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VA NW Health Network

Winter 2013

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



*Lawrence H. Carroll
Network Director
VISN 20*

It is with great pride that I write this first article as VISN 20's Network Director. Since arriving in early December, I have had the pleasure of visiting each of our eight main facilities and many CBOCs and Outpatient Clinics. After a whirlwind tour of Alaska, Idaho, Oregon and Washington, and multiple trips to Washington, DC, I am happily settling in my role and attending to the business at hand. I begin this task greatly encouraged by the people I have met, and by the extremely impressive work you accomplish each day.

As you know, over the last several months, VISN and facility staff members have been involved in formulating a strategic direction for the next five years. In order to establish a clear path for the future and align ourselves with the rest of our organization, we adopted VHA goals as the basis of our strategic plan:

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

VISN specific strategies, and targeted outcomes, are directly linked to VHA's strategic goals and objectives. After review and comment by VHA, our plan has been updated and distributed to facility leadership and a variety of councils and committees.

Our plan is ambitious and requires commitment from all of us in order to further efforts to provide timely, quality health care to the deserving Veterans we serve. The plan is a living document that will be updated and refined as we evaluate progress and further define areas of focus. Responsibilities will be shared among Tetrad members, VISN and facility staff. My expectation is that leadership takes the necessary steps to move forward and engage employees to the fullest extent – our future depends on it. I do not doubt our ability to achieve our goals.

Thank you for your continued efforts on behalf of our Nation's Veterans.

Sincerely,

Lawrence H. Carroll
Network Director

Message from the Chief Medical Officer

Patients Love It



Frank Marré,
DO MS FAOCOPM
Chief Medical Officer

The New Year began with a bang. VHA Directive 2013-001, Extended Hours for Veterans Requiring Primary Care, including Women's Health and Mental Health Services, was released for publication. The Directive requires that each medical center and clinic that treats more than 10,000 Veterans per year provide access to a full range of primary care services, including women's health and general mental health. The service must extend at least two hours beyond regular business hours and occur at least once on a week and once every weekend.

Extending our hours demonstrates that we truly embrace VA's core values of integrity, commitment, advocacy, respect and excellence: *I CARE*. It underscores our respect for our Veterans' time and their busy lives. It is also a mark of advocacy. VA's first strategic goal is to provide Veterans with personalized, proactive and patient driven health care. *Patient Driven* is defined as "a relationship between the patient and the health system where the patient is the source of control and thereby receives care based on their needs, values, and lifestyle." By offering our services at hours convenient to them, we are responding to the needs of the people we serve.

This is a big step, but also just a baby step. In the most recent US National Health Survey, 40% of respondents reported that their primary care provider offered extended hours. In Europe, 95% of primary care practices offer extended hours. My former employer, Group Health Cooperative, has offered primary care extended hours for several years. Because many employers no longer provide sick leave, it was an important business strategy for Group Health.

