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**VA NW Health Network**

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



## Message from the Network Director



*Susan Pendergrass, DrPH*  
*Network Director*

This past August and September, VISN 20 Veterans were invited to participate in focus groups in an effort to gain a better understanding of their experience with our health care system. In total, 24 sessions were held and over 250 Veterans and family members shared their opinions. The groups, averaging 8-12 participants, took place at VA Medical Centers and CBOCs in Alaska, Idaho, Oregon and Washington. Participants were a diverse group of existing patients, including females, soldiers from every era, and people living in metropolitan, rural and semi-rural areas. We worked with an external company who coordinated and conducted the survey.

The project was planned as one of the many components of our long-term, multi-level strategy to improve customer satisfaction and assist us as we try to achieve our goals of providing patient-centered, coordinated care. Besides trying to learn what it is like to be a VA patient, Veterans were asked to tell us how their experience with VA can be improved and how we can communicate better.

We learned that, overall, perceptions of VISN 20 are positive, with 69% rating us as good or excellent and only 10% rating us as poor or very poor. When asked how VA care compared with other providers, we were rated about the same, and over two thirds of Veterans indicated that they would prefer to stay with us versus obtaining care in the private sector. Top satisfiers included telemedicine, MyHealthVet, mental health, valet parking (where available), increased CBOCs, and good personal relationships with staff and primary care providers.

Areas of frustration included access, confusion about enrollment, a desire for more specialty care in rural locations, and problems with obtaining urgent or emergency care. Coordination of care with outside providers was generally considered unsatisfactory and pharmacy was the area that received the most complaints, particularly around obtaining renewals and changing formularies. Concerns were also voiced about phone systems, staff turnover (particularly in mental health), and a lack of one reliable person or place to go to with concerns or questions, especially those concerning eligibility and billing.

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> A Message from the Network Director, continued >

This information, contained in a detailed 200+ page report has been provided to facility leadership for action at both VISN and local levels. Next steps include training our own staff to conduct additional focus group sessions and keeping the flow of communication going. Feedback obtained from the focus groups will also be taken into consideration as we progress with our three initiatives—building an integrative health care model, partnering with labor and management, and eliminating waste and increasing efficiency, all of which are centered around increasing employee and Veteran satisfaction.

Other efforts to promote our long-term plan include the awarding of a VISN-wide contract with Joe Tye, the former hospital administrator, public health activist, and leadership skills training coach I introduced to you via an all employee message in July (<http://vaww.visn20.med.va.gov/noteworthy/Archives/2010/330-July10-MessageFromNetDir.htm>). We have also contracted with Dartmouth College to train both leadership and staff on continuous process improvement. The Dartmouth program, over 20 years in the making, emphasizes the identification and creation of clinical Microsystems, a crucial component in improving health care quality.

As you can see, there continues to be much going on in VISN 20. Senior Leadership is committed to our goals, and to communicating the tools, plans and progress reports that will help us get there. I look forward to sharing more with you, including how you can get involved, in future communications. In the meantime, thank you for all that you do for Veterans. Every day, you make their life better.



Susan Pendergrass, DrPH  
Network Director, VISN 20





Frank Marré,  
DO MS FAOCOPM  
Chief Medical Officer

## Message from the CMO

### Transformation

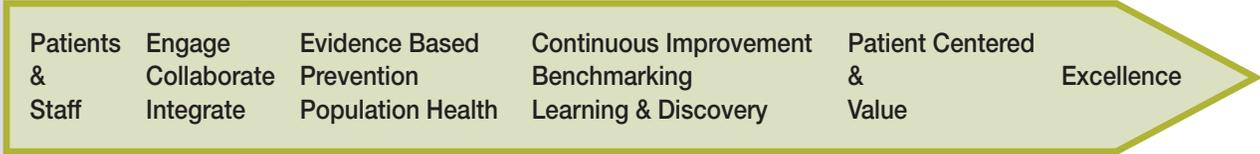
Dear Colleagues,

Welcome to 2011, a new year in our organization’s proud history and the second year of VA’s Transformation Initiatives. Dr. Petzel, VA’s Under Secretary for Health, recently marked 2011 by reaffirming our vision:

“VHA will continue to be the benchmark of excellence and value in health care and benefits by providing exemplary services that are both patient-centered and evidence based. This care will be delivered by engaged, collaborative teams in an integrated environment that supports learning, discovery and continuous improvement. It will emphasize prevention and population health and contribute to the nation’s well-being through education, research and service in national emergencies.”

