U.S. Department of Health & Human Services
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VA AMARILLO HEALTHCARE SYSTEM

VA AMARILLO HEALTHCARE SYSTEM
6010 AMARILLO BLVD. WEST
AMARILLO ,TX 79106
(806) 355-9703

Hospital Type:ACUTE CARE - VETERANS ADMINISTRATION
Provides Emergency Services: Yes

Map & Directions

Process of Care Measures

Surgical Care Improvement Project Process of Care Measures

Hospitals can reduce the risk of infection after surgery by making sure they provide care that's known to get the best results for most patients. Here are some examples:

- Giving the recommended antibiotics at the right time before surgery
- Stopping the antibiotics within the right timeframe after surgery
- Maintaining the patient's temperature and blood glucose (sugar) at normal levels
- Removing catheters that are used to drain the bladder in a timely manner after surgery.

Hospitals can also reduce the risk of cardiac problems associated with surgery by:

- Making sure that certain prescription drugs are continued in the time before, during, and just after the surgery. This includes drugs used to control heart rhythms and blood pressure.
- Giving drugs that prevent blood clots and using other methods such as special stockings that increase circulation in the legs.

Read more information about how to prevent wound infection. Learn why Surgical Care Improvement Project Process of Care Measures are Important.

	VA AMARILLO HEALTHCARE SYSTEM	TEXAS AVERAGE	NATIONAL AVERAGE
Outpatients having surgery who got an antibiotic at the right time - within one hour before surgery (higher numbers are better)	**Not Available**	**96%**	**95%**
Outpatients having surgery who got the right kind of antibiotic (higher numbers are better)	**Not Available**	**95%**	**95%**
Surgery patients who were taking heart drugs called beta blockers before coming to the hospital, who were kept on the beta blockers during the period just before and after their surgery	**95%** [2]	**95%**	**95%**
Surgery patients who were given an antibiotic at the right time (within one hour before surgery) to help prevent infection	**98%**	**98%**	**98%**
Surgery patients who were given the right kind of antibiotic to help prevent infection	**98%**	**98%**	**98%**
Surgery patients whose preventive antibiotics were stopped at the right time (within 24 hours after surgery)	**94%**	**96%**	**96%**
Heart surgery patients whose blood sugar (blood glucose) is kept under good control in the days right after surgery	**Not Available** [2,5]	**94%**	**95%**
Surgery patients needing hair removed from the			

surgical area before surgery, who had hair removed using a safer method (electric clippers or hair removal cream - not a razor)	100% [2]	100%	100%
Surgery patients whose urinary catheters were removed on the first or second day after surgery.	90% [2]	93%	92%
Patients having surgery who were actively warmed in the operating room or whose body temperature was near normal by the end of surgery.	Not Available	99%	99%
Surgery patients whose doctors ordered treatments to prevent blood clots after certain types of surgeries	97% [2]	96%	96%
Patients who got treatment at the right time (within 24 hours before or after their surgery) to help prevent blood clots after certain types of surgery	95% [2]	95%	95%

[2] The hospital indicated that the data submitted for this measure were based on a sample of cases.

[5] No data are available from the hospital for this measure.

Heart Attack or Chest Pain Process of Care Measures

An acute myocardial infarction (AMI), also called a heart attack, happens when one of the heart's arteries becomes blocked and the supply of blood and oxygen to part of the heart muscle is slowed or stopped. When the heart muscle doesn't get the oxygen and nutrients it needs, the affected heart tissue may die. These measures show some of the standards of care provided, if appropriate, for most adults who have had a heart attack. Read more information about heart attack care. Learn why Heart Attack Process of Care Measures are Important.

	VA AMARILLO HEALTHCARE SYSTEM	TEXAS AVERAGE	NATIONAL AVERAGE
Average number of minutes before outpatients with chest pain or possible heart attack who needed specialized care were transferred to another hospital (a lower number of minutes is better)	Not Available	65 Minutes	60 Minutes
Average number of minutes before outpatients with chest pain or possible heart attack got an ECG (a lower number of minutes is better)	Not Available	8 Minutes	8 Minutes
Outpatients with chest pain or possible heart attack who got drugs to break up blood clots within 30 minutes of arrival (higher numbers are better)	Not Available	50%	58%
Outpatients with chest pain or possible heart attack who got aspirin within 24 hours of arrival (higher numbers are better)	Not Available	94%	96%
Heart Attack Patients Given Aspirin at Arrival	Not Available [5]	99%	99%
Heart Attack Patients Given Aspirin at Discharge	Not Available [5]	98%	99%
Heart Attack Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)	Not Available [5]	97%	97%
Heart Attack Patients Given Smoking Cessation Advice/Counseling	Not Available [5]	100%	100%
Heart Attack Patients Given Beta Blocker at Discharge	Not Available [5]	98%	99%
Heart Attack Patients Given Fibrinolytic Medication Within 30 Minutes Of Arrival	Not Available [5]	66%	58%
Heart Attack Patients Given PCI Within 90 Minutes Of Arrival	Not Available [5]	92%	93%
Heart Attack Patients Given a Prescription for a Statin at Discharge	Not Available	97%	97%

[5] No data are available from the hospital for this measure.

Pneumonia Process of Care Measures

Pneumonia is a serious lung infection that causes difficulty breathing, fever, cough and fatigue. These measures show some of the recommended treatments for pneumonia. Read more information about pneumonia care. Learn why Pneumonia Process of Care Measures are Important.

	VA AMARILLO HEALTHCARE SYSTEM	TEXAS AVERAGE	NATIONAL AVERAGE
Pneumonia Patients Assessed and Given Pneumococcal Vaccination	98%	95%	95%
Pneumonia Patients Whose Initial Emergency Room Blood Culture Was Performed Prior To The Administration Of The First Hospital Dose Of Antibiotics	98%	97%	96%
Pneumonia Patients Given Smoking Cessation Advice/Counseling	100%	98%	98%
Pneumonia Patients Given Initial Antibiotic(s) within 6 Hours After Arrival	96%	96%	96%
Pneumonia Patients Given the Most Appropriate Initial Antibiotic(s)	94%	94%	94%
Pneumonia Patients Assessed and Given Influenza Vaccination	85%	94%	93%

Heart Failure Process of Care Measures

Heart Failure is a weakening of the heart's pumping power. With heart failure, your body doesn't get enough oxygen and nutrients to meet its needs. These measures show some of the process of care provided for most adults with heart failure. Read more information about heart failure. Learn why Heart Failure Process of Care Measures are Important.

	VA AMARILLO HEALTHCARE SYSTEM	TEXAS AVERAGE	NATIONAL AVERAGE
Heart Failure Patients Given Discharge Instructions	98%	92%	91%
Heart Failure Patients Given an Evaluation of Left Ventricular Systolic (LVS) Function	100%	98%	98%
Heart Failure Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)	92% [1]	96%	95%
Heart Failure Patients Given Smoking Cessation Advice/Counseling	95% [1]	99%	99%

[1] The number of cases is too small to reliably tell how well a hospital is performing.

Children's Asthma Process of Care Measures

Asthma is a chronic lung condition that causes problems getting air in and out of the lungs. Children with asthma may experience wheezing, coughing, chest tightness and trouble breathing. Read more information about Children's Asthma Care. Learn why Children's Asthma Process of Care Measures are Important.

	VA AMARILLO HEALTHCARE SYSTEM	TEXAS AVERAGE	NATIONAL AVERAGE
Children Who Received Reliever Medication While Hospitalized for Asthma	Not Available	100%	100%
Children Who Received Systemic Corticosteroid Medication (oral and IV Medication That Reduces Inflammation and Controls Symptoms) While	Not Available	99%	100%

Hospitalized for Asthma			
Children and their Caregivers Who Received a Home Management Plan of Care Document While Hospitalized for Asthma	**Not Available**	**91%**	**81%**

Outcome of Care Measures

Hospital Death (Mortality) Rates Outcome of Care Measures

"30-Day Mortality" is when patients die within 30 days of their admission to a hospital. Below, the death rates for each hospital are compared to the U.S. National Rate. The rates take into account how sick patients were before they were admitted to the hospital. Read more information about hospital mortality measures.

	VA AMARILLO HEALTHCARE SYSTEM	TEXAS AVERAGE	NATIONAL AVERAGE
Death Rate for Heart Attack Patients	**No Different than U.S. National Rate**	**Not Available**	**15.9%**
Death Rate for Heart Failure Patients	**No Different than U.S. National Rate**	**Not Available**	**11.3%**
Death Rate for Pneumonia Patients	**Worse than U.S. National Rate**	**Not Available**	**11.9%**

Hospital Readmission Rates Outcome of Care Measures

"30-Day Readmission" is when patients who have had a recent hospital stay need to go back into a hospital again within 30 days of their discharge. Below, the rates of readmission for each hospital are compared to the U.S. National Rate. The rates take into account how sick patients were before they were admitted to the hospital. Read more information about Hospital Readmission Measures.

	VA AMARILLO HEALTHCARE SYSTEM	TEXAS AVERAGE	NATIONAL AVERAGE
Rate of Readmission for Heart Attack Patients	**No Different than U.S. National Rate**	**Not Available**	**19.8%**
Rate of Readmission for Heart Failure Patients	**No Different than U.S. National Rate**	**Not Available**	**24.8%**
Rate of Readmission for Pneumonia Patients	**No Different than U.S. National Rate**	**Not Available**	**18.4%**

Use of Medical Imaging

Use of Medical Imaging

Use of Medical Imaging (tests like Mammograms, MRIs, and CT scans)

These measures give you information about hospitals' use of medical imaging tests for outpatients based on the following:

Protecting patients' safety, such as keeping patients' exposure to radiation and other risks as low as possible.
Following up properly when screening tests such as mammograms show a possible problem.
Avoiding the risk, stress, and cost of doing imaging tests that patients may not need.

The information shown here is limited to medical imaging facilities that are part of a hospital or associated with a hospital. These facilities can be inside or near the hospital, or in a different location. This information only includes medical imaging done on outpatients. Medical imaging tests done for patients who have been admitted to the hospital as inpatients aren't included.

These measures are based on Medicare claims data.

Learn more about the use of medical imaging tests and why these measures are important.

	VA AMARILLO HEALTHCARE SYSTEM	TEXAS AVERAGE	NATIONAL AVERAGE
Outpatients with low back pain who had an MRI without trying recommended treatments first, such as physical therapy. (If a number is high, it may mean the facility is doing too many unnecessary MRIs for low back pain.)	**Not Available**	**33.7%**	**32.2%**
Outpatients who had a follow-up mammogram or ultrasound within 45 days after a screening mammogram. (A number that is much lower than 8% may mean there's not enough follow-up. A number much higher than 14% may mean there's too much unnecessary follow-up.)	**Not Available**	**8.5%**	**8.4%**
Outpatient CT scans of the chest that were "combination" (double) scans. (The range for this measure is 0 to 1. A number very close to 1 may mean that too many patients are being given a double scan when a single scan is all they need.)	**Not Available**	**0.097**	**0.052**
Outpatient CT scans of the abdomen that were "combination" (double) scans. (The range for this measure is 0 to 1. A number very close to 1 may mean that too many patients are being given a double scan when a single scan is all they need.)	**Not Available**	**0.312**	**0.176**

Survey of Patients' Hospital Experiences

Survey of Patients' Hospital Experiences

HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) is a national survey that asks patients about their experiences during a recent hospital stay. Use the results shown here to compare hospitals based on ten important hospital quality topics.Read more information about the survey of patients' hospital experiences.

	VA AMARILLO HEALTHCARE SYSTEM	TEXAS AVERAGE	NATIONAL AVERAGE
Patients who reported that their nurses "Always" communicated well.	**Not Available**	**77%**	**77%**
Patients who reported that their doctors "Always" communicated well.	**Not Available**	**82%**	**80%**
Patients who reported that they "Always" received help as soon as they wanted.	**Not Available**	**66%**	**65%**
Patients who reported that their pain was "Always" well controlled.	**Not Available**	**71%**	**70%**
Patients who reported that staff "Always" explained about medicines before giving it to them.	**Not Available**	**63%**	**61%**
Patients who reported that their room and bathroom were "Always" clean.	**Not Available**	**73%**	**72%**
Patients who reported that the area around their room was "Always" quiet at night.	**Not Available**	**66%**	**59%**
Patients at each hospital who reported that YES,			

they were given information about what to do during their recovery at home.	**Not Available**	**82%**	**83%**
Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest).	**Not Available**	**70%**	**68%**
Patients who reported YES, they would definitely recommend the hospital.	**Not Available**	**72%**	**70%**

Patient Safety Measures

Serious Complications and Deaths

This section shows serious complications that patients with Original Medicare experienced during a hospital stay, and how often patients who were admitted with certain conditions died while they were in the hospital. These complications and deaths can often be prevented if hospitals follow procedures based on best practices and scientific evidence.

Learn why Serious Complications and Death Measures are Important.

	VA AMARILLO HEALTHCARE SYSTEM	U.S. NATIONAL RATE
Serious Complications	**Not Available**[5]	**Not Available per 1,000 patient discharges**
Collapsed lung due to medical treatment	**Not Available**[5]	**0.39 per 1,000 patient discharges**
Serious blood clots after surgery	**Not Available**[5]	**5.88 per 1,000 patient discharges**
A wound that splits open after surgery on the abdomen or pelvis	**Not Available**[5]	**2.16 per 1,000 patient discharges**
Accidental cuts and tears from medical treatment	**Not Available**[5]	**2.07 per 1,000 patient discharges**
Pressure Sores (bedsores)	**Not Available**[13]	**Not Available**[13]
Infections from a large venous catheter	**Not Available**[13]	**Not Available**[13]
Broken Hip from a Fall After Surgery	**Not Available**[13]	**Not Available**[13]
Bloodstream infection after surgery	**Not Available**[13]	**Not Available**[13]

[5] No data are available from the hospital for this measure.

