The categories of hospital information listed on this page collectively form the comprehensive "Hospital Report Card." You can access all the categories of information from the links below.

The links for the quality of care and patient satisfaction information will take you to the website of the Vermont Department of Banking, Insurance, Securities and Health Care Administration (BISHCA). There, you will find information about our hospital's performance, and also information about the performance of other community hospitals in Vermont. BISHCA's website also includes the financial data for all Vermont community hospitals.

The links for the other Hospital Report Card categories listed below will take you to the corresponding information posted on our own website.

**QUALITY OF CARE**

[Compare Quality of Care for All Vermont Hospitals](#) on BISHCA's Hospital Report Card website menu page.

What you'll find there:
See how VA Medical Center, White River Junction, VT scored on indicators of quality of hospital care, including these sub-categories:
- Heart attack care
- Heart failure care
- Pneumonia care
- Preventing Complications from Surgery
- Nurse staffing
- Volume and mortality for selected procedures

WRJ procedures compared include: Abdominal Aortic Aneurysm Repair, (AAA) and Carotid Endarterectomy

**QUALITY IMPROVEMENT INITIATIVES**

[Read About Quality Improvement Initiatives](#) on VA Medical Center, White River Junction website

What you'll find there:
What VA Medical Center, White River Junction has done to make patient care safer and more effective, and Quality Improvement Contact Information.

Navigation for Hospital Report Card

Compare Quality of Care for all Vermont Hospitals
Quality Improvement & Patient Safety Projects including Quality Improvement Contact Information / Strategic Initiatives and Process for Public Participation / Eligibility & Enrollment / Patient Satisfaction / Hospital Governance / Have a Complaint
PATIENT SATISFACTION

**COMPARE PATIENT SATISFACTION FOR ALL VERMONT HOSPITALS** on BISHCA's Hospital Report Card website.

[CLICK HERE](#) for 2007 data for In-Patient Satisfaction at VA Medical Center, WRJ

What you’ll find there:
How VA patients rated satisfaction with their hospital care at White River Junction compared to the national VA average.

HOSPITAL DISCOUNT AND FREE CARE POLICIES

**SEE ELIGIBILITY AND ENROLLMENT PRIORITY GROUPS** for VA Medical Center, White River Junction Vermont. Veterans who meet these criteria may receive care at any VA Hospital nationwide.

You can obtain enrollment assistance by calling VA's Health Benefits Service Center, Monday through Friday between the hours of 8:00 AM and 8:00 PM (EST) at 877-222-VETS or [CLICK HERE](#) for VA Medical Center, White River Junction home page.

[CLICK HERE](#) for links to all Vermont hospitals, including links to their discount and free care policies, on BISHCA's website

STRATEGIC INITIATIVES AND PROCESS FOR PUBLIC PARTICIPATION

**READ A SUMMARY OF STRATEGIC INITIATIVES** for VA Medical Center, White River Junction, VT

This document describes initiatives to meet health care needs of the local population. It is based on a strategic planning process that includes opportunities for public input.

HOSPITAL GOVERNANCE

**FIND OUT ABOUT VA MEDICAL CENTER WHITE RIVER JUNCTION, VT GOVERNANCE**

Learn about the VA Medical Center, WRJ’s Executive Committee of the Governing Body and how the public can take part in our hospital activities.

- **Contact information**

IF YOU HAVE A COMPLAINT

**SEE HOW TO FILE A COMPLAINT AT VA MEDICAL CENTER WHITE RIVER JUNCTION, VT**

Tell us if you are concerned about the care you or someone else received at this hospital.

See Also [Prior Years: Comparative Data for all Hospitals](#)
Quality Improvement Initiative

**Project Name:** Improving Management of Hypertension

**Timeframe:** The VA has had various key clinical practice guidelines in place for years. Each year, targets are increased or practice parameters are tightened. This current improvement project, and multiple cycles of refinement, took place from February 2005 through March 2008 and remains ongoing.

**Description:** In February 2005, only 58% of patients met the target for management of hypertension and therefore WRJ had significant opportunities for improvement.

