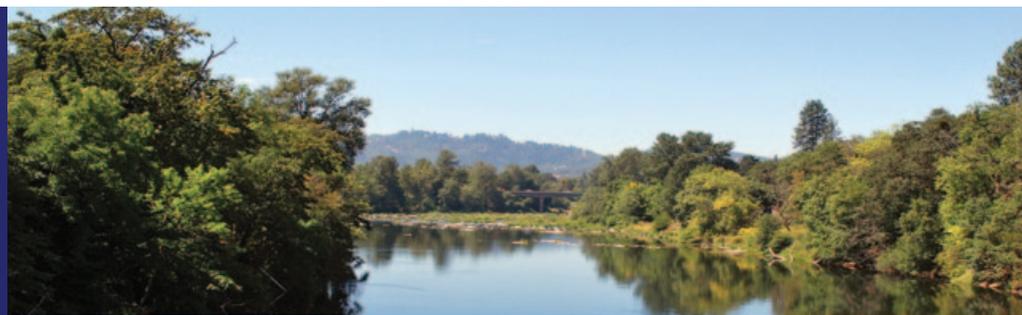




www.visn20.med.va.gov



VA NW Health Network

Summer 2012

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 Acting Network Director

Greetings,



Michael W. Fisher
Acting Network Director,
VISN 20

As summer comes to a close, staff at the Network office are looking forward to opportunities for reflection, change and accomplishing new goals—possibilities that each new year seem to make possible. With that in mind, in late August, we hosted the annual Director's retreat where strategic planning was the focus.

In an effort to set a clear direction for the future and align ourselves with the rest of our organization, we first reviewed VHA goals, which are:

- Provide Veterans personalized, proactive, patient-driven health care.
- Achieve measurable improvements in health outcomes.
- Align resources to deliver sustained value to Veterans.

Key themes that were identified in the two days that followed were:

- Facilities working together to make our health care system more patient-centered
- Continuing to integrate **ICARE** values (**I**ntegrity, **C**ommitment, **A**dvocacy, **R**espect, **E**xcellence) and components of VA's transformational initiatives into our daily work
- Focusing on improving health outcomes
- Expanding the use of technology to deliver care to patients in non-traditional ways
- Tailoring training programs to better meet employee needs
- Streamlining internal administrative processes to work more efficiently

We spent the bulk of our time together identifying priorities and action items, aligning them within 5 categories: Staffing and Organizational Health, Elevating the Patient Centered Experience, IT/Technology, Maximizing Health Value in Purchased Care, and Maximizing Current Assets.

> continued on page 2 >

> Message from the Acting Network Director, continued >

In the coming months, many workgroups will be chartered and charged with action items to accomplish goals and strategies that resulted from the meeting. A Strategic Planning Committee will be identified and our Strategic Plan finalized. I look forward to sharing our progress and realizing positive impacts for Veterans and employees.

In other news, around the Network, we have several vacancies in key leadership positions (see page 8 for a complete listing), including the VISN Director. The selection process for Dr. Pendergrass' successor is in the final stages, and we hope to be able to make an announcement in the near future.

Until then, thank you for the work you do on behalf of our nation's Veterans. It has been an honor to serve as Acting VISN Director. I am extremely optimistic about our future and look forward to speaking with you as I continue to travel around the Network.

Sincerely,



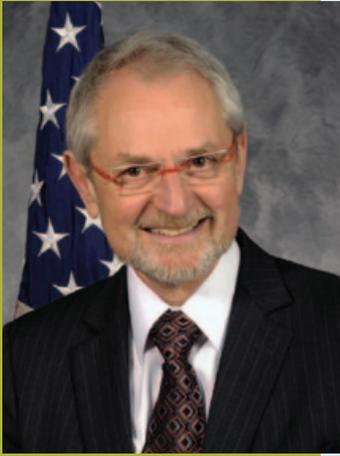
Michael W. Fisher
Acting Network Director, VISN 20



