

NW Network News

VA NW Health Network Spring 2009



VA Northwest Health Network (VISN 20)

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



Message from the Network Director



It is with great excitement, and a sense of expectation, that I greet you for the first time as your new Network Director. As employees of the Department of Veterans Affairs, I believe that we have been given a great honor to serve those who have so nobly served us. In my new role, I look forward to collaborating with you as we strive to enhance and improve the care our Veterans so richly deserve.

When one thinks of the level of commitment that each Veteran made when he or she agreed to protect our country, it is only fitting that we emulate that same commitment in a demonstration of thanks. As we work toward the fulfillment of this goal, it is important to have a road map. As Victor Fuch (Henry J. Kaiser, Jr., Professor of Economics and of Health Research and Policy) so aptly said "if you don't know where you're going, any road will get you there." In this time of increased demands and limited time in which to complete our work, we need strong leadership and a clear sense of purpose. I intend to provide that leadership. Our shared purpose is to provide exemplary care to Veterans who have chosen us to help them on their journey through life.

Throughout my professional career, I have continued to challenge myself with one basic question: "If I were the patient, how would I feel about the attention and treatment that I am being provided?" My challenge to each and every one of you, each and every day, is to keep that question in mind, and to continuously work on improving the care that you offer.

In this spirit, VA's core values of Trust, Respect, Excellence, Commitment and Compassion must be incorporated in our daily work. These are the directional guides that I will use to structure our work, and ask you to adopt. They are also the principles by which I will lead. When we look back on our efforts and accomplishments in the months and years ahead, I want us to be able to say with conviction, "When all was said and done, we made the best effort possible and were part of a team that accomplished great things for our Veterans."

I look forward to visiting each Medical Center and CBOC in the near future, and to meeting and working with all of you. Until then, thank you for your excellent efforts on behalf of our Veterans.

Sincerely,

A handwritten signature in black ink that reads "Susan Pendergrass, DrPH".

Susan Pendergrass, DrPH
Network Director, VISN 20

A Letter from your Chief Medical Officer



Dear Colleagues,

Great News!

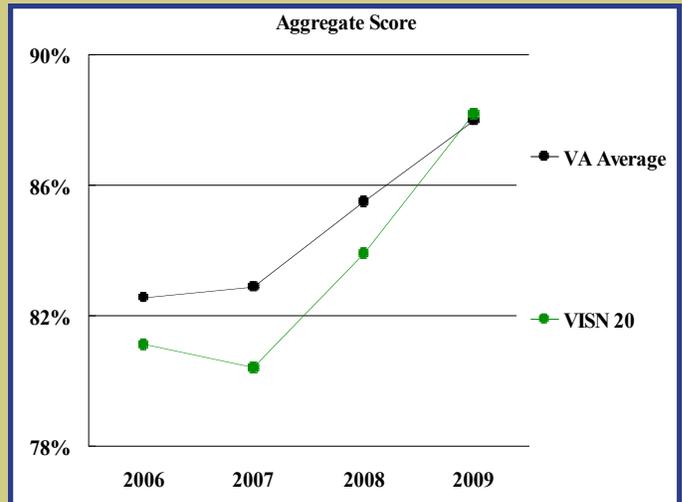
Our Network is turning the corner. You will recall that our performance was one of the poorest in the nation. That is no longer true. The graph at right tells the story.

The VA uses about 100 performance indicators to measure things like patient satisfaction, patient access to services and the quality of care patients receive. The performance indicators can be rolled up into a single number called the aggregate score.

The graph at right shows the performance of the VA and our Network. The black line represents performance for the whole VA. You will notice that VA performance is steadily improving. Though the improvement from year to year seems small, it isn't. Because the VA serves over five million patients, a one percent improvement in a measure could impact 50,000 Veterans. Now imagine a one percent change in each of 100 measures for five million people. Small changes in performance help a lot of people.

The green line represents our Network's performance. You can see that in 2006 and 2007, we were going in the wrong direction. Because of your dedication and thoughtful approach to your work, our Network has turned the corner. Early results this fiscal year look promising. You may notice I didn't say "because of your hard work." Hard work is always appreciated and I do thank you for it. But working hard is not sustainable. On the other hand, being thoughtful about your work can lead to new and better ways of accomplishing our goals.

