

# Source

A Newsletter for the Patients, Volunteers & Staff of the VA Southern Oregon Rehabilitation Center and Clinics

## *Systems Redesign Champion Award*

### WHAT'S INSIDE



A Message from the Director.....1

A Message From The Network Director.....2

Suicide Prevention Hotline.....4

Privacy Messages For VA Employees .....6

Bedbugs Bounce Back.....14



(front) Theresa Brooks, Sharon Hall, Heather Philp-Browning, (back) Steve Schreiner, Dawn Baker, James Phillippe and (not shown) Mary Feagan (Mary is part of the Disaster Emergency Medical Personnel (DEMPS) who deployed to Texas as medical support for the hurricane victims).



In 2002, the Veterans Health Administration identified multiple, common medical diagnosis' placing high demand on limited medical resources. This challenge resulted in the evolution of a highly successful program to address restricted patient access, poor disease control, high demand on healthcare resources, poor patient satisfaction, and promotion of evidence-

Story continues on page 15

VA SORCC  
8495 Crater Lake Hwy  
White City, OR 97503  
541-826-2111

**Max E. McIntosh, PhD, MBA**  
VA SORCC Director

**Roy Horne**  
Associate Director

**Dr. Randall Nelson**  
Acting Chief of Staff

**Karen Allen**  
Associate Director  
of Patient Care Services

The VA SORCC, welcomes submission of articles of interest to our readers. The editor reserves the right to use and edit all contributed articles. Views expressed in this publication do not necessarily reflect the opinions of the Administrative Boards, Editorial Staff, or Department of Veterans Affairs.

**Editor**  
Anna L. Diehl

**Assistant Editor**  
Rhonda K. Haney

**Editorial Board**  
Max McIntosh, PhD, MBA  
Russ Cooper  
Susan Black-Huff  
Stacy Webster-Wharton  
Karen Allen  
AJ Brummett  
Judy Hall

## *A Message from the*

## *Director*

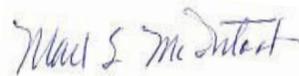
### **Dear Fellow Employees, Volunteers, Veterans and Friends of VASORCC:**

You may have heard the term “Systems Redesign” and wondered what all the buzz is about. In 1999, the VHA introduced the Advanced Clinical Access Initiative (ACA) as an effective method for improving access to care for our veterans. ACA took a step further in 2007, when Mr. William F. Feeley, Deputy Under Secretary of Health for Operations and Management, chartered the steering committee for the new VHA Systems Redesign Initiative. In 2008, the VHA Systems Redesign Office was established and now there are Systems Redesign programs popping up in facilities across the nation.

Well, what is it? Systems Redesign is performance improvement. One of the goals of Systems Redesign is to improve the quality of service by eliminating unnecessary waste and delays through continuous improvements in VHA processes. Systems Redesign utilizes a five step structured approach to improvement: Team (establishing the team), Aim (setting a measurable goal), Map (flowchart the process steps), Measure (set up monitors), Change (implement the changes). Systems Redesign can be utilized with the ten key principles of ACA for major performance improvement projects related to access issues and it can also be utilized for day to day administrative processes. According to Mr. Feeley, “Systems Redesign is about changing existing definitions of the best way to do our work.”

The VA SORCC has a newly chartered, formal Systems Redesign Committee who will be responsible for providing support to the Systems Redesign Teams and who will ensure that all action items are fully implemented at our organization. There are currently ten Systems Redesign Teams in progress, addressing quality, access and administrative issues. If you identify an improvement opportunity that might benefit from Systems Redesign, please send your referral c/o Sherri Masterson, Chair, Systems Redesign Committee (00). Your anticipated participation in our Systems Redesign program is welcomed and appreciated!

Thank you,



Max E. McIntosh, PhD, MBA  
Director

## *A Message from the*

# *Network Director*

September 7th – 13th was designated Suicide Prevention Awareness Week. This week is dedicated by both national and private suicide prevention organizations to activities that promote awareness concerning suicide and how individuals and communities can work together to reduce it. The VA is proud to participate and to promote our efforts in this area, to include the placement of a suicide prevention coordinator at every VA Medical Center; the May 2008 appointment by Secretary Peake of two special panels that will make recommendations on ways the VA can improve its programs in suicide prevention, suicide research and suicide education; and the implementation of a national suicide prevention hotline earlier this year.