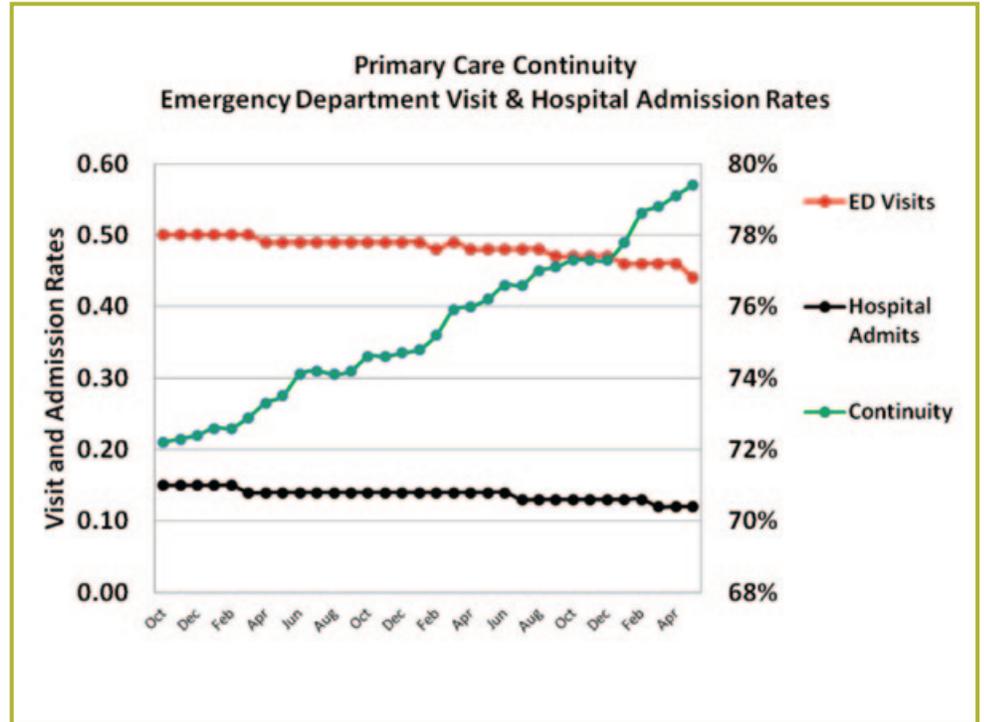
Letter from the Chief Medical Officer

Dear Colleagues,

Your hard work is paying off.



Frank Marré,
DO MS FAOCOPM
Chief Medical Officer



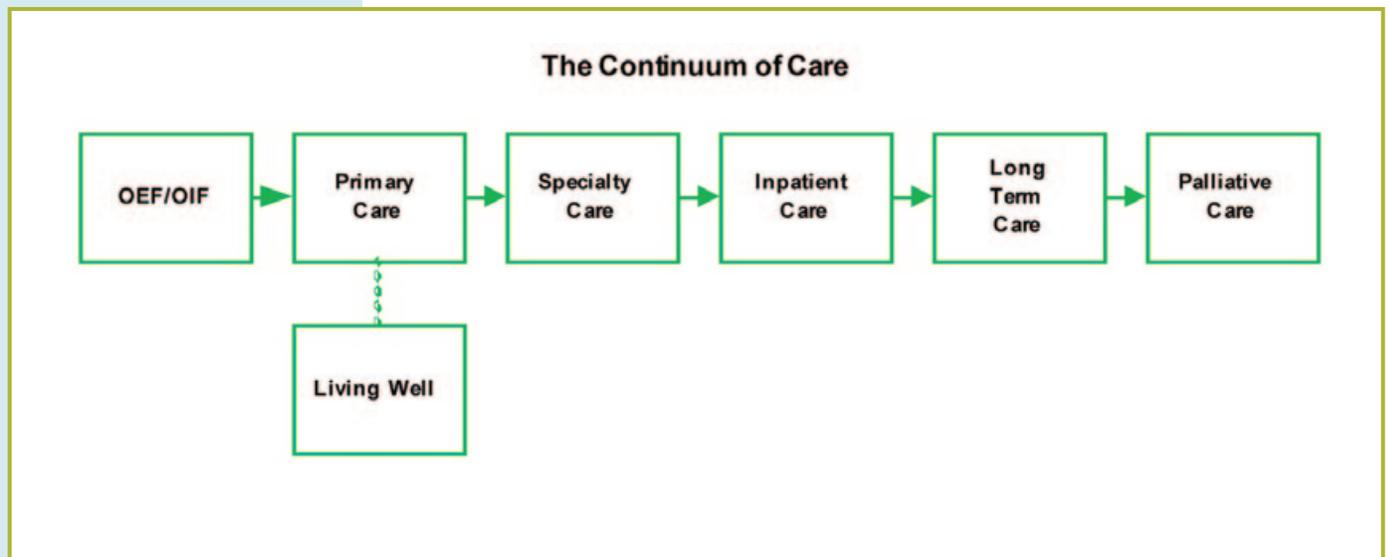
The graph above demonstrates some wonderful news. The Veterans you serve are less likely to need an Emergency Department visit or to be admitted to a hospital today than they were one year ago. It shows a steady decline in both the VISN 20 Emergency Department use rate (red line) and a steady decline in the need for hospitalization (black line). These changes seem small but they are not. For example, our hospitalization rate has declined about 6% per year. Considering that we serve about 250,000 Veterans, the reduction in the admission rate translates to about 2,500 fewer hospital admissions per year.