The SORCC Diabetic Care Team story is a great example. They accepted a challenge. They formed a team. Most breakthroughs are the result of teamwork. Notice that their story is not a story about working harder since 2002. It is a story about an entirely new way to provide care. Patients are seen by a team, not a single provider. The team sees many patients at the same time, not one patient at a time. They did not just focus on one thing. Their goal was to dramatically improve four outcomes: patient access, patient outcomes, patient satisfaction and cost of care. They were shooting for the moon and they got there. They have turned usual care upside down.



You may remember the story about American Lake's Urology Department in our last newsletter. A different specialty and a different place but the same story, they dramatically and rapidly improved their outcomes by being thoughtful about how they do their work.

Our Network has turned the corner and is picking up speed. We are on our way to being the best in the nation. We are on our way to excellent, patient-centered, integrated care for every patient, at every clinic and every time.

What will it take to maintain our momentum?

1. Form a team
2. Accept the challenge
3. Create new ways of doing your work
4. Set your sights on excellence

Thank you for your dedication and your thoughtful approach to your work.

Frank Marré DO MS FAOCOPM
Chief Medical Officer
VISN 20

SORCC Systems Redesign Excellence

Our goal is to provide excellent, patient-centered, integrated care for every patient, every time and everywhere in our network. Sounds like a tall order, doesn't it? Our pioneering colleagues at VA SORCC are showing us the way.

Systems Redesign in Diabetic Care Delivery and Disease Management

VA SORCC, White City

– Contributed by: Dawn Baker, PharmD, CDE



The Diabetic Care Team at the VA SORCC was awarded the Under Secretary of Health Award for Systems Redesign in 2008. This award recognizes clinical teams around the nation who achieve the most outstanding results. Members of the White City Diabetic Care Team are Theresa Brooks, FNP/PA-C; Dawn Baker, PharmD, CDE; James Phillippe, RN; Mary Feagan, LPN; Heather Philp, CDAC, CNA; Sharon Hall; and Steve Schreiner.

In 2002, the Veterans Health Administration identified several common chronic conditions like diabetes, which place a heavy burden on patients. The challenge was to create a new evidence-based approach to care that would substantially improve patient satisfaction and access to care as well as improve disease control and reduce the cost of care.

With support of our Director, Dr. Max E. McIntosh, the VA SORCC formed a multidisciplinary team to confront the challenge. The team consisted of an administrative support person, nursing staff, a mid-level provider, a clinical pharmacist, and a data administrator. This team worked cohesively to build a systems model that identifies Veterans

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Quality Management

Building a Culture of Quality and Safety

– Contributed by: Nancy Benton, PhD, RN, CPHQ
VISN 20 Quality Management Officer



Our Accreditation Manager, Margie King, has been busy visiting all sites in the VISN to assess readiness and to assist with developing action plans where opportunities for improvement are identified. One of the goals for this year is to implement processes at all facilities that help build a culture of quality and safety.

What does a culture of quality and safety mean? A culture of quality and safety is where every staff member, at every level, understands and practices the National Patient Safety Goals and other safety and quality guidelines without really thinking about it. For example, the CDC Hand Hygiene Campaign has posters that read “Make it a Habit so it is not a Chore.” We don’t want staff to clean their hands correctly only when someone is watching. We want it to be a habit so it occurs every time it is supposed to occur. We want all staff to feel comfortable to remind each other to clean their hands. We want it to be part of the culture, not something we have to remember to do.

The most difficult task is building the culture. The leaders in our organization set the tone for this. Health care staff at all levels need to see, hear and understand that the very top leaders of the organization are making quality and safety a priority. One of the ways our leaders demonstrate that is through Walkabouts. Getting out and walking around in the clinics, on the wards and in specialty areas such as the operating room or post anesthesia care units.