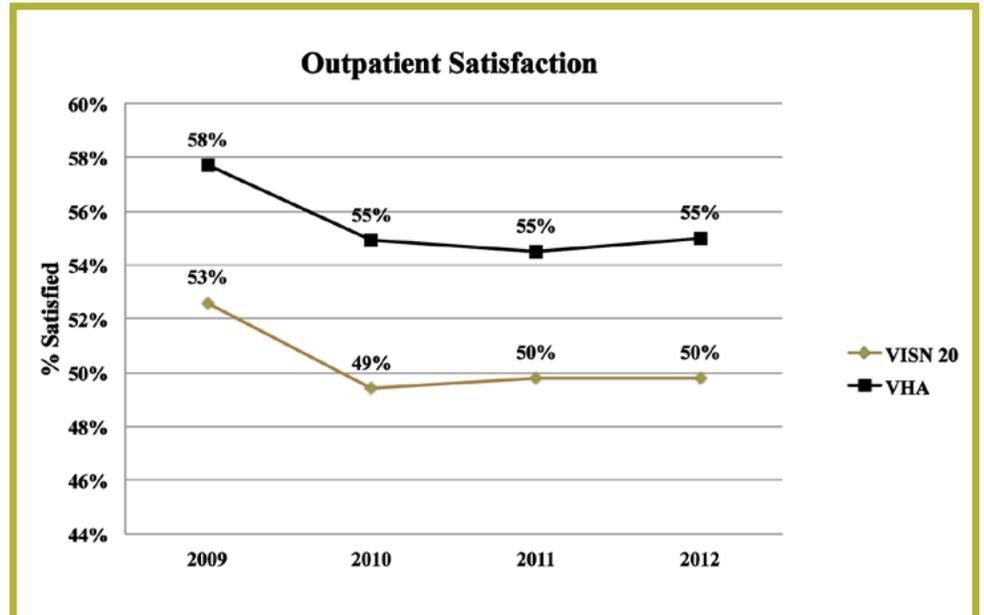
In another example, the Vancouver Clinic is an 185-provider medical group founded in 1936. One year ago, they opened a new clinic near my home. Their medical director was recently quoted in the local paper as follows: "Our new Washougal office will offer services in a way that matches the work schedules of busy commuters. The clinic's hours will run from 7 a.m. to 7 p.m., Monday through Friday, and from 9 a.m. to 5 p.m. on Saturdays. Many people want extended hours because that works best for their family. It's hard these days to get time away from work."

Extending our hours is certainly better customer service, but it is also the right thing to do from a health perspective. According to the US National Health survey, 65% of emergency department visits occur between 5 p.m. and 8 a.m. Research indicates that patients with access to extended hours have fewer emergency visits and hospitalizations. Avoiding an emergency visit or a hospital admission is better and less costly health care.

The Affordable Care Act will be fully implemented in 2015. Its goal is to ensure that all Americans have access to affordable health insurance options. It also encourages the formation of Accountable Care Organizations. Soon Veterans will

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> Message from the Chief Medical Officer, continued >



“Extended hours have allowed us to meet not only the scheduling needs of patients but also the scheduling needs of staff members.”

have more options for care and the VA will face a more competitive health care environment, just like the Vancouver Clinic and Group Health.

Health care choices are frequently made based on the opinion of family members and friends. The graph above depicts the level of satisfaction with our outpatient services. Roughly 50% of our patients feel our service is excellent or very good. You will also note that our outpatient satisfaction rate runs 5 percentage points below the VA national average. Further analysis of our patient satisfaction data indicates that of all the things we could do, improving access to care would make the greatest difference.

This change seems like a big step but it really is not. Extended clinic hours in the VA are not new. Here is what my colleague, Dr. Mark Bondeson, Associate Chief of Staff for Behavioral Health at our Boise VMAC, said: “Extended hours have been a standard element of Behavioral Health care in VA for years. They have allowed us to reach Veterans that otherwise would not have access to behavioral health treatment. Extended hours have been well received by patients and clinical staff alike. They have allowed us to meet not only the scheduling needs of patients but also the scheduling needs of staff members.”

There are many good reasons to extend our hours of service. The most important is because in the words of another VA leader, “Veterans love it.”

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

Message from the QMO

When the calendar turned to 2013, Quality Departments across VISN 20 began to prepare to receive The Joint Commission (TJC). TJC routinely visits once every three years and all facilities, and several of associated Community Based Outpatient Clinics, will be surveyed.

Surveys are unannounced, and take place over the course of 4-5 days. Most of our sites are surveyed under four Joint Commission manuals of standards: Hospital, Long Term Care, Behavioral Health and Home Care. With over 200 standards and anywhere from 2-15 elements of performance for each one, our quality managers, quality consultants and support staff have quite a job to do. To date, Roseburg, Boise and Walla Walla have received visits, and all have done well.