Why might this be happening? There are a lot of transformational changes occurring at once, so it is impossible to say for sure. However the third line (green) of the graph gives us a hint. The green line represents a measure of primary care “continuity.” The term “continuity” is defined as a primary care visit when the Veteran is able to see their “own” primary care team. Our belief is that the relationship between the patient and their primary care team matters. In other words, care is better when a patient interacts with a primary care provider and team that know them, where there is an established relationship. The green line on the graph above indicates that primary care continuity is steadily improving. Now, nearly 80% of the time, a Veteran is able to see their primary care team, a team that knows them well.

> continued on page 4 >

> A Message from the Chief Medical Officer, continued >

In our Spring 2011 Newsletter, I shared the VA's T21 Initiatives (21 Transformational Initiatives). The first T21 Initiative is the implementation of PACT (Patient Aligned Care Teams). The medical literature said that improving primary care improves patient outcomes. The VA made the investment in PACT and you have made PACT happen. Now we see the results – thank you.



There is more good news. Not only are we making improvements all along the continuum of care, we are also offering new programs to complement traditional medical care. One of these new programs is called *Living Well*. This new option for Veterans is really special because it is care provided by other Veterans – not providers. The *Living Well* program works hand in hand with primary care but the bottom line is that Veterans with special training lead the *Living Well* groups. As one Veteran *Living Well* leader recently said, “I love the VA and my VA primary care team, but you know, when it comes to changing health behaviors, other Veterans are sometimes my best teacher.” What could be more “patient centered?”

The value of the *Living Well* Program is well established in the medical literature and in our experience here in VISN 20. For example, participants in the *Living Well* program at Boise had fewer hospital admissions and emergency visits. Read the following article “*Living Well, the Boise VA Way*,” by Dr. Sharlene Green.

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

Living Well the Boise VA Way

Contributed by: Dr. Sharlene Green

In 2009, the Boise VA began offering *Living Well*, a patient education program officially known as the Chronic Disease Management Program authored by Kate Lorig, NP, at Stanford University. Since then, Boise has offered *Living Well* on seven different occasions. 45 Veterans completed at least four of the six sessions. The *Living Well* Program is a six-week series of two-hour workshops. The workshops are free of charge, family members may accompany Veterans and participants leave with the book *Healthy Life with Chronic Conditions* and a relaxation CD entitled *Time for Healing*. Anyone can attend the program so patients with diabetes, heart disease, arthritis, chronic pain, cancer and other chronic illnesses can meet together and exchange ideas about how to improve the quality of their day to day life.

The *Living Well* group is Veteran-led, and Boise VA has trained seven Veteran leaders who are actively involved in teaching so they can assist in training others. In the photo, from right to left, are David, Doug, Jim and Jean. Our leaders are certified as volunteers at our facility and all are excited about the impact of the program on their life and the chance to help others.



The program covers, but is not limited to, the following topics:

- Short term distraction for dealing with problems like pain and fatigue
- Understanding the difference between chronic and acute pain
- The importance of managing the interface of chronic illness with emotions
- Nutrition, healthy eating, and the importance of physical exercise
- Communicating effectively and managing stress

The Stanford outcome data on *Living Well* focuses on three measures: number of hospitalizations, days in the hospital and number of visits to a primary care provider. Their data reports a decrease in all of the above which was also mirrored by the summary of information from the Boise program and consistent with other VA's who offer the program. *Living Well* is the only patient education program offered through Primary Care that reinforces skills needed to facilitate a more effective relationship with a primary care provider. It is also consistent with the principles of PACT (patient aligned care teams), as it encourages patients to contact their team about health related concerns. For more information on the Boise program, please contact Sharlene Green or Kak Elzinga at the Boise VA.

