
**Department of Veterans Affairs**
**Veterans Health Administration )**

# Report to the Appropriations Committee of the U.S. House of Representatives in response to ) House Appropriations Report No. 110-186, accompanying Public Law 110-161, ) The Consolidated Appropriations Act, 2008 )

**Department of Veterans Affairs**
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## Executive Summary

This report responds to the request of the House Appropriations Committee and 40 Members of Congress for a Veterans Health Administration (VHA) Hospital Quality Report Card. In an effort to provide a snapshot of the quality of care provided at VA health care facilities, this report includes information about waiting times, staffing level, infection rates, surgical volumes, quality measures, patient satisfaction, service availability and complexity, accreditation status, and patient safety. The data in this report have been drawn from multiple sources across VHA.

The quality of care assessments are based on VHA's robust inventory of technical quality of care and patient perception of care measures. Many of the VHA outpatient measures are from the Healthcare Effectiveness Data and Information Set (HEDIS). HEDIS measures were 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. Many of the inpatient measures presented in this report are ORYX® measures, developed by The Joint Commission to determine the quality of inpatient care.

Composite metrics were created using measures applicable to individual facilities to assess various care settings and patient populations. This approach was designed to simplify reporting by condensing many individual measures into a single metric and to avoid undue emphasis on routine, random variation in individual measures that typically occurs over time. Overall outpatient and inpatient composite scores were compared to external benchmark scores created by VHA (see End Notes for details). Because valid statistical comparisons of composite scores that reflect widely variable numbers of both measures and patients are problematical, a reasonable "rule of thumb" for identifying significant variation is five or more percentage points between attribute categories. Data are reported for fiscal year 2007 with the exception of analyses examining quality of care by gender and rural status, which used FY 2006 data sources. Waiting times data are from November, 2007.

**Summary:**

Overall: VHA facilities provide high quality outpatient and inpatient medical care when compared to national external composite benchmarks developed by VHA. Facility HEDIS outpatient composite scores exceeded the VHA national

outpatient benchmark composite at all VHA facilities (100 per cent). Facility ORYX® inpatient composite scores exceeded the national external inpatient composite benchmark score at 123 of 124 VHA facilities (99 per cent).

Different Patient Populations:

- ! The quality of care for older (≥ 65 years of age) patients is similar to younger patients throughout most VHA facilities.

- ! The quality of care for patients with and without a mental health diagnoses is similar at most VHA facilities.

- ! Although there is variation across VHA facilities with respect to services provided to homeless patients, inpatient and outpatient care delivered to disabled patients and to patients receiving emergency care, most facilities are performing well.

- ! Comparison of the quality of care for rural and urban patients across VHA was similar for 47 of 51 screening and disease based quality measures.

Challenges: This report identifies two challenges for VHA. Unadjusted outpatient quality scores for women were lower than those for men in many facilities. While we do not have system wide clinical quality data which is stratified by ethnic or racial groups, we found that African-American veterans were less satisfied with their health care than white veterans. At present, we cannot determine if differences in patients' perceptions of their health care are correlated with differences in quality of care.

VHA is responding to these challenges in the following ways:

Women Veterans: The medical literature in this area finds that when adjusted for age and health status, there are no substantial differences in rates of appropriate care for women who are treated in VHA as compared to men. Other studies have demonstrated decreased mortality and better surgical outcomes for women treated in VHA hospitals.

VHA has made strong efforts to provide the highest quality medical care to women by:

- ! locating women's health clinics in a majority of VA medical centers.

- ! establishing comprehensive women's health clinics in 50 VA medical centers.

- ! providing a "mini residency" program on women's health for primary care physicians.

- ! modifying several health promotion programs to specifically target women.

- ! purchasing additional equipment to meet the healthcare needs of women.

- ! staffing every community based outpatient clinic with a women's liaison and every VA medical center with a woman veterans program manager.

VHA will continue to support research in disparities in the quality of care associated with gender.

Minority Veterans: The finding of lower satisfaction by non-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 quite 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 healthcare, understanding the mechanisms producing these disparities and developing interventions to reduce disparities through the Center for Health Equity Research and Promotion (CHERP), established in 2001. Patient perceptions of their health care have root causes in complex and often poorly understood social and cultural factors.

CHERP has been the leader in studying sociocultural dimensions in pain management, patient-provider communication about colorectal cancer screening and racial disparities in joint replacement. In 2007, CHERP researchers published 128 papers in peer-reviewed journals; of these, 19 focused specifically on racial disparities; another 42 focused on other populations at risk for disparities in health or health care.

VHA has recently completed a large systematic review of racial and ethnic disparities in the VA health care system. This research is supporting development and testing of interventions which can reduce either real or perceived disparities.

Among VHA's specific actions in this area are:

- ! Each VA Medical Center is staffed with a Minority Veteran Program Coordinator who acts as a patient advocate and reduces culture-based communications challenges when they are identified.

- ! In addition to the research conducted and interventions being developed by CHERP, VHA has developed and is implementing a cultural-

competency program to provide resources to clinicians in understanding the culture-based expectations of patients of differing ethnic backgrounds.

- ! VHA will identify sites at which non-whites veterans either have high satisfaction scores or scores equivalent to white veterans and evaluate the characteristics of those sites. Using focus groups as appropriate we will identify best practices at those sites. As the best practices are disseminated throughout other VA medical centers, their effectiveness will continue to be monitored.

Conclusion: This Hospital Quality Report Card shows that VHA consistently delivers high-quality healthcare to our nation's veterans. As with any large organization, there are variations in the data which do not represent meaningful differences. We urge caution in comparing any one VA medical center to any other facility or any one medical center to the system as a whole.

## Discussion

VHA has a robust inventory of measures that are used to assess clinical or technical quality and patient's perception of care in both the outpatient and inpatient settings. These end notes are essential elements of the data presented in the report.

The information contained in this report is drawn from multiple accreditation, workload, staffing, and measurement sources. In many cases, data from smaller facilities have been consolidated with that of a parent facility to make reporting comparable across the multiple data sources and to increase the ability to make valid statistical comparisons.

Facilities. As of the first quarter, FY 2008, there were 153 VA hospitals. Data for 13 of these hospitals are consolidated with data from a parent facility and are reported with the 139 facilities 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]. Manila reports no quality data.

Acute Care Facilities. Of the 139 facilities listed in this report card, 124 hospitals offer acute care services and thus report ORYX® measures. 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.

## Measurement of Healthcare Quality

Many of the outpatient measures are Healthcare Effectiveness Data and Information Set (HEDIS) measures, developed by the National Commission for Quality Assurance (NCQA) and 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.

Many of the VHA inpatient measures are ORYX® measures. ORYX® is a set of inpatient performance measurement requirements developed by the Joint Commission to support measures of the quality of inpatient care. See Appendix B for specific measures.

VHA has adopted all HEDIS and ORYX® measures which are applicable to its patient population. It should be noted that although VHA had adopted the use of HEDIS measures to evaluate the quality of the care, there are some significant differences from the HEDIS requirements in how VHA abstracts the clinical data and in VHA's definition of "established patient." HEDIS data collected in non-VA healthcare settings are collected on an annual basis and primarily from administrative billing data. VHA collects HEDIS outpatient measures on a monthly basis through data abstraction using a contracted service. Data are then rolled up to Veterans Integrated Service Network (VISN) and National level report 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 a veteran who had accessed

the system at least once in the 13-24 month period prior to the most recent outpatient encounter. Therefore, the VHA eligibility criteria assure the patient has been seen at least twice in a 24 month period.

The composite score is a weighted average of the individual measures using an “opportunities model” approach: the sum of the number of patients who satisfied each measure criterion divided by the number of patients who were eligible for each of the measures.

Within VHA group comparisons were conducted for gender, geriatrics (age), ethnicity 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 patients of all ages and the gender composites only included measures eligible to both males and females.

Comparisons between facilities using these metrics should be cautiously interpreted. There are many other factors that can account for variations in scores. These factors may include volume of patients, clinical complexity of hospital services and patient 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 contributing measure denominators as well as the different size and clinical complexity of any facility.

A challenge inherent in interpreting scores on performance measures is determining variations that reflect genuine differences between patient groups or facilities 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 limitations on the reliability of the measure, small sample sizes, or simply random variation. This background noise is magnified when assessing a composite metric that incorporates many quality measures aggregated across so many facilities in a complex healthcare system. Based largely upon years of reviewing volumes of data, we have developed a heuristic approach that applying a plus or minus 5 point rule serves to filter out much of the noise in our data and to identify true and important differences. Most of the measures of quality are based on samples drawn from the population of VHA patients. The number of cases available fluctuates considerably by measure and by facility. Because the composite measure for different facilities is derived from differing combinations of applicable measures and widely differing numbers of eligible patients, computation of commonly accepted 95% confidence intervals is technically difficult. Given the small samples sizes for many individual quality measures per facility, however, differences of plus or minus 5 points should usually reasonably indicate a true signal in the data (or true differences between patient groups).

**Key to Symbols in the Tables**

Where **“ * ”** is shown, the volume of data is too small to allow for a meaningful calculation or there are no cases at the facility. Thresholds for sufficiency of data vary by metric and where they apply, are set forth in the applicable end note.

Where **“ ** ”** is shown, please refer to the appropriate end note.

In the columns headed “Hospital Accreditation,” the following applies:

> “**Y**” designates that the facility is accredited by The Joint Commission and, where applicable, by the Commission for Accreditation of Rehabilitation Facilities (CARF).

Where $Y^p$ is shown, The Joint Commission has accredited provisionally; where $Y^C$ is shown, the accreditation is conditional. Each of these is an accredited status.

"**AY**" is shown where The Joint Commission has issued accreditation as an Ambulatory Facility.

"**NR**" is shown where the facility does not offer rehabilitation services and, hence, no CARF accreditation will occur.

## Notes to the Tables

### 1. Waiting Times

Methodology: This metric is the percentage of new patient and established appointments in November, 2007 completed within 30 days of request by the veteran. Primary Care appointments include those in primary care clinics, women's health clinics, geriatric primary care clinics and mental health primary care clinics when available. Appointment information from 46 specialty and subspecialty clinics is used to calculate the subspecialty care metric. Data are reported for the "parent" facility only. Appointment information from Community Based Outpatient Clinics (CBOCs) is consolidated with the VA medical center with which the CBOC is affiliated. It should be noted that there is disagreement between VHA and the VA Inspector General as to how these data are collected.

These data are reported in the Annual Performance and Accountability Report (PAR).

### 2. Staffing

**Staffing: Physicians**

Methodology: These data are the numbers of full- and part-time physicians (occupational class 0602) in pay status as of January 31, 2008. This excludes all medical residents and trainees, physicians in without-compensation status, and contract physicians.

**Staffing: Nursing**

Methodology: These data are the number of full- and part-time registered and practical nurses (occupational classes 0610 and 0612) in pay status as of January 31, 2008. This metric does not include contract nurses.

**Staffing: Other Health Professionals**

Methodology: These data are the number of other health professionals in pay status as of January 31, 2008. This includes all other 0600 occupational classes: General Health Science (0601), Physician's Assistant (0603), Chiropractor (0604), Nurse Anesthetist (0605), Nursing Assistant (0621), Medical Supply Aide and Technician (0622), Autopsy Assistant (0625), Dietitian and Nutritionist (0630), Occupational Therapist (0631), Physical Therapist (0633), Corrective Therapist (0635), Rehabilitation Therapy Assistant (0636), Manual Arts Therapist (0637), Recreation/Creative Arts Therapist (0638), Educational Therapist (0639), Health Aid and Technician (0640), Nuclear Medicine Technician (0642), Medical Technologist (0644), Medical Technician (0645), Pathology Technician (0646), Diagnostic Radiologic Technologist (0647), Therapeutic Radiologic Technologist (0648), Medical Instrument Technician (0649), Respiratory Therapist (0651), Pharmacist (0660), Pharmacy Technician (0661), Optometrist (0662), Restoration Technician (0664), Speech Pathology and Audiology 0665, Orthotist and Prosthetist

(0667), Podiatrist (0668), Medical Records Administration (0669), Health System Administration (0670), Health System Specialist (0671), Prosthetic Representative (0672), Hospital Housekeeping Management (0673), Medical Records Technician (0675 ), Medical Support Assistance (0679), Dental Officer (0680), Dental Assistant (0681), Dental Hygiene (0682), Dental Laboratory Aid and Technician (0683), Industrial Hygiene (0690), Environmental Health Technician (0698), and Medical and Health Student Trainee (0699).

### 3. Nosocomial Infections

Methodology: While nosocomial infections are monitored by local facilities, currently available facility self-reporting of nosocomial infection data are the Intensive Care Unit Ventilator Associated Pneumonia rate, expressed as infections per 1,000 ventilator days, and the Central Line Associated Bacteremia rate, expressed as infections per 1,000 line (catheter) days. Data are for FY 2007.

These data are limited, and may not adequately reflect the complete health care-associated infection picture for VHA. In addition, in two instances involving smaller VA medical centers, a very limited number of ICU ventilator and catheter patients resulted in high apparent infection rates resulting from one and two infections, respectively.

VHA is developing the Healthcare-Associated Infection and Influenza Syndromic Surveillance System (HAIISS). HAIISS will be a comprehensive, national, electronic surveillance system that will monitor health care-associated infections and antibiotic resistance trends, and influenza and other infectious diseases and syndromes of public health significance. Surveillance will specifically cover ICU device-associated and surgical site infections using definitions compatible with the Center for Disease Control's reporting systems; syndromes, including influenza-like illness and other illnesses potentially characteristic of bioterrorist agents; other significant infections; and antibiotic usage and decision support. The HAIISS prototype is currently being tested at a single site (the Palo Alto VA Medical Center) and the system is scheduled for more extensive pilot testing in up to 12 VA sites, beginning in mid-2008. VA-wide implementation is scheduled to be completed in 2011.

### 4. Procedure Volume

Methodology: This section gives the number of surgical procedures performed in FY 2007 in the following categories: General Surgery, Cardiac Surgery, Orthopedic Surgery, Thoracic (non-Cardiac) surgery, Urology, Vascular, and Other Surgeries. The "Other Surgeries" group includes gynecologic surgery, transplant surgery, ophthalmologic surgery; neurosurgery, Ear, Nose and Throat (ENT) surgery, oral surgery, proctology, podiatry, and anesthesia procedures. These numbers are generated from procedures entered into the VA surgical package. The groupings of surgeries are based on the specialty of the surgeon, not the procedure. Therefore, procedures performed by several specialties may be counted differently by different medical centers depending upon which surgeon does the procedure. For example, back surgery may be performed by either a neurosurgeon or an orthopedic surgeon and thus could be counted as either a neurosurgical or an orthopedic procedure. Surgical procedures done for veterans at affiliate hospitals are not included in these totals although these procedures may be tracked by VA quality programs (e.g. Continuous Improvement in Cardiac Surgery Program (CICSP)).

## 5. Quality of Care: Gender

Methodology: The gender results provided in this report are based on a special FY 2006 analysis where quality data were oversampled for female veterans. The analysis created a composite of 21 inpatient and outpatient clinical measures that were VHA performance measures in FY 2006. While significant differences in clinical prevention scores by gender were reported, these differences in the composite scores between male and female were not adjusted for age or other health-related factors. Where these adjustments are made, the data suggests no substantial differences in rates of appropriate care[1]. VHA is continuing to investigate the possibility of gender disparity in delivery of care through research efforts aimed at further delineating the factors involved. In addition, VHA has increased the number of women veterans reviewed in the External Peer Review Program medical chart reviews from 6,000 in FY 2006 to approximately 30,000 in FY 2008 in order to better assess the quality of care delivered. The VHA Women Veterans Strategic Health Care Group has launched an intensive quality improvement program, examining system factors and patient data involved in preventive health care delivery and designing best practice interventions to improve health care for the growing population of women veterans.

A recent study has demonstrated that after adjusting for their higher prevalence of chronic disease and worse self-reported health, the average female patient cared for in VHA has a 24 per cent decreased risk of death over two years compared to the average female patient in the Medicare Advantage Program[2]. Another study demonstrated that in female general surgical patients, risk-adjusted mortality rates are comparable between VHA and in the private sector[3].

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2. Selim et al. (2006) “Risk-Adjusted Mortality as an Indicator of Outcomes: Comparison of the Medicare Advantage Program with the Veterans Health Administration” Med Care 44(4):359-65.

3. Fink, et al. (2007) “Comparison of Risk-Adjusted 30-day Postoperative Mortality and Morbidity in Department of Veterans Affairs Hospitals and Selected University Medical Centers: General Surgical Operations in Women” J Am Coll Surg 204:1127-1136).

## 6. Quality of Care: Age

Methodology: The geriatric analysis is a comparison of facility performance for a composite of 17 HEDIS or 21 ORYX® clinical process measures by age groupings (65 years of age or older and less than 65) using an opportunities approach. These results are based on FY 2007 clinical data.

## 7. Quality of Care: Disability

Methodology: The disability analysis is an evaluation of facility performance for a composite of 19 HEDIS or 29 ORYX® clinical process measures by an eligibility grouping of disabled patients, using an opportunities model approach. (*See* “Measurement of Healthcare Quality” section above.) Veterans enrolled in priority status groups 1 through 4 were used to form the disability

group presented here. Veterans without a disability can not be defined using eligibility status, since veterans with non-service connected disabilities are also included in Priority Groups 5 through 8. The data presented here are from FY 2007. Priority Groups 1 through 4 are defined as follows**:**

Priority Group 1: Veterans with VA-rated service-connected disabilities of 50 per cent or more. Veterans determined by VA to be unemployable due to service-connected conditions.

Priority Group 2: Veterans with VA-rated service-connected disabilities of 30 per cent or 40 per cent disabling.

Priority Group 3: Veterans who are Former Prisoners of War (POW). Veterans awarded a Purple Heart medal. Veterans whose discharge was for a disability that was incurred or aggravated in the line of duty. Veterans with VA-rated service-connected disabilities 10 per cent or 20 per cent disabling. Veterans awarded special eligibility classification under Title 38, U.S.C., Section 1151, "benefits for individuals disabled by treatment or vocational rehabilitation."

Priority Group 4: Veterans who are receiving aid and attendance or housebound benefits from VA. Veterans who have been determined by VA to be catastrophically disabled.

## 8. Quality of Care: Rural and Urban

Methodology: A comparison of the quality of care for rural and urban veterans is not available at the parent facility level at this time because of the complexities of accounting for the geographic mix of patients in community based outpatient clinics (CBOC) attached to a parent facility. However, VHA has conducted a system level comparison of the inpatient and outpatient care provided to rural and urban veterans using FY 2006 data. (*See* Appendix C.) 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 CDC, based on population density from U.S. Census Bureau. National comparisons of rural versus urban patients using these urban/rural definitions were conducted for 51 individual screening and disease based quality measures rather than an overall composite measures.

Of these clinical quality measures, there was no meaningful difference in the scores of 47 of 51 quality measures for patients living in rural or urban areas. Only two measures were significantly better for urban patients (ACS - Inpatient Reperfusion and Inpatient Percutaneous Coronary Intervention (Angioplasty) within 120 minutes). Conversely, only two measures were significantly worse for urban patients (Acute Coronary Care Syndrome [ACS] lipid control and tobacco use.) VHA has recently changed its definitions of urban, rural and highly rural areas to provide better stratification of where our veterans live; future analyses will use the new definitions.

## 9. Quality of Care: Homeless

Methodology: The homeless analysis is an evaluation of facility performance for a composite of the following four measures:

- ! The homeless population included in the first measure is veterans who had an intake assessment that identifies them as homeless or at imminent risk of being homeless, who are eligible for VHA health care services and who indicate that they are interested in receiving VA psychiatric or substance abuse services. Success for this measure is determined by the number of these homeless patients who had mental health (MH) or substance use disorder (SUD) care either 30 days before the intake assessment or 60 days after it.

- ! The homeless population included in the second, third, and fourth measures is veterans who enter a Contract Residential Care for Homeless Veterans or Grant and Per Diem Program and participate in the program for at least seven days.

    - Success for the second measure is determined by the number of these participants who receive MH or SUD care within 30 days before to 60 days after the entry date.

    - Success for the third measure is determined by the number of these participants who receive primary care (including a detailed history and physical examination) within 30 days before to 60 days after the entry date.

    - Success for the fourth measure is determined by the number of these participants who receive timely follow-up MH or SUD care within 60 days after discharge from the program.

- ! The difference between the second and fourth measure recognizes that homeless programs provide long term supportive services which typically last several months and at times may last as many as 24 months. Thus, the second measure determines whether MH and SUD care is provided during participation in the program; the fourth measure determines whether follow up care is provided after discharge.

The score represents the composite percent of success for these performance measures for this population. There is not a valid comparison group.

**10. Quality of Care: Mental Health.**

Methodology: The mental health analysis is a comparison of facility performance for a composite of outpatient clinical processes measures that equally apply to mental health and non-mental health populations. The mental health cohort was defined by patients with at least one diagnosis of a mental health condition in the past year. The non-mental health cohort was defined by patients without a diagnosis of a mental health condition in the past year. These results are based on FY 2007 clinical data. ORYX® measures deal with three inpatient conditions: pneumonia, heart failure and acute myocardial infarction, plus eight surgical procedures. There were not enough patients in the mental health cohort with these conditions to support valid statistical comparisons to the non-mental health cohort.

