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**VA NW Health Network**

**Fall 2011**

**VA Northwest Health Network (VISN 20)**

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NW Network News is published for Veterans, employees, volunteers and the many other supporters of our VISN 20 health care system. To submit articles, editorials, letters, or story ideas, please contact Megan Streight via email at [megan.streight@va.gov](mailto:megan.streight@va.gov).



## Message from the Network Director



*Susan Pendergrass, DrPH  
Network Director*

As another year comes to a close, we find ourselves repeating familiar workplace rituals—reviewing last year’s performance, negotiating new performance contracts and standards, setting individual goals and examining leadership’s expectations for the months ahead. This is an important time to pause, to take time to celebrate accomplishments as we turn over a fresh page and start again. Our vision will be realized when every Veteran when determining where to receive their health care will chose us. That choice will hinge on the Veteran’s experience in every interaction/encounter with us and the ease of accessing service.

In early fall, leadership from across the Network attended a national Improvement Forum, designed as a follow up to VA’s Annual Senior Management Conference. Both meetings were geared toward the selection of high-leverage focus areas and the introduction of “how-

to” strategies to implement them and achieve results. Our VISN selected five improvement initiatives and assigned champions for each – determining our roadmap for FY 12 as follows:

### IMPROVEMENT

### VISN LEADERSHIP SPONSOR

**Telehealth**

Michael Fisher, Deputy Network Director

**Patient Centered Care**

Frank Marré, Chief Medical Officer

**Optimizing Value**

Allen Bricker, Chief Financial Officer

**Optimizing Purchased Care**

MaryAnn Curl, Deputy Chief Medical Officer

**Transitions of Care**

Nancy Benton, Quality Management Officer

Champions are charged with leading teams of facility and VISN staff, and these content experts have met to zero in on specific projects. The Telehealth team seeks to improve access to care by leveraging technology and reducing travel; increasing encounters has been named a priority. The Patient Centered Care

> Message from the Network Director, continued >

team has identified a need for Veteran Orientation programs. Optimizing Value is reviewing improvement models and efficiency data, and has developed a standardized template to collect efficiency/value initiatives. The Optimizing Purchased Care team is working on examining and standardizing clinical authorizations, and the Transitions in Care team's goal is to refocus on improving transitions for Veterans receiving inpatient care.

Clint Davis, VISN 20's Improvement Leader, along with improvement leaders (Systems Redesign and Quality) at each facility are assisting teams with the tools and techniques they need to be successful. Additionally, we have engaged labor partners to participate in each project.

In the coming months, you will be learning and perhaps working on one or more of these initiatives. My office will provide regular updates in the hopes that you'll share our excitement about improvements in store for our Nation's Veterans.



Susan Pendergrass, DrPH  
Network Director



## Letter from the Chief Medical Officer

Dear Colleagues,

There are three things that shape the face of history. They always have and always will. Knowledge, technology and money. There has never been more money devoted to health care. In 2010, health care accounted for 16% (\$2.3 trillion) of the gross national product. Experts predict that this number will reach \$2.5 trillion by the end of 2011, and grow by another 9% in 2012. The VA's health care budget was \$120 billion in 2011, of which VISN 20 received \$2.3 billion.

Medical knowledge has exploded in the last decade. More medical literature was written in last ten years than in the entire history of medicine. We are all familiar with how fast technology changes. Last Christmas, I gave my wife an iPad. Two months later it was eclipsed by an updated version. Technology has been the primary driver of productivity worldwide in the last quarter century. In 1990, technology increased productivity in the United States by 1% per year. In the last decade, technology's contribution has steadily increased to 4% per year. Our network has invested heavily in medical technology. Some examples include:



Frank Marré,  
DO MS FAOCOPM  
Chief Medical Officer

TECHNOLOGY	PURPOSE	INVESTMENT
<b>PACs</b> (Patient Aligned Care Teams)	Remote reading radiology images across our network	\$ 5.2 million (continues to increase)
<b>MUSE</b> (Marquette Universal System for Electro cardiograms)	Remote reading Cardiograms across our network	\$ 0.5 million
<b>CIS</b> (Computerized Information System)	Automated ICU charting, data analysis, precursor for a "virtual" ICU	\$ 4.5 million
<b>Pharmacy Robots</b>	Increased safety and speed at outpatient pharmacy, shorten window time (waiting)	\$ 4.7 million
<b>Telehealth</b>	Enables virtual specialty visits in distant locations, including CBOCs and the Veteran's home	\$ 6 million

It is easy to feel constrained this year by our budget because it is not as large as we would like; however, constraints inspire creativity. We have more money, know more and have more technology at our service than anyone has had in the history of medicine. There has never been a better time to make a difference in the lives of those we serve. Today is ripe with opportunity.

