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VA NW Health Network

Spring 2011

VA Northwest Health Network (VISN 20)

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NW Network News is published for Veterans, employees, volunteers and the many other supporters of our VISN 20 health care system. To submit articles, editorials, letters, or story ideas, please contact Megan Streight via email at megan.streight@va.gov.



Message from the Network Director



*Susan Pendergrass, DrPH
Network Director*

Patient Centered Care

I recently attended a meeting at which Dr. Tracy Gaudet, VHA's new Director of the Office of Patient Centered Care and Cultural Transformation, spoke. During her talk, she challenged the audience members not to fall into the trap of simply changing what we do in our quest for patient centered care, but rather, to aspire to be truly transformational in our approach. She asked questions in regards to Patient Centered Care and it's meaning, starting with the big one: What is **IT**?

Is it better customer service? Yes, but that's not **IT**.

Is it good access to appointments and efficient clinics? Yes, but that's not **IT**.

Is it treating the patient with respect and as a partner in their care? Yes, but that's not **IT**.

Is it treating the patient as a human being rather than a disease or body part? Yes, but that's not **IT**.

Is it offering the full range of therapies and approaches that can be of benefit? Yes, but that's not **IT**.

Is it taking into consideration the patient's preferences in decision making? Yes, but that's not **IT**.

IT isn't just making a better system of care. We can do that, but we will not succeed in being patient centered just by building a better box. Moving from a system of care to patient centered health care means we must **BEGIN** with the patient, not ourselves. We need to explore with our patients and learn who they are, what gives them a sense of meaning and purpose, why they want to live and maintain their health. **We must put the patient at the center, their life and what matters to them, and build our health care system around them.**

These questions, and their answers, often come more into focus at moments of crisis or "a wakeup call." Patient centered care doesn't wait until then. Just talking about **IT**, teaching **IT**, raising awareness and consciousness about **IT**, will not transform the system. We need to define this new process and practice of healthcare. **IT** begins and ends with the Veteran. **IT** depends on YOU. If you are saying to yourself "I can do that." My response to you is **WONDERFUL**. We need everyone on board. If you are feeling less certain, "I can't do this because...(you fill in the blank)." I will leave you with the question—If not you, who?

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> A Message from the Network Director, continued >

Perhaps the answer is in the following:

The Parable of Responsibility

*Everybody, Somebody, Anybody, and Nobody
were members of a group.*

*There was an important job to do and
Everybody was asked to do it.*

Everybody was sure that Somebody would do it.

Anybody would have done it, but Nobody did it.

Somebody got angry because it was Everybody's job.

*Everybody thought Anybody would do it,
but Nobody realized that Anybody wouldn't do it.*

*It ended up that Everybody, blamed Somebody,
when Nobody did, what Anybody could have done it.*

~ Unknown author of condensed version of Charles Osgood's –
A Poem About Responsibility

Please be that Everybody and put our Veterans in the center of all you do.

Sincerely,



Susan Pendergrass, DrPH
Network Director, VISN 20





Frank Marré,
DO MS FAOCOPM
Chief Medical Officer



Message from the CMO

Change – T21 Initiatives

The following transformational changes are the highest priorities of the Secretary and Under Secretary for Health.

1. **Patient Aligned Care Teams (PACT):** Implement the patient centered medical home.
2. **Prevention:** Implement the health promotion and disease prevention model.
3. **Virtual Medicine:** Provide secure messaging through My HealthVet.
4. **Telehealth:** Increase the scope and use of telehealth by 50%.
5. **Non-Institutional Long-Term Care:** Initiate 59 pilots of patient centered non-institutional extended care.
6. **Specialty Care:** Improve the Veteran's experience, increase shared decision-making, provide open access and expand the use of virtual consultations.
7. **Women's Health:** Achieve patient centered, comprehensive primary care for women Veterans.
8. **Transparency:** Provide Veterans and the public with VA quality, safety, and reliability data.
9. **Rural Health:** 5 VISN pilots to offer non-VA health care services to eligible Veterans.
10. **Patient-Centered Care Culture:** Transform the VHA's culture from one that is VA and provider centered to one that is patient centered.
11. **Benefits Handbook:** Provide a tailored benefit handbook for enrolled Veterans.
12. **System Redesign:** Create a new culture where every employee continuously and systematically improves their day-to-day work.
13. **VA Point of Service (VPS):** Deploy kiosks for easy access to administrative, financial and clinical tasks.
14. **Veterans Transportation:** Increase transportation options for Veterans.
15. **Mental Health:** Ensures full implementation of the MH handbook.
16. **Efficiency Initiative:** Identify areas where variation should be eliminated.
17. **Beneficiary Travel:** Modify Beneficiary Travel (BT) software program.
18. **Non-VA Care:** Update fee claims software to improve accuracy and timeliness of non-VA care claims processing.
19. **Special Purpose Funding:** Improving tracking and management of funding.
20. **Health Informatics:** Implement rapid product development and delivery infrastructure.
21. **Research:** Enroll one million Veterans to establish the largest genetic, health and military exposure database in the world.

