



2009 VHA Facility Quality and Safety Report

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Table of Contents

Executive Summary.....	1
Description of Data Elements.....	3
Findings.....	7
Conclusions.....	11
External Comparisons.....	14
Tabular Data	
Section I.....	15
Infrastructure	
Hospital Services- Patient	
Section II.....	26
Hospital Services- Staffing	
Population Quality of Care- Nexus ORYX	
Section III.....	37
Population Quality of Care- Gender Geriatric Mental Health	
Section IV.....	48
Hospital Settings	
Overall Patient Satisfaction	
Appendix A – HEDIS.....	63
Appendix B – ORYX.....	65
Appendix C – Rural vs Urban Analysis.....	68
Appendix D – Composites	69

Executive Summary

The Department of Veterans Affairs' (VA) Veterans Health Administration (VHA) is nationally and internationally renowned for its commitment to improving health care quality and patient safety. VHA has established a wide array of innovative and comprehensive programs to measure and improve quality and safety. VHA is also committed to keeping Veterans and the public at large informed about the types and quality of care we provide.

VA issued its first facility-level report on quality and safety in 2008 (see http://www1.va.gov/health/docs/Hospital_Quality_Report.pdf). The 2008 Report was mandated by the FY08 Appropriations Act, and focused on Congressionally-mandated metrics applicable to general patient populations. This 2009, not required by Congress, shifts to Veteran-centered metrics, and includes information related to infrastructure, care provided in outpatient and hospital settings, quality of care within given patient populations, accreditation status, patient satisfaction and patient outcomes for FY2008. The data in this report have been compiled from multiple sources throughout VHA.

The highlights of this report are as follows:

- During FY2008 in VHA there were¹ :
 - 482,108 acute medical/surgical and 84,000 mental health hospitalizations;
 - 67,640,000 outpatient visits to VA facilities made by 5.6 million individual Veterans;
 - 11,488 full-time and 2,604 part-time physicians;
 - 37,665 registered nurses; and
 - 222,551 full-time equivalent employees.
- All eligible VHA facilities and programs were accredited by The Joint Commission (TJC) or the Committee for Accreditation of Rehabilitation Facilities (CARF).
- VHA facilities provided high quality outpatient and inpatient medical care when compared to national external benchmarks such as individual Healthcare Effectiveness Data and Information Set (HEDIS) measures.
- Based upon disease-related, composite scores for inpatient care using ORYX[®] measures and outpatient care using HEDIS measures, high quality care was provided by VHA facilities throughout the system.
- Veteran patients age 65 or older appeared to received somewhat higher quality of outpatient care than younger Veterans, especially in terms of preventive services, and, in particular, colon cancer screening.
- The outpatient care provided to Veterans who had received care for a mental health problem was of similar high quality to that provided to Veterans who had not received care for a mental health problem.
- The system-wide comparison of the quality of care for Veterans living in rural and urban areas found similarly high quality of care for all the composites, regardless of where Veterans reside.

¹ Enrollment, employment, budget and volume data in this section are from the President's FY2010 Budget as submitted to Congress.

- 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. As has been observed in prior years, outpatient quality scores for women were lower than those for men in many facilities. Scores on measures related to management of high blood pressure, diabetes, and elevated cholesterol were on average 10 to 20 percent lower for women compared with men. There were also significant differences in other preventative activities including screening for colon cancer, screening for depression and administration of immunizations.
- As has also been observed previously, African-American Veterans were less satisfied with their health care than white Veterans. Because system-wide data on clinical quality data that are stratified by ethnic or racial groups is unavailable, it cannot be determined whether the differences in Veterans' perceptions of their health care reflect actual differences in quality.
- Thirty-day mortality of patients treated in a VA hospital for acute myocardial infarction, heart failure, or community acquired pneumonia was statistically indistinguishable from that of patients treated in hospitals funded by Medicare. Of the 307 individual, hospital-level, mortality rates calculated for 124 VA facilities, only one (0.3 percent) significantly exceeded the average rate for non-federal hospitals while 9 (2.9 percent) were significantly lower.
- The rates of hospital-acquired infections in VA hospitals were generally quite low ranging from 0 to 28.6 per 1,000 days of mechanical ventilation with a facility mean of 3.42.

Although the overall results provided in this report are highly favorable, VHA continues to be committed to identifying and addressing potential disparities in quality. Disparities related to care for women and racial/ethnic minorities have been observed throughout the U.S. health care system. During the past year, several initiatives were undertaken to better understand and to begin addressing findings related to lower scores for outpatient care provided to women Veterans and lower satisfaction among African-American Veterans.

Description of Data Elements

The Veterans Health Administration (VHA) is the largest integrated health care system in the U.S. With a fiscal year (FY) 2009 budget of \$42.7 billion, VHA serves 7.8 million enrollees of whom 5.5 million receive care annually. VHA operates 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 provides data on all 153 VA hospitals. Data for 13 of these hospitals are consolidated with data from a parent facility. Therefore 139 facilities are listed in this report. This is done when two divisions (hospitals) operate under a single leadership team as a single health care system (HCS). The following facilities are reported with their parent facility [designated in brackets]: Brockton/West Roxbury [VA Boston HCS], Castle Point [VA Hudson Valley HCS], Lincoln [Nebraska/Western Iowa HCS], Lyons VA Medical Center (VAMC) [VA New Jersey HCS], Miles City [VA Montana HCS], Murfreesboro [VA Tennessee Valley HCS], Sepulveda [VA Greater Los Angeles HCS], Tuskegee [Central Alabama Veterans HCS], Leavenworth [VA Eastern Kansas HCS], Los Angeles OPC [VA Greater Los Angeles HCS], Grand Island [Nebraska/W. Iowa HCS], Lake City [N. Florida/ S. Georgia HCS], and Knoxville [VA Central Iowa HCS]. The Manila VAMC reports no quality data.

Of the 139 facilities listed in this report, 124 hospitals offer inpatient acute care services and thus report The Joint Commission ORYX[®] measures of inpatient quality of care. The following facilities do not offer acute care services: Honolulu, Anchorage, Bedford, Butler, Canandaigua, Manchester, New Orleans, Northampton, St. Cloud, Orlando, Tuscaloosa, Walla Walla, White City, El Paso, and Columbus.

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**(a-c) representing the most complex facilities, **Level 2** moderately complex facilities and, **Level 3** the least complex facilities. Within Level 1, subcategories a-c further stratify this complexity level.

Data are presented in tabular format. Information provided in the remainder of this report and in the footnotes is critical to accurate understanding and interpretation of the tabular data.

INFRASTRUCTURE

The Infrastructure section provides an overview of the services provided by each VA facility and indicates current accreditation from The Joint Commission and the Committee on Accreditation of Rehabilitation Facilities (CARF). An "NA" in the latter two columns indicates that there is no program that follows under the purview of the

respective accrediting body. As can be seen, all eligible VA programs and facilities are fully accredited by the relevant organization(s).

HOSPITAL SERVICES

Data regarding overall clinical activity are provided. These include numbers of hospital admissions to medical/surgical and mental health units, lengths of stay, numbers of outpatient visits and staffing levels for physicians and nurses. It should be noted that staffing levels were obtained from the VA PAID system which includes only individuals directly employed and paid by VA. Physicians and nurses who were paid on contract or were volunteers or “without compensation” are not included in the data presented. Trainees were not counted in the figures presented including 9,545 full-time equivalent employee positions (FTE) for resident physicians that were directly funded by VHA. During FY2008 there were 109,882 individuals who received at least a portion of their training in VHA facilities including: 34,075 physician residents (39 percent of all US-trained residents), 20,755 medical students, 31,654 nursing students, and 23,237 associated health trainees. These trainees were enrolled in more than 2,000 training programs approved by the Accreditation Council on Graduate Medical Education. The numbers of staff were also not adjusted for facility complexity, staff training, presence of trainees, or other factors that can influence the effectiveness of staffing and thus, these data cannot be used to make inferences about staffing adequacy.

QUALITY OF CARE AND PATIENT SATISFACTION MEASURES

The rest of the report provides assessments of quality derived from VHA’s robust inventory of clinical performance measures and measures of patient satisfaction.

EXTERNAL COMPARISONS

The table labeled External ComparisonS (page 14) displays system level information on outpatient performance using similar measures from Healthcare Effectiveness Data and Information Sets (HEDIS). HEDIS measures are developed by the National Commission for Quality Assurance (NCQA) and are used by more than 90 percent of America’s health plans to measure performance on important dimensions of outpatient care and services. (See Appendix A for specific measures.) Although VHA has adopted all applicable HEDIS measures to evaluate the quality of the care we provide, there are some significant differences from the HEDIS requirements with regard to how VHA abstracts the clinical data and to VHA’s definition of an “established patient.” In private (non-VA) health care settings, HEDIS data are collected on an annual basis, primarily from administrative billing data. VHA collects the HEDIS outpatient measures on a monthly basis through data abstraction using an independent, contracted service. Data are aggregated to VA medical center (VAMC), Veterans Integrated Service Networks (VISNs) and national levels each quarter. Patients eligible for inclusion in private sector

HEDIS measurements include any patient enrolled in that particular plan during the study year. In VHA, an eligible patient is defined as a Veteran who had accessed the system at least once in the 13-24 month period prior to the most recent outpatient encounter. Therefore, VHA eligibility criteria ensure the patient has been seen at least twice in a 24-month period.

In addition to HEDIS, VHA also applies ORYX[®] measures which have been developed by The Joint Commission to evaluate the quality of inpatient care. VA uses all ORYX[®] measures that are applicable to Veterans. (See Appendix B for specific measures.)

To assist with the interpretation and understanding of the vast number of performance measures that VHA routinely monitors, summary scores in the form of composite metrics have been created using measures applicable to individual facilities to assess various care settings and patient populations (Section III – Populations). (Measures that make up each composite are listed in Appendix D.) This approach was designed to condense a group of measures related to patients with specific disease or a set of prevention measures in the outpatient setting. The composites are used within VHA to provide information about the care provided to a given patient population within a facility. Because they are based on groups of related measures, the composites help to avoid undue emphasis on routine, random variation of individual measures that typically occurs over time.

The composite scores are calculated as the weighted average of the individual measures using an “opportunities model” approach: the sum of the number of Veterans who satisfied each measure criterion divided by the total number of Veterans who were eligible for each of the measures. Comparisons between facilities using these metrics should be interpreted cautiously. There are many other factors that can account for variations in scores such as number of Veterans receiving care, complexity of hospital services and Veterans’ clinical characteristics. Additionally, it is not appropriate to roll up facility scores to create a national score, as the method would not accurately account for the differences in the denominators of constituent measures or for the difference in size and clinical complexity among facilities.

A challenge inherent in interpreting the scores of performance measures is determining variations that reflect the genuine differences between patient groups or facilities (i.e., “signal”) or other causes of variation (i.e., “noise.”) Scores vary for many reasons and observed variation may have less to do with the clinical process or outcome being evaluated than the limitations on the reliability of the measure, small sample sizes, or simple random variation.

Also presented are comparisons of the composite scores for certain important subgroups including men and women, Veterans under or over age 65, and Veterans who were or were not seen in a VA mental health clinic. Although the overall quality of care provided to Veterans within VHA is outstanding, such comparisons help VHA to assess whether all groups of Veterans are receiving equally high quality care.

Many of the HEDIS and ORYX[®] measures reflect compliance with the *process* of care. That means they measure whether or not processes that are known to generally improve health are applied on a regular basis. These would include, for example, whether certain laboratory tests were performed (e.g., Low-density lipoprotein (LDL) cholesterol) or whether a medication (e.g., cholesterol lowering drug) was prescribed or an immunization (e.g., influenza vaccination) was administered. Other measures determine *surrogate outcomes* which are clinical measurements such as blood pressure or cholesterol level that are known to be related to important outcomes such as heart attack or stroke.

In 2008, the Centers for Medicare & Medicaid Services (CMS) initiated public reporting of an important *outcome* of medical care, namely, risk-adjusted, 30-day mortality for three medical conditions. The three conditions are acute myocardial infarction (MI), heart failure (HF), and community-acquired pneumonia (CAP) and they are assessed in the Medicare population using information from billing claims. Although VHA does not generate claims data, risk-standardized mortality rates were generated from administrative data using comparable methods. Because data from 2006 are the most recent published by CMS (www.hospitalcompare.hhs.gov), VA data from the same year were analyzed and presented under Hospital Settings.

Also presented in Section IV are the 2008 rates of hospital-acquired infections in VA hospitals including ventilator-associated pneumonia and central line-associated bacteremia among Veterans hospitalized in the medical intensive care unit (ICU). Recent studies have shown that conscientious use of certain measures can significantly reduce the incidence of these serious complications.

In addition, data related to use of prophylaxis for venous thromboembolism are also presented. Hospitalized patients are often at high risk for developing blood clots in their legs (venous thrombosis) that can break off and migrate to the lungs (pulmonary embolism), a potentially fatal complication. Venous thromboembolism (VTE) is thought to cause more than 200,000 deaths in hospitals annually, or approximately 7-10 percent of all deaths in hospitals. Certain patients are at especially high risk, such as those who have undergone major surgery, are critically ill, have heart failure, are obese, have cancer or have a spinal cord injury. Although treatment with anticoagulant medications can reduce the incidence of VTE by 20 percent to 80 percent, in many hospital settings, patients for whom these medications are indicated do not receive them. Like many other hospitals and health systems, VHA has undertaken an aggressive initiative to enhance the use of prophylactic anticoagulants to prevent VTE.

VHA also closely monitors the experience of Veteran patients with the health care system. The Survey of Health Experiences of Patients (SHEP) is administered by mail to a random sample of 600,000 Veterans who received care from VA. They are asked to rate their overall satisfaction with outpatient and inpatient care on a 5-point scale ranging from poor to excellent.

Comparisons of the quality of care for Veterans living in rural and urban areas are displayed. Because some patients may travel long distances to an urban facility or may visit more than one hospital or clinic, these comparisons are made based upon Veterans' place of residence rather than the facility where care was delivered. Thus, only system-wide figures are possible.

Data throughout this report are from FY2008 with the exception of the analysis examining mortality which uses 2006 data sources to maintain comparability with similar data reported by CMS.

Findings

Based upon the measures in this report, we believe that the care provided by VHA provides exceptional service to Veterans and the U.S. public. Where direct comparisons are available, the performance of VHA equals or exceeds that reported by commercial health plans, Medicare or Medicaid, in several instances, by a considerable margin. Because VHA's population is known to be older and have a greater burden of illness, such findings are even more remarkable.

Scores on the disease composites were also uniformly high, generally in the range of 80-90 percent, although there was variation among hospitals. We conducted within VHA group comparisons for gender, geriatrics (age) and mental health populations. Specific composites for each metric were created using a subset of HEDIS or ORYX[®] measures that were appropriate and valid for each population group. As examples, the geriatrics composites only included measures eligible to Veterans of all ages and the gender composites only included measures eligible to both males and females. Because of the relatively small number of women hospitalized in VA facilities, comparisons between men and women were restricted to outpatient care.

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. As has been observed previously, however, there were important differences between the care provided to male and female Veterans for all the outpatient composites. These disparities have been observed in the past on individual HEDIS measures and have been the subject of detailed analyses conducted jointly by the Offices of Quality and Performance and Women Veterans Health Strategic Health Care Group which showed disparities in a number of areas including management of cardiovascular risk factors. These disparities are concerning because, like in men, cardiovascular disease is the number one cause of death of female Veterans. Scores on measures related to management of high blood pressure, and elevated cholesterol all of which contribute to cardiovascular disease risk, were an average of 10 to 20 percentage points lower for women compared with men. Women were also found to have less favorable scores related to care for diabetes, including prescription of an angiotensin converting enzyme inhibitor or angiotensin receptor blocker, testing for microalbuminuria to detect early kidney problems and completion of a retinal exam to detect diabetic eye disease.

There were also significant differences in other preventative activities for women including screening for colon cancer, screening for depression and administration of immunizations. Furthermore, unlike other successes in quality performance, immunization rates for women Veterans are lower than the private sector. When compared with the Medicare population on the HEDIS measure of colorectal cancer screening, VHA performed significantly better than the Medicare population in 2008 (Figure 1, page 14). However, only 75 percent of women Veterans are screened for colorectal cancer, compared to 83 percent of male Veterans. With regard to immunization screening, women Veterans received immunizations at lower rates than male Veterans, and below the Medicare population benchmark as well.

These differences in HEDIS scores by gender are not unique to VHA; the disparity is also seen in the private sector (Table 1, page 14). While the underlying cause for the disparities is not yet fully understood, it must not be disregarded.

Comparisons of the quality of outpatient care for different age groups indicate that Veterans aged 65 or older appear to receive higher levels of recommended services than Veterans younger than 65. This difference appears to be greatest for preventive services, in particular colon cancer screening, which is a component of the preventive health composite (data not shown). Although the overall scores on the composites for younger patients are actually high in comparison with non-VA populations, the reasons why they are lower than older Veterans in VHA is not known. Possible explanations include that these younger Veterans are more likely to be insured and receive part of their care (including preventive health services) outside of VA, they make health care visits less often and have less opportunity to receive these services, or simply that these Veterans or their providers simply do not place adequate importance on prevention. These findings represent fertile areas for research and quality improvement.

Research has indicated that Veterans with mental health disorders may be less likely to receive preventive health services than Veterans without such conditions. This is concerning because Veterans with depression, post-traumatic stress disorder, and severe mental illness such as schizophrenia often have more risk factors from chronic diseases such as smoking, poor nutrition and lack of physical activity. They are also less likely to adhere to lifestyle recommendations and medications to modify risk factors than Veterans without mental health problems. Veterans who had made a visit to a mental health provider within the prior 12 months were defined as Veterans with a mental health diagnosis. These Veterans were compared with those who had not made a visit to a mental health provider. Overall it appears that the medical outpatient care provided to individuals who had received care for a mental health problem was of similar high quality to that provided to Veterans who had not.

Mortality is a key outcome of health care. The results provided in this report indicate that in most instances, mortality of Veterans treated in a VA hospital for acute MI, HF, or CAP was statistically indistinguishable from that of patient treated in hospitals funded by Medicare. Of the 307 individual, hospital-level, mortality rates calculated for 124 VA

facilities, only one (0.3 percent) significantly exceeded the average CMS rate while 9 (2.9 percent) were significantly lower.

The rates of hospital-acquired infections in VA hospitals were generally quite 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 28.6 per 1,000 days of mechanical ventilation with a facility mean of 3.4. Comparative rates in the private sector are not available. The Centers for Disease Control (CDC) reported that rate of ventilator-associated pneumonia was 14.7 per 1,000 ventilator days in trauma ICUs in 2002.

Intravascular catheters are indispensable in modern-day medical practice, particularly in ICUs. Although such catheters provide necessary vascular access, their use puts patients at risk for local and systemic infectious complications. The use of central lines (catheters that enter the chest cavity) is particularly common in the ICU. The incidence of central line-associated bacteremia 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 central line-associated bacteremia in VA hospitals were also generally quite low ranging from 0 to 12.1 per 1,000 days of line placement with a mean of 2.1. Comparable figures from the select group of top hospitals in the private sector that self-report to the National Healthcare Safety Network 2006 indicate that rates typically vary between 1.6 and 6.8 per 1,000 line days with a mean of 2.4. These rates are likely greater at non-VA hospitals which did not report to the National Healthcare Safety Network.

VA has initiated vigorous efforts to increase the use of prophylaxis for VTE. The program focused initially on Veterans in the medical intensive care unit where rates of prophylaxis have been steadily improving for the past 2 years.

The data presented in this report indicate that there is still considerable variation among VA hospitals with regard to how frequently patients receive indicated prophylaxis. Veterans receiving mechanical ventilation are at especially high risk and the percentage of prophylaxis where indicated ranged from 0 to 87.8 with a facility mean of 67.7 percent. For all high-risk Veterans in the medical ICU, percentage of prophylaxis where indicated ranged from 0 to 95 with a facility mean of 69.5 percent. VHA recognizes that substantial improvement is necessary and has undertaken a national quality improvement effort to prevent venous thromboembolism with support from the Society of Hospital Medicine. VA has expanded this program to include Veterans who are hospitalized outside of a medical ICU.

Although intensive hospital care is life-saving for many patients, being in the ICU is very expensive and exposes Veterans to complications such as hospital-acquired infections. Thus, an aspect of quality is to limit a patient's length of stay in the ICU to only the time required to treat more severe aspects of illness and then continue treatment in the less intense setting of the hospital ward. To assist in tracking the appropriate length of treatment in the ICU, VHA routinely tracks the Observed Minus Expected Length of Stay

(OMELOS) which is adjusted to account for characteristics of the individual patient (e.g., age, diagnoses and laboratory values). An OMELOS value less than 0 indicates that on average, Veterans in that ICU stay for a period that is shorter than the risk-adjusted average for the VHA system as a whole, while an OMELOS greater than 0 indicates the opposite. Values for OMELOS across the VHA system ranged from -1.37 to +1.64.

As can be seen from the data displayed, the percentage of Veterans rating their overall care as “very good” or “excellent” was high, averaging 79 percent and 78 percent for outpatient and inpatient care, respectively, in VHA. There were, however, disappointing differences in satisfaction reported by African-American and white Veterans who received care from VHA.

The Office of Quality and Performance undertook a more detailed analysis of Veterans’ satisfaction with VHA care by examining characteristics of Veterans and the VHA system that might help to explain the nature and scope of disparities. The analysis also examined individual dimensions of care and the extent of variation in disparities among VISNs. The findings of these analyses confirmed that Veterans’ ratings of overall perception of health care are significantly lower for African-American Veterans compared with white Veterans in both the outpatient and inpatient settings. These differences are only partially explained on the basis of differences in characteristics of Veterans such as age, gender and self-reported health status. The origins of these disparities are complex and reflect 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, among others. Differences in response rates to the SHEP survey among racial/ethnic groups may also explain some of the differences.

Because these differences had been observed on earlier surveys, the VA Health Services Research and Development Center for Health Equity Research and Promotion and Center for Minority Veterans conducted an additional evaluation through semi-structured telephone interviews with a sample of 30 African-American and 30 white Veteran patient volunteers from three large urban VAMCs. This preliminary evaluation confirmed the SHEP findings documenting lower levels of overall satisfaction with care among African American Veterans compared to white Veterans. It also suggested that the most dramatic ethnic differences in satisfaction with care are observed for Veterans who were recently treated in the outpatient setting, particularly with respect to trust in medical providers and adequacy of pain management.

VHA has been at the forefront in identifying and working to reduce disparities in treatment for minority populations for several years ⁽²⁾. Since 2001, VHA has actively funded research into the types and causes for disparities in care which are delivered to different racial and ethnic groups ⁽³⁾. Multiple studies have confirmed the existence of disparities and have identified potential causes and offer opportunities in areas where interventions might be effective ⁽⁴⁾.

It should be noted that ethnic differences in care in private health care settings are also substantial and persistent ^(5, 6). Prior studies have shown that African-Americans are less likely to receive life-saving therapies ⁽⁷⁾ and often have worse outcomes than whites ⁽⁸⁾. Further, prior VA studies have shown that outcomes for African-Americans are often quite good or even better than those for whites within VA ⁽⁹⁾. As a whole, however, the existing literature related to ethnic disparities suggests that the underlying causes for the observed disparities are a function of complex social and cultural factors – some of which are poorly understood – and which exist within both VA and non-VA health delivery systems.

The system-wide comparison of the quality of care for Veterans living in rural and urban areas found similarly high quality of care for all the composites, regardless of where Veterans reside.

Conclusions

VHA has been a national and international leader in the measurement and improvement of the quality of care. VHA has also established national leadership in public reporting and transparency. As a publicly funded health care system, VHA has a special responsibility to maintain the trust of Veterans we serve and the public at large. With this report, VHA sets a new standard in reporting quality measures reflecting the structure, processes and outcomes of care. No health care system in the nation reports such detailed information at the hospital level.

The data presented in this report show that overall, the care provided by VHA is outstanding. In particular, the quality of outpatient care, as reflected by HEDIS measures, equals or exceeds, in many cases by a substantial margin, the care provided to patients in commercial, Medicare or Medicaid health plans. The quality of hospital care is also very high although there are presently no comparable benchmarks for the inpatient composite measures that VHA uses to measure care. Mortality in VAMCs is generally comparable to that reported by the Centers for Medicare and Medicaid for non-federal hospitals. On average 30-day mortality for VA patients treated for acute MI and HF is below the average for CMS hospitals while the mortality for pneumonia is higher. VA is presently studying Veterans who are treated for pneumonia to ascertain the possible causes.