> A Message from the Chief Medical Officer, continued >

We have more money, know more and have more technology at our service than anyone has had in the history of medicine. There has never been a better time to make a difference in the lives of those we serve.

Thanks to your hard work and creativity, 2011 was a banner year for Veterans in VISN 20. Your achievements in 2011 are a testament to what is possible. Let me share with you just a few examples. The VISN 20 Sleep Medicine Committee increased sleep study efficiency by 9%, serving an additional 700 Veterans. The VISN 20 Surgery Committee increased operating room efficiency by 5%, serving an additional 2,000 Veterans. Our Informatics Committee was able to rapidly increase the number of Veterans served through Secure Messaging to 14,000, the greatest number in the entire VA. Through the leadership of the Telehealth Committee, we were able to double the number of Telehealth clinical programs available to 13 and increased the number of Veterans served by approximately 7,000. The Pharmacy Committee was able to save \$4.5 million with increased efficiencies. Through the work of many of our colleagues and a special rapid cycle improvement team, the average time to complete a specialty consult was reduced by 35% (from 29 days to 19 days). These are just a few of the remarkable improvements you have made possible – thank you.

How do these marvelous changes happen? By using a disciplined approach; for example, VA TAMMCS and the Advanced Access 10 Key Changes, front line teams are able to transform the way they serve Veterans. Drs. O'Dell and McDemrott share on page 7 how the Portland Audiology Service systematically applied the Advanced Clinic Access, 10 Key Changes (work down the backlog, reduce demand, understand supply and demand, reduce appointment types, plan for contingencies, manage the constraints, optimize the team, synchronize information, predict and anticipate needs, optimize space and equipment). The result was a doubling of the number of Veterans served. The Spokane Team, including Janice Liane and Nancy Brown, share another compelling story of how they adopted an evidence-based guideline (utilizing knowledge) to guide care (see *Sweet Success for Spokane Diabetics* on page 6.) They optimized their team by enabling RN case managers to take immediate action based on an evidence-based protocol. This further optimized the team by simplifying their work process (reducing the number of required provider interactions).

The net result of these front line team actions is the same: better service, more Veterans served, better outcomes in less time and with fewer visits and increased Veteran and staff satisfaction. What could be better?

We face many challenges. Our budget is less than we would like it to be and there is a limit to the number of colleagues we can hire. But we have more money, more knowledge and more technology at our fingertips than ever before. Most importantly, there is no constraint on our dedication, enthusiasm and creativity. Thank you for all that you have achieved.



Frank Marré, DO, MS, FAOCOPM  
Chief Medical Officer  
VISN 20

## Message from the Office of the QMO

*Contributed by Susan Cox*

After a competitive bid process, VISN 20 has contracted with Press Ganey Associates to conduct surveys of Primary Care and Mental Health patients. Based in South Bend, Indiana, Press Ganey has been a recognized leader in health care performance improvement for 25 years, working with more than 10,000 health care organizations nationwide – hospitals, medical practices, home care agencies and other providers – including 50% of all U.S hospitals.

We will be using Consumer Assessment of Healthcare Providers and Systems (CAHPS) questions to understand how Veterans feel about the care they receive. These tools were developed by the Agency for Healthcare Research and Quality to understand patients' perceptions of health care quality in a medical office setting. Questions will touch on getting appointments and health care when needed, how well staff communicate, courtesy and helpfulness of office staff and overall rating of care. Press Ganey was involved throughout the development of the original survey tool for hospitals and today conducts surveys for nearly half of all participating hospitals.

Health care reform legislation prompted the creation of a "Physician Compare" web site, launched in January 2011, which must include patient ratings. Using this survey tool will allow us to compare our results to private sector health care organizations. Press Ganey currently works with more than 600 medical practices, providing a large database to compare against, and has developed an integrated survey tool that combines the core questions with standard Press Ganey patient satisfaction questions.

You may wonder why we are doing this when VA already conducts the Survey of Healthcare Expectations of Patients (SHEP) for inpatients and outpatients across all facilities – if so, good question. One of the most significant complaints about the SHEP data is that it is so broad in nature that it is difficult to act on. This new survey asks about specific recent visits rather than the prior 12 months of care as the SHEP survey does. When sufficient data are collected, we will be able to give current and actionable feedback to clinic locations across the Network, allowing them to identify opportunities to provide more patient-centered care.