Please use the following link to view Dr. Petzel as he explains our road to the future. <http://vaww.ussh.va.gov/index.asp>

Our new vision statement is not a departure from the past, but rather, one that more clearly points the way to excellence.



Excellent care is the cornerstone of our future. Excellent care is also exactly the level of care Veterans deserve. Thanks to your hard work, the care we deliver is getting better every year. Just three years ago we were achieving about one half of our clinical targets. In 2010, we achieved 89%. That is a huge improvement.

	Mental Health	Congestive Heart Failure	Diabetes Care	Heart Attack Care	Ischemic Heart Disease	Pneumonia Care	Preventive Care	Surgical Care	Tobacco Cessation
Alaska	Green	Green	Green	Green	Green	Green	Green	Green	Green
Boise	Green	Green	Green	Green	Green	Green	Green	Green	Green
Portland	Green	Green	Green	Green	Green	Green	Green	Green	Green
Puget Sound	Green	Green	Green	Green	Red	Green	Green	Green	Green
Roseburg	Green	Green	Green	Green	Green	Green	Green	Green	Green
Spokane	Green	Green	Green	Green	Green	Green	Green	Green	Green
White City	Red	Green	Green	Green	Green	Green	Green	Green	Green
Walla Walla	Red	Green	Green	Green	Green	Green	Green	Green	Green
Best Facility	Green	Yellow	Green	Green	Green	Yellow	Green	Green	Green

The table above depicts our 2010 performance. The VA divides clinical measures into nine groups, with several measures in each. A green box indicates an average score. Red indicates a score significantly below

> A Message from the Chief Medical Officer, continued >

average, and blue a score significantly above average. Gold indicates a perfect score, 100% across all measures in that group. Some of our facilities do not have patients for some of the measurement groups. In that case, the box is blank. You will note red boxes in the two key areas. These are the areas where we fell short. You will also note that there are no blue or gold boxes for VISN 20 facilities.

The two key areas where our care is falling short are Ischemic Heart Disease and Mental Health Disorders. The meaning is clear. Even though we are improving, other VISNs are improving faster. The table also shows that our improvement effort is not consistent across our network.

We are all working hard, but we are still behind. What are we missing?

A clue lies in our vision statement which mentions “teams engaged in continuous improvement.” The article on page 5, Patient Aligned Care Teams: A Benchmarking Visit to Group Health contains a real life example: “During morning huddles, team members reviewed data trends. Each of the data boards include daily and weekly performance measures, and provided an opportunity for staff to give each other kudos and also troubleshoot any issues that might be impacting performance.” The article goes on to say, “all members had a well-defined role within the team, but also understood their shared responsibility...” This is an example of an organization fully engaged in continuous quality improvement where it matters most—at the work team level.

Think about your work team. Do you make benchmarking visits to seek out best practices? Do you have daily huddles? Does everyone know their role? Do all team members accept shared responsibility for achieving excellent care and step in when someone needs help? Do you have a “data board” that shows team performance? If so, do you review it daily, trouble shoot and come up with ideas to improve performance? I am sure the answer to these questions for many is yes. As our vision statement indicates, to achieve excellence, every work team must be engaged in continuous improvement.

Would you like to help work teams take their continuous improvement skills to the next level? If the answer is yes, there will be an opportunity for fifty improvement coaches to receive training this spring. Tell your supervisor about your interest. Follow the Mount Vernon CBOC teamlet lead. Make continuous improvement an integral part of our work. Thank you for helping VISN 20 make a huge leap in performance. Let’s take the next leap to excellence.



Frank Marré  
Chief Medical Officer  
VISN20



## PACT – Patient Aligned Care Teams Progresses in VISN 20

Contributed by Katherine Novak



*Mt Vernon CBOC PACT  
Traveling Team: Merle Cole,  
Dr. Jim Moren, Katie Novak  
and Julie Maurer.*

On June 4th, a teamlet from the Mt. Vernon CBOC in Northwest Washington visited the Everett Group Health Clinic to observe the Patient Aligned Care Team (PACT) model in action. The Mt. Vernon team shadowed their Group Health counterpart through a routine morning at the clinic, starting with team huddles, and then regrouped with management for rounds. The Group Health staff welcomed the opportunity to share experiences and demonstrate how implementing PACT principles has improved their practice.

