

NW Network News



VA NW Health Network

Fall 2009



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



With a new Fiscal Year well underway, and a new calendar year fast approaching, our goals in VISN 20 remain the same: increase access, ensure quality, and provide our Veteran clients the best possible, patient-centered care. In this regard, VA, under the Direction of Secretary Shinseki, has been rolling out some ambitious and highly focused priorities.

As Central Office refines T-21 and the resulting transformational actions, the Secretary has identified 13 major initiatives as follows:

1. Eliminate Veteran homelessness
2. Enable 21st century benefits delivery and services (e.g., backlog reduction)
3. Automate GI Bill benefits
4. Implement Virtual Lifetime Electronic Records (VLER) to enhance partnerships with DoD and others
5. Improve Veteran mental health
6. Build Veteran Relationship Management (VRM) capability to enable convenient, seamless interactions
7. Design a Veteran-centric health care model and right-sized infrastructure to help Veterans navigate the health care delivery system and receive coordinated care
8. Expand health care access for Veterans, including women and rural populations
9. Ensure preparedness to meet emergent national needs (e.g., hurricanes, H1N1 virus)
10. Develop capabilities and enabling systems to drive performance and outcomes
11. Establish strong VA management infrastructure and integrated operating model
12. Transform human capital management
13. Perform research and development to enhance the long-term health and well-being of Veterans

One method for addressing many of these goals is the Medical Home. The Medical Home, A.K.A. "Patient-Centered Medical Home," is defined as an approach to providing comprehensive primary care that facilitates partnerships between individual patients and their personal providers, and when appropriate, the patient's family.

The Medical Home Model for Primary Care is a concept born in the late 60s and revived in the last several years. The general idea is what most of us would probably envision if we were asked to describe the perfect primary care practice.

In the Medical Home Model, care is coordinated across all elements of a complex health care system (specialty care, hospitals, home health agencies, nursing homes) and the patient's community (family, public and private community-based services). It is facilitated by registries, IT, health information exchange and other means to assure that patients get appropriate services when and where they need and want them, in a culturally and linguistically appropriate manner.

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> Message from the Network Director, continued >

Quality and safety are hallmarks of the Medical Home. An additional core principle is that delivery of primary care will be more team approached, something that is already happening in much of VA; however, there will likely be more emphasis on management of panels or populations possibly via groups and classes. In VISN 20, the use of shared medical appointments is an example of how we have already begun exploring this concept.

Recently, the VISN dedicated \$5 million for improvements in primary care access as the first step to supporting the Medical Home Model and other transformational initiatives. Additional resources have also been set aside to provide for the implementation of a Group Practice Model; the redesign of our patient transfer system (VIRS); the development of a bed board (which will allow us to assess bed availability across the VISN in real time) and the establishment of partnerships with private sector health care facilities in areas where we have limited abilities to provide specialty care, a concept known as "Hospital within a Hospital."

A model for managing Fee care, developed at the Alaska VA Health Care System, has also been accepted for implementation across the VISN. Known as the "Alaska Fee Model", this process will allow us to maximize internal

resources, while better monitoring and coordinating the care of patients referred to community facilities. It will also allow us to better recognize when the time is right to bring Veterans back to one of our facilities or return them home with appropriate and consistent follow up care.

As you can see, as always, there is much to learn and much to be done. It's what keeps life exciting, our work fresh and our Veterans healthy and well taken care of. As additional information becomes available about National initiatives, and as we progress with our work within the Network, I will continue to provide updates to further explain what these changes will mean to you as VA employees.

In the meantime, with the holidays just around the corner, please know that I am grateful for all that you do, each and every day, to help us achieve our goals. Best wishes for a safe and happy season.