In VISN 20, members of the executive staff at each of our eight main facilities have received a tool, in the form of a handbook, entitled Executive Guide to Walkabouts. The Walkabout Guide is designed to help us begin building a culture of quality and safety by demonstrating to all staff that it is a priority for the leaders of the institution and setting the expectation that it be a priority for all staff.

> Systems Redesign Excellence, continued >

with diabetes who are at high-risk for serious complications and offers the Veteran a new care experience centered on the shared medical appointment philosophy.

The 'Diabetic Continuum of Care' at the VA SORCC embodies the team systems approach to chronic disease management. This approach has dramatically improved clinical outcomes and patient satisfaction. Since the inception of our programs, we have seen a consistent improvement in blood sugar control, cholesterol and blood pressure reduction for all our patients. For example, our team systems approach has resulted in a 22% reduction in Hemoglobin A1c (9.9% at entry vs. 7.7% at exit); 22% reduction in LDL (115 mg/dl at entry vs. 90 mg/dl at exit); and 7% reduction in systolic blood pressure (140 mmHg at entry vs. 130 mmHg at exit). Better blood sugar, cholesterol and blood pressure control means a healthier, longer and productive life. Now that is excellent patient centered-care.

What does it take to provide excellent, patient-centered integrated care?

1. Form a team
2. Confront the challenge
3. Together create something new, a new system of care
4. Focus on dramatically improving patient outcomes

If you would like to know more about team based care contact:

Theresa Brooks, FNP/PA-C, Group Clinic Coordinator, (541) 826-2111 ext. 3563 Theresa.Brooks@va.gov or Dawn Baker, PharmD, CDE, Diabetes Education Coordinator, (541) 826-2111 ext. 3107 Dawn.Baker@va.gov

Mat-Su VA CBOC Opens

– Contributed by: **Marcia Hoffman-Devoe, VA Alaska PAO**



L to R: Verne Rupright, Mayor of Wasilla; Senator Charlie Huggins; Ed Walker, WWII Veteran; Tyler Hall, OEF/OIF (served in Iraq) Veteran; Alex Spector, Director Alaska VA Healthcare System; John C. Combs, Mayor of Palmer

The Alaska VA Healthcare System “cut the ribbon” on Saturday, March 28, 2009 for its new Mat-Su VA Community Based Outpatient Clinic located in Wasilla, Alaska. Approximately 150 individuals, from Veterans and their families, to community members and elected officials, attended the ceremony. The Clinic began seeing patients on Monday, April 13. The services offered are primary care and mental health care. The Clinic is approximately 3,500 gross square feet with four provider offices, eight provider exam rooms, a group room and a laboratory. Approximately 1,100 users are projected for enrollment during the first year of operation with expansion capacity for up to approximately 2,400 users. Approximately 10,000 Veterans or 13% of Alaska Veterans live in the Mat-Su Valley. ■■■

Wheel Chair Games Update



In two short months, the 29th National Veterans Wheelchair Games will kick off in Spokane, Washington. For the staff in Spokane, it’s hard to believe that more than a year of planning, which began in earnest with the close of last year’s Games in Omaha, will finally come to be.

The theme this year is “Roll’n on the River” a reflection of both the beautiful city of Spokane and the excitement behind this great event. To date, over 630 athletes have registered, making this potentially the biggest Games in history! These final days leading up to the Games will be a true test of organization, teamwork and communication. It will be VISN 20’s challenge to make these Games the best possible. In that regard, there is still time to volunteer. If you would like to be a part of one of the biggest events ever held in Spokane, please contact Carla Lippert or Michelle Larson at (509) 434-7508. This is an opportunity to do what we all signed up to do: honor and serve our Veterans. Let’s make Spokane’s event one to remember. ■■■™



Alaska VA Selected for National Systems Improvement Capability Grant

– Contributed by: Marcia Hoffman-Devoe, VA Alaska PAO

One of ten sites to receive funding for improvement capability opportunities, the Alaska VA was notified in early April of the selection of their proposal entitled “Developing a 21st Century Healthcare System.”