**Project Goal:**
- To meet and then exceed the VA goals for BP control; also to give providers specific data and information regarding their panels.

**Interventions:**
- Performance improvement teams were formed to work on all Primary Care clinical performance measures, including the hypertension measures. Both admin and clinical staff were placed on teams and the teams were given formal charges.
- Ongoing cycles of improvement continued throughout the WRJ campus and spread to our Community Based Outpatient Clinics (CBOCs).

Specific interventions included (and will continue as ongoing actions in the future):
- Education in three critical steps (see below) in multiple venues: regular staff meetings, External Peer Review Out-briefs, performance measure meeting with top management (“First Friday” Meetings), etc.

---

**BP > 140/90??**

- **Re-check**
  - Be sure to recheck the BP before visit is over

- **Re-dose**
  - Adjust the patient’s medication right there during the visit…don’t wait until “next time”

- **Re-visit**
  - Bring the patient back for a re-check within 3-4 weeks instead of several months
Monthly feedback to providers, both provider specific data, and aggregate results for each FIRM (provider group) and the CBOCs.

**Evaluation and Results:**

Processes and results were both improved as a result of team work using PDSA cycles

- Since the implementation of our interventions, we have gone from 58% of patients having their blood pressure in control in February of 2005 to 78% in 2008 to date.

- Improvement has been spread to other areas of the organization as well as to our contracted CBOCs, to other VA facilities within the New England Network and with other VA facilities across the country.

**Contact Information**

Joanne Belviso Puckett R.N., Ed.M.  
Chief Quality Officer  
VA Medical Center  
215 North Main Street, White River Junction, VT 05009  
802-295-9363, extension 5432  
joanne.puckett2@va.gov
Quality Improvement Initiative

**Project Name:** PET SCAN Referral

**Timeframe:** Improvement project took place from October 2006 through December 2007. Data were collected from 2003 to present.

**Description:** PET scans are newer more accurate cancer staging procedures that have gained prominence in the oncology community and in cancer staging guidelines. Because WRJ does not have on-site PET scan capability, the goal was to obtain scans in a timely manner so that cancer treatments can be started promptly.

**Project Goal:**

- Obtain PET scans in a timely fashion (75% of all PET scans will be done at local affiliate with an improvement of 10 – 20% per year since 2004)
- Reduce Turn-Around-Times for reports, (TAT)

**Interventions:**

- Researched and assessed possible sites of care both within VA and within the local community
- Top management support for local care at affiliate
- Developed and implemented computerized referral form
- Developed and implemented final report tracking system

**Evaluation and Results:**

Processes and results were both improved as a result of team work using PDSA cycles

- Patients have their PET scans scheduled within one week from the time of referral
- PET scan results are printed twice a week at the affiliate and sent by mail to the VA.
- Final reports are also faxed to VA Oncology when completed
- Oncology providers now have the PET scan results before they are scanned into the electronic medical record and in time for tumor board and follow-up appointments with the patient.
- Results are integrated (scanned) into the VA electronic medical record within one to two weeks from the procedure.
Mean time for scheduling is eight **days** and reports are received within days from the PET scan completion (See graph below).

**Contact Information**

Joanne Belviso Puckett R.N., Ed.M.
Chief Quality Officer
VA Medical Center
215 North Main Street, White River Junction, VT 05009
802-295-9363, extension 5432
joanne.puckett2@va.gov
Quality Improvement Initiative

**Project Name:** Nutrition Education for Veterans with Congestive Heart Failure

**Timeframe:** This improvement project took place from September 2007 through February 2008 and remains ongoing.

**Description:** There are multiple quality measures for patients admitted to a hospital with congestive heart failure (CHF). One of those measures includes written discharge instructions to patients or their family on issues (nutrition and diet counseling, e.g. low salt diet) that are known to reduce unnecessary readmissions. Chart reviews of patients admitted to the VA medical center revealed only 10% had a registered dietician provide nutrition education that was documented and noted on discharge instructions. Therefore WRJ had significant opportunities for improvement.

