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VA NW Health Network Summer 2011

VA Northwest Health Network (VISN 20)

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



Message from the Network Director



*Susan Pendergrass, DrPH
Network Director*

You Make a Difference

Earlier this summer, a Veteran forwarded a letter to me about his experience at one of our hospitals. He had recently, and very suddenly, lost his eyesight, suffering subsequent and equally significant losses as a result. The care he received truly exemplifies the ICARE values that we have been learning about these past few months. As you know, ICARE stands for Integrity, Commitment, Advocacy, Respect, Excellence (ICARE).

Reading this letter made me proud. What made me even prouder is that fact his experience is not unique to just one VISN 20 facility. In 6 states, at over 40 sites of care, you impact Veterans every day. I know for a fact that our staff is that dedicated. This heartfelt thank you speaks to that and needs no additional introduction:

In early 2010, I experienced a rather sudden loss of sight that left me legally blind with only a small hole of central vision in one eye. As a consequence, I also lost my home, wife, family, job and career. The VA took me under its wing and since that time, I have been recovering first medically, and now with rehabilitation.

Today is my graduation day from the Blind Rehabilitation Center at American Lake. At the modest graduation ceremony I will have the opportunity to express my gratitude to the staff.

I am sure there are many behind the scenes that I may never meet - such as you, who have played large or small parts in bringing me to this day. Some value gold and some value power. Some value fame and others pursue comfort or cherish security. But some, such as each of you here, pursue a higher value than these worldly things. You have heard a calling - a ministry of service to your fellow man.

As you leave this place each day, you might think:

"I didn't really accomplish much today.

I didn't move the stock market or call out armies or stand in the glare of the limelight.

It was a long, hard day and I'm tired and unsure about what tomorrow might bring."

> continued on page 2 >

> A Message from the Network Director, continued >

You might think the work of this day is of little significance – soon to be forgotten as one day moves into another. You might have given some medication for pain or nursing for comfort or perhaps managed nutrition for strength and health. Perhaps you cut some leather and helped someone sew or complimented on the art to be framed and hung in the home set aside for this time. Maybe you found just the right glasses to help diminish the veil of darkness or help lift the cloudy fog. Maybe you helped someone learn to find his way to the canteen or beyond and return with greater confidence in his stride and less anxiety in heart. Perhaps you helped someone be able to reach out to friends across the Internet or resolved just one more computer question or problem.

Maybe you helped someone learn to measure rice or cook eggs or learn to record a phone number or retrieve and listen to a book. Maybe you made some quiet time to listen to a sad story and offered a comforting arm and perhaps, offered up a shared or silent prayer.

Maybe you offered a little guidance to someone struggling to find their way through some really tough personal problems. Maybe you helped someone learn to swing a golf club or bowl or helped them at the gym or in some small way, find enjoyment in living more abundantly. Maybe you carried the burden of administration or leadership as you kept the operation running steady or helped keep the direction of this place true to its course.

And when the day was done, you let these things pass behind you as you rested and prepared for the day to come. In these quiet moments you may have wondered:

“ Did I really do that much today?

Did it really matter – the work of my job?”

Yes. These things – no matter how small they might have seemed to you, did matter.

I will go forward from this place into an uncertain future confident that I'm more able to achieve glorious things in spite of the challenges that I must overcome each day.

Your names may pass from my memory and your smiles fade like an old photograph but your good and charitable works will be within me all my remaining days, carried with deep gratitude as gifts of the highest value.

Humbled by your grace, I thank each and every one of you.

Thank you for all that you do, every day, to support our Veterans and improve their lives and those of their families. You make a difference.

Sincerely,



Susan Pendergrass, DrPH
Network Director



Message from the Chief Medical Officer

ICARE: Integrity, Commitment, Advocacy, Respect and Excellence.

