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VISN 3 FY2012 through Q4 Outcome Measures

	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
National Aggregates									
Mean	**0.96**		**0.97**	**0.92**		**0.96**		**0.97**	
VISN 3									
Bronx (Level 2)	1.13	(0.95, 1.33)	1.04	1.06	(0.83, 1.35)	0.99	(0.78, 1.24)	1.14	0.96
Mixed				1.06	(0.83, 1.35)	0.99	(0.78, 1.24)	1.14	
Brooklyn (Level 2)	0.84	(0.69, 1.01)	1.13	1.04	(0.79, 1.34)	0.92	(0.7, 1.19)	1.12	1.20
Mixed				1.04	(0.79, 1.34)	0.92	(0.7, 1.19)	1.12	
East Orange (Level 2)	1.16	(0.98, 1.36)	1.15	1.12	(0.86, 1.44)	1.07	(0.85, 1.34)	0.73	1.60
MICU/CCU				0.99	(0.71, 1.34)	1.09	(0.83, 1.4)	0.73	
SICU				X		X		0.73	
Hudson Valley	0.84	(0.54, 1.23)	0.95						
New York (Level 1)	**0.50** ƒ	(0.39, 0.63)	1.03	**0.77** ƒ	(0.58, 0.99)	**0.60** ƒ	(0.45, 0.79)	0.93	0.49
MICU/CCU				0.79	(0.57, 1.06)	**0.67** ƒ	(0.49, 0.9)	0.78	
SICU				X		**0.39** ƒ	(0.18, 0.75)	1.16	
Northport (Level 2)	0.83	(0.68, 1)	1.14	1.07	(0.82, 1.37)	0.94	(0.73, 1.2)	1.19	1.38
Mixed				1.07	(0.82, 1.37)	0.94	(0.73, 1.2)	1.19	

SMR: Standardized Mortality Ratio, OE: Observed/Expectied
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.
VISN: region of Veterans Health Administration
ƒ The SMR is significantly lower than 1.

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VISN 3 FY2012 through Q4 Acute Care Process Measures

	%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)
National Aggregates											
Mean	**12.9**	**76.3**	**-0.18**	**4.91**				**11.0**	**1.06**	**19.5**	**1.02**
VISN 3											
Bronx (Level 2)	14.9	77.8 ¡	**1.20** ¡	**6.17** ¡	✓	✓	✓	7.9	1.09	21.4	1.46
Brooklyn (Level 2)	**15.9** ¡	85.6 ¡	0.28	5.36	✓	✓	✓		0.93	21.1	0.75
East Orange (Level 2)	14.9	66.7 ¡	**1.00** ¡	**6.04** ¡	✓	✓	✓	15.0	0.79	18.2	1.07
Hudson Valley	13.1	69.0 ¡	0.00	4.98	-		★	6.0	0.74	X	1.39
New York (Level 1)	15.0	76.6 ¡	**1.04** ¡	**6.10** ¡	✓	✓	✓	12.9	0.93	18.9	0.75
Northport (Level 2)	14.8	77.9 ¡	**1.58** ¡	**6.51** ¡	✓	✓	✓	10.6	1.11	16.4	1.12

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DVT: Deep Venous Thrombosis, OMELOS: Observed Minus Expected Length of Stay, LOS: Length of Stay, CAP: Community Aquired 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
Level: Complexity of services offered, where level 1 = all services and level 4=less complex services.
VISN: region of Veterans Health Administration

¡ *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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VISN 3 FY2012 through Q4 ICU Process Measures

	Hypoglycemia Rate in Patients Getting Insulin	Hyperglycemia Rate	DVT Prophylaxis		Throughput		AMI Composite
			Non Op	SCIP VTE prophylaxis within 24 hrs	OME LOS	LOS	
National Aggregates							
Mean	**2.5**	**18.7**	**81.5**		**-0.11**	**2.92**	
VISN 3							
Bronx (Level 2)	**4.2** ¡	20.1	70.6 ¡	95	0.28	3.15	✓
Brooklyn (Level 2)	3.6	12.1	91.1 ¡	98	0.17	2.94	✓
East Orange (Level 2)	**4.6** ¡	14.4	75.3 ¡	98	-0.06	2.37	
Hudson Valley							
New York (Level 1)	3.1	12.3	76.4 ¡	98	0.15	3.07	✓
Northport (Level 2)	2.4	16.1	77.2 ¡	99	0.45	3.37	

UNITED STATES DEPARTMENT OF VETERANS AFFAIRS

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

¡ *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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VISN 3 FY2012 through Q4 Outpatient Process Measures