**Project Goal:**
- All patients (100%) admitted with CHF will have low sodium diet prescription or documented rationale for exception (e.g. hospice patient) and have nutrition education provided by a registered dietician to include written discharge instructions.

**Interventions:**
- Performance improvement team was formed with primary responsibility with Nutrition & Food Service.
- Identified all patients admitted with CHF using electronic medical record sources to include the medical and nursing admission assessments and the patient’s problem list.

Specific interventions included (and will continue as ongoing actions in the future):
- All patients admitted with CHF will receive a consult with a registered dietician.
- The registered dietician will ensure the patient is receiving a low-sodium diet unless contraindicated and provide discharge instruction regarding dietary modifications necessary with CHF. Both ongoing education and written education for patients or their family will be documented by a registered dietician.

**Evaluation and Results:**
Processes and results were both improved as a result of teamwork using PDCA cycles:

- Since the implementation of our interventions, we have gone from 10% of patients receiving registered dietician education and discharge instructions to 78%.
- Registered dieticians have begun to proactively target nutrition education for patients with CHF beyond in-patient settings to improve continuity of care for this patient population.
Contact Information

Joanne Belviso Puckett R.N., Ed.M.
Chief Quality Officer
VA Medical Center
215 North Main Street, White River Junction, VT 05009
802-295-9363, extension 5432
joanne.puckett2@va.gov
2007 INPATIENT SATISFACTION

The information in this section of the report comes from the opinions of recently discharged inpatients. The Department of Veterans Affairs, in collaboration with the National Research Corporation/Picker Group, conducts monthly satisfaction surveys of recently discharged veteran patients, called “Survey of Healthcare Experiences of Patients”. Patients’ opinions were collected during April, May, June, July, August and September 2007 (most recent official report), using a confidential satisfaction survey used by all 150+ VA Medical Centers across the country. The survey asks patients 101 questions about their hospital stay. Answers are reported in “dimensions of care” which are described below under “Measures” and “Explanation”.

Data are collected, trended and analyzed, and scores are compared among all VA Medical Centers nationally and within the respective Veteran’s Integrated Service Network (VISN). The VA Medical Center, White River Junction Vermont is a member of the VA New England Healthcare System (VISN1). For the measures reported below, the VA Medical Center White River Junction is compared to the VA overall national average for recently discharged inpatients.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Explanation</th>
<th>FY 07 WRJ</th>
<th>FY 07 National VA Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access</td>
<td>This measure rates how well we provide you with timely and convenient access to health care.</td>
<td>90+</td>
<td>81</td>
</tr>
<tr>
<td>Coordination of Care</td>
<td>This measure rates how well we provide seamless coordination of your healthcare needs.</td>
<td>85+</td>
<td>78</td>
</tr>
<tr>
<td>Courtesy</td>
<td>This measure rates how well we treated you with courtesy and dignity.</td>
<td>94+</td>
<td>90</td>
</tr>
<tr>
<td>Education &amp; Information</td>
<td>This measure rates how well we provide written and oral information and education about your health care that you understand.</td>
<td>75+</td>
<td>68</td>
</tr>
<tr>
<td>Emotional Support</td>
<td>This measure rates how well we provide support to meet your emotional needs.</td>
<td>73+</td>
<td>65</td>
</tr>
<tr>
<td>Family Involvement</td>
<td>This measure rates how well we provide opportunities for your family to be involved in your care when appropriate.</td>
<td>81+</td>
<td>76</td>
</tr>
<tr>
<td>Physical Comfort</td>
<td>This measure rates how well we met your pain management and physical comfort needs.</td>
<td>89+</td>
<td>83</td>
</tr>
<tr>
<td>Preferences</td>
<td>This measure rates how well we involved you in decisions about your health care.</td>
<td>80+</td>
<td>74</td>
</tr>
<tr>
<td>Transition</td>
<td>This measure rates how well we provided a smooth transition between your inpatient and outpatient care.</td>
<td>76</td>
<td>70</td>
</tr>
<tr>
<td>Overall Quality</td>
<td>This measure rates the overall quality of care that you received in the hospital.</td>
<td>87</td>
<td>77</td>
</tr>
</tbody>
</table>