The proposal provides a framework for improvement in the Alaska VA’s organizational structures and process redesigns and provides for a cultural transformation to generate future improvements in care quality, outcomes, business results and Veteran and staff satisfaction. The Alaska VA has an organizational willingness to invest a significant effort to address issues associated with infrastructure, people, time and knowledge critical to creating a 21st Century workforce that is appropriately structured, process oriented and culturally adapted to respond to future health care challenges. The design and conversion will move the Alaska VA from a “facility/provider center” to a “patient/family center” model of care forming the basis of VHA’s 21st Century Healthcare System. The Healthcare system resulting from this initiative will be highly transportable and can be replicated at various sites across the United States.



Goals for the Improvement Grant

Organizational Restructuring & Realignment: Identify those areas of the organization that will benefit from a focused redesign or realignment, while moving to a Veteran-centric organizational culture, structure and process. Development and realignment activities will address delivery of ambulatory/primary care across the entire Alaska VA Healthcare System; development and implementation of an integrated Business Office; restructuring of the Integrated Care Service (ICS); and, as the organization learns throughout the grant period, other developments and realignments that will contribute to organizational efficiency.

Expected Outcome: An Appropriately Aligned Efficient (Lean) Organizational Structure.

Process Improvements: Maximize use of consult management, case management, patient education, and care coordination processes, as well as My HealthVet to support seamless care across the continuum and involve Veterans in their care. Process improvement activities will address Primary Care, Mental Health, and Specialty Care work flow; Business Office interaction and integration with clinical operations; improvement of current utilization review/utilization management processes; and as the organization learns throughout the grant period, other process improvements that will contribute to operational efficiency.

Expected Outcome: Focused Efficiencies.

Cultural Transformation: Develop (hire, train, evaluate and support) a workforce prepared for and committed to delivering Veteran-centric care. Using the conceptual model of Training Within Industry job training activities will include development of “job books”, development of systematic training processes and programs related to job books; and training activities that “train to design.”

Expected Outcome: Develop Exceptional People.

The Veteran: Through implementation of Veteran-centric care, improve patient satisfaction with and clinical quality of care provided by the Alaska VA Healthcare System. Activities will focus on developing and implementing a system where the care is organized around the Veteran, and where providers partner with the Veteran to identify and satisfy the full range of Veteran needs and preferences.

Expected Outcome: Veteran-centric Care.

Congratulations to Alaska!

New Appointments

David Donnelly

Chief of Staff
SORCC
Effective 5/4/09

Scott Buttles

Prosthetics Supervisor
VISN Office
Effective 1/18/09

Jacalyn Hardy

Designated Learning Officer
VISN Office
Effective 1/4/09

Steven Juhasz

Energy Engineer
VISN Office
Effective 4/12/09

Joseph Ronzio

Telehealth Coordinator
VISN Office
Effective 3/1/09

Aida Soloman

Patient Safety Officer
VISN Office
Effective 5/10/09

Janet Vertrees, BSN, RNC

Systems Redesign Coordinator
Effective 4/12/09

Recruitment Activities

Chiefs of Staff

VA Puget Sound HCS
VAMC Walla Walla

Redesigning Primary Care Delivery for Women Veterans

– Contributed by: Jane Schilke, VISN 20 Women Veterans Coordinator



As the frontlines of battle and the rules of warfare have changed dramatically in the last 50 years, so has the face of the U.S. military. Women constitute 14% of today's

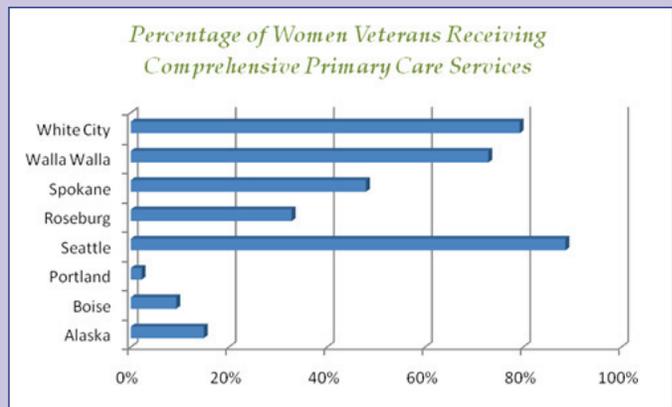
active duty soldiers, serving alongside men as fighter pilots, gunners, warship commanders and military police in locations around the world. While women and men wear the same uniform, salute the same flag and suffer similar battle wounds, the health care they require can be drastically different. Back at home, women often receive fragmented care – a primary care physician handles her general health care needs while a second clinician may handle any gender-specific health needs.