Living Well is the only patient education program offered through Primary Care that reinforces skills needed to facilitate a more effective relationship with a primary care provider.

Walla Walla Construction Update

The Walla Walla Major Outpatient Clinic building structure and roof concrete slab are now complete and the Residential Rehabilitation Unit Building is nearing completion.

After years in the application, approval, funding and design/planning stages, it's so good to see construction progress!



VISN 20 Health Care for Reentry Veterans Program



Diana Rogers

Contributed by: Diana Rogers, LCSW, Program Coordinator and Reentry Specialist

The Health Care for Reentry Veterans Program (HCRV) is a VACO mandated program initiated in response to a Reentry Bill signed into law by George W. Bush in 2004. The program was created to effectively address the needs of prisoners as they anticipate and plan for return to society following release from prison. It is estimated that 10% of imprisoned persons are Veterans, of which 80% are eligible for VA Health Care. Due to the large military

presence in the Pacific Northwest, it is believed VISN 20's numbers are higher, likely reaching 14%.

HCRV Specialists assist reentry Veterans to access a multitude of VHA, VBA and community based resources, that if properly engaged will lead to successful reentry. There are 44 Reentry Specialists working for VISNs nationwide.

VISN 20's HCRV program has been running since February 2008 with Diana Rogers, LCSW, serving as Program Coordinator and Reentry Specialist. To date, her program has served the needs of several hundred Veterans. Below, Diana shares a story to illustrate the impact her program has had. The Veteran's name has been changed to protect his confidentiality.

I first met "Sam" in a medium custody prison where he had been sentenced to 16 months secondary to conviction of assault. Sam was an honorably discharged Vietnam combat Veteran. He attempted to seek VA care upon his return "to the world," at a time when his marriage was in distress, but stated "I did not feel welcomed and couldn't figure out how to get through the red tape of the huge VA bureaucratic system." When not able to obtain care, Sam reverted to alcohol. Due to diminished coping skills, discomfort in enclosed environments, lack of appropriate mental health care, loss of his marriage, substance dependency and subsequent inability to find/sustain employment, Sam eventually obtained camping gear, and for more than 30 years lived outside along a river bank. He kept to himself and made it a personal policy "not to cause anyone else any trouble." One night about 3 years ago, two homeless non-Veterans entered Sam's camp while he was sleeping and attacked him in his sleeping bag with the intent to rob him. After a fight, assault charges were filed, and he was convicted and sentenced to 16 months in prison.

> continued on page 7 >

Oregon Veterans Honored



Robert Maxwell (right)

Robert Maxwell, the only living Medal of Honor recipient in Oregon, was a special guest during the Bend Elks baseball game on July 4. The Portland VA Medical Center hosted the 6th Annual Welcome Home event in Bend Oregon on July 4. Mr. Maxwell received the Medal of Honor, the nation's highest military award, for gallantry and intrepidity in World War II. In the photo, Mr. Maxwell is standing next to an Oregon National Guard member.

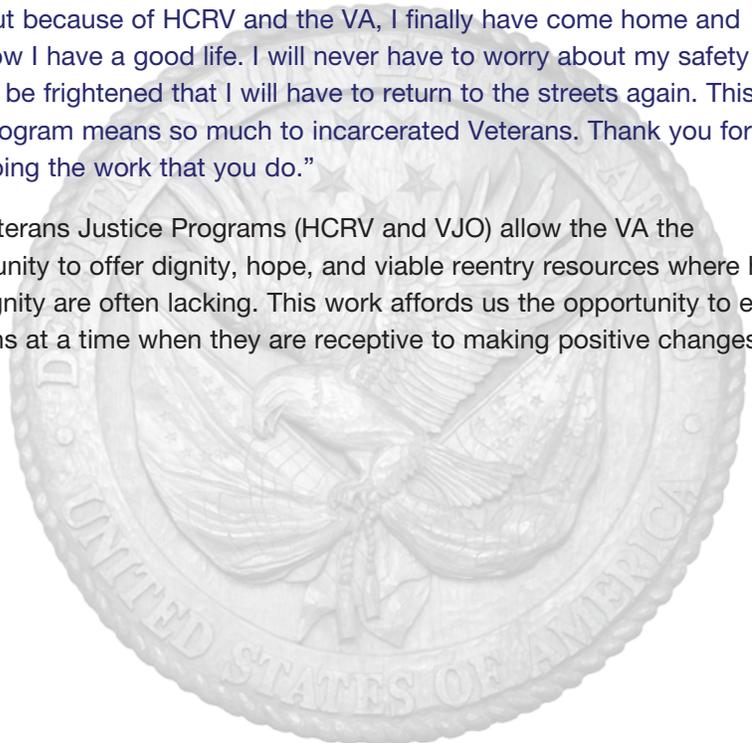
>VISN 20 Health Care for Reentry Veterans Program, continued >

