiveness data reported by the submitting facility. This data, while clearly having the weakness of being self-reported, suggests that the core imperative to "do no harm" is likely being met as VAMC staff work to improve patient safety.

RCAs constitute about 1.3 percent of all adverse events and close calls reported in VHA. Overall, these counts of PAC event codings provide data on the individual adverse events that were studied in most depth by VAMCs. Approximately 43 percent of all events reported to NCPS were falls, and virtually all of these were included in an AR or the subject of an individual RCA. Those adverse events and close calls that were not the subject of an individual RCA or included in an AR were not reviewed in-depth at the VAMC level by an official VHA patient safety process, but may have received an informal ad hoc or other type of review at the facility or network level.

Table 2.5. Actions Associated With RCAs: Quantity and Effectiveness (FY06 to FY09)

The data below are counts of PAC codes for all reports that were submitted of adverse events and close calls and which VAMC staff selected to receive RCA — these counts do not represent the number of adverse events that occurred, or the adverse events that most frequently occurred.

	Event Count	Worse n	Worse %	Same n	Same %	Better n	Better %	Total Actions
Fall	701	10	0.5%	381	19.5%	1,563	80.0%	1,954
Delay in Treatment/Diagnosis/ Surgery (Inpatient)	597	3	0.1%	263	13.1%	1,741	86.7%	2,007
High Alert ADEs	400	6	0.5%	194	15.8%	1,029	83.7%	1,229
Unexpected Death (Other Than Suicide)	385	3	0.2%	242	16.3%	1,241	83.5%	1,486
Outpatient Suicide	383	4	0.3%	218	17.8%	1,003	81.9%	1,225
Misidentification	311	1	0.1%	150	13.5%	958	86.4%	1,109
Missing Patient	305	2	0.2%	165	14.2%	998	85.7%	1,165
Communication of Abnormal Results	199	2	0.4%	73	15.6%	393	84.0%	468
Hospital Acquired Infections	173	2	0.3%	74	12.4%	519	87.2%	595
Inpatient Para-Suicide	154	2	0.3%	95	15.6%	512	84.1%	609
Total	**3,608**	**35**	**0.3%**	**1,855**	**15.7%**	**9,957**	**84.0%**	**11,847**

For the events that were not studied in-depth using RCA or AR, NCPS received a brief summary of the initial understanding of the event (a safety report) and other basic facts such as the date of the event. These reports are not PAC coded by NCPS staff. In an attempt to better understand the categories of events reported via safety reports only, NCPS personnel randomly selected 2,000 of the 75,913 safety reports received from FY06 to FY08 and used natural language processing software to categorize them based on the way the RCAs had been categorized by NCPS staff, i.e., the software coded the safety reports based on the way experienced people coded the RCAs. Only the categories shown in Table 2.4 that were not also categories associated with ARs were categorized with the software. The findings were as follows: Delay in treatment/diagnosis/surgery was a PAC category associated with 9.5 percent of the safety reports, misidentification was associated with 3.8 percent, communication of abnormal result was associated with 3.1 percent, and hospital-acquired infection was associated with 2.1 percent. This method, if extrapolated, suggests that approximately 14,000 of the 75,913 safety reports received from FY06 to FY08 were relevant to these four categories. Section 4 of this report contains more information on the number of events that were reported but not the subject of single-case RCAs.

Primary Analysis and Categorization (PAC) Data by Setting and VISN

The following eight tables provide the PAC codes most frequently assigned to events coded as associated with different care settings or locations. Tables 2.6 through 2.11

primarily pertain to VHA inpatient care settings. Tables 12 and 13 pertain to other care settings. The categories of RCAs reported vary widely by health care setting. For example, the most frequent category of RCA in long-term care settings is falls (see Table 2.7), while for OR, ER, and ICU settings the most frequent is the category of "delay in treatment/diagnosis/ surgery" (see Tables 2.8 to 2.10). The frequency of reports in this wide-ranging category suggests that further study of this group of RCAs is needed, and that it may be appropriate to subdivide this category into more specific subcategories. The work of other VHA groups studying tort claims related to misdiagnosis and related topics may be helpful in this effort. Preliminary NCPS work in this area has already begun, with an "RCA topic summary" recently being completed on this topic. RCA topic summaries have been prepared on 33 different topics ranging from adverse events related to anticoagulation therapy, to home fires associated with oxygen use, to cleaning and sterilization of surgical instruments. RCA topic summaries are available to all VA staff via the NCPS intranet site. Summary data on the PAC codes most frequently assigned to RCAs from all 21 VISNs is provided in Tables 2.15 to 2.19. The listing of the 10 most frequently assigned PAC codes in these tables is based on the list in Table 2.3 rather than the 10 most frequently assigned PAC codes for each VISN or for each year.

Table 2.6. Ten PAC Codes Most Frequently Assigned to RCAs Coded as Associated With Any and All Inpatient Hospital Care Settings

The data below are counts of PAC codes for all reports that were submitted of adverse events and close calls and which VAMC staff selected to receive RCA — these counts do not represent the number of adverse events that occurred, or the adverse events that most frequently occurred.

	FY06	FY07	FY08	FY09	TOTAL
Fall	147	180	178	144	649
Delay in Treatment/Diagnosis/Surgery (Inpatient)	138	157	168	134	597
Unexpected Death (Other Than Suicide)	56	76	126	77	335
High Alert ADEs	73	95	74	61	303
Missing Patient	56	62	80	68	266
Misidentification	50	55	71	74	250
Communication of Abnormal Results	25	31	47	57	160
Hospital Acquired Infections	37	38	49	35	159
Inpatient Para-Suicide	25	32	53	39	149
Retained Objects During Surgeries/Procedures	26	37	17	28	108
All Other Events (45 TOTAL)	417	437	417	338	1609
	1,050	1,200	1,280	1,055	4,585

Table 2.7. Ten PAC Codes Most Frequently Assigned to RCAs Coded as Associated With a Long-Term Care Setting (e.g., community living center, nursing home, skilled-care facility, foster care, hospice, Alzheimer's, geriatric, palliative,

extended, geriatric extended care unit, life support/ventilator unit, transitional care unit, respite care, etc.)

The data below are counts of PAC codes for all reports that were submitted of adverse events and close calls and which VAMC staff selected to receive RCA — these counts do not represent the number of adverse events that occurred, or the adverse events that most frequently occurred.

	FY06	FY07	FY08	FY09	TOTAL
Fall	55	49	64	38	206
Unexpected Death (Other Than Suicide)	6	8	14	11	39
Missing Patient	9	11	12	6	38
Delay in Treatment/Diagnosis/Surgery (Inpatient)	13	9	8	7	37
High Alert ADEs	9	11	7	7	34
Assault	6	7	5	1	19
Hospital Acquired Infections	6	3	4	5	18
Fire	6	2	2	4	14
Other - ADL-Activities of Daily Life	2	6	5	1	14
Misidentification	5	3	2	3	13
All Other Events (27 TOTAL)	24	16	34	18	92
	141	**125**	**157**	**101**	**524**

Table 2.8. Ten PAC Codes Most Frequently Assigned to RCAs Coded as Associated with an Operating Room Setting (considered inpatient unless "same day surgery" or "outpatient surgery" is mentioned - then event is double coded with outpatient)

The data below are counts of PAC codes for all reports that were submitted of adverse events and close calls and which VAMC staff selected to receive RCA — these counts do not represent the number of adverse events that occurred, or the adverse events that most frequently occurred.

	FY06	FY07	FY08	FY09	TOTAL
Delay in Treatment/Diagnosis/Surgery (Inpatient)	16	24	29	24	93
Retained Objects During Surgeries/Procedures	22	21	19	20	82
Incorrect Surgery	26	17	13	17	73
Other - Surgeries	25	18	11	8	62
Unexpected Death (Other Than Suicide)	9	11	27	12	59
Hospital Acquired Infections	11	5	17	10	43
Other - Medical Device	10	11	3	8	32
Misidentification	7	5	8	6	26
Other - Supply Service Activities	4	5	2	4	15
Fire	7	1	4	2	14
All Other Events (24 TOTAL)	31	23	24	25	103
	168	**141**	**157**	**136**	**602**

Table 2.9. Ten PAC Codes Most Frequently Assigned to RCAs Coded as Associated With an Emergency Room or Urgent Care Setting

The data below are counts of PAC codes for all reports that were submitted of adverse events and close calls and which VAMC staff selected to receive RCA — these counts do not represent the number of adverse events that occurred, or the adverse events that most frequently occurred.

	FY06	FY07	FY08	FY09	TOTAL
Delay in Treatment/Diagnosis/Surgery (Inpatient)	22	17	21	15	75
Missing Patient	8	14	18	16	56
Misidentification	7	5	9	11	32
Unexpected Death (Other Than Suicide)	5	8	9	6	28
Inpatient Para-Suicide	4	8	7	5	24
High Alert ADEs	5	4	4	3	16
Assault	1	3	5	4	13
Outpatient Para-Suicide	2	3	3	4	12
Communication of Abnormal Results	2	2	3	3	10
Fall	2	2	2	4	10
All Other Events (28 TOTAL)	12	15	23	25	75
	70	**81**	**104**	**96**	**351**

Table 2.10. Ten PAC Codes Most Frequently Assigned to RCAs Coded as Associated With an Intensive Care Unit or Similar Setting

The data below are counts of PAC codes for all reports that were submitted of adverse events and close calls and which VAMC staff selected to receive RCA — these counts do not represent the number of adverse events that occurred, or the adverse events that most frequently occurred.

	FY06	FY07	FY08	FY09	TOTAL
Delay in Treatment/Diagnosis/Surgery (Inpatient)	25	27	21	11	84
Unexpected Death (Other Than Suicide)	14	15	18	13	60
High Alert ADEs	6	11	9	4	30
Hospital Acquired Infections	10	7	8	4	29
Fall	6	6	5	5	22
Other - Medical Device	3	9	3	5	20
Intubations	5	5	6	1	17
Misidentification	3	3	6	4	16
Communication of Abnormal Results	2	3	5	5	15
IV Pump/PCA Pump	2	3	7	3	15
All Other Events (30 TOTAL)	33	35	24	12	104
	109	**124**	**112**	**67**	**412**

Table 2.11. Ten PAC Codes Most Frequently Assigned to RCAs Coded as Associated with an Area Designated for Psychiatric Treatment/Assessment (i.e. psychiatric ward, locked areas, seclusion rooms, behavioral health units, etc.)

The data below are counts of PAC codes for all reports that were submitted of adverse events and close calls and which VAMC staff selected to receive RCA — these counts do not represent the number of adverse events that occurred, or the adverse events that most frequently occurred.

	FY06	FY07	FY08	FY09	TOTAL
Inpatient Para-Suicide	11	15	29	18	73
Missing Patient	18	14	22	17	71
Assault	8	13	11	4	36
Fall	4	8	14	6	32
Delay in Treatment/Diagnosis/Surgery (Inpatient)	2	4	6	4	16
High Alert ADEs	4	6	1	3	14
Unexpected Death (Other Than Suicide)	2	3	6	3	14
Alcohol/Substance Abuse	3	4	2	4	13
Inpatient Suicide	3	2	4	3	12
Outpatient Para-Suicide	1	3	2	5	11
All Other Events (23 TOTAL)	14	29	15	11	69
	70	**101**	**112**	**78**	**361**

Table 2.12. Ten PAC Codes Most Frequently Assigned to RCAs Coded as Associated with Outpatient Care Provided in a VHA Facility (patients not admitted for traditional overnight care)

The data below are counts of PAC codes for all reports that were submitted of adverse events and close calls and which VAMC staff selected to receive RCA — these counts do not represent the number of adverse events that occurred, or the adverse events that most frequently occurred.

	FY06	FY07	FY08	FY09	TOTAL
Delay in Treatment/Diagnosis/Surgery (Outpatient)	25	33	39	30	127
High Alert ADEs	21	18	20	15	74
Misidentification	15	14	16	13	58
Communication of Abnormal Results	3	15	13	10	41
Missing Patient	6	4	11	11	32
Fall	8	7	6	8	29
Unexpected Death (Other Than Suicide)	6	6	9	7	28
Other - Medication Use Process	4	3	7	10	24
Incorrect Surgery	10	1	6	5	22
Outpatient Para-Suicide	4	3	8	6	21
All Other Events (36 TOTAL)	36	58	38	43	175
	138	**162**	**173**	**158**	**631**

Table 2.13. Ten PAC Codes Most Frequently Assigned to RCAs Coded as Associated With the Home or a Similar Environment Outside of a Health Care Facility

The data below are counts of PAC codes for all reports that were submitted of adverse events and close calls and which VAMC staff selected to receive RCA — these counts do not represent the number of adverse events that occurred, or the adverse events that most frequently occurred.

	FY06	FY07	FY08	FY09	TOTAL
Outpatient Suicide	29	71	131	115	346
Outpatient Para-Suicide	7	11	33	31	82
Oxygen	7	17	18	12	54
Fire	7	17	17	11	52
High Alert ADEs	4	5	12	9	30
Unexpected Death (Other Than Suicide)	0	2	15	9	26
Fall	0	5	12	8	25
Pain Management	2	3	8	8	21
Delay in Treatment/Diagnosis/Surgery (Other)	3	0	11	2	16
Missing Patient	2	5	4	5	16
All Other Events (21 TOTAL)	18	16	23	25	82
	79	**152**	**284**	**235**	**750**

Table 2.14. PAC Glossary Descriptions of the PAC Codes Listed in Tables 2.3 Through 2.13

Glossary of PAC Categories Appearing in Lists of PAC Categories Most Frequently Coded for RCAs Submitted for FY06 to FY09	
Alcohol/Substance Abuse	Explicit mention of, or reference to, the patient's misuse/abuse of alcohol and/or drugs in a VHA facility or on facility grounds, or specific/implied indication of substance contraband.
Assault	Explicit mention of, or reference to, patient-on-patient, or patient-on-staff altercation.
Communication of Abnormal Results	Explicit mention of, or reference to, the timeliness or inaccuracy in reporting abnormal results between providers and/or patients. (Often double coded with delay in treatment/diagnosis/surgery.)
Unexpected Death (Other Than Suicide)	Explicit mention of, or reference to, a patient death where the clinical picture did not reflect the imminent death of the patient.
Delay in Treatment/Diagnosis/ Surgery (Inpatient)	Explicit mention of, or reference to, a delay in some aspect of the patient's care. (Note: This includes any manner of delay, from delays of minutes to hours to delays of weeks or months.)
Delay in Treatment/Diagnosis/ Surgery (Other)	
Delay in Treatment/Diagnosis/ Surgery (Outpatient)	
Fall	Explicit mention of sudden, unintentional downward displacement of body to the floor or other object, excluding those resulting from violence or other purposeful act.
Fire	Explicit mention of, or reference to, the following: a fire occurring; smell or sight of smoke; or, mention of issues with or activation of the fire alarm or suppression systems (i.e., sprinklers). If oxygen is involved, double code with oxygen.
High Alert Adverse Drug Events (ADEs)	Explicit mention of drugs that bear a heightened risk of causing significant harm with more devastating consequences to patients. Note: A "high alert" medication refers to Institute for Safe Medication Practices and/or Joint Commission listings.
Hospital Acquired Infections	Encompasses infections that do not originate from patient's original admitting diagnosis such as VRE, MRSA, *Legionella, Clostridium difficile, surgical infection,* or the spread of disease via patients, staff or visitors.
Incorrect Surgery	Explicit mention of surgery or invasive procedure done on the wrong side, wrong site, wrong patient, or procedure was done incorrectly or unnecessarily.
Inpatient Para-Suicide	Explicit mention of any suicidal behavior with or without physical injury and short of death, including the full-range of known or reported attempts, gestures, and threats. (Explicit mention of, or reference to, the para-suicide patient currently residing in an inpatient facility.)
Intubations	Explicit mention of, or reference to, the placement of a tube into a patient's trachea or the intubation process itself.
IV Pump/PCA Pump	Explicit mention of, or reference, to the use of IV pumps or medication related events that resulted from the use of IV pumps, including patient controlled analgesia (PCA) pumps.
Misidentification	Explicit mention of patient receiving treatment or procedure (therapeutic, diagnostic, or medication) intended for another patient because they were not accurately identified. Includes the misidentification of laboratory or other specimens.

Missing Patient	Patient is absent from a patient care area without the knowledge and permission of staff for any length of time, even if patient is found or returns on his own.
Other - Activities of Daily Life* (ADLs)	Explicit mention of, or reference to, eating, washing, showering, bathing, teeth brushing, dressing, sleeping in bed, toileting, locomotion, mobility, smoking, etc.
Other - Medical Device*	Explicit mention of, or reference to, device or object used to diagnose, deliver or electronically monitor patient care (e.g. telemetry, tourniquet, ventilators, IV pumps, AEDs; and, single use devices, such as catheters, oxygen tubing; or, other patient care devices such as, restraints, hip pads, special beds, etc.).
Other - Supply Service Activities*	Explicit mention of, or reference to, supply service activities (e.g., supply procurement distribution (SPD), sterilization, central supply).
Other – Surgeries*	Explicit mention of, or reference to, a procedure performed in operating room.
Outpatient Para-Suicide	Explicit mention of any suicidal behavior with or without physical injury and short of death, including the full-range of known or reported attempts, gestures, and threats. Denoted in question five of the RCA. (Explicit mention of, or reference to, the para-suicide patient as currently an outpatient.)
Outpatient Suicide	Explicit mention of, or reference to, an outpatient suicide, or the act of taking one's life outside a facility when the enrolled patient has received hospital or clinic care services from VA.
Oxygen	Explicit mention of or reference to the use of O_2 that led to an adverse event, such as O_2 tank running out, O_2 fires (often double coded with fire category).
Pain Management	Mention of or reference that pain is an element of the patient's condition, with or without treatment.
Retained Objects During Surgeries/Procedures	Explicit mention of, or reference to, items left on/in patients during surgery or procedures, such as sponges, needles, instruments, tourniquets, pick lines, heparin locks, guide wires, etc.
* RCAs coded as "other" were those for which no PAC "selected event" category could be applied to the event. In these cases the PAC "activity or process" that was coded as associated with the reported RCA is provided instead.	

Table 2.15. FY06 to FY09 Summary, by VISN, of PAC Codes Most Frequently Associated With RCAs Submitted to NCPS

Rank	Event	Total	1	2	3	4	5	6	7	8	9	10	11	12	15	16	17	18	19	20	21	22	23
1	Fall	701	23	14	17	63	23	66	66	97	20	13	36	22	22	48	38	35	10	27	16	13	32
2	Delay in Treatment/Diagnosis/Surgery (Inpatient)	597	21	9	39	24	35	30	50	48	16	21	23	27	15	43	26	28	34	28	25	21	34
3	High Alert ADEs	400	26	11	23	41	4	29	16	24	14	6	41	23	14	33	20	13	6	15	9	9	23
4	Unexpected Death (Other Than Suicide)	385	18	13	14	21	7	7	26	60	11	23	19	11	8	32	28	9	12	5	19	25	17
5	Outpatient Suicide	383	16	11	11	23	6	25	45	15	19	14	26	8	13	26	17	24	14	32	7	14	17
6	Misidentification	311	12	2	28	10	7	23	18	33	13	15	12	17	13	13	16	14	7	15	16	9	18
7	Missing Patient	305	14	11	18	27	16	7	31	20	10	8	25	11	11	29	3	5	7	9	16	12	15
8	Communication of Abnormal Results	199	4	5	14	15	9	5	7	15	7	7	5	7	7	21	11	13	9	14	7	8	9
9	Hospital Acquired Infections	173	10	1	8	8	5	5	8	20	4	7	7	5	14	19	4	3	15	6	5	11	8
10	Inpatient Para-Suicide	154	7	12	9	4	1	15	10	13	6	4	13	5	1	10	6	10	3	4	7	8	6
		3608	151	89	181	236	113	212	277	345	120	118	207	136	118	274	169	154	117	155	127	130	179

Table 2.16. FY06 Summary, by VISN, of PAC Codes Most Frequently Associated With RCAs Submitted to NCPS

Rank	Event	Total	1	2	3	4	5	6	7	8	9	10	11	12	15	16	17	18	19	20	21	22	23
1	Fall	152	7	3	7	27	0	11	12	19	7	3	6	6	9	6	3	10	0	6	3	2	5
2	Delay in Treatment/Diagnosis/Surgery (Inpatient)	138	8	1	8	3	9	7	8	25	5	4	5	2	1	6	6	5	5	8	8	5	9
3	High Alert ADEs	95	8	2	12	12	0	4	1	10	1	1	5	3	3	9	5	3	3	1	2	1	9
4	Unexpected Death (Other Than Suicide)	61	5	1	1	1	4	0	5	6	0	8	1	2	0	7	3	2	3	1	4	7	0
5	Outpatient Suicide	36	3	1	1	3	1	3	3	1	4	1	1	0	0	7	0	3	1	0	0	0	3
6	Misidentification	65	0	0	7	2	3	3	5	11	1	3	1	1	5	3	4	4	0	1	5	4	2
7	Missing Patient	59	4	3	6	5	2	2	4	6	1	2	3	1	1	5	0	3	1	2	2	4	2
8	Communication of Abnormal Results	27	2	0	0	1	2	1	0	5	0	0	1	1	0	1	3	1	1	5	1	2	0
9	Hospital Acquired Infections	40	4	1	1	2	1	1	0	3	0	1	2	3	6	6	1	0	3	1	2	0	2
10	Inpatient Para-Suicide	28	2	6	0	0	0	4	0	2	2	1	2	1	0	3	1	1	0	0	1	1	1
		701	43	18	43	56	22	36	38	88	21	24	27	20	25	53	26	32	17	25	28	26	33

Table 2.17. FY07 Summary, by VISN, of PAC Codes Most Frequently Associated With RCAs Submitted to NCPS

Rank	Event	Total	1	2	3	4	5	6	7	8	9	10	11	12	15	16	17	18	19	20	21	22	23
1	Fall	191	7	4	4	9	4	15	23	32	6	3	4	7	3	16	16	7	3	6	4	6	12
2	Delay in Treatment/Diagnosis/Surgery (Inpatient)	157	8	3	13	8	6	8	8	8	5	6	6	12	4	12	10	7	8	6	4	5	10
3	High Alert ADEs	118	8	3	7	8	1	6	8	10	1	2	12	10	3	9	9	2	1	6	2	2	8
4	Unexpected Death (Other Than Suicide)	83	4	2	2	8	0	3	5	11	1	6	4	3	3	5	9	3	2	0	3	6	3
5	Outpatient Suicide	84	4	6	4	5	3	11	4	0	1	5	1	3	3	5	6	6	4	1	1	4	7
6	Misidentification	68	4	1	4	3	3	6	4	6	5	5	2	4	4	0	5	1	0	4	4	2	1
7	Missing Patient	67	2	3	2	4	4	3	2	5	5	1	6	4	1	7	0	0	2	2	5	3	6
8	Communication of Abnormal Results	44	0	3	8	5	0	2	0	3	1	2	3	1	1	2	2	2	0	3	3	0	3
9	Hospital Acquired Infections	41	1	0	5	4	0	1	2	4	1	2	1	0	0	5	1	1	1	2	2	6	2
10	Inpatient Para-Suicide	32	0	0	3	0	1	2	3	5	0	0	3	2	0	1	0	7	0	1	1	0	3
		885	38	25	52	54	22	57	59	84	26	32	42	46	22	62	58	36	21	31	29	34	55

Table 2.18. FY08 Summary, by VISN, of PAC Codes Most Frequently Associated With RCAs Submitted to NCPS

Rank	Event	Total	1	2	3	4	5	6	7	8	9	10	11	12	15	16	17	18	19	20	21	22	23
1	Fall	197	6	4	4	20	12	19	19	20	2	3	11	7	4	16	11	9	4	9	6	2	9
2	Delay in Treatment/Diagnosis/Surgery (Inpatient)	168	4	4	9	9	13	10	16	6	6	7	8	6	5	10	7	12	10	8	6	6	6
3	High Alert ADEs	102	6	2	2	13	1	5	3	2	5	1	13	5	4	12	5	6	1	7	2	3	4
4	Unexpected Death (Other Than Suicide)	148	9	3	7	6	2	3	10	21	7	5	10	1	3	16	9	2	5	2	8	9	10
5	Outpatient Suicide	138	4	2	2	11	0	4	14	4	10	7	14	1	5	9	7	9	6	14	4	5	6
6	Misidentification	88	4	1	8	1	0	5	3	7	5	6	6	8	3	5	4	4	1	6	2	1	8
7	Missing Patient	95	4	3	7	10	6	1	16	3	2	2	9	2	6	6	1	1	1	2	5	4	4
8	Communication of Abnormal Results	61	1	0	2	7	5	2	2	1	3	3	1	5	3	8	2	6	1	3	1	4	1
9	Hospital Acquired Infections	51	5	0	1	2	1	2	0	7	3	1	2	2	2	7	2	2	8	2	0	1	1
10	Inpatient Para-Suicide	55	3	5	2	3	0	4	3	4	3	2	5	1	0	3	2	1	3	2	3	6	0
		1103	46	24	44	82	40	55	86	75	46	37	79	38	35	92	50	52	40	55	37	41	49

Table 2.19. FY09 Summary, by VISN, of PAC Codes Most Frequently Associated With RCAs Submitted to NCPS

Rank	Event	Total	1	2	3	4	5	6	7	8	9	10	11	12	15	16	17	18	19	20	21	22	23
1	Fall	161	3	3	2	7	7	21	12	26	5	4	15	2	6	10	8	9	3	6	3	3	6
2	Delay in Treatment/Diagnosis/Surgery (Inpatient)	134	1	1	9	4	7	5	18	9	0	4	4	7	5	15	3	4	11	6	7	5	9
3	High Alert ADEs	85	4	4	2	8	2	14	4	2	7	2	11	5	4	3	1	2	1	1	3	3	2
4	Unexpected Death (Other Than Suicide)	93	0	7	4	6	1	1	6	22	3	4	4	5	2	4	7	2	2	2	4	3	4
5	Outpatient Suicide	125	5	2	4	4	2	7	24	10	4	1	10	4	5	5	4	6	3	17	2	5	1
6	Misidentification	90	4	0	9	4	1	9	6	9	2	1	3	4	1	5	3	5	6	4	5	2	7
7	Missing Patient	84	4	2	3	8	4	1	9	6	2	3	7	4	3	11	2	1	3	3	4	1	3
8	Communication of Abnormal Results	67	1	2	4	2	2	0	5	6	3	2	0	0	3	10	4	4	7	3	2	2	5
9	Hospital Acquired Infections	41	0	0	1	0	3	1	6	6	0	3	2	0	6	1	0	0	3	1	1	4	3
10	Inpatient Para-Suicide	39	2	1	4	1	0	5	4	2	1	1	3	1	1	3	3	1	0	1	2	1	2
		919	24	22	42	44	29	64	94	98	27	25	59	32	36	67	35	34	39	44	33	29	42

Section 2: Timeliness and Number of Root Cause Analyses Submitted FY06 to FY09

In recent years, NCPS and the Office of the Deputy Under Secretary for Health for Operations and Management have stressed the importance of completing RCAs within 45 days. Forty-five days for completion of an RCA is a Joint Commission standard for sentinel events and also a requirement included in the VHA Patient Safety Improvement Handbook. Timely RCAs help assure that actions in response to adverse events and close calls are implemented rapidly. As shown in Table 2.20, from FY06 to date great progress has been made in the timeliness of RCAs, even as the overall number of RCAs submitted has increased. As stated above, RCAs constitute only about 1.3 percent of all reported adverse events and close calls so an increase in RCAs does not necessarily represent an increase or decrease in adverse events or overall patient harm.

Table 2.20. Total RCAs Submitted and RCA Timeliness, FY06 to FY09

RCA Parameter	FY06	FY07	FY08	FY09
Mean RCA Duration (Date Aware - Date Signed)	75	66	46	42
Percent RCAs Completed Within 45 Days	44.5%	51.2%	85.4%	95.7%
Percent RCAs Completed Within 46 to 90 Days	32.7%	30.6%	9.8%	3.2%
Percent RCAs Completed Within >90 Days	22.8%	18.1%	4.8%	1.1%
Total Number of RCAs Submitted	1024	1224	1472	1314

Table 2.21, 2.22 and 2.23 provide VISN-level data on the timeliness of RCAs. Table 2.24 provides information on the number of RCAs submitted by VISN. VISNs vary widely in size: in terms of the number of patients treated, in the number of facilities, and in other important parameters, therefore adjusted data is also provided.

Table 2.21. RCAs Submitted in 45 or Fewer Days, by VISN, FY06 to FY09

	FY06	FY07	FY08	FY09
VISN 1	17.4%	21.7%	82.3%	98.0%
VISN 2	22.2%	68.4%	79.5%	97.1%
VISN 3	13.0%	16.4%	56.9%	96.6%
VISN 4	63.0%	47.1%	89.5%	98.4%
VISN 5	0.0%	25.0%	91.2%	100.0%
VISN 6	53.1%	65.4%	85.7%	97.6%
VISN 7	33.9%	52.9%	71.2%	75.4%
VISN 8	61.7%	74.3%	94.1%	97.3%
VISN 9	83.3%	83.3%	90.6%	100.0%
VISN 10	16.7%	59.0%	90.2%	100.0%
VISN 11	83.3%	64.7%	91.7%	97.6%
VISN 12	52.9%	53.1%	90.9%	100.0%
VISN 15	28.9%	39.6%	87.9%	91.8%
VISN 16	42.6%	58.8%	92.0%	97.7%
VISN 17	35.1%	36.7%	98.4%	100.0%
VISN 18	40.4%	34.5%	71.6%	100.0%
VISN 19	69.6%	54.1%	88.9%	98.1%
VISN 20	40.9%	39.1%	81.0%	93.9%
VISN 21	86.1%	84.6%	100.0%	100.0%
VISN 22	48.7%	40.4%	80.4%	100.0%
VISN 23	23.1%	43.4%	85.9%	95.4%
VISN Mean	43.6%	50.6%	85.7%	96.9%

Table 2.22. RCAs Submitted in 46 to 90 Days, by VISN, FY06 to FY09

	FY06	FY07	FY08	FY09
VISN 1	47.8%	23.9%	12.9%	2.0%
VISN 2	22.2%	15.8%	15.4%	2.9%
VISN 3	68.8%	63.0%	33.8%	3.4%
VISN 4	23.5%	28.6%	4.7%	1.6%
VISN 5	65.2%	40.6%	7.0%	0.0%
VISN 6	40.8%	28.4%	12.9%	2.4%
VISN 7	30.5%	27.6%	16.7%	16.4%
VISN 8	18.8%	18.6%	4.0%	2.7%
VISN 9	8.3%	9.5%	1.9%	0.0%
VISN 10	38.9%	28.2%	9.8%	0.0%
VISN 11	16.7%	23.5%	8.3%	2.4%
VISN 12	32.4%	40.6%	4.5%	0.0%
VISN 15	31.6%	20.8%	5.2%	0.0%
VISN 16	39.3%	32.5%	7.1%	2.3%
VISN 17	24.3%	40.0%	1.6%	0.0%
VISN 18	19.3%	25.5%	16.4%	0.0%
VISN 19	26.1%	37.8%	5.6%	1.9%
VISN 20	38.6%	41.3%	13.1%	4.5%
VISN 21	13.9%	15.4%	0.0%	0.0%
VISN 22	38.5%	46.8%	13.7%	0.0%
VISN 23	46.2%	30.3%	9.9%	4.6%
VISN Mean	32.9%	30.4%	9.7%	2.3%

Table 2.23. RCAs Submitted in More Than 90 Days, by VISN, FY06 to FY09

	FY06	FY07	FY08	FY09
VISN 1	34.8%	54.3%	4.8%	0.0%
VISN 2	55.6%	15.8%	5.1%	0.0%
VISN 3	18.2%	20.5%	9.2%	0.0%
VISN 4	13.6%	24.3%	5.8%	0.0%
VISN 5	34.8%	34.4%	1.8%	0.0%
VISN 6	6.1%	6.2%	1.4%	0.0%
VISN 7	35.6%	19.5%	12.1%	8.2%
VISN 8	19.5%	7.1%	2.0%	0.0%
VISN 9	8.3%	7.1%	7.5%	0.0%
VISN 10	44.4%	12.8%	0.0%	0.0%
VISN 11	0.0%	11.8%	0.0%	0.0%
VISN 12	14.7%	6.3%	4.5%	0.0%
VISN 15	39.5%	39.6%	6.9%	8.2%
VISN 16	18.0%	8.8%	0.9%	0.0%
VISN 17	40.5%	23.3%	0.0%	0.0%
VISN 18	40.4%	40.0%	11.9%	0.0%
VISN 19	4.3%	8.1%	5.6%	0.0%
VISN 20	20.5%	19.6%	6.0%	1.5%
VISN 21	0.0%	0.0%	0.0%	0.0%
VISN 22	12.8%	12.8%	5.9%	0.0%
VISN 23	30.8%	26.3%	4.2%	0.0%
VISN Mean	23.4%	19.0%	4.6%	0.9%

Table 2.24. RCAs Submitted by Each VISN, FY06 to FY09, Unadjusted and Adjusted for 10,000 Unique Patients

The data below are counts of reports that VAMC staff selected to receive RCAs, and should not be misunderstood as representing the number of adverse events and close calls that occurred in each VISN.

	FY06	FY06 (Adjusted for 10,000 Unique Patients)	FY 2007	FY07 (Adjusted for 10,000 Unique Patients)	FY08	FY08 (Adjusted for 10,000 Unique Patients)	FY09	FY09 (Adjusted for 10,000 Unique Patients)
VISN 1	46	1.91	46	1.88	62	2.57	49	2.01
VISN 2	27	1.98	38	2.82	39	2.88	34	2.48
VISN 3	77	4.01	73	3.90	65	3.55	59	3.20
VISN 4	81	2.64	70	2.29	86	2.81	62	2.01
VISN 5	23	1.73	32	2.40	57	4.27	50	3.58
VISN 6	49	1.79	81	2.89	70	2.44	85	2.81
VISN 7	59	1.92	87	2.76	132	4.01	122	3.54
VISN 8	133	2.52	113	2.16	102	1.95	111	2.09
VISN 9	36	1.37	42	1.59	53	1.96	38	1.36
VISN 10	36	1.87	39	1.99	41	2.06	38	1.85
VISN 11	36	1.54	51	2.14	84	3.47	82	3.25
VISN 12	34	1.39	64	2.59	66	2.64	47	1.87
VISN 15	38	1.62	48	2.03	58	2.48	49	2.07
VISN 16	61	1.36	80	1.77	112	2.45	88	1.87
VISN 17	37	1.47	60	2.33	64	2.45	49	1.83
VISN 18	57	2.32	55	2.25	67	2.70	58	2.27
VISN 19	23	1.48	37	2.31	54	3.30	52	3.02
VISN 20	44	1.98	46	2.05	84	3.62	67	2.75
VISN 21	36	1.53	39	1.62	55	2.19	61	2.35
VISN 22	39	1.47	47	1.78	51	1.88	49	1.73
VISN 23	52	1.85	76	2.65	71	2.44	66	2.21
VHA Total (Unadjusted) and VHA Rate (Adjusted)	1,024	1.97	1,224	2.34	1,473	2.78	1,316	2.42

Section 3: RCAs Possessing "Strong Strings"

An RCA is considered as having a "strong string" if it possesses: 1) An action with "stronger" or "intermediate" strength; 2) A quantifiable outcome measure; 3) Management concurrence (on the stronger or intermediate action). Stronger or intermediate actions are defined by NCPS criteria as being more effective in preventing the recurrence of similar events. For example, eliminating use of a device associated with adverse events and replacing it with a safer one is a "stronger" action, while providing training on the original problematic device would be considered a "weaker" action. Table 2.25 shows the VISN and VHA-wide performance in this area from FY06 to FY09. For all time periods there is wide variation in the absolute and relative performance.

Table 2.25. RCAs Scored as Possessing "Strong Strings"*, by VISN, FY06 to FY09

	FY06	FY07	FY08	FY09
VISN 1	47.8%	37.8%	54.1%	83.7%
VISN 2	15.4%	18.4%	56.4%	88.2%
VISN 3	36.8%	37.3%	37.5%	65.5%
VISN 4	45.6%	50.7%	45.3%	61.3%
VISN 5	47.8%	21.9%	50.9%	53.1%
VISN 6	54.2%	51.3%	52.9%	61.2%
VISN 7	34.6%	41.0%	59.5%	67.8%
VISN 8	30.0%	35.8%	52.1%	78.2%
VISN 9	33.3%	43.9%	25.5%	94.7%
VISN 10	60.0%	47.4%	51.2%	81.1%
VISN 11	42.4%	44.0%	53.0%	81.5%
VISN 12	40.6%	42.2%	67.7%	78.7%
VISN 15	40.5%	55.3%	37.5%	60.4%
VISN 16	41.4%	47.4%	55.2%	85.7%
VISN 17	22.2%	35.6%	65.1%	91.8%
VISN 18	36.8%	48.1%	44.6%	77.6%
VISN 19	33.3%	54.1%	47.2%	73.1%
VISN 20	70.5%	73.9%	69.9%	59.1%
VISN 21	60.0%	41.7%	38.5%	66.7%
VISN 22	61.1%	64.3%	50.0%	71.4%
VISN 23	39.2%	34.7%	54.3%	87.5%
VISN Mean	42.6%	44.1%	50.9%	74.7%

"Strong string" defined as any action with stronger or intermediate strength, a quantifiable outcome measure and management concurrence.

Section 4: Information on Reports That Were Not the Subject of Single Case RCAs

Over 98 percent of events reported at the local level in VHA, and therefore to NCPS, are not the subject of single case RCAs. Most events fall in one of the four event types identified by NCPS in 1999 as frequently reported event types in VHA: Falls, adverse drug events, missing patients, and suicidal behaviors or suicides (see Table 2.14 for definitions of these and other event types). These events, when not receiving a single-case RCA are grouped at the VAMC level and reviewed annually as ARs, one each quarter. Table 2.26 provides data on the number of adverse events and close calls associated with VHA ARs.

Table 2.26. Reports of Adverse Events and Close Calls in Aggregated Review Categories FY06 to FY09

	FY06	FY07	FY08	FY09	TOTAL	Percent
Fall	36,721	40,773	46,142	44,884	168,520	61.7%
Missing Patients	1,529	1,540	1,632	1,502	6,203	2.3%
Medication	18,050	17,814	22,000	22,372	80,236	29.4%
Suicidal Behavior and Outpatient Suicide	2,910	3,135	6,489	5,655	18,189	6.7%
TOTAL	59,210	63,262	76,263	74,413	273,148	

Table 2.27 provides raw and adjusted data on the number of reports submitted on AR topics. Table 2.28 provides raw and adjusted data on safety reports (not subject to RCA or AR). As stated earlier, in an attempt to better understand the categories of events reported via safety reports only, NCPS personnel randomly selected 2,000 of the 75,913 safety reports received from FY06 to FY08 and used natural language processing software to categorize them based on the way the RCAs had been categorized by NCPS staff, i.e., the software coded the safety reports based on the way experienced people coded the RCAs. Only the categories most frequently associated with RCAs that were not also categories associated with ARs were categorized with the software. The findings were as follows: Delay in treatment/diagnosis/surgery was a PAC category associated with 9.5 percent of the safety reports, misidentification was associated with 3.8 percent, communication of abnormal result was associated with 3.1 percent, and hospital-acquired infection was associated with 2.1 percent. This method, if extrapolated, suggests that approximately 14,000 of the 75,913 safety reports received from FY06 to FY08 were relevant to these four categories.

Table 2.29 shows that even for the most frequently PAC coded event types that are the subject of RCAs, that a much greater number of adverse events and close calls are reviewed by the AR process than the RCA process. The ratio of reports leading to RCA to reports included in AR ranges from about 1:20 to nearly 1:300. This should not be misunderstood as a small number of serious

adverse events being reviewed in-depth. VA has emphasized the reporting of close calls in addition to adverse events and many reports of falls, missing patients, medication events, and suicidal behaviors are associated with no harm to the patient.

Table 2.27. Aggregated Reviews Submitted by Each VISN, FY06 to FY09, Unadjusted and Adjusted for 10,000 Unique Patients

The data below are counts of reports that VAMC staff selected to receive RCAs, and should not be misunderstood as representing the number of adverse events and close calls that occurred in each VISN.

	FY06	FY06 (Adjusted for 10,000 Unique Patients)	FY07	FY07 Adjusted for 10,000 Unique Patients)	FY08	FY08 (Adjusted for 10,000 Unique Patients)	FY09	FY09 (Adjusted for 10,000 Unique Patients)
VISN 1	3,138	130.14	3,240	132.44	3,911	162.25	3,946	162.03
VISN 2	2,660	194.98	2,373	176.40	3,010	222.56	3,017	220.11
VISN 3	2,497	129.91	2,620	139.88	3,088	168.44	3,076	166.87
VISN 4	3,725	121.45	4,666	152.37	4,410	144.06	4,734	153.11
VISN 5	1,772	133.56	2,393	179.25	2,229	166.87	2,346	168.01
VISN 6	1,700	62.19	2,232	79.50	3,244	112.86	3,262	107.90
VISN 7	3,483	113.57	3,092	97.93	5,704	173.37	4,539	131.67
VISN 8	2,058	39.05	3,228	61.64	4,759	91.07	3,681	69.18
VISN 9	3,875	147.72	3,771	142.67	3,378	124.99	3,084	110.64
VISN 10	2,553	132.57	2,565	130.78	2,915	146.54	2,320	112.73
VISN 11	874	37.27	1,102	46.31	2,078	85.92	3,775	149.40
VISN 12	1,959	80.01	2,072	83.72	3,066	122.52	3,012	119.98
VISN 15	4,642	197.68	3,312	140.40	4,331	184.83	4,246	179.63
VISN 16	3,211	71.44	3,815	84.34	4,633	101.21	3,856	82.07
VISN 17	2,853	113.66	4,060	157.38	3,874	148.55	4,187	156.48
VISN 18	3,177	129.41	2,392	97.68	3,077	123.95	3,452	135.18
VISN 19	2,648	170.63	2,290	143.10	3,595	219.90	3,221	187.35
VISN 20	2,456	110.69	2,592	115.41	3,112	134.11	3,279	134.61
VISN 21	3,642	154.59	3,450	143.27	3,682	146.71	3,316	127.76
VISN 22	1,866	70.24	2,382	89.98	1,956	71.96	3,134	110.52
VISN 23	4,431	157.47	5,609	195.93	6,214	213.93	4,929	165.33
VHA Total (Unadjusted) and VHA Rate (Adjusted)	59,220	114.11	63,256	120.86	76,266	143.91	74,412	136.58

Table 2.28. Safety Reports Submitted by Each VISN, FY06 to FY09, Unadjusted and Adjusted for 10,000 Unique Patients

The data below are counts of reports that VAMC staff selected to receive RCAs, and should not be misunderstood as representing the number of adverse events and close calls that occurred in each VISN.

	FY06	FY06 (Adjusted for 10,000 Unique Patients)	FY07	FY07 (Adjusted for 10,000 Unique Patients)	FY08	FY08 (Adjusted for 10,000 Unique Patients)	FY09	FY09 (Adjusted for 10,000 Unique Patients)
VISN 1	1,195	49.56	1,378	56.33	1,314	54.51	2,222	91.24
VISN 2	1,144	83.86	869	64.60	1,204	89.02	1,369	99.88
VISN 3	1,231	64.05	954	50.93	1,662	90.66	1,740	94.39
VISN 4	1,142	37.23	1,902	62.11	2,330	76.12	2,887	93.38
VISN 5	430	32.41	485	36.33	442	33.09	247	17.69
VISN 6	455	16.64	802	28.57	1,068	37.16	1,727	57.12
VISN 7	480	15.65	1,449	45.89	1,148	34.89	1,388	40.27
VISN 8	837	15.88	1,812	34.60	2,939	56.24	2,629	49.41
VISN 9	1,779	67.82	1,776	67.19	1,500	55.50	1,369	49.11
VISN 10	422	21.91	386	19.68	737	37.05	887	43.10
VISN 11	674	28.74	680	28.58	1,191	49.25	1,868	73.93
VISN 12	480	19.61	501	20.24	740	29.57	682	27.17
VISN 15	1,206	51.36	1,298	55.02	1,661	70.89	2,230	94.34
VISN 16	868	19.31	2,063	45.61	1,881	41.09	1,708	36.35
VISN 17	1,067	42.51	1,990	77.14	2,365	90.69	2,863	107.00
VISN 18	1,386	56.46	977	39.90	1,653	66.59	1,450	56.78
VISN 19	763	49.17	618	38.62	1,067	65.27	1,180	68.64
VISN 20	1,076	48.50	1,007	44.84	1,095	47.19	1,098	45.07
VISN 21	359	15.24	142	5.90	440	17.53	742	28.59
VISN 22	1,274	47.96	1,843	69.62	1,591	58.53	2,370	83.58
VISN 23	1,770	62.90	2,282	79.71	2,654	91.37	2,617	87.78
VHA Total (Unadjusted) and VHA Rate (Adjusted)	20,038	38.61	25,214	48.18	30,682	57.89	35,273	64.74

Table 2.29. Aggregated Reviews and RCAs Submitted for Four Event Types

	FY06 AR	FY06 RCA	FY07 AR	FY07 RCA	FY08 AR	FY08 RCA	FY09 AR	FY09 RCA	Total Reported Events
Fall	36,721	152	40,773	191	46,142	197	44,884	161	169,221
Missing Patients	1,529	59	1,540	67	1,632	95	1,502	84	6,508
Medication	18,050	125	17,814	170	22,000	164	22,372	160	80,855
Suicidal Behavior and Outpatient Suicide	2,910	89	3,135	149	6,489	250	5,655	212	18,889
TOTAL	59,210	425	63,262	577	76,263	706	74,413	617	275,473

The number of RCAs completed at VHA facilities and reported to NCPS, although small in comparison to the total number of adverse events and close calls reported is greater than the number of events submitted to some other notable organizations. For example, the Joint Commission, which collects data on "sentinel events" only, received and accepted 3,054 RCAs for the period from FY06 to FY09 from the entire United States health care system (see http://www.jointcommission.org/NR/rdonlyres/377FF7E7-F565-4D61-9FD2-593CA688135B/0/SE_Stats_31_Dec_2009.pdf).   By not limiting the incidents that can be studied in-depth using the RCA process, and by encouraging the reporting of adverse events and close calls VHA NCPS received over 5,000 RCAs from VAMCs during the same time. The state of Minnesota (with a population of about 5.2 million residents) confines reporting of adverse events to occurrences of 28 types of serious reportable events (sometimes called "Never Events") identified by the National Quality Forum, and received less than 800 reports for the five-year period from 2003 to 2008 (see http://www.health.state.mn.us/patientsafety/publications/09aheeval.pdf). The state of Pennsylvania (population 12.5 million) has established a much lower threshold for reporting than Minnesota, and made reporting "mandatory" in some instances. Summary data from Pennsylvania for the year 2008 alone showed that 8,645 "serious events" were reported and that 211,229 "incidents" other than serious events were reported (see http://patientsafetyauthority.org/PatientSafetyAuthority/Documents/annual_report_2008.pdf). In Pennsylvania, the total number of reports per month has increased since 2004, from around 10,000 per month to 17,000 per month, with no trend to indicate that the number of reported serious events is either increasing or decreasing overall, or as a fraction of all reports.