Primary Care patients are being surveyed now, with data expected in December. Still in the works is the refinement of a Behavioral Health tool that meets the needs of VA patients, and surveying will begin with that set of Veterans when complete.



*Nancy Benton,  
PhD, RN, CNS, CPHQ  
Quality Management Officer*

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## Sweet Success for Spokane Diabetics

Contributed by Janice Liane, RN, BSN

The Home Telehealth team at the Spokane VA has made dramatic strides in improving the management of their diabetic patients. They had the opportunity to demonstrate this improvement while participating in a six-month Goal Sharing Project, which concluded at the end of September.

In October 2010, new VA/DoD Diabetes Clinical Practice Guidelines came out. With no diabetic protocols for treatment in place at the facility and with an influx of new diabetics with A1cs ranging from 9% to 17% (patients with A1cs greater than 9% are at great risk for complications), the Team's Nurse Practitioner, Nancy Brown ARNP, began to implement the guidelines in the Home Telehealth program. Using the Guidelines, she set a blood sugar and A1c goal for each patient based on his/her age, life expectancy, and co-morbidities (other diseases the patient has as a result of their diabetes). Once the goals were set, Nancy entered insulin adjustment standing orders on each patient's record. This allowed the RN case managers to adjust the patient's insulin without having to wait for a provider to respond to their notes requesting a medication adjustment. Previously, the providers would sign the RN's note, but would simply wait until the patient returned to a clinic appointment to make an adjustment in the patient's treatment plan.

The result of adding the insulin adjustment standing orders was immediate and in some cases dramatic. RN contact with patients became more frequent, usually



*Spokane's Hometelehealth Team*

weekly, to reinforce the education patients had been receiving and, if needed, to adjust insulin. In addition, RN job satisfaction improved when they became more actively involved with their patients' diabetic management.

70 patients on insulin were enrolled during the Goal Sharing Project and 44 of those had A1cs greater than 9%. Of those 44 patients, 27 met their A1c goal by the end of September; another 28 were trending down. Nine patients had not improved and six were discharged for non-adherence to the treatment plan. As a result of our successful project, we anticipate approximately 200 Home Telehealth patients will reach their diabetic goals with A1cs below 9% in FY2012. The Team documented a reduction in the average time for a patient to reach an A1c goal from 258 days to 89 days (8-1/2 months to 3 months), which is a 66% improvement in time to reach goal and thus improve overall health.

Research shows that for each 1% reduction in A1c, there is a decrease in diabetic-related complications: a 43% lower risk of losing an arm or leg from amputation; a 37% lower risk of microvascular changes causing loss of vision, loss of feeling in the feet, loss of kidney function; a 14% lower risk of having a heart attack; and a 21% lower risk of diabetes-related death. This equates to fewer ER visits and hospital stays, a huge cost savings to the Spokane VA.

The high level of commitment and engagement of the Home Telehealth team along with the support of the Spokane leadership team resulted in a successful effort to improve the quality of life for our Veterans. The Spokane Home Telehealth staff plans to continue intensive management of their diabetic patients hoping to help them learn to self-manage their diabetes, prevent complications, and extend their life expectancy.

## 2 VISN Sites Receive 2012 JIF Project Funding

The VISN Office recently received the excellent news that Boise and Alaska were among just 14 VAMCs, selected to receive 2012 Joint Incentive Fund (JIF) Project Funding. JIF is a program that VA participates in with the Department of Defense in which both agencies are required to identify, provide incentives to implement, fund and evaluate DoD/VA coordination and sharing initiatives at the facility, regional and national levels.

Alaska's proposal to share Cardiology services with the 673rd MedGrp Elmendorf was approved as well as Boise's proposal to share Orthopedic Surgery services with the 366th MedGrp Mountain Home. Congratulations to both!



## Help for Veterans with Hearing Impairments

*Contributed by Sara Ruth A. O'Dell, AuD and John McDermott, PhD, Portland VAMC*

Based on the Veterans Benefit Administration (VBA) FY10 Annual Benefits Report, 744,871 Veterans are receiving compensation for service-connected disabilities of tinnitus and 672,410 are receiving compensation for service-connected disabilities of hearing loss. These numbers relate to Veterans needing access to audiology services. In many cases, the use of a hearing aid(s) can provide an improved quality of life for those struggling with hearing related issues.