**11. Patient Satisfaction: Ethnicity**

Methodology: The race and ethnicity analysis is an evaluation of facility performance using the patient's satisfaction with overall quality of inpatient and outpatient care, by racial/ethnic background. These results are derived from FY 2007 mailed patient satisfaction surveys which

supply the most complete race and ethnicity data for individuals. Racial and ethnic background is not collected as part of routine clinical performance measures; thus, quality of care is not assessed by race or ethnicity based on existing clinical data other than through formal studies.

Racial differences in care in the non-VA healthcare sector are substantial and persistent [1, 2]. Multiple studies have shown that outside VA, blacks are less likely to receive life-saving therapies[3] and often have worse outcomes than whites[4].

VHA has been in the forefront in identifying and working to reduce disparities in treatment for minority populations for several years[5]. Since 2001, VHA has actively funded research into the types and causes for differences in care for different racial and ethnic groups, through its Center for Health Equity Research and Promotion[6] and other targeted research.

Although the data presented here shows some differences in patient satisfaction at most VA facilities by ethnic background, the differences in the data are not adjusted for age or comorbidities.

A recent journal article systemically collected and analyzed multiple studies in this area[7]. In five studies which primarily examined race and patient satisfaction in VHA, differences in patient perceptions were found in two studies; no differences were found in three. In four studies of the post-treatment views of psychiatric patients, Hispanics had greater satisfaction with the program, even though they had smaller post-treatment gains in employment income than whites[8]. The systemic study also noted an older article which evaluated the results of a large mailed satisfaction survey and found that when adjusted for demographic and institutional characteristics, non-white veterans reported lower satisfaction than whites which the authors suggested may be the result of service level or other social factors[9].

It is unclear that any differences in patient perceptions of treatment are correlated to actual differences in clinical outcomes. Studies have shown that following treatment by VHA, outcomes for blacks are often quite good or even better than those for whites[10]. A recently published study found that black veterans 65 years of age and older who were treated at VHA had significantly lower 30-day mortality than white veterans of the same age for six common, high-severity conditions[11]. Another study found that differences in outcomes between ethnic groups is smaller within VHA than in the non-VA sector. It compared long term mortality following acute illness in Medicare and VHA patients. For Medicare patients, long term mortality was found to be higher for blacks than whites for five conditions (pneumonia, gastrointestinal bleeding, hip fracture, stroke and acute myocardial infarction). For VHA patients, however, long term mortality was higher for blacks for only one condition (stroke)[12].

These studies also suggest the complexity of the differences in patient perceptions which drive satisfaction scores and appear to be significant to choices patients make about elective treatments. After a VHA-funded study found that non-whites received joint replacements less often than similarly-situated white veterans,[13] a series of additional studies was funded to determine the causes and develop and test interventions. As summarized in a recent journal article[14] the additional studies suggested that even though non-whites in the VHA system elected joint replacements more often than those in Medicare populations[15], a series of factors – including trust in physicians, knowledge about joint replacement therapies, expectations of outcomes, risk attitudes, and religiosity – play a significant role in the different utilization rates both within VHA and in the non-VA sector[16]. These complex factors and the interventions which can mitigate them are the subject of continued evaluation by VHA-funded researchers. Of

interest are findings that even though perceptions about joint replacements may differ between ethnic groups receiving care in VHA, there is no significant difference in clinical outcomes[17].

In summary, these studies suggest that whites and non-whites have quite similar clinical outcomes when treated in the VHA system, observed differences in patient perceptions have root causes in complex social and cultural factors – some of which are poorly understood – and which affect both VA and non-VA health delivery systems.

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## 12. Availability of Services: Emergency Room Beds & Intensive Care Units

Methodology: The availability of emergency beds is based on a VHA survey done in 2007, as verified by VA medical centers (VAMCs) in March, 2008. The availability of intensive care units is based on a VHA survey done in 2007, as verified by VAMCs in March, 2008. It should be noted that in VHA facilities without an intensive care unit, ICU services are available to veterans through contract or fee arrangements. These data change from time to time as adjustments are made to meet changing patient needs.

## 13. Availability of Services: Maternity Care and Specialty Services

Maternity care is available through VAMCs by referral to non-VA community facilities. No maternity care is provided in VAMCs.

Specialty care is available at all VA Medical Centers, either directly from the VAMC staff or through referral to other VAMCs, sharing agreements with academic affiliates, or by referral to non-VA community providers.

## 14. Hospital Accreditation with any Sanctions if Applicable

**Accreditation by The Joint Commission.** "Y" is shown where the facility is accredited by The Joint Commission as a Hospital; "AY" is shown where The Joint Commission has issued accreditation as an Ambulatory Facility. There are three types of accreditation currently held by VHA healthcare facilities. All three are considered an accredited status.

**Accredited** is awarded to a health care organization that is in compliance with all standards at the time of the on-site survey or has successfully addressed requirements for improvement within 90 days following the survey. The Joint Commission reports for all VA facilities can be found at Joint Commission Quality Check web site:
http://www.qualitycheck.org/Consumer/SearchQCR.aspx

**Provisional Accreditation** is awarded to a health care organization that fails to successfully address all requirements for improvement within 45 days following the survey, or fails to achieve an appropriate level of sustained compliance. Where applicable, this is shown as $Y^P$. Joint Commission reports for VHA facilities with Provisional Accreditation can be found at http://www.qualitycheck.org/qualityreport.aspx?hcoid=4740.

**Conditional Accreditation** is awarded to a health care organization that is not in substantial compliance with the standards, as usually evidenced by a count of the number of standards identified as not compliant at the time of survey. Where applicable, this is shown as $Y^C$. The Joint Commission reports for VAMCs with conditional accreditation can be found at http://www.qualitycheck.org/qualityreport.aspx?hcoid=336123 and http://www.qualitycheck.org/qualityreport.aspx?hcoid=7769.

**Accreditation by CARF.** The Commission for Accreditation of Rehabilitation Facilities (CARF) accredits rehabilitation programs, not facilities. There are 212 CARF accredited rehabilitation programs at 89 VHA facilities which offer rehabilitation services. All rehabilitation programs in VHA at the present time are either working towards achieving CARF accreditation or have already achieved accreditation. These programs are not required to obtain CARF accreditation until 2011 or 2012.

Where applicable, "Y" is shown where a facility has a program accredited by the Commission for Accreditation of Rehabilitation Facilities (CARF). "NR" is shown where the facility does not offer rehabilitation services and, hence, no CARF accreditation will occur.

## 15. Quality of Care in Hospital Settings

See "Measurement of Healthcare Quality" section, above.

### Quality of Care (Hospital Settings): Inpatient

Methodology: The inpatient analysis is a comparison of facility performance for a composite of ORYX® clinical process measures using the facility scores and the opportunities approach. All indicators with reportable cases were used within each VHA facility. Indicators with no reportable cases were excluded from the VHA facility composite score. In FY 2007, 15 facilities did not report data for any of the ORYX® measures. These facilities do not have an inpatient composite score. This is indicated by an asterisk (*) in these cells.

The facility composite scores are created using the opportunities model - meaning, that all instances of eligible, indicated treatment are given equal weight in the composite score. This is done by summing up all denominator cases across the set of ORYX® measures (instances of eligible patients), and summing up all numerator cases (instances where indicated care was delivered). The summed numerator is then divided by the summed denominator. This rate can then be interpreted as the percent of instances where the facility delivered the indicated, evidence-based care – across the set of ORYX® measures.

VA compares these VHA composite facility rates against a composite benchmark created by the VHA that is locally customized to each facility. This benchmark composite score uses the national average rates on each ORYX® measure for all accredited commercial sector hospitals, as reported by the Joint Commission. Only measures where the VA facility had eligible cases in FY 2007 were included in the composite facility benchmark. Then the number of denominator cases available for each measure within a facility, and the proportion of the total, summed denominator cases contributed by each measure within a facility were calculated, and these proportions were used as weights to create the weighted commercial sector aggregate score. For example, if the denominator for a measure in a facility represented 10 per cent of the combined, summed denominator, then the commercial sector rate for that measure was weighted by multiplying the rate by 0.10, and then added to the other commercial sector rates, after their respective weights were also applied.

In FY 2007, 123 of the 124 VHA facilities that had reportable cases to ORYX® had a higher composite score than their customized unique benchmark.

VHA's system-wide ORYX® performance, compared to all Joint Commission accredited organizations, is provided in Appendix B.

**Quality of Care (Hospital Settings): Outpatient**

Methodology: The outpatient analysis is a comparison of facility performance for a composite of HEDIS clinical process measures using VHA facility scores and opportunities approach. The HEDIS measures are based on the national scores for the Medicare population (when reported, otherwise on commercial sector rates), as reported by NCQA. The facility HEDIS composite scores are created using the opportunities model. All instances of eligible, indicated treatment are given equal weight in the composite score. This is done by summing up all denominator cases across the set of HEDIS measures (instances of eligible patients), and summing up all numerator cases (instances where indicated care was delivered). The summed numerator is then divided by the summed denominator. This rate can then be interpreted as the percent of instances where the facility delivered the indicated, evidence-based care across the set of HEDIS measures.

These VHA composite facility rates are compared against a national composite benchmark created by VHA. This national composite benchmark uses the national average rate for each HEDIS measure as calculated by NCQA for all Medicare Advantage plans when available, otherwise on commercial sector rates. VHA composite score is weighted to reflect the proportion of the total, summed denominator cases across the VHA system contributed by each HEDIS measure. For example if the denominator for a HEDIS measure represented 10 per cent of the combined, summed denominator within VHA, then the commercial sector rate for that measure was weighted by multiplying it by 0.10, and then added to the other commercial sector rates, after their respective weights were also applied.

In FY 2007, all 139 VHA facilities that reported data on the HEDIS measures had a higher composite score than the Medicare and commercial sector comparison score of 66.

VHA's system-wide HEDIS performance, compared to commercial plans, Medicare and Medicaid, is provided in Appendix A.

**Quality of Care (Hospital Settings): Emergency Care**

Methodology: The emergency department analysis is a composite of inpatient clinical processes measures that are most applicable to the emergency room setting. We currently do not have clinical measures that look specifically at care just delivered in the ED. The ED composite is comprised of a subset of inpatient measures that primarily occur in the ED prior to patient admission. These measures include the initial care for patients presenting with Acute Myocardial Infarction and Community Acquired Pneumonia.

**16. Quality of Care (Hospital Settings): Maternity Care**

Maternity care is typically not provided at VHA facilities, but is purchased from community sources. Quality of maternity care is monitored by the provider of that care. Thus, no VHA data is presented.

**17. Quality of Care (Hospital Settings): Intensive Care Units**

Methodology: We do not collect ICU specific quality of care measures. However, the data on nosocomial infections presented in columns F and G are from the ICU and can be used to assess the quality of care in these units.

## 18. Patient Safety

These data represent the findings of The Joint Commission at its most recent survey for each facility's compliance with the National Patient Safety Goals (NPSGs) for Hospitals.

The Joint Commission defines "met" as meaning "that the organization has met the National Patient Safety Goal". The year of the most recent Joint Commission survey (2005, 2006 or 2007) is also shown.

Information provided in the Report Card was taken from the Joint Commission's "Quality Checks" web site (http://www.qualitycheck.org/consumer/searchQCR.aspx).

The Joint Commission NPSGs were established in 2003, with six goals and 11 sub-goals (referred to as requirements). Each year the Joint Commission has released new NPSGs and retired some of the previous goals and/or requirements. (Retired NPSGs and requirements do not generally cease to apply; they continue to be surveyed by the Joint Commission under other standards.) In 2005, seven NPSGs and 13 requirements were in place for hospitals. In 2006, there were six goals and 13 requirements. In 2007 there were eight goals and 15 requirements. Several smaller VHA facilities shown on the Report Card provide ambulatory care only. For these facilities, the survey results for Ambulatory Care are shown as there is no Hospital survey performed for these facilities. Detailed information on the NPSGs and the requirements that applied to Hospital and Ambulatory Care settings in each year is available on-line at http://www.jointcommission.org/PatientSafety/NationalPatientSafetyGoals/.

Lists of the Joint Commission's NPSGs and requirements that applied to the Hospital and Ambulatory Care Settings for 2005, 2006, and 2007 are attached in the Appendices.

**VHA's Initiatives to Address Differences in Care Delivered to Male and Female Veterans**

The data in this report show there to be some differences in the care which is delivered to male and female veterans; where differences are found in the composite HEDIS scores, they show higher quality care is delivered to men. See Data, Section 2, Columns O and P, and Note 5 for the scores and a description of how the scores were derived.

The literature described in Note 5 shows that VHA is aware of these differences, which take on increasing importance as contemporary veteran populations contain significantly greater proportions of female veterans; it is estimated that the percentage of women veterans who receive their care from VHA will increase from historical levels of approximately five per cent to in excess of 10%[1].

VHA has taken the following specific steps to address barriers to care for women suggested by the research:

- ! One barrier to delivery of comprehensive care to women is fragmentation of care, *e.g.,* a primary care clinician such as an internist who handles general health care needs, and a specialist such as a gynecologist who handles gender-specific health needs[2].
    - VHA has created specialty Women's Health Clinics (WHCs) at a majority of VAMCs to provide focal points for clinical expertise in women's health[2].
    - More recently, VHA has emphasized the restructuring of specialty WHCs into multidisciplinary Comprehensive Women's Health Clinics (CWHCs) to provide integrated care and reduce the need – inherent in the generalist/specialist delivery structure – for women to schedule separate appointments with specialists[1]. CWHCs now exist at 50 VA Medical Centers.
- ! Another barrier to delivery of care to women veterans is insufficient numbers of clinicians in VHA who have specific training and experience in women's health issues, a natural result in a healthcare system which had a highly male patient population. An FY 2007 needs assessment found many current clinicians would welcome the opportunity to upgrade their skills.
    - VHA is addressing this need via recruitment of clinicians with the needed training and experience; in addition, it has developed and initiated an in-house "mini-residency" program to deliver needed hands-on clinical training to existing primary care providers.
    - One VISN has established a Laboratory Center of Excellence for evaluation of PAP smears and HPV cervical cancer screens, where all reproductive cytology specimens are sent for evaluation by pathologists with specific training and extensive sample review experience.
- ! An internal assessment suggested that women as a group were receiving fewer influenza vaccinations than men, and that one of the reasons may be gaps in focus by both patients and by clinicians for the need to deliver this preventive health measure to women. In response, VHA modified its patient-oriented influenza campaign materials to better appeal to women veterans and highlighted to clinicians the need to assure that

women received their flu shots. Data following the first complete cycle of these initiatives is being gathered.

- ! Other internal needs assessments found some VA Medical Centers were limited in the care which could be directly delivered to women veterans because of the need for additional equipment. In response:

    - VHA has established on-site mammography at 32 Medical Centers with significant women veteran populations and replaced older equipment with state-of-the-art Full Field Digital mammography at 16 of these sites. The remaining 16 sites have now purchased these machines for installation in FY 2008.

    - An additional $7.9 million has been spent to acquire specialized equipment to support clinical follow-up where initial breast screening presents potential positive results. This includes stereotactic imaging technologies, specialized ultrasound and biopsy equipment.

    - VHA has spent $3.35 million to acquire 35 DEXA Scanners, used to evaluate osteoporosis in all patient populations, particularly women.

    - An additional $5.9 million has been spent to acquire a variety of other specialized equipment needed for women's health clinics enhancements

Comparison of VHA's experience with male and female patients with health care in the United States finds the differences in HEDIS scores found in the VHA data is also found in health care, generally[3]. These data notwithstanding, VHA continues to explore and address the complex factors which underlie the observed differences in treatment of men and women.

- ! VHA's women's health initiatives have been enhanced from a national program to a Strategic Health Care Group. The office has undertaken a comprehensive evaluation of women's health care delivery in VHA. A critical component is the development of quality performance data by gender.

- ! In broadening the approach to women's health, VHA is addressing factors in diseases which have a high prevalence in women, such as lung cancer. For example, clinical smoking cessation programs were developed specifically for women veterans, aimed at the concerns expressed by women such as weight gain and stress management.

Notes:


1. ! Bean-Mayberry, BA, et. al, (2007) Organizational Characteristics Associated with the Availability of Women's Health Clinics for Primary Care in the Veterans Health Administration. Military Medicine 172: 8:824.

2. ! Yano, EM, et. al., (2006) Diffusion of Innovation in Women's Health Care Delivery: The Department of Veterans Affairs' Adoption of Women's Health Clinics. Women's Health Issues 16: 226-35.

3. ! Clancy CM, Massion CT (1992), American Women's Health Care, a Patchwork Quilt with Gaps. JAMA 268: 1918-20.

**VHA's Initiatives to Address Differences in Perceptions of Care Delivered to White and Non-White Ethnic Groups**

The data in this report show that there are differences in how white and non-white ethnic groups perceive the quality of care which they receive: where these differences exist, non-whites have lower levels of satisfaction than whites. See Data, Section 2, Columns AA through AF, and End Note 11. As discussed in End Note 11, published studies show that although perceptions of care may differ, many clinical outcomes are equivalent between ethnic groups.

VHA has been in the forefront in identifying and working to reduce disparities in treatment for minority populations for several years[1]. Since 2001, VHA has actively funded research into the types and causes for differences in care for different racial and ethnic groups, through its Center for Health Equity Research and Promotion (CHERP)[2] and other targeted research.

CHERP researchers have followed a well-accepted analytical framework for research on health disparities: 1) identifying or documenting the existence of disparities, 2) assessing the reasons (patient, physician, or system level) for identified disparities, 3) designing interventions that can be rigorously evaluated, *e.g.,* in randomized, controlled clinical trials, and 4) when interventions are found to be effective via these studies, implementation across the integrated VHA system.

End Note 11 cites several of the studies which found disparities in the utilization of joint replacement by white and non-white ethnic groups. As follow up to those findings:

- ! CHERP researchers are conducing focused research into patient cultural factors which might explain differences in patient perceptions and choices about joint replacement. In particular, the current studies draw upon non-VHA research which suggests that among the factors are patient trust in physicians, risk attitudes, knowledge about the procedure, expectations as to outcomes, and religiosity. VHA research is assessing how the combination of these factors affects veteran willingness to consider joint replacement treatment options. (ECV- 03-201).

- ! In another ongoing study, CHERP investigators are examining the role of physicians in the observed disparity. This research assesses how communication and interaction between orthopedic surgeons and their patients affects patient decision-making when joint replacement surgery is clinically indicated. (ECV 04-137)

VHA is doing more than just studying the causes for differences in utilization of joint replacement surgery. Based on prior research results which suggested that patient knowledge is a factor in disparate utilization rates, CHERP is assessing the effectiveness of culturally appropriate educational programs in assisting African-American patients to make decisions about clinically-indicated joint replacement. They are also assessing whether this intervention affects the rates of this surgery in this ethnic group. (HR 05-234) Findings from this work will support adjustment to patient education programs to make them more effective, with delivery of this intervention system-wide.

In addition, VHA has taken specific actions in this area:

- ! Each VA Medical Center is staffed with a Minority Veteran Program Coordinator who acts a patient advocate and who can reduce culture-based communications challenges when they are identified.

- ! In addition to the research conducted and interventions being developed by CHERP, VHA has developed and is implementing a cultural-competency program to provide resources to clinicians in understanding the culture-based expectations of patients of differing ethnic backgrounds.

References:

1. 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.

2. http://www.research.va.gov/about/research-health-disparities.cfm; http://www.cherp.org/.