[13] These measures are included in the composite measure calculations but Medicare is not reporting them at this time.

	VA AMARILLO HEALTHCARE SYSTEM	U.S. NATIONAL RATE
Deaths for Certain Conditions	**Not Available**[5]	**Not Available per 1,000 patient discharges**
Deaths after admission for a broken hip	**Not Available**[5]	**2.95 per 100 patient discharges**
Deaths after admission for a heart attack	**Not Available**[13]	**Not Available**[13]
Deaths after admission for congestive heart failure	**Not Available**[13]	**Not Available**[13]
Deaths after admission for a stroke	**Not Available**[13]	**Not Available**[13]
Deaths after admission for a gastrointestinal (GI) bleed	**Not Available**[13]	**Not Available**[13]
Deaths after admission for pneumonia	**Not Available**[13]	**Not Available**[13]

[5] No data are available from the hospital for this measure.

[13] These measures are included in the composite measure calculations but Medicare is not reporting them at this time.

	VA AMARILLO HEALTHCARE SYSTEM	U.S. NATIONAL RATE
Other Complications and Deaths		
Deaths among Patients with Serious Treatable Complications after Surgery	**Not Available**[5]	**115.70 per 1,000 patient discharges**
Breathing Failure after Surgery	**Not Available**[5]	**10.21 per 1,000 patient discharges**
Death after Surgery to Repair a Weakness in the Abdominal Aorta	**Not Available**[5]	**4.42 per 100 patient discharges**

[5] No data are available from the hospital for this measure.

Hospital Acquired Conditions

This section shows certain injuries, infections, or other serious conditions that patients with Original Medicare got while they were in the hospital. These conditions, also known as "Hospital Acquired Conditions," are usually very rare. If they ever occur, hospital staff should identify and correct the problems that caused them.

Please note that the numbers shown here do not take into account the different kinds of patients treated at different hospitals. For this reason, they should not be used to compare one hospital to another.

Learn why Hospital Acquired Conditions Measures are Important.

	VA AMARILLO HEALTHCARE SYSTEM	U.S. NATIONAL RATE
Objects Accidentally Left in the Body After Surgery	**Not Available**	**0.026 per 1,000 patient discharges**
Air Bubble in the Bloodstream	**Not Available**	**0.003 per 1,000 patient discharges**
Mismatched blood types	**Not Available**	**0.001 per 1,000 patient discharges**
Severe pressure sores (bed sores)	**Not Available**	**0.135 per 1,000 patient discharges**
Falls and injuries	**Not Available**	**0.564 per 1,000 patient discharges**
Blood infection from a catheter in a large vein	**Not Available**	**0.367 per 1,000 patient discharges**
Infection from a Urinary Catheter	**Not Available**	**0.316 per 1,000 patient discharges**
Signs of Uncontrolled Blood Sugar	**Not Available**	**0.050 per 1,000 patient discharges**

Healthcare Associated Infections (HAIs)

Healthcare Associated Infections (HAIs) are serious conditions that occur in some hospitalized patients. Many HAIs occur when devices, such as central lines and urinary catheters, are inserted into the body. Hospitals can prevent HAIs by following guidelines for safe care.

Learn why Healthcare Associated Infections (HAIs) Measures are Important.

	VA AMARILLO HEALTHCARE SYSTEM	TEXAS
Central Line Associated Blood Stream Infections (CLABSI)	**Not Available**	**0.52**

Medicare Payment

Spending per Hospital Patient with Medicare

The Spending per Hospital Patient with Medicare measure shows whether Medicare spends more, less, or about the same per Medicare patient treated in a specific hospital, compared to how much Medicare spends per patient nationally. This measure includes any Medicare Part A and Part B payments made for services provided to a patient during the 3 days prior to the hospital stay, during the stay, and during the 30 days after discharge from the hospital. This measure is from the current reporting period- Opens in a new window. Learn more about Spending per Hospital Patient with Medicare.- Opens in a new window

This result is a ratio calculated by dividing the amount Medicare spends per patient for an episode of care initiated at this hospital by the median (or middle) amount Medicare spent per patient nationally.

A result of 1 means that Medicare spends ABOUT THE SAME amount per patient for an episode of care initiated at this hospital as it does per hospital patient nationally.

A result that is more than 1 means that Medicare spends MORE per patient for an episode of care initiated at this hospital than it does per hospital patient nationally.

A result that is less than 1 means that Medicare spends LESS per patient for an episode of care initiated at this hospital than it does per hospital patient nationally.

Lower numbers are better.

	VA AMARILLO HEALTHCARE SYSTEM RATIO
Spending per Hospital Patient with Medicare (displayed in ratio)	**Not Available**

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TEMPLE VA MEDICAL CENTER (VA CENTRAL TEXAS HEALTHCARE SYSTEM)

TEMPLE VA MEDICAL CENTER (VA CENTRAL TEXAS HEALTHCARE SYSTEM)
1901 VETERANS MEMORIAL DRIVE
TEMPLE ,TX 76504
(254) 778-4811

Hospital Type:ACUTE CARE - VETERANS ADMINISTRATION
Provides Emergency Services: Yes

Map & Directions

Process of Care Measures

Surgical Care Improvement Project Process of Care Measures

Hospitals can reduce the risk of infection after surgery by making sure they provide care that's known to get the best results for most patients. Here are some examples:

- Giving the recommended antibiotics at the right time before surgery
- Stopping the antibiotics within the right timeframe after surgery
- Maintaining the patient's temperature and blood glucose (sugar) at normal levels
- Removing catheters that are used to drain the bladder in a timely manner after surgery.

Hospitals can also reduce the risk of cardiac problems associated with surgery by:

- Making sure that certain prescription drugs are continued in the time before, during, and just after the surgery. This includes drugs used to control heart rhythms and blood pressure.
- Giving drugs that prevent blood clots and using other methods such as special stockings that increase circulation in the legs.

Read more information about how to prevent wound infection. Learn why Surgical Care Improvement Project Process of Care Measures are Important.

	TEMPLE VA MEDICAL CENTER (VA CENTRAL TEXAS HEALTHCARE SYSTEM)	TEXAS AVERAGE	NATIONAL AVERAGE
Outpatients having surgery who got an antibiotic at the right time - within one hour before surgery (higher numbers are better)	**Not Available**	**96%**	**95%**
Outpatients having surgery who got the right kind of antibiotic (higher numbers are better)	**Not Available**	**95%**	**95%**
Surgery patients who were taking heart drugs called beta blockers before coming to the hospital, who were kept on the beta blockers during the period just before and after their surgery	**95%** [2]	**95%**	**95%**
Surgery patients who were given an antibiotic at the right time (within one hour before surgery) to help prevent infection	**98%**	**98%**	**98%**
Surgery patients who were given the right kind of antibiotic to help prevent infection	**98%**	**98%**	**98%**
Surgery patients whose preventive antibiotics were stopped at the right time (within 24 hours after surgery)	**99%**	**96%**	**96%**
Heart surgery patients whose blood sugar (blood glucose) is kept under good control in the days	**Not Available** [2,5]	**94%**	**95%**

right after surgery			
Surgery patients needing hair removed from the surgical area before surgery, who had hair removed using a safer method (electric clippers or hair removal cream - not a razor)	100%[2]	100%	100%
Surgery patients whose urinary catheters were removed on the first or second day after surgery.	96%[2]	93%	92%
Patients having surgery who were actively warmed in the operating room or whose body temperature was near normal by the end of surgery.	Not Available	99%	99%
Surgery patients whose doctors ordered treatments to prevent blood clots after certain types of surgeries	99%[2]	96%	96%
Patients who got treatment at the right time (within 24 hours before or after their surgery) to help prevent blood clots after certain types of surgery	97%[2]	95%	95%

[2] The hospital indicated that the data submitted for this measure were based on a sample of cases.

[5] No data are available from the hospital for this measure.

Heart Attack or Chest Pain Process of Care Measures

An acute myocardial infarction (AMI), also called a heart attack, happens when one of the heart's arteries becomes blocked and the supply of blood and oxygen to part of the heart muscle is slowed or stopped. When the heart muscle doesn't get the oxygen and nutrients it needs, the affected heart tissue may die. These measures show some of the standards of care provided, if appropriate, for most adults who have had a heart attack. Read more information about heart attack care. Learn why Heart Attack Process of Care Measures are Important.

	TEMPLE VA MEDICAL CENTER (VA CENTRAL TEXAS HEALTHCARE SYSTEM)	TEXAS AVERAGE	NATIONAL AVERAGE
Average number of minutes before outpatients with chest pain or possible heart attack who needed specialized care were transferred to another hospital (a lower number of minutes is better)	Not Available	65 Minutes	60 Minutes
Average number of minutes before outpatients with chest pain or possible heart attack got an ECG (a lower number of minutes is better)	Not Available	8 Minutes	8 Minutes
Outpatients with chest pain or possible heart attack who got drugs to break up blood clots within 30 minutes of arrival (higher numbers are better)	Not Available	50%	58%
Outpatients with chest pain or possible heart attack who got aspirin within 24 hours of arrival (higher numbers are better)	Not Available	94%	96%
Heart Attack Patients Given Aspirin at Arrival	Not Available[5]	99%	99%
Heart Attack Patients Given Aspirin at Discharge	Not Available[5]	98%	99%
Heart Attack Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)	Not Available[5]	97%	97%
Heart Attack Patients Given Smoking Cessation Advice/Counseling	Not Available[5]	100%	100%
Heart Attack Patients Given Beta Blocker at Discharge	Not Available[5]	98%	99%
Heart Attack Patients Given Fibrinolytic Medication Within 30 Minutes Of Arrival	Not Available[5]	66%	58%
Heart Attack Patients Given PCI Within 90 Minutes Of Arrival	Not Available[5]	92%	93%

Heart Attack Patients Given a Prescription for a Statin at Discharge	**Not Available**	**97%**	**97%**

[5] No data are available from the hospital for this measure.

Pneumonia Process of Care Measures

Pneumonia is a serious lung infection that causes difficulty breathing, fever, cough and fatigue. These measures show some of the recommended treatments for pneumonia. Read more information about pneumonia care. Learn why Pneumonia Process of Care Measures are Important.

	TEMPLE VA MEDICAL CENTER (VA CENTRAL TEXAS HEALTHCARE SYSTEM)	TEXAS AVERAGE	NATIONAL AVERAGE
Pneumonia Patients Assessed and Given Pneumococcal Vaccination	**100%**	**95%**	**95%**
Pneumonia Patients Whose Initial Emergency Room Blood Culture Was Performed Prior To The Administration Of The First Hospital Dose Of Antibiotics	**100%**	**97%**	**96%**
Pneumonia Patients Given Smoking Cessation Advice/Counseling	**100%**	**98%**	**98%**
Pneumonia Patients Given Initial Antibiotic(s) within 6 Hours After Arrival	**96%**	**96%**	**96%**
Pneumonia Patients Given the Most Appropriate Initial Antibiotic(s)	**93%**	**94%**	**94%**
Pneumonia Patients Assessed and Given Influenza Vaccination	**92%**	**94%**	**93%**

Heart Failure Process of Care Measures

Heart Failure is a weakening of the heart's pumping power. With heart failure, your body doesn't get enough oxygen and nutrients to meet its needs. These measures show some of the process of care provided for most adults with heart failure. Read more information about heart failure. Learn why Heart Failure Process of Care Measures are Important.

	TEMPLE VA MEDICAL CENTER (VA CENTRAL TEXAS HEALTHCARE SYSTEM)	TEXAS AVERAGE	NATIONAL AVERAGE
Heart Failure Patients Given Discharge Instructions	**100%**	**92%**	**91%**
Heart Failure Patients Given an Evaluation of Left Ventricular Systolic (LVS) Function	**100%**	**98%**	**98%**
Heart Failure Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)	**93%**	**96%**	**95%**
Heart Failure Patients Given Smoking Cessation Advice/Counseling	**100%**	**99%**	**99%**

Children's Asthma Process of Care Measures

Asthma is a chronic lung condition that causes problems getting air in and out of the lungs. Children with asthma may experience wheezing, coughing, chest tightness and trouble breathing. Read more information about Children's Asthma Care. Learn why Children's Asthma Process of Care Measures are Important.

	TEMPLE VA		

	MEDICAL CENTER (VA CENTRAL TEXAS HEALTHCARE SYSTEM)	TEXAS AVERAGE	NATIONAL AVERAGE
Children Who Received Reliever Medication While Hospitalized for Asthma	Not Available	100%	100%
Children Who Received Systemic Corticosteroid Medication (oral and IV Medication That Reduces Inflammation and Controls Symptoms) While Hospitalized for Asthma	Not Available	99%	100%
Children and their Caregivers Who Received a Home Management Plan of Care Document While Hospitalized for Asthma	Not Available	91%	81%

Outcome of Care Measures

Hospital Death (Mortality) Rates Outcome of Care Measures

"30-Day Mortality" is when patients die within 30 days of their admission to a hospital. Below, the death rates for each hospital are compared to the U.S. National Rate. The rates take into account how sick patients were before they were admitted to the hospital. Read more information about hospital mortality measures.

	TEMPLE VA MEDICAL CENTER (VA CENTRAL TEXAS HEALTHCARE SYSTEM)	TEXAS AVERAGE	NATIONAL AVERAGE
Death Rate for Heart Attack Patients	No Different than U.S. National Rate	Not Available	15.9%
Death Rate for Heart Failure Patients	No Different than U.S. National Rate	Not Available	11.3%
Death Rate for Pneumonia Patients	No Different than U.S. National Rate	Not Available	11.9%

Hospital Readmission Rates Outcome of Care Measures

"30-Day Readmission" is when patients who have had a recent hospital stay need to go back into a hospital again within 30 days of their discharge. Below, the rates of readmission for each hospital are compared to the U.S. National Rate. The rates take into account how sick patients were before they were admitted to the hospital. Read more information about Hospital Readmission Measures.

