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VA NW Health Network

Spring 2010

**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](mailto:megan.streight@va.gov).



## Message from the Network Director



*Susan Pendergrass, DrPH*  
Network Director

Last November, I sent an all employee message introducing the concept of the Medical Home. I explained VA's commitment to this ground breaking method of providing care and how VISN 20 was already supporting the effort. One example I gave was the distribution of \$5 million for improvements in primary care access. In the time since, those funds have been used primarily to supplement staff—this will ensure that our facilities have at least a Registered Nurse, Licensed Practical Nurse or Health Tech and clerk for every full-time provider in Primary Care. New staff will be trained on the Patient Centered Medical Home and work together to provide outstanding service to our Veterans. Funds have also been dedicated for Health Promotion and Disease Prevention Program Managers and Health Behavior Coordinators.

During the week of April 19th, close to 130 VISN employees attended VHA's "Patient Centered Medical Home Summit." Hosted in Las Vegas, this was the largest VHA meeting in history, with almost 4,000 participants traveling across the country to learn about new care delivery systems. At the Summit, it was stressed that VHA is driven by one mission: to provide every Veteran the best health care possible. Attendees learned how their roles in Primary Care, Women's Health, Mental Health, Social Work, Nursing, Pharmacy and other specialties will support this mission.

Another important part of the VA Patient Centered Medical Home will be expanding the services available to veterans via MyHealthVet. Veterans will eventually be able to see their lab work and use secured messaging to communicate with their health care team. As a next step, an 18-month collaborative will begin in mid-July, and each VISN 20 facility will send teams of people to learn more about the Patient Centered Medical Home.

As we move forward, it will be important for us to more actively include Veterans in the care they receive. To that end, you will see more Veteran peer-led self management groups and Veterans will be asked to join committees and work groups. Recently, a contract was awarded to an outside firm to conduct Veteran Focus Groups within our VISN. This too will allow us to obtain input from those who use our system, as well as those who have not yet accessed our services. Each of these efforts will help improve our care delivery and provide the best possible outcomes.

Beyond the Medical Home project, the VISN continues to focus a great deal of resources on expanding Rural Care. Central Office recently provided us with an additional \$14 million of dedicated funding, which has already been distributed to your facilities. The goal of this particular round of money is to enhance Rural Health Care Delivery via fee care.

In support of these and other initiatives, I have charged each facility Director with the development of a twelve-month tactical plan, which will focus on individual facility goals while aligning efforts with national priorities. VISN 20 is the sum of its parts. We need to work as a unit to serve Veterans in an integrated health care system that is in step with VA's strategic objectives as set by the Secretary. In addition to converting to a patient centered care model and expanding rural and telehealth, these objectives include:

- Ending Homelessness
- Improving Access
- Improving Mental Health

These goals must be achieved in an environment which is Veteran centered, results driven and forward thinking. VISN 20 is the sum of all its employees and how we serve our Veterans. Our success depends on each of you. Please keep Veteran focused, as you welcome a returning OEF/OIF soldier, answer a request for information, provide outstanding service, and come to work every day energized by our mission and those we are so honored to serve. Be innovative, educate yourself about what is changing in your workplace and congratulate yourself on being a part of the best health care system in the nation. I thank you for your dedication to our Veterans and know you will honor them in all you do.

