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	Acute Care			Intensive Care Unit					Surgical OE Ratio
	30-Day Rolling 12-Month SMR	30-Day SMR 95% Confidence Interval	Weighted Case Severity Index	Rolling 12-Month SMR	SMR 95% Confidence Interval	30-Day Rolling 12-Month SMR	30-Day SMR 95% Confidence Interval	Weighted Case Severity Index	Rolling 12 months to Q3 of FY12
<b>National Aggregates</b>									
Mean	0.96		0.97	0.92		0.96		0.97	
<b>VISN 19</b>									
<b>Cheyenne (Level 3)</b>	0.78	(0.53, 1.1)	0.80	X		X		0.91	1.40
<i>Mixed</i>				X		X		0.91	
<b>Denver (Level 1)</b>	0.97	(0.82, 1.15)	0.84	0.73 <sup>f</sup>	(0.55, 0.94)	0.97	(0.78, 1.2)	0.73	1.20
<i>MICU/CCU</i>				0.76	(0.53, 1.04)	0.98	(0.75, 1.28)	0.76	
<i>SICU</i>				0.67	(0.39, 1.07)	0.94	(0.63, 1.36)	0.70	
<b>Grand Junction (Level 3)</b>	0.92	(0.66, 1.25)	0.83	X		X		0.50	1.65
<i>Mixed</i>				X		X		0.50	
<b>Montana (Level 3)</b>	0.91	(0.7, 1.16)	0.81	X		0.96	(0.62, 1.42)	0.72	0.42
<i>Mixed</i>				X		0.96	(0.62, 1.42)	0.72	
<b>Salt Lake City (Level 1)</b>	0.90	(0.77, 1.04)	1.09	0.71 <sup>f</sup>	(0.55, 0.91)	0.90	(0.73, 1.1)	1.05	0.73
<i>MICU/CCU</i>				0.75 <sup>f</sup>	(0.56, 0.99)	0.93	(0.73, 1.16)	1.32	
<i>SICU</i>				X		0.81	(0.49, 1.27)	0.74	
<b>Sheridan</b>	X		0.56						



SMR: Standardized Mortality Ratio, OE: Observed/Expected  
 ICU: Intensive Care Unit, Mixed: Mixed Intensive Care Unit, MICU: Medical Intensive Care Unit, CCU: Cardiovascular Intensive Care Unit, SICU: Surgical Intensive Care Unit  
 Grey boxes with an X: Not enough cases to accurately report.  
 FY: Fiscal Year (Begins in October 2011), CY: Calendar Year, Q: Quarter  
 Level: Complexity of services offered, where level 1 = all services and level 4=less complex services.  
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<sup>f</sup> The SMR is significantly lower than 1.

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	%Patients Readmitted (All Causes)	DVT Prophylaxis (High Risk Non-Op)	Throughput		CAP Composite	SCIP Composite	Heart Failure Composite	Mental Health Readmission within 30 days(FY2010Q4-FY2012Q3)	CHF		Pneumonia
			OME LOS	LOS					Ambulatory Care Sensitive Condition Hospitalizations OE (Rolling Year Ending FY2012 Q4)	% CHF Patients Readmitted (All Causes)	Ambulatory Care Sensitive Condition Hospitalizations OE (Rolling Year Ending FY2012 Q4)
<b>National Aggregates</b>											
Mean	12.9	76.3	-0.18	4.91				11.0	1.06	19.5	1.02
<b>VISN 19</b>											
Cheyenne (Level 3)	11.0	76.9 <sub>i</sub>	0.03	4.81	✓	✓	✓		0.99	20.7	1.14
Denver (Level 1)	10.8	80.4 <sub>i</sub>	-0.85	4.44	✓	✓	✓	7.3	0.96	15.9	0.81
Grand Junction (Level 3)	9.4 <sub>z</sub>	63.6 <sub>i</sub>	-1.06	3.81 <sub>z</sub>	★	✓	★	13.5	2.50	12.9	1.51
Montana (Level 3)	10.0	70.4 <sub>i</sub>	-0.82	4.47	✓	✓	-		1.25	26.7 <sub>i</sub>	1.12
Salt Lake City (Level 1)	12.0	87.1 <sub>i</sub>	-1.07	4.29	✓	✓	★	9.7	0.92	14.6	0.97
Sheridan	12.9	70.0 <sub>i</sub>	-0.23	4.47				5.1	2.50	X	0.87



DVT: Deep Venous Thrombosis, OMELOS: Observed Minus Expected Length of Stay, LOS: Length of Stay, CAP: Community Acquired Pneumonia, SCIP: Surgical Care Improvement Project, CHF: Congestive Heart Failure

Grey boxes with an X: Not enough cases to accurately report.