Sincerely,



Susan Pendergrass, DrPH
Network Director

A Letter from your Chief Medical Officer



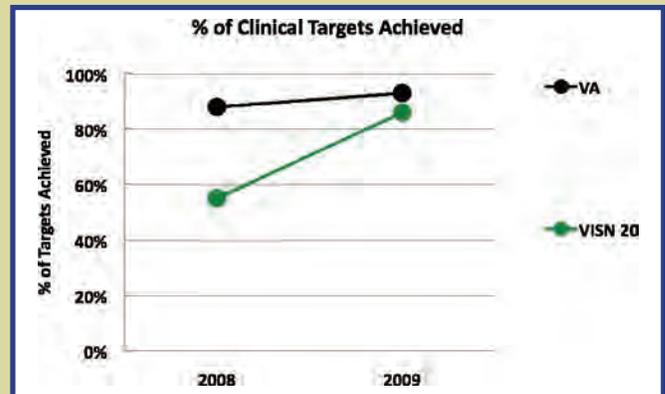
Dear Colleagues,

Another performance year has ended, but our journey together goes on. Our journey to create excellent, patient-centered integrated care, to be the best health system in the VA. Our strategy is simple and powerful:

- Focus** – Concentrate our effort on the areas were we fall short of being the best
- Accountability** – Accept responsibility for the outcomes of our work and take action
- Discipline** – Use proven methods like VA TAMCCS to improve your work process
- Support** – Help create the culture to facilitate rapid improvement

Our strategy is working. Thanks to your exceptional and thoughtful efforts our collective performance has dramatically improved. The graph depicts the rapid improvement we have made. In just one year, you have dramatically increased the number of clinical targets we have achieved.

This graph represents our performance on the same 58 clinical measures in 2008 and 2009. For example, in 2008, the VA achieved the target for 88% of the 58 measures, but our



network only achieved 55%, falling substantially short of the VA average. In 2009, the VA as a whole continued to improve and achieved 93% of the targets for the same 58 measures. We were able to make up for lost time. Our success rate jumped up to achieving 88% of the targets. This is an incredible rate of improvement – thank you.

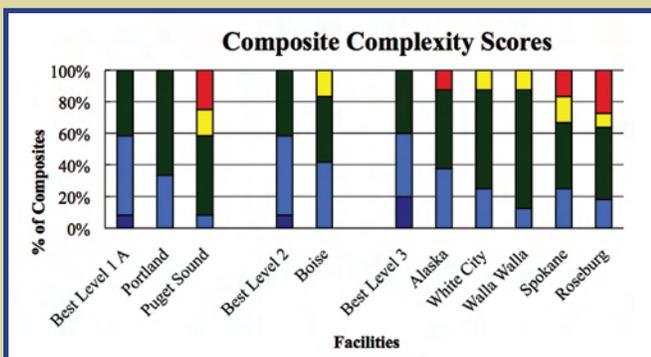
Not only is it an incredible improvement, it is also a meaningful improvement. Let's take a look at just one measure we failed to meet in 2008. That year, our rate of

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> A Letter from your Chief Medical Officer, continued >

controlling high blood pressure was 71%. This means that 71% of our patients with high blood pressure had their blood pressure adequately controlled. The target for this measure is 75%. The 4-percentage point difference between our performance in 2008 and the target represents 2,200 patients in our network whose blood pressure was not controlled. This lack of control places those Veterans at a higher risk for complications like a heart attack. Thanks to your focused attention, we rapidly improved our ability to help patients control their blood pressure. You exceeded the target, achieving a success rate of 76%. In other words, we were able to help another 2,750 patients. This is the impact of improving just one measure. Imagine the impact you had on patients' lives in 2009 by achieving target on an additional 17 measures. That is making a difference.

As the graph (% of Clinical Targets Achieved) indicates, we made an incredible and meaningful improvement in 2009. The graph also indicates that our performance is still below the VA average. Our journey toward excellence continues. The bar chart below provides a snapshot of our performance and the best performance in the VA.