The report also indicates that VA has ongoing challenges in the care provided to important groups of patients including women and African-American Veterans. VHA is strongly committed to reversing these trends and has responded to these challenges in a variety of ways. With respect to women, the Women Veterans Health Strategic Health Care Group is leading an aggressive, national effort to institute a more comprehensive primary care system for women Veterans. In addition, VHA has:

- located women's health clinics in a majority of VAMCs;
- created a "mini residency" program on women's health for primary care physicians;

- launched several health promotion programs designed to improve preventive health care provided to women;
- purchased additional equipment to meet the health care needs of women;
- staffed every community based outpatient clinic with a women's liaison; and
- staffed every VAMC with a woman Veterans program manager.

VA also funds a multi-faceted research program related to women's health.

With regard to the finding that African-American Veterans express lower satisfaction with their health care than white Veterans with their health care demonstrates that VA shares the same challenges as the private sector in how ethnic minorities perceive their health care. Many studies suggest that, when treated in the VA health care system, whites and non-whites have similar clinical outcomes although their satisfaction with their health care is different. VHA has been in the forefront of documenting the existence of racial disparities in health care, understanding the mechanisms producing these disparities and developing interventions to reduce disparities, including the work of the Center for Health Equity Research and Promotion (CHERP), established in 2001. Veterans' perceptions of their health care have root causes in complex and often poorly understood social and cultural factors.

Overall the care that VHA provides to Veterans is outstanding and has improved consistently every year for more than a decade. Nonetheless, VHA continues to develop new measures and indices, some of which reveal opportunities for improvement. Without such an approach, no improvement can take place.

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 its mission, which is to fulfill President Lincoln's promise – **“To care for him who shall have borne the battle, and for his widow, and his orphan”** – by serving and honoring the men and women who are America's Veterans.

References:

1. VHA Office of Quality and Performance, Wright S, Yano E, Lucataro M. An Analysis of the Quality of Care Provided to Men and Women in the VA Health Care System July 2008 (unpublished report).
http://vaww.oqp.med.va.gov/oqp_services/performance_measurement/SpecialStudies.htm
2. Oddone EZ, Peterseon LA, Weinberger M, Health-Care Use in the Veterans Health Administration: Racial Trends and the Spirit of Inquiry, America Becoming: Racial Trends and Their Consequences, National Academy Press 2001.
3. <http://www.research.va.gov/about/research-health-disparities.cfm>
4. Saha S, Freeman M, Toure J, Tippens KM, Weeks C, Ibrahim S. Racial and Ethnic Disparities in the VA Health Care System: A Systematic Review. J Gen Intern Med. 2008 Feb 27; [Epub ahead of print]. PMID: 18301951
5. Jha AK, Fisher ES, Li Z, Orav EJ, Epstein AM. Racial trends in the use of major procedures among the elderly. N Engl J Med 2005;353(7):683-91.
6. Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care. In. Washington, D.C.: National Academy Press; 2002; Williams DR, Racial Variations in Adult Health Status: Patterns, Paradoxes and Prospects, America Becoming: Racial Trends and Their Consequences, Washington D.C.: National Academy Press 2001.
7. Vaccarino V, Rathore SS, Wenger NK, et al. Sex and racial differences in the management of acute myocardial infarction, 1994 through 2002. N Engl J Med 2005;353(7):671-82.
8. Skinner J, Chandra A, Staiger D, Lee J, McClellan M. Mortality after acute myocardial infarction in hospitals that disproportionately treat black patients. Circulation 2005;112(17):2634-41.
9. Jha AK, Shlipak MG, Hosmer W, Frances CD, Browner WS. Racial differences in mortality among men hospitalized in the Veterans Affairs health care system. JAMA 2001;285(3):297-303.

External Comparisons VHA vs. HEDIS comparison

Table 1

CLINICAL PERFORMANCE INDICATOR	VHA FY 08 (1)	VHA FY 07 (1)	HEDIS (2) Commercial 2007	HEDIS (2) Medicare 2007	HEDIS (2) Medicaid 2007
Breast cancer screening	87%	86%	69%	67%	50%
Cervical cancer screening	92%	91%	82%	n/a	65%
Colorectal cancer screening	79%	78%	56%	50%	n/a
LDL Screening after AMI, PTCA, CABG	94%	93%	88%	88%	76%
LDL Cholesterol < 100 after AMI, PTCA, CABG	66%	62%	59%	56%	38%
Diabetes: HgbA1c done past year	97%	97%	88%	88%	77%
Diabetes: DM control HbA1c ≤ 9.0% (Measure reversed)	84%	84%	71%	71%	52%
Diabetes: Cholesterol (LDL-C) Screening	95%	92%	84%	86%	71%
Diabetes: Cholesterol (LDL-C) controlled (<100)	68%	64%	44%	47%	31%
Diabetes: Eye Exam	86%	85%	55%	63%	50%
Diabetes: Renal Exam	93%	91%	81%	86%	74%
Diabetes: BP < 140/90	78%	77% (measure is less than or equal to)	64%	59%	56%
Hypertension: BP < 140/90 most recent visit	75%	76%	62%	58%	53%
Smoking Cessation Counseling (3)	89%	83%	76%	n/a	70%
Smoking : Medications offered(3)	84%	n/a	51%	n/a	39%
Smoking: Referral/strategies (3)	92%	n/a	48%	n/a	39%
CLINICAL PERFORMANCE INDICATOR	VHA FY 2008 (1)	VHA FY 2007 (1)	HEDIS (2) Commercial 2007	BRFSS (4) 2007	
Immunizations: influenza, (note patients age groups HEDIS 50-64)	69% (age50-64 match HEDIS)	72% (age50-64 match HEDIS)	49%		
Immunizations: influenza (note patients age ≥65)	84%			72%	
Immunizations: pneumococcal, (note patients age groups) (4) (5)	94% (all ages at risk)	90% (all ages at risk)	n/a	67%	

SOURCE: Office of Quality and Performance Updated 10-23-08

Section I

Fiscal Year 2008

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						Available In-House Services					Hospital Accreditation Status		Acute Inpatient: Med/Surg			Acute Inpatient: Mental Health		
						Acute Med/Surg	Acute Mental Health	Intensive Care Unit	Emergency Dept	Nursing Home Unit	Joint Commission Accreditation	CARF Accreditation	Med Surg Hospital Admissions	Med Surg Hospital Admissions per 1,000 Uniques	Med Surg LOS	Mental Health Hospital Admissions	Unique Mental Health Hospital Admissions	Mental Health LOS
						A	B	C	D	E	F	G	H	I	J	K	L	M
VISN	Facility Name	City	ST	Station	Complexity							#	Rate/1000 Unique Pts	Avg Days	#	Rate/1000 Unique Pts	Avg Days	
National												482,111	91	5.5	83,996	15.8	9.3	
VA New England Health Care System - VISN 1																		
1	VA Connecticut HCS	West Haven	CT	689	1a	Yes	Yes	Yes	Yes	Yes	Yes	Yes	3715	66.9	7.1	785	14.1	13.7
1	Edith N Rogers Memorial Veterans Hospital	Bedford	MA	518	3	No	Yes	No	No	Yes	Yes	Yes				972	54.2	3.6
1	VA Boston HCS W Roxbury, Brockton Jamaica Plns	West Roxbury	MA	523	1a	Yes	Yes	Yes	Yes	Yes	Yes	Yes	6870	108.2	6.0	2054	32.3	18.1
1	VAMC	Northampton	MA	631	3	No	Yes	No	No	Yes	Yes	Yes				593	41.2	4.6
1	VAMC/RO	Togus	ME	402	2	Yes	Yes	Yes	Yes	Yes	Yes	Na	1438	37.2	7.9	295	7.6	7.0
1	VAMC	Manchester	NH	608	3	No	No	No	No	Yes	Yes	Na						
1	VAMC	Providence	RI	650	2	Yes	Yes	Yes	Yes	No	Yes	Yes	2693	85.7	5.0	468	14.9	8.7
1	VAM/ROC	White River Junction	VT	405	2	Yes	Yes	Yes	Yes	No	Yes	Na	2126	87.5	6.1	283	11.6	8.4
VA Healthcare Network Upstate New York - VISN 2																		
2	Samuel S. Stratton VAMC	Albany	NY	528A8	2	Yes	Yes	Yes	Yes	Yes	Yes	Yes	2095	51.1	6.2	420	10.2	10.0
2	VA Western New York HCS Buffalo, Batavia	Buffalo	NY	528	1b	Yes	Yes	Yes	Yes	Yes	Yes	Yes	4037	73.6	7.3	769	14.0	10.1
2	VAMC	Bath	NY	528A6	3	Yes	No	Yes	Yes	Yes	Yes	Yes	1073	85.2	4.5			
2	VAMC	Canandaigua	NY	528A5	3	No	No	No	No	Yes	Yes	Yes						

Section I

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						Acute Med/Surg	Acute Mental Health	Intensive Care Unit	Emergency Dept	Nursing Home Unit	Joint Commission Accreditation	CARF Accreditation	Med Surg Hospital Admissions	Med Surg Hospital Admissions per 1,000 Uniques	Med Surg LOS	Mental Health Hospital Admissions	Unique Mental Health Hospital Admissions	Mental Health LOS
						A	B	C	D	E	F	G	H	I	J	K	L	M
VISN	Facility Name	City	ST	Station	Complexity													
												#	Rate/1000 Unique Pts	Avg Days	#	Rate/1000 Unique Pts	Avg Days	
National												482,111	91	5.5	83,996	15.8	9.3	
2	VAMC	Syracuse	NY	528A7	1c	Yes	Yes	Yes	Yes	Yes	Yes	Yes	3689	74.1	6.4	333	6.7	16.7
VA NY/NJ Veterans Healthcare Network - VISN 3																		
3	VA New Jersey HCS	East Orange	NJ	561	1b	Yes	Yes	Yes	Yes	Yes	Yes	Yes	2749	47.0	6.2	1093	18.7	13.7
3	VAMC	Bronx	NY	526	1c	Yes	Yes	Yes	Yes	Yes	Yes	Yes	4515	178.4	7.3	480	19.0	6.6
3	VA NY Harbor HCS NY Harbor, Brooklyn	New York Harbor	NY	630	1a	Yes	Yes	Yes	Yes	Yes	Yes	Yes	8436	161.9	6.0	1428	27.4	6.9
3	VA Hudson Valley HCS Montrose, Castle Pt	Montrose	NY	620	3	Yes	Yes	No	No	Yes	Yes	Yes	751	30.3	4.3	361	14.6	16.7
3	VAMC	Northport	NY	632	2	Yes	Yes	Yes	Yes	Yes	Yes	Yes	3119	93.0	6.3	359	10.7	17.2
VA Stars & Stripes Healthcare Network - VISN 4																		
4	VAM&RO	Wilmington	DE	460	2	Yes	No	Yes	Yes	Yes	Yes	Na	1910	76.4	5.7			
4	James E. Van Zandt VAMC	Altoona	PA	503	3	Yes	No	Yes	Yes	Yes	Yes	Na	923	37.9	5.1			
4	VAMC	Butler	PA	529	3	No	No	No	No	Yes	Yes	Yes						
4	VAMC	Coatesville	PA	542	3	Yes	Yes	No	No	Yes	Yes	Yes	135	6.6	2.8	800	39.0	30.4
4	VAMC	Erie	PA	562	3	Yes	No	Yes	Yes	Yes	Yes	Na	1406	66.7	3.7			
4	VAMC	Lebanon	PA	595	2	Yes	Yes	Yes	Yes	Yes	Yes	Yes	1633	38.4	4.0	506	11.9	14.0
4	VAMC	Philadelphia	PA	642	1b	Yes	Yes	Yes	Yes	Yes	Yes	Yes	3900	70.4	7.1	821	14.8	13.2

Section I

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						A	B	C	D	E	F	G	H	I	J	K	L	M
VISN	Facility Name	City	ST	Station	Complexity													
												#	Rate/1000 Unique Pts	Avg Days	#	Rate/1000 Unique Pts	Avg Days	
National												482,111	91	5.5	83,996	15.8	9.3	
4	VA Pittsburgh HCS Heinz, Univ Dr, Highld Dr	Pittsburgh	PA	646	1a	Yes	Yes	Yes	Yes	Yes	Yes	Yes	6668	111.7	6.3	517	8.7	4.1
4	VAMC	Wilkes-Barre	PA	693	2	Yes	Yes	Yes	Yes	Yes	Yes	Yes	2127	51.3	3.8	345	8.3	8.3
4	Louis A. Johnson VAMC	Clarksburg	WV	540	2	Yes	Yes	Yes	Yes	Yes	Yes	Na	2512	126.0	4.7	233	11.7	6.4
VA Capitol Health Care Network - VISN 5																		
5	VAMC	Washington	DC	688	1a	Yes	Yes	Yes	Yes	Yes	Yes	Yes	5179	93.6	5.5	929	16.8	8.3
5	VA Maryland HCS Baltimore, Perry Pt	Baltimore	MD	512	1b	Yes	Yes	Yes	Yes	Yes	Yes	Yes	6025	115.6	5.4	725	13.9	5.2
5	VAMC	Martinsburg	WV	613	2	Yes	Yes	Yes	Yes	Yes	Yes	Yes	2282	70.4	5.2	1048	32.3	5.1
VA Mid-Atlantic Health Care Network - VISN 6																		
6	VAMC	Asheville	NC	637	2	Yes	Yes	Yes	Yes	Yes	Yes	Yes	4020	123.7	6.3	618	19.0	8.4
6	VAMC	Durham	NC	558	1a	Yes	Yes	Yes	Yes	Yes	Yes	Na	5377	108.8	6.0	904	18.3	9.1
6	VAMC	Fayetteville	NC	565	3	Yes	Yes	Yes	Yes	Yes	Yes	Na	1768	39.2	5.4	880	19.5	6.4
6	W.G. (Bill) Hefner VAMC	Salisbury	NC	659	2	Yes	Yes	Yes	Yes	Yes	Yes	Yes	1499	21.9	6.3	715	10.4	9.2

Section I

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						Acute Med/Surg	Acute Mental Health	Intensive Care Unit	Emergency Dept	Nursing Home Unit	Joint Commission Accreditation	CARF Accreditation	Med Surg Hospital Admissions	Med Surg Hospital Admissions per 1,000 Uniques	Med Surg LOS	Mental Health Hospital Admissions	Unique Mental Health Hospital Admissions	Mental Health LOS
						A	B	C	D	E	F	G	H	I	J	K	L	M
VISN	Facility Name	City	ST	Station	Complexity													
												#	Rate/1000 Unique Pts	Avg Days	#	Rate/1000 Unique Pts	Avg Days	
National												482,111	91	5.5	83,996	15.8	9.3	
6	VAMC	Hampton	VA	590	2	Yes	Yes	Yes	Yes	Yes	Yes	Yes	1265	39.3	10.6	913	28.4	10.9
6	H. Holmes McGuire VAMC	Richmond	VA	652	1a	Yes	Yes	Yes	Yes	Yes	Yes	Yes	4986	115.0	5.6	569	13.1	8.2
6	VAMC	Salem	VA	658	2	Yes	Yes	Yes	Yes	Yes	Yes	Na	3422	102.2	6.6	575	17.2	13.7
6	VAMC	Beckley	WV	517	3	Yes	No	Yes	Yes	Yes	Yes	Na	1570	115.5	6.7			
VA Southeast Network - VISN 7																		
7	VAMC	Birmingham	AL	521	1b	Yes	No	Yes	Yes	No	Yes	Yes	4659	86.6	5.0			
7	Central Alabama Veterans HCS Tuskegee, Montgomery	Montgomery	AL	619	2	Yes	Yes	Yes	Yes	Yes	Yes	Yes	856	21.6	8.4	807	20.3	11.1
7	VAMC	Tuscaloosa	AL	679	3	No	Yes	No	No	Yes	Yes	Yes				513	34.0	17.8
7	VAMC	Atlanta	GA	508	1a	Yes	Yes	Yes	Yes	Yes	Yes	Yes	5403	78.7	6.8	683	10.0	11.4
7	VAMC	Augusta	GA	509	1a	Yes	Yes	Yes	Yes	Yes	Yes	Yes	3827	98.8	5.1	1231	31.8	7.8
7	Carl Vinson VAMC	Dublin	GA	557	3	Yes	No	Yes	Yes	Yes	Yes	Yes	1626	55.8	5.0			
7	Ralph H. Johnson VAMC	Charleston	SC	534	1c	Yes	Yes	Yes	Yes	Yes	Yes	Na	3591	80.6	5.2	506	11.4	7.6
7	Wm. Jennings Bryan Dorn VAMC	Columbia	SC	544	1c	Yes	Yes	Yes	Yes	Yes	Yes	Yes	4457	71.0	6.3	464	7.4	7.9
VA Sunshine Healthcare Network - VISN 8																		

Section I

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						A	B	C	D	E	F	G	H	I	J	K	L	M
VISN	Facility Name	City	ST	Station	Complexity													
												#	Rate/1000 Unique Pts	Avg Days	#	Rate/1000 Unique Pts	Avg Days	
National												482,111	91	5.5	83,996	15.8	9.3	
8	VAMC	Bay Pines	FL	516	1a	Yes	Yes	Yes	Yes	Yes	Yes	Yes	8163	86.5	4.8	1007	10.7	8.4
8	N FLA/S GA Veterans HCS Gainesville, Lake Cty	Gainesville	FL	573	1a	Yes	Yes	Yes	Yes	Yes	Yes	Yes	11523	92.2	5.3	1274	10.2	7.2
8	VAMC	Miami	FL	546	1b	Yes	Yes	Yes	Yes	Yes	Yes	Yes	4329	81.5	6.0	863	16.2	9.0
8	E Central Florida HCS	Orlando	FL	675	98	No	No	No	No	Yes	Yes	Na						
8	James A. Haley VAMC	Tampa	FL	673	1a	Yes	Yes	Yes	Yes	Yes	Yes	Yes	10292	90.7	5.7	1360	12.0	6.5
8	VAMC	West Palm Beach	FL	548	1c	Yes	Yes	Yes	Yes	Yes	Yes	Yes	5042	80.6	5.6	1201	19.2	6.3
8	VAMC	San Juan	PR	672	1a	Yes	Yes	Yes	Yes	Yes	Yes	Yes	8529	126.6	8.3	1733	25.7	4.9
VA Mid South Healthcare Network - VISN 9																		
9	VAMC	Lexington	KY	596	1c	Yes	Yes	Yes	Yes	Yes	Yes	Na	4904	143.8	4.4	680	19.9	8.4
9	VAMC	Louisville	KY	603	1c	Yes	Yes	Yes	Yes	No	Yes	Yes	4235	102.7	5.0	815	19.8	7.2
9	VAMC	Memphis	TN	614	1a	Yes	Yes	Yes	Yes	No	Yes	Yes	4949	100.6	6.2	621	12.6	8.7
9	VAMC	Mountain Home	TN	621	2	Yes	Yes	Yes	Yes	Yes	Yes	Yes	4675	96.6	4.4	892	18.4	8.0
9	Tennessee Valley HCS Nashville, Murfreesboro	Nashville	TN	626	1a	Yes	Yes	Yes	Yes	Yes	Yes	Yes	7710	93.8	5.5	1990	24.2	6.5
9	VAMC	Huntington	WV	581	2	Yes	No	Yes	Yes	No	Yes	Na	4047	135.5	4.2			

Section I

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						A	B	C	D	E	F	G	H	I	J	K	L	M	
VISN	Facility Name	City	ST	Station	Complexity									#	Rate/1000 Unique Pts	Avg Days	#	Rate/1000 Unique Pts	Avg Days
National														482,111	91	5.5	83,996	15.8	9.3
VA Health Care System of Ohio - VISN 10																			
10	VAMC	Chillicothe	OH	538	3	Yes	Yes	No	No	Yes	Yes	Yes	1656	82.4	4.8	1301	64.8	6.4	
10	VAMC	Cincinnati	OH	539	1b	Yes	Yes	Yes	Yes	Yes	Yes	Yes	4589	135.0	4.5	810	23.8	7.7	
10	Louis Stokes VAMC Cleveland, Brecksville	Cleveland	OH	541	1a	Yes	Yes	Yes	Yes	Yes	Yes	Yes	7370	78.8	5.8	1163	12.4	12.2	
10	Chalmers Wylie Outpt Clinic	Columbus	OH	757	3	No	No	No	No	No	Yes	Yes							
10	VAMC	Dayton	OH	552	1c	Yes	Yes	Yes	Yes	Yes	Yes	Yes	4114	117.4	4.4	841	24.0	7.4	
Veterans In Partnership - VISN 11																			
11	VA Illiana HCS	Danville	IL	550	2	Yes	Yes	Yes	Yes	Yes	Yes	Yes	2235	70.6	3.6	513	16.2	3.1	
11	VA Northern Indiana HCS Marion, Ft Wayne	Marion	IN	610	3	Yes	Yes	Yes	Yes	Yes	Yes	Na	1792	46.5	4.4	367	9.5	10.2	
11	Richard L. Roudebush VAMC	Indianapolis	IN	583	1a	Yes	Yes	Yes	Yes	No	Yes	Yes	6751	127.3	4.9	464	8.8	7.7	
11	VA Ann Arbor HCS	Ann Arbor	MI	506	1b	Yes	Yes	Yes	Yes	Yes	Yes	Yes	4432	97.9	5.5	425	9.4	10.3	
11	VAMC	Battle Creek	MI	515	3	Yes	Yes	No	No	Yes	Yes	Yes	613	17.7	3.5	699	20.2	3.8	
11	John D. Dingell VAMC	Detroit	MI	553	1c	Yes	Yes	Yes	Yes	Yes	Yes	Yes	2945	73.1	5.1	1117	27.7	6.5	

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VISN	Facility Name	City	ST	Station	Complexity													
												#	Rate/1000 Unique Pts	Avg Days	#	Rate/1000 Unique Pts	Avg Days	
National												482,111	91	5.5	83,996	15.8	9.3	
11	Aleda E. Lutz VAMC	Saginaw	MI	655	3	Yes	No	Yes	Yes	Yes	Yes	Na	796	30.2	2.9			
The Great Lakes Health Care System - VISN 12																		
12	VA Chicago HCS (Jessie Brown)	Chicago, West Side	IL	537	1b	Yes	Yes	Yes	Yes	Yes	Yes	Yes	5279	124.5	4.5	1065	25.1	9.0
12	Edward Hines Jr. VA Hospital	Hines	IL	578	1a	Yes	Yes	Yes	Yes	Yes	Yes	Yes	5343	100.2	5.9	1072	20.1	7.2
12	VAMC	North Chicago	IL	556	2	Yes	Yes	Yes	Yes	Yes	Yes	Yes	2427	66.9	4.0	1109	30.6	6.6
12	VAMC	Iron Mountain	MI	585	3	Yes	No	Yes	Yes	Yes	Yes	Na	1202	63.8	3.8			
12	William S. Middleton Memorial Veterans Hospital	Madison	WI	607	1b	Yes	Yes	Yes	Yes	No	Yes	Yes	3312	92.6	5.7	486	13.6	8.1
12	Clement J. Zablocki VAMC	Milwaukee	WI	695	1a	Yes	Yes	Yes	Yes	Yes	Yes	Yes	5804	97.2	5.0	1373	23.0	4.9
12	VAMC	Tomah	WI	676	3	Yes	Yes	No	No	Yes	Yes	Yes	481	19.9	2.8	244	10.1	6.6
VA Heartland Network - VISN 15																		
15	VA Eastern Kansas HCS Topeka, Leavenworth	Topeka	KS	589A5	2	Yes	Yes	Yes	Yes	Yes	Yes	Na	2679	72.4	5.0	922	24.9	9.5
15	Robert J. Dole VAMC	Wichita	KS	589A7	2	Yes	No	Yes	Yes	Yes	Yes	Na	2037	72.2	4.5			
15	Harry S. Truman VAMC	Columbia	MO	589A4	1c	Yes	Yes	Yes	Yes	Yes	Yes	Na	3245	103.4	4.7	338	10.8	8.3
15	VAMC	Kansas City	MO	589	2	Yes	Yes	Yes	Yes	No	Yes	Na	4716	111.5	5.1	1087	25.7	6.3
15	VAMC	Marion	IL	657A5	2	Yes	No	Yes	Yes	Yes	Yes	Na	2961	67.5	4.5			