Sincerely,

Susan Pendergrass, DrPH  
Network Director

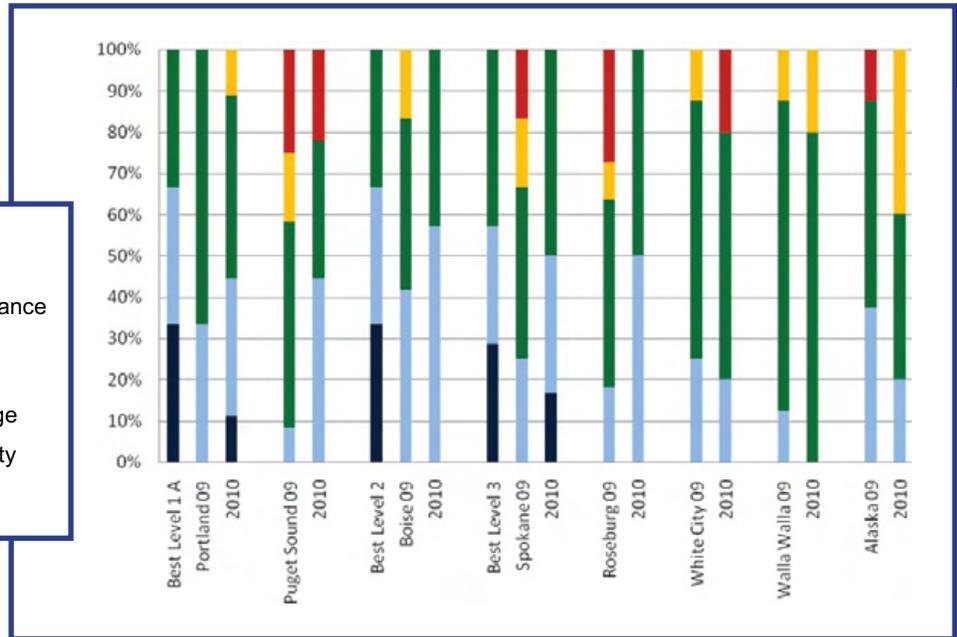


Frank Marré,  
DO MS FAOCOPM  
Chief Medical Officer

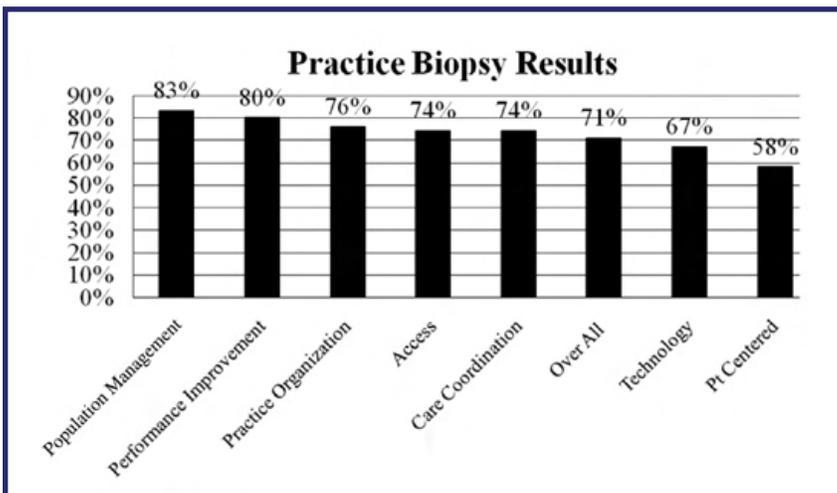
## A Message from your Chief Medical Officer

Dear Colleagues,

Our goal is to achieve excellent, patient-centered integrated care. Together we have made tremendous progress—thank you! The graph below helps us see just how far we have come in just one quarter. The graph compares the performance of our facilities in 2009 and Q1 2010. The VA groups our measures into composites and each composite is given a score. The scores are color coded as follows:



The best performing level 1, 2 and 3 facilities have approximately 1/3 of their composite measures at the 100% performance level, 1/3 at the Exceptional level, and 1/3 at the VA average. Almost all of our facilities made big improvements in their performance in Q1 2010. Special recognition goes to Spokane and Roseburg for making a huge jump in quality and eliminating all below average performance. For example, in 2009, Spokane had about 1/3 of their composite scores below the VA average. In 2010, all Spokane's composites were all either dark blue, light blue or green. No more red and yellow composite scores for Roseburg and Spokane. Given that we serve over 200,000 veterans, the improvements you have made translates into better care for thousands of people. We are marching together toward Excellence.



Our goal is excellent, patient-centered integrated care. We see lots of information on the level of excellence of care we provide, but how are we doing with regard to “patient centeredness?” The VA recently did a “Practice Biopsy” in primary care. The survey questions were grouped into eight categories.

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> A Message from your Chief Medical Officer, continued >

### Practice Biopsy Survey Questions

There are opportunities for patients and families to share their experiences with other patients	15%
Making cultural competency classes available to the practice team members	24%
The practice has a Patient Advisory Committee	27%
Communication classes are readily available to the practice team members	27%
The practice involves patients and families in facilitating programs	30%
The practice involves patients and families in developing materials for practice	30%
The practice collects and charts the patient's language preference	36%
The practice generates a written care plan for each patient	45%
Language services are provided	58%
The practice determines if patient has difficulty with hearing or vision	61%
The practice provides self-management support for important conditions	67%
The practice maintains a library of resources for self-learning	67%
The practice supports team members to attend classes in cultural competency	70%
The practice maintains a library of resources on cultural competency	73%
The practice provides a list of agencies which support patient self-management	94%
The practice offers patients information about Advance Directives	100%

### Here are the results:

We are strongest in the areas of performance improvement and population management. Our composite scores noted on the previous page suggest that this is true. We have been working hard on performance improvement and population health. Based on the practice biopsy results, patient centeredness is our greatest opportunity for improvement. But what is patient centeredness? The practice biopsy survey questions make the concept of patient centeredness more concrete.



Our practice biopsy results indicate that we are very good at making advanced directives available to our patients, nearly 100% of the time. But we fall short when it comes to involving patients and families in the design and improvement of our clinical practices. For example, only 15% of our primary care practices provide an opportunity for patients to learn from each other. Only 25% of our practices have a patient advisory committee. How will we know what works best for patients and families without asking them? In the article on page 5, the Spokane team tells us how they have incorporated the voice of the patient in some of their most important decisions. Patient centeredness is a relatively new frontier for us. Explore this new frontier. See if you can find ways to partner with patients and their families.

Frank Marré DO MS FAOCOPM  
Chief Medical Officer

## “Fresh Eyes” Experiences

Contributed by Michael W. Fisher  
Deputy Network Director

Some of you are very familiar with VHA’s Fresh Eyes on Service Program (“Fresh Eyes”), which is starting again in the upcoming months. It is a process designed to assess service delivery at VA Medical Centers and large Community Based Outpatient Clinics. During this exercise, unannounced consultants, either VA employees or representatives from Veterans Service Organizations (VSOs), observe how employees interact with Veterans, ranging from our level of politeness to how quickly and successfully we handle complaints, concerns and questions. The main goal of the program is to identify and share successful practices, and to spread key elements of these practices within each VISN.

I recently completed my own “Fresh Eyes” experience when I had the opportunity to serve as the Acting Director at the Portland VA Medical Center from September 2009 - January 2010. After three and a half years at the Network Office, it was very valuable and rewarding to be so close to the care we provide our patients every day. I learned so much about facility operations from the employees; visiting the many different patient care areas was the highlight of my detail. Throughout this experience, I found we have much to be proud of. The commitment of our employees to our mission is unparalleled; we strive for efficiency and quality in our daily operations. I also tried very hard to look at the Medical Center through the eyes of our patients. It is in the total patient experience that I believe we can always find areas where we can improve our service.