WRJ numbers in “bold” print represent our inclusion as one of the Top Ten performing facilities for that dimension of care. A “+” indicates satisfaction scores statistically significantly higher than the VA average.
Enrollment Priority Groups

<table>
<thead>
<tr>
<th>Priority Group</th>
<th>Definition</th>
</tr>
</thead>
</table>
| 1              | • Veterans with VA-rated service-connected disabilities 50% or more disabling  
                  • Veterans determined by VA to be unemployable due to service-connected conditions |
| 2              | • Veterans with VA-rated service-connected disabilities 30% or 40% disabling |
| 3              | • Veterans who are Former Prisoners of War (POWs)  
                  • Veterans awarded a Purple Heart medal  
                  • Veterans whose discharge was for a disability that was incurred or aggravated in the line of duty  
                  • Veterans with VA-rated service-connected disabilities 10% or 20% disabling  
                  • Veterans awarded special eligibility classification under Title 38, U.S.C., Section 1151, “benefits for individuals disabled by treatment or vocational rehabilitation” |
| 4              | • Veterans who are receiving aid and attendance or housebound benefits from VA  
                  • Veterans who have been determined by VA to be catastrophically disabled |
| 5              | • Nonservice-connected veterans and noncompensable service-connected veterans rated as 0% disabled by VA and whose annual income and net worth are below the VA national income threshold  
                  • Veterans receiving VA pension benefits  
                  • Veterans eligible for Medicaid programs |
| 6              | • World War I veterans  
                  • Compensable 0% service-connected veterans  
                  • Veterans exposed to ionizing radiation during atmospheric testing or during the occupation of Hiroshima and Nagasaki  
                  • Project 112/SHAD participants  
                  • Veterans who served in a theater of combat operations after November 11, 1998 as follows:  
                      o Veterans discharged from active duty on or after January 28, 2003, who were enrolled as of January 28, 2008 and veterans who apply for enrollment after January 28, 2008, for 5 years post discharge  
| 7              | • Veterans with income and/or net worth above the VA national income threshold and income below the geographic income threshold who agree to pay copays |
| 8              | • Veterans with income and/or net worth above the VA national income threshold and the geographic income threshold who agree to pay copays  
                  • Subpriority a: Noncompensable 0% service-connected veterans enrolled as of January 16, 2003, and who have remained enrolled since that date  
                  • Subpriority c: Nonservice-connected veterans enrolled as of January 16, 2003, and who have remained enrolled since that date  
                  • Subpriority e**: Noncompensable 0% service-connected veterans applying for enrollment after January 16, 2003  
                  • Subpriority g**: Nonservice-connected veterans applying for enrollment after January 16, 2003 |

**Note:** Veterans assigned to Priority Groups 8e or 8g are not eligible for enrollment as a result of the enrollment restriction which suspended enrolling new high-income veterans who apply for care after January 16, 2003. Veterans enrolled in Priority Groups 8a or 8c will remain enrolled and eligible for the full-range of VA health care benefits.
Strategic Initiatives and Process for Public Participation

Strategic Initiatives – WRJ VA Medical Center is a member of the VA New England Healthcare System (Veterans Integrated Service Network {VISN} 1). As such, our planning and decision-making processes are closely aligned and fully integrated into the larger VA strategic planning system.

VISN 1’s strategic planning process determines the Network’s direction and focus in the delivery of services to veterans now and in the future. Strategic and operational plans are based on established priorities and directives from the Veterans Health Administration (VHA) and the Secretary of Veterans Affairs.

The VISN 1 Stage 2 Strategic Plan for 2008 - 2012 identifies key Network goals and promotes VHA initiatives and strategies. The plan outlines how Network 1 will meet veteran health care needs.