In March 2008, the Under Secretary for Health (USH) charged a workgroup with defining actions needed to ensure every woman has access to a VA provider, meeting all her primary care needs including gender specific and mental health care. The USH workgroup noted that research done within the VA system shows that access and wait time scores were higher at sites where gender specific services were available in an integrated primary care setting. VA facilities that have already established that comprehensive primary care had higher patient satisfaction scores on care coordination than facilities that separated these services across multiple clinics.

The USH workgroup proposed the following consensus definition for Comprehensive Primary Care for Women

Veterans: Comprehensive primary care for women Veterans is defined as the availability of complete primary care from one primary care provider at one site. The primary care provider should fulfill all primary care needs including acute and chronic illness, gender specific, preventative and mental health care.

VISN 20 facilities are using the Women's Comprehensive Health Implementation Planning (WCHIP) tool to assess and make decisions about which services need to be developed, in what sequence, and to identify what resources will be required to deliver comprehensive primary care for women. The gap analysis completed March 31, 2009 showed a wide range of comprehensive primary care delivery in VISN 20.



The VISN report on unmet resources and staffing needs to implement comprehensive primary care for women will be completed in May, followed by the final implementation plan for each facility on August 1, 2009.



CREW Comes to VISN 20

CREW, which stands for Civility, Respect and Engagement in the Workplace, was developed by the National Center for Organizational Development (NCOD) in 2005, in response to feedback from VHA's All Employee Surveys. Specifically, CREW was developed because civility among VA employees had been identified as a significant area of concern – leading to low employee satisfaction scores, and consequently, less than optimal facility performance and patient satisfaction scores.



After a lengthy and successful pilot cycle, CREW is now a standard part of operations in VA's across the country, and has been credited with dramatic improvements in morale and employee civility. In VISN 20, two of our facilities, Spokane and Walla Walla, introduced the CREW program in 2008. This year, our remaining six sites identified CREW coordinators who just returned from the first of three training sessions at NCOD headquarters in Cincinnati. Areas where the program will be implemented vary by facility and include Community

> *CREW Comes to VISN 20, continued* >

Living Centers, Ambulatory Care Clinics, Patient Transport, and Social Work Service. As the program rolls out, new workgroups are added over time.

Carolyn Lundstrom, who attended on behalf of the Portland VAMC, shared that one of the basic philosophies of the CREW model is that work groups can identify group norms and certain aspects of civility based on the climate and culture of the work group.

The first session of training focused on outlining the benefits of implementation of the CREW model within VHA. Facilities that have implemented CREW have shown improvement in both staff and patient satisfaction.

In July, the training will focus on training facilitators to work with different work groups within their organization. At the third session in October, participants will share perspectives, successes and challenges of the work done so far and strategize about further CREW implementation. We look forward to learning from our facilities as this inspirational program is implemented across the VISN. 

The elements that comprise the acronym CREW are defined as follows:

Civility – An essential behavior of all employees in all organizations. These are the interpersonal “rules of engagement” for how we relate to each other, our patients, and our stakeholders; the fundamentals of courtesy, politeness, and consideration.

Respect – Connects us at a personal level. It reflects an attitude developed from deep listening and understanding, cultural and personal sensitivity, and compassion. It honors all the participants in an interaction by creating a safe place to have difficult conversations and leads to an environment of honesty and mutual trust.

Engagement – the result of respectful relationships within an atmosphere of trust. It provides all the staff with the charge, the parameters, the training and the support to make decisions “on the spot” in the best interest of the Veteran.