Team huddles were announced over the intercom and staff gathered around their respective hallway data boards. During these brief morning huddles, team members touched base on the day's staffing and schedules, and reviewed data trends such as telephone management and virtual medicine (telephone visits and secure messaging). Each of the data boards included daily and weekly performance measures, and provided an opportunity for staff to give each other kudos and troubleshoot any issues that might be impacting performance.

All members had a well-defined role within the team, but also understood a shared responsibility for the overall flow of the clinic, including telephone management. The LPN operated as the primary call and secure messaging manager, providing

the best opportunity for first contact resolution for the patient. The MA performed pre-visit work including dates of pre-visit labs, vaccines and health promotions, as well as rooming patients for in-person provider visits. The RN focused on chronic disease management and outreach for high-risk patients. They worked from protocols in collaboration with providers to facilitate timely lab results and medication adjustments. The Provider concentrated on robust telephone clinics and secure messaging, in addition to traditional individual in-person visits, in order to achieve the desired goal of 40% virtual medicine to 60% face-to-face visits.

To build the foundation that would support the PACT model, Group Health implemented the core elements of call management, virtual medicine, chronic disease management, pre-visit work and outreach chronologically. The first two measures implemented were fixing the phones so patients could reach their health care team when they had a medical question or concern, and establishing alternative methods of access through telephone visits and secure messaging. Opening the lines of communication to the team reduced the pressure on the traditional in-person provider visit and allowed for the team to shift from a reactive to proactive stance with care. These efforts supported the subsequent implementation

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> PACT, continued >

of chronic disease management, pre-visit work and outreach. High-risk patients were now actively engaged with their health care team, visits optimized and the threat of patients “falling through the cracks” minimized.

Group Health shared that with clear goals, meaningful metrics, transparent feedback, and a strategic implementation of core elements with the flexibility to tailor the details based on local clinic needs, the PACT model could be realized. They also related the importance of communication, not just between patients and their health care team, but also within the team itself, and strongly encouraged the early implementation of team huddles. Team members shared the importance of PACT education not just to understand what was being done, but why. In doing so, they could better educate their patients on the

meaning and benefits of the PACT transformation. Ultimately, Group Health demonstrated that a willingness to change, a shared vision, and plenty of hard work can result in patients receiving the care they need and want, how and when they want it.

The Mt. Vernon teamlet has drawn from the lessons shared by Group Health. Early on, as we awaited new staff to round out our teamlets, we introduced modified huddles to ensure optimal patient flow and get into the habit of daily communication. Now the pilot teamlet has instituted a weekly teamlet meeting and monthly teamlet dinner, in addition to the daily teamlet huddle, to promote team building and evaluate performance. To set the stage for success with Same-Day Access, we more than tripled our provider telephone clinics and are making every patient interaction an

opportunity for MyHealthVet and Secure Messaging recruitment. Additionally, our teamlet is reviewing the provider schedule several weeks in advance and identifying potential candidates for virtual visits or alternative appointments and offering as appropriate. In conjunction with this “scrubbing” of the schedule, providers are rethinking old recall habits and shaping future demand through pre-planned visits such as Telephone clinics or Nurse follow-ups. We look forward to tracking and sharing the outcomes of the above and other measures, and anticipate too that as with Group Health, the VA and the Veterans we serve will experience the power of PACT.



*Mt Vernon CBOC PACT Traveling Team observes a data tracking board with the Group Health Everett Clinic management team.*

## Notes on Education

Contributed by Nancy Benton and Jacalyn Hardy

As we begin the new fiscal year, there is much to be proud of with our performance. All of our facilities were evaluated in FY10 by The Joint Commission (TJC) and all did well. It is good to know that an impartial and respected third party has given us their stamp of approval. That is not to say we are perfect. There were many findings and suggestions from TJC on how we can improve upon the quality and safety of the health care we provide, and we will take these to heart.



The New Year also brings an organizational change in the VISN 20 Office of Quality, Performance and Safety (OQP&S). The Designated Learning Officer (DLO) is now organized under OQP&S as well as the System Redesign lead and the Strategic Planner (both of which are in recruitment).