It is very easy to let the many challenges of our jobs take our focus away from the patient in front of us. One of the reasons I am so excited about the new “Veteran Centric Care” and “Medical Home” concepts is that our entire organization can embrace them. As a first step, these programs will require more staff in Primary Care, an area I believe we have not given enough resources to in the past. Primary Care is the optimum place for staff to interact with patients, listen to their stories and give them the tools that may prevent the need for future hospitalization. Primary Care is where we gain the trust of our patients. Over time, these concepts will come alive in all areas of our operations, including environmental design, chronic care, diagnostic services, etc.

Each one of us can help these programs succeed by bringing our own “Fresh Eyes” to work every day. No matter what you do, I ask that you try to look at your environment from the Veteran’s perspective. Think about how you have been treated in your own medical care experiences, what you appreciated and what you disliked. If you are like me, sometimes it is the smallest things, like helping someone with a form or making eye contact. Simple things can make a huge difference. I believe VISN 20 facilities provide the highest quality care in the region; it is vital that our patients believe this as well. Remember: we can all have fresh eyes.



## Spokane VAMC Adds Veterans to Selection Panels

The selection process for high-level leadership in the VA is a critical step to ensuring our Veterans are receiving top-notch care. During interviews, potential staff members are often asked how they would respond to certain Veteran issues and patient interaction techniques.

In an effort to take this one step further, the Spokane VAMC has recently begun including a Veteran on their interview panels.

During the recent selection process for three key positions at the Spokane VAMC – the Chief of Staff, Chief of Behavior Health Services, and Chief of Fiscal Services – a Veteran participated during each of the candidate interviews. Having them present went beyond a tangible value. It's one thing for a candidate to say they would do things a certain way, but with a Veteran sitting across the table, looking them in the eye, it really puts things in a new light for both the candidate and the selection committee.

Ruth Lee, Spokane's pick for Chief of Fiscal, said, "Having a Veteran on the interview panel really signaled this was a special place, not just any regular job. Vets have a different perspective as customers on who they want in the key positions that support them. Although there were multiple panel interviews, a Veteran was included on the senior-most panel with the facility Director which really enforced how important Veterans are to their decision-making process."

A different Veteran was chosen for each respective panel, and in each case the questions they posed to the candidates were right on target. In addition, the answers to those questions along with the Veteran's input greatly assisted in the selection process. We're confident that in all three of our trials of this new Best Practice, the candidate selected to fill the position will be Veteran-centric because they had to "put their money where their mouth was" so to speak during their interview.

The initial trials of this process have been so successful and rewarding that Spokane is adding it as a new Best Practice for many of its internal committees, boards, and of course candidate selection panels. The information gained is invaluable and not only does it put the candidates on the hot seat, but it also helps other leadership staff involved see answers from a "real world" point of view as well.



## Roseburg Healthcare System campus named one of two State Veterans Home sites

Contributed by Carrie Boothe, VA Roseburg HCS

Initial plans to build a 250-bed Oregon State Veterans home began in 2006. Five cities have been vying to be selected as the site choice since then, and April 15, 2010 marked the day of the final decision. The results were a surprise as two locations were chosen; the Roseburg VA campus and a site in Lebanon, Oregon.

VA Roseburg leadership staff was elated when they heard the news that the 100-150 bed Veterans Home will be constructed in Roseburg, and that construction is tentatively scheduled to begin in 2011.

Currently, Oregon has one State Veterans home, a 151-bed facility

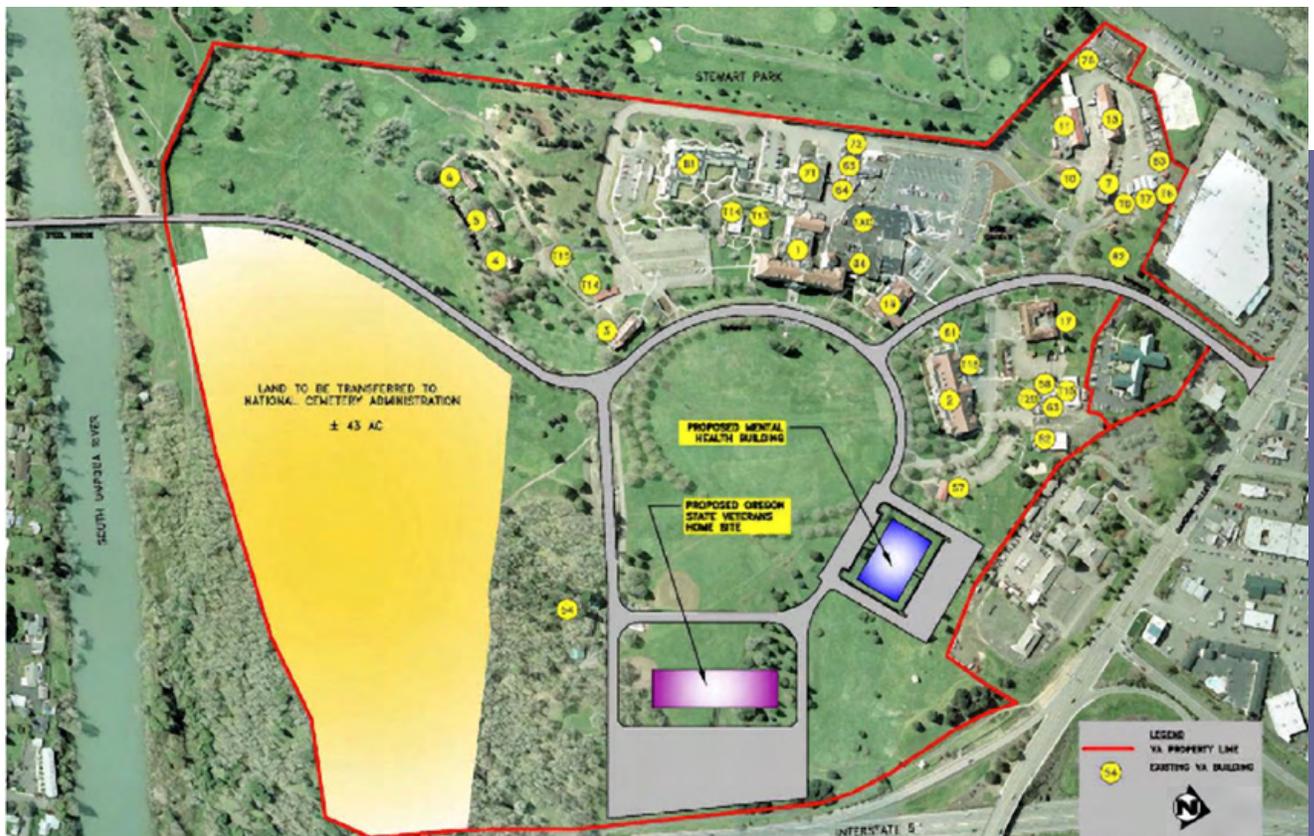
located in The Dalles. According to the construction manager for the Oregon Department of Veterans Affairs, John Osborn, the two-site location decision was made to provide services to Veterans that are greatly needed in both locations. In addition, it is less complicated to obtain funding for expansion on an existing building than for a new construction project. Eventually, the Roseburg site could expand to as large as a 500-bed facility depending on need within Douglas County.