The VA organizes measures into a composite. A composite is simply a group of related measures; i.e., diabetes. There were 12 composites in 2009, with scores calculated for each composite. The VA groups facilities into complexity levels. Level 1a facilities are the VA's largest and most complex facilities. Level 3 facilities are smaller with fewer specialty services. The composite scores are compared across facilities and result in 5 grade levels. This grading is intended to help facilities identify areas where there is an opportunity for improvement. The color-coding has the following general meaning:

- Dark Blue** Perfect score (100%)
- Light Blue** Exceptional performance
- Green** Solid performance, performance at or above the VA average
- Yellow** Below the VA average
- Red** Significant opportunity for improvement

This comparison is entirely internal to the VA and therefore has no bearing on a facility's performance related to the community. Because the VA performs near the 90th percentile compared to the community, a VA facility can have an opportunity for improvement and still be providing significantly better care than the community average.

You will notice that the best performing VA facilities have one or more composite areas with perfect scores (Dark Blue = 100%). Some people say perfection is not possible, but in the VA perfect care is clearly possible. The best performing VA facilities also have several composite areas with exceptional performance (Light Blue). The best performing 1a, level 2 and level 3 facilities all have nearly 60% of their composite scores at the exceptional or the perfect performance level.

What does this bar chart tell you about our performance? I see two things.

1. Though we made tremendous progress in 2009, our journey to excellence continues. None of our facilities are performing at the VA benchmark, 60% exceptional or perfect care level.
2. We have a surprising and disappointing level of variation in performance among our facilities. This indicates that we are not learning from each other and are not adequately helping each other. As with team sports, to become the best, teammates must draw out the very best in every player.

A closer look at the 2009 composite scores by facility clearly shows our strong practices and our opportunities for improvement. Our areas for improvement include providing care to people with diabetes, high blood pressure and high cholesterol. The performance variation in our network is obvious. We have several facilities with strong practices in these clinical areas. See this situation through the eyes of the Veteran. If you go to one facility, your chances are good that your diabetes will be well controlled. If you go to another facility, your chances for good control are less.

Recently, I met with a group of volunteers, many of whom are also our patients. I was inspired by their enthusiasm, dedication and can do attitude. The meaningful improvement you made in 2009 speaks to what is possible if we concentrate on the areas where we fall short of being the best and take action. Excellent, patient-centered and integrated care is our goal, and you are making it happen. Here's to great things in 2010. Thank you.

Frank Marré DO MS FAOCOPM
 Chief Medical Officer
 VISN 20

Quality Management

Message from the QMO



In 2010, all VISN 20 facilities are due to be visited by the Joint Commission. The Joint Commission (TJC) accredits health care facilities through ongoing data collection and other non-visit activities throughout a triennial cycle and conducts a comprehensive on-site inspection every three years. The last comprehensive accreditation site visits were conducted

in 2007. As we begin the new year, accreditation readiness has been the focus for the VISN 20 Office of Quality, Performance & Safety. All eight facilities have received a mock Joint Commission survey and are in various stages of completing action plans and follow-up. The focus for the first quarter of this fiscal year for accreditation was on conducting a final on-site assessment of readiness to receive an unannounced Joint Commission survey in 2010.

In order to standardize best practices across all sites and further assist facilities in preparing for TJC, the VISN 20 Office of Quality, Performance & Safety is conducting educational sessions based upon information from the mock survey process. The educational sessions include topics such as Data Display and Management, Survey Roles and Responsibilities, Environment of Care 101 for Clinical Managers and Leadership Role in Accreditation and Survey Process. Additional educational sessions will be ongoing and structured based upon feedback from attendees thus far.

VISN 20 is fortunate to have a cadre of professionals at our facilities who are deeply committed to improving the quality and safety of health care delivery to Veterans. From the VISN 20 Office of Quality, Performance & Safety, to all of the quality professionals out there working hard and "pushing the bus" every day, we thank you and wish you a happy and safe holiday season.

Nancy Benton, PhD, RN, CPHQ

2010 Federal Pay Increase

On December 8, 2009, House and Senate negotiators approved a 1.5 percent nationwide increase in base pay and a 0.5 percent average increase in locality pay for federal civilian employees effective January 2010.