Suicide is currently the 11th most frequent cause of death in the U.S. Someone dies from suicide every 16 minutes - over 32,000 people per year, 90% of whom had a diagnosable psychiatric disorder at the time of their death. Every day approximately 80 Americans take their own life, while 1500 more attempt to do so. Although it is unknown at this time how many Americans who attempt or complete suicide are veterans, as with the rest of nation, and most certainly the VA, VISN 20 has been deeply impacted by these tragic decisions. So much so, that we have planned a series of events over the course of the next several months to help us better assist the needs of this vulnerable population.

During the last week of September, the Network will host a conference for all VISN 20 Suicide Prevention Coordinators and OEF/OIF Program Managers, as well as numerous representatives from our Behavioral Health and Primary Care Committees. Subject matter experts in the areas of patient safety and pain management will also be in attendance, and Jan Kemp, VA's National Suicide Prevention Coordinator, will play a significant role. Sessions will consist of data review; discussion of structured follow up methods for high risk veterans; discussion on criteria for suicide attempts and completion reports; the implementation of a systematic means of initial risk assessment, documentation and monitoring, and ultimately, the development of methods of improved collaboration/coordination of care.

In October, Jan Kemp will visit the Spokane VAMC to begin the first in a series of visits at VISN 20 facilities to assess Suicide Prevention and Behavioral Health Programs. The results of this visit will provide the foundation for a Regional Suicide Prevention Symposium. The goal is to host this regional meeting within the next 6 months, an idea which has garnered broad support from our Congressional partners and community leaders. In addition to VHA, representatives from various regional mental health organizations, state medical examiners, the Center for Disease Control, Veterans Benefit Administration, the National Cemetery Service, the Regional Vet Center, the State Department of Veterans Affairs and the Department of Defense will be invited to participate, forming stronger partnerships for the benefit of all veterans.

Suicidal ideas and attempts to harm oneself are the result of problems that may seem like they can't be fixed. Just the fact that suicide exists means we need to come together and better identify warning signs. VISN 20 is committed to dedicating the resources and intentions necessary to make a difference to our veterans and their family members. I look forward to updating you on the progress made in this endeavor, and welcome your comments and suggestions as we move forward.

Dennis M. Lewis, FACHE  
Network Director, VISN 20



Do  
**YOU**  
HAVE QUESTIONS ABOUT VOTER REGISTRATION?

INPATIENTS AND RESIDENTS...  
IF YOU NEED INFORMATION ON HOW YOU CAN EXERCISE  
YOUR FREEDOM BY VOTING IN LOCAL AND NATIONAL ELECTIONS,  
CONTACT THE VA VOLUNTARY SERVICE OFFICE LISTED BELOW.

**BUILDING 202, ROOM 151**

ADDITIONAL INFORMATION

**VOTER INFORMATION IS AVAILABLE IN  
HANDOUTS WITH INTERNET REFERENCES  
FOR ALL STATES.**

**IF YOU NEED ASSISTANCE WE WILL  
SCHEDULE YOU TO VISIT WITH A  
VOTER ASSISTANCE VOLUNTEER.**





## **VA Suicide Prevention Panel Completes Draft Report**

WASHINGTON (Sept. 9, 2008) - A blue-ribbon panel has praised the Department of Veterans Affairs (VA) for its “comprehensive strategy” in suicide prevention that includes a “number of initiatives and innovations that hold great promise for preventing suicide attempts and completions.”

Among the initiatives and innovations the group studied was VA’s Suicide Prevention Lifeline - 1-800-273-TALK. The lifeline is staffed by trained professionals 24 hours a day to deal with any immediate crisis that may be taking place. Nearly 33,000 veterans, family members or friends of veterans have called the lifeline in the year that it has been operating. Of those, there have been more than 1,600 rescues to prevent possible tragedy.