The Joint Commission, Minnesota and Pennsylvania data are provided above only to put the VA data in context. These three cases suggest that when the topics and criteria for reporting are strictly limited then there will be few reports received, and when the topics are unconstrained and there is a legal mandate for reporting, then many reports will be received. The correlation between the number of reports submitted by and the safety of a health care facility or system has not been established and should not be assumed to be related (directly or

inversely) to the number of events or RCAs reported. VA leaders and policies have encouraged reporting to NCPS not for the sake of accumulating reports, but primarily for identifying problems that need to be addressed. The data presented earlier in Table 2.4, suggest that facility-level VHA staff believe that the actions that they have designed and implemented as part of the RCAs performed in response to adverse events and close calls have been effective.

Part 3: VHA Facility Quality & Safety Data Tables

Section 1: Infrastructure

Available In-House Services:

Facility Name	Acute Med/Surg	Acute Mental Health	Intensive Care Unit	Emergency Dept	Spinal Cord Injury & Disorders Unit	Polytrauma system	Community Living Center
VA Connecticut Health Care System, West Haven, CT	Yes	Yes	Yes	Yes	No	PSCT	Yes
Edith N Rogers Memorial Veterans Hospital, Bedford, Ma	No	Yes	No	No	No	PPOC	Yes
VA Boston Health Care System, W Roxbury, Brockton, Jamaica Plains, MA	Yes	Yes	Yes	Yes	Yes	PNS	Yes
Northampton VAMC, MA	No	Yes	No	No	No	PSCT	Yes
Togus VAMC, Augusta, ME	Yes	Yes	Yes	Yes	No	PSCT	Yes
Manchester VAMC, NH	No	No	No	No	No	PPOC	Yes
Providence VAMC, RI	Yes	Yes	Yes	Yes	No	PPOC	No
White River Junction VAMC, VT	Yes	Yes	Yes	Yes	No	PSCT	No
Samuel S. Stratton VAMC, Albany, NY	Yes	Yes	Yes	Yes	No	PSCT	Yes
VA Western New York Health Care System Buffalo, Batavia, NY	Yes	Yes	Yes	Yes	No	PSCT	Yes
Bath VAMC, NY	Yes	No	Yes	Yes	No	PSCT	Yes
Canandaigua VAMC, NY	No	No	No	No	No	PSCT	Yes
Syracuse VAMC, NY	Yes	Yes	Yes	Yes	No	PNS	Yes
VA New Jersey Health Care System, East Orange, NJ	Yes	Yes	Yes	Yes	Yes	PSCT	Yes
James J. Peters VAMC, Bronx, NY	Yes	Yes	Yes	Yes	Yes	PNS	Yes
VA New York Harbor Health Care System, Manhattan, Brooklyn, NY	Yes	Yes	Yes	Yes	No	PSCT	Yes
VA Hudson Valley Health Care System, Montrose, Castle Point, NY	Yes	Yes	No	No	No	PSCT	Yes
Northport VAMC, NY	Yes	Yes	Yes	Yes	No	PSCT	Yes
Wilmington VAMC, DE	Yes	No	Yes	Yes	No	PSCT	Yes

James E. Van Zandt VAMC, Altoona, PA	Yes	No	Yes	Yes	No	PSCT	Yes
Butler VAMC, PA	No	No	No	No	No	PSCT	Yes
Coatesville VAMC, PA	Yes	Yes	No	No	No	PSCT	Yes
Erie VAMC, PA	Yes	No	Yes	Yes	No	PSCT	Yes
Lebanon VAMC, PA	Yes	Yes	Yes	Yes	No	PSCT	Yes
Philadelphia VAMC, PA	Yes	Yes	Yes	Yes	No	PNS	Yes
VA Pittsburgh Health Care System, PA	Yes	Yes	Yes	Yes	No	PSCT	Yes
Wilkes-Barre VAMC, PA	Yes	Yes	Yes	Yes	No	PSCT	Yes
Louis A. Johnson VAMC, Clarksburg, WV	Yes	Yes	Yes	Yes	No	PPOC	Yes
Washington DC VAMC, DC	Yes	Yes	Yes	Yes	No	PNS	Yes
VA Maryland Health Care System, Perry Pt, Baltimore, MD	Yes	Yes	Yes	Yes	No	PSCT	Yes
Martinsburg VAMC, WV	Yes	Yes	Yes	Yes	No	PSCT	Yes
Asheville VAMC, NC	Yes	Yes	Yes	Yes	No	PPOC	Yes
Durham VAMC, NC	Yes	Yes	Yes	Yes	No	PSCT	Yes
Fayetteville VAMC, NC	Yes	Yes	Yes	Yes	No	PPOC	Yes
W.G. (Bill) Hefner VAMC, Salisbury, NC	Yes	Yes	Yes	Yes	No	PSCT	Yes
Hampton VAMC, VA	Yes	Yes	Yes	Yes	No	PSCT	Yes
Hunter Holmes McGuire VAMC, Richmond, VA	Yes	Yes	Yes	Yes	Yes	PRC/ PNS	Yes
Salem VAMC, VA	Yes	Yes	Yes	Yes	No	PPOC	Yes
Beckley VAMC, WV	Yes	No	Yes	Yes	No	PPOC	Yes
Birmingham VAMC, AL	Yes	No	Yes	Yes	No	PSCT	No
Central Alabama Veterans Health Care System, Tuskegee, Montgomery, AL	Yes	Yes	Yes	Yes	No	NA	Yes
Tuscaloosa VAMC, AL	No	Yes	No	No	No	PSCT	Yes
Atlanta VAMC, GA	Yes	Yes	Yes	Yes	No	PNS	Yes
Charlie Norwood VAMC, Augusta, GA	Yes	Yes	Yes	Yes	Yes	NA	Yes
Carl Vinson VAMC, Dublin, GA	Yes	No	Yes	Yes	No	PPOC	Yes

Ralph H. Johnson VAMC, Charleston, SC	Yes	Yes	Yes	Yes	No	PSCT	Yes
Wm. Jennings Bryan Dorn VAMC, Columbia, SC	Yes	Yes	Yes	Yes	No	PSCT	Yes
Bay Pines VA Health Care System, FL	Yes	Yes	Yes	Yes	No	PSCT	Yes
N. Florida/S. Georgia Veterans Health Care System Gainesville, Lake City	Yes	Yes	Yes	Yes	No	PSCT	Yes
Miami VA Health Care System, FL	Yes	Yes	Yes	Yes	Yes	PSCT	Yes
Orlando VAMC, FL	No	No	No	No	No	PPOC	Yes
James A. Haley VAMC, Tampa, FL	Yes	Yes	Yes	Yes	Yes	PRC/PNS	Yes
West Palm Beach VAMC, FL	Yes	Yes	Yes	Yes	No	PSCT	Yes
VA Caribbean Health Care System, San Juan, PR	Yes	Yes	Yes	Yes	Yes	PNS	Yes
Lexington VAMC, KY	Yes	Yes	Yes	Yes	No	PNS	Yes
Louisville VAMC, KY	Yes	Yes	Yes	Yes	No	PSCT	No
Memphis VAMC, TN	Yes	Yes	Yes	Yes	Yes	PSCT	No
Mountain Home VAMC, TN	Yes	Yes	Yes	Yes	No	PSCT	Yes
Tennessee Valley Health Care System, Nashville, Murfreesboro, TN	Yes	Yes	Yes	Yes	No	PSCT	Yes
Huntington VAMC, WV	Yes	No	Yes	Yes	No	PSCT	No
Chillicothe VAMC, OH	Yes	Yes	Yes	No	No	PPOC	Yes
Cincinnati VAMC, OH	Yes	Yes	Yes	Yes	No	PSCT	Yes
Louis Stokes VAMC, Cleveland, Brecksville, OH	Yes	Yes	Yes	Yes	Yes	PNS	Yes
Chalmers P. Wylie Outpt Clinic, Columbus, OH	No	No	No	No	No	PPOC	No
Dayton VAMC, OH	Yes	Yes	Yes	Yes	No	PSCT	Yes
VA Illiana Health Care System, Danville, IL	Yes	Yes	Yes	Yes	No	PSCT	Yes
VA Northern Indiana Health Care System, Marion, Ft Wayne, IN	Yes	Yes	Yes	Yes	No	PPOC	Yes
Richard L. Roudebush VAMC, Indianapolis, IN	Yes	Yes	Yes	Yes	No	PNS	No
VA Ann Arbor Health Care System, MI	Yes	Yes	Yes	Yes	No	PSCT	Yes
Battle Creek VAMC, MI	Yes	Yes	No	No	No	PPOC	Yes

John D. Dingell VAMC, Detroit, MI	Yes	Yes	Yes	Yes	No	PSCT	Yes
Aleda E. Lutz VAMC, Saginaw, MI	Yes	No	Yes	Yes	No	PPOC	Yes
Jessie Brown VAMC, Chicago, IL	Yes	Yes	Yes	Yes	No	PSCT	Yes
Edward Hines Jr. VA Hospital, Hines, IL	Yes	Yes	Yes	Yes	Yes	PNS	Yes
North Chicago VAMC, IL	Yes	Yes	Yes	Yes	No	PSCT	Yes
Iron Mountain VAMC, MI	Yes	No	Yes	Yes	No	PPOC	Yes
William S. Middleton Memorial Veterans Hospital, Madison, WI	Yes	Yes	Yes	Yes	No	PSCT	No
Clement J. Zablocki VAMC, Milwaukee, WI	Yes	Yes	Yes	Yes	Yes	PSCT	Yes
Tomah VAMC, WI	Yes	Yes	No	No	No	PSCT	Yes
VA Eastern Kansas Health Care System, Topeka, Leavenworth, KS	Yes	Yes	Yes	Yes	No	PPOC	Yes
Robert J. Dole VAMC, Wichita, KS	Yes	No	Yes	Yes	No	PSCT	Yes
Harry S. Truman VAMC, Columbia, MO	Yes	Yes	Yes	Yes	No	PPOC	Yes
Kansas City VAMC, MO	Yes	Yes	Yes	Yes	No	PSCT	No
Marion VAMC, IL	Yes	No	Yes	Yes	No	PPOC	Yes
John J. Pershing VAMC, Poplar Bluff, MO	Yes	No	No	No	No	PPOC	Yes
St Louis VAMC, St Louis, Jefferson Barracks, MO	Yes	Yes	Yes	Yes	Yes	PNS	Yes
Fayetteville VAMC, AR	Yes	Yes	Yes	Yes	No	PSCT	No
Central Arkansas Veterans Health Care System, Little Rock, N Little Rock, AR	Yes	Yes	Yes	Yes	No	PSCT	Yes
Alexandria VAMC, LA	Yes	Yes	Yes	Yes	No	PSCT	Yes
New Orleans VAMC, LA	No	No	No	No	No	PPOC	No
Overton Brooks VAMC, Shreveport, LA	Yes	Yes	Yes	Yes	No	PSCT	No
Gulf Coast Veterans Health Care System, Biloxi, MS	Yes	Yes	Yes	Yes	No	PSCT	Yes
G.V. Montgomery VAMC, Jackson, MS	Yes	Yes	Yes	Yes	No	PSCT	Yes
Muskogee VAMC, OK	Yes	Yes	Yes	Yes	No	PSCT	No
Oklahoma City VAMC, OK	Yes	Yes	Yes	Yes	No	PSCT	Yes
Michael E. DeBakey VAMC, Houston, TX	Yes	Yes	Yes	Yes	Yes	PNS	Yes
VA North Texas Health Care System, Dallas, TX	Yes	Yes	Yes	Yes	Yes	PNS	Yes
South Texas Veterans Health Care System, San Antonio, Kerrville, TX	Yes	Yes	Yes	Yes	Yes	PSCT	Yes
Central Texas Veterans Health Care System, Temple, Waco, Marlin, TX	Yes	Yes	Yes	Yes	No	PSCT	Yes

Carl T. Hayden VAMC, Phoenix, AZ	Yes	Yes	Yes	Yes	No	PSCT	Yes
No. Arizona VA Health Care System, Prescott, AZ	Yes	No	Yes	Yes	No	PPOC	Yes
So. Arizona VA Health Care System, Tucson, AZ	Yes	Yes	Yes	Yes	No	PNS	Yes
New Mexico Health Care System, Albuquerque, NM	Yes	Yes	Yes	Yes	Yes	PSCT	Yes
Amarillo VA Health Care System, TX	Yes	No	Yes	Yes	No	PPOC	Yes
West Texas VA Health Care System, Big Spring, TX	Yes	No	No	No	No	PPOC	Yes
El Paso VA Health Care System, TX	No	No	No	No	No	PPOC	No
VA Eastern Colorado Health Care System, Denver, Pueblo, CO	Yes	Yes	Yes	Yes	No	PNS	Yes
Grand Junction VAMC, CO	Yes	Yes	Yes	Yes	No	PSCT	Yes
VA Montana Health Care System, Fort Harrison, MT	Yes	No	Yes	Yes	No	PPOC	Yes
VA Salt Lake City Health Care System, UT	Yes	Yes	Yes	Yes	No	PSCT	No
Cheyenne VAMC, WY	Yes	No	Yes	Yes	No	PPOC	Yes
Sheridan VAMC, WY	Yes	Yes	No	No		PPOC	Yes
Alaska VA Health Care System and Regional Office, Anchorage, AK	No	No	No	No	No	PPOC	No
Boise VAMC, ID	Yes	Yes	Yes	Yes	No	PSCT	Yes
Portland VAMC, OR	Yes	Yes	Yes	Yes	No	PSCT	Yes
VA Roseburg Health Care System, OR	Yes	Yes	Yes	Yes	No	PPOC	Yes
Southern Oregon Rehab Center & Clinics, White City, OR	No	No	No	No	No	PPOC	No
VA Puget Sound Health Care System, Seattle, American Lake, WA	Yes	Yes	Yes	Yes	Yes	PNS	Yes
Spokane VAMC, WA	Yes	Yes	Yes	Yes	No	PPOC	Yes
Jonathan M. Wainwright Memorial VA Medical Center, Walla Walla, WA	No	No	No	No	No	PPOC	No
VA Central California Health Care System, Fresno, CA	Yes	Yes	Yes	Yes	No	PPOC	Yes
VA Northern California Health Care System, Martinez, Sacramento, CA	Yes	Yes	Yes	Yes	No	PSCT	Yes
VA Palo Alto Health Care System, Palo Alto, Menlo Pk, Livermore, CA	Yes	Yes	Yes	Yes	Yes	PRC/ PNS	Yes
San Francisco VAMC, CA	Yes	Yes	Yes	Yes	No	PSCT	Yes
VA Pacific Islands Health Care System, Honolulu, HI	No	Yes	No	No	No	PPOC	Yes
VA Sierra Nevada Health Care System, Reno, NV	Yes	Yes	Yes	Yes	No	PPOC	Yes
VA Loma Linda Health Care System, CA	Yes	Yes	Yes	Yes	No	PSCT	Yes

VA Long Beach Health Care System, CA	Yes	Yes	Yes	Yes	Yes	PSCT	Yes
VA Greater Los Angeles Health Care System, CA	Yes	Yes	Yes	Yes	No	PNS	Yes
VA San Diego Health Care System, CA	Yes	Yes	Yes	Yes	Yes	PSCT	Yes
VA Southern Nevada Health Care System, Las Vegas, NV	Yes	No	Yes	Yes	No	PPOC	No
VA Nebraska Western Iowa Health Care System, Omaha, Grand Is, Lincoln, NE	Yes	Yes	Yes	Yes	No	PPOC	Yes
VA Central Iowa Health Care System, Des Moines, Knoxville, IA	Yes	Yes	Yes	Yes	No	PPOC	Yes
Iowa City VAMC, IA	Yes	Yes	Yes	Yes	No	PSCT	No
Minneapolis VAMC, MN	Yes	Yes	Yes	Yes	Yes	PRC/ PNS	Yes
St. Cloud VAMC, MN	No	Yes	No	No	No	PSCT	Yes
Fargo VAMC, ND	Yes	Yes	Yes	Yes	No	PPOC	Yes
VA Black Hills Health Care System, Ft Meade, Hot Springs, SD	Yes	Yes	Yes	Yes	No	PSCT	Yes
Sioux Falls VAMC, SD	Yes	Yes	Yes	Yes	No	PSCT	Yes

Hospital Services

Facility Name	Facility Unique Patients	Med Surg Hospital Discharges	Med Surg Hospital Discharges	Med Surg LOS	Bed Days of Care	Mental Health Hospital Discharges	Unique Mental Health Hospital Discharges	Mental Health LOS	Mental Health Bed Days of Care
VA Connecticut Health Care System, West Haven, CT	56,162	3,886	69.2	7.2	496.5	786	14.0	14.3	200.1
Edith N Rogers Memorial Veterans Hospital, Bedford, Ma	18,295	NA	NA	NA	NA	171	9.3	3.4	31.6
VA Boston Health Care System, W Roxbury, Brockton, Jamaica Plains, MA	61,902	6,261	101.1	6.3	632.2	2,281	36.8	17.2	633.1
Northampton VAMC, MA	14,691	NA	NA	NA	NA	268	18.2	6.0	108.6
Togus VAMC, Augusta, ME	39,544	1,814	45.9	6.0	273.2	39	1.0	5.4	5.3
Manchester VAMC, NH	22,411	NA	NA	NA	NA	NA	NA	NA	NA
Providence VAMC, RI	32,313	2,759	85.4	5.1	437.0	412	12.8	9.9	125.8
White River Junction VAMC, VT	24,228	2,051	84.7	5.5	467.5	290	12.0	9.9	118.0
Samuel S. Stratton VAMC, Albany, NY	43,178	2,136	49.5	6.4	314.5	452	10.5	9.8	102.9

VA Western New York Health Care System Buffalo, Batavia, NY	55,231	3,935	71.2	7.4	524.2	754	13.7	10.9	148.7
Bath VAMC, NY	12,485	1,085	86.9	3.6	312.7	NA	NA	NA	NA
Canandaigua VAMC, NY	21,411	NA	NA	NA	NA	NA	NA	NA	NA
Syracuse VAMC, NY	50,584	3,842	76.0	6.0	455.0	498	9.8	9.2	90.2
VA New Jersey Health Care System, East Orange, NJ	59,171	2,664	45.0	6.8	305.2	1,123	19.0	13.5	256.5
James J. Peters VAMC, Bronx, NY	26,271	4,054	154.3	7.9	1220.4	141	5.4	6.6	35.6
VA New York Harbor Health Care System, Manhattan, Brooklyn, NY	51,932	7,273	140.0	5.9	819.8	1,157	22.3	7.0	156.3
VA Hudson Valley Health Care System, Montrose, Castle Point, NY	25,048	592	23.6	4.0	95.0	360	14.4	17.4	250.3
Northport VAMC, NY	33,784	3,009	89.1	8.1	721.1	376	11.1	20.8	231.1
Wilmington VAMC, DE	25,736	1,856	72.1	7.1	508.6	NA	NA	NA	NA
James E. Van Zandt VAMC, Altoona, PA	24,609	886	36.0	5.1	184.0	NA	NA	NA	NA
Butler VAMC, PA	17,666	NA	NA	NA	NA	NA	NA	NA	NA
Coatesville VAMC, PA	19,600	70	3.6	3.1	11.1	890	45.4	36.7	1,665.9
Erie VAMC, PA	21,514	1,304	60.6	3.8	229.1	NA	NA	NA	NA
Lebanon VAMC, PA	43,661	1,686	38.6	4.4	169.4	458	10.5	15.2	159.2
Philadelphia VAMC, PA	55,937	4,383	78.4	6.4	504.6	847	15.1	14.1	213.0
VA Pittsburgh Health Care System, PA	60,139	7,292	121.3	6.0	729.5	72	1.2	3.7	4.4
Wilkes-Barre VAMC, PA	41,253	2,354	57.1	4.4	248.5	371	9.0	8.8	78.9

Louis A. Johnson VAMC, Clarksburg, WV	20,947	2,393	114.2	5.2	598.5	297	14.2	7.3	102.8
Washington DC VAMC, DC	59,526	4,673	78.5	5.6	440.5	874	14.7	8.7	127.9
VA Maryland Health Care System, Perry Pt, Baltimore, MD	53,249	5,885	110.5	5.2	578.6	92	1.7	3.6	6.2
Martinsburg VAMC, WV	32,921	2,227	67.6	5.6	381.1	821	24.9	4.6	115.8
Asheville VAMC, NC	33,232	4,210	126.7	6.1	778.4	635	19.1	8.9	169.4
Durham VAMC, NC	51,880	5,245	101.1	6.0	602.3	1,071	20.6	8.5	175.1
Fayetteville VAMC, NC	46,509	1,997	42.9	4.7	202.2	854	18.4	6.8	124.7
W.G. (Bill) Hefner VAMC, Salisbury, NC	77,685	1,180	15.2	7.5	113.5	607	7.8	10.5	82.1
Hampton VAMC, VA	35,176	1,425	40.5	8.1	328.0	976	27.7	9.2	254.2
Hunter Holmes McGuire VAMC, Richmond, VA	43,845	5,215	118.9	5.4	638.8	663	15.1	7.4	111.4
Salem VAMC, VA	34,848	4,065	116.6	5.3	621.2	769	22.1	11.2	247.7
Beckley VAMC, WV	13,574	1,707	125.8	6.4	803.1	NA	NA	NA	NA
Birmingham VAMC, AL	55,554	5,031	90.6	4.7	425.2	NA	NA	NA	NA
Central Alabama Veterans Health Care System, Tuskegee, Montgomery, AL	40,553	966	23.8	8.8	210.3	959	23.6	10.7	252.1
Tuscaloosa VAMC, AL	15,502	NA	NA	NA	NA	427	27.5	14.9	410.3

Atlanta VAMC, GA	73,139	5,610	76.7	6.7	511.3	640	8.8	13.9	121.2
Charlie Norwood VAMC, Augusta, GA	40,643	4,262	104.9	5.5	580.9	786	19.3	7.0	135.9
Carl Vinson VAMC, Dublin, GA	30,441	1,502	49.3	3.8	188.5	NA	NA	NA	NA
Ralph H. Johnson VAMC, Charleston, SC	47,180	3,810	80.8	5.1	410.2	480	10.2	10.0	101.3
Wm. Jennings Bryan Dorn VAMC, Columbia, SC	65,884	5,026	76.3	6.7	511.1	462	7.0	10.8	75.4
Bay Pines VA Health Care System, FL	96,509	9,171	95.0	4.7	444.6	1,289	13.4	7.1	95.3
N. Florida/S. Georgia Veterans Health Care System Gainesville, Lake City	128,870	11,950	92.7	5.1	476.6	1,370	10.6	8.0	85.2
Miami VA Health Care System, FL	55,175	4,363	79.1	5.7	452.6	737	13.4	9.8	131.4
Orlando VAMC, FL	87,918	NA	NA	NA	NA	NA	NA	NA	NA
James A. Haley VAMC, Tampa, FL	111,355	10,393	93.3	5.4	508.6	1,479	13.3	7.1	94.9
West Palm Beach VAMC, FL	62,625	5,416	86.5	4.7	406.5	1,112	17.8	7.1	126.6
VA Caribbean Health Care System, San Juan, PR	66,481	7,977	120.0	7.9	945.9	1,745	26.2	5.2	135.7
Lexington VAMC, KY	35,136	5,334	151.8	4.3	651.8	694	19.8	8.5	168.0
Louisville VAMC, KY	43,371	4,194	96.7	5.0	481.8	806	18.6	8.8	162.8
Memphis VAMC, TN	53,854	4,717	87.6	5.4	470.2	667	12.4	7.5	92.4
Mountain Home VAMC, TN	50,534	4,039	79.9	4.7	374.2	833	16.5	8.8	145.6
Tennessee Valley Health Care System, Nashville, Murfreesboro, TN	77,974	7,742	99.3	5.6	559.5	2,207	28.3	8.3	235.6
Huntington VAMC, WV	29,813	3,781	126.8	4.7	592.9	NA	NA	NA	NA

Chillicothe VAMC, OH	20,184	1,990	98.6	4.5	441.3	1,167	57.8	7.7	444.1
Cincinnati VAMC, OH	35,327	4,748	134.4	4.5	604.6	770	21.8	8.2	179.0
Louis Stokes VAMC, Cleveland, Brecksville, OH	97,146	7,340	75.6	5.9	444.5	1,122	11.5	12.1	140.3
Chalmers P. Wylie Outpt Clinic, Columbus, OH	32,681	NA	NA	NA	NA	NA	NA	NA	NA
Dayton VAMC, OH	36,253	4,259	117.5	4.5	524.2	775	21.4	8.2	175.5
VA Illiana Health Care System, Danville, IL	31,920	2,384	74.7	3.5	263.0	46	1.4	3.0	4.3
VA Northern Indiana Health Care System, Marion, Ft Wayne, IN	40,794	1,587	38.9	5.4	211.8	366	9.0	16.1	144.5
Richard L. Roudebush VAMC, Indianapolis, IN	54,511	7,517	137.9	4.9	680.3	565	10.4	7.1	73.4
VA Ann Arbor Health Care System, MI	49,227	4,605	93.5	5.4	502.3	517	10.5	11.0	115.1
Battle Creek VAMC, MI	36,520	366	10.0	6.8	68.4	273	7.5	4.6	34.6
John D. Dingell VAMC, Detroit, MI	42,396	3,479	82.1	5.2	426.9	1,125	26.5	7.6	201.9
Aleda E. Lutz VAMC, Saginaw, MI	27,919	781	28.0	2.8	77.2	NA	NA	NA	NA
Jessie Brown VAMC, Chicago, IL	42,039	5,451	129.7	4.7	614.5	1,190	28.3	9.4	267.2
Edward Hines Jr. VA Hospital, Hines, IL	56,947	5,658	99.4	5.1	511.1	814	14.3	8.3	118.6
North Chicago VAMC, IL	34,644	2,285	66.0	3.9	260.3	936	27.0	5.0	135.3
Iron Mountain VAMC, MI	19,065	985	51.7	3.5	181.4	NA	NA	NA	NA
William S. Middleton Memorial Veterans Hospital, Madison, WI	37,223	3,354	90.1	6.0	542.0	646	17.4	6.7	116.0

Clement J. Zablocki VAMC, Milwaukee, WI	59,188	5,475	92.5	4.9	451.2	1,332	22.5	4.8	107.9
Tomah VAMC, WI	24,653	596	24.2	3.4	81.4	329	13.3	5.2	69.0
VA Eastern Kansas Health Care System, Topeka, Leavenworth, KS	36,467	2,835	77.7	4.1	317.0	851	23.3	7.8	181.9
Robert J. Dole VAMC, Wichita, KS	27,930	2,002	71.7	4.2	302.5	NA	NA	NA	NA
Harry S. Truman VAMC, Columbia, MO	31,947	3,061	95.8	4.7	451.4	333	10.4	6.7	69.7
Kansas City VAMC, MO	42,963	5,228	121.7	4.7	572.7	1,184	27.6	5.3	145.2
Marion VAMC, IL	44,043	2,999	68.1	4.5	305.1	NA	NA	NA	NA
John J. Pershing VAMC, Poplar Bluff, MO	18,913	1,392	73.6	3.7	270.7	NA	NA	NA	NA
St Louis VAMC, St Louis, Jefferson Barracks, MO	52,748	6,354	120.5	4.5	542.3	1,628	30.9	8.5	263.0
Fayetteville VAMC, AR	50,131	3,641	72.6	4.5	326.8	756	15.1	6.3	95.4
Central Arkansas Veterans Health Care System, Little Rock, N Little Rock, AR	74,828	9,441	126.2	5.8	733.5	894	11.9	4.4	52.5
Alexandria VAMC, LA	28,707	1,483	51.7	7.3	378.5	534	18.6	10.9	203.0
New Orleans VAMC, LA	35,078	NA	NA	NA	NA	NA	NA	NA	NA
Overton Brooks VAMC, Shreveport, LA	37,935	5,017	132.3	5.2	686.0	715	18.8	6.9	129.5
Gulf Coast Veterans Health Care System, Biloxi, MS	57,230	1,739	30.4	5.7	172.1	561	9.8	10.4	102.0
G.V. Montgomery VAMC, Jackson, MS	44,689	4,553	101.9	5.3	539.9	744	16.6	8.1	134.8
Muskogee VAMC, OK	34,671	3,494	100.8	4.7	478.2	599	17.3	6.6	113.5
Oklahoma City VAMC, OK	52,983	4,950	93.4	6.3	588.2	844	15.9	7.7	123.4
Michael E. DeBakey VAMC, Houston, TX	88,433	10,149	114.8	6.0	691.7	1,677	19.0	9.3	176.9
VA North Texas Health Care System, Dallas, TX	104,975	12,139	115.6	4.9	566.2	1,024	9.8	10.4	101.3

South Texas Veterans Health Care System, San Antonio, Kerrville, TX	92,352	7,539	81.6	6.3	515.2	1,323	14.3	6.7	96.0
Central Texas Veterans Health Care System, Temple, Waco, Marlin, TX	80,821	5,344	66.1	6.8	448.3	1,421	17.6	14.9	261.8
Carl T. Hayden VAMC, Phoenix, AZ	76,271	5,010	65.7	5.2	340.7	1,311	17.2	7.8	133.9
No. Arizona VA Health Care System, Prescott, AZ	24,237	1,593	65.7	5.1	338.2	NA	NA	NA	NA
So. Arizona VA Health Care System, Tucson, AZ	50,655	6,454	127.4	4.8	607.4	1,224	24.2	7.3	176.1
New Mexico Health Care System, Albuquerque, NM	57,014	5,492	96.3	5.2	496.1	568	10.0	12.1	121.0
Amarillo VA Health Care System, TX	25,536	2,294	89.8	4.6	416.9	NA	NA	NA	NA
West Texas VA Health Care System, Big Spring, TX	17,613	546	31.0	3.0	92.9	NA	NA	NA	NA
El Paso VA Health Care System, TX	25,634	NA	NA	NA	NA	NA	NA	NA	NA
VA Eastern Colorado Health Care System, Denver, Pueblo, CO	63,980	4,218	65.9	4.8	318.3	799	12.5	14.7	183.1
Grand Junction VAMC, CO	11,801	1,220	103.4	3.6	370.4	325	27.5	4.4	120.5
VA Montana Health Care System, Fort Harrison, MT	32,296	2,110	65.3	4.5	296.6	NA	NA	NA	NA
VA Salt Lake City Health Care System, UT	46,199	4,616	99.9	4.0	404.3	646	14.0	9.4	130.8
Cheyenne VAMC, WY	17,366	1,104	63.6	4.8	305.3	NA	NA	NA	NA
Sheridan VAMC, WY	12,565	318	25.3	3.6	92.2	55	4.4	13.9	60.7
Alaska VA Health Care System and Regional Office, Anchorage, AK	16,008	NA	NA	NA	NA	NA	NA	NA	NA
Boise VAMC, ID	24,187	2,490	102.9	4.1	424.2	358	14.8	8.8	129.9
Portland VAMC, OR	68,454	8,154	119.1	5.2	614.6	810	11.8	7.7	90.5
VA Roseburg Health Care System, OR	27,160	1,741	64.1	4.0	254.3	445	16.4	7.3	120.1
Southern Oregon Rehab Center & Clinics, White City, OR	15,604	NA	NA	NA	NA	NA	NA	NA	NA

VA Puget Sound Health Care System, Seattle, American Lake, WA	74,049	5,750	77.7	5.7	445.4	1,535	20.7	9.5	197.1
Spokane VAMC, WA	26,192	1,516	57.9	4.5	258.7	288	11.0	9.3	101.8
Jonathan M. Wainwright Memorial VA Medical Center, Walla Walla, WA	16,536	NA	NA	NA	NA	NA	NA	NA	NA
VA Central California Health Care System, Fresno, CA	25,558	2,637	103.2	4.9	510.7	639	25.0	5.6	140.6
VA Northern California Health Care System, Martinez, Sacramento, CA	78,115	3,742	47.9	3.5	167.5	180	2.3	7.2	16.6
VA Palo Alto Health Care System, Palo Alto, Menlo Pk, Livermore, CA	61,530	4,376	71.1	6.1	437.3	1,367	22.2	17.0	377.7
San Francisco VAMC, CA	55,242	4,397	79.6	5.9	473.4	315	5.7	12.3	70.2
VA Pacific Islands Health Care System, Honolulu, HI	24,344	NA	NA	NA	NA	265	10.9	11.9	129.7
VA Sierra Nevada Health Care System, Reno, NV	27,605	3,135	113.6	4.7	528.2	591	21.4	6.2	132.9
VA Loma Linda Health Care System, CA	61,369	6,491	105.8	5.5	578.5	1,126	18.3	6.8	124.5
VA Long Beach Health Care System, CA	45,944	4,735	103.1	5.7	591.5	596	13.0	13.0	169.0
VA Greater Los Angeles Health Care System, CA	80,343	5,842	72.7	6.1	441.2	758	9.4	14.8	139.6
VA San Diego Health Care System, CA	64,842	5,387	83.1	5.1	420.3	1,113	17.2	17.9	308.1
VA Southern Nevada Health Care System, Las Vegas, NV	42,797	2,435	56.9	5.3	301.9	NA	NA	NA	NA
VA Nebraska Western Iowa Health Care System, Omaha, Grand Is, Lincoln, NE	48,901	4,491	91.8	4.3	397.6	523	10.7	5.7	61.0
VA Central Iowa Health Care System, Des Moines, Knoxville, IA	33,692	2,253	66.9	4.4	297.5	337	10.0	6.5	64.9
Iowa City VAMC, IA	45,727	2,914	63.7	4.5	289.9	572	12.5	5.5	68.9

Facility Name								
Minneapolis VAMC, MN	86,421	6,911	80.0	4.7	373.0	520	6.0	6.6	39.6
St. Cloud VAMC, MN	34,387	NA	NA	NA	NA	686	19.9	4.9	98.1
Fargo VAMC, ND	29,921	1,401	46.8	5.2	242.9	218	7.3	7.2	52.4
VA Black Hills Health Care System, Ft Meade, Hot Springs, SD	20,965	1,300	62.0	4.1	255.4	258	12.3	7.8	96.1
Sioux Falls VAMC, SD	27,120	1,780	65.6	4.0	263.2	43	1.6	6.1	9.7

Hospital Services (continued)

Facility Name	Upper GI	Colonoscopy	Sigmoidoscopy	Bronchoscopy	ENT Endoscopy	Total Outpatient visits
VA Connecticut Health Care System, West Haven, CT	1,121	2,171	95	71	658	605,056
Edith N Rogers Memorial Veterans Hospital, Bedford, Ma	NA	NA	NA	NA	NA	203,505
VA Boston Health Care System, W Roxbury, Brockton, Jamaica Plains, MA	815	1,594	164	273	1,194	684,091

Northampton VAMC, MA	NA	NA	NA	NA	NA	174,769
Togus VAMC, Augusta, ME	585	931	24	22	206	348,971
Manchester VAMC, NH	967	1,394	44	14	NA	215,277
Providence VAMC, RI	870	1,641	40	89	234	332,615
White River Junction VAMC, VT	524	893	31	25	191	204,737
Samuel S. Stratton VAMC, Albany, NY	561	1,469	21	36	851	328,929
VA Western New York Health Care System Buffalo, Batavia, NY	779	1,635	121	131	603	465,920
Bath VAMC, NY	NA	NA	NA	NA	NA	157,738
Canandaigua VAMC, NY	NA	NA	NA	NA	NA	211,919
Syracuse VAMC, NY	604	998	87	46	850	419,431
VA New Jersey Health Care System, East Orange, NJ	656	1,719	102	88	615	646,568
James J. Peters VAMC, Bronx, NY	209	1,040	33	54	755	328,961
VA New York Harbor Health Care System, Manhattan, Brooklyn, NY	871	2,862	132	66	1,827	711,816
VA Hudson Valley Health Care System, Montrose, Castle Point, NY	285	703	12	7	103	337,621
Northport VAMC, NY	393	1,152	38	25	259	342,555
Wilmington VAMC, DE	862	1,859	57	45	34	206,538
James E. Van Zandt VAMC, Altoona, PA	177	559	5	NA	NA	169,336
Butler VAMC, PA	NA	NA	NA	NA	NA	127,545

Coatesville VAMC, PA	NA	NA	NA	NA	NA	175,777
Erie VAMC, PA	144	714	8	16	129	243,396
Lebanon VAMC, PA	1,106	3,186	44	42	433	439,743
Philadelphia VAMC, PA	428	663	140	53	2,106	486,263
VA Pittsburgh Health Care System, PA	1,336	2,177	97	119	1,136	538,469
Wilkes-Barre VAMC, PA	238	671	5	32	NA	369,879
Louis A. Johnson VAMC, Clarksburg, WV	550	1,115	21	31	134	233,275
Washington DC VAMC, DC	1,227	2,291	74	47	801	595,659
VA Maryland Health Care System, Perry Pt, Baltimore, MD	651	1,713	113	58	420	631,676
Martinsburg VAMC, WV	930	1,403	74	44	90	380,102
Asheville VAMC, NC	805	1,218	29	94	367	316,846
Durham VAMC, NC	1,013	1,867	116	195	1,541	472,003
Fayetteville VAMC, NC	1,196	3,665	41	NA	NA	362,932
W.G. (Bill) Hefner VAMC, Salisbury, NC	1,372	2,208	42	43	166	572,869
Hampton VAMC, VA	375	1,209	65	22	37	401,248
Hunter Holmes McGuire VAMC, Richmond, VA	1,319	1,493	219	79	617	444,721

Salem VAMC, VA	692	1,767	36	49	121	353,728
Beckley VAMC, WV	477	782	11	35	87	147,658
Birmingham VAMC, AL	758	2,159	38	139	649	566,217
Central Alabama Veterans Health Care System, Tuskegee, Montgomery, AL	232	791	44	44	NA	383,113
Tuscaloosa VAMC, AL	NA	NA	NA	NA	NA	172,928
Atlanta VAMC, GA	1,101	2,764	147	230	1,281	826,081
Charlie Norwood VAMC, Augusta, GA	594	1,678	34	32	742	419,269
Carl Vinson VAMC, Dublin, GA	371	1,303	17	NA	NA	237,554
Ralph H. Johnson VAMC, Charleston, SC	806	1,458	47	197	1,337	575,223
Wm. Jennings Bryan Dorn VAMC, Columbia, SC	806	2,930	59	49	390	754,148
Bay Pines VA Health Care System, FL	1,390	3,842	89	121	1,134	1,207,961
N. Florida/S. Georgia Veterans Health Care System Gainesville, Lake City	2,374	7,478	1,523	397	708	1,264,605
Miami VA Health Care System, FL	835	1,522	120	96	197	659,974
Orlando VAMC, FL	788	2,688	91	9	615	896,888
James A. Haley VAMC, Tampa, FL	2,049	3,960	235	146	1,558	1,014,547
West Palm Beach VAMC, FL	1,771	2,676	50	102	124	609,301
VA Caribbean Health Care System, San Juan, PR	1,196	1,775	67	56	1,135	913,800
Lexington VAMC, KY	690	1,788	91	94	116	398,572

Louisville VAMC, KY	1,143	2,023	82	95	309	484,324
Memphis VAMC, TN	1,132	1,228	58	113	177	577,156
Mountain Home VAMC, TN	736	1,632	60	135	185	555,186
Tennessee Valley Health Care System, Nashville, Murfreesboro, TN	1,339	3,161	224	217	800	713,855
Huntington VAMC, WV	612	1,595	75	86	98	308,873
Chillicothe VAMC, OH	29	70	79	10	9	285,621
Cincinnati VAMC, OH	802	1,392	226	119	521	438,617
Louis Stokes VAMC, Cleveland, Brecksville, OH	1,296	1,861	156	261	1,338	1,331,446
Chalmers P. Wylie Outpt Clinic, Columbus, OH	422	1,108	22	28	99	354,573
Dayton VAMC, OH	953	1,385	48	23	355	390,605
VA Illiana Health Care System, Danville, IL	292	535	44	11	NA	274,622
VA Northern Indiana Health Care System, Marion, Ft Wayne, IN	567	1,012	12	28	149	290,051
Richard L. Roudebush VAMC, Indianapolis, IN	1,917	2,967	47	161	1,387	494,318
VA Ann Arbor Health Care System, MI	1,514	2,708	98	209	712	389,840
Battle Creek VAMC, MI	NA	NA	118	NA	NA	344,382
John D. Dingell VAMC, Detroit, MI	803	1,394	68	82	305	421,615

Aleda E. Lutz VAMC, Saginaw, MI	285	607	24	19	NA	247,788
Jessie Brown VAMC, Chicago, IL	911	2,480	201	109	339	510,498
Edward Hines Jr. VA Hospital, Hines, IL	908	1,673	31	102	657	643,883
North Chicago VAMC, IL	362	779	23	24	57	254,905
Iron Mountain VAMC, MI	144	428	11	NA	NA	154,663
William S. Middleton Memorial Veterans Hospital, Madison, WI	672	852	278	147	196	288,883
Clement J. Zablocki VAMC, Milwaukee, WI	857	1,979	87	102	965	630,465
Tomah VAMC, WI	NA	NA	NA	NA	NA	172,237
VA Eastern Kansas Health Care System, Topeka, Leavenworth, KS	879	1,772	71	29	14	399,273
Robert J. Dole VAMC, Wichita, KS	664	1,326	39	18	276	238,784
Harry S. Truman VAMC, Columbia, MO	842	1,440	37	147	377	331,085
Kansas City VAMC, MO	1,213	1,605	69	114	1,121	458,618
Marion VAMC, IL	1,786	647	37	22	45	385,604
John J. Pershing VAMC, Poplar Bluff, MO	157	707	8	NA	NA	167,761
St Louis VAMC, St Louis, Jefferson Barracks, MO	823	2,926	129	43	1,430	573,693
Fayetteville VAMC, AR	1,378	2,072	47	72	NA	483,330
Central Arkansas Veterans Health Care System, Little Rock, N Little Rock, AR	1,468	3,151	89	219	844	692,333
Alexandria VAMC, LA	216	709	27	24	184	222,166
New Orleans VAMC, LA	5	9	NA	NA	631	378,262
Overton Brooks VAMC, Shreveport, LA	1,015	2,067	109	157	772	379,833

Gulf Coast Veterans Health Care System, Biloxi, MS	397	945	27	77	706	513,084
G.V. Montgomery VAMC, Jackson, MS	402	1,134	65	131	864	424,417
Muskogee VAMC, OK	501	1,816	51	117	198	344,433
Oklahoma City VAMC, OK	942	1,340	60	99	768	461,314
Michael E. DeBakey VAMC, Houston, TX	1,654	2,523	467	256	729	983,468
VA North Texas Health Care System, Dallas, TX	1,617	2,098	242	88	1,633	1,177,605
South Texas Veterans Health Care System, San Antonio, Kerrville, TX	1,399	3,620	460	119	233	1,065,925
Central Texas Veterans Health Care System, Temple, Waco, Marlin, TX	862	1,520	101	127	535	961,082
Carl T. Hayden VAMC, Phoenix, AZ	1,563	3,723	255	63	887	688,447
No. Arizona VA Health Care System, Prescott, AZ	97	554	11	NA	NA	251,025
So. Arizona VA Health Care System, Tucson, AZ	1,202	1,716	47	90	274	622,880
New Mexico Health Care System, Albuquerque, NM	1,111	2,416	178	41	398	586,519
Amarillo VA Health Care System, TX	710	1,142	32	62	14	224,127
West Texas VA Health Care System, Big Spring, TX	127	481	9	NA	NA	150,737
El Paso VA Health Care System, TX	NA	1,311	15	NA	NA	270,822
VA Eastern Colorado Health Care System, Denver, Pueblo, CO	1,315	2,108	312	258	708	644,026
Grand Junction VAMC, CO	390	925	11	17	116	127,220
VA Montana Health Care System, Fort Harrison, MT	565	1,625	79	35	120	282,355
VA Salt Lake City Health Care System, UT	886	1,730	6	31	425	496,287
Cheyenne VAMC, WY	200	699	27	30	153	179,630
Sheridan VAMC, WY	171	583	16	NA	19	113,184