A House and Senate conference committee approved the pay raise as part of a spending omnibus. The conferees adhered to President Obama's requested 2 percent federal pay raise, breaking a long-standing tradition of pay parity with the military. Members of the military will likely receive a 3.4 percent raise in 2010. The legislators did

Spotlight on Homeless Veterans

At the November 3rd VA National summit Ending Homelessness among Veterans, Secretary of Veterans Affairs Eric K. Shinseki unveiled VA's comprehensive plan to end homelessness among Veterans by marshalling the resources of government, business and the private sector.

"President Obama and I are personally committed to ending homelessness among Veterans within the next five years," said Shinseki. "Those who have served this nation as Veterans should never find themselves on the streets, living without care and without hope."

Shinseki's comprehensive plan to end homelessness includes preventive measures like discharge planning for incarcerated Veterans re-entering society, supportive services for low-income Veterans and their families and a national referral center to link Veterans to local service providers. Additionally, the plan calls for expanded efforts for education, jobs, health care and housing.

"Our plan enlarges the scope of VA's efforts to combat homelessness," said Shinseki. "In the past, VA focused largely on getting homeless Veterans off the streets. Our five-year plan aims also at preventing them from ever ending up homeless."

Other features of the plan include:

- The new Post-9/11 GI Bill provides a powerful option for qualified Veterans to pursue a fully funded degree program at a state college or university. It is a major component of the fight against Veteran homelessness.
- VA is collaborating with the Small Business Administration and the General Services Administration to certify Veteran-owned small businesses and service-disabled Veteran-owned small businesses for listing on the Federal Supply Register, which enhances their visibility and competitiveness – creating jobs for Veterans.
- VA will spend \$3.2 billion next year to prevent and reduce homelessness among Veterans. That includes \$2.7 billion on medical services and more than \$500 million on specific homeless programs.
- VA aggressively diagnoses and treats the unseen wounds of war that often lead to homelessness – severe isolation, dysfunctional behaviors, depression and substance abuse. Recently, VA and the Defense Department cosponsored a national summit on mental health that will help both agencies better coordinate mental health efforts.
- VA partners with more than 600 community organizations to provide transitional housing to 20,000 Veterans. It also works with 240 public housing authorities to provide permanent housing to homeless Veterans and their families under a partnership with the Department of Housing and Urban Development. The VA/HUD partnership will provide permanent housing to more than 20,000 Veterans and their families.

"This is not a summit on homelessness among Veterans," added Shinseki. "It's a summit on ending homelessness among Veterans."



> Pay Increase, continued >

reject Obama's Nov. 30 proposal to eliminate locality pay and use the entire raise as an increase to base pay.

The pay raise was included in the Financial Services bill, one of six bills included in the \$446.8 billion discretionary omnibus. Other bills included in the omnibus are: Commerce, Justice and Science; Labor, Health and Human Services and Education; Military Construction and Veterans Affairs; State and Foreign Operations; and Transportation and Housing and Urban Development.

The omnibus contains all the pending appropriations bills except for Defense, which Democratic leaders plan to introduce separately. House Appropriation Committee Republicans said the committee's leadership is saving the Defense bill to attach politically unpopular items, such as raising the federal debt limit, that would not pass on their own.

Energy Efficiency Recognized at Two VISN Facilities

Portland and the VA Puget Sound recently had a Sustainability Review from the Green Building Initiative (GBI). This program reviews facilities and awards points in numerous categories based on the sustainability of operations. Facilities can earn 0-4 globes based on total scores. Both Puget Sound and Portland earned 3 globes, which publicly demonstrates their commitment to environmental sensitivity, to reducing adverse environmental impacts, and for incorporating the best "green" practices for building design, construction, and/or ongoing operations. Operational savings through lower energy bills and maintenance costs, as well as reduced occupant complaints add to the desired benefits and are rewarded in the rating system. Congratulations to both facilities! 