	Ambulatory Care Sensitive Condition Hospitalizations OE (Rolling Year Ending FY2012 Q4)	Diabetes Composite	Ischemic Heart Composite	Prevention Composite	Behavioral Health Screening Composite	Tobacco Composite
National Aggregates						
Mean	**1.02**					
VISN 3						
Bronx (Level 2)	1.16	✓	✓	✓	✓	✓
Brooklyn (Level 2)	0.88	✓	✓	✓	✓	✓
East Orange (Level 2)	**0.65** ¿	✓	✓	✓	✓	✓
Hudson Valley	1.15	✓	✓	✓	✓	✓
New York (Level 1)	0.88	✓	✓	✓	✓	✓
Northport (Level 2)	0.81	✓	✓	✚	✓	✓

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OE: Observed/Expectied
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 less than the VA 10th percentile or equal to 0%.*

✓ *- Data is within 2 standard deviations of the mean*

✚ *- Data is above 2 standard deviations of the mean*

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VISN 3 FY2012 through Q4 Safety Measures

	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
National Aggregates														
Mean	**0.18**	**95**	**0.71**	**0.15**	**1.06**	**1.55**	**0.31**	**95**						
VISN 3														
Bronx (Level 2)	0.19	97	1.63	0.18	0.80	0.84	0.27	96	9	**100.0** ¡	0	0	34	**50.0** ¡
Brooklyn (Level 2)	0.11	95	1.71	0.06	**0.00** ¿	**0.00** ¿	0.40	99						
East Orange (Level 2)	0.15	98	0.71	0.06	X	X	0.67	98	11	90.9	9.1	0	117	**0.0** ¿
Hudson Valley	0.00	98	X	0.00					7	**100.0** ¡	0	0	92	**0.0** ¿
New York (Level 1)	0.03	95	**2.62** ¡	0.04	**0.00** ¿	2.02	0.00	97	14	**100.0** ¡	0	0	33	**0.0** ¿
Northport (Level 2)	0.38	94	**0.00** ¿	0.32	**0.00** ¿	**4.47** ¡	0.73	96	10	**100.0** ¡	0	0	105	**0.0** ¿

UNITED STATES DEPARTMENT OF VETERANS AFFAIRS

ICU:Intensive Care Unit, N: Number of cases, CLAB: Central Line Associated Bloodstream Infection, VAP: Ventilator Associated Pneumonia, MRSA: Methicillin-resistant Staphylococcus aureus
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¿ *The value is less than the VA 10th percentile or equal to 0%.*

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

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VISN 3 FY2012 through Q4 Annual Measures

	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							
	VHA	Hospital Referral Region	VHA	Hospital Referral Region	VHA	Hospital Referral Region	VHA	Hospital Referral Region	VHA	Hospital Referral Region	VHA	Hospital Referral Region	Safety	Leadership	Customer Focus	Demand	Civility	Overall Satisfaction
National Aggregates																		
Mean	**11.3**		**8.2**		**11.3**		**14.6**		**21.0**		**16.2**							
VISN 3																		
Bronx (Level 2)	11.3	14.66	7.8	9.98	**15.4** ✣	11.94	14.3	21.51	23.1	28.19	**20.4** ✣	21.45	3.84	3.53	3.76	**3.41** »	3.60	3.83
Brooklyn (Level 2)	11.5	13.7	6.5	9.25	11.2	10.38	15.2	21.46	23.6	27.84	14.9	20.57						
East Orange (Level 2)	11.3	15.44	8.4	10.4	12.9	11.58	14.4	21.98	20.3	27.26	16.1	20.33	3.75	3.55	3.77	**3.41** »	3.67	3.84
Hudson Valley	11.3	13.95	7.9	10.61	9.4	11.25	14.9	21.4	21.0	26.61	14.8	20.52	3.73	**3.43** »	**3.65** »	**3.36** »	**3.49** »	3.74
New York (Level 1)	11.2	13.7	**5.7** ∋	9.25	10.3	10.38	14.2	21.46	21.5	27.84	14.7	20.57	3.71	**3.43** »	3.70	**3.39** »	**3.55** »	3.76
Northport (Level 2)	11.3	14.13	8.8	11.37	13.4	11.9	15.9	21.06	20.1	26.43	16.0	19.91	3.94	**3.82** □	**4.00** □	3.53	**3.90** □	**3.97** □

UNITED STATES DEPARTMENT OF VETERANS AFFAIRS

** 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
Level: Complexity of services offered, where level 1 = all services and level 4=less complex services.
VISN: region of Veterans Health Administration

✣ *The value is significantly higher than VA average.*

∋ *The value is significantly lower than the 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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