	TEMPLE VA MEDICAL CENTER (VA CENTRAL TEXAS HEALTHCARE SYSTEM)	TEXAS AVERAGE	NATIONAL AVERAGE
Rate of Readmission for Heart Attack Patients	No Different than U.S. National Rate	Not Available	19.8%
Rate of Readmission for Heart Failure Patients	No Different than U.S. National Rate	Not Available	24.8%
Rate of Readmission for Pneumonia Patients	No Different than U.S. National Rate	Not Available	18.4%

Use of Medical Imaging

Use of Medical Imaging

Use of Medical Imaging (tests like Mammograms, MRIs, and CT scans)

These measures give you information about hospitals' use of medical imaging tests for outpatients based on the following:

Protecting patients' safety, such as keeping patients' exposure to radiation and other risks as low as possible.
Following up properly when screening tests such as mammograms show a possible problem.
Avoiding the risk, stress, and cost of doing imaging tests that patients may not need.

The information shown here is limited to medical imaging facilities that are part of a hospital or associated with a hospital. These facilities can be inside or near the hospital, or in a different location. This information only includes medical imaging done on outpatients. Medical imaging tests done for patients who have been admitted to the hospital as inpatients aren't included.

These measures are based on Medicare claims data.

Learn more about the use of medical imaging tests and why these measures are important.

	TEMPLE VA MEDICAL CENTER (VA CENTRAL TEXAS HEALTHCARE SYSTEM)	TEXAS AVERAGE	NATIONAL AVERAGE
Outpatients with low back pain who had an MRI without trying recommended treatments first, such as physical therapy. (If a number is high, it may mean the facility is doing too many unnecessary MRIs for low back pain.)	**Not Available**	**33.7%**	**32.2%**
Outpatients who had a follow-up mammogram or ultrasound within 45 days after a screening mammogram. (A number that is much lower than 8% may mean there's not enough follow-up. A number much higher than 14% may mean there's too much unnecessary follow-up.)	**Not Available**	**8.5%**	**8.4%**
Outpatient CT scans of the chest that were "combination" (double) scans. (The range for this measure is 0 to 1. A number very close to 1 may mean that too many patients are being given a double scan when a single scan is all they need.)	**Not Available**	**0.097**	**0.052**
Outpatient CT scans of the abdomen that were "combination" (double) scans. (The range for this measure is 0 to 1. A number very close to 1 may mean that too many patients are being given a double scan when a single scan is all they need.)	**Not Available**	**0.312**	**0.176**

Survey of Patients' Hospital Experiences

Survey of Patients' Hospital Experiences

HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) is a national survey that asks patients about their experiences during a recent hospital stay. Use the results shown here to compare hospitals based on ten important hospital quality topics.Read more information about the survey of patients' hospital experiences.

	TEMPLE VA MEDICAL CENTER (VA CENTRAL TEXAS	TEXAS AVERAGE	NATIONAL AVERAGE

	HEALTHCARE SYSTEM)		
Patients who reported that their nurses "Always" communicated well.	**Not Available**	**77%**	**77%**
Patients who reported that their doctors "Always" communicated well.	**Not Available**	**82%**	**80%**
Patients who reported that they "Always" received help as soon as they wanted.	**Not Available**	**66%**	**65%**
Patients who reported that their pain was "Always" well controlled.	**Not Available**	**71%**	**70%**
Patients who reported that staff "Always" explained about medicines before giving it to them.	**Not Available**	**63%**	**61%**
Patients who reported that their room and bathroom were "Always" clean.	**Not Available**	**73%**	**72%**
Patients who reported that the area around their room was "Always" quiet at night.	**Not Available**	**66%**	**59%**
Patients at each hospital who reported that YES, they were given information about what to do during their recovery at home.	**Not Available**	**82%**	**83%**
Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest).	**Not Available**	**70%**	**68%**
Patients who reported YES, they would definitely recommend the hospital.	**Not Available**	**72%**	**70%**

Patient Safety Measures

Serious Complications and Deaths

This section shows serious complications that patients with Original Medicare experienced during a hospital stay, and how often patients who were admitted with certain conditions died while they were in the hospital. These complications and deaths can often be prevented if hospitals follow procedures based on best practices and scientific evidence.

Learn why Serious Complications and Death Measures are Important.

	TEMPLE VA MEDICAL CENTER (VA CENTRAL TEXAS HEALTHCARE SYSTEM)	U.S. NATIONAL RATE
Serious Complications	**Not Available**[5]	**Not Available per 1,000 patient discharges**
Collapsed lung due to medical treatment	**Not Available**[5]	**0.39 per 1,000 patient discharges**
Serious blood clots after surgery	**Not Available**[5]	**5.88 per 1,000 patient discharges**
A wound that splits open after surgery on the abdomen or pelvis	**Not Available**[5]	**2.16 per 1,000 patient discharges**
Accidental cuts and tears from medical treatment	**Not Available**[5]	**2.07 per 1,000 patient discharges**
Pressure Sores (bedsores)	**Not Available**[13]	**Not Available**[13]
Infections from a large venous catheter	**Not Available**[13]	**Not Available**[13]
Broken Hip from a Fall After Surgery	**Not Available**[13]	**Not Available**[13]

Bloodstream infection after surgery	**Not Available** [13]	**Not Available** [13]

[5] No data are available from the hospital for this measure.

[13] These measures are included in the composite measure calculations but Medicare is not reporting them at this time.

	TEMPLE VA MEDICAL CENTER (VA CENTRAL TEXAS HEALTHCARE SYSTEM)	U.S. NATIONAL RATE
Deaths for Certain Conditions	**Not Available** [5]	**Not Available per 1,000 patient discharges**
Deaths after admission for a broken hip	**Not Available** [5]	**2.95 per 100 patient discharges**
Deaths after admission for a heart attack	**Not Available** [13]	**Not Available** [13]
Deaths after admission for congestive heart failure	**Not Available** [13]	**Not Available** [13]
Deaths after admission for a stroke	**Not Available** [13]	**Not Available** [13]
Deaths after admission for a gastrointestinal (GI) bleed	**Not Available** [13]	**Not Available** [13]
Deaths after admission for pneumonia	**Not Available** [13]	**Not Available** [13]

[5] No data are available from the hospital for this measure.

[13] These measures are included in the composite measure calculations but Medicare is not reporting them at this time.

	TEMPLE VA MEDICAL CENTER (VA CENTRAL TEXAS HEALTHCARE SYSTEM)	U.S. NATIONAL RATE
Other Complications and Deaths		
Deaths among Patients with Serious Treatable Complications after Surgery	**Not Available** [5]	**115.70 per 1,000 patient discharges**
Breathing Failure after Surgery	**Not Available** [5]	**10.21 per 1,000 patient discharges**
Death after Surgery to Repair a Weakness in the Abdominal Aorta	**Not Available** [5]	**4.42 per 100 patient discharges**

[5] No data are available from the hospital for this measure.

Hospital Acquired Conditions

This section shows certain injuries, infections, or other serious conditions that patients with Original Medicare got while they were in the hospital. These conditions, also known as "Hospital Acquired Conditions," are usually very rare. If they ever occur, hospital staff should identify and correct the problems that caused them.

Please note that the numbers shown here do not take into account the different kinds of patients treated at different hospitals. For this reason, they should not be used to compare one hospital to another.

Learn why Hospital Acquired Conditions Measures are Important.

	TEMPLE VA MEDICAL CENTER (VA CENTRAL TEXAS HEALTHCARE SYSTEM)	U.S. NATIONAL RATE
Objects Accidentally Left in the Body After Surgery	**Not Available**	**0.026 per 1,000 patient discharges**
Air Bubble in the Bloodstream	**Not Available**	**0.003 per 1,000 patient discharges**

Mismatched blood types	**Not Available**	**0.001 per 1,000 patient discharges**
Severe pressure sores (bed sores)	**Not Available**	**0.135 per 1,000 patient discharges**
Falls and injuries	**Not Available**	**0.564 per 1,000 patient discharges**
Blood infection from a catheter in a large vein	**Not Available**	**0.367 per 1,000 patient discharges**
Infection from a Urinary Catheter	**Not Available**	**0.316 per 1,000 patient discharges**
Signs of Uncontrolled Blood Sugar	**Not Available**	**0.050 per 1,000 patient discharges**

Healthcare Associated Infections (HAIs)

Healthcare Associated Infections (HAIs) are serious conditions that occur in some hospitalized patients. Many HAIs occur when devices, such as central lines and urinary catheters, are inserted into the body. Hospitals can prevent HAIs by following guidelines for safe care.

Learn why Healthcare Associated Infections (HAIs) Measures are Important.

	TEMPLE VA MEDICAL CENTER (VA CENTRAL TEXAS HEALTHCARE SYSTEM)	**TEXAS**
Central Line Associated Blood Stream Infections (CLABSI)	**Not Available**	**0.52**

Medicare Payment

Spending per Hospital Patient with Medicare

The Spending per Hospital Patient with Medicare measure shows whether Medicare spends more, less, or about the same per Medicare patient treated in a specific hospital, compared to how much Medicare spends per patient nationally. This measure includes any Medicare Part A and Part B payments made for services provided to a patient during the 3 days prior to the hospital stay, during the stay, and during the 30 days after discharge from the hospital. This measure is from the current reporting period - Opens in a new window. Learn more about Spending per Hospital Patient with Medicare.- Opens in a new window

This result is a ratio calculated by dividing the amount Medicare spends per patient for an episode of care initiated at this hospital by the median (or middle) amount Medicare spent per patient nationally.

A result of 1 means that Medicare spends ABOUT THE SAME amount per patient for an episode of care initiated at this hospital as it does per hospital patient nationally.

A result that is more than 1 means that Medicare spends MORE per patient for an episode of care initiated at this hospital than it does per hospital patient nationally.

A result that is less than 1 means that Medicare spends LESS per patient for an episode of care initiated at this hospital than it does per hospital patient nationally.

Lower numbers are better.

	TEMPLE VA MEDICAL CENTER (VA CENTRAL TEXAS HEALTHCARE SYSTEM) RATIO

Spending per Hospital Patient with Medicare (displayed in ratio)	**Not Available**

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HOUSTON VA MEDICAL CENTER

HOUSTON VA MEDICAL CENTER
2002 HOLCOMBE BLVD.
HOUSTON ,TX 77030
(713) 794-7100

Hospital Type:ACUTE CARE - VETERANS ADMINISTRATION
Provides Emergency Services: Yes

Map & Directions

Process of Care Measures

Surgical Care Improvement Project Process of Care Measures

Hospitals can reduce the risk of infection after surgery by making sure they provide care that's known to get the best results for most patients. Here are some examples:

Giving the recommended antibiotics at the right time before surgery
Stopping the antibiotics within the right timeframe after surgery
Maintaining the patient's temperature and blood glucose (sugar) at normal levels
Removing catheters that are used to drain the bladder in a timely manner after surgery.

Hospitals can also reduce the risk of cardiac problems associated with surgery by:

Making sure that certain prescription drugs are continued in the time before, during, and just after the surgery. This includes drugs used to control heart rhythms and blood pressure.
Giving drugs that prevent blood clots and using other methods such as special stockings that increase circulation in the legs.

Read more information about how to prevent wound infection. Learn why Surgical Care Improvement Project Process of Care Measures are Important.

	HOUSTON VA MEDICAL CENTER	TEXAS AVERAGE	NATIONAL AVERAGE
Outpatients having surgery who got an antibiotic at the right time - within one hour before surgery (higher numbers are better)	**Not Available**	**96%**	**95%**
Outpatients having surgery who got the right kind of antibiotic (higher numbers are better)	**Not Available**	**95%**	**95%**
Surgery patients who were taking heart drugs called beta blockers before coming to the hospital, who were kept on the beta blockers during the period just before and after their surgery	**99%** [2]	**95%**	**95%**
Surgery patients who were given an antibiotic at the right time (within one hour before surgery) to help prevent infection	**100%**	**98%**	**98%**
Surgery patients who were given the right kind of antibiotic to help prevent infection	**99%**	**98%**	**98%**
Surgery patients whose preventive antibiotics were stopped at the right time (within 24 hours after surgery)	**97%**	**96%**	**96%**
Heart surgery patients whose blood sugar (blood glucose) is kept under good control in the days right after surgery	**97%** [2]	**94%**	**95%**
Surgery patients needing hair removed from the surgical area before surgery, who had hair	**100%** [2]	**100%**	**100%**

removed using a safer method (electric clippers or hair removal cream - not a razor)			
Surgery patients whose urinary catheters were removed on the first or second day after surgery.	97%[2]	93%	92%
Patients having surgery who were actively warmed in the operating room or whose body temperature was near normal by the end of surgery.	Not Available	99%	99%
Surgery patients whose doctors ordered treatments to prevent blood clots after certain types of surgeries	99%[2]	96%	96%
Patients who got treatment at the right time (within 24 hours before or after their surgery) to help prevent blood clots after certain types of surgery	96%[2]	95%	95%

[2] The hospital indicated that the data submitted for this measure were based on a sample of cases.

Heart Attack or Chest Pain Process of Care Measures

An acute myocardial infarction (AMI), also called a heart attack, happens when one of the heart's arteries becomes blocked and the supply of blood and oxygen to part of the heart muscle is slowed or stopped. When the heart muscle doesn't get the oxygen and nutrients it needs, the affected heart tissue may die. These measures show some of the standards of care provided, if appropriate, for most adults who have had a heart attack. Read more information about heart attack care. Learn why Heart Attack Process of Care Measures are Important.