VA Puget Sound Wins Nursing Services Innovations Awards

– Contributed by: Ken LeBlond

VA Puget Sound Health Care System's Patient Access Center has won the Innovation Award from the Office of Nursing Services. This year's theme was **Improving Programs and/or Access to Services for Specified Populations: OEF/OIF, Rural Communities or Mental Health**. The award recognizes creative and valuable programs or initiatives led by VA nurses.



The Patient Access Center won for creating access through pulling patients, coordinating care and collaborations with the VISN and community agencies. The Patient Access Center was created to have one Nurse Manager oversee admissions, complicated discharges and inter-facility transfers and placing the Veteran at the center of every transaction. The improved coordination and focus of this reorganization had an immediate effect also on efficiency by reducing no-show rates for admissions from 28% in early 2007 to 1% in Q1 09.

VA Puget Sound staff recognized include Divina Abella, Chris Kawakami, Linda Morn, Marcia Muskrat, Sarah Nuttbrock, Tammy Pidde, Georgia Shaw-Holden, Shirley Taylor and Kathy Jones-Sublette. Their achievement has been recognized in multiple venues, including the VHA Hotline Call and the National Nursing Conference Call. It will also be recognized at the annual VA Clinical Executive Conference in 2010, where each team will present a poster of its award-winning innovation. During this conference, teams will be formally recognized and presented with a commemorative plaque. In addition, each of the award recipients will receive a team award of \$10,000 to be divided equally among members. Congratulations Puget Sound! 

Rural Health Update

VA Alaska Health Care System

– Contributed by: Marcia Hoffman-Devoe

In late August, the Alaska VA Healthcare System announced implementation of a one-year pilot project, designed to maximize the VA's legal authority to purchase health care services for Veterans living in rural areas from health care providers in their home or hub communities. The pilot areas include the Bethel, Wade Hampton, and Dillingham Census Areas as well as the Bristol Bay Borough, Northwest Arctic Borough and the city of Cordova. The pilot is to demonstrate improved health care access to currently enrolled Veterans living in the designated pilot areas.

Letters were mailed in mid-August to 548 Veterans who live in the designated areas and are currently enrolled in the Alaska VA Healthcare System. Veterans who served after September 11, 2001 will be eligible to participate at any point in time the Veteran enrolls in the Alaska VA Healthcare System.

Veterans who opt-in to the program may be authorized two primary care visits and associated labs and radiology in a six-month period. In addition, Veterans may also be authorized up to three mental health visits in a six-month period.

The Rural Health Pilot represents potential revenue in excess of \$1.1 million to the Alaska Native Health Care System and Community Health Clinics. Success of the program will be determined by the number of authorizations issued and the number of Veterans who choose to participate. In addition, feedback will be solicited from providers and focus groups conducted with Veterans in the pilot areas.

"Veterans who served their country are entitled to the benefits. The Alaska VA wants to ensure these very deserving Veterans are able to obtain those benefits as close to home as possible," stated Alex Spector, Director of the Alaska VA Healthcare System. "We are excited to offer the Pilot and encourage Veterans to 'opt-in'. If the Pilot is successful, it is possible that it can extend past one year and be expanded to other parts of the state." 

Spotlight on Women's Health

Walla Walla Opens Family Room

Children and nursing mothers have become a regular sight at VA Medical Centers across the country. However, traditional lobbies generally offer no privacy for breast-feeding moms and limited space for energetic toddlers.

In response to a call for grant proposals from the Women Veteran's Health Strategic Health Care Group, Walla Walla received an award for \$5,600 to remodel available space in its Ambulatory Care Clinic. The facility was responsible for patching, painting and carpeting the room. The grant money was used to purchase educational DVDs, a changing table, toys and



other furnishings. The transformed room provides an area for adults to monitor their children's play as well as to watch DVDs on a flat screen television, or use a computer to log into myHealthvet. When the doors are closed, a rocking chair offers a private and peaceful area for nursing young infants.