These 21 initiatives mark a huge amount of change for all of us. It is a scary time for some and an exciting time for others. When I moved to Vancouver three years ago, there was a video store just 4 blocks from my home. In one year it was gone.

> A Message from the Chief Medical Officer, continued >

Look around your neighborhood. How many video stores do you see? In one year, a common and successful business disappeared due to changes in technology and the marketplace.

In VISN 20, we implemented an interesting program two years ago. It was new to the VA but not new in health care, having been developed about 15 years ago. The outcomes were well established in the peer review literature. Several colleagues here ran with the opportunity. Now the program is well established at several facilities. I had a conversation recently with one of the VISN 20 pioneers about this program. What she said is instructive:

“The program was very different from any other approach we ever used. Some of my colleagues were not ready for the change. The new program was far outside their comfort zone. As with any new way of thinking, it takes time and experience for some people to get comfortable. Now they see the changes in their patients. Now they trust this change in practice and are committed to it.”

What camp are you in? Are you the person who is open to change and gets things going? Or are these scary times for you? Do you sit on the sidelines to see what will happen?

It is also a rare time. It is rare to have an organization willing to change, the resources necessary for change, and the need for change to be present all at the same time. The need for change and the organization’s desire to change will persist, but the additional resources will not. As Dr. Pendergrass stated in a recent all employee message, “Due to significant economic challenge currently facing our country, the generous budgets that VA has experienced in recent memory will begin to change as VA also participates in the President and Congress’s financial plans.”

It is rare to have an organization willing to change, the resources necessary for change, and the need for change to be present all at the same time.

This is not only an exciting time but a critical time for the VA, you and me. Our customers want options, better access, safe and effective care. Our stakeholders want and need more efficient care. We don’t want the video store experience. Our window of opportunity is short. The resources are available now. As Dr. Pendergrass said in a recent employee message, “For the foreseeable future, I will be looking to you as we shape our new reality.”



Frank Marré
Chief Medical Officer
VISN20



Message from the QMO

The Kiosks Are Coming!

Contributed by Susan Cox, VISN 20 VPS Project Manager



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

Veterans Point of Service (VPS) is part of the T21 initiative to “Enhance the Veteran’s Experience and Access to Health Care.” The long-term goal is to improve our interactions with patients by providing them convenient control of their own information. VISN 20 will be one of five VISNs to pilot the project, deploying small, stand-alone, touch-screen kiosk devices. The kiosks provide access to a self-service application with a broad range of administrative, financial and clinical functions or “tasks.”

Administrative tasks include checking in and viewing future appointments; validating demographic, eligibility, and other information; facility directions and the ability to complete forms. Initial clinical tasks will include allergy review and medication reconciliation, with the patient seeing a picture of each prescribed medication and inputting how they take it. This process will produce documentation in the patient record that providers can easily review and respond to. In a future phase, Veterans will be able to pay their co-pays at the kiosks using a credit card reader. Additional functions are planned and will be rolled out in the coming months and years. The kiosks will not replace existing clinic staff, but will free them up to focus on other tasks, including checking in Veterans who are unable or unwilling to use the kiosks. An especially nice feature is that staff will not have to re-enter changes made by Veterans, but will instead be able to review updates for accuracy and approve them for automatic entry into VistA without additional data entry on the part of staff.

Each VISN 20 facility is in the planning phases for kiosk implementation. Each site must determine the number and locations of kiosks and prepare power and network drops. They will also determine the software configurations needed for the clinics served. Facility project managers and their teams will work with the selected vendor and representatives of VHA’s Chief Business Office to assure a smooth rollout. Portland began a 90-day pilot of the kiosks in two clinic areas starting the week of May 9. The complete VISN rollout is expected to begin in August. Since VISN 20 is in the first wave of implementation (along with VISNs 1, 4, 7, and 16), we will have the opportunity to have input into how the kiosks are working and might be improved to best meet Veteran and staff needs. Staff will be trained on the use of the kiosks and how to help Veterans learn the new process when their facility rolls out.