An overarching goal for the Audiology Service is to improve access by streamlining business practices without compromising quality of care. In order to do this we use the 10 key steps of Advance Clinic Access (work down the backlog, reduce demand, understand supply and demand, reduce process/appointment types, plan for contingencies, manage the constraints, optimize the team, synchronize information, predict and anticipate needs, optimize space and equipment). While each component is inter-related and integrated into how we run our daily business, in the last couple of years we focused primarily on expanding access as measured by increasing productivity.

We expanded access in several ways. One was through appointment management. We offered Veterans a variety of appointment times and by triaging their requests we were able to offer a more focused appointment. We offered earlier/late hours, added periodic Saturday clinics, added health technicians, telephone appointments, and developed Tele-Audiology.

Another way we addressed access was to maximize the availability of audiologists. We hired Portland-based audiologists instead of using fee to reduce cost and increase flexibility. We set up a Memorandum of Understanding with the Research Department and maintained some on-campus fee-based audiologists. We used research and fee-based audiologists to cover audiologists' leave and provide temporary support when spikes in Veteran requests occurred.

We know that with the large number of Veterans experiencing hearing related issues, access to audiology services will continue to be a challenge. To help address these challenges, we have planned expansion of our current services in Vancouver, Washington, and are adding audiology services in Bend, Oregon. The Vancouver expansion, planned for completion in January 2013, will increase access for approximately 1,000 Veterans. The Bend clinic will offer audiology services for the first time beginning December 2012. The Bend clinic is designed to provide hearing assessments and hearing aid related services to 2,500 Veterans within the first year. We are excited about providing access to services for our Veterans closer to their homes and for many closer to their primary care.

We have seen an increase in requests for hearing related issues over the past 5 years. With the implementation of these business practices, our productivity has increased. We see a doubling of the number of appointments completed (from 7,110 in 2007 to 17,045 in 2011) and in the number of Veterans seen. Audiologist's efficiency exceeds the national productivity model (1,125 visits per full time audiologist) and the Veteran's return rates are in the above average range (rate of return of 1.5 to 1.8).

## VISN 20 Leadership Updates

**Todd Burnett, PhD**, was appointed as VISN 20's Mental Health Director, effective November 21, 2011. Dr. Burnett previously worked as The Hospital Program Director and Psychology Services Chief for the Georgia Regional Hospital in Savannah, GA.

**Sandy Nielsen**, Director of the Spokane VAMC, retired effective November 3, 2011. Recruitment is in process.

**Sherri Bauch**, Assistant Director of the VA Puget Sound HCS, has accepted a position in VHA's Office of Patient Care Services. Recruitment is in process.

**DeWayne Hamlin**, Director of the VAMC Boise accepted a position as Director of the VAMC Lexington, KY (VISN 9). In the interim, David Stockwell, Deputy Director at the VAMC Portland is serving as Acting Director. Recruitment is in process.

**Hal Blair**, Associate Director for the VA Alaska Health Care System (HCS), retired in June. John Wilson, VISN 20 Contracting Logistic Officer is Acting until the position is filled. Recruitment is in process.

## Portland Celebrates New Dental Clinic

*Contributed by Kellie Roesch, Public Affairs Specialist, PVAMC*



*Dr. Patricia Arola, Assistant Under Secretary for Health for Dentistry*

*Dr. Craig Ling, Chief, Dental Service, Portland VA Medical Center (with scissors)*

*John E. Patrick, Director, Portland VA Medical Center*

Here's something to smile about! Portland VA Medical Center officially opened a new dental clinic on the Vancouver Campus in September and celebrated with an open house on November 10th. The new dental clinic is 20,000+ square feet and home to 12 new beautifully appointed and state-of-the-art dental operatories. That brings the total number of operatories to 38 between the Portland and Vancouver Campus.

Since opening, the department has scheduled an additional 900+ Veteran appointments, to serve more patients than ever before. This is partially due to the addition of four Dentists and three Hygienists to the staff.

"We are really excited about opening the Vancouver Clinic," said Chief of Dental Service, Dr. Craig Ling. "It allowed us to increase our capacity and relocate a portion of care for our Veterans."

The clinic is housed in a brand new building that will soon also feature a new Eye Clinic, Specialty Care, and Prosthetics departments. Enrollment staff is already serving Veterans in the new facility.

The Portland VA Medical Center serves more than 70,000 Veterans in Oregon and Southwest Washington. In addition to the main campus located on Marquam Hill, the Portland VA Medical Center operates the Vancouver, Washington campus and clinics located in East Portland, Hillsboro, Salem, Warrenton, Bend, The Dalles, and Newport.