As positions are filled and the year progresses, I will be asking these program leaders to contribute to our newsletter. In that spirit, I am pleased to begin the tradition with our DLO, Ms. Jacalyn Hardy, who has the following thoughts to share:

It is an exciting time to be an educator in VISN 20! As VHA begins our journey to patient-centered care, we must transform our workforce. We have set the bar high—to become a learning organization—because studies prove that learning organizations are healthier.

The foundation of a learning organization consists of a supportive environment, concrete processes and practices, and



leadership support. Only by helping employees develop will VA meet the changing needs of Veterans and their families.

Today's employee development strategies are exciting with new approaches to using video, podcasts, e-learning and social networking. VISN 20 is committed to looking at new ways of teaching and learning and understanding the stress of today's workplace as



we ask employees to do more with less. Effective training helps improve skills, reduce stress and boost morale.



A Designated Learning Officer at each facility is collaborating with leaders and stakeholders to assess learning needs, design targeted training, and leverage technology to make learning accessible to all.

Here are a few opportunities and programs currently available or being developed:

- Get a mentor/Be a mentor – studies show that employees who participate in mentoring programs have higher job satisfaction, and mentoring is a key factor in succession planning, knowledge management and retention. You can become a certified mentor and help make a difference.



Contact your Education department to find out when the next certification training event will be and ask about the mentoring programs at your facility.

- ADVANCE – a long-term investment in the growth of VA employees, this VA-wide program provides a wide variety

> Notes on Education, continued >

of webinars and face-to-face training for all employees. VISN 20 is incorporating ADVANCE into our learning plan and personalizing it for our learning needs. The courses are designed to be relevant and useful and can help transform potential into performance. Your Education department is advertising ADVANCE training events and has a course catalog. Supervisors can also bring live or web-based training to your employees. Contact Education and ask for ADVANCE training for your department.

- Supervisor Training – Both new and experienced supervisors have online and face-to-face training options to help them

improve skills. Based on needs and requests, a new VISN-wide Boot Camp is currently being developed. By July, a mentoring program for new supervisors will be available and Boot Camp will be in place by the end of FY11 for all supervisors.

- Simulation Labs & Learning – Our clinical staff and trainees must be current, well trained and able to demonstrate competencies. We are developing learning opportunities at every facility that teach and develop essential clinical skills. A VISN taskforce is currently working to create the program and we have clinical champions from each facility who will receive training over the next few

months. By the 3rd quarter of FY11, all equipment should be in place, personnel trained and simulation projects underway with the goal of early FY12 for full participation across the VISN.

VISN 20 is committed to educational excellence and building a learning organization with a competent and nimble workforce. We recognize that quality work requires a supportive environment, which begins with providing the tools, technology and resources needed to do your best work. As a team we can achieve excellence—one learning opportunity at a time!

## Juneau VA Outreach Clinic Began Services October 26, with a Ribbon Cutting Ceremony October 23

The Alaska VA Healthcare System (AVAHS) is pleased to announce that the Juneau VA Outreach Clinic located in the Juneau Federal Building began services to southeast Alaska Veterans on Tuesday, October 26. Hours for the clinic are Monday – Friday, 7:30 a.m. to 4:00 p.m. The main number for the clinic is **907-796-4300** or toll free **1-888-308-7890**.

A ribbon cutting ceremony was held on Saturday, October 23 at 1:30 p.m. Tours of the facility followed the ceremony and were available until 3:30 p.m. The event was open to the public.

“The Alaska VA is excited to have a clinical presence in southeast Alaska,” stated Alex Spector, Director of the AVAHS, “it is important to get VA medical care closer to where Veterans live.” With the activation of the Juneau



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> Juneau VA Outreach Clinic, continued >

VA Outreach Clinic, more than 88 percent of enrolled Alaska Veterans will reside in a borough with a VA clinical presence. The new clinic will provide Southeast Alaska Veterans with routine Primary Care, including screening services, and Mental Health services. The Juneau VA Outreach Clinic will facilitate resource sharing with the U.S. Coast Guard (USCG) for cross coverage of medical providers and clinical lab operations. In addition, VA will continue to use USCG space for performing audiology evaluations for Veterans in the Juneau catchment area. Rear Admiral Christopher Colvin, commander of the Seventeenth Coast Guard District, states, "It is our honor to serve Veterans and to partner with the Alaska VA Healthcare System. We have a long history of sharing resources through the Alaska Federal Health Care Partnership. This new VA Clinic gives us another opportunity to enhance care for Alaska federal beneficiaries."

