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VA NW Health Network

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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.



Message from the Network Director



*Susan Pendergrass, DrPH
Network Director*

It is hard to believe that this marks my last message as your Network Director. It's even harder to believe that my last day of government service will be June 30th. As I've said many times these past few weeks, for more than 25 years, I have been enormously proud to come to work each day at the VA. I couldn't have asked for a better final assignment than serving as your Network Director.

As I make plans for the next phase in my journey, it is more apparent to me than ever that a life well lived is one that stays in forward motion, for nothing stays the same (even when it is a consistent action or event.) This is as it should be because synergy promotes improvement. To put it in relative terms, where would we be if our way of documentation of patient information was the

paper record and not CPRS? Where would we be if we were still doing surgery for stomach ulcers rather than prescribing antibiotics? Change done well is progress, and we must own our individual and collective destinies.

This thought was in the forefront of my mind as I concluded my final performance review recently with the Deputy Under Secretary for Health for Operations and Management, Mr. William Schoenhard. As we reviewed various elements and initiatives, I was so proud of our accomplishments. Our clinical quality scores, once among the poorest in the system, are now among the best. C&P capacity was broken – inconsistent and unable to meet exam surge, but now our VISN average is consistently at or under target; the fee payment center allows us to meet our financial obligations on time and our data systems provide a benchmark for our peers. Other items Mr. Schoenhard recognized were our network call center, which has enabled us to outperform all other VISNs on post discharge contacts, our success with telemedicine and secure messaging, our excellent financial performance and also our homeless program. Each of these examples, and countless others, are proof positive of the power of individual ownership as well as the ability to successfully harness team energy.

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> Message from the Network Director, continued >

As I prepare to say goodbye, I am confident of the future I leave in your hands, one that is only constricted by our fear and imagination. I leave you with one final thought, as described in Lao Tse verse 17 of the Tao te Ching. I share it as I believe the answer to whether I was a successful leader is whether each person I was privileged to work with can say with conviction, "I helped, or I did this," not because the Network Director told me to do so, but because I am a part of this organization and the organization is a part of me:

*As a leader, you are best when people barely know you exist,
Not so good when they obey and acclaim you.*

Worst when they despise you.

If you fail to honor people, they will fail to honor you;

But if you are a good leader, who talks little,

When your work is done, your aim fulfilled,

They will all say:

"We did this ourselves."



Susan Pendergrass, DrPH
Network Director, VISN 20



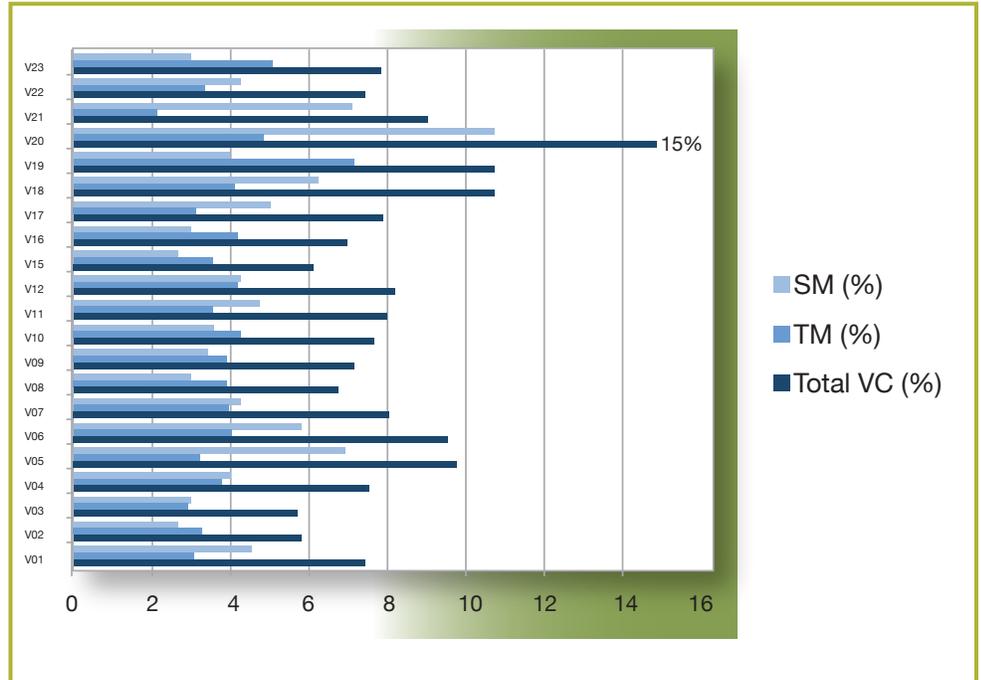
Letter from the Chief Medical Officer

Dear Colleagues,

Good news! Our network leads the nation in the use of “Virtual Medicine.”