Other initiatives noted included the hiring of suicide prevention coordinators at each of VA’s 153 medical facilities, the establishment of a Mental Health Center of Excellence in Canandaigua, N.Y., focusing on developing and testing clinical and public health intervention standards for suicide prevention, the creation of an additional research center on suicide prevention in Denver, which focuses on research in the clinical and neurobiological conditions that can lead to increased suicide risk, and a plus-up in staff making more than 400 mental health professionals entirely dedicated to suicide prevention.

With the praise, the panel also recommended a mixture of more research, greater cooperation among federal agencies, and more education for health care workers and community leaders to further strengthen and share the VA’s ability to help veterans and their families.

“Every human life is precious, none more than the men and women who serve this nation in the military,” said Secretary of Veterans Affairs, Dr. James B. Peake. “The report of this blue-ribbon panel, and other efforts underway, will ensure VA mobilizes its full resources to care for our most vulnerable veterans.”

Called the “Blue Ribbon Work Group on Suicide Prevention,” the five-member group was composed of suicide prevention experts from VA, the Department of Defense, the Centers for Disease Control and Prevention, the National Institute of Health, and the Substance Abuse and Mental Health Services Administration. The group was created by Peake and met June 11-13, 2008.

Among the panel’s recommendations to further enhance VA’s outstanding programs, many of which VA has already begun to implement, are:

- \* Design a study that will identify suicide risk among veterans of different conflicts, ages, genders, military branches and other factors.

VA has committed to work with other federal agencies to design such a study within 30 days.

Story continues on page 5

Continued from page 4

\* Improve VA's screening for suicide among veterans with depression or post-traumatic stress disorder (PTSD). VA is in the process of designing a new screening protocol with a pilot test undertaken during the fiscal year quarter beginning Oct. 1, 2008.

\* Ensure that evidence-based research is used to determine the appropriateness of medications for depression, PTSD and suicidal behavior. VA's is providing written warnings to patients about side effects, and the Department's suicide prevention coordinators are contacting health care providers to advise them of the latest evidence-based research on medications.

\* Devise a policy for protecting the confidential records of VA patients who may also be treated by the military's health care system. VA is already developing a plan to clarify the privacy rights of patients who come to VA while serving in the military.

\* Increase research about suicide prevention. VA has announced several funding opportunities this year for research on suicide prevention and is developing priorities for suicide prevention research.

\* Develop educational materials about suicide prevention for families and community groups. VA is examining the effectiveness of support groups and educational material for the families of suicidal veterans, and producing a brochure for the families of veterans with traumatic brain injury about suicide, which will be available within 30 days.

\* Increase training for VA chaplains about the warning signs of suicide. VA offices responsible for chaplains and mental health professionals are studying ways to implement this recommendation with a report due by Nov. 1.

\* Develop a gun-safety program for veterans with children in the home, both as a child-safety measure and a suicide prevention effort. A VA directive establishing the program is being developed, with full implementation expected during the fiscal year beginning Oct. 1, 2008.

VA is the nation's largest provider of mental health care. More than 17,000 mental health professionals, including dedicated suicide prevention coordinators in each of VA's 153 medical centers, are available to care for veterans. The Department's mental health program this year is funded with more than \$3 billion.

## Did You Know?

September 3

- First professional football game, 1895
- Labor Day is celebrated as a legal holiday for the first time, 1894
- First U.S. bowling league was established, 1921
- First pro football game was played in Latrobe, Pennsylvania, 1895
- Treaty of Paris ended the Revolutionary War, 1783
- World War II declared, 1939 when England and France declare war on Germany

September 29

- U.S. Army established, 1789
- NASA resumes space shuttle flights which had been grounded after the Challenger disaster, 1988
- VFW established, 1899

# PRIVACY MESSAGES FOR VA EMPLOYEES

Who is your Privacy Officer and what does she/he do? (Hint: Bernice Reber)

Your Privacy Officer is responsible for monitoring your facility's or staff office's compliance with privacy requirements, promoting privacy training and awareness at your facility, and receiving and processing complaints from veterans, employees, and other individuals regarding privacy complaints and violations. Go to the VA Privacy Service intranet web page at <http://vaww.privacy.va.gov/> to see the current Privacy Officer directories.