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VISN	Facility Name	City	ST	Station	Complexity							#	Rate/1000 Unique Pts	Avg Days	#	Rate/1000 Unique Pts	Avg Days	
National												482,111	91	5.5	83,996	15.8	9.3	
15	John J. Pershing VAMC	Poplar Bluff	MO	657A4	3	Yes	No	No	No	Yes	Yes	Na	1398	74.2	3.1			
15	St Louis VAMC St Louis, Jefferson Barracks	St. Louis	MO	657	1a	Yes	Yes	Yes	Yes	Yes	Yes	Yes	6133	117.2	4.6	1786	34.1	8.2
South Central VA Health Care Network - VISN 16																		
16	VAMC	Fayetteville	AR	564	2	Yes	Yes	Yes	Yes	No	Yes	Na	3562	75.3	4.3	702	14.8	5.7
16	Central AK Veterans HCS Little Rock, Little Rock N	Little Rock	AR	598	1a	Yes	Yes	Yes	Yes	Yes	Yes	Yes	9138	133.4	6.1	1030	15.0	5.5
16	VAMC	Alexandria	LA	502	3	Yes	Yes	Yes	Yes	Yes	Yes	Na	1739	60.4	6.6	690	24.0	11.1
16	VAMC	New Orleans	LA	629	98	No	No	No	No	No	Yes	Na						
16	Overton Brooks VAMC	Shreveport	LA	667	1c	Yes	Yes	Yes	Yes	No	Yes	Yes	5358	141.5	5.6	580	15.3	6.8
16	Gulf Coast Vets HCS	Biloxi	MS	520	2	Yes	Yes	Yes	Yes	Yes	Yes	Yes	1758	32.0	5.9	529	9.6	11.0
16	G.V. Montgomery VAMC	Jackson	MS	586	1b	Yes	Yes	Yes	Yes	Yes	Yes	Na	4974	109.7	5.0	784	17.3	9.2
16	VAMC	Muskogee	OK	623	3	Yes	Yes	Yes	Yes	No	Yes	Na	3239	97.0	4.8	522	15.6	6.8
16	VAMC	Oklahoma City	OK	635	1b	Yes	Yes	Yes	Yes	Yes	Yes	Yes	4992	97.1	6.2	906	17.6	8.4
16	VAMC	Houston	TX	580	1a	Yes	Yes	Yes	Yes	Yes	Yes	Yes	10967	126.4	6.0	1303	15.0	11.3
VA Heart of Texas Health Care Network - VISN 17																		
17	VA North Texas HCS	Dallas	TX	549	1a	Yes	Yes	Yes	Yes	Yes	Yes	Yes	12232	117.8	5.2	923	8.9	9.4
17	South Texas Veterans HCS San Antonio Kerrville	San Antonio	TX	671	1a	Yes	Yes	Yes	Yes	Yes	Yes	Yes	8239	93.7	6.0	1634	18.6	8.1
17	Cntrl Texas Veterans HCS Temple, Waco, Marlin	Temple	TX	674	1c	Yes	Yes	Yes	Yes	Yes	Yes	Yes	5084	66.4	7.7	1016	13.3	17.8

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VISN	Facility Name	City	ST	Station	Complexity													
												#	Rate/1000 Unique Pts	Avg Days	#	Rate/1000 Unique Pts	Avg Days	
National												482,111	91	5.5	83,996	15.8	9.3	
VA Southwest Health Care Network - VISN 18																		
18	Carl T. Hayden VAMC	Phoenix	AZ	644	1b	Yes	Yes	Yes	Yes	Yes	Yes	Yes	5008	69.1	5.4	1447	20.0	8.3
18	N Arizona VA HCS	Prescott	AZ	649	3	Yes	No	Yes	Yes	Yes	Yes	Na	1477	62.9	5.1			
18	S Arizona VA HCS	Tucson	AZ	678	1a	Yes	Yes	Yes	Yes	Yes	Yes	Yes	6415	131.9	4.8	968	19.9	8.8
18	New Mexico HCS	Albuquerque	NM	501	1a	Yes	Yes	Yes	Yes	Yes	Yes	Yes	5468	97.4	5.1	577	10.3	10.7
18	Amarillo VA HCS	Amarillo	TX	504	2	Yes	No	Yes	Yes	Yes	Yes	Na	2433	95.8	4.5			
18	West Texas VA HCS	Big Spring	TX	519	3	Yes	No	No	No	Yes	Yes	Na	585	33.3	2.6			
18	El Paso VA HCS	El Paso	TX	756	3	No	No	No	No	No	Yes	Na						
Rocky Mountain Network - VISN 19																		
19	Eastern Colorado HCS Denver, Pueblo	Denver	CO	554	1a	Yes	Yes	Yes	Yes	Yes	Yes	Yes	4205	70.8	5.1	654	11.0	16.3
19	VAMC	Grand Junction	CO	575	2	Yes	Yes	Yes	Yes	Yes	Yes	Na	1287	114.0	3.8	299	26.5	5.4
19	VA Montana HCS	Fort Harrison	MT	436	2	Yes	No	Yes	Yes	Yes	Yes	Na	2172	69.4	4.9			
19	VA Salt Lake City HCS	Salt Lake City	UT	660	1b	Yes	Yes	Yes	Yes	No	Yes	Yes	4368	104.0	4.2	646	15.4	8.6
19	VAM/ROC	Cheyenne	WY	442	3	Yes	No	Yes	Yes	Yes	Yes	Na	1021	60.1	4.8			
19	VAMC	Sheridan	WY	666	3	Yes	Yes	No	No	Yes	Yes	Na	649	54.1	3.7	450	37.5	17.6
Northwest Network - VISN 20																		
20	Alaska VA HCS and Regional Office	Anchorage	AK	463	3	No	No	No	No	No	Yes	Yes						

Section I

Fiscal Year 2008

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Column Designator

						Infrastructure					Hospital Services							
						Available In-House Services					Hospital Accreditation Status		Acute Inpatient: Med/Surg			Acute Inpatient: Mental Health		
						Acute Med/Surg	Acute Mental Health	Intensive Care Unit	Emergency Dept	Nursing Home Unit	Joint Commission Accreditation	CARF Accreditation	Med Surg Hospital Admissions	Med Surg Hospital Admissions per 1,000 Uniques	Med Surg LOS	Mental Health Hospital Admissions	Unique Mental Health Hospital Admissions	Mental Health LOS
						A	B	C	D	E	F	G	H	I	J	K	L	M
VISN	Facility Name	City	ST	Station	Complexity							#	Rate/1000 Unique Pts	Avg Days	#	Rate/1000 Unique Pts	Avg Days	
National												482,111	91	5.5	83,996	15.8	9.3	
20	VAMC	Boise	ID	531	2	Yes	Yes	Yes	Yes	Yes	Yes	Na	2688	116.5	4.3	257	11.1	7.6
20	VAMC	Portland	OR	648	1a	Yes	Yes	Yes	Yes	Yes	Yes	Yes	7667	117.0	5.2	765	11.7	8.2
20	VA Roseburg HCS	Roseburg	OR	653	3	Yes	Yes	Yes	Yes	Yes	Yes	Yes	1616	61.9	4.0	458	17.5	6.7
20	Southern Oregon Rehab Ctr & Clinics	White City	OR	692	3	No	No	No	No	No	Yes	Yes						
20	VA Puget Sound HCS Seattle, American Lake	Seattle	WA	663	1a	Yes	Yes	Yes	Yes	Yes	Yes	Yes	6022	86.7	5.5	1109	16.0	10.7
20	VAMC	Spokane	WA	668	3	Yes	Yes	Yes	Yes	Yes	Yes	Na	1520	60.9	4.7	245	9.8	8.0
20	Jonathan M. Wainwright Memorial VA Medical Center	Walla Walla	WA	687	3	No	Yes	No	No	Yes	Yes	Na				71	4.6	7.2
Sierra Pacific Network - VISN 21																		
21	VA Cntrl California HCS	Fresno	CA	570	2	Yes	Yes	Yes	Yes	Yes	Yes	Na	2404	96.6	5.4	586	23.5	6.7
21	VA Northern California HCS Martinez, East Bay, Sacramento	Martinez, East Bay	CA	612	1c	Yes	No	Yes	Yes	Yes	Yes	Na	3480	46.3	3.7			
21	VA Palo Alto HCS PaloAlto, MenloPk, Livermore	Palo Alto	CA	640	1a	Yes	Yes	Yes	Yes	Yes	Yes	Yes	4249	71.9	6.4	1568	26.5	14.7
21	VAMC	San Francisco	CA	662	1a	Yes	Yes	Yes	Yes	Yes	Yes	Yes	4516	85.1	6.4	248	4.7	15.4
21	VA Pacific Islands HCSSpark M. Matsunaga VA Medical & Regional Office Center	Honolulu	HI	459	3	No	Yes	No	No	Yes	Yes	Na				280	11.6	12.5

Section I

Fiscal Year 2008

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						Infrastructure					Hospital Services							
						Available In-House Services					Hospital Accreditation Status		Acute Inpatient: Med/Surg			Acute Inpatient: Mental Health		
						Acute Med/Surg	Acute Mental Health	Intensive Care Unit	Emergency Dept	Nursing Home Unit	Joint Commission Accreditation	CARF Accreditation	Med Surg Hospital Admissions	Med Surg Hospital Admissions per 1,000 Uniques	Med Surg LOS	Mental Health Hospital Admissions	Unique Mental Health Hospital Admissions	Mental Health LOS
						A	B	C	D	E	F	G	H	I	J	K	L	M
VISN	Facility Name	City	ST	Station	Complexity							#	Rate/1000 Unique Pts	Avg Days	#	Rate/1000 Unique Pts	Avg Days	
National												482,111	91	5.5	83,996	15.8	9.3	
21	VA Sierra Nevada HCS	Reno	NV	654	2	Yes	Yes	Yes	Yes	Yes	Yes	Na	2732	103.7	4.8	553	21.0	5.6
Desert Pacific Healthcare Network - VISN 22																		
22	VA Loma Linda HCS	Loma Linda	CA	605	1b	Yes	Yes	Yes	Yes	Yes	Yes	Yes	6518	109.7	5.5	997	16.8	8.4
22	VA Long Beach HCS	Long Beach	CA	600	1c	Yes	Yes	Yes	Yes	Yes	Yes	Yes	4743	106.4	5.7	582	13.0	9.1
22	VA Greater Los Angeles HCS	Los Angeles	CA	691	1a	Yes	Yes	Yes	Yes	Yes	Yes	Yes	5969	76.3	6.3	953	12.2	14.5
22	VA San Diego HCS	San Diego	CA	664	1a	Yes	Yes	Yes	Yes	Yes	Yes	Yes	5184	86.0	5.3	1067	17.7	17.9
22	VA Sierra Nevada HCS	Las Vegas	NV	593	2	Yes	Yes	Yes	Yes	No	Yes	Na	2133	52.0	5.8	4	0.1	8.0
VA Midwest Health Care Network - VISN 23																		
23	VA Nebraska Western Iowa HCS Omaha, Grand Is, Lincoln	Omaha	NE	636	1c	Yes	Yes	Yes	Yes	Yes	Yes	Na	4016	84.6	4.9	414	8.7	5.7
23	VA Central Iowa HCS DesMoines, Knoxville	Des Moines	IA	636A6	2	Yes	Yes	Yes	Yes	Yes	Yes	Na	2301	68.6	4.5	240	7.2	9.9
23	VAMC	Iowa City	IA	636A8	1c	Yes	Yes	Yes	Yes	No	Yes	Na	2779	61.8	4.8	461	10.2	7.6
23	VAMC	Minneapolis	MN	618	1a	Yes	Yes	Yes	Yes	Yes	Yes	Yes	7165	85.8	5.1	577	6.9	6.2
23	VAMC	St. Cloud	MN	656	3	No	Yes	No	No	Yes	Yes	Yes				888	26.9	4.7
23	VAM/RO	Fargo	ND	437	2	Yes	Yes	Yes	Yes	Yes	Yes	Yes	1569	54.1	5.3	81	2.8	6.7

Section I

Fiscal Year 2008

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						Infrastructure						Hospital Services							
						Available In-House Services					Hospital Accreditation Status		Acute Inpatient: Med/Surg			Acute Inpatient: Mental Health			
						Acute Med/Surg	Acute Mental Health	Intensive Care Unit	Emergency Dept	Nursing Home Unit	Joint Commission Accreditation	CARF Accreditation	Med Surg Hospital Admissions	Med Surg Hospital Admissions per 1,000 Uniques	Med Surg LOS	Mental Health Hospital Admissions	Unique Mental Health Hospital Admissions	Mental Health LOS	
						A	B	C	D	E	F	G	H	I	J	K	L	M	
VISN	Facility Name	City	ST	Station	Complexity									#	Rate/1000 Unique Pts	Avg Days	#	Rate/1000 Unique Pts	Avg Days
National														482,111	91	5.5	83,996	15.8	9.3
23	VA Black Hills HCS Ft Meade, Hot Springs	Fort Meade	SD	568	3	Yes	Yes	Yes	Yes	Yes	Yes	Yes	1380	65.9	4.3	215	10.3	7.7	
23	VAM/ROC	Sioux Falls	SD	438	2	Yes	Yes	Yes	Yes	Yes	Yes	Na	2044	76.5	4.7	104	3.9	5.3	

Section II

Fiscal Year 2008

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Column Designator

						Hospital and Facility Services						Population Quality of Care							
						Unique Patient Trends		Medical Center Staffing				NEXUS				ORYX			
						Total Outpatient Visits	Unique Patients	MD Full-time FTEE	MD Part-time FTEE	Registered Nurses FTEE	Total FTEE	Outpatient Composites				Inpatient Composite			
						N	O	P	Q	S	U	W	X	Y	Z	AA	AB	AC	AD
VISN	Facility Name	City	ST	Station	Complexity							DM	Prev	IHD	Tob	AMI	CHF	CAP	SCIP
						#	#	#	#	#	#	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct
National						58,217,961	5,299,947	11,488	2,610	39,100	216,803								
VA New England Health Care System - VISN 1																			
1	VA Connecticut HCS	West Haven	CT	689	1a	589,628	55,540	105.8	68.0	354.3	1928.5	87.3	86.7	79.6	81.0	85.2	98.3	91.8	96.2
1	Edith N Rogers Memorial Veterans Hospital	Bedford	MA	518	3	176,239	17,942	39.1	3.0	144.4	1013.5	85.2	74.4	75.6	79.3				
1	VA Boston HCS W Roxbury, Brockton Jamaica Plns	West Roxbury	MA	523	1a	668,014	63,522	176.5	38.1	620.5	3128.3	83.2	80.8	77.0	91.0	83.2	97.9	95.9	98.2
1	VAMC	Northampton	MA	631	3	170,954	14,381	26.0	1.9	90.2	600.4	85.7	84.4	78.3	91.9				
1	VAMC/RO	Togus	ME	402	2	335,016	38,610	64.6	5.5	189.3	1096.5	85.4	86.2	76.1	78.5	100.0	95.3	91.0	91.8
1	VAMC	Manchester	NH	608	3	198,531	21,247	29.8	2.2	85.7	550.9	87.1	84.9	81.9	92.5				
1	VAMC	Providence	RI	650	2	307,351	31,441	49.9	18.1	156.9	922.1	86.6	87.5	76.7	90.5	85.1	98.9	91.3	98.6
1	VAM/ROC	White River Junction	VT	405	2	190,000	24,305	47.4	8.5	113.3	672.4	85.7	84.9	73.8	77.9	93.6	90.1	88.5	94.6
VA Healthcare Network Upstate New York - VISN 2																			
2	Samuel S. Stratton VAMC	Albany	NY	528A8	2	319,582	40,992	64.0	19.0	221.2	1199.8	85.7	83.4	77.7	98.4	93.5	93.3	94.7	96.7
2	VA Western New York HCS Buffalo, Batavia	Buffalo	NY	528	1b	449,636	54,850	79.4	25.6	303.8	1756.8	85.9	85.4	76.6	89.1	93.7	93.6	90.2	94.0
2	VAMC	Bath	NY	528A6	3	150,552	12,592	15.6	0.7	97.9	656.6	85.7	85.2	80.9	98.3		96.0	93.5	
2	VAMC	Canandaigua	NY	528A5	3	203,175	19,641	22.4	6.2	107.2	871.6	84.0	84.1	73.6	99.6				

Section II

Fiscal Year 2008

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							Hospital and Facility Services					Population Quality of Care									
							Unique Patient Trends		Medical Center Staffing				NEXUS				ORYX				
							Total Outpatient Visits	Unique Patients	MD Full-time FTEE	MD Part-time FTEE	Registered Nurses FTEE	Total FTEE									
							N	O	P	Q	S	U	Outpatient Composites				Inpatient Composite				
													W	X	Y	Z	AA	AB	AC	AD	
VISN	Facility Name	City	ST	Station	Complexity		#	#	#	#	#	#	Pct	Pct	Pct	Pct	AMI Pct	CHF Pct	CAP Pct	SCIP Pct	
National							58,217,961	5,299,947	11,488	2,610	39,100	216,803									
2	VAMC	Syracuse	NY	528A7	1c		413,709	49,783	75.2	16.6	257.1	1287.0	85.7	86.3	79.3	96.6	97.8	97.6	94.7	96.8	
VA NY/NJ Veterans Healthcare Network - VISN 3																					
3	VA New Jersey HCS	East Orange	NJ	561	1b		613,164	58,471	174.8	17.8	460.8	2830.1	86.4	85.8	75.5	94.3	80.6	97.5	93.5	92.2	
3	VAMC	Bronx	NY	526	1c		301,371	25,310	106.8	28.3	279.7	1603.3	85.5	85.1	76.1	93.8	83.8	94.2	92.4	92.5	
3	VA NY Harbor HCS NY Harbor, Brooklyn	New York Harbor	NY	630	1a		698,729	52,113	196.4	41.6	634.0	3405.9	87.4	83.2	75.7	81.5	92.9	96.4	94.1	95.9	
3	VA Hudson Valley HCS Montrose, Castle Pt	Montrose	NY	620	3		317,459	24,758	68.9	5.4	201.8	1521.9	89.3	88.3	82.8	83.5		94.4	93.7		
3	VAMC	Northport	NY	632	2		323,393	33,553	92.4	9.7	254.9	1635.2	84.4	89.0	78.2	91.9	92.4	93.3	87.6	97.1	
VA Stars & Stripes Healthcare Network - VISN 4																					
4	VAM&RO	Wilmington	DE	460	2		191,026	24,997	40.3	6.8	151.1	844.3	87.1	86.3	73.8	86.7	83.7	93.6	93.6	91.8	
4	James E. Van Zandt VAMC	Altoona	PA	503	3		159,428	24,325	26.8	0.0	91.9	536.0	89.1	85.4	82.7	98.0	95.6	100.0	100.0		
4	VAMC	Butler	PA	529	3		122,621	18,086	18.7	0.0	74.0	513.7	84.0	85.4	78.0	99.8					
4	VAMC	Coatesville	PA	542	3		172,939	20,512	33.8	1.0	150.5	1257.5	86.5	86.8	80.7	86.0					
4	VAMC	Erie	PA	562	3		234,378	21,092	25.3	3.0	106.3	547.4	86.9	87.5	79.6	96.7	91.7	98.2	96.6	100.0	
4	VAMC	Lebanon	PA	595	2		397,484	42,482	55.9	4.6	169.2	1220.0	84.7	83.7	79.7	73.5	85.1	94.6	93.3	92.8	
4	VAMC	Philadelphia	PA	642	1b		473,093	55,397	78.2	69.1	307.4	1808.7	85.4	87.4	78.7	88.3	93.2	97.5	92.7	95.0	

Section II

Fiscal Year 2008

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						Unique Patient Trends		Medical Center Staffing				NEXUS				ORYX			
						Total Outpatient Visits	Unique Patients	MD Full-time FTEE	MD Part-time FTEE	Registered Nurses FTEE	Total FTEE	Outpatient Composites				Inpatient Composite			
						N	O	P	Q	S	U	W	X	Y	Z	AA	AB	AC	AD
VISN	Facility Name	City	ST	Station	Complexity							DM	Prev	IHD	Tob	AMI	CHF	CAP	SCIP
						#	#	#	#	#	#	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct
National						58,217,961	5,299,947	11,488	2,610	39,100	216,803								
4	VA Pittsburgh HCS Heinz, Univ Dr, Highld Dr	Pittsburgh	PA	646	1a	521,635	59,700	97.9	37.6	633.7	2760.7	88.3	85.9	81.8	86.3	94.0	98.5	92.6	96.0
4	VAMC	Wilkes-Barre	PA	693	2	359,303	41,498	69.7	3.9	151.3	1059.4	86.9	84.2	78.3	82.1	94.1	97.5	91.8	87.3
4	Louis A. Johnson VAMC	Clarksburg	WV	540	2	217,334	19,938	40.3	2.6	129.5	692.1	87.5	85.6	83.8	79.7	79.6	99.4	94.7	92.5
VA Capitol Health Care Network - VISN 5																			
5	VAMC	Washington	DC	688	1a	544,557	55,302	148.6	18.8	422.0	2032.4	87.5	85.7	81.5	98.2	95.3	97.6	92.1	93.7
5	VA Maryland HCS Baltimore, Perry Pt	Baltimore	MD	512	1b	593,942	52,111	85.4	59.5	536.4	2688.4	85.6	87.7	77.6	91.2	92.4	94.8	92.8	97.0
5	VAMC	Martinsburg	WV	613	2	360,687	32,421	62.2	0.0	217.8	1478.5	86.6	83.9	80.0	92.8	89.5	98.4	98.3	89.6
VA Mid-Atlantic Health Care Network - VISN 6																			
6	VAMC	Asheville	NC	637	2	255,632	32,511	82.3	5.1	287.2	1234.5	86.7	85.4	77.5	89.1	90.5	90.9	92.7	94.9
6	VAMC	Durham	NC	558	1a	415,791	49,412	57.7	78.0	415.3	1983.8	82.3	84.6	70.0	95.5	97.3	99.3	93.0	96.9
6	VAMC	Fayetteville	NC	565	3	350,728	45,140	59.9	4.4	167.0	900.1	84.0	87.7	77.0	99.7		99.3	94.1	91.1
6	W.G. (Bill) Hefner VAMC	Salisbury	NC	659	2	441,900	68,558	132.3	6.4	280.7	1683.4	85.5	89.6	81.8	96.4		98.2	94.7	96.3

