www.visn20.med.va.gov

VA NW Health Network Summer 2010

VA Northwest Health Network (VISN 20)
PO Box 1035
Portland, OR 97207
Phone (360) 619-5925
Fax (360) 690-0868

Susan Pendergrass, DrPH
Network Director

Michael Fisher
Deputy Network Director

Frank Marré DO, MS, FAOCOPM
Chief Medical Officer

Allen Bricker
Chief Financial Officer

Nancy Benton PhD, RN, CPHQ
Quality Management Officer

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

In August, over 70 leaders and union partners from across the VISN attended VHA's annual Senior Management Conference. There, we joined almost 2,000 participants to further refine the strategic direction of the Veterans Health Administration. The theme this year was "Be the Change You Want to See," and the goal was to engage our leadership to design a Veteran-centric health care model and right-sized infrastructure to help Veterans navigate a new and improved health care delivery system. The desire to ensure our Veterans receive coordinated care around the following three principles: care that is patient centered, delivered by teams, and continuously improved, was also emphasized.

As has been the case for the majority of the year, patient centered care principles were the focus. We were challenged to take risks, visualize change, live in the moment and laugh more. Attendance was increased to ensure that the largest possible group of leaders and union partners needed to drive the culture change would hear the message and take it back to their respective facilities. In addition to staff at the VISN office, our group included Medical Center Directors, Chiefs of Staff, Nurse Executives, Associate Directors, Clinical Managers, Quality Management Officers, Operations Officers, Planners, construction and facilities representatives, and selected hospital service line/service chief and union representatives who will help to serve as champions to actualize our change strategies.

During a VISN breakout session, we dedicated much of our time to pursuing a patient centered focus and developing a strategy for culture change. Improving/enhancing customer service is key, as is promoting and modeling the idea that we need to go beyond the expectations of our customers and ourselves. We left the meeting having identified 3 initiatives for FY 2011:

- Build an integrative health model that focuses on the health (including prevention) of individual patients
- Partner with labor and management to change our culture
- Eliminate waste and increase efficiency

As I wrote in a recent all employee message, leadership in VISN 20 is seriously committed to turning the tide when it comes to Veteran satisfaction. We are actively exploring resources, models of excellence and programs designed to help us. At the conference, Dr. Petzel, the Under Secretary for Health, also unveiled a new mission and vision statement, which are printed on page 3. In particular, the new vision statement underscores the importance of customer service and patient centered care. As Dr. Petzel stated, "each of us has signed on for far more than a job…we have a mission and a debt of honor to the Veterans it is our solemn duty to care for. These statements are in concert with Secretary Shinseki's strategic direction for all of VA and they provide you my view of the future I think we are capable of creating."

Thanks to each of you for helping us get there.

Susan Pendergrass, DrPH
Network Director

Message from the CMO

Frank Marré,
DO MS FAOCOPM
Chief Medical Officer

Who we serve

Vince is a Vietnam Veteran, a family man with a successful career and a heavy burden. The war changed Vince and he knew it. After the war he knew he needed a "quiet life." He chose his career accordingly, a career requiring little more than solitude. Outwardly, Vince was a success, but inwardly he was failing. For years his wife and his private physician urged him to go to the VA. Finally the mounting burden pushed him forward. It took all he had. "How many visits am I allowed, Doc" (a reflection of 40 years of private sector health care)? "As many as you need," said his VA provider. Vince was amazed. Today Vince is a new man.

We don't know how long it will take the next Vince to cross our doorstep. It could be 40 years post deployment or it could be one week. Regardless, their first encounter may be our only chance to change a life. Each encounter must be nothing short of excellent. This is why our goal is excellent, patient centered, integrated care.

Thanks to your commitment to Veterans, the care we provide is getting better and better. Two years ago we were achieving our targets about 50% of the time. Now we are knocking out 89% of our targets.

The graph above indicates our steady progress. The number of measures and targets has not declined. In general, both have ratcheted up. What has changed is our ability to improve, our ability to be:

- Focused on the areas where we are missing the mark
- Accountable for the outcomes of our work
- Disciplined, using proven methods like VA TAMMCS to improve our faulty processes

> continued on page 3 >

VHA Mission Statement:

Honor America's Veterans by providing exceptional health care that improves their health and well being.

VHA VISION Statement:

VHA will continue to be the benchmark of excellence and value in health care and benefits by providing exemplary services that are both patient centered and evidence based. This care will be delivered by engaged, collaborative teams in an integrated environment that supports learning, discovery and continuous improvement. It will emphasize prevention and population health and contribute to the nation's well being through education, research and service in National emergencies.

> A Message from the Chief Medical Officer, continued >

Vince's story points to an important fact. Veterans are burdened with a disproportionate share of behavioral health conditions. Between 30 - 40% of the Veterans who come to the VA have a behavioral health related diagnosis such as PTSD, TBI, depression, suicide ideation, military sexual trauma, or substance abuse disorder.