The Argument Against Materiality

Contributed by Allen Bricker, CFO

Each month, VHA processes millions of administrative transactions to support our clinical, administrative and educational missions. These transactions are the products of multiple systems. In VHA, we judge success at a very high level. Our measures are such that it only takes a single transaction to fail a monthly measure. For example, one delinquent travel order (of the thousands that are processed) is considered failure. One inappropriate 1358 (of the hundreds of monthly 1358s), will cause a site to fail that monthly monitor. Of the millions of dollars processed, a single penny in a suspense account for more than 60 days will cause a red indicator.

It can feel unfair to be judged so harshly, particularly when you consider the materiality of the offending measure. Does one single delinquent travel order indicate poor performance? Imagine if your grade in a class was based not on the average of all your tests, but rather, the lowest single test score you received during the term. You might argue that this single transaction is not representative of your total knowledge of the subject. Or, when talking financial transactions, a single failed transaction of \$1.00 hardly seems material given the millions of dollars that are successfully obligated each month.

In VHA, we have a system that does not factor materiality into its quality assessment. Our standard is perfection.

“Wait!” you may exclaim, “this type of quality evaluation system conflicts with the very logic of continuous improvement!” I would agree. Dr. Deming, the father of continuous improvement, believed it was better to establish an acceptable level of quality variation than waste resources trying to reach zero defect levels.

I’ve spent several hundred words outlining our quality measurement system, and provided you two excellent reasons (materiality and logic) as to why our system is flawed. Only it isn’t.

Dr. Deming was on to something—identifying a tolerable defect level is less expensive than spending the necessary resources to achieve zero defects. But he didn’t work in health care in 2011. Do you want to receive your health care from a provider that is striving to achieve 99% effectiveness? Personally, I want my provider to achieve 100% effectiveness—I’d like a zero defect rate, please! I’m sure our clinical leaders would agree that the “Best Care Anywhere” was not the result of goals being set at 99% of target.

As you know, health care presents challenges that Dr. Deming never faced. I would suggest that the fact that we are a government agency providing health care raises the bar even higher. As public servants, we demonstrate our commitment by striving for the highest ideals, by building systems that consistently achieve zero failures.

One of our Chiefs of Staff commented to me that, as a VHA employee, he’s never had a clearer reason to come to work. As administrators of the greatest health care organization in the world, I think we share that sentiment. I would

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Allen Bricker,
Chief Financial Officer

As public servants,
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> *Materiality, continued* >

hope that you share my acceptance, even embracement, of a zero defect target. But perhaps the CFO in you is still not ready to commit the additional resources needed to achieve zero defects when you consider the arguments of materiality and acceptable defect targets. Let me add two other variables that may influence your decision: size and communication.

There's an interesting parallel in the private sector that demonstrates the influence of size and communication. Consider recent events in the automotive industry. Toyota overtook GM as the largest manufacturer in the world. Shortly after that amazing milestone, quality issues surrounding Toyota's product began to emerge. I found this development just as shocking as GM being passed! Toyota was required reading for every MBA student, a case study that proved Dr. Deming's continuous improvement ideals. As the story unfolded, Toyota engineers admitted a shift from quality to production—they felt pressure for numbers. As production increases, an acceptable defect ratio becomes a very visible defect ratio when you move from hundreds to millions. Even at a 99.9% effectiveness ratio, that .01% rate translates to one car per thousand - multiply that by millions and you have challenges. Further, consider how quickly that news travels.

So there you have it. One CFO's perspective about why it's perfectly fine to bring your strictest measures. Frankly, I have no doubt we can design, implement and execute millions of transactions with zero defects. We do it every day.



Community Partnerships

Contributed by Eileen Devine, Homeless Coordinator

Mercy Medical Center (MMC) has provided compassionate end-of-life services to the Roseburg community for over 30 years. The private facility was recently selected as one of five hospice agencies in the country to be awarded the We Honor Veterans Reaching Out Grant. This grant will allow them to partner with the VA Roseburg HCS to organize community support and serve Veterans who are homeless or living alone and in need of end-of-life care.