What is personally identifiable information? It is information about an individual that is maintained by an agency, including but not limited to, education, financial transactions, medical history, and criminal or employment history, and information that can be used to distinguish or trace an individual's identity, such as their name, social security number, date and place of birth, mother's maiden name, biometric records, etc., alone or when combined with any other personal information that is linked or linkable to a specific individual.

## Government Identity Theft Resources

To learn more about the resources the government has in place to battle identity theft, visit [www.idtheft.gov](http://www.idtheft.gov). They include:

- The April 2007 Identity Theft Strategic Plan
- Information on what various government agencies are doing about Identity Theft, such as the Department of Justice, the Federal Trade Commission, the Social Security Administration, and the U.S. Postal Service to name a few.
- Information on the President's Identity Theft Task Force
- Directions on how to report Identity Theft Information on Victims' Rights
- For information on what the VA is doing to protect veteran and employee personal information, visit <https://vaww.infoprotection.va.gov/portal/server.pt?or> <http://vaww.privacy.va.gov/>.

**Update:** What is VA doing to "Stomp out the Unnecessary Collection and Use of Social Security Numbers (SSNs)?"

VA uses SSNs to (1) identify veterans and their dependents to ensure the accurate delivery of VA benefits and services, and to (2) identify employees for employment-related record keeping.

In April 2008, VA updated its plan to Eliminate Unnecessary Collection and Use of Social Security Numbers at the Department of Veterans Affairs. Please view the updated plan on the VA Privacy Service Intranet site at [vaww.privacy.va.gov/ssn.asp](http://vaww.privacy.va.gov/ssn.asp)

In May 2008, VA held a SSN Reduction training class at the InfoSec2008 Conference.

In July 2008, VA held a SSN Reduction Summit and training class at the ITC conference.

For more information on the effort, please visit the SSN Reduction Effort webpage on the VA Privacy Service Intranet site at [vaww.privacy.va.gov/ssn.asp](http://vaww.privacy.va.gov/ssn.asp)

**Reminder:** Take your required Privacy Awareness Training.

VA policy requires annual Privacy Awareness Training for all employees, contractors, volunteers and interns. Compliance statistics are tracked and reported each year. Here are some important things to remember:

- All employees must complete the General Privacy Awareness Training by September 30, 2008.
- In addition to the General Privacy Awareness Training, Program Managers, Privacy Officers, and Senior Executives must complete their respective role-based privacy training modules by September 30, 2008.
- All OI&T employees must have completed their training by June 30, 2008.
- Information on and links to all privacy training modules are located on the Privacy Service Intranet site at <http://vaww.privacy.va.gov> under Privacy Training.

Story continues on page 7

If you have additional questions, please contact your Privacy Officer or contact the VA Privacy Service at [privacyservice@va.gov](mailto:privacyservice@va.gov).

How does VA handle information security and privacy violations by employees?

The public interest requires high standards of employee integrity and conduct. When a privacy or information security violation occurs, it is the responsibility of the supervisor working with Human Resources to determine the appropriate disciplinary action. VA Handbook 5021, titled Employee/Management Relations (dated April 5, 2002), contains an approved table of sample offenses and penalties. Examples of offenses include a violation of the Privacy Act, disclosures of confidential information; and unauthorized use of government property. Please view Handbook 5021 for more information.