## Tables

**Section 1:**

| * = Insufficient Data ** = See Note | | | | | Waiting Times | | Medical Center Staffing | | | Nosocomial Infections | | Procedure Volume | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| The Notes are essential elements of the data in this report. | | | | | Primary care - % seen in 30 days | Specialty care - % seen in 30 days | Staffing: Physicians | Staffing: Nursing | Staffing: Other Health Professionals | Ventilator Associated Pneumonia | Central Line Associated Bacteremia | General Surgery | Cardiac | Orthopedic | Thoracic (non-cardiac) | Urology | Vascular Surgery | Other Surgery |
| | | | | Column Designator | A | B | C | D | E | F | G | H | I | J | K | L | M | N |
| | | | | Note | 1 | | 2 | | | 3 | | 4 | | | | | | |
| VISN | Facility Name | City | State | Station | | | | | | | | | | | | | | |
| VA New England Health Care System - VISN 1 | | | | | | | | | | | | | | | | | | |
| 1 | VA Connecticut HCS | West Haven | CT | 689 | 99 | 96 | 239 | 449 | 580 | 7.1 | 2.1 | 444 | 82 | 276 | 155 | 1,371 | 170 | 1,049 |
| 1 | Edith Nourse Rogers Memorial Veterans Hospital | Bedford | MA | 518 | 97 | 99 | 46 | 243 | 270 | No ICU | No ICU | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | VA Boston HCS‡ W Roxbury, Brockton Jamaica Plns | West Roxbury | MA | 523 | 96 | 96 | 256 | 799 | 1064 | 1.3 | 2.7 | 734 | 238 | 586 | 263 | 492 | 338 | 2,467 |
| 1 | VAMC | Northampton | MA | 631 | 98 | 97 | 29 | 119 | 186 | No ICU | No ICU | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | VAMC/RO | Togus | ME | 402 | 98 | 96 | 74 | 251 | 360 | 2.0 | 1.0 | 1,013 | 1 | 450 | 0 | 776 | 2 | 540 |
| 1 | VAMC | Manchester | NH | 608 | 99 | 98 | 34 | 135 | 185 | No ICU | No ICU | 1,454 | 0 | 128 | 0 | 378 | 2 | 201 |
| 1 | VAMC | Providence | RI | 650 | 100 | 97 | 88 | 212 | 277 | 6.8 | 4.6 | 552 | 0 | 148 | 34 | 914 | 137 | 670 |
| 1 | VAM/ROC | White River Junction | VT | 405 | 99 | 95 | 69 | 155 | 189 | 3.5 | 2.0 | 366 | 0 | 102 | 0 | 840 | 164 | 405 |
| VA Healthcare Network Upstate New York - VISN 2 | | | | | | | | | | | | | | | | | | |
| 2 | Samuel S. Stratton VAMC | Albany | NY | 528A8 | 100 | 97 | 112 | 331 | 332 | 5.2 | 1.8 | 479 | 8 | 222 | 81 | 730 | 99 | 973 |
| 2 | VA Western New York HCS‡ Buffalo, Batavia | Buffalo | NY | 528 | 99 | 97 | 132 | 497 | 482 | 9.0 | 2.5 | 577 | 185 | 160 | 141 | 1,357 | 547 | 827 |
| 2 | VAMC | Bath | NY | 528A6 | 99 | 100 | 18 | 150 | 137 | 0.0 | 0.0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 | VAMC | Canandaigua | NY | 528A5 | 99 | 98 | 33 | 182 | 231 | No ICU | No ICU | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 | VAMC | Syracuse | NY | 528A7 | 97 | 96 | 130 | 445 | 333 | 2.7 | 4.2 | 493 | 0 | 373 | 73 | 1,125 | 170 | 732 |

| | | | | | Column Designator | A | B | C | D | E | F | G | H | I | J | K | L | M | N |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Note | 1 | | | 2 | | 3 | | 4 | | | | | | |
| VISN | Facility Name | City | State | Station | | | | | | | | | | | | | | | |
| VA NY/NJ Veterans Healthcare Network - VISN 3 | | | | | | | | | | | | | | | | | | | |
| 3 | VA New Jersey HCS, East Orange Campus | East Orange | NJ | 561 | 100 | 97 | 192 | 580 | 760 | 3.4 | 5.2 | 526 | 0 | 158 | 42 | 952 | 215 | 815 |
| 3 | VAMC | Bronx | NY | 526 | 98 | 99 | 171 | 331 | 555 | 4.4 | 5.2 | 401 | 0 | 206 | 65 | 312 | 252 | 686 |
| 3 | VA NY Harbor HCS‡ NY Harbor, Brooklyn | New York Harbor | NY | 630 | 99 | 99 | 280 | 778 | 1,000 | 1.0 | 4.4 | 695 | 171 | 359 | 190 | 1,220 | 419 | 1,284 |
| 3 | VA Hudson Valley HCS‡ Montrose, Castle Pt | Montrose | NY | 620 | 100 | 99 | 81 | 271 | 427 | No ICU | No ICU | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 | VAMC | Northport | NY | 632 | 97 | 97 | 123 | 366 | 579 | 2.4 | 3.9 | 790 | 0 | 247 | 53 | 544 | 136 | 701 |
| VA Stars & Stripes Healthcare Network - VISN 4 | | | | | | | | | | | | | | | | | | | |
| 4 | VAM&RO | Wilmington | DE | 460 | 99 | 97 | 50 | 238 | 211 | 1.0 | 0.9 | 368 | 0 | 28 | 49 | 380 | 105 | 307 |
| 4 | James E. Van Zandt VA Medical Center | Altoona | PA | 503 | 99 | 98 | 27 | 142 | 142 | 0.0 | 0.0 | 642 | 0 | 0 | 0 | 23 | 0 | 55 |
| 4 | VAMC | Butler | PA | 529 | 99 | 100 | 18 | 119 | 129 | No ICU | No ICU | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 | VAMC | Coatesville | PA | 542 | 100 | 98 | 36 | 267 | 325 | No ICU | No ICU | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 | VAMC | Erie | PA | 562 | 98 | 99 | 31 | 158 | 134 | 9.8 | 0.0 | 883 | 0 | 198 | 0 | 752 | 0 | 12 |
| 4 | VAMC | Lebanon | PA | 595 | 100 | 99 | 63 | 276 | 389 | 0.0 | 0.0 | 1,938 | 0 | 251 | 0 | 431 | 8 | 1,370 |
| 4 | VAMC | Philadelphia | PA | 642 | 99 | 97 | 228 | 478 | 470 | 14.7 | 4.8 | 411 | 0 | 418 | 24 | 312 | 156 | 1,136 |
| 4 | VA Pittsburgh HCS‡ Heinz, Univ Dr, Highld Dr | Pittsburgh | PA | 646 | 98 | 97 | 176 | 831 | 829 | 5.5 | 3.3 | 666 | 215 | 503 | 149 | 454 | 436 | 2,220 |
| 4 | VAMC | Wilkes-Barre | PA | 693 | 100 | 100 | 78 | 223 | 323 | 5.7 | 5.4 | 765 | 4 | 101 | 99 | 446 | 18 | 418 |
| 4 | Louis A. Johnson VAMC | Clarksburg | WV | 540 | 99 | 97 | 45 | 185 | 214 | 0.0 | 7.7 | 1,475 | 9 | 0 | 56 | 171 | 160 | 533 |
| VA Capitol Health Care Network - VISN 5 | | | | | | | | | | | | | | | | | | | |
| 5 | VAMC | Washington | DC | 688 | 99 | 98 | 179 | 515 | 621 | 2.7 | 3.9 | 559 | 163 | 376 | 62 | 848 | 290 | 1,085 |
| 5 | VA Maryland HCS‡ Baltimore, Perry Pt | Baltimore | MD | 512 | 98 | 98 | 198 | 667 | 749 | 3.6 | 2.5 | 394 | 0 | 384 | 66 | 292 | 173 | 1,059 |
| 5 | VAMC | Martinsburg | WV | 613 | 99 | 96 | 60 | 315 | 367 | 9.8 | 1.8 | 2,536 | 26 | 331 | 0 | 684 | 2 | 423 |
| VA Mid-Atlantic Health Care Network - VISN 6 | | | | | | | | | | | | | | | | | | | |
| 6 | VAMC | Asheville | NC | 637 | 98 | 96 | 88 | 368 | 395 | 12.1 | 3.8 | 550 | 215 | 886 | 76 | 375 | 262 | 1,079 |
| 6 | VAMC | Durham | NC | 558 | 92 | 94 | 206 | 553 | 680 | 4.5 | 4.0 | 572 | 155 | 613 | 145 | 445 | 303 | 1,732 |
| 6 | VAMC | Fayetteville | NC | 565 | 100 | 93 | 73 | 229 | 245 | 11.0 | 0.0 | 2,082 | 0 | 86 | 0 | 53 | 2 | 250 |
| 6 | W.G. (Bill) Hefner VA Medical Center | Salisbury | NC | 659 | 98 | 95 | 144 | 370 | 559 | 3.2 | 0.0 | 1,740 | 0 | 0 | 0 | 101 | 23 | 946 |

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| | | | | **Column Designator** | A | B | C | D | E | F | G | H | I | J | K | L | M | N |
| | | | | **Note** | 1 | | 2 | | | 3 | | 4 | | | | | | |
| **VISN** | **Facility Name** | **City** | **State** | **Station** | | | | | | | | | | | | | | |
| 6 | VAMC | Hampton | VA | 590 | 99 | 97 | 87 | 373 | 378 | 1.8 | 3.6 | 483 | 0 | 172 | 26 | 234 | 239 | 343 |
| 6 | Hunter Holmes McGuire VAMC | Richmond | VA | 652 | 98 | 96 | 175 | 636 | 644 | 5.0 | 5.2 | 618 | 194 | 421 | 63 | 1,488 | 376 | 1,478 |
| 6 | VAMC | Salem | VA | 658 | 98 | 97 | 91 | 396 | 455 | 14.0 | 4.8 | 1,173 | 0 | 328 | 30 | 370 | 184 | 1,073 |
| 6 | VAMC | Beckley | WV | 517 | 99 | 99 | 28 | 140 | 188 | 0.0 | 0.0 | 1,074 | 0 | 81 | 0 | 172 | 0 | 49 |
| VA Southeast Network - VISN 7 | | | | | | | | | | | | | | | | | | |
| 7 | VAMC | Birmingham | AL | 521 | 99 | 96 | 177 | 433 | 503 | 6.7 | 5.3 | 473 | 73 | 334 | 60 | 385 | 287 | 1,273 |
| 7 | Central Alabama Veterans HCS; Tuskeegee, Montgomery | Montgomery | AL | 619 | 99 | 98 | 68 | 300 | 399 | 0.0 | 0.0 | 2,139 | 0 | 192 | 0 | 228 | 0 | 345 |
| 7 | VAMC | Tuscaloosa | AL | 679 | 100 | 100 | 26 | 218 | 240 | No ICU | No ICU | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 | VAMC | Atlanta | GA | 508 | 99 | 98 | 233 | 599 | 635 | 1.7 | 3.6 | 613 | 104 | 335 | 121 | 1,966 | 311 | 1,375 |
| 7 | VAMC | Augusta | GA | 509 | 100 | 95 | 130 | 566 | 617 | 6.5 | 3.3 | 494 | 0 | 309 | 45 | 447 | 192 | 1,238 |
| 7 | Carl Vinson VA Medical Center | Dublin | GA | 557 | 98 | 96 | 32 | 154 | 261 | 0.0 | 0.0 | 2,003 | 0 | 0 | 0 | 334 | 2 | 134 |
| 7 | Ralph H. Johnson VAMC | Charleston | SC | 534 | 100 | 98 | 130 | 361 | 336 | 4.9 | 1.4 | 381 | 151 | 450 | 63 | 366 | 258 | 1,149 |
| 7 | Wm. Jennings Bryan Dorn VAMC | Columbia | SC | 544 | 99 | 94 | 112 | 381 | 512 | 1.4 | 5.1 | 384 | 1 | 519 | 38 | 141 | 313 | 1,416 |
| VA Sunshine Healthcare Network - VISN 8 | | | | | | | | | | | | | | | | | | |
| 8 | VAMC | Bay Pines | FL | 516 | 100 | 98 | 258 | 771 | 765 | 3.9 | 0.8 | 850 | 1 | 656 | 122 | 604 | 366 | 1,100 |
| 8 | N FLA/S GA Veterans HS; Gainesville, Lake Cty | Gainesville | FL | 573 | 98 | 94 | 314 | 1050 | 1361 | 5.7 | 3.4 | 934 | 178 | 636 | 102 | 910 | 493 | 2,776 |
| 8 | VAMC | Miami | FL | 546 | 100 | 98 | 195 | 553 | 812 | 4.2 | 6.8 | 654 | 52 | 559 | 27 | 942 | 158 | 1,903 |
| 8 | East Central Florida HCS | Orlando | FL | 675 | 99 | 98 | 122 | 297 | 499 | No ICU | No ICU | 328 | 0 | 492 | 0 | 362 | 2 | 618 |
| 8 | James A. Haley VA Medical Center | Tampa | FL | 673 | 99 | 97 | 313 | 1,128 | 1,254 | 10.3 | 3.6 | 939 | 202 | 459 | 155 | 1,027 | 467 | 1,853 |
| 8 | VAMC | West Palm Beach | FL | 548 | 100 | 99 | 166 | 398 | 691 | 3.8 | 7.6 | 775 | 0 | 614 | 95 | 1,468 | 52 | 778 |
| 8 | VAMC | San Juan | PR | 672 | 95 | 98 | 298 | 822 | 894 | 8.2 | 2.3 | 1,588 | 114 | 614 | 33 | 1,903 | 179 | 1,674 |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | **Column Designator** | A | B | C | D | E | F | G | H | I | J | K | L | M | N |
| | | | | **Note** | 1 | | 2 | | | 3 | | 4 | | | | | | |
| **VISN** | **Facility Name** | **City** | **State** | **Station** | | | | | | | | | | | | | | |
| VA Mid South Healthcare Network - VISN 9 | | | | | | | | | | | | | | | | | | |
| 9 | VAMC | Lexington | KY | 596 | 99 | 97 | 104 | 400 | 458 | 7.3 | 3.1 | 740 | 3 | 338 | 139 | 1,073 | 290 | 1,598 |
| 9 | VAMC | Louisville | KY | 603 | 100 | 99 | 113 | 387 | 368 | 3.5 | 7.7 | 792 | 1 | 382 | 119 | 236 | 150 | 1,194 |
| 9 | VAMC | Memphis | TN | 614 | 99 | 99 | 144 | 401 | 612 | 7.8 | 1.8 | 615 | 224 | 335 | 79 | 600 | 295 | 917 |
| 9 | VAMC | Mountain Home | TN | 621 | 100 | 98 | 127 | 414 | 403 | 1.5 | 2.1 | 2,192 | 45 | 570 | 68 | 282 | 156 | 1,212 |
| 9 | Tennessee Valley HCS‡ Nashville, Murfreesboro | Nashville | TN | 626 | 96 | 96 | 271 | 890 | 814 | 3.8 | 1.3 | 750 | 136 | 413 | 65 | 1,002 | 289 | 2,163 |
| 9 | VAMC | Huntington | WV | 581 | 100 | 99 | 77 | 233 | 301 | 2.8 | 1.2 | 697 | 30 | 482 | 117 | 514 | 144 | 474 |
| 10 | VA Health Care System of Ohio - VISN 10 | | | | | | | | | | | | | | | | | |
| 10 | VAMC | Chillicothe | OH | 538 | 99 | 97 | 40 | 284 | 281 | No ICU | No ICU | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 | VAMC | Cincinnati | OH | 539 | 100 | 99 | 149 | 421 | 420 | 7.7 | 11.0 | 812 | 30 | 461 | 76 | 1,189 | 153 | 715 |
| 10 | Louis Stokes VA Medical Center‡ Cleveland, Brecksville | Cleveland | OH | 541 | 100 | 98 | 256 | 903 | 906 | 8.0 | 1.3 | 650 | 241 | 527 | 107 | 414 | 375 | 1,312 |
| 10 | Chalmers Wylie Outpatient Clinic | Columbus | OH | 757 | 96 | 93 | 49 | 98 | 141 | No ICU | No ICU | 416 | 0 | 5 | 0 | 336 | 0 | 134 |
| 10 | VAMC | Dayton | OH | 552 | 98 | 97 | 99 | 417 | 499 | 5.3 | 2.5 | 516 | 0 | 419 | 105 | 318 | 83 | 636 |
| Veterans In Partnership - VISN 11 | | | | | | | | | | | | | | | | | | |
| 11 | VA Illiana HCS | Danville | IL | 550 | 100 | 97 | 56 | 321 | 422 | 0.0 | 0.0 | 359 | 0 | 179 | 0 | 167 | 2 | 152 |
| 11 | VA Northern Indiana HCS‡ Marion, Ft Wayne | Marion | IN | 610 | 99 | 99 | 45 | 267 | 356 | 0.0 | 0.0 | 518 | 0 | 0 | 0 | 400 | 3 | 330 |
| 11 | Richard L. Roudebush VA Medical Center | Indianapolis | IN | 583 | 89 | 91 | 146 | 560 | 585 | 4.5 | 7.2 | 783 | 137 | 658 | 82 | 457 | 554 | 2,965 |
| 11 | Ann Arbor: VA Ann Arbor HCS | Ann Arbor | MI | 506 | 91 | 95 | 184 | 408 | 445 | 7.7 | 5.0 | 590 | 158 | 296 | 50 | 471 | 276 | 1,895 |
| 11 | VAMC | Battle Creek | MI | 515 | 95 | 95 | 49 | 229 | 400 | No ICU | No ICU | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 | John D. Dingell VA Medical Center | Detroit | MI | 553 | 95 | 96 | 134 | 376 | 551 | 6.6 | 8.8 | 587 | 0 | 111 | 59 | 266 | 242 | 1,140 |
| 11 | Aleda E. Lutz VA Medical Center | Saginaw | MI | 655 | 99 | 99 | 30 | 194 | 186 | 0.0 | 0.0 | 1,311 | 0 | 0 | 0 | 368 | 0 | 43 |

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| | | | | **Column Designator** | A | B | C | D | E | F | G | H | I | J | K | L | M | N |
| | | | | **Note** | 1 | | 2 | | | 3 | | 4 | | | | | | |
| **VISN** | **Facility Name** | **City** | **State** | **Station** | | | | | | | | | | | | | | |
| The Great Lakes Health Care System - VISN 12 | | | | | | | | | | | | | | | | | | |
| 12 | VA Chicago HCS; (Jessie Brown) | Chicago, West Side | IL | 537 | 99 | 99 | 213 | 467 | 501 | 7.8 | 6.3 | 669 | 0 | 371 | 76 | 433 | 241 | 979 |
| 12 | Edward Hines Jr. VA Hospital | Hines | IL | 578 | 98 | 99 | 224 | 694 | 852 | 6.2 | 2.1 | 535 | 239 | 375 | 85 | 1,611 | 226 | 1,990 |
| 12 | VAMC | North Chicago | IL | 556 | 100 | 100 | 99 | 265 | 420 | 9.7 | 4.3 | 419 | 0 | 321 | 0 | 332 | 4 | 824 |
| 12 | VAMC | Iron Mountain | MI | 585 | 89 | 94 | 27 | 127 | 107 | 0.0 | 0.0 | 1,077 | 0 | 96 | 0 | 304 | 6 | 20 |
| 12 | William S. Middleton Memorial Veterans Hospital | Madison | WI | 607 | 100 | 97 | 122 | 358 | 385 | 16.0 | 1.0 | 393 | 54 | 327 | 68 | 275 | 265 | 558 |
| 12 | Clement J. Zablocki VAMC | Milwaukee | WI | 695 | 99 | 96 | 229 | 701 | 706 | 5.3 | 2.3 | 471 | 205 | 508 | 104 | 539 | 239 | 1,182 |
| 12 | VAMC | Tomah | WI | 676 | 99 | 99 | 28 | 158 | 272 | No ICU | No ICU | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| VA | VA Heartland Network - VISN 15 | | | | | | | | | | | | | | | | | |
| 15 | VA Eastern Kansas HCS‡ Topeka, Leavenworth | Topeka | KS | 589A5 | 99 | 96 | 82 | 328 | 555 | 0.0 | 2.2 | 2,380 | 0 | 161 | 26 | 303 | 61 | 395 |
| 15 | Robert J. Dole Department of Veterans Affairs Medical and Regional Office Center | Wichita | KS | 589A7 | 100 | 99 | 47 | 198 | 251 | 0.0 | 0.0 | 2,609 | 13 | 261 | 22 | 271 | 93 | 480 |
| 15 | Harry S. Truman Memorial | Columbia | MO | 589A4 | 99 | 94 | 70 | 252 | 409 | 6.0 | 3.6 | 392 | 156 | 211 | 139 | 379 | 119 | 654 |
| 15 | VAMC | Kansas City | MO | 589 | 100 | 97 | 102 | 301 | 406 | 3.7 | 3.3 | 430 | 0 | 412 | 21 | 474 | 259 | 1,350 |
| 15 | VAMC | Marion | IL | 657A5 | 98 | 97 | 60 | 223 | 313 | 0.0 | 0.0 | 2,705 | 0 | 121 | 22 | 524 | 74 | 411 |
| 15 | John J. Pershing VA Medical Center | Poplar Bluff | MO | 657A4 | 100 | 98 | 24 | 84 | 153 | No ICU | No ICU | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15 | St Louis VAMC‡ St Louis, Jefferson Barracks | St. Louis | MO | 657 | 98 | 97 | 196 | 411 | 664 | 2.2 | 0.0 | 737 | 0 | 424 | 0 | 1,265 | 145 | 912 |
| South Central VA Health Care Network - VISN 16 | | | | | | | | | | | | | | | | | | |
| 16 | VAMC | Fayetteville | AR | 564 | 100 | 100 | 75 | 272 | 310 | 0.0 | 4.5 | 1,493 | 0 | 355 | 0 | 1,293 | 3 | 78 |
| 16 | Central Arkansas Veterans HCS‡ Little Rock, Little Rock N | Little Rock | AR | 598 | 99 | 97 | 222 | 759 | 817 | 5.8 | 3.3 | 2,010 | 478 | 1,169 | 134 | 595 | 434 | 1,930 |
| 16 | VAMC | Alexandria | LA | 502 | 100 | 96 | 60 | 356 | 283 | 0.0 | 0.0 | 1,357 | 0 | 32 | 0 | 234 | 2 | 540 |