A Shortcoming

One of the performance areas where we are not achieving the VA standard is the very area Veterans like Vince need our help most - our ability to detect serious behavioral health conditions, such as depression, suicide ideation, traumatic brain injury, post traumatic stress disorder and substance abuse.

Disciplined Method

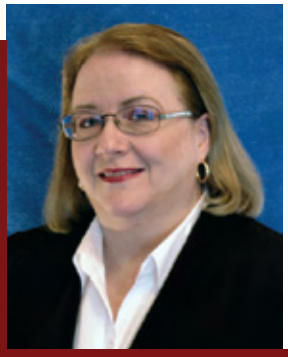
Detecting a serious behavioral health condition is a two step process. Analysis revealed that we do the first step well but sometimes fail to complete the second step. Our process between step one and step two is faulty.

A New Principle

This discovery has led the Clinical Board (committee of senior clinical leaders including the Chief of Staff and Nursing Executive from every facility) to adopt a new organizational principle, "Complete the job before the Veteran leaves the clinic." What could be more patient centered?

As Vince's story demonstrates, we have the unique ability to heal the wounds of war. We may have only one chance to help the next Veteran we see. Insuring that each and every encounter is excellent, patient centered and integrated is our best chance to help heal the next Vince that crosses our doorstep. Thank you for making every encounter nothing short of excellent.

Frank Marré
Chief Medical Officer
VISN20



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

Message from the QMO

Contributed by Nancy Benton, PhD, RN, CNS, CPHQ
VISN 20 Quality Management Officer

What is Quality Health Care? If you ask your colleagues this question, chances are that you will get varying answers. Likewise, if you were to ask your teenager at home or your aging parent, you would probably get very different answers. Quality health care is a term frequently used in today's discussions about health care, but it is a term that is difficult to define and one that varies depending on the standpoint of the person being asked. In an attempt to help define quality health care, the following conceptual model is offered.

The intersection where all three components, Safety, Patient Centeredness and Clinical Competence come together is where we should expect to find Quality Health Care.

The job of quality and safety professionals is to monitor activities in all three areas and implement controls and improvement processes to reduce variation.

In VISN 20, quality, safety and improvement professionals devote 100% of their time to collecting data, analyzing those data and implementing improvement activities in the above domains to assure the care we deliver to Veterans is of the highest quality. While it may sometimes seem that we have data overload, it is impressive to see how the quality of care in our VA system compares to private sector health care. For example: based on data from Health and Human Services (HHS) Hospital Compare, HEDIS data and VA data for fiscal year 2009, VISN 20 outperforms the private sector in:

- 5 of 5 quality measures for Pneumonia Care
- 4 of 4 quality measures for Chronic Heart Failure
- 5 of 6 quality measures for Heart Attack Care
- 8 of 8 quality measures for Surgical Care
- 16 of 16 quality measures for Outpatient care and chronic disease management

The message to all of the quality, safety and improvement professionals at each of our VISN 20 sites is that WE MAKE A DIFFERENCE. We should be proud of the work we do every day in our never-ending quest for health care excellence.

Clinical Leadership: What leaders can do

A year ago there was no Tele-Dermatology Service in VISN 20. Survey results indicated that over 5,000 rural Veterans in VISN 20 went without needed care each year due to the small number of dermatologists available in VISN 20.

Dr. Gregory Raugi, MD, PhD, and **Gayle Reiber, PhD**, presented a proposal to address this substantial gap. VISN 20 made their proposal a 2009 clinical priority and entered it in a VA National competition for Rural Health Funds. The Tele-Dermatology Project was awarded a grant in May 2009. A condition of the grant required Drs. Raugi and Reiber to implement tele-dermatology services at a rural VA within one month. Walla Walla VAMC accepted the challenge and in June, 2009, became the first medical center in the VISN to provide rural tele-dermatology service.

What the "Tele-Dermatology Community of Providers" has accomplished within the past year is nothing short of spectacular.

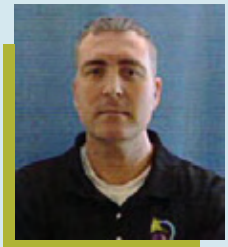
- Facility leadership identified primary care providers and tele-dermatology technicians at 23 rural sites. Primary care provider training includes: hands-on, supervised dermatology skill development, weekly education and problem solving conference calls, familiarity with a detailed policy, procedure and education manual and 1 on 1 training with a surgical dermatologist. With demonstrated competency, the primary care provider's credentials are advanced over the one year training period. The 23 primary care providers work in partnership with Board Certified Dermatologists who recommend and teach dermatology patient care.
- The 23 tele-dermatology technicians learn to take and upload images, facilitate patient follow-up and assist the primary care providers with dermatology patient care.
- Tele-dermatology consults are forwarded through CPRS to the Board Certified dermatologist "readers." Dr. Raugi is the clinical leader and champion. These readers are privileged and credentialed at each facility to co-manage dermatology care with local primary care providers. They recommend care based on the patient's history, the primary care providers assessment and accompanying images. The turn-around time between receipt of the consultation and making recommendations for care is 2 days. The "reader" training, quality control measures and the clinical-pathological correlations ensure delivery of excellent dermatology care to rural VISN 20 Veterans.
- The goal by the end of FY 2010 is that tele-dermatology primary care providers will complete their training and be able to manage up to 80% of dermatology problems locally. This goal includes the provider's ability to identify conditions beyond their scope of practice for continuing referral to the "readers."