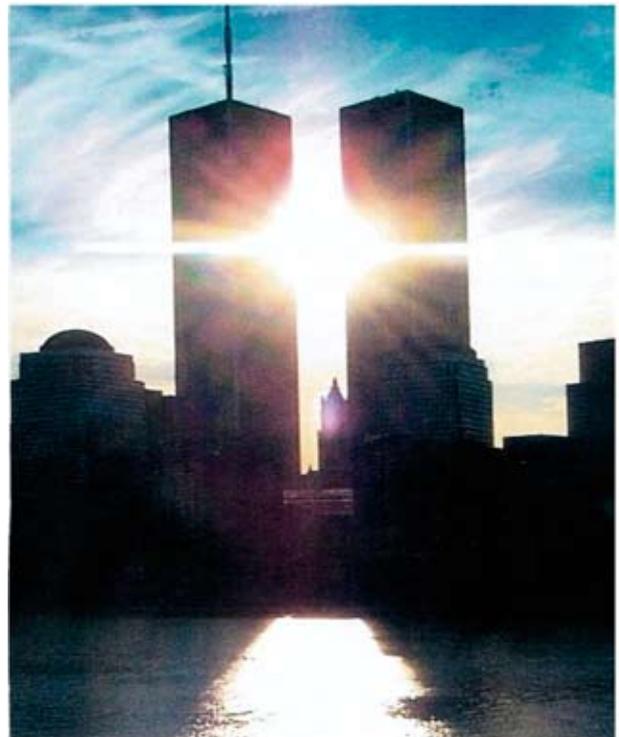
What should you do if you think you've seen a privacy or security incident?

You must report all actual or potential incidents involving personal information to your Privacy Officer, Information Security Officer (ISO), and supervisor as soon as possible. The Privacy Officer and the ISO will work together to report these incidents to VA's Security Operations Center (SOC). Then, they will work to research and resolve the incident. Please exercise caution before discussing actual or potential incidents with anyone other than your Privacy Officer, ISO, or supervisor.

## Patriot Day 2008

September 11, 2001, was etched into America's memory when 19 terrorists attacked us with barbarity unequalled in our history. On Patriot Day, we cherish the memory of the thousands of innocent victims lost, extend our thoughts and prayers to their families, and honor the heroic men and women who risked and sacrificed their lives so others might survive.

Seven years ago, ordinary citizens rose to the challenge, united in prayer, and responded with extraordinary acts of courage, with some giving their lives for the country they loved. On Patriot Day, we remember all those who were taken from us in an instant and seek their lasting memorial in a safer and more hopeful world. We must not allow our resolve to be weakened by the passage of time. By a joint resolution approved December 18, 2001 (Public Law 107-89), Congress has designated September 11 of each year as "Patriot Day."



# Chronic Relapse

Sometimes even after drug rehab or alcoholism treatment an individual reverts to the addictive behavior and falls back into their cycle of addiction. This can be days, months, or even years later. In some cases the old addiction is relapsed with a new addiction.

Chronic relapse is a repeated backsliding into the old habits of a drug- or alcohol-dependent lifestyle. This is followed by repeated periods of repentance, regret, guilt and a renewed sense of determination to behave better going forward. Chronic relapse is particularly hard on an addict and the family and friends of the addict. With each relapse, the addict's confidence and internal strength is whittled away by repeated failures and giving in to temptation. Sometimes this is simply by not avoiding social situations with temptation. It may be lack of a support system, or lack of a true feeling of self-worth, the why avoid the inevitable syndrome. They start off treatment so hopeful "this time will be different..." and find themselves falling back into old habits

The most important element of chronic relapse is to never give up. There is always hope. There are also many drug rehab programs and support options available. Recovering from an addiction is difficult and painful, but when achieved, the awards and benefits are priceless.

## Reasons for chronic relapse:

- Difficulty in asking for help.
- PT uses and then feels they have already screwed up their sobriety and continues to use.
- Poor impulse control.
- People completing treatment thinking they are fixed or cured and symptom free.
- Not seeing the signs.
- Lack of support.
- Poor coping skills, lack of knowledge.
- Poor maintenance.
- Going back to their home without a sober support plan.
- Not prioritizing sobriety.
- Returning to old friends, people, places, and things.
- Lack of boundaries.
- Isolating.
- Psychological issues not dealt with.
- Not learning new ways of dealing with problems they used over to begin with.
- Obsessive compulsive thoughts and behaviors.
- Needing new hobbies, volunteer, new line of work.
- Not getting real or being honest.
- Lack of motivation.