The work of assessing and complying with TJC standards and elements of performance is a continuous process, and cannot be completed just before a survey. That said, we always need to roll out initial preparedness for the arrival of these unannounced visitors. Putting our best foot forward is critical. Everyone who works in VHA knows our commitment to providing the best care to Veterans. We do it every day in every way and we need to make sure we present ourselves as such. We should be well organized in our initial entrance, from the time surveyors arrive, to the end of the survey. We do this by having precise processes for meeting and greeting surveyors, escorting them to their conference room and providing pre-arranged documents within 30 minutes of their arrival.

As we work through the survey, we treat surveyors as we would guests in our home. We are friendly and pleasant, and accept suggestions with a smile and a nod. We always answer questions honestly and completely; we never speculate, and if we don't know the answer, we acknowledge that and explain where we will go to get the answer.

It is very important to remember that it is okay not to have all the answers. If a surveyor finds a document that has not been filled out completely, we never try to fix it after the fact—that is considered falsification of documentation. We also ensure our guests are never left unescorted. If we follow even just these few simple guidelines, the survey will proceed more smoothly.

The best Joint Commission surveys and the best quality outcomes for Veterans occur in facilities where staff are cooperative and friendly with each other, regardless of position, and everyone is committed to the agency's mission and invested and engaged in VA's core values of Integrity, Commitment, Advocacy, Respect and Excellence: ***I CARE***.



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

The best Joint Commission surveys and the best quality outcomes for Veterans occur in facilities where staff are cooperative and friendly with each other.

Farewell Message from Alex Spector

One of VISN 20's longest tenured Directors and most valued leaders, Alex Spector, retired in January. To mark the significance, we asked him to provide a look back at a remarkable career and leave us with some final words of wisdom:

January 12, 2013 marked my retirement from the VA after 35 years of service, almost 15 years in VISN 20 as Director of the Alaska VA Healthcare System. What a wonderful journey it has been serving America's Veterans. Addressing and overcoming the unique challenges of delivering health care in Alaska has been very rewarding. What a team of talented people I have worked with.

I experienced many great moments during these years, but some highlights stand out for me:

Enrollment of Alaska Veterans from 1998 to 2012 increased at a continuous rate, ranging between 3.5% - 4.0% per year, from 4,500 to almost 30,000 Veterans. During this same time period, clinical care sites grew from just Anchorage to three community based outpatient clinics and two outreach clinics stretching from 360 miles north of Anchorage to 600 miles south.

First State Veterans Home - Alaska and Hawaii were the only states without a State Veterans Home. In 2001, working with the state of Alaska, we established a State Veterans Home in Palmer.

VA/DoD Joint Venture - Established in 1999, the VA/DoD Joint Venture Hospital has become known as the best managed joint venture facility in the nation. These efforts were recognized when the hospital received the award for the Best Air Force Hospital in 2007 and 2008 and best DoD Hospital in the world in 2009.

Opening a new OPC facility in Anchorage - In 2010, a new Outpatient Clinic was constructed on Air Force donated land to meet the growing demand from Veterans.

National Veteran Wheelchair Games - In 2006, the Alaska VA became the smallest VA to ever host the National Veteran Wheelchair Games. The Alaska VA raised more than \$1.3M in donations and had over 2,000 volunteers. We were able to bring over 500 wheelchair Veteran athletes to Alaska, a destination site many participants thought they would never see.

Ending Homelessness in Alaska - Can you imagine being homeless during an Alaska winter? Our organization has aggressively addressed these challenges through outreach efforts, Homeless Stand Downs, domiciliary rehab, transitional housing, HUD/VASH vouchers, grant per diem programs, justice outreach, compensated work therapy and peer support employment counseling. The annual HUD Point-in-Time survey showed a 43% reduction in Alaska Veteran homeless respondents over the last two years.

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Alex Spector, former Director of the Alaska VA Healthcare System receives his retirement certificate from Larry Carroll, Network Director

What a wonderful journey it has been serving America's Veterans. Addressing and overcoming the unique challenges of delivering health care in Alaska has been very rewarding.