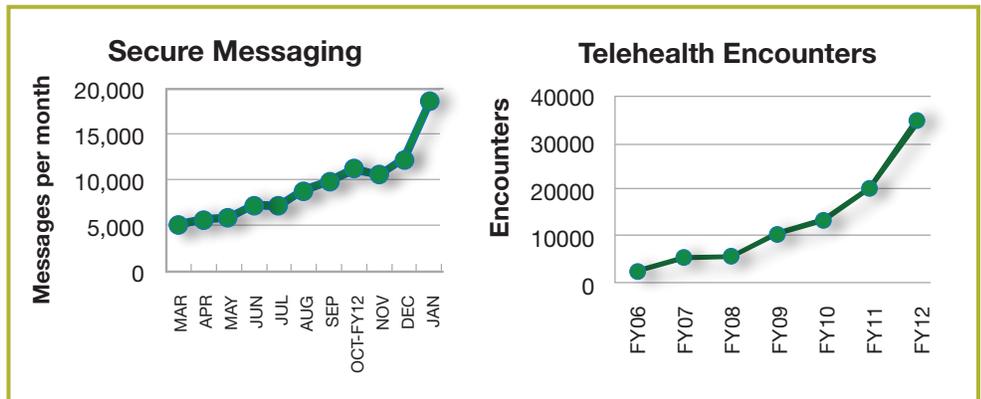


Frank Marré,
DO MS FAOCOPM
Chief Medical Officer



In the Spring 2011 Newsletter, I shared with you our T21 Initiatives. T21 initiatives 3 and 4 are, respectively, advancing telehealth and secure messaging. These collectively are called “Virtual Medicine.” On the bar chart above, Total Virtual Medicine is the dark blue bar labeled Total VC. The VA 2012 goal for Virtual Medicine is to reach 15% of the Veterans we serve. We reached that goal in February. Congratulations!

In the Fall 2012 Newsletter, I shared with you that our Network invested \$21M in technology. The graphs below indicate that your hard work and our investment are paying off. Notice the sharp rise in use of both technologies.



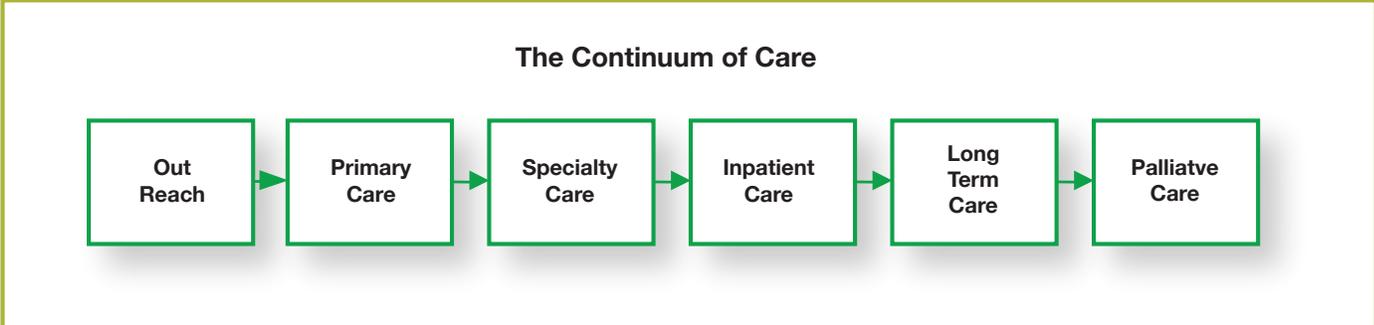
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> A Message from the Chief Medical Officer, continued >

We are the fastest growing Network in the nation. Our Network includes nearly 1 million square miles and 70% of our specialty providers are located in Portland and Seattle. Our investment in and use of technology is essential to providing specialty care to all our patients regardless of where they live.

I find it helpful to put our work and investments in perspective. In an accompanying article, “Welcome Home,” Ms. Darla Darville shares with us how the OEF/OIF team collaborated with the Oregon National Guard to proactively reach out to returning soldiers at Fort Dix, New Jersey. Through their improved outreach and collaboration, they have dramatically improved our Network’s ability to quickly establish a caring relationship that will last a lifetime. The net result is that 95% of the Veterans welcomed in this way enroll in VA Care.

In a second article, the Coeur d’Alene team shares how they partnered with clinical pharmacists. Through this partnership, the Coeur d’Alene team is able to help patients achieve a level of control that was not possible in the past.



The improvements we make in our places of work—regardless of where we work along the continuum of care—may seem small at times, but they add up. Think about our 10,000 colleagues who make up the VISN 20 team. Think about the rapid adoption of technology we have made. Together we make it possible to improve the health and wellbeing of the 250,000 Veterans we serve.