Reaching Out grants were created to support innovative programs committed to increasing access to hospice and palliative care for rural and homeless Veterans. The goal is to provide a home environment where terminally ill Veterans who have been homeless or isolated can experience the support of a committed family, community and VA medical professionals, friends and volunteers who understand the needs of this special population. MMC will hire a coordinator who will be the liaison between the agency, VA Roseburg, and the volunteers in the community. They will work to recruit, educate and utilize care setting homes and private homes that will have volunteers working with agency staff to meet the needs of terminally ill Veterans. They will also work with the Health Care for Homeless Veterans outreach team in Roseburg to identify homeless Veterans in need of end of life care. Throughout 2011, MMC will work on implementing this program and expanding services to Veterans in need.



Culture Change Word Search

E P B C O M M I T M E N T R N
 C K V B A Q D N V X N B E C O
 N H P I C C M Y Q L U S G U I
 E N T N E M R E W O P M E L T
 R N O I S S A P M O C H T T A
 O R E S P E C T N W C U S U N
 L E G N A H C S V A C E U R I
 F Q X G B V I I O B I K R E M
 Y R Q G A B D C D F V A T V R
 Y T I L I B A T N U O C C A E
 J Y U L C U G L N B X D Q F T
 C E I E X C E L L E N C E X E
 S T C O N T R I B U T I O N D
 Y E C N E I L I S E R S E L F
 T Y B X D Y W G G J M U J A U

Values: An integrative component of VHA, VISN 20 is committed to our agency’s core values as follows: Trust, Respect, Excellence, Compassion and Commitment.

Trust: Trust means having a high degree of confidence in the honesty, integrity, reliability and sincere good intent of those with whom we work, of those whom we serve, and the system of which we are a part. Trust is the basis for the caregiver-patient relationship and is fundamental to all that we do.

Respect: Respect means honoring and holding in high regard the dignity and worth of our patients and their families, our co-workers, and the system of which we are a part. It means relating to each other and providing services in a manner that demonstrates an understanding of, sensitivity to, and concern for each person’s individually and importance.

Excellence: Excellence means demonstrating empathy and caring in all that we say and do in responding to our co-workers, our patients and their families, and all others with whom we interact.

Compassion: Compassion means demonstrating empathy and caring in all that we say and do in responding to our co-workers, our patients and their families, and all others with whom we interact.

Commitment: Commitment means meaningful engagement with co-workers, Veterans and families. It includes a

- ACCOUNTABILITY
- CHANGE
- COACH
- COMMITMENT
- COMPASSION
- CONTRIBUTION
- CULTURE
- DETERMINATION
- EMPOWERMENT
- EXCELLENCE
- FLORENCE
- RESILIENCE
- RESPECT
- RESPONSIBILITY
- SELF
- TRUST
- VALUES

promise to work hard to do all that we can in accordance with the highest principles and ethics governing the conduct of the health care professions and public service. It is a pledge to assume personal responsibility for our individual and collective actions.

Culture Change: VISN leadership is committed to providing employees the tools to promote a patient-centric culture by focusing on the cultural values of our organization.

Values Coach: Values-based life and leadership skills training and coaching being provided for all VISN 20 employees.

Florence: All VISN 20 employees have been given a copy of the Florence Prescription, a story that shows that core values, corporate culture, and emotional climate are critical for creating patient, physician and employee loyalty. The book describes eight essential characteristics of a culture of ownership.

Self-Empowerment: Taken from the Values Coach Trainings, the Self-Empowerment Pledge is a powerful tool for transforming attitudes and behaviors. Values Coach founder, Joe Tye, has a specific pledge for each day of the week. Monday – Friday’s pledges target Responsibility, Accountability, Determination, Contribution and Resilience.

Responsibility: I will take complete responsibility for my health, my happiness, my success, and my life, and will not blame others for my problems or predicaments.

Accountability: I will not allow low self-esteem, self-limiting beliefs, or the negativity of others to prevent me from achieving my authentic goals and from becoming the person I am meant to be.

Determination: I will do the things I’m afraid to do, but which I know should be done. Sometimes this will mean asking for help to do that which I cannot do by myself.

Contribution: I will earn the help I need in advance by helping other people now, and repay the help I receive by serving others later.

Resilience: I will face rejection and failure with courage, awareness, and perseverance, making these experiences the platform for future acceptance and success.