> Alex Spector, continued >

Spokane VAMC to be renamed: *Mann-Grandstaff Department of Veterans Affairs Medical Center*

Bills co-sponsored by Senator Patty Murray and Congresswoman Cathy McMorris Rogers to rename the Spokane VAMC recently passed.

The new name honors **Private First Class Joe E. Mann** (born in Reardan, WA) and **Platoon Sergeant Bruce A. Grandstaff** (born in Spokane, WA).

“Private First Class Mann and Platoon Sergeant Grandstaff gave their lives for their fellow soldiers and their country,” said Senator Murray. “Their selfless actions during World War II and the Vietnam War, respectively, earned them the Congressional Medal of Honor, our nation’s highest military decoration. It is important we remember those, like these two heroes, who made the ultimate sacrifice for our country. I am proud the VA Medical Center in Spokane will bear their names.”

Private First Class Mann served in the 101st Airborne Division during World War II. While attempting to seize the bridge across the Wilhelmina Canal, his platoon was isolated, surrounded, and outnumbered by enemy forces. Despite heavy enemy fire, he bravely advanced to within rocket-launching range of the enemy as the lead scout. Private Mann was wounded four separate times while destroying an enemy artillery position near Best, Holland. Despite his wounds, he volunteered to stay on sentry duty that night with both his arms bandaged to his body. The following day when the final assault came, an enemy grenade was thrown in his vicinity. Unable to throw it to safety due to his wounds and bandages, Private Mann threw himself on the grenade, sacrificing his life to save the lives of his fellow soldiers.

Platoon Sergeant Bruce A. Grandstaff served in the 4th Infantry Division. While leading a reconnaissance mission near the Cambodian border, Sergeant Grandstaff’s platoon was ambushed by heavy automatic weapons and small arms fire from three directions. He ran through enemy fire to rescue his wounded men, but was only able to save one. Twice he crawled outside the safety of his unit’s position to mark their location with smoke grenades for aerial fire support, and twice he was wounded. His second marker successfully notified the helicopter gunships of his location, but drew even more enemy fire. Seeing the enemy assault about to overrun his position, Sergeant Grandstaff inspired his remaining men to continue the fight. He called in an artillery barrage on himself to thwart the enemy forces, and continued to fight until he was finally and mortally wounded by an enemy rocket. Although every man in his unit was a casualty, survivors testified that his spirit and courage inspired the unit to inflict heavy casualties on the assaulting enemy even though the odds were stacked against them.

Leadership in Spokane is currently planning a ceremony to commemorate the renaming.

Native Veteran Outreach - Alaska VA staff in 2009-2012 visited over 150 villages and engaged Veterans on general VA and health care benefits. To deal with expansive geography and cultural barriers, the VISN 19 Tribal Veteran Representative (TVR) was adopted to have trusted members of tribes reach out to eligible Veterans for their benefits. In 2012, the Alaska VA was the first in the nation to sign agreements with 26 tribal health organizations representing 226 tribes for payment by VA for services they provide to Veterans.

Yes, it has been a great journey. I thank everyone for their support and hard work to bring these services to our Veterans in Alaska, the Last Frontier. Good luck to you all. I know you will continue to excel in proving quality, accessible health care to Veterans.



Spokane Surgical Designation Increased to Intermediate

On January 31st, the Spokane VA received a much anticipated notification from Under Secretary for Health, Robert Petzel, M.D., validating a year's worth of efforts to increase their level of surgical case complexity. The Department of Veterans Affairs developed a policy in 2010 that delineated the infrastructure required to perform three levels of surgical case complexity: Standard, Intermediate and Complex. The Spokane VA surgery program was initially classified as Standard which allowed them to perform routine surgical cases. Under this designation, they could not perform more advanced procedures such as colon resection, prostatectomy and joint replacement.