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

Message from the QMO

Continuing on the Path of Culture of Safety- Just Culture

Contributed by: Aida Solomon, Acting QMO, VISN 20



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

The National Center for Patient Safety (NCPS) has been leading and nurturing a culture of safety, lending expertise to improve the safe delivery of health care to America’s Veterans throughout VHA. VISN 20 has been an active participant in the national patient safety program and has embraced a culture of safety to reduce or eliminate harm to Veterans. Our organization benchmarks, with high reliability, organizations that use a proactive systems approach to address vulnerabilities focused on prevention and reduction of harm. Safety efforts are enhanced through investigating system level vulnerabilities, promoting safe systems design, and engaging employees to be professionally and personally accountable for behavioral choices.

Recently, our safety program has begun placing emphases on balancing safe systems with accountability. It is also making a very important transition from a “Blame Free” Culture to a “Just” Culture. Just Culture concepts have been effectively used for many years to improve safety in aviation and other industries where errors have had catastrophic results. In a Just Culture, organizations are responsible for responding appropriately and justly to employee behaviors related to human error, at-risk behavior and reckless behavior in addition to evaluating systems and processes. Likewise, employees are accountable professionally and personally for following safe practices and consistently practicing appropriate behaviors that support a culture of continuous safety.

VISN 20 is placing increasing emphases toward supporting a Just Culture that promotes continuous learning, accountability, and fairness. David Marx, author

of Patient Safety and the ‘Just Culture’: A Primer for Healthcare Executives, states, “A Just Culture is about having a well established system of accountability that rewards reporting and puts a high value on open communication – where risks are openly discussed between manager and staff.” He suggests that a Just Culture creates employee accountability for actions and hunger for knowledge, as well as fostering an environment of shared accountability between organizations and employees. The Just Culture model improves understanding of both system risk

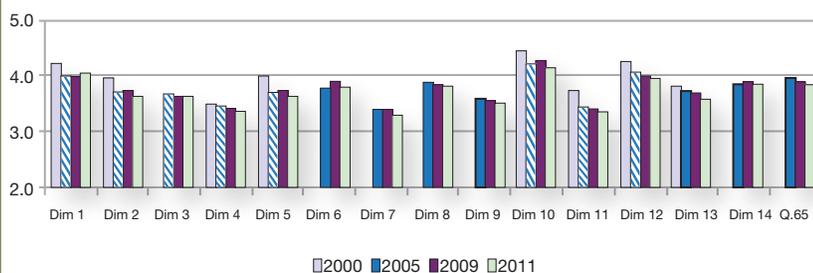
and behavioral risk.

VHA has been engaged in measuring, assessing, and improving patient safety culture through careful review of data, systems, and perceptions of employees using validated survey tools. NCPS conducted a culture of patient safety survey in 2011 at all VA’s nationwide. This survey provided us an opportunity to participate, measure and benchmark results of our safety climate.

In VISN 20, 2,116 employees (approximately 20%) responded to the 2011

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VISN 20 - Dimension Means Across Survey Periods



> Message from the CMO, continued >

Culture Survey Dimensions		
Dim1: Overall perception of patient safety	Dim2: Non-punitive Response to Error	Dim3: Training/Education
Dim4: Shame	Dim5: Communication, Openness	Dim6: Teamwork within Hospital Units
Dim10: Job Satisfaction	Dim8: Organizational Learning – Continuous Improvement	Dim9: Feedback & Communication about error
Dim7: Teamwork across Hospital Units	Dim11: Patient Safety in Comparison to Other Facilities	Dim12: Perceptions of Patient Safety at your Facility
Dim13: Senior Management Awareness / Actions in Promoting Safety	Dim14: Frequency of Event Reporting; Quest65: Perception of Overall patient safety grade	

patient safety survey. The survey measured staff perceptions of safety in their work area/unit, as well as perceptions in the hospital as a whole. It included dimensions that measure Just Culture, such as overall perception of patient safety, error reporting and response, training/education, shame, senior management, communication and team work. In order to make note of improvements and identify areas of opportunity, survey data was carefully analyzed and compared against All Employee Survey findings. A work-group from the VISN 20 Patient

Safety Committee was tasked to utilize the data to develop and implement activity plans aimed at improving our culture of safety. The work-group conducted a literature review and identified best practices from highly reliable health care organizations. It then established actions and time frames to address safety gaps found in the survey data. The goal was to collaborate efforts to establish a VISN culture of learning, accountability and a Just Culture to comprehensively address and positively affect staff perception and ultimately improve safe and quality care for our Veterans.