I met Sam approximately 3 months before his release. Due to prior negative experiences with the VA and repeated disappointments when attempting to access community based resources, he was very wary. I made it very clear that I would be willing to work as hard as he was to ensure he would leave prison with resources to avoid homelessness and being placed in future at risk situations. It took a couple of return rapport building trips before he was able to soften enough to trust that HCRV had his best interests at heart.

Upon release, Sam began to engage with the faith based recovery community and as the VA Substance Abuse Treatment Program (SATP). He regularly met with SATP, Homeless Program Case Managers and the local VA Benefit Specialist, ultimately entering the Residential Rehabilitation Treatment Program (RRTP). Sam resided a few months in the RRTP, providing time for stabilization of financial resources through Social Security and the prison pension processes. He was eventually admitted to the HUD/VASH program and to date, continues to be engaged in his recovery communities, is housed, obtaining medical and mental health care and maintaining his sobriety.

Sam now presents as relaxed, joyful and grateful that VA was there to receive him upon his release. He always stops to tell me "I would never have dreamed that VA would be there to help me. I was so angry and disappointed about being forgotten and thrown away. But because of HCRV and the VA, I finally have come home and now I have a good life. I will never have to worry about my safety or be frightened that I will have to return to the streets again. This program means so much to incarcerated Veterans. Thank you for doing the work that you do."

The Veterans Justice Programs (HCRV and VJO) allow the VA the opportunity to offer dignity, hope, and viable reentry resources where hope and dignity are often lacking. This work affords us the opportunity to engage Veterans at a time when they are receptive to making positive changes.



Homeless Program Updates

VISN 20's Homeless Programs continue to make major strides in supporting VHA's national goal of ending Veteran homelessness by finding creative ways to collaborate with their fellow VHA offices as well as their local community partners.



Father Felix Vistal, VA SORCC Acting Chief of Chaplain Services, blesses the family, the volunteer staff, The Program and their new Habitat For Heroes home. Lt. Col Habeck, SGT, Tom Gury's Oregon National Guard Commander, holds an honorary shovel for groundbreaking.

On Saturday, July 7, the VA SORCC and the Medford community were able to celebrate one such victory when multiple teams within the SORCC came together with several community partners to provide a much needed home to an OEF/OIF Veteran Family. The groundbreaking event was sponsored by Habitat For Humanity as part of the *Habitat For Heroes* Program.

Present at the event were local public officials from the City of Medford and the two principal donors: Erickson Air Crane and Wells Fargo Bank. As part of this ceremony, a Lt. Col. from the Oregon National Guard spoke on behalf of the family along with VA SORCC's OEF/OIF/OND Program Manager. Acting

Chief of Chaplain Services for SORCC provided a ceremonial blessing for the housing project and for the family.

This is the first *Habitat for Heroes* Program in the State of Oregon, but just part of a longer-term partnership between Habitat For Humanity and VA SORCC's plan to end Veteran homelessness in their community.



Gury Family holding honorary shovels and breaking ground for their new Habitat For Heroes Home.

Shown in Photo: Tom and Michelle Gury, Keleigh (7) and Annika (19 mo.); not pictured: Tiassie (14), Addison (6), and Bracyn (2).



Habitat For Humanity recognizing the Groundbreaking Event and beginning of the Habitat For Heroes Project for the Gury Family. This is the first Habitat For Humanity Habitat For Heroes Project in the State of Oregon.