Walla Walla is pleased to offer women clients and their families an alternative with their newly remodeled family room. The VISN congratulates Walla Walla on this excellent improvement.

Alaska New VA Clinic Progressing Well - 88.5% Complete

- Contributed by: Marcia Hoffman-Devoe

Staff at the Alaska VA Healthcare System are counting the days for activation of the new replacement VA Clinic located in Anchorage. The facility will be almost twice as large as the current leased space. The new clinic has a link which will connect the facility to the Third Medical Group Hospital, Elmendorf Air Force Base. This will enable the two facilities to add to sharing opportunities under the existing VA/DoD Joint Venture. Opening day is set for May 10, 2010.



Alaska VA Social and Behavioral Health Staff Host Mental Health Fair

- Contributed by: Marcia Hoffman-Devoe

Led by Dr. Camille Madden, Recovery Coordinator for the Alaska VA Healthcare System, the first ever Mental Health Fair for the Alaska VA was hosted on Tuesday, October 27. The intent of the fair was to acquaint VA staff, patients, and the public about the variety of mental health programs available at the VA. Tables were set up with information about various programs, to include Homeless Veterans Services, outpatient Mental Health and Addictions programs, tele-mental health, OEF/OIF Veteran Services, Chaplain Services, the Vet Center and Neuropsychological and Polytrauma services. In addition, the Veterans Mental Health Advisory Council and the National Alliance on Mental Illness, who are active partners with the VA, were also present.



OEF/OIF Case Manager, Roland Cabiad (left) and Matt Dowling, OEF/OIF Program Manager (right) assist Ray Monfore into an Improved Outer Tactical Vest which weighs approximately 45 pounds. The intent was to sensitize VA staff to the soldier's experience. Soldiers on patrol, however, must carry and wear more than the vest and in much higher temperatures.

Puget Sound Success Story – Urology Surgical Care

The Seattle Division of the VA Puget Sound Health Care System is a Level 1a tertiary care facility that receives referrals from across VISN 20. The service area includes Alaska, Idaho, Oregon, Washington, and one county each in California and Montana, encompassing 812,000 square miles, making it the largest VISN in the United States. The large geographic size of VISN 20 creates unique challenges for patients and providers that are often amplified at the subspecialty care level.

Many referrals to specialty care lines require complex coordination which can be difficult to accomplish over long distances. Subspecialty care usually occurs at regional tertiary care centers that are often hundreds or even thousands of miles from the referring facility and the patient's residence. Given that 40% of the Veterans served by VISN 20 are over the age of 65, and 32% are considered low income, the cost and difficulty of travel to Seattle represent major hardships and barriers to quality health care.

High quality, timely, and equitable urologic surgical care delivered to all Veterans in VISN 20 requires a highly efficient and sustainable approach that takes into account the size of our VISN and the potential hardship of travel for the average Veteran. Within this context, Puget Sound had two overarching goals for Urology:

1. Reduce the number of patient visits required to manage complex urologic problems that are likely to require a surgical procedure. The goal was a single trip to Seattle.
2. Avoid unnecessary clinic visits in Seattle for patients who were unlikely to benefit from a clinic appointment with a Urologist.

These goals are a reflection of two strategies that are laid out in the VISN 20 Tactical Plans: To promote timely and equitable access to health care and to emphasize patient-centered care, especially for our most vulnerable patients. We accomplished these goals by developing a standardized approach which we applied to all inter-facility and remote patient referrals. Our approach utilized the following existing resources:

- The electronic medical record (CPRS)
- Non-visit consult completion when indicated
- Hospital sponsored patient lodging
- Weekly multidisciplinary genitourinary radiology and pathology conferences
- Weekly preoperative indications conference
- Coordination of care by urology nursing staff under the supervision of urologists

By applying our standardized method to all inter-facility and remote patient referrals, Puget Sound was able to complete the majority of patient preparation and preoperative planning before patients arrived in Seattle. Of 154 inter-facility consults processed in 2008, they were able to consolidate all of the surgical care into a single trip to Seattle in the majority of cases. They completed an additional 194 consultations through the

non-visit mechanism, allowing referring clinicians to receive subspecialty opinion without the need for patient travel to Seattle.