Thanks to Drs. Raugi and Reiber's leadership and the leadership of 23 primary care provider and technician teams, the Tele-Dermatology Community of Providers has served over 2,000 Veterans with over 3,325 skin problems. Malignancies have been identified in 17% of those served. Veterans are very satisfied with this service. Follow-up and skin problem outcomes are carefully monitored by the core team using an Access database. This data will also be used to assess and continuously improve the Tele-Dermatology Clinical Service.

The Tele-Dermatology Clinical Service will continue to expand to additional rural sites and looks forward to providing excellent patient centered integrated care to Veterans. It is amazing what leaders can do.

Strategic Direction – a Fiscal Perspective

Contributed by Allen Bricker, VISN 20 CFO



This quarter, I thought I'd share some inner thoughts about establishing a financial strategic plan, and how recent events factored into the development of this strategy.

In July, I had the opportunity to meet with all of the VISN 20 CFOs, Budget Analysts, Chief Accountants and Decision Support Staff. This is the first time VISN 20 has ever hosted a "Big Four" operational meeting where almost all programs in the Financial Management Group (FMG) were represented. As I watched people interact, I realized this meeting was long overdue. As we moved through the day, the collaboration, enthusiasm, and "can do" attitude was evident. As we closed the meeting, I left reaffirmed that: 1) we have a talented group of financial professionals, and 2) I am thankful that we have this group to tackle our challenges!

A key deliverable of the meeting was the development of a strategic framework that will enhance our financial performance. Part of this transition of *Raising the Bar* is to expand from being "transaction based keepers of the assets" to being "operationally engaged thought leaders." As we all juggle with increasing our organizational agility, I've asked our CFOs to take a lead in this area. As a first step, we spent part of our meeting accomplishing managerial costing training and reviewing the Reports & Information SharePoint that is being used in Director's Performance Meetings and Site Visits.

I also asked FMG staff to be a group that anticipates need. To that end, I encouraged the CFOs to anticipate what their Associate Director will need and be there one step ahead of them. We encouraged Accountants and Analysts to anticipate their CFO's needs and be there with answers. A key component of *Raising the Bar* is to build a culture where we approach our supervisors with solutions – not problems.

The FMG financial strategy to *Raise the Bar* and our desired culture of anticipating need will play out over the next five years. *Our Raise the Bar* strategy centers around the concepts of: Develop (staff); Invest (in business acumen); Improve (processes); and Grow (our technology/image) (DIIG). The DIIG concepts are our attempt to prioritize and focus on select areas that are likely (read: anticipate!) to require proactive solutions.

How we arrived at the DIIG concepts is interesting. At first glance they cover a lot of areas and can appear unrelated. However, the entire strategy and supporting concepts were molded around one of VISN 20's long standing goals: "to be a premier, integrated health care system." The word integrated has power for me. I imagine an integrated financial system where all of our sites can support each other, where any detriment to a site is a detriment to our VISN and all sites respond collectively. I think of lessons learned at training sessions about maintaining common ground. In this common ground, where all sacrifice a little so that the overall good is maintained, I imagine an empowered network of financial professionals, working to grow as a learning organization. As CFOs, we need more than a long term goal to make a strategic plan. Would we do anything for a gain? Collectively, the FMG believed there was more to this, and ethically, we are not willing to recognize a gain at any cost.

I was struck by something author and health care consultant Joe Tye said at a recent VISN leadership meeting that every single person should know the VA's mission, vision and value statements. And I realized at the time that I didn't know our stated values. At that same time, it occurred to me that if we are working to set a strategic direction, it is the value statement that provides the ethical framework for how we will do our work. As I studied our values, it was evident to me that we had a framework to prioritize, a framework for direction, something that felt right inside. VISN 20 holds the following values:

- Flexibility & Adaptability
- Continuous Improvement
- Accountability to Patients and other stakeholders
- Valuing Staff
- Becoming a Learning Organization

Our goals and our values became a guiding force behind the "Raising the Bar" strategy, our DIIG concepts, and even our desire to have a culture that

> continued on page 7 >

> Strategic Direction, continued >

anticipates need. Our collective group tackled a number of strategic and tactical objectives that can be used to address immediate needs to longer strategic issues that could take years to implement. Together, the CFOs will work to refine the tactics to support the DIIG concepts over the remainder of the calendar year.