Spokane developed the infrastructure to support Intermediate level surgical cases, and then applied for an increase in surgical complexity to VACO requiring complex reviews. A site visit resulted in a positive report and, ultimately approval from Dr. Petzel. The entire staff at Spokane is to be commended as this change required significant effort and support of surgeons and leadership. **Congratulations Spokane!**

Demonstrating Core Values

The 2013 Senior Executive Performance Template has a performance measure under CE2a, entitled Leading People – Demonstrates VA Core Values. The VISN 20 Culture of Ownership Committee has been working to ensure that all facilities are transitioning from Core Action Values to support the ICARE Values. Below is a summary of progress to date:

Alaska - ICARE/Core Action Values provided in four hour session at New Employee Orientation. ICARE Value of the day and Pledge of Allegiance recited daily in atrium, and sponsored by a different Service Chief each week.

Boise - Training on ICARE provided at New Employee Orientation with values tied to common workplace issues. The Director is working with Service Chiefs to develop appropriate service level training.

Portland - Continuing the PROMISE program as a way to communicate organizational values. PROMISE pins are given out to employees exemplifying values in care work. ICARE Values and Core Action Values are also discussed at New Employee Orientation and a cross-walk has been developed between the two programs.

Puget Sound - ICARE is presented at New Employee Orientation and via a monthly one-hour class which is open to all employees.

SORRC - Conducts a one-day Values Retreat as well as an ICARE overview at New Employee Orientation.

Roseburg - Providing training during New Employee Orientation on ICARE, Patient Centered Care and Culture Change.

Spokane - ICARE and Core Action Values are presented at New Employee Orientation and staff meetings. Visual messages have been developed for staff meetings. Employee of Month/Year awards are tied to ICARE values. Monthly Core Action Values classes offered.

Walla Walla - ICARE is presented at New Employee Orientation. Values Coaching is also provided several times per year for new employees. The Labor Management Forum has adopted one value per year.



Homeless Updates

Contributed by: Eileen Devine, VISN 20 Homeless Coordinator

Portland Community Comes Together in Support of HUD-VASH Veterans

VA Supported Housing (VASH) is an incredible resource, providing permanent supportive housing to Veterans, many of whom have been chronically homeless and on the streets for years. However, as VAMCs across the country have experienced, there are still large challenges that remain in housing homeless Veterans with VASH vouchers in hand.



The city of Portland, Multnomah County, Home Forward (Portland Housing Authority) and United Way each chipped in \$10,000 to help the VA find suitable housing for Veterans.



Central challenges are tight housing markets and Veterans with poor rental and extensive legal histories who have difficulty paying deposits, first and last month's rent and background check fees. The Portland community of social service providers and local government officials listened to the Portland VAMC as they outlined challenges and came together to put concrete solutions in place. The city of Portland, Multnomah County, Home Forward (Portland Housing Authority) and United Way each chipped in \$10,000 to help the VA find suitable housing. This collective \$40,000 provides each case manager with funds to allow Veterans searching for housing in the VASH program to have many extraneous costs covered, resulting in a much more timely lease-up with the VASH voucher.

2013 Point in Time Count

In the depths of another Northwest winter, Portland and Puget Sound participated in national Point in Time (PIT) Homeless Counts. Sponsored by HUD, Point-in-Time (PIT) is a count of sheltered and unsheltered homeless persons on a single night in January. These counts reveal the number of homeless in shelters and on our streets at a single point-in-time. Each count is planned, coordinated, and carried out locally.

Participation in the annual event has been emphasized in recent years, in response to VA Secretary Shinseki's goal to eliminate homelessness among Veterans. Dr. Madhulika Agarwal, Deputy under Secretary for Health for Policy and Services and Joan Mooney, Assistant Secretary for Congressional & Legislative Affairs, flew in from Washington DC to assist in Puget Sound and Portland, respectively.

