VA HEALTH CARE | Defining EXCELLENCE in the 21st Century

VHA Facility Quality and Safety Report Fiscal Year 2012 Data

Department of Veterans Affairs
Veterans Health Administration
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Executive Summary

The Veterans Health Administration (VHA) is committed to providing the highest quality and safest health care for Veterans, and to being unmatched among health care systems in its transparency to Veterans and the American people about its performance. VHA has established an unparalleled array of programs to measure, analyze, improve, and report on all aspects of health care quality and safety. This report of VHA's quality and safety data presents information related to the care provided in outpatient and hospital settings for Fiscal Year (FY) 2012. This information has been compiled from multiple sources throughout VHA, and provides information for all the six domains that the Institute of Medicine established for defining quality in health care: Effective, Equitable, Safe, Timely, Patient-Centered, and Efficient.

Highlights of the report include the following:

Section 1: Services, Utilization, Staffing and Accreditation:

- We provide new information about the availability and utilization of urgent care, domiciliary care; outpatient visits in both primary and specialty care; cardiac catheterizations; Community Living Centers (CLC) Average Daily Census and Unique Residents; and CLC services for both short stay and long stay residents.
- All VA medical centers have achieved full accreditation from The Joint Commission, and, based on performance in 2012, 32 have been recognized as Joint Commission Top Performers. This program recognizes Joint Commission-accredited hospitals for a significant achievement in accountability and performance measures.

Section 2: Effective Care Measures

- In 2011 and 2012, VHA out-performed the private sector on several widely accepted measures of effective and safe care.
- VHA has established Patient Aligned Care Teams (PACTs) at all sites of care and the number of Veterans seen in VHA primary care settings has increased by over 8% since 2010. Despite increased service volume and patient load, access to primary care has improved and continuity is even better than before.
- As a result of better coordination of care, including a marked increase in follow-up contact within 2 days after hospital discharge, fewer Veterans have the need to use urgent care, and fewer are getting admitted to the hospital.

Section 3: Equitable Care

- VHA is singular in examining all quality metrics by gender Women Veterans seen in VA are more likely to obtain effective care than in the private sector, based on both gender-specific measures (e.g., screening for cervical and breast cancer) and gender-neutral measures (e.g., management of hypertension and diabetes, treatment of elevated cholesterol, and screening for colorectal cancer). Overall, men and women Veterans receive similar technical quality of care, and gaps between men and women Veterans in the management of cardiovascular risk factors such as elevated cholesterol have been narrowing.

- Comparisons of the quality of outpatient care for different age groups indicate that Veterans aged 65 or older receive slightly higher levels of recommended services than Veterans younger than 65, particularly for preventive health services.
- Measures of technical quality are comparable for rural and urban Veterans across the vast majority of Veterans Integrated Service Networks. There are few differences in patient experience among rural and urban Veterans regardless of where they reside.

Section 4: Safe Care

- This expanded section includes Health Care Associated Infections (HAI) including Ventilator Associated Pneumonia (VAP), Central Line Associated Bacteremia (CLAB), and Methicillin-resistant Staphylococcus aureus (MRSA), as well as non-infectious complications such as insulin-induced hypoglycemia, risk-adjusted length of stay in the Intensive Care Unit (ICU) and Hospital-Acquired Pressure Ulcer (HAPU).
- Standardized national reporting of health care complications is not in place across the U.S., so overall comparisons between VHA and private sector hospitals are not made. Additionally, facility-specific rates are often based on small denominators, so even a few events can lead to a high rate which is subject to a large margin of statistical error.
- Overall VA rates of VAP and CLAB compare favorably with rates of events voluntarily reported to the National Health Safety Network (NHSN). Additionally, between 2007 and 2012, rates of MRSA HAIs decreased 72 percent in ICUs and 66 percent in the non-ICU settings.

Section 5: Timely Care

This section reports percent of new and established primary care and specialty care appointments completed within 14 days of desired date. Subsequent year reports will report a new, more stringent standard that was found to be more reliable and better correlated with patient experience.

Section 6: Patient Centered Domain Metrics

- Patients at VA facilities reported comparable satisfaction with VA services to those in non-VA facilities and were even more likely to recommend treatment at a VA facility than those treated at non-VA facilities.

Section 7: Efficient Care

- VHA monitors rates of hospitalization for Ambulatory Care Sensitive Conditions (ACSCs) such as pneumonia and heart failure in order to track the effectiveness of primary care. ACSC's are defined as medical problems that are potentially preventable if appropriate care is provided outside of a hospital. Studies show that effective primary care is associated with fewer ACSC-related hospitalizations, and that more effective primary care ultimately leads to lower health care costs. For this reason, VHA tracks the rate of ACSC hospitalizations as an indicator of Efficient Care.