Leadership Changes

Dr. Susan Pendergrass, VISN 20 Network Director, retired on June 26, 2012, after 26 years of Federal Service. Michael Fisher, Deputy Network Director, is acting until a permanent replacement is secured. Recruitment is underway.

Ms. DeAnn Lestenkof, Deputy Director, VA Puget Sound Health Care System, has taken a position with the University of Washington. Recruitment for her replacement is underway.

Dr. Max McIntosh, Director of the Southern Oregon Rehabilitation Center and Clinics, retired on March 30, 2012. Recruitment is in process for a permanent replacement. In the interim, Dr. Nancy Benton, VISN 20 Quality Management Officer, is serving as the Acting Director.

David Elizalde, Director of the Puget Sound Health Care System, accepted a position as the Deputy Chief Logistics Officer, Office of Procurement and Logistics, in VA Central Office, effective August 27, 2012. Recruitment is in process for a permanent replacement. In the interim, John Patrick, Director, VAMC Portland, is serving as Acting Director.

Recruitment is in progress for Chiefs of Staff at the VAMC Boise and the VA Roseburg Health Care System.

Energy Awareness

Contributed by: Steve Juhasz, VISN 20 Energy Engineer

No doubt the thought to conserve energy and save money crosses your mind every time you fill your gas tank or pay your utility bills. Imagine the sticker shock involved with paying these same bills on behalf of your medical center! The good news is, it's in your power to conserve energy at work as well as home.

For FY 12, VISN 20's Labor Management Forum (LMF) chose Energy Awareness as one of its initiatives. To help meet various energy and water reduction goals, the LMF agreed to spearhead efforts at each site to raise awareness about conservation habits and encourage energy reduction through change in behaviors. Each site identified labor and management representatives to partner with their facility energy manager and plan an energy awareness campaign or event. Alaska and Roseburg have rolled out their campaigns and other facilities will be doing so soon!

Each site is targeting employees, Veterans, and volunteers to encourage energy conscious behaviors and good habits. What can you do to help? Following are some ideas to make part of your work habits and behaviors:



Turn off the lights

When you leave your office or work area, even for a few minutes, you should turn off your lights. Do the same when leaving areas shared by others like conference rooms, break rooms, supply closets, storage rooms, etc. If you walk by and see that someone forgot to do so, be proactive and hit the switch.

Use natural light when possible

If you work in an office or area with windows or skylights take advantage of the natural light provided to illuminate your workspace and turn off overhead lights, desk lamps or task lighting if not needed.

Turn your computer and monitor off at the end of the work day

For many years, IT has asked that we leave desk top computers on to do patches and software updates. This is no longer necessary as we now have the ability to remotely "wake up" computers with the new Night Watchman software. So, don't just log out at the end of the day, turn it off. Night Watchman software will also turn your computer on so you don't have to wait for a reboot.

> Energy Awareness, continued >

Close windows and doors when heating or cooling systems are on

Natural ventilation is great and should be used to the maximum extent possible, but if the heating or cooling system is on then the energy to cool a building down or heat it up literally goes right out the window. Make sure windows and doors close and seal properly to avoid wasting energy.

Report maintenance problems

Leaking water faucets and toilets, exterior building and parking lot lights on in the daytime, steam line leaks, etc. waste energy. Please report these items to reduce waste.

Create an end of the day routine

Before leaving work, be sure to turn off office equipment and appliances. Desk top computers, monitors, laptops, printers, coffee makers, fax machines, photocopiers, etc., should not be left running all night long. Check to see that items are off or have an enabled "sleep mode". Even a cell phone charger left plugged in and not connected to a phone will consume energy, so please unplug these devices.

For more ideas on ways to save energy and money at work and at home review the tips and links on the Department of Energy's website <http://energy.gov/energysaver/energy-saver>.

Working together we can achieve great things!



Do you have other great energy saving ideas?

Contact your local or VISN Energy Engineer!