| | | | | | A | B | C | D | E | F | G | H | I | J | K | L | M | N |
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| **Column Designator** | | | | | | | | | | | | | | | | | | |
| **Note** | | | | | 1 | | 2 | | | 3 | | 4 | | | | | | |
| **VISN** | **Facility Name** | **City** | **State** | **Station** | | | | | | | | | | | | | | |
| 16 | VAMC | New Orleans | LA | 629 | 96 | 94 | 98 | 183 | 199 | No ICU | No ICU | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16 | Overton Brooks VA Medical Center | Shreveport | LA | 667 | 95 | 96 | 107 | 364 | 375 | 0.8 | 4.7 | 641 | 1 | 318 | 34 | 279 | 117 | 1,160 |
| 16 | VA Gulf Coast Veterans HCS | Biloxi | MS | 520 | 100 | 98 | 103 | 345 | 569 | 0.0 | 3.9 | 2,035 | 0 | 0 | 39 | 98 | 93 | 711 |
| 16 | G.V. (Sonny) Montgomery VA Medical Center | Jackson | MS | 586 | 100 | 98 | 137 | 462 | 595 | 3.6 | 1.7 | 866 | 0 | 599 | 84 | 488 | 239 | 1,431 |
| 16 | VAMC | Muskogee | OK | 623 | 90 | 92 | 67 | 228 | 209 | 0.0 | 2.4 | 386 | 0 | 336 | 0 | 418 | 4 | 294 |
| 16 | VAMC | Oklahoma City | OK | 635 | 99 | 96 | 164 | 426 | 457 | 3.4 | 3.0 | 673 | 148 | 808 | 65 | 515 | 304 | 1,290 |
| 16 | VAMC | Houston | TX | 580 | 98 | 97 | 271 | 926 | 995 | 4.6 | 2.2 | 1,086 | 358 | 988 | 148 | 538 | 814 | 3,420 |
| VA Heart of Texas Health Care Network - VISN 17 | | | | | | | | | | | | | | | | | | |
| 17 | VA North Texas HCS | Dallas | TX | 549 | 99 | 98 | 261 | 960 | 1,372 | 0.8 | 1.6 | 1,187 | 194 | 598 | 162 | 494 | 515 | 2,991 |
| 17 | South Texas Veterans HCS‡ SanAntonio Kerrville | San Antonio | TX | 671 | 100 | 97 | 383 | 904 | 703 | 3.8 | 0.7 | 814 | 226 | 555 | 171 | 627 | 600 | 1,564 |
| 17 | Central Texas Veterans HCS‡ Temple, Waco, Marlin | Temple | TX | 674 | 99 | 98 | 192 | 65 | 761 | 5.6 | 5.2 | 581 | 0 | 530 | 77 | 321 | 173 | 947 |
| VA Southwest Health Care Network - VISN 18 | | | | | | | | | | | | | | | | | | |
| 18 | Carl T. Hayden VA Medical Center | Phoenix | AZ | 644 | 95 | 96 | 156 | 554 | 612 | 6.7 | 4.0 | 1,277 | 1 | 457 | 48 | 343 | 305 | 1,465 |
| 18 | Northern Arizona VA HCS | Prescott | AZ | 649 | 100 | 99 | 29 | 162 | 185 | 0.0 | 0.0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18 | Southern Arizona VA HCS | Tucson | AZ | 678 | 99 | 99 | 126 | 481 | 595 | 4.9 | 2.1 | 872 | 188 | 473 | 106 | 646 | 290 | 1,182 |
| 18 | New Mexico HCS | Albuquerque | NM | 501 | 99 | 97 | 152 | 458 | 579 | 13.5 | 4.1 | 544 | 131 | 768 | 57 | 493 | 354 | 1,163 |
| 18 | Amarillo VA HCS | Amarillo | TX | 504 | 99 | 98 | 51 | 231 | 260 | 3.0 | 3.5 | 670 | 0 | 219 | 60 | 224 | 16 | 50 |
| 18 | West Texas VA HCS | Big Spring | TX | 519 | 99 | 99 | 18 | 114 | 107 | No ICU | No ICU | 59 | 0 | 0 | 0 | 0 | 0 | 624 |
| 18 | El Paso VA HCS | El Paso | TX | 756 | 100 | 96 | 41 | 73 | 97 | No ICU | No ICU | 1,160 | 0 | 23 | 0 | 396 | 0 | 348 |
| Rocky Mountain Network - VISN 19 | | | | | | | | | | | | | | | | | | |
| 19 | Eastern Colorado HCS‡ Denver, Pueblo | Denver | CO | 554 | 99 | 98 | 178 | 413 | 508 | 10.0 | 6.0 | 377 | 87 | 785 | 77 | 1,174 | 205 | 1,543 |
| 19 | VAMC | Grand Junction | CO | 575 | 100 | 100 | 27 | 127 | 107 | 0.0 | 0.0 | 1,077 | 0 | 323 | 0 | 126 | 3 | 118 |

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| | | | | **Column Designator** | A | B | C | D | E | F | G | H | I | J | K | L | M | N |
| | | | | **Note** | 1 | | 2 | | | 3 | | 4 | | | | | | |
| **VISN** | **Facility Name** | **City** | **State** | **Station** | | | | | | | | | | | | | | |
| 19 | VA Montana HCS | Fort Harrison | MT | 436 | 99 | 99 | 55 | 193 | 139 | 28.6 | 0.0 | 415 | 0 | 469 | 0 | 122 | 56 | 370 |
| 19 | VA Salt Lake City HCS | Salt Lake City | UT | 660 | 99 | 98 | 158 | 396 | 378 | 5.5 | 3.4 | 512 | 59 | 502 | 42 | 458 | 166 | 1,338 |
| 19 | VAM/ROC | Cheyenne | WY | 442 | 99 | 99 | 28 | 100 | 116 | 0.0 | 11.7 | 368 | 0 | 144 | 0 | 357 | 2 | 601 |
| 19 | VAMC | Sheridan | WY | 666 | 99 | 99 | 21 | 116 | 145 | No ICU | No ICU | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 20 | Northwest Network - VISN 20 | | | | | | | | | | | | | | | | | |
| 20 | Alaska VA HCS and Regional Office | Anchorage | AK | 463 | 99 | 91 | 32 | 119 | 113 | No ICU | No ICU | 189 | 0 | 111 | 0 | 27 | 0 | 48 |
| 20 | VAMC | Boise | ID | 531 | 96 | 93 | 52 | 178 | 219 | 3.2 | 0.0 | 408 | 0 | 294 | 0 | 1,005 | 74 | 504 |
| 20 | VAMC | Portland | OR | 648 | 99 | 96 | 223 | 664 | 715 | 1.9 | 1.0 | 1,140 | 209 | 598 | 102 | 1,096 | 471 | 1,677 |
| 20 | VA Roseburg HCS | Roseburg | OR | 653 | 85 | 93 | 36 | 212 | 228 | 11.0 | 2.4 | 364 | 0 | 0 | 0 | 148 | 3 | 193 |
| 20 | Southern Oregon Rehab Ctr & Clinics | White City | OR | 692 | 97 | 92 | 20 | 63 | 102 | No ICU | No ICU | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 20 | VA Puget Sound HCS‡ Seattle, American Lake | Seattle | WA | 663 | 97 | 93 | 219 | 759 | 868 | 6.1 | 1.6 | 595 | 138 | 928 | 170 | 1,461 | 245 | 2,139 |
| 20 | VAMC | Spokane | WA | 668 | 94 | 93 | 48 | 208 | 193 | 0.0 | 0.0 | 463 | 0 | 194 | 22 | 250 | 0 | 31 |
| 20 | Jonathan M. Wainwright Memorial VA Medical Center | Walla Walla | WA | 687 | 71 | 89 | 13 | 76 | 112 | No ICU | No ICU | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sierra Pacific Network - VISN 21 | | | | | | | | | | | | | | | | | | |
| 21 | VA Central California HCS | Fresno | CA | 570 | 99 | 97 | 74 | 191 | 304 | 4.1 | 0.0 | 616 | 0 | 187 | 2 | 834 | 145 | 959 |
| 21 | VA Northern California HCS‡ Martinez, Sacramento | Martinez, East Bay | CA | 612 | 97 | 98 | 216 | 449 | 471 | 0.0 | 2.3 | 701 | 2 | 269 | 79 | 371 | 214 | 1,682 |
| 21 | VA Palo Alto HCS‡ PaloAlto, MenloPk, Livermore | Palo Alto | CA | 640 | 91 | 98 | 276 | 922 | 974 | 1.9 | 3.4 | 790 | 156 | 610 | 47 | 529 | 208 | 1,425 |
| 21 | VAMC | San Francisco | CA | 662 | 98 | 97 | 220 | 496 | 515 | 3.5 | 0.6 | 520 | 159 | 409 | 196 | 347 | 356 | 1,339 |
| 21 | VA Pacific Islands HCSSpark M. Matsunaga VA Medical & Regional Office Center | Honolulu | HI | 459 | 98 | 94 | 52 | 123 | 140 | No ICU | No ICU | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21 | VA Sierra Nevada HCS | Reno | NV | 654 | 99 | 96 | 61 | 244 | 230 | 11.1 | 6.5 | 591 | 0 | 324 | 31 | 461 | 205 | 548 |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | **Column Designator** | A | B | C | D | E | F | G | H | I | J | K | L | M | N |
| | | | | **Note** | 1 | | 2 | | | 3 | | 4 | | | | | | |
| **VISN** | **Facility Name** | **City** | **State** | **Station** | | | | | | | | | | | | | | |
| Desert Pacific Healthcare Network - VISN 22 | | | | | | | | | | | | | | | | | | |
| 22 | VA Loma Linda HCS | Loma Linda | CA | 605 | 98 | 97 | 166 | 535 | 625 | 5.4 | 4.8 | 944 | 0 | 1,001 | 27 | 459 | 440 | 1,962 |
| 22 | VA Long Beach HCS | Long Beach | CA | 600 | 96 | 97 | 177 | 521 | 631 | 6.7 | 1.9 | 882 | 0 | 532 | 62 | 1,295 | 453 | 1,298 |
| 22 | VA Greater Los Angeles HCS (GLA) | Los Angeles | CA | 691 | 96 | 96 | 376 | 970 | 1,157 | 1.2 | 5.8 | 682 | 173 | 531 | 83 | 490 | 166 | 1,678 |
| 22 | VA San Diego HCS | San Diego | CA | 664 | 100 | 97 | 271 | 685 | 613 | 4.3 | 5.2 | 615 | 156 | 715 | 47 | 1,145 | 200 | 1,607 |
| 22 | VA Southern Nevada HCS | Las Vegas | NV | 593 | 100 | 98 | 114 | 231 | 353 | 6.5 | 6.5 | 628 | 0 | 124 | 5 | 114 | 350 | 73 |
| VA Midwest Health Care Network - VISN 23 | | | | | | | | | | | | | | | | | | |
| 23 | VA Nebraska Western Iowa HCS‡ Omaha, Grand Is, Lincoln | Omaha | NE | 636 | 97 | 95 | 165 | 725 | 878 | 5.1 | 3.7 | 699 | 0 | 445 | 59 | 377 | 168 | 1,478 |
| 23 | VA Central Iowa HCS‡ DesMoines, Knoxville | Des Moines | IA | 636A6 | 99 | 97 | + | + | + | 16.3 | 1.8 | 621 | 8 | 252 | 19 | 668 | 51 | 796 |
| 23 | VAMC | Iowa City | IA | 636A8 | 99 | 89 | 145 | 344 | 441 | 2.6 | 2.7 | 482 | 59 | 414 | 54 | 993 | 153 | 1,053 |
| 23 | VAMC | Minneapolis | MN | 618 | 99 | 96 | 216 | 902 | 988 | 5.9 | 2.9 | 555 | 428 | 1,143 | 104 | 804 | 226 | 2,159 |
| 23 | VAMC | St. Cloud | MN | 656 | 100 | 98 | 30 | 319 | 325 | No ICU | No ICU | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 23 | VAM/RO | Fargo | ND | 437 | 99 | 93 | 52 | 221 | 173 | 0.0 | 2.4 | 1,020 | 0 | 232 | 60 | 585 | 77 | 153 |
| 23 | VA Black Hills HCS‡ Ft Meade, Hot Springs | Fort Meade | SD | 568 | 99 | 96 | 44 | 254 | 240 | 0.0 | 0.0 | 868 | 0 | 521 | 49 | 786 | 51 | 369 |
| 23 | VAM/ROC | Sioux Falls | SD | 438 | 99 | 98 | 44 | 239 | 213 | 0.0 | 3.6 | 1,114 | 25 | 293 | 9 | 684 | 58 | 436 |

**Section 2:**

| * = Insufficient Data ** = See Note | | | | | Quality of Care - Populations | | | | | | | | | | | | Patient Satisfaction Ethnicity | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Gender | | Geriatric | | | | Disabled | | Rural | | Mental Hlth | | | | | | | |
| The Notes are essential elements of the data in this report. | | | | | Female (outpatient) | Male (outpatient) | ≥ 65 yo (inpatient) | <65yo (inpatient) | ≥ 65 yo (outpatient) | <65yo (outpatient) | P1-P4 (inpatient) | P1-P4 (outpatient) | Rural | Homeless (outpateint) | Mental Health (outpatient) | Non - Mental Health (outpatient) | White (inpatient) | African American (inpatient) | Other (inpatient) | White (outpatient) | African American (outpatient) | Other (outpatient) |
| Column Designator | | | | | O | P | Q | R | S | T | U | V | W | X | Y | Z | AA | AB | AC | AD | AE | AF |
| Note | | | | | 5 | | 6 | | | | 7 | | 8 | 9 | 10 | | 11 | | | | | |
| VISN | Facility Name | City | State | Station | | | | | | | | | | | | | | | | | | |
| VA New England Health Care System - VISN 1 | | | | | | | | | | | | | | | | | | | | | | |
| 1 | VA Connecticut HCS | West Haven | CT | 689 | 78 | 83 | 87 | 89 | 85 | 82 | 89 | 85 | ** | 89 | 84 | 85 | 78 | 59 | * | 84 | 48 | 64 |
| 1 | Edith Nourse Rogers Memorial Veterans Hospital | Bedford | MA | 518 | 79 | 79 | * | * | 79 | 82 | * | 82 | ** | 89 | 81 | 83 | 63 | * | * | 87 | * | 85 |
| 1 | VA Boston HCS‡ W Roxbury, Brockton Jamaica Plns | West Roxbury | MA | 523 | 80 | 82 | 95 | 95 | 82 | 79 | 95 | 81 | ** | 86 | 83 | 83 | 83 | 73 | 81 | 86 | 76 | 82 |
| 1 | VAMC | Northampton | MA | 631 | 73 | 79 | * | * | 87 | 79 | * | 82 | ** | 83 | 80 | 92 | 83 | * | * | 83 | * | 84 |
| 1 | VAMC/RO | Togus | ME | 402 | 76 | 79 | 89 | 92 | 84 | 78 | 89 | 81 | ** | 88 | 83 | 82 | 80 | * | * | 84 | * | 69 |
| 1 | VAMC | Manchester | NH | 608 | 79 | 84 | * | * | 85 | 82 | * | 85 | ** | 98 | 85 | 85 | * | * | * | 87 | * | 74 |
| 1 | VAMC | Providence | RI | 650 | 81 | 84 | 96 | 96 | 84 | 81 | 97 | 83 | ** | 88 | 82 | 84 | 86 | * | * | 82 | 72 | 78 |
| 1 | VAM/ROC | White River Junction | VT | 405 | 77 | 82 | 91 | 89 | 82 | 81 | 92 | 84 | ** | 96 | 83 | 86 | 87 | * | * | 89 | * | 83 |
| VA Healthcare Network Upstate New York - VISN 2 | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Samuel S. Stratton VAMC | Albany | NY | 528A8 | 73 | 82 | 92 | 94 | 85 | 79 | 93 | 79 | ** | 84 | 81 | 84 | 80 | * | * | 83 | 79 | 77 |
| 2 | VA Western New York HCS‡ Buffalo, Batavia | Buffalo | NY | 528 | 76 | 82 | 93 | 91 | 84 | 81 | 92 | 82 | ** | 84 | 81 | 85 | 81 | 72 | * | 78 | 75 | 79 |
| 2 | VAMC | Bath | NY | 528A6 | 78 | 81 | 94 | 96 | 82 | 84 | 93 | 85 | ** | * | 83 | 83 | 85 | * | * | 83 | * | * |
| 2 | VAMC | Canandaigua | NY | 528A5 | 75 | 79 | * | * | 83 | 80 | * | 80 | ** | 90 | 82 | 86 | * | * | * | 86 | 68 | * |
| 2 | VAMC | Syracuse | NY | 528A7 | 73 | 80 | 94 | 95 | 82 | 80 | 94 | 83 | ** | 85 | 83 | 83 | 84 | * | * | 86 | 71 | 90 |

| | | | | | O | P | Q | R | S | T | U | V | W | X | Y | Z | AA | AB | AC | AD | AE | AF |
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| **Column Designator** | | | | | | | | | | | | | | | | | | | | | | |
| **Note** | | | | | 5 | | 6 | | | | 7 | | 8 | 9 | 10 | | 11 | | | | | |
| **VISN** | **Facility Name** | **City** | **State** | **Station** | | | | | | | | | | | | | | | | | | |
| VA NY/NJ Veterans Healthcare Network - VISN 3 | | | | | | | | | | | | | | | | | | | | | | |
| 3 | VA New Jersey HCS, East Orange Campus | East Orange | NJ | 561 | 73 | 82 | 92 | 93 | 83 | 80 | 92 | 82 | ** | 80 | 83 | 85 | 79 | 72 | 67 | 78 | 62 | 60 |
| 3 | VAMC | Bronx | NY | 526 | 71 | 78 | 89 | 92 | 83 | 81 | 91 | 83 | ** | 95 | 83 | 84 | 73 | 64 | 70 | 70 | 72 | 67 |
| 3 | VA NY Harbor HCS‡ NY Harbor, Brooklyn | New York Harbor | NY | 630 | 70 | 78 | 93 | 95 | 84 | 76 | 95 | 79 | ** | 83 | 78 | 83 | 78 | 76 | 76 | 81 | 72 | 74 |
| 3 | VA Hudson Valley HCS‡ Montrose, Castle Pt | Montrose | NY | 620 | 75 | 82 | 86 | 87 | 86 | 80 | 88 | 82 | ** | 93 | 83 | 86 | 88 | * | * | 84 | 87 | 77 |
| 3 | VAMC | Northport | NY | 632 | 73 | 82 | 92 | 93 | 81 | 80 | 92 | 83 | ** | 85 | 80 | 87 | 84 | 73 | * | 85 | 81 | 63 |
| VA Stars & Stripes Healthcare Network - VISN 4 | | | | | | | | | | | | | | | | | | | | | | |
| 4 | VAM&RO | Wilmington | DE | 460 | 76 | 82 | 94 | 94 | 86 | 80 | 95 | 84 | ** | 78 | 83 | 85 | 85 | 65 | * | 83 | 78 | 58 |
| 4 | James E. Van Zandt VA Medical Center | Altoona | PA | 503 | 76 | 85 | 97 | 95 | 89 | 84 | 96 | 87 | ** | 100 | 86 | 87 | 82 | * | * | 87 | * | 64 |
| 4 | VAMC | Butler | PA | 529 | 76 | 80 | * | * | 83 | 77 | * | 79 | ** | 67 | 80 | 86 | * | * | * | 80 | * | 62 |
| 4 | VAMC | Coatesville | PA | 542 | 77 | 84 | 94 | 91 | 84 | 80 | 94 | 78 | ** | 85 | 82 | 86 | * | * | * | 89 | 68 | 84 |
| 4 | VAMC | Erie | PA | 562 | 79 | 82 | 95 | 97 | 83 | 82 | 98 | 85 | ** | 90 | 85 | 87 | 87 | * | * | 87 | * | 83 |
| 4 | VAMC | Lebanon | PA | 595 | 77 | 80 | 91 | 90 | 80 | 75 | 92 | 79 | ** | 91 | 81 | 81 | 91 | * | * | 88 | 71 | 99 |
| 4 | VAMC | Philadelphia | PA | 642 | 78 | 81 | 93 | 91 | 82 | 79 | 91 | 82 | ** | 88 | 83 | 84 | 76 | 66 | * | 86 | 63 | 66 |
| 4 | VA Pittsburgh HCS‡ Heinz, Univ Dr, Highld Dr | Pittsburgh | PA | 646 | 76 | 79 | 93 | 93 | 83 | 82 | 93 | 80 | ** | 85 | 82 | 85 | 81 | 66 | * | 80 | 60 | 82 |
| 4 | VAMC | Wilkes-Barre | PA | 693 | 81 | 85 | 91 | 90 | 85 | 79 | 91 | 84 | ** | 91 | 81 | 83 | 78 | * | * | 80 | * | 81 |
| 4 | Louis A. Johnson VAMC | Clarksburg | WV | 540 | 79 | 82 | 93 | 90 | 86 | 84 | 91 | 84 | ** | 100 | 84 | 86 | 82 | * | * | 84 | * | 68 |
| VA Capitol Health Care Network - VISN 5 | | | | | | | | | | | | | | | | | | | | | | |
| 5 | VAMC | Washington | DC | 688 | 73 | 78 | 92 | 95 | 84 | 81 | 93 | 83 | ** | 96 | 82 | 84 | 82 | 70 | 70 | 78 | 71 | 67 |
| 5 | VA Maryland HCS‡ Baltimore, Perry Pt | Baltimore | MD | 512 | 74 | 78 | 92 | 92 | 83 | 76 | 93 | 79 | ** | 79 | 78 | 84 | 82 | 77 | 69 | 81 | 65 | 58 |
| 5 | VAMC | Martinsburg | WV | 613 | 76 | 80 | 96 | 94 | 82 | 80 | 96 | 81 | ** | 86 | 80 | 82 | 83 | 65 | * | 83 | 88 | 82 |
| VA Mid-Atlantic Health Care Network - VISN 6 | | | | | | | | | | | | | | | | | | | | | | |
| 6 | VAMC | Asheville | NC | 637 | 75 | 82 | 91 | 93 | 86 | 84 | 92 | 86 | ** | 95 | 86 | 86 | 81 | 81 | * | 83 | * | * |
| 6 | VAMC | Durham | NC | 558 | 75 | 79 | 94 | 96 | 79 | 79 | 95 | 81 | ** | 92 | 81 | 82 | 82 | 72 | 68 | 73 | 61 | 51 |
| 6 | VAMC | Fayetteville | NC | 565 | 76 | 79 | 94 | 92 | 81 | 79 | 94 | 80 | ** | 65 | 80 | 81 | 75 | 67 | 74 | 76 | 63 | 58 |
| 6 | W.G. (Bill) Hefner VA Medical Center | Salisbury | NC | 659 | 70 | 80 | 95 | 96 | 82 | 79 | 96 | 81 | ** | 90 | 81 | 84 | 76 | 75 | * | 74 | 63 | 72 |