Leadership Changes

Ms. Linda Reynolds was appointed to the position of Director of the Spokane VAMC on February 26, 2012. Ms. Reynolds was formerly the Associate Director for the Southern Arizona VA Health Care System (SAVAHCS), a position she held since May 2009.



Prior to that, she served as the Assistant Director at that same station, from 2007 until her appointment as Associate Director. Ms. Reynolds has been a VA employee since 1990, beginning her career as the Chief of Dietetic Service at the VA Loma Linda and holding progressively more responsible positions in a variety of program areas, to include Chief Information Officer, Strategic Planner, Patient Education Coordinator and Clinic Director at a total of three VA facilities.

Mr. Greg Puckett was appointed as the Associate Director, Alaska VA Healthcare System (AVAHS) on March 25, 2012. Mr. Puckett is an experienced Healthcare Executive



with expertise in the areas of Strategic Planning, Operations, Finance, Managed Care, Contracting, and new Facility Construction/Start-Up. Prior to his appointment, he served as the Regional Operations Director/Group Facility Administrator for DaVita Hospital Services in Tampa, Florida. He also previously served as the Director, Healthcare/Long-Term Care Management, Florida Department of Veterans' Affairs. Mr. Puckett is an Air Force Veteran.

Dr. Max McIntosh, Director of the Southern Oregon Rehabilitation and Clinics retired on March 30, 2012. Dr. McIntosh had a long and impressive career with the Department of Veterans Affairs, beginning with his first appointment as Chief of Chemistry at the VA Medical Center, Tampa. He came to VISN 20 to serve as Associate Director of Roseburg VA Healthcare System from 1995 to August of 2001, and was appointed Acting Director at White City in February 2001 when it was still known as the "DOM." He was officially appointed Chief Operating Officer there on October 21, 2001, Acting Director on December 15, 2003, and Director on September 13, 2004. During his tenure in White City, Dr. McIntosh led the facility through numerous challenges and a significant mission change. As VA's only free standing rehabilitation center, the SORCC is now a national resource for

Veterans. Dr. McIntosh is already missed. Recruitment for a permanent replacement is in progress. During the interim, Dr. Nancy Benton, VISN 20 QMO, is serving as Acting Director.

Mr. David Wood was appointed the Director of the VAMC Boise on April 22, 2012. Prior to that, he served as Director of the Oklahoma City VA Medical Center, a position he held since 2006. Mr. Wood also served as Director of the Butler, Pennsylvania VA Medical Center from 2004 to 2006, the Director at the Bath, New York VA Medical Center for four years and as Network Chief Information Officer for the VA Healthcare Network Upstate New York for seven years. Mr. Wood received a Master's of Health Administration degree from Duke University in 1991, a Bachelor's of Science degree from Brigham Young University in 1989, and an Associate of Arts degree from Ricks College in 1987. He is a Fellow in the American College of Healthcare Executives and is a Certified Veterans Health Administration (VHA) Mentor at the Fellow Level.



Dr. Petzel Participates in Senate Hearing

On April 4, 2012, Under Secretary for Health, Dr. Robert A. Petzel, traveled to Washington State to participate in a field hearing called by the Chairman of the Senate Veterans Affairs Committee, Patty Murray. The hearing was held in Tacoma, in conjunction with the Department of Defense, and was titled: "Helping the Newest Generation Transition Home."



Dr. Petzel, Dr. Pendergrass, Senator Murray, Linda Reynolds, Sunil Wadhvani, Linda Teaskie, William Nelson

Senator Murray called on three panels, the first, Veterans and Advocates, the second, community leaders, and the third, VA and DoD Senior Leaders. Dr. Petzel testified as part of the third panel, along with Jo Ann Rooney, the Acting Under Secretary of Defense, Personnel and Readiness. After the hearing, Dr. Petzel, Dr. Pendergrass, Senator Murray, and Puget Sound's Director, David Elizalde, traveled to the American Lake Campus of the VA Puget Sound Health Care System, to participate in a Veteran Round table. They then took a short walking tour of American Lake, visiting the Residential Rehabilitation Treatment Program for Mental Health.

The next day, the group traveled to Spokane, where they visited the medical center, took a tour of Spokane's new tele-ICU unit and participated in a second Veteran round table. Senator Murray was impressed with both the American Lake and Spokane Campuses and praised our efforts on behalf of Veterans in Washington State.

The hearing was held in Tacoma, in conjunction with the Department of Defense, and was titled: "Helping the Newest Generation Transition Home."

Welcome Home

This past December, 175 Oregon National Guard Service members returned to the United States from a one-year Deployment to Afghanistan through Fort Dix New Jersey. When they got there, the Portland VA Medical Center OEF/OIF/OND program staff was waiting. Darla Darville is Portland's Transition Patient Advocate for the OEF/OIF/OND Program. She worked closely with the Joint Transition Assistance Program (JTAP), formally the Oregon National Guard Reintegration Team, who were also on base.