VISN 20 Nears Completion of Fresh Eyes on Service Effort



Started in April 2008, the Fresh Eyes on Service (FEOS) Program is a nation-wide effort, focused on inspiring acts of compassion in the workplace and enhancing attentiveness to the Veteran's entire VA experience. The program is based on a patient-centered perspective, and is intended to provide valuable information to enhance VHA's operational systems. The Fresh Eyes on Service Program was specifically designed to support customer service goals through a process that reviews,

reinforces and recognizes customer service skills. FEOS is a national performance monitor, and VISNs were required to conduct unannounced visits at 30% of facilities with a minimum of 1,500 uniques by the end of FY 2008. The remaining 70% of sites with 1,500 uniques or more must receive a visit by the end of FY 2009.

In VISN 20, 15 FEOS observers were trained to conduct anonymous visits. Once on-site, observers are charged with identifying and developing additional approaches and tools to promote and reinforce the tenets of customer service. In total, 25 VISN 20 locations have received Fresh Eyes visits, with two remaining.

While conducting their visits, observers assess things such as how easy it is to access the facility, cleanliness and, most importantly, how staff interact with Veterans and other staff members; proactively, reactively, etc. Observers who spot specific employees providing exemplary customer service are encouraged to note this to executive leadership during an out briefing session for appropriate recognition. Any opportunities for system improvements are also shared during the out

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> Fresh Eyes on Service Effort, continued >

briefing. Observers submit a formal report to each site visited, and facilities are required to provide a response to the VISN office, commenting on the program and any corrective actions taken as a result of feedback.

By using observation techniques and other feedback mechanisms, there is an intention to more widely establish corporate expectations for demonstrating compassion and courtesy in the workplace. Lessons learned from visits are as follows:



Positive Trends

- Compassionate, friendly, and helpful staff and volunteers are in abundance in VISN 20. Numerous positive interactions between staff members and patients were observed at facilities
- Cleanliness and décor at many facilities were sited as exemplary
- CBOCs, especially newer sites, were identified as friendly and welcoming
- Positive feedback consistently received from Veterans and family members who indicated they are satisfied with the care they receive at VA
- High patient satisfaction noted at all locations

Opportunities for Improvement

- Adequate parking continues to be a challenge
- Inadequate signage for Patient Advocates, OEF/OIF points of contact and directional signage, especially for larger campuses with multiple buildings
- Improvement needed in safeguarding privacy and confidentiality at sites. Space and lay out of clinic areas were identified as a problem in maintaining privacy
- Assistance for wheelchair bound patients was noted to be inconsistent
- Opportunities for improvement identified for staff to explain waits and delays or schedule changes to patients waiting
- Front line staff need additional training on OEF/OIF programs and Suicide Prevention

All facilities reported sharing findings with staff and the implementation of corrective actions when necessary. Thank you to all our Fresh Eyes Consultants and to our facilities for their participation and responsiveness to this effort and resulting feedback. ■ ■ ■

Vancouver CRS Food Drive an Overwhelming Success

In honor of National Social Work and National Nutrition Month (both in March), PVAMC employees put their heads together for a combined project. The resulting food drive – Project: Fresh Start – benefited the Vancouver Division’s Community Reintegration Services Housing Program and was a smashing success.

Vancouver employees donated 707 pounds of food and kitchen items during a 2½ -week period, with collection bins set up in nine locations on campus. Portland and the Hillsboro CBOC contributed an estimated 400 pounds. The total collected surpassed all expectations. Employees reported going shopping for donations as well as pulling foods from their own cupboards. “We had fun and it was really neat to haul two large cart loads (the kind used for demolition debris) of food and housewares to the Transitional Lodging Unit (TLU) on the Vancouver campus for distribution. This was the first time for this event, and we’re sincerely hoping the first of many such drives. Now, they just need a storage container to hold all the bounty, present and future. The cupboards at the TLU are much too small!”



The following thank you was sent to those who donated by Susan Schuster, an employee of the Community Reintegration Services (CRS) Housing Program:

(We) are somewhat overwhelmed by the outpouring of generosity from our colleagues. I enlisted the help of several Veterans to help organize boxes (and boxes and boxes) of food and kitchen supplies for the Veterans who are moving into housing. Several Veterans spent hours with me making the boxes.