VA Roseburg campus includes 114 acres. In 2008, approximately 20 acres were earmarked for the proposed site. Roseburg engineering service staff

and leadership have been supportive in the planning since the onset of the proposal.

The State Veterans Home will cost about \$34M to construct, will provide a \$1.8M payroll annually and has the potential to employ 200.

Before construction begins, the project must first move through the Oregon legislature. However, the Director of the Oregon Department of Veterans Affairs assured Douglas County officials that both homes will be built. The Lebanon, Oregon construction project will begin first, with Roseburg construction slated to start nine to ten months later.



## Message from the QMO Spotlight on Quality Management

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



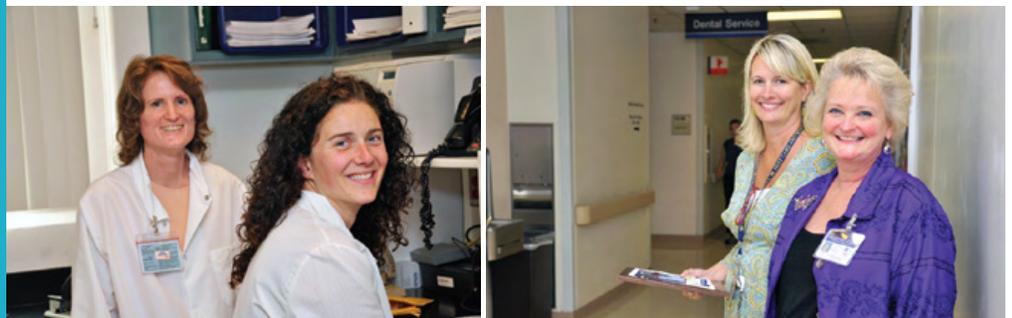
*Nancy Benton,  
PhD, RN, CNS, CPHQ  
Quality Management Officer*

Calendar year 2010, as many of you know, is VISN 20's year for triennial Joint Commission (TJC) surveys. Thus far, TJC has visited Walla Walla, Roseburg and Boise, all during the month of March. All three facilities did very well. This success reflects the hard work of the Quality Management departments at each site and impressive leadership engagement at all levels. Congratulations to all for a job well done!

As we move forward, we have five facilities yet to be surveyed. Additionally, we have several Commission on the Accreditation of Rehab Facilities (CARF) surveys, System-wide Ongoing Assessment and Review Strategy (SOARS) visits and one OIG-CAP survey yet to occur.

Much time, energy and resources go into keeping our facilities continuously ready for survey and external site visits by numerous agencies. The survey activity is our opportunity to demonstrate attention and commitment to quality. The VA is a leader in safe and quality health care and often the model of excellence for private sector health care. In keeping with Secretary Shinseki's goal to transform the VA into a 21st century organization that is people centric, results driven and forward looking, the VISN 20 Office of Quality, Performance & Safety is engaged in collaboration and consultation with the quality and safety staff at all sites to standardize our processes and provide tools and resources to continually monitor and enhance quality.

I would like to take this opportunity to thank all of the dedicated quality and safety staff at each of our facilities who work hard every day to monitor and enhance health care for veterans. You are engaged in a noble endeavor, and though your work is never done, it is forever appreciated.



## Behavioral Health

The VISN 20 Behavioral Health Committee (BHC) continues its efforts to improve Veteran Mental Health through collaboration and cooperation as they employ systems changes. In April, the BHC attended a face-to-face meeting held in Vancouver, WA to discuss National and VISN directional goals, and ensure activities continue to move us toward them. The BHC focuses on Network goals as it continues to develop a framework for mental health service delivery across all eight VISN 20 primary access points. The recent development of a Mental Health Residential Rehabilitation Treatment Program (MHRRTTP) strategic direction outlines the dedication and desires of the BHC to collaborate and develop Network solutions that follow Secretary Shinseki's initiative to improve Veteran mental health.