	HOUSTON VA MEDICAL CENTER	TEXAS AVERAGE	NATIONAL AVERAGE
Average number of minutes before outpatients with chest pain or possible heart attack who needed specialized care were transferred to another hospital (a lower number of minutes is better)	Not Available	65 Minutes	60 Minutes
Average number of minutes before outpatients with chest pain or possible heart attack got an ECG (a lower number of minutes is better)	Not Available	8 Minutes	8 Minutes
Outpatients with chest pain or possible heart attack who got drugs to break up blood clots within 30 minutes of arrival (higher numbers are better)	Not Available	50%	58%
Outpatients with chest pain or possible heart attack who got aspirin within 24 hours of arrival (higher numbers are better)	Not Available	94%	96%
Heart Attack Patients Given Aspirin at Arrival	98%	99%	99%
Heart Attack Patients Given Aspirin at Discharge	98%	98%	99%
Heart Attack Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)	92%	97%	97%
Heart Attack Patients Given Smoking Cessation Advice/Counseling	100%	100%	100%
Heart Attack Patients Given Beta Blocker at Discharge	100%	98%	99%
Heart Attack Patients Given Fibrinolytic Medication Within 30 Minutes Of Arrival	Not Available[5]	66%	58%
Heart Attack Patients Given PCI Within 90 Minutes Of Arrival	80%[1]	92%	93%
Heart Attack Patients Given a Prescription for a Statin at Discharge	Not Available	97%	97%

[1] The number of cases is too small to reliably tell how well a hospital is performing.

[5] No data are available from the hospital for this measure.

Pneumonia Process of Care Measures

Pneumonia is a serious lung infection that causes difficulty breathing, fever, cough and fatigue. These measures show some of the recommended treatments for pneumonia. Read more information about pneumonia care. Learn why Pneumonia Process of Care Measures are Important.

	HOUSTON VA MEDICAL CENTER	TEXAS AVERAGE	NATIONAL AVERAGE
Pneumonia Patients Assessed and Given Pneumococcal Vaccination	99%	95%	95%
Pneumonia Patients Whose Initial Emergency Room Blood Culture Was Performed Prior To The Administration Of The First Hospital Dose Of Antibiotics	96%	97%	96%
Pneumonia Patients Given Smoking Cessation Advice/Counseling	98%	98%	98%
Pneumonia Patients Given Initial Antibiotic(s) within 6 Hours After Arrival	92%	96%	96%
Pneumonia Patients Given the Most Appropriate Initial Antibiotic(s)	94%	94%	94%
Pneumonia Patients Assessed and Given Influenza Vaccination	85%	94%	93%

Heart Failure Process of Care Measures

Heart Failure is a weakening of the heart's pumping power. With heart failure, your body doesn't get enough oxygen and nutrients to meet its needs. These measures show some of the process of care provided for most adults with heart failure. Read more information about heart failure. Learn why Heart Failure Process of Care Measures are Important.

	HOUSTON VA MEDICAL CENTER	TEXAS AVERAGE	NATIONAL AVERAGE
Heart Failure Patients Given Discharge Instructions	94%	92%	91%
Heart Failure Patients Given an Evaluation of Left Ventricular Systolic (LVS) Function	100%	98%	98%
Heart Failure Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)	97%	96%	95%
Heart Failure Patients Given Smoking Cessation Advice/Counseling	99%	99%	99%

Children's Asthma Process of Care Measures

Asthma is a chronic lung condition that causes problems getting air in and out of the lungs. Children with asthma may experience wheezing, coughing, chest tightness and trouble breathing. Read more information about Children's Asthma Care. Learn why Children's Asthma Process of Care Measures are Important.

	HOUSTON VA MEDICAL CENTER	TEXAS AVERAGE	NATIONAL AVERAGE
Children Who Received Reliever Medication While Hospitalized for Asthma	Not Available	100%	100%
Children Who Received Systemic Corticosteroid Medication (oral and IV Medication That Reduces Inflammation and Controls Symptoms) While Hospitalized for Asthma	Not Available	99%	100%
Children and their Caregivers Who Received a Home Management Plan of Care Document While Hospitalized for Asthma	Not Available	91%	81%

Outcome of Care Measures

Hospital Death (Mortality) Rates Outcome of Care Measures

"30-Day Mortality" is when patients die within 30 days of their admission to a hospital. Below, the death rates for each hospital are compared to the U.S. National Rate. The rates take into account how sick patients were before they were admitted to the hospital. Read more information about hospital mortality measures.

	HOUSTON VA MEDICAL CENTER	TEXAS AVERAGE	NATIONAL AVERAGE
Death Rate for Heart Attack Patients	**No Different than U.S. National Rate**	**Not Available**	**15.9%**
Death Rate for Heart Failure Patients	**No Different than U.S. National Rate**	**Not Available**	**11.3%**
Death Rate for Pneumonia Patients	**Worse than U.S. National Rate**	**Not Available**	**11.9%**

Hospital Readmission Rates Outcome of Care Measures

"30-Day Readmission" is when patients who have had a recent hospital stay need to go back into a hospital again within 30 days of their discharge. Below, the rates of readmission for each hospital are compared to the U.S. National Rate. The rates take into account how sick patients were before they were admitted to the hospital. Read more information about Hospital Readmission Measures.

	HOUSTON VA MEDICAL CENTER	TEXAS AVERAGE	NATIONAL AVERAGE
Rate of Readmission for Heart Attack Patients	**No Different than U.S. National Rate**	**Not Available**	**19.8%**
Rate of Readmission for Heart Failure Patients	**No Different than U.S. National Rate**	**Not Available**	**24.8%**
Rate of Readmission for Pneumonia Patients	**Worse than U.S. National Rate**	**Not Available**	**18.4%**

Use of Medical Imaging

Use of Medical Imaging

Use of Medical Imaging (tests like Mammograms, MRIs, and CT scans)

These measures give you information about hospitals' use of medical imaging tests for outpatients based on the following:

Protecting patients' safety, such as keeping patients' exposure to radiation and other risks as low as possible.
Following up properly when screening tests such as mammograms show a possible problem.
Avoiding the risk, stress, and cost of doing imaging tests that patients may not need.

The information shown here is limited to medical imaging facilities that are part of a hospital or associated with a hospital. These facilities can be inside or near the hospital, or in a different location. This information only includes medical imaging done on outpatients. Medical imaging tests done for patients who have been admitted to the hospital as inpatients aren't included.

These measures are based on Medicare claims data.

Learn more about the use of medical imaging tests and why these measures are important.

	HOUSTON VA		NATIONAL

	MEDICAL CENTER	TEXAS AVERAGE	AVERAGE
Outpatients with low back pain who had an MRI without trying recommended treatments first, such as physical therapy. (If a number is high, it may mean the facility is doing too many unnecessary MRIs for low back pain.)	Not Available	33.7%	32.2%
Outpatients who had a follow-up mammogram or ultrasound within 45 days after a screening mammogram. (A number that is much lower than 8% may mean there's not enough follow-up. A number much higher than 14% may mean there's too much unnecessary follow-up.)	Not Available	8.5%	8.4%
Outpatient CT scans of the chest that were "combination" (double) scans. (The range for this measure is 0 to 1. A number very close to 1 may mean that too many patients are being given a double scan when a single scan is all they need.)	Not Available	0.097	0.052
Outpatient CT scans of the abdomen that were "combination" (double) scans. (The range for this measure is 0 to 1. A number very close to 1 may mean that too many patients are being given a double scan when a single scan is all they need.)	Not Available	0.312	0.176

Survey of Patients' Hospital Experiences

Survey of Patients' Hospital Experiences

HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) is a national survey that asks patients about their experiences during a recent hospital stay. Use the results shown here to compare hospitals based on ten important hospital quality topics.Read more information about the survey of patients' hospital experiences.

	HOUSTON VA MEDICAL CENTER	TEXAS AVERAGE	NATIONAL AVERAGE
Patients who reported that their nurses "Always" communicated well.	Not Available	77%	77%
Patients who reported that their doctors "Always" communicated well.	Not Available	82%	80%
Patients who reported that they "Always" received help as soon as they wanted.	Not Available	66%	65%
Patients who reported that their pain was "Always" well controlled.	Not Available	71%	70%
Patients who reported that staff "Always" explained about medicines before giving it to them.	Not Available	63%	61%
Patients who reported that their room and bathroom were "Always" clean.	Not Available	73%	72%
Patients who reported that the area around their room was "Always" quiet at night.	Not Available	66%	59%
Patients at each hospital who reported that YES, they were given information about what to do during their recovery at home.	Not Available	82%	83%
Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest).	Not Available	70%	68%
Patients who reported YES, they would definitely recommend the hospital.	Not Available	72%	70%

Patient Safety Measures

Serious Complications and Deaths

This section shows serious complications that patients with Original Medicare experienced during a hospital stay, and how often patients who were admitted with certain conditions died while they were in the hospital. These complications and deaths can often be prevented if hospitals follow procedures based on best practices and scientific evidence.

Learn why Serious Complications and Death Measures are Important.

	HOUSTON VA MEDICAL CENTER	U.S. NATIONAL RATE
Serious Complications	**Not Available**[5]	**Not Available per 1,000 patient discharges**
Collapsed lung due to medical treatment	**Not Available**[5]	**0.39 per 1,000 patient discharges**
Serious blood clots after surgery	**Not Available**[5]	**5.88 per 1,000 patient discharges**
A wound that splits open after surgery on the abdomen or pelvis	**Not Available**[5]	**2.16 per 1,000 patient discharges**
Accidental cuts and tears from medical treatment	**Not Available**[5]	**2.07 per 1,000 patient discharges**
Pressure Sores (bedsores)	**Not Available**[13]	**Not Available**[13]
Infections from a large venous catheter	**Not Available**[13]	**Not Available**[13]
Broken Hip from a Fall After Surgery	**Not Available**[13]	**Not Available**[13]
Bloodstream infection after surgery	**Not Available**[13]	**Not Available**[13]

[5] No data are available from the hospital for this measure.

[13] These measures are included in the composite measure calculations but Medicare is not reporting them at this time.

	HOUSTON VA MEDICAL CENTER	U.S. NATIONAL RATE
Deaths for Certain Conditions	**Not Available**[5]	**Not Available per 1,000 patient discharges**
Deaths after admission for a broken hip	**Not Available**[5]	**2.95 per 100 patient discharges**
Deaths after admission for a heart attack	**Not Available**[13]	**Not Available**[13]
Deaths after admission for congestive heart failure	**Not Available**[13]	**Not Available**[13]
Deaths after admission for a stroke	**Not Available**[13]	**Not Available**[13]
Deaths after admission for a gastrointestinal (GI) bleed	**Not Available**[13]	**Not Available**[13]
Deaths after admission for pneumonia	**Not Available**[13]	**Not Available**[13]

[5] No data are available from the hospital for this measure.

[13] These measures are included in the composite measure calculations but Medicare is not reporting them at this time.

	HOUSTON VA MEDICAL CENTER	U.S. NATIONAL RATE
Other Complications and Deaths		
Deaths among Patients with Serious Treatable		**115.70**

Complications after Surgery	**Not Available**[5]	**per 1,000 patient discharges**
Breathing Failure after Surgery	**Not Available**[5]	**10.21 per 1,000 patient discharges**
Death after Surgery to Repair a Weakness in the Abdominal Aorta	**Not Available**[5]	**4.42 per 100 patient discharges**

[5] No data are available from the hospital for this measure.

Hospital Acquired Conditions

This section shows certain injuries, infections, or other serious conditions that patients with Original Medicare got while they were in the hospital. These conditions, also known as "Hospital Acquired Conditions," are usually very rare. If they ever occur, hospital staff should identify and correct the problems that caused them.

Please note that the numbers shown here do not take into account the different kinds of patients treated at different hospitals. For this reason, they should not be used to compare one hospital to another.

Learn why Hospital Acquired Conditions Measures are Important.

	HOUSTON VA MEDICAL CENTER	U.S. NATIONAL RATE
Objects Accidentally Left in the Body After Surgery	**Not Available**	**0.026 per 1,000 patient discharges**
Air Bubble in the Bloodstream	**Not Available**	**0.003 per 1,000 patient discharges**
Mismatched blood types	**Not Available**	**0.001 per 1,000 patient discharges**
Severe pressure sores (bed sores)	**Not Available**	**0.135 per 1,000 patient discharges**
Falls and injuries	**Not Available**	**0.564 per 1,000 patient discharges**
Blood infection from a catheter in a large vein	**Not Available**	**0.367 per 1,000 patient discharges**
Infection from a Urinary Catheter	**Not Available**	**0.316 per 1,000 patient discharges**
Signs of Uncontrolled Blood Sugar	**Not Available**	**0.050 per 1,000 patient discharges**

Healthcare Associated Infections (HAIs)

Healthcare Associated Infections (HAIs) are serious conditions that occur in some hospitalized patients. Many HAIs occur when devices, such as central lines and urinary catheters, are inserted into the body. Hospitals can prevent HAIs by following guidelines for safe care.

Learn why Healthcare Associated Infections (HAIs) Measures are Important.

	HOUSTON VA MEDICAL CENTER	TEXAS
Central Line Associated Blood Stream Infections (CLABSI)	**Not Available**	**0.52**

Medicare Payment

Spending per Hospital Patient with Medicare

The Spending per Hospital Patient with Medicare measure shows whether Medicare spends more, less, or about the same per Medicare patient

treated in a specific hospital, compared to how much Medicare spends per patient nationally. This measure includes any Medicare Part A and Part B payments made for services provided to a patient during the 3 days prior to the hospital stay, during the stay, and during the 30 days after discharge from the hospital. This measure is from the current reporting period - Opens in a new window. Learn more about Spending per Hospital Patient with Medicare.- Opens in a new window

This result is a ratio calculated by dividing the amount Medicare spends per patient for an episode of care initiated at this hospital by the median (or middle) amount Medicare spent per patient nationally.

A result of 1 means that Medicare spends ABOUT THE SAME amount per patient for an episode of care initiated at this hospital as it does per hospital patient nationally.

A result that is more than 1 means that Medicare spends MORE per patient for an episode of care initiated at this hospital than it does per hospital patient nationally.

A result that is less than 1 means that Medicare spends LESS per patient for an episode of care initiated at this hospital than it does per hospital patient nationally.