In 2009, the VA began its transformational journey, a journey made necessary by advances in medicine and technology and, most importantly, the emerging needs of the people we serve. To make our path and our destination even more clear and compelling, the VA recently reconfirmed our core values: Integrity, Commitment, Advocacy, Respect and Excellence. These values define who we are. "ICARE" is more than just words. It is a personal commitment to act.

A Commitment to Excellence

True to the "E" in "ICARE", our network has substantially improved our performance.

VISN 20 Performance, 2010 and 2011

	Alaska		Boise		Portland		Roseburg		Seattle		Spokane		Walla Walla		White City		VISN 20		
	10	11	10	11	10	11	10	11	10	11	10	11	10	11	10	11	10	11	
Diabetes																			
Heart Disease																			
Prevention																			
Mental Health																			
Tobacco																			
Pneumonia																			
Heart Failure																			
Heart Attack																			
Surgery																			

The table above depicts our 2010 and 2011 performance. Thanks to your hard work and commitment to excellence, the quality of care we provide continues to improve. The VA divides clinical performance measures into eight groups. There are several measures in each group. For example, the diabetes group includes seven. They reflect our ability to help diabetic Veterans control their blood pressure, blood sugar, and cholesterol, identify those with early warning signs of eye and kidney damage and perform regular screening tests. Attention to these measures helps Veterans with diabetes live longer, happier and healthier lives.

Here is how to interpret the table. A green box indicates performance near the VA average. Red indicates performance significantly below the VA average, blue indicates performance significantly above VA average performance. A gold box indicates perfect performance, 100%. An empty box indicates that the facility does not offer that kind of care. For example, Walla Walla does not have an inpatient hospital - so they do not provide inpatient treatment for patients with heart failure, pneumonia and heart attacks. Nor does Walla Walla offer inpatient surgery, so Walla Walla has four empty boxes.



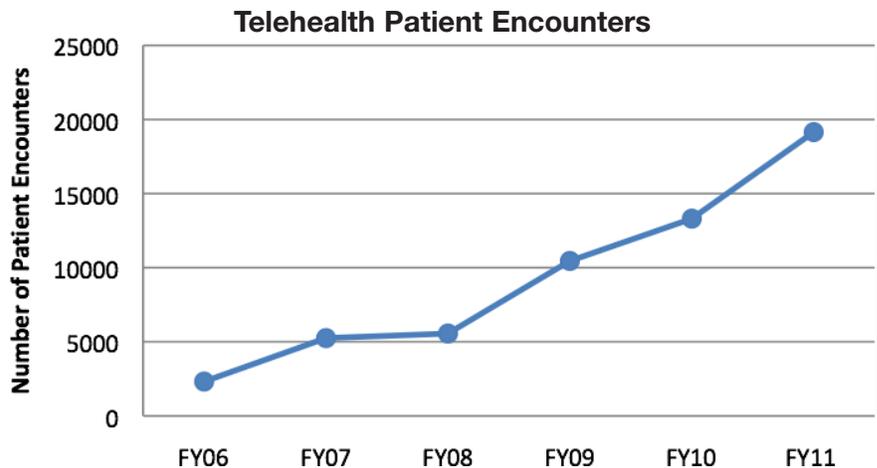
Frank Marré,
DO MS FAOCOPM
Chief Medical Officer

> A Message from the Chief Medical Officer, continued >

In 2010, none of our facilities had performance that was significantly above the VA average. This year it is a different story. Several facilities' report cards are lighting up with blue and gold boxes. That represents a commitment to excellence – thank you.

Transformation

New times require new ways and we are stepping up to the challenge. Telehealth is a perfect example. Our patients at times need care that only a specialist can give. That is difficult because most of the specialists in our network are located in Seattle and Portland, and most of our patients live far away. Technology is helping us solve this dilemma. Now specialists are seeing their patients hundreds of miles away using televideo equipment. The graph below indicates how quickly this new way of getting care is catching on.