After participating in numerous tours and briefings the day of the Seattle event, Dr. Agarwal and a variety of Puget Sound staff members set out at 2 a.m. on Friday morning to start the one night count. The team was assigned to the northwest section of Seattle, in the Ballard area, and ultimately counted 32 homeless individuals. Dr. Agarwal shared how impressed she was with the PIT count staff and their process and thanked

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Grand Opening of Gray's Landing

On Friday, December 14, 2012, Portland VAMC and VISN 20 staff joined staff from REACH Community Development, Portland City Commissioner Nick Fish, Senator Jeff Merkley, and a host of dignitaries to celebrate the Grand Opening of Gray's Landing, located on Portland's South Waterfront.

Gray's Landing, a \$50 million project, is home to 209 affordable apartments, with 167 targeted for working people with modest incomes. The remaining 42 apartments are set aside for very low-income Veterans. The Portland VAMC has hired a social worker to work on site with Veterans in these units.

The building was named after philanthropist and developer John Gray to honor his longstanding support of affordable housing, contributions to the built environment in Oregon, and service as a Veteran. Project partners include the main developer, REACH Community Development, the City of Portland and Portland Housing Bureau, Oregon Housing and Community Services, US Bank, Enterprise Community Partners and the Portland VAMC.

> 2013 Point in Time Count, continued >

the staff at Puget Sound for their work on behalf of homeless Veterans.

Assistant Secretary Mooney joined city and county commissioners, Oregon Congresswoman Bonamici, staffers from a variety of community non-profits and VA staff a week later for similar activities. Additional meetings were held the next morning during which conversation centered on helping Veterans make the transition to stable housing. All involved praised VA's stance on eliminating homelessness and the resulting collaborations. Final PIT count numbers will be released in May.

Advances in Women's Health in Evidence at VA Puget Sound

December 14, 2012 was a day of celebration for the VA Puget Sound HCS and countless Veterans when the expansion of the Women's Health Clinic was marked, along with an official ribbon cutting for the newly opened Child Care Center. The Child Care Center, one of just three sites in the nation selected as part of a pilot, has long held the interest of Senator Patty Murray who was on hand for the ceremony. Both events were well attended and triumphant in nature.



Officiating at the Women's Health expansion were (From Left to Right) Sharon Gill, M.D. Director, Women's Health Program for VA Puget Sound, U.S. Senator Patty Murray, Chairman of the Senate Veterans Affairs Committee, John E. Patrick, Interim Director of VA Puget Sound Healthcare, and Dr. Patty Hayes, National Director of Women's Health Program, Department of Veteran Affairs.

(Left to Right) John E. Patrick, VA Puget Sound Interim Director; Mikel Stills, first guest of the newly opened Child Care Center; U.S. Senator Patty Murray, Chairman of the Senate Veterans Affairs Committee and Dr. Patty Hayes, National Director of Women's Health Program, Department of Veteran Affairs, participate at the childcare center opening.



Boise VA Medical Center Mentioned in State of the State Address

In the State of the State address, given Monday, January 7th, **Idaho Governor Butch Otter** applauded the work of the Boise VA Medical Center's residency program, and their contribution to the State's health care education. Idaho ranks as one of the lowest in the nation in provider to patient ratios due to extensive rural populations and lack of a formal medical school. Statistics show that the more time spent in a geographical area training, the more likely it is that a provider stays once their training is complete. In his speech, Governor Otto noted the following:

We know that internal medicine residency graduates are twice as likely to practice primary care if they have a rural training experience. In fact, a recent national study found that rural training is the only kind of residency program that increases the number of new physicians entering the primary care field. Besides giving us a better chance of keeping these doctors in Idaho after their residency, the rural training itself provides direct care to more than 25,000 Idaho citizens – including 1,500 Idaho National Guard members who returned from deployment a little over a year ago.

In response, the Boise VA recently expanded their residency program to a full three-year tract, thus ensuring trainees have maximum exposure to Idaho. The Boise VA also supplies one of the State's only internal medicine training programs. The Governor's proposals include supporting VA training rotations, and additional opportunities for providers in other Idaho medical centers as follows:

- Funding rural rotation training for each of the 24 participants in the Internal Medicine Residency program at the Boise VA Medical Center. Currently, the federal government pays for student costs in other aspects of the program, but not rural rotations.
- Funding five additional seats in the WWAMI collaborative medical school program at the University of Washington. Those extra seats would go to students in the Targeted Rural and Under-Served Track or TRUST program, designed to turn more Idaho students into Idaho physicians.