Lower numbers are better.

	HOUSTON VA MEDICAL CENTER RATIO
Spending per Hospital Patient with Medicare (displayed in ratio)	**Not Available**

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U.S. Department of Health & Human Services
HHS.gov

SAN ANTONIO VA MEDICAL CENTER (VA SOUTH TEXAS HEALTHCARE SYSTEM)

SAN ANTONIO VA MEDICAL CENTER (VA SOUTH TEXAS HEALTHCARE SYSTEM)
7400 MERTON MINTER BLVD.
SAN ANTONIO ,TX 78229
(210) 617-5300

Hospital Type:ACUTE CARE - VETERANS ADMINISTRATION
Provides Emergency Services: Yes

Map & Directions

Process of Care Measures

Surgical Care Improvement Project Process of Care Measures

Hospitals can reduce the risk of infection after surgery by making sure they provide care that's known to get the best results for most patients. Here are some examples:

Giving the recommended antibiotics at the right time before surgery
Stopping the antibiotics within the right timeframe after surgery
Maintaining the patient's temperature and blood glucose (sugar) at normal levels
Removing catheters that are used to drain the bladder in a timely manner after surgery.

Hospitals can also reduce the risk of cardiac problems associated with surgery by:

Making sure that certain prescription drugs are continued in the time before, during, and just after the surgery. This includes drugs used to control heart rhythms and blood pressure.
Giving drugs that prevent blood clots and using other methods such as special stockings that increase circulation in the legs.

Read more information about how to prevent wound infection. Learn why Surgical Care Improvement Project Process of Care Measures are Important.

	SAN ANTONIO VA MEDICAL CENTER (VA SOUTH TEXAS HEALTHCARE SYSTEM)	TEXAS AVERAGE	NATIONAL AVERAGE
Outpatients having surgery who got an antibiotic at the right time - within one hour before surgery (higher numbers are better)	**Not Available**	**96%**	**95%**
Outpatients having surgery who got the right kind of antibiotic (higher numbers are better)	**Not Available**	**95%**	**95%**
Surgery patients who were taking heart drugs called beta blockers before coming to the hospital, who were kept on the beta blockers during the period just before and after their surgery	**89%** [2]	**95%**	**95%**
Surgery patients who were given an antibiotic at the right time (within one hour before surgery) to help prevent infection	**98%**	**98%**	**98%**
Surgery patients who were given the right kind of antibiotic to help prevent infection	**98%**	**98%**	**98%**
Surgery patients whose preventive antibiotics were stopped at the right time (within 24 hours after surgery)	**92%**	**96%**	**96%**
Heart surgery patients whose blood sugar (blood glucose) is kept under good control in the days right after surgery	**97%** [2]	**94%**	**95%**

Surgery patients needing hair removed from the surgical area before surgery, who had hair removed using a safer method (electric clippers or hair removal cream - not a razor)	100%[2]	100%	100%
Surgery patients whose urinary catheters were removed on the first or second day after surgery.	98%[2]	93%	92%
Patients having surgery who were actively warmed in the operating room or whose body temperature was near normal by the end of surgery.	Not Available	99%	99%
Surgery patients whose doctors ordered treatments to prevent blood clots after certain types of surgeries	97%[2]	96%	96%
Patients who got treatment at the right time (within 24 hours before or after their surgery) to help prevent blood clots after certain types of surgery	90%[2]	95%	95%

[2] The hospital indicated that the data submitted for this measure were based on a sample of cases.

Heart Attack or Chest Pain Process of Care Measures

An acute myocardial infarction (AMI), also called a heart attack, happens when one of the heart's arteries becomes blocked and the supply of blood and oxygen to part of the heart muscle is slowed or stopped. When the heart muscle doesn't get the oxygen and nutrients it needs, the affected heart tissue may die. These measures show some of the standards of care provided, if appropriate, for most adults who have had a heart attack. Read more information about heart attack care. Learn why Heart Attack Process of Care Measures are Important.

	SAN ANTONIO VA MEDICAL CENTER (VA SOUTH TEXAS HEALTHCARE SYSTEM)	TEXAS AVERAGE	NATIONAL AVERAGE
Average number of minutes before outpatients with chest pain or possible heart attack who needed specialized care were transferred to another hospital (a lower number of minutes is better)	Not Available	65 Minutes	60 Minutes
Average number of minutes before outpatients with chest pain or possible heart attack got an ECG (a lower number of minutes is better)	Not Available	8 Minutes	8 Minutes
Outpatients with chest pain or possible heart attack who got drugs to break up blood clots within 30 minutes of arrival (higher numbers are better)	Not Available	50%	58%
Outpatients with chest pain or possible heart attack who got aspirin within 24 hours of arrival (higher numbers are better)	Not Available	94%	96%
Heart Attack Patients Given Aspirin at Arrival	99%	99%	99%
Heart Attack Patients Given Aspirin at Discharge	100%	98%	99%
Heart Attack Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)	100%[1]	97%	97%
Heart Attack Patients Given Smoking Cessation Advice/Counseling	100%[1]	100%	100%
Heart Attack Patients Given Beta Blocker at Discharge	100%	98%	99%
Heart Attack Patients Given Fibrinolytic Medication Within 30 Minutes Of Arrival	50%[1]	66%	58%
Heart Attack Patients Given PCI Within 90 Minutes Of Arrival	29%[1]	92%	93%
Heart Attack Patients Given a Prescription for a Statin at Discharge	Not Available	97%	97%

[1] The number of cases is too small to reliably tell how well a hospital is performing.

Pneumonia Process of Care Measures

Pneumonia is a serious lung infection that causes difficulty breathing, fever, cough and fatigue. These measures show some of the recommended treatments for pneumonia. Read more information about pneumonia care. Learn why Pneumonia Process of Care Measures are Important.

	SAN ANTONIO VA MEDICAL CENTER (VA SOUTH TEXAS HEALTHCARE SYSTEM)	TEXAS AVERAGE	NATIONAL AVERAGE
Pneumonia Patients Assessed and Given Pneumococcal Vaccination	96%	95%	95%
Pneumonia Patients Whose Initial Emergency Room Blood Culture Was Performed Prior To The Administration Of The First Hospital Dose Of Antibiotics	98%	97%	96%
Pneumonia Patients Given Smoking Cessation Advice/Counseling	100%	98%	98%
Pneumonia Patients Given Initial Antibiotic(s) within 6 Hours After Arrival	91%	96%	96%
Pneumonia Patients Given the Most Appropriate Initial Antibiotic(s)	93%	94%	94%
Pneumonia Patients Assessed and Given Influenza Vaccination	97%	94%	93%

Heart Failure Process of Care Measures

Heart Failure is a weakening of the heart's pumping power. With heart failure, your body doesn't get enough oxygen and nutrients to meet its needs. These measures show some of the process of care provided for most adults with heart failure. Read more information about heart failure. Learn why Heart Failure Process of Care Measures are Important.

	SAN ANTONIO VA MEDICAL CENTER (VA SOUTH TEXAS HEALTHCARE SYSTEM)	TEXAS AVERAGE	NATIONAL AVERAGE
Heart Failure Patients Given Discharge Instructions	99%	92%	91%
Heart Failure Patients Given an Evaluation of Left Ventricular Systolic (LVS) Function	99%	98%	98%
Heart Failure Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)	98%	96%	95%
Heart Failure Patients Given Smoking Cessation Advice/Counseling	100%	99%	99%

Children's Asthma Process of Care Measures

Asthma is a chronic lung condition that causes problems getting air in and out of the lungs. Children with asthma may experience wheezing, coughing, chest tightness and trouble breathing. Read more information about Children's Asthma Care. Learn why Children's Asthma Process of Care Measures are Important.

	SAN ANTONIO VA MEDICAL CENTER (VA SOUTH TEXAS HEALTHCARE SYSTEM)	TEXAS AVERAGE	NATIONAL AVERAGE

Children Who Received Reliever Medication While Hospitalized for Asthma	**Not Available**	**100%**	**100%**
Children Who Received Systemic Corticosteroid Medication (oral and IV Medication That Reduces Inflammation and Controls Symptoms) While Hospitalized for Asthma	**Not Available**	**99%**	**100%**
Children and their Caregivers Who Received a Home Management Plan of Care Document While Hospitalized for Asthma	**Not Available**	**91%**	**81%**

Outcome of Care Measures

Hospital Death (Mortality) Rates Outcome of Care Measures

"30-Day Mortality" is when patients die within 30 days of their admission to a hospital. Below, the death rates for each hospital are compared to the U.S. National Rate. The rates take into account how sick patients were before they were admitted to the hospital. Read more information about hospital mortality measures.

	SAN ANTONIO VA MEDICAL CENTER (VA SOUTH TEXAS HEALTHCARE SYSTEM)	TEXAS AVERAGE	NATIONAL AVERAGE
Death Rate for Heart Attack Patients	**No Different than U.S. National Rate**	**Not Available**	**15.9%**
Death Rate for Heart Failure Patients	**No Different than U.S. National Rate**	**Not Available**	**11.3%**
Death Rate for Pneumonia Patients	**No Different than U.S. National Rate**	**Not Available**	**11.9%**

Hospital Readmission Rates Outcome of Care Measures

"30-Day Readmission" is when patients who have had a recent hospital stay need to go back into a hospital again within 30 days of their discharge. Below, the rates of readmission for each hospital are compared to the U.S. National Rate. The rates take into account how sick patients were before they were admitted to the hospital. Read more information about Hospital Readmission Measures.

	SAN ANTONIO VA MEDICAL CENTER (VA SOUTH TEXAS HEALTHCARE SYSTEM)	TEXAS AVERAGE	NATIONAL AVERAGE
Rate of Readmission for Heart Attack Patients	**No Different than U.S. National Rate**	**Not Available**	**19.8%**
Rate of Readmission for Heart Failure Patients	**No Different than U.S. National Rate**	**Not Available**	**24.8%**
Rate of Readmission for Pneumonia Patients	**No Different than U.S. National Rate**	**Not Available**	**18.4%**

Use of Medical Imaging

Use of Medical Imaging

Use of Medical Imaging (tests like Mammograms, MRIs, and CT scans)

These measures give you information about hospitals' use of medical imaging tests for outpatients based on the following:

Protecting patients' safety, such as keeping patients' exposure to radiation and other risks as low as possible.
Following up properly when screening tests such as mammograms show a possible problem.
Avoiding the risk, stress, and cost of doing imaging tests that patients may not need.

The information shown here is limited to medical imaging facilities that are part of a hospital or associated with a hospital. These facilities can be inside or near the hospital, or in a different location. This information only includes medical imaging done on outpatients. Medical imaging tests done for patients who have been admitted to the hospital as inpatients aren't included.

These measures are based on Medicare claims data.

Learn more about the use of medical imaging tests and why these measures are important.

	SAN ANTONIO VA MEDICAL CENTER (VA SOUTH TEXAS HEALTHCARE SYSTEM)	TEXAS AVERAGE	NATIONAL AVERAGE
Outpatients with low back pain who had an MRI without trying recommended treatments first, such as physical therapy. (If a number is high, it may mean the facility is doing too many unnecessary MRIs for low back pain.)	**Not Available**	**33.7%**	**32.2%**
Outpatients who had a follow-up mammogram or ultrasound within 45 days after a screening mammogram. (A number that is much lower than 8% may mean there's not enough follow-up. A number much higher than 14% may mean there's too much unnecessary follow-up.)	**Not Available**	**8.5%**	**8.4%**
Outpatient CT scans of the chest that were "combination" (double) scans. (The range for this measure is 0 to 1. A number very close to 1 may mean that too many patients are being given a double scan when a single scan is all they need.)	**Not Available**	**0.097**	**0.052**
Outpatient CT scans of the abdomen that were "combination" (double) scans. (The range for this measure is 0 to 1. A number very close to 1 may mean that too many patients are being given a double scan when a single scan is all they need.)	**Not Available**	**0.312**	**0.176**

Survey of Patients' Hospital Experiences

Survey of Patients' Hospital Experiences

HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) is a national survey that asks patients about their experiences during a recent hospital stay. Use the results shown here to compare hospitals based on ten important hospital quality topics.Read more information about the survey of patients' hospital experiences.

	SAN ANTONIO VA MEDICAL CENTER (VA SOUTH TEXAS HEALTHCARE SYSTEM)	TEXAS AVERAGE	NATIONAL AVERAGE
Patients who reported that their nurses "Always" communicated well.	**Not Available**	**77%**	**77%**
Patients who reported that their doctors "Always" communicated well.	**Not Available**	**82%**	**80%**
Patients who reported that they "Always" received help as soon as they wanted.	**Not Available**	**66%**	**65%**

Patients who reported that their pain was "Always" well controlled.	**Not Available**	**71%**	**70%**
Patients who reported that staff "Always" explained about medicines before giving it to them.	**Not Available**	**63%**	**61%**
Patients who reported that their room and bathroom were "Always" clean.	**Not Available**	**73%**	**72%**
Patients who reported that the area around their room was "Always" quiet at night.	**Not Available**	**66%**	**59%**
Patients at each hospital who reported that YES, they were given information about what to do during their recovery at home.	**Not Available**	**82%**	**83%**
Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest).	**Not Available**	**70%**	**68%**
Patients who reported YES, they would definitely recommend the hospital.	**Not Available**	**72%**	**70%**

Patient Safety Measures

Serious Complications and Deaths

This section shows serious complications that patients with Original Medicare experienced during a hospital stay, and how often patients who were admitted with certain conditions died while they were in the hospital. These complications and deaths can often be prevented if hospitals follow procedures based on best practices and scientific evidence.

Learn why Serious Complications and Death Measures are Important.