Prior to the deployment, CW3 Reith of the Oregon National Guard (ORNG) shared 1249 unit rosters in order to prepare for demobilization. Mr. Reith kept in contact with the staff at Portland as the dates for return approached.

At formal briefings, Ms. Darville worked with returning soldiers to complete enrollment applications and triage forms on which soldiers noted their clinic location preference, when they would like to have their first appointment and if they had any particular medical and social needs. OEF/OIF/OND program staff use these triage forms for Veteran outreach and to facilitate access to care once Veterans return to Portland.



Ms. Darville at work



Ms. Darville getting a well deserved hug

Ms. Darville said she was particularly honored when several returning soldiers lined up to give her a “we are glad you cared enough to come all this way to greet us” hug! This was not the first deployment for many of these soldiers, and they recognized this was the first time someone from their home state had come to a distant demobilization site. She also appreciated the help and inclusion that she got from MSG Phillip Jacques and the Joint Transition Assistance Program (JTAP) team at Fort Dix who set up informal meetings and briefings with soldiers. In a spirit of generosity and sharing, they invited Ms. Darville to every informal event they had. This a wonderful example of cooperation among the Guard, JTAP and the VA which can only serve to benefit returning soldiers, as we link arms and hearts to welcome them home, sharing every resource that we can offer.

Portland started demobilization site outreach in April 2010, when 2,700 Service members of the Oregon 41st Brigade returned from a yearlong deployment in Iraq. It was at this demobilization that 95% of the returning Oregon service members were enrolled for VA health care. Portland's OEF/OIF/OND Program Manager, Victoria Kochler, states “We learned that being present at the demobilization site resulted in more Veterans signing up for VA care. We personally know these Veterans and they remember us from the moment they touched US soil again. This relationship is so important in supporting reintegration.”

The 1249th Engineer Battalion is back from a yearlong deployment to Afghanistan. They were defusing bombs, building roads, and helping build an orphanage in Paktika, Afghanistan that will house and educate up to 100 orphan boys. Oregon is proud of this team and the work that they did, and are blessed to have them safely home. Now that their work is over, our work to serve them can begin.

PharmD Impact within Patient Aligned Care Teams (PACT) at Spokane VAMC

Uncontrolled diabetes is a growing burden to the VHA health care system, directly contributing to significant morbidity and mortality. To help address this chronic metabolic disease state, the Spokane VAMC incorporated a new resource to the PACT teams: the Clinical Pharmacist. With direct leadership support from Dr. Sunil Wadhvani, Acting Associate Director; Matthew Schopfer, Acting Chief of Pharmacy; and Dr. Tyler Galloway, Clinical Pharmacy Supervisor, a chronic metabolic disease clinic was initiated in June 2011. Working in collaboration with four PACT provider panels, Dr. Travis Sonnett started his mission to identify, assess, and offer medication management for Veterans with uncontrolled diabetes mellitus (DM). The primary goal for the clinic was to achieve both national and facility clinical targets for hemoglobin A1c values.

Available 6 hours a day, 5 days a week, the PharmD clinic was

designed for accessibility. Eligible Veterans were identified through CPRS consult, team referrals and data warehouse resources. Veteran enrollment occurred during an initial scheduled appointment, at which time treatment objectives were developed in partnership with the Veteran. Clinical follow-up occurred through phone appointments and secure messaging. Medication adjustments were made based

Available 6 hours a day, 5 days a week, the PharmD clinic was designed for accessibility.

upon treatment goals, lab results, and blood glucose readings. Veterans were counseled on realistic outcomes, lifestyle choices, and potential medication complications. Secondary conditions, such as hypertension and dyslipidemia, were also addressed and treated as appropriate. All therapeutic care plans and medication adjustments were made in coordination with VA/DoD guidelines.

The results of the PharmD metabolic clinic were significant. At clinic initiation, only one of the assigned panels was at goal for patients with a hemoglobin A1c value of less than 7% (facility target >50%) and none of the assigned panels were at goal for

patients with a hemoglobin A1c greater than 9% (national target <20%). As of January 31, 2012, three of the four provider's panels had achieved the national target for hemoglobin A1c values greater than 9%, with one panel dropping from 24% to 10% and another from 22% to 6.4%! Additionally, great improvements were made in the number of Veterans achieving a hemoglobin A1c value of less than 7%, with one panel increasing from 31% to 51%. While all four panels may have not yet reached their clinical targets, dramatic improvements have

Coordinating care between services can significantly improve outcomes for both the Veteran and the overall health system.

been realized. Continued exposure to the PharmD clinic in coordination with the Primary Care Teams will aid in achievement of these goals by the target date of June 2012.