Another important step is to identify why the addiction started in the first place – then avoid that in the future. Was it a particular social group? Make new friends. Job stress? Hit the help wanted ads and find a new place to work. Was it family? Seek out group, or family, therapy. This is often part of the stay in a drug rehab facility. Those who do not eliminate the seeds of negativity from their lives often fall into chronic relapse. Taking proactive steps can help prevent the life trauma that chronic relapse can bring.



## Why a “Quality Care Campaign”?

At the VA SORCC, we work constantly to improve communications with our stakeholders and strive for excellent customer service. Particularly for an organization the size of ours, stakeholder perceptions are influenced by a wide variety of variables. Some of these variables are controllable, while others are simply managed. In this environment, communications require constant attention if we are to allay unfavorable perceptions. How do we accomplish such a large task of shaping veteran perception? One way is to reconnect with our veterans, to demonstrate to them that the VA SORCC is more than a large governmental institution dictated by data and performance measures. We must work together and, more importantly, work as individual employees to convey the message that we are caring, compassionate, and personally care about the quality of services we deliver single-handedly each day.

To help foster this message a Quality Campaign has been developed spotlighting a number of your fellow employees and their personal testimonies on posters about quality care and what it means to them. These “**Who Cares?**” posters will be on display in highly visible areas. Other collateral campaign products include desk tent cards carrying a dual message of “**Who Cares? I Care.**” and “**Veterans: The Reason for Quality Care**”, and a Quality Comment Card box complete with comment cards and tent cards. It is especially important for employees who have direct contact with veterans to display the desk tent cards at their work site in a highly visible area. The Quality Comment Card materials will be placed in Ambulatory Care waiting rooms. This campaign is in the process of being rolled out.

Your help is needed to ensure veterans understand this core message. As always, your continued efforts, collectively and individually, in providing only the best care to our veterans are appreciated. Your caring and compassion is obvious each and every day.

If you have a special testimony you’d like to share with our veterans, please contact Anna Diehl, Public Affairs Officer at ext. 7583. A hearty “**thank you!**” goes to our star employees who agreed to be featured in this initial go-round.

Max E. McIntosh  
Director

# Who Cares?

*About Quality Health Care.*



*Yilia Casper does. Yilia is a major league sports fan. Her favorite team? Veterans. In fact, she gets excited about being a team player herself. "I am excited to be part of a team that is committed to providing veterans with excellent customer service, respect and who treats individuals with dignity, courtesy and compassion", says Yilia. "Quality care is all about providing exemplary service to our men and women who have proudly served."*

VA SORCC Employees. Dedicated to Your Care.  
Every Day.

## Employee News: Leave Use or Lose

While the current Federal Leave Year doesn't end until January 3, 2009, the date for scheduling "use or lose" annual leave is November 22, 2008. Most federal employees may only carry over to the next leave year no more than 240 hours of accrued leave. Doctors and Nurses please see your timekeeper for the balance that may be carried over. The excess annual leave must be used by the end of the leave year (1/03/09) or the leave will be forfeited.



## Nutrition and Food Service



Guy Murphy



Kevin Davis and Lenora Lunsford

Leadership in Nutrition and Food Service (NFS) is showing staff appreciation through a new program, the 'Smile Committee.' The committee created a 'Smile Board' to honor two staff members each week. The selected employees are rewarded with either a preferred parking space\* for one week or a 59er as special recognition for extra work he / she has done. Our current recipients are Kevin Davis and Guy Murphy.

\*The preferred parking place was donated by an employee who was awarded the space through a Leadership Award they received.



## **EMPLOYEE NEWS**

From Human Resources

**September 2008**

### **WELCOME ABOARD:**

**Business Management Office:** Sandra Kindsvater, Supervisor Medical Records Administrator; Regina Ford, Medical Administration Specialist Intern

**Clinical Support Service:** Mike Champion, Optometry Health Technician; Tim Fisher, Health Technician; Herbert House, Health Technician; Jackie Arnett, LPN

**Director Staff:** Christopher Petrone, OEF & OIF Coordinator

**Facilities Management Service:** Jeremy Elwood, Boiler Plant Apprentice; Jason Jackson, Boiler Plant Apprentice; Stephen Perdue, Boiler Plant Apprentice