	SAN ANTONIO VA MEDICAL CENTER (VA SOUTH TEXAS HEALTHCARE SYSTEM)	U.S. NATIONAL RATE
Serious Complications	**Not Available**[5]	**Not Available per 1,000 patient discharges**
Collapsed lung due to medical treatment	**Not Available**[5]	**0.39 per 1,000 patient discharges**
Serious blood clots after surgery	**Not Available**[5]	**5.88 per 1,000 patient discharges**
A wound that splits open after surgery on the abdomen or pelvis	**Not Available**[5]	**2.16 per 1,000 patient discharges**
Accidental cuts and tears from medical treatment	**Not Available**[5]	**2.07 per 1,000 patient discharges**
Pressure Sores (bedsores)	**Not Available**[13]	**Not Available**[13]
Infections from a large venous catheter	**Not Available**[13]	**Not Available**[13]
Broken Hip from a Fall After Surgery	**Not Available**[13]	**Not Available**[13]
Bloodstream infection after surgery	**Not Available**[13]	**Not Available**[13]

[5] No data are available from the hospital for this measure.

[13] These measures are included in the composite measure calculations but Medicare is not reporting them at this time.

	SAN ANTONIO VA MEDICAL CENTER (VA SOUTH TEXAS HEALTHCARE SYSTEM)	U.S. NATIONAL RATE

Deaths for Certain Conditions	**Not Available**[5]	**Not Available per 1,000 patient discharges**
Deaths after admission for a broken hip	**Not Available**[5]	**2.95 per 100 patient discharges**
Deaths after admission for a heart attack	**Not Available**[13]	**Not Available**[13]
Deaths after admission for congestive heart failure	**Not Available**[13]	**Not Available**[13]
Deaths after admission for a stroke	**Not Available**[13]	**Not Available**[13]
Deaths after admission for a gastrointestinal (GI) bleed	**Not Available**[13]	**Not Available**[13]
Deaths after admission for pneumonia	**Not Available**[13]	**Not Available**[13]

[5] No data are available from the hospital for this measure.

[13] These measures are included in the composite measure calculations but Medicare is not reporting them at this time.

	SAN ANTONIO VA MEDICAL CENTER (VA SOUTH TEXAS HEALTHCARE SYSTEM)	U.S. NATIONAL RATE
Other Complications and Deaths		
Deaths among Patients with Serious Treatable Complications after Surgery	**Not Available**[5]	**115.70 per 1,000 patient discharges**
Breathing Failure after Surgery	**Not Available**[5]	**10.21 per 1,000 patient discharges**
Death after Surgery to Repair a Weakness in the Abdominal Aorta	**Not Available**[5]	**4.42 per 100 patient discharges**

[5] No data are available from the hospital for this measure.

Hospital Acquired Conditions

This section shows certain injuries, infections, or other serious conditions that patients with Original Medicare got while they were in the hospital. These conditions, also known as "Hospital Acquired Conditions," are usually very rare. If they ever occur, hospital staff should identify and correct the problems that caused them.

Please note that the numbers shown here do not take into account the different kinds of patients treated at different hospitals. For this reason, they should not be used to compare one hospital to another.

Learn why Hospital Acquired Conditions Measures are Important.

	SAN ANTONIO VA MEDICAL CENTER (VA SOUTH TEXAS HEALTHCARE SYSTEM)	U.S. NATIONAL RATE
Objects Accidentally Left in the Body After Surgery	**Not Available**	**0.026 per 1,000 patient discharges**
Air Bubble in the Bloodstream	**Not Available**	**0.003 per 1,000 patient discharges**
Mismatched blood types	**Not Available**	**0.001 per 1,000 patient discharges**
Severe pressure sores (bed sores)	**Not Available**	**0.135 per 1,000 patient discharges**
Falls and injuries	**Not Available**	**0.564 per 1,000 patient discharges**
Blood infection from a catheter in a large vein	**Not Available**	**0.367 per 1,000 patient discharges**
Infection from a Urinary Catheter	**Not Available**	**0.316 per 1,000 patient discharges**

Signs of Uncontrolled Blood Sugar	**Not Available**	**0.050 per 1,000 patient discharges**

Healthcare Associated Infections (HAIs)

Healthcare Associated Infections (HAIs) are serious conditions that occur in some hospitalized patients. Many HAIs occur when devices, such as central lines and urinary catheters, are inserted into the body. Hospitals can prevent HAIs by following guidelines for safe care.

Learn why Healthcare Associated Infections (HAIs) Measures are Important.

	SAN ANTONIO VA MEDICAL CENTER (VA SOUTH TEXAS HEALTHCARE SYSTEM)	**TEXAS**
Central Line Associated Blood Stream Infections (CLABSI)	**Not Available**	**0.52**

Medicare Payment

Spending per Hospital Patient with Medicare

The Spending per Hospital Patient with Medicare measure shows whether Medicare spends more, less, or about the same per Medicare patient treated in a specific hospital, compared to how much Medicare spends per patient nationally. This measure includes any Medicare Part A and Part B payments made for services provided to a patient during the 3 days prior to the hospital stay, during the stay, and during the 30 days after discharge from the hospital. This measure is from the current reporting period- Opens in a new window. Learn more about Spending per Hospital Patient with Medicare.- Opens in a new window

This result is a ratio calculated by dividing the amount Medicare spends per patient for an episode of care initiated at this hospital by the median (or middle) amount Medicare spent per patient nationally.

A result of 1 means that Medicare spends ABOUT THE SAME amount per patient for an episode of care initiated at this hospital as it does per hospital patient nationally.

A result that is more than 1 means that Medicare spends MORE per patient for an episode of care initiated at this hospital than it does per hospital patient nationally.

A result that is less than 1 means that Medicare spends LESS per patient for an episode of care initiated at this hospital than it does per hospital patient nationally.

Lower numbers are better.

	SAN ANTONIO VA MEDICAL CENTER (VA SOUTH TEXAS HEALTHCARE SYSTEM) RATIO
Spending per Hospital Patient with Medicare (displayed in ratio)	**Not Available**

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DALLAS VA MEDICAL CENTER (VA NORTH TEXAS HEALTHCARE SYSTEM)

DALLAS VA MEDICAL CENTER (VA NORTH TEXAS HEALTHCARE SYSTEM)
4500 S. LANCASTER ROAD
DALLAS ,TX 75216
(214) 742-8387

Hospital Type:ACUTE CARE - VETERANS ADMINISTRATION
Provides Emergency Services: Yes

Map & Directions

Process of Care Measures

Surgical Care Improvement Project Process of Care Measures

Hospitals can reduce the risk of infection after surgery by making sure they provide care that's known to get the best results for most patients. Here are some examples:

- Giving the recommended antibiotics at the right time before surgery
- Stopping the antibiotics within the right timeframe after surgery
- Maintaining the patient's temperature and blood glucose (sugar) at normal levels
- Removing catheters that are used to drain the bladder in a timely manner after surgery.

Hospitals can also reduce the risk of cardiac problems associated with surgery by:

- Making sure that certain prescription drugs are continued in the time before, during, and just after the surgery. This includes drugs used to control heart rhythms and blood pressure.
- Giving drugs that prevent blood clots and using other methods such as special stockings that increase circulation in the legs.

Read more information about how to prevent wound infection. Learn why Surgical Care Improvement Project Process of Care Measures are Important.

	DALLAS VA MEDICAL CENTER (VA NORTH TEXAS HEALTHCARE SYSTEM)	TEXAS AVERAGE	NATIONAL AVERAGE
Outpatients having surgery who got an antibiotic at the right time - within one hour before surgery (higher numbers are better)	**Not Available**	**96%**	**95%**
Outpatients having surgery who got the right kind of antibiotic (higher numbers are better)	**Not Available**	**95%**	**95%**
Surgery patients who were taking heart drugs called beta blockers before coming to the hospital, who were kept on the beta blockers during the period just before and after their surgery	**98%** [2]	**95%**	**95%**
Surgery patients who were given an antibiotic at the right time (within one hour before surgery) to help prevent infection	**96%**	**98%**	**98%**
Surgery patients who were given the right kind of antibiotic to help prevent infection	**99%**	**98%**	**98%**
Surgery patients whose preventive antibiotics were stopped at the right time (within 24 hours after surgery)	**95%**	**96%**	**96%**
Heart surgery patients whose blood sugar (blood glucose) is kept under good control in the days right after surgery	**93%** [2]	**94%**	**95%**

Surgery patients needing hair removed from the surgical area before surgery, who had hair removed using a safer method (electric clippers or hair removal cream - not a razor)	100%[2]	100%	100%
Surgery patients whose urinary catheters were removed on the first or second day after surgery.	93%[2]	93%	92%
Patients having surgery who were actively warmed in the operating room or whose body temperature was near normal by the end of surgery.	Not Available	99%	99%
Surgery patients whose doctors ordered treatments to prevent blood clots after certain types of surgeries	98%[2]	96%	96%
Patients who got treatment at the right time (within 24 hours before or after their surgery) to help prevent blood clots after certain types of surgery	96%[2]	95%	95%

[2] The hospital indicated that the data submitted for this measure were based on a sample of cases.

Heart Attack or Chest Pain Process of Care Measures

An acute myocardial infarction (AMI), also called a heart attack, happens when one of the heart's arteries becomes blocked and the supply of blood and oxygen to part of the heart muscle is slowed or stopped. When the heart muscle doesn't get the oxygen and nutrients it needs, the affected heart tissue may die. These measures show some of the standards of care provided, if appropriate, for most adults who have had a heart attack. Read more information about heart attack care. Learn why Heart Attack Process of Care Measures are Important.

	DALLAS VA MEDICAL CENTER (VA NORTH TEXAS HEALTHCARE SYSTEM)	TEXAS AVERAGE	NATIONAL AVERAGE
Average number of minutes before outpatients with chest pain or possible heart attack who needed specialized care were transferred to another hospital (a lower number of minutes is better)	Not Available	65 Minutes	60 Minutes
Average number of minutes before outpatients with chest pain or possible heart attack got an ECG (a lower number of minutes is better)	Not Available	8 Minutes	8 Minutes
Outpatients with chest pain or possible heart attack who got drugs to break up blood clots within 30 minutes of arrival (higher numbers are better)	Not Available	50%	58%
Outpatients with chest pain or possible heart attack who got aspirin within 24 hours of arrival (higher numbers are better)	Not Available	94%	96%
Heart Attack Patients Given Aspirin at Arrival	100%	99%	99%
Heart Attack Patients Given Aspirin at Discharge	100%	98%	99%
Heart Attack Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)	90%[1]	97%	97%
Heart Attack Patients Given Smoking Cessation Advice/Counseling	100%	100%	100%
Heart Attack Patients Given Beta Blocker at Discharge	100%	98%	99%
Heart Attack Patients Given Fibrinolytic Medication Within 30 Minutes Of Arrival	Not Available[5]	66%	58%
Heart Attack Patients Given PCI Within 90 Minutes Of Arrival	89%[1]	92%	93%
Heart Attack Patients Given a Prescription for a Statin at Discharge	Not Available	97%	97%

[1] The number of cases is too small to reliably tell how well a hospital is performing.

[5] No data are available from the hospital for this measure.

Pneumonia Process of Care Measures

Pneumonia is a serious lung infection that causes difficulty breathing, fever, cough and fatigue. These measures show some of the recommended treatments for pneumonia. Read more information about pneumonia care. Learn why Pneumonia Process of Care Measures are Important.

	DALLAS VA MEDICAL CENTER (VA NORTH TEXAS HEALTHCARE SYSTEM)	TEXAS AVERAGE	NATIONAL AVERAGE
Pneumonia Patients Assessed and Given Pneumococcal Vaccination	96%	95%	95%
Pneumonia Patients Whose Initial Emergency Room Blood Culture Was Performed Prior To The Administration Of The First Hospital Dose Of Antibiotics	98%	97%	96%
Pneumonia Patients Given Smoking Cessation Advice/Counseling	98%	98%	98%
Pneumonia Patients Given Initial Antibiotic(s) within 6 Hours After Arrival	92%	96%	96%
Pneumonia Patients Given the Most Appropriate Initial Antibiotic(s)	98%	94%	94%
Pneumonia Patients Assessed and Given Influenza Vaccination	78%	94%	93%

Heart Failure Process of Care Measures

Heart Failure is a weakening of the heart's pumping power. With heart failure, your body doesn't get enough oxygen and nutrients to meet its needs. These measures show some of the process of care provided for most adults with heart failure. Read more information about heart failure. Learn why Heart Failure Process of Care Measures are Important.

	DALLAS VA MEDICAL CENTER (VA NORTH TEXAS HEALTHCARE SYSTEM)	TEXAS AVERAGE	NATIONAL AVERAGE
Heart Failure Patients Given Discharge Instructions	94%	92%	91%
Heart Failure Patients Given an Evaluation of Left Ventricular Systolic (LVS) Function	100%	98%	98%
Heart Failure Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)	94%	96%	95%
Heart Failure Patients Given Smoking Cessation Advice/Counseling	100%	99%	99%

Children's Asthma Process of Care Measures

Asthma is a chronic lung condition that causes problems getting air in and out of the lungs. Children with asthma may experience wheezing, coughing, chest tightness and trouble breathing. Read more information about Children's Asthma Care. Learn why Children's Asthma Process of Care Measures are Important.

	DALLAS VA MEDICAL CENTER (VA NORTH TEXAS HEALTHCARE SYSTEM)	TEXAS AVERAGE	NATIONAL AVERAGE

Children Who Received Reliever Medication While Hospitalized for Asthma	**Not Available**	**100%**	**100%**
Children Who Received Systemic Corticosteroid Medication (oral and IV Medication That Reduces Inflammation and Controls Symptoms) While Hospitalized for Asthma	**Not Available**	**99%**	**100%**
Children and their Caregivers Who Received a Home Management Plan of Care Document While Hospitalized for Asthma	**Not Available**	**91%**	**81%**

Outcome of Care Measures

Hospital Death (Mortality) Rates Outcome of Care Measures

"30-Day Mortality" is when patients die within 30 days of their admission to a hospital. Below, the death rates for each hospital are compared to the U.S. National Rate. The rates take into account how sick patients were before they were admitted to the hospital. Read more information about hospital mortality measures.