Rapid growth (over 18,000 telehealth encounters so far this year) is truly remarkable. I offer my sincere thank you to the pioneers that have made this transformation possible. It is a wonderful example of the “C”, Commitment to Veterans in “ICARE.” Thank you.

This remarkable growth is still not meeting the needs of our patients. Next year we have set our sights on a 50% increase. In two years we hope that more than three million Veterans will get some portion of their care through technology. These stretch goals for many of us seem too much at times, but others push the frontier even further. A great example is the accompanying story, “Meeting Veterans Where They’re At.” Here, Drs. Shore and Ward noticed that some Veterans were still not getting the services they needed because they were confined to their homes. They thought, “why not bring the visit into the Veterans living room?” Drs Ward and Shore made it happen. “ICARE is more than just words. It is a personal commitment to act.”

Frank Marré, DO, MS, FAOCOPM
 Chief Medical Officer
 VISN 20

In two years we hope that more than three million Veterans will get some portion of their care through technology.

Meeting Veterans Where They're At

Contributed by Peter Shore, Psy.D.

Veterans face many pressing challenges when seeing their mental health provider. The VISN 20 Home Based Telemental Health (HBTMH) Pilot Program was born out of a drive to eliminate barriers by meeting the Veterans where they're at – in their home.

My job is to provide mental health treatment to distant VA Primary Care Clinics CBOCs across Oregon using video teleconference (VTEL) technology. My goal in serving Veterans is to provide them with a sense of connectedness. I believe the use of technology helps bridge that. However, at times VTEL appointments are cumbersome. Many Veterans traveled great distances to see me “on television.” Some canceled their appointment because they didn't have gas money; some due to the limitations of their medical and/or psychiatric conditions.

Our VA mission is to serve Veterans. The HBTMH Pilot Program was established

in February 2010 to offer a safe and efficient alternative. Dr. Mark Ward, Program Manager of the Rural Mental Health Program, envisioned that one day providers would be delivering mental health treatments from their home wearing bunny slippers. He provided much-needed context for the navigation ahead.

Prior to seeing my first patient in June 2010, I developed the program infrastructure, clinical practice guidelines and an assessment for suitability tool. Veterans would be seen using MOVI software and webcam on their personal computer.

My goal in serving Veterans is to provide them with a sense of connectedness. I believe the use of technology helps bridge that.



Dr. David Greaves teleconferencing



Dr. Mary Lu running a test

Initially, I recruited Veterans who frequently missed their appointments.

I remember one Veteran in particular. He struggled with depression and chronic pain. Mustering up the energy and money to drive 40 miles to the CBOC for talk therapy was difficult.

His medical condition made it painful to hold the steering wheel. He worried about how he would pay for his dinner and the gas to get back home. By the time he arrived in clinic, he was exhausted. While in session, he worried about his elderly wife at home. Building rapport in this context was hard and he received very little benefit from his treatments. For these reasons, he missed many appointments. He was a perfect candidate for therapy at home, but admitted he was “terrible” with the computer. Prior to our first home appointment, he attempted to cancel. I quickly reminded him that all he had to do was walk ten feet to the computer and turn the power on. From that day on, he never missed

an appointment. After six months, several areas of his life improved. He was more independent. His marriage became solid once again. He felt proud of his new computer skills. He reconnected with his children and grandchildren using Skype and felt good about being there for them.

Another good example is a recently retired Vietnam era Veteran, who, halfway into our intake session said, “I'm here because of my wife. I am here to get her off my back. When you and I are done here, we're done. Got it?” I got it. I asked how he planned to spend his retirement, he said, “I want a new mission in life.” Wow. I didn't expect that, but what a great starting point. I then asked if he would be willing to see me again. He said, “I won't come to the VA to speak with someone about my issues. People will see me, especially Veterans.” He preferred to tough it out, but I invited him to receive treatment at home and he agreed to give it a try.