The positive impact of PharmD participation in diabetes management at the Spokane VAMC validates the VA's integrated team approach to primary care. Coordinating care

between services can significantly improve outcomes for both the Veteran and the overall health system. Jeanine Fickert, ARNP noted that, "Dr. Sonnett has been an enormous asset to the team. He has been able to make improvements in some of my most complicated patients. These are Veterans that I have been working with for 7 years, in some cases. He makes them feel safe in trying new things and this is leading to results."

Looking towards the future, the Spokane VAMC is excited to continue building upon the success of the chronic metabolic disease clinic. Plans are underway to integrate fellow clinical pharmacy specialists: Dr. Kenneth Schueler, Dr. Linda Nelson, and one vacant position, to further the mission and vision of the PACT model by providing anticoagulation and chronic metabolic disease clinic support for all 14 PACT teams at our main station.

Notable Achievements in the Fight to End Homelessness

Each of the eight main facilities within VISN 20 have made great strides in their efforts to enhance services to homeless or at-risk Veterans in their respective communities. Area of focus have been expanding community collaboration, further promotion of a “no wrong door” philosophy, and expanding services across the homeless programs continuum. Of the numerous highlights from the past year, we have highlighted a few as follows:

Hosted 17 homeless summits with over 400 community partners coming together with the common goal of finding new and innovative ways to end Veteran homelessness. With the opening of a stand alone VA Community Housing and Outreach Services clinic in Renton, WA, and the development of the Community Resource and Referral Center (CRRC) in Portland, OR, in addition to the storefront homeless programs operation in Spokane, WA, VISN 20 has made great gains in our “no-wrong door” approach. This allows us to bring services to the homeless or at-risk Veteran. VISN 20 was also able to significantly enhance programs throughout the continuum of services including establishing an additional six emergency transitional housing contracts in FY11 and through five community partners who were awarded the VA’s Homeless Prevention Supportive Services for Veterans and their Families (SSVF) grant.

The Longview Housing Authority (located in Longview, WA), partners with the Portland VAMC as a Grant and Per Diem provider, HUD-VASH administrator, and (most recently) a HCHV transitional housing contractor. This year, they were recognized by VHA when selected as a recipient of the annual Secretary’s Award for Outstanding Achievement in Service to Homeless Veterans. Nationally, only a few agencies each year received this award. VHA’s Under Secretary for Health, Dr. Peztel, who was visiting Puget Sound to attend a homeless programs event, presented employees of the Longview Housing Authority with this prestigious recognition.

Funding was made available by VACO to lease space and hire staff for 10 Community Resource and Referral Centers (CRRC) as one of the key outreach components in the plan to eliminate Veteran homelessness. Funding for one of these 10 CRRCs was awarded to the Portland VA Medical Center and opened in April 2012. The CRRC is staffed by VA employees as well as community providers who have been invited in by the VAMC to share office space so that Veterans who come seeking services will truly experience a one-stop service center for services. In addition to the social service and basic needs supports, the CRRC also includes an exam room where basic medical services will be provided to those homeless Veterans who present for services.



Happenings Around the VISN:

St. Patrick's Day Spirit is Infectious at the Boise VAMC

The Boise VA Medical Center celebrated Saint Patrick's Day by hosting the first annual "Fort Boise Highland Games" on the medical center campus March 17th. The event was sponsored by the Scottish American Athletic Association. Over 200 people attended and almost 100 signed up as competitors in either the kilted 'Fell' race and/or highland heavy athletics events. Competitors and spectators appreciated including Idaho Veterans in the Saint Patrick's Day celebration and look forward to the event again next year.

Walla Walla State Veterans Home

On April 11th, VISN 20 was notified that the WA State Legislature approved the matching funds for the construction of a State Veterans Home on the Jonathan M. Wainwright Memorial VA Medical Center's Walla Walla campus. The proposed 82,000 gross square foot facility will provide 80 beds in a unique environment where Veterans, their widows or spouses, and Gold Star parents are treated with the dignity and respect they deserve and in a distinctive setting that provides a sense of belonging, critically important to Veterans. The state and VA staff are collaborating to make this project a reality.

Puget Sound Physician & Programs Honored

Murray A. Raskind, M.D. is the recipient of the 2011 John B. Barnwell Award. This award for outstanding achievement in clinical research is CSR&D's highest honor for scientific achievement. It recognizes Dr. Raskind's exemplary record of involvement in, and service to, the VA and to the clinical profession, as well as his seminal contributions to our understanding of the role of noradrenergic systems in the pathophysiology of Alzheimer's disease, alcoholism, Post-Traumatic Stress Disorder (PTSD) and as a target for treatment of these disorders. His work has had a broad impact on the clinical care of Veterans and the population at large.