## Alaska and Puget Sound Host Homeless Outreach Events

*Contributed by Eileen Devine, VISN 20 Homeless Coordinator*

Earlier this year, VA's Central Office of Public and Intergovernmental Affairs (OPIA) took the lead in developing a strategic outreach campaign and plan as part of VA's 5 year Plan to End Homelessness Among Veterans.

The plan included holding simultaneous events, on October 12th, in multiple locations around the country to launch the outreach campaign. Anchorage, AK and the VA Puget Sound Health Care System were recognized as two excellent and highly visible sites and invited to host events.

Local continuum of care resources and programs, community and faith based partners and various military branches (including Reserve and Guard) were in attendance in both states, in addition to delegates from VA Central Office. The campaign also included an extensive media campaign, with local and national announcements about VA programs and resources for Homeless and At Risk of Homeless Veterans and their families. Approximately 160 individuals attended two events in the Puget Sound area and approximately 100 attended in Anchorage. Efforts for ongoing outreach will continue in VISN 20 as we strive to end Veteran homelessness in all of our communities.





## SORCC Veteran Completes "Ramp Marathon"

Contributed by Rhonda Haney,  
SORCC Public Affairs Specialist

Robert Marshall, an 81-year old VA SORCC Veteran, whose medical issues limited his ability to walk independently, recently accomplished a significant and self imposed goal—completing a marathon!

In 2010, VA provided Mr. Marshall an electric wheelchair, a walker and a modular ramp to enable him to enter and exit his home. As motivation to regain some of his strength, Mr. Marshall decided to complete a marathon (26.2 miles), by walking up and down the ramp. He began shortly after the ramp was delivered, in October 2010, and finished just over one year later, on October 27, 2011. During the final steps of his marathon, he was surrounded by grandchildren and other family members who cheered him on. To complete this feat, he walked 137,280 feet/1,525 laps on his ramp. This is an amazing accomplishment for someone who uses an electric wheelchair to get around. Mr. Marshall's new goal is to accomplish 50 miles on a stationary bike. We are all cheering him on!

## Rural Outreach in the Last Frontier

Contributed by Marcia Hoffman-Devoe, Public Affairs Officer, Alaska VA HCS



The Alaska VA Healthcare System is continuing to expand its outreach to communities throughout Alaska. In September, a team traveled to Barrow, Alaska (725 air miles from Anchorage). An evening community town hall, potluck, and ceremonial dancing were attended by more than 350 people.

The following day, VA staff stayed busy at an information fair and assisted Veterans enrolling for health and non-health care benefits. In October, a second team traveled to Nome, Alaska (540 air miles from Anchorage) to visit staff at the Norton Sound Health Corporation. From there, they took a Caravan aircraft (10 seats) to the smaller village of White Mountain. Here, they were able to see a demonstration of the Alaska Federal Health Care Access Network (AFHCAN) carts deploying information to a larger hub medical centers in Nome and Anchorage who then transmit medical information and images to specialists to assist the village health aids in triaging and providing health care in the smaller sites. The team was greeted by local community staff and rode 4-wheelers from the air strip to the clinic. In Alaska, the mode of travel may be better described as air, water craft, 4-wheeler or snow machine, and dog sled.

Top photo:

Alex Spector and Norman Arriola sign MOU between VA and Ketchikan Indian Community.

Left photo:

VA team visited Nome Healthcare System and the village clinic of White Mountain to better understand health care delivery and use of the AFHCAN telemedicine system. Rita Buck, Supervisory Health Aide; Susan Yeager, Rural Health Coordinator; Dr. Nancy Benton, VISN 20 QMO.

## Oregon Coast Clinic – a Pioneering Partnership

*Contributed by Bill Murray, Planner, PVAMC*

The VA supplies a Primary Care Provider (PCP) and a part-time Mental Health Provider, and the county offers clinic space, equipment, supplies and support staff.

Lincoln County, on the beautiful but geographically isolated Oregon Coast, is home to more than 5,500 Veterans. Until 2010, those Veterans seeking VA outpatient care faced a two-hour drive over Oregon's rugged Coast Range to reach a VA Community Based Outpatient Clinic in Salem. This changed in May 2010 when the Portland VA Medical Center (VAMC) opened its Newport Outreach Center (ORC) to serve the area's sizable rural Veteran population.