I saw this Veteran each week for seven months. The improvement in his depression and PTSD was

> *Meeting Veterans, continued* >

extraordinary. His goal was to redefine his mission and we did. He became reconnected with meaningful areas of his life. His marriage improved, and together they reached out to their estranged child. The Veteran told me his goal was to become a writer. He started a blog and wrote extensively about his career, providing the world with many lessons. He also opened a Facebook account and connected with many of his fellow soldiers, creating a window into his past that he had been avoiding for years. As the weeks progressed, he would come to each session with joy.

Sadly, this Veteran suddenly passed away. His wife called me prior to his passing and indicated that on

his way to the hospital, he wanted her to let me know he wouldn't make our appointment that day, but that he had finished an outline for a novel and looked forward to sharing it with me. He and I were preparing him for a national writing contest – a contest he had started to enter several times, but did not complete. Our major goal was to prepare him to finish.

I was deeply affected by his passing. His wife thanked me for giving her the best six months of their 30+ year marriage. I told her I could only take partial credit - it was her husband who did the heavy lifting. She corrected me, "It's your program that did the heavy lifting. Without it, he never would have experienced being a novelist and never would have opened up the way he did.

Your program brought blue skies to both of us."

There is a bit of irony embedded in technology. It presents a physical barrier while creating a connection between two people. To date, we have reached over 35 Veterans in Oregon and now VA clinicians in Alaska, Washington and Idaho have volunteered for training, and to try this alternative way to reach Veterans.

This patient-centric/provider-empowered program has a simple mission: **Meeting Veterans Where They're At**. The VISN 20 Home Based Telemental Health Pilot Program is truly helping Veterans reconnect.

Rural Health Update

Contributed by Jodi Waters, VISN 20 Planner/Rural Health Coordinator

From June 13-15, 2011, the VA Puget Sound Health Care System and the University of Washington hosted approximately 100 providers and imagers from facilities across the Network for the second annual VISN 20 Teledermatology Conference in Seattle. The three day conference mixed program reports, educational presentations and hands on clinical training. It provided an opportunity for participants to share program successes, recognize best practices, increase skills and explore strategies to improve processes. One of the key components was to offer dermatology training to primary care providers in rural facilities. The program is rigorous and, upon completion, providers are granted dermatology privileges so they can independently address dermatology problems. To date, there have been five "graduates" whose achievements were recognized at the conference: John Etcheto, PA, Twin Falls CBOC; Deanna McDermott, FNP, North Bend CBOC; Carolyn Bartlett, NP, SORCC; Martin Thompson, NP, Eugene CBOC; and Elizabeth Potter, NP, Eugene CBOC.

38 Teledermatology imagers received training at the conference, leading to certification required by the VA Boston Store and Forward Telehealth Training Center. Master Imaging Preceptors Troy Flury, Twin Falls CBOC; Angela Bagnasco, Alaska VA; and Dan Tonkin, Salem CBOC, presented the training.

The Teledermatology Program is one of many projects funded by VHA's Office of Rural Health designed to increase access to care for Veterans who live in rural areas. Since its implementation in July 2009, under the leadership of Dr. Gregory Raugi and Dr. Gayle Reiber, providers from 28 VISN 20 locations have submitted 8,924 consults to the core team of dermatologists in Seattle. This has resulted in 5,760 Veterans receiving quality care closer to home - a top priority in our VISN and the entire Department of Veterans Affairs.



VISN 20 Welcomes Deputy Chief Medical Officer



*Dr. MaryAnn Curl, MD, MS
Deputy Chief Medical Officer*

VISN 20 is pleased to introduce our new Deputy Chief Medical Officer, Dr. MaryAnn Curl. Dr. Curl joined us in mid-June from Asheville, North Carolina where she was the Chief of Staff. Prior to that, she held positions as Chief of Geriatrics and Extended Care and also as a Hospitalist. Her training is in Internal Medicine and Geriatrics. Specific interests include acute adult medicine with a focus on avoiding hospitalization for elder adults, optimizing use of palliative care teams and reducing the risk of necessary hospitalization. Her preferred area for VISN-wide focus is optimal resource utilization including inpatient, outpatient and non-VA delivery systems.