FY: Fiscal Year (Begins in October 2011), CY: Calendar Year, Q: Quarter

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z The value is less than the VA 10th percentile or equal to 0%.

i The value is greater than the VA 90th percentile or equal to 100%.

★ - Represents 100%

✓ - Data is within 2 standard deviations of the mean

- - Data is below 2 standard deviations of the mean

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	Hypoglycemia Rate in Patients Getting Insulin	Hyperglycemia Rate	DVT Prophylaxis		Throughput		AMI Composite
			Non Op	SCIP VTE prophylaxis within 24 hrs	OME LOS	LOS	
<b>National Aggregates</b>							
Mean	2.5	18.7	81.5		-0.11	2.92	
<b>VISN 19</b>							
Cheyenne (Level 3)	1.1 <sub>Δ</sub>	11.0 <sub>Δ</sub>	X	99	-0.02	3.09	
Denver (Level 1)	2.3	11.2 <sub>Δ</sub>	81.2 <sub>i</sub>	92	0.00	3.12	✓
Grand Junction (Level 3)	2.5	14.0	75.6 <sub>i</sub>	99	-0.37	2.14 <sub>Δ</sub>	
Montana (Level 3)	1.0 <sub>Δ</sub>	24.4	74.4 <sub>i</sub>	89	-1.18 <sub>Δ</sub>	1.70 <sub>Δ</sub>	
Salt Lake City (Level 1)	2.1	13.4	82.6 <sub>i</sub>	100	-0.20	3.05	✓
Sheridan							

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ICU: Intensive Care Unit, DVT: Deep Venous Thrombosis, VTE: Venous Thromboembolism, OMELOS: Observed Minus Expected Length of Stay, LOS: Length of Stay, AMI: Acute Myocardial Infarction  
 Non Op: Non-operative, SCIP: Surgical Care Improvement Project  
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<sub>Δ</sub> The value is less than the VA 10th percentile or equal to 0%.  
<sub>i</sub> The value is greater than the VA 90th percentile or equal to 100%.  
 ✓ - Data is within 2 standard deviations of the mean  
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	Ambulatory Care Sensitive Condition Hospitalizations OE (Rolling Year Ending FY2012 Q4)	Diabetes Composite	Ischemic Heart Composite	Prevention Composite	Behavioral Health Screening Composite	Tobacco Composite
<b>National Aggregates</b>						
Mean	1.02					
<b>VISN 19</b>						
Cheyenne (Level 3)	1.09	✓	✓	✓	✓	✓
Denver (Level 1)	0.89	✓	✓	✓	✓	✓
Grand Junction (Level 3)	1.37 <sup>i</sup>	✓	-	+	✓	✓
Montana (Level 3)	1.32	✓	✓	✓	✓	✓
Salt Lake City (Level 1)	0.81	✓	✓	✓	-	✓
Sheridan	1.16	✓	✓	+	✓	✓

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OE: Observed/Expected  
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 VISN: region of Veterans Health Administration  
<sup>i</sup> The value is greater than the VA 90th percentile or equal to 100%.  
 ✓ - Data is within 2 standard deviations of the mean  
 + - Data is above 2 standard deviations of the mean  
 - - Data is below 2 standard deviations of the mean