Alaska VA Health Care System and Regional Office, Anchorage, AK	6	497	15	NA	NA	142,246
Boise VAMC, ID	911	1,417	54	86	149	287,334
Portland VAMC, OR	1,383	3,214	193	150	1,921	633,944
VA Roseburg Health Care System, OR	891	1,743	59	56	276	237,147
Southern Oregon Rehab Center & Clinics, White City, OR	NA	NA	NA	NA	NA	195,629
VA Puget Sound Health Care System, Seattle, American Lake, WA	1,358	2,386	140	140	559	805,449
Spokane VAMC, WA	1,087	1,712	33	16	NA	262,626
Jonathan M. Wainwright Memorial VA Medical Center, Walla Walla, WA	411	462	5	NA	NA	149,258
VA Central California Health Care System, Fresno, CA	796	1,446	46	28	NA	297,617
VA Northern California Health Care System, Martinez, Sacramento, CA	1,577	3,211	122	104	551	823,621
VA Palo Alto Health Care System, Palo Alto, Menlo Pk, Livermore, CA	1,146	2,808	127	76	1,598	634,053
San Francisco VAMC, CA	821	1,493	76	93	505	459,265
VA Pacific Islands Health Care System, Honolulu, HI	373	1,161	19	NA	NA	175,102
VA Sierra Nevada Health Care System, Reno, NV	483	1,014	13	19	31	303,365
VA Loma Linda Health Care System, CA	1,580	1,063	1,439	96	215	591,340
VA Long Beach Health Care System, CA	937	1,669	1,315	97	662	547,731
VA Greater Los Angeles Health Care System, CA	698	1,254	138	226	803	1,168,249

VA San Diego Health Care System, CA	994	1,657	1,031	52	890	680,990
VA Southern Nevada Health Care System, Las Vegas, NV	35	62	9	66	275	459,760
VA Nebraska Western Iowa Health Care System, Omaha, Grand Is, Lincoln, NE	767	1,434	776	83	622	439,482
VA Central Iowa Health Care System, Des Moines, Knoxville, IA	410	1,091	38	67	44	305,305
Iowa City VAMC, IA	662	1,343	37	87	1,007	323,959
Minneapolis VAMC, MN	1,407	2,534	509	141	1,776	685,826
St. Cloud VAMC, MN	432	1,069	13	NA	NA	281,376
Fargo VAMC, ND	554	1,520	42	32	356	198,976
VA Black Hills Health Care System, Ft Meade, Hot Springs, SD	288	1,103	28	18	19	216,992
Sioux Falls VAMC, SD	817	1,709	46	55	577	231,573

Hospital Accreditation Status

Facility Name	TJC Hospital Accreditation	TJC Behavior Health Accreditation	TJC Long term Care Accreditation	TJC Ambulatory Care Accreditation	TJC Home Care Accreditation	CARF Accreditation	Laboratory Accreditation
VA Connecticut Health Care System, West Haven, CT	Yes	Yes	Yes	NA	Yes	Yes	Yes
Edith N Rogers Memorial Veterans Hospital, Bedford, Ma	Yes	Yes	Yes	NA	Yes	Yes	Yes
VA Boston Health Care System, W Roxbury, Brockton, Jamaica Plains, MA	Yes	Yes	Yes	NA	Yes	Yes	Yes
Northampton VAMC, MA	Yes	NA	Yes	NA	Yes	Yes	Yes
Togus VAMC, Augusta, ME	Yes	Yes	Yes	NA	Yes	NA	Yes
Manchester VAMC, NH	No	Yes	Yes	Yes	Yes	NA	Yes
Providence VAMC, RI	Yes	NA	NA	NA	Yes	Yes	Yes
White River Junction VAMC, VT	Yes	NA	NA	NA	Yes	NA	Yes
Samuel S. Stratton VAMC, Albany, NY	Yes	Yes	Yes	NA	Yes	Yes	Yes
VA Western New York Health Care System Buffalo, Batavia, NY	Yes	Yes	Yes	NA	Yes	Yes	Yes
Bath VAMC, NY	Yes	Yes	Yes	NA	Yes	Yes	Yes
Canandaigua VAMC, NY	NA	Yes	Yes	Yes	Yes	Yes	Yes
Syracuse VAMC, NY	Yes	Yes	Yes	NA	Yes	Yes	Yes
VA New Jersey Health Care System, East Orange, NJ	Yes	Yes	Yes	NA	Yes	Yes	Yes
James J. Peters VAMC, Bronx, NY	Yes	Yes	Yes	NA	Yes	Yes	Yes
VA New York Harbor Health Care System, Manhattan, Brooklyn, NY	Yes	Yes	Yes	NA	Yes	Yes	Yes
VA Hudson Valley Health Care System, Montrose, Castle Point, NY	Yes	Yes	Yes	NA	Yes	Yes	Yes
Northport VAMC, NY	Yes	Yes	Yes	NA	Yes	Yes	Yes
Wilmington VAMC, DE	Yes	NA	Yes	NA	Yes	NA	Yes

James E. Van Zandt VAMC, Altoona, PA	Yes	Yes	Yes	NA	Yes	NA	Yes
Butler VAMC, PA	NA	Yes	Yes	Yes	Yes	Yes	Yes
Coatesville VAMC, PA	Yes	Yes	Yes	NA	Yes	Yes	Yes
Erie VAMC, PA	Yes	Yes	Yes	NA	Yes	NA	Yes
Lebanon VAMC, PA	Yes	Yes	Yes	NA	Yes	Yes	Yes
Philadelphia VAMC, PA	Yes	Yes	Yes	NA	Yes	Yes	Yes
VA Pittsburgh Health Care System, PA	Yes	Yes	Yes	NA	Yes	Yes	Yes
Wilkes-Barre VAMC, PA	Yes	Yes	Yes	NA	Yes	Yes	Yes
Louis A. Johnson VAMC, Clarksburg, WV	Yes	Yes	Yes	NA	Yes	NA	Yes
Washington DC VAMC, DC	Yes	Yes	Yes	NA	Yes	Yes	Yes
VA Maryland Health Care System, Perry Pt, Baltimore, MD	Yes	Yes	Yes	NA	Yes	Yes	Yes
Martinsburg VAMC, WV	Yes	Yes	Yes	NA	Yes	Yes	Yes
Asheville VAMC, NC	Yes	Yes	Yes	NA	Yes	Yes	Yes
Durham VAMC, NC	Yes	Yes	Yes	NA	Yes	NA	Yes
Fayetteville VAMC, NC	Yes	NA	Yes	NA	Yes	NA	Yes
W.G. (Bill) Hefner VAMC, Salisbury, NC	Yes	Yes	Yes	NA	Yes	Yes	Yes
Hampton VAMC, VA	Yes	Yes	Yes	NA	Yes	Yes	Yes
Hunter Holmes McGuire VAMC, Richmond, VA	Yes	Yes	Yes	NA	Yes	Yes	Yes
Salem VAMC, VA	Yes	Yes	Yes	NA	Yes	NA	Yes
Beckley VAMC, WV	Yes	NA	Yes	NA	Yes	NA	Yes
Birmingham VAMC, AL	Yes	Yes	Yes	NA	Yes	Yes	Yes
Central Alabama Veterans Health Care System, Tuskegee, Montgomery, AL	Yes	Yes	Yes	NA	Yes	Yes	Yes
Tuscaloosa VAMC, AL	Yes	Yes	Yes	NA	Yes	Yes	Yes
Atlanta VAMC, GA	Yes	Yes	Yes	NA	Yes	Yes	Yes
Charlie Norwood VAMC, Augusta, GA	Yes	Yes	Yes	NA	Yes	Yes	Yes
Carl Vinson VAMC, Dublin, GA	Yes	Yes	Yes	NA	Yes	Yes	Yes

Ralph H. Johnson VAMC, Charleston, SC	Yes	Yes	Yes	NA	Yes	NA	Yes
Wm. Jennings Bryan Dorn VAMC, Columbia, SC	Yes	Yes	Yes	NA	Yes	Yes	Yes
Bay Pines VA Health Care System, FL	Yes	Yes	Yes	NA	Yes	Yes	Yes
N. Florida/S. Georgia Veterans Health Care System Gainesville, Lake City	Yes	Yes	Yes	NA	Yes	Yes	Yes
Miami VA Health Care System, FL	Yes	Yes	Yes	NA	Yes	Yes	Yes
Orlando VAMC, FL	NA	Yes	Yes	Yes	Yes	NA	Yes
James A. Haley VAMC, Tampa, FL	Yes	Yes	Yes	NA	Yes	Yes	Yes
West Palm Beach VAMC, FL	Yes	Yes	Yes	NA	Yes	Yes	Yes
VA Caribbean Health Care System, San Juan, PR	Yes	Yes	Yes	NA	Yes	Yes	Yes
Lexington VAMC, KY	Yes	Yes	Yes	NA	Yes	NA	Yes
Louisville VAMC, KY	Yes	Yes	NA	NA	Yes	Yes	Yes
Memphis VAMC, TN	Yes	Yes	Yes	NA	Yes	Yes	Yes
Mountain Home VAMC, TN	Yes	Yes	Yes	NA	Yes	Yes	Yes
Tennessee Valley Health Care System, Nashville, Murfreesboro, TN	Yes	Yes	Yes	NA	Yes	NA	Yes
Huntington VAMC, WV	Yes	Yes	NA	NA	Yes	NA	Yes
Chillicothe VAMC, OH	Yes	Yes	Yes	NA	Yes	Yes	Yes
Cincinnati VAMC, OH	Yes	Yes	Yes	NA	Yes	Yes	Yes
Louis Stokes VAMC, Cleveland, Brecksville, OH	Yes	Yes	Yes	NA	Yes	Yes	Yes
Chalmers P. Wylie Outpt Clinic, Columbus, OH	NA	Yes	NA	Yes	Yes	Yes	Yes
Dayton VAMC, OH	Yes	Yes	Yes	NA	Yes	Yes	Yes
VA Illiana Health Care System, Danville, IL	Yes	Yes	Yes	NA	Yes	Yes	Yes
VA Northern Indiana Health Care System, Marion, Ft Wayne, IN	Yes	Yes	Yes	NA	Yes	NA	Yes
Richard L. Roudebush VAMC, Indianapolis, IN	Yes	Yes	NA	NA	Yes	Yes	Yes
VA Ann Arbor Health Care System, MI	Yes	Yes	Yes	NA	Yes	Yes	Yes
Battle Creek VAMC, MI	Yes	Yes	Yes	NA	Yes	Yes	Yes

John D. Dingell VAMC, Detroit, MI	Yes	Yes	Yes	NA	Yes	Yes	Yes
Aleda E. Lutz VAMC, Saginaw, MI	Yes	Yes	Yes	NA	Yes	NA	Yes
Jessie Brown VAMC, Chicago, IL	Yes	Yes	NA	NA	Yes	Yes	Yes
Edward Hines Jr. VA Hospital, Hines, IL	Yes	Yes	Yes	NA	Yes	Yes	Yes
North Chicago VAMC, IL	Yes	Yes	Yes	NA	Yes	Yes	Yes
Iron Mountain VAMC, MI	Yes	NA	Yes	NA	Yes	NA	Yes
William S. Middleton Memorial Veterans Hospital, Madison, WI	Yes	Yes	Yes	NA	Yes	Yes	Yes
Clement J. Zablocki VAMC, Milwaukee, WI	Yes	Yes	Yes	NA	Yes	Yes	Yes
Tomah VAMC, WI	Yes	Yes	Yes	NA	Yes	Yes	Yes
VA Eastern Kansas Health Care System, Topeka, Leavenworth, KS	Yes	Yes	Yes	NA	Yes	NA	Yes
Robert J. Dole VAMC, Wichita, KS	Yes	NA	Yes	NA	Yes	NA	Yes
Harry S. Truman VAMC, Columbia, MO	Yes	Yes	Yes	NA	Yes	NA	Yes
Kansas City VAMC, MO	Yes	Yes	NA	NA	Yes	NA	Yes
Marion VAMC, IL	Yes	Yes	Yes	NA	Yes	NA	Yes
John J. Pershing VAMC, Poplar Bluff, MO	Yes	NA	Yes	NA	Yes	NA	Yes
St Louis VAMC, St Louis, Jefferson Barracks, MO	Yes	Yes	Yes	NA	Yes	Yes	Yes
Fayetteville VAMC, AR	Yes	NA	NA	NA	Yes	NA	Yes
Central Arkansas Veterans Health Care System, Little Rock, N Little Rock, AR	Yes	Yes	Yes	NA	Yes	Yes	Yes
Alexandria VAMC, LA	Yes	NA	Yes	NA	Yes	NA	Yes
New Orleans VAMC, LA	NA	Yes	NA	Yes	Yes	NA	Yes
Overton Brooks VAMC, Shreveport, LA	Yes	NA	NA	NA	Yes	Yes	Yes
Gulf Coast Veterans Health Care System, Biloxi, MS	Yes	Yes	Yes	NA	Yes	Yes	Yes
G.V. Montgomery VAMC, Jackson, MS	Yes	NA	Yes	NA	Yes	Yes	Yes
Muskogee VAMC, OK	Yes	NA	NA	NA	Yes	NA	Yes
Oklahoma City VAMC, OK	Yes	Yes	Yes	NA	Yes	Yes	Yes
Michael E. DeBakey VAMC, Houston, TX	Yes	Yes	Yes	NA	Yes	Yes	Yes
VA North Texas Health Care System, Dallas, TX	Yes	Yes	Yes	NA	Yes	Yes	Yes
South Texas Veterans Health Care System, San Antonio, Kerrville, TX	Yes	Yes	Yes	NA	Yes	Yes	Yes
Central Texas Veterans Health Care System, Temple, Waco, Marlin, TX	Yes	Yes	Yes	NA	Yes	Yes	Yes
Carl T. Hayden VAMC, Phoenix, AZ	Yes	Yes	Yes	NA	Yes	Yes	Yes

No. Arizona VA Health Care System, Prescott, AZ	Yes	Yes	Yes	NA	Yes	NA	Yes
So. Arizona VA Health Care System, Tucson, AZ	Yes	Yes	Yes	NA	Yes	Yes	Yes
New Mexico Health Care System, Albuquerque, NM	Yes	Yes	Yes	NA	Yes	Yes	Yes
Amarillo VA Health Care System, TX	Yes	NA	Yes	NA	Yes	NA	Yes
West Texas VA Health Care System, Big Spring, TX	Yes	Yes	Yes	NA	Yes	NA	Yes
El Paso VA Health Care System, TX	NA	Yes	NA	Yes	Yes	NA	Yes
VA Eastern Colorado Health Care System, Denver, Pueblo, CO	Yes	Yes	Yes	NA	Yes	Yes	Yes
Grand Junction VAMC, CO	Yes	Yes	Yes	NA	Yes	NA	Yes
VA Montana Health Care System, Fort Harrison, MT	Yes	Yes	Yes	NA	Yes	NA	Yes
VA Salt Lake City Health Care System, UT	Yes	Yes	NA	NA	Yes	Yes	Yes
Cheyenne VAMC, WY	Yes	Yes	Yes	NA	Yes	NA	Yes
Sheridan VAMC, WY	Yes	Yes	Yes	NA	Yes	NA	Yes
Alaska VA Health Care System and Regional Office, Anchorage, AK	NA	Yes	NA	Yes	Yes	Yes	Yes
Boise VAMC, ID	Yes	Yes	Yes	NA	Yes	NA	Yes
Portland VAMC, OR	Yes	Yes	Yes	NA	Yes	Yes	Yes
VA Roseburg Health Care System, OR	Yes	Yes	Yes	NA	Yes	Yes	Yes
Southern Oregon Rehab Center & Clinics, White City, OR	NA	Yes	NA	Yes	Yes	Yes	Yes
VA Puget Sound Health Care System, Seattle, American Lake, WA	Yes	Yes	Yes	NA	Yes	Yes	Yes
Spokane VAMC, WA	Yes	Yes	Yes	NA	Yes	NA	Yes
Jonathan M. Wainwright Memorial VA Medical Center, Walla Walla, WA	NA	Yes	Yes	Yes	Yes	NA	Yes
VA Central California Health Care System, Fresno, CA	Yes	Yes	Yes	NA	Yes	NA	Yes
VA Northern California Health Care System, Martinez, Sacramento, CA	Yes	Yes	Yes	NA	Yes	NA	Yes
VA Palo Alto Health Care System, Palo Alto, Menlo Pk, Livermore, CA	Yes	Yes	Yes	NA	Yes	Yes	Yes
San Francisco VAMC, CA	Yes	Yes	Yes	NA	Yes	Yes	Yes
VA Pacific Islands Health Care System, Honolulu, HI	NA	Yes	Yes	Yes	Yes	NA	Yes
VA Sierra Nevada Health Care System, Reno, NV	Yes	Yes	Yes	NA	Yes	NA	Yes
VA Loma Linda Health Care System, CA	Yes	Yes	Yes	NA	Yes	Yes	Yes
VA Long Beach Health Care System, CA	Yes	Yes	Yes	NA	Yes	Yes	Yes
VA Greater Los Angeles Health Care System, CA	Yes	Yes	Yes	NA	Yes	Yes	Yes

VA San Diego Health Care System, CA	Yes	Yes	Yes	NA	Yes	Yes	Yes
VA Southern Nevada Health Care System, Las Vegas, NV	NA	Yes	NA	Yes	Yes	NA	Yes
VA Nebraska Western Iowa Health Care System, Omaha, Grand Is, Lincoln, NE	Yes	Yes	Yes	NA	Yes	NA	Yes
VA Central Iowa Health Care System, Des Moines, Knoxville, IA	Yes	Yes	Yes	NA	Yes	Yes	Yes
Iowa City VAMC, IA	Yes	Yes	NA	NA	Yes	NA	Yes
Minneapolis VAMC, MN	Yes	Yes	Yes	NA	Yes	Yes	Yes
St. Cloud VAMC, MN	Yes	Yes	Yes	NA	Yes	Yes	Yes
Fargo VAMC, ND	Yes	Yes	Yes	NA	Yes	NA	Yes
VA Black Hills Health Care System, Ft Meade, Hot Springs, SD	Yes	Yes	Yes	NA	Yes	Yes	Yes
Sioux Falls VAMC, SD	Yes	Yes	Yes	NA	Yes	NA	Yes

Hospital and Facility Services

Facility Name	Physician Full-time FTEE	Physician Part-time FTEE	Physician FTEE	Critical Care Units Registered Nurses	Critical Care Units - LPNs	Critical Care Units Nursing Assistants	Medical Units Registered Nurses	Medical Units - LPNs	Medical Units Nursing Assistants	Surgical Units Registered Nurses	Surgical Units - LPNs	Surgical Units Nursing Assistants	Mixed Med/Surg Registered Nurses	Mixed Med/Surg - LPNs	Mixed Med/Surg Nursing Assistants
VA Connecticut Health Care System, West Haven, CT	108.9	76.5	3.3	20.11	0.00	1.48	NA	NA	NA	NA	NA	NA	5.57	1.23	2.66
Edith N Rogers Memorial Veterans Hospital, Bedford, Ma	40.9	3.0	2.4	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VA Boston Health Care System, W Roxbury, Brockton, Jamaica Plains, MA	197.0	38.4	3.8	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Northampton VAMC, MA	26.7	1.8	1.9	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Togus VAMC, Augusta, ME	74.1	7.5	2.1	19.32	0.00	0.20	5.96	0.84	2.07	NA	NA	NA	5.59	1.65	2.95
Manchester VAMC, NH	34.7	1.9	1.6	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Providence VAMC, RI	60.9	19.7	2.5	15.27	0.00	0.53	NA	NA	NA	NA	NA	NA	7.34	0.79	1.77
White River Junction VAMC, VT	55.1	9.0	2.6	24.17	0.00	0.38	NA	NA	NA	NA	NA	NA	5.42	2.75	0.61

Samuel S. Stratton VAMC, Albany, NY	70.1	20.0	2.1	20.96	0.00	2.04	5.56	1.75	2.03	NA	NA	NA	4.44	1.41	2.84
VA Western New York Health Care System Buffalo, Batavia, NY	83.5	29.6	2.0	17.41	0.00	1.84	4.30	3.62	1.00	4.58	3.04	0.37	NA	NA	NA
Bath VAMC, NY	13.4	0.3	1.1	56.98	0.00	0.00	3.84	2.35	2.28	NA	NA	NA	NA	NA	NA
Canandaigua VAMC, NY	24.5	6.8	1.5	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Syracuse VAMC, NY	74.3	18.3	1.8	19.37	0.02	0.20	4.82	4.40	0.20	NA	NA	NA	6.52	5.29	0.28
VA New Jersey Health Care System, East Orange, NJ	177.5	21.0	3.4	19.37	0.00	0.78	6.35	0.66	3.10	5.22	0.57	2.27	NA	NA	NA
James J. Peters VAMC, Bronx, NY	107.5	29.9	5.2	14.50	0.00	0.48	3.52	1.81	3.04	4.08	0.37	3.65	NA	NA	NA
VA New York Harbor Health Care System, Manhattan, Brooklyn, NY	205.5	41.1	4.7	16.99	0.00	0.82	4.85	0.27	1.32	5.47	0.74	1.59	5.40	0.05	2.10
VA Hudson Valley Health Care System, Montrose, Castle Point, NY	70.2	6.3	3.1	NA	NA	NA	NA	NA	NA	NA	NA	NA	6.21	0.40	4.33
Northport VAMC, NY	99.5	9.9	3.2	20.35	0.00	1.59	4.20	1.68	1.82	NA	NA	NA	4.18	1.79	1.70
Wilmington VAMC, DE	44.1	7.2	2.0	22.26	0.00	0.00	6.96	4.09	0.45	NA	NA	NA	7.23	3.12	1.41
James E. Van Zandt VAMC, Altoona, PA	27.5	NA	1.1	15.82	0.00	0.00	NA	NA	NA	NA	NA	NA	4.99	4.52	0.00
Butler VAMC, PA	18.7	0.1	1.1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Coatesville VAMC, PA	36.7	0.1	1.9	NA	NA	NA	4.12	2.93	1.67	NA	NA	NA	NA	NA	NA
Erie VAMC, PA	29.9	3.0	1.5	59.75	0.00	0.22	NA	NA	NA	NA	NA	NA	4.58	3.75	0.08
Lebanon VAMC, PA	70.3	5.3	1.7	13.17	2.68	0.12	NA	NA	NA	NA	NA	NA	4.96	4.41	0.00
Philadelphia VAMC, PA	90.6	67.6	2.8	12.32	0.00	0.00	4.71	1.27	-0.05	10.37	3.40	0.00	2.61	0.82	0.00
VA Pittsburgh Health Care System, PA	116.1	43.5	2.7	12.33	0.00	0.62	7.61	0.00	0.31	10.39	0.00	1.33	NA	NA	NA

Wilkes-Barre VAMC, PA	77.2	+3.8	2.0	9.88	0.54	1.73	4.60	1.51	0.41	NA	NA	NA	NA	NA	NA
Louis A. Johnson VAMC, Clarksburg, WV	45.2	3.0	2.3	10.04	0.19	0.00	NA	NA	NA	NA	NA	NA	2.55	3.58	0.79
Washington DC VAMC, DC	158.4	17.7	3.0	17.54	0.00	0.51	4.78	1.35	1.81	5.33	1.70	1.39	NA	NA	NA
VA Maryland Health Care System, Perry Pt, Baltimore, MD	87.6	66.2	2.9	14.75	0.00	0.51	5.26	0.45	0.08	4.74	0.50	0.03	5.30	1.04	1.64
Martinsburg VAMC, WV	77.0	0.6	2.4	16.26	0.00	0.00	3.17	1.47	1.30	NA	NA	NA	NA	NA	NA
Asheville VAMC, NC	85.6	6.9	2.8	17.44	0.00	0.56	4.62	2.08	1.05	NA	NA	NA	5.43	1.79	1.13
Durham VAMC, NC	63.9	85.1	2.9	16.79	0.22	0.00	6.00	1.41	2.27	NA	NA	NA	7.27	0.54	2.81
Fayetteville VAMC, NC	74.0	2.8	1.7	23.04	0.00	0.00	NA	NA	NA	NA	NA	NA	NA	NA	NA
W.G. (Bill) Hefner VAMC, Salisbury, NC	139.7	8.4	1.9	24.20	0.00	2.35	NA	NA	NA	NA	NA	NA	NA	NA	NA
Hampton VAMC, VA	92.7	3.4	2.7	16.63	3.06	0.39	NA	NA	NA	NA	NA	NA	6.98	4.58	1.26
Hunter Holmes McGuire VAMC, Richmond, VA	114.5	34.1	3.4	16.94	0.00	0.00	7.25	3.62	2.19	8.46	2.10	1.51	NA	NA	NA
Salem VAMC, VA	87.4	8.9	2.8	20.22	0.00	0.07	5.40	2.22	1.46	4.11	1.05	1.75	NA	NA	NA
Beckley VAMC, WV	28.6	0.9	2.2	36.21	0.00	0.00	NA	NA	NA	NA	NA	NA	5.98	1.89	1.30
Birmingham VAMC, AL	82.1	45.3	2.3	21.79	0.97	0.06	5.57	4.43	2.19	7.17	1.95	2.60	NA	NA	NA
Central Alabama Veterans Health Care System, Tuskegee, Montgomery, AL	64.8	1.8	1.6	35.46	0.00	0.00	2.90	2.66	1.35	NA	NA	NA	NA	NA	NA

Tuscaloosa VAMC, AL	24.5	1.0	1.6	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Atlanta VAMC, GA	182.3	54.5	3.2	16.01	0.00	0.00	6.05	1.59	2.76	2.95	0.92	2.20	NA	NA	NA
Charlie Norwood VAMC, Augusta, GA	97.6	19.6	2.9	20.46	0.00	0.52	5.13	4.34	0.36	5.18	4.21	1.06	5.58	3.91	2.03
Carl Vinson VAMC, Dublin, GA	35.4	1.7	1.2	29.23	0.00	0.00	NA	NA	NA	NA	NA	NA	3.96	3.85	3.44
Ralph H. Johnson VAMC, Charleston, SC	82.4	31.8	2.4	18.45	0.00	0.25	8.17	1.73	1.33	6.85	1.63	0.67	NA	NA	NA
Wm. Jennings Bryan Dorn VAMC, Columbia, SC	116.0	8.8	1.9	19.03	0.00	0.41	5.12	0.74	2.05	5.22	1.00	1.60	NA	NA	NA
Bay Pines VA Health Care System, FL	256.1	8.0	2.7	14.34	0.03	0.00	4.16	1.38	0.40	4.09	2.18	0.90	NA	NA	NA
N. Florida/S. Georgia Veterans Health Care System Gainesville, Lake City	259.9	40.5	2.3	19.81	0.20	1.70	6.72	1.16	3.15	7.40	1.28	2.79	NA	NA	NA
Miami VA Health Care System, FL	153.9	25.1	3.2	19.49	0.00	0.00	3.25	1.55	2.20	NA	NA	NA	5.16	0.72	2.93
Orlando VAMC, FL	141.3	4.5	1.7	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
James A. Haley VAMC, Tampa, FL	273.6	41.9	2.8	17.31	0.00	1.18	4.63	1.78	1.97	NA	NA	NA	5.94	1.30	1.94
West Palm Beach VAMC, FL	154.2	6.8	2.6	17.86	0.00	0.00	0.14	0.02	-0.13	NA	NA	NA	33.66	0.03	23.83
VA Caribbean Health Care System, San Juan, PR	239.4	41.5	4.2	18.91	0.76	0.19	4.07	2.52	0.11	3.56	2.58	0.22	3.61	2.16	0.41
Lexington VAMC, KY	68.0	33.3	2.9	18.20	0.00	4.10	NA	NA	NA	NA	NA	NA	3.92	1.78	2.16
Louisville VAMC, KY	94.4	26.3	2.8	15.59	0.00	1.17	5.20	1.85	2.27	4.02	2.32	1.90	5.54	1.45	1.36
Memphis VAMC, TN	113.0	21.0	2.5	17.35	0.00	0.00	2.87	1.82	2.30	3.66	2.09	2.72	NA	NA	NA
Mountain Home VAMC, TN	110.4	14.8	2.5	15.32	0.00	0.21	3.76	2.44	2.07	4.32	2.28	1.57	NA	NA	NA
Tennessee Valley Health Care System, Nashville, Murfreesboro, TN	132.5	76.2	2.7	22.20	0.39	0.00	4.57	2.64	1.13	NA	NA	NA	8.37	2.74	1.57

Huntington VAMC, WV	70.0	5.9	2.5	20.74	0.49	0.46	NA	NA	NA	NA	NA	NA	4.40	2.41	1.41
Chillicothe VAMC, OH	46.3	1.7	2.4	13.42	0.00	0.00	3.78	2.72	1.25	NA	NA	NA	NA	NA	NA
Cincinnati VAMC, OH	75.0	51.2	3.6	17.39	0.15	0.71	5.95	2.26	2.18	6.33	3.89	0.91	NA	NA	NA
Louis Stokes VAMC, Cleveland, Brecksville, OH	184.0	42.5	2.3	18.77	0.00	1.75	9.51	0.66	3.26	NA	NA	NA	6.51	0.46	1.96
Chalmers P. Wylie Outpt Clinic, Columbus, OH	50.7	8.7	1.8	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Dayton VAMC, OH	89.9	8.8	2.7	13.36	0.05	0.74	NA	NA	NA	4.34	0.64	3.48	3.50	1.30	2.67
VA Illiana Health Care System, Danville, IL	57.1	NA	1.8	78.42	0.00	0.00	5.50	3.02	2.34	NA	NA	NA	6.58	1.65	2.57
VA Northern Indiana Health Care System, Marion, Ft Wayne, IN	47.7	2.3	1.2	38.18	0.09	0.00	NA	NA	NA	NA	NA	NA	5.40	2.92	3.47
Richard L. Roudebush VAMC, Indianapolis, IN	90.2	36.0	2.3	18.87	0.23	0.64	7.79	1.12	1.53	NA	NA	NA	7.74	1.10	1.47
VA Ann Arbor Health Care System, MI	62.9	74.9	2.8	12.78	0.00	1.73	NA	NA	NA	NA	NA	NA	6.76	0.70	1.75
Battle Creek VAMC, MI	52.3	0.7	1.4	NA	NA	NA	NA	NA	NA	NA	NA	NA	4.83	1.09	3.18
John D. Dingell VAMC, Detroit, MI	87.0	24.8	2.6	14.89	1.12	0.35	6.46	2.60	0.88	7.58	3.05	1.27	NA	NA	NA
Aleda E. Lutz VAMC, Saginaw, MI	29.7	3.9	1.2	23.60	0.00	0.89	NA	NA	NA	NA	NA	NA	6.34	3.45	1.78
Jessie Brown VAMC, Chicago, IL	95.2	65.1	3.8	21.86	0.00	0.00	6.83	1.44	0.18	NA	NA	NA	NA	NA	NA
Edward Hines Jr. VA Hospital, Hines, IL	147.8	46.0	3.4	15.55	0.00	0.00	13.12	2.30	0.00	9.01	2.51	0.00	NA	NA	NA
North Chicago VAMC, IL	84.0	14.9	2.9	15.59	0.00	0.01	5.86	0.23	2.84	NA	NA	NA	NA	NA	NA
Iron Mountain VAMC, MI	27.2	3.5	1.6	48.60	0.00	0.00	NA	NA	NA	NA	NA	NA	7.00	6.16	0.16

Facility														
William S. Middleton Memorial Veterans Hospital, Madison, WI	44.4	42.3	2.3	19.36	0.26	0.37	NA	NA	NA	NA	NA	NA	8.30	0.39	1.72
Clement J. Zablocki VAMC, Milwaukee, WI	79.3	77.4	2.6	19.74	0.00	1.75	NA	NA	NA	NA	NA	NA	7.88	1.45	2.88
Tomah VAMC, WI	25.7	4.6	1.2	NA	NA	NA	7.83	0.56	4.22	NA	NA	NA	NA	NA	NA
VA Eastern Kansas Health Care System, Topeka, Leavenworth, KS	77.8	4.1	2.2	28.95	0.00	0.25	NA	NA	NA	NA	NA	NA	6.05	4.78	1.30
Robert J. Dole VAMC, Wichita, KS	44.4	3.8	1.7	21.23	0.16	0.30	NA	NA	NA	NA	NA	NA	6.30	3.17	1.90
Harry S. Truman VAMC, Columbia, MO	57.0	11.9	2.2	25.62	0.00	0.69	5.24	3.04	1.60	NA	NA	NA	7.76	4.45	1.19
Kansas City VAMC, MO	86.4	8.0	2.2	20.61	0.00	0.00	5.66	2.72	1.03	4.39	1.54	0.49	6.64	4.72	0.19
Marion VAMC, IL	53.6	3.6	1.3	28.45	0.23	0.23	7.04	4.97	0.92	NA	NA	NA	NA	NA	NA
John J. Pershing VAMC, Poplar Bluff, MO	24.6	0.2	1.3	NA	NA	NA	4.96	3.39	0.14	NA	NA	NA	NA	NA	NA
St Louis VAMC, St Louis, Jefferson Barracks, MO	118.8	37.4	3.0	16.35	0.00	0.12	4.33	1.69	2.88	4.40	0.94	2.67	NA	NA	NA
Fayetteville VAMC, AR	81.2	3.5	1.7	21.37	0.00	0.00	NA	NA	NA	NA	NA	NA	5.55	1.05	3.34
Central Arkansas Veterans Health Care System, Little Rock, N Little Rock, AR	163.1	44.2	2.8	16.72	0.05	1.51	5.15	2.87	1.42	NA	NA	NA	3.34	2.10	1.80
Alexandria VAMC, LA	52.9	4.1	2.0	27.13	0.79	0.00	8.04	3.04	0.48	NA	NA	NA	7.61	2.75	0.32
New Orleans VAMC, LA	53.9	28.7	2.4	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Overton Brooks VAMC, Shreveport, LA	94.3	5.4	2.6	18.40	0.00	1.33	5.33	1.58	1.63	NA	NA	NA	16.74	0.00	13.33
Gulf Coast Veterans Health Care System, Biloxi, MS	110.8	2.5	2.0	20.43	0.00	0.46	NA	NA	NA	NA	NA	NA	6.43	2.80	3.07
G.V. Montgomery VAMC, Jackson, MS	99.0	17.9	2.6	16.04	0.00	0.00	4.57	1.62	3.38	5.54	2.03	4.20	NA	NA	NA
Muskogee VAMC, OK	65.9	4.4	2.0	17.05	0.25	0.10	4.32	2.68	2.29	4.50	3.21	1.93	NA	NA	NA
Oklahoma City VAMC, OK	93.4	33.5	2.4	17.22	0.00	0.60	3.13	2.03	1.54	4.49	2.93	1.21	NA	NA	NA
Michael E. DeBakey VAMC, Houston, TX	199.5	42.9	2.7	15.98	0.00	0.57	4.41	1.73	1.59	4.62	1.96	0.94	NA	NA	NA

VA North Texas Health Care System, Dallas, TX	244.8	22.6	2.5	19.04	0.04	2.11	4.70	2.09	1.76	4.30	2.33	2.04	NA	NA	NA
South Texas Veterans Health Care System, San Antonio, Kerrville, TX	151.5	68.1	2.4	19.82	0.34	2.01	5.49	3.25	0.61	5.26	2.65	0.28	NA	NA	NA
Central Texas Veterans Health Care System, Temple, Waco, Marlin, TX	184.4	12.7	2.4	17.86	0.00	0.35	4.48	2.36	1.11	NA	NA	NA	4.69	2.31	1.19
Carl T. Hayden VAMC, Phoenix, AZ	149.4	11.8	2.1	24.48	0.00	2.29	6.81	1.52	3.45	7.16	2.51	3.70	12.62	0.00	8.30
No. Arizona VA Health Care System, Prescott, AZ	30.4	2.8	1.4	35.00	0.00	2.76	7.00	0.77	1.81	NA	NA	NA	NA	NA	NA
So. Arizona VA Health Care System, Tucson, AZ	109.4	16.8	2.5	25.37	0.00	1.61	5.88	0.01	3.27	6.62	0.00	3.39	NA	NA	NA
New Mexico Health Care System, Albuquerque, NM	135.2	19.2	2.7	11.20	0.00	0.16	6.78	1.29	3.04	NA	NA	NA	4.08	1.09	3.56
Amarillo VA Health Care System, TX	40.3	7.5	1.9	18.51	0.01	1.13	NA	NA	NA	NA	NA	NA	5.55	2.59	2.92
West Texas VA Health Care System, Big Spring, TX	22.2	0.5	1.3	NA	NA	NA	7.06	5.95	2.77	NA	NA	NA	NA	NA	NA
El Paso VA Health Care System, TX	42.9	1.4	1.7	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VA Eastern Colorado Health Care System, Denver, Pueblo, CO	125.6	34.0	2.5	23.17	0.17	0.39	5.95	1.57	2.42	7.74	0.71	0.56	NA	NA	NA
Grand Junction VAMC, CO	22.7	2.9	2.2	28.62	0.00	0.00	NA	NA	NA	NA	NA	NA	6.55	4.48	0.00
VA Montana Health Care System, Fort Harrison, MT	50.3	6.2	1.8	NA	NA	NA	NA	NA	NA	NA	NA	NA	7.37	4.27	1.52
VA Salt Lake City Health Care System, UT	55.3	50.0	2.3	16.71	0.00	0.31	8.69	1.20	0.92	7.94	0.08	0.71	NA	NA	NA
Cheyenne VAMC, WY	26.9	2.3	1.7	20.54	0.00	0.60	NA	NA	NA	NA	NA	NA	6.85	0.41	3.14
Sheridan VAMC, WY	20.2	0.9	1.7	NA	NA	NA	NA	NA	NA	NA	NA	NA	5.85	1.54	2.19
Alaska VA Health Care System and Regional Office, Anchorage, AK	29.7	NA	1.9	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Boise VAMC, ID	49.7	3.0	2.2	15.30	0.03	2.25	NA	NA	NA	NA	NA	NA	5.36	1.47	2.46
Portland VAMC, OR	158.4	39.5	2.9	18.22	0.00	1.52	5.60	0.21	2.09	6.42	0.10	2.12	5.74	0.00	2.15

VA Roseburg Health Care System, OR	37.1	2.5	1.5	18.38	0.00	0.75	NA	NA	NA	NA	NA	NA	7.99	0.15	1.80
Southern Oregon Rehab Center & Clinics, White City, OR	14.9	4.1	1.2	NA	NA	NA	3.53	2.25	1.91	NA	NA	NA	NA	NA	NA
VA Puget Sound Health Care System, Seattle, American Lake, WA	168.4	31.5	2.7	20.79	0.28	1.10	6.29	2.24	1.51	6.01	1.73	1.04	NA	NA	NA
Spokane VAMC, WA	39.7	3.6	1.7	10.03	0.03	0.53	NA	NA	NA	NA	NA	NA	5.11	2.03	1.06
Jonathan M. Wainwright Memorial VA Medical Center, Walla Walla, WA	12.3	1.0	0.8	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VA Central California Health Care System, Fresno, CA	73.5	3.4	3.0	12.00	0.94	2.45	5.31	0.74	3.42	NA	NA	NA	NA	NA	NA
VA Northern California Health Care System, Martinez, Sacramento, CA	153.2	41.0	2.5	17.09	0.00	-0.03	NA	NA	NA	NA	NA	NA	5.38	1.60	2.75
VA Palo Alto Health Care System, Palo Alto, Menlo Pk, Livermore, CA	223.2	36.4	4.2	19.61	0.00	1.24	NA	NA	NA	NA	NA	NA	6.88	0.70	2.47
San Francisco VAMC, CA	107.9	54.7	2.9	16.54	0.01	1.86	6.80	0.87	2.07	NA	NA	NA	6.97	0.50	2.23
VA Pacific Islands Health Care System, Honolulu, HI	56.2	0.8	2.3	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VA Sierra Nevada Health Care System, Reno, NV	63.0	2.9	2.4	15.44	0.00	0.00	NA	NA	NA	NA	NA	NA	9.84	1.18	3.01
VA Loma Linda Health Care System, CA	120.0	35.2	2.5	19.19	1.09	0.04	6.28	2.09	0.45	4.48	1.32	0.33	NA	NA	NA
VA Long Beach Health Care System, CA	113.2	32.3	3.2	11.24	0.22	0.00	10.94	3.75	3.63	6.16	0.63	1.80	NA	NA	NA
VA Greater Los Angeles Health Care System, CA	276.7	53.4	4.1	17.31	3.84	3.13	5.41	3.57	2.05	9.82	3.46	2.43	NA	NA	NA
VA San Diego Health Care System, CA	88.0	97.2	2.9	31.91	0.01	1.64	10.33	0.00	0.00	NA	NA	NA	11.52	2.86	0.66
VA Southern Nevada Health Care System, Las Vegas, NV	111.4	6.1	2.7	18.01	0.00	0.00	NA	NA	NA	NA	NA	NA	5.08	0.75	1.28
VA Nebraska Western Iowa Health Care System, Omaha, Grand Is, Lincoln, NE	43.9	39.9	1.7	29.58	1.02	0.56	NA	NA	NA	NA	NA	NA	8.83	1.38	1.51

VA Central Iowa Health Care System, Des Moines, Knoxville, IA	50.4	4.3	1.6	16.62	0.68	1.33	NA	NA	NA	NA	NA	NA	6.42	1.98	2.22
Iowa City VAMC, IA	36.9	52.9	2.0	25.45	0.07	-0.01	8.31	1.12	0.98	6.74	2.98	0.85	95.03	11.95	0.00
Minneapolis VAMC, MN	168.9	25.6	2.3	23.15	0.54	3.04	9.35	1.01	2.55	8.26	0.55	2.13	NA	NA	NA
St. Cloud VAMC, MN	29.1	4.5	1.0	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Fargo VAMC, ND	49.8	4.8	1.8	33.16	2.70	0.97	6.06	3.66	0.07	NA	NA	NA	12.74	6.78	0.01
VA Black Hills Health Care System, Ft Meade, Hot Springs, SD	36.7	2.9	1.9	33.00	0.00	0.00	10.03	0.94	0.10	NA	NA	NA	8.74	3.89	1.61
Sioux Falls VAMC, SD	41.4	2.6	1.6	22.42	0.00	0.31	8.48	3.44	1.14	8.29	2.94	0.16	NA	NA	NA

Hospital and Facility Services (continued)

Facility Name	Acute Mental Health - RNs	Acute Mental Health - LPNs	Acute Mental Health Nursing Assistants	SCI/D Units - Registered Nurses	SCI/D Units - LPNs	SCI/D Units Nursing Assistants	CLCs Registered Nurses	CLCs LPNs	CLCs Nursing Assistants	Turnover Registered Nurses	Turnover LPNs	Turnover Nursing Assistants
VA Connecticut Health Care System, West Haven, CT	3.24	0.00	2.52	NA	NA	NA	2.86	1.42	3.03	0.05	0.11	0.11
Edith N Rogers Memorial Veterans Hospital, Bedford, Ma	1.95	0.92	1.72	NA	NA	NA	1.65	1.06	2.27	0.05	0.09	0.08
VA Boston Health Care System, W Roxbury, Brockton, Jamaica Plains, MA	NA	NA	NA	10.59	1.64	0.19	NA	NA	NA	0.03	0.08	0.07
Northampton VAMC, MA	NA	NA	NA	NA	NA	NA	1.62	0.76	2.85	0.08	0.04	0.02
Togus VAMC, Augusta, ME	5.92	0.68	2.89	NA	NA	NA	2.18	0.52	3.55	0.10	0.05	0.09
Manchester VAMC, NH	NA	NA	NA	NA	NA	NA	2.30	1.12	2.56	0.06	0.16	0.24
Providence VAMC, RI	4.40	1.53	1.41	NA	NA	NA	NA	NA	NA	0.11	0.20	0.10
White River Junction VAMC, VT	5.06	1.41	0.52	NA	NA	NA	NA	NA	NA	0.09	0.10	0.00
Samuel S. Stratton VAMC, Albany, NY	5.95	1.95	5.15	NA	NA	NA	2.54	2.30	3.19	0.06	0.09	0.21
VA Western New York Health Care System Buffalo, Batavia, NY	2.94	3.29	2.40	NA	NA	NA	1.53	1.80	2.08	0.09	0.13	0.19

Bath VAMC, NY	NA	NA	NA	NA	NA	NA	1.06	1.34	1.74	0.04	0.07	0.08
Canandaigua VAMC, NY	NA	NA	NA	NA	NA	NA	2.37	2.73	6.04	0.03	0.08	0.13
Syracuse VAMC, NY	NA	NA	NA	NA	NA	NA	1.66	1.93	0.40	0.05	0.10	0.21
VA New Jersey Health Care System, East Orange, NJ	2.72	0.23	3.90	6.79	2.36	0.00	1.79	0.39	2.53	0.05	0.14	0.08
James J. Peters VAMC, Bronx, NY	2.08	0.33	3.28	3.21	1.33	5.31	1.04	1.21	2.48	0.10	0.03	0.16
VA New York Harbor Health Care System, Manhattan, Brooklyn, NY	3.61	0.37	2.48	NA	NA	NA	1.25	0.81	2.97	0.05	0.11	0.05
VA Hudson Valley Health Care System, Montrose, Castle Point, NY	3.74	0.49	4.42	NA	NA	NA	1.80	1.24	2.59	0.11	0.13	0.05
Northport VAMC, NY	3.15	0.81	3.64	NA	NA	NA	1.48	1.12	2.95	0.03	0.01	0.09
Wilmington VAMC, DE	NA	NA	NA	NA	NA	NA	1.28	1.41	0.55	0.09	0.04	0.27
James E. Van Zandt VAMC, Altoona, PA	NA	NA	NA	NA	NA	NA	1.42	3.07	0.07	0.03	0.05	1.00
Butler VAMC, PA	NA	NA	NA	NA	NA	NA	1.63	2.17	1.24	0.03	0.15	0.29
Coatesville VAMC, PA	1.84	1.72	1.90	NA	NA	NA	1.46	1.92	2.45	0.15	0.09	0.08
Erie VAMC, PA	NA	NA	NA	NA	NA	NA	1.58	2.58	1.63	0.10	0.06	0.00
Lebanon VAMC, PA	2.76	0.84	3.91	NA	NA	NA	1.26	2.02	2.45	0.09	0.08	0.17
Philadelphia VAMC, PA	3.68	1.11	0.31	NA	NA	NA	1.90	2.13	1.07	0.08	0.07	0.11
VA Pittsburgh Health Care System, PA	3.01	0.00	4.32	NA	NA	NA	1.96	1.78	2.81	0.05	0.10	0.14
Wilkes-Barre VAMC, PA	4.87	1.44	6.53	NA	NA	NA	1.20	1.25	2.08	0.09	0.07	0.16
Louis A. Johnson VAMC, Clarksburg, WV	5.10	4.36	0.00	NA	NA	NA	1.48	2.39	1.68	0.08	0.06	0.17
Washington DC VAMC, DC	3.39	0.92	1.52	NA	NA	NA	1.31	1.36	2.16	0.04	0.08	0.14