| | | | | | Column Designator | O | P | Q | R | S | T | U | V | W | X | Y | Z | AA | AB | AC | AD | AE | AF |
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| | | | | | Note | 5 | | 6 | | | | 7 | | 8 | 9 | 10 | | 11 | | | | | |
| VISN | Facility Name | City | State | Station | | | | | | | | | | | | | | | | | | | |
| 6 | VAMC | Hampton | VA | 590 | | 80 | 80 | 94 | 97 | 83 | 82 | 94 | 83 | ** | 91 | 81 | 84 | 80 | 64 | * | 71 | 55 | * |
| 6 | Hunter Holmes McGuire VAMC | Richmond | VA | 652 | | 81 | 83 | 93 | 94 | 85 | 83 | 94 | 85 | ** | 84 | 83 | 86 | 75 | 69 | 74 | 75 | 60 | 72 |
| 6 | VAMC | Salem | VA | 658 | | 84 | 81 | 95 | 97 | 79 | 80 | 95 | 81 | ** | 100 | 81 | 78 | 79 | 73 | 72 | 73 | 66 | 60 |
| 6 | VAMC | Beckley | WV | 517 | | 73 | 80 | 92 | 94 | 81 | 80 | 92 | 81 | ** | 100 | 81 | 81 | 78 | * | * | 71 | * | * |
| VA Southeast Network - VISN 7 | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | VAMC | Birmingham | AL | 521 | | 72 | 81 | 91 | 92 | 83 | 82 | 92 | 85 | ** | 91 | 83 | 82 | 82 | 76 | 74 | 77 | 58 | 71 |
| 7 | Central Alabama Veterans HCS; Tuskeegee, Montgomery | Montgomery | AL | 619 | | 77 | 76 | 93 | 90 | 82 | 81 | 90 | 82 | ** | 85 | 81 | 84 | 65 | 63 | * | 71 | 64 | 50 |
| 7 | VAMC | Tuscaloosa | AL | 679 | | 72 | 79 | * | * | 89 | 82 | * | 84 | ** | 83 | 84 | 87 | * | * | * | 86 | 78 | * |
| 7 | VAMC | Atlanta | GA | 508 | | 73 | 80 | 94 | 93 | 85 | 80 | 93 | 82 | ** | 89 | 80 | 85 | 73 | 70 | * | 75 | 71 | 58 |
| 7 | VAMC | Augusta | GA | 509 | | 76 | 80 | 91 | 90 | 84 | 85 | 92 | 85 | ** | 83 | 82 | 87 | 72 | 62 | 65 | 75 | 66 | * |
| 7 | Carl Vinson VA Medical Center | Dublin | GA | 557 | | 80 | 80 | 94 | 91 | 86 | 83 | 94 | 85 | ** | 97 | 84 | 85 | 67 | 74 | * | 75 | 67 | 61 |
| 7 | Ralph H. Johnson VAMC | Charleston | SC | 534 | | 78 | 78 | 95 | 97 | 81 | 80 | 97 | 82 | ** | 88 | 80 | 81 | 80 | 79 | 70 | 77 | 77 | 76 |
| 7 | Wm. Jennings Bryan Dorn VAMC | Columbia | SC | 544 | | 77 | 83 | 91 | 94 | 85 | 82 | 91 | 84 | ** | 84 | 82 | 84 | 72 | 72 | * | 76 | 63 | 77 |
| VA Sunshine Healthcare Network - VISN 8 | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | VAMC | Bay Pines | FL | 516 | | 79 | 83 | 94 | 95 | 88 | 82 | 94 | 85 | ** | 96 | 81 | 87 | 83 | 80 | 70 | 84 | 79 | 87 |
| 8 | N FLA/S GA Veterans HS; Gainesville, Lake Cty | Gainesville | FL | 573 | | 79 | 83 | 93 | 94 | 88 | 83 | 94 | 86 | ** | 75 | 86 | 86 | 76 | 76 | 75 | 81 | 78 | 69 |
| 8 | VAMC | Miami | FL | 546 | | 75 | 78 | 95 | 96 | 82 | 82 | 96 | 87 | ** | 87 | 85 | 84 | 81 | 80 | 73 | 77 | 62 | 74 |
| 8 | East Central Florida HCS | Orlando | FL | 675 | | 73 | 78 | * | * | 84 | 83 | * | 84 | ** | 81 | 84 | 85 | * | * | * | 84 | 70 | 81 |
| 8 | James A. Haley VA Medical Center | Tampa | FL | 673 | | 80 | 82 | 93 | 92 | 85 | 82 | 94 | 84 | ** | 73 | 84 | 85 | 78 | 77 | 60 | 84 | 69 | 77 |
| 8 | VAMC | West Palm Beach | FL | 548 | | 79 | 86 | 96 | 94 | 88 | 85 | 96 | 89 | ** | 89 | 89 | 88 | 77 | 83 | * | 77 | 74 | 89 |
| 8 | VAMC | San Juan | PR | 672 | | 76 | 83 | 90 | 90 | 79 | 79 | 89 | 81 | ** | 99 | 79 | 81 | 72 | 83 | 71 | 69 | 71 | 62 |

| | | | | | Column Designator | O | P | Q | R | S | T | U | V | W | X | Y | Z | AA | AB | AC | AD | AE | AF |
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| | | | | | Note | 5 | | 6 | | | | 7 | | 8 | 9 | 10 | | 11 | | | | | |
| VISN | Facility Name | City | State | Station | | | | | | | | | | | | | | | | | | | |
| VA Mid South Healthcare Network - VISN 9 | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | VAMC | Lexington | KY | 596 | | 72 | 78 | 94 | 95 | 84 | 82 | 94 | 83 | ** | 81 | 82 | 82 | 73 | 75 | 63 | 85 | 51 | 77 |
| 9 | VAMC | Louisville | KY | 603 | | 72 | 82 | 93 | 94 | 82 | 76 | 94 | 80 | ** | 91 | 78 | 82 | 83 | 70 | 60 | 79 | 70 | 75 |
| 9 | VAMC | Memphis | TN | 614 | | 72 | 76 | 87 | 89 | 82 | 79 | 87 | 81 | ** | 88 | 79 | 80 | 71 | 68 | 73 | 74 | 58 | 54 |
| 9 | VAMC | Mountain Home | TN | 621 | | 73 | 73 | 95 | 97 | 80 | 81 | 96 | 83 | ** | 85 | 82 | 78 | 79 | * | * | 77 | * | 80 |
| 9 | Tennessee Valley HCS‡ Nashville, Murfreesboro | Nashville | TN | 626 | | 74 | 76 | 92 | 91 | 78 | 75 | 91 | 76 | ** | 90 | 74 | 77 | 77 | 68 | 66 | 77 | 68 | 76 |
| 9 | VAMC | Huntington | WV | 581 | | 80 | 82 | 96 | 96 | 85 | 87 | 96 | 86 | ** | 94 | 85 | 87 | 77 | * | * | 80 | * | 71 |
| 10 | VA Health Care System of Ohio - VISN 10 | | | | | | | | | | | | | | | | | | | | | | |
| 10 | VAMC | Chillicothe | OH | 538 | | 73 | 75 | 93 | 92 | 78 | 73 | 92 | 76 | ** | 93 | 76 | 77 | 68 | * | * | 77 | * | 85 |
| 10 | VAMC | Cincinnati | OH | 539 | | 72 | 75 | 94 | 96 | 81 | 82 | 95 | 83 | ** | 84 | 82 | 83 | 78 | 77 | 88 | 79 | 82 | 63 |
| 10 | Louis Stokes VA Medical Center‡ Cleveland, Brecksville | Cleveland | OH | 541 | | 74 | 81 | 93 | 95 | 83 | 77 | 96 | 80 | ** | 84 | 80 | 84 | 76 | 67 | 80 | 85 | 64 | 80 |
| 10 | Chalmers Wylie Outpatient Clinic | Columbus | OH | 757 | | 68 | 77 | * | * | 83 | 78 | * | 81 | ** | 90 | 78 | 82 | * | * | * | 77 | 77 | 90 |
| 10 | VAMC | Dayton | OH | 552 | | 74 | 80 | 93 | 94 | 83 | 80 | 93 | 82 | ** | 87 | 81 | 84 | 75 | 73 | * | 76 | 64 | 65 |
| Veterans In Partnership - VISN 11 | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | VA Illiana HCS | Danville | IL | 550 | | 74 | 80 | 95 | 97 | 81 | 82 | 97 | 82 | ** | 100 | 81 | 85 | 72 | * | * | 79 | 77 | 71 |
| 11 | VA Northern Indiana HCS‡ Marion, Ft Wayne | Marion | IN | 610 | | 75 | 80 | 91 | 89 | 79 | 81 | 88 | 83 | ** | 93 | 81 | 82 | 72 | * | * | 79 | 75 | 71 |
| 11 | Richard L. Roudebush VA Medical Center | Indianapolis | IN | 583 | | 74 | 77 | 91 | 93 | 86 | 80 | 92 | 83 | ** | 81 | 81 | 84 | 72 | 72 | 75 | 77 | 61 | 60 |
| 11 | Ann Arbor: VA Ann Arbor HCS | Ann Arbor | MI | 506 | | 75 | 79 | 93 | 91 | 81 | 81 | 92 | 82 | ** | 88 | 82 | 81 | 85 | * | * | 85 | 62 | 76 |
| 11 | VAMC | Battle Creek | MI | 515 | | 73 | 78 | 92 | 89 | 82 | 79 | 87 | 81 | ** | 92 | 81 | 83 | 75 | * | * | 80 | 66 | 75 |
| 11 | John D. Dingell VA Medical Center | Detroit | MI | 553 | | 71 | 72 | 92 | 94 | 83 | 78 | 93 | 77 | ** | 79 | 75 | 81 | 72 | 74 | 54 | 73 | 63 | 75 |
| 11 | Aleda E. Lutz VA Medical Center | Saginaw | MI | 655 | | 74 | 80 | 93 | 97 | 86 | 84 | 97 | 84 | ** | * | 83 | 85 | 85 | * | * | 79 | * | 78 |

| | | | | | Column Designator | O | P | Q | R | S | T | U | V | W | X | Y | Z | AA | AB | AC | AD | AE | AF |
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| | | | | | Note | 5 | | 6 | | | | 7 | | 8 | 9 | 10 | | 11 | | | | | |
| VISN | Facility Name | City | State | Station | | | | | | | | | | | | | | | | | | | |
| The Great Lakes Health Care System - VISN 12 | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | VA Chicago HCS; (Jessie Brown) | Chicago, West Side | IL | 537 | 73 | 75 | 95 | 95 | 85 | 80 | 94 | 81 | ** | 76 | 79 | 84 | 77 | 70 | 80 | 81 | 69 | 53 |
| 12 | Edward Hines Jr. VA Hospital | Hines | IL | 578 | 77 | 82 | 92 | 91 | 86 | 81 | 92 | 82 | ** | 92 | 79 | 86 | 80 | 67 | 67 | 78 | 65 | 80 |
| 12 | VAMC | North Chicago | IL | 556 | 78 | 82 | 92 | 89 | 87 | 79 | 92 | 84 | ** | 82 | 83 | 84 | 78 | 52 | * | 83 | 45 | 96 |
| 12 | VAMC | Iron Mountain | MI | 585 | 76 | 81 | 85 | 80 | 82 | 75 | 84 | 77 | ** | 86 | 74 | 81 | 82 | * | * | 83 | * | 85 |
| 12 | William S. Middleton Memorial Veterans Hospital | Madison | WI | 607 | 73 | 82 | 94 | 90 | 85 | 83 | 94 | 86 | ** | 81 | 82 | 85 | 88 | * | * | 84 | * | 72 |
| 12 | Clement J. Zablocki VAMC | Milwaukee | WI | 695 | 76 | 82 | 92 | 91 | 84 | 80 | 92 | 82 | ** | 82 | 80 | 83 | 86 | 57 | * | 83 | 74 | 84 |
| 12 | VAMC | Tomah | WI | 676 | 74 | 84 | 94 | 93 | 83 | 83 | 95 | 84 | ** | 87 | 84 | 87 | 84 | * | * | 80 | * | 78 |
| VA | VA Heartland Network - VISN 15 | | | | | | | | | | | | | | | | | | | | | | |
| 15 | VA Eastern Kansas HCS‡ Topeka, Leavenworth | Topeka | KS | 589A5 | 76 | 80 | 95 | 96 | 84 | 81 | 95 | 84 | ** | 80 | 79 | 83 | 80 | 86 | 82 | 79 | 77 | 71 |
| 15 | Robert J. Dole Department of Veterans Affairs Medical and Regional Office Center | Wichita | KS | 589A7 | 79 | 83 | 95 | 93 | 83 | 83 | 92 | 83 | ** | 90 | 84 | 85 | 75 | * | * | 78 | * | 76 |
| 15 | Harry S. Truman Memorial | Columbia | MO | 589A4 | 77 | 79 | 94 | 96 | 81 | 76 | 95 | 79 | ** | 92 | 78 | 81 | 75 | * | * | 81 | * | 77 |
| 15 | VAMC | Kansas City | MO | 589 | 77 | 79 | 91 | 91 | 85 | 83 | 92 | 85 | ** | 76 | 83 | 84 | 76 | 73 | 89 | 78 | 71 | 85 |
| 15 | VAMC | Marion | IL | 657A5 | 73 | 78 | 89 | 89 | 80 | 79 | 89 | 80 | ** | * | 82 | 83 | 83 | * | * | 76 | 71 | 56 |
| 15 | John J. Pershing VA Medical Center | Poplar Bluff | MO | 657A4 | 76 | 80 | 98 | 96 | 75 | 75 | 95 | 77 | ** | 100 | 78 | 78 | 73 | * | * | 67 | * | 68 |
| 15 | St Louis VAMC‡ St Louis, Jefferson Barracks | St. Louis | MO | 657 | 77 | 75 | 92 | 90 | 80 | 76 | 90 | 78 | ** | 61 | 76 | 80 | 66 | 51 | * | 73 | 74 | 71 |
| South Central VA Health Care Network - VISN 16 | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | VAMC | Fayetteville | AR | 564 | 80 | 81 | 94 | 94 | 83 | 81 | 93 | 83 | ** | 93 | 80 | 82 | 80 | * | 86 | 85 | * | 77 |
| 16 | Central Arkansas Veterans HCS‡ Little Rock, Little Rock N | Little Rock | AR | 598 | 73 | 80 | 93 | 94 | 84 | 82 | 94 | 83 | ** | 93 | 81 | 83 | 73 | 62 | 82 | 78 | 62 | 71 |
| 16 | VAMC | Alexandria | LA | 502 | 73 | 78 | 92 | 95 | 83 | 78 | 92 | 78 | ** | 75 | 80 | 82 | 77 | 64 | * | 74 | 52 | 59 |

| | | | | | Column Designator | O | P | Q | R | S | T | U | V | W | X | Y | Z | AA | AB | AC | AD | AE | AF |
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| VISN | Facility Name | City | State | Station | | | | | | | | | | | | | | | | | | | |
| 16 | VAMC | New Orleans | LA | 629 | | 65 | 72 | * | * | 79 | 73 | * | 76 | ** | 83 | 75 | 76 | * | * | * | 72 | 66 | 65 |
| 16 | Overton Brooks VA Medical Center | Shreveport | LA | 667 | | 74 | 80 | 94 | 93 | 85 | 77 | 93 | 80 | ** | 92 | 79 | 82 | 80 | 66 | * | 78 | 74 | 67 |
| 16 | VA Gulf Coast Veterans HCS | Biloxi | MS | 520 | | 78 | 80 | 93 | 96 | 89 | 84 | 95 | 88 | ** | 80 | 84 | 87 | 79 | 71 | * | 77 | 69 | 69 |
| 16 | G.V. (Sonny) Montgomery VA Medical Center | Jackson | MS | 586 | | 76 | 83 | 96 | 95 | 82 | 84 | 95 | 85 | ** | 91 | 83 | 86 | 77 | 77 | 60 | 81 | 69 | 67 |
| 16 | VAMC | Muskogee | OK | 623 | | 73 | 77 | 92 | 92 | 85 | 81 | 92 | 85 | ** | 96 | 84 | 86 | 84 | * | 84 | 80 | 68 | 71 |
| 16 | VAMC | Oklahoma City | OK | 635 | | 76 | 79 | 95 | 95 | 82 | 80 | 96 | 80 | ** | 91 | 79 | 83 | 71 | 64 | 66 | 73 | 68 | 63 |
| 16 | VAMC | Houston | TX | 580 | | 73 | 76 | 89 | 89 | 78 | 77 | 89 | 78 | ** | 83 | 78 | 78 | 76 | 72 | 66 | 70 | 66 | 66 |
| VA Heart of Texas Health Care Network - VISN 17 | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | VA North Texas HCS | Dallas | TX | 549 | | 73 | 76 | 90 | 91 | 80 | 74 | 90 | 77 | ** | 77 | 76 | 79 | 67 | 58 | 74 | 68 | 55 | 50 |
| 17 | South Texas Veterans HCS‡ SanAntonio Kerrville | San Antonio | TX | 671 | | 75 | 79 | 91 | 93 | 84 | 79 | 92 | 82 | ** | 92 | 81 | 83 | 76 | 66 | 70 | 74 | 71 | 64 |
| 17 | Central Texas Veterans HCS‡ Temple, Waco, Marlin | Temple | TX | 674 | | 73 | 78 | 92 | 90 | 84 | 79 | 90 | 81 | ** | 94 | 80 | 83 | 77 | 67 | 68 | 76 | 63 | 73 |
| VA Southwest Health Care Network - VISN 18 | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | Carl T. Hayden VA Medical Center | Phoenix | AZ | 644 | | 73 | 78 | 94 | 92 | 82 | 81 | 94 | 82 | ** | 93 | 81 | 84 | 77 | * | 77 | 73 | 53 | 59 |
| 18 | Northern Arizona VA HCS | Prescott | AZ | 649 | | 73 | 73 | 95 | 95 | 82 | 78 | 95 | 79 | ** | 75 | 77 | 82 | 85 | * | * | 84 | * | 78 |
| 18 | Southern Arizona VA HCS | Tucson | AZ | 678 | | 73 | 80 | 93 | 93 | 81 | 77 | 93 | 80 | ** | 90 | 79 | 81 | 84 | * | 79 | 80 | 49 | 76 |
| 18 | New Mexico HCS | Albuquerque | NM | 501 | | 72 | 74 | 91 | 92 | 76 | 70 | 92 | 75 | ** | 79 | 73 | 73 | 78 | * | 70 | 79 | 77 | 62 |
| 18 | Amarillo VA HCS | Amarillo | TX | 504 | | 69 | 77 | 92 | 92 | 80 | 80 | 90 | 83 | ** | * | 77 | 84 | 83 | * | * | 82 | 46 | 60 |
| 18 | West Texas VA HCS | Big Spring | TX | 519 | | 69 | 79 | 96 | 93 | 82 | 77 | 97 | 79 | ** | 100 | 80 | 79 | 80 | * | * | 74 | 73 | 60 |
| 18 | El Paso VA HCS | El Paso | TX | 756 | | 75 | 79 | * | * | 76 | 71 | * | 74 | ** | 90 | 73 | 76 | * | * | * | 75 | * | 66 |
| Rocky Mountain Network - VISN 19 | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | Eastern Colorado HCS‡ Denver, Pueblo | Denver | CO | 554 | | 77 | 77 | 95 | 95 | 79 | 81 | 95 | 81 | ** | 76 | 81 | 80 | 80 | 71 | 80 | 75 | 82 | 76 |
| 19 | VAMC | Grand Junction | CO | 575 | | 68 | 78 | 94 | 96 | 80 | 78 | 94 | 80 | ** | * | 80 | 80 | 94 | * | * | 84 | * | 86 |