TeleRadiology MOU

VISN 20 CMO, Dr. Marre, recently released the following information regarding continued advancements in telehealth within our Network:

I am pleased to announce Walla Walla, Alaska, White City and Spokane have gone live with Agfa PACS version 6.5. This will allow a radiologist at one site to easily read and interpret an exam for another. We expect the remaining locations to go live by the end of FY13.

In anticipation of these new capabilities, the VISN is circulating an MOU which serves as a general agreement, and is similar to the previously approved Telehealth MOU. Sites are not obligated to participate at this time, but the MOU eliminates the need to credential providers at multiple sites who participate in cross-reading. Last year, VISN 20 spent approximately \$400,000 sending studies to the National Teleradiology Program (NTP) for interpretation. This development is an exciting opportunity, and we look forward to further updates.

Leadership Changes

Transitions continue in VISN 20 as we welcome new leadership and bid farewell to those difficult to replace.

- **Don Burman** has been appointed Medical Center Director for the Southern Oregon Rehabilitation Center and Clinics, effective February 11, 2013. Mr. Burman was previously the Director of the Heartland Surgical Specialty Hospital, a private sector facility located in Overland Park, Kansas. He was appointed to that position in May 2009. Under his leadership, Heartland was recognized by Press Ganey as a leader in patient satisfaction for three years by Women Preferred as a facility of distinction and by the Becker Group as one of the top 50 hospitals in the country.
- **Susan Yeager** has been appointed the Director of the VA Alaska Health Care System, effective March 18, 2013. Ms. Yeager has long been a valuable asset in VISN 20, serving as Associate Director of the VA Roseburg HCS, VISN 20's Deputy Network Director, Director of the VA Roseburg HCS, and most recently as Alaska's Rural Health Program Manager. Her strong leadership qualities and proven experience in Alaska and within the VA NW Health Network will be valuable assets for the VISN,

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Roseburg Campus listed in the National Register of Historic Places



The VA Roseburg Healthcare System's Roseburg Campus, registered as The Roseburg Veterans Administration Hospital, is Oregon's latest entry in the National Register of Historic Places. Opened in 1933, the facility was the third and largest hospital constructed to serve Veterans in Roseburg, but the only campus constructed by the VA. Led by the American Legion and Chamber of Commerce, residents successfully lobbied to locate a hospital just north of the 1912 Oregon State Old Soldier's Home. Designed as a general medical hospital and later redesigned as a neuropsychiatric facility, the residential campus offered quality care to thousands of Oregon and northern California Veterans of both World Wars. Treatment focused on occupational therapy, including agricultural activities, such as raising animals and vegetables for use by the hospital kitchen. One of three hospitals of this type in the nation, 24 historic buildings and structures are constructed in the Classical Revival Style, meant to convey the dignity of national service, and are arranged around a central flag pole and parade ground.

The nomination of the Roseburg Veterans Administration Hospital Historic District was sponsored by the US Veterans Administration as part of a national effort to recognize the history of the agency. Oregon's State Advisory Committee on Historic Preservation recommended the District's nomination in October 2012. Eighteen Roseburg properties are now listed in the National Register, including the Oregon State Old Soldiers Home and the Roseburg Downtown, Laurelwood, and Mill-Pine historic districts. The Register is maintained by the National Park Service under the authority of the National Historic Preservation Act of 1966.

More information about the National Register and recent Oregon listings may be found online at www.oregonheritage.org

> Leadership Changes, continued >

employees and volunteers, and most importantly, the Veterans we are honored to serve.