Success in Spokane

Contributed by Jordi Kimes, Pharmacist, VAMC Spokane

When Sunil Wadhvani, Chief of Pharmacy at the Spokane VA, approached Jordi Kimes, Clinical Pharmacist Specialist at the Wenatchee CBOC, in January 2010 about initiating a Metabolic Clinic, it was easy to understand why. The system the VA uses to measure progress in management of chronic disease states employs a color coded scheme to clearly show, at a glance, if a particular provider's panel is under, at, or above goal for certain benchmarks. All Jordi could see was red for her two panels, green being at goal or better, red being below goal. Knowing that the colors represented real patients and not just statistics was all the motivation she needed.

The challenges were many but with focus and teamwork one year later, PACT Team #1 is green in both lipid categories of diabetic patients and ischemic heart disease (IHD) patients. In fact, they have the best numbers of all teams in the IHD category. The team is also green in one of the two Hgb A1C measures. Since focusing on the second PACT team as of January 1, 2011, Jordi was happy to see the DM patients with elevated LDL's reduced by so much in 2 months that the panel turned from red to green already.

Jordi learned that the process of doing something new requires motivation that matters, focus, and teamwork. The desire to make improvements requires a positive attitude as we constantly re-evaluate without fearing making changes. The attack on the additional lists of patients with elevated blood pressures and A1Cs over 7.0 will begin soon at the Wenatchee CBOC, and the plan involves the entire PACT team. They are excited to see the results in the months ahead.

... the process of doing something new like this requires motivation that matters to you, focus, and teamwork. The desire to make improvements requires a positive attitude as you constantly re-evaluate without fearing making changes.



VISN Employees Win Sustainability Awards

In April, the VISN office was notified that Spokane's GEMS Coordinator, Todd Bennett, was named a 2011 VA Sustainability Achievement Award recipient. The award was based on his efforts with Spokane's hazardous pharmaceutical waste collection and disposal program, as well as his work establishing an innovative recycling program.

Boise employees Robert Crawford, Assistant Chief of Facility Management, Roger Grainger and Calvin Gate, Housekeeping Aides, were named 2011 VA Green Routine Award winners. As stated in their notification letters, these employee's efforts on the blue wrap recycling program at Boise provides an excellent example to other VAs on how to employ innovative strategies through grassroots efforts to create a sustainable workplace. Mr. Bennett, Mr. Crawford, Mr. Grainger and Mr. Gate will be recognized at a ceremony in Washington DC later this spring. Congratulations!

Lost, and Found

Written by Tom Cramer, VACO



Home Sweet Home — formerly homeless Veteran Kay Waldrop relaxes in front of her new home. “Having a home is so important to me,” she said. “It’s a place where you can be safe, and heal.”

In Oregon, VA is working with other federal agencies, non-profit groups, local businesses and private citizens to give homeless Veterans a second chance, and a place to call home.

Kay Waldrop had finally hit bottom. She was drinking heavily, using drugs, and getting into trouble with the law. Waldrop had spent 13 years in uniform—six with the Army and seven with the Oregon National Guard. But after she left military service, her life began to unravel. “I kept getting myself into bad relationships,” she said. “It’s a cycle. It’s just like you’re on a hamster wheel, and you can’t get off. When you don’t feel good about yourself, you can get to a point where you want to give up.”

Then one morning she decided that giving up was not an option. “I just got sick of living like I was living,” the 53-year-old explained. “I couldn’t go on like I was. So I took a 100-mile bus ride to the VA in Roseburg.”

Taher Kashuba, a case manager at the VA Roseburg Health Care System, distinctly remembers her first encounter with Waldrop. “I was the first person Kay saw that morning when she arrived here at the VA,” she said. “I got off the elevator, and there she was, with just her backpack.” “I really dumped on her,” Waldrop said, laughing. “I poured my heart out to her. And she listened.”

The Army Veteran was desperate to rebuild her life. But she soon came to realize it wasn’t going to happen overnight. “You have to show that you’re willing to do the work,” Waldrop observed. “It’s like a ladder. You can’t go up the rungs until you do the work at the bottom.”

“First we got Kay into a nearby shelter for battered persons, where she could feel safe,” Kashuba explained. “Next, we got her into our outpatient substance abuse counseling group with other Veterans. The group setting is important,” Kashuba continued, “because a lot of our Veteran outpatients are somewhat isolated, socially. They don’t have a social support system, or too much contact with their families. Frankly, a lot of them have burned their bridges, so to speak. So we try to provide that support here at VA.” “I’m by myself now,” Waldrop said, “so I need to do healthy things, with healthy people. I need to learn how to socialize.”