Section II

Fiscal Year 2008

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						Hospital and Facility Services						Population Quality of Care								
						Unique Patient Trends		Medical Center Staffing				NEXUS				ORYX				
						Total Outpatient Visits	Unique Patients	MD Full-time FTEE	MD Part-time FTEE	Registered Nurses FTEE	Total FTEE	Outpatient Composites				Inpatient Composite				
						N	O	P	Q	S	U	W	X	Y	Z	AA	AB	AC	AD	
VISN	Facility Name	City	ST	Station	Complexity	#	#	#	#	#	#	DM Pct	Prev Pct	IHD Pct	Tob Pct	AMI Pct	CHF Pct	CAP Pct	SCIP Pct	
National						58,217,961	5,299,947	11,488	2,610	39,100	216,803									
6	VAMC	Hampton	VA	590	2	340,876	32,172	82.9	2.8	222.4	1364.5	84.9	89.6	76.1	100.0	99.9	100.0	96.5	97.4	
6	H. Holmes McGuire VAMC	Richmond	VA	652	1a	412,100	43,345	107.3	31.9	433.1	2016.9	88.7	88.7	77.3	90.6	94.6	97.9	89.7	92.5	
6	VAMC	Salem	VA	658	2	312,422	33,492	79.2	6.7	280.4	1457.0	85.4	85.3	74.5	97.5	93.9	98.1	95.6	99.4	
6	VAMC	Beckley	WV	517	3	143,520	13,593	28.1	0.5	128.9	622.5	90.0	84.3	78.6	96.6	92.1	99.0	96.0	81.1	
VA Southeast Network - VISN 7																				
7	VAMC	Birmingham	AL	521	1b	507,502	53,798	78.4	42.2	269.9	1578.5	88.4	84.5	82.6	91.1	96.0	94.4	94.2	97.9	
7	Central Alabama Veterans HCS Tuskegee, Montgomery	Montgomery	AL	619	2	369,924	39,680	65.5	1.3	175.8	1420.4	86.0	82.3	78.1	97.3		100.0	95.5	87.0	
7	VAMC	Tuscaloosa	AL	679	3	179,541	15,101	24.9	0.5	122.9	878.6	86.9	85.7	82.9	98.7					
7	VAMC	Atlanta	GA	508	1a	725,336	68,612	150.0	48.4	415.2	2263.5	85.8	87.3	75.0	80.6	95.4	94.6	93.0	96.7	
7	VAMC	Augusta	GA	509	1a	391,883	38,737	90.1	16.6	334.4	1992.1	85.3	87.8	80.2	92.1	91.7	93.5	91.3	91.7	
7	Carl Vinson VAMC	Dublin	GA	557	3	205,300	29,123	31.7	1.4	88.1	788.3	86.3	82.3	77.0	95.4	96.0	96.2	86.5	90.6	
7	Ralph H. Johnson VAMC	Charleston	SC	534	1c	508,147	44,579	74.0	26.7	247.2	1257.4	87.2	86.3	77.2	96.6	96.3	98.9	96.4	98.4	
7	Wm. Jennings Bryan Dorn VAMC	Columbia	SC	544	1c	673,841	62,739	103.1	8.1	304.0	1572.7	87.6	85.9	75.7	97.8	80.7	96.9	95.5	97.8	
VA Sunshine Healthcare Network - VISN 8																				

Section II

Fiscal Year 2008

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						Hospital and Facility Services						Population Quality of Care							
						Unique Patient Trends		Medical Center Staffing				NEXUS				ORYX			
						Total Outpatient Visits	Unique Patients	MD Full-time FTEE	MD Part-time FTEE	Registered Nurses FTEE	Total FTEE	Outpatient Composites				Inpatient Composite			
						N	O	P	Q	S	U	W	X	Y	Z	AA	AB	AC	AD
VISN	Facility Name	City	ST	Station	Complexity							DM	Prev	IHD	Tob	AMI	CHF	CAP	SCIP
						#	#	#	#	#	#	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct
National						58,217,961	5,299,947	11,488	2,610	39,100	216,803								
8	VAMC	Bay Pines	FL	516	1a	1,119,056	94,409	236.8	6.7	495.6	2993.8	88.2	87.6	84.0	91.8	95.1	99.1	94.9	97.1
8	N FLA/S GA Veterans HCS Gainesville, Lake Cty	Gainesville	FL	573	1a	1,199,317	125,032	232.6	42.1	767.7	3794.1	87.3	87.3	78.7	96.5	94.7	97.3	95.4	96.7
8	VAMC	Miami	FL	546	1b	612,794	53,127	148.5	21.7	419.7	2329.9	85.3	86.1	78.0	88.6	96.0	99.5	93.0	96.9
8	E Central Florida HCS	Orlando	FL	675	98	803,147	88,164	157.3	4.5	194.8	1491.6	86.2	87.5	78.2	92.1				
8	James A. Haley VAMC	Tampa	FL	673	1a	926,558	113,509	230.7	42.2	777.4	3830.5	87.8	86.0	80.7	89.2	93.0	96.2	91.0	92.1
8	VAMC	West Palm Beach	FL	548	1c	582,374	62,544	148.3	7.4	303.1	1902.1	91.2	88.4	84.9	99.6	97.0	93.5	91.6	96.6
8	VAMC	San Juan	PR	672	1a	927,072	67,356	226.3	33.2	582.6	3071.2	84.2	86.5	71.9	71.8	92.6	95.2	87.7	96.8
VA Mid South Healthcare Network - VISN 9																			
9	VAMC	Lexington	KY	596	1c	351,801	34,101	56.2	27.6	269.7	1498.2	85.5	82.9	78.7	82.1	92.1	98.7	95.8	96.4
9	VAMC	Louisville	KY	603	1c	443,543	41,255	82.3	22.3	283.4	1404.5	85.4	84.5	80.0	88.8	95.4	96.1	96.6	90.1
9	VAMC	Memphis	TN	614	1a	536,111	49,205	100.5	21.5	309.4	1814.3	87.9	80.1	78.0	82.2	94.3	99.4	93.8	95.8
9	VAMC	Mountain Home	TN	621	2	500,528	48,380	95.1	14.0	254.3	1596.5	83.5	83.7	75.5	88.8	94.9	96.7	95.1	90.1
9	Tennessee Valley HCS Nashville, Murfreesboro	Nashville	TN	626	1a	624,205	82,155	111.9	73.2	571.0	3035.0	85.4	83.3	78.8	79.6	94.9	97.5	93.6	95.9
9	VAMC	Huntington	WV	581	2	293,623	29,862	68.0	5.8	172.4	914.7	86.5	88.9	79.5	95.9	92.9	96.3	95.0	97.5

Section II

Fiscal Year 2008

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						Hospital and Facility Services						Population Quality of Care							
						Unique Patient Trends		Medical Center Staffing				NEXUS				ORYX			
						Total Outpatient Visits	Unique Patients	MD Full-time FTEE	MD Part-time FTEE	Registered Nurses FTEE	Total FTEE	Outpatient Composites				Inpatient Composite			
						N	O	P	Q	S	U	W	X	Y	Z	AA	AB	AC	AD
VISN	Facility Name	City	ST	Station	Complexity							DM	Prev	IHD	Tob	AMI	CHF	CAP	SCIP
						#	#	#	#	#	#	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct
National						58,217,961	5,299,947	11,488	2,610	39,100	216,803								
VA Health Care System of Ohio - VISN 10																			
10	VAMC	Chillicothe	OH	538	3	255,555	20,087	38.5	1.3	187.3	1152.2	84.7	83.1	73.9	88.2	86.7	98.2	88.4	
10	VAMC	Cincinnati	OH	539	1b	406,292	33,991	65.0	43.3	292.8	1591.1	89.0	85.2	80.1	92.1	97.9	98.5	94.3	98.0
10	Louis Stokes VAMC Cleveland, Brecksville	Cleveland	OH	541	1a	1,250,007	93,506	177.6	40.2	612.3	3467.0	85.6	84.9	77.7	94.5	93.6	95.9	90.4	97.6
10	Chalmers Wylie Outpt Clinic	Columbus	OH	757	3	328,708	30,589	40.9	5.4	62.9	524.5	85.7	79.5	74.5	89.7				
10	VAMC	Dayton	OH	552	1c	361,292	35,039	87.0	7.7	287.1	1672.3	84.5	83.2	74.5	87.1	92.3	96.5	91.8	92.7
Veterans In Partnership - VISN 11																			
11	VA Illiana HCS	Danville	IL	550	2	253,253	31,671	54.2	0.0	212.8	1233.2	86.1	84.8	78.7	93.3	91.7	98.9	93.5	96.9
11	VA Northern Indiana HCS Marion, Ft Wayne	Marion	IN	610	3	274,179	38,569	43.7	2.4	178.5	1218.0	87.0	81.3	78.1	89.5	70.1	95.9	92.6	
11	Richard L. Roudebush VAMC	Indianapolis	IN	583	1a	467,851	53,023	80.9	32.9	431.9	1901.6	88.8	82.1	82.2	95.8	94.0	96.2	91.0	98.0
11	VA Ann Arbor HCS	Ann Arbor	MI	506	1b	323,777	45,251	58.1	65.5	315.0	1489.1	85.0	83.4	75.7	74.8	95.0	96.9	86.9	96.1
11	VAMC	Battle Creek	MI	515	3	307,007	34,681	46.6	0.7	178.9	1208.4	83.6	83.1	77.4	98.5		92.6	97.7	
11	John D. Dingell VAMC	Detroit	MI	553	1c	373,053	40,266	77.6	22.8	283.6	1557.3	82.6	80.1	73.3	95.8	96.2	97.2	88.1	96.8

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						Total Outpatient Visits	Unique Patients	MD Full-time FTEE	MD Part-time FTEE	Registered Nurses FTEE	Total FTEE	Outpatient Composites				Inpatient Composite			
						N	O	P	Q	S	U	W	X	Y	Z	AA	AB	AC	AD
VISN	Facility Name	City	ST	Station	Complexity							DM	Prev	IHD	Tob	AMI	CHF	CAP	SCIP
						#	#	#	#	#	#	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct
National						58,217,961	5,299,947	11,488	2,610	39,100	216,803								
	11 Aleda E. Lutz VAMC	Saginaw	MI	655	3	209,820	26,378	24.8	4.6	143.5	718.8	89.4	87.8	80.5	92.8		98.1	95.2	
The Great Lakes Health Care System - VISN 12																			
12	VA Chicago HCS (Jessie Brown)	Chicago, West Side	IL	537	1b	543,973	42,417	89.8	58.6	363.1	1905.5	86.2	80.9	82.0	98.1	93.2	99.2	89.7	98.0
12	Edward Hines Jr. VA Hospital	Hines	IL	578	1a	584,347	53,347	130.1	44.8	526.0	2637.3	89.1	82.9	82.6	94.0	96.4	97.6	94.0	96.2
12	VAMC	North Chicago	IL	556	2	239,715	36,279	73.1	14.2	244.8	1353.0	89.4	89.8	85.4	90.9	87.2	100.0	97.1	95.6
12	VAMC	Iron Mountain	MI	585	3	135,306	18,831	20.6	3.5	82.2	478.2	89.4	87.0	83.9	77.0		92.6	92.6	91.0
12	William S. Middleton Memorial Veterans Hospital	Madison	WI	607	1b	292,004	35,759	38.0	38.3	258.2	1147.2	89.5	86.7	81.9	82.4	95.9	95.0	92.8	96.5
12	Clement J. Zablocki VAMC	Milwaukee	WI	695	1a	609,462	59,735	71.4	73.6	464.7	2358.3	89.4	84.2	82.7	81.4	92.0	96.9	88.6	95.3
12	VAMC	Tomah	WI	676	3	151,732	24,230	21.8	3.8	124.3	834.5	89.6	88.1	88.4	92.1			90.6	
VA Heartland Network - VISN 15																			
15	VA Eastern Kansas HCS Topeka, Leavenworth	Topeka	KS	589A5	2	361,705	37,007	67.2	4.2	292.1	1601.9	87.9	82.7	82.1	93.6	92.5	97.7	93.4	95.2
15	Robert J. Dole VAMC	Wichita	KS	589A7	2	220,600	28,201	39.1	4.6	167.4	735.8	89.5	89.2	82.4	94.1	94.7	100.0	97.0	97.8
15	Harry S. Truman VAMC	Columbia	MO	589A4	1c	307,687	31,371	47.6	11.3	215.1	1013.4	83.1	84.7	75.0	61.3	98.3	92.5	89.3	93.7
15	VAMC	Kansas City	MO	589	2	426,579	42,291	82.3	8.3	263.9	1285.9	85.9	86.4	81.2	97.3	91.4	93.3	91.8	96.3
15	VAMC	Marion	IL	657A5	2	365,226	43,888	52.6	3.7	198.9	981.2	82.3	85.2	72.9	85.3	70.4	98.3	88.9	

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						Total Outpatient Visits	Unique Patients	MD Full-time FTEE	MD Part-time FTEE	Registered Nurses FTEE	Total FTEE	Outpatient Composites				Inpatient Composite			
						N	O	P	Q	S	U	W	X	Y	Z	AA	AB	AC	AD
VISN	Facility Name	City	ST	Station	Complexity							DM	Prev	IHD	Tob	AMI	CHF	CAP	SCIP
						#	#	#	#	#	#	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct
National						58,217,961	5,299,947	11,488	2,610	39,100	216,803								
15	John J. Pershing VAMC	Poplar Bluff	MO	657A4	3	149,458	18,830	24.1	0.3	73.0	446.3	83.3	80.7	75.5	84.2	91.3	98.1	92.6	
15	St Louis VAMC St Louis, Jefferson Barracks	St. Louis	MO	657	1a	541,080	52,341	109.4	35.0	363.3	2041.1	84.2	80.2	73.8	74.7	91.4	97.2	90.4	91.4
South Central VA Health Care Network - VISN 16																			
16	VAMC	Fayetteville	AR	564	2	432,783	47,287	70.5	3.5	224.2	1018.5	88.6	84.7	82.6	93.6	89.8	96.0	94.9	93.6
16	Central AK Veterans HCS Little Rock, Little Rock N	Little Rock	AR	598	1a	626,191	68,495	141.0	43.8	439.8	2789.1	84.4	85.0	72.9	66.2	90.4	96.0	90.8	96.6
16	VAMC	Alexandria	LA	502	3	201,590	28,773	48.9	4.0	211.5	1129.2	87.2	87.6	76.9	77.1	98.9	96.3	93.9	83.9
16	VAMC	New Orleans	LA	629	98	409,568	34,132	50.5	22.7	124.2	926.6	83.9	86.1	76.3	96.2				
16	Overton Brooks VAMC	Shreveport	LA	667	1c	364,398	37,866	86.9	5.7	255.6	1282.7	84.3	84.2	78.7	89.6	97.4	96.9	92.8	93.0
16	Gulf Coast Vets HCS	Biloxi	MS	520	2	465,343	54,957	97.6	2.2	256.2	1688.1	90.4	84.6	85.1	99.4	74.2	99.4	97.6	96.5
16	G.V. Montgomery VAMC	Jackson	MS	586	1b	438,638	45,329	97.3	16.0	291.8	1913.3	83.7	88.4	78.0	86.8	96.6	97.3	97.4	99.6
16	VAMC	Muskogee	OK	623	3	311,794	33,381	59.5	4.6	179.6	872.2	85.3	83.5	80.4	92.0	97.4	94.8	95.2	91.8
16	VAMC	Oklahoma City	OK	635	1b	427,953	51,429	86.5	34.7	280.6	1640.0	87.3	83.6	77.2	99.4	90.8	98.6	94.9	96.5
16	VAMC	Houston	TX	580	1a	925,961	86,792	192.2	34.7	690.0	3199.2	86.9	83.9	77.4	87.8	93.7	94.4	92.4	92.5
VA Heart of Texas Health Care Network - VISN 17																			
17	VA North Texas HCS	Dallas	TX	549	1a	1,097,475	103,858	224.2	20.9	666.8	3937.7	83.6	78.8	80.6	79.9	93.7	89.9	85.7	95.5
17	South Texas Veterans HCS San Antonio Kerrville	San Antonio	TX	671	1a	993,971	87,975	124.3	69.9	947.1	3620.4	85.2	87.0	77.7	82.1	97.5	97.9	96.1	95.3
17	Cntrl Texas Veterans HCS Temple, Waco, Marlin	Temple	TX	674	1c	871,881	76,514	175.3	6.9	449.2	2917.5	85.2	86.7	80.5	87.1	94.3	99.6	92.8	96.4

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						N	O	P	Q	S	U	W	X	Y	Z	AA	AB	AC	AD
VISN	Facility Name	City	ST	Station	Complexity							DM	Prev	IHD	Tob	AMI	CHF	CAP	SCIP
						#	#	#	#	#	#	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct
National						58,217,961	5,299,947	11,488	2,610	39,100	216,803								
VA Southwest Health Care Network - VISN 18																			
18	Carl T. Hayden VAMC	Phoenix	AZ	644	1b	643,462	72,487	137.7	8.7	476.2	2193.0	84.1	83.0	75.4	78.6	93.8	92.9	93.2	94.3
18	N Arizona VA HCS	Prescott	AZ	649	3	222,545	23,476	27.2	1.7	108.8	705.5	82.0	79.6	75.9	88.5	100.0	95.2	91.3	
18	S Arizona VA HCS	Tucson	AZ	678	1a	558,818	48,640	103.3	11.8	359.6	1782.4	88.7	85.9	79.9	88.4	92.3	96.5	91.9	96.9
18	New Mexico HCS	Albuquerque	NM	501	1a	554,185	56,112	116.6	22.4	377.6	1825.6	83.6	75.5	75.6	72.3	91.4	90.1	92.2	94.9
18	Amarillo VA HCS	Amarillo	TX	504	2	207,565	25,396	36.3	6.0	152.0	857.7	85.7	84.4	76.4	87.0	86.3	85.6	93.8	93.0
18	West Texas VA HCS	Big Spring	TX	519	3	150,413	17,585	20.5	0.2	80.9	485.6	79.7	81.3	71.9	96.4			93.9	
18	El Paso VA HCS	El Paso	TX	756	3	237,715	24,409	39.4	0.5	38.4	447.4	82.8	83.5	75.1	71.5				
Rocky Mountain Network - VISN 19																			
19	Eastern Colorado HCS Denver, Pueblo	Denver	CO	554	1a	582,897	59,366	111.6	31.3	318.9	1824.7	85.8	86.1	78.4	93.9	94.1	97.4	95.2	97.7
19	VAMC	Grand Junction	CO	575	2	106,556	11,292	22.4	2.7	92.8	420.8	86.7	82.5	78.2	96.1		94.1	93.3	97.0
19	VA Montana HCS	Fort Harrison	MT	436	2	255,540	31,315	46.4	4.1	114.0	683.2	85.7	87.7	77.6	78.5	92.3	95.9	95.2	97.8
19	VA Salt Lake City HCS	Salt Lake City	UT	660	1b	428,401	41,994	52.1	44.0	278.3	1403.8	85.8	82.2	78.4	60.1	93.9	95.5	91.4	95.8
19	VAM/ROC	Cheyenne	WY	442	3	161,050	16,977	23.5	2.3	78.2	462.6	84.1	80.5	80.1	68.6		95.2	88.8	97.7
19	VAMC	Sheridan	WY	666	3	109,956	12,002	19.3	0.7	79.4	455.4	85.6	84.5	78.0	93.1		94.6	90.2	
Northwest Network - VISN 20																			
20	Alaska VA HCS and Regional Office	Anchorage	AK	463	3	132,843	15,271	30.8	0.0	81.0	469.4	87.2	86.8	79.4	82.2				

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VISN	Facility Name	City	ST	Station	Complexity							DM	Prev	IHD	Tob	AMI	CHF	CAP	SCIP
						#	#	#	#	#	#	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct
National						58,217,961	5,299,947	11,488	2,610	39,100	216,803								
20	VAMC	Boise	ID	531	2	254,942	23,069	47.1	2.1	158.4	813.2	84.5	83.5	69.3	68.8	92.2	95.0	91.0	95.1
20	VAMC	Portland	OR	648	1a	608,043	65,527	150.2	33.9	498.4	2508.7	86.8	82.2	76.4	91.2	93.9	96.1	94.2	92.8
20	VA Roseburg HCS	Roseburg	OR	653	3	225,340	26,104	34.5	1.5	172.6	752.3	84.8	84.4	70.2	82.2	87.1	98.7	95.0	97.7
20	Southern Oregon Rehab Ctr & Clinics	White City	OR	692	3	185,923	14,780	12.1	4.5	37.4	489.7	88.5	79.5	80.0	81.4				
20	VA Puget Sound HCS Seattle, American Lake	Seattle	WA	663	1a	739,301	69,460	163.9	27.2	517.8	2830.2	83.0	83.7	74.3	88.7	91.4	90.4	89.3	95.7
20	VAMC	Spokane	WA	668	3	258,471	24,960	44.2	1.9	137.0	705.7	83.8	82.0	74.2	77.4	82.7	89.2	96.0	91.7
20	Jonathan M. Wainwright Memorial VA Medical Center	Walla Walla	WA	687	3	137,663	15,560	17.0	0.5	69.4	399.1	85.4	83.1	74.9	81.9				
Sierra Pacific Network - VISN 21																			
21	VA Cntrl California HCS	Fresno	CA	570	2	276,075	24,886	65.3	3.7	167.0	893.0	88.4	86.1	82.1	83.5	94.3	96.1	92.1	92.1
21	VA Northern California HCS Martinez, Sacramento	Martinez, East Bay	CA	612	1c	757,475	75,196	138.2	37.1	293.8	1722.7	86.5	83.3	75.5	89.1	89.9	95.5	95.0	91.8
21	VA Palo Alto HCS PaloAlto, MenloPk, Livermore	Palo Alto	CA	640	1a	582,045	59,096	202.4	34.4	601.5	3113.9	86.5	83.6	75.7	96.3	94.1	97.4	92.8	98.0
21	VAMC	San Francisco	CA	662	1a	425,144	53,087	109.6	53.5	364.9	1828.2	86.5	81.6	73.5	91.4	95.4	96.6	94.0	94.0
21	VA Pacific Islands HCSSpark M. Matsunaga VA Medical & Regional Office Center	Honolulu	HI	459	3	171,718	24,039	50.9	0.5	68.8	540.9	83.2	79.1	70.4	84.6				

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						Total Outpatient Visits	Unique Patients	MD Full-time FTEE	MD Part-time FTEE	Registered Nurses FTEE	Total FTEE	Outpatient Composites				Inpatient Composite			
						N	O	P	Q	S	U	W	X	Y	Z	AA	AB	AC	AD
VISN	Facility Name	City	ST	Station	Complexity							DM	Prev	IHD	Tob	AMI	CHF	CAP	SCIP
						#	#	#	#	#	#	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct
National						58,217,961	5,299,947	11,488	2,610	39,100	216,803								
21	VA Sierra Nevada HCS	Reno	NV	654	2	270,872	26,355	52.7	3.9	185.3	891.4	87.0	80.9	83.3	86.1	90.5	97.1	91.1	96.2
Desert Pacific Healthcare Network - VISN 22																			
22	VA Loma Linda HCS	Loma Linda	CA	605	1b	546,017	59,398	114.2	28.5	376.2	1995.2	80.7	77.0	73.3	89.0	95.9	96.9	92.3	98.0
22	VA Long Beach HCS	Long Beach	CA	600	1c	513,503	44,598	104.7	28.0	358.1	1968.4	86.2	83.5	77.9	89.6	94.5	94.3	91.0	91.2
22	VA Greater Los Angeles HCS	Los Angeles	CA	691	1a	1,073,560	78,184	261.2	50.0	610.6	4082.2	84.0	76.2	73.8	75.5	91.7	95.8	91.7	92.8
22	VA San Diego HCS	San Diego	CA	664	1a	618,807	60,301	85.5	94.4	478.5	2266.4	85.7	81.6	76.7	95.9	98.2	99.5	95.8	88.2
22	VA Sierra Nevada HCS	Las Vegas	NV	593	2	449,767	41,022	100.5	7.1	170.4	1034.9	85.7	83.4	80.4	91.1	90.0	90.1	91.7	91.8
VA Midwest Health Care Network - VISN 23																			
23	VA Nebraska Western Iowa HCS Omaha, Grand Is, Lincoln	Omaha	NE	636	1c	411,065	47,473	42.2	37.4	302.6	1524.6	85.8	86.5	80.4	80.3	86.5	98.9	94.4	96.0
23	VA Central Iowa HCS DesMoines, Knoxville	Des Moines	IA	636A6	2	299,331	33,536	43.5	3.9	197.4	1222.3	86.6	82.8	78.7	85.5	93.9	98.3	91.7	97.0
23	VAMC	Iowa City	IA	636A8	1c	302,157	44,984	35.2	48.6	246.7	1141.4	86.7	83.1	75.5	90.4	93.5	95.9	87.0	89.1
23	VAMC	Minneapolis	MN	618	1a	630,475	83,505	160.1	25.0	635.3	2876.5	82.5	83.3	72.2	84.5	95.4	96.6	96.3	95.5
23	VAMC	St. Cloud	MN	656	3	260,202	32,984	26.6	1.7	143.3	1127.7	89.5	86.1	81.6	84.1				
23	VAM/RO	Fargo	ND	437	2	183,367	28,985	46.3	5.0	139.2	745.1	83.8	82.5	76.6	96.0	88.9	93.6	95.9	98.4

Section II

Fiscal Year 2008

The "Description of Data Elements" narrative is essential to the interpreting the tabular data in this report.