VA Maryland Health Care System, Perry Pt, Baltimore, MD	4.43	1.51	0.00	NA	NA	NA	1.31	0.68	2.93	0.08	0.09	0.07
Martinsburg VAMC, WV	5.91	3.49	1.42	NA	NA	NA	2.06	1.42	1.97	0.10	0.10	0.02
Asheville VAMC, NC	4.71	2.03	1.23	NA	NA	NA	1.85	1.42	2.29	0.08	0.12	0.10
Durham VAMC, NC	4.69	1.79	1.67	NA	NA	NA	2.14	1.05	2.06	0.08	0.14	0.13
Fayetteville VAMC, NC	4.77	1.29	3.69	NA	NA	NA	1.66	1.85	2.35	0.15	0.29	0.16
W.G. (Bill) Hefner VAMC, Salisbury, NC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Hampton VAMC, VA	3.81	0.90	2.66	NA	NA	NA	1.88	1.93	2.54	0.07	0.14	0.18
Hunter Holmes McGuire VAMC, Richmond, VA	6.24	2.06	2.41	5.05	2.43	1.86	2.43	1.84	2.65	0.07	0.05	0.07
Salem VAMC, VA	3.84	0.88	3.17	NA	NA	NA	1.86	1.53	2.80	0.10	0.06	0.05
Beckley VAMC, WV	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.07	0.14	0.28
Birmingham VAMC, AL	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.07	0.09	0.13
Central Alabama Veterans Health Care System, Tuskegee, Montgomery, AL	2.29	1.39	2.56	NA	NA	NA	1.01	2.08	3.00	0.08	0.07	0.06
Tuscaloosa VAMC, AL	2.24	1.50	4.01	NA	NA	NA	1.41	1.73	2.88	0.07	0.04	0.14
Atlanta VAMC, GA	5.79	0.91	1.02	NA	NA	NA	2.52	1.42	2.17	0.05	0.09	0.06
Charlie Norwood VAMC, Augusta, GA	NA	NA	NA	4.07	2.71	0.25	1.74	2.03	0.87	0.06	0.07	0.12
Carl Vinson VAMC, Dublin, GA	NA	NA	NA	NA	NA	NA	1.04	1.55	2.93	0.06	0.09	0.07

Ralph H. Johnson VAMC, Charleston, SC	NA	NA	NA	NA	NA	NA	3.29	1.49	2.93	0.07	0.05	0.03
Wm. Jennings Bryan Dorn VAMC, Columbia, SC	3.94	2.89	2.73	NA	NA	NA	1.76	1.01	3.89	0.06	0.09	0.10
Bay Pines VA Health Care System, FL	2.53	2.17	1.41	NA	NA	NA	2.89	2.57	1.67	0.07	0.06	0.12
N. Florida/S. Georgia Veterans Health Care System Gainesville, Lake City	4.52	0.91	2.75	NA	NA	NA	2.04	1.33	3.47	0.08	0.13	0.06
Miami VA Health Care System, FL	2.99	1.49	2.39	6.05	2.03	1.92	1.57	0.97	2.45	0.05	0.12	0.14
Orlando VAMC, FL	NA	NA	NA	NA	NA	NA	1.60	0.39	3.34	0.06	0.05	0.18
James A. Haley VAMC, Tampa, FL	4.36	1.20	2.40	NA	NA	NA	2.34	2.51	3.57	0.08	0.10	0.11
West Palm Beach VAMC, FL	3.77	1.24	3.11	NA	NA	NA	1.55	1.26	3.41	0.04	0.04	0.03
VA Caribbean Health Care System, San Juan, PR	3.11	1.86	1.05	6.21	3.06	0.33	2.48	3.17	0.00	0.02	0.03	0.04
Lexington VAMC, KY	4.08	0.95	2.15	NA	NA	NA	4.02	4.09	3.74	0.10	0.09	0.12
Louisville VAMC, KY	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.04	0.13	0.17
Memphis VAMC, TN	3.85	0.31	2.94	4.13	1.49	3.68	NA	NA	NA	0.08	0.13	0.13
Mountain Home VAMC, TN	4.23	2.83	1.74	NA	NA	NA	1.75	1.66	2.08	0.08	0.06	0.02
Tennessee Valley Health Care System, Nashville, Murfreesboro, TN	4.30	2.20	1.60	NA	NA	NA	1.76	1.66	2.08	0.12	0.11	0.07
Huntington VAMC, WV	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.17	0.13	0.00
Chillicothe VAMC, OH	NA	NA	NA	NA	NA	NA	1.72	1.58	1.67	0.04	0.06	0.10
Cincinnati VAMC, OH	5.51	1.21	0.42	NA	NA	NA	1.46	2.04	2.98	0.08	0.09	0.07

Louis Stokes VAMC, Cleveland, Brecksville, OH	7.32	2.19	2.59	5.13	1.28	2.85	2.07	1.18	1.35	0.05	0.08	0.07
Chalmers P. Wylie Outpt Clinic, Columbus, OH	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.11	0.09	NA
Dayton VAMC, OH	4.24	2.68	2.44	NA	NA	NA	1.77	0.91	3.47	0.05	0.09	0.07
VA Illiana Health Care System, Danville, IL	NA	NA	NA	NA	NA	NA	1.67	1.25	3.36	0.06	0.05	0.11
VA Northern Indiana Health Care System, Marion, Ft Wayne, IN	3.04	1.75	6.74	NA	NA	NA	1.90	1.64	2.73	0.05	0.11	0.07
Richard L. Roudebush VAMC, Indianapolis, IN	6.03	1.30	0.44	NA	NA	NA	NA	NA	NA	0.06	0.07	0.07
VA Ann Arbor Health Care System, MI	4.86	0.38	3.50	NA	NA	NA	3.39	1.09	1.93	0.05	0.00	0.11
Battle Creek VAMC, MI	1.63	0.38	1.13	NA	NA	NA	2.45	0.62	3.25	0.09	0.10	0.12
John D. Dingell VAMC, Detroit, MI	4.59	2.00	2.59	NA	NA	NA	2.97	1.84	1.72	0.07	0.07	0.10
Aleda E. Lutz VAMC, Saginaw, MI	NA	NA	NA	NA	NA	NA	3.23	1.62	2.45	0.06	0.09	0.10
Jessie Brown VAMC, Chicago, IL	3.38	1.72	0.00	NA	NA	NA	1.68	0.00	0.00	0.04	0.06	0.00
Edward Hines Jr. VA Hospital, Hines, IL	NA	NA	NA	4.83	1.64	0.51	2.68	1.27	1.55	0.07	0.15	0.11
North Chicago VAMC, IL	4.98	0.71	4.70	NA	NA	NA	2.02	0.48	2.37	0.07	0.12	0.13
Iron Mountain VAMC, MI	NA	NA	NA	NA	NA	NA	2.48	1.70	2.80	0.05	0.09	0.00
William S. Middleton Memorial Veterans Hospital, Madison, WI	4.29	1.96	0.33	NA	NA	NA	NA	NA	NA	0.01	0.12	0.23
Clement J. Zablocki VAMC, Milwaukee, WI	2.52	2.05	3.61	4.34	4.50	1.82	2.52	2.05	3.61	0.07	0.07	0.24
Tomah VAMC, WI	4.52	0.47	9.30	NA	NA	NA	1.95	0.71	3.86	0.10	0.05	0.07

VA Eastern Kansas Health Care System, Topeka, Leavenworth, KS	4.37	2.04	1.38	NA	NA	NA	2.45	2.47	1.44	0.10	0.12	0.13
Robert J. Dole VAMC, Wichita, KS	NA	NA	NA	NA	NA	NA	1.89	0.90	1.82	0.06	0.05	0.23
Harry S. Truman VAMC, Columbia, MO	8.83	5.02	0.89	NA	NA	NA	2.10	3.11	0.56	0.09	0.08	0.22
Kansas City VAMC, MO	5.10	1.46	0.13	NA	NA	NA	NA	NA	NA	0.10	0.10	0.15
Marion VAMC, IL	NA	NA	NA	NA	NA	NA	1.72	1.44	2.18	0.08	0.07	0.06
John J. Pershing VAMC, Poplar Bluff, MO	NA	NA	NA	NA	NA	NA	2.58	2.93	0.55	0.08	0.07	0.00
St Louis VAMC, St Louis, Jefferson Barracks, MO	3.68	1.54	2.83	3.20	1.49	3.83	3.30	1.17	2.39	0.10	0.15	0.17
Fayetteville VAMC, AR	6.22	1.64	2.38	NA	NA	NA	NA	NA	NA	0.07	0.31	0.10
Central Arkansas Veterans Health Care System, Little Rock, N Little Rock, AR	4.79	4.82	1.27	NA	NA	NA	1.76	1.99	1.96	0.09	0.11	0.04
Alexandria VAMC, LA	3.73	3.79	2.87	NA	NA	NA	1.45	1.32	2.21	0.10	0.09	0.03
New Orleans VAMC, LA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.08	0.09	NA
Overton Brooks VAMC, Shreveport, LA	4.67	2.75	0.92	NA	NA	NA	NA	NA	NA	0.08	0.07	0.17
Gulf Coast Veterans Health Care System, Biloxi, MS	NA	NA	NA	NA	NA	NA	1.26	0.85	2.36	0.08	0.09	0.01
G.V. Montgomery VAMC, Jackson, MS	3.23	1.58	2.64	NA	NA	NA	1.26	0.85	2.36	0.09	0.09	0.04
Muskogee VAMC, OK	4.85	3.24	2.56	NA	NA	NA	NA	NA	NA	0.10	0.21	0.27
Oklahoma City VAMC, OK	6.04	1.60	0.26	NA	NA	NA	13.52	11.45	3.71	0.09	0.21	0.30
Michael E. DeBakey VAMC, Houston, TX	3.18	1.20	1.71	7.01	2.01	7.06	3.48	3.31	0.43	1.78	1.09	1.83
VA North Texas Health Care System, Dallas, TX	3.77	1.99	3.51	5.90	3.29	2.38	1.30	1.96	1.80	0.08	0.13	0.08
South Texas Veterans Health Care System, San Antonio, Kerrville, TX	8.93	0.00	5.92	6.16	3.08	1.58	2.32	2.48	1.32	0.08	0.15	0.13
Central Texas Veterans Health Care System, Temple, Waco, Marlin, TX	5.67	0.59	3.99	NA	NA	NA	2.66	1.21	3.27	0.07	0.11	0.13

Carl T. Hayden VAMC, Phoenix, AZ	4.57	2.22	0.71	NA	NA	NA	1.68	2.13	1.59	0.10	0.09	0.24
No. Arizona VA Health Care System, Prescott, AZ	NA	NA	NA	NA	NA	NA	2.21	1.32	3.20	0.14	0.12	0.02
So. Arizona VA Health Care System, Tucson, AZ	4.31	1.61	2.13	NA	NA	NA	2.47	1.34	2.57	0.10	0.16	0.23
New Mexico Health Care System, Albuquerque, NM	NA	NA	NA	4.03	0.55	1.83	3.55	0.64	1.91	0.09	0.13	0.20
Amarillo VA Health Care System, TX	NA	NA	NA	NA	NA	NA	0.95	1.29	2.47	0.11	0.13	0.34
West Texas VA Health Care System, Big Spring, TX	NA	NA	NA	NA	NA	NA	1.97	2.03	2.62	0.08	0.14	0.33
El Paso VA Health Care System, TX	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.06	0.12	NA
VA Eastern Colorado Health Care System, Denver, Pueblo, CO	4.48	0.92	0.03	NA	NA	NA	1.66	1.41	1.91	0.07	0.06	0.22
Grand Junction VAMC, CO	8.83	8.05	0.00	NA	NA	NA	2.92	2.40	1.03	0.11	0.06	0.00
VA Montana Health Care System, Fort Harrison, MT	NA	NA	NA	NA	NA	NA	1.76	0.74	1.41	0.05	0.07	0.21
VA Salt Lake City Health Care System, UT	3.56	0.77	0.46	NA	NA	NA	NA	NA	NA	0.08	0.07	0.00
Cheyenne VAMC, WY	NA	NA	NA	NA	NA	NA	1.45	1.39	2.54	0.10	0.00	0.34
Sheridan VAMC, WY	3.41	2.06	1.48	NA	NA	NA	1.28	0.89	1.64	0.08	0.22	0.35
Alaska VA Health Care System and Regional Office, Anchorage, AK	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.16	0.24	NA
Boise VAMC, ID	2.69	0.32	0.48	NA	NA	NA	2.69	2.47	1.68	0.08	0.22	0.38
Portland VAMC, OR	6.79	0.45	2.63	NA	NA	NA	2.88	0.99	4.09	0.06	0.09	0.11
VA Roseburg Health Care System, OR	NA	NA	NA	NA	NA	NA	3.32	1.07	5.91	0.10	0.19	0.23
Southern Oregon Rehab Center & Clinics, White City, OR	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.10	0.10	0.00
VA Puget Sound Health Care System, Seattle, American Lake, WA	NA	NA	NA	4.46	2.09	1.94	2.06	1.32	2.36	0.08	0.12	0.20
Spokane VAMC, WA	4.67	2.43	0.00	NA	NA	NA	2.26	0.45	2.40	0.11	0.03	0.11

Jonathan M. Wainwright Memorial VA Medical Center, Walla Walla, WA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.14	0.20	0.32
VA Central California Health Care System, Fresno, CA	5.63	0.99	0.95	NA	NA	NA	1.36	1.56	2.45	0.08	0.08	0.15
VA Northern California Health Care System, Martinez, Sacramento, CA	8.99	4.29	0.00	NA	NA	NA	1.68	1.67	2.32	0.05	0.06	0.04
VA Palo Alto Health Care System, Palo Alto, Menlo Pk, Livermore, CA	4.77	2.55	3.92	6.95	3.21	1.56	1.56	1.54	1.92	0.06	0.02	0.05
San Francisco VAMC, CA	4.82	2.07	2.21	NA	NA	NA	1.68	0.95	2.86	0.10	0.07	0.04
VA Pacific Islands Health Care System, Honolulu, HI	4.84	2.97	2.79	NA	NA	NA	1.59	0.50	2.13	0.08	0.22	0.03
VA Sierra Nevada Health Care System, Reno, NV	4.45	1.47	0.00	NA	NA	NA	2.16	0.97	2.26	0.14	0.16	0.19
VA Loma Linda Health Care System, CA	5.57	4.20	0.33	NA	NA	NA	2.55	2.07	3.75	0.10	0.10	0.07
VA Long Beach Health Care System, CA	5.81	4.88	1.86	6.51	4.47	1.82	1.20	2.94	4.11	0.12	0.05	0.12
VA Greater Los Angeles Health Care System, CA	7.97	3.51	4.32	NA	NA	NA	2.99	1.94	2.53	0.08	0.10	0.08
VA San Diego Health Care System, CA	5.89	1.82	0.37	5.81	4.29	0.34	3.53	5.50	0.05	0.06	0.11	0.15
VA Southern Nevada Health Care System, Las Vegas, NV	6.25	3.24	0.54	NA	NA	NA	NA	NA	NA	0.10	0.17	0.08
VA Nebraska Western Iowa Health Care System, Omaha, Grand Is, Lincoln, NE	6.12	1.72	2.16	NA	NA	NA	2.34	1.14	2.52	0.08	0.12	0.09
VA Central Iowa Health Care System, Des Moines, Knoxville, IA	NA	NA	NA	NA	NA	NA	1.75	1.79	2.19	0.08	0.10	0.13
Iowa City VAMC, IA	10.05	2.33	0.51	NA	NA	NA	NA	NA	NA	0.05	0.08	0.25
Minneapolis VAMC, MN	NA	NA	NA	10.49	2.65	2.03	5.88	2.63	2.40	0.07	0.05	0.12
St. Cloud VAMC, MN	7.91	6.07	1.08	NA	NA	NA	1.65	1.83	1.59	0.06	0.08	0.06

Fargo VAMC, ND	NA	NA	NA	NA	NA	NA	3.41	3.40	0.52	0.04	0.05	0.34
VA Black Hills Health Care System, Ft Meade, Hot Springs, SD	6.90	2.68	8.69	NA	NA	NA	2.44	2.18	2.83	0.10	0.11	0.12
Sioux Falls VAMC, SD	11.91	7.03	0.00	NA	NA	NA	3.07	3.25	0.73	0.08	0.13	0.25

Section 2: Effective Care

Outpatient Care Composites and Hospital Processes of Care Composites

Facility Name	Diabetes Mellitus	Prevention	Ischemic Heart Dz	Tobacco	Behavioral Health Screening	Acute Myocardial Infarction	Congestive Heart Failure	Community Acquired Pneumonia	SCIP
VA Connecticut Health Care System, West Haven, CT	84.8	86.8	81.4	97.6	96.7	89.1	98.2	94.3	96.6
Edith N Rogers Memorial Veterans Hospital, Bedford, Ma	88.8	84.1	83.3	94.8	96.1	NA	NA	NA	NA
VA Boston Health Care System, W Roxbury, Brockton, Jamaica Plains, MA	90.8	91.6	81.9	100.0	98.3	96.0	99.6	97.0	99.3
Northampton VAMC, MA	89.1	88.0	80.9	94.8	96.9	NA	NA	NA	NA
Togus VAMC, Augusta, ME	87.5	88.1	79.6	94.0	96.9	77.4	94.7	92.7	96.8
Manchester VAMC, NH	89.9	93.2	81.9	93.2	97.7	NA	NA	NA	NA
Providence VAMC, RI	88.8	85.8	83.3	92.3	93.6	93.4	97.1	96.0	98.0
White River Junction VAMC, VT	84.7	84.1	77.6	90.7	95.1	88.1	96.1	95.1	97.5
Samuel S. Stratton VAMC, Albany, NY	87.8	85.9	75.4	96.6	93.4	96.5	97.6	97.3	98.1
VA Western New York Health Care System Buffalo, Batavia, NY	86.1	88.3	78.1	95.8	95.6	95.7	94.4	93.6	97.6
Bath VAMC, NY	85.9	88.4	77.8	99.4	97.7	NA	98.4	97.1	NA
Canandaigua VAMC, NY	86.2	89.3	75.0	100.0	95.5	NA	NA	NA	NA
Syracuse VAMC, NY	88.0	85.0	82.1	98.1	96.7	94.8	98.3	99.1	96.4
VA New Jersey Health Care System, East Orange, NJ	86.8	84.0	80.0	96.4	94.8	NA	95.7	95.8	95.7
James J. Peters VAMC, Bronx, NY	86.2	86.4	68.9	89.3	91.0	91.9	96.3	95.4	95.2
VA New York Harbor Health Care System, Manhattan, Brooklyn, NY	87.0	84.0	79.4	90.1	96.0	95.7	97.5	94.2	97.4
VA Hudson Valley Health Care System, Montrose, Castle Point, NY	89.7	88.5	84.2	97.4	97.4	NA	98.3	96.6	NA

Northport VAMC, NY	87.2	85.6	77.7	94.4	98.6	98.7	94.8	94.4	96.8
Wilmington VAMC, DE	87.2	88.0	79.1	97.5	98.0	NA	94.2	94.4	98.9
James E. Van Zandt VAMC, Altoona, PA	90.4	86.6	83.7	98.0	96.7	94.7	100.0	98.7	NA
Butler VAMC, PA	87.6	86.4	83.1	94.6	98.4	NA	NA	NA	NA
Coatesville VAMC, PA	89.1	90.0	83.5	100.0	97.9	NA	NA	NA	NA
Erie VAMC, PA	88.0	87.0	79.5	99.7	99.3	87.1	93.8	95.1	99.5
Lebanon VAMC, PA	88.3	88.3	77.8	94.8	98.4	89.7	98.5	92.4	97.1
Philadelphia VAMC, PA	88.0	84.6	77.5	90.8	93.9	89.6	95.7	96.2	94.6
VA Pittsburgh Health Care System, PA	89.5	87.7	84.5	92.3	95.6	96.2	97.2	97.2	98.1
Wilkes-Barre VAMC, PA	89.0	87.1	85.8	87.2	94.1	93.5	99.5	97.6	92.9
Louis A. Johnson VAMC, Clarksburg, WV	89.4	86.1	84.9	96.6	96.1	94.5	99.2	94.8	94.0
Washington DC VAMC, DC	86.6	90.1	80.6	96.5	98.4	94.9	97.6	95.5	97.7
VA Maryland Health Care System, Perry Pt, Baltimore, MD	86.7	82.6	76.0	93.7	96.4	93.8	96.3	95.9	95.9
Martinsburg VAMC, WV	88.6	85.6	83.1	96.1	96.8	86.5	93.7	92.9	97.6
Asheville VAMC, NC	89.1	89.5	76.6	90.4	97.3	93.6	94.5	96.4	98.0
Durham VAMC, NC	84.2	88.3	72.8	97.1	97.7	96.7	99.2	95.2	97.3
Fayetteville VAMC, NC	85.2	90.8	74.5	99.7	95.4	NA	99.7	97.7	96.9
W.G. (Bill) Hefner VAMC, Salisbury, NC	88.9	91.9	83.0	96.6	95.0	NA	97.6	98.5	97.3
Hampton VAMC, VA	86.6	91.0	79.0	96.4	96.2	NA	100.0	98.0	99.5
Hunter Holmes McGuire VAMC, Richmond, VA	87.9	92.1	78.3	99.4	95.7	92.6	94.4	95.3	96.3
Salem VAMC, VA	88.5	87.7	82.7	94.3	96.8	96.8	95.7	94.4	99.4
Beckley VAMC, WV	87.4	85.6	80.4	98.0	98.2	NA	96.9	95.9	95.2
Birmingham VAMC, AL	89.3	86.5	84.8	95.2	96.1	96.9	99.1	97.5	97.8
Central Alabama Veterans Health Care System, Tuskegee, Montgomery, AL	86.6	84.2	79.4	99.5	97.5	NA	98.1	94.9	NA
Tuscaloosa VAMC, AL	87.9	89.3	83.6	99.5	96.6	NA	NA	NA	NA

Atlanta VAMC, GA	88.1	86.4	80.4	94.8	94.0	97.4	99.5	98.6	97.4
Charlie Norwood VAMC, Augusta, GA	89.4	82.5	84.1	94.2	92.8	93.9	98.9	96.0	94.4
Carl Vinson VAMC, Dublin, GA	88.0	87.3	80.3	92.0	97.2	94.3	98.0	98.8	97.7
Ralph H. Johnson VAMC, Charleston, SC	86.7	88.0	78.6	98.3	97.0	93.2	98.8	97.9	97.3
Wm. Jennings Bryan Dorn VAMC, Columbia, SC	88.9	90.8	70.7	99.5	93.2	90.0	100.0	99.1	98.4
Bay Pines VA Health Care System, FL	87.9	83.9	79.8	92.5	96.8	95.7	99.1	95.0	97.6
N. Florida/S. Georgia Veterans Health Care System Gainesville, Lake City	89.0	88.2	79.5	96.5	98.3	94.1	98.3	97.5	98.1
Miami VA Health Care System, FL	83.7	82.9	76.5	89.9	95.6	88.5	95.7	99.2	96.0
Orlando VAMC, FL	87.9	79.9	82.3	93.8	95.9	NA	NA	NA	NA
James A. Haley VAMC, Tampa, FL	89.0	87.2	78.6	92.3	97.9	95.0	98.8	97.5	96.3
West Palm Beach VAMC, FL	92.7	92.3	88.0	100.0	99.5	95.5	96.9	96.6	95.5
VA Caribbean Health Care System, San Juan, PR	86.7	88.8	79.5	88.7	96.0	93.7	97.0	92.6	97.5
Lexington VAMC, KY	86.3	87.4	77.2	90.7	97.6	91.7	98.3	96.9	97.2
Louisville VAMC, KY	86.1	85.3	83.3	90.0	96.6	95.2	97.9	96.9	95.5
Memphis VAMC, TN	89.1	81.4	79.8	83.0	95.8	95.0	98.0	95.8	96.7
Mountain Home VAMC, TN	87.4	88.0	76.2	96.8	96.1	97.3	98.6	96.3	98.4
Tennessee Valley Health Care System, Nashville, Murfreesboro, TN	84.6	80.8	76.9	91.5	91.9	95.1	97.4	94.7	96.3
Huntington VAMC, WV	90.4	88.7	81.5	94.4	73.6	92.1	95.5	95.4	99.5
Chillicothe VAMC, OH	88.3	87.0	80.6	95.2	97.2	95.1	98.9	97.7	NA
Cincinnati VAMC, OH	89.8	87.2	80.4	95.1	97.8	97.1	98.9	97.6	99.2
Louis Stokes VAMC, Cleveland, Brecksville, OH	87.4	88.3	80.2	92.3	97.5	97.8	100.0	96.6	97.5
Chalmers P. Wylie Outpt Clinic, Columbus, OH	86.3	85.1	76.9	97.9	95.6	NA	NA	NA	NA
Dayton VAMC, OH	87.1	85.0	79.5	95.0	97.0	91.6	95.2	94.2	97.6
VA Illiana Health Care System, Danville, IL	86.1	88.9	79.6	94.3	97.0	90.5	96.3	92.8	96.8
VA Northern Indiana Health Care System, Marion, Ft Wayne, IN	86.8	83.1	76.6	97.4	98.1	NA	91.4	93.5	NA
Richard L. Roudebush VAMC, Indianapolis, IN	89.6	86.6	85.9	89.3	96.4	95.6	98.7	95.0	99.0

VA Ann Arbor Health Care System, MI	85.8	85.4	75.7	86.7	92.7	93.6	96.5	93.0	96.5
Battle Creek VAMC, MI	87.8	80.1	81.8	98.6	97.0	NA	98.8	95.2	NA
John D. Dingell VAMC, Detroit, MI	84.7	82.6	75.2	89.7	96.8	100.0	98.1	98.9	97.2
Aleda E. Lutz VAMC, Saginaw, MI	90.4	88.6	83.1	95.7	98.7	NA	100.0	97.2	NA
Jessie Brown VAMC, Chicago, IL	87.4	80.2	83.4	97.9	97.0	93.7	99.9	94.6	97.8
Edward Hines Jr. VA Hospital, Hines, IL	89.6	86.1	82.2	92.9	98.1	97.3	98.9	95.8	99.0
North Chicago VAMC, IL	91.1	91.2	86.7	95.3	99.2	100.0	99.1	99.2	99.0
Iron Mountain VAMC, MI	90.8	91.5	87.3	91.9	96.2	NA	94.1	96.7	NA
William S. Middleton Memorial Veterans Hospital, Madison, WI	88.8	90.8	86.5	97.4	98.1	95.8	97.5	98.3	98.0
Clement J. Zablocki VAMC, Milwaukee, WI	89.1	79.9	84.4	94.7	95.1	93.7	98.0	96.4	97.9
Tomah VAMC, WI	90.8	89.4	80.9	98.4	98.6	NA	92.9	98.7	NA
VA Eastern Kansas Health Care System, Topeka, Leavenworth, KS	86.9	88.3	80.1	98.1	97.2	94.1	98.3	97.3	97.6
Robert J. Dole VAMC, Wichita, KS	91.2	82.5	83.5	97.6	98.0	92.3	100.0	96.7	99.6
Harry S. Truman VAMC, Columbia, MO	85.2	87.3	71.3	100.0	98.2	94.3	99.4	97.3	97.9
Kansas City VAMC, MO	88.6	87.2	82.9	94.4	96.5	93.9	92.8	97.4	96.9
Marion VAMC, IL	84.1	85.2	74.9	96.0	96.8	71.0	98.5	95.3	NA
John J. Pershing VAMC, Poplar Bluff, MO	86.9	86.0	78.9	92.8	97.9	91.6	98.2	95.3	NA
St Louis VAMC, St Louis, Jefferson Barracks, MO	86.3	77.2	77.6	94.2	92.1	95.4	96.0	96.8	94.1
Fayetteville VAMC, AR	87.5	87.7	81.0	93.8	98.7	88.1	97.2	97.3	94.9
Central Arkansas Veterans Health Care System, Little Rock, N Little Rock, AR	87.6	83.1	79.2	78.2	96.9	90.8	92.1	95.1	95.6
Alexandria VAMC, LA	90.5	89.8	84.4	93.4	97.0	93.7	97.9	98.7	98.6
New Orleans VAMC, LA	88.4	88.6	82.9	96.8	98.5	NA	NA	NA	NA
Overton Brooks VAMC, Shreveport, LA	85.2	87.7	82.1	90.6	93.7	97.6	97.5	97.1	95.0
Gulf Coast Veterans Health Care System, Biloxi, MS	89.9	89.8	82.7	100.0	97.1	100.0	99.3	92.9	99.1
G.V. Montgomery VAMC, Jackson, MS	84.2	87.6	79.1	89.1	98.2	97.2	99.1	96.1	99.9
Muskogee VAMC, OK	85.4	85.1	80.5	94.3	95.1	93.6	97.2	96.4	97.0
Oklahoma City VAMC, OK	88.2	80.1	79.9	99.8	87.4	91.9	99.3	95.3	97.4
Michael E. DeBakey VAMC, Houston, TX	85.2	84.1	77.7	92.1	97.6	94.2	94.2	95.2	94.3
VA North Texas Health Care System, Dallas, TX	88.2	84.7	82.3	90.4	96.2	97.3	98.3	95.2	97.5
South Texas Veterans Health Care System, San Antonio, Kerrville, TX	87.7	90.3	80.1	94.3	97.4	96.9	98.9	97.8	95.4

Central Texas Veterans Health Care System, Temple, Waco, Marlin, TX	87.4	89.1	75.8	88.1	97.3	89.2	96.1	95.1	96.9
Carl T. Hayden VAMC, Phoenix, AZ	83.1	86.6	77.2	84.9	91.6	94.9	99.4	98.3	97.1
No. Arizona VA Health Care System, Prescott, AZ	85.0	87.1	73.6	97.3	98.2	95.4	94.6	97.7	NA
So. Arizona VA Health Care System, Tucson, AZ	90.1	89.4	82.1	96.9	98.0	95.6	99.2	97.7	98.0
New Mexico Health Care System, Albuquerque, NM	88.0	83.2	81.6	89.6	91.6	92.8	92.4	95.8	97.2
Amarillo VA Health Care System, TX	84.9	85.1	74.1	92.9	94.5	96.2	91.5	96.0	97.9
West Texas VA Health Care System, Big Spring, TX	82.0	83.4	74.5	99.7	99.4	NA	90.7	100.0	NA
El Paso VA Health Care System, TX	85.9	87.2	78.2	88.9	93.3	NA	NA	NA	NA
VA Eastern Colorado Health Care System, Denver, Pueblo, CO	86.8	84.0	80.8	93.1	94.7	93.3	93.6	95.3	95.5
Grand Junction VAMC, CO	86.9	85.5	81.0	97.8	96.8	NA	98.7	95.6	98.1
VA Montana Health Care System, Fort Harrison, MT	87.0	85.6	75.8	94.8	97.1	86.0	97.8	97.5	97.6
VA Salt Lake City Health Care System, UT	87.8	83.4	80.3	91.6	94.1	94.8	96.8	94.5	96.5
Cheyenne VAMC, WY	87.0	84.7	80.6	88.6	97.7	NA	82.8	87.1	98.6
Sheridan VAMC, WY	87.4	86.7	73.4	92.5	92.9	NA	100.0	96.5	NA
Alaska VA Health Care System and Regional Office, Anchorage, AK	88.9	89.8	81.5	96.9	98.2	NA	NA	NA	NA
Boise VAMC, ID	90.4	88.3	75.4	91.0	96.8	97.7	98.9	99.0	98.4
Portland VAMC, OR	89.5	83.3	79.6	93.6	94.3	96.4	95.8	97.2	96.1
VA Roseburg Health Care System, OR	84.0	79.2	72.1	91.9	95.9	93.9	99.5	93.9	NA
Southern Oregon Rehab Center & Clinics, White City, OR	88.0	84.0	80.5	91.3	95.7	NA	NA	NA	NA
VA Puget Sound Health Care System, Seattle, American Lake, WA	84.0	79.0	78.3	91.4	91.8	94.4	94.3	91.0	98.0
Spokane VAMC, WA	87.3	87.6	75.7	89.7	96.9	85.4	95.3	98.8	93.0
Jonathan M. Wainwright Memorial VA Medical Center, Walla Walla, WA	86.9	88.1	75.5	92.6	96.1	NA	NA	NA	NA
VA Central California Health Care System, Fresno, CA	86.5	89.2	79.1	99.4	97.5	96.8	100.0	99.3	98.8
VA Northern California Health Care System, Martinez, Sacramento, CA	85.4	85.9	82.4	86.4	96.6	88.6	97.7	95.7	95.7
VA Palo Alto Health Care System, Palo Alto, Menlo Pk, Livermore, CA	85.8	86.6	79.3	98.9	96.0	94.2	96.8	97.6	97.3
San Francisco VAMC, CA	85.8	81.1	80.6	96.9	95.8	94.7	93.3	96.4	97.6
VA Pacific Islands Health Care System, Honolulu, HI	85.0	83.2	77.7	87.1	97.9	NA	NA	NA	NA
VA Sierra Nevada Health Care System, Reno, NV	87.9	85.8	81.3	84.7	97.7	96.3	97.9	96.1	98.4
VA Loma Linda Health Care System, CA	84.0	81.1	72.8	92.5	90.6	95.7	99.6	96.5	98.7

Facility Name								
VA Long Beach Health Care System, CA	87.6	85.9	85.2	96.4	94.3	94.7	93.6	96.1	95.2
VA Greater Los Angeles Health Care System, CA	82.7	80.3	71.6	87.2	90.5	87.8	93.4	90.9	97.9
VA San Diego Health Care System, CA	87.7	86.1	78.1	96.8	93.8	96.3	99.8	96.2	98.6
VA Southern Nevada Health Care System, Las Vegas, NV	86.9	81.2	77.2	94.2	96.5	NA	95.9	94.7	97.6
VA Nebraska Western Iowa Health Care System, Omaha, Grand Is, Lincoln, NE	91.4	90.4	81.3	98.0	99.6	93.9	99.7	99.0	98.2
VA Central Iowa Health Care System, Des Moines, Knoxville, IA	85.9	85.5	74.7	97.5	94.6	91.7	97.9	98.8	97.2
Iowa City VAMC, IA	87.6	84.0	75.1	91.7	97.2	95.3	98.8	94.4	97.9
Minneapolis VAMC, MN	87.1	89.1	75.1	96.7	96.1	95.0	96.7	98.4	97.2
St. Cloud VAMC, MN	87.5	88.8	82.4	92.6	99.3	NA	NA	NA	NA
Fargo VAMC, ND	86.7	81.5	72.2	95.4	96.3	86.4	97.7	93.5	98.7
VA Black Hills Health Care System, Ft Meade, Hot Springs, SD	86.4	89.5	78.4	99.0	98.5	NA	92.1	95.3	NA
Sioux Falls VAMC, SD	86.0	88.2	76.3	92.3	97.5	78.7	97.4	99.0	98.3

Risk Adjusted Disease Mortality and Surgical Quality

Facility Name	Acute Myocardial Infarction	Congestive Heart Failure	Pneumonia	All Cause	Congestive Heart Failure	O:E Mortality	O:E Morbidity
VA Connecticut Health Care System, West Haven, CT	14.24	9.19	14.10	13.35	18.49	0.66	0.85
Edith N Rogers Memorial Veterans Hospital, Bedford, Ma	NA	NA	NA	NA	NA	NA	NA
VA Boston Health Care System, W Roxbury, Brockton, Jamaica Plains, MA	12.26	7.32	12.86	14.17	25.29	0.73	0.97
Northampton VAMC, MA	NA	NA	NA	NA	NA	NA	NA
Togus VAMC, Augusta, ME	13.33	8.98	13.95	10.46	16.33	0.73	0.56
Manchester VAMC, NH	NA	NA	NA	NA	NA	NA	NA

Providence VAMC, RI	13.07	8.98	16.92	14.90	33.56	1.24	1.01
White River Junction VAMC, VT	12.71	10.02	14.52	13.79	17.44	0.76	1.15
Samuel S. Stratton VAMC, Albany, NY	14.87	13.78	17.73	13.91	37.80	1.27	0.72
VA Western New York Health Care System Buffalo, Batavia, NY	14.44	11.06	19.60	14.54	16.32	1.03	1.15
Bath VAMC, NY	14.04	10.70	16.95	12.35	33.33	NA	NA
Canandaigua VAMC, NY	NA	NA	NA	NA	NA	NA	NA
Syracuse VAMC, NY	12.79	11.67	14.40	15.33	26.52	0.84	0.96
VA New Jersey Health Care System, East Orange, NJ	13.03	9.55	15.65	16.90	26.50	1.00	1.00
James J. Peters VAMC, Bronx, NY	12.42	10.18	12.74	15.69	27.68	0.83	0.77
VA New York Harbor Health Care System, Manhattan, Brooklyn, NY	11.06	8.07	11.25	15.99	23.53	1.05	1.07
VA Hudson Valley Health Care System, Montrose, Castle Point, NY	12.98	7.77	14.66	12.42	13.16	NA	NA
Northport VAMC, NY	14.54	8.64	15.02	14.84	22.39	1.10	1.17
Wilmington VAMC, DE	13.80	9.34	13.33	14.50	25.26	0.92	0.73
James E. Van Zandt VAMC, Altoona, PA	13.15	13.86	17.78	10.50	16.67	NA	NA
Butler VAMC, PA	NA	NA	NA	NA	NA	NA	NA
Coatesville VAMC, PA	NA	9.66	16.62	5.56	50.00	NA	NA
Erie VAMC, PA	14.03	9.95	13.60	11.62	12.70	NA	NA
Lebanon VAMC, PA	14.92	10.52	15.60	11.95	18.84	0.26	1.21
Philadelphia VAMC, PA	12.91	7.70	16.13	11.88	19.50	1.20	1.20
VA Pittsburgh Health Care System, PA	13.79	9.83	14.49	15.59	24.51	1.41	1.20
Wilkes-Barre VAMC, PA	13.50	10.57	19.06	15.60	28.93	NA	NA
Louis A. Johnson VAMC, Clarksburg, WV	14.36	9.95	14.85	12.79	22.94	NA	NA
Washington DC VAMC, DC	12.65	9.75	14.93	13.71	21.76	1.08	0.95
VA Maryland Health Care System, Perry Pt, Baltimore, MD	12.41	8.68	12.50	13.91	23.25	0.79	1.08
Martinsburg VAMC, WV	13.70	9.75	12.89	12.73	24.14	1.13	1.15
Asheville VAMC, NC	13.03	12.16	15.51	12.96	18.26	1.41	0.94

Durham VAMC, NC	14.54	9.55	17.04	13.09	18.59	1.02	0.94
Fayetteville VAMC, NC	12.90	9.22	13.10	10.19	16.11	NA	NA
W.G. (Bill) Hefner VAMC, Salisbury, NC	13.38	10.10	16.92	8.79	13.95	0.00	0.51
Hampton VAMC, VA	13.38	9.32	14.78	11.88	18.18	1.88	0.80
Hunter Holmes McGuire VAMC, Richmond, VA	14.91	10.67	16.07	14.24	23.74	0.98	1.13
Salem VAMC, VA	13.62	9.30	14.69	16.12	22.78	0.44	1.21
Beckley VAMC, WV	12.94	9.39	15.06	15.97	18.18	NA	NA
Birmingham VAMC, AL	13.99	11.36	16.54	13.90	20.54	1.14	1.13
Central Alabama Veterans Health Care System, Tuskegee, Montgomery, AL	13.92	12.80	13.68	7.58	14.63	NA	NA
Tuscaloosa VAMC, AL	NA	NA	NA	NA	NA	NA	NA
Atlanta VAMC, GA	15.15	9.77	17.88	12.66	14.77	1.72	0.87
Charlie Norwood VAMC, Augusta, GA	14.50	11.14	21.94	13.46	25.32	1.30	1.15
Carl Vinson VAMC, Dublin, GA	13.14	11.36	16.90	12.12	23.81	NA	NA
Ralph H. Johnson VAMC, Charleston, SC	13.82	9.82	15.11	13.54	19.75	1.45	0.84
Wm. Jennings Bryan Dorn VAMC, Columbia, SC	13.65	9.79	15.44	14.41	22.11	0.84	1.05
Bay Pines VA Health Care System, FL	14.76	10.30	16.52	13.73	23.53	1.13	0.83
N. Florida/S. Georgia Veterans Health Care System Gainesville, Lake City	14.03	9.10	13.46	15.77	23.87	0.88	1.48
Miami VA Health Care System, FL	12.70	7.56	14.43	14.82	22.13	1.39	1.01
Orlando VAMC, FL	NA	NA	NA	NA	NA	NA	NA
James A. Haley VAMC, Tampa, FL	12.62	8.13	15.51	15.70	26.65	1.02	1.23
West Palm Beach VAMC, FL	13.55	8.34	13.37	8.26	14.76	1.38	0.87
VA Caribbean Health Care System, San Juan, PR	13.91	11.13	18.88	16.88	25.72	1.57	1.27
Lexington VAMC, KY	13.74	11.18	19.72	16.78	28.62	1.06	0.94
Louisville VAMC, KY	14.59	10.50	18.89	10.94	19.49	0.86	1.01
Memphis VAMC, TN	17.55	12.71	16.66	14.64	19.10	1.16	1.01

Mountain Home VAMC, TN	13.83	10.61	16.31	13.09	17.84	1.40	1.20
Tennessee Valley Health Care System, Nashville, Murfreesboro, TN	12.61	10.28	15.45	15.26	20.61	1.09	1.12
Huntington VAMC, WV	12.78	10.13	13.69	13.42	18.24	1.55	1.44
Chillicothe VAMC, OH	12.79	9.09	13.12	13.73	19.84	NA	NA
Cincinnati VAMC, OH	13.51	9.26	16.28	16.29	30.81	1.31	1.13
Louis Stokes VAMC, Cleveland, Brecksville, OH	12.75	9.79	15.92	15.98	21.28	0.67	0.95
Chalmers P. Wylie Outpt Clinic, Columbus, OH	NA	NA	NA	NA	NA	NA	NA
Dayton VAMC, OH	12.62	8.45	12.95	14.75	18.24	1.47	0.98
VA Illiana Health Care System, Danville, IL	15.68	9.11	13.86	14.36	19.67	1.30	0.73
VA Northern Indiana Health Care System, Marion, Ft Wayne, IN	13.13	10.55	14.41	13.17	20.39	NA	NA
Richard L. Roudebush VAMC, Indianapolis, IN	14.44	9.42	13.84	16.26	27.16	1.02	1.12
VA Ann Arbor Health Care System, MI	11.46	9.74	14.46	14.39	12.75	1.10	1.21
Battle Creek VAMC, MI	13.29	11.34	14.44	8.68	12.90	NA	NA
John D. Dingell VAMC, Detroit, MI	13.22	9.42	16.24	14.37	20.81	1.66	0.72
Aleda E. Lutz VAMC, Saginaw, MI	13.21	11.55	16.04	14.06	21.74	NA	NA
Jessie Brown VAMC, Chicago, IL	12.39	8.16	14.32	16.84	22.51	1.24	1.32
Edward Hines Jr. VA Hospital, Hines, IL	13.74	9.51	15.32	16.73	22.62	1.13	1.10
North Chicago VAMC, IL	12.85	11.17	17.55	11.85	20.31	1.06	0.36
Iron Mountain VAMC, MI	12.43	10.09	14.44	12.43	18.75	NA	NA
William S. Middleton Memorial Veterans Hospital, Madison, WI	12.71	11.04	14.52	14.39	18.30	0.64	1.23
Clement J. Zablocki VAMC, Milwaukee, WI	11.73	8.60	11.26	15.15	18.90	0.93	0.70
Tomah VAMC, WI	12.99	10.70	15.18	14.08	19.23	NA	NA
VA Eastern Kansas Health Care System, Topeka, Leavenworth, KS	13.78	9.68	15.89	14.22	18.18	NA	NA
Robert J. Dole VAMC, Wichita, KS	13.26	9.72	16.49	12.88	26.32	1.70	0.73
Harry S. Truman VAMC, Columbia, MO	12.57	10.63	15.11	13.52	24.00	1.33	1.25
Kansas City VAMC, MO	13.33	9.73	13.49	14.98	25.28	1.91	0.98