Ten percent of Alaska Veterans reside in Southeast Alaska. The VA has had a continuous administrative office presence in the Juneau Federal Building for many years. The Alaska VA provided 142,246 visits for 15,152 Veterans during FY2009. In addition to providing direct care to Veterans at its main clinic location in Anchorage and community based outpatient clinics located in Fairbanks, Kenai, and Wasilla, the VA purchased over \$39,000,000 of care from Alaska community providers and hospitals.

## Veterans Justice Outreach

*Contributed by Eileen Devine, VISN 20 Homeless Coordinator, and Linda Maddy, LCSW, Veterans Justice Outreach Coordinator, PVAMC*

A key component to the VA's National Plan to End Veteran Homelessness is the development of the Veterans' Justice Outreach (VJO) Program. VJO assists Veterans in successfully transitioning out of incarceration to avoid homelessness upon their release. This program also seeks to avoid the unnecessary criminalization of mental illness and extended incarceration among justice-involved Veterans who are in need of mental health and substance abuse services. The goal of the VJO worker is to liaise with local courts, jails, and other justice system partners, providing evaluation and expanding options for referral and treatment.

The Veterans Treatment Court is a specialty court that generally follows a drug court model in that there is a team-staffing component with a focus on receiving treatment as opposed to incarceration. One unique feature of the Veterans Court is peer mentoring where peer mentors are in the courtroom and connect with the justice involved Veteran to provide support. Veterans Courts can range from misdemeanor only cases up to felony cases.

The first Veterans Court was started in Alaska, but the movement achieved national attention after a Judge, Robert Russell, initiated it in Buffalo, NY. The Buffalo court has served as a model for the more than 40 courts now in operation around the country and Judge Russell and VA's former Deputy Under Secretary for Health for Operations and Management, Bill Feeley, remain strong proponents for the program. VISN 20 continues to work diligently to ensure that Veterans in need of the VJO services have access to all the benefits a Veterans Court provides.

Anchorage, AK has a Veterans Court that has been in place for several years. They currently handle misdemeanor cases and are planning to expand to felony cases in the near future. Additionally, Thurston County, WA (Olympia) and Spokane, WA have both recently opened Veterans Courts. In 2009, Pierce County, WA (Tacoma) received a \$900,000 grant that allowed them to create a Veterans Court.

Klamath Falls (Southern Oregon) Veterans Court opened 11/9/10, the first in the State of Oregon. The Court team from Klamath Falls and VJO Paul Skinner were one of 11 Courts selected nationwide to attend a week long training in Buffalo, NY this past October. This new court is in place to serve Veterans who commit either a nonviolent crime or a crime that does not involve a firearm. Similar to a drug court in its operation, Veterans challenged by mental health or substance use disorders will have the option of monitored treatment in place of incarceration.

There will continue to be more development of this program in VISN 20 in the near future. Planning is underway in Clark County (Vancouver, WA), where on 9/8/10, the county was awarded a Bureau of Justice grant for \$350,000 to start a Veterans Court. Marion County (Salem, OR) and Deschutes County (Bend, OR) are planning on starting a Veterans Docket in 2011. With the continued growth and support of this program, VISN 20 is able to provide significant support to those Veterans who need unique support.

## VA Puget Sound and Project Homeless Connect Team up to Beat Homelessness

*Contributed by Shane Suzuki*

VA Puget Sound participated with a variety of community agencies to host Project Homeless Connect at the exhibition hall of the Tacoma Dome on October 14. This all-day event was designed to be a “one-stop” connection to community services for individuals and families experiencing homelessness. The Washington State Department of Veterans Affairs, Worksource, VetsMeetVets, and the Tacoma/Pierce County Bar Association all joined VA Puget Sound to offer Veterans the chance to meet and discuss the resources available through different local agencies.

VA Puget Sound has partnered with the Tacoma/Pierce County community each year to provide outreach serving the most vulnerable of our Veterans. This year, the event served more than 1,400 homeless individuals, while VA Puget Sound helped approximately 155 homeless and precariously housed Veterans and their families.