When asked what she plans to contribute, Dr. Curl said, "I know VISN 20 hasn't had a Deputy CMO in the past. Some people may wonder why we need one. I did. I certainly asked that question before accepting the position. If you put my job description into one word, it would be integration. My strengths are that I truly love people, despise waste and want to see our taxpayers get the very best product we can deliver our Veterans. Two other areas of strength I would say that I bring to the table, is that I'm flexible in my thinking, open to new solutions and unafraid to ask tough questions and propose tough paths. In short, I love helping other people make

the most of their situation and imagine a "perfect world", working together to restructure to shape our vision into a reality. Definitely, positive realignment is a huge passion of mine. In the current budget era, we all have to be committed to seeking solutions within VHA by assessing and optimizing internal capacity as well as expanding our strong partnerships."

When asked to give an example of "optimizing internal capacity", Dr. Curl replied, "I'll tell you a story from a medical mission trip my husband and I took to San Pedro Sula, Honduras in July. It's a pretty good non-VA example of how I see opportunities and try to help people open up their world to improved function and utilization.

We went to Honduras with a faith-based group that has been in existence for twenty-one years, six spent sponsoring medical mission teams. This was our first time on a mission with this group. Their clinic model was very traditional: The nurse works with an interpreter to understand what is wrong, the nurse and interpreter present the patient to the waiting doctor and the whole team works together to complete the encounter. Keep in mind that we are in the jungle and our patients may not have seen a health care provider in a year.

The first morning, I realized we had translators and nurses sitting around, largely underused for a significant portion of my visits. The patient line was getting longer rather than shorter with increasing wait times. I huddled with my team and we changed the paradigm. My nurse had worked in intensive care for 23 years. The person we had designated to fit eyeglasses was a medical student from Honduras in her fifth of eight years. I asked the medical student to join our team and put another non-medical volunteer on the eyeglasses. I asked the medical student and "my" nurse to see patients all the way through the encounter with me being their consultant should they

have any uncertainty. I also had an independent station. That afternoon we saw three times the number of patients than we had in the morning.

I checked on each patient's plan many times as my team was not yet sure of their ability to make decisions. The reassurance paid major dividends. As we progressed through the week, not only did our speed improve, their independence and confidence soared. I invited the four other teams to change to our model on the second day. They remained in the unified, traditional team model. At the end of the week, the five teams cared for 1253 patients. My one divided team accounted for half of the total numbers. I'm now proposing to the board of directors that they consider changing the clinic model for future trips."

In closing, Dr. Curl stated, "I want people to know how seriously I take VA's noble mission. I have two family members and multiple friends in active duty. I'm married to a Marine Corps Veteran of OEF, the daughter of an Army Veteran from the Korean Conflict, step-daughter to a WWII Navy Veteran and daughter-in-law to a Marine Corps Veteran of Vietnam. I hope that I'll make my name as appreciative of the talent that exists and as a unifier of the amazing employees we have in VISN 20. I've had time to physically visit half of our Medical Centers so far. I'm visiting Puget Sound this coming week. I have met multiple representatives from each facility and find the VISN 20 Team to be intelligent, invested, innovative, positive and prepared to meet the challenges to bridge from patterns of a successful past to a progressive, person-centric and exceptional future. It's very exciting to join such a highly competent group. Thanks for welcoming me and please feel free to let me know how I can help reduce your burden and improve our systems to serve our Veterans."

Keeping Veterans Safe

Contributed by Nancy Benton, PhD, RN, CPHQ, QMO

As many of you are aware, VISN 20, along with every other VISN in the nation, was tasked with conducting three unannounced site visits to each facility this year. The purpose of these site visits was to review processes in place to clean reusable medical equipment (RME). Additionally, each Medical Center was required to perform six self-assessments.