Marion VAMC, IL	14.10	11.43	15.11	16.14	26.01	NA	NA
John J. Pershing VAMC, Poplar Bluff, MO	13.99	11.92	15.08	14.77	20.19	NA	NA
St Louis VAMC, St Louis, Jefferson Barracks, MO	12.67	6.61	15.09	14.72	26.59	1.85	0.99
Fayetteville VAMC, AR	12.67	8.37	14.82	13.46	18.67	1.40	0.76
Central Arkansas Veterans Health Care System, Little Rock, N Little Rock, AR	13.25	9.96	15.27	14.71	22.49	0.66	0.91
Alexandria VAMC, LA	11.77	9.68	16.37	13.24	19.51	NA	NA
New Orleans VAMC, LA	NA	NA	NA	NA	NA	NA	NA
Overton Brooks VAMC, Shreveport, LA	13.99	10.52	15.20	15.64	22.38	1.24	0.85
Gulf Coast Veterans Health Care System, Biloxi, MS	12.67	8.18	15.12	9.51	8.82	0.91	1.39
G.V. Montgomery VAMC, Jackson, MS	16.52	12.34	21.41	15.22	21.13	0.82	0.72
Muskogee VAMC, OK	11.66	9.24	13.69	13.53	26.01	0.93	0.51
Oklahoma City VAMC, OK	13.79	8.73	16.96	13.78	22.95	0.77	1.11
Michael E. DeBakey VAMC, Houston, TX	13.82	9.51	17.43	14.02	22.54	0.55	1.05
VA North Texas Health Care System, Dallas, TX	13.65	10.13	14.81	14.99	23.29	1.08	1.12
South Texas Veterans Health Care System, San Antonio, Kerrville, TX	11.82	9.95	14.38	12.58	19.13	0.53	1.21
Central Texas Veterans Health Care System, Temple, Waco, Marlin, TX	13.67	9.98	14.11	11.68	17.70	0.60	0.87
Carl T. Hayden VAMC, Phoenix, AZ	13.96	8.11	15.06	12.32	24.00	1.21	1.38
No. Arizona VA Health Care System, Prescott, AZ	12.14	12.94	14.96	13.83	17.39	NA	NA
So. Arizona VA Health Care System, Tucson, AZ	13.02	10.78	13.64	15.16	23.53	0.84	0.73
New Mexico Health Care System, Albuquerque, NM	10.89	11.44	14.96	12.95	25.25	1.11	0.87
Amarillo VA Health Care System, TX	14.35	10.41	20.76	11.24	14.94	1.12	0.97
West Texas VA Health Care System, Big Spring, TX	13.71	9.29	16.86	10.40	18.75	NA	NA
El Paso VA Health Care System, TX	NA	NA	NA	NA	NA	NA	NA
VA Eastern Colorado Health Care System, Denver, Pueblo, CO	14.24	11.50	12.32	12.27	14.02	1.45	1.00
Grand Junction VAMC, CO	13.22	9.63	11.78	8.77	10.42	0.42	0.57
VA Montana Health Care System, Fort Harrison, MT	12.90	10.79	12.74	17.61	16.67	0.10	0.45
VA Salt Lake City Health Care System, UT	13.55	8.31	14.20	14.46	24.11	0.75	0.82
Cheyenne VAMC, WY	13.19	9.34	13.19	9.12	22.50	0.84	0.51
Sheridan VAMC, WY	13.01	9.75	14.10	14.93	30.77	NA	NA
Alaska VA Health Care System and Regional Office, Anchorage, AK	NA	NA	NA	NA	NA	NA	NA
Boise VAMC, ID	13.77	9.26	13.72	12.89	27.27	1.08	0.81

Portland VAMC, OR	11.53	7.79	10.84	14.10	16.28	0.94	0.81
VA Roseburg Health Care System, OR	14.54	9.42	14.55	9.77	20.62	NA	NA
Southern Oregon Rehab Center & Clinics, White City, OR	NA	NA	NA	NA	NA	NA	NA
VA Puget Sound Health Care System, Seattle, American Lake, WA	13.55	10.60	14.10	13.77	13.07	1.07	1.13
Spokane VAMC, WA	12.70	8.94	13.03	8.89	10.53	0.00	0.64
Jonathan M. Wainwright Memorial VA Medical Center, Walla Walla, WA	NA	NA	NA	NA	NA	NA	NA
VA Central California Health Care System, Fresno, CA	12.86	11.29	18.79	14.29	26.53	0.97	1.10
VA Northern California Health Care System, Martinez, Sacramento, CA	11.17	9.88	12.95	10.83	18.24	0.87	0.95
VA Palo Alto Health Care System, Palo Alto, Menlo Pk, Livermore, CA	12.87	8.09	15.89	11.76	15.66	1.00	0.94
San Francisco VAMC, CA	11.69	8.37	12.32	13.88	21.74	0.78	0.93
VA Pacific Islands Health Care System, Honolulu, HI	NA	NA	NA	NA	NA	NA	NA
VA Sierra Nevada Health Care System, Reno, NV	13.06	11.15	14.46	12.87	12.75	1.15	1.03
VA Loma Linda Health Care System, CA	16.45	12.24	18.73	12.90	15.79	0.83	0.84
VA Long Beach Health Care System, CA	12.33	7.65	14.52	15.70	25.13	0.69	1.25
VA Greater Los Angeles Health Care System, CA	12.49	6.75	16.90	13.92	19.82	0.73	0.75
VA San Diego Health Care System, CA	13.13	5.53	15.02	13.96	22.76	1.29	0.86
VA Southern Nevada Health Care System, Las Vegas, NV	12.61	8.28	12.63	9.98	12.50	0.92	0.97
VA Nebraska Western Iowa Health Care System, Omaha, Grand Is, Lincoln, NE	15.39	11.14	14.85	14.96	25.68	1.23	1.01
VA Central Iowa Health Care System, Des Moines, Knoxville, IA	14.14	8.55	15.89	13.91	21.43	2.10	1.13
Iowa City VAMC, IA	11.24	10.95	15.32	12.86	23.02	1.57	0.93
Minneapolis VAMC, MN	12.18	7.74	11.22	12.52	18.29	0.66	1.03
St. Cloud VAMC, MN	NA	NA	NA	NA	NA	NA	NA
Fargo VAMC, ND	12.38	8.57	13.33	10.34	12.90	0.74	0.85
VA Black Hills Health Care System, Ft Meade, Hot Springs, SD	12.69	9.15	13.00	10.35	6.12	0.00	0.47
Sioux Falls VAMC, SD	14.06	9.58	17.04	11.89	26.67	0.39	1.31

Section 3: Equitable Care

Gender Composites

Facility Name	Diabetes Mellitus - Female	Diabetes Mellitus - Male	Prevention - Female	Prevention - Male	Ischemic Heart Dz - Female	Ischemic Heart Dz - Male	Tobacco - Female	Tobacco - Male	Behavioral Health Screening - Female	Behavioral Health Screening - Male
VA Connecticut Health Care System, West Haven, CT	84.9	84.8	77.4	86.6	76.6	81.5	89.8	97.5	92.7	96.8
Edith N Rogers Memorial Veterans Hospital, Bedford, Ma	82.5	89.1	74.8	85.4	95.3	83.2	93.5	94.7	95.5	96.1
VA Boston Health Care System, W Roxbury, Brockton, Jamaica Plains, MA	83.2	90.9	91.6	91.7	84.6	81.9	96.0	100	96.5	98.4
Northampton VAMC, MA	85.9	89.1	79.1	86.2	76.8	80.7	94.3	95.4	95.4	97.1
Togus VAMC, Augusta, ME	87.7	87.5	85.2	88.1	72.3	79.5	96.3	94.2	97.7	97.1
Manchester VAMC, NH	89.0	89.9	90.5	93.0	75.5	81.7	99.0	93.9	95.8	97.9
Providence VAMC, RI	88.8	89.2	83.5	85.9	85.0	83.1	93.0	91.8	90.5	93.7
White River Junction VAMC, VT	80.4	84.8	72.9	82.5	62.5	78.0	85.4	91.2	90.3	95.2
Samuel S. Stratton VAMC, Albany, NY	82.4	88.0	80.3	84.5	71.6	75.4	93.3	97.0	88.5	93.6
VA Western New York Health Care System Buffalo, Batavia, NY	78.6	86.1	84.4	87.7	72.8	78.1	97.1	95.7	95.4	95.4
Bath VAMC, NY	81.6	86.1	87.4	88.2	78.8	77.7	100	99.3	97	97.6
Canandaigua VAMC, NY	78.5	86.1	88.2	89.0	74.6	74.3	100.0	100.0	95.1	95.7
Syracuse VAMC, NY	83.0	88.4	82.7	84.0	72.2	81.9	94.9	99.1	90.1	97.0
VA New Jersey Health Care System, East Orange, NJ	80.9	86.8	79.3	82.3	68.8	80.0	93.8	97.6	90.1	95.0
James J. Peters VAMC, Bronx, NY	80.37	86.02	76.28	86.7	61.09	69.45	76	90.1	81.57	91.18
VA New York Harbor Health Care System, Manhattan, Brooklyn, NY	85.5	86.9	73.5	83.5	79.4	79.5	79.6	89.9	88.0	96.0
VA Hudson Valley Health Care System, Montrose, Castle Point, NY	82.3	89.7	80.9	87.6	71.0	84.4	90.0	97.4	94.2	97.4
Northport VAMC, NY	83.6	87.3	76.2	83.6	72.2	77.9	91.8	94.2	96.7	98.6

Wilmington VAMC, DE	82.9	87.7	80.3	87.7	79.2	79.5	94.5	98.7	96.7	98.0
James E. Van Zandt VAMC, Altoona, PA	82.3	90.6	79.1	86.4	76.9	83.9	98.5	98.7	94.0	97.1
Butler VAMC, PA	83.4	87.7	79.0	86.2	83.6	83.4	95.5	94.4	94.8	98.4
Coatesville VAMC, PA	72.8	89.3	78.5	89.2	66.1	83.5	93.3	100	95.8	97.9
Erie VAMC, PA	80.8	88.3	83.7	87.0	78.6	79.4	98.7	99.7	99.7	99.2
Lebanon VAMC, PA	85.0	88.2	80.3	88.5	68.0	77.7	83.8	94.9	92.2	98.5
Philadelphia VAMC, PA	76.4	88.4	73.3	82.1	62.7	77.7	84.6	90.1	87.9	93.7
VA Pittsburgh Health Care System, PA	78.0	89.4	77.0	85.1	71.8	84.0	81.2	93.7	93.2	96.3
Wilkes-Barre VAMC, PA	86.9	88.9	77.3	85.7	75.5	86.1	95.1	87.2	94.2	94.8
Louis A. Johnson VAMC, Clarksburg, WV	83.2	89.4	81.2	86.1	77.6	84.8	90.2	97.1	95.8	96.1
Washington DC VAMC, DC	85.4	86.9	87.0	89.7	77.4	81.1	97.3	96.5	95.2	98.4
VA Maryland Health Care System, Perry Pt, Baltimore, MD	79.8	86.9	72.7	82.2	66.1	76.1	87.1	94.2	93.2	96.4
Martinsburg VAMC, WV	89.9	88.7	83.5	83.9	80.1	83.1	95.8	95.7	89.9	96.8
Asheville VAMC, NC	81.7	89.4	88.4	89.6	74.2	76.8	96.5	90.8	96.1	97.3
Durham VAMC, NC	82.9	84.1	86.3	87.4	75.7	73.2	97.8	96.9	94.9	97.8
Fayetteville VAMC, NC	82.0	86.2	86.6	91.5	84.3	74.0	97.6	99.6	91.9	95.6
W.G. (Bill) Hefner VAMC, Salisbury, NC	87.2	88.9	87.7	91.5	79.8	82.9	94.5	96.3	94.7	94.9
Hampton VAMC, VA	78.2	86.6	89.2	88.2	65.8	79.7	93.5	96.4	93.8	96
Hunter Holmes McGuire VAMC, Richmond, VA	85.7	87.8	89.2	90.5	76.9	78.2	93.4	99.3	95.3	95.5
Salem VAMC, VA	86.2	88.4	80.1	86.6	78.1	83.0	96.1	94.9	96	97.0
Beckley VAMC, WV	85.7	87.5	78.6	84.9	85.2	80.2	91.3	97.9	98.7	98.4
Birmingham VAMC, AL	83.4	89.4	78.7	85.4	77.7	84.9	91.0	94.7	92.6	96.0
Central Alabama Veterans Health Care System, Tuskegee, Montgomery, AL	79.5	86.8	75.0	82.8	74.7	79.8	97.5	99.4	95.6	97.8
Tuscaloosa VAMC, AL	87.1	88.2	77.4	89.1	79.4	83.7	98.7	99.5	97	96.5
Atlanta VAMC, GA	82.7	88.1	78.4	85.2	75.7	80.1	99.5	94.1	88.8	93.9
Charlie Norwood VAMC, Augusta, GA	82.2	89.8	69.7	81.8	74.1	84.4	94.1	93.8	86.9	93.2

Carl Vinson VAMC, Dublin, GA	87.8	88.2	78.3	85.6	79.5	81.1	87.5	91.7	97.3	97.0
Ralph H. Johnson VAMC, Charleston, SC	80.3	86.8	83.0	87.4	79.0	78.6	98.1	99.4	95.9	97.2
Wm. Jennings Bryan Dorn VAMC, Columbia, SC	87.7	89.0	88.1	89.5	73.0	71.3	98.7	99.5	87.2	93.3
Bay Pines VA Health Care System, FL	85.0	88.0	74.1	81.6	72.2	79.7	91.8	93.0	93.8	96.8
N. Florida/S. Georgia Veterans Health Care System Gainesville, Lake City	83.3	89.1	84.7	85.5	73.5	79.7	97.4	96.3	95.9	98.4
Miami VA Health Care System, FL	80.7	83.8	76.7	81.0	65.2	76.9	90.4	90.7	95.2	96.0
Orlando VAMC, FL	84.3	88.6	75.3	76.4	74.6	82.3	88.7	93.1	95.6	95.8
James A. Haley VAMC, Tampa, FL	88.5	89.1	81.5	84.6	77.1	79.6	91.4	91.6	96.9	97.7
West Palm Beach VAMC, FL	85.9	92.7	85.7	91.1	76.5	87.9	99.1	100.0	96.9	99.5
VA Caribbean Health Care System, San Juan, PR	86.2	86.8	88.1	87.8	73.9	79.7	91.0	88.5	96.3	96.1
Lexington VAMC, KY	82.7	86.7	78.2	87.0	66.9	76.9	90.5	90.3	94.5	97.7
Louisville VAMC, KY	76.4	86.3	80.9	85.1	70.4	83.9	89.8	90.1	93.8	96.7
Memphis VAMC, TN	81.2	89.2	69.1	78.4	72.1	80.0	83.7	83.6	96.6	95.4
Mountain Home VAMC, TN	74.7	87.8	76.5	87.0	79.9	76.4	93.9	96.7	95.9	96.0
Tennessee Valley Health Care System, Nashville, Murfreesboro, TN	76.4	85.2	70.6	79.6	66.8	77.4	80.0	91.5	90.4	92.2
Huntington VAMC, WV	84.4	90.3	86.0	89.6	72.6	81.4	97.1	94.9	63.0	74.0
Chillicothe VAMC, OH	82.1	88.4	80.3	85.5	77.4	80.6	93.8	95.0	94.4	97.3
Cincinnati VAMC, OH	88.9	89.9	82.7	85.4	78.2	80.3	95.4	94.9	94.9	98.0
Louis Stokes VAMC, Cleveland, Brecksville, OH	84.6	87.3	81.0	87.4	72.6	80.3	84.6	92.0	94.4	97.4
Chalmers P. Wylie Outpt Clinic, Columbus, OH	85.0	86.4	82.6	82.4	67.4	77.2	98.3	97.8	93.3	96.0
Dayton VAMC, OH	84.0	87.4	77.2	84.0	74.1	79.6	93.0	94.7	94.2	97.0
VA Illiana Health Care System, Danville, IL	79.9	86.1	79.4	86.4	72.5	79.4	89.3	94.5	94.9	97.0
VA Northern Indiana Health Care System, Marion, Ft Wayne, IN	81.6	87.0	76.9	82.4	77.4	76.4	96.0	97.4	95.6	98.1
Richard L. Roudebush VAMC, Indianapolis, IN	83.4	89.7	84.1	85.3	76.2	85.8	90.5	88.7	95.1	96.4
VA Ann Arbor Health Care System, MI	83.1	86.0	81.0	84.1	77.2	75.7	85.4	86.1	90.1	93.3

Battle Creek VAMC, MI	78.8	87.8	73.3	78.9	75.3	82.1	98.5	98.6	94.2	96.9
John D. Dingell VAMC, Detroit, MI	88.3	84.5	75.4	79.9	79.0	75.2	87.8	89.4	95.1	96.7
Aleda E. Lutz VAMC, Saginaw, MI	84.2	90.4	77.9	86.1	80.4	83.4	90.2	95.8	94.4	98.7
Jessie Brown VAMC, Chicago, IL	86.1	87.6	69.6	76.2	77.9	83.5	92.6	97.8	97.3	96.9
Edward Hines Jr. VA Hospital, Hines, IL	88.6	89.6	79.6	85.7	75.9	82.2	93.0	92.6	94.1	98.1
North Chicago VAMC, IL	87.9	91.2	88.7	90.8	81.2	86.6	85.2	95.2	97.0	99.3
Iron Mountain VAMC, MI	88.4	90.9	80.4	89.8	67.6	87.4	89.2	91.8	95.1	96.2
William S. Middleton Memorial Veterans Hospital, Madison, WI	87.6	89.0	84.9	89.8	71.8	87.4	93.5	97.3	97.1	98.3
Clement J. Zablocki VAMC, Milwaukee, WI	85.1	89.1	65.5	76.7	76.1	84.6	88.3	94.2	90.9	95.0
Tomah VAMC, WI	89.2	91.4	84.4	88.6	77.2	81.6	99.1	98.4	98.0	98.6
VA Eastern Kansas Health Care System, Topeka, Leavenworth, KS	85.4	86.9	86.3	89.3	81.3	80.1	93.3	97.9	94.8	97.2
Robert J. Dole VAMC, Wichita, KS	86.4	91.2	72.2	79.3	80.4	83.4	94.3	98.0	97.6	97.9
Harry S. Truman VAMC, Columbia, MO	84.4	85.4	83.1	87.7	71.0	71.6	100.0	100.0	96.3	98.2
Kansas City VAMC, MO	83.5	88.7	77.0	87.7	75.0	84.1	95.9	94.2	96.0	96.4
Marion VAMC, IL	77.6	84.2	79.9	87.3	71.6	74.7	90.2	95.8	93.7	96.9
John J. Pershing VAMC, Poplar Bluff, MO	76.8	87.0	83.1	85.0	72.7	78.9	94.4	92.4	94.9	98.1
St Louis VAMC, St Louis, Jefferson Barracks, MO	84.3	86.3	69.5	73.4	67.9	77.3	93.3	93.9	91.4	92.0
Fayetteville VAMC, AR	80.1	87.6	83.7	87.6	67.6	81.1	90.1	94.2	97.3	98.8
Central Arkansas Veterans Health Care System, Little Rock, N Little Rock, AR	75.0	87.9	77.2	81.2	62.0	79.3	73.1	77.9	96.3	96.8
Alexandria VAMC, LA	84.4	90.5	86.5	88.3	80.9	84.7	97.4	92.9	98.7	97.0
New Orleans VAMC, LA	84.8	88.2	81.4	87.5	82.2	82.8	97.3	96.6	98.0	98.6
Overton Brooks VAMC, Shreveport, LA	88.5	85.0	86.8	86.9	72.8	81.9	93.9	90.2	85.5	94.4
Gulf Coast Veterans Health Care System, Biloxi, MS	83.3	90.1	85.7	89.1	78.5	83.0	99.1	100.0	95	97.2
G.V. Montgomery VAMC, Jackson, MS	77.3	84.7	69.9	85.7	79.4	79.3	77.3	88.9	95.0	98.3
Muskogee VAMC, OK	85.2	85.4	78.0	83.8	78.2	80.7	97.2	94.2	93.7	95.1
Oklahoma City VAMC, OK	84.3	88.4	72.5	78.0	72.9	80.3	99.6	99.7	82.0	87.1
Michael E. DeBakey VAMC, Houston, TX	81.7	85.5	79.2	83.2	75.4	77.8	89.1	91.9	97.6	97.6
VA North Texas Health Care System, Dallas, TX	86.4	88.2	77.1	84.0	77.1	82.6	85.3	91.7	91.2	96.2
South Texas Veterans Health Care System, San Antonio, Kerrville, TX	80.5	88.1	88.0	89.0	79.0	80.9	92.4	93.9	97.6	97.3

Central Texas Veterans Health Care System, Temple, Waco, Marlin, TX	83.1	87.4	83.0	87.2	73.9	76.1	92.0	87.2	96.6	97.2
Carl T. Hayden VAMC, Phoenix, AZ	73.5	83.1	79.3	86.3	65.4	77.9	82.3	83.6	85.0	91.4
No. Arizona VA Health Care System, Prescott, AZ	77.8	85.1	79.1	86.1	62.1	74.8	95.5	97.1	87.8	98.3
So. Arizona VA Health Care System, Tucson, AZ	83.2	90.3	79.4	89.8	74.4	82.2	96.6	97.3	93.3	97.8
New Mexico Health Care System, Albuquerque, NM	84.8	88.0	81.6	81.8	82.5	81.5	95.7	89.4	94.2	91.4
Amarillo VA Health Care System, TX	84.9	85.3	76.7	83.8	68.1	74.5	87.0	92.8	90.9	95.0
West Texas VA Health Care System, Big Spring, TX	77.9	82.0	83.4	81.3	73.8	74.8	99.6	99.7	99.2	99.3
El Paso VA Health Care System, TX	80.5	86.0	79.8	85.7	78.7	78.4	86.1	88.3	92.8	93.4
VA Eastern Colorado Health Care System, Denver, Pueblo, CO	77.7	86.6	76.1	83.0	76.5	80.9	88.6	93.0	88.1	94.8
Grand Junction VAMC, CO	81.4	87.2	77.0	83.0	88.5	80.7	100.0	97.7	93.8	97.3
VA Montana Health Care System, Fort Harrison, MT	79.2	87.0	74.8	84.8	77.3	75.9	96.9	94.6	94.0	97.0
VA Salt Lake City Health Care System, UT	82.3	87.7	71.3	82.3	64.5	80.3	89.7	91.0	85.8	94.0
Cheyenne VAMC, WY	85.1	87.1	81.9	84.5	80.9	80.5	83.2	88.2	94.1	98.1
Sheridan VAMC, WY	87.5	87.4	76.5	85.0	85.4	73.5	89.2	92.2	91.2	93.1
Alaska VA Health Care System and Regional Office, Anchorage, AK	86.7	89.2	86.7	87.9	78.9	81.5	90.1	97.4	98.1	98.2
Boise VAMC, ID	85.6	90.4	79.2	87.3	83.3	75.2	88.0	91.9	94.1	96.6
Portland VAMC, OR	86.7	89.8	78.7	80.4	71.0	80.1	93.3	93.5	93.2	94.0
VA Roseburg Health Care System, OR	80.7	83.8	66.3	76.8	74.1	71.5	87.8	92.8	95.6	96.1
Southern Oregon Rehab Center & Clinics, White City, OR	87.2	88.2	72.4	80.7	80.0	80.3	91.2	91.0	95.1	95.6
VA Puget Sound Health Care System, Seattle, American Lake, WA	79.2	84.4	67.2	76.8	62.9	78.7	85.6	91.7	84.6	92.4
Spokane VAMC, WA	82.6	87.5	79.8	86.2	76.9	76.1	89.8	88.8	92.9	96.8
Jonathan M. Wainwright Memorial VA Medical Center, Walla Walla, WA	81.4	87.1	81.8	86.7	66.8	76.0	85.8	92.2	94.9	96.3
VA Central California Health Care System, Fresno, CA	87.3	86.4	81.9	89.3	73.8	79.9	96.3	99.3	89.3	98.0
VA Northern California Health Care System, Martinez, Sacramento, CA	82.4	85.4	79.3	83.8	70.4	82.5	88.2	86.3	95.9	96.5
VA Palo Alto Health Care System, Palo Alto, Menlo Pk, Livermore, CA	82.8	85.8	76.5	86.7	70.8	79.5	100.0	98.9	89.4	96.2
San Francisco VAMC, CA	80.4	85.5	78.0	80.8	77.0	80.1	91.7	96.8	92.9	95.7
VA Pacific Islands Health Care System, Honolulu, HI	80.8	85.0	78.9	82.2	73.2	77.4	94.0	87.5	95.8	97.8
VA Sierra Nevada Health Care System, Reno, NV	82.3	87.9	74.0	84.6	74.5	81.3	85.0	85.6	95.4	98.0

Facility Name										
VA Loma Linda Health Care System, CA	74.6	84.3	78.3	80.5	69.9	73.3	92.3	92.3	90.1	90.6
VA Long Beach Health Care System, CA	80.9	87.5	80.8	84.6	77.4	85.1	95.9	96.3	94.0	94.4
VA Greater Los Angeles Health Care System, CA	84.0	82.4	79.8	76.7	70.3	71.6	83.2	87.8	90.0	90.9
VA San Diego Health Care System, CA	88.7	87.6	81.0	85.7	74.7	78.2	82.3	96.6	92.8	94.0
VA Southern Nevada Health Care System, Las Vegas, NV	84.4	86.7	77.9	78.7	76.4	77.2	95.7	93.7	97.0	96.6
VA Nebraska Western Iowa Health Care System, Omaha, Grand Is, Lincoln, NE	86.5	91.6	86.8	89.8	75.0	81.4	96.2	98.2	96.8	99.6
VA Central Iowa Health Care System, Des Moines, Knoxville, IA	82.3	85.8	76.7	86.0	70.8	74.9	92.2	97.4	95.7	94.6
Iowa City VAMC, IA	81.0	87.7	77.1	81.6	78.8	75.3	93.5	91.7	95.6	97.1
Minneapolis VAMC, MN	80.7	87.2	81.6	89.3	73.7	75.0	93.3	97.7	93.5	96.5
St. Cloud VAMC, MN	87.4	87.5	79.2	87.2	70.2	82.3	92.5	92.1	93.7	99.3
Fargo VAMC, ND	76.2	86.7	73.1	81.6	73.6	72.1	93.9	95.2	93.7	96.5
VA Black Hills Health Care System, Ft Meade, Hot Springs, SD	82.4	86.5	84.4	88.0	77.5	78.1	93.3	98.9	98.3	98.6
Sioux Falls VAMC, SD	81.0	86.0	82.1	87.0	66.7	76.5	89.4	92.2	95.9	97.5

Age Composites

Facility Name	Diabetes Mellitus - <65 years	Diabetes Mellitus - 65-75 years	Prevention - <65 years	Prevention - 65-75 years	Ischemic Heart Dz - <65 years	Ischemic Heart Dz - 65-75 years	Tobacco - <65 years	Tobacco - 65-75 years	Behavioral Health Screening - <65 years	Behavioral Health Screening - 65-75 years
VA Connecticut Health Care System, West Haven, CT	85.0	84.6	81.2	87.0	80.3	83.4	98.3	94.4	95.6	97.3
Edith N Rogers Memorial Veterans Hospital, Bedford, Ma	86.9	91.3	80.2	92.8	87.8	85.1	94.3	97.0	93.9	100
VA Boston Health Care System, W Roxbury, Brockton, Jamaica Plains, MA	90.0	91.8	90.9	89.7	79.3	85.3	100	100	97.4	98.0
Northampton VAMC, MA	87.6	92.2	81.9	91.9	84.3	80.0	96.5	92.9	96.6	97.3
Togus VAMC, Augusta, ME	86.5	89.9	86.1	90.2	76.5	84.2	94.8	88.1	96.0	97.1

Manchester VAMC, NH	88.5	91.5	92.4	93.1	77.8	84.8	94.2	100	96.2	98.6
Providence VAMC, RI	88.4	89.4	84.4	85.9	81.0	83.5	94.0	94.4	92.7	97.1
White River Junction VAMC, VT	84.4	85.2	74.3	87.2	77.6	77.8	93.3	91.7	94.1	96.4
Samuel S. Stratton VAMC, Albany, NY	86.5	89.5	80.7	87.1	72.6	77.6	97.1	94.4	90.7	94
VA Western New York Health Care System Buffalo, Batavia, NY	85.5	86.9	82.1	90.9	76.5	80.0	96.3	91.1	95.0	94.6
Bath VAMC, NY	85.9	85.9	85.9	89.8	73.3	81.2	99.2	100	97.2	97.7
Canandaigua VAMC, NY	84.7	89.4	86.7	91.4	73.5	77.4	100	100	94.3	96
Syracuse VAMC, NY	86.9	90.0	80.1	88.9	83.7	80.6	98.7	95.8	96.6	97.8
VA New Jersey Health Care System, East Orange, NJ	84.2	90.7	77.0	82.9	75.1	83.3	96.1	97.2	91.2	96.4
James J. Peters VAMC, Bronx, NY	84.1	89.4	83.8	88.1	72.6	67.0	90.5	85.4	90.6	90.0
VA New York Harbor Health Care System, Manhattan, Brooklyn, NY	87.1	86.8	78.6	82.7	78.6	84.2	90.9	85.7	94.4	98.9
VA Hudson Valley Health Care System, Montrose, Castle Point, NY	88.9	90.7	84.9	88.1	80.5	88.3	98.2	90.9	96.7	97.5
Northport VAMC, NY	84.9	90.2	77.3	82.7	76.1	80.7	NA	NA	98.3	99.0
Wilmington VAMC, DE	86.2	88.5	82.7	91.1	78.0	79.0	96.8	100	97.5	98.6
James E. Van Zandt VAMC, Altoona, PA	89.2	92.2	82.0	87.4	81.5	87.3	97.9	96.6	96.0	96.4
Butler VAMC, PA	87.2	87.9	80.0	87.9	79.7	85.9	94.7	97.9	98.8	98
Coatesville VAMC, PA	88.3	90.0	81.7	94.2	77.7	87.6	100	100	96.2	98.0
Erie VAMC, PA	87.8	88.3	78.4	89.6	77.4	81.7	99.6	100	99.7	99
Lebanon VAMC, PA	86.0	91.9	83.2	91.2	74.6	81.3	94.3	95.7	97.2	100
Philadelphia VAMC, PA	87.0	89.5	72.6	89.7	73.8	82.5	92.3	82.2	92.4	95.8
VA Pittsburgh Health Care System, PA	90.0	88.8	79.5	87.3	83.2	85.2	93.7	91.3	91.8	98.5
Wilkes-Barre VAMC, PA	88.7	89.4	80.2	88.0	81.6	88.3	87.7	82.5	94.0	94.7
Louis A. Johnson VAMC, Clarksburg, WV	88.4	90.5	84.0	87.2	81.8	89.3	97.4	93.0	96.0	97.0
Washington DC VAMC, DC	85.4	90.3	89.0	89.2	79.5	83.6	96.5	95.2	98.2	98.1
VA Maryland Health Care System, Perry Pt, Baltimore, MD	84.6	91.2	74.2	88.5	71.9	80.6	93.0	97.2	95.5	95.3
Martinsburg VAMC, WV	87.9	89.6	80.6	85.6	81.9	84.9	96.7	94.1	96.5	97.7
Asheville VAMC, NC	88.6	90.0	88.0	90.8	75.1	79.1	91.4	89.3	97.5	96.0

Durham VAMC, NC	82.9	88.0	85.6	90.4	69.7	84.1	96.7	100.0	97.1	100.0
Fayetteville VAMC, NC	84.4	87.3	90.1	93.3	76.6	71.8	NA	NA	94	97.2
W.G. (Bill) Hefner VAMC, Salisbury, NC	87.7	91.3	90.2	92.2	81.0	86.8	97.4	97.9	95.0	95.0
Hampton VAMC, VA	85.1	89.5	87.9	90.9	76.2	83.0	96.5	97.4	96	98
Hunter Holmes McGuire VAMC, Richmond, VA	87.7	88.2	90.5	91.3	76.7	79.2	99.2	100.0	95.1	95.8
Salem VAMC, VA	89.3	87.3	82.1	90.8	82.1	84.3	93.6	97.9	96.1	96
Beckley VAMC, WV	86.3	89.1	81.8	87.3	79.6	81.9	97.8	98.9	97.5	98.4
Birmingham VAMC, AL	88.9	90.1	84.0	88.2	82.7	89.7	95.3	97.8	96.3	96.8
Central Alabama Veterans Health Care System, Tuskegee, Montgomery, AL	85.5	89.4	80.4	85.8	76.5	85.1	99.4	100	96.4	99
Tuscaloosa VAMC, AL	87.2	89.9	86.7	92.8	80.5	87.8	99.4	100	96.6	96.2
Atlanta VAMC, GA	87.1	91.0	83.7	86.3	79.9	80.1	94.1	98.0	92.0	97.1
Charlie Norwood VAMC, Augusta, GA	87.7	92.5	77.2	84.0	83.5	85.8	93.9	96.3	91.3	96.8
Carl Vinson VAMC, Dublin, GA	88.3	87.3	82.6	87.6	77.4	85.1	91.4	95.7	96.9	96.3
Ralph H. Johnson VAMC, Charleston, SC	86.3	87.8	87.3	86.4	76.3	84.0	98.4	100.0	97.3	96.3
Wm. Jennings Bryan Dorn VAMC, Columbia, SC	88.9	89.1	88.6	90.1	66.0	79.8	99.4	100.0	91.0	97.5
Bay Pines VA Health Care System, FL	87.0	89.3	75.8	81.4	79.6	80.8	91.0	97.9	96.5	96.9
N. Florida/S. Georgia Veterans Health Care System Gainesville, Lake City	89.1	88.9	82.9	89.2	78.7	82.1	97.1	96.5	97.5	99.0
Miami VA Health Care System, FL	83.4	84.3	76.7	84.1	75.1	82.2	88.6	94.9	94.5	94.4
Orlando VAMC, FL	86.1	91.0	69.5	84.5	78.3	88.1	93.0	97.0	94.2	97.7
James A. Haley VAMC, Tampa, FL	88.0	90.9	79.7	88.8	79.8	79.9	93.9	87.3	97.1	99.6
West Palm Beach VAMC, FL	91.4	94.4	87.8	92.4	84.6	89.8	100	100.0	99	100.0
VA Caribbean Health Care System, San Juan, PR	84.3	89.0	84.8	88.7	76.8	85.0	NA	NA	93.8	98.8
Lexington VAMC, KY	84.7	89.4	86.4	86.6	78.2	78.2	90.4	93.7	96.7	98.1
Louisville VAMC, KY	84.2	89.0	81.4	87.4	80.2	87.2	93.6	83.3	95.6	98.1
Memphis VAMC, TN	89.2	89.0	73.5	81.6	79.2	83.0	81.7	85.5	95.7	95.1

Mountain Home VAMC, TN	86.5	89.2	84.5	89.6	75.1	77.9	97.4	92.4	97.0	94.8
Tennessee Valley Health Care System, Nashville, Murfreesboro, TN	84.3	85.2	75.1	82.9	75.7	80.4	91.6	92.9	90.2	94.1
Huntington VAMC, WV	89.8	91.2	87.9	90.1	81.9	82.3	94.8	90.5	75.0	72
Chillicothe VAMC, OH	87.7	89.8	83.0	88.5	79.1	82.5	95.5	93.7	97.2	96.5
Cincinnati VAMC, OH	89.1	91.7	84.9	84.8	78.8	84.8	95.5	91.1	97.5	98.7
Louis Stokes VAMC, Cleveland, Brecksville, OH	86.0	90.6	83.7	88.6	80.2	81.1	93.4	88.2	97.5	97.0
Chalmers P. Wylie Outpt Clinic, Columbus, OH	84.7	89.1	78.5	83.8	76.0	78.4	97.3	100.0	95.5	97.6
Dayton VAMC, OH	86.6	88.5	81.3	85.8	76.7	83.7	94.4	98.0	96.5	99.5
VA Illiana Health Care System, Danville, IL	87.2	84.2	81.7	92.8	78.8	79.3	94.6	90.2	95.8	99.0
VA Northern Indiana Health Care System, Marion, Ft Wayne, IN	86.4	87.5	74.7	87.2	74.2	76.4	97.3	97.2	96.8	99.2
Richard L. Roudebush VAMC, Indianapolis, IN	89.4	90.1	82.9	86.1	83.9	90.1	88.1	98.3	95.2	98.3
VA Ann Arbor Health Care System, MI	84.8	88.1	79.3	90.0	75.8	76.9	88.2	82.4	92.2	94.0
Battle Creek VAMC, MI	86.9	89.5	73.0	83.3	81.1	84.7	98.3	100.0	96.2	96.6
John D. Dingell VAMC, Detroit, MI	82.6	89.7	76.4	82.9	74.2	77.9	91.3	86.1	96.8	97.1
Aleda E. Lutz VAMC, Saginaw, MI	89.4	92.0	82.2	91.5	81.7	84.4	95.9	93.7	97.8	100.0
Jessie Brown VAMC, Chicago, IL	86.9	88.3	70.3	82.2	82.5	86.0	98.4	100.0	96.6	99.1
Edward Hines Jr. VA Hospital, Hines, IL	87.9	92.0	82.7	86.0	79.2	83.9	93.1	90.0	97.0	98.5
North Chicago VAMC, IL	90.6	92.1	87.8	90.7	86.2	87.7	97.1	84.4	99.2	99.1
Iron Mountain VAMC, MI	89.2	92.8	85.7	90.9	85.3	89.5	91.4	93.9	93.1	99.1
William S. Middleton Memorial Veterans Hospital, Madison, WI	87.2	91.5	88.1	90.6	84.0	88.5	98.2	92.3	97.1	99.5
Clement J. Zablocki VAMC, Milwaukee, WI	87.7	91.8	70.4	79.6	82.6	87.1	95.6	92.9	96.4	92.0
Tomah VAMC, WI	89.7	92.5	85.6	90.8	81.2	81.8	98.0	100.0	98.7	97.9
VA Eastern Kansas Health Care System, Topeka, Leavenworth, KS	85.8	89.2	88.0	89.7	77.1	82.4	99.4	90.0	96.0	98.3
Robert J. Dole VAMC, Wichita, KS	90.6	92.0	74.2	84.6	80.9	86.5	97.3	100.0	98.0	98.3
Harry S. Truman VAMC, Columbia, MO	84.1	86.8	84.3	90.0	68.5	77.5	100	100.0	97.7	98.5
Kansas City VAMC, MO	87.5	90.3	81.8	89.5	82.9	80.6	94.9	88.2	94.2	98.7

Marion VAMC, IL	82.7	86.2	83.3	90.2	73.1	74.9	96.7	94.7	96.2	97.3
John J. Pershing VAMC, Poplar Bluff, MO	87.1	86.2	80.3	89.1	81.3	75.3	93.2	93.1	98.2	97.4
St Louis VAMC, St Louis, Jefferson Barracks, MO	84.3	91.2	67.1	83.3	75.9	80.8	93.4	100.0	90.5	91.7
Fayetteville VAMC, AR	86.2	89.6	85.6	87.8	79.3	84.7	93.9	91.7	98.6	98.5
Central Arkansas Veterans Health Care System, Little Rock, N Little Rock, AR	87.4	88.1	78.0	82.5	80.4	80.4	78.7	74.7	95.4	98.6
Alexandria VAMC, LA	90.2	91.0	87.5	86.8	84.4	85.1	94.1	90.9	97.9	96.7
New Orleans VAMC, LA	88.0	89.4	84.4	90.4	83.6	81.4	97.7	97.8	98.5	100
Overton Brooks VAMC, Shreveport, LA	85.1	85.3	83.9	89.1	81.5	83.9	89.4	95.7	92.2	97.7
Gulf Coast Veterans Health Care System, Biloxi, MS	88.8	92.3	88.3	90.5	79.4	88.4	100	100.0	96.7	99
G.V. Montgomery VAMC, Jackson, MS	82.7	86.8	82.7	86.8	76.3	85.0	90.5	84.2	97.8	98.2
Muskogee VAMC, OK	83.9	88.4	78.8	89.3	79.1	81.7	93.2	100.0	94.2	97.6
Oklahoma City VAMC, OK	88.4	87.8	73.1	82.3	77.8	84.1	100	98.2	87.6	88.6
Michael E. DeBakey VAMC, Houston, TX	84.6	86.4	80.3	85.7	76.6	78.7	91.9	90.7	97.6	98.7
VA North Texas Health Care System, Dallas, TX	86.8	90.5	80.5	85.2	80.2	85.9	90.2	90.9	94.5	98.7
South Texas Veterans Health Care System, San Antonio, Kerrville, TX	87.1	89.2	87.0	92.2	77.8	83.9	94.0	100.0	97.0	97.7
Central Texas Veterans Health Care System, Temple, Waco, Marlin, TX	87.8	86.6	85.1	87.4	75.4	76.4	90.8	82.5	97.5	97.7
Carl T. Hayden VAMC, Phoenix, AZ	80.9	87.4	82.6	89.4	75.0	81.7	83.7	91.3	91.4	90.8
No. Arizona VA Health Care System, Prescott, AZ	85.2	84.7	84.7	86.6	73.3	75.0	97.0	97.4	98.2	97.7
So. Arizona VA Health Care System, Tucson, AZ	88.9	91.9	86.1	94.3	82.8	82.4	96.2	100.0	97.0	98.0
New Mexico Health Care System, Albuquerque, NM	87.6	88.6	77.0	84.7	81.8	81.4	87.7	100.0	90.1	92.7
Amarillo VA Health Care System, TX	83.1	87.9	81.2	83.1	67.6	82.5	92.2	92.8	94.7	94.1
West Texas VA Health Care System, Big Spring, TX	81.1	83.7	77.7	85.7	76.1	77.5	99.7	100.0	99.1	99.6
El Paso VA Health Care System, TX	86.1	85.5	82.3	89.4	78.9	77.6	88.2	96.7	93.0	93.6
VA Eastern Colorado Health Care System, Denver, Pueblo, CO	85.6	89.6	80.0	86.6	80.1	84.2	94.4	88.9	94.1	98.0
Grand Junction VAMC, CO	85.4	88.9	78.8	84.1	77.5	83.9	98.8	93.0	96.2	97
VA Montana Health Care System, Fort Harrison, MT	87.0	86.9	81.8	86.9	73.6	79.8	94.2	98.4	97.0	94.6
VA Salt Lake City Health Care System, UT	86.6	89.6	77.6	87.7	77.2	83.0	NA	NA	93.6	94.0
Cheyenne VAMC, WY	86.1	88.7	81.9	88.1	75.8	88.3	NA	NA	96.3	100
Sheridan VAMC, WY	87.0	88.1	80.8	88.5	74.3	71.3	93.7	89.4	91.0	95.9
Alaska VA Health Care System and Regional Office, Anchorage, AK	88.7	89.6	87.7	88.6	78.5	86.9	96.3	100.0	97.9	99.4

Boise VAMC, ID	89.8	91.3	84.6	88.5	71.7	77.8	90.9	90.0	96.8	96.5
Portland VAMC, OR	88.1	91.9	76.4	86.3	79.3	80.4	94.2	98.4	93.9	97.4
VA Roseburg Health Care System, OR	82.1	87.2	71.2	83.4	72.9	70.8	90.9	95.8	94.5	97.7
Southern Oregon Rehab Center & Clinics, White City, OR	87.1	89.9	78.7	84.3	82.7	78.3	92.9	92.6	95.5	95.7
VA Puget Sound Health Care System, Seattle, American Lake, WA	83.3	85.3	71.7	80.4	76.3	81.6	91.4	88.9	91.2	95.1
Spokane VAMC, WA	86.9	88.2	85.8	86.1	76.2	77.1	89.2	93.3	96.5	97.4
Jonathan M. Wainwright Memorial VA Medical Center, Walla Walla, WA	86.4	87.6	83.0	89.3	73.7	76.6	91.9	95.2	95.3	96.3
VA Central California Health Care System, Fresno, CA	85.2	89.2	87.6	88.2	74.0	85.6	99.2	100.0	97.6	97.4
VA Northern California Health Care System, Martinez, Sacramento, CA	83.8	88.0	80.2	88.5	80.5	87.2	89.3	74.4	96.0	98.3
VA Palo Alto Health Care System, Palo Alto, Menlo Pk, Livermore, CA	83.6	90.3	84.0	88.6	79.6	82.2	98.6	100.0	95.0	98.9
San Francisco VAMC, CA	85.1	87.3	76.8	84.7	80.2	79.0	96.6	100.0	97.1	93.8
VA Pacific Islands Health Care System, Honolulu, HI	85.2	84.1	80.0	83.7	77.5	75.5	85.7	100.0	98.3	97.4
VA Sierra Nevada Health Care System, Reno, NV	86.8	89.8	83.1	86.7	80.1	84.7	85.3	89.5	97.7	97.4
VA Loma Linda Health Care System, CA	82.6	87.2	77.4	81.7	69.6	80.2	92.0	100.0	89.4	94.5
VA Long Beach Health Care System, CA	86.8	89.0	83.0	85.4	85.5	85.4	96.7	93.3	94.2	95
VA Greater Los Angeles Health Care System, CA	81.6	84.3	72.0	80.0	69.2	74.3	NA	NA	88.2	92.4
VA San Diego Health Care System, CA	87.1	88.8	84.2	87.2	75.4	83.8	NA	NA	91.5	96.8
VA Southern Nevada Health Care System, Las Vegas, NV	86.7	87.4	71.7	84.9	74.9	78.6	94.5	96.0	96.6	97.1
VA Nebraska Western Iowa Health Care System, Omaha, Grand Is, Lincoln, NE	90.6	92.5	89.1	86.0	78.7	83.1	97.6	100.0	99.3	100.0
VA Central Iowa Health Care System, Des Moines, Knoxville, IA	83.4	89.7	80.9	86.3	76.3	75.8	97.6	95.6	93.6	96.4
Iowa City VAMC, IA	87.0	88.5	76.1	85.4	75.8	75.4	91.6	96.8	96.4	98.6
Minneapolis VAMC, MN	87.2	86.8	84.7	93.0	73.0	80.0	96.4	100.0	95.4	97.1
St. Cloud VAMC, MN	86.2	89.4	86.0	87.1	80.5	85.4	92.6	93.8	99.6	98.5
Fargo VAMC, ND	86.5	87.0	77.9	81.5	71.3	72.2	95.7	91.7	94.5	98.7
VA Black Hills Health Care System, Ft Meade, Hot Springs, SD	86.0	86.9	87.5	86.2	73.5	84.1	100	100	98.7	98.3
Sioux Falls VAMC, SD	85.0	87.6	84.5	88.0	74.0	78.4	92.2	89.6	96.8	98.2

