The headline on the major Time magazine story this past September said it all: “How VA Hospitals Became the Best.”

For those of us on the Internal Medicine faculty who have joint appointments at the VA Ann Arbor Healthcare System, the article said what we already knew: that our hospital and clinics provide high-quality care using technology that increases efficiency and reduces the potential for errors. And that VA hospitals are far ahead of most non-government hospitals in this respect.

Of course, we know that the U-M hospitals and clinics also rank high in quality measures, with some of the highest scores in the land, in fact. But for the VA staff and faculty, the fact that our hard work is being noticed on the national stage by a public that clings to outdated notions of VA care is incredibly gratifying.

The hard work to improve care even further continued this year, with some of our VA-funded researchers making major contributions to national knowledge on patient safety and evidence-based medicine.

For instance, Sanjay Saint, MD, MPH, published results of a study involving a little-discussed, but very important, source of hospital-acquired infections: urinary catheters. In the first-ever randomized controlled trial comparing two types of catheters for male patients, he found significant differences in infection risk and patient comfort. It’s a finding that may help millions of men in hospitals and nursing homes avoid painful urinary tract infections and potentially serious bloodstream infections.

Also on the research front, Rodney Hayward, MD, Sandeep Vijan, MD, and Timothy Hofer, MD, MSc, came out with an important analysis of cholesterol-reduction targets that calls into question the ultra-low goals currently being set nationally. Their findings have implications for the treatment of millions of patients.

Research at the VA Geriatric Research, Education and Clinical Center continues to generate useful knowledge for preventing injury and illness in older Americans; the major findings this year were in the area of avoiding falls through balance training, and preventing bath-related injuries.

Even as all of this important research continued, we continued to make changes on the clinical front that would allow us to improve our patients’ care and the educational experience of our residents and fellows. A major reorganization of the inpatient units has led to better communication among faculty and staff, and we have revived the dormant tradition of a monthly “morbidity and mortality” conference among attending physicians and trainees to review cases and look for opportunities to improve.

As the number of patients we treat continues to rise with the return of troops from Iraq and Afghanistan, our greatest challenge is recruiting and retaining additional faculty and fellows. Fortunately, this year brought good news in the form of an across-the-board pay raise for faculty that brings them into line with their university colleagues, and in the form of two new fellowship positions in cardiology and gastroenterology. A third new fellowship, in palliative care, could be established soon. All in all, it seems fitting recognition for what we at the VA have known for a while: that VA hospitals are great places to work, to learn, and to receive care.