*Tenora Williams, a social worker at VA Puget Sound, helps a homeless Veteran at the Project Homeless Connect event.*

VA Puget Sound provided assistance with:

- VA eligibility and enrollment
- Filing claims for Veteran’s Benefits
- Screening for residential and housing programs
- Screening for addictions treatment and mental health counseling
- Private consultations with Suicide Prevention staff
- Employment services
- Information specific to OEF/OIF Veterans
- Information on Washington State and local county Veterans’ services
- Gift duffle bags including hats and hygiene items
- Sleeping bag vouchers for the most needy of Veterans

For the last four years, Project Homeless Connect has proven to be a great way to provide outreach to the homeless Veteran population, many who may not have previously come to the VA for services. Veterans have expressed their appreciation for the commitment VA has shown to addressing the issue of homelessness, and have been pleased to have face-to-face conversations with VA Puget Sound leadership, who have proven they care. For more information about VA’s effort to end homelessness among Veterans, visit <http://www1.va.gov/homeless/>. If you or someone you know is homeless or in danger of becoming homeless, call **1-877-4AID VET (1-877-424-3838)**.

## 2011 Pay Raise

On November 29, 2010, the President announced his decision to propose a two-year freeze in civilian pay for federal employees. Approved by Congress in December, this means that 2010 pay tables will continue to be in effect for calendar years 2011 and 2012. The pay freeze applies to all civilian federal employees, including those in various alternative pay plans and those working at the Department of Defense – but not military personnel. The freeze does not affect within-grade increases (WGI).

As stated by VA's Assistant Secretary for Human Resources and Administration, John U. Sepúlveda, "This freeze is not in any way a reflection of the excellent work that VA employees do for our Nation's Veterans. It is the first of many actions to put our nation on sound fiscal footing. This pay freeze will save \$2 billion for the remainder of FY 2011, \$28 billion over the next five years, and more than \$60 billion over the next 10 years. The President and Congress will work together over the next several months to forge a common-sense deficit reduction strategy that will rein in our deficits, keep our economy growing, and lay the foundation for American competitiveness for years to come."

## Walla Walla Opens Clinic in Grangeville, Idaho

*Contributed by Linda Wondra*

The Jonathan M. Wainwright Memorial VA Medical Center (Walla Walla VAMC) recently announced its partnership with Syringa Hospital and Clinics (SHC) by opening a community VA Outpatient Clinic in Grangeville, Idaho. The new VA Outpatient Clinic will operate under Walla Walla VAMC's umbrella and provide primary care services to local Veterans. The Walla Walla VAMC provides primary care service to approximately 65,000 Veterans dispersed over a 42,000 square mile area in seven counties covering southeastern Washington, four counties in north eastern Oregon, and four counties in western Idaho.

A ribbon cutting ceremony was held on September 27, 2010, with Walla Walla VAMC's Director, Brian Westfield and Joe Cladouhos, CEO of Syringa Hospital and Clinics, both sharing the ribbon cutting honors to officially open the new VA Clinic. Mr. Westfield noted, "This partnership represents the VA's efforts to utilize innovative models to bring access to care closer to the Veteran's home or community."

"The VA is reaching out to Veterans in rural areas in Idaho, Oregon and Washington with the goal of making primary care more accessible to our service men and women, moving care closer to their homes." noted Cladouhos. "Syringa Hospital is honored to be a part of the program."

Members of the hospital board, local Veterans Service Organizations, SHC staff, and congressional staff were also present. Grangeville's High School marching band was present and performed several numbers for the audience. A complimentary lunch for all attendees followed the ribbon cutting ceremony.

It is Walla Walla VAMC's goal to serve Veterans closer to home. The opportunity to open up such a clinic in this rural area speaks to Walla Walla's commitment to provide care for Veterans in their own community. As part of the Veteran's Health Administration (VHA), Walla Walla supports the VHA's mission statement to "Honor American Veterans by providing exceptional health care that improves their health and well being."

The Grangeville VA Outpatient Clinic saw a total of nine Veteran patients on September 30 and October 1. Enrolled Veterans within a 60 mile radius of SHC who are currently being seen at Walla Walla VAMC's Lewiston Community Based Outpatient Clinic (CBOC) will have an opportunity to receive primary care services at the Grangeville VA Outpatient Clinic. Any Veteran interested in getting enrolled or learning about services may call the VA Enrollment Service Center, Monday through Friday, 8:00 am to 8:00 pm EST, by calling **1-877-222-VETS (8387)**.