Steven C. Juhasz

VISN 20 Energy Manager

Stephen R. Matthes

Energy Engineer for Alaska, Seattle and American Lake

Ronald W. Higgins

Energy Engineer for Portland and Vancouver

Mansour (Manny) Faridnia

Energy Engineer for Spokane, Boise and Walla Walla

David C. Schellinger

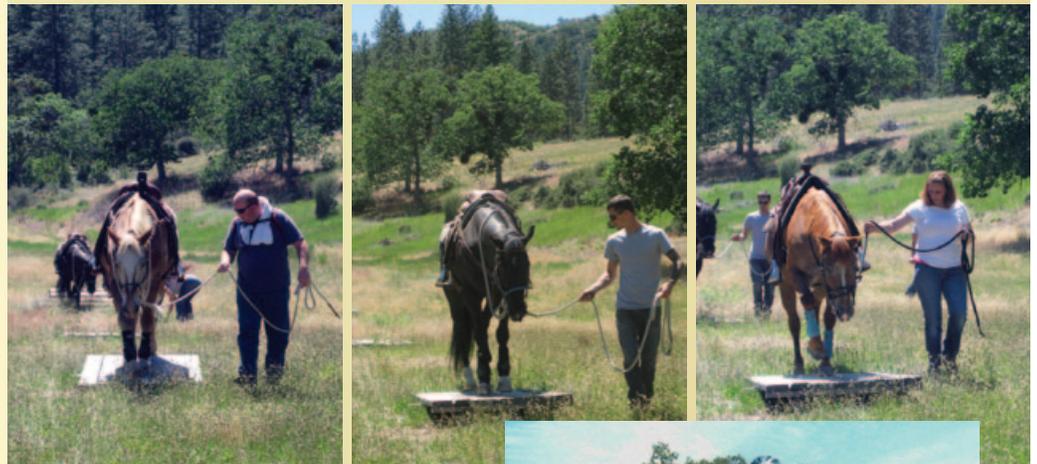
Energy Engineer for Roseburg and White City

Stable Hands

In partnership with Stable Hands, VA SORCC completed its first of three Horses for Heroes Equine Assisted Therapy Program in Yreka, CA.

This program was approved by VISN 20 Office of Rural Health for 24 OEF/OIF/OND Veterans to participate in three eight-week seasonal riding sessions (Spring, Summer and Fall) in FY 12. An additional 12 Veterans are being referred in this joint proposal from VISN 21 Northern CA Healthcare system at the Double H Ranch in Yreka, CA.

Three OEF/OIF/OND Veterans participated in the spring riding session and eight are scheduled to participate in the summer session. The *Horses For Heroes* Program has been preliminarily approved to continue in FY 13.



Three VISN 20 facilities Earn ‘Top Performer on Key Quality Measures™’ Recognition from The Joint Commission

The first week of September, VISN 20 was notified that our Boise, Portland and Spokane facilities were named three of the nation’s Top Performers on Key Quality Measures by The Joint Commission, the leading accreditor of health care organizations in America. PVAMC was recognized for exemplary performance in using evidence-based clinical processes that are shown to improve care for certain conditions including heart attacks, heart failure, pneumonia and surgical care. Boise was recognized for being a Top Performer for pneumonia measures and Spokane for pneumonia and surgical care.

This puts them in the top 18 percent of the 3,300-plus hospitals that report this core measure performance data.

These three facilities are amongst just 14 VAs and 606 non-VA hospitals in the U.S. earning the distinction of Top Performer on Key Quality Measures for attaining and sustaining excellence in accountability measure performance. This puts them in the top 18 percent of the 3,300-plus hospitals that report this core measure performance data. The ratings are based on an aggregation of accountability measure data reported to The Joint Commission during the 2011 calendar year.

Each of the hospitals named a Top Performer on Key Quality Measures met at least two 95 percent performance thresholds on 2011 accountability measure data. First, each hospital achieved performance of 95 percent or above on a single, composite score that includes all the accountability measures for which it reports data to The Joint Commission, including measures that had fewer than 30 eligible cases or patients. Second, each hospital met or exceeded 95 percent performance on every accountability measure for which it reports data to The Joint Commission, excluding any measures with fewer than 30 eligible cases or patients. A 95 percent score means a hospital provided an evidence-based practice 95 times out of 100 opportunities to provide the practice. Each accountability measure represents an evidence-based practice – for example, giving aspirin at arrival for heart attack patients or giving antibiotics one hour before surgery.

“I am incredibly proud of the staff at each of these facilities and the work they do to provide the best care possible for the Veterans we serve,” said Michael Fisher, Acting Network Director.

Congratulations to all!