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	Infection Rates								RCA(Root Cause Analysis) Timeliness (Rolling 12 Months to Q4 FY2012)				Outcome Measures Due (Rolling 12 Months to Q4 FY2012)	
	Acute Care + ICU		Acute Care		ICU									
	MRSA Infection Rate (per 1000 bed days)	MRSA Composite Screening Rate (%)	CLAB Rate (per1000 line days)	MRSA Infection Rate (per 1000 bed days)	CLAB Rate (per1000 line days)	VAP Rate (per1000 vent days)	MRSA Infection Rate (per 1000 bed days)	MRSA Composite Screening Rate (%)	Total N	% <=45 days	% 46-90 days	% >90 days	Total N	% Not Rptd
<b>National Aggregates</b>														
Mean	0.18	95	0.71	0.15	1.06	1.55	0.31	95						
<b>VISN 19</b>														
Cheyenne (Level 3)	0.00	96	X	0.00	X	X	0.00	92	5	100.0 <sub>i</sub>	0	0	44	0.0 <sub>z</sub>
Denver (Level 1)	0.09	98	0.38	0.11	0.00 <sub>z</sub>	X	0.00	98	14	100.0 <sub>i</sub>	0	0	185	8.1
Grand Junction (Level 3)	0.00	92	X	0.00	X	X	0.00	92	4	75.0 <sub>z</sub>	0	25	27	0.0 <sub>z</sub>
Montana (Level 3)	0.13	95	X	0.14	X	X	0.00	95	8	100.0 <sub>i</sub>	0	0	35	0.0 <sub>z</sub>
Salt Lake City (Level 1)	0.05	97	0.00 <sub>z</sub>	0.06	0.00 <sub>z</sub>	0.00 <sub>z</sub>	0.00	97	10	100.0 <sub>i</sub>	0	0	83	0.0 <sub>z</sub>
Sheridan	0.00	98	X	0.00					6	100.0 <sub>i</sub>	0	0	39	0.0 <sub>z</sub>



ICU: Intensive Care Unit, N: Number of cases, CLAB: Central Line Associated Bloodstream Infection, VAP: Ventilator Associated Pneumonia, MRSA: Methicillin-resistant Staphylococcus aureus  
 Grey boxes with an X: Not enough cases to accurately report.  
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 VISN: region of Veterans Health Administration  
<sub>z</sub> The value is less than the VA 10th percentile or equal to 0%.  
<sub>i</sub> The value is greater than the VA 90th percentile or equal to 100%.

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	Risk Adjusted Standardized Mortality Ratio* (RSMR) (VA: FY2010 Q1-FY2012 Q4, HRR: 2011)						Risk Adjusted Readmission Rate* (RSRR) (VA: FY2010 Q1-FY2012 Q4, HRR: 2011)						Employee Satisfaction Survey Averages (FY2011)					
	AMI		CHF		Pneumonia		AMI		CHF		Pneumonia		Safety	Leadership	Customer Focus	Demand	Civility	Overall Satisfaction
	VHA	Hospital Referral Region	VHA	Hospital Referral Region	VHA	Hospital Referral Region	VHA	Hospital Referral Region	VHA	Hospital Referral Region	VHA	Hospital Referral Region						
<b>National Aggregates</b>																		
Mean	11.3		8.2		11.3		14.6		21.0		16.2							
<b>VISN 19</b>																		
Cheyenne (Level 3)	11.3	15.34	7.9	11.39	11.3	10.54	14.3	17.98	18.9	23.32	16.8	17.41	3.65 »	3.38 »	3.63 »	3.86 □	3.55 »	3.50 »
Denver (Level 1)	11.4	14.46	8.1	11.17	11.5	10.96	13.5	18.87	17.7	22.81	14.2	17.81	3.68 »	3.46 »	3.67 »	3.85 □	3.64	3.62 »
Grand Junction (Level 3)	11.3	13.46	7.4	12.56	10.1	12.21	15.0	19.18	17.9	24.23	13.3	18.11	3.85	3.65	3.85	3.63	3.81	3.93 □
Montana (Level 3)	11.3	15.3	6.6	12.61	10.0	12.71	14.4	19.05	21.3	22.93	15.2	17.88	3.64 »	3.35 »	3.61 »	3.79 □	3.72	3.48 »
Salt Lake City (Level 1)	11.3	14.06	8.9	12.5	16.3 *	12.28	13.2	17.13	18.0	22.91	14.0	16.93	3.94	3.84 □	3.96 □	3.89 □	3.90 □	3.96 □
Sheridan	11.3	15.3	8.0	12.61	10.5	12.71	14.5	19.05	22.3	22.93	15.3	17.88	3.87	3.49	3.74	3.59	3.61	3.73



\* RSMR and RSRR data on a veteran population >65 years of age  
 VHA: Veterans Health Administration, CHF: Congestive Heart Failure, AMI: Acute Myocardial Infarction, PN: Pneumonia  
 Grey boxes with an X: Not enough cases to accurately report.  
 FY: Fiscal Year (Begins in October 2011), CY: Calendar Year, Q: Quarter  
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 \* The value is significantly higher than VA average.  
 □ The value is more than one standard deviations above the mean.  
 » The value is more than one standard deviations below the mean.

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