| | | | | | Column Designator | O | P | Q | R | S | T | U | V | W | X | Y | Z | AA | AB | AC | AD | AE | AF |
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| | | | | | Note | 5 | | 6 | | | | 7 | | 8 | 9 | 10 | | 11 | | | | | |
| VISN | Facility Name | City | State | Station | | | | | | | | | | | | | | | | | | | |
| 19 | VA Montana HCS | Fort Harrison | MT | 436 | | 75 | 80 | 96 | 96 | 83 | 79 | 96 | 79 | ** | 53 | 84 | 81 | 88 | * | * | 80 | * | 71 |
| 19 | VA Salt Lake City HCS | Salt Lake City | UT | 660 | | 77 | 80 | 93 | 91 | 82 | 82 | 92 | 82 | ** | 71 | 82 | 83 | 86 | * | 81 | 80 | * | 63 |
| 19 | VAM/ROC | Cheyenne | WY | 442 | | 78 | 78 | 92 | 89 | 78 | 79 | 90 | 81 | ** | 91 | 79 | 82 | 89 | * | * | 87 | * | 85 |
| 19 | VAMC | Sheridan | WY | 666 | | 78 | 78 | 86 | 92 | 80 | 79 | 85 | 81 | ** | 81 | 80 | 83 | 85 | * | * | 85 | * | 88 |
| 20 | Northwest Network - VISN 20 | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Alaska VA HCS and Regional Office | Anchorage | AK | 463 | | 76 | 82 | * | * | 81 | 81 | * | 80 | ** | 65 | 82 | 80 | * | * | * | 80 | * | 69 |
| 20 | VAMC | Boise | ID | 531 | | 73 | 78 | 90 | 90 | 83 | 74 | 90 | 77 | ** | 100 | 80 | 78 | 84 | * | * | 85 | * | 91 |
| 20 | VAMC | Portland | OR | 648 | | 76 | 80 | 92 | 90 | 80 | 78 | 91 | 80 | ** | 77 | 79 | 79 | 83 | * | 81 | 79 | * | 79 |
| 20 | VA Roseburg HCS | Roseburg | OR | 653 | | 69 | 74 | 92 | 93 | 80 | 76 | 92 | 78 | ** | 64 | 79 | 78 | 83 | * | 85 | 76 | * | 65 |
| 20 | Southern Oregon Rehab Ctr & Clinics | White City | OR | 692 | | 67 | 79 | * | * | 81 | 78 | * | 80 | ** | 92 | 75 | 82 | 78 | * | * | 72 | * | 62 |
| 20 | VA Puget Sound HCS‡ Seattle, American Lake | Seattle | WA | 663 | | 74 | 78 | 93 | 94 | 84 | 80 | 93 | 82 | ** | 90 | 80 | 83 | 82 | 82 | 85 | 81 | 67 | 64 |
| 20 | VAMC | Spokane | WA | 668 | | 69 | 75 | 93 | 87 | 81 | 77 | 90 | 79 | ** | 70 | 77 | 83 | 89 | * | * | 84 | * | 50 |
| 20 | Jonathan M. Wainwright Memorial VA Medical Center | Walla Walla | WA | 687 | | 76 | 76 | * | * | 82 | 79 | * | 81 | ** | 88 | 78 | 78 | * | * | * | 78 | * | 80 |
| Sierra Pacific Network - VISN 21 | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | VA Central California HCS | Fresno | CA | 570 | | 77 | 78 | 90 | 91 | 86 | 79 | 89 | 84 | ** | 88 | 81 | 84 | 81 | * | 94 | 79 | 67 | 75 |
| 21 | VA Northern California HCS‡ Martinez, Sacramento | Martinez, East Bay | CA | 612 | | 72 | 80 | 93 | 90 | 83 | 77 | 93 | 81 | ** | 87 | 79 | 82 | 80 | * | 92 | 84 | 78 | 72 |
| 21 | VA Palo Alto HCS‡ PaloAlto, MenloPk, Livermore | Palo Alto | CA | 640 | | 78 | 82 | 95 | 97 | 81 | 81 | 97 | 83 | ** | 86 | 84 | 81 | 84 | 73 | 83 | 87 | 75 | 84 |
| 21 | VAMC | San Francisco | CA | 662 | | 74 | 79 | 93 | 93 | 79 | 76 | 92 | 79 | ** | 86 | 76 | 81 | 82 | 79 | 79 | 85 | 79 | 72 |
| 21 | VA Pacific Islands HCSSpark M. Matsunaga VA Medical & Regional Office Center | Honolulu | HI | 459 | | 72 | 78 | * | * | 76 | 77 | * | 78 | ** | 91 | 79 | 80 | * | * | * | 89 | * | 75 |
| 21 | VA Sierra Nevada HCS | Reno | NV | 654 | | 73 | 76 | 93 | 90 | 84 | 81 | 92 | 83 | ** | 90 | 80 | 82 | 81 | * | * | 83 | * | 67 |

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| | | | | **Column Designator** | O | P | Q | R | S | T | U | V | W | X | Y | Z | AA | AB | AC | AD | AE | AF |
| | | | | **Note** | 5 | | 6 | | | | 7 | | 8 | 9 | 10 | | 11 | | | | | |
| **VISN** | **Facility Name** | **City** | **State** | **Station** | | | | | | | | | | | | | | | | | | |
| Desert Pacific Healthcare Network - VISN 22 | | | | | | | | | | | | | | | | | | | | | | |
| 22 | VA Loma Linda HCS | Loma Linda | CA | 605 | 78 | 76 | 96 | 95 | 79 | 77 | 96 | 77 | ** | 94 | 79 | 80 | 80 | 77 | 85 | 78 | 79 | 75 |
| 22 | VA Long Beach HCS | Long Beach | CA | 600 | 76 | 80 | 90 | 92 | 84 | 79 | 90 | 81 | ** | 92 | 79 | 82 | 76 | 73 | 76 | 77 | 72 | 67 |
| 22 | VA Greater Los Angeles HCS (GLA) | Los Angeles | CA | 691 | 75 | 79 | 90 | 89 | 79 | 75 | 89 | 77 | ** | 79 | 75 | 78 | 79 | 75 | 73 | 77 | 62 | 71 |
| 22 | VA San Diego HCS | San Diego | CA | 664 | 76 | 80 | 92 | 92 | 81 | 77 | 92 | 80 | ** | 81 | 80 | 79 | 90 | 75 | 90 | 85 | 84 | 65 |
| 22 | VA Southern Nevada HCS | Las Vegas | NV | 593 | 83 | 80 | 91 | 94 | 84 | 80 | 94 | 82 | ** | 74 | 81 | 85 | 78 | * | * | 81 | 78 | 71 |
| VA Midwest Health Care Network - VISN 23 | | | | | | | | | | | | | | | | | | | | | | |
| 23 | VA Nebraska Western Iowa HCS‡ Omaha, Grand Is, Lincoln | Omaha | NE | 636 | 72 | 79 | 92 | 94 | 78 | 79 | 92 | 79 | ** | 66 | 79 | 81 | 78 | 85 | 68 | 79 | * | 65 |
| 23 | VA Central Iowa HCS‡ DesMoines, Knoxville | Des Moines | IA | 636A6 | 75 | 82 | 93 | 94 | 84 | 80 | 93 | 84 | ** | 79 | 79 | 85 | 81 | * | * | 85 | * | 64 |
| 23 | VAMC | Iowa City | IA | 636A8 | 70 | 79 | 89 | 91 | 82 | 78 | 88 | 81 | ** | 86 | 78 | 80 | 83 | * | * | 83 | 82 | 74 |
| 23 | VAMC | Minneapolis | MN | 618 | 81 | 81 | 91 | 92 | 81 | 81 | 92 | 82 | ** | 92 | 82 | 83 | 86 | * | * | 82 | * | 83 |
| 23 | VAMC | St. Cloud | MN | 656 | 73 | 82 | * | * | 86 | 78 | * | 81 | ** | * | 77 | 86 | 60 | * | * | 83 | * | * |
| 23 | VAM/RO | Fargo | ND | 437 | 74 | 78 | 93 | 85 | 79 | 80 | 90 | 79 | ** | 83 | 82 | 81 | 89 | * | * | 87 | * | 70 |
| 23 | VA Black Hills HCS‡ Ft Meade, Hot Springs | Fort Meade | SD | 568 | 72 | 76 | 90 | 90 | 80 | 77 | 88 | 79 | ** | 71 | 77 | 82 | 91 | * | * | 87 | * | 75 |
| 23 | VAM/ROC | Sioux Falls | SD | 438 | 81 | 80 | 88 | 87 | 79 | 77 | 89 | 79 | ** | 97 | 78 | 79 | 78 | * | * | 84 | * | 97 |

**Section 3:**

| * = Insufficient Data ** = See Note | | | | | Availability of Services | | | | Hospital Accreditation | | Quality of Care - Hospital Settings | | | | | Patient Safety | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| The Notes are essential elements of the data in this report. | | | | | Emergency Room Beds | Intensive Care Unit | Maternity Care Available | Speciality Services | Joint Commission Accreditation? | CARF Accreditation? | Inpatient | Outpatient | Emergency | Maternity | Intensive Care Units | Patient Safety Standards: Joint Commission Findings | Joint Commission Survey Year |
| | | | | Column Designator | AG | AH | AI | AJ | AK | AL | AM | AN | AO | AP | AQ | AR | AS |
| | | | | Note | 12 | | 13 | | 14 | | 15 | | | 16 | 17 | 18 | |
| VISN | Facility Name | City | State | Station | | | | | | | | | | | | | |
| VA New England Health Care System - VISN 1 | | | | | | | | | | | | | | | | | |
| 1 | VA Connecticut HCS | West Haven | CT | 689 | 8 | Yes | Yes | Yes | Y | Y | 86 | 79 | 90 | ** | ** | Met | 2006 |
| 1 | Edith Nourse Rogers Memorial Veterans Hospital | Bedford | MA | 518 | 0 | No | Yes | Yes | Y | Y | * | 76 | * | ** | No ICU | Met | 2006 |
| 1 | VA Boston HCS‡ W Roxbury, Brockton Jamaica Plns | West Roxbury | MA | 523 | 5 | Yes | Yes | Yes | Y | Y | 95 | 77 | 91 | ** | ** | Met | 2006 |
| 1 | VAMC | Northampton | MA | 631 | 0 | No | Yes | Yes | Y | Y | * | 81 | * | ** | No ICU | Met | 2006 |
| 1 | VAMC/RO | Togus | ME | 402 | 6 | Yes | Yes | Yes | Y | NR | 90 | 75 | 90 | ** | ** | Met | 2006 |
| 1 | VAMC | Manchester | NH | 608 | 0 | No | Yes | Yes | AY | NR | * | 80 | * | ** | No ICU | Met | 2006 |
| 1 | VAMC | Providence | RI | 650 | 9 | Yes | Yes | Yes | Y | Y | 96 | 79 | 95 | ** | ** | Met | 2006 |
| 1 | VAM/ROC | White River Junction | VT | 405 | 5 | Yes | Yes | Yes | Y | NR | 89 | 77 | 88 | ** | ** | Met | 2006 |
| VA Healthcare Network Upstate New York - VISN 2 | | | | | | | | | | | | | | | | | |
| 2 | Samuel S. Stratton VAMC | Albany | NY | 528A8 | 11 | Yes | Yes | Yes | Y | Y | 93 | 79 | 93 | ** | ** | Met | 2006 |
| 2 | VA Western New York HCS‡ Buffalo, Batavia | Buffalo | NY | 528 | 8 | Yes | Yes | Yes | Y | Y | 93 | 79 | 93 | ** | ** | Met | 2006 |
| 2 | VAMC | Bath | NY | 528A6 | 2 | Yes | Yes | Yes | Y | Y | 94 | 80 | 97 | ** | ** | Met | 2006 |
| 2 | VAMC | Canandaigua | NY | 528A5 | 0 | No | Yes | Yes | Y | Y | * | 80 | * | ** | No ICU | Met | 2006 |
| 2 | VAMC | Syracuse | NY | 528A7 | 15 | Yes | Yes | Yes | Y | Y | 94 | 78 | 96 | ** | ** | Met | 2006 |

| | | | | | Column Designator | AG | AH | AI | AJ | AK | AL | AM | AN | AO | AP | AQ | AR | AS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Note | 12 | | 13 | | 14 | | 15 | | | 16 | 17 | 18 | |
| VISN | Facility Name | City | State | Station | | | | | | | | | | | | | | |
| VA NY/NJ Veterans Healthcare Network - VISN 3 | | | | | | | | | | | | | | | | | | |
| 3 | VA New Jersey HCS, East Orange Campus | East Orange | NJ | 561 | 13 | Yes | Yes | Yes | Y | Y | 93 | 78 | 94 | ** | ** | Met | 2007 | |
| 3 | VAMC | Bronx | NY | 526 | 10 | Yes | Yes | Yes | Y | Y | 91 | 79 | 92 | ** | ** | Met | 2006 | |
| 3 | VA NY Harbor HCS‡ NY Harbor, Brooklyn | New York Harbor | NY | 630 | 27 | Yes | Yes | Yes | Y | Y | 94 | 75 | 93 | ** | ** | Met | 2006 | |
| 3 | VA Hudson Valley HCS‡ Montrose, Castle Pt | Montrose | NY | 620 | 4 | No | Yes | Yes | Y | Y | 87 | 78 | 94 | ** | No ICU | Met | 2007 | |
| 3 | VAMC | Northport | NY | 632 | 8 | Yes | Yes | Yes | Y | Y | 93 | 77 | 96 | ** | ** | Met | 2006 | |
| VA Stars & Stripes Healthcare Network - VISN 4 | | | | | | | | | | | | | | | | | | |
| 4 | VAM&RO | Wilmington | DE | 460 | 4 | Yes | Yes | Yes | Y | NR | 94 | 79 | 93 | ** | ** | Met | 2005 | |
| 4 | James E. Van Zandt VA Medical Center | Altoona | PA | 503 | 6 | Yes | Yes | Yes | Y | NR | 99 | 81 | 97 | ** | ** | Met | 2005 | |
| 4 | VAMC | Butler | PA | 529 | 0 | No | Yes | Yes | AY | Y | * | 78 | * | ** | No ICU | Met | 2005 | |
| 4 | VAMC | Coatesville | PA | 542 | 0 | No | Yes | Yes | Y | Y | 92 | 79 | 100 | ** | No ICU | Met | 2005 | |
| 4 | VAMC | Erie | PA | 562 | 6 | Yes | Yes | Yes | Y | NR | 96 | 80 | 96 | ** | ** | Met | 2005 | |
| 4 | VAMC | Lebanon | PA | 595 | 6 | Yes | Yes | Yes | Y | Y | 91 | 74 | 93 | ** | ** | Met | 2006 | |
| 4 | VAMC | Philadelphia | PA | 642 | 7 | Yes | Yes | Yes | Y | Y | 94 | 78 | 90 | ** | ** | Met | 2005 | |
| 4 | VA Pittsburgh HCS‡ Heinz, Univ Dr, Highld Dr | Pittsburgh | PA | 646 | 13 | Yes | Yes | Yes | Y | Y | 93 | 78 | 91 | ** | ** | Met | 2005 | |
| 4 | VAMC | Wilkes-Barre | PA | 693 | 7 | Yes | Yes | Yes | Y | Y | 91 | 79 | 93 | ** | ** | Met | 2005 | |
| 4 | Louis A. Johnson VAMC | Clarksburg | WV | 540 | 7 | Yes | Yes | Yes | Y | NR | 94 | 80 | 93 | ** | ** | Met | 2005 | |
| VA Capitol Health Care Network - VISN 5 | | | | | | | | | | | | | | | | | | |
| 5 | VAMC | Washington | DC | 688 | 11 | Yes | Yes | Yes | Y | Y | 94 | 79 | 92 | ** | ** | Met | 2005 | |
| 5 | VA Maryland HCS‡ Baltimore, Perry Pt | Baltimore | MD | 512 | 22 | Yes | Yes | Yes | Y | Y | 93 | 77 | 92 | ** | ** | Met | 2005 | |
| 5 | VAMC | Martinsburg | WV | 613 | 5 | Yes | Yes | Yes | Y | Y | 95 | 76 | 92 | ** | ** | Met | 2005 | |
| VA Mid-Atlantic Health Care Network - VISN 6 | | | | | | | | | | | | | | | | | | |
| 6 | VAMC | Asheville | NC | 637 | 7 | Yes | Yes | Yes | Y | Y | 92 | 82 | 96 | ** | ** | Met | 2005 | |
| 6 | VAMC | Durham | NC | 558 | 6 | Yes | Yes | Yes | Y | NR | 96 | 77 | 94 | ** | ** | Met | 2005 | |
| 6 | VAMC | Fayetteville | NC | 565 | 5 | Yes | Yes | Yes | Y | NR | 94 | 77 | 94 | ** | ** | Met | 2005 | |
| 6 | W.G. (Bill) Hefner VA Medical Center | Salisbury | NC | 659 | 7 | Yes | Yes | Yes | Y | Y | 96 | 77 | 96 | ** | ** | Met | 2005 | |

| | | | | | Column Designator | AG | AH | AI | AJ | AK | AL | AM | AN | AO | AP | AQ | AR | AS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Note | 12 | | 13 | | 14 | | 15 | | | 16 | 17 | 18 | |
| VISN | Facility Name | City | State | Station | | | | | | | | | | | | | | |
| 6 | VAMC | Hampton | VA | 590 | | 10 | Yes | Yes | Yes | Y | Y | 98 | 79 | 92 | ** | ** | Met | 2005 |
| 6 | Hunter Holmes McGuire VAMC | Richmond | VA | 652 | | 15 | Yes | Yes | Yes | Y | Y | 94 | 80 | 93 | ** | ** | Met | 2005 |
| 6 | VAMC | Salem | VA | 658 | | 16 | Yes | Yes | Yes | Y | NR | 96 | 76 | 96 | ** | ** | Met | 2006 |
| 6 | VAMC | Beckley | WV | 517 | | 6 | Yes | Yes | Yes | Y | NR | 95 | 79 | 95 | ** | ** | Met | 2005 |
| VA Southeast Network - VISN 7 | | | | | | | | | | | | | | | | | | |
| 7 | VAMC | Birmingham | AL | 521 | | 9 | Yes | Yes | Yes | Y | Y | 92 | 78 | 94 | ** | ** | Met | 2007 |
| 7 | Central Alabama Veterans HCS; Tuskeegee, Montgomery | Montgomery | AL | 619 | | 6 | Yes | Yes | Yes | Y | Y | 94 | 78 | 95 | ** | ** | Met | 2007 |
| 7 | VAMC | Tuscaloosa | AL | 679 | | + | No | Yes | Yes | Y | Y | * | 80 | * | ** | No ICU | Met | 2007 |
| 7 | VAMC | Atlanta | GA | 508 | | 12 | Yes | Yes | Yes | Y | Y | 94 | 77 | 96 | ** | ** | Met | 2007 |
| 7 | VAMC | Augusta | GA | 509 | | 9 | Yes | Yes | Yes | Y | Y | 92 | 80 | 95 | ** | ** | Met | 2007 |
| 7 | Carl Vinson VA Medical Center | Dublin | GA | 557 | | 0 | Yes | Yes | Yes | Y | Y | 94 | 81 | 94 | ** | ** | Met | 2007 |
| 7 | Ralph H. Johnson VAMC | Charleston | SC | 534 | | 9 | Yes | Yes | Yes | Y | NR | 97 | 77 | 94 | ** | ** | Met | 2007 |
| 7 | Wm. Jennings Bryan Dorn VAMC | Columbia | SC | 544 | | 11 | Yes | Yes | Yes | Y | Y | 91 | 78 | 92 | ** | ** | Met | 2007 |
| VA Sunshine Healthcare Network - VISN 8 | | | | | | | | | | | | | | | | | | |
| 8 | VAMC | Bay Pines | FL | 516 | | 11 | Yes | Yes | Yes | Y | Y | 95 | 80 | 92 | ** | ** | Met | 2007 |
| 8 | N FLA/S GA Veterans HS; Gainesville, Lake Cty | Gainesville | FL | 573 | | 11 | Yes | Yes | Yes | Y | Y | 94 | 80 | 88 | ** | ** | Met | 2007 |
| 8 | VAMC | Miami | FL | 546 | | 11 | Yes | Yes | Yes | Y | Y | 96 | 77 | 95 | ** | ** | Met | 2007 |
| 8 | East Central Florida HCS | Orlando | FL | 675 | | 0 | No | Yes | Yes | Y | Y | * | 80 | * | ** | No ICU | Met | 2007 |
| 8 | James A. Haley VA Medical Center | Tampa | FL | 673 | | 15 | Yes | Yes | Yes | Y | Y | 94 | 77 | 94 | ** | ** | Met | 2007 |
| 8 | VAMC | West Palm Beach | FL | 548 | | 10 | Yes | Yes | Yes | Y | Y | 96 | 84 | 96 | ** | ** | Met | 2007 |
| 8 | VAMC | San Juan | PR | 672 | | 23 | Yes | Yes | Yes | Y | Y | 91 | 73 | 90 | ** | ** | Met | 2007 |