My past experience in community social work often involved working with homeless people. I became aware that the fastest growing homeless population is women and children. I was not prepared, however, for the number of homeless Veterans with children. Single parent men, two parent families, Veterans who served in Iraq and their families, Veterans who are disabled and parenting, and a family who lost a home to foreclosure - are among those who benefit from this project. The children range in age from two to 13 years old. The spouse of one Veteran is pregnant. I had the joyful task of dropping off a box of food to a Veteran and his child who repeated, “Bless you, Susan, bless you.... Thank you, bless you.”

Several homeless Veterans have recently started employment through our vocational rehabilitation program. They have not received a paycheck yet, and many have no money to purchase food. The Voc Rehab folks were able to provide soups and easy microwave meals from the food boxes.

Your contribution of food has helped to get them through their first week of work. I sent one Veteran off to work with a can opener and soup. You would have thought I handed him a \$100 bill. “Susan, you are awesome. You are a beautiful human being. Thank you Susan, you are awesome.”

We are housing homeless Veterans who are medically fragile with COPD, uncontrolled diabetes, cardiac problems, head injuries, and other illnesses. These people have been sleeping in cars, camping outside, on cardboard under a bridge, and on the floors of friends/relatives. We are serving homeless Veterans from ages 19 years old to over 60 years of age. We are able to move them into an apartment or the Single Room Occupancy program with coffee cups, plates, and cooking utensils (a blender, rice cooker, toasters, a microwave).

The result of the Food Drive has surpassed any expectation I had. You are the ones who should be told “Bless you” “You are awesome” “You are a beautiful human being”.

Thank you sincerely,
The CRS staff



Other alternative therapies being used in VISN 20 include sweat lodges (in place at Boise, Spokane, Walla Walla and White City), acupuncture and yoga. Researchers from Puget Sound are also in the process of obtaining volunteers for a group psychological intervention called Mindfulness-Based Stress Reduction (MBSR); MBSR has been shown to markedly reduce stress and possibly provide relief for PTSD. Participants in the study will receive instructions on the practice of mindfulness skills such as the quality of paying attention, being in the present moment, being non-judgmental, practicing meditation and discussing stress and coping skills.

Boise Labyrinth

Unbeknownst to most of us in the VISN, the Boise VAMC installed a labyrinth on their campus in 2004. What is a labyrinth and why put one on a VA campus? Read on...

A labyrinth is an ancient walking meditation tool, in the form of a maze, that is used most often for therapeutic purposes. The symbol universally known as a “labyrinth” has been found across the globe, in different cultures, over the course of many centuries. Labyrinths have been discovered and utilized in Brazil, Mexico, and the American Southwest; across Europe, in Iceland, and in Africa, India, and Indonesia. Labyrinths have been replicated in many forms and constructed in many different materials. While its beginnings are mysterious and difficult to trace, most, regardless of age or location, employ exactly the same design; a series of concentric lines, carefully connected, to form a classic pattern.

Labyrinths consist of a single pathway that loops back and forth to form seven circuits, bounded by eight walls, surrounding a central goal. They are found in circular and square forms, without structural design differences. The heart of the labyrinth, a cross, four angles, and four dots, is drawn first and then concentric circles are connected to the points around the central core. This is known as the ‘seed pattern’.

In recent years, Labyrinths have made increasing appearances in health care settings, and have been found useful in substance abuse treatment as a holistic method of intervention. Permanent labyrinths can be found in hospitals, schools, prisons, hospices, churches, community spaces, and wellness centers throughout the United States. Labyrinths are also useful to health care and human services workers, including nurses, genetic counselors, physicians, bereavement workers and social workers, providing a much needed yet often overlooked opportunity for reflection, burnout prevention, self-care and professional renewal.

According to Dr. Herbert Benson, the founder and president of Harvard’s Mind Body Medical Institute in Boston, “We live in a changing world that requires almost constant adaptation... labyrinth walking is a form of meditation that can evoke the relaxation response — a restful state that reduces the symptoms of stress such as increased blood pressure, rapid heart rate and anxiety.” Dr. Benson believes that meditations can “break the train of everyday thought, the stressful thoughts, and allow the body to revert to a more normal, unstressed state.”