Satisfaction by Race

Facility	Satisfaction with inpatient care - White	Satisfaction with inpatient care - African American	Satisfaction with inpatient care - Other	Satisfaction with outpatient care - White	Satisfaction with outpatient care - African American	Satisfaction with outpatient care - Other
VA Connecticut Health Care System, West Haven, CT	58.9	54.3	50.8	67.4	55.9	44.2
Edith N Rogers Memorial Veterans Hospital, Bedford, Ma	NA	NA	NA	NA	NA	NA
VA Boston Health Care System, W Roxbury, Brockton, Jamaica Plains, MA	71.6	67.6	NA	62.3	21.0	48.2
Northampton VAMC, MA	NA	NA	NA	NA	NA	NA
Togus VAMC, Augusta, ME	NA	NA	NA	NA	NA	NA
Manchester VAMC, NH	NA	NA	NA	NA	NA	NA
Providence VAMC, RI	NA	NA	NA	NA	NA	NA
White River Junction VAMC, VT	NA	NA	NA	NA	NA	NA
Samuel S. Stratton VAMC, Albany, NY	NA	NA	NA	60.3	95.4	19.7
VA Western New York Health Care System Buffalo, Batavia, NY	61.4	49.4	NA	NA	NA	NA
Bath VAMC, NY	NA	NA	NA	NA	NA	NA
Canandaigua VAMC, NY	NA	NA	NA	NA	NA	NA
Syracuse VAMC, NY	NA	NA	NA	NA	NA	NA
VA New Jersey Health Care System, East Orange, NJ	60.1	62.0	60.9	55.2	49.1	68.3
James J. Peters VAMC, Bronx, NY	63	62	75	86	50	56
VA New York Harbor Health Care System, Manhattan, Brooklyn, NY	61.6	61.3	67.0	59.3	69.9	59.5
VA Hudson Valley Health Care System, Montrose, Castle Point, NY	NA	NA	NA	NA	NA	NA
Northport VAMC, NY	NA	NA	NA	NA	NA	NA
Wilmington VAMC, DE	75.5	52.8	NA	62.3	69.2	30.7
James E. Van Zandt VAMC, Altoona, PA	NA	NA	NA	NA	NA	NA

Butler VAMC, PA	NA	NA	NA	NA	NA	NA
Coatesville VAMC, PA	NA	NA	NA	NA	NA	NA
Erie VAMC, PA	NA	NA	NA	NA	NA	NA
Lebanon VAMC, PA	NA	NA	NA	NA	NA	NA
Philadelphia VAMC, PA	56.9	54.1	63.5	62.4	24.6	NA
VA Pittsburgh Health Care System, PA	70.2	66.4	NA	67.5	55.8	83.4
Wilkes-Barre VAMC, PA	NA	NA	NA	NA	NA	NA
Louis A. Johnson VAMC, Clarksburg, WV	NA	NA	NA	NA	NA	NA
Washington DC VAMC, DC	59.9	57.8	NA	36.3	62.0	NA
VA Maryland Health Care System, Perry Pt, Baltimore, MD	54.5	58.6	NA	65.3	69.3	19.0
Martinsburg VAMC, WV	NA	NA	NA	61.7	29.5	NA
Asheville VAMC, NC	NA	NA	NA	NA	NA	NA
Durham VAMC, NC	65.1	62.3	66.0	70.1	52.0	NA
Fayetteville VAMC, NC	48.1	51.5	NA	39.3	39.8	79.4
W.G. (Bill) Hefner VAMC, Salisbury, NC	53.3	49.8	NA	58.6	63.8	NA
Hampton VAMC, VA	72	52	NA	34	62	NA
Hunter Holmes McGuire VAMC, Richmond, VA	61.9	63.6	55.3	51.4	51.1	NA
Salem VAMC, VA	65	61	NA	64	38	NA
Beckley VAMC, WV	NA	NA	NA	NA	NA	NA
Birmingham VAMC, AL	68.1	75.5	63.6	57.4	78.4	40.2
Central Alabama Veterans Health Care System, Tuskegee, Montgomery, AL	49.1	48.8	NA	47.2	48.6	43.1
Tuscaloosa VAMC, AL	NA	NA	NA	47.7	62.6	NA
Atlanta VAMC, GA	60.5	54.1	58.7	60.9	50.2	92.5
Charlie Norwood VAMC, Augusta, GA	62.6	68.0	67.6	67.3	59.5	NA
Carl Vinson VAMC, Dublin, GA	63.7	64.5	NA	51.5	69.9	NA
Ralph H. Johnson VAMC, Charleston, SC	62.3	65.1	66.9	56.1	52.2	NA

Wm. Jennings Bryan Dorn VAMC, Columbia, SC	67	68	60	62	46	35
Bay Pines VA Health Care System, FL	NA	NA	NA	60.0	44.3	22.0
N. Florida/S. Georgia Veterans Health Care System Gainesville, Lake City	62.1	60.1	52.1	67.2	54.6	45.0
Miami VA Health Care System, FL	58.8	56.9	61.3	60.5	52.2	73.1
Orlando VAMC, FL	NA	NA	NA	68.8	60.6	65.8
James A. Haley VAMC, Tampa, FL	62.4	68.0	77.2	NA	NA	NA
West Palm Beach VAMC, FL	68	76	72	NA	NA	NA
VA Caribbean Health Care System, San Juan, PR	NA	NA	NA	NA	66.2	68.1
Lexington VAMC, KY	62.5	55.7	61.2	NA	NA	NA
Louisville VAMC, KY	64.0	47.1	NA	60.9	35.4	84.0
Memphis VAMC, TN	50.7	59.7	50.0	54.9	36.7	60.6
Mountain Home VAMC, TN	NA	NA	NA	NA	NA	NA
Tennessee Valley Health Care System, Nashville, Murfreesboro, TN	60.5	54.8	58.9	53.8	41.5	19.2
Huntington VAMC, WV	NA	NA	NA	NA	NA	NA
Chillicothe VAMC, OH	NA	NA	NA	NA	NA	NA
Cincinnati VAMC, OH	61.9	66.8	47.7	58.5	55.5	NA
Louis Stokes VAMC, Cleveland, Brecksville, OH	62.3	54.7	48.6	65.5	44.8	70.1
Chalmers P. Wylie Outpt Clinic, Columbus, OH	NA	NA	NA	NA	NA	NA
Dayton VAMC, OH	51.0	41.6	NA	54.9	33.2	NA
VA Illiana Health Care System, Danville, IL	NA	NA	NA	59.2	56.3	NA
VA Northern Indiana Health Care System, Marion, Ft Wayne, IN	NA	NA	NA	NA	NA	NA
Richard L. Roudebush VAMC, Indianapolis, IN	75.2	56.5	63.5	NA	NA	NA
VA Ann Arbor Health Care System, MI	77.5	87.0	NA	51.5	72.1	NA
Battle Creek VAMC, MI	NA	NA	NA	57.5	68.8	NA
John D. Dingell VAMC, Detroit, MI	52.6	65.0	NA	52.5	52.0	NA

Aleda E. Lutz VAMC, Saginaw, MI	NA	NA	NA	NA	NA	NA
Jessie Brown VAMC, Chicago, IL	66.1	64.9	68.1	60.2	56.5	73.3
Edward Hines Jr. VA Hospital, Hines, IL	56.2	57.1	44.3	67.0	69.3	54.3
North Chicago VAMC, IL	NA	NA	NA	NA	NA	NA
Iron Mountain VAMC, MI	NA	NA	NA	NA	NA	NA
William S. Middleton Memorial Veterans Hospital, Madison, WI	NA	NA	NA	NA	NA	NA
Clement J. Zablocki VAMC, Milwaukee, WI	64.2	60.6	61.4	NA	NA	NA
Tomah VAMC, WI	NA	NA	NA	NA	NA	NA
VA Eastern Kansas Health Care System, Topeka, Leavenworth, KS	NA	NA	NA	57.0	49.5	54.6
Robert J. Dole VAMC, Wichita, KS	NA	NA	NA	NA	NA	NA
Harry S. Truman VAMC, Columbia, MO	NA	NA	NA	NA	NA	NA
Kansas City VAMC, MO	63.7	52.8	NA	59.4	36.3	85.2
Marion VAMC, IL	NA	NA	NA	51.7	72.4	60.2
John J. Pershing VAMC, Poplar Bluff, MO	NA	NA	NA	NA	NA	NA
St Louis VAMC, St Louis, Jefferson Barracks, MO	43.9	52.6	33.7	59.6	66.5	NA
Fayetteville VAMC, AR	NA	NA	NA	NA	NA	NA
Central Arkansas Veterans Health Care System, Little Rock, N Little Rock, AR	60.3	61.6	61.3	52.4	33.9	64.2
Alexandria VAMC, LA	68.3	57.4	NA	67.2	71.0	NA
New Orleans VAMC, LA	NA	NA	NA	68.3	55.0	NA
Overton Brooks VAMC, Shreveport, LA	62.1	59.6	60.9	56.5	60.2	NA
Gulf Coast Veterans Health Care System, Biloxi, MS	74.1	71.9	NA	60.8	39.4	NA
G.V. Montgomery VAMC, Jackson, MS	67.8	68.8	NA	55.2	49.7	NA
Muskogee VAMC, OK	NA	NA	NA	NA	NA	NA
Oklahoma City VAMC, OK	56.7	57.1	55.1	37.5	40.2	57.1
Michael E. DeBakey VAMC, Houston, TX	60.4	62.2	71.3	44.2	19.6	43.8
VA North Texas Health Care System, Dallas, TX	51.5	37.9	51.1	62.6	16.3	59.9
South Texas Veterans Health Care System, San Antonio, Kerrville, TX	58.6	58.4	69.3	60.5	49.5	63.7
Central Texas Veterans Health Care System, Temple, Waco, Marlin, TX	64.1	57.9	70.2	62.2	73.8	32.0
Carl T. Hayden VAMC, Phoenix, AZ	NA	NA	NA	NA	NA	NA
No. Arizona VA Health Care System, Prescott, AZ	NA	NA	NA	NA	NA	NA

So. Arizona VA Health Care System, Tucson, AZ	NA	NA	NA	46.1	84.6	67.9
New Mexico Health Care System, Albuquerque, NM	NA	NA	NA	NA	NA	NA
Amarillo VA Health Care System, TX	NA	NA	NA	NA	NA	NA
West Texas VA Health Care System, Big Spring, TX	NA	NA	NA	NA	NA	NA
El Paso VA Health Care System, TX	NA	NA	NA	NA	NA	NA
VA Eastern Colorado Health Care System, Denver, Pueblo, CO	51.9	44.9	57.2	43.7	50.4	50.4
Grand Junction VAMC, CO	NA	NA	NA	NA	NA	NA
VA Montana Health Care System, Fort Harrison, MT	NA	NA	NA	NA	NA	NA
VA Salt Lake City Health Care System, UT	NA	NA	NA	NA	NA	NA
Cheyenne VAMC, WY	NA	NA	NA	NA	NA	NA
Sheridan VAMC, WY	NA	NA	NA	NA	NA	NA
Alaska VA Health Care System and Regional Office, Anchorage, AK	NA	NA	NA	NA	NA	NA
Boise VAMC, ID	NA	NA	NA	NA	NA	NA
Portland VAMC, OR	NA	NA	NA	NA	NA	NA
VA Roseburg Health Care System, OR	NA	NA	NA	NA	NA	NA
Southern Oregon Rehab Center & Clinics, White City, OR	NA	NA	NA	NA	NA	NA
VA Puget Sound Health Care System, Seattle, American Lake, WA	52.5	64.1	54.5	54.7	70.9	34.3
Spokane VAMC, WA	NA	NA	NA	NA	NA	NA
Jonathan M. Wainwright Memorial VA Medical Center, Walla Walla, WA	NA	NA	NA	NA	NA	NA
VA Central California Health Care System, Fresno, CA	NA	NA	NA	NA	NA	NA
VA Northern California Health Care System, Martinez, Sacramento, CA	72.0	70.8	62.9	60.8	41.0	49.7
VA Palo Alto Health Care System, Palo Alto, Menlo Pk, Livermore, CA	69.4	71.6	66.7	69.2	66.1	66.0
San Francisco VAMC, CA	64.6	65.7	67.5	67.9	83.6	67.5
VA Pacific Islands Health Care System, Honolulu, HI	NA	NA	NA	NA	NA	NA
VA Sierra Nevada Health Care System, Reno, NV	NA	NA	NA	NA	NA	NA
VA Loma Linda Health Care System, CA	64.3	71.8	73.1	61.7	49.5	40.3
VA Long Beach Health Care System, CA	57.9	63.8	63.6	68.8	85.5	21.9
VA Greater Los Angeles Health Care System, CA	62.0	56.6	65.8	52.3	52.6	38.7

Facility						
VA San Diego Health Care System, CA	61.6	59.7	67.3	69.6	56.7	55.2
VA Southern Nevada Health Care System, Las Vegas, NV	58.8	59.3	66.2	67.4	40.5	37.3
VA Nebraska Western Iowa Health Care System, Omaha, Grand Is, Lincoln, NE	62.0	59.3	NA	NA	NA	NA
VA Central Iowa Health Care System, Des Moines, Knoxville, IA	NA	NA	NA	NA	NA	NA
Iowa City VAMC, IA	NA	NA	NA	NA	NA	NA
Minneapolis VAMC, MN	NA	NA	NA	NA	NA	NA
St. Cloud VAMC, MN	NA	NA	NA	NA	NA	NA
Fargo VAMC, ND	NA	NA	NA	NA	NA	NA
VA Black Hills Health Care System, Ft Meade, Hot Springs, SD	NA	NA	NA	NA	NA	NA
Sioux Falls VAMC, SD	NA	NA	NA	NA	NA	NA

Section 4: Safe Care

Health Care-Associated Infections

Facility	Ventilator Associated Pneumonia	Central Line Assoc. Bacteremia	ICU MRSA	Acute Care MRSA	ICU MRSA Screening Rate	Acute Care MRSA Screening Rate
VA Connecticut Health Care System, West Haven, CT	2.25	1.51	1.49	0.47	92.0%	94.0%
Edith N Rogers Memorial Veterans Hospital, Bedford, Ma	NA	NA	NA	NA	NA	NA
VA Boston Health Care System, W Roxbury, Brockton, Jamaica Plains, MA	4.24	2.70	0.91	0.49	93.0%	94.0%
Northampton VAMC, MA	NA	NA	NA	NA	NA	NA
Togus VAMC, Augusta, ME	2.44	0.00	0.00	0.11	91.0%	92.0%
Manchester VAMC, NH	NA	NA	NA	NA	NA	NA
Providence VAMC, RI	1.73	4.46	1.05	0.67	76.0%	78.0%

White River Junction VAMC, VT	1.78	1.72	1.59	0.39	93.0%	95.0%
Samuel S. Stratton VAMC, Albany, NY	6.91	1.38	0.00	0.27	99.0%	97.0%
VA Western New York Health Care System Buffalo, Batavia, NY	6.34	3.70	1.25	0.77	96.0%	91.0%
Bath VAMC, NY	0.00	NA	0.00	0.00	88.0%	93.0%
Canandaigua VAMC, NY	NA	NA	NA	NA	NA	NA
Syracuse VAMC, NY	6.90	2.97	0.75	0.46	88.0%	94.0%
VA New Jersey Health Care System, East Orange, NJ	4.85	0.99	0.67	0.37	99.0%	99.0%
James J. Peters VAMC, Bronx, NY	1.83	1.59	0.61	0.33	95.0%	94.0%
VA New York Harbor Health Care System, Manhattan, Brooklyn, NY	0.91	0.42	0.30	0.00	96.0%	91.0%
VA Hudson Valley Health Care System, Montrose, Castle Point, NY	NA	NA	NA	0.00	NA	95.0%
Northport VAMC, NY	0.83	1.79	1.39	0.36	96.0%	91.0%
Wilmington VAMC, DE	1.28	1.44	0.61	0.53	93.0%	94.0%
James E. Van Zandt VAMC, Altoona, PA	0.00	0.00	0.00	0.00	99.0%	97.0%
Butler VAMC, PA	NA	NA	NA	NA	NA	NA
Coatesville VAMC, PA	NA	NA	NA	NA	NA	NA
Erie VAMC, PA	0.00	0.00	2.20	0.00	97.0%	99.0%
Lebanon VAMC, PA	14.29	0.00	0.00	0.00	98.0%	99.0%
Philadelphia VAMC, PA	1.15	6.57	0.55	0.13	95.0%	96.0%
VA Pittsburgh Health Care System, PA	4.75	2.53	0.27	0.16	93.0%	90.0%
Wilkes-Barre VAMC, PA	0.00	0.00	0.26	0.14	98.0%	98.0%
Louis A. Johnson VAMC, Clarksburg, WV	0.00	0.00	0.00	0.00	96.0%	98.0%
Washington DC VAMC, DC	2.43	1.04	1.07	0.28	98.0%	98.0%
VA Maryland Health Care System, Perry Pt, Baltimore, MD	6.78	3.11	1.25	0.65	96.0%	90.0%
Martinsburg VAMC, WV	2.99	0.00	1.09	0.46	94.0%	90.0%
Asheville VAMC, NC	2.44	2.39	0.56	0.20	91.0%	89.0%
Durham VAMC, NC	9.55	2.47	0.71	0.28	95.0%	94.0%

Fayetteville VAMC, NC	12.05	0.00	0.00	0.00	97.0%	94.0%
W.G. (Bill) Hefner VAMC, Salisbury, NC	0.00	0.00	0.00	0.53	99.0%	96.0%
Hampton VAMC, VA	3.01	2.94	0.00	0.00	96.0%	96.0%
Hunter Holmes McGuire VAMC, Richmond, VA	4.07	3.19	0.00	0.02	98.0%	96.0%
Salem VAMC, VA	11.24	4.66	1.80	0.73	98.0%	98.0%
Beckley VAMC, WV	0.00	0.00	0.00	0.10	92.0%	91.0%
Birmingham VAMC, AL	3.62	1.04	0.83	0.54	94.0%	95.0%
Central Alabama Veterans Health Care System, Tuskegee, Montgomery, AL	0.00	0.00	0.00	0.00	97.0%	95.0%
Tuscaloosa VAMC, AL	NA	NA	NA	NA	NA	NA
Atlanta VAMC, GA	1.49	2.23	0.58	0.49	97.0%	96.0%
Charlie Norwood VAMC, Augusta, GA	4.62	2.37	1.48	0.89	93.0%	90.0%
Carl Vinson VAMC, Dublin, GA	0.00	11.90	0.00	0.00	98.0%	97.0%
Ralph H. Johnson VAMC, Charleston, SC	1.39	1.02	1.54	0.32	94.0%	94.0%
Wm. Jennings Bryan Dorn VAMC, Columbia, SC	3.54	0.56	0.48	0.18	91.0%	95.0%
Bay Pines VA Health Care System, FL	3.02	1.08	0.64	0.05	97.0%	96.0%
N. Florida/S. Georgia Veterans Health Care System Gainesville, Lake City	0.82	2.27	0.59	0.21	97.0%	95.0%
Miami VA Health Care System, FL	3.36	4.49	1.04	0.42	97.0%	97.0%
Orlando VAMC, FL	NA	NA	NA	NA	NA	NA
James A. Haley VAMC, Tampa, FL	3.75	0.63	2.19	1.38	88.0%	85.0%
West Palm Beach VAMC, FL	0.90	1.16	0.29	0.04	92.0%	92.0%
VA Caribbean Health Care System, San Juan, PR	1.16	0.27	0.26	0.03	96.0%	91.0%
Lexington VAMC, KY	4.38	1.04	0.62	0.29	89.0%	94.0%
Louisville VAMC, KY	0.83	0.49	0.45	0.72	83.0%	88.0%
Memphis VAMC, TN	6.70	0.81	1.95	0.57	84.0%	72.0%
Mountain Home VAMC, TN	1.20	1.59	0.21	0.27	96.0%	94.0%
Tennessee Valley Health Care System, Nashville, Murfreesboro, TN	1.54	1.43	0.42	0.25	86.0%	86.0%

Huntington VAMC, WV	0.00	0.65	0.00	0.00	95.0%	95.0%
Chillicothe VAMC, OH	0.00	0.00	0.00	0.00	89.0%	89.0%
Cincinnati VAMC, OH	6.13	2.13	1.01	0.52	93.0%	93.0%
Louis Stokes VAMC, Cleveland, Brecksville, OH	1.19	0.81	0.29	0.22	94.0%	90.0%
Chalmers P. Wylie Outpt Clinic, Columbus, OH	NA	NA	NA	NA	NA	NA
Dayton VAMC, OH	2.59	2.71	0.37	0.06	86.0%	92.0%
VA Illiana Health Care System, Danville, IL	0.00	0.00	0.00	1.50	99.0%	97.0%
VA Northern Indiana Health Care System, Marion, Ft Wayne, IN	0.00	NA	1.49	0.39	91.0%	96.0%
Richard L. Roudebush VAMC, Indianapolis, IN	3.29	1.71	0.51	0.29	94.0%	94.0%
VA Ann Arbor Health Care System, MI	3.95	1.44	1.44	0.05	92.0%	94.0%
Battle Creek VAMC, MI	NA	NA	NA	0.15	NA	89.0%
John D. Dingell VAMC, Detroit, MI	0.87	2.46	1.22	0.07	93.0%	92.0%
Aleda E. Lutz VAMC, Saginaw, MI	0.00	0.00	1.19	0.00	97.0%	96.0%
Jessie Brown VAMC, Chicago, IL	3.20	2.94	0.24	0.09	89.0%	85.0%
Edward Hines Jr. VA Hospital, Hines, IL	0.47	0.81	0.23	0.38	98.0%	97.0%
North Chicago VAMC, IL	3.42	0.00	0.00	0.14	99.0%	98.0%
Iron Mountain VAMC, MI	0.00	0.00	0.00	0.00	98.0%	99.0%
William S. Middleton Memorial Veterans Hospital, Madison, WI	4.19	0.42	0.59	0.23	97.0%	96.0%
Clement J. Zablocki VAMC, Milwaukee, WI	2.18	0.37	0.00	0.31	94.0%	95.0%
Tomah VAMC, WI	NA	NA	NA	0.00	NA	92.0%
VA Eastern Kansas Health Care System, Topeka, Leavenworth, KS	4.59	0.00	0.00	0.18	99.0%	96.0%
Robert J. Dole VAMC, Wichita, KS	0.00	0.00	0.70	0.78	97.0%	95.0%
Harry S. Truman VAMC, Columbia, MO	1.75	0.59	0.00	0.00	97.0%	95.0%
Kansas City VAMC, MO	1.38	3.50	0.47	0.05	93.0%	95.0%
Marion VAMC, IL	5.03	0.00	0.00	0.00	95.0%	93.0%
John J. Pershing VAMC, Poplar Bluff, MO	NA	NA	NA	0.39	NA	93.0%
St Louis VAMC, St Louis, Jefferson Barracks, MO	3.82	11.90	0.48	0.19	92.0%	83.0%

Fayetteville VAMC, AR	0.00	0.00	0.00	0.00	96.0%	96.0%
Central Arkansas Veterans Health Care System, Little Rock, N Little Rock, AR	0.73	1.35	0.61	0.33	95.0%	93.0%
Alexandria VAMC, LA	0.00	0.00	0.00	0.32	92.0%	95.0%
New Orleans VAMC, LA	NA	NA	NA	NA	NA	NA
Overton Brooks VAMC, Shreveport, LA	1.10	3.54	0.89	0.24	94.0%	96.0%
Gulf Coast Veterans Health Care System, Biloxi, MS	0.00	0.00	0.00	0.11	95.0%	91.0%
G.V. Montgomery VAMC, Jackson, MS	0.69	3.18	0.80	0.35	97.0%	97.0%
Muskogee VAMC, OK	3.52	3.83	0.74	0.05	96.0%	96.0%
Oklahoma City VAMC, OK	5.02	2.77	0.45	0.20	91.0%	91.0%
Michael E. DeBakey VAMC, Houston, TX	3.55	0.99	2.24	0.59	94.0%	91.0%
VA North Texas Health Care System, Dallas, TX	0.60	0.87	0.68	0.13	91.0%	92.0%
South Texas Veterans Health Care System, San Antonio, Kerrville, TX	3.54	1.62	0.98	0.16	96.0%	92.0%
Central Texas Veterans Health Care System, Temple, Waco, Marlin, TX	0.83	1.10	0.74	0.09	91.0%	94.0%
Carl T. Hayden VAMC, Phoenix, AZ	2.23	1.28	0.29	0.36	100.0%	99.0%
No. Arizona VA Health Care System, Prescott, AZ	0.00	0.00	0.74	0.44	96.0%	96.0%
So. Arizona VA Health Care System, Tucson, AZ	2.63	1.97	0.23	0.19	90.0%	96.0%
New Mexico Health Care System, Albuquerque, NM	1.91	0.90	0.00	0.12	92.0%	89.0%
Amarillo VA Health Care System, TX	1.62	2.13	0.35	0.25	97.0%	97.0%
West Texas VA Health Care System, Big Spring, TX	NA	NA	NA	0.57	NA	95.0%
El Paso VA Health Care System, TX	NA	NA	NA	NA	NA	NA
VA Eastern Colorado Health Care System, Denver, Pueblo, CO	0.97	1.06	0.17	0.10	98.0%	96.0%
Grand Junction VAMC, CO	0.00	0.00	0.00	0.48	96.0%	96.0%
VA Montana Health Care System, Fort Harrison, MT	0.00	0.00	1.37	0.34	93.0%	87.0%
VA Salt Lake City Health Care System, UT	2.22	1.93	0.00	0.19	99.0%	95.0%
Cheyenne VAMC, WY	0.00	2.53	1.05	0.00	89.0%	93.0%
Sheridan VAMC, WY	NA	NA	NA	0.00	NA	98.0%
Alaska VA Health Care System and Regional Office, Anchorage, AK	NA	NA	NA	NA	NA	NA
Boise VAMC, ID	0.00	0.00	0.69	1.03	97.0%	98.0%
Portland VAMC, OR	1.65	1.26	0.27	0.12	95.0%	96.0%
VA Roseburg Health Care System, OR	6.80	0.00	0.00	0.00	91.0%	85.0%
Southern Oregon Rehab Center & Clinics, White City, OR	NA	NA	NA	NA	NA	NA

VA Puget Sound Health Care System, Seattle, American Lake, WA	2.30	0.22	1.07	0.75	68.0%	60.0%
Spokane VAMC, WA	0.00	3.15	0.00	0.00	92.0%	95.0%
Jonathan M. Wainwright Memorial VA Medical Center, Walla Walla, WA	NA	NA	NA	NA	NA	NA
VA Central California Health Care System, Fresno, CA	0.00	0.00	0.55	0.97	95.0%	97.0%
VA Northern California Health Care System, Martinez, Sacramento, CA	0.00	4.41	0.81	0.19	97.0%	98.0%
VA Palo Alto Health Care System, Palo Alto, Menlo Pk, Livermore, CA	2.63	2.82	0.44	0.53	95.0%	95.0%
San Francisco VAMC, CA	0.77	1.59	0.90	0.99	93.0%	87.0%
VA Pacific Islands Health Care System, Honolulu, HI	NA	NA	NA	NA	NA	NA
VA Sierra Nevada Health Care System, Reno, NV	2.10	1.08	0.00	0.00	95.0%	94.0%
VA Loma Linda Health Care System, CA	5.12	2.13	0.66	0.54	99.0%	97.0%
VA Long Beach Health Care System, CA	1.07	2.52	1.12	0.92	92.0%	93.0%
VA Greater Los Angeles Health Care System, CA	0.68	1.10	0.22	0.00	91.0%	89.0%
VA San Diego Health Care System, CA	1.73	1.68	0.83	0.44	99.0%	98.0%
VA Southern Nevada Health Care System, Las Vegas, NV	NA	NA	0.00	0.00	94.0%	88.0%
VA Nebraska Western Iowa Health Care System, Omaha, Grand Is, Lincoln, NE	0.79	2.01	1.12	0.48	88.0%	88.0%
VA Central Iowa Health Care System, Des Moines, Knoxville, IA	0.00	0.00	0.00	0.00	94.0%	91.0%
Iowa City VAMC, IA	5.46	0.91	0.00	0.00	64.0%	69.0%
Minneapolis VAMC, MN	7.46	1.16	0.47	0.65	95.0%	95.0%
St. Cloud VAMC, MN	NA	NA	NA	NA	NA	NA
Fargo VAMC, ND	0.00	0.00	0.00	0.30	93.0%	96.0%
VA Black Hills Health Care System, Ft Meade, Hot Springs, SD	0.00	0.00	0.00	0.00	96.0%	93.0%
Sioux Falls VAMC, SD	0.00	4.93	1.68	0.00	96.0%	95.0%

Other

Facility	ICU risk adjusted Length of Stay	% ICU patient days with blood sugar <45 mg/dl	% ICU patient days with blood sugar <60 mg/dl	Hospital Acquired Pressure Ulcers
VA Connecticut Health Care System, West Haven, CT	0.44	2.60	6.60	4.4
Edith N Rogers Memorial Veterans Hospital, Bedford, Ma	NA	NA	NA	NA
VA Boston Health Care System, W Roxbury, Brockton, Jamaica Plains, MA	0.18	1.50	3.30	3.2
Northampton VAMC, MA	NA	NA	NA	NA
Togus VAMC, Augusta, ME	0.63	1.40	3.40	2.3
Manchester VAMC, NH	NA	NA	NA	NA
Providence VAMC, RI	0.31	2.40	5.40	1.6
White River Junction VAMC, VT	-0.14	0.30	2.50	3.3
Samuel S. Stratton VAMC, Albany, NY	-0.61	1.10	3.30	3.8
VA Western New York Health Care System Buffalo, Batavia, NY	-0.24	1.40	3.80	4.4
Bath VAMC, NY	-0.85	0.00	1.40	1.6
Canandaigua VAMC, NY	NA	NA	NA	NA
Syracuse VAMC, NY	0.96	0.90	3.20	4.8
VA New Jersey Health Care System, East Orange, NJ	-0.04	1.90	4.40	3.9
James J. Peters VAMC, Bronx, NY	0.42	1.50	2.80	3.1
VA New York Harbor Health Care System, Manhattan, Brooklyn, NY	0.22	1.30	3.70	2.9
VA Hudson Valley Health Care System, Montrose, Castle Point, NY	NA	NA	NA	2.0
Northport VAMC, NY	0.33	1.20	3.00	1.8
Wilmington VAMC, DE	-0.06	1.50	3.30	2.7
James E. Van Zandt VAMC, Altoona, PA	-1.52	0.00	0.00	1.7

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Butler VAMC, PA	NA	NA	NA	NA
Coatesville VAMC, PA	NA	NA	NA	4.4
Erie VAMC, PA	-0.98	1.70	3.20	4.4
Lebanon VAMC, PA	0.41	0.60	2.20	3.5
Philadelphia VAMC, PA	1.3	1.60	4.10	3.8
VA Pittsburgh Health Care System, PA	0.92	0.60	2.50	5.2
Wilkes-Barre VAMC, PA	-0.2	1.40	4.00	3.7
Louis A. Johnson VAMC, Clarksburg, WV	0.61	1.00	1.80	4.4
Washington DC VAMC, DC	-0.34	2.00	3.60	0.5
VA Maryland Health Care System, Perry Pt, Baltimore, MD	0.65	1.40	3.80	5.7
Martinsburg VAMC, WV	0.36	1.10	2.20	0.8
Asheville VAMC, NC	-0.17	1.10	3.00	2.5
Durham VAMC, NC	-0.02	1.20	3.70	4.7
Fayetteville VAMC, NC	0.6	1.40	2.60	1.8
W.G. (Bill) Hefner VAMC, Salisbury, NC	0.37	1.70	3.60	4.2
Hampton VAMC, VA	0.44	1.90	3.70	1.9
Hunter Holmes McGuire VAMC, Richmond, VA	0.25	1.00	3.10	2.2
Salem VAMC, VA	-0.11	0.90	2.60	3.4
Beckley VAMC, WV	0.02	0.80	1.80	2.0
Birmingham VAMC, AL	0.06	2.10	4.40	5.3
Central Alabama Veterans Health Care System, Tuskegee, Montgomery, AL	1.55	1.30	2.60	1.8
Tuscaloosa VAMC, AL	NA	NA	NA	NA
Atlanta VAMC, GA	0.41	2.10	4.90	1.8
Charlie Norwood VAMC, Augusta, GA	0.56	1.20	2.70	3.1
Carl Vinson VAMC, Dublin, GA	-0.65	1.40	10.10	2.8
Ralph H. Johnson VAMC, Charleston, SC	-0.07	0.70	2.60	1.7

Wm. Jennings Bryan Dorn VAMC, Columbia, SC	0.3	1.30	4.00	2.7
Bay Pines VA Health Care System, FL	-1.01	1.40	3.60	2.7
N. Florida/S. Georgia Veterans Health Care System Gainesville, Lake City	0.25	1.10	3.90	3.7
Miami VA Health Care System, FL	0.35	1.20	3.60	4.4
Orlando VAMC, FL	NA	NA	NA	NA
James A. Haley VAMC, Tampa, FL	0.71	0.80	3.40	3.7
West Palm Beach VAMC, FL	-0.61	0.60	2.00	4.2
VA Caribbean Health Care System, San Juan, PR	-0.49	1.50	3.80	4.5
Lexington VAMC, KY	0.34	0.70	2.50	7.6
Louisville VAMC, KY	0.07	1.50	5.00	4.8
Memphis VAMC, TN	0.03	3.10	6.50	3.5
Mountain Home VAMC, TN	-0.91	1.30	2.90	5.1
Tennessee Valley Health Care System, Nashville, Murfreesboro, TN	-0.02	1.60	3.90	2.9
Huntington VAMC, WV	-0.95	1.50	4.90	1.8
Chillicothe VAMC, OH	NA	0.60	2.60	1.4
Cincinnati VAMC, OH	-0.05	1.10	3.70	7.0
Louis Stokes VAMC, Cleveland, Brecksville, OH	-0.76	1.10	3.50	3.5
Chalmers P. Wylie Outpt Clinic, Columbus, OH	NA	NA	NA	NA
Dayton VAMC, OH	-0.58	0.60	1.60	4.8
VA Illiana Health Care System, Danville, IL	-1.19	1.60	3.70	3.0
VA Northern Indiana Health Care System, Marion, Ft Wayne, IN	-0.12	0.00	0.70	1.2
Richard L. Roudebush VAMC, Indianapolis, IN	-0.61	3.00	7.10	4.3
VA Ann Arbor Health Care System, MI	1.01	0.50	2.00	5.9
Battle Creek VAMC, MI	NA	NA	NA	3.8
John D. Dingell VAMC, Detroit, MI	0.77	0.30	2.40	5.8

Aleda E. Lutz VAMC, Saginaw, MI	-1.77	0.00	0.00	2.9
Jessie Brown VAMC, Chicago, IL	-0.14	0.40	1.40	3.7
Edward Hines Jr. VA Hospital, Hines, IL	0.2	1.20	3.90	6.8
North Chicago VAMC, IL	-0.08	0.90	4.10	1.4
Iron Mountain VAMC, MI	-0.48	0.00	0.00	0.7
William S. Middleton Memorial Veterans Hospital, Madison, WI	-0.24	1.00	3.70	4.7
Clement J. Zablocki VAMC, Milwaukee, WI	-0.77	0.40	1.10	3.1
Tomah VAMC, WI	NA	NA	NA	1.1
VA Eastern Kansas Health Care System, Topeka, Leavenworth, KS	-0.04	1.30	3.00	2.9
Robert J. Dole VAMC, Wichita, KS	-0.22	1.00	3.20	3.2
Harry S. Truman VAMC, Columbia, MO	-0.44	0.70	1.90	5.9
Kansas City VAMC, MO	0.06	2.00	5.80	3.8
Marion VAMC, IL	0.24	1.20	2.70	1.4
John J. Pershing VAMC, Poplar Bluff, MO	NA	NA	NA	1.1
St Louis VAMC, St Louis, Jefferson Barracks, MO	0.84	1.70	4.80	3.8
Fayetteville VAMC, AR	-0.63	1.10	3.60	2.4
Central Arkansas Veterans Health Care System, Little Rock, N Little Rock, AR	-0.14	1.20	2.80	2.8
Alexandria VAMC, LA	-0.4	1.90	6.10	2.4
New Orleans VAMC, LA	NA	NA	NA	NA
Overton Brooks VAMC, Shreveport, LA	0.3	0.30	2.70	2.5
Gulf Coast Veterans Health Care System, Biloxi, MS	-0.49	1.50	2.60	5.1
G.V. Montgomery VAMC, Jackson, MS	-0.33	0.60	2.10	4.1
Muskogee VAMC, OK	-0.28	1.10	2.60	4.0
Oklahoma City VAMC, OK	0.22	1.80	5.50	3.6
Michael E. DeBakey VAMC, Houston, TX	-0.39	0.40	1.20	4.5
VA North Texas Health Care System, Dallas, TX	0.54	1.20	3.20	2.6
South Texas Veterans Health Care System, San Antonio, Kerrville, TX	0.09	1.80	4.30	3.1
Central Texas Veterans Health Care System, Temple, Waco, Marlin, TX	-0.67	0.40	1.00	3.2
Carl T. Hayden VAMC, Phoenix, AZ	-0.14	1.70	4.40	3.9
No. Arizona VA Health Care System, Prescott, AZ	0.56	0.00	2.80	4.4

So. Arizona VA Health Care System, Tucson, AZ	-0.21	2.10	4.90	5.2
New Mexico Health Care System, Albuquerque, NM	0.41	1.00	3.00	3.2
Amarillo VA Health Care System, TX	-0.34	1.10	2.40	1.9
West Texas VA Health Care System, Big Spring, TX	NA	NA	NA	1.8
El Paso VA Health Care System, TX	NA	NA	NA	NA
VA Eastern Colorado Health Care System, Denver, Pueblo, CO	0.18	0.70	2.50	2.8
Grand Junction VAMC, CO	-0.45	0.00	0.80	4.7
VA Montana Health Care System, Fort Harrison, MT	-0.87	0.30	1.50	1.3
VA Salt Lake City Health Care System, UT	-0.52	1.60	4.00	1.8
Cheyenne VAMC, WY	0.44	1.40	2.70	0.3
Sheridan VAMC, WY	NA	NA	NA	0.6
Alaska VA Health Care System and Regional Office, Anchorage, AK	NA	NA	NA	NA
Boise VAMC, ID	-0.91	0.90	2.20	4.9
Portland VAMC, OR	-0.55	0.80	3.30	4.5
VA Roseburg Health Care System, OR	-0.35	0.00	0.70	1.6
Southern Oregon Rehab Center & Clinics, White City, OR	NA	NA	NA	NA
VA Puget Sound Health Care System, Seattle, American Lake, WA	-0.11	1.20	3.60	4.0
Spokane VAMC, WA	-1.36	1.20	2.80	2.3
Jonathan M. Wainwright Memorial VA Medical Center, Walla Walla, WA	NA	NA	NA	NA
VA Central California Health Care System, Fresno, CA	0.02	1.20	5.50	5.6
VA Northern California Health Care System, Martinez, Sacramento, CA	0.28	0.70	2.90	4.3
VA Palo Alto Health Care System, Palo Alto, Menlo Pk, Livermore, CA	-0.86	0.50	2.40	3.4
San Francisco VAMC, CA	-0.96	1.10	1.90	4.0
VA Pacific Islands Health Care System, Honolulu, HI	NA	NA	NA	0.0
VA Sierra Nevada Health Care System, Reno, NV	-0.66	1.50	3.00	4.0
VA Loma Linda Health Care System, CA	-0.45	2.20	6.20	6.1
VA Long Beach Health Care System, CA	-0.51	1.10	3.10	4.3
VA Greater Los Angeles Health Care System, CA	-0.45	2.10	4.50	4.7

Facility				
VA San Diego Health Care System, CA	-0.51	0.90	4.50	0.5
VA Southern Nevada Health Care System, Las Vegas, NV	NA	NA	NA	2.7
VA Nebraska Western Iowa Health Care System, Omaha, Grand Is, Lincoln, NE	0.42	0.60	3.60	3.1
VA Central Iowa Health Care System, Des Moines, Knoxville, IA	-0.15	1.20	3.70	1.5
Iowa City VAMC, IA	-0.32	0.70	1.70	4.5
Minneapolis VAMC, MN	-1.21	0.60	1.90	2.3
St. Cloud VAMC, MN	NA	NA	NA	NA
Fargo VAMC, ND	-0.40	0.30	0.60	2.0
VA Black Hills Health Care System, Ft Meade, Hot Springs, SD	-0.33	0.00	1.70	4.1
Sioux Falls VAMC, SD	-1.05	0.90	2.10	3.8

Root Cause Analyses (RCAs)

Facility	RCAs complete in ≤45 d	RCA Outcome Measures Reported
VA Connecticut Health Care System, West Haven, CT	100	4
Edith N Rogers Memorial Veterans Hospital, Bedford, Ma	100	41
VA Boston Health Care System, W Roxbury, Brockton, Jamaica Plains, MA	100	100
Northampton VAMC, MA	100	100
Togus VAMC, Augusta, ME	100	8
Manchester VAMC, NH	92	81
Providence VAMC, RI	100	89
White River Junction VAMC, VT	100	34
Samuel S. Stratton VAMC, Albany, NY	100	100

VA Western New York Health Care System Buffalo, Batavia, NY	93	64
Bath VAMC, NY	100	95
Canandaigua VAMC, NY	100	100
Syracuse VAMC, NY	100	100
VA New Jersey Health Care System, East Orange, NJ	100	84
James J. Peters VAMC, Bronx, NY	100	56
VA New York Harbor Health Care System, Manhattan, Brooklyn, NY	100	52
VA Hudson Valley Health Care System, Montrose, Castle Point, NY	86	100
Northport VAMC, NY	92	87
Wilmington VAMC, DE	100	100
James E. Van Zandt VAMC, Altoona, PA	100	94
Butler VAMC, PA	100	100
Coatesville VAMC, PA	100	98
Erie VAMC, PA	100	100
Lebanon VAMC, PA	100	100
Philadelphia VAMC, PA	80	100
VA Pittsburgh Health Care System, PA	100	99
Wilkes-Barre VAMC, PA	100	100
Louis A. Johnson VAMC, Clarksburg, WV	100	98
Washington DC VAMC, DC	100	100
VA Maryland Health Care System, Perry Pt, Baltimore, MD	100	100
Martinsburg VAMC, WV	100	100
Asheville VAMC, NC	100	0
Durham VAMC, NC	100	88
Fayetteville VAMC, NC	100	35
W.G. (Bill) Hefner VAMC, Salisbury, NC	93	97

Hampton VAMC, VA	100	67
Hunter Holmes McGuire VAMC, Richmond, VA	100	77
Salem VAMC, VA	100	100
Beckley VAMC, WV	91	100
Birmingham VAMC, AL	45	86
Central Alabama Veterans Health Care System, Tuskegee, Montgomery, AL	90	48
Tuscaloosa VAMC, AL	77	100
Atlanta VAMC, GA	100	100
Charlie Norwood VAMC, Augusta, GA	100	100
Carl Vinson VAMC, Dublin, GA	62	80
Ralph H. Johnson VAMC, Charleston, SC	82	100
Wm. Jennings Bryan Dorn VAMC, Columbia, SC	42	93
Bay Pines VA Health Care System, FL	100	100
N. Florida/S. Georgia Veterans Health Care System Gainesville, Lake City	100	83
Miami VA Health Care System, FL	100	100
Orlando VAMC, FL	83	100
James A. Haley VAMC, Tampa, FL	89	100
West Palm Beach VAMC, FL	100	100
VA Caribbean Health Care System, San Juan, PR	100	69
Lexington VAMC, KY	100	100
Louisville VAMC, KY	100	100
Memphis VAMC, TN	100	100
Mountain Home VAMC, TN	100	100
Tennessee Valley Health Care System, Nashville, Murfreesboro, TN	100	100
Huntington VAMC, WV	100	100
Chillicothe VAMC, OH	100	100

Cincinnati VAMC, OH	100	100
Louis Stokes VAMC, Cleveland, Brecksville, OH	100	97
Chalmers P. Wylie Outpt Clinic, Columbus, OH	100	100
Dayton VAMC, OH	100	75
VA Illiana Health Care System, Danville, IL	100	100
VA Northern Indiana Health Care System, Marion, Ft Wayne, IN	100	100
Richard L. Roudebush VAMC, Indianapolis, IN	82	100
VA Ann Arbor Health Care System, MI	100	100
Battle Creek VAMC, MI	100	100
John D. Dingell VAMC, Detroit, MI	100	100
Aleda E. Lutz VAMC, Saginaw, MI	100	100
Jessie Brown VAMC, Chicago, IL	100	100
Edward Hines Jr. VA Hospital, Hines, IL	100	100
North Chicago VAMC, IL	100	45
Iron Mountain VAMC, MI	100	100
William S. Middleton Memorial Veterans Hospital, Madison, WI	100	97
Clement J. Zablocki VAMC, Milwaukee, WI	100	97
Tomah VAMC, WI	100	94
VA Eastern Kansas Health Care System, Topeka, Leavenworth, KS	100	97
Robert J. Dole VAMC, Wichita, KS	100	83
Harry S. Truman VAMC, Columbia, MO	100	100
Kansas City VAMC, MO	100	100
Marion VAMC, IL	100	98
John J. Pershing VAMC, Poplar Bluff, MO	100	72
St Louis VAMC, St Louis, Jefferson Barracks, MO	60	56
Fayetteville VAMC, AR	100	100
Central Arkansas Veterans Health Care System, Little Rock, N Little Rock, AR	90	100

Alexandria VAMC, LA	100	87
New Orleans VAMC, LA	100	100
Overton Brooks VAMC, Shreveport, LA	100	100
Gulf Coast Veterans Health Care System, Biloxi, MS	100	89
G.V. Montgomery VAMC, Jackson, MS	86	100
Muskogee VAMC, OK	100	100
Oklahoma City VAMC, OK	100	100
Michael E. DeBakey VAMC, Houston, TX	100	98
VA North Texas Health Care System, Dallas, TX	100	100
South Texas Veterans Health Care System, San Antonio, Kerrville, TX	100	100
Central Texas Veterans Health Care System, Temple, Waco, Marlin, TX	100	100
Carl T. Hayden VAMC, Phoenix, AZ	100	97
No. Arizona VA Health Care System, Prescott, AZ	100	100
So. Arizona VA Health Care System, Tucson, AZ	100	100
New Mexico Health Care System, Albuquerque, NM	100	100
Amarillo VA Health Care System, TX	100	100
West Texas VA Health Care System, Big Spring, TX	100	100
El Paso VA Health Care System, TX	100	100
VA Eastern Colorado Health Care System, Denver, Pueblo, CO	100	96
Grand Junction VAMC, CO	100	100
VA Montana Health Care System, Fort Harrison, MT	100	100
VA Salt Lake City Health Care System, UT	100	97
Cheyenne VAMC, WY	100	100
Sheridan VAMC, WY	80	98
Alaska VA Health Care System and Regional Office, Anchorage, AK	100	86
Boise VAMC, ID	80	97
Portland VAMC, OR	100	100
VA Roseburg Health Care System, OR	77	75
Southern Oregon Rehab Center & Clinics, White City, OR	100	100
VA Puget Sound Health Care System, Seattle, American Lake, WA	100	85
Spokane VAMC, WA	100	100