Column Designator

						Hospital and Facility Services						Population Quality of Care							
						Unique Patient Trends		Medical Center Staffing				NEXUS				ORYX			
						Total Outpatient Visits	Unique Patients	MD Full-time FTEE	MD Part-time FTEE	Registered Nurses FTEE	Total FTEE	Outpatient Composites				Inpatient Composite			
						N	O	P	Q	S	U	W	X	Y	Z	AA	AB	AC	AD
VISN	Facility Name	City	ST	Station	Complexity	#	#	#	#	#	#	DM Pct	Prev Pct	IHD Pct	Tob Pct	AMI Pct	CHF Pct	CAP Pct	SCIP Pct
National						58,217,961	5,299,947	11,488	2,610	39,100	216,803								
23	VA Black Hills HCS Ft Meade, Hot Springs	Fort Meade	SD	568	3	203,729	20,952	37.1	4.1	168.1	968.0	85.4	84.4	75.1	78.1	87.5	94.3	91.5	93.9
23	VAM/ROC	Sioux Falls	SD	438	2	224,253	26,710	37.9	2.4	158.2	757.8	85.9	85.4	80.0	67.4	83.3	89.5	86.5	98.3

Section III

Fiscal Year 2008

The "Description of Data Elements" narrative is essential to the interpreting the tabular data in this report.

Column Designator

						Population Quality of Care																											
						Gender								Geriatric								Mental Health Outpt Care vs. Non-MH											
						Female				Male				<65 years age				≥65 years of Age				Mental Health Population				Non-Mental Health							
						AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB				
VISN	Facility Name	City	ST	Station	Complexity	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob
						Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct
National																																	
VA New England Health Care System - VISN 1																																	
1	VA Connecticut HCS	West Haven	CT	689	1a	73.0	74.5	74.0	73.1	87.7	86.3	79.9	80.9	85.6	75.0	75.8	85.1	90.5	91.5	83.3	66.7	85.8	84.9	80.6	83.1	89.0	88.8	78.6	74.7				
1	Edith N Rogers Memorial Veterans Hospital	Bedford	MA	518	3	80.5	57.7	75.0	76.4	85.1	74.5	75.6	78.8	83.4	60.9	77.4	81.2	86.8	81.4	74.4	68.4	84.0	67.2	78.7	77.9	86.3	82.2	73.3	86.4				
1	VA Boston HCS W Roxbury, Brockton Jamaica Plns	West Roxbury	MA	523	1a	74.3	64.8	69.4	92.8	83.2	79.9	77.1	90.8	82.3	66.8	72.2	92.2	84.2	86.3	80.1	86.9	82.2	77.6	73.0	92.4	84.4	85.6	80.7	84.1				
1	VAMC	Northampton	MA	631	3	86.2	66.9	75.4	88.5	85.8	81.3	78.4	92.2	84.4	70.7	73.9	91.0	87.7	88.4	81.7	96.8	85.1	80.8	73.4	91.7	86.3	88.9	83.3	93.3				
1	VAMC/RO	Togus	ME	402	2	83.3	70.5	72.7	74.7	85.1	83.0	76.3	78.0	84.6	75.3	76.4	78.9	86.4	88.5	75.8	76.8	86.2	83.8	77.0	81.0	84.4	89.1	75.3	73.5				
1	VAMC	Manchester	NH	608	3	86.5	82.1	82.8	87.8	87.2	83.5	81.5	93.2	85.6	73.1	84.9	92.3	89.3	88.6	79.5	93.0	87.4	84.1	84.9	92.5	86.8	85.8	79.5	92.3				
1	VAMC	Providence	RI	650	2	80.3	72.8	81.0	90.3	86.4	88.5	76.5	90.3	85.7	79.8	73.9	93.4	87.7	92.0	78.4	81.8	87.1	84.4	75.4	93.2	86.0	91.9	77.7	77.8				
1	VAM/ROC	White River Junction	VT	405	2	81.5	69.0	76.0	73.3	85.8	84.1	73.6	77.3	83.9	74.4	75.7	80.3	88.2	87.7	72.3	71.0	82.9	83.0	76.6	75.9	88.1	86.3	72.0	82.4				
VA Healthcare Network Upstate New York - VISN 2																																	
2	Samuel S. Stratton VAMC	Albany	NY	528A8	2	80.2	66.3	74.1	96.4	85.7	81.2	77.5	98.3	83.2	72.4	73.5	98.1	89.4	86.7	82.9	100	84.6	81.4	74.3	98.5	86.6	85.5	81.1	98.0				
2	VA Western New York HCS Buffalo, Batavia	Buffalo	NY	528	1b	79.8	68.8	76.4	94.8	85.9	83.8	76.6	88.9	85.1	71.8	76.6	87.5	87.2	89.9	76.5	93.8	85.2	85.0	75.8	89.3	86.7	85.8	77.3	88.5				
2	VAMC	Bath	NY	528A6	3	80.8	72.6	72.5	100	85.8	82.5	80.9	98.2	86.2	72.3	80.6	98.6	84.9	89.6	81.2	96.3	85.4	80.8	78.4	98.5	86.0	89.2	83.0	97.1				
2	VAMC	Canandaigua	NY	528A5	3	78.2	77.3	73.3	99.5	84.1	81.4	73.5	99.5	82.2	70.5	67.9	99.5	87.2	88.6	79.6	100	82.9	80.4	66.5	99.5	85.3	88.4	79.2	100				

Section III

Fiscal Year 2008

The "Description of Data Elements" narrative is essential to the interpreting the tabular data in this report.

						Population Quality of Care																							
						Gender								Geriatric								Mental Health Outpt Care vs. Non-MH							
						Female				Male				<65 years age				≥65 years of Age				Mental Health Population				Non-Mental Health			
						AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB
VISN	Facility Name	City	ST	Station	Complexity	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob
						Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct
National																													
2	VAMC	Syracuse	NY	528A7	1c	79.1	74.7	70.8	95.0	85.1	85.2	79.5	96.7	85.0	73.9	79.1	96.9	86.6	92.2	79.5	95.2	85.5	83.1	73.0	96.2	86.0	89.5	84.3	97.5
VA NY/NJ Veterans Healthcare Network - VISN 3																													
3	VA New Jersey HCS	East Orange	NJ	561	1b	74.9	72.1	64.7	88.9	86.2	84.8	75.5	94.2	85.7	80.1	70.6	94.9	87.2	86.0	78.5	92.8	85.3	83.3	75.9	92.5	87.5	88.2	75.2	98.7
3	VAMC	Bronx	NY	526	1c	78.25	58.9	70.5	96.3	85.5	85	75.7	93.7	84.7	77.5	76.6	94.1	87.1	89.6	75.6	92.8	84.3	83.2	75.6	92.2	87.0	86.9	76.4	100
3	VA NY Harbor HCS NY Harbor, Brooklyn	New York Harbor	NY	630	1a	81.9	64.0	76.5	77.8	87.5	80.9	75.5	81.1	85.5	66.8	70.9	83.1	90.8	87.9	79.7	74.6	87.0	81.8	73.9	82.5	87.8	85.4	77.9	78.6
3	VA Hudson Valley HCS Montrose, Castle Pt	Montrose	NY	620	3	80.6	63.7	75.7	88.1	89.4	86.8	82.6	83.3	88.7	76.0	83.1	83.6	90.2	91.2	82.7	83.3	89.4	85.8	81.4	86.9	89.3	90.6	83.7	76.3
3	VAMC	Northport	NY	632	2	75.5	72.1	56.6	94.1	84.3	87.0	78.5	91.8	83.3	80.4	79.9	95.2	85.7	89.5	77.3	84.1	84.5	86.7	78.8	96.7	84.2	90.9	77.8	75.9
VA Stars & Stripes Healthcare Network - VISN 4																													
4	VAM&RO	Wilmington	DE	460	2	82.3	73.4	68.8	92.4	87.2	86.6	74.6	86.9	85.7	74.7	69.3	88.5	88.8	92.8	77.7	80.3	87.4	81.3	75.1	91.8	86.7	90.0	72.9	78.1
4	James E. Van Zandt VAMC	Altoona	PA	503	3	82.6	66.4	79.8	98.6	89.1	84.5	82.8	97.9	88.4	75.8	79.8	98.6	89.8	87.7	84.6	96.6	88.7	82.5	82.0	97.5	89.3	87.1	83.0	98.7
4	VAMC	Butler	PA	529	3	77.9	57.6	80.2	98.3	83.5	84.0	78.0	99.7	82.5	70.3	74.7	99.7	85.6	90.2	80.4	100	82.6	80.5	75.0	99.6	84.8	88.3	79.6	100
4	VAMC	Coatesville	PA	542	3	83.3	59.3	67.4	79.0	86.2	87.8	81.4	86.3	84.4	74.0	77.1	86.2	88.2	91.9	82.3	85.2	85.9	80.5	81.2	84.4	87.0	92.0	80.3	90.7
4	VAMC	Erie	PA	562	3	73.4	74.9	68.5	96.5	86.8	87.2	79.4	97.4	85.6	74.8	75.1	95.1	88.2	92.0	82.4	100	85.3	84.3	76.0	96.5	87.9	89.4	81.5	97.0
4	VAMC	Lebanon	PA	595	2	81.3	65.9	69.7	73.0	84.6	82.7	80.0	76.1	84.1	71.4	81.2	69.8	85.4	86.1	78.8	81.1	86.4	80.8	77.7	72.1	83.8	85.9	80.7	75.6
4	VAMC	Philadelphia	PA	642	1b	86.0	69.3	80.3	88.4	85.6	85.4	78.5	88.9	82.6	72.5	74.3	87.6	89.7	91.8	82.7	91.0	84.3	85.5	74.9	89.3	87.1	90.3	83.2	84.7

Section III

Fiscal Year 2008

The "Description of Data Elements" narrative is essential to the interpreting the tabular data in this report.

						Population Quality of Care																											
						Gender								Geriatric								Mental Health Outpt Care vs. Non-MH											
						Female				Male				<65 years age				≥65 years of Age				Mental Health Population				Non-Mental Health							
Column Designator						AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB				
VISN	Facility Name	City	ST	Station	Complexity	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob
						Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct
National																																	
4	VA Pittsburgh HCS Heinz, Univ Dr, Highld Dr	Pittsburgh	PA	646	1a	79.4	75.2	60.7	83.1	88.0	84.0	81.8	86.4	87.2	75.5	82.0	86.3	90.5	89.6	81.6	86.3	87.7	85.2	80.8	87.4	89.0	86.5	82.5	83.3				
4	VAMC	Wilkes-Barre	PA	693	2	85.3	61.8	77.0	90.2	86.8	83.2	78.4	81.9	86.0	72.4	74.7	85.8	87.9	86.9	80.7	69.3	86.8	80.9	78.9	84.5	87.0	87.4	77.7	73.6				
4	Louis A. Johnson VAMC	Clarksburg	WV	540	2	87.3	79.0	83.9	78.4	87.0	84.2	83.0	79.7	86.4	78.8	83.2	79.9	88.8	87.5	84.4	79.2	88.2	84.4	84.8	77.5	86.7	86.6	83.0	81.9				
VA Capitol Health Care Network - VISN 5																																	
5	VAMC	Washington	DC	688	1a	76.9	72.0	81.4	94.3	87.5	83.0	82.6	98.0	86.0	79.0	78.7	98.1	90.8	88.3	84.7	98.6	87.3	83.8	82.8	98.3	87.7	88.4	80.2	97.6				
5	VA Maryland HCS Baltimore, Perry Pt	Baltimore	MD	512	1b	78.6	71.1	64.7	89.3	86.2	86.8	77.8	91.5	83.3	77.6	73.5	91.0	89.1	91.5	81.0	92.1	84.0	85.9	73.0	90.8	87.2	89.2	81.4	92.1				
5	VAMC	Martinsburg	WV	613	2	86.4	73.4	76.0	95.1	86.6	81.4	79.9	92.8	85.1	72.7	78.0	94.4	88.5	86.1	81.8	88.6	88.3	83.3	79.1	94.2	84.8	84.6	80.8	89.6				
VA Mid-Atlantic Health Care Network - VISN 6																																	
6	VAMC	Asheville	NC	637	2	78.2	73.7	65.6	84.1	86.8	82.9	77.7	88.8	85.1	77.0	74.2	89.6	88.8	88.4	81.0	87.9	85.8	83.1	77.4	92.3	87.5	87.9	77.6	83.0				
6	VAMC	Durham	NC	558	1a	80.1	73.0	69.5	98.3	82.3	82.2	69.7	95.7	81.6	76.1	68.2	96.1	83.7	89.6	73.0	93.0	81.2	82.6	69.6	96.6	83.6	87.0	70.3	92.9				
6	VAMC	Fayetteville	NC	565	3	81.8	74.9	75.7	98.5	83.9	85.8	76.6	99.7	83.0	79.8	76.9	100	86.1	92.6	77.3	98.0	83.0	85.8	78.6	100	84.8	89.9	75.5	99.1				
6	W.G. (Bill) Hefner VAMC	Salisbury	NC	659	2	79.2	77.7	77.5	98.3	85.8	89.1	81.4	96.3	86.5	81.5	82.0	96.8	83.9	93.2	81.6	95.2	85.9	86.9	83.0	98.5	85.3	92.2	80.9	93.0				

Section III

Fiscal Year 2008

The "Description of Data Elements" narrative is essential to the interpreting the tabular data in this report.

						Population Quality of Care																							
						Gender								Geriatric								Mental Health Outpt Care vs. Non-MH							
						Female				Male				<65 years age				≥65 years of Age				Mental Health Population				Non-Mental Health			
Column Designator						AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB
VISN	Facility Name	City	ST	Station	Complexity	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob
						Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct
National																													
6	VAMC	Hampton	VA	590	2	79.9	80.0	80.7	98.5	85.0	87.4	74.4	100	83.4	85.9	71.0	100	89.2	91.8	86.4	100	84.9	88.2	73.4	100	84.9	91.7	78.9	100
6	H. Holmes McGuire VAMC	Richmond	VA	652	1a	79.1	80.5	70.9	94.7	89.1	87.6	77.4	89.4	87.1	79.4	73.5	92.0	90.8	93.0	81.5	86.4	88.1	87.2	77.5	90.5	89.4	90.4	77.7	91.0
6	VAMC	Salem	VA	658	2	78.1	72.0	67.9	100	85.3	84.0	75.0	97.3	84.4	73.2	71.6	96.9	86.7	89.7	77.4	100	85.3	82.7	74.7	96.7	85.3	87.9	74.0	100
6	VAMC	Beckley	WV	517	3	82.9	67.0	68.4	92.0	90.0	83.1	78.6	96.6	88.8	78.8	76.8	98.3	91.5	86.5	80.6	91.1	88.5	82.3	77.9	96.9	91.7	86.8	79.6	95.8
VA Southeast Network - VISN 7																													
7	VAMC	Birmingham	AL	521	1b	82.2	66.2	80.5	91.7	88.6	82.7	82.5	90.7	86.3	73.6	80.7	90.5	92.8	90.5	85.3	93.6	87.8	81.4	82.0	93.6	89.2	88.1	83.1	84.6
7	Central Alabama Veterans HCS Tuskegee, Montgomery	Montgomery	AL	619	2	79.6	68.5	71.7	96.0	86.1	78.5	78.7	97.5	84.6	70.5	76.3	96.7	89.2	85.2	80.9	100	85.3	81.4	75.8	96.8	87.2	83.5	81.1	98.5
7	VAMC	Tuscaloosa	AL	679	3	83.3	62.8	78.9	100	87.0	83.6	82.8	98.7	85.9	74.6	78.7	99.0	88.6	89.2	87.6	97.8	86.0	83.4	78.4	100	87.7	88.3	86.9	95.2
7	VAMC	Atlanta	GA	508	1a	84.0	60.2	71.6	79.7	85.5	84.5	75.2	81.9	84.4	78.0	70.5	78.3	88.8	91.8	81.1	94.1	85.7	86.2	72.0	79.8	86.0	88.7	77.8	83.3
7	VAMC	Augusta	GA	509	1a	75.2	73.0	79.7	90.9	84.6	86.2	80.2	91.4	83.9	77.1	78.0	94.1	87.7	93.8	82.7	86.9	85.5	86.4	79.6	92.7	85.0	88.7	80.7	90.8
7	Carl Vinson VAMC	Dublin	GA	557	3	82.0	67.4	74.8	92.9	86.1	79.7	76.7	95.2	85.9	76.2	73.4	95.5	87.0	82.7	81.6	95.2	85.6	84.2	78.2	95.5	87.0	80.0	75.7	95.0
7	Ralph H. Johnson VAMC	Charleston	SC	534	1c	82.0	64.3	71.1	95.1	87.7	85.0	77.2	96.2	86.6	76.0	71.4	96.6	88.1	92.4	83.5	97.0	87.0	84.3	77.0	96.1	87.3	88.4	77.3	98.2
7	Wm. Jennings Bryan Dorn VAMC	Columbia	SC	544	1c	84.8	71.6	75.4	96.5	87.4	82.8	75.8	97.6	86.5	76.5	74.9	98.3	89.7	89.4	76.8	96.3	86.8	85.9	73.3	97.0	88.5	85.8	78.5	100
VA Sunshine Healthcare Network - VISN 8																													

Section III

Fiscal Year 2008

The "Description of Data Elements" narrative is essential to the interpreting the tabular data in this report.

						Population Quality of Care																											
						Gender								Geriatric								Mental Health Outpt Care vs. Non-MH											
						Female				Male				<65 years age				≥65 years of Age				Mental Health Population				Non-Mental Health							
Column Designator						AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB				
VISN	Facility Name	City	ST	Station	Complexity	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob
						Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct
National																																	
8	VAMC	Bay Pines	FL	516	1a	85.7	77.0	75.6	92.9	88.2	85.9	84.6	91.3	86.2	78.2	81.8	91.1	90.6	90.7	86.0	94.7	87.3	87.6	81.1	91.6	88.6	87.9	85.8	92.2				
8	N FLA/S GA Veterans HCS Gainesville, Lake Cty	Gainesville	FL	573	1a	85.5	71.8	76.2	92.6	86.7	85.9	79.1	96.1	86.4	79.6	75.8	96.3	88.8	89.8	81.5	97.1	87.6	86.7	79.1	96.8	87.0	87.9	78.3	95.7				
8	VAMC	Miami	FL	546	1b	80.4	73.3	61.2	89.2	85.4	84.7	78.1	88.4	83.0	75.7	74.8	88.7	88.5	90.1	81.1	88.4	83.2	86.6	76.5	89.7	88.1	85.4	79.7	85.7				
8	E Central Florida HCS	Orlando	FL	675	98	81.6	76.5	73.5	91.8	86.4	85.2	78.4	91.6	84.3	76.7	74.9	91.6	88.6	91.0	81.2	93.9	86.6	85.7	76.0	93.2	86.0	89.0	79.7	89.3				
8	James A. Haley VAMC	Tampa	FL	673	1a	79.0	79.8	72.6	89.8	88.1	84.6	80.9	89.7	86.4	71.5	78.5	89.4	89.6	90.6	83.1	88.5	88.1	84.2	82.5	91.1	87.5	87.4	79.4	85.4				
8	VAMC	West Palm Beach	FL	548	1c	69.8	61.9	72.2	95.4	91.4	85.1	85.1	99.6	91.0	72.9	86.0	100	91.2	89.0	84.2	98.7	91.0	86.3	84.4	99.5	91.2	90.3	85.1	100				
8	VAMC	San Juan	PR	672	1a	79.8	76.9	70.5	74.8	84.1	82.9	71.2	70.8	85.3	73.8	74.0	73.3	83.1	86.6	70.7	66.7	83.2	87.5	73.6	71.4	84.9	85.4	70.9	72.2				
VA Mid South Healthcare Network - VISN 9																																	
9	VAMC	Lexington	KY	596	1c	79.9	67.4	64.3	85.4	85.3	80.9	78.8	81.5	85.5	76.0	77.1	82.5	85.5	85.2	80.6	80.7	84.2	81.3	79.2	80.8	87.1	84.8	78.2	85.5				
9	VAMC	Louisville	KY	603	1c	80.2	63.2	74.0	81.7	85.5	84.0	80.0	88.7	84.1	76.7	78.8	92.6	87.4	87.8	81.4	77.8	83.3	82.5	77.6	90.5	87.1	86.6	82.0	86.0				
9	VAMC	Memphis	TN	614	1a	81.2	64.3	64.5	78.4	87.9	78.9	78.7	82.6	87.7	64.6	75.3	80.5	88.3	88.6	81.4	87.1	88.7	75.8	75.4	85.1	87.0	84.3	80.4	77.5				
9	VAMC	Mountain Home	TN	621	2	80.3	65.6	74.2	90.3	83.6	80.6	75.4	89.3	83.5	73.3	75.1	88.5	83.5	85.1	75.9	89.9	84.5	83.5	74.1	89.2	82.4	84.0	76.8	88.1				
9	Tennessee Valley HCS Nashville, Murfreesboro	Nashville	TN	626	1a	78.6	66.1	66.9	72.4	85.4	81.9	79.1	79.5	84.6	73.5	79.3	80.1	86.8	88.3	78.2	77.8	84.3	81.7	80.2	81.7	86.4	84.9	77.8	76.0				
9	VAMC	Huntington	WV	581	2	84.1	81.0	73.5	94.2	86.3	89.0	79.7	96.5	85.4	84.9	78.2	94.7	88.2	91.1	80.8	100	86.2	88.1	75.9	95.0	86.9	89.8	82.9	98.1				

Section III

Fiscal Year 2008

The "Description of Data Elements" narrative is essential to the interpreting the tabular data in this report.