**Laboratory Service:** Louise Jacobsen, Health Technician

**Mental Health Clinic:** George Hurtt, Addiction Therapist-SATP

**Pharmacy:** Michael Inscore, Pharmacist

**Residential Care:** Kari Parker, Social Service Assistant; Robert Sands, Social Service Assistant

**VISN IT:** Mike Prigge, IT Specialist

### **MOVING AROUND:**

**Clinical Support Service:** Russ Kennedy, Program Support Assistant CCHT; Tom Roberts, Education Technician

**Director Staff:** Erin Rice, Human Resource Specialist Intern-Promotion

**Mental Health Clinic:** Sandra Wescott, Secretary/Psychology - Promotion

**Utilization Management:** Mary Garrett, Program Management Officer; Michael Miller, Lead Social Worker - Promotion

**VISN IT:** Paul Ottnes, IT Specialist

### **RETIREEES:**

**Director:** Scott Walker, Health System Specialist

## Flu Season Is Here



September marks the beginning of Flu vaccination season. Influenza can be a serious disease in people of all ages, but especially in the very young, the elderly and persons with chronic illness. It can lead to hospitalization and even death - **200,000 persons are hospitalized every year from flu complications and 36,000 people die.** Protect yourself and your loved ones. Get your flu shot now!

**INFLUENZA VACCINATIONS ARE NOW AVAILABLE FOR ALL ENROLLED VETERANS AT REGULARLY SCHEDULED CLINIC APPOINTMENTS.**

**VETERANS, STAFF AND VOLUNTEERS CAN ALSO GET THEIR FREE FLU SHOT IN ONE OF THE FOLLOWING WAYS:**

**Starting October 6, Monday – Friday from 9:00 a.m. to 3:00 p.m. at our SORCC Ambulatory Care Clinic in Building 201. No appointment necessary**

\*\*\*

**Starting October 6, Monday – Friday from 9:00 a.m. to 3:00 p.m. at our Klamath Falls CBOC. No appointment necessary**

\*\*\*

**Saturday, October 18, from 9:00 a.m. to 3:00 p.m. at our SORCC Ambulatory Care Clinic in Building 201. No appointment necessary.**

\*\*\*

**Wednesday, October 22, from 9:00 a.m. to 3:00 p.m. at our Drive-Through Flu Vaccination Clinic on the SORCC station.**

**Stay in your car and get your shot!**

\*\*\*

**Friday, November 7, from 1:00 – 4:00 p.m. at our Klamath Falls CBOC special Flu Vaccination Clinic. No appointment necessary.**

\*\*\*

**Tuesday, November 18, from 10:30 a.m. – 2:00 p.m. at our Lakeview Clinic. No appointment necessary.**

\*\*\*

**Stay tuned for an announcement about a Grants Pass Flu Clinic**



**Call our telephone **Flu Hot Line** for updates before you come and for more flu information  
1-541-830-7493**

**More information is also available at [www.cdc.gov/flu](http://www.cdc.gov/flu)**

*Family members and care givers:*

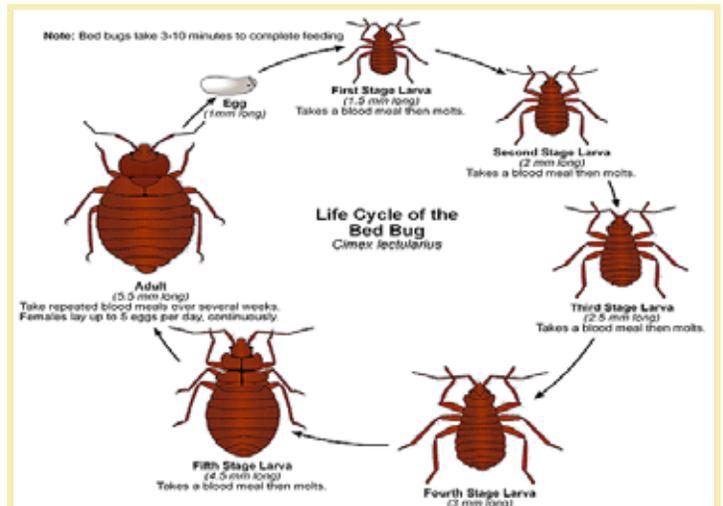
*Sorry, other than Staff and Volunteers, VA can not provide vaccinations to non-veterans*