This direction has been soundly endorsed by our Clinical Services Board and was presented at the April Executive Leadership Council (ELC) with ultimate transformation to a full business plan this summer. The BHC plans to continue this network-focused approach by right-sizing inpatient psychiatric beds and admissions procedures for all VISN locations. In addition, a systematic analysis of current telemental health services is underway with a goal of predicting future needs and recommending areas for expansion.

We also continue problem solving strategies in the suicide prevention arena. Several projects are underway that will lead to a greater understanding of suicide completions among our Veteran population. In FY 2009, a Suicide Assessment Documentation and Implementation Policy with a corresponding Suicide Risk Assessment Template was developed and approved by all levels of leadership. In December 2009, a small group of MH researchers completed a pilot project for the National Suicide Prevention Center of Excellence that reviews chart data on cases determined to be suicide completions. This chart review serves as the annual requirement for Root Cause Analyses (RCAs) and provides greater insight into factors that may have played a role in the Veteran's decision to take their life. This pilot project was enlightening for all involved and will be rolled out to more VISNs this year in hopes of becoming a National Standard in the near future. Based on findings from the chart review process, the VISN MIRECC will be holding quarterly suicide review conferences similar in structure to the Morbidity and Mortality sessions held by Surgical Services. The goal for this conference will be to expand global awareness and competence in the management of suicidal patients across disciplines.

It is the intent of the Behavioral Health Service Line to maintain active engagement in the design of Mental Health service delivery across VISN 20. Using the Mental Health Uniform Services Package as a roadmap, VISN 20 BHC will continue to collaborate and develop Network strategies focused on the improvement of Veteran Mental Health throughout the VISN and when applicable, the nation.



## Rural Health Update

One of VA Secretary Shinseki's major initiatives is to expand health care access to Veterans, including those who live in rural areas. Over the last several months, with funding provided by the VHA Office of Rural Health, VISN 20 has been phasing in some new projects that focus on improving access and quality of care for rural Veterans.

- Expansion of Outreach Clinics – New clinics offering Primary Care and Mental Health services have been opened in Burns and Grants Pass, OR and Crescent City, CA. Two more clinics will be opening in Newport, OR and Mtn. Home, ID in late spring or early summer.
- Expansion of Home Based Primary Care – HBPC provides home care for Veterans with complex medical conditions for whom routine clinic based care is not effective. In order to better serve Veterans in rural areas, we are setting up programs in Newport, Camp Rilea, Warm Springs, Grand Ronde, and Grants Pass, OR; and Boise, Twin Falls, Caldwell and Mtn. Home, ID. Facilities are recruiting staff and will have programs up and running by the end of September 2010.
- Teledermatology – Our rural Veterans can now receive quality dermatology care at a VA clinic near their home through a Telemedicine link to dermatologists at VA Puget Sound. Providers and technicians from 23 sites in VISN 20 have been trained in the process and over 1,000 consults have been completed.
- Partnering with Primary Care Providers – Where it is not feasible to establish a VA staffed clinic, facilities are entering into agreements with providers in local communities to offer Primary Care services. Contracts are being sought in the following locations: Kamiah and Sandpoint, ID; Hermiston, OR; and Omak, Republic and Colville, WA. Solicitations for offers have been posted and these agreements will be finalized over the next three to four months. A contract has already been awarded to a provider in Libby, MT who will begin seeing VA patients soon.

VHA's Office of Telehealth Services has also awarded funding to enhance telemedicine programs in VISN 20. This funding provides for the purchase of additional Teleretinal Imaging equipment, expansion of the Care Coordination Home Telehealth (CCHT) program, and expansion of other specialty services using telehealth technology.



*Robert A. Petzel, M.D.  
Under Secretary for Health*

## New Under Secretary for Health

Robert A. Petzel, M.D., was appointed Under Secretary for Health in the Department of Veterans Affairs (VA) on February 18, 2010. Prior to this appointment, Dr. Petzel had served as VA's Acting Principal Deputy Under Secretary for Health since May 2009. As Under Secretary for Health, Dr. Petzel oversees the health care needs of millions of Veterans enrolled in the Veterans Health Administration (VHA), the nation's largest integrated health care system. With a medical care appropriation of more than \$48 billion, VHA employs more than 262,000 staff at over 1,400 sites, including hospitals, clinics, nursing homes, domiciliaries, and Readjustment Counseling Centers.

In addition, VHA is the nation's largest provider of graduate medical education and a major contributor to medical research. More than eight million Veterans are enrolled in the VA's health care system, which is growing in the wake of its eligibility expansion. This year, VA expects to treat nearly six million patients during 78 million outpatient visits and 906,000 inpatient admissions. Previously, Dr. Petzel served as Network Director of the VA Midwest Health Care Network (VISN 23) based in Minneapolis, MN.

In that position, Dr. Petzel was responsible for the executive leadership, strategic planning and budget for eight medical centers and 42 community-based outpatient clinics, serving Veterans in Iowa, Minnesota, Nebraska, North Dakota, South Dakota, western Illinois and western Wisconsin. Dr. Petzel was appointed Director of Network 23 (the merger of Networks 13 and 14) in October 2002. From October 1995 to September 2002, he served as the Director of Network 13. Prior to that position, he served as Chief of Staff at the Minneapolis VA Medical Center. Dr. Petzel is particularly interested in data-based performance management, organization by care lines, and empowering employees to continuously improve the way we serve our Veterans. He is involved in a collaborative partnership with the British National Health Services Strategic Health Authority. In addition, he co-chairs the National VHA Strategic Planning Committee and the VHA System Redesign Steering Committee.