To honor Dr. Raskind, CSR&D will publish an announcement in a prestigious scientific journal and he will receive \$50,000 per year for three years in research support as well as a cash award and an inscribed plaque commemorating his scientific achievements. The VA Puget Sound Health Care System will also receive a plaque honoring Dr. Raskind.

Congratulations!



More Happenings

VA Puget Sound Health Care System, Office of Research and Development has earned full accreditation from the Association for the Accreditation of Human Research Protection Programs (AAHRPP); an accreditation widely regarded as the “gold standard” for ethical standards in clinical research involving human participants.

VA Puget Sound, with its over 600 active research projects, now joins more than 243 organizations worldwide, all committed to the most comprehensive, stringent protections for research participants. The accreditation speaks to VA Puget Sound’s deep commitment to protect Veterans who contribute as research participants in clinical studies that benefit society as a whole.

“We have always had a strong history of doing research that benefits our Veteran patients. With this accreditation, not only do we protect the rights of our clinical participants, but we also essentially guarantee the research will continue to be of the highest quality,” said Denis Baskin, PhD, acting Associate Chief of Staff for Research, VA Puget Sound. “Now we can offer measurable assurances to our research participants, partners and the general public that study participants are fully protected as we do advanced research ultimately benefiting society as a whole,” he added.

The Association for the Accreditation of Human Research Protection Programs, Inc. is a nonprofit organization that accredits organizations demonstrating their participant safeguards exceed U.S. federal requirements. To learn more about accreditation, visit www.aahrpp.org. To learn more about research at VA Puget Sound go to <http://www.pugetsound.va.gov/services/research.asp>



Portland VA Celebrates Patient Care Milestone

In March, the VISN office received the following message from Dr. Scott Mader, Clinical Director, Rehabilitation and Long Term Care Division at the PVAMC:

We are very excited and proud to report we recently admitted the 1,000th patient to our Home Hospital Program here in Portland (Program @ Home). Here are our numbers by year:

- FY02-44 (Research Year supported by John A Hartford Foundation and VA New Clinical Initiatives)
- FY03-102
- FY04-92
- FY05-61
- FY06-61
- FY07-89 (RN Expansion supported by Johns Hopkins/Hartford Foundation)
- FY08-101
- FY09-104
- FY10-124
- FY11-161 (Expansion supported by VA T-21 Proposals)

This program has required:

- Support from VA Executive Staff (Medical Center/VISN/CO)
- Funding and support from VA and non-VA sources
- Cooperation and collaboration among many of our local services
- Hard work from many staff
- Great patients and families

Congratulations to Dr. Mader and all the staff at Portland involved in supporting this important work.



The ancient art of tai chi, artistic expression, guided imagery, and a yoga-type class consisting of breathing and relaxation therapy is just the start, as Walla Walla has plans to add many more alternative services.



Walla Walla VA Offers Complementary Alternative Medicine Services to Local Veterans

Contributed by: Linda Wondra

“Different strokes for different folks,” as sung by Sly and the Family Stone’s song “Every Day People” explains that what works for one person, may not work for another. Veterans deal every day with ailments, aches, pains and stress, and are constantly searching for ways to feel better and reclaim a better quality of life.

In response, the Walla Walla VA recently added new therapies, known as Complementary Alternative Medicine (CAM) services. To complement traditional medical services on the VA campus, the Walla Walla VA now offers several alternative therapy services: the ancient art of tai chi, artistic expression, guided imagery, and a yoga-type class consisting of breathing and relaxation therapy—just the start, as the facility has plans to add many more alternative services to the list.

To get things started, Chief of Staff Charles Beleny, DO and Kris Patterson-Fowler, Chief of Home & Community Based Services, visited local businesses that already had such services in place. Program Coordinator Eva Franco Morales then went to work to coordinate the start-up of the first therapy programs. The Walla Walla VA is very fortunate to have found multiple community volunteers anxious to step forward and offer their services free of charge. It didn’t take long for Veterans to get into the game and sign up.

Tai Chi

With 3 weekly tai chi classes up and running, Veterans are enthused and consistently returning to promote personal energy for self-healing and wellbeing, realizing that people of almost any age or condition can learn the movements. Tai chi is a low-impact, weight-bearing, and aerobic, yet relaxing exercise that is known to provide benefits including improved strength, conditioning, coordination, flexibility, reduced pain and stiffness, enhanced sleep, and better balance/lower risk of falls.

Artistic expression allows Veterans to practice relaxation and a sense of calmness in a new way. By putting talents to work, creating art aids in increasing awareness of self and others to help cope with serious illness and symptoms, stress, and traumatic experiences and to enhance cognitive abilities.