VISN 1 Home page [http://www.newengland.va.gov/](http://www.newengland.va.gov/)

VISN 1 Strategic Plan: [http://www.newengland.va.gov/docs/VISN1StrategicPlan2008-2012.pdf](http://www.newengland.va.gov/docs/VISN1StrategicPlan2008-2012.pdf)

Process for Public Participation - There are over 90,000 veterans residing in the WRJ VAMC service area of Vermont and four bordering counties in New Hampshire. We currently serve approximately 24,000 individual veterans. While veterans and their families are our primary customers, the WRJ VAMC has identified a total of four key customer/stakeholder groups. They are either directly impacted, or they directly or indirectly impact what we do. The input and feedback from each of these groups, noted below with a sample of listening and learning mechanisms, is critical to the delivery of care and services.

1. Direct Consumers of Health Care – Eligible veterans and family members
   a. National and local satisfaction surveys
   b. WRJ VAMC interactive website
   c. Local and national focus groups
   d. Patient Representative contacts
   e. Women’s Advisory Committee
   f. Regularly scheduled patient rounds by the senior leadership Quadrad

2. Internal Providers of Care and Services – All employees, other staff, students and volunteers
   a. Regular ongoing satisfaction surveys
   b. Learners’ Perception Surveys and other student feedback
   c. WRJ VA Voluntary Service Advisory Board
   d. Anonymous e-mail and voice mail processes
   e. WRJ VA Research Corporation
   f. Service Level needs assessments

3. External Providers of Care and Services – Health care partners and suppliers
   a. Dean’s Committee (Affiliate)
   b. Full-time Community Based Outpatient Clinic Coordinator
   c. Academic Advisory Board
   d. Contracting Officer’s Technical Representatives
   e. Membership on the Vermont Association of Hospitals and Health Systems (VAHHS)
f. State Veterans Home Review

g. Staff participation in numerous state and local community boards, councils and professional organizations

h. Annual Satisfaction Surveys

4. External "Official Stakeholders" – Public officials, Veterans' Service Organizations
   a. Quarterly WRJ (VT/NH) Management Advisory Council with local, state, congressional and veterans service officers.
   b. Veterans’ Service Officers (VSO) Advisory Board
   c. Governor’s Veterans Advisory Group

**Contact Information:**
Public Affairs Officer
VA Medical Center,
215 N. Main Street
White River Junction, VT 05009
Phone: (802) 295 - 9363 extension 5400
Description of Hospital Governance

The VA Medical Center at White River Junction, Vermont (and its four Community Based Outpatient Clinics) is one of eight medical centers that comprise the VA New England Health Care System (VANEHS) also known as VISN 1.

The VANEHS is a Veterans Integrated Service Network (VISN), which is one of 21 VISNs nationwide that comprise the Veterans Health Administration (VHA).

The VHA is one of three administrations under the auspices of the Department of Veterans Affairs. The other two are the Veterans Benefits Administration [VBA] and the National Cemetery Administration [NCA].

The WRJ VAMC is managed and administered by a senior leadership Quadrad (Medical Center Director, Associate Director, Chief of Staff and Associate Director for Nursing/Patient Care Services). In the VA system, the Medical Center Director is the “Governing Body” and is a direct report to the VISN 1 Network Director. In turn, the 21 Network Directors report directly to the Office of the Under Secretary for Health (USH) and the USH reports to the Secretary, Department of Veterans Affairs, a member of the President’s Cabinet.

The WRJ VAMC leadership team, consisting of the Quadrad, Service Chiefs/ Service Line Managers and staff, and supported by our union partners, functions as an “internal Board of Directors” known as the Executive Committee of the Governing Body (ECGB). The ECGB is responsible for gaining knowledge about customers/stakeholders, their requirements and expectations; and in building and strengthening customer relationships.

This Executive Committee is responsible for the planning and deployment of our mission, vision and credo; long and short-term organizational planning; and performance management and continuous improvement; to carry out the goals of the Department of Veterans Affairs. These responsibilities are carried out with the regular ongoing input and feedback from our key customer and stakeholder groups as previously discussed in the section on “Strategic Initiatives and Process for Public Participation”.