## The Transformation of Equal Employment Opportunity in VA

*Contributed by James Kirkland, VA Alaska*

The role of Equal Employment Opportunity (EEO) Managers across the VA is rapidly evolving, growing in new directions to help improve the health of our organization. There is broad consensus among VA employees that when organizational health improves, the quality of care employees provide to our Nation's Veterans also improves.

One of VA's national and local objectives is to create a diverse, high performing workforce reflecting the communities we serve. However, recent studies conducted by VA EEO Managers show declining representation of people with disabilities in the Federal civilian and VA workforces.

Addressing this trend, EEO Managers at NW Network facilities are seeking to increase employment opportunities for people with disabilities and diverse populations by:

- Establishing Hiring Individuals with Disabilities task forces (Portland VA Medical Center) that meet on a monthly basis, creating hiring networks and effective referral methods.
- Providing VA recruitment presentations each month for service men and women about to retire from the military, including Wounded Warrior participants (Alaska VA Healthcare System).
- Creating new recruitment brochures that highlight employment at VA facilities for distribution at local Multicultural Fairs and monthly men's and women's sweat lodges run by local tribal elders for patients and staff (VA Southern Oregon Rehabilitation Center).

In addition to creating an innovative recruitment brochure, EEO Advisory Committee members (VA Puget Sound) recruit at local job fairs such as Seattle's Annual Diversity Employment Day Career Fair, the United Indians Pathways to Prosperity Career Fair, and the Operation Warfighter Career Fair.

Surveys are conducted annually across the VA and at NW Network facilities to gauge employee satisfaction. When workgroups supply low responses to topics such as conflict resolution and diversity acceptance, EEO Managers craft action plans and implement appropriate interventions in response. For example, EEO Managers have provided customized training to employee workgroups addressing respect in the workplace, communication, conflict resolution, and employee appreciation. The relevance of remedying conflict resolution becomes even more urgent when comparing the average cost of processing an EEO complaint (\$18,163) to the average cost of Veteran care (\$9,077). In addition to providing customized training to employee workgroups, EEO Managers are actively encouraging mediation as a timely, cost-effective alternative to costly EEO complaints. As a result of these initiatives, increases in overall survey scores for the NW Network in diversity acceptance and conflict resolution showed statistically significant improvement from 2007 to 2009



*"Our strength is our diversity"*

## Transitions

## Executive Recruitment Updates

### Director, VA Puget Sound

In March 2010, **Mr. David Elizalde** was appointed to the position of Director of the VA Puget Sound Health Care System. Mr. Elizalde previously worked as the Director, Division of Acquisition & Cooperative Support for the National Science Foundation (NSF) in Arlington, VA, a position he held since July 2006. Prior to that, he was the Deputy Director for Management for the National Cancer Institute, and the Deputy Director, Acquisitions & Grants Group for the Centers for Medicare & Medicaid Services in Baltimore, Maryland. Mr. Elizalde also worked for the Department of Veterans Affairs, from 1993 to 1999, in Acquisitions. He has a Master's degree in Health Law from De Paul University Law School, a Doctorate in Law from Oklahoma City University Law School and a Bachelor's degree in Pre-Law from Oklahoma State University. Mr. Elizalde is a member of the American Health Lawyers Association, a life member of the American College of Healthcare Executives, a life member of the Senior Executives Association, an alumni of the Federal Executive Institute Association and a member of the National Association of Hispanic Federal Executives. He will be an outstanding addition to the leadership team at the VA Puget Sound, and to all of VISN 20. Mr. Elizalde's effective date was April 11, 2010.

### Director, VAMC Spokane

In April 2010, **Sandy Nielsen** was appointed as the Director of the VAMC Spokane. Ms. Nielsen was most recently the Director of the VA Medical Center, Lexington, KY, a position she held from June 2005. Prior to that, she served as the Deputy Director of the VA Puget Sound Health Care System (1997 – 2005).

Ms. Nielsen earned a Bachelor's degree of Arts in English Literature from the University of California-Santa Barbara, a Master's degree of Arts in Journalism from the University of Missouri-Columbia, and a Master's degree in Public Administration, with an emphasis on Health Care, from California State University-Hayward. She is a Certified Mediator, a Veterans Health Administration Certified Mentor, a Fellow in the American College of Healthcare Executives, a graduate of Leadership VA and a Senior Executive Association member. Her effective date was May 9, 2010.

### Chief of Staff, VAMC Portland

**Dr. Thomas Anderson** completed his medical degree at Oregon Health & Sciences University in 1978 and has been an Assistant Professor of Medicine there since 1998. He completed his internal medicine postgraduate training at the University of Iowa and Providence Medical Center in Portland, OR. He then served as the Chief of the Medical Service at the Grand Junction, CO VA Medical Center before returning to the Portland area in 1988 to join an internal medicine practice. He served as Medical Director of Providence Newberg Internal Medicine, and on the

Executive Committee of the newly formed Providence Medical Group.

Dr. Anderson came to the Portland VA in 1998 as a primary care group practice manager. In 2001, he assumed the role as director of the Hospital Medicine Program in the Division of Hospital and Specialty Medicine. Since 2007, Dr. Anderson has served as the Associate Chief of Staff for Medical Practice. In addition to these positions, he has had a substantial impact on clinical systems improvement through multiple endeavors, including his longstanding co-chairperson role on the Pharmacy & Therapeutics Committee.