# Bedbugs Bounce Back

By Yvonne Chilcoat, RN,MA,CIC

Many of you are probably familiar with the old rhyme, “Good night, sleep tight, don’t let the bedbugs bite.” It referred to a flat, crawling, reddish-brown, wingless insect, about one quarter inch long that feeds on human and animal blood during the night. The pest was a frequent inhabitant of beds until after World War II when it was essentially eradicated in the United States by the use of DDT. Now, after a 50 year hiatus, the bed bug has made a comeback.

Experts say the insect’s re-emergence is due to increased global travel and use of less-toxic pest control. With a decrease in indoor spraying and avoidance of harsh chemicals, the bugs are becoming increasingly resistant to pesticides. They can also live a year or more after just one feeding.



Bedbugs can enter a home or hotel room as stowaways in luggage, furniture, clothing, pillows and boxes coming from other locations. Once inside, they hide in window and door frames, bed frames, drapery, baseboards, outlets, floor and wall cracks, drawers, electrical boxes, telephones, furniture, wall-to-wall carpeting, loose wallpaper and behind wall hangings and headboards. During the day, they hide. At night they come out to feed and are attracted by body heat and carbon dioxide.

While feeding on their host, they inject a tiny amount of their saliva into the skin. After several feedings, a person becomes sensitized to the bug’s saliva and can develop a mild to intense allergic response. The bedbug bite resembles those of other blood-feeding insects, such as mosquitoes and fleas, with localized swelling and itching. Physicians often treat affected persons with topical or oral antihistamines and corticosteroids to decrease allergic responses and inflammation. Despite the discomfort they cause, bedbugs have not been known to transmit infectious diseases.

If a bedbug infestation is suspected, the area should be sealed off and searched for live bugs. Dead bugs, cast-off bug skins and blood spots on bedding may indicate a past or current infestation. Once a current infestation is verified, a multifaceted eradication strategy is necessary and trained professionals should be consulted.

Bedbugs can be eliminated, but every effort should be made to prevent their introduction. Inspect luggage, backpacks, boxes, furniture and used clothing before bringing them into your living space. Have torn furniture and mattresses replaced. Seal cracks and crevices in walls and floors. Repair torn wallpaper. Consider using a seamless mattress cover. Move beds away from direct contact with the wall. Routinely inspect common bedbug hiding places such as mattress seams, drawers and the backs of wall hangings. Check linens when removing them from beds for dark spots and bugs. Wash linens weekly in hot water and dry in a hot dryer.

You can help prevent all types of insect infestation by removing clutter from living areas and keeping rooms vacuumed and clean. Remember another old saying, “A pound of prevention is worth an ounce of cure!”

based treatment guidelines. Racing across the healthcare spectrum, this team consisting of administration, frontline healthcare professionals, pharmacy, and a database administrator has worked cohesively to present a highly effective model of care that delivers top quality healthcare to a disease-specific population. Using predictive modeling, and adopting the shared medical appointment philosophy, this Diabetic Continuum of Care has united dramatic clinical improvement with high patient satisfaction, improved patient access and quality of care.

## ***VAVS CALENDAR OF EVENTS***

October '08	13 <sup>th</sup>	Columbus day - CRD Office closed
	31 <sup>st</sup>	Halloween Carnival
November '08	3 <sup>rd</sup>	VAVS Committee Meeting, 10 am Activity Room
	11 <sup>th</sup>	Veterans Day Ceremony, Theater 10 am

**NOTE: This is not an all-inclusive list. It is a general guideline to recurring events!**

### **Wolfgang Agotta, Patient Advocate**

Can help you with: Compliments, complaints or unmet needs. If you have SORCC policies and procedures questions not answered elsewhere, come see me I have an open door policy. My hours are:

6:30 a.m. to 4:00 p.m.  
Monday—Thursday  
Building 202, Room 103  
Ext. 3657