	DALLAS VA MEDICAL CENTER (VA NORTH TEXAS HEALTHCARE SYSTEM)	TEXAS AVERAGE	NATIONAL AVERAGE
Death Rate for Heart Attack Patients	**No Different than U.S. National Rate**	**Not Available**	**15.9%**
Death Rate for Heart Failure Patients	**No Different than U.S. National Rate**	**Not Available**	**11.3%**
Death Rate for Pneumonia Patients	**No Different than U.S. National Rate**	**Not Available**	**11.9%**

Hospital Readmission Rates Outcome of Care Measures

"30-Day Readmission" is when patients who have had a recent hospital stay need to go back into a hospital again within 30 days of their discharge. Below, the rates of readmission for each hospital are compared to the U.S. National Rate. The rates take into account how sick patients were before they were admitted to the hospital. Read more information about Hospital Readmission Measures.

	DALLAS VA MEDICAL CENTER (VA NORTH TEXAS HEALTHCARE SYSTEM)	TEXAS AVERAGE	NATIONAL AVERAGE
Rate of Readmission for Heart Attack Patients	**No Different than U.S. National Rate**	**Not Available**	**19.8%**
Rate of Readmission for Heart Failure Patients	**No Different than U.S. National Rate**	**Not Available**	**24.8%**
Rate of Readmission for Pneumonia Patients	**Worse than U.S. National Rate**	**Not Available**	**18.4%**

Use of Medical Imaging

Use of Medical Imaging

Use of Medical Imaging (tests like Mammograms, MRIs, and CT scans)

These measures give you information about hospitals' use of medical imaging tests for outpatients based on the following:

Protecting patients' safety, such as keeping patients' exposure to radiation and other risks as low as possible.
Following up properly when screening tests such as mammograms show a possible problem.
Avoiding the risk, stress, and cost of doing imaging tests that patients may not need.

The information shown here is limited to medical imaging facilities that are part of a hospital or associated with a hospital. These facilities can be inside or near the hospital, or in a different location. This information only includes medical imaging done on outpatients. Medical imaging tests done for patients who have been admitted to the hospital as inpatients aren't included.

These measures are based on Medicare claims data.

Learn more about the use of medical imaging tests and why these measures are important.

	DALLAS VA MEDICAL CENTER (VA NORTH TEXAS HEALTHCARE SYSTEM)	TEXAS AVERAGE	NATIONAL AVERAGE
Outpatients with low back pain who had an MRI without trying recommended treatments first, such as physical therapy. (If a number is high, it may mean the facility is doing too many unnecessary MRIs for low back pain.)	**Not Available**	**33.7%**	**32.2%**
Outpatients who had a follow-up mammogram or ultrasound within 45 days after a screening mammogram. (A number that is much lower than 8% may mean there's not enough follow-up. A number much higher than 14% may mean there's too much unnecessary follow-up.)	**Not Available**	**8.5%**	**8.4%**
Outpatient CT scans of the chest that were "combination" (double) scans. (The range for this measure is 0 to 1. A number very close to 1 may mean that too many patients are being given a double scan when a single scan is all they need.)	**Not Available**	**0.097**	**0.052**
Outpatient CT scans of the abdomen that were "combination" (double) scans. (The range for this measure is 0 to 1. A number very close to 1 may mean that too many patients are being given a double scan when a single scan is all they need.)	**Not Available**	**0.312**	**0.176**

Survey of Patients' Hospital Experiences

Survey of Patients' Hospital Experiences

HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) is a national survey that asks patients about their experiences during a recent hospital stay. Use the results shown here to compare hospitals based on ten important hospital quality topics.Read more information about the survey of patients' hospital experiences.

	DALLAS VA MEDICAL CENTER (VA NORTH TEXAS HEALTHCARE SYSTEM)	TEXAS AVERAGE	NATIONAL AVERAGE
Patients who reported that their nurses "Always" communicated well.	**Not Available**	**77%**	**77%**
Patients who reported that their doctors "Always" communicated well.	**Not Available**	**82%**	**80%**
Patients who reported that they "Always" received help as soon as they wanted.	**Not Available**	**66%**	**65%**
Patients who reported that their pain was	**Not Available**	**71%**	**70%**

"Always" well controlled.			
Patients who reported that staff "Always" explained about medicines before giving it to them.	**Not Available**	**63%**	**61%**
Patients who reported that their room and bathroom were "Always" clean.	**Not Available**	**73%**	**72%**
Patients who reported that the area around their room was "Always" quiet at night.	**Not Available**	**66%**	**59%**
Patients at each hospital who reported that YES, they were given information about what to do during their recovery at home.	**Not Available**	**82%**	**83%**
Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest).	**Not Available**	**70%**	**68%**
Patients who reported YES, they would definitely recommend the hospital.	**Not Available**	**72%**	**70%**

Patient Safety Measures

Serious Complications and Deaths

This section shows serious complications that patients with Original Medicare experienced during a hospital stay, and how often patients who were admitted with certain conditions died while they were in the hospital. These complications and deaths can often be prevented if hospitals follow procedures based on best practices and scientific evidence.

Learn why Serious Complications and Death Measures are Important.

	DALLAS VA MEDICAL CENTER (VA NORTH TEXAS HEALTHCARE SYSTEM)	U.S. NATIONAL RATE
Serious Complications	**Not Available**[5]	**Not Available per 1,000 patient discharges**
Collapsed lung due to medical treatment	**Not Available**[5]	**0.39 per 1,000 patient discharges**
Serious blood clots after surgery	**Not Available**[5]	**5.88 per 1,000 patient discharges**
A wound that splits open after surgery on the abdomen or pelvis	**Not Available**[5]	**2.16 per 1,000 patient discharges**
Accidental cuts and tears from medical treatment	**Not Available**[5]	**2.07 per 1,000 patient discharges**
Pressure Sores (bedsores)	**Not Available**[13]	**Not Available**[13]
Infections from a large venous catheter	**Not Available**[13]	**Not Available**[13]
Broken Hip from a Fall After Surgery	**Not Available**[13]	**Not Available**[13]
Bloodstream infection after surgery	**Not Available**[13]	**Not Available**[13]

[5] No data are available from the hospital for this measure.

[13] These measures are included in the composite measure calculations but Medicare is not reporting them at this time.

	DALLAS VA MEDICAL CENTER (VA NORTH TEXAS HEALTHCARE SYSTEM)	U.S. NATIONAL RATE

Deaths for Certain Conditions	**Not Available**[5]	**Not Available per 1,000 patient discharges**
Deaths after admission for a broken hip	**Not Available**[5]	**2.95 per 100 patient discharges**
Deaths after admission for a heart attack	**Not Available**[13]	**Not Available**[13]
Deaths after admission for congestive heart failure	**Not Available**[13]	**Not Available**[13]
Deaths after admission for a stroke	**Not Available**[13]	**Not Available**[13]
Deaths after admission for a gastrointestinal (GI) bleed	**Not Available**[13]	**Not Available**[13]
Deaths after admission for pneumonia	**Not Available**[13]	**Not Available**[13]

[5] No data are available from the hospital for this measure.

[13] These measures are included in the composite measure calculations but Medicare is not reporting them at this time.

	DALLAS VA MEDICAL CENTER (VA NORTH TEXAS HEALTHCARE SYSTEM)	U.S. NATIONAL RATE
Other Complications and Deaths		
Deaths among Patients with Serious Treatable Complications after Surgery	**Not Available**[5]	**115.70 per 1,000 patient discharges**
Breathing Failure after Surgery	**Not Available**[5]	**10.21 per 1,000 patient discharges**
Death after Surgery to Repair a Weakness in the Abdominal Aorta	**Not Available**[5]	**4.42 per 100 patient discharges**

[5] No data are available from the hospital for this measure.

Hospital Acquired Conditions

This section shows certain injuries, infections, or other serious conditions that patients with Original Medicare got while they were in the hospital. These conditions, also known as "Hospital Acquired Conditions," are usually very rare. If they ever occur, hospital staff should identify and correct the problems that caused them.

Please note that the numbers shown here do not take into account the different kinds of patients treated at different hospitals. For this reason, they should not be used to compare one hospital to another.

Learn why Hospital Acquired Conditions Measures are Important.

	DALLAS VA MEDICAL CENTER (VA NORTH TEXAS HEALTHCARE SYSTEM)	U.S. NATIONAL RATE
Objects Accidentally Left in the Body After Surgery	**Not Available**	**0.026 per 1,000 patient discharges**
Air Bubble in the Bloodstream	**Not Available**	**0.003 per 1,000 patient discharges**
Mismatched blood types	**Not Available**	**0.001 per 1,000 patient discharges**
Severe pressure sores (bed sores)	**Not Available**	**0.135 per 1,000 patient discharges**
Falls and injuries	**Not Available**	**0.564 per 1,000 patient discharges**
Blood infection from a catheter in a large vein	**Not Available**	**0.367 per 1,000 patient discharges**
Infection from a Urinary Catheter	**Not Available**	**0.316 per 1,000 patient discharges**

Signs of Uncontrolled Blood Sugar	**Not Available**	**0.050 per 1,000 patient discharges**

Healthcare Associated Infections (HAIs)

Healthcare Associated Infections (HAIs) are serious conditions that occur in some hospitalized patients. Many HAIs occur when devices, such as central lines and urinary catheters, are inserted into the body. Hospitals can prevent HAIs by following guidelines for safe care.

Learn why Healthcare Associated Infections (HAIs) Measures are Important.

	DALLAS VA MEDICAL CENTER (VA NORTH TEXAS HEALTHCARE SYSTEM)	**TEXAS**
Central Line Associated Blood Stream Infections (CLABSI)	**Not Available**	**0.52**

Medicare Payment

Spending per Hospital Patient with Medicare

The Spending per Hospital Patient with Medicare measure shows whether Medicare spends more, less, or about the same per Medicare patient treated in a specific hospital, compared to how much Medicare spends per patient nationally. This measure includes any Medicare Part A and Part B payments made for services provided to a patient during the 3 days prior to the hospital stay, during the stay, and during the 30 days after discharge from the hospital. This measure is from the current reporting period- Opens in a new window. Learn more about Spending per Hospital Patient with Medicare.- Opens in a new window

This result is a ratio calculated by dividing the amount Medicare spends per patient for an episode of care initiated at this hospital by the median (or middle) amount Medicare spent per patient nationally.

A result of 1 means that Medicare spends ABOUT THE SAME amount per patient for an episode of care initiated at this hospital as it does per hospital patient nationally.

A result that is more than 1 means that Medicare spends MORE per patient for an episode of care initiated at this hospital than it does per hospital patient nationally.

A result that is less than 1 means that Medicare spends LESS per patient for an episode of care initiated at this hospital than it does per hospital patient nationally.

Lower numbers are better.

	DALLAS VA MEDICAL CENTER (VA NORTH TEXAS HEALTHCARE SYSTEM) RATIO
Spending per Hospital Patient with Medicare (displayed in ratio)	**Not Available**

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VA WEST TEXAS HEALTHCARE SYSTEM

VA WEST TEXAS HEALTHCARE SYSTEM
300 VETERANS BLVD.
BIG SPRING ,TX 79720
(432) 263-7361

Hospital Type:ACUTE CARE - VETERANS ADMINISTRATION
Provides Emergency Services: Yes

Map & Directions

Process of Care Measures

Surgical Care Improvement Project Process of Care Measures

Hospitals can reduce the risk of infection after surgery by making sure they provide care that's known to get the best results for most patients. Here are some examples:

Giving the recommended antibiotics at the right time before surgery
Stopping the antibiotics within the right timeframe after surgery
Maintaining the patient's temperature and blood glucose (sugar) at normal levels
Removing catheters that are used to drain the bladder in a timely manner after surgery.

Hospitals can also reduce the risk of cardiac problems associated with surgery by:

Making sure that certain prescription drugs are continued in the time before, during, and just after the surgery. This includes drugs used to control heart rhythms and blood pressure.
Giving drugs that prevent blood clots and using other methods such as special stockings that increase circulation in the legs.

Read more information about how to prevent wound infection. Learn why Surgical Care Improvement Project Process of Care Measures are Important.

	VA WEST TEXAS HEALTHCARE SYSTEM	TEXAS AVERAGE	NATIONAL AVERAGE
Outpatients having surgery who got an antibiotic at the right time - within one hour before surgery (higher numbers are better)	**Not Available**	**96%**	**95%**
Outpatients having surgery who got the right kind of antibiotic (higher numbers are better)	**Not Available**	**95%**	**95%**
Surgery patients who were taking heart drugs called beta blockers before coming to the hospital, who were kept on the beta blockers during the period just before and after their surgery	**Not Available** [2,5]	**95%**	**95%**
Surgery patients who were given an antibiotic at the right time (within one hour before surgery) to help prevent infection	**Not Available** [5]	**98%**	**98%**
Surgery patients who were given the right kind of antibiotic to help prevent infection	**Not Available** [5]	**98%**	**98%**
Surgery patients whose preventive antibiotics were stopped at the right time (within 24 hours after surgery)	**Not Available** [5]	**96%**	**96%**
Heart surgery patients whose blood sugar (blood glucose) is kept under good control in the days right after surgery	**Not Available** [2,5]	**94%**	**95%**
Surgery patients needing hair removed from the			

surgical area before surgery, who had hair removed using a safer method (electric clippers or hair removal cream - not a razor)	**Not Available** [2,5]	**100%**	**100%**
Surgery patients whose urinary catheters were removed on the first or second day after surgery.	**Not Available** [2,5]	**93%**	**92%**
Patients having surgery who were actively warmed in the operating room or whose body temperature was near normal by the end of surgery.	**Not Available**	**99%**	**99%**
Surgery patients whose doctors ordered treatments to prevent blood clots after certain types of surgeries	**Not Available** [2,5]	**96%**	**96%**
Patients who got treatment at the right time (within 24 hours before or after their surgery) to help prevent blood clots after certain types of surgery	**Not Available** [2,5]	**95%**	**95%**

[2] The hospital indicated that the data submitted for this measure were based on a sample of cases.