### Chief of Staff, VA Roseburg HCS

**Dr. Michael D. Thornsberry, MD, MBA, FAAFP** was approved as Roseburg's Chief of Staff in March 2010. Dr. Thornsberry comes to us from Jonesborough Medical Associates in Gray, TN where he held the position of Medical Director since 2008. Prior to that, he was Director of Medical and Regulatory Affairs/Medical Monitor/Director of Professional Education at Chiltern International, Bristol, TN from 2006 – 2008. Dr. Thornsberry has also served as a staff flight surgeon in the US Air Force, where he achieved the rank of Lieutenant Colonel. He received his MD from the University of Missouri-Columbia and a Master's degree in Healthcare Administration from King College in Bristol, TN. Dr. Thornsberry's effective date was May 9, 2010.

> Executive Recruitment Updates, continued >

## Assistant Director, Portland VAMC

**Mark E. Morgan** was approved as Portland's Assistant Director (a new position) in March. Mr. Morgan comes to us from the Central Arkansas Veterans Healthcare System, Little Rock, where he served as the Assistant Chief, Central Business Office. Mr. Morgan has a Master's degree in Health Administration and is in the

2010 national ECF class. The Assistant Director position is new to Portland and was established as a developmental leadership function. Among other things, Mr. Morgan will be charged with resolving Portland's C&P challenges, as well as oversight of patient satisfaction, Nutrition and Food Service, Public and Congressional Affairs, and the facility's CBOCs and Outreach Clinics. Mr. Morgan's effective date is May 9, 2010.

*As of this publication date, the VISN is still awaiting approval for the nomination of the new Director at the PVAMC and the new SES Director at the VAMC Walla Walla.*



## Words of Wisdom from Human Resources Kick Off Your Retirement Savings!

Here are a few habits to start in your own life to add to all the information you've learned so far.

**Habit 1:** To build wealth, you need to perpetually improve your financial literacy. Read and research as much information as possible on your own and stick to a plan that works for you.

Go to VA's Retirement Financial Literacy and Education Program intranet website at <http://vaww.va.gov/ohrm/Benefits/RFLEP/rflep.htm> for valuable financial literacy information. Setting realistic financial goals will push you to save more than you ever knew you possibly could.

**Tip 1:** Set goals for yourself that are measurable. Try breaking your goals down into categories. For example:

- **Financial Goals:** Reduce debt by 50 percent. Pay off car loan. Increase income by 10 percent. Regularly invest 15% of income in the Thrift Savings Plan or a 401(K).
- **Career Goals:** Become an outstanding performer. Apply for a promotion.
- **Personal Goals:** Lose 20 lbs. Quit smoking. Learn a new language. Enroll in a degree program. Give back by spending 5 hours/month volunteering in your community.

**Tip 2:** Reward yourself for achieving your goals. You can reward yourself with the personal gratification you get by achieving a goal and crossing it off your list. Try not to spend money rewarding yourself, as this will impact your finances!

**Habit 2:** Spend Less Than You Earn. It sounds simple, but no matter how much or how little you're paid, you'll never get ahead if you spend more than you earn.

**Habit 3:** Contribute something to your Thrift Savings Program (TSP) account automatically from every paycheck. You should try to contribute at least the amount the Government will match, especially if you are covered under the Federal Employees Retirement System (FERS). Don't miss out on this free money!

**Habit 4:** If you are age 50 or older, take advantage of TSP Catch-up Contributions to maximize your retirement savings.

**Habit 5:** Do your research, but don't hesitate to call in the experts, such as a financial planner, if you are unsure if you are setting realistic goals for yourself or you need assistance.

## Veteran Profile

Contributed by Carrie Boothe, VA Roseburg HCS

**Bugler, bookkeeper, purveyor of famous fruitcakes, china painter and successful business woman, Donna Mae Smith, was a patient in the VA Roseburg Healthcare System's Community Living Center. Donna served in the Women's Army Auxiliary Corp (WAAC) during 1942 and 1943, and is famous for her status as the first ever woman bugler in the United States Army.**

At the age of 22, Donna Mae worked in a plant in Minnesota inspecting .30-caliber cartridges. She saw an ad in the paper placed by the military requesting female musicians contact them. Although it was considered unusual for a girl, Donna had started playing the trumpet in elementary school, and had played all through high school. "We were a musical family," explained Smith, "I played trumpet, and my sister, the clarinet. I was very passionate about music. I wanted to be a music teacher." However, her patriotism compelled her to answer the advertisement. Soon she received a letter stating, "report for duty at once."



Donna was bused to Des Moines Iowa Army base, thus beginning her career as a WAAC. Her job duty: a bugler in the Women's Army Auxiliary Band. The band eventually included a full complement of female musicians.

Smith explained that at first, the town's people of Des Moines were not kind or friendly to the many women mysteriously arriving at the base. "They thought we were ladies of the night!" laughed Donna, "but that all changed after they realized we were there to replace the men in the band as they were shipped overseas."

Historically, bugles were instruments that did not include valves or keys, consequently producing fewer notes than the later developing trumpet. Bugles, having been used by the military for centuries, were

slowly replaced by the modern-day trumpet. Since the trumpet includes valves and keys, it allows for more diversity in sound. Trumpet players are called buglers because they still play the traditional songs of the original buglers. "Reveille" and "Taps" are the most familiar bugle "calls," and were originally written to be played at the beginning and the end of the military day. Subsequently, many other calls were written and established to signify events such as meal calls, flag lowering, calls to guard duty and even bed checks. A soldier's entire day was ordered by the distinctive bugle calls resonating throughout the fort or camp.