Column Designator

						Population Quality of Care																											
						Gender								Geriatric								Mental Health Outpt Care vs. Non-MH											
						Female				Male				<65 years age				≥65 years of Age				Mental Health Population		Non-Mental Health									
						AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB				
VISN	Facility Name	City	ST	Station	Complexity	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob
						Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct
National																																	
VA Health Care System of Ohio - VISN 10																																	
10	VAMC	Chillicothe	OH	538	3	79.2	69.5	72.6	84.3	84.9	81.8	73.9	88.5	84.0	69.3	74.1	89.1	86.0	89.4	73.8	85.6	84.5	81.6	74.7	88.0	84.8	84.9	72.8	88.7				
10	VAMC	Cincinnati	OH	539	1b	84.9	70.7	68.1	95.7	89.0	82.4	80.1	92.2	88.1	73.3	77.7	94.9	91.0	89.2	83.3	78.5	87.1	85.2	77.8	95.6	91.4	85.1	82.5	81.9				
10	Louis Stokes VAMC Cleveland, Brecksville	Cleveland	OH	541	1a	81.2	76.1	73.2	91.3	84.9	81.0	77.6	94.2	83.3	71.3	77.2	93.7	90.0	86.9	78.3	97.5	84.5	82.6	76.2	94.9	86.7	87.5	79.5	93.3				
10	Chalmers Wylie Outpt Clinic	Columbus	OH	757	3	78.9	56.6	67.7	83.5	85.8	76.1	74.8	90.1	85.3	64.5	71.6	90.6	86.4	85.8	78.2	86.7	85.7	78.6	72.5	88.6	85.6	80.6	76.4	92.8				
10	VAMC	Dayton	OH	552	1c	82.5	75.9	67.5	88.2	84.4	81.3	74.6	87.6	83.4	73.1	73.5	89.5	86.6	87.3	75.8	76.2	85.2	81.8	75.5	87.4	83.7	84.8	73.5	86.5				
Veterans In Partnership - VISN 11																																	
11	VA Illiana HCS	Danville	IL	550	2	80.3	63.1	68.0	91.8	86.1	82.4	78.3	93.1	84.3	69.4	76.3	93.6	88.8	90.8	81.1	92.4	85.7	84.1	79.8	92.3	86.5	85.4	77.9	94.4				
11	VA Northern Indiana HCS Marion, Ft Wayne	Marion	IN	610	3	83.4	67.9	60.7	86.7	87.0	80.6	78.7	88.8	85.0	60.9	76.3	90.1	89.6	90.3	79.9	86.7	85.7	75.2	76.4	88.1	88.1	87.0	79.4	93.1				
11	Richard L. Roudebush VAMC	Indianapolis	IN	583	1a	80.1	70.3	79.0	90.9	88.8	79.9	82.0	95.9	88.0	71.9	83.1	95.4	90.4	85.3	80.9	97.3	89.2	79.1	84.1	93.8	88.6	84.9	80.6	98.5				
11	VA Ann Arbor HCS	Ann Arbor	MI	506	1b	83.5	71.0	68.3	73.5	85.0	80.8	76.4	74.7	83.7	74.7	73.2	74.3	86.8	84.2	78.8	76.5	86.1	82.2	77.3	74.6	83.9	84.4	74.4	75.4				
11	VAMC	Battle Creek	MI	515	3	77.6	66.7	75.0	97.9	83.9	81.8	77.4	99.2	81.8	72.7	76.4	98.2	86.5	88.5	78.7	100.0	82.4	80.3	77.9	98.9	85.2	86.6	76.9	97.6				
11	John D. Dingell VAMC	Detroit	MI	553	1c	83.0	75.0	69.3	92.4	82.4	75.8	73.5	96.4	83.6	70.6	72.7	96.0	80.1	81.1	74.1	94.7	83.3	78.1	70.2	97.2	82.0	82.2	75.6	89.3				

Section III

Fiscal Year 2008

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Column Designator

						Population Quality of Care																											
						Gender								Geriatric								Mental Health Outpt Care vs. Non-MH											
						Female				Male				<65 years age				≥65 years of Age				Mental Health Population				Non-Mental Health							
						AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB				
VISN	Facility Name	City	ST	Station	Complexity	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob
						Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct
National																																	
11	Aleda E. Lutz VAMC	Saginaw	MI	655	3	84.4	62.3	76.4	83.6	89.4	84.4	80.7	92.7	87.6	77.8	79.3	93.1	92.2	88.9	81.9	91.3	89.6	87.1	81.8	94.7	89.2	88.5	79.3	89.6				
The Great Lakes Health Care System - VISN 12																																	
12	VA Chicago HCS (Jessie Brown)	Chicago, West Side	IL	537	1b	83.5	63.4	70.1	95.0	86.2	75.5	82.0	98.0	85.3	70.6	78.9	98.4	88.3	83.6	86.9	96.2	86.8	80.0	77.2	98.4	85.4	82.7	87.8	96.2				
12	Edward Hines Jr. VA Hospital	Hines	IL	578	1a	74.9	58.3	71.1	84.8	89.1	82.0	83.0	93.9	87.1	70.1	77.6	94.1	91.9	88.0	85.9	93.8	88.4	79.5	78.6	91.7	89.5	85.6	84.1	97.5				
12	VAMC	North Chicago	IL	556	2	83.9	78.1	79.5	93.4	89.4	88.7	85.3	90.6	88.4	79.1	82.3	93.3	90.9	92.8	87.7	80.3	87.8	88.4	83.2	90.8	91.4	91.4	87.6	91.3				
12	VAMC	Iron Mountain	MI	585	3	82.5	66.8	73.3	84.7	89.3	85.5	83.6	76.4	87.4	75.6	81.6	74.7	91.2	89.4	85.7	82.8	92.2	84.8	84.1	76.7	88.0	88.4	83.9	77.5				
12	William S. Middleton Memorial Veterans Hospital	Madison	WI	607	1b	78.3	72.6	70.4	83.3	89.5	85.4	81.9	82.1	88.9	76.9	81.4	82.1	90.3	90.2	82.3	83.3	88.7	84.2	78.8	81.3	90.2	89.4	84.1	85.9				
12	Clement J. Zablocki VAMC	Milwaukee	WI	695	1a	86.1	65.9	70.4	76.3	89.4	81.2	82.9	81.1	88.8	70.8	79.5	81.5	90.4	87.5	85.7	81.1	90.5	82.6	83.2	83.0	88.4	86.1	82.4	77.5				
12	VAMC	Tomah	WI	676	3	85.7	77.5	76.5	91.9	89.8	86.5	88.2	92.4	88.7	77.8	83.9	90.8	90.7	91.1	91.3	96.2	89.5	85.0	85.4	91.4	89.7	90.8	89.8	94.4				
VA Heartland Network - VISN 15																																	
15	VA Eastern Kansas HCS Topeka, Leavenworth	Topeka	KS	589A5	2	86.0	73.7	77.9	94.4	87.9	81.2	82.1	94.2	86.5	75.1	82.8	95.3	89.7	85.1	81.4	87.5	87.5	82.6	80.0	94.3	88.3	82.6	83.7	91.9				
15	Robert J. Dole VAMC	Wichita	KS	589A7	2	81.9	75.7	74.6	94.5	89.6	87.0	81.6	93.9	89.2	81.5	82.1	93.8	90.1	89.9	82.7	95.4	89.1	89.1	83.3	95.4	89.9	89.2	81.7	91.3				
15	Harry S. Truman VAMC	Columbia	MO	589A4	1c	81.6	73.6	67.3	66.7	83.1	85.5	75.3	61.4	79.9	79.6	73.2	60.2	87.5	88.5	76.7	65.3	81.9	82.9	75.2	66.2	83.9	86.0	74.9	54.1				
15	VAMC	Kansas City	MO	589	2	87.0	67.7	75.3	94.4	85.8	85.3	82.2	97.4	83.0	79.0	74.6	97.2	90.5	89.1	88.0	97.6	84.7	86.9	78.0	97.1	86.8	85.8	83.3	97.8				
15	VAMC	Marion	IL	657A5	2	74.7	64.0	67.7	80.1	82.5	83.3	72.7	85.5	82.7	75.3	73.2	85.5	81.8	88.6	72.5	85.0	84.4	84.1	73.4	88.7	80.5	86.4	72.5	78.0				

Section III

Fiscal Year 2008

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						Population Quality of Care																							
						Gender								Geriatric								Mental Health Outpt Care vs. Non-MH							
						Female				Male				<65 years age				≥65 years of Age				Mental Health Population				Non-Mental Health			
Column Designator						AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB
VISN	Facility Name	City	ST	Station	Complexity	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob
						Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct
National																													
15	John J. Pershing VAMC	Poplar Bluff	MO	657A4	3	73.8	75.3	66.7	83.7	83.7	78.2	75.6	84.3	80.6	65.3	74.9	84.3	87.8	87.1	76.2	84.1	82.8	77.4	76.2	86.4	83.8	84.0	74.9	80.7
15	St Louis VAMC St Louis, Jefferson Barracks	St. Louis	MO	657	1a	78.5	71.2	71.6	77.5	84.3	78.9	73.4	76.1	82.7	68.8	71.8	74.3	87.1	86.4	76.1	76.4	84.3	77.0	74.7	73.5	83.9	84.1	72.7	77.5
South Central VA Health Care Network - VISN 16																													
16	VAMC	Fayetteville	AR	564	2	83.1	70.0	70.0	92.2	88.7	82.3	82.7	93.4	87.5	76.8	80.3	94.4	90.8	85.9	84.9	91.7	88.7	87.5	84.2	94.1	88.5	81.9	81.5	92.8
16	Central AK Veterans HCS Little Rock, Little Rock N	Little Rock	AR	598	1a	80.0	69.8	67.8	53.5	84.8	81.5	73.2	66.7	82.3	72.8	67.1	68.0	87.4	88.1	80.4	59.6	84.2	84.4	73.7	69.4	84.4	85.5	72.1	61.0
16	VAMC	Alexandria	LA	502	3	82.1	74.7	74.0	81.9	87.4	84.0	76.4	76.1	86.3	75.8	73.7	79.7	88.5	90.4	80.2	70.8	86.8	88.0	73.9	72.4	87.6	87.3	79.3	84.9
16	VAMC	New Orleans	LA	629	98	81.4	72.5	77.2	98.6	83.8	83.0	76.0	96.1	84.7	79.1	76.7	95.3	82.1	87.4	75.8	100	84.7	84.8	77.8	95.1	82.9	87.9	74.8	99.0
16	Overton Brooks VAMC	Shreveport	LA	667	1c	80.2	70.7	67.2	93.0	84.4	80.2	79.0	89.8	82.5	70.9	78.8	89.6	87.4	86.7	78.5	89.5	85.1	82.0	75.9	92.2	83.6	86.0	80.7	85.8
16	Gulf Coast Vets HCS	Biloxi	MS	520	2	85.7	73.4	83.5	100	90.6	82.1	84.9	99.3	89.5	75.4	82.7	99.2	92.5	88.6	87.9	100	88.8	82.2	85.3	100.0	92.5	88.0	84.7	97.8
16	G.V. Montgomery VAMC	Jackson	MS	586	1b	75.2	77.4	72.4	89.1	84.0	86.2	78.0	87.2	82.9	77.0	75.1	86.1	84.8	91.2	80.8	88.9	83.5	85.4	77.1	85.4	83.8	90.7	78.4	88.9
16	VAMC	Muskogee	OK	623	3	81.1	70.0	81.3	98.6	85.5	82.0	80.3	91.6	84.2	75.3	81.2	93.1	87.5	85.4	79.4	88.6	86.0	83.1	83.4	93.0	84.7	84.0	77.6	89.2
16	VAMC	Oklahoma City	OK	635	1b	79.3	71.8	78.2	98.5	87.5	80.9	77.1	99.4	86.8	74.5	76.4	99.5	88.2	87.2	78.3	99.3	86.7	81.3	79.4	100.0	87.6	85.9	74.7	98.5
16	VAMC	Houston	TX	580	1a	84.2	66.3	74.7	81.1	86.9	81.1	77.2	87.6	85.3	72.3	76.6	88.1	90.3	89.6	78.6	87.2	86.4	80.5	77.5	86.1	87.2	88.5	77.1	91.5
VA Heart of Texas Health Care Network - VISN 17																													
17	VA North Texas HCS	Dallas	TX	549	1a	81.0	68.9	79.4	79.6	83.4	76.6	80.6	80.5	81.4	68.7	79.1	75.9	87.4	84.3	82.5	93.1	82.7	75.3	78.2	77.9	84.4	82.2	82.4	83.3
17	South Texas Veterans HCS San Antonio Kerrville	San Antonio	TX	671	1a	83.6	81.1	81.3	86.2	85.2	85.5	77.4	84.1	83.9	78.4	76.4	82.4	88.4	91.8	79.7	81.0	84.9	85.5	75.5	81.0	85.6	88.6	80.3	84.8
17	Cntrl Texas Veterans HCS Temple, Waco, Marlin	Temple	TX	674	1c	80.8	76.7	72.8	87.9	85.2	82.8	80.3	87.1	84.2	79.2	80.7	89.6	87.3	88.5	80.2	73.9	84.9	85.5	79.4	90.0	85.5	88.4	82.7	77.1

Section III

Fiscal Year 2008

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						Population Quality of Care																							
						Gender								Geriatric								Mental Health Outpt Care vs. Non-MH							
						Female				Male				<65 years age				≥65 years of Age				Mental Health Population				Non-Mental Health			
						AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB
VISN	Facility Name	City	ST	Station	Complexity	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob
						Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct
National																													
VA Southwest Health Care Network - VISN 18																													
18	Carl T. Hayden VAMC	Phoenix	AZ	644	1b	79.5	69.8	66.2	78.4	84.2	83.9	75.3	80.0	81.9	75.7	73.0	79.8	87.6	89.1	78.0	75.3	84.7	81.0	71.3	78.1	83.4	85.2	78.7	79.8
18	N Arizona VA HCS	Prescott	AZ	649	3	68.7	58.7	68.0	90.6	82.0	77.0	75.9	88.2	80.2	63.7	70.2	87.5	84.8	84.3	81.8	93.8	81.3	76.6	75.9	87.9	82.7	83.4	76.0	91.2
18	S Arizona VA HCS	Tucson	AZ	678	1a	82.7	67.9	77.6	91.3	89.1	83.4	80.4	88.2	87.8	76.8	76.7	87.0	89.6	88.4	82.6	93.0	87.6	84.5	81.3	91.8	89.7	87.6	78.9	78.8
18	New Mexico HCS	Albuquerque	NM	501	1a	80.4	64.2	73.0	83.3	83.4	72.7	75.9	70.6	82.4	57.5	71.5	71.4	85.6	83.6	79.8	75.0	84.4	73.5	73.4	73.6	82.4	78.8	78.1	68.4
18	Amarillo VA HCS	Amarillo	TX	504	2	80.7	72.5	71.9	88.7	85.2	83.3	76.7	87.4	84.3	78.8	77.0	87.0	87.8	86.0	75.9	87.2	87.0	84.0	77.0	86.1	84.7	84.8	76.1	88.5
18	West Texas VA HCS	Big Spring	TX	519	3	69.4	68.8	67.9	95.1	79.8	79.8	72.1	96.1	78.1	70.9	69.2	96.0	81.8	85.0	74.3	97.0	79.4	77.5	70.8	96.7	79.8	84.0	72.4	95.9
18	El Paso VA HCS	El Paso	TX	756	3	74.8	62.8	66.5	74.1	83.2	78.6	75.2	73.3	81.6	69.8	71.8	71.2	84.5	84.9	79.1	72.9	82.7	81.3	75.7	73.6	82.9	84.9	74.9	69.6
Rocky Mountain Network - VISN 19																													
19	Eastern Colorado HCS Denver, Pueblo	Denver	CO	554	1a	77.7	63.6	74.2	91.4	85.8	84.3	78.3	94.3	84.8	78.8	75.2	93.6	88.3	91.6	83.2	95.2	86.5	85.7	78.5	94.8	84.7	86.9	78.3	90.3
19	VAMC	Grand Junction	CO	575	2	87.7	68.8	79.4	98.5	86.7	80.0	77.8	95.9	86.4	72.2	77.6	95.1	87.1	85.6	78.8	100	87.2	80.7	76.1	94.2	86.1	84.1	79.8	100
19	VA Montana HCS	Fort Harrison	MT	436	2	78.8	60.6	71.6	81.7	85.5	86.2	77.7	78.7	83.8	79.1	75.5	79.4	88.3	90.1	79.6	75.6	86.0	85.8	77.6	78.4	85.5	89.2	77.5	78.6
19	VA Salt Lake City HCS	Salt Lake City	UT	660	1b	79.9	74.6	57.1	61.1	86.1	81.6	78.7	58.2	84.4	75.6	73.3	63.8	87.8	85.3	82.9	48.5	87.3	82.0	76.5	66.2	84.3	82.4	80.2	42.0
19	VAM/ROC	Cheyenne	WY	442	3	81.7	66.2	76.4	68.7	84.1	78.2	79.8	67.9	83.1	67.0	78.4	70.5	86.1	86.2	81.8	61.1	84.4	78.8	76.7	72.4	83.9	82.2	83.2	58.3
19	VAMC	Sheridan	WY	666	3	75.3	66.5	71.2	93.7	85.7	84.2	78.3	93.0	85.9	77.6	77.5	94.0	84.9	89.0	78.5	88.4	85.6	82.1	79.5	94.4	85.6	86.5	76.6	89.9
Northwest Network - VISN 20																													
20	Alaska VA HCS and Regional Office	Anchorage	AK	463	3	80.8	78.5	75.9	81.3	87.5	81.7	79.9	81.9	86.7	79.0	79.9	85.8	88.6	88.2	78.7	71.3	87.8	88.3	80.7	85.3	86.8	85.7	78.7	79.1

Section III

Fiscal Year 2008

The "Description of Data Elements" narrative is essential to the interpreting the tabular data in this report.

Column Designator

						Population Quality of Care																											
						Gender								Geriatric								Mental Health Outpt Care vs. Non-MH											
						Female				Male				<65 years age				≥65 years of Age				Mental Health Population				Non-Mental Health							
						AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB				
VISN	Facility Name	City	ST	Station	Complexity	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob
						Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct
National																																	
20	VAMC	Boise	ID	531	2	73.4	74.3	73.8	62.4	84.5	81.2	68.9	68.4	83.4	70.6	67.3	67.7	85.8	87.3	71.2	72.6	84.7	83.5	67.8	64.0	84.4	83.7	70.6	80.2				
20	VAMC	Portland	OR	648	1a	80.3	80.3	63.4	88.4	86.6	79.5	75.8	91.5	84.9	74.6	75.5	90.9	89.6	86.9	77.6	93.8	86.3	81.3	77.4	90.2	87.2	83.6	75.1	94.6				
20	VA Roseburg HCS	Roseburg	OR	653	3	77.4	67.7	59.6	81.5	85.0	81.5	70.5	81.0	82.7	74.1	67.4	81.0	87.8	86.9	73.3	87.9	83.0	84.2	63.9	84.9	86.6	84.5	76.0	75.5				
20	Southern Oregon Rehab Ctr & Clinics	White City	OR	692	3	83.2	61.1	74.7	82.3	89.2	76.3	80.0	81.4	87.4	70.0	78.3	82.5	90.7	83.0	82.7	73.3	87.8	77.6	77.4	84.1	89.1	82.1	83.5	66.7				
20	VA Puget Sound HCS Seattle, American Lake	Seattle	WA	663	1a	81.5	75.3	65.3	89.3	83.1	80.3	74.6	89.4	81.4	75.6	70.6	88.9	86.4	87.1	80.3	87.7	82.2	84.3	73.6	86.7	83.9	82.5	75.0	95.1				
20	VAMC	Spokane	WA	668	3	80.1	73.0	74.0	79.7	83.6	80.1	74.0	77.6	83.3	73.2	73.1	77.9	84.6	85.2	75.2	75.4	84.3	79.8	75.0	77.1	83.4	84.2	74.2	78.1				
20	Jonathan M. Wainwright Memorial VA Medical Center	Walla Walla	WA	687	3	79.4	72.1	75.2	83.3	85.4	78.8	74.5	81.5	84.5	70.2	75.6	83.0	86.6	83.2	74.0	79.6	86.4	80.9	73.2	82.7	84.7	84.6	75.9	80.8				
Sierra Pacific Network - VISN 21																																	
21	VA Cntrl California HCS	Fresno	CA	570	2	80.1	67.5	69.6	81.0	88.8	84.2	82.3	83.2	86.8	75.7	79.7	82.9	91.0	89.5	85.0	86.3	90.2	85.8	81.7	87.9	86.9	86.3	82.4	74.8				
21	VA Northern California HCS Martinez, Sacramento	Martinez, East Bay	CA	612	1c	82.6	64.6	76.5	86.7	86.6	82.6	75.4	89.1	86.3	74.9	74.3	90.4	87.1	86.6	77.1	84.9	86.2	83.4	77.2	91.0	86.7	83.1	74.0	84.5				
21	VA Palo Alto HCS PaloAlto, MenloPk, Livermore	Palo Alto	CA	640	1a	78.6	63.9	65.2	96.4	86.4	83.1	76.3	96.4	86.1	73.1	74.0	96.6	87.2	89.7	77.2	95.5	85.6	82.0	73.9	96.8	87.3	85.8	77.2	95.5				
21	VAMC	San Francisco	CA	662	1a	83.4	72.4	73.6	95.0	86.6	80.9	73.0	91.0	83.9	70.0	73.2	91.1	90.4	88.7	73.9	92.8	87.1	78.6	73.2	91.8	85.7	86.3	73.9	89.7				
21	VA Pacific Islands HCSSpark M. Matsunaga VA Medical & Regional Office Center	Honolulu	HI	459	3	75.7	62.1	72.3	74.7	82.8	76.5	70.5	85.8	82.6	71.6	70.6	84.7	84.7	84.2	69.9		83.2	78.3	68.4	88.7	83.1	79.9	72.7	72.0				

Section III

Fiscal Year 2008

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						Population Quality of Care																							
						Gender								Geriatric								Mental Health Outpt Care vs. Non-MH							
						Female				Male				<65 years age				≥65 years of Age				Mental Health Population				Non-Mental Health			
Column Designator						AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB
VISN	Facility Name	City	ST	Station	Complexity	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob
						Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct
National																													
21	VA Sierra Nevada HCS	Reno	NV	654	2	78.6	71.4	72.9	82.6	87.2	78.6	83.6	85.8	85.4	68.6	82.8	86.3	89.5	84.7	83.8	85.7	84.5	80.1	85.5	87.1	88.8	81.4	82.4	84.8
Desert Pacific Healthcare Network - VISN 22																													
22	VA Loma Linda HCS	Loma Linda	CA	605	1b	78.4	63.7	74.2	89.3	80.7	72.5	72.9	88.8	80.1	64.2	70.1	91.6	81.5	77.6	76.6	80.0	81.4	77.0	73.1	93.3	79.7	76.8	73.3	78.2
22	VA Long Beach HCS	Long Beach	CA	600	1c	79.7	72.0	70.9	86.5	86.4	80.8	78.2	90.1	83.9	73.6	74.5	88.3	90.2	86.8	82.4	100	84.6	80.6	77.3	90.8	87.7	86.4	78.1	87.2
22	VA Greater Los Angeles HCS	Los Angeles	CA	691	1a	80.1	61.5	60.9	84.2	84.1	73.5	74.0	74.2	83.3	58.3	65.3	74.5	85.3	82.6	82.1	82.1	82.5	72.3	70.5	70.5	85.5	81.8	77.2	91.7
22	VA San Diego HCS	San Diego	CA	664	1a	75.1	63.6	61.2	94.3	85.9	80.7	76.6	95.6	84.3	72.8	76.2	96.3	88.2	85.3	77.2	94.1	85.4	80.3	76.7	94.8	85.9	83.2	76.0	98.8
22	VA Sierra Nevada HCS	Las Vegas	NV	593	2	79.7	77.0	77.6	97.5	85.4	80.5	80.2	90.7	84.6	73.6	80.1	92.6	87.0	84.6	80.7	87.3	85.6	83.1	80.3	95.8	85.7	83.6	80.5	84.4
VA Midwest Health Care Network - VISN 23																													
23	VA Nebraska Western Iowa HCS Omaha, Grand Is, Lincoln	Omaha	NE	636	1c	80.8	62.3	69.8	80.7	85.9	84.0	80.5	81.0	83.5	72.6	78.5	79.7	88.7	89.6	82.2	82.1	85.5	85.4	79.1	79.3	86.0	87.8	81.4	82.1
23	VA Central Iowa HCS DesMoines, Knoxville	Des Moines	IA	636A6	2	79.3	62.7	61.5	77.8	86.6	82.5	79.3	85.4	85.6	72.2	76.8	86.0	87.8	85.8	79.9	83.9	86.1	79.2	73.3	86.5	86.8	85.3	81.1	84.0
23	VAMC	Iowa City	IA	636A8	1c	82.0	71.6	70.2	93.2	86.3	80.9	76.2	90.3	86.3	73.4	71.6	91.8	87.3	85.2	78.5	86.5	86.0	83.3	77.6	95.1	87.0	82.8	74.2	83.7
23	VAMC	Minneapolis	MN	618	1a	79.9	68.4	69.4	79.1	82.2	83.3	72.7	85.0	81.4	73.4	69.3	84.4	84.1	89.5	75.2	85.2	80.7	81.7	71.2	86.5	84.0	85.2	72.9	78.7
23	VAMC	St. Cloud	MN	656	3	81.2	62.2	73.3	77.6	89.6	85.3	81.7	84.4	87.6	75.6	77.0	87.3	92.0	90.2	85.3	75.9	90.1	83.4	79.4	86.1	89.0	89.0	83.4	79.5
23	VAM/RO	Fargo	ND	437	2	79.7	66.5	67.0	93.8	84.1	81.9	76.5	96.1	82.6	78.7	77.2	97.0	85.6	83.3	76.2	92.9	84.9	83.4	76.0	96.7	83.1	81.8	76.8	95.2

Section III

Fiscal Year 2008

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Population Quality of Care																																	
Gender										Geriatric								Mental Health Outpt Care vs. Non-MH															
Female					Male					<65 years age				≥65 years of Age				Mental Health Population				Non-Mental Health											
Column Designator										AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB
VISN	Facility Name	City	ST	Station	Complexity	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob	DM	Prev	IHD	Tob				
						Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct				
National																																	
23	VA Black Hills HCS Ft Meade, Hot Springs	Fort Meade	SD	568	3	83.7	70.9	63.7	76.7	85.3	83.2	75.2	77.1	83.9	75.2	72.7	80.1	87.1	87.9	77.6	71.3	85.9	83.2	73.1	79.7	85.0	85.6	76.5	74.4				
23	VAM/ROC	Sioux Falls	SD	438	2	82.7	77.7	73.1	66.1	85.9	85.9	79.9	67.0	85.7	79.9	80.4	62.8	86.0	87.1	79.7	76.7	86.1	82.2	83.1	66.7	85.7	87.2	78.6	68.2				