These days, Kay’s social calendar is getting pretty full. “I go to a PTSD (post traumatic stress disorder) self esteem support group at Roseburg,” she said. “The group is all women. I also go to a women’s AA (Alcoholics Anonymous) group once a week. I have the support of a lot of women here at Roseburg. I didn’t realize how important it was to have the support of women.”

With her support system in place, Kay Waldrop’s next mission—her next rung on the ladder—was finding a place to call home. It wasn’t easy. “Because of my drug history, and my criminal history, we had a hard time trying to find a place for me,” Waldrop said. “But Taher never gave up. She stuck with me.” “Kay and I went around to a lot of places together, filling out applications,” said Kashuba.

> *Lost, and Found, continued* >

Eventually, Waldrop found a home thanks to a landlord who understands the plight of homeless Veterans. “He’s actually a chaplain for the Vietnam Veterans of America,” Kashuba explained. “He wants to help Vets. He said he had a nice house he would rent to Kay. And it was in the historic district, no less!” “It has hardwood floors!” Waldrop pointed out. “And a porch. And a garden out back!”

HUD provides rent subsidies, while VA provides case management. That kind of partnership significantly increases the likelihood that the front door of a home won’t be a revolving one.

Waldrop’s part-time job as a supply stocker at the Roseburg VA helps pay for her share of the rent. She’s responsible for 30 percent of it. The Department of Housing and Urban Development picks up the rest, thanks to a federal partnership called the HUD-VA Supportive Housing Program.

Lon Laughlin, a social work executive at Roseburg, said HUD and VA make a good team. “Ending homelessness is more than placing a roof over someone’s head,” he explained.

“HUD provides rent subsidies, while VA provides case management. That kind of partnership significantly increases the likelihood that the front door of a home won’t be a revolving one.”

“When she moved in, Kay didn’t have anything,” Kashuba said. “She had a backpack, and an air mattress. Kay and I went throughout the community to try and find furniture for her home. One of the local furniture places donated a mattress.”

Kashuba said many of the other household items that now populate Waldrop’s new home are donations from private citizens. “We were given chairs, lamps, a TV, kitchenware, curtains, and other household items,” she said. “The people in this community are very generous.”

As luck would have it, Waldrop moved into her new digs just days before her youngest son, Wayne, deployed to Afghanistan. The nineteen-year-old was able to visit his mom, in her own place, shortly before he shipped out. His older brother Simon accompanied him on the visit. “It was reassuring to them to see that their mother was safe,” Kashuba said. “They’re really good boys,” Waldrop said, “Things are great between us now, but they didn’t use to be. We had a trust issue there for a while, when I was using. I’ve missed them,” she added. “It’s nice to have them back in my life. And now I have a place where they can come and be with me whenever they want.”



Boise Hosts a Special Guest

Navy Admiral Mike Mullen, Chairman of the Joint Chiefs of Staff, answers questions during a town hall meeting at the Boise VA Medical Center in Boise, Idaho on April 4, 2011. Mullen and his wife Deborah are in Idaho on their latest stop their ongoing tour: "Conversation with the Country."



Navy Admiral Mike Mullen, Chairman of the Joint Chiefs of Staff, is greeted by DeWayne Hamlin, Director (center) and Josh Callihan, Public Affairs Officer (left) of the Boise VA Medical Center in Boise, Idaho on April 4, 2011. The Mullen's are in Idaho on their latest stop of "Conversation with the Country," an ongoing tour.

Department of Defense photos by Mass Communication Specialist 1st Class Chad J. McNeeley/Released

Boise VA Medical Center Employee Recognized for Saving Woman's Life

Contributed by Josh Callihan, PAO Boise VAMC

In a surprise ceremony on February 28, 2011, Boise VA Medical Center Director, DeWayne Hamlin presented Steve Walker with a certificate of recognition for his efforts in saving a woman's life during the 2010 holiday season.

After just getting done teaching a CPR class at the Boise VA Medical Center, Steve Walker decided to do a little last minute Christmas shopping. While at a local chain store, Steve found himself waiting while an employee checked on an item.

Steve remembers "I was just standing there minding my own business when this young woman came out of the ladies restroom and said something was wrong with her grandma, that her grandma was having trouble breathing."