At Fort Des Moines, as the troops were shipped overseas, Donna and

the all-woman military band took up the slack, and replaced the soldiers. Donna was eventually asked to sound reveille in the dawn of morning. A corporal would wake her up. Donna got to know that corporal, and later married him.

During those military years, women could not be in the auxiliary and be married. Donna retired from service, but remained active in military life with her husband. When her husband left the military, the couple returned to Minnesota. Her trumpeting reputation followed her, and she was sought out to coordinate and become an advisor for an all-woman American Legion post that organized 65 girls into a drum and bugle corp.

> *Veteran Profiles, continued* >

Smith relocated to California in 1951 where her first husband eventually passed away from cancer. Years later she remarried. She and her husband moved to Sutherlin, Oregon in the early 1990s. Donna has been using the VA Roseburg Healthcare System ever since. "I moved here because of the VA being so close," said Donna, "the care is absolutely wonderful here. They are Johnny-on-the-spot, plus very kind and polite."

For more than 65 years, Donna Mae sounded bugle calls on hundreds of occasions to honor Veteran's organizations and render military honors. She volunteered her services in and around Douglas County for more than 18 years. "I have bugled with the Honor Guard, and I have played for hundreds of funerals here," Donna explained, "when I heard the VFW needed a bugler, I offered my services." Donna smiled, "I know where every graveyard is located in this town!"

In addition to her business success with her fruit cakes, china painting company, and her many years as a bookkeeper, Donna Mae continued to bugle on a volunteer basis until two years ago, at age 88, she finally retired from bugling. "My hip doesn't allow me to stand," Donna explains, "I truly do miss my bugle, but you can't play a bugle facing into the ground."

Although Donna thought so, that was not the end of her famous bugling notoriety. She was inducted into the Bugler Hall of Fame in 2009. She is also prominently featured playing her bugle on a national poster honoring Women in Service and has been profiled in several history books.

Donna celebrated her 90th birthday in January this year while a resident at the VA Roseburg Healthcare System's Community Living Center. Sadly, Donna passed away in April, just a month after VARHS published her story in their employee newsletter, VA Vital Signs. She was loved and respected by staff at Roseburg, and she will be missed by all of us, her family and the entire community in and around Douglas County, Oregon.



## Recharging Your Administrative Batteries

Contributed by Allen Bricker, VISN 20 CFO

It was a proud day in VHA's history when multiple media sources declared that VHA provides the "Best Care Anywhere," a sentiment echoed in Phillip Longman's book of the same title. In the time since, many stories have been written about how this transition occurred. Those of you who are long-term VA employees (more than 10 years) remember the implementation of detailed clinical and administrative tactics that resulted in a groundswell change in VHA culture. It's a great feel-good story – made even better because it's true.

Today, it is clear that new strategies and tactics are being developed to lead our organization through another culture shift. Secretary Shinseki has clearly stated five goals for VHA:

- 1) eliminate homelessness among veterans;
- 2) improve access;
- 3) improve mental health;
- 4) transform to a patient-centered care model, and
- 5) expand the use of telehealth.

These are worthy goals. No agency has ever had a clearer mission. It feels great to be a part of something this big! But what about those of us who don't directly interact with patients? Your administrative counterparts, behind the scenes, who pride themselves in supporting our medical, research, and education missions by ensuring we have the right person, at the right place, at the right time. What recharges our "administrative" batteries?

We can't rely on the media for a recharge right now. They are not printing nice! FLITE delays! GAO audits! Material Weakness! Lack of Internal Controls! Ouch! Negative news sells newspapers.

But you know that's not the case: VHA has continued to change for the better. I'm sure many of you can recall a simpler time when the primary focus of finance was to obligate funds. In those not so long ago days, trying to push for financial action beyond a simple obligation was difficult. I still recall one of my favorite managers telling me, "Finance is like medicine! I know it's good for me, but I'm not taking it!" And frankly, it was easier to accommodate and move on. Those days are history.

Today's savvy VHA manager realizes that costs are the products of decisions—they don't occur on their own. Running a service today requires an administrative team that can successfully navigate a myriad of administrative functions: HR, Accounting, Budget, Acquisition, Coding, and Compliance...our administrative knowledge has increased significantly.

Much like the T21 clinical initiatives, new strategies and tactics are being developed to finalize our push to have the "best administrative processes anywhere." Our Secretary is extremely interested with cost and workload. He has informed multiple audiences that he knows what VHA spends on healthcare, but he doesn't know what it costs. A Secretary's Dashboard is under construction. There are rumors of moving to Activity Based Costing, a substantial endeavor, particularly when you take into consideration our past "it's medicine" response to managerial cost accounting.

Even with the changes we have made, meeting the Secretary's administrative vision is going to be a substantial endeavor. It requires us all. How can you help?



Just keep doing what you're doing. Continue to chase open encounters and PTF files (by the 14th of the month – that's how we get paid!). Tighten your labor mapping and RVUs. Continue to be a steward of resources, even if it's not in "your" budget. Continue to take time out to perform solid make/buy analyses, research an Undelivered Order, write a solid statement of work, and document, document, document! It all adds up.

Solid administrative processes don't always have the immediate gratification that treating a Veteran or interacting with their family members do, but the truth is, clinical care doesn't end when a Veteran walks out the door. Solid administrative processes may not get the publicity of a T21 initiative. However, ensuring that we get paid for the work we do ensures resources to operate. And, in that matter, every time you make a decision that has favorable cost impact, you've allowed us to get one more Veteran through the door with those savings.

Now that's something to recharge on.