In summary, this initiative demonstrates how existing resources and coordination of care can be utilized to more efficiently care for Veterans living in rural or remote locations who are referred for subspecialty surgical care in a regional tertiary care center. ■ ■ ■

Crescent City Clinic Opening Soon

– Contributed by: Carrie Lee Boothe



Plans began more than a year ago for a new clinic for VARHS. Considering Veteran population and the Brookings Clinic having reached capacity, leadership staff along with a VISN push began the challenging task of finding or creating a clinic in Northern California.

The Crescent City location came about due to the fact that an existing building located there had previously served as a medical facility. Because minimal construction was required, the VARHS and VISN staff pursued the location and was successful in negotiating and obtaining a lease contract.

Nick Long, Nurse Manager for the coastal clinics says the clinic is “just about ready to go, and will open sometime after the first of the year.” The new clinic already has the computer equipment installed and rest of the punch list is near completion.

“Initially, the clinic will be open three days a week,” explains Long. “We will have one full provider team, and will provide routine primary care. This new clinic will help with treating more Veterans in a timely manner, and I look forward to the opening.” A Ribbon Cutting Ceremony will be scheduled after the open date is confirmed.

Portland VAMC, Vancouver Campus Dedications

– Contributed by: Mike McAleer

September marked the dedication of two additions to the Portland VAMC’s Vancouver Campus and the 2009 National POW/MIA Recognition Day. On the first of the month, the Community Living Center (CLC) dedicated its Healing Garden. Later in the month, the Clark County Korean War Memorial was dedicated near the Vietnam Memorial Garden during the National POW/MIA Recognition Day.

The Healing Garden dedication marked the completion of a five-year journey of the Vancouver Campus Hospice and CLC staff. The idea for the Healing Garden came into being as the Hospice operation began in the spring of 2004. At the end of the Hospice hall, there were two fences, one in the foreground and another about 40 feet beyond. “These were necessary safety measures; yet upon entering the Hospice, they gave a sense of being confined,” Administrative Director for the CLC, Linda Zimmerli said. “We knew immediately that what was needed was a lovely garden for our residents, their family members and staff.

More than 75 people attended the ceremony to dedicate the Healing Garden. Guest speakers included: Vancouver Mayor Royce Pollard, Deputy Director David Stockwell and Chief of Staff Jack Dryden. Members of the Northwest Indian Veterans Association presented colors during the event and provided a Native American Blessing of the garden.

Shirley Kavanaugh, the mother of a young Veteran who died in the Hospice, was recognized as a driving force in bringing the Garden to fruition. “Through her dedication and the efforts of other donors, the Garden has come alive,” said Zimmerli. The Garden became a “community” project in both the Vancouver VA community and Vancouver itself.” Time and materials were generously donated by the Disabled American Veterans Chapter 1, the Kavanaugh Family, Jeff Bodenwiser, Gray Bear Construction, Bridge City Arbors, Shorty’s Nursery, Eden’s Gate, Spectra Construction, Mr. & Mrs. M. Forrester, Donald J. Wagner, Jon Mangis, and the Engineering and Grounds Vancouver Division. “One person lending a hand begets another becoming involved,” Zimmerli said.

On September 17, The Clark County Korean War Memorial dedication was the latest chapter in a labor of love and remembrance of the Korean Society of Vancouver and the Vancouver, Washington Korean War POW/MIA Group. The memorial lists the 39 men from Clark County that paid the ultimate sacrifice in “The Forgotten War.” “We want to thank the Portland VA Medical Center for letting us put this memorial up before we are all dead,” Dick Kim, President, Korean War Memorial Group said.