Jonathan M. Wainwright Memorial VA Medical Center, Walla Walla, WA	100	100
VA Central California Health Care System, Fresno, CA	100	100
VA Northern California Health Care System, Martinez, Sacramento, CA	100	98
VA Palo Alto Health Care System, Palo Alto, Menlo Pk, Livermore, CA	100	100
San Francisco VAMC, CA	100	100
VA Pacific Islands Health Care System, Honolulu, HI	100	100
VA Sierra Nevada Health Care System, Reno, NV	100	100
VA Loma Linda Health Care System, CA	100	100
VA Long Beach Health Care System, CA	100	100
VA Greater Los Angeles Health Care System, CA	100	100
VA San Diego Health Care System, CA	100	100
VA Southern Nevada Health Care System, Las Vegas, NV	100	91
VA Nebraska Western Iowa Health Care System, Omaha, Grand Is, Lincoln, NE	100	100
VA Central Iowa Health Care System, Des Moines, Knoxville, IA	100	95
Iowa City VAMC, IA	80	88
Minneapolis VAMC, MN	100	100
St. Cloud VAMC, MN	100	100
Fargo VAMC, ND	100	100
VA Black Hills Health Care System, Ft Meade, Hot Springs, SD	100	77
Sioux Falls VAMC, SD	85	100

Section 5: Timely Care

Access to Care

Facility	Primary Care Pts seen w/in 30d	% Completed in 30 days or less	Specialty Care Pts seen w/in 30d	% Completed in 30 days or less
VA Connecticut Health Care System, West Haven, CT	100,366	99.6%	217,375	98.1%
Edith N Rogers Memorial Veterans Hospital, Bedford, Ma	28,732	98.7%	50,459	98.7%
VA Boston Health Care System, W Roxbury, Brockton, Jamaica Plains, MA	102,094	99.2%	289,469	98.4%
Northampton VAMC, MA	37,387	99.3%	64,892	98.4%
Togus VAMC, Augusta, ME	75,345	99.6%	130,465	98.7%
Manchester VAMC, NH	46,778	99.7%	92,677	98.9%
Providence VAMC, RI	67,630	99.4%	130,368	99.1%
White River Junction VAMC, VT	58,234	99.6%	82,597	98.4%
Samuel S. Stratton VAMC, Albany, NY	68,923	99.6%	121,609	97.6%
VA Western New York Health Care System Buffalo, Batavia, NY	83,236	99.1%	180,129	98.5%
Bath VAMC, NY	25,615	99.4%	41,461	99.0%
Canandaigua VAMC, NY	42,887	99.2%	77,603	98.0%
Syracuse VAMC, NY	93,478	99.5%	145,583	97.9%
VA New Jersey Health Care System, East Orange, NJ	115,550	99.9%	266,554	96.3%
James J. Peters VAMC, Bronx, NY	30,615	97.1%	176,366	96.6%
VA New York Harbor Health Care System, Manhattan, Brooklyn, NY	99,491	99.4%	353,597	99.1%
VA Hudson Valley Health Care System, Montrose, Castle Point, NY	54,546	98.7%	130,279	97.7%
Northport VAMC, NY	55,420	98.3%	176,167	98.0%

Wilmington VAMC, DE	40,701	98.9%	91,167	97.4%
James E. Van Zandt VAMC, Altoona, PA	51,889	99.7%	55,168	98.3%
Butler VAMC, PA	28,917	99.7%	38,518	99.5%
Coatesville VAMC, PA	30,677	99.5%	61,178	98.0%
Erie VAMC, PA	63,282	99.8%	66,863	99.2%
Lebanon VAMC, PA	86,250	99.4%	138,767	97.7%
Philadelphia VAMC, PA	101,180	98.4%	251,111	98.2%
VA Pittsburgh Health Care System, PA	90,588	99.1%	188,017	98.0%
Wilkes-Barre VAMC, PA	77,615	99.5%	158,633	98.7%
Louis A. Johnson VAMC, Clarksburg, WV	56,881	99.7%	87,168	99.0%
Washington DC VAMC, DC	86,978	98.7%	242,669	96.9%
VA Maryland Health Care System, Perry Pt, Baltimore, MD	97,206	98.7%	256,294	98.3%
Martinsburg VAMC, WV	90,620	99.3%	104,094	97.7%
Asheville VAMC, NC	62,471	99.7%	115,950	97.4%
Durham VAMC, NC	100,750	98.7%	182,882	97.8%
Fayetteville VAMC, NC	106,642	99.5%	114,039	96.7%
W.G. (Bill) Hefner VAMC, Salisbury, NC	147,087	99.8%	203,155	98.7%
Hampton VAMC, VA	53,456	97.5%	113,084	96.7%
Hunter Holmes McGuire VAMC, Richmond, VA	85,981	99.7%	183,645	99.0%
Salem VAMC, VA	80,835	99.6%	144,261	98.8%
Beckley VAMC, WV	26,056	93.8%	54,716	95.9%
Birmingham VAMC, AL	113,770	99.8%	184,570	98.4%
Central Alabama Veterans Health Care System, Tuskegee, Montgomery, AL	81,975	98.8%	138,388	96.7%
Tuscaloosa VAMC, AL	27,259	99.3%	60,355	99.5%
Atlanta VAMC, GA	153,628	99.8%	276,669	98.2%
Charlie Norwood VAMC, Augusta, GA	54,860	99.8%	129,673	98.6%

Carl Vinson VAMC, Dublin, GA	61,207	98.9%	77,154	96.3%
Ralph H. Johnson VAMC, Charleston, SC	91,960	99.9%	141,745	96.2%
Wm. Jennings Bryan Dorn VAMC, Columbia, SC	139,838	98.7%	238,371	98.0%
Bay Pines VA Health Care System, FL	221,962	99.7%	337,901	98.7%
N. Florida/S. Georgia Veterans Health Care System Gainesville, Lake City	218,301	99.1%	387,509	98.4%
Miami VA Health Care System, FL	102,913	99.0%	253,456	97.2%
Orlando VAMC, FL	187,542	98.9%	273,995	97.6%
James A. Haley VAMC, Tampa, FL	156,201	99.5%	352,557	97.3%
West Palm Beach VAMC, FL	137,657	99.7%	250,488	98.9%
VA Caribbean Health Care System, San Juan, PR	213,500	95.9%	316,684	98.7%
Lexington VAMC, KY	77,072	99.5%	125,512	98.0%
Louisville VAMC, KY	98,431	99.7%	159,246	98.5%
Memphis VAMC, TN	109,657	99.1%	209,039	97.6%
Mountain Home VAMC, TN	115,020	98.6%	187,222	97.5%
Tennessee Valley Health Care System, Nashville, Murfreesboro, TN	148,564	95.3%	288,331	95.3%
Huntington VAMC, WV	65,957	99.8%	119,069	99.1%
Chillicothe VAMC, OH	62,281	99.6%	68,844	98.5%
Cincinnati VAMC, OH	75,048	99.5%	178,720	98.8%
Louis Stokes VAMC, Cleveland, Brecksville, OH	279,768	99.9%	379,178	99.1%
Chalmers P. Wylie Outpt Clinic, Columbus, OH	72,042	99.4%	155,992	97.9%
Dayton VAMC, OH	71,570	99.4%	135,080	98.4%
VA Illiana Health Care System, Danville, IL	66,870	99.5%	95,937	97.4%
VA Northern Indiana Health Care System, Marion, Ft Wayne, IN	76,866	98.1%	90,209	96.5%
Richard L. Roudebush VAMC, Indianapolis, IN	102,460	99.1%	165,955	97.5%
VA Ann Arbor Health Care System, MI	71,310	98.6%	157,469	97.1%

Battle Creek VAMC, MI	74,960	99.5%	110,264	96.1%
John D. Dingell VAMC, Detroit, MI	60,514	98.6%	171,553	98.2%
Aleda E. Lutz VAMC, Saginaw, MI	62,335	99.9%	89,362	99.4%
Jessie Brown VAMC, Chicago, IL	101,334	99.7%	221,636	99.3%
Edward Hines Jr. VA Hospital, Hines, IL	100,545	99.5%	202,772	99.5%
North Chicago VAMC, IL	53,590	99.9%	130,915	99.7%
Iron Mountain VAMC, MI	43,450	99.2%	41,144	96.4%
William S. Middleton Memorial Veterans Hospital, Madison, WI	52,192	99.8%	116,854	99.0%
Clement J. Zablocki VAMC, Milwaukee, WI	136,506	99.8%	242,630	97.5%
Tomah VAMC, WI	52,081	99.5%	48,132	97.2%
VA Eastern Kansas Health Care System, Topeka, Leavenworth, KS	78,170	99.3%	115,732	97.0%
Robert J. Dole VAMC, Wichita, KS	44,772	99.3%	78,556	98.5%
Harry S. Truman VAMC, Columbia, MO	63,916	99.7%	111,524	98.6%
Kansas City VAMC, MO	88,655	99.7%	154,891	97.9%
Marion VAMC, IL	89,043	91.6%	118,656	94.5%
John J. Pershing VAMC, Poplar Bluff, MO	52,348	98.1%	39,755	94.8%
St Louis VAMC, St Louis, Jefferson Barracks, MO	117,347	98.5%	192,021	97.7%
Fayetteville VAMC, AR	103,544	99.8%	136,116	99.6%
Central Arkansas Veterans Health Care System, Little Rock, N Little Rock, AR	106,059	99.5%	233,957	98.1%
Alexandria VAMC, LA	61,348	99.7%	83,512	97.7%
New Orleans VAMC, LA	62,931	96.2%	138,861	96.0%
Overton Brooks VAMC, Shreveport, LA	78,603	99.0%	126,844	98.4%
Gulf Coast Veterans Health Care System, Biloxi, MS	148,217	99.6%	225,187	96.7%
G.V. Montgomery VAMC, Jackson, MS	101,956	99.8%	133,920	98.6%
Muskogee VAMC, OK	65,657	98.4%	112,462	97.2%
Oklahoma City VAMC, OK	109,141	99.5%	185,013	98.4%
Michael E. DeBakey VAMC, Houston, TX	215,782	99.7%	311,819	97.7%
VA North Texas Health Care System, Dallas, TX	237,310	99.7%	397,430	98.3%
South Texas Veterans Health Care System, San Antonio, Kerrville, TX	243,976	99.8%	284,902	98.6%
Central Texas Veterans Health Care System, Temple, Waco, Marlin, TX	187,969	99.7%	288,666	97.4%

Carl T. Hayden VAMC, Phoenix, AZ	123,335	92.6%	203,169	95.0%
No. Arizona VA Health Care System, Prescott, AZ	53,305	94.2%	56,194	94.4%
So. Arizona VA Health Care System, Tucson, AZ	100,926	989.0%	192,618	97.7%
New Mexico Health Care System, Albuquerque, NM	133,601	99.5%	152,396	97.0%
Amarillo VA Health Care System, TX	57,618	98.8%	77,759	98.5%
West Texas VA Health Care System, Big Spring, TX	39,514	98.3%	29,300	98.2%
El Paso VA Health Care System, TX	66,462	98.5%	100,862	95.6%
VA Eastern Colorado Health Care System, Denver, Pueblo, CO	100,249	98.5%	239,504	98.5%
Grand Junction VAMC, CO	23,874	99.8%	45,446	99.4%
VA Montana Health Care System, Fort Harrison, MT	76,624	98.9%	59,666	96.6%
VA Salt Lake City Health Care System, UT	72,948	97.3%	130,319	97.0%
Cheyenne VAMC, WY	41,900	97.5%	63,511	96.0%
Sheridan VAMC, WY	23,167	99.4%	17,574	98.7%
Alaska VA Health Care System and Regional Office, Anchorage, AK	32,616	99.7%	41,424	99.1%
Boise VAMC, ID	52,148	99.7%	76,843	98.4%
Portland VAMC, OR	82,085	98.5%	209,108	96.9%
VA Roseburg Health Care System, OR	42,440	98.9%	63,024	97.5%
Southern Oregon Rehab Center & Clinics, White City, OR	21,600	99.1%	50,501	98.4%
VA Puget Sound Health Care System, Seattle, American Lake, WA	140,555	98.9%	271,083	97.7%
Spokane VAMC, WA	49,529	98.0%	77,300	94.8%
Jonathan M. Wainwright Memorial VA Medical Center, Walla Walla, WA	35,099	98.7%	18,348	96.4%
VA Central California Health Care System, Fresno, CA	67,284	99.2%	99,085	98.2%
VA Northern California Health Care System, Martinez, Sacramento, CA	145,546	99.6%	318,340	97.2%
VA Palo Alto Health Care System, Palo Alto, Menlo Pk, Livermore, CA	109,113	91.8%	211,853	96.4%
San Francisco VAMC, CA	64,675	98.9%	146,500	97.7%
VA Pacific Islands Health Care System, Honolulu, HI	43,684	97.5%	65,021	97.4%
VA Sierra Nevada Health Care System, Reno, NV	60,643	100.0%	78,319	98.1%
VA Loma Linda Health Care System, CA	107,812	99.8%	243,692	97.1%
VA Long Beach Health Care System, CA	88,572	99.8%	216,614	98.3%

VA Greater Los Angeles Health Care System, CA	221,904	99.2%	382,221	98.5%
VA San Diego Health Care System, CA	110,946	99.7%	265,556	97.5%
VA Southern Nevada Health Care System, Las Vegas, NV	127,422	99.7%	144,599	97.0%
VA Nebraska Western Iowa Health Care System, Omaha, Grand Is, Lincoln, NE	93,800	99.6%	153,604	98.2%
VA Central Iowa Health Care System, Des Moines, Knoxville, IA	54,682	98.9%	93,570	98.8%
Iowa City VAMC, IA	66,568	99.4%	119,318	95.6%
Minneapolis VAMC, MN	140,964	99.2%	298,285	97.1%
St. Cloud VAMC, MN	56,538	97.8%	95,379	96.4%
Fargo VAMC, ND	54,439	99.2%	59,380	90.9%
VA Black Hills Health Care System, Ft Meade, Hot Springs, SD	40,940	98.8%	59,902	97.6%
Sioux Falls VAMC, SD	51,242	99.1%	73,570	96.9%

Section 6: Patient Centered Care

Facility Name	Overall Rating of Hospital	Communication with Nurses	Communication with Doctors	Communication about Medication	Nursing Services	Discharge Information	Pain Control	Cleanliness of the Hospital Environment	Quietness of the Hospital Environment	Willingness to Recommend Hospital	Overall satisfaction	Getting Needed Care	Getting Care Quickly	How well Doctors & Nurses Communicate	Rating of Personal Doctor/Nurse
VA Connecticut Health Care System, West Haven, CT	59.4	91.1	94.4	71.4	82.5	82.2	85.3	89.5	73.6	62.4	60.4	87.3	95.9	95.0	73.8
Edith N Rogers Memorial Veterans Hospital, Bedford, Ma	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	73.5	93.9	94.8	95.4	80.5
VA Boston Health Care System, W Roxbury, Brockton, Jamaica Plains, MA	72.1	95.8	94.2	80.4	91.0	86.4	91.4	94.5	87.5	72.3	55.8	95.1	96.8	95.5	72.4
Northampton VAMC, MA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	59.2	87.4	87.2	94.4	71.9
Togus VAMC, Augusta, ME	68.0	96.0	96.3	83.4	93.1	83.9	92.3	96.4	90.3	66.4	63.6	92.5	89.0	96.4	76.8
Manchester VAMC, NH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	54.0	95.3	91.7	94.2	75.5
Providence VAMC, RI	70.3	95.1	93.4	83.2	87.0	88.3	91.0	93.4	83.3	67.2	63.0	90.8	97.5	91.0	74.4
White River Junction VAMC, VT	71.7	95.4	93.4	89.0	88.6	88.0	92.6	95.0	87.8	78.2	51.6	84.6	84.6	94.0	73.3
Samuel S. Stratton VAMC, Albany, NY	71.9	96.3	95.6	84.3	93.6	86.0	92.9	96.3	87.0	76.9	56.5	91.0	86.9	91.4	71.9
VA Western New York Health Care System Buffalo, Batavia, NY	59.8	93.4	89.5	73.5	78.7	83.3	90.5	92.1	81.2	61.7	59.4	88.8	89.1	94.8	68.8

Bath VAMC, NY	61.8	96.2	96.1	80.5	86.4	90.2	91.3	98.2	91.7	65.0	43.6	91.4	92.0	92.6	71.2
Canandaigua VAMC, NY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	58.0	88.9	89.3	92.0	73.5
Syracuse VAMC, NY	72.9	96.5	92.8	80.1	90.2	85.7	93.7	93.0	87.7	74.2	64.3	89.8	95.7	94.7	77.1
VA New Jersey Health Care System, East Orange, NJ	62.0	94.5	96.1	82.8	88.2	82.4	91.0	92.4	86.9	60.4	50.2	84.5	90.0	94.5	78.9
James J. Peters VAMC, Bronx, NY	67.4	91.8	93.5	77.3	80.0	80.5	87.4	91.6	88.1	66.3	60.2	81.2	72.7	91.6	67.8
VA New York Harbor Health Care System, Manhattan, Brooklyn, NY	64.3	90.0	91.9	74.1	75.4	76.9	84.5	90.3	83.5	66.5	57.9	83.1	91.4	95.0	77.3
VA Hudson Valley Health Care System, Montrose, Castle Point, NY	62.5	85.0	91.3	72.1	78.7	83.3	83.6	93.9	83.9	67.2	57.9	87.5	91.3	95.2	71.5
Northport VAMC, NY	66.8	93.9	92.5	71.9	84.3	79.6	86.0	96.1	87.5	70.8	60.4	89.2	81.0	96.7	83.9
Wilmington VAMC, DE	73.1	95.9	95.8	87.0	91.5	87.6	89.7	94.2	86.9	77.5	53.5	77.7	68.1	92.4	78.1
James E. Van Zandt VAMC, Altoona, PA	82.0	96.8	97.1	84.6	96.8	88.7	92.7	97.9	94.6	75.0	66.9	91.8	95.3	95.8	79.4
Butler VAMC, PA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	66.1	90.8	96.4	92.8	73.5
Coatesville VAMC, PA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	60.9	88.8	86.0	94.4	76.2
Erie VAMC, PA	83.5	97.7	95.7	82.8	95.9	89.4	93.2	95.6	95.2	80.6	64.8	97.8	100.0	93.7	74.7
Lebanon VAMC, PA	84.5	98.2	96.2	89.3	97.2	88.6	96.6	97.9	91.2	83.6	59.7	81.0	83.1	91.5	75.7
Philadelphia VAMC, PA	57.9	90.6	91.8	79.0	86.1	78.7	86.5	89.3	87.5	54.8	46.9	82.6	85.1	93.0	76.5
VA Pittsburgh Health Care System, PA	71.2	96.4	95.8	82.0	89.7	87.9	93.8	96.1	87.6	73.1	62.2	92.2	94.8	95.7	77.4
Wilkes-Barre VAMC, PA	70.0	95.4	94.6	79.0	92.2	86.6	90.4	96.4	86.8	70.3	63.6	94.1	93.8	94.2	76.0
Louis A. Johnson VAMC, Clarksburg, WV	67.1	96.4	93.5	80.4	88.1	86.7	92.3	94.3	88.1	74.2	61.9	92.9	96.2	96.3	84.9
Washington DC VAMC, DC	59.2	85.5	92.1	73.6	68.0	79.9	83.5	86.0	78.7	51.4	46.2	70.0	73.8	93.1	79.3

VA Maryland Health Care System, Perry Pt, Baltimore, MD	57.0	90.5	94.2	77.2	77.8	82.0	89.1	87.7	86.1	59.1	58.9	84.7	85.7	89.1	73.6
Martinsburg VAMC, WV	66.5	93.8	93.2	79.5	86.6	82.5	90.6	91.8	84.1	67.6	53.8	87.4	90.3	93.6	69.7
Asheville VAMC, NC	67.2	96.2	94.1	79.6	90.5	84.2	93.1	89.5	83.5	78.0	65.7	86.7	91.9	92.8	75.5
Durham VAMC, NC	65.7	95.3	94.5	84.7	85.3	86.7	92.0	90.1	86.0	71.0	60.4	83.6	84.3	90.7	69.5
Fayetteville VAMC, NC	52.0	92.0	85.0	73.8	84.6	71.9	89.5	85.5	86.8	55.0	42.2	65.7	71.3	86.7	64.7
W.G. (Bill) Hefner VAMC, Salisbury, NC	53.9	95.6	96.6	79.5	89.6	86.3	91.2	90.7	84.5	57.5	51.5	68.0	69.0	87.9	66.7
Hampton VAMC, VA	60.8	92.3	94.2	79.8	82.4	83.4	85.9	93.2	91.2	60.6	36.1	81.3	71.5	91.3	68.3
Hunter Holmes McGuire VAMC, Richmond, VA	63.8	92.6	93.1	78.4	82.7	83.7	87.9	88.0	80.9	67.6	46.6	78.0	79.3	90.5	72.2
Salem VAMC, VA	66.0	92.2	87.6	73.3	84.3	79.0	88.2	92.0	86.2	68.1	57.1	76.7	90.9	92.8	64.5
Beckley VAMC, WV	65.1	93.4	92.7	78.9	87.8	80.7	91.0	94.4	91.0	66.8	34.1	70.3	79.6	88.2	62.4
Birmingham VAMC, AL	73.3	94.7	95.7	78.7	87.1	82.1	90.8	92.1	90.9	73.7	57.3	83.2	83.6	91.5	68.3
Central Alabama Veterans Health Care System, Tuskegee, Montgomery, AL	51.2	88.8	86.8	69.4	71.3	76.7	84.5	88.9	88.8	57.4	43.2	68.3	75.1	88.1	64.2
Tuscaloosa VAMC, AL	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	48.8	90.6	83.0	92.7	75.2
Atlanta VAMC, GA	61.4	90.0	94.3	71.7	79.1	76.1	87.4	90.4	84.4	62.4	55.7	66.0	72.0	90.9	74.7
Charlie Norwood VAMC, Augusta, GA	67.4	92.7	94.8	79.7	82.4	80.8	88.6	90.2	82.2	67.4	58.9	80.3	89.7	92.4	74.8
Carl Vinson VAMC, Dublin, GA	64.6	94.4	93.0	75.4	88.0	78.5	86.4	95.6	84.2	66.5	57.4	81.7	86.7	90.3	72.0
Ralph H. Johnson VAMC, Charleston, SC	67.4	95.0	94.8	81.3	87.5	83.7	92.6	91.8	90.3	68.7	48.8	75.6	85.3	90.7	67.7
Wm. Jennings Bryan Dorn VAMC, Columbia, SC	70.0	95.4	94.9	85.1	85.4	82.9	94.4	94.1	93.7	72.1	50.2	79.5	82.0	91.3	68.6

Bay Pines VA Health Care System, FL	72.8	93.4	90.6	75.8	82.8	79.3	89.4	90.3	80.3	74.4	52.2	83.4	87.5	93.2	72.8
N. Florida/S. Georgia Veterans Health Care System Gainesville, Lake City	62.6	94.3	93.6	79.4	86.0	84.6	91.3	90.6	78.7	69.7	56.7	79.8	84.4	89.0	71.3
Miami VA Health Care System, FL	59.7	91.4	92.9	76.5	82.4	81.1	88.5	91.6	89.5	64.0	56.2	75.3	84.7	93.5	70.1
Orlando VAMC, FL	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	62.3	80.6	81.2	89.7	72.8
James A. Haley VAMC, Tampa, FL	66.4	92.6	93.1	73.2	82.1	86.2	86.9	88.7	79.2	69.8	57.2	87.7	85.8	91.5	70.5
West Palm Beach VAMC, FL	70.3	91.8	90.5	73.1	82.9	79.8	87.1	91.4	84.8	77.9	50.9	87.8	88.8	88.0	73.1
VA Caribbean Health Care System, San Juan, PR	70.7	90.7	94.2	68.7	77.8	78.3	85.8	96.9	88.0	72.6	62.6	80.3	74.5	91.6	78.1
Lexington VAMC, KY	64.3	92.9	93.3	79.8	82.5	80.3	88.3	89.6	78.9	65.6	66.5	83.7	84.2	93.7	76.9
Louisville VAMC, KY	63.2	92.6	92.5	79.3	85.9	83.5	86.7	87.4	87.2	64.1	54.3	81.4	81.3	91.7	71.4
Memphis VAMC, TN	56.5	87.3	90.3	71.2	73.3	73.2	83.4	85.6	84.3	62.4	43.8	83.6	81.7	87.2	63.3
Mountain Home VAMC, TN	68.1	95.2	93.7	75.3	84.9	81.7	85.9	93.4	89.0	73.3	47.0	77.4	71.6	87.5	66.4
Tennessee Valley Health Care System, Nashville, Murfreesboro, TN	61.8	93.0	93.1	75.7	85.7	81.3	87.4	90.4	84.3	65.2	46.3	82.9	85.0	92.0	65.5
Huntington VAMC, WV	65.7	93.0	92.0	77.4	83.6	82.7	88.3	92.3	84.6	65.0	38.4	78.1	69.4	92.1	67.6
Chillicothe VAMC, OH	63.0	93.3	88.5	74.4	83.6	77.3	84.8	95.3	93.0	66.5	40.8	80.2	75.9	88.5	60.8
Cincinnati VAMC, OH	64.2	93.0	93.2	76.8	83.7	84.3	90.6	93.2	87.2	65.2	54.3	88.4	78.6	92.0	73.3
Louis Stokes VAMC, Cleveland, Brecksville, OH	62.1	91.4	90.0	74.3	77.6	82.0	86.8	91.5	88.4	62.4	58.4	83.8	86.7	93.0	73.3

Chalmers P. Wylie Outpt Clinic, Columbus, OH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	55.8	90.5	81.5	91.2	60.6
Dayton VAMC, OH	52.4	90.6	92.6	75.2	77.9	81.5	84.3	86.2	79.7	58.7	46.2	91.8	85.7	91.9	61.5
VA Illiana Health Care System, Danville, IL	61.8	96.8	92.1	82.3	93.5	82.3	92.2	93.8	87.7	61.7	53.8	87.5	84.4	90.9	66.7
VA Northern Indiana Health Care System, Marion, Ft Wayne, IN	59.0	94.6	88.6	75.7	93.1	78.1	90.0	96.2	87.9	61.1	44.8	85.2	85.0	90.1	64.2
Richard L. Roudebush VAMC, Indianapolis, IN	75.2	94.5	92.7	81.1	91.0	83.7	93.2	95.6	88.4	75.7	52.5	80.2	81.2	91.6	69.9
VA Ann Arbor Health Care System, MI	81.2	97.0	94.6	84.9	94.9	89.0	97.1	95.9	90.8	81.1	50.0	84.6	87.3	91.0	69.6
Battle Creek VAMC, MI	51.9	89.8	81.7	71.4	84.7	77.5	81.4	91.7	82.9	52.2	52.9	85.9	81.5	90.9	67.3
John D. Dingell VAMC, Detroit, MI	63.2	91.9	93.3	74.7	81.5	80.0	88.2	91.2	90.2	63.5	46.0	91.8	75.9	90.9	68.4
Aleda E. Lutz VAMC, Saginaw, MI	82.0	96.4	94.7	84.0	93.6	83.4	94.5	94.8	99.3	77.7	58.1	86.1	94.7	94.1	69.5
Jessie Brown VAMC, Chicago, IL	68.3	92.5	95.1	75.0	78.4	83.6	90.5	93.5	86.0	67.3	54.6	81.5	76.7	88.2	70.8
Edward Hines Jr. VA Hospital, Hines, IL	58.1	91.7	92.9	72.0	80.5	78.8	91.2	88.1	83.5	62.2	62.0	89.6	86.5	94.8	80.2
North Chicago VAMC, IL	64.2	91.9	90.2	76.7	85.6	78.0	89.3	91.1	88.5	65.4	50.6	86.2	95.5	91.7	71.0
Iron Mountain VAMC, MI	77.9	98.6	95.5	78.4	93.8	82.8	91.2	99.3	93.5	77.6	53.5	80.0	86.0	92.1	71.4
William S. Middleton Memorial Veterans Hospital, Madison, WI	74.5	96.6	94.1	84.4	92.7	85.8	93.8	97.6	91.1	81.0	61.3	89.1	97.3	93.4	70.9
Clement J. Zablocki VAMC, Milwaukee, WI	66.1	95.0	95.0	80.6	86.7	80.9	91.5	92.0	89.3	67.7	49.3	86.8	80.7	92.5	73.0
Tomah VAMC, WI	65.6	95.1	95.2	80.0	95.7	81.5	92.5	96.8	90.4	73.4	53.2	90.9	88.8	93.6	66.7
VA Eastern Kansas Health Care System, Topeka, Leavenworth, KS	67.1	94.8	91.7	80.0	92.8	83.8	93.1	97.5	93.4	67.7	52.2	87.1	83.7	87.5	71.4
Robert J. Dole VAMC, Wichita, KS	62.1	90.3	89.3	75.4	83.9	77.4	90.5	86.6	86.7	62.1	52.3	76.5	87.2	91.1	64.5

Harry S. Truman VAMC, Columbia, MO	63.6	93.3	90.3	75.1	87.2	82.5	88.7	93.3	88.4	69.3	60.6	92.4	93.7	93.7	73.5
Kansas City VAMC, MO	63.9	94.6	91.8	76.1	85.6	82.6	87.8	92.8	84.4	67.0	53.3	76.1	76.3	90.1	70.9
Marion VAMC, IL	62.1	94.9	90.8	80.1	91.0	81.2	90.1	97.8	87.9	67.2	48.3	78.6	79.1	90.9	65.1
John J. Pershing VAMC, Poplar Bluff, MO	57.2	93.3	86.2	74.4	87.8	72.7	87.4	92.4	90.9	57.6	40.2	77.5	79.4	88.3	57.8
St Louis VAMC, St Louis, Jefferson Barracks, MO	47.2	86.6	92.9	74.0	75.0	77.2	84.4	85.8	79.5	46.9	55.3	84.5	83.4	92.3	68.8
Fayetteville VAMC, AR	68.2	93.4	91.9	76.0	87.7	76.5	89.7	94.4	86.3	72.9	60.9	83.7	88.2	90.1	68.3
Central Arkansas Veterans Health Care System, Little Rock, N Little Rock, AR	63.1	91.9	91.4	78.6	83.7	83.7	87.4	90.0	82.9	70.4	47.0	85.3	88.1	92.0	70.4
Alexandria VAMC, LA	68.3	97.3	95.9	85.0	93.2	85.1	94.0	92.5	95.3	69.6	65.0	84.4	74.1	92.5	69.6
New Orleans VAMC, LA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	57.0	77.4	81.6	90.1	75.5
Overton Brooks VAMC, Shreveport, LA	62.8	94.7	89.9	79.5	84.7	76.5	85.5	89.6	86.7	67.2	54.2	77.0	83.1	91.8	73.1
Gulf Coast Veterans Health Care System, Biloxi, MS	74.6	94.0	93.7	83.4	83.9	87.2	90.1	94.4	90.4	75.3	53.2	84.7	74.9	92.0	72.5
G.V. Montgomery VAMC, Jackson, MS	70.3	93.2	94.3	80.7	82.2	77.5	90.6	88.8	84.4	71.5	46.4	69.4	81.9	93.9	67.0
Muskogee VAMC, OK	73.4	94.9	92.2	79.7	87.1	80.4	90.9	94.0	89.8	75.6	54.5	83.1	83.7	89.6	66.3
Oklahoma City VAMC, OK	58.3	92.3	91.0	73.7	87.6	81.1	90.9	89.9	83.4	59.6	35.1	61.2	56.8	85.3	65.6
Michael E. DeBakey VAMC, Houston, TX	64.8	90.8	93.4	73.6	77.4	76.3	87.4	88.4	86.9	66.8	33.6	66.1	67.1	86.2	58.7
VA North Texas Health Care System, Dallas, TX	50.5	88.3	91.7	73.2	77.3	80.8	86.3	89.9	84.2	54.4	44.3	75.2	61.4	82.3	64.7
South Texas Veterans Health Care System, San Antonio, Kerrville, TX	64.5	91.6	93.4	76.9	82.5	80.9	89.3	88.4	78.9	67.6	55.2	81.0	78.2	90.5	72.6
Central Texas Veterans Health Care System, Temple, Waco, Marlin, TX	66.5	94.4	95.2	81.5	85.9	82.9	90.5	89.3	85.6	68.8	51.6	75.2	74.6	85.0	61.8
Carl T. Hayden VAMC, Phoenix, AZ	62.9	94.4	92.9	80.2	87.1	83.9	92.5	89.0	84.6	68.4	40.1	85.5	79.5	90.6	64.6
No. Arizona VA Health Care System, Prescott, AZ	69.7	95.1	91.6	75.8	90.1	75.4	92.4	91.1	87.3	73.0	52.3	84.8	82.8	88.1	69.2
So. Arizona VA Health Care System, Tucson, AZ	72.5	95.4	93.0	82.5	88.2	80.2	92.1	92.1	84.8	78.0	47.7	79.0	85.3	89.7	63.0

New Mexico Health Care System, Albuquerque, NM	64.7	90.6	92.7	75.1	82.3	82.5	87.4	89.7	84.5	67.6	46.6	73.2	72.3	91.2	70.2
Amarillo VA Health Care System, TX	72.6	95.8	93.5	79.4	92.1	86.7	93.9	95.9	88.1	77.1	58.0	87.7	85.5	91.9	68.2
West Texas VA Health Care System, Big Spring, TX	70.9	98.3	90.2	87.0	92.3	84.6	92.5	97.2	95.9	76.5	47.2	76.3	80.6	89.8	65.3
El Paso VA Health Care System, TX	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	43.5	80.0	73.6	86.9	65.0
VA Eastern Colorado Health Care System, Denver, Pueblo, CO	53.8	94.4	91.8	78.4	87.6	82.4	87.7	91.6	81.8	60.8	40.2	75.2	77.3	90.7	66.5
Grand Junction VAMC, CO	82.2	98.1	96.8	94.6	88.3	89.3	99.6	92.6	85.6	89.2	55.0	90.8	90.2	94.2	73.9
VA Montana Health Care System, Fort Harrison, MT	78.9	97.9	98.6	90.3	94.0	87.1	95.9	98.3	94.2	83.9	55.3	85.2	86.6	91.7	69.4
VA Salt Lake City Health Care System, UT	67.8	96.3	94.0	83.1	89.2	83.8	93.0	91.8	86.9	73.4	50.6	77.2	76.4	94.1	67.8
Cheyenne VAMC, WY	69.3	96.5	97.1	88.2	92.4	83.9	93.2	96.6	92.3	73.8	62.0	89.7	86.4	94.9	73.1
Sheridan VAMC, WY	61.2	97.5	95.5	82.9	89.9	76.8	93.6	96.6	88.3	68.0	57.7	88.0	86.7	94.9	72.6
Alaska VA Health Care System and Regional Office, Anchorage, AK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	50.3	91.3	87.6	94.1	77.2
Boise VAMC, ID	69.5	96.2	94.6	83.0	90.0	83.8	89.5	95.3	87.0	75.2	51.8	90.3	97.1	95.4	68.8
Portland VAMC, OR	62.1	94.0	93.6	82.6	87.0	81.6	89.4	89.8	79.4	70.0	46.1	86.1	89.5	88.7	62.3
VA Roseburg Health Care System, OR	65.8	96.7	91.9	82.3	90.0	79.1	90.8	95.9	90.7	66.2	43.5	68.5	62.3	89.7	64.1
Southern Oregon Rehab Center & Clinics, White City, OR	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	51.0	77.8	92.9	93.5	63.0
VA Puget Sound Health Care System, Seattle, American Lake, WA	54.8	92.9	93.9	79.0	86.0	84.4	88.9	89.5	81.0	60.8	48.0	86.3	82.4	93.2	67.9
Spokane VAMC, WA	72.5	95.4	92.8	86.3	92.2	81.4	96.2	95.5	91.0	70.6	45.5	73.6	85.2	85.6	55.8
Jonathan M. Wainwright Memorial VA Medical Center, Walla Walla, WA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	51.3	85.7	77.6	88.2	59.0
VA Central California Health Care System, Fresno, CA	67.5	92.1	93.2	77.3	84.1	80.3	89.2	93.1	83.6	73.7	49.1	89.3	91.3	90.9	58.7
VA Northern California Health Care System, Martinez, Sacramento, CA	70.6	93.0	93.0	77.1	87.3	79.6	89.8	96.7	84.1	72.6	51.2	83.8	87.8	90.6	66.4

VA Palo Alto Health Care System, Palo Alto, Menlo Pk, Livermore, CA	70.0	93.9	94.4	78.6	87.1	81.1	92.9	91.9	83.0	78.9	64.5	92.4	90.3	94.8	78.1
San Francisco VAMC, CA	65.4	93.4	94.4	80.0	87.8	82.0	92.6	96.0	82.9	75.6	63.4	89.8	90.6	94.9	79.0
VA Pacific Islands Health Care System, Honolulu, HI	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	64.3	78.5	85.7	93.2	79.0
VA Sierra Nevada Health Care System, Reno, NV	69.7	94.3	92.4	80.6	88.7	80.7	93.7	94.5	81.7	75.4	59.3	77.8	79.8	92.9	77.9
VA Loma Linda Health Care System, CA	69.5	91.4	92.6	76.8	84.5	78.2	90.7	94.6	81.9	77.0	51.9	83.7	81.9	92.7	66.4
VA Long Beach Health Care System, CA	62.0	92.7	94.3	73.5	81.8	77.7	91.8	89.7	81.9	67.9	43.6	86.1	51.6	88.9	59.6
VA Greater Los Angeles Health Care System, CA	63.3	91.6	91.4	76.8	85.9	79.5	86.1	91.2	80.6	70.3	45.5	72.3	76.6	87.6	67.7
VA San Diego Health Care System, CA	64.8	94.1	94.6	81.9	87.5	85.4	91.5	88.7	78.8	71.5	59.1	76.3	76.2	93.7	73.0
VA Southern Nevada Health Care System, Las Vegas, NV	62.3	91.8	93.8	83.6	82.2	83.3	87.4	87.8	82.6	69.4	55.7	79.6	82.6	92.1	77.9
VA Nebraska Western Iowa Health Care System, Omaha, Grand Is, Lincoln, NE	62.2	92.9	89.0	77.3	88.8	80.2	90.1	93.2	89.2	63.1	54.7	88.1	87.5	94.2	69.2
VA Central Iowa Health Care System, Des Moines, Knoxville, IA	64.8	93.1	94.3	78.1	87.5	86.3	88.1	94.9	86.3	66.0	66.2	87.0	95.5	93.4	77.6
Iowa City VAMC, IA	67.0	95.7	94.7	84.3	92.2	84.5	93.5	93.1	87.9	72.4	59.1	86.5	90.7	94.0	73.6
Minneapolis VAMC, MN	70.2	97.0	94.3	81.3	88.4	89.0	91.1	96.0	88.9	75.6	42.9	85.0	80.7	92.9	68.2
St. Cloud VAMC, MN	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	54.8	73.5	88.9	89.5	77.5
Fargo VAMC, ND	76.6	96.7	95.4	93.0	94.7	85.8	96.1	95.8	93.7	81.7	58.8	86.2	94.2	94.5	75.1
VA Black Hills Health Care System, Ft Meade, Hot Springs, SD	77.9	96.0	94.9	88.1	92.0	83.5	93.4	97.8	93.6	77.0	60.0	84.7	85.5	93.5	73.9
Sioux Falls VAMC, SD	63.8	95.5	91.1	82.4	91.3	83.4	93.8	92.4	91.2	66.3	60.1	90.3	92.4	96.9	75.8

Section 7. Efficient Care

Ambulatory Care Sensitive Conditions Hospitalizations

Facility	Hospitalizations for all 12 Conditions	Hospitalizations for Congestive Heart Failure	Hospitalizations for Pneumonia
VA Connecticut Health Care System, West Haven, CT	18.4	103.1	214.3
Edith N Rogers Memorial Veterans Hospital, Bedford, Ma	11.1	42.7	204.5
VA Boston Health Care System, W Roxbury, Brockton, Jamaica Plains, MA	37.2	118.1	311.2
Northampton VAMC, MA	15.0	68.0	171.1
Togus VAMC, Augusta, ME	15.5	76.8	226.9
Manchester VAMC, NH	14.3	67.2	124.9
Providence VAMC, RI	42.0	198.2	277.5
White River Junction VAMC, VT	29.0	162.8	251.0
Samuel S. Stratton VAMC, Albany, NY	24.4	95.2	229.5
VA Western New York Health Care System Buffalo, Batavia, NY	34.0	112.1	233.8
Bath VAMC, NY	37.6	75.2	374.0
Canandaigua VAMC, NY	10.4	50.2	163.2
Syracuse VAMC, NY	38.7	119.3	239.5
VA New Jersey Health Care System, East Orange, NJ	16.1	77.2	206.3
James J. Peters VAMC, Bronx, NY	71.2	255.4	340.2
VA New York Harbor Health Care System, Manhattan, Brooklyn, NY	59.0	220.7	305.6
VA Hudson Valley Health Care System, Montrose, Castle Point, NY	16.5	99.3	282.4
Northport VAMC, NY	31.3	98.5	345.0

Wilmington VAMC, DE	25.8	121.5	258.7
James E. Van Zandt VAMC, Altoona, PA	20.2	69.8	246.6
Butler VAMC, PA	11.0	47.1	203.4
Coatesville VAMC, PA	7.8	21.0	139.9
Erie VAMC, PA	28.2	67.1	288.4
Lebanon VAMC, PA	14.7	45.6	167.6
Philadelphia VAMC, PA	26.6	98.8	257.9
VA Pittsburgh Health Care System, PA	37.8	127.5	282.8
Wilkes-Barre VAMC, PA	24.3	118.3	269.4
Louis A. Johnson VAMC, Clarksburg, WV	41.4	183.0	285.2
Washington DC VAMC, DC	43.3	183.4	283.5
VA Maryland Health Care System, Perry Pt, Baltimore, MD	37.6	195.9	249.9
Martinsburg VAMC, WV	24.8	93.3	269.8
Asheville VAMC, NC	35.0	123.7	253.0
Durham VAMC, NC	28.0	114.7	176.3
Fayetteville VAMC, NC	27.3	162.1	284.4
W.G. (Bill) Hefner VAMC, Salisbury, NC	12.9	50.3	190.6
Hampton VAMC, VA	23.1	112.3	185.3
Hunter Holmes McGuire VAMC, Richmond, VA	39.5	123.2	284.2
Salem VAMC, VA	45.1	132.7	324.7
Beckley VAMC, WV	71.0	178.0	479.2
Birmingham VAMC, AL	27.0	100.0	210.2
Central Alabama Veterans Health Care System, Tuskegee, Montgomery, AL	17.7	89.4	254.2
Tuscaloosa VAMC, AL	11.4	34.6	106.0
Atlanta VAMC, GA	24.1	99.1	209.5
Charlie Norwood VAMC, Augusta, GA	34.4	148.1	249.3

Carl Vinson VAMC, Dublin, GA	26.0	129.3	255.6
Ralph H. Johnson VAMC, Charleston, SC	24.2	103.5	185.9
Wm. Jennings Bryan Dorn VAMC, Columbia, SC	25.5	114.9	271.4
Bay Pines VA Health Care System, FL	32.2	134.8	217.5
N. Florida/S. Georgia Veterans Health Care System Gainesville, Lake City	34.0	144.8	246.9
Miami VA Health Care System, FL	23.4	117.3	257.2
Orlando VAMC, FL	18.3	107.4	208.2
James A. Haley VAMC, Tampa, FL	47.7	180.9	305.5
West Palm Beach VAMC, FL	25.0	162.8	237.7
VA Caribbean Health Care System, San Juan, PR	34.8	178.0	199.1
Lexington VAMC, KY	50.7	228.0	282.9
Louisville VAMC, KY	30.4	137.8	223.6
Memphis VAMC, TN	43.2	145.2	293.8
Mountain Home VAMC, TN	27.7	91.8	177.5
Tennessee Valley Health Care System, Nashville, Murfreesboro, TN	34.2	120.9	295.9
Huntington VAMC, WV	47.6	193.2	267.7
Chillicothe VAMC, OH	42.4	94.8	346.2
Cincinnati VAMC, OH	41.1	147.1	238.6
Louis Stokes VAMC, Cleveland, Brecksville, OH	26.3	113.2	225.8
Chalmers P. Wylie Outpt Clinic, Columbus, OH	18.3	89.2	241.1
Dayton VAMC, OH	40.1	131.1	285.6
VA Illiana Health Care System, Danville, IL	31.1	102.9	286.3
VA Northern Indiana Health Care System, Marion, Ft Wayne, IN	20.8	79.0	233.3
Richard L. Roudebush VAMC, Indianapolis, IN	46.2	143.8	313.6
VA Ann Arbor Health Care System, MI	32.7	97.4	270.1