Collectively, we all strive for better. Better is needed. We are moving into election years with a bit of an uncertain future: healthcare reform, new models of care, a requirement to become more efficient. And, most importantly: making sure our Veterans get our very best. I've shared a little of the FMG journey in hopes that you will see some similarities with your own organizational development and to encourage you to set your own path to making it better.

Here's to a great start to FY 2011.

Performance Ratings and Superior Performance Awards

Contributed by Rob Davies, VISN 20 HR Manager

With the end of the performance rating cycle upon us, now is a good time to review requirements for justifying ratings and awards. Under VA policy, supervisors must submit a final evaluation using VA Form 0750 for Title 5 or Title 38 hybrid employees, and VA Form 3482e for VHA supervisors and managers. If the supervisor has determined that the levels of achievement are exceptional or less than fully successful, they must provide specific examples to support the assigned achievement level. The supervisor may include this justification on the form, or may attach it to the original performance appraisal.

Before discussing criteria for a superior performance award it is important to understand what is required before an employee is given an overall rating of 'greater than fully successful.' Exceeding the 'fully successful' level of performance for individual standards does not necessarily result in assignment of the 'exceptional' level of achievement for the whole element. Under VA policy, the employee may be assigned an overall 'exceptional level' of achievement for a particular performance element if the employee significantly surpassed all 'fully successful' performance standards for the element and performance in the element far exceeded normal expectations and results in a significant contribution to the organization. There is a distinction between exceeding the 'fully successful' level on an individual performance standard and meeting the criteria for assignment of an 'exceptional' level of achievement for the overall element. Most elements have multiple performance standards. Exceeding the 'fully successful' level for each standard is just one step toward warranting an 'exceptional' level of achievement for the entire element. The criteria must also be met when considering the achievement level of the element as a whole.

Should a supervisor determine that an employee has achieved an 'exceptional' achievement level in one or more performance elements, the justification provided to establish this level of achievement is sufficient to support the overall performance rating since it is calculated based on the performance achievement levels the supervisor assigned to all critical and noncritical elements. This justification should also be sufficient to justify recommending the employee for a superior performance award.

A copy of the performance appraisal, which includes the justification for assigning any and all levels of achievement of 'exceptional,' must be attached to VA Form 4659. If the supervisor considered any other factors that were not included in the justification for the performance rating but were considered in determining the issuance of an award, this information should also be included with VA Form 4659.

Questions regarding Performance Ratings and Superior Performance Awards may be directed to **Rob Davies**, via email, or at **(360) 567-4673**.

Seattle Radiologist wins Health Information Technology Initiative Award

Jonathan Medverd
Radiologist, Seattle Divison

Jonathan Medverd, a radiologist at the Seattle Division, is one of 26 winners of a national health technology competition that fielded over 6,500 suggestions.

Dr. Medverd's idea was chosen for its potential to boost the efficiency in planning and carrying out diagnostic imaging. With his winning idea, Dr. Medverd can now receive funding and support for prototype development and implementation. All of the winners of the 2nd Annual VHA Office of Information and Technology Innovation Competition were announced in May.

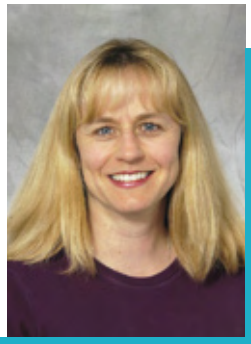
Dr. Medverd's idea seems quite simple in practice. When a doctor orders an MRI or CT scan, the order goes to a radiologist who then gives instructions on how it should be done. Currently, this process is paper-based and often beset by problems such as lost orders, unnecessary duplication and lack of tracking. Dr. Medverd wants to digitize this process by incorporating orders into the current electronic patient records system so that patient history is easily accessible. "We'll be able to turn a paper stack into a digital list and this can lead to rapid and informed decisions about an imaging request." Medverd said. Dr. Medverd now has 12 months to build a team of IT programmers and analysts and create a prototype application. Once finished, VA Central Office IT will evaluate it for further implementation VA-wide.

The 26 VHA/OIT Innovation Competition winners represent 23 different medical centers, program offices, or regional health care entities from 17 states. The VHA/OIT Innovation Competition attracted broad participation, yielding over 6,500 ideas from department employees. After a web-based community voting method narrowed the submissions to a smaller group of finalists, a panel of federal and private sector health care and IT leaders reviewed the top proposals and selected the winners.

The panel consisted of 24 distinguished participants, including Dr. Harvey Fineberg, President of the Institute of Medicine; Dr. Robert Kolodner, Health IT consultant; Dr. Mehret Mandefro, White House fellow; Dr. Stephen Ondra, VA's Senior Policy Advisor for Health Affairs; Peter Levin, VA's Chief Technology Officer; Craig Newmark, Founder of Craigslist; and Todd Park, Chief Technology Officer for the Department of Health and Human Services.