More than 300 people attended the 2009 National POW/MIA Recognition Day and Clark County Korean Memorial Dedication Event. “The POW/MIA event is always very popular



with our Veterans,” Anne Murphy, PVAMC Community Resource Development Officer said. “This year is even more special with the addition of the Korean War Memorial Dedication.”

Guest speakers included: Lee Ha Ryong, Consul General of the Republic of Korea; Congressman Brian Baird, Washington 3rd Congressional District; Vancouver Mayor Royce Pollard; Brigadier General Daniel L. York, Commander 104th Division, Vancouver Barracks; Dr. Susan Pendergrass, VISN Director; Ki Hwan Kim, President Korean Society of Vancouver; Bruce Hagensen, Former Mayor of Vancouver; Richard Kim, President, Korean War Memorial Group; and Byung Ji, Chairman, Korean Society of Vancouver, Co-Chair Korean War Memorial.

The Marine Corps League Color Guard presented colors and Members of the American Legion Post 14 provided a rifle salute and Taps. Jerry Keese, an American Legion member and Korean War Veteran provided the Invocation. The Reverend Jhee Sun Mook Korean Chaplain provided the Benediction. After the formal ceremonies, the Korean Society of Vancouver treated guests to refreshments and a performance of Traditional Korean Dance.

“The Clark County Korean War Memorial is a wonderful addition to the Vancouver Campus,” Murphy said. “It joins the Vietnam Memorial Garden, the Vietnam era helicopter, Spanish – American War Monument and the future Museum.”

Roseburg Celebrates New Canteen

– Contributed by: Carrie Lee Boothe



Susan Yeager, Elizabeth Jesch, Canteen Manager, and Diane Pits, Canteen Regional Manager.

After 75 years in the same location, October 26, 2009 marked the day for an official Ribbon Cutting Ceremony, opening the doors to the Roseburg Healthcare System's new Canteen Service.

Design and infrastructure were a major undertaking for the planned addition set to be constructed adjacent to the building that houses Food Production Service. Elizabeth Jesch, VARHS Canteen Manager, engineering staff, and canteen regional staff all worked closely with contractors throughout the construction process. "It was quite an undertaking," explains Jesch, "but the finished product is absolutely beautiful, and Veterans, employees and the public-at-large have complimented us on our new space."

The new canteen boasts considerable space enhancements and a significant increase in the retail store area. A modern dining area, state of the art ovens, new deli cases, and grills all come together to form an efficient flow pattern for both employees behind the counter and customers in front of it. ■■■

Transitions

Executive Recruitment Updates

Director Puget Sound Health Care System

A nomination was submitted to VA Central Office in early November. If approved, it is anticipated that the position will be filled permanently in the February – March 2010 time period.

Director Portland VAMC

A nomination was submitted to VA Central Office in early December. If approved, it is anticipated that the position will be filled permanently in the March - April 2010 time period.

Chief of Staff VAMC Spokane

Dr. William Nelson assumed responsibility as Spokane's Chief of Staff on November 13, 2009. Prior to his new appointment, Dr. Nelson served as the Associate Chief of Staff for Medicine & Surgery and the Chief of Medicine at the Spokane VAMC. He received his DO from the University of Health Sciences, college of Osteopathic Medicine, Kansas City, MO.

Recruitment for a new Chiefs of Staff at Roseburg and Portland are on-going.

Associate Director SORCC

Sheila Meuse has been selected and begins her new role on January 3, 2010. Ms. Meuse currently serves as the Site Administrator for the Montgomery campus of the Central Alabama VA Healthcare System, a position she has held since July 2008. Prior to that, she served as Site Administrator/Staff Assistant to the Director, also in Montgomery. She began her VA career in 1984, as a speech pathologist, at the Olin Teague Veterans Center in Temple, Texas.

Assistant Director Portland VAMC

This new position was approved in October 2009. Recruitment is in process.