| | | | | | Column Designator | AG | AH | AI | AJ | AK | AL | AM | AN | AO | AP | AQ | AR | AS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Note | 12 | | 13 | | 14 | | 15 | | | 16 | 17 | 18 | |
| VISN | Facility Name | City | State | Station | | | | | | | | | | | | | | |
| VA Mid South Healthcare Network - VISN 9 | | | | | | | | | | | | | | | | | | |
| 9 | VAMC | Lexington | KY | 596 | 10 | Yes | Yes | Yes | Y | NR | 96 | 77 | 95 | ** | ** | Met | 2007 | |
| 9 | VAMC | Louisville | KY | 603 | 15 | Yes | Yes | Yes | YC | Y | 93 | 74 | 96 | ** | ** | Met | 2007 | |
| 9 | VAMC | Memphis | TN | 614 | 19 | Yes | Yes | Yes | Y | Y | 90 | 74 | 89 | ** | ** | Met | 2007 | |
| 9 | VAMC | Mountain Home | TN | 621 | 10 | Yes | Yes | Yes | Y | NR | 97 | 76 | 95 | ** | ** | Met | 2007 | |
| 9 | Tennessee Valley HCS‡ Nashville, Murfreesboro | Nashville | TN | 626 | 10 | Yes | Yes | Yes | Y | NR | 92 | 70 | 94 | ** | ** | Met | 2007 | |
| 9 | VAMC | Huntington | WV | 581 | 8 | Yes | Yes | Yes | Y | NR | 96 | 79 | 97 | ** | ** | Met | 2007 | |
| 10 | VA Health Care System of Ohio - VISN 10 | | | | | | | | | | | | | | | | | |
| 10 | VAMC | Chillicothe | OH | 538 | 0 | No | Yes | Yes | Y | Y | 91 | 73 | 96 | ** | No ICU | Met | 2007 | |
| 10 | VAMC | Cincinnati | OH | 539 | 14 | Yes | Yes | Yes | Y | Y | 95 | 77 | 96 | ** | ** | Met | 2007 | |
| 10 | Louis Stokes VA Medical Center‡ Cleveland, Brecksville | Cleveland | OH | 541 | 12 | Yes | Yes | Yes | Y | Y | 93 | 76 | 90 | ** | ** | Met | 2007 | |
| 10 | Chalmers Wylie Outpatient Clinic | Columbus | OH | 757 | 0 | No | Yes | Yes | AY | Y | * | 76 | * | ** | No ICU | Met | 2007 | |
| 10 | VAMC | Dayton | OH | 552 | 16 | Yes | Yes | Yes | Y | Y | 94 | 77 | 89 | ** | ** | Met | 2007 | |
| Veterans In Partnership - VISN 11 | | | | | | | | | | | | | | | | | | |
| 11 | VA Illiana HCS | Danville | IL | 550 | 2 | Yes | Yes | Yes | Y | Y | 96 | 78 | 96 | ** | ** | Met | 2006 | |
| 11 | VA Northern Indiana HCS‡ Marion, Ft Wayne | Marion | IN | 610 | 4 | Yes | Yes | Yes | Y | NR | 92 | 73 | 91 | ** | ** | Met | 2007 | |
| 11 | Richard L. Roudebush VA Medical Center | Indianapolis | IN | 583 | 15 | Yes | Yes | Yes | Y | Y | 91 | 78 | 87 | ** | ** | Met | 2006 | |
| 11 | Ann Arbor: VA Ann Arbor HCS | Ann Arbor | MI | 506 | 7 | Yes | Yes | Yes | Y | Y | 91 | 76 | 92 | ** | ** | Met | 2006 | |
| 11 | VAMC | Battle Creek | MI | 515 | 4 | No | Yes | Yes | Y | Y | 94 | 77 | 91 | ** | No ICU | Met | 2006 | |
| 11 | John D. Dingell VA Medical Center | Detroit | MI | 553 | 11 | Yes | Yes | Yes | Y | Y | 92 | 74 | 89 | ** | ** | Met | 2006 | |
| 11 | Aleda E. Lutz VA Medical Center | Saginaw | MI | 655 | 5 | Yes | Yes | Yes | Y | NR | 96 | 81 | 98 | ** | ** | Met | 2006 | |

| | | | | | AG | AH | AI | AJ | AK | AL | AM | AN | AO | AP | AQ | AR | AS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Column Designator** | | | | | | | | | | | | | | | | |
| | **Note** | | | | 12 | | 13 | | 14 | | 15 | | | 16 | 17 | 18 | |
| **VISN** | **Facility Name** | **City** | **State** | **Station** | | | | | | | | | | | | | |
| The Great Lakes Health Care System - VISN 12 | | | | | | | | | | | | | | | | | |
| 12 | VA Chicago HCS; (Jessie Brown) | Chicago, West Side | IL | 537 | 15 | Yes | Yes | Yes | Y | Y | 96 | 77 | 90 | ** | ** | Met | 2006 |
| 12 | Edward Hines Jr. VA Hospital | Hines | IL | 578 | 13 | Yes | Yes | Yes | Y | Y | 93 | 77 | 88 | ** | ** | Met | 2006 |
| 12 | VAMC | North Chicago | IL | 556 | 15 | Yes | Yes | Yes | Y | Y | 93 | 79 | 92 | ** | ** | Met | 2006 |
| 12 | VAMC | Iron Mountain | MI | 585 | 5 | Yes | Yes | Yes | Y | NR | 84 | 71 | 81 | ** | ** | Met | 2006 |
| 12 | William S. Middleton Memorial Veterans Hospital | Madison | WI | 607 | 7 | Yes | Yes | Yes | Y | Y | 92 | 77 | 87 | ** | ** | Met | 2006 |
| 12 | Clement J. Zablocki VAMC | Milwaukee | WI | 695 | 7 | Yes | Yes | Yes | Y | Y | 92 | 75 | 85 | ** | ** | Met | 2006 |
| 12 | VAMC | Tomah | WI | 676 | 4 | No | Yes | Yes | Y | Y | 94 | 81 | 91 | ** | No ICU | Met | 2006 |
| VA | VA Heartland Network - VISN 15 | | | | | | | | | | | | | | | | |
| 15 | VA Eastern Kansas HCS‡ Topeka, Leavenworth | Topeka | KS | 589A5 | 4 | Yes | Yes | Yes | Y[C] | NR | 96 | 78 | 95 | ** | ** | Not met | 2007 |
| 15 | Robert J. Dole Department of Veterans Affairs Medical and Regional Office Center | Wichita | KS | 589A7 | 8 | Yes | Yes | Yes | Y | NR | 93 | 79 | 92 | ** | ** | Met | 2007 |
| 15 | Harry S. Truman Memorial | Columbia | MO | 589A4 | 10 | Yes | Yes | Yes | Y | NR | 94 | 75 | 93 | ** | ** | Met | 2007 |
| 15 | VAMC | Kansas City | MO | 589 | 10 | Yes | Yes | Yes | Y | NR | 92 | 79 | 94 | ** | ** | Met | 2007 |
| 15 | VAMC | Marion | IL | 657A5 | 8 | Yes | Yes | Yes | Y | NR | 89 | 75 | 93 | ** | ** | Met | 2007 |
| 15 | John J. Pershing VA Medical Center | Poplar Bluff | MO | 657A4 | 3 | No | Yes | Yes | Y | NR | 96 | 73 | 92 | ** | No ICU | Met | 2007 |
| 15 | St Louis VAMC‡ St Louis, Jefferson Barracks | St. Louis | MO | 657 | 12 | Yes | Yes | Yes | Y | Y | 92 | 72 | 90 | ** | ** | Met | 2007 |
| South Central VA Health Care Network - VISN 16 | | | | | | | | | | | | | | | | | |
| 16 | VAMC | Fayetteville | AR | 564 | 9 | Yes | Yes | Yes | Y | NR | 94 | 75 | 97 | ** | ** | Met | 2005 |
| 16 | Central Arkansas Veterans HCS‡ Little Rock, Little Rock N | Little Rock | AR | 598 | 15 | Yes | Yes | Yes | Y | Y | 93 | 76 | 93 | ** | ** | Met | 2005 |
| 16 | VAMC | Alexandria | LA | 502 | 10 | Yes | Yes | Yes | Y | NR | 94 | 75 | 95 | ** | ** | Met | 2005 |

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Column Designator | AG | AH | AI | AJ | AK | AL | AM | AN | AO | AP | AQ | AR | AS |
| | | | | Note | 12 | | 13 | | 14 | | 15 | | | 16 | 17 | 18 | |
| VISN | Facility Name | City | State | Station | | | | | | | | | | | | | |
| 16 | VAMC | New Orleans | LA | 629 | 0 | No | Yes | Yes | AY | NR | * | 72 | * | ** | No ICU | Met | 2005 |
| 16 | Overton Brooks VA Medical Center | Shreveport | LA | 667 | 10 | Yes | Yes | Yes | Y | Y | 95 | 75 | 96 | ** | ** | Met | 2005 |
| 16 | VA Gulf Coast Veterans HCS | Biloxi | MS | 520 | 8 | Yes | Yes | Yes | Y | Y | 94 | 83 | 92 | ** | ** | Met | 2006 |
| 16 | G.V. (Sonny) Montgomery VA Medical Center | Jackson | MS | 586 | 17 | Yes | Yes | Yes | Y | NR | 97 | 80 | 91 | ** | ** | Met | 2005 |
| 16 | VAMC | Muskogee | OK | 623 | 5 | Yes | Yes | Yes | Y | NR | 93 | 79 | 96 | ** | ** | Met | 2005 |
| 16 | VAMC | Oklahoma City | OK | 635 | 10 | Yes | Yes | Yes | Y | Y | 95 | 78 | 91 | ** | ** | Met | 2005 |
| 16 | VAMC | Houston | TX | 580 | 15 | Yes | Yes | Yes | Y | Y | 91 | 72 | 93 | ** | ** | Met | 2005 |
| VA Heart of Texas Health Care Network - VISN 17 | | | | | | | | | | | | | | | | | |
| 17 | VA North Texas HCS | Dallas | TX | 549 | 14 | Yes | Yes | Yes | Y | Y | 91 | 70 | 82 | ** | ** | Met | 2005 |
| 17 | South Texas Veterans HCS‡ SanAntonio Kerrville | San Antonio | TX | 671 | 15 | Yes | Yes | Yes | Y | Y | 92 | 76 | 93 | ** | ** | Met | 2006 |
| 17 | Central Texas Veterans HCS‡ Temple, Waco, Marlin | Temple | TX | 674 | 8 | Yes | Yes | Yes | Y | Y | 92 | 76 | 95 | ** | ** | Met | 2005 |
| VA Southwest Health Care Network - VISN 18 | | | | | | | | | | | | | | | | | |
| 18 | Carl T. Hayden VA Medical Center | Phoenix | AZ | 644 | 8 | Yes | Yes | Yes | Y | Y | 92 | 77 | 95 | ** | ** | Met | 2005 |
| 18 | Northern Arizona VA HCS | Prescott | AZ | 649 | 3 | Yes | Yes | Yes | Y | NR | 93 | 77 | 98 | ** | ** | Met | 2005 |
| 18 | Southern Arizona VA HCS | Tucson | AZ | 678 | 12 | Yes | Yes | Yes | Y | Y | 94 | 75 | 94 | ** | ** | Met | 2005 |
| 18 | New Mexico HCS | Albuquerque | NM | 501 | 13 | Yes | Yes | Yes | Y | Y | 93 | 67 | 91 | ** | ** | Met | 2005 |
| 18 | Amarillo VA HCS | Amarillo | TX | 504 | 6 | Yes | Yes | Yes | Y | NR | 90 | 77 | 93 | ** | ** | Met | 2005 |
| 18 | West Texas VA HCS | Big Spring | TX | 519 | 0 | No | Yes | Yes | Y | NR | 97 | 74 | 92 | ** | No ICU | Met | 2005 |
| 18 | El Paso VA HCS | El Paso | TX | 756 | 0 | No | Yes | Yes | AY | NR | * | 70 | * | ** | No ICU | Met | 2006 |
| Rocky Mountain Network - VISN 19 | | | | | | | | | | | | | | | | | |
| 19 | Eastern Colorado HCS‡ Denver, Pueblo | Denver | CO | 554 | 11 | Yes | Yes | Yes | Y | Y | 96 | 77 | 94 | ** | ** | Met | 2006 |
| 19 | VAMC | Grand Junction | CO | 575 | 3 | Yes | Yes | Yes | Y | NR | 94 | 76 | 96 | ** | ** | Met | 2007 |

| | | | | | Column Designator | AG | AH | AI | AJ | AK | AL | AM | AN | AO | AP | AQ | AR | AS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Note | 12 | | 13 | | 14 | | 15 | | | 16 | 17 | 18 | |
| VISN | Facility Name | City | State | Station | | | | | | | | | | | | | | |
| 19 | VA Montana HCS | Fort Harrison | MT | 436 | 2 | Yes | Yes | Yes | Y | NR | 95 | 78 | 96 | ** | ** | Met | 2007 |
| 19 | VA Salt Lake City HCS | Salt Lake City | UT | 660 | 12 | Yes | Yes | Yes | Y | Y | 93 | 77 | 93 | ** | ** | Met | 2007 |
| 19 | VAM/ROC | Cheyenne | WY | 442 | 3 | Yes | Yes | Yes | Y | NR | 87 | 76 | 93 | ** | ** | Met | 2007 |
| 19 | VAMC | Sheridan | WY | 666 | 0 | No | Yes | Yes | Y | NR | 89 | 78 | 94 | ** | No ICU | Met | 2007 |
| 20 | Northwest Network - VISN 20 | | | | | | | | | | | | | | | | | |
| 20 | Alaska VA HCS and Regional Office | Anchorage | AK | 463 | 0 | No | Yes | Yes | AY | Y | * | 76 | * | ** | No ICU | Met | 2007 |
| 20 | VAMC | Boise | ID | 531 | 7 | Yes | Yes | Yes | Y[p] | NR | 89 | 73 | 92 | ** | ** | Met | 2007 |
| 20 | VAMC | Portland | OR | 648 | 20 | Yes | Yes | Yes | Y | NR | 91 | 74 | 93 | ** | ** | Met | 2007 |
| 20 | VA Roseburg HCS | Roseburg | OR | 653 | 4 | Yes | Yes | Yes | Y | Y | 93 | 73 | 93 | ** | ** | Met | 2007 |
| 20 | Southern Oregon Rehab Ctr & Clinics | White City | OR | 692 | 0 | No | Yes | Yes | AY | Y | * | 74 | * | ** | No ICU | Met | 2007 |
| 20 | VA Puget Sound HCS‡ Seattle, American Lake | Seattle | WA | 663 | 4 | Yes | Yes | Yes | Y | Y | 94 | 77 | 91 | ** | ** | Met | 2007 |
| 20 | VAMC | Spokane | WA | 668 | 6 | Yes | Yes | Yes | Y | NR | 93 | 74 | 89 | ** | ** | Met | 2007 |
| 20 | Jonathan M. Wainwright Memorial VA Medical Center | Walla Walla | WA | 687 | 0 | No | Yes | Yes | Y | NR | * | 75 | * | ** | No ICU | Met | 2007 |
| Sierra Pacific Network - VISN 21 | | | | | | | | | | | | | | | | | | |
| 21 | VA Central California HCS | Fresno | CA | 570 | 7 | Yes | Yes | Yes | Y | NR | 91 | 79 | 91 | ** | ** | Met | 2007 |
| 21 | VA Northern California HCS‡ Martinez, Sacramento | Martinez, East Bay | CA | 612 | 11 | Yes | Yes | NR | Y | Y | 93 | 75 | 91 | ** | ** | Met | 2007 |
| 21 | VA Palo Alto HCS‡ PaloAlto, MenloPk, Livermore | Palo Alto | CA | 640 | 8 | Yes | Yes | Yes | Y | Y | 95 | 77 | 95 | ** | ** | Met | 2007 |
| 21 | VAMC | San Francisco | CA | 662 | 7 | Yes | Yes | Yes | Y | Y | 93 | 74 | 91 | ** | ** | Met | 2007 |
| 21 | VA Pacific Islands HCSSpark M. Matsunaga VA Medical & Regional Office Center | Honolulu | HI | 459 | 0 | No | Yes | Yes | AY | NR | * | 74 | * | ** | No ICU | Met | 2007 |
| 21 | VA Sierra Nevada HCS | Reno | NV | 654 | 10 | Yes | Yes | Yes | Y | NR | 93 | 76 | 92 | ** | ** | Met | 2007 |

| | | | | | Column Designator | AG | AH | AI | AJ | AK | AL | AM | AN | AO | AP | AQ | AR | AS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Note | 12 | | 13 | | 14 | | 15 | | | 16 | 17 | 18 | |
| VISN | Facility Name | City | State | Station | | | | | | | | | | | | | | |
| Desert Pacific Healthcare Network - VISN 22 | | | | | | | | | | | | | | | | | | |
| 22 | VA Loma Linda HCS | Loma Linda | CA | 605 | 12 | Yes | Yes | Yes | Y | Y | 96 | 74 | 96 | ** | ** | Met | 2007 |
| 22 | VA Long Beach HCS | Long Beach | CA | 600 | 8 | Yes | Yes | Yes | Y | Y | 92 | 76 | 93 | ** | ** | Met | 2007 |
| 22 | VA Greater Los Angeles HCS (GLA) | Los Angeles | CA | 691 | 29 | Yes | Yes | Yes | Y | Y | 91 | 69 | 86 | ** | ** | Met | 2007 |
| 22 | VA San Diego HCS | San Diego | CA | 664 | 15 | Yes | Yes | Yes | Y | Y | 94 | 74 | 92 | ** | ** | Met | 2007 |
| 22 | VA Southern Nevada HCS | Las Vegas | NV | 593 | 18 | Yes | Yes | Yes | Y | NR | 93 | 78 | 92 | ** | ** | Met | 2007 |
| VA Midwest Health Care Network - VISN 23 | | | | | | | | | | | | | | | | | | |
| 23 | VA Nebraska Western Iowa HCS‡ Omaha, Grand Is, Lincoln | Omaha | NE | 636 | 4 | Yes | Yes | Yes | Y | NR | 94 | 74 | 85 | ** | ** | Met | 2007 |
| 23 | VA Central Iowa HCS‡ DesMoines, Knoxville | Des Moines | IA | 636A6 | 5 | Yes | Yes | Yes | Y | Y | 91 | 75 | 94 | ** | ** | Met | 2007 |
| 23 | VAMC | Iowa City | IA | 636A8 | 3 | Yes | Yes | Yes | Y | NR | 90 | 72 | 83 | ** | ** | Met | 2007 |
| 23 | VAMC | Minneapolis | MN | 618 | 18 | Yes | Yes | Yes | Y | Y | 93 | 76 | 86 | ** | ** | Met | 2007 |
| 23 | VAMC | St. Cloud | MN | 656 | 0 | No | Yes | Yes | Y | Y | * | 77 | * | ** | No ICU | Met | 2007 |
| 23 | VAM/RO | Fargo | ND | 437 | 4 | Yes | Yes | Yes | Y | NR | 89 | 75 | 95 | ** | ** | Met | 2007 |
| 23 | VA Black Hills HCS‡ Ft Meade, Hot Springs | Fort Meade | SD | 568 | 3 | Yes | Yes | Yes | Y | Y | 86 | 72 | 93 | ** | ** | Met | 2007 |
| 23 | VAM/ROC | Sioux Falls | SD | 438 | 3 | Yes | Yes | Yes | Y | NR | 87 | 72 | 84 | ** | ** | Met | 2007 |

**Appendix A: Healthcare Effectiveness Data and Information Set (HEDIS) Measures and Comparison of VHA National HEDIS Scores with Commercial Health Plan and Medicare Populations** (

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 rate estimates the percentage of women between 40 and 69 years old who had at least one mammogram in the past two years.

- ! Cervical cancer screening rate estimates the percentage of women aged 21 to 64 ! enrolled in a health plan who had at least one Pap test in the past three 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 assesses the percentage of members 18-75 years of age who were alive at discharge 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 an LDL-Cholesterol (LDL-C) screening (blood test) and whose LDL-C concentration was controlled to <100mg/dL .

- ! 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. (two measures)

COMPREHENSIVE DIABETES CARE:

These measures assess several important features of effective, multi-risk factor management of diabetes and its potential complications. These measures estimate the percentage of veterans 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 diabetes mellitus as assessed by a 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 received nephropathy (kidney) screening, defined as patients who have had a positive urine protein test or any 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 previous year. Both systolic and diastolic pressure must be at or under this threshold for blood pressure to be considered controlled.

IMMUNIZATIONS:

- ! Influenza 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 percentage of current smokers 18 and older who received advice to quit smoking from their practitioner within the past year.

- ! Discussing smoking cessation medications 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 percentage of current smokers 18 and older whose practitioner discussed or recommended smoking cessation methods or strategies with them over the past year.

VHA HEDIS Scores Compared with Commercial Health Plan, Medicare and Medicaid ! Populations !

| CLINICAL PERFORMANCE INDICATOR | VHA FY 07 [1] | VHA FY 06 [1] | HEDIS [2] Commercial 2006 | HEDIS [2] Medicare 2006 | HEDIS [2] Medicaid 2006 |
|---|---|---|---|---|---|
| Breast cancer screening | 86% | 85% | 69% | 70% | 49% |
| Cervical cancer screening | 91% | 91% | 81% | NA | 66% |
| Colorectal cancer screening | 78% | 76% | 55% | 53% | NA |
| LDL Screening after AMI, PTCA, CABG | 93% | 92% | 87% | 88% | 76% |
| LDL Cholesterol < 100 after AMI, PTCA, CABG | 62% | 60% | 57% | 56% | 36% |
| Beta blocker on discharge after AMI | 98% | 98% | 98% | 94% | 88% |
| Diabetes: HgbA1c done past year | 97% | 96% | 88% | 87% | 78% |
| Diabetes: Poor control HbA1c > 9.0% (lower is better) | 16% | 17% | 27% | 27% | 49% |
| Diabetes: Cholesterol (LDL-C) Screening | 92% | 96% | 83% | 85% | 71% |
| Diabetes: Cholesterol (LDL-C) controlled (<100) | 64% | 61% | 43% | 47% | 31% |
| Diabetes: Good Control HbA1c <7 | 48% | 47% | 42% | 46% | 30% |
| Diabetes: Eye Exam | 85% | 85% | 55% | 62% | 51% |
| Diabetes: Renal Exam | 91% | 66% | 80% | 85% | 75% |
| Diabetes: BP < 140/90 | 77% | 78% | 61% | 58% | 57% |
| Hypertension: BP < 140/90 most recent visit | 76% | 75% | 60% | 57% | 53% |
| Smoking Cessation Counseling [3] | 83% | 80% | 74% | 44% | 43% |
| | | | | | |
| CLINICAL PERFORMANCE INDICATOR | VA FY 2007 [1] | VA FY 2006[1] | HEDIS [2] Commercial 2006 | HEDIS [2] Medicare 2006 | BRFSS [4] 2006 |
| Immunizations: influenza, (note patients age groups HEDIS 50-64) | 72% (age50-64 match HEDIS) | 71% (age 65 and older or high risk) | 46% | NA | 69.6% (age 65 and older or high risk) |
| Immunizations: pneumococcal, (note patients age groups) [4] [5] | 90% (all ages at risk) | 89% (all ages at risk) | Not Reported | Not Reported | 67% |

SOURCE: VHA Office of Quality and Performance: updated 11-20-07. Due to population differences and methodology variations not all HEDIS measures are comparable to VA measures - therefore this is not a comprehensive list of indicators. This comparison does contain those indicators that are closely aligned in content and methodology.