[5] No data are available from the hospital for this measure.

Heart Attack or Chest Pain Process of Care Measures

An acute myocardial infarction (AMI), also called a heart attack, happens when one of the heart's arteries becomes blocked and the supply of blood and oxygen to part of the heart muscle is slowed or stopped. When the heart muscle doesn't get the oxygen and nutrients it needs, the affected heart tissue may die. These measures show some of the standards of care provided, if appropriate, for most adults who have had a heart attack. Read more information about heart attack care. Learn why Heart Attack Process of Care Measures are Important.

	VA WEST TEXAS HEALTHCARE SYSTEM	TEXAS AVERAGE	NATIONAL AVERAGE
Average number of minutes before outpatients with chest pain or possible heart attack who needed specialized care were transferred to another hospital (a lower number of minutes is better)	**Not Available**	**65 Minutes**	**60 Minutes**
Average number of minutes before outpatients with chest pain or possible heart attack got an ECG (a lower number of minutes is better)	**Not Available**	**8 Minutes**	**8 Minutes**
Outpatients with chest pain or possible heart attack who got drugs to break up blood clots within 30 minutes of arrival (higher numbers are better)	**Not Available**	**50%**	**58%**
Outpatients with chest pain or possible heart attack who got aspirin within 24 hours of arrival (higher numbers are better)	**Not Available**	**94%**	**96%**
Heart Attack Patients Given Aspirin at Arrival	**Not Available** [5]	**99%**	**99%**
Heart Attack Patients Given Aspirin at Discharge	**Not Available** [5]	**98%**	**99%**
Heart Attack Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)	**Not Available** [5]	**97%**	**97%**
Heart Attack Patients Given Smoking Cessation Advice/Counseling	**Not Available** [5]	**100%**	**100%**
Heart Attack Patients Given Beta Blocker at Discharge	**Not Available** [5]	**98%**	**99%**
Heart Attack Patients Given Fibrinolytic Medication Within 30 Minutes Of Arrival	**Not Available** [5]	**66%**	**58%**
Heart Attack Patients Given PCI Within 90 Minutes Of Arrival	**Not Available** [5]	**92%**	**93%**
Heart Attack Patients Given a Prescription for a Statin at Discharge	**Not Available**	**97%**	**97%**

[5] No data are available from the hospital for this measure.

Pneumonia Process of Care Measures

Pneumonia is a serious lung infection that causes difficulty breathing, fever, cough and fatigue. These measures show some of the recommended treatments for pneumonia. Read more information about pneumonia care. Learn why Pneumonia Process of Care Measures are Important.

	VA WEST TEXAS HEALTHCARE SYSTEM	TEXAS AVERAGE	NATIONAL AVERAGE
Pneumonia Patients Assessed and Given Pneumococcal Vaccination	100% [1]	95%	95%
Pneumonia Patients Whose Initial Emergency Room Blood Culture Was Performed Prior To The Administration Of The First Hospital Dose Of Antibiotics	100% [1]	97%	96%
Pneumonia Patients Given Smoking Cessation Advice/Counseling	100% [1]	98%	98%
Pneumonia Patients Given Initial Antibiotic(s) within 6 Hours After Arrival	100% [1]	96%	96%
Pneumonia Patients Given the Most Appropriate Initial Antibiotic(s)	92% [1]	94%	94%
Pneumonia Patients Assessed and Given Influenza Vaccination	71% [1]	94%	93%

[1] The number of cases is too small to reliably tell how well a hospital is performing.

Heart Failure Process of Care Measures

Heart Failure is a weakening of the heart's pumping power. With heart failure, your body doesn't get enough oxygen and nutrients to meet its needs. These measures show some of the process of care provided for most adults with heart failure. Read more information about heart failure. Learn why Heart Failure Process of Care Measures are Important.

	VA WEST TEXAS HEALTHCARE SYSTEM	TEXAS AVERAGE	NATIONAL AVERAGE
Heart Failure Patients Given Discharge Instructions	50% [1]	92%	91%
Heart Failure Patients Given an Evaluation of Left Ventricular Systolic (LVS) Function	100% [1]	98%	98%
Heart Failure Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)	100% [1]	96%	95%
Heart Failure Patients Given Smoking Cessation Advice/Counseling	100% [1]	99%	99%

[1] The number of cases is too small to reliably tell how well a hospital is performing.

Children's Asthma Process of Care Measures

Asthma is a chronic lung condition that causes problems getting air in and out of the lungs. Children with asthma may experience wheezing, coughing, chest tightness and trouble breathing. Read more information about Children's Asthma Care. Learn why Children's Asthma Process of Care Measures are Important.

	VA WEST TEXAS HEALTHCARE SYSTEM	TEXAS AVERAGE	NATIONAL AVERAGE
Children Who Received Reliever Medication While Hospitalized for Asthma	Not Available	100%	100%
Children Who Received Systemic Corticosteroid			

Medication (oral and IV Medication That Reduces Inflammation and Controls Symptoms) While Hospitalized for Asthma	**Not Available**	**99%**	**100%**
Children and their Caregivers Who Received a Home Management Plan of Care Document While Hospitalized for Asthma	**Not Available**	**91%**	**81%**

Outcome of Care Measures

Hospital Death (Mortality) Rates Outcome of Care Measures

"30-Day Mortality" is when patients die within 30 days of their admission to a hospital. Below, the death rates for each hospital are compared to the U.S. National Rate. The rates take into account how sick patients were before they were admitted to the hospital. Read more information about hospital mortality measures.

	VA WEST TEXAS HEALTHCARE SYSTEM	TEXAS AVERAGE	NATIONAL AVERAGE
Death Rate for Heart Attack Patients	**Not Available**[5]	**Not Available**	**15.9%**
Death Rate for Heart Failure Patients	**No Different than U.S. National Rate**	**Not Available**	**11.3%**
Death Rate for Pneumonia Patients	**No Different than U.S. National Rate**	**Not Available**	**11.9%**

[5] No data are available from the hospital for this measure.

Hospital Readmission Rates Outcome of Care Measures

"30-Day Readmission" is when patients who have had a recent hospital stay need to go back into a hospital again within 30 days of their discharge. Below, the rates of readmission for each hospital are compared to the U.S. National Rate. The rates take into account how sick patients were before they were admitted to the hospital. Read more information about Hospital Readmission Measures.

	VA WEST TEXAS HEALTHCARE SYSTEM	TEXAS AVERAGE	NATIONAL AVERAGE
Rate of Readmission for Heart Attack Patients	**Not Available**[5]	**Not Available**	**19.8%**
Rate of Readmission for Heart Failure Patients	**No Different than U.S. National Rate**	**Not Available**	**24.8%**
Rate of Readmission for Pneumonia Patients	**No Different than U.S. National Rate**	**Not Available**	**18.4%**

[5] No data are available from the hospital for this measure.

Use of Medical Imaging

Use of Medical Imaging

Use of Medical Imaging (tests like Mammograms, MRIs, and CT scans)

These measures give you information about hospitals' use of medical imaging tests for outpatients based on the following:

Protecting patients' safety, such as keeping patients' exposure to radiation and other risks as low as possible.
Following up properly when screening tests such as mammograms show a possible problem.

Avoiding the risk, stress, and cost of doing imaging tests that patients may not need.

The information shown here is limited to medical imaging facilities that are part of a hospital or associated with a hospital. These facilities can be inside or near the hospital, or in a different location. This information only includes medical imaging done on outpatients. Medical imaging tests done for patients who have been admitted to the hospital as inpatients aren't included.

These measures are based on Medicare claims data.

Learn more about the use of medical imaging tests and why these measures are important.

	VA WEST TEXAS HEALTHCARE SYSTEM	TEXAS AVERAGE	NATIONAL AVERAGE
Outpatients with low back pain who had an MRI without trying recommended treatments first, such as physical therapy. (If a number is high, it may mean the facility is doing too many unnecessary MRIs for low back pain.)	**Not Available**	**33.7%**	**32.2%**
Outpatients who had a follow-up mammogram or ultrasound within 45 days after a screening mammogram. (A number that is much lower than 8% may mean there's not enough follow-up. A number much higher than 14% may mean there's too much unnecessary follow-up.)	**Not Available**	**8.5%**	**8.4%**
Outpatient CT scans of the chest that were "combination" (double) scans. (The range for this measure is 0 to 1. A number very close to 1 may mean that too many patients are being given a double scan when a single scan is all they need.)	**Not Available**	**0.097**	**0.052**
Outpatient CT scans of the abdomen that were "combination" (double) scans. (The range for this measure is 0 to 1. A number very close to 1 may mean that too many patients are being given a double scan when a single scan is all they need.)	**Not Available**	**0.312**	**0.176**

Survey of Patients' Hospital Experiences

Survey of Patients' Hospital Experiences

HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) is a national survey that asks patients about their experiences during a recent hospital stay. Use the results shown here to compare hospitals based on ten important hospital quality topics.Read more information about the survey of patients' hospital experiences.

	VA WEST TEXAS HEALTHCARE SYSTEM	TEXAS AVERAGE	NATIONAL AVERAGE
Patients who reported that their nurses "Always" communicated well.	**Not Available**	**77%**	**77%**
Patients who reported that their doctors "Always" communicated well.	**Not Available**	**82%**	**80%**
Patients who reported that they "Always" received help as soon as they wanted.	**Not Available**	**66%**	**65%**
Patients who reported that their pain was "Always" well controlled.	**Not Available**	**71%**	**70%**
Patients who reported that staff "Always" explained about medicines before giving it to them.	**Not Available**	**63%**	**61%**
Patients who reported that their room and	**Not Available**	**73%**	**72%**

bathroom were "Always" clean.			
Patients who reported that the area around their room was "Always" quiet at night.	**Not Available**	**66%**	**59%**
Patients at each hospital who reported that YES, they were given information about what to do during their recovery at home.	**Not Available**	**82%**	**83%**
Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest).	**Not Available**	**70%**	**68%**
Patients who reported YES, they would definitely recommend the hospital.	**Not Available**	**72%**	**70%**

Patient Safety Measures

Serious Complications and Deaths

This section shows serious complications that patients with Original Medicare experienced during a hospital stay, and how often patients who were admitted with certain conditions died while they were in the hospital. These complications and deaths can often be prevented if hospitals follow procedures based on best practices and scientific evidence.

Learn why Serious Complications and Death Measures are Important.

	VA WEST TEXAS HEALTHCARE SYSTEM	U.S. NATIONAL RATE
Serious Complications	**Not Available**[5]	**Not Available per 1,000 patient discharges**
Collapsed lung due to medical treatment	**Not Available**[5]	**0.39 per 1,000 patient discharges**
Serious blood clots after surgery	**Not Available**[5]	**5.88 per 1,000 patient discharges**
A wound that splits open after surgery on the abdomen or pelvis	**Not Available**[5]	**2.16 per 1,000 patient discharges**
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Broken Hip from a Fall After Surgery	**Not Available**[13]	**Not Available**[13]
Bloodstream infection after surgery	**Not Available**[13]	**Not Available**[13]

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	VA WEST TEXAS HEALTHCARE SYSTEM	U.S. NATIONAL RATE
Deaths for Certain Conditions	**Not Available**[5]	**Not Available per 1,000 patient discharges**
Deaths after admission for a broken hip	**Not Available**[5]	**2.95 per 100 patient discharges**
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Deaths after admission for congestive heart failure	**Not Available**[13]	**Not Available**[13]

Deaths after admission for a stroke	**Not Available** [13]	**Not Available** [13]
Deaths after admission for a gastrointestinal (GI) bleed	**Not Available** [13]	**Not Available** [13]
Deaths after admission for pneumonia	**Not Available** [13]	**Not Available** [13]

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Other Complications and Deaths		
Deaths among Patients with Serious Treatable Complications after Surgery	**Not Available** [5]	**115.70 per 1,000 patient discharges**
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Learn why Hospital Acquired Conditions Measures are Important.

	VA WEST TEXAS HEALTHCARE SYSTEM	U.S. NATIONAL RATE
Objects Accidentally Left in the Body After Surgery	**Not Available**	**0.026 per 1,000 patient discharges**
Air Bubble in the Bloodstream	**Not Available**	**0.003 per 1,000 patient discharges**
Mismatched blood types	**Not Available**	**0.001 per 1,000 patient discharges**
Severe pressure sores (bed sores)	**Not Available**	**0.135 per 1,000 patient discharges**
Falls and injuries	**Not Available**	**0.564 per 1,000 patient discharges**
Blood infection from a catheter in a large vein	**Not Available**	**0.367 per 1,000 patient discharges**
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Learn why Healthcare Associated Infections (HAIs) Measures are Important.

	VA WEST TEXAS HEALTHCARE SYSTEM	TEXAS
Central Line Associated Blood Stream Infections (CLABSI)	Not Available	0.52

Medicare Payment

Spending per Hospital Patient with Medicare

The Spending per Hospital Patient with Medicare measure shows whether Medicare spends more, less, or about the same per Medicare patient treated in a specific hospital, compared to how much Medicare spends per patient nationally. This measure includes any Medicare Part A and Part B payments made for services provided to a patient during the 3 days prior to the hospital stay, during the stay, and during the 30 days after discharge from the hospital. This measure is from the current reporting period- Opens in a new window. Learn more about Spending per Hospital Patient with Medicare.- Opens in a new window

This result is a ratio calculated by dividing the amount Medicare spends per patient for an episode of care initiated at this hospital by the median (or middle) amount Medicare spent per patient nationally.

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Lower numbers are better.

	VA WEST TEXAS HEALTHCARE SYSTEM RATIO
Spending per Hospital Patient with Medicare (displayed in ratio)	Not Available

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