Section IV

Fiscal Year 2008

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Column Designator

						Hospital Settings							Overall Patient Satisfaction						
						30 day Risk Adjusted Disease Mortality			Nosocomial Infection		DVT		OMELOS	Overall Inpatient			Overall Outpatient		
						Adjusted Mortality Pneumonia	Adjusted Mortality CHF	Adjusted Mortality AMI	Ventilator Associated Infections	Central Line Associated Bacteremia	DVT Mechanical Ventilation	DVT Medical ICU (% of High Risk Med Pts on Prophalaxis/ High Risk Med Conditions)	Observed minus expected Length of Stay (ICU)	White	African American	Other	White	African American	Other
						BC	BD	BE	BF	BG	BH	BI	BJ	BK	BL	BM	BN	BO	BP
VISN	Facility Name	City	ST	Station	Complexity	Pct	Pct	Pct	Rate per 1000 Ventilator Days	Rate per 1000 Line Days	Pct of pts on Prophalaxis/ Ventilated Pts	Pct of High Risk Medical Pts	#	Pct	Pct	Pct	Pct	Pct	Pct
National																			
VA New England Health Care System - VISN 1																			
1	VA Connecticut HCS	West Haven	CT	689	1a	12.37	9.57	14.89	2.06	2.71	67.60	67.70	0.32	80.0	68.6	73.2	80.5	72.0	69.2
1	Edith N Rogers Memorial Veterans Hospital	Bedford	MA	518	3														
1	VA Boston HCS W Roxbury, Brockton Jamaica Plns	West Roxbury	MA	523	1a	12.81	7.31	13.34	1.93	2.75	83.90	85.80	0.03	85.5	86.2	75.6	85.1	75.4	91.4
1	VAMC	Northampton	MA	631	3												84.5	79.6	83.9
1	VAMC/RO	Togus	ME	402	2	12.36	8.94	15.87	2.90	1.84	72.20	63.60	0.94						
1	VAMC	Manchester	NH	608	3														
1	VAMC	Providence	RI	650	2	12.06	9.12	13.19	3.48	3.27	87.30	89.80	0.56				83.8	76.2	96.4
1	VAM/ROC	White River Junction	VT	405	2	11.66	9.00	13.05	0.00	2.16	76.70	77.60	-0.06						
VA Healthcare Network Upstate New York - VISN 2																			
2	Samuel S. Stratton VAMC	Albany	NY	528A8	2	13.10	10.79	13.64	5.33	1.84	91.20	66.00	-0.37				83.4	80.1	92.1
2	VA Western New York HCS Buffalo, Batavia	Buffalo	NY	528	1b	13.15	10.07	13.65	5.09	5.90	73.10	85.40	-0.41	79.1	70.0	56.6	82.3	56.8	88.6
2	VAMC	Bath	NY	528A6	3	13.95	11.35	14.51	0.0	0.0	57.10	59.50	-0.36						
2	VAMC	Canandaigua	NY	528A5	3												87.6	84.6	69.6

Section IV

Fiscal Year 2008

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Column Designator

						Hospital Settings							Overall Patient Satisfaction						
						30 day Risk Adjusted Disease Mortality			Nosocomial Infection		DVT		OMELOS	Overall Inpatient			Overall Outpatient		
						Adjusted Mortality Pneumonia	Adjusted Mortality CHF	Adjusted Mortality AMI	Ventilator Associated Infections	Central Line Associated Bacteremia	DVT Mechanical Ventilation	DVT Medical ICU (% of High Risk Med Pts on Prophalaxis/ High Risk Med Conditions)	Observed minus expected Length of Stay (ICU)	White	African American	Other	White	African American	Other
						BC	BD	BE	BF	BG	BH	BI	BJ	BK	BL	BM	BN	BO	BP
VISN	Facility Name	City	ST	Station	Complexity	Pct	Pct	Pct	Rate per 1000 Ventilator Days	Rate per 1000 Line Days	Pct of pts on Prophalaxis/ Ventilated Pts	Pct of High Risk Medical Pts	#	Pct	Pct	Pct	Pct	Pct	Pct
National																			
2	VAMC	Syracuse	NY	528A7	1c	13.64	9.44	13.85	1.77	3.80	90.80	85.10	0.61				87.5	86.4	57.8
VA NY/NJ Veterans Healthcare Network - VISN 3																			
3	VA New Jersey HCS	East Orange	NJ	561	1b	13.28	9.40	13.10	2.83	0.72	62.90	66.20	-0.22	80.5	80.3	80.9	83.7	72.3	65.2
3	VAMC	Bronx	NY	526	1c	11.56	11.17	13.62	4.02	0.51	62.50	61.80	0.34	81.8	74.6	73.4	85.9	68.2	70.9
3	VA NY Harbor HCS NY Harbor, Brooklyn	New York Harbor	NY	630	1a	13.84	7.44	13.74	1.79	0.93	75.86	72.31	0.29	75.8	74.5	72.8	75.0	63.3	59.5
3	VA Hudson Valley HCS Montrose, Castle Pt	Montrose	NY	620	3	12.92	10.75	13.71									84.7	75.1	69.0
3	VAMC	Northport	NY	632	2	13.04	8.24	14.40	0.00	1.01	83.80	87.20	0.33				86.8	68.7	50.7
VA Stars & Stripes Healthcare Network - VISN 4																			
4	VAM&RO	Wilmington	DE	460	2	12.03	9.85	14.34	3.15	4.24	71.40	76.50	-0.02	89.0	72.9	72.8	87.0	82.1	90.7
4	James E. Van Zandt VAMC	Altoona	PA	503	3	14.09	11.30	14.05	0.00	0.00	0.00	57.10	-0.93						
4	VAMC	Butler	PA	529	3														
4	VAMC	Coatesville	PA	542	3	12.52	10.04										87.7	84.9	90.2
4	VAMC	Erie	PA	562	3	12.90	9.57	14.58	0.00	0.00	81.80	78.40	-0.81						
4	VAMC	Lebanon	PA	595	2	14.05	11.05	14.33	14.08	1.65	55.60	62.20	-0.23				86.0	75.7	91.0
4	VAMC	Philadelphia	PA	642	1b	12.53	8.38	13.05	9.80	5.69	64.70	64.80	0.74	71.0	75.8	77.8	79.5	71.8	69.4

Section IV

Fiscal Year 2008

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Column Designator

						Hospital Settings							Overall Patient Satisfaction						
						30 day Risk Adjusted Disease Mortality			Nosocomial Infection		DVT		OMELOS	Overall Inpatient			Overall Outpatient		
						Adjusted Mortality Pneumonia	Adjusted Mortality CHF	Adjusted Mortality AMI	Ventilator Associated Infections	Central Line Associated Bacteremia	DVT Mechanical Ventilation	DVT Medical ICU (% of High Risk Med Pts on Prophalaxis/ High Risk Med Conditions)	Observed minus expected Length of Stay (ICU)	White	African American	Other	White	African American	Other
						BC	BD	BE	BF	BG	BH	BI	BJ	BK	BL	BM	BN	BO	BP
VSN	Facility Name	City	ST	Station	Complexity	Pct	Pct	Pct	Rate per 1000 Ventilator Days	Rate per 1000 Line Days	Pct of pts on Prophalaxis/ Ventilated Pts	Pct of High Risk Medical Pts	#	Pct	Pct	Pct	Pct	Pct	Pct
National																			
4	VA Pittsburgh HCS Heinz, Univ Dr, Highld Dr	Pittsburgh	PA	646	1a	13.29	9.63	14.54	5.26	2.37	69.40	73.90	0.39	82.8	74.5	83.5	83.0	72.7	58.1
4	VAMC	Wilkes-Barre	PA	693	2	14.87	10.98	14.65	0.00	0.00	56.30	59.90	-0.69				79.5	67.1	61.3
4	Louis A. Johnson VAMC	Clarksburg	WV	540	2	11.76	8.99	14.67	0.00	0.00	81.00	47.60	0.37						
VA Capitol Health Care Network - VISN 5																			
5	VAMC	Washington	DC	688	1a	12.35	11.35	13.99	2.82	1.15	57.30	58.60	-0.44	80.1	77.3	78.2	80.5	75.8	57.8
5	VA Maryland HCS Baltimore, Perry Pt	Baltimore	MD	512	1b	11.89	10.20	13.58	6.24	4.45	76.00	78.90	0.50	77.8	74.1	69.5	79.1	73.4	86.4
5	VAMC	Martinsburg	WV	613	2	12.52	9.64	13.14	13.11	3.46	72.70	64.50	0.59				84.9	73.8	64.5
VA Mid-Atlantic Health Care Network - VISN 6																			
6	VAMC	Asheville	NC	637	2	12.05	10.09	14.09	4.65	2.76	48.50	42.00	-0.46						
6	VAMC	Durham	NC	558	1a	12.80	9.23	13.13	5.30	5.38	63.60	67.30	0.05	81.4	75.0	83.3	78.9	65.0	75.1
6	VAMC	Fayetteville	NC	565	3	12.64	11.19	14.43	0.00	0.00	75.00	63.60	0.74	71.8	55.6	51.9	57.9	63.1	54.6
6	W.G. (Bill) Hefner VAMC	Salisbury	NC	659	2	13.37	10.22	14.00	0.00	4.98	90.90	78.20	-0.11	79.1	75.5	80.1	74.7	66.5	61.3

Section IV

Fiscal Year 2008

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Column Designator

						Hospital Settings							Overall Patient Satisfaction						
						30 day Risk Adjusted Disease Mortality			Nosocomial Infection		DVT		OMELOS	Overall Inpatient			Overall Outpatient		
						Adjusted Mortality Pneumonia	Adjusted Mortality CHF	Adjusted Mortality AMI	Ventilator Associated Infections	Central Line Associated Bacteremia	DVT Mechanical Ventilation	DVT Medical ICU (% of High Risk Med Pts on Prophalaxis/ High Risk Med Conditions)	Observed minus expected Length of Stay (ICU)	White	African American	Other	White	African American	Other
						BC	BD	BE	BF	BG	BH	BI	BJ	BK	BL	BM	BN	BO	BP
VISN	Facility Name	City	ST	Station	Complexity	Pct	Pct	Pct	Rate per 1000 Ventilator Days	Rate per 1000 Line Days	Pct of pts on Prophalaxis/ Ventilated Pts	Pct of High Risk Medical Pts	#	Pct	Pct	Pct	Pct	Pct	Pct
National																			
6	VAMC	Hampton	VA	590	2	12.49	9.40	13.88	3.06	2.41	68.00	58.20	0.42	68.9	68.4	73.1	75.7	60.9	56.4
6	H. Holmes McGuire VAMC	Richmond	VA	652	1a	14.38	10.01	14.28	4.31	4.11	61.40	71.20	-0.33	79.5	72.4	76.0	76.0	65.6	75.9
6	VAMC	Salem	VA	658	2	12.47	8.66	14.25	11.09	3.81	80.40	85.40	0.26	81.7	76.7	72.9	79.4	57.5	73.4
6	VAMC	Beckley	WV	517	3	13.87	11.12	13.47	0.00	0.00	81.80	73.30	0.33						
VA Southeast Network - VISN 7																			
7	VAMC	Birmingham	AL	521	1b	13.15	8.66	13.69	3.08	5.32	62.10	69.70	0.46	80.5	84.5	84.4	74.7	65.4	64.3
7	Central Alabama Veterans HCS Tuskegee, Montgomery	Montgomery	AL	619	2	12.92	12.82	14.33	0.00	0.00	50.00	71.20	1.64	72.2	76.8	65.2	74.5	66.0	57.4
7	VAMC	Tuscaloosa	AL	679	3												74.1	58.7	97.9
7	VAMC	Atlanta	GA	508	1a	13.22	11.39	13.90	0.00	2.25	72.00	75.20	0.72	73.1	80.3	85.6	81.9	75.5	90.7
7	VAMC	Augusta	GA	509	1a	13.83	12.88	14.35	8.07	6.99	81.70	73.00	0.63	76.2	69.3	74.8	78.0	78.1	55.8
7	Carl Vinson VAMC	Dublin	GA	557	3	12.77	10.57	13.79	0.00	0.00	60.90	53.50	-0.09	68.5	69.8	74.9	71.5	60.8	45.1
7	Ralph H. Johnson VAMC	Charleston	SC	534	1c	12.43	9.65	13.97	4.19	1.69	72.90	67.50	-0.24	83.9	76.5	69.9	82.0	77.3	75.9
7	Wm. Jennings Bryan Dorn VAMC	Columbia	SC	544	1c	13.35	10.84	14.40	6.87	5.67	62.4	72.5	0.38	74.8	70.0	77.7	77.2	67.6	55.5
VA Sunshine Healthcare Network - VISN 8																			

Section IV

Fiscal Year 2008

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						30 day Risk Adjusted Disease Mortality			Nosocomial Infection		DVT		OMELOS	Overall Inpatient			Overall Outpatient		
						Adjusted Mortality Pneumonia	Adjusted Mortality CHF	Adjusted Mortality AMI	Ventilator Associated Infections	Central Line Associated Bacteremia	DVT Mechanical Ventilation	DVT Medical ICU (% of High Risk Med Pts on Prophalaxis/ High Risk Med Conditions)	Observed minus expected Length of Stay (ICU)	White	African American	Other	White	African American	Other
						BC	BD	BE	BF	BG	BH	BI	BJ	BK	BL	BM	BN	BO	BP
VISN	Facility Name	City	ST	Station	Complexity	Pct	Pct	Pct	Rate per 1000 Ventilator Days	Rate per 1000 Line Days	Pct of pts on Prophalaxis/ Ventilated Pts	Pct of High Risk Medical Pts	#	Pct	Pct	Pct	Pct	Pct	Pct
National																			
8	VAMC	Bay Pines	FL	516	1a	12.62	8.91	13.70	1.36	1.42	72.70	68.40	-1.15	87.0	84.0	77.4	85.8	69.5	84.8
8	N FLA/S GA Veterans HCS Gainesville, Lake Cty	Gainesville	FL	573	1a	11.27	9.63	13.22	2.69	2.13	84.83	85.92	-0.36	77.6	78.6	85.5	80.8	73.1	73.2
8	VAMC	Miami	FL	546	1b	12.58	9.39	12.98	0.79	6.41	69.20	62.60	0.37	82.5	80.6	86.8	84.0	66.7	78.2
8	E Central Florida HCS	Orlando	FL	675	98												84.0	80.7	73.5
8	James A. Haley VAMC	Tampa	FL	673	1a	13.21	10.84	14.79	9.02	2.08	58.50	53.80	0.10	81.9	76.9	70.5	81.7	72.2	71.0
8	VAMC	West Palm Beach	FL	548	1c	12.65	10.22	14.10	2.62	3.27	76.30	66.90	0.88	81.3	78.0	88.0	78.1	92.9	85.0
8	VAMC	San Juan	PR	672	1a	14.58	11.40	13.83	4.09	1.57	63.20	77.20	-0.38				53.7	31.8	68.9
VA Mid South Healthcare Network - VISN 9																			
9	VAMC	Lexington	KY	596	1c	14.24	12.26	13.54	9.33	3.71	81.80	63.50	0.34	78.3	78.6	92.1	77.4	76.8	77.0
9	VAMC	Louisville	KY	603	1c	14.31	10.98	16.42	5.87	6.73	79.50	60.20	0.14	78.4	73.2	68.0	79.7	68.9	88.1
9	VAMC	Memphis	TN	614	1a	13.26	12.07	15.96	1.48	1.75	64.40	62.50	0.42	64.7	67.8	52.0	74.1	60.6	60.8
9	VAMC	Mountain Home	TN	621	2	12.64	10.46	14.28	1.14	3.44	69.40	55.30	-0.87				81.7	44.6	91.2
9	Tennessee Valley HCS Nashville, Murfreesboro	Nashville	TN	626	1a	12.84	12.01	13.41	3.40	2.34	71.29	71.88	0.8	79.0	73.0	76.5	75.7	61.1	76.5
9	VAMC	Huntington	WV	581	2	12.51	10.48	12.89	4.89	1.02	80.40	73.80	-0.70						

Section IV

Fiscal Year 2008

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						30 day Risk Adjusted Disease Mortality			Nosocomial Infection		DVT		OMELOS	Overall Inpatient			Overall Outpatient		
						Adjusted Mortality Pneumonia	Adjusted Mortality CHF	Adjusted Mortality AMI	Ventilator Associated Infections	Central Line Associated Bacteremia	DVT Mechanical Ventilation	DVT Medical ICU (% of High Risk Med Pts on Prophalaxis/ High Risk Med Conditions)	Observed minus expected Length of Stay (ICU)	White	African American	Other	White	African American	Other
						BC	BD	BE	BF	BG	BH	BI	BJ	BK	BL	BM	BN	BO	BP
VISN	Facility Name	City	ST	Station	Complexity	Pct	Pct	Pct	Rate per 1000 Ventilator Days	Rate per 1000 Line Days	Pct of pts on Prophalaxis/ Ventilated Pts	Pct of High Risk Medical Pts	#	Pct	Pct	Pct	Pct	Pct	Pct
National																			
VA Health Care System of Ohio - VISN 10																			
10	VAMC	Chillicothe	OH	538	3														
10	VAMC	Cincinnati	OH	539	1b	12.29	9.53	13.34	6.83	3.30	85.50	78.20	-0.07	84.5	80.0	67.2	82.2	58.6	67.0
10	Louis Stokes VAMC Cleveland, Brecksville	Cleveland	OH	541	1a	11.63	10.50	13.81	9.78	0.64	72.90	72.30	-0.57	80.2	71.6	59.6	84.3	67.6	77.7
10	Chalmers Wylie Outpt Clinic	Columbus	OH	757	3												79.3	90.1	97.9
10	VAMC	Dayton	OH	552	1c	11.93	9.12	13.04	4.82	4.26	52.30	45.20	-0.48	74.1	76.3	57.3	78.1	78.7	50.1
Veterans In Partnership - VISN 11																			
11	VA Illiana HCS	Danville	IL	550	2	12.32	10.27	15.01	0.00	0.00	95.00	69.00	-1.15				80.8	91.5	73.9
11	VA Northern Indiana HCS Marion, Ft Wayne	Marion	IN	610	3	13.85	10.94	14.94									78.3	80.8	74.5
11	Richard L. Roudebush VAMC	Indianapolis	IN	583	1a	12.12	10.50	14.08	4.56	4.21	66.70	71.20	-0.06	79.5	77.5	76.4	70.7	78.1	77.3
11	VA Ann Arbor HCS	Ann Arbor	MI	506	1b	12.11	9.88	13.87	4.84	1.99	69.60	63.20	0.92	87.2	86.1	87.9	82.7	67.8	93.4
11	VAMC	Battle Creek	MI	515	3	14.28	9.47	14.52									81.1	64.1	78.2
11	John D. Dingell VAMC	Detroit	MI	553	1c	13.62	10.06	14.03	3.87	10.48	79.40	79.80	0.43	77.0	69.7	42.1	77.9	65.8	56.4

Section IV

Fiscal Year 2008

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						Adjusted Mortality Pneumonia	Adjusted Mortality CHF	Adjusted Mortality AMI	Ventilator Associated Infections	Central Line Associated Bacteremia	DVT Mechanical Ventilation	DVT Medical ICU (% of High Risk Med Pts on Prophalaxis/ High Risk Med Conditions)	Observed minus expected Length of Stay (ICU)	White	African American	Other	White	African American	Other
						BC	BD	BE	BF	BG	BH	BI	BJ	BK	BL	BM	BN	BO	BP
VISN	Facility Name	City	ST	Station	Complexity	Pct	Pct	Pct	Rate per 1000 Ventilator Days	Rate per 1000 Line Days	Pct of pts on Prophalaxis/ Ventilated Pts	Pct of High Risk Medical Pts	#	Pct	Pct	Pct	Pct	Pct	Pct
National																			
11	Aleda E. Lutz VAMC	Saginaw	MI	655	3	12.86	10.75	13.27	0.00	0.00	66.70	70.80	-1.37						
The Great Lakes Health Care System - VISN 12																			
12	VA Chicago HCS (Jessie Brown)	Chicago, West Side	IL	537	1b	12.76	8.14	13.23	0.00	0.35	65.70	74.50	-0.55	76.5	75.6	68.0	72.1	71.4	57.2
12	Edward Hines Jr. VA Hospital	Hines	IL	578	1a	12.82	12.17	13.44	4.07	2.46	56.70	61.90	0.62	80.7	72.1	83.5	82.5	80.6	94.4
12	VAMC	North Chicago	IL	556	2	13.78	10.18	12.48	8.20	0.00	85.70	82.10	-0.15				86.9	65.5	58.9
12	VAMC	Iron Mountain	MI	585	3	12.69	10.60	13.67	0.00	0.00	77.80	50.90	-0.14						
12	William S. Middleton Memorial Veterans Hospital	Madison	WI	607	1b	12.11	10.19	13.08	5.91	1.96	71.30	62.10	-0.18						
12	Clement J. Zablocki VAMC	Milwaukee	WI	695	1a	11.06	10.58	12.07	6.14	1.44	88.70	79.00	-0.47	84.1	77.2	77.6	82.5	52.5	80.2
12	VAMC	Tomah	WI	676	3	14.49	10.37	13.75											
VA Heartland Network - VISN 15																			
15	VA Eastern Kansas HCS Topeka, Leavenworth	Topeka	KS	589A5	2	12.75	9.74	13.05	0.00	2.92	78.26	78.08	-0.65	85.2	75.9	73.4	79.2	62.1	72.5
15	Robert J. Dole VAMC	Wichita	KS	589A7	2	12.45	10.07	13.07	0.00	0.00	82.10	76.00	-0.30				80.2	54.3	78.4
15	Harry S. Truman VAMC	Columbia	MO	589A4	1c	13.19	9.31	12.46	1.64	4.24	86.10	78.30	-0.17				79.8	77.4	75.5
15	VAMC	Kansas City	MO	589	2	12.36	10.14	14.43	2.60	1.99	69.50	59.90	0.07	79.4	69.9	84.0	84.3	48.9	56.0
15	VAMC	Marion	IL	657A5	2	12.64	10.70	16.04	0.00	0.00	79.20	63.70	0.10				74.5	54.5	79.1

Section IV

Fiscal Year 2008

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						BC	BD	BE	BF	BG	BH	BI	BJ	BK	BL	BM	BN	BO	BP
VISN	Facility Name	City	ST	Station	Complexity	Pct	Pct	Pct	Rate per 1000 Ventilator Days	Rate per 1000 Line Days	Pct of pts on Prophalaxis/ Ventilated Pts	Pct of High Risk Medical Pts	#	Pct	Pct	Pct	Pct	Pct	Pct
National																			
15	John J. Pershing VAMC	Poplar Bluff	MO	657A4	3	13.15	13.17	14.46											
15	St Louis VAMC St Louis, Jefferson Barracks	St. Louis	MO	657	1a	12.10	7.89	13.60	5.97	2.76	77.40	69.80	0.80	63.7	54.6	48.4	71.7	52.2	58.4
South Central VA Health Care Network - VISN 16																			
16	VAMC	Fayetteville	AR	564	2	12.70	8.49	13.71	0.00	0.00	73.30	75.40	-0.73						
16	Central AK Veterans HCS Little Rock, Little Rock N	Little Rock	AR	598	1a	12.15	10.06	13.11	2.43	3.17	75.10	72.80	-0.07	74.8	69.1	89.9	81.5	55.2	80.4
16	VAMC	Alexandria	LA	502	3	13.71	8.90	14.34	0.00	0.00	56.50	52.80	-0.49	84.0	80.3	77.7	78.4	72.4	63.9
16	VAMC	New Orleans	LA	629	98												72.7	66.1	70.0
16	Overton Brooks VAMC	Shreveport	LA	667	1c	12.46	12.07	13.40	1.15	1.71	61.00	52.20	1.04	77.4	76.7	56.4	76.0	66.1	87.1
16	Gulf Coast Vets HCS	Biloxi	MS	520	2	11.84	8.51	12.97	0.00	0.00	34.40	38.20	-0.47	81.3	67.3	47.5	82.0	66.8	87.2
16	G.V. Montgomery VAMC	Jackson	MS	586	1b	13.54	11.26	16.84	4.41	5.25	87.40	78.90	-0.30	82.7	80.7	64.5	80.3	76.9	95.5
16	VAMC	Muskogee	OK	623	3	11.82	10.28	12.79	0.00	3.22	75.00	64.00	-0.49				75.8	84.4	82.1
16	VAMC	Oklahoma City	OK	635	1b	13.49	9.66	14.67	3.30	0.69	65.60	70.70	0.57	75.7	72.2	76.3	76.3	52.4	67.1
16	VAMC	Houston	TX	580	1a	14.36	10.59	14.69	6.82	2.72	66.70	61.40	-0.34	80.0	76.3	78.6	75.2	69.8	68.7
VA Heart of Texas Health Care Network - VISN 17																			
17	VA North Texas HCS	Dallas	TX	549	1a	13.00	11.63	13.81	0.53	0.97	61.60	62.90	0.80	72.8	57.4	66.2	73.3	60.7	62.1
17	South Texas Veterans HCS San Antonio Kerrville	San Antonio	TX	671	1a	11.83	10.30	13.04	2.70	1.10	63.60	63.80	-0.10	76.8	64.9	73.1	76.5	61.3	70.9
17	Cntrl Texas Veterans HCS Temple, Waco, Marlin	Temple	TX	674	1c	12.41	9.27	13.57	1.72	1.05	83.30	72.50	-0.76	79.2	77.6	67.3	73.9	58.2	70.5