Steve quickly did an assessment and determined someone needed to take charge of the situation. He identified himself as a paramedic, asked an employee to dial 911 and went into the restroom with the young lady to see what was happening. The retired Airman quickly found the elderly woman gasping for breath, her condition was worsening by the second.

"She was barely breathing and having trouble talking to me about what was wrong. I decided to move her to make her more comfortable and get any information I could from her while we waited for the ambulance," said Walker.

In the next few minutes, Steve was able to ask several questions and get some valuable health information about the woman before she stopped breathing.

"The store didn't have an AED (defibrillator) and none of the employees knew how to do CPR. Paramedics had been called, but I knew she wasn't going to make it that long. I performed about 6 minutes of CPR on her until first responders from the fire department arrived," remembers Walker.

Having been an EMT for over 22 years, Steve continued to treat the woman with Advanced Cardiac Life Support (ACLS) while the fire fighters took over CPR. When the ambulance arrived, he continued to work with the arriving paramedics until she was stabilized and helped load her onto the transport to be whisked away to a local hospital. Fortunately, she was able to make a full recovery and enjoyed the holiday season with friends and loved ones.

"Had it not been for his compassion for others and quick thinking under stress, this woman probably would not have survived that day," said Director Hamlin, adding "This is a perfect example of the caliber of people we have serving Veterans at the Boise VA. Our people are simply motivated by an affinity to serve others."

Since that day, Steve has corresponded with officials in the Best Buy Corporation about having employees trained in lifesaving techniques and outfitting each store with an AED. His suggestions have been taken very seriously, and there is a good chance the big retail company will be working with Steve in the near future on solutions to this dangerous situation.

"I was just in the right place, at the right time," said Walker, going on to say "It has given me a great example to use in my Life Support class when talking about the importance of knowing lifesaving techniques. You just never know when they will be needed. If the CPR course you take every two years helps saves someone else's life, then I think it is well worth it."

Re-designated Magnet Status for Portland VA Medical Center

Contributed by Anne Marie Murphy, Assistant PAO, Portland

Within the Nursing Community, no achievement is greater than designation as a Magnet Facility. On December 15, 2010, Portland VA Medical Center (PVAMC) announced its re-designation as a Magnet Facility.

The Magnet Recognition Program® is the gold standard for nursing excellence. The program was developed by the American Nurses Credentialing Center (ANCC) to recognize health care organizations that provide the very best in nursing care and professionalism in nursing practice.

PVAMC is one of only four Magnet Facilities in Oregon, and one of only five VA Medical Centers nationwide. Nationally, only 378 hospitals are designated as Magnet Facilities out of the more than 6,000 private and government hospitals.

More than fifty nursing staff were on hand to hear the good news when Kathy Chapman, Deputy Director of Patient Care Services, received the call from Karen Drenkard, PhD, RN, and Director of the American Nurses Credentialing Center. "The designation is a testimony to our skilled, innovative, and caring staff who continually strive to improve the care they provide to our nation's heroes. I am grateful for our nursing staff and proud of their accomplishments," said Chapman.



Nurses react as Kathy Chapman, Deputy Director for Patient Care Services (standing, far left) makes the announcement of PVAMC's re-designation as a Magnet Facility. Photo by Michael Moody

How Do Magnet Hospitals Compare?

- Magnet hospitals demonstrate better clinical outcomes than non-Magnet hospitals
- Employee job satisfaction is higher
- Effective interdisciplinary collaboration thrives
- Patient hospital satisfaction scores are higher
- Hospitals focus on staff engagement, staff ownership of practice and staff innovation
- Nationally recognized achievement for the highest level of excellence
- Job seekers express interest in Magnet hospitals due to the status
- They provide an excellent opportunity for professional development

Drenkard gave feedback that the Portland VAMC was recognized as special exemplars:

- (1) the quality plan, collection and use of data, and demonstrated improvements,
- (2) the depth of the interdisciplinary relations,
- (3) demonstrated excellence in clinical care, and
- (4) the scope of nursing research and contribution to new knowledge and innovation.

"I am very pleased that we have met the rigor of review by the ANCC and have again received Magnet status," said Chapman.

The Magnet Recognition Program® provides consumers with the ultimate benchmark to measure the quality of care that they can expect to receive. When *US News & World Report* publishes its annual showcase of "America's Best Hospitals," being an ANCC Magnet® organization contributes to the total score for quality inpatient care.