Battle Creek VAMC, MI	18.2	59.2	278.4
John D. Dingell VAMC, Detroit, MI	32.5	119.4	295.3
Aleda E. Lutz VAMC, Saginaw, MI	19.9	62.6	140.1
Jessie Brown VAMC, Chicago, IL	45.6	193.5	261.8
Edward Hines Jr. VA Hospital, Hines, IL	35.2	108.8	345.5
North Chicago VAMC, IL	26.2	86.7	156.0
Iron Mountain VAMC, MI	24.7	99.4	163.3
William S. Middleton Memorial Veterans Hospital, Madison, WI	27.8	129.3	276.2
Clement J. Zablocki VAMC, Milwaukee, WI	30.2	124.0	244.1
Tomah VAMC, WI	15.3	60.0	232.9
VA Eastern Kansas Health Care System, Topeka, Leavenworth, KS	31.4	78.8	286.8
Robert J. Dole VAMC, Wichita, KS	20.2	64.3	262.3
Harry S. Truman VAMC, Columbia, MO	30.4	135.8	278.7
Kansas City VAMC, MO	39.6	146.7	281.8
Marion VAMC, IL	42.8	107.5	332.6
John J. Pershing VAMC, Poplar Bluff, MO	41.1	198.3	269.5
St Louis VAMC, St Louis, Jefferson Barracks, MO	46.1	169.8	273.5
Fayetteville VAMC, AR	29.9	66.4	321.4
Central Arkansas Veterans Health Care System, Little Rock, N Little Rock, AR	49.8	126.7	343.6
Alexandria VAMC, LA	21.9	110.5	269.8
New Orleans VAMC, LA	15.7	77.8	158.1
Overton Brooks VAMC, Shreveport, LA	43.0	97.9	283.2
Gulf Coast Veterans Health Care System, Biloxi, MS	14.6	97.2	232.7
G.V. Montgomery VAMC, Jackson, MS	32.2	99.5	253.0
Muskogee VAMC, OK	47.9	147.8	303.1
Oklahoma City VAMC, OK	37.7	67.8	339.6
Michael E. DeBakey VAMC, Houston, TX	39.4	173.2	258.9
VA North Texas Health Care System, Dallas, TX	38.9	150.9	274.7
South Texas Veterans Health Care System, San Antonio, Kerrville, TX	27.1	113.2	301.5
Central Texas Veterans Health Care System, Temple, Waco, Marlin, TX	31.2	97.7	258.9

Carl T. Hayden VAMC, Phoenix, AZ	32.2	131.3	244.2
No. Arizona VA Health Care System, Prescott, AZ	27.1	67.0	234.6
So. Arizona VA Health Care System, Tucson, AZ	43.6	143.5	254.9
New Mexico Health Care System, Albuquerque, NM	40.6	161.0	225.4
Amarillo VA Health Care System, TX	30.2	94.5	239.4
West Texas VA Health Care System, Big Spring, TX	21.7	67.2	240.9
El Paso VA Health Care System, TX	18.6	97.8	289.8
VA Eastern Colorado Health Care System, Denver, Pueblo, CO	27.0	102.7	260.6
Grand Junction VAMC, CO	52.0	178.8	334.6
VA Montana Health Care System, Fort Harrison, MT	28.7	100.8	237.4
VA Salt Lake City Health Care System, UT	35.8	89.4	249.0
Cheyenne VAMC, WY	34.8	152.8	325.2
Sheridan VAMC, WY	28.4	83.6	235.0
Alaska VA Health Care System and Regional Office, Anchorage, AK	55.3	334.2	250.8
Boise VAMC, ID	33.5	122.8	277.5
Portland VAMC, OR	44.6	162.3	225.1
VA Roseburg Health Care System, OR	37.1	170.0	226.8
Southern Oregon Rehab Center & Clinics, White City, OR	13.8	59.7	172.7
VA Puget Sound Health Care System, Seattle, American Lake, WA	28.0	111.2	174.7
Spokane VAMC, WA	25.8	130.9	156.6
Jonathan M. Wainwright Memorial VA Medical Center, Walla Walla, WA	10.1	32.3	116.7
VA Central California Health Care System, Fresno, CA	37.2	114.7	295.4
VA Northern California Health Care System, Martinez, Sacramento, CA	27.2	104.2	253.4
VA Palo Alto Health Care System, Palo Alto, Menlo Pk, Livermore, CA	27.2	113.8	171.7
San Francisco VAMC, CA	32.2	114.0	257.1
VA Pacific Islands Health Care System, Honolulu, HI	24.8	153.3	150.8
VA Sierra Nevada Health Care System, Reno, NV	33.4	105.7	211.1
VA Loma Linda Health Care System, CA	32.4	95.1	271.9
VA Long Beach Health Care System, CA	41.0	188.8	232.2

VA Greater Los Angeles Health Care System, CA	30.8	175.6	277.6
VA San Diego Health Care System, CA	31.1	140.9	199.0
VA Southern Nevada Health Care System, Las Vegas, NV	32.0	127.5	202.7
VA Nebraska Western Iowa Health Care System, Omaha, Grand Is, Lincoln, NE	28.5	93.6	279.4
VA Central Iowa Health Care System, Des Moines, Knoxville, IA	18.0	64.6	281.8
Iowa City VAMC, IA	19.0	87.8	273.4
Minneapolis VAMC, MN	25.1	83.5	215.9
St. Cloud VAMC, MN	10.3	40.3	103.4
Fargo VAMC, ND	15.1	54.9	169.7
VA Black Hills Health Care System, Ft Meade, Hot Springs, SD	30.7	67.2	247.7
Sioux Falls VAMC, SD	22.5	57.8	307.7

Part 4: Data Definitions

Section 1: Infrastructure

Available In-House Services

Measure Name	Description of Data Elements
Acute Med/Surg	Acute Inpatient: Medical/Surgical: A facility is designated as having acute medicine or surgery in-house services available if the number of discharges from acute medicine or surgery discharging bed sections in a VA hospital setting is greater than 10.
Acute Mental Health	Acute Inpatient Mental Health: A facility is designated as having acute mental health in-house services available if the number of discharges from acute psychiatry discharging bed sections in a VA Hospital setting is greater than 10.
Intensive Care Unit	Intensive Care Unit: A facility is designated as having an intensive care unit based on the national VA ICU survey. Medical centers and VISNs need to meet established ICU criteria that would establish their level of care from Highly complex (level 1) to Basic (level 4). Updates to the level of ICU care can be made anytime during the year in collaboration with the National Program Director for Pulmonary/Critical Care and the Health Analysis Information Group (HAIG). (ICU Levels: 1-Complex, 2-Complex, 3-Moderate or 4-Basic based on the results of the FY 2007-2008 HAIG ICU Level Survey updated January 16, 2009).
Emergency Dept	Emergency Room Department: A facility is designated as having an emergency department available if there is outpatient encounter workload recorded using primary or secondary Decision Support System (DSS - VA's Managerial Cost Accounting System) Identifier of 130-Emergency Department.
Spinal Cord Injury & Disorders Unit	A facility is designated as having a specialty spinal cord injury & disorders unit.
Polytrauma Services	**PRC:** Polytrauma/Traumatic Brain Injury (TBI) Rehabilitation Centers that provide acute comprehensive medical and rehabilitation care for complex and severe polytraumatic injuries. **PNS:** Polytrauma Rehabilitation Network Sites have dedicated interdisciplinary teams to manage the post-acute sequelae of polytrauma and to coordinate life-long rehabilitation services for patients within their VISN. **PSCT:** Polytrauma Support Clinic Teams are local teams of providers with rehabilitation expertise who deliver follow up services in consultation with regional and network specialists. **PPOC:** Polytrauma Point of Contact facilities do not provide specialized care but have a designated PPOC who is knowledgeable of the PSC, and ensures that patients are referred to a facility capable of providing the level of services

	required.
Community Living Center	A facility is designated as having VA community living centers available if there are bed days of care in the non-acute nursing home care unit treating specialties in a VA nursing home setting.

Hospital Services

Measure Name	Description of Data Elements
Unique Patients	Unique Patients: This is the total number of unique patients at the national and facility level who received care in a VA or Non-VA setting (VA Care, Non-VA Care, Home Dialysis, Observation Beds, and Pharmacy Only file sources) during the reported timeframe.
Med Surg Hospital Discharges	Med Surg Hospital Discharges: These data are the number of hospital discharges from the acute medicine or surgery discharging bed section specialties in a VA Inpatient setting. It does not include patients discharged from a medicine or surgery observation stay.
Med Surg Hospital Discharges per 1,000 Uniques	Med Surg Hospital Discharges per 1,000 Unique Pts: The rate of acute medicine and surgery VA hospital discharges per 1000 unique patients is calculated for comparative purposes. Total facility unique patients include patients treated in both VA and Non-VA settings (VA Care, Non-VA Care, Home Dialysis, Observation Beds, and Pharmacy Only file sources).
Med Surg ALOS	Med Surg LOS: These data are the VA hospital average length of stay for patients who were discharged from acute medicine or surgery bed sections. It does not include patients discharged from observation beds.
Med Surg Bed Days Of Care (BDOC) Per 1,000 Uniques	Med Surg Bed Days of Care Per 1,000 Uniques: These data are the VA hospital total length of stay (bed days of care) for patients who were discharged from an acute medicine or surgery bed section (excluding observation patients). The rate of acute medicine and surgery VA hospital bed days of care per 1000 unique patients is calculated for comparative purposes. Total facility uniques includes patients treated in both VA and Non-VA settings (VA Care, Non-VA Care, Home Dialysis, Observation Beds, and Pharmacy Only file sources).
Mental Health Hospital Discharges	Mental Health Hospital Discharges: These data are the number of hospital discharges from the acute psychiatry discharging bed section specialties in a VA Inpatient setting. It does not include patients who were discharged from psychiatry observation.

Mental Health Hospital Discharges per 1,000 Uniques	Mental Health Hospital Discharges per 1,000 Uniques: The rate of acute mental health VA hospital discharges per 1000 unique patients is calculated for comparative purposes. Total facility uniques includes patients treated in both VA and Non-VA settings (VA Care, Non-VA Care, Home Dialysis, Observation Beds, and Pharmacy Only file sources).
Mental Health ALOS	Mental Health ALOS: These data are the VA hospital average length of stay for patients who were discharged from an acute psychiatry bed section. It does not include patients discharged from an observation bed.
Mental Health Bed Days Of Care (BDOC) Per 1,000 Uniques	Mental Health Bed Days of Care Per 1,000 Uniques: These data are the VA hospital total length of stay (bed days of care) for patients who were discharged from an acute psychiatry bed section (excluding observation patients). The rate of acute psychiatry VA hospital bed days of care per 1000 unique patients is calculated for comparative purposes. Total facility uniques includes patients treated in both VA and Non-VA settings (VA Care, Non-VA Care, Home Dialysis, Observation Beds, and Pharmacy Only file sources).

Outpatient Procedures: Endoscopy

Data was obtained from the FY2009 National Patient Care Database (NPCD) outpatient encounter file. All encounters containing a CPT procedure code for one of these types of endoscopies were included in the counts [list of CPT codes used available upon request]. This data displays the counts for five types of endoscopic procedures performed at VA facilities during FY 2009. These procedures were performed by VA salaried, fee and contract providers on VA premises. Procedures paid for by VA but performed offsite (community fee) are not included in these counts. Data is only limited by the accuracy of the CPT codes provided on the encounter record.

Measure Name	Description of Data Elements
Upper GI	
Colonoscopy	
Sigmoidoscopy	
Bronchoscopy	
ENT Endoscopy	

Hospital Accreditation Status

Measure Name	Description of Data Elements
TJC Hospital	The Joint Commission Full Accreditation surveys occur on a 3-year cycle which includes a review of multiple applicable programs: e.g., Long Term Care, Hospital, Ambulatory, Behavioral Health, and Home Care programs). The Data is compiled from The Joint
TJC Behavior Health	
TJC Long Term Care	

TJC Ambulatory Care	Commission Survey reports and reflect the accreditation status as of 2009.
TJC Home Care	
CARF Accreditation	Commission on Accreditation of Rehabilitation Facilities (CARF) accredits specialized treatment facilities for Veterans with spinal cord injury, blindness, traumatic brain injury, serious mental illnesses, and others.
CAP Accreditation Laboratories	Report from Pathology & Laboratory Medicine Service, FY-09. Approximately 250 VA laboratories are accredited by the College of American Pathologists (CAP), The Joint Commission (TJC) or COLA.

Hospital and Facility Services

Measure Name	Description of Data Elements
Outpatient Visits	Total Outpatient Visits: An outpatient "visit" is used for the purpose of reporting services provided to a Veteran and/or patient in a 24-hour period; for example, the visit of a Veteran to one or more clinics or units within one calendar day at the facility level, including the station number and the suffix identifiers. One visit is one person seen in one day at one station (sta3) or substation (sta6) even if the Veteran has multiple appointments at that same facility on that day.
MD Full-time FTE	MD Full-time FTE: This is the staffing of full-time physician FTE (Full Time Equivalent) in VA budget object code 1081 (Physicians-Full Time). This does not include medical residents, trainees, physicians in a without compensation status, or contract physicians.
MD Part-time FTE	MD Part-time FTE: This is the staffing of part-time physician FTE (Full Time Equivalent) in VA budget object code 1082 (Physicians-Part Time). This does not include medical residents, trainees, physicians in a without compensation status, or contract physicians.
MD FTE per 1,000 Uniques	MD FTE per 1,000 Uniques: This is the staffing rate of full and part-time physician FTE (Full Time Equivalent) in VA budget object code 1081(Physicians-Full Time) and 1082 (Physicians-Part Time) per 1,000 total facility unique patients. This does not include medical residents, trainees, physicians in a without compensation status, or contract physicians.

HPPD data	The HPPD data is obtained from the DSS Nursing Hours/Costs by Ward and Ward Day of Care report. Total Ward Days: the Source data is the DSS NDE WARD and the DSS ALB NDE PAID file. The Ward Hours of Care include the admission and discharge days in the report. Total Patient Ward Hours: The total Hours of actual occupancy time of patients on the selected ward. For example: a patient is on WARD X from 3am until 8am they are credited with 5 ward hours of care on WARD X. if same patient transferred at 8 am to WARD Z and remains there until midnight they will be credited with 19 ward hours on WARD Z. Total Ward Days: Calculation = Total Patient Ward Hours/24. The admission day is counted; the discharge day is counted. If a patient is admitted and discharged in the same day, then the ward hours of care (which is the actual time the patient spent on the unit) is in the ward hours count. Patients with Ward Hours of Care assigned to a MAS observation beds on a regular inpatient ward will be included in the report.
	***The HPPD data has not been manipulated or changed from what appears in the DSS HPPD report. Facilities with data that appears significantly skewed (high or low) have been notified and advised to review the data with their local DSS Manager(s) to ensure that labor mapping and ward mapping ("C-Ward tables") is correct. Additional report definitions and information may be viewed by accessing the DSS report. https://vssc.med.va.gov/dss_ssl/NURSEINP.asp Total Hours per Ward Day: Calculation = Total Nursing Hours/Total Ward Days. RN: Calculation = RN Total Nursing Hours/Total Ward Days. LPN: Calculation = LPN Total Nursing Hours/Total Ward Days. NA: Calculation = NA Total Nursing Hours/Total Ward Days.
Critical Care Units - RNs	Clusters: E8 - Med/Surg ICU Combined; E6 - Cardiac Care Unit; E5 - Neuro ICU; E4 - Medical ICU 2; E3 - Medical ICU 1; E2 - Telemetry ICU; E1 - Surg ICU
Critical Care Units - LPNs	
Critical Care Units - Nursing Assistants (NAs)	
Medical Units - RNs	FT - Ward Neuro; FN - Wards Mixed Med/Int. Med 2; FM - Wards Mixed Med/Int. Med 1; ES - Ward Gen Med/Acute 4; EP - Wards - Infectious Disease; EO - Wards Rheumatology/Dermatology; EN - Wards Oncology; EM - Ward Gen Med/Acute 3; EL - Ward Gen Med/Acute 2; EK - Ward Gen Med/Acute 1
Medical Units - LPNs	
Medical Units - NAs	
Surgical Units - RNs	F5 - Ward Neuro/Neuro Surgery; F4 - Wards Neurosurgery; F3 - Wards - Surgery 3; F2 -

Surgical Units - LPNs	Wards - Surgery 2; F1 - Wards - Surgery 1
Surgical Units - NAs	
Mixed Med/Surg - RNs	FL - Ward Mixed Med/Surg/Int. Med 2; FK - Ward Mixed Med/Surg/Int. Med 1; FJ - Wards Mixed Med/Surg/PSI 2; FI - Wards Mixed Med/Surg/PSI 1; FH - Wards Mixed Med/Surg 4; FG - Wards Mixed Med/Surg 3; FF - Wards Mixed Med/Surg 2; FE - Wards Mixed Med/Surg 1
Mixed Med/Surg - LPNs	
Mixed Med/Surg - NAs	
Acute Mental Health - RNs	HM - Wards Psychiatry Acute 4; HL - Wards Psychiatry Acute 3; H6 - Wards Psychiatry Acute 2; H5 - Wards Psychiatry Acute 1; H4 - Wards Psychiatry Mixed Detox 2; H3 - Wards Psychiatry Mixed Detox 1
Acute Mental Health - LPNs	
Acute Mental Health - NAs	
SCI/D Units - RNs	GO - Wards SCI – Surgery; GN - Wards SCI - Ventilator 2 (only); GM - Wards SCI - Ventilator 1 (only); GL - Wards SCI Routine 2; GK - Wards SCI Routine 1
SCI/D Units -LPNs	
SCI/D Units - NAs	
CLCs - RNs	G8 - Wards - NHCU Ventilator 2; G7 - Wards - NHCU Ventilator 1; G6 - Wards - Routine NHCU 6; G5 - Wards - Routine NHCU 5; G4 - Wards - Routine NHCU 4; G3 - Wards - Routine NHCU 3; G2 - Wards - Routine NHCU 2; G1 - Wards - Routine NHCU 1
CLCs - LPNs	
CLCs - NAs	
Turnover - RNs	The report reflects the Facility total loss rate for Registered Nurse (occupation code 0610) Practical Nurse (LPN/LVN - occupation code 0620) and Nursing Assistant (occupation code 0621) Facility Total Loss Rate – Any loss, retirement, death, termination, voluntary separation or transfer that removes employee from the selected Facility.
Turnover - LPNs	
Turnover - NAs	

Section 2: Effective

Outpatient Care Composites

Measure Name	Description of Data Elements
Outpatient Composites: Diabetes Mellitus	Measures in the Diabetic Composite: DM - Outpatients - HbA1 > 9 or not done (poor control) in past year (HEDIS); DM - Outpatients - LDL-C < 100 (HEDIS); DM - Outpatients - BP LE 140/90; DM - Outpatients - Retinal exam, timely by disease (HEDIS); DM - Outpatients - LDL-C measured (HEDIS) w/ 1 yr review; DM - Outpatients - Renal Testing (HEDIS); DM - Outpatients - HbA1c Annual

Measure Name	Description of Data Elements
Outpatient Composites: Prevention	CA - Women age 50-69 screened for Breast Cancer (HEDIS); CA - Women age 21-64 screened for Cervical Cancer in the past 3 yrs (HEDIS); CA - Pts receiving appropriate Colorectal Cancer Screening (HEDIS); P-Immunizations - Pneumococcal Outpatients – Nexus; Immunizations - Outpatients - Influenza ages 50-64 - Nexus Clinics (HEDIS); Immunizations - Outpatients - Influenza ages GE 65 (HEDIS); Mov- Outpatients screened for Obesity
Outpatient Composites: Ischemic Heart Dz	HTN - Outpatients diagnosis HTN & BP LT 140/90 (HEDIS); AMI - Outpatients LDL-C measured (HEDIS); AMI - Outpatients LDL-C LT 100 (HEDIS)
Outpatient Composites: Tobacco	Tobacco - Outpatients - Pts using tobacco in past yr who have been offered meds; Tobacco- Outpatients - Pts using tobacco in past yr provided w/ counseling on how to quit; Tobacco - Outpatients - Pts using tobacco in past yr offered referral to cessation program
Outpatient Composites: Behavioral Health Screening	SUD- Outpatients screened annually for Alcohol Misuse; PTSD- Outpatients screened at required intervals for PTSD using the PC-PTSD; MDD- Outpatients screened annually for depression using the PQ2 or PQ9

Hospital Processes of Care Composites

Measure Name	Description of Data Elements
ORYX Inpatient Composites: Acute Myocardial Infarction	AMI - Inpatient -ASA w/in 24 hours of admission; AMI - Tobacco - Inpatient Counseling – AMI; AMI - Inpatient –timely reperfusion (VA Measure); AMI - Inpatient -LVEF LT 40 on ACEI or ARB at discharge; AMI - Inpatient -Beta blockers w/in 24 hrs after admission; AMI - Inpatient - LDL - Cholesterol Assessment; AMI - Inpatient - Lipid Lowering Therapy f/ at Risk Pts GE 130; AMI - Inpatient -ASA at discharge; AMI - Inpatient -Beta blockers at discharge; AMI - Inpatient -EKG Timely (VA Measure)
ORYX Inpatient Composites: Congestive Heart Failure (HF)	HF - Inpatient - LVF assessed or planned at discharge; HF - Inpatient - LVEF LT 40 on ACEI or ARB specific at discharge; HF - Inpatient -Tobacco - Inpatient Counseling – HF; HF - Inpatient - Discharge instructions f/ diet/wt/meds
ORYX Inpatient Composites: Community acquired pneumonia (CAP)	CAP - Inpatient - O2 Assess in 24 Hours of Arrival; CAP - Inpatient - Appropriate initial antibiotic f/ immunocompromised pt in ICU; CAP - Inpatient - Appropriate initial antibiotic f/ immunocompromised pt Non-ICU; CAP - Inpatient - Influenza vaccination; CAP - Inpatient - Blood Cultures w/in 24 hrs of arrival - Inpatient ICU; CAP - Inpatient - Blood cultures perform in ED prior to 1st antibiotic; CAP - Inpatient - Initial antibiotic w/in 6 hrs of arrival; CAP - Inpatient - pneumococcal screen & or vaccination; CAP –Inpatient- Tobacco - Inpatient Counseling

SCIP	SIP - Inpatient - Correct Antibiotic (All); SIP - Inpatient - Hair removal by acceptable method; SIP - Inpatient - Beta Blocker Therapy Perioperatively; SIP - Inpatient - VTE Prophylaxis Ordered; SIP - Inpatient - VTE Prophylaxis Received w/in 24 hrs; SIP - Inpatient - Prophylactic antibiotics started timely; SIP - Inpatient - Prophylactic antibiotics dc-end timely; SIP - Inpatient - Glucose levels within range - Cardiac Surgery

Risk Adjusted Disease Mortality - Data Source: VA Inpatient Evaluation Center (IPEC).

Measure Name	Description of Data Elements
Acute Myocardial Infarction	The ratio of predicted 30-day mortality (death within 30 days of hospital admission) to expected 30-day mortality for patients with a primary diagnosis of acute myocardial infarction, multiplied by the national VA unadjusted 30-day mortality rate for these patients. Calculated as: (Numerator / Denominator) x Rate; as percent. Numerator: The mean predicted 30-day mortality of patients who had a primary diagnosis of acute myocardial infarction (anticipated mortality of the specific patients at the specific hospital). Predicted 30-day mortality is estimated by using a multivariate hierarchical logistic regression model that has as predictors: age, gender, 1-year history of coronary artery bypass graft, 1-year history of percutaneous coronary intervention, and 1-year history of co-morbidities, with site as a random effect. Denominator: The mean expected 30-day mortality of patients who had a primary diagnosis of acute myocardial infarction (anticipated mortality of the specific patients at an average hospital). Expected 30-day mortality is computed from the model described above, using the outcome of each specific patient at the average hospital (i.e., predicted mortality minus the site effect). Rate: The number of patients with a primary diagnosis of acute myocardial infarction who die within 30 days of hospital admission divided by the total number of patients with a primary diagnosis of acute myocardial infarction x 100.
Congestive Heart Failure	The ratio of predicted 30-day mortality (death within 30 days of hospital admission) to expected 30-day mortality for patients with a primary diagnosis of heart failure, multiplied by the national VA unadjusted 30-day mortality rate for these patients. Calculated as: (Numerator / Denominator) x Rate; as percent. Numerator: The mean predicted 30-day mortality of patients who had a primary diagnosis of heart failure (anticipated mortality of the specific patients at the specific hospital). • Predicted 30-day mortality is estimated by using a multivariate hierarchical logistic regression model that has as predictors: age, gender, 1-year history of coronary artery bypass graft, 1-year history of percutaneous coronary intervention, and 1-year history of co-morbidities, with site as a random effect. Denominator: The mean expected 30-day mortality of patients who had a primary diagnosis of heart failure (anticipated mortality of the specific patients at an average hospital).

	Expected 30-day mortality is computed from the model described above, using the outcome of each specific patient at the average hospital (i.e., predicted mortality minus the site effect). Rate: The number of patients with a primary diagnosis of heart failure who die within 30 days of hospital admission divided by the total number of patients with a primary diagnosis of heart failure x 100.
Pneumonia	The ratio of predicted 30-day mortality (death within 30 days of hospital admission) to expected 30-day mortality for patients with a primary diagnosis of pneumonia, multiplied by the national VA unadjusted 30-day mortality rate for these patients. Calculated as: (Numerator / Denominator) x Rate; as percent. Numerator: The mean predicted 30-day mortality of patients who had a primary diagnosis of pneumonia, (anticipated mortality of the specific patients at the specific hospital). Predicted 30-day mortality is estimated by using a multivariate hierarchical logistic regression model that has as predictors: age, gender, 1-year history of coronary artery bypass graft, 1-year history of percutaneous coronary intervention, and 1-year history of co-morbidities, with site as a random effect. Denominator: The mean expected 30-day mortality of patients who had a primary diagnosis of heart failure (anticipated mortality of the specific patients at an average hospital). Expected 30-day mortality is computed from the model described above, using the outcome of each specific patient at the average hospital (i.e., predicted mortality minus the site effect). Rate: The number of patients with a primary diagnosis of pneumonia who die within 30 days of hospital admission divided by the total number of patients with a primary diagnosis of pneumonia x 100.

30 Day Unadjusted Readmission Rates

Measure Name	Description of Data Elements
All Causes	The proportion of patients who were readmitted (for any cause) to the acute care wards of the hospital within 30 days following discharge from the hospital. Calculated as (Numerator / Denominator) x 100; as percent. Numerator: The number of patients who had been hospitalized and who had at least one readmission for acute care in the hospital within 30 days following discharge from the index hospitalization date of discharge. Index Hospitalization: Initially, the index hospitalization is defined as the patient's first hospitalization. Admissions within 30 days of the discharge date from the index hospitalization are all categorized as readmissions for the index hospitalization where readmission is a binary choice (readmission or no readmission during that 30 day period for that patient). Once greater than 30 days has elapsed following discharge from the index hospitalization, the next hospital admission becomes a NEW index hospitalization. Thus, any admission may be either an index

	hospitalization or a readmission, but not both. Denominator: The number of index hospitalizations.
Congestive Heart Failure	The proportion of congestive heart failure patients who were readmitted (for any cause) to the acute care wards of the hospital within 30 days following discharge from the hospital. Calculated as (Numerator / Denominator) x 100; as percent. Numerator: The number of congestive heart failure patients who had been hospitalized and who had at least one readmission (any cause) for acute care in the hospital within 30 days following discharge from the index hospitalization date of discharge. Index Hospitalization: Initially, the index hospitalization is defined as the patient's first congestive heart failure hospitalization. Admissions within 30 days of the discharge date from the index hospitalization are all categorized as readmissions for the index hospitalization where readmission is a binary choice (readmission or no readmission during that 30 day period for that patient). Once greater than 30 days has elapsed following discharge from the index hospitalization, the next congestive heart failure hospital admission becomes a NEW index hospitalization. Thus, an admission cannot be both an index hospitalization and a readmission. Denominator: The number of CHF index hospitalizations.

Surgical Quality

Measure Name	Description of Data Elements
VASQIP	Data collected for surgical procedures includes: detailed preoperative patient characteristics including chart-abstracted medical conditions, functional status, recent laboratory tests, information about the surgical procedure performed, and 30-day outcomes data. A surgical procedure is classified as major if the health of the patient and the risk of the surgical procedure, based upon historical data, create a greater than nominal risk of morbidity or mortality 30 days after the surgical procedure. VASQIP analyzes this patient data using a multivariable logistic regression risk-adjustment model that predicts individual patient outcomes in relationship to the postoperative outcomes of similar patients. In this manner, patient outcomes for major surgical procedure are expressed by comparing observed incidents of mortality and morbidity to the expected incidents for the entire patient population, identified as the observed-to-expected (O/E) ratio. For example, a facility may expect 5 major surgical deaths, but only realized 4 post-operative deaths in that year resulting in an O/E ratio of 0.8.

Section 3: Equitable

Gender: female, male

Data source: External Peer Review Program (EPRP) outpatient samples in FY2009; includes women oversamples. Scores are weighted. Diabetes Composite: Diabetes measure HbA1 GT 9 or not done (poor control) in past year (DMG23H) is reversed to reflect higher performance is better. Stratified results are not shown if at least one of the Gender categories has less than 30 cases for a given composite. Prevention Composite excludes preventive measures specific to women (Breast Cancer and Cervical Cancer screenings).

Measure Name	Description of Data Elements
Diabetes Mellitus	
Prevention	
Ischemic Heart Disease	
Tobacco	
Behavioral Health Screening	

Age, <65 Years of Age; 65-75 Years of Age

Data source: External Peer Review Program (EPRP) outpatient samples in FY2009; includes individuals with ages <=75. Scores are weighted. Diabetes Composite: Diabetes measure HbA1 GT 9 or not done (poor control) in past year (DMG23H) is reversed to reflect higher performance is better. Stratified results are not shown if a least one of the Age categories has less than 30 cases for a given composite. Prevention Composite excludes preventive measures specific to women (Breast Cancer and Cervical Cancer screenings).

Measure Name	Description of Data Elements
Diabetes Mellitus	
Prevention	
Ischemic Heart Disease	
Tobacco	
Behavioral Health Screening	

Satisfaction with Inpatient Care by Race/Ethnicity

Measure Name	Description of Data Elements
White	
African American	
Other	

Satisfaction with Outpatient Care by Race

Measure Name	Description of Data Elements
White	
African American	
Other	

Section 4: Safe Care

Healthcare Associated Infections - Data Source: VA Inpatient Evaluation Center (IPEC) Data Management website (self-reported).

Measure Name	Description of Data Elements
Ventilator Associated Pneumonia	Ventilator Associated Pneumonia (VAP) Infection Rate = (numerator/denominator) x 100. Numerator: The number of VAP infections (ICU). Denominator: The number of ventilator days.
Central Line Associated Bacteremia	Central Line Associated Bloodstream (CLAB) Infection Rate = (numerator/denominator) x 100. Numerator: The number of central line infections. Denominator: The number of central line days.
ICU MRSA	MRSA ICU Infection Rate (numerator/denominator) x 100. Numerator: Total number of MRSA infections (culture positive). Denominator: Bed days of care.
Acute Care MRSA	MRSA Infection Rate (Acute care ward) = (numerator/denominator) x 100. Numerator: Total number of MRSA infections (culture positive). Denominator: Bed days of care.

Measure Name	Description of Data Elements
ICU MRSA Screening Rate	MRSA Composite Screening Rate (ICU only) = (numerator/denominator) x 100. Numerator: Total number of indicated nasal screens for MRSA performed timely. Denominator: Total number of indicated nasal screens for MRSA. Timely Swab: Nasal screening must be completed within 24 hours upon admission or transfer in to the unit (24 hours reflects prior to or after arrival on the unit) AND on exit from the unit.
Acute Care MRSA Screen Rate	MRSA Composite Screening Rate (Acute care wards) = (numerator/denominator) x 100. Numerator: Total number of indicated nasal screens for MRSA performed timely. Denominator: Total number of indicated nasal screens for MRSA. Timely Swab: Nasal screening must be completed within 24 hours upon admission or transfer in to the unit (24 hours reflects prior to or after arrival on the unit) AND on exit from the unit.

Other - Data Source: VA Inpatient Evaluation Center (IPEC).

Measure Name	Description of Data Elements
ICU Risk Adjusted Length of Stay	ICU Risk Adjusted Length of Stay (OMELOS): OMELOS is "observed minus expected length of stay" and is risk adjusted by the IPEC. The average observed patient-level unit length of stay minus expected patient-level unit length of stay for ICU stays at a given facility. If the OMELOS is less than zero, then observed unit length of stay is less than expected. If the OMELOS is greater than zero, then the observed unit length of stay is greater than expected.
Insulin Induced Hypoglycemia - BS<45 mg/dl	Insulin Induced Hypoglycemia BS<45 mg/dl: The percentage of patient-days in the ICU, for patients with orders written for insulin or other hypoglycemic agents, with any glucose measurements less than or equal to 45 mg/dL. Calculated as (numerator / denominator) x 100; as percent. Numerator: The total number of ICU patient-days, for patients with orders written for insulin or other hypoglycemic agents (VA Drug Class HS501 or HS502) between 8 hours before hospital admission (e.g., orders written in the ED) and unit discharge, with any glucose measurements less than or equal to 45 mg/dL. Denominator: The total number of ICU patient-days for patients with orders written for insulin or other hypoglycemic agents (VA Drug Class HS501 or HS502) between 8 hours before hospital admission (e.g., orders written in the ED) and unit discharge.
Insulin Induced Hypoglycemia - BS<60 mg/dl	Insulin Induced Hypoglycemia BS<60 mg/dl: The percentage of patient-days in the ICU, for patients with orders written for insulin or other hypoglycemic agents, with any glucose measurements less than or equal to 60 mg/dL. Calculated as (numerator / denominator) x 100; as percent. Numerator: The total number of ICU patient-days, for patients with orders written for insulin or other hypoglycemic agents (VA Drug Class HS501 or HS502) between 8 hours before hospital admission (e.g., orders written in the ED) and unit discharge, with any glucose measurements less than or equal to 60 mg/dL. Denominator: The total number of ICU

	patient-days for patients with orders written for insulin or other hypoglycemic agents (VA Drug Class HS501 or HS502) between 8 hours before hospital admission (e.g., orders written in the ED) and unit discharge.
Hospital Acquired Pressure Ulcers	Data is reported as the rate, calculated as: Hospital Acquired Pressure Ulcer (HAPU) Rate = (numerator / denominator) x 100. **Numerator (HAPU 2 plus Count)**: The number of discharged Acute Care patients who develop Hospital-Acquired Pressure Ulcers Stage II or greater as documented in the VANOD templates with a length of stay 48 hours or longer. **Denominator**: Discharge date minus admission date for all discharged Acute Care patients with a length of stay 48 hours or longer. It should be noted that Data are only captured if the VANOD skin templates have been used properly. If a facility is not using all of the VANOD templates as intended, the HAPU rate may be incorrectly reflected.

Root Cause Analyses (RCAs)

Measure Name	Description of Data Elements
RCAs Complete in <45 days	RCAs completed in <= 45 days is the percentage of RCA reports that were completed within the required 45-day analysis period, starting from the event aware date and ending on the date the facility director signs off on the completed RCA.
RCA Outcome Measures Reported	RCA Outcome Measures Reported is the percentage of outcome measures (on the effectiveness of RCAs) that were reported to NCPS as being completed on or before the date specified in the RCA.

Section 5: Timely

Access to Care - Wait Times:

Measurement focuses on patients seen in the 50 high volume DSS stop codes. Measurement segments all patients into two groups; those that are new and those that are not classified as new hereby termed "established" patients. Wait times for both new and established patient appointments are calculations of the number of days from the patient or provider specified desired date for the appointment to the date of the completed appointment. The Completed Appointments Report for new and established patient appointments within Primary care and Specialty care clinics provides both the number and the percent of these appointments completed within 30 days or less. The Percent is based on a ratio of

appointments 30 days & under divided by all completed appointments. Data Sources: The Patient Appointment package in VISTA, which is commonly referred to as PAIT, is the main data source for this report.

Measure Name	Description of Data Elements
Primary Care patients seen within 30 days	
Percentage completed in 30 days or less	
Specialty Care patients seen within 30 days	
Percentage completed in 30 days or less	

Section 6: Patient Centered Care

(Source for data is SHEP survey data for inpatient and outpatient care.)

Measure Name	Description of Data Elements
Overall rating of hospital	Please answer the following questions about your stay at the hospital named on the cover. Do not include any other hospital stays in your answer. Question 21. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay? Question 21 has the following response scale: 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10. The reporting measure is calculated as the percentage of responses that fall in the top two categories (9, 10).
Communication with Nurses	Question 1. During this hospital stay, how often did nurses treat you with courtesy and respect?Question 2. During this hospital stay, how often did nurses listen carefully to you?Question 3. During this hospital stay, how often did nurses explain things in a way you could understand? Questions 1, 2, and 3 have the following response scale: Never, Sometimes, Usually, Always.The score on each item is calculated as the percentage of responses that fall in the top two categories (Usually, Always).Communication with Nurses is then calculated as the average of the site's scores on the three items.
Communication with Doctors	Question 5. During this hospital stay, how often did doctors treat you with courtesy and respect? Question 6. During this hospital stay, how often did doctors listen carefully to you? Question 7. During this hospital stay, how often did doctors explain things in a way you could understand? Questions 5, 6, and 7 have the following response scale: Never, Sometimes, Usually, Always. The score on each item is calculated as the percentage of responses that fall in the top two categories (Usually, Always). Communication with Doctors is then calculated as the average of the site's scores on the three items.

Communication about medications	Question 16. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for? Question 17. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand? Filter: Question 15. During this hospital stay, were you given any medicine that you had not taken before? [Response options: Yes, No] Responses to Questions 16 and 17 were used only if response to Question 15 was 'Yes' or blank. Questions 16 and 17 have the following response scale: Never, Sometimes, Usually, Always. The score on each item is calculated as the percentage of responses that fall in the top two categories (Usually, Always). Communication about Medication is then calculated as the average of the site's scores on the two items.
Nursing Services	Question 4. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it? Question 11. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted? Filter: Question 10. During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan? [Response options: Yes, No] Responses to Question 11 were used only if response to Question 10 was 'Yes' or blank. Question 4 has the following response scale: Never, Sometimes, Usually, Always, I never pressed the call button. The score on Question 4 is calculated as the percentage of responses that fall in the top two categories (Usually, Always); responses of 'I never pressed the call button' are excluded from the denominator in the calculation of this percentage. Question 11 has the following response scale: Never, Sometimes, Usually, Always. The score on Question 11 is calculated as the percentage of responses that fall in the top two categories (Usually, Always). Nursing Services is then calculated as the average of the site's scores on the two items.

Discharge Information	Question 19. During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?Question 20. During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital? Filter: Question 18. After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?[Response options: Own home, Someone else's home, Another health facility]Responses to Questions 19 and 20 were used only if response to Question 18 was 'Own home,' 'Someone else's home,' or blank.Questions 19 and 20 have the following response scale: Yes, No.The score on each item is calculated as the percentage of 'Yes' responses.Discharge Information is then calculated as the average of the site's scores on the two items.
Pain Control	Question 13. During this hospital stay, how often was your pain well controlled? Question 14. During this hospital stay, how often did the hospital staff do everything they could to help you with your pain? Filter: Question 12. During this hospital stay, did you need medicine for pain? [Response options: Yes, No] Responses to Questions 13 and 14 were used only if response to Question 12 was 'Yes' or blank. Questions 13 and 14 have the following response scale: Never, Sometimes, Usually, Always. The score on each item is calculated as the percentage of responses that fall in the top two categories (Usually, Always). Pain Control is then calculated as the average of the site's scores on the two items.
Cleanliness of Hospital Environment	Question 8. During this hospital stay, how often were your room and bathroom kept clean? Question 8 has the following response scale: Never, Sometimes, Usually, Always. The reporting measure is calculated as the percentage of responses that fall in the top two categories (Usually, Always).
Quietness of Hospital Environment	Question 9. During this hospital stay, how often was the area around your room quiet at night? Question 9 has the following response scale: Never, Sometimes, Usually, Always. The reporting measure is calculated as the percentage of responses that fall in the top two categories (Usually, Always).
Willingness to Recommend Hospital	Question 22. Would you recommend this hospital to your friends and family? Question 22 has the following response scale: Definitely no, Probably no, Probably yes, Definitely yes. The reporting measure is calculated as the percentage of responses in the top category (Definitely yes).

Overall Satisfaction	Question 45. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 12 months? Question 45 has the following response scale: 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10. The reporting measure is calculated as the percentage of responses that fall in the top two categories (9, 10).
Getting Needed Care	Question 47. In the past 12 months, how often was it easy to get the care, tests or treatment you thought you needed through VA?*Filter: Question 46. In the past 12 months, did you try to get any care, tests or treatment through VA? [Response options: Yes, No]Response to Question 47 was used only if response to Question 46 was 'yes' or blank.***Question 49.** In the last 12 months, how often was it easy to get appointments with specialists?*Filter: Question 48. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 12 months, did you try to make any appointments to see a specialist? [Response options: Yes, No]Response to Question 49 was used only if response to Question 48 was 'yes' or blank. Questions 47 and 49 have the following response scale: Never, Sometimes, Usually, Always.The score on each item is calculated as the percentage of responses that fall in the top two categories (Usually, Always). Getting Needed Care is then calculated as the average of the site's scores on the two items.*
Getting Care Quickly	Question 31. In the last 12 months, when you needed care right away, how often did you get care as soon as you thought you needed? Filter: Question 30. In the last 12 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office? [Response options: Yes, No] Response to Question 31 was used only if response to Question 30 was 'yes' or blank. Question 35. In the past 12 months, not counting the times you needed care right away, how often did you get an appointment as soon as you thought you needed? Filter: Question 34. In the last 12 months, not counting the times you needed care right away, did you make any appointments for your health care at a doctor's office or clinic? [Response options: Yes, No] Response to Question 35 was used only if response to Question 34 was 'yes' or blank. Questions 31 and 35 have the following response scale: Never, Sometimes, Usually, Always. The score on each item is calculated as the percentage of responses that fall in the top two categories (Usually, Always). Getting Care Quickly is then calculated as the average of the site's scores on the two items.

How well doctors and nurses communicate	Question 11. In the last 12 months, how often did your personal doctor or nurse explain things in a way that was easy to understand?Question 12. In the last 12 months, how often did your personal doctor or nurse listen carefully to you?Question 13. In the last 12 months, how often did your personal doctor or nurse show respect for what you had to say?Question 14. In the last 12 months, how often did your personal doctor or nurse spend enough time with you? Filters: Question 9. A personal doctor or nurse is the health provider who knows you best. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant. Do you have one person you think of as your personal doctor or nurse? [Response options: Yes, No]Question 10. In the last 12 months, how many times did you visit your personal doctor or nurse to get care for yourself? [Response options: None, 1, 2, 3, 4, 5 to 9, 10 or more] Responses to Questions 11, 12, 13, and 14 were used only if response to Question 9 was 'yes' or blank and response to Question 10 was not 'None.' Questions 11, 12, 13, and 14 have the following response scale: Never, Sometimes, Usually, Always.The score on each item is calculated as the percentage of responses that fall in the top two categories (Usually, Always).How Well Doctors/Nurses Communicate is then calculated as the average of the site's scores on the four items.
Rating of Personal Doctor or Nurse	Question 18. Using any number from 0 to 10, where 0 is the worst personal doctor/nurse possible and 10 is the best personal doctor/nurse possible, what number would you use to rate your personal doctor/nurse? Filters: Question 9. A personal doctor or nurse is the health provider who knows you best. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant. Do you have one person you think of as your personal doctor or nurse? [Response options: Yes, No] Question 10. In the last 12 months, how many times did you visit your personal doctor or nurse to get care for yourself? [Response options: None, 1, 2, 3, 4, 5 to 9, 10 or more] Responses to Question 18 were used only if response to Question 9 was 'yes' or blank and response to Question 10 was not 'None.' Question 18 has the following response scale: 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10. The reporting measure is calculated as the percentage of responses that fall in the top two categories (9, 10).

Section 7: Efficient

Ambulatory Care Sensitive Conditions (ACSC) Hospitalizations

Measure Name	Description of Data Elements
All 12 Conditions # per 1000 ACSC Patients	All 12 ACSC Conditions: Hospitalizations per 1000 ACSC Patients: This is the rate of ACSC hospitalizations per 1000 unique ACSC patients during Fiscal Year 2009. A total of 130 ICD-9 diagnosis codes associated with the 12 ACSCs listed previously were used to identify all patients with any of the ACSCs (see code detail at http://www.qualityindicators.ahrq.gov/pqi_download.htm) in any position in the inpatient, outpatient, and Fee/Contract files. Avoidable or ACSC hospitalizations were identified by matching these 130 ICD-9 codes to the principal diagnosis in the inpatient main files (certain CHF and pneumonia admissions are excluded according to AHRQ's algorithm). ACSC patients and hospitalizations were then assigned to facilities by their assignment to an associated Primary Care Provider (PCP).
Congestive Heart Failure (CHF) # per 1000 CHF Patients	Congestive Heart Failure (CHF): Hospitalizations per 1000 CHF ACSC Patients: This is the rate of CHF ACSC hospitalizations per 1000 unique CHF ACSC patients during Fiscal Year 2009. A total of 25 ICD-9 diagnosis codes associated with the CHF ACSCs were used to identify all patients with any of the ACSCs (see code detail at http://www.qualityindicators.ahrq.gov/pqi_download.htm) in any position in the inpatient, outpatient, and Fee/Contract files. Avoidable or ACSC hospitalizations were identified by matching these 25 ICD-9 codes to the principal diagnosis in the inpatient main files (certain CHF admissions are excluded according to AHRQ's algorithm). CHF ACSC patients and hospitalizations were then assigned to facilities by their assignment to an associated Primary Care Provider (PCP).
Pneumonia # per 1000 Pneumonia Patients	Pneumonia: Hospitalizations per 1000 Pneumonia ACSC Patients: This is the rate of bacterial pneumonia ACSC hospitalizations per 1000 unique bacterial pneumonia ACSC patients during Fiscal Year 2009. A total of 12 ICD-9 diagnosis codes associated with the bacterial pneumonia ACSCs were used to identify all patients with any of the ACSCs (see code detail at http://www.qualityindicators.ahrq.gov/pqi_download.htm) in any position in the inpatient, outpatient, and Fee/Contract files. Avoidable or ACSC hospitalizations were identified by matching these 12 ICD-9 codes to the principal diagnosis in the inpatient main files (certain pneumonia admissions are excluded according to the AHRQ's algorithm). Bacterial Pneumonia ACSC patients and hospitalizations were then assigned to facilities by their assignment to an associated Primary Care Provider (PCP).