“The archetypal nature of the labyrinth with its vast geographical range and multicultural uses is exactly what appealed to us at the Boise VA”, said Boise RN, Peggy Lynne who contributed information for this article. “Given the diversity of our staff and our patient population, we wanted a symbol that had not been annexed by any particular group. Labyrinths have been widely used for relaxation, meditation and stress management. A few people in the Mental Health community worked to bring a labyrinth to Boise since 2001. In 2004, that dream was realized by the generous efforts of volunteer Will von Tagen, who took on the Labyrinth Project as his Eagle Scout Project.”

The Boise VA Labyrinth is located south of the Behavioral Health Building right next to the parking lot, and is dedicated to the memory of Margaret Jorgensen. Margaret worked as an RN at Boise for 30 years. She died of breast cancer in 2003.

The labyrinth is available 24/7 for patients, staff and community members. While there is no way to record frequency of use, it has been used both for staff and patient stress reduction groups. Individuals have reported using it before, during or after work. Margaret Jorgensen’s daughters and grandchildren often visit, and other employees bring friends and family there. ■■■

VISN 20 Salutes our Volunteers

– Contributed by: Anna Diehl, VISN 20 VAVS Liaison



VA's Voluntary Service is the largest volunteer program in the federal government. Men and women from their teens to their nineties become volunteer partners on the Department of Veterans Affairs (VA) health care team. National Volunteer Week, celebrated the week of April 19, 2009 carried the theme, "Celebrating People in Action," and truly exemplified the energy, compassion and commitment of VA's volunteers. Some bring special skills and knowledge, while others have a desire to explore and learn. Many come with a gift for working directly with patients, while others bring dependability to assignments behind the scenes.

VISN 20 currently has 3,605 regularly scheduled volunteers. FY 2008 volunteers provided more than 534,000 hours of service, equating to 256 full-time employees and saving the VA approximately \$10.4 million.

VA volunteers perform a variety of duties at our health care facilities, national cemeteries, regional offices and regional counsel offices. Their roles range from the traditional, such as escorting patients and administrative duties, to creative activities, such as teaching arts, music and crafts. As VA has expanded its care of patients into the community, volunteers now assist VA staff in hospice programs, outpatient clinics, home-based primary care and outreach centers.

We owe so much to these dedicated supporters of our Veterans. Be sure to thank a volunteer for their efforts at every opportunity. For information about volunteering within VISN 20, please contact your local facility. ■ ■ ■



Walla Walla Officer Receives National Award



On April 1, 2009, Detective/Lieutenant Douglas R. Jones was chosen from a national cadre of VA Police Officers as the 2008 VA Police Lead Officer of the Year for small facilities (under 13 officers).

Detective Jones was singled out for his accomplishments, performance, innovation, leadership, customer satisfaction and other skills.

Among the many achievements he was recognized for were the management of security systems for Walla Walla's four CBOCs, coordinating a February 2008 site visit for the Secretary for Veterans Affairs, serving as Acting Chief for a five week period and organizing training for new officers.

Detective Jones, through his leadership, performance and innovation performed each of his responsibilities in

an exemplary manner while increasing morale within his department. His innovative ideas also resulted in a VA Police substation located in the Ambulatory Care – Outpatient Clinic at Walla Walla, which drastically reduced or eliminated officer response time to disruptive and assault activities.

Detective Jones is known among the staff at Walla Walla as someone who responds to situations and concerns even when off duty. During the city's devastating January 4, 2008 windstorm, he returned to the VA to assist, even though it was his day off. On another occasion, he took care of a Veteran's dog for several days while the Veteran received care at a location 50 miles from home.

This award brings recognition to the accomplishments and the esprit de corps of the entire VA Police Department. Detective Jones was the only VA Police Officer recognized west of the Missouri River, and is one of three officers recognized nationally. Congratulations Detective Jones. ■ ■ ■