## VA Puget Sound Rocks!

Contributed by Ken LeBlond

A very unique partnership between VA Puget Sound, rock and roll, and the Seattle Seahawks occurred during Veterans Day week. It all started in October when Public Affairs Specialist Ken LeBlond contacted former Guns 'n Roses bassist and Seattle native Duff McKagan about visiting the medical center. Besides being a worldwide music legend, Mr. McKagan writes a weekly column for a local newspaper and had written about supporting local causes. Mr. LeBlond thought a visit would be right up Mr. McKagan's alley and he said yes! Not only that, he said his current band *Loaded* had just recorded a song about the adversity faced by injured Veterans returning from war. Mr. McKagan offered to donate iTunes proceeds from "Fight On" and another song "We Win" (a song featured at Seahawks games this season and on the MLB World Series broadcasts on Fox Television) to VA Puget Sound's patient fund. Mr. LeBlond said yes! But wait, there's more! *Loaded* performed both songs during halftime of the Seattle Seahawks game on November 7, recognized by the club as "Military and Veterans Appreciation Day". *Loaded's* performance was paired with a parade of active duty service members and Veterans around the field to the cheers of the 60,000 fans in attendance. The next day, Mr. McKagan, Jeff Rouse and Mike Squires (himself a former Marine) toured the spinal cord injury unit, polytrauma



center, and addictions treatment center. The staff and patients were, to put it lightly, buzzing about their visit. Mr. McKagan was also so moved by all of these events that he mentioned the partnership in three of his weekly

columns, talked about it in local sports radio interviews and on ESPN's website. Mr. McKagan's international reputation no doubt educated many who did not know about VA health care.

## Employees at Roseburg Back to Work After Deployment

*Contributed by Carrie Lee Boothe*

After nearly ten months in Iraq, Jeffrey Shinn, VARHS Police Officer, and Kevin Hoque, VARHS IT Specialist, recently returned to work. During an interview, they talked about service to their country, returning to civilian life, and duties during deployment. Shinn and Hoque, life-long friends, grew up in Roseburg, graduated high school together and entered the military within a year of each other. Shinn completed active military duty in 1999, Hoque in 2000. Both joined the Oregon National Guard directly after active duty, and both carry the title of Army National Guard Platoon Sergeants, Sergeant 1st Class. But during active duty in the 1990s, neither knew the other was stationed at Fort Bragg, North Carolina until an accidental run in at Wal-Mart.

Both have deployed several times during their military careers. Kevin three, and Jeff, four. Kevin and Jeff served as convoy commanders, AKA Platoon Sergeants, in Iraq. The job is intense and they were responsible for missions that transferred supplies, ammunition, water, food, fuel, etc. to assorted locations. Although in different locations, the duty and responsibility was the same: provide the appropriate protection to the supply trucks with as many gun trucks as required and protect and move the convoy safely to the delivery base. All missions were conducted at night as required by the Iraq government. Most missions require a minimum of 10 hours work even for short

distances. Hoque had missions that took up to eight days to complete. Many, many things can happen. You have to remain acutely aware of the surroundings, and constantly employ situational awareness.

As the Platoon Sergeant, soldiers are constantly reporting any suspicious activity, break-downs, etc. Quick and accurate decisions must be made. Lives depend on it. Shinn further explains adding, "There is a level of fear, it's an unvarying factor, and adrenaline runs high while on a mission. It's a stress filled day, or days, depending on the length of time required for completion."

When asked about the transition back to civilian life, Jeff offered this, "There is a lot we all have to deal with. But this is what makes you grow as a person, your failures and successes. You learn from all of it, and it makes you more complete, stronger." Said Kevin, "Every deployment you go through, you learn from it. You start to pick up tools to help you with your transition. You don't want to bottle up your experiences. You have to talk about it, and each day it gets a little easier. It's always a challenge to be away from family no matter what the time frame. My eleven year old son was born just as I was getting off of active duty in 1999." Says Kevin, "And then when we get home we demobilize for ten days which is extremely difficult since we know our families are so close by, but also very important." Shinn



adds, "It is very necessary for us, as soldiers, to have the time to reintegrate back into American life. It takes time to decompress, and then the reconnecting and rebuilding of the family begins. It's a process. I tell my soldiers about the VA and the services and programs offered. I also make sure they know that if they are attending school, they may be able to become a work study at the VA, and that too is a great program."

Join us in honoring Jeff and Kevin and all other VISN 20 employees who have recently returned home. Their service to our country and their continued commitment in serving Veterans is valued by those they work with each and every day.