The VHA/OIT Innovation Competition follows the Veterans Benefits Administration (VBA) Innovation Competition, which was launched in August 2009 by President Obama in support of his mission to make government more effective, innovative and open. Both competitions are part of the VA Innovation Initiative.

VISN 20 Nurses Recognized



Pamela Popplewell

Puget Sound Nurse Appointed to National Panel

Pamela Popplewell, RN, RNP, MSN, CCRN, ANP, ARNP was appointed to the 2010-2011 Board of Directors for the American Association of Critical Care Nurses (AACN). AACN is the largest specialty nursing organization in the world, joining together more than 500,000 acute and critical care nurses and claiming more than 235 chapters worldwide. The organization's vision is to create a health care system driven by the needs of patients and their families in which acute and critical care nurses make their optimal contribution. The VISN Congratulates Ms. Popplewell.

> continued on page 9 >

> Nursing Awards, continued >

Portland VAMC Nursing Service Receives Top 10 2010 VA Office of Nursing Services Innovations Awards

Earlier this year, 11 Portland nurses and 1 physician collaborated on an award submission entitled "Implementation of the Clinical Nurse Leader Role Combined with Clinical Nurse Specialist Collaboration: An Innovation Designed to Facilitate Nursing Practice and Heighten Patient Care." In August, we learned their entry had been recognized as one of the top 10 best.

The theme for this year's competition was "Strategies for Implementing and Sustaining the Clinical Nurse Leader (CNL) Role." All submissions described creative and valuable programs or initiatives led by VA nurses.

Along with the other 9 winners, the achievements of Portland's 12-member team will be recognized in multiple venues, including the VHA Hotline Call, the National Nursing Conference Call, the Clinical Nurse Leader Call, and the annual VA Clinical Executive Conference in 2011. At the conference, each team will present a poster of its award-winning innovation and they and their initiative will be formally recognized and presented with a plaque. In addition, each winning group will receive an award of $10,000 to be divided equally among members.

Top 10 innovations including the title, primary author, contributors, facility, VISN, and their accompanying narratives may be found on the Office of Nursing Services Intranet Site at http://vaww1.va.gov/NURSING/nationalawards.asp.

The Office of Nursing Services and the VISN congratulates Portland on this accomplishment, and applauds the team's commitment to innovation and quality patient care!

VA Puget Sound Dedicates Community Living Center

VIPs, dignitaries, Veterans and their families gathered at the American Lake Division of VA Puget Sound Health Care System on June 25, 2010 to officially cut the ribbon and dedicate a new 79,000 square foot lakeside Community Living Center. The Community Living Center replaces the current nursing home and kitchen/dining facility at American Lake.

"This is an historic day and an exciting concept for a residential facility," said VA Puget Sound Director David Elizalde. The $32 million facility includes 83 beds in both private and semi-private rooms, a hospice unit, a rehabilitation unit, and an Alzheimer's disease/dementia unit. In keeping with modern trends in construction, environmentally-friendly features include recycled and refinished high school bleachers used as wall paneling, green roofs that blend into the natural setting of the lake and surrounding landscape and use of other recycled materials. Additionally, the bio-mass of the roof will decrease aircraft noise creating a more peaceful setting. A state-of-the-art, full service kitchen and dining room complete the unique design. The dining room will provide meal service for all residents at American Lake including those in the Community Living Center, the domiciliary and blind rehabilitation. Additionally, the Alzheimer's/dementia unit will have its own private dining area.

Roseburg PAO Rides with Veterans

Contributed by Carrie Lee Boothe

My name is Carrie Lee Boothe, and I work for the VA Roseburg HCS in the Public Affairs Office. I am with Veterans every day. Over the last 3 1/2 years, my Veteran advocacy and compassion for their experiences and unique needs has grown and intensified. I love Veterans and I love my work.

My job entails wearing many hats, but for the first time in my career, the hat I wore recently was a pink motorcycle helmet. Interesting how that came about.

The VA Roseburg Healthcare System has a dedicated local volunteer in the Disabled American Veterans' (DAV) office. His name is Ray Adams. Not only does he drive Veterans in need of transportation to and from appointments, often racking up more vehicle miles in a month than some of us do in six, he has joined and represented the state of Oregon in the annual National Veterans' Awareness Ride (NVAR) each year since 2005. Ray drives the chase vehicle that provides assistance to bikers who break down or have special circumstances.

Beginning in Sacramento, California, and ending at the Vietnam Memorial Wall in Washington, DC, this ride consists primarily of Veterans who gang up to raise Veteran awareness. They do this by stopping at VAs, State Homes, and schools to thank their comrades, work with each other to heal their wounds, and bond together for a 10 day mission.

Ray asked me if I wanted to go on this year's trip. He said I could ride along with him in the chase vehicle, write about the event and take pictures. And so I went.