The Newport ORC is a pioneering partnership between the VA and Lincoln County Health and Human Services. The VA supplies a Primary Care Provider (PCP) and a part-time Mental Health Provider, and the county offers clinic space, equipment, supplies and support staff. This partnership grew from a desire by Lincoln County Health to provide better service to its lower-income citizens, including many Veterans, and the Portland VAMC's goal to reduce travel time and expense for enrolled Veterans living along the Central Oregon Coast.

The Newport ORC is open to VA patients four days a week for primary care services. Mental Health services are provided by a traveling VA Psychiatrist, and via tele-mental health using video telecommunications equipment at the site. Demand for primary care services ramped up quickly after the Newport ORC opened, with the PCP's panel filling within a year. New patients are enrolling in primary care at the rate of about 20 patients per month, and discussions with Lincoln County Health are underway to add a second PCP in either Newport or Lincoln City, less than an hour north, to accommodate the growing demand.

The experience in Newport has been positive for all parties. The facility's 1,240 enrolled patients love the fact that they no longer have to leave the Central Coast to receive care, and Lincoln County Health gained a new source of revenue in this era of serious local government economic challenges. The VA also benefits significantly from this arrangement, as we are able to provide cost-effective local primary care and mental health services, paying for only those patients seen at the site and bearing little of the up-front cost of opening a VA-owned or leased facility. The Newport ORC is a model for cooperative arrangements between the VA and city, county or state health care organizations across the nation.



## VA SORCC Golf Course Wins Award

*Contributed by Rhonda Haney, SORCC Public Affairs Specialist*

The Veteran's Golf Course in White City has been named the Oregon Golf Association Member Club of the Year. Formed in 2003 and based on the grounds of the SORCC, the Veteran's Golf Course strives to stimulate interest in the game and bring together Veterans and their family and friends who desire to support and assist their fellow comrades in a unique recreational and therapeutic opportunity.



*Director, Max McIntosh, and Associate Director, Sharon Kalvels, join Veterans on the course.*

All funds donated or generated by the golf course are spent in support of VA SORCC residents or community Veteran programs. This includes free membership in the OGA Member Club to those residents who have successfully completed prerequisites such as demonstrating knowledge of basic rules of golf and etiquette. Residents also are offered free entry into tournaments, with prizes awarded in the form of VA Canteen Coupon Books.

Volunteer golf instructors provide free golf lessons to residents and Veterans. The Veterans Golf Course Club sponsors golf trips to various Southern Oregon courses, such as Centennial, Quail Point and Running Y. The trips include transportation, prizes and dinner for residents.

The club of 30 members annually donates more than \$3,000 to United Voluntary Services in support of other residential programs, including the annual Fourth of July picnic, Christmas party gifts and other activities.

In 1996, the SORCC was faced with the possibility of having to close the golf course facilities, as VA facilities across the country were no longer permitted to operate their courses with appropriated money (federal funding). Realizing the therapeutic and recreational value of golf, particularly at a rehabilitative facility, management sought a means to keep the course open. Thanks to the SORCC Voluntary Service (VAVS) Committee (comprised of officially appointed representatives from nationally chartered organizations) a Memorandum of Understanding between the facility and the committee was created authorizing the Committee to maintain golf facilities operations.

The SORCC Veterans Golf Course is an exclusive golf course. However, others are permitted to access it and obtain membership because of their service to our Veteran clientele and/or the facility. These groups include but are not limited to VA employees, all VA volunteers, and active and retired military personnel.





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**Step 1)** Give the person needing proof of your employment, the verifier, the following information:

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- Department of Veterans Affairs Employer Code: **10208**
- The Work Number Access Options for Verifiers:  
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Option b) **1-800-367-5690**

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- [www.theworknumber.com](http://www.theworknumber.com)
- **1-800-367-2884**

**Step 2)** Select the Employee option and Login. To Login, have the following information:

- Department of Veterans Affairs Employer Code: **10208**
- Your Social Security Number: £ £ £ - £ £ - £ £ £ £
- Your PIN (last four numbers of your social security number)

**Step 3)** Select the “Create a Salary Key” option and prepare to write down the six-digit number

**Step 4)** Give the person needing proof of your employment plus income, the verifier, the following information:

- Your Social Security Number: £ £ £ - £ £ - £ £ £ £
- Department of Veterans Affairs Employer Code: **10208**
- Your Salary Key (from Step 3): £ £ £ £ £ £
- The Work Number Access Options for Verifiers:  
Option a) [www.theworknumber.com](http://www.theworknumber.com)  
Option b) **1-800-367-5690**