The Office of the QMO is pleased to report that, as a result of these visits, we have implemented actions to improve processes such as standardization of competency assessment tools and standardization of the quality monitor dashboard utilized at all sites. We also discovered no instances of insufficient processes

that would directly put Veterans at risk for infection.

Throughout VISN 20, the sterile processing and distribution (SPD) Chiefs have engaged all areas of their respective facilities to assure we continue to keep Veterans safe. The SPD Chiefs, along with Patient Safety, Infection Control and Quality Management have teamed-up to monitor RME. They have also strengthened procedures and continue to improve the paperwork, tracking and documentation of competencies.

I would like to take this opportunity to thank the VISN Patient Safety Officer, Aida Solomon and the VISN

survey coordinator, Susan Gilbert. One or both of them have attended and led all site visits performed this year. In addition, many thanks to our facility personnel from SPD, Quality Management and Patient Safety who have assisted in these site visits. It is the teamwork within and throughout our facilities and the VISN that have brought us to the most desirable outcome: No significant RME findings.

Thank you all for the work you do every day that exemplifies our core values, Integrity, Commitment, Advocacy, Respect, and Excellence (ICARE).

Facility Highlights

VA Roseburg HCS – A Way Forward

On July 26th, a long awaited decision was announced for the VA Roseburg Health Care System. As evidenced by the positive response of employees who attended an early morning briefing, it was a positive step for the future of the facility and will ensure that safe care, of the highest quality, is available to Veterans in Roseburg and the surrounding communities for many years to come.

The decision came after many months of study and careful consideration and input from employees, Congressional and community stakeholders, and Veterans and is as follows:

The facility will remain open and operational, retaining the current level of medical and surgical services. This includes a 24/7 Emergency Department, medical and surgical inpatient services, extensive primary care, mental health, nursing home and residential programs. Specialty care services, including cardiology and ophthalmology, will be enhanced.

VHA and the VISN office will be investing time, dedicated staff and significant funding to expand and improve the existing campus. Resources will also be dedicated to improve recruitment and retention of clinical staff, expand Telehealth programs and improve current clinical and support services by sharing resources with community hospitals. Our common goal is to secure a bright future for Veterans, employees and the Roseburg community.

The same day the announcement was made, Roseburg's new Director, Carol Bogedain, was announced. Ms. Bogedain has a long and successful career with VHA and a strong foundation in Southern Oregon. Her effective date was August 14, 2011, and she arrived in Roseburg on September 6th.



Portland VAMC Scores Well in Hospital Compare Report

Contributed by Mike Mcaleer, PVAMC Public Affairs Officer

The Centers for Medicaid and Medicare Services (CMS) released VA Hospital Compare data to the public on August 5, sharing results from a combined analysis of the VA Health Care System.

The data released by the Department of Health and Human Services (HHS) for the first time cited local comparisons between VA and private hospitals. The results directly compare mortality and readmission rates at individual VA Medical Centers against non-VA Hospitals in three diagnoses:

- Acute myocardial infarction (heart attack)
- Congestive heart failure
- Pneumonia



The reports show risk-standardized mortality rate (RSMR) at 30 days and risk-standardized readmission rate (RSRR) for patients' ≥ 65 years old with diagnoses of acute myocardial infarction, congestive heart failure and pneumonia. The Portland VAMC was the only VA Medical Center to receive scores better than the U.S. national average in all three RSMR areas, and in the RSRR for pneumonia. The facility also met the national standard for RSRR in the areas of heart attack and congestive heart failure. This means that the Portland VAMC was in the top 1-5% of nearly 5,000 hospitals reporting data.

“Our commitment to provide excellent care to Veterans is what drives us,” said Chief of Staff Tom Anderson, MD. “The team care we deliver our patients is the result of continued Systems Redesign, Quality Improvement activities, the strength of our Nursing/Magnet Program, and physicians and pharmacists working together to provide the best health care anywhere for our patients.”