Gifts and riches of the heart and soul are not so easy to explain. Most often, they are amalgamations resulting from time, experience and education. They help us in our evolvement, change our lives, and create our uniqueness. They make us who we are. Sometimes it's a vacation that moves us in a way in which we are forever affected. Occasionally, it's an epiphany. I had all that. I was embedded with the motorcyclists, and they taught me things. They told me stories. They opened their hearts and trusted me with their words.

In the course of 12 days, I was allowed into an elite group of dedicated men and women. Most of the riders were Veterans who served during the Vietnam War. Some days we stopped at 5-6 facilities to visit patients, perform a wreath laying ceremony or spend time with children at schools. The biker group grew as we trekked. Often, day riders would join us. Some days we had 200 motorcycles parading into rural towns across the country.

Townsfolk would line the downtown sidewalks and overpasses or present themselves in their own front yards. They held flags and signs of thanks. They brought their children. The elderly were there too. My heart swelled. I felt pride. I waved to the people and took their pictures as we passed.

One of the riders from Roseburg took a very special package with him. It was a three-inch tall jar containing the ashes of a local Veteran, James "Michael" Rucker, who had served in "'Nam." Michael had voiced a wish. He had hoped to make it to the Vietnam Wall before he died from pancreatic cancer due to his exposure to Agent Orange. He didn't make it.

Terry Mooney, a Vietnam Veteran himself, a Douglas County resident, and an active Veteran service advocate changed that. He'd heard about Michael's wish. Terry hadn't known Michael, but that didn't matter.

> continued on page 11 >

> Roseburg PAO Rides with Veterans, continued >

Thus, resting against Terry's heart, both physically and mentally, Michael made the 3,000 mile journey across the US.

Over the course of the trek, we visited more than 21 VA hospitals and state homes for Veterans. When we finally reached the Wall, riders who had never seen it were supported by the riders who had. In addition, being with those who had experienced "Nam," and being with many who lost their friends and soldier partners, made the experience even more impactful and emotional for me.

My duty was to write stories about the events of each day, and be the photographer and "pod-caster" for my local radio station. I did all that, but the education I received about the Veteran experience was beyond explanation.

Facelift for Roseburg Protective Care Unit

Contributed by Carrie Lee Boothe

The desire was to create a more home-like atmosphere for the Roseburg Protective Care Unit (PCU), and that is exactly what VARHS staff accomplished.

A collection of staff volunteered their time to paint, decorate and wallpaper the PCU to create a warm and welcoming atmosphere for Veteran patients. The Roseburg PCU Nurse Manager, Carolyn Crampton, wanted a home-like atmosphere and decided to use a cabin motif as her design for the unit. A rock fireplace complete with a taxidermy deer above it and chairs and loveseats surrounding the living area create a true sense of home for the patients.

In addition, the walls throughout the unit are laced with a faux wood-paneling that is effective in warming the atmosphere. The ceiling received a fresh coat of paint that includes hand-drawn clouds against a sky blue backdrop.

Now, upon entering the PCU, visitors will find a wall of photos with a wood carved sign above it marked "Heroes." These are framed photos of patients currently residing in the VARHS PCU. These photos, say Carolyn, "remind the Veterans of their past, and help them in retaining their memories and their history."

Veteran patients have been extremely receptive to the positive change in the atmosphere of the PCU, and visiting family members enjoy the relaxed ambiance of the unit.

Hearing Education Center Opens at Portland VAMC

Contributed by Robert L. Folmer, Ph.D.

A Hearing Education Center was recently installed in the Specialty Clinics waiting area at Portland VA Medical Center. It houses a computer-based hearing loss prevention education program designed to educate and encourage Veterans to protect their hearing. Hearing loss and tinnitus (ringing in the ears) are the two most common service-connected disabilities for Veterans, including those who served in Operation Iraqi Freedom or Operation Enduring Freedom. The personal and financial costs for these conditions are substantial and continue to increase each year.

In 2007, Dr. Stephen Fausti and Dr. Marjorie Leek at the National Center for Rehabilitative Auditory Research (NCRAR) received a grant from the Joint Incentive Fund (JIF) to develop a hearing loss prevention education program for Veterans and military personnel. JIF is a collaborative program between the Department of Veterans Affairs and the Department of Defense. The JIF program's goals are to enhance cost-effectiveness, quality, and access to health care for military personnel and Veterans. The goal of the Hearing Education Center is to reduce the prevalence of hearing loss and tinnitus among Veterans and active duty military personnel. Two more booths have been built (by the Oregon Museum of Science and Industry) and will soon be installed at Madigan Army Medical Center (Fort Lewis, Washington), and Womack Army Medical Center (Fort Bragg, North Carolina).