## Pet Therapy

*Contributed by Carrie Lee Boothe*

VA Roseburg Healthcare System Protective Care Unit (PCU) and the Community Living Center (CLC) patients enjoy regular visits with therapy dogs. A few times a week, Therapeutic Pet Visits are conducted throughout the CLC and PCU units and patients look forward to spending time with these wonderful, gentle, and well-trained dogs.



Rick Christenson is one volunteer who brings his dogs, Saddie, Old Man Rudy, and Rudy Junior. His late wife had trained the dogs, and Rick's belief and purpose is to make a change in the lives of others, so he continues to provide this service to our facility.

Indeed it is difficult to tell which, the patient or the dog, is having the best time with these one-on-one visits. One CLC patient, Richard Lillie, who recently spent some quality time with one of Rick's dogs comments, "This is such a natural thing for me. I've lived most of my life with a dog, and I totally endorse this program." He goes on to add, "I have gotten excellent care here, and this just adds to the package. I really appreciate it."

According to studies, pet therapy seems to be especially effective with senior citizens suffering from cognitive impairments such as Alzheimer's. Many people with dementia experience periods of agitation, especially in the evening hours. This is referred to as "sun downing." Sun downing is not only stressful for the person with dementia, but can be very difficult for caregivers as well. These studies have shown that regular contact with a pet can help decrease anxiety and increase feelings of calm and well being, even during the difficult evening hours.

Christenson couldn't agree more. He says when the dogs are "dressed" in their volunteering vests they are all business, but the question still remains if these pooches would call it work or play. Here at VA Roseburg Healthcare System, we simply call it a good thing that benefits our patients in a very positive way, and we see results on a consistent basis.



## 2 VISN 20 Sites Chosen as Centers of Excellence in Primary Care Education

In August 2010, the Office of Academic Affiliations (OAA) issued a request for proposals to establish Centers of Excellence in Primary Care Education. Part of VA's New Models of Care initiative, the centers will utilize VA primary care settings to develop and test innovative approaches to prepare physician residents and students, advanced practice nurse and undergraduate nursing students, and associated health trainees for primary care practice in the 21st Century. Thirty-seven VHA field facilities enthusiastically embraced this opportunity and competed for the Centers. The Peer Review process has been completed, and five VA Medical Centers have been selected. Each of these Centers will be funded at a level of approximately \$1 million per year for five years (funding beyond fiscal year 2011 will depend on VA's budget allocation). In addition to this core programmatic support, OAA will make available additional trainee positions and funding, as necessary.

The five selected Centers of Excellence in Primary Care Education are:

**Boise VA Medical Center (VISN 20)**

Cleveland VA Medical Center (VISN 10)

San Francisco VA Medical Center (VISN 21)

VA Connecticut Healthcare System (VISN 1)

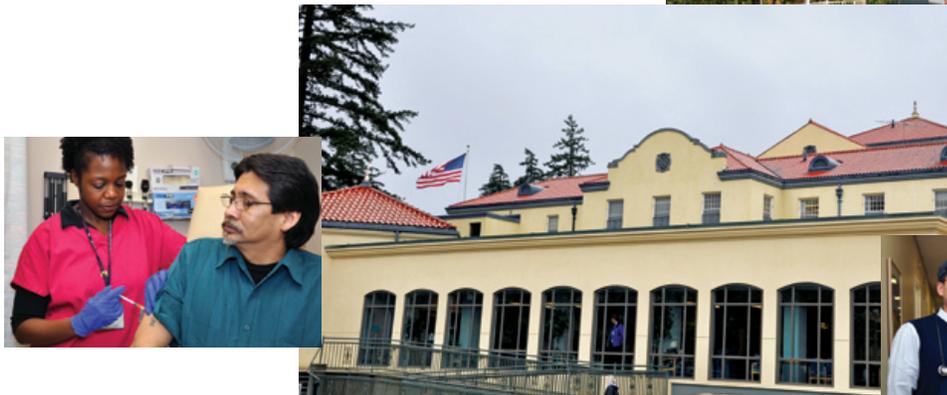
**VA Puget Sound Health Care System (VISN 20)**

***Congratulations to Boise & Puget Sound!***



*Boise VA Medical Center*

*VA Puget Sound Health Care System  
Seattle Division*



*VA Puget Sound Health Care System  
American Lake Division*