1) VA comparison data is obtained by abstracting medical record data using similar methodologies to matched HEDIS methodologies.

2) HEDIS Data was obtained from the 2007 "State of Health Care Quality Report" available on the NCQA web site: www.ncqa.org

3) Advised to quit - does not include medication or referral. HEDIS is obtained by survey, VA is obtained by medical record abstraction.

4) CDC's Behavorial Risk Factor Surveillance System (BRFSS) reports are available on the CDC website: www.cdc.gov

## Appendix B: ORYX® Measures and VHA-ORYX® Comparisons

ORYX® data measurement requirements are intended to support Joint Commission accredited organizations in its 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. The definitions of each measure that make up each of the four core measurement sets are given below.

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 per cent 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-8) Median Time to PTCA. Median time from arrival to percutaneous transluminal coronary angioplasty (PTCA) in patients with ST segment elevation or left bundle branch block (LBBB) on the electrocardiogram (ECG) performed closest to hospital arrival time.

- ! (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-9) The Joint Commission Only Inpatient Mortality. AMI patients who expire during hospital stay.

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 per cent 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.

Pneumonia patients who receive their first dose of antibiotics within 8 hours after arrival at the hospital:

- ! (PN-5) Antibiotic timing. The time from hospital arrival to administration of first antibiotic for inpatients with pneumonia.

- ! (PN-5a) Initial antibiotic received within 8 hours of hospital arrival.

- ! (PN-5b) Initial antibiotic received within 4 hours of hospital arrival.

- ! (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.

- ! (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 one hour prior to surgical incision. (Patients who received vancomycin or a fluoroquinolone for prophylactic antibiotics should have the antibiotics administered within two hours prior to surgical incision. Due to the longer infusion time required for vancomycin or a fluoroquinolone, it is acceptable to start antibiotics within two hours prior to incision time.)

- ! (SCIP- Inf-2) Prophylactic Antibiotic Selection for Surgical Patients. Surgical patients who received prophylactic antibiotics consistent with current guidelines (specific to each type of surgical procedure).

- ! (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 Serum Glucose. Cardiac surgery patients with controlled 6 A.M. serum glucose ( 200 mg/dL) on postoperative day one (POD 1) and postoperative day two (POD 2) with surgery end date being postoperative day zero (POD 0).

- ! (SCIP- Inf-6) Surgery Patients with Appropriate Hair Removal. Surgery patients with appropriate surgical site hair removal. No hair removal, or hair removal with clippers or depilatory is considered appropriate. Shaving is considered inappropriate.

- ! (SCIP- Inf-7) Colorectal Surgery Patients with Immediate Postoperative Normothermia. Colorectal surgery patients with immediate normothermia (96.8-100.4° F) within the first hour after leaving the operating room.

VHA-ORYX® Comparisons

| **Acute Myocardial Infarction Indicators:** | Number of Score in Category | Total Possible* | Per cent in Scored Category** |
|---|---|---|---|
| a) Number of times VHA scores 100%: | **80** | **300** | **27%** |
| b) Number of times VHA exceeded TJC mean | **3** | **300** | **1%** |
| c) Number of times VHA equaled TJC mean | **211** | **300** | **70%** |
| d) Number of times VHA below TJC mean | **6** | **300** | **2%** |
| e) Number of facilities with denominators too small to assess | **365** | **NA** | **NA** |
| | | | |
| **Heart Failure Indicators:** | Number | Total Possible* | Per Cent in Scored Category** |
| a) Number of times VHA scores 100%: | **79** | **412** | **19%** |
| b) Number of times VHA exceeded TJC mean | **122** | **412** | **30%** |
| c) Number of times VHA equaled TJC mean | **192** | **412** | **47%** |
| d) Number of times VHA below TJC mean | **19** | **412** | **5%** |
| e) Number of facilities with denominators too small to assess | **59** | **NA** | **NA** |
| | | | |
| **Pneumonia Indicators:** | Number | Total Possible* | Per Cent in Scored Category** |
| a) Number of times VHA scores 100%: | **145** | **995** | **15%** |
| b) Number of times VHA exceeded TJC mean | **97** | **995** | **10%** |
| c) Number of times VHA equaled TJC mean | **655** | **995** | **66%** |
| d) Number of times VHA below TJC mean | **98** | **995** | **10%** |
| e) Number of facilities with denominators too small to assess | **313** | **NA** | **NA** |
| | | | |
| **Overall - All Indicators:** | Number | Total Possible* | Per Cent in Scored Category** |
| a) Number of times VHA scores 100%: | **304** | **1707** | **18%** |
| b) Number of times VHA exceeded TJC mean | **222** | **1707** | **13%** |
| c) Number of times VHA equaled TJC mean | **1058** | **1707** | **62%** |
| d) Number of times VHA below TJC mean | **123** | **1707** | **7%** |
| e) Number of facilities with denominators too small to assess | **737** | **NA** | **NA** |
| | | | |

* Total Possible Measures is equal to the total number of individual measures scored multiplied by the number of facilities reporting those measures (excludes measures that were reported as “too small”).

** Percent in Scored Category is the per cent of scored measures that fell within the corresponding category of exceeded, equaled or below all The Joint Commission (TJC) accredited organizations reporting the same measure.

Facilities having less than 25 cases were not reported (too small to assess).

## Appendix C: Comparison of Rural and Urban Health Care (

| Measure Description | Rural % | Urban % |
|---|---|---|
| AMI - Outpatient LDL-c < 100 on most recent test AND having full lipid panel ! in past 2 yr | 65% | 70% ! |
| SUD - Outpatient Treatment continuity for at least 90 days YTD CUM | 35% | 39% ! |
| HF - Inpatient Discharge instructions for diet/wt/meds | 85% | 89% ! |
| Tobacco - Outpatient Used in the past twelve months - SCI | 27% | 29% ! |
| Tobacco Outpatient Used in the past twelve months - Nexus MH | 40% | 42% ! |
| CAP - Inpatient - Blood cult before first antibiotic dose | 89% | 92% ! |
| DM - Outpatient - HbA1>9 or not done (poor control) in past year | 12% | 14% ! |
| CAP - Inpatient - Initial antibiotic within 4 hours of arrival | 79% | 81% ! |
| DM - Outpatient - HbA1c>9 or not done in past year SCI&D | 8% | 10% ! |
| Immunizations - Influenza Outpatient - SCI | 69% | 71% ! |
| DM - Outpatient - LDLc < 120 most recent test & full lipid panel in past 2 yrs ! SCI&D | 78% | 80% ! |
| Tobacco - Outpatient Counsel in past yr - Nexus - Non MH | 97% | 98% |
| Tobacco - Inpatient Counseling - CAP | 91% | 92% |
| ResSup - Inpatient - Timely attending note for resident admit for Surgery | 87% | 87% |
| HF - Inpatient - LVEF <40 on ACEI or ARB prior to Inpatient admission | 82% | 83% |
| DM - Outpatient - BP > or = 160/100 or not done | 5% | 6% |
| ACS - Inpatient Risk STEMI and Mod-high risk NSTEMI pts who receive a dx cath prior to discharge | 97% | 98% |
| CA - Breast Screen (HEDIS) | 86% | 86% |
| Immunizations - Outpatient - Influenza - Nexus Clinics | 71% | 71% |
| DM - Outpatient - BP > or = 160/100 or not done SCI&D | 4% | 4% |
| HTN - Outpatient - Dx HTN BP > or = to 160/100 or not recorded | 6% | 6% |
| ResSup - Inpatient - Timely attending note for resident admission to Medicine | 97% | 97% |
| DM - Outpatient - BP < or = 140/90 | 79% | 79% |
| Immunizations - Pneumococcal Outpatient - Nexus | 89% | 89% |
| CA - Cervical Screen (HEDIS) | 91% | 90% |
| ResSup - Inpatient - Timely attending note for resident admit to Psychiatry | 98% | 98% |
| DM - Outpatient - LDL-C < 120 | 79% | 79% |

| | | |
|---|---|---|
| ACS - Inpatient ECG in hospital within 10 minutes of arrival or 15 minutes prior | 73% | 73% |
| Tobacco - Outpatient - Counsel in past yr - Nexus - MH | 98% | 98% |
| HTN - Outpatient - DX HTN and BP < or = to 140/90 | 76% | 76% |
| ACS - Inpatient Risk Cardiology involvement in 24 hours STEMI and Mod-high risk | 87% | 87% |
| Tobacco - Outpatient - Counsel in the past yr - SCI | 98% | 98% |
| DM - Outpatient - Retinal exam, timely by disease SCI&D | 80% | 80% |
| CAP - Outpatient - Influenza - Immunization Prior to Admit | 75% | 75% |
| Immunizations - Pneumococcal Outpatient - SCI | 87% | 87% |
| Tobacco - Inpatient Counseling - AMI All | 94% | 94% |
| Tobacco - Inpatient Counseling - HF | 93% | 92% |
| SUD - Outpatient Alcohol Tx or Screen AUDITc | 95% | 95% |
| SIP - Inpatient - Prophylactic antibiotics started timely | 92% | 91% |
| ACS - Inpatient - Troponin returned within 60 minutes of order | 86% | 85% |
| DM - Outpatient Foot sensory exam using monofilament | 85% | 84% |
| DM - Outpatient - Retinal exam, timely by disease (HEDIS) | 86% | 85% |
| CA - Colorectal Screen (HEDIS) | 77% | 76% |
| AMI - Outpatient LDL-c > or = 120 | 19% | 17% |
| HF - Inpatient Weight instruction prior to admission | 89% | 88% |
| CAP - Outpatient - Pneumococcal - Immunization Prior to Admit | 92% | 90% |
| SIP - Inpatient - Prophylactic antibiotics dc ed timely | 82% | 79% |
| DM - Outpatient - BP < or = 140/90 SCI&D | 84% | 82% |
| Tobacco - Outpatient Used in the past twelve months - Nexus - non MH | 23% | 18% |
| ACS - Inpatient PCI in 120 min STEMI | 51% | 44% |
| ACS - Inpatient Reperfusion when appropriate STEMI | 93% | 85% |

## Appendix D: 2005 National Patient Safety Goals and Requirements (

| HOSP | AMC | 2005 NATIONAL PATIENT SAFETY GOALS AND REQUIREMENTS |
|---|---|---|
| | | **Goal 1 - Improve the accuracy of patient identification** |
| X | X | Requirement 1a **(expanded)**: Use at least two patient identifiers (neither to be the patient's room number) whenever administering medications or blood products; taking blood samples, collecting laboratory samples, and other specimens for clinical testing, or provides |
| | | **Goal 2 - Improve the effectiveness of communication among caregivers** |
| X | X | Requirement 2a: For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the order or test result read-back the complete order or test results. |
| X | X | Requirement 2b: Standardize a list of abbreviations, acronyms, symbols that are not to be used throughout the organizations. |
| XX | XX | Requirement 2c **(new)**: Measure, assess and, if appropriate, take action to improve the timeliness of reporting of critical test results and values |
| | | **Goal 3 - Improve the safety of using medications** |
| X | X | Requirement 3a: Remove concentrated electrolytes (including but not limited to, potassium chloride, potassium phosphate, sodium chloride >0/9%) from patient care units**.** ( |
| X ( | X | Requirement 3b: Standardize and limit the number drug concentrations available in the organization. |
| XX | XX | Requirement 3c **(new)**: Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used in the organization, and take action to prevent errors involving the interchange of these drugs. |
| * | * | **Goal 4 (retired) - Eliminate wrong site, wrong patient, and wrong procedure surgery (Covered Under Universal Protocol)** ( |
| | | **Goal 5 - Improve the safety of using infusion pumps** ( |
| X | X | Requirement 5a: Ensure free-flow protection on all general-use intravenous infusion pumps used in the organization. |
| * | * | **Goal 6 (retired) - Improve the effectiveness of clinical alarm systems (Covered under the Environmental Care Standards)** |
| | | **Goal 7 - Reduce the risk of health care - associated infections** |
| X | X | Requirement 7a: Comply with current Centers for Disease Control and Prevention (CDC) and hand hygiene guidelines - http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1214 |
| X | X | Requirement 7b: Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection. |
| | | **Goal 8 (new) - Accurate and completely reconcile medications across the continuum of care** |
| XX | XX | Requirement 8a: Implement a process for obtaining and documenting a complete list of the patient's/resident's/client's current medications upon the patient's/resident's/client's admission to the organization and with the involvement of the patient/resident/client. This process includes a comparison of the medications the organization provides to those on the list. |
| XX | XX | Requirement 8b: A complete list of the patient's medications is communicated to the next provider of service when it refers or transfers a patient to another setting, service, practitioner or level of care within or outside the organization. |
| | | **Goal 9 (new) - Reduce the risk of patient harm resulting from falls.** |
| XX | | Requirement 9a: Assess and periodically reassess each patient's risk for falling, including the potential risk associated with the patient's medication regimen, and take action to address any identified risks. |
| | | **Goal 11 - Reduce the risk of surgical fires.** |
| | X | Requirement 11a: Educate staff, including operating licensed independent practitioners and anesthesia providers, on how to control heat sources and manage fuels with enough time for patient preparation, and establish guidelines to minimize oxygen concentration. |

**January / February 2005 TIPS Newsletter: http://www.patientsafety.gov/TIPS/Docs/TIPS_JanFeb05.pdf**
**Centerfold of the 2005 NPSG: http://www.patientsafety.gov/TIPS/Docs/TIPS_JanFeb05Poster.pdf**

## Appendix E: 2006 National Patient Safety Goals and Requirements (

| HOSP | AMC | 2006 NATIONAL PATIENT SAFETY GOALS AND REQUIREMENTS |
|---|---|---|
| | | **Goal 1 - Improve the accuracy of patient identification** |
| X | X | Requirement 1a: Use at least two patient identifiers (neither to be the patient's room number) whenever administering medications or blood products; taking blood samples, collecting laboratory samples, and other specimens for clinical testing, or providing any other treatments or procedures and the use of two identifiers to label sample collection containers in the presence of the patient. Processes are established to maintain samples' identity throughout the pre-analytical, analytical and post-analytical processes. |
| | | **Goal 2 - Improve the effectiveness of communication among caregivers** |
| X | X | Requirement 2a: For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the order or test result read-back the complete order or test results. |
| X | X | Requirement 2b: Standardize a list of abbreviations, acronyms, symbols that are not to be used throughout the organizations. |
| X | X | Requirement 2c: Measure, assess and, if appropriate, take action to improve the timeliness of reporting of critical test results and values. |
| XX | XX | **Requirement 2e (new)**: Implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions. |
| | | **Goal 3 - Improve the safety of using medications** |
| X | X | Requirement 3b: Standardize and limit the number drug concentrations available in the organization. |
| X | X | Requirement 3c: Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used in the organization, and take action to prevent errors involving the interchange of these drugs. |
| XX | XX | **Requirement 3d (new)**: Label all medications, medication containers (e.g., syringes, medicine cups, basins), or other solutions on and off the sterile field in perioperative and other procedural settings. |
| * | * | **Goal 4 (retired) - Eliminate wrong site, wrong patient, and wrong procedure surgery (Covered Under Universal Protocol)** |
| * | * | **Goal 5 (retired) - Improve the safety of using infusion pumps** |
| * | * | **Goal 6 (retired) - Improve the effectiveness of clinical alarm systems (Covered under the Environmental Care Standards)** |
| | | **Goal 7 - Reduce the risk of health care - associated infections** |
| X | X | Requirement 7a: Comply with current Centers for Disease Control and Prevention (CDC) and hand hygiene guidelines - http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1214 |
| X | X | Requirement 7b: Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection. |
| | | **Goal 8 - Accurate and completely reconcile medications across the continuum of care** |
| X | X | Requirement 8a: Implement a process for obtaining and documenting a complete list of the patient's/resident's/clients current medications upon the patient's/resident's/client's admission to the organization and with the involvement of the patient/resident/client. This process includes a comparison of the medications the organization provides to those on the list. |
| X | X | Requirement 8b: A complete list of the patient's medications is communicated to the next provider of service when it refers or transfers a patient to another setting, service, practitioner or level of care within or outside the organization. |
| | | **Goal 9 - Reduce the risk of patient harm resulting from falls.** |
| X | | Requirement 9b **(Replaced requirement 9A)**: Implement a fall reduction program and evaluate the effectiveness of the program. |

| | | |
|---|---|---|
| | | **Goal 11 - Reduce the risk of surgical fires.** |
| | **X** | Requirement 11a: Educate staff, including operating licensed independent practitioners and anesthesia providers, on how to control heat sources and manage fuels with enough time for patient preparation, and establish guidelines to minimize oxygen concentration under drapes. |

**X = Active** **XX = New** *** = Retired**

**January / February 2006 TIPS Newsletter: http://www.patientsafety.gov/TIPS/Docs/TIPS_JanFeb06.pdf**
**Centerfold for 2006 NPSG: http://www.patientsafety.gov/TIPS/Docs/TIPS_JanFeb06Poster.pdf**

## Appendix F: 2007 National Patient Safety Goals and Requirements (

| HOSP | AMC | 2007 NATIONAL PATIENT SAFETY GOALS AND REQUIREMENTS |
|---|---|---|
| | | **Goal 1 - Improve the accuracy of patient identification.** |
| X | X | Requirement 1a: Use at least two patient identifiers (neither to be the patient's room number) whenever administering medications or blood products; taking blood samples, collecting laboratory samples, and other specimens for clinical testing, or providing any other treatments or procedures and the use of two identifiers to label sample collection containers in the presence of the patient. Processes are established to maintain samples' identity throughout the pre-analytical, analytical and post-analytical processes. |
| | | **Goal 2 - Improve the effectiveness of communication among caregivers.** |
| X | X | **Requirement 2a (changes in CAPS):** For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the **INFORMATION RECORD AND** "read-back" the complete order or test results. |
| X | X | **Requirement 2b (changes in CAPS):** Standardize a list of abbreviations, acronyms, symbols **AND DOSE DESIGNATIONS** that are not to be used throughout the organizations. |
| X | X | Requirement 2c: Measure, assess and, if appropriate, take action to improve the timeliness of reporting of critical test results and values. |
| X | X | Requirement 2e: Implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions. |
| | | **Goal 3 - Improve the safety of using medications.** |
| X | X | Requirement 3b: Standardize and limit the number drug concentrations available in the organization. |
| X | X | Requirement 3c: Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used in the organization, and take action to prevent errors involving the interchange of these drugs. |
| X | X | Requirement 3d: Label all medications, medication containers (e.g., syringes, medicine cups, basins), or other solutions on and off the sterile field in perioperative and other procedural settings. |
| * | * | **Goal 4 (retired) - Eliminate wrong site, wrong patient, and wrong procedure surgery (Covered Under Universal Protocol).** |
| * | * | **Goal 5 (retired) - Improve the safety of using infusion pumps** |
| * | * | **Goal 6 (retired) - Improve the effectiveness of clinical alarm systems (Covered under the Environmental Care Standards).** |
| | | **Goal 7 - Reduce the risk of health care - associated infections.** |
| X | X | Requirement 7a: Comply with current Centers for Disease Control and Prevention (CDC) and hand hygiene guidelines - http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1214 |
| X | X | Requirement 7b: Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection. |
| | | **Goal 8 - Accurate and completely reconcile medications across the continuum of care.** |
| X | X | **Requirement 8a:** There is a process for comparing the [patient's] current medications with those ordered for the patient while under the care of the organization. |

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| **X** | **X** | **Requirement 8b (changes in CAPS):** A complete list of the patient's medications is communicated to the next provider of service when it refers or transfers a patient to another setting, service, practitioner or level of care within or outside the organization. **THE COMPLETE LISTOF MEDICAITONS IS ALSO PROVIDED TO THE PATIENT ON DISCHARGEFROM THE FACILITY.** |
| | | **Goal 9 - Reduce the risk of patient harm resulting from falls.** |
| **X** | | Requirement 9b: Implement a fall reduction program and evaluate the effectiveness of the program. |
| | | **Goal 11 - Reduce the risk of surgical fires.** |
| | **X** | Requirement 11a: Educate staff, including operating licensed independent practitioners and anesthesia providers, on how to control heat sources and manage fuels with enough time for patient preparation, and establish guidelines to minimize oxygen concentration under drapes. |
| | | **Goal 13 - Encourage the active involvement of patients and their families in the patient's own care as a patient safety strategy.** |
| **X** | **X** | Requirement 13a: Define and communicate the means for patients and their families to report concerns about safety, and encourage them to do so. |
| | | **Goal 15 (new): The organization identifies safety risks inherent in its patient population.** |
| **XX** | | Requirement 15A: The organization identifies patients at risk for suicide. **Applicable to psychiatric hospitals and patients being treated for emotional or behavioral disorders in general hospitals.* |

**X = Active** **XX = New** *** = Retired**

**January / February 2007 TIPS Newsletter:**
**http://www.patientsafety.gov/TIPS/Docs/TIPS_JanFeb07.pdf**
**Centerfold for 2007 NPSG: http://www.patientsafety.gov/TIPS/Docs/TIPS_JanFeb07Poster.pdf**