The program includes the following elements:

- A sound-attenuated booth in which one participant at a time interacts with the program.
- On a booth exterior wall, a 40" flat screen LCD that displays silent video clips and text describing what the booth is and the activities available inside.
- An artificial ear attached to a sound level meter on the exterior of the booth. When participants insert one of their iPod or MP3 ear phones into the ear, a digital display shows the intensity of their music in decibels.
- Inside the enclosure, a computer touch screen allows participants to select among a variety of activities. A printer allows them to print informational handouts and test results.
- Inside the enclosure, on-screen video and audio instructions show participants how to place headphones on the correct ears and to set the volume at a comfortable listening level. A brief video then introduces the program. After the video, participants may select among activities shown on the main menu screen.

The program was developed for use in an outpatient clinic or in a communal area of a hospital. Dr. Gabrielle Saunders and colleagues at NCRAR will soon conduct a formal evaluation of the program's effectiveness. Ultimately, we hope to make the program available to all Veterans, military personnel and other members of the public by making it accessible through the internet and medical centers throughout the country.

Anchorage Clinic hosts Unexpected Guest

Contributed by Marcia Hoffman Devoe

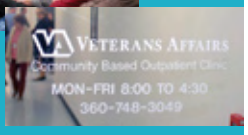
The city of Anchorage brands itself as "Big Wild Life." Well, that brand couldn't have been more true as the Anchorage VA Outpatient Clinic had an unexpected visitor this June. A two year old black bear found his way to VA grounds and peered into a window in the integrated area for Primary Care and Mental Health. Continuously ready for any situation, VA Police and Facilities Management Service quickly responded to ensure staff, patients and visitors stayed indoors while the bear was "herded" off VA property. The staff had been planning a fire drill that was delayed until police were sure the bear was off VA property and no longer posed a danger. Moose have also been frequent visitors to the grounds. While these are not uncommon occurrences, even within city limits, Alaskans are prepared to keep their distance while marveling at the greatness of the natural beauty and wildlife that living in Alaska provides on a daily basis.

Portland VA Medical Center Opens Center for Women Veterans

A new clinic dedicated solely to women Veterans opened for business in August with a grand opening ceremony on September 10, 2010. The newly remodeled 3,500 square feet of space previously housed Primary Care, but is now dedicated to the exclusive use of women Veterans and their care providers. The space is expected to serve more than 7,000 women Veterans of Oregon and SW Washington.

The clinic services are comprehensive, offering Primary Care, Gynecology, Mental Health, Social Work Case Management and Women's Urology and includes an area for child activities, though not child care, for older children to use while their moms are getting health care. The official "wall breaking" ceremony took place May 12, 2010 with women Veterans representing every branch of service and every year back to World War II.

Nancy Sloan, DNP, Portland's Women Veterans Program Manager, stated, "In the past, women have played key roles in serving our country, be it overcoming man-power shortages at home or dressing wounds on the battleground. Women's services to this country have enhanced and directly corresponded to societal changes that have opened doors. Today we see a significant increase in women serving in the armed forces. As a result, Portland experienced a 15.3% increase in women using the VA last year. We are excited by this increase and eager to address challenges this may create in a facility that has historically served male Veterans. It is clear that the Center for Women Veterans Health is moving us in the right direction to make changes based on what patients want, in other words, in a patient driven manner."



VISN celebrates New Clinic Openings

South Sound CBOC

Sterling Medical Associates and VA Puget Sound Health Care System teamed up to provide high quality health care to Veterans residing in South Puget Sound (Thurston and Lewis counties and the surrounding areas). Services include primary and mental health care, social work, lab, and basic X-Ray services. Initial pharmacy prescriptions will be filled in the local community, with ongoing prescription medications filled by the VA. An open house and dedication ceremony was held on June 4, but the clinic started seeing patients in mid-May.

West Linn CBOC

This new 10,000 square foot facility will provide care to more than 7,000 Veterans in the Portland Metro area formerly seen at the Portland VA Medical Center main campus. The ribbon cutting was held on Tuesday, June 1.

Newport Outreach Clinic

A first of its kind partnership between the VA and a county agency to provide primary care to Veterans, the Newport Clinic opened serving 1,200 enrolled Veterans in Lincoln County. Within five weeks, the number grew to more than 2,300. A ribbon cutting was held on Wednesday, July 7.

Transitions

Recruitment Updates

Director, VAMC Portland

On July 4, 2010, **Mr. John Patrick** was appointed as the Director of the VAMC Portland. Mr. Patrick was most recently the Director at the VAMC Salem, Virginia, a position he held since January 2007. Prior to that, he served as the Associate Director at both the VAMC Asheville and the VAMC Marion. In addition to senior leadership positions at three VAMCs, Mr. Patrick also served as the Director of VHA Field Communications in VACO, as the Manager of Community Relations/ Public Affairs at the VAMC St. Louis, and as the Chief of Voluntary Service at the VAMC Danville and VAMC Charleston, beginning his VA career as a Recreation Therapy Assistant. Mr. Patrick has over 25 years of experience working for the Department of Veterans Affairs/ Veterans Health Administration.