Guided imagery directs thoughts and suggestions and invites participants to channel their imagination towards a relaxed and focused state. Using a CD, Veterans sit back and watch images while listening to music that promotes relaxation, which is known to lower blood pressure and reduce other stress-related problems. In addition, guided imagery can also help

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> Complementary Alternative Medicine Services, continued >



those trying to lose weight or quit smoking.

Yoga-based therapy incorporates easy stretching movements, breathing techniques and meditation in a mind-body experience that comes from ancient Indian philosophy. This can be used to achieve fitness and relaxation to bring about a balance of mind, body, and spirit.

For each Veteran, results differ—different strokes for different folks—but the goal is to enhance medicine approaches with alternative therapies to bring about an overall sense of healing, in whatever way it works for each person.

In the future, the facility plans to add aromatherapy, horticulture therapy (gardening) and reflexology. The ultimate goal is to provide peace, relaxation, and pain relief.

Four Men at Work

Contributed by: Carrie Lee Boothe



Tanner, Charlie, Ray and Wade, all participants in the VA Roseburg PTSD Program, share their experiences and support each other throughout their time as program participants.

Two big white buses carrying 27 of America’s heroes recently rolled into the Post 51 American Legion parking lot in Lebanon, Oregon. Waiting there are 20 Lebanon Junior Reserve Officer Training Corps (ROTC) students clad in full camo, hats and boots. They close rank in anticipation as the VA Roseburg Healthcare System’s specialized bus doors unfold.

The heroes make their way down the steps. Veterans in wheel chairs are assisted by a team of 4 from Roseburg - therapists and volunteers working together to orchestrate an outing hosted by the American Legion Auxiliary. Greetings from the group

include handshakes and bona fide smiles. “Thank you for your service,” echoes all around. The patients of our PCU, the Community Living Center (CLC), and current participants in our PTSD and Substance Abuse programs are guided into the building.

The view becomes a sea of red and white. Big red hearts decorate the walls, white tablecloths, red napkins and heart-shaped chocolate candies dress the tables. Men and women are bustling around with coffee pots, offering soda and providing more

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> Four Men at Work, continued >

welcome comments as they work their way through the crowd. Scents of breakfast cooking fill the room.

Charlie, a 64-year-old Army Vietnam Combat Veteran, appears relaxed and reasonably comfortable. Others, not so much. As one of the VA team members explain, “Those with PTSD often find new environments intimidating and challenging. Just getting on the bus to go on the day trip is considered a triumph in the recovery process for many.”

“It’s excellent for learning coping skills, grounding, and the whole ball ‘o wax.”

that, comes homework. According to current program participant, Ray, “It’s excellent for learning coping skills, grounding, and the whole ball ‘o wax.”

Ray participated in the program years ago and joined again recently. He has also been involved in the VA’s HUD/VASH program in the past and spent a couple years at White City. He says “I would definitely recommend the PTSD Program, especially to our younger generation of Veterans.”

Brunch was served by Legion and Auxiliary members and the scene became one similar to a large family gathering, perhaps a reunion. The JROTC members helped those that needed assistance. They were clearly and exuberantly enjoying getting to know our heroes, and then the band arrived.

JROTC girls and boys encouraged Program participants and PCU patients to join them on the dance floor. One staff member stated, “This is my favorite part of the day...it’s so good for our PCU patients. They are getting exercise and enjoying every second of this. They may not walk too well anymore, but boy, can they dance!”

Another PTSD Program participant, Wade, an Army Infantry Veteran serving from 1993-2010, didn’t want to join at first. His father, a former graduate of our PTSD Program

brought him to us. Wade clarifies, “I was suicidal a couple weeks ago, but I’m not now. In my old pattern of behavior, I would get angry...I would feel bad because I would hurt the people I love. Then I would isolate. After a while, I’d feel ok, or think I was ok. Then the same cycle would start, over and over again. My dad brought me down from Salem. I was very angry. In the beginning, I fought the Program.”

After three weeks, Wade experienced an amazing turn around. He reiterates, “By the second week here, I decided finally to run with it instead of fight it. Since then, it’s been a breeze.”

Winding up the day, the group slowly traversed back to the parking lot and into the buses. Gathered there again, is the Lebanon JROTC. As the wheel chairs were lifted and our

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patients secured in their seats, the JROTC stood at attention, saluting, in silence. Could there be a more powerful showing of respect? What an impressive group.

VA Roseburg Mental Health Service includes a 10-bed Post Traumatic Stress Unit that serves Veterans of all ages, from all branches of the Military and years of service. Since the onset of the PTSD Program in the mid-1990s, the course has continually evolved to meet the unique needs of our Veteran patients. The current six-week program includes therapeutic passes where Veterans can go home for the weekend if applicable, but with