“Community Stewardship” is one of WRJ VAMC’s priorities. As such, we welcome community members to utilize our conference room facilities as available, and we regularly host many community organizations for various programs and functions.

We encourage members of our community to contact us and let us know how we can add value, helping us to achieve our mission; “Honor America’s veterans by providing exceptional healthcare that improves their health and well-being.”

Contact Information:

Joanne Belviso Puckett R.N., Ed.M.
Chief Quality Officer
VA Medical Center,
215 N. Main Street
White River Junction, VT 05009
Phone: (802) 295 - 9363 extension 5432
joanne.puckett2@va.gov
White River Junction VA Medical Center Process for Addressing Patient Concerns

(“Complaint” Process)

The Veterans Affairs Medical Center in White River Junction takes great pride in providing excellent customer service and patient care at the WRJ campus and its four Community Based Outpatient Clinics in Colchester, Rutland and Bennington, Vermont and Littleton, New Hampshire. A full time Patient Representative plays an integral role in the management of overall patient satisfaction and facilitates the complaint process as needed.

The Patient Representative is consulted when attempts to resolve complaints, concerns, or unmet needs have been unsuccessful at the point of service. The “complaint process” consists of the following steps:

1. Patients are encouraged to address their concerns at the point of service. Respective staff members at the point of service will attempt to resolve the issue to the patient’s satisfaction.

2. If resolution cannot be achieved, the patient may contact any supervisor, including the respective service chief or service line manager, to resolve the issue within the respective service.

3. If necessary, the patient may contact the Patient Representative to assist with resolution at any time.

4. In the rare instance where an issue cannot be addressed to the patient’s satisfaction, the patient may request an appointment with any member of top management including the Medical Center Director.

5. The patient may also contact the VA New England Healthcare System main office in Bedford, Massachusetts: 200 Springs Road (Bldg 61), Bedford, MA 01730. Phone (781) 687-3412, if the patient is unable to address his/her concern at the facility level. Link: http://www.newengland.va.gov/contact.asp

6. Joint Commission on Accreditation of Healthcare Organizations may be contacted if patients continue to have clinical quality or patient safety issues that have not been able to be resolved at the local or regional headquarters level. Link: http://www.jointcommission.org/GeneralPublic/Complaint/default.htm

The following Patient Representative program elements help the White River Junction VA Medical Center provide exceptional customer service:

• “Point-of-service” rounds, conducted on a regularly scheduled basis, give the Patient Representative the opportunity to collect data to identify any noticeable trends involving patient complaints or other noteworthy issues.

• If routine analysis indicates that possible system issues are causing customer service to be compromised, the appropriate staff are notified so that corrective action can be initiated.

• The Patient Representative conducts bi-weekly rounds with the Medical Center Director, or other member of the top management team, to personally meet with both inpatients and outpatients where input and feedback are solicited related to patient care and services.
• White River Junction has a Service Recovery Program in place that specifically identifies when service has been "compromised"; and staff are encouraged to "do it very right the second time". In addition, staff apologizes sincerely for any inconvenience or unpleasant experience the patient may have encountered and may provide small monetary (Canteen coupons) or non-monetary items to promote positive customer interactions.

• The Patient Representative tracks all concerns, and inputs information into the Patient Representative Database for analysis and continuous process improvement.

• The WRJ VA Medical Center policy is that all concerns will be addressed as soon as possible, although not necessarily resolved, but no longer than three business days.

• A quarterly report is presented to all supervisory staff and top management which describes customer service strengths and opportunities for improvement, with action assigned and improvements made as needed.

• Both national and local VA Patient Satisfaction data are routinely collected, analyzed and reported. Public bulletin boards are kept current for viewing by staff, patients and visitors. Actions are taken as needed to continue improvements.

Contact Information
Karen Campbell
Patient Representative
VA Medical Center,
215 N. Main Street
White River Junction, VT  05009
Phone (802) 295-9363 x 6293
Fax (802) 296-6354
karen.campbell@va.gov
Pager (802) 742-0274