Director, VAMC Walla Walla

On May 23, 2010, the appointment of **Brian Westfield** as SES Director of the VAMC Walla Walla was approved. Mr. Westfield has served as the GS-15 Director of the VAMC Walla Walla since September 2008. Due to changes in the mission and complexity of the facility, an SES position was created. Prior to coming to Walla Walla, Mr. Westfield served as the Associate Director for Patient Care Services (AD/PCS), VA Salt Lake Health Care System. In May 2008, he was detailed as Special Assistant to the Director at the VAMC Walla Walla. He served as Acting Director in Salt Lake from February 2007 to July 2007.

Associate Director, VAMC Spokane

Spokane's current Associate Director, **Perry Danner** was appointed to the position of Associate Director, VAMC El Paso on September 12, 2010. Recruitment for a replacement at Spokane began in August.

Associate Director, VAMC Walla Walla

Debbie McCormick was recently appointed Associate Director of the VAMC Walla Walla. Ms. McCormick was most recently the Associate Director for Operations of the Marion Campus of the VA Northern Indiana HCS, a position she held since September 2008. Prior to that, she served as the Medical Administration

> continued on page 15 >

> Recruitment Updates, continued >

Officer/Business Office for the Palo Alto VAMC from November 2003 to September 2008. Ms. McCormick's background includes a Master's in Organizational Leadership from Regent University and a Bachelor's degree from Ohio University. She is a graduate of VHA's Executive Career Field Development Program and completed VA's Health Care Leadership Institute (HCLI). Her effective date is September 26, 2010.

Chief of Staff, VAMC Walla Walla

Charles G. Beleny, DO was appointed in August as Walla Walla's new Chief of Staff. Dr. Beleny is a retired Air Force Colonel and served as the Medical Director for the Soldier Readiness Program at the Madigan Army Medical Center since 2004. Prior to that, he was the Chief of Staff for the 62nd Medical Group at the McChord Air Force Base from December 2000 – July 2004. He was also an Assistant Clinical Professor at the Wright State University School of Medicine in Dayton, OH from November 1995 – December 2000. Dr. Beleny is a family practice physician with extensive history as a clinician and manager. He is board certified in Family Practice Medicine and graduated from the Kirksville College of Osteopathic Medicine with a Doctor of Osteopathy (DO) Degree. His appointment is effective September 26, 2010.

National News

$1 bump in medication co-pays beginning in July

Veterans who generally have higher income and no service-connected disabilities (referred to as Priority Groups 7 and 8 Veterans) will now pay an additional $1 for each 30-day supply of outpatient medications. Taking effect July 1, the increase to $9 from $8 is the first change in VA's medication co-pay since January 1, 2006.

"Because of the harsh economic reality facing many Veterans, we delayed the change," said Secretary of Veterans Affairs Eric K. Shinseki. "We're now ensuring the Veterans most in need of VA care are those least affected. Yet, even with this increase, VA medication co-pays are lower than much of the private sector."

This change does not impact Veterans in Priority Groups 2 through 6 who will continue to pay $8 for each 30-day supply of medications for their non-service connected conditions.

These Veterans will also continue to have their out-of-pocket expenses for VA outpatient medications capped at $960 per calendar year.

Veterans who have an injury or illness connected with their military service resulting in a disability rated 50 percent or greater are exempt from the co-pay. VA generally sets its outpatient medication co-pay rate based upon a regulation that ties the rate to the Medical Consumer Price Index for prescription drugs.

Veterans who have difficulty paying copayments for outpatient medications should discuss the matter with their local VA enrollment coordinator.

New Initiative to Speed Payments to Veterans

The VA has selected its regional benefits office in Providence, R.I. to test a paperless system and new procedures to improve processing of Veterans' claims for disability compensation.

"This test program marks a major milestone in VA's move to paperless processing," said Secretary of Veterans Affairs Eric K. Shinseki. "It supports VA's transformation of the claims process to ensure speedy delivery of benefits to Veterans, their families and their survivors."

The pilot, which initially focuses on compensation benefits, is expected to start at the Providence facility in November, with completion in May 2011. Additional pilots are expected before the new claims system is deployed to all 57 VA regional benefits offices.

The Providence pilot is part of the Veterans Benefits Management System, one of more than three dozen initiatives in progress at VA to "break the back of the backlog." This first VBMS pilot comes after completion of the Virtual Regional Office project at the Baltimore Regional Office in May 2010. VA brought claims processors from around the country to Baltimore this past spring to assist in the rapid prototyping of a demonstration system.

Secretary Shinseki has set a goal that by 2015, VA will process all claims within 125 days with 98 percent accuracy.

VA will provide compensation, pension, education, loan guaranty, vocational rehabilitation, employment, and insurance benefits valued at nearly $70 billion this year to Veterans, their families and survivors through 57 VA regional offices.