Section IV

Fiscal Year 2008

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							BC	BD	BE	BF	BG	BH	BI	BJ	BK	BL	BM	BN	BO	BP
VISN	Facility Name	City	ST	Station	Complexity		Pct	Pct	Pct	Rate per 1000 Ventilator Days	Rate per 1000 Line Days	Pct of pts on Prophalaxis/ Ventilated Pts	Pct of High Risk Medical Pts	#	Pct	Pct	Pct	Pct	Pct	Pct
National																				
VA Southwest Health Care Network - VISN 18																				
18	Carl T. Hayden VAMC	Phoenix	AZ	644	1b		13.44	8.67	14.54	3.02	1.33	76.10	70.70	-0.09				78.8	79.5	78.6
18	N Arizona VA HCS	Prescott	AZ	649	3		13.36	10.91	14.03	0.00	0.00	0.00	44.4	0.33						
18	S Arizona VA HCS	Tucson	AZ	678	1a		10.38	10.35	13.65	1.89	3.27	73.30	66.10	-0.48				78.6	93.2	71.8
18	New Mexico HCS	Albuquerque	NM	501	1a		12.87	8.72	11.58	10.41	2.66	74.20	61.30	0.01						
18	Amarillo VA HCS	Amarillo	TX	504	2		16.21	10.15	15.94	4.43	2.74	68.50	75.50	-0.42				83.8	55.0	67.1
18	West Texas VA HCS	Big Spring	TX	519	3		13.09	10.29	14.68									71.4	59.4	78.3
18	El Paso VA HCS	El Paso	TX	756	3													75.7	63.3	71.0
Rocky Mountain Network - VISN 19																				
19	Eastern Colorado HCS Denver, Pueblo	Denver	CO	554	1a		12.37	10.57	14.91	4.05	5.05	67.50	61.10	0.28	80.4	69.9	70.3	84.3	66.3	77.8
19	VAMC	Grand Junction	CO	575	2		12.39	9.69	14.19	0.00	0.00	77.80	65.70	-0.47						
19	VA Montana HCS	Fort Harrison	MT	436	2		11.71	10.12	13.59	0.00	5.56	70.60	54.30	-0.94						
19	VA Salt Lake City HCS	Salt Lake City	UT	660	1b		12.26	8.42	12.51	10.85	2.26	83.10	78.90	-0.20						
19	VAM/ROC	Cheyenne	WY	442	3		12.56	9.87	13.24	15.38	0.00	77.80	63.90	0.21						
19	VAMC	Sheridan	WY	666	3		12.14	10.63	13.91											
Northwest Network - VISN 20																				
20	Alaska VA HCS and Regional Office	Anchorage	AK	463	3															

Section IV

Fiscal Year 2008

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VISN	Facility Name	City	ST	Station	Complexity	Pct	Pct	Pct	Rate per 1000 Ventilator Days	Rate per 1000 Line Days	Pct of pts on Prophalaxis/ Ventilated Pts	Pct of High Risk Medical Pts	#	Pct	Pct	Pct	Pct	Pct	Pct
National																			
20	VAMC	Boise	ID	531	2	11.77	9.92	14.73	4.13	0.00	66.20	65.60	-0.66						
20	VAMC	Portland	OR	648	1a	10.33	7.93	11.61	0.71	0.96	66.00	63.60	-0.47						
20	VA Roseburg HCS	Roseburg	OR	653	3	13.57	9.98	16.41	0.00	0.00	23.10	40.60	-0.03						
20	Southern Oregon Rehab Ctr & Clinics	White City	OR	692	3														
20	VA Puget Sound HCS Seattle, American Lake	Seattle	WA	663	1a	12.92	10.62	14.17	5.27	0.27	78.40	74.80	-0.09	84.6	84.7	77.7	80.8	79.2	66.3
20	VAMC	Spokane	WA	668	3	12.07	10.64	13.97	0.00	0.00	62.50	58.10	-1.22						
20	Jonathan M. Wainwright Memorial VA Medical Center	Walla Walla	WA	687	3														
Sierra Pacific Network - VISN 21																			
21	VA Cntrl California HCS	Fresno	CA	570	2	12.68	10.58	13.95	0.00	0.00	56.50	62.20	0.21				80.1	64.0	81.3
21	VA Northern California HCS Martinez, East Bay	Martinez, East Bay	CA	612	1c	11.74	7.43	12.43	4.8	4.3	50	61.3	0.19	86.3	89.1	87.4	81.2	73.0	75.3
21	VA Palo Alto HCS PaloAlto, MenloPk, Livermore	Palo Alto	CA	640	1a	12.22	9.51	13.43	3.82	3.20	72.00	64.20	-0.73	88.2	84.0	81.8	87.3	85.7	80.5
21	VAMC	San Francisco	CA	662	1a	11.21	10.07	12.97	5.90	1.18	58.30	42.80	-0.98	87.7	73.9	84.1	80.2	82.1	86.6
21	VA Pacific Islands HCSSpark M. Matsunaga VA Medical & Regional Office Center	Honolulu	HI	459	3														

Section IV

Fiscal Year 2008

The "Description of Data Elements" narrative is essential to the interpreting the tabular data in this report.

Column Designator

						Hospital Settings							Overall Patient Satisfaction						
						30 day Risk Adjusted Disease Mortality			Nosocomial Infection		DVT		OMELOS	Overall Inpatient			Overall Outpatient		
						Adjusted Mortality Pneumonia	Adjusted Mortality CHF	Adjusted Mortality AMI	Ventilator Associated Infections	Central Line Associated Bacteremia	DVT Mechanical Ventilation	DVT Medical ICU (% of High Risk Med Pts on Prophalaxis/ High Risk Med Conditions)	Observed minus expected Length of Stay (ICU)	White	African American	Other	White	African American	Other
						BC	BD	BE	BF	BG	BH	BI	BJ	BK	BL	BM	BN	BO	BP
VISN	Facility Name	City	ST	Station	Complexity	Pct	Pct	Pct	Rate per 1000 Ventilator Days	Rate per 1000 Line Days	Pct of pts on Prophalaxis/ Ventilated Pts	Pct of High Risk Medical Pts	#	Pct	Pct	Pct	Pct	Pct	Pct
National																			
21	VA Sierra Nevada HCS	Reno	NV	654	2	12.08	10.17	13.89	0.00	2.42	75.70	60.60	-0.22						
Desert Pacific Healthcare Network - VISN 22																			
22	VA Loma Linda HCS	Loma Linda	CA	605	1b	13.53	12.05	16.17	3.41	0.30	71.90	68.30	-0.35	83.2	79.8	74.1	80.8	73.8	76.9
22	VA Long Beach HCS	Long Beach	CA	600	1c	11.73	8.70	14.37	2.73	2.11	55.70	62.80	-0.92	80.7	77.5	68.1	76.4	64.7	80.4
22	VA Greater Los Angeles HCS	Los Angeles	CA	691	1a	12.94	9.26	13.30	2.70	4.53	74.70	59.20	-0.67	80.2	80.4	77.3	77.1	70.4	73.0
22	VA San Diego HCS	San Diego	CA	664	1a	13.99	8.14	13.97	4.81	3.44	64.60	58.40	-0.90				82.3	76.3	74.7
22	VA Sierra Nevada HCS	Las Vegas	NV	593	2	12.48	8.35	13.43	2.66	12.05	0	0	0	87.2	94.1	79.8	80.0	64.2	70.7
VA Midwest Health Care Network - VISN 23																			
23	VA Nebraska Western Iowa HCS Omaha, Grand Is, Lincoln	Omaha	NE	636	1c	12.20	9.75	13.79	2.24	1.56	63.80	61.30	0.50	81.6	66.4	86.7	78.9	68.3	82.2
23	VA Central Iowa HCS DesMoines, Knoxville	Des Moines	IA	636A6	2	12.89	9.36	13.80	4.93	1.92	59.30	55.70	-0.25						
23	VAMC	Iowa City	IA	636A8	1c	13.18	10.33	12.67	0.00	3.69	70.70	69.00	-0.41				82.0	86.4	82.2
23	VAMC	Minneapolis	MN	618	1a	12.09	8.47	13.39	11.12	3.47	52.90	63.10	-1.09						
23	VAMC	St. Cloud	MN	656	3														
23	VAM/RO	Fargo	ND	437	2	12.03	8.63	14.35	10.75	0.00	88.60	63.10	-0.30						

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Fiscal Year 2008

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Column Designator

							Hospital Settings							Overall Patient Satisfaction						
							30 day Risk Adjusted Disease Mortality			Nosocomial Infection		DVT		OMELOS	Overall Inpatient			Overall Outpatient		
							Adjusted Mortality Pneumonia	Adjusted Mortality CHF	Adjusted Mortality AMI	Ventilator Associated Infections	Central Line Associated Bacteremia	DVT Mechanical Ventilation	DVT Medical ICU (% of High Risk Med Pts on Prophalaxis/ High Risk Med Conditions)	Observed minus expected Length of Stay (ICU)	White	African American	Other	White	African American	Other
							BC	BD	BE	BF	BG	BH	BI	BJ	BK	BL	BM	BN	BO	BP
VISN	Facility Name	City	ST	Station	Complexity		Pct	Pct	Pct	Rate per 1000 Ventilator Days	Rate per 1000 Line Days	Pct of pts on Prophalaxis/ Ventilated Pts	Pct of High Risk Medical Pts	#	Pct	Pct	Pct	Pct	Pct	Pct
National																				
23	VA Black Hills HCS Ft Meade, Hot Springs	Fort Meade	SD	568	3		11.40	9.37	13.75	0.0	0.0	69.20	52.10	-0.29						
23	VAM/ROC	Sioux Falls	SD	438	2		11.87	12.37	14.16	2.38	0.00	70.00	55.70	-0.94						

Appendix A

Healthcare Effectiveness Data and Information Set (HEDIS) measures

HEDIS is a tool used by health plans to measure performance on important dimensions of care and service. VHA uses a subset of measures applicable to the VA population of all available HEDIS measures. The measures currently available are divided into dimensions of care with the individual measures within each dimension defined.

PREVENTION AND SCREENING FOR CANCER:

- **Breast Cancer Screening:** This measure estimates the percentage of women between 50 and 69 years old who had at least one mammogram in the past 2 years.
- **Cervical Cancer Screening rate** estimates 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 measure** estimates the percentage of adults 50 to 80 years of age who have had appropriate screening for colorectal cancer

CARDIOVASCULAR CARE:

- **Cholesterol Management:** This measure assesses the percentage of members 18-75 years of age who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG), percutaneous transluminal coronary angioplasty (PTCA); or who had a diagnosis of ischemic vascular disease (IVD) who received a low-density lipoprotein cholesterol (LDL-C) screening (Blood test) and whose LDL-C level was controlled to <100mg/dL.
- **Blood Pressure: Blood Pressure <140/90:** estimates the percentage of hypertensive adults ages 18 to 85 whose blood pressure was controlled. Adequate control is defined as a blood pressure reading less than 140/90 mmHg during the past year. Both systolic and diastolic pressure must be at or under this threshold for blood pressure to be considered controlled.

COMPREHENSIVE DIABETES CARE: These measures assess several important features of effective, multi-risk factor management of diabetes and its potential complications. The measures estimate the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had each of the following:

- HbA1c testing (Blood Test),
- poorly controlled HbA1c >9
- LDL-C screening (Blood Test),
- LDL-C controlled to less than 100 mg/dL,
- Retinal Eye Exam: Patients receiving any retinal screening during the Report Period, or a documented refusal of a diabetic eye exam.
- Monitoring nephropathy: Patients who have received nephropathy screening, defined as patients who have had a positive urine protein test or any ***non-null*** microalbuminuria test result during the Current Report period
- Diabetic Blood Pressure <140/90: estimates the percentage of hypertensive adults ages 18 to 85 whose blood pressure was controlled. Adequate control is defined as a blood pressure reading less than 140/90 mmHg during the past year. Both systolic and diastolic pressure must be at or under this threshold for blood pressure to be considered controlled.

IMMUNIZATIONS:

- Influenza: This measure estimates the percentage of adults 50 years of age and older who received an influenza vaccination during the most recent flu season.

SMOKING CESSATION MEASURES

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

Appendix B

ORYX

ORYX data measurement requirements are intended to support The Joint Commission accredited organizations in their quality improvement efforts. A component of the ORYX initiative is the identification and use of standardized—or “core”—performance measures. For VHA, there are four applicable “core” measurement sets: Acute Myocardial Infarction, Congestive Heart Failure, Community Acquired Pneumonia and Surgical Infection Prevention. Below are definitions of each of the ORYX measures that make up each of the four core measurement sets.

ACUTE MYOCARDIAL INFARCTION (AMI)

- AMI-1 Aspirin at Arrival – Acute myocardial infarction (AMI) patients without aspirin contraindications who received aspirin within 24 hours before or after hospital arrival.
- AMI-2 Aspirin Prescribed at Discharge - Acute myocardial infarction (AMI) patients without aspirin contraindications who are prescribed aspirin at hospital discharge.
- AMI-3 ACEI or ARB for LVSD-Acute myocardial infarction (AMI) patients 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. For purposes of this measure, LVSD is defined as chart documentation of a left ventricular ejection fraction (LVEF) less than 40 percent or a narrative description of left ventricular function (LVF) consistent with moderate or severe systolic dysfunction.
- AMI-4 Adult Smoking Cessation Advice/Counseling- Acute myocardial infarction (AMI) patients with a history of smoking cigarettes who are given smoking cessation advice or counseling during hospital stay. For purposes of this measure, a smoker is defined as someone who has smoked cigarettes anytime during the year prior to hospital arrival.
- AMI-5 Beta Blocker Prescribed at Discharge-Acute myocardial infarction (AMI) patients without beta blocker contraindications who are prescribed a beta blocker at hospital discharge.
- AMI-6 Beta Blocker at Arrival- Acute myocardial infarction (AMI) patients without beta blocker contraindications who received a beta blocker within 24 hours after hospital arrival.
- AMI-7 Median Time to Thrombolysis- Median time from arrival to administration of a thrombolytic agent in patients with ST segment elevation or left bundle branch block (LBBB) on the electrocardiogram (ECG) performed closest to hospital arrival time.
- AMI-7a Thrombolytic Agent Received Within 30 Minutes of Hospital Arrival - Acute myocardial infarction (AMI) patients receiving thrombolytic therapy during the hospital stay and having a time from hospital arrival to thrombolysis of 30 minutes or less.
- AMI-8a PCI received within 90 minutes of hospital arrival - Acute myocardial infarction (AMI) patients receiving primary percutaneous coronary intervention (PCI) during the hospital stay with a time from hospital arrival to PCI of 90 minutes or less.
- AMI-T1 Acute myocardial infarction (AMI) patients 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.
- AMI-T2 Acute myocardial infarction (AMI) patients with elevated low-density lipoprotein cholesterol (LDL-c \geq 130 mg/dL or narrative equivalent) who are prescribed a lipid-lowering medication at hospital discharge.

HEART FAILURE

- HF-1 Discharge Instructions - Heart failure patients 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
 - what to do if symptoms worsen.
- HF-2 LVF Assessment-Heart failure patients with documentation in the hospital record that left ventricular function (LVF) was assessed before arrival, during hospitalization, or is planned for after discharge.
- HF-3 ACEI or ARB for LVSD - Heart failure patients 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. For purposes of this measure, LVSD is defined as chart documentation of a left ventricular ejection fraction (LVEF) less than 40 percent or a narrative description of left ventricular function (LVF) consistent with moderate or severe systolic dysfunction.
- HF-4 Adult Smoking Cessation Advice/Counseling-Heart failure patients with a history of smoking cigarettes who are given smoking cessation advice or counseling during hospital stay. For purposes of this measure, a smoker is defined as someone who has smoked cigarettes anytime during the year prior to hospital arrival.

PNEUMONIA

- PN-1 Oxygenation assessment-Pneumonia patients who had an assessment of arterial oxygenation by arterial blood gas measurement or pulse oximetry within 24 hours prior to or after arrival at the hospital.
- PN-2 Pneumococcal screening and/or vaccination-Pneumonia patients age 65 and older who were screened for pneumococcal vaccine status and were administered the vaccine prior to discharge, if indicated.
- PN-3a Blood Cultures Performed Within 24 Hours Prior to or 24 Hours After Hospital Arrival for Patients Who Were Transferred or Admitted to the ICU Within 24 Hours of Hospital Arrival - Pneumonia patients 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.
- PN-3b Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital - Pneumonia patients whose initial emergency room blood culture specimen was collected prior to first hospital dose of antibiotics.
- PN-4 Adult smoking cessation advice/counseling-Pneumonia patients with a history of smoking cigarettes who are given smoking cessation advice or counseling during hospital stay.
- (PN-5c) Pneumonia patients who receive their first dose of antibiotics within 6 hours after arrival at the hospital
- (PN-6) Immunocompetent patients with Community-Acquired Pneumonia who receive an initial antibiotic regimen during the first 24 hours that is consistent with current guidelines.

- (PN-6a) Immunocompetent ICU patients with Community-Acquired Pneumonia who receive an initial antibiotic regimen during the first 24 hours that is consistent with current guidelines.
- (PN-6b) Immunocompetent non-Intensive Care Unit (ICU) patients with Community-Acquired Pneumonia who receive an initial antibiotic regimen during the first 24 hours that is consistent with current guidelines. - Immunocompetent patients for both ICU (PN-6a) and non-ICU (PN-6b) with pneumonia who receive an initial antibiotic regimen during the first 24 hours that is consistent with current guidelines.
- PN-7 Influenza vaccination-Pneumonia patients 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 INFECTION PREVENTION

- SCIP- Inf-1 Prophylactic Antibiotic Received Within 1 Hour Prior to Surgical Incision-Surgical patients who received prophylactic antibiotics within 1 hour prior to surgical incision. *Patients who received vancomycin or a fluoroquinolone for prophylactic antibiotics should have the antibiotics administered within 2 hours prior to surgical incision. Due to the longer infusion time required for vancomycin or a fluoroquinolone, it is acceptable to start these antibiotics within 2 hours prior to incision time.
- SCIP- Inf -2 Prophylactic Antibiotic Selection for Surgical Patients.
- SCIP- Inf-3 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time-Surgical patients whose prophylactic antibiotics were discontinued within 24 hours after surgery end time.
- SCIP – Inf-4 Cardiac Surgery Patients With Controlled 6 A.M. Postoperative Blood Glucose.
- SCIP- Inf-5 Surgery Patients with Appropriate Hair Removal.
- SCIP- Card-2 Surgery Patients on Beta-Blocker Therapy Prior to Admission Who Received a Beta-Blocker During the Perioperative Period.
- SCIP- VTE-1 Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered.
- SCIP-VTE-2 Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery.

Appendix C

POPULATIONS	Outpatient Composites				Inpatient Composites			
	DM	Prev	IHD	Tob	AMI	CHF	CAP	SCIP
	Pct	Pct	Pct	Pct	Pct	Pct	Pct	Pct
Rural	86.2	84.7	78.6	88.5	93.9	96.3	96.8	95.6
Urban	85.7	84.4	77.9	88.6	93.4	96.4	96.9	95.5

Rural vs. Urban: A comparison of the quality of care for patients who reside in rural and urban is provided at the national level using the FY08 inpatient and outpatient quality of care composites. Facility level analyses were not appropriate given the complexities of accounting for the geographic mix of patients in community based outpatient clinics (CBOCs) attached to a facility. The on-record home addresses of patients were categorized as urban or rural using definitions established by the National Center for Health Statistics within the Centers for Disease Control and Prevention (CDC), based on population density from U.S. Census Bureau. There were no meaningful differences in any of the composite score for patients residing in rural vs. urban areas.

Appendix D

OUTPATIENT Composites

Measures in the Diabetic Composite

DM - Outpt - HbAc1 GT 9 or not done (poor control) in past year (HEDIS)
DM - Outpt - LDL-C LT 100 (HEDIS)
DM - Outpt - BP LE 140/90
DM - Outpt - Retinal exam, timely by disease (HEDIS)
DM - Outpt - LDL-C measured (HEDIS) w/ 1 yr review
DM - Outpt - Renal Testing (HEDIS)
DM - Outpt- HbA1c Annual

Measures in Ischemic Heart Composite

HTN - Outpt dx HTN & BP LT 140/90 (HEDIS)
AMI - Outpt LDL-C measured (HEDIS)
AMI - Outpt LDL-C LT 100 (HEDIS)

Measures in Prevention Composite

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 Outpt - Nexus
Immunizations - Outpt - Influenza ages 50-64 - Nexus Clinics (HEDIS)
Immunizations - Outpt - Influenza ages GE 65 (HEDIS)

Measures in Tobacco Composite:

Tobacco - Outpt - Pts using tobacco in past yr who have been offered meds
Tobacco - Outpt - Pts using tobacco in past yr provided w/ counseling on how to quit
Tobacco - Outpt - Pts using tobacco in past yr offered referral to cessation pgm

INPATIENT Composites

Measures in CAP Composite

CAP - Inpt - O2 Assess in 24 Hours of Arrival
CAP - Inpt - Approp initial antibiotic f/ immunocompetent pt in ICU
CAP - Inpt - Approp initial antibiotic f/ immunocompetent pt Non-ICU
CAP - Inpt - Influenza vaccination (JCAHO)
CAP - Inpt - Blood Cultures w/i 24 hrs of arrival - Inpt ICU (JCAHO)
CAP - Inpt - Blood cultures perform in ED prior to 1st antibiotic
CAP - Inpt - Initial antibiotic w/i 6 hrs of arrival
CAP - Inpt - pneumococcal scrn & or vaccination (JCAHO)
CAP - Tobacco - Inpt Counseling

Measures in Heart Failure Composite

HF - Inpt LVF assessed or planned at dischg
HF - Inpt - LVEF LT 40 on ACEI or ARB specific at dischg (HF-3)
HF - Tobacco - Inpt Counseling - HF
HF - Inpt - Dischg instr f/ diet/wt/meds

Measures in AMI Composite

AMI - Inpt ASA w/i 24 hours of adm.
AMI - Tobacco - Inpt Counseling - AMI
AMI - Inpt -reperfusion thrombolytic in 30 min - STEMI (JCAHO)
AMI - Inpt LVEF LT 40 on ACEI or ARB at dischg
AMI- Inpt - PCI w/i 90 min (JCAHO)
AMI - Inpt Beta blockers w/i 24 hrs after adm
AMI - Inpt - LDL - Cholesterol Assessment (JCAHO)
AMI - Inpt - Lipid Lowering Therapy f/ at Risk Pts GE 130
AMI - Inpt ASA at dischg
AMI - Inpt Beta blockers at dischg
AMI - EKG Timely

Measures in SCIP Composite

SIP - Inpt - Correct Antibiotic (All)
SIP - Inpt - Hair removal by acceptable method (JCAHO)
SIP - Inpt - Beta Blocker Therapy Perioperatively
SIP - Inpt - VTE Prophylaxis Ordered
SIP - Inpt - VTE Prophylaxis Received w/i 24 hrs
SIP - Inpt - Prophylactic antibiotics started timely
SIP - Inpt - Prophylactic antibiotics dc-ed timely
SIP - Inpt - Glucose levels w/i range - Cardiac Surgery