Publishing data on Hospital Compare allows Veterans and their families to directly compare local VA's to local non-VA hospitals. “The goal of participation in Hospital Compare is not to label a hospital good or bad, but to provide insight about the results hospitals are achieving and encourage efforts to improve,” Anderson said. “Research indicates that there is actually “positive spill over.” When health care organizations truly focus on quality, benefits accrue in other unrelated areas as staff applies the same principles.”

For more information about Hospital Compare, visit www.hospitalcompare.hhs.gov.

Homelessness Success Story

Contributed by Eileen Devine, VISN 20 Homeless Coordinator

Last year, the Longview Housing Authority (LHA), located in Longview, WA received \$80,000 as a part of the NSP (Neighborhood Stabilization Project) stimulus package approved by Congress. Longview Housing Authority, being one of the Grant and Per Diem Programs (GPD) working with the Portland VAMC, decided to use this funding to improve the lives of homeless Veterans.

They began by purchasing a foreclosed 3 bedroom, 1.5 bathroom

(1,300 square feet) home with the \$80,000. Then they worked with the Vet Works Program to hire six homeless Veterans currently in the LHA GPD program, 5 of them via Compensated Work Therapy (CWT) and 1 as a temporary employee of LHA. The one Veteran who was hired as a temporary employee was the project manager who oversaw the rehab of the project. Prior to becoming homeless, he had been a licensed contractor, but after some

financial hardship and the death of his wife due to cancer, he found himself homeless. The other five Veterans had a variety of experience and were able to take care of electrical, plumbing and other construction tasks associated with the renovation. A total of 1,290 hours of labor went into refinishing the house and, of the \$40,000 spent on the renovation, \$16,000 went to paying these Veterans to complete a remodel

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> Homeless Success Story, continued >



of the bathroom and kitchen, new windows, new flooring, some new electrical and plumbing, a new fence, and new paint. It took four months to complete and on March 1st, three homeless Veterans admitted to the GPD program were welcomed into this home to live for up to 24 months.

Homelessness among Women Veterans

Both President Obama and VA Secretary Shinseki have made clear that eliminating homelessness among Veterans is a priority, with President Obama stating, “We will provide new help for homeless Veterans because those heroes have a home – it’s the country they served, the United States of America.”

Shortly after his appointment in 2009, Secretary Shinseki stated his goal to eliminate homelessness among Veterans in 5 years. A key element in that goal is women. Women Veterans are the fastest growing segment of the homeless population - almost three times as likely to become homeless than non-Veteran females.

Women Veterans are also at much higher risk of homelessness than their male counterparts. Some key facts to know about homelessness and Women Veterans are listed below:

Women Veterans are the fastest growing segment of the homeless population – almost three times as likely to become homeless than non-Veteran females.

Today, women comprise approximately:

- 18% of all active duty military
- 14.5% of all National Guard and Reserves
- 6% of VA health care users

VA’s efforts are contributing to a significant reduction in the numbers of homeless Veterans. A Supplemental Report to the 2009 Annual Homeless Assessment Report (AHAR) to Congress estimates that on a given night there are approximately 76,000 Veterans that are homeless.

The Department of Housing and Urban Development (HUD) and Department of Veterans Affairs (VA) are

working together for HUD to provide permanent supportive housing with VA case managers for an estimated 37,000 homeless Veterans through the Housing and Urban Development-Veterans Affairs Supported Housing (HUD-VASH) Program.

- 11% of HUD-VASH recipient Veterans are women
- Overall, 14% of HUD-VASH recipients are housed with children
- Among women, 28% are housed with children; among men, 13% are housed with children

Among the 3.2 million Veterans who were in receipt of compensation benefits at the end of FY 2010, 8% (265,319) were women. At the end of FY 2010, 117,130 Veterans received Vocational Rehabilitation and