- **Michael Murphy**, Director of the VAMC Fargo, has been appointed Director of the VA Puget Sound Healthcare System. Mr. Murphy's diverse background and extensive experience also includes serving as the Director of the VAMC Iron Mountain. Prior to joining the VA, he enjoyed a distinguished leadership career, also in the field of health care, in the US Air Force. Mr. Murphy obtained a master's degree in Public Administration from the University of Colorado and a Bachelor of Arts in Communications from Biola University. In addition, he attended the Interagency Institute for Federal Health Care Executives at George Washington University.
- The VA Roseburg Healthcare System welcomed **Dr. Harry (Chip) Taylor** as the new Chief of Staff, effective January 13, 2013. Dr. Taylor has more than 25 years of experience as a physician/medical officer, most recently serving as a family physician and associate professor in the Department of Family Medicine at Oregon Health Sciences University.

Roseburg PCC Transformation

Contributed by: *Carrie Lee Boothe, PAO, VA Roseburg HCS*

Beginning in late 2011, VA Roseburg Healthcare System (VARHS) was introduced to the Patient Centered Care (PCC) Implementation process by the Office of Patient Centered Care and Cultural Transformation (OPCC&CT).

Leadership made the commitment to implement PCC in March 2012, making VARHS the first facility in the nation to experience the current model of OPCC&CT's implementation cycle.

The roll out included a five step process: Executive Leadership Readiness and Commitment Information Sessions, Organizational Assessment, a Leadership Engagement Session and Employee Engagement Sessions. The final step was completed in September 2012. The next step is to provide enhanced PCC principles to all VARHS staff through New Employee Orientation and existing staff through regularly offered sessions.

In April 2012, the PCC Program was awarded a grant of \$413,000 to provide a more healing and welcoming environment to all visitors, patients and family members and staff. Improvements completed include:

- A piano to provide a relaxed atmosphere in the Ambulatory Care area
- Scenic privacy curtains in the Emergency Department bays, exam rooms and the first floor lab were installed to promote less stress by use of guided imagery
- Made in the USA hand-held flags to give to all visitors at all locations
- Funding for PCC staff
- Scenic murals to be installed in stairwells of Building One
- Furnishings for the women's dorm in Building Two
- Vests for Ambassador Program Volunteers
- Training and presentation equipment
- Furniture for the training room and lobby area for staff, visitors and patients

Patient Centered Care was also one of the five areas chosen by leadership as part of the VISN's Strategic Plan. The plan, determined by the PCC Strategic Planning Committee, was completed and includes implementation



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> Roseburg PCC Transformation, continued >

of the PCC roll out at Roseburg; expansion of the Ambassador Program, to include escorts, research and planning for remote internet access for patients and visitors.

In addition, the PCC Program Coordinator and Program Manager recently presented Building Patient Centered Care on a Foundation of Values at the annual Planetree Conference.

The PCC Program staff has been very busy aligning VARHS with the OPCC&CT model and vision of VA to meet this initiative. Great strides have been made in a relatively short time and we will continue the journey in the year(s) to come. VARHS is proud of these accomplishments in better serving our patients, visitors and staff!

Lodger Dorms Receive Makeover

Contributed by: Carrie Lee Boothe, PAO, VA Roseburg HCS

Through a collaborative effort among the Women Veterans Program, Patient Centered Care, Logistics Service, Environmental Management staff, and VARHS employees volunteering their time, a huge transformation took place in the Lodger Dorms.

Once Logistics Service ordered the furnishings, it was up to Environmental Management staff to clear out rooms and prepare for new furnishings. Several staff joined in as weekend volunteers to put together new furnishings, which included appropriate layout and décor placement.

The new look reflects an atmosphere of relaxation and comfort for both men and women Veterans using separate Lodger Dorms, and includes opportunity for privacy due to new curtains that wrap around each bed space. With alarm clocks, reading lamps, hanging art, storage and new supple leather chairs, Roseburg has created a more homelike space, which further enhances their journey to a more patient centered care facility. Veterans are enjoying the new setting and many positive comments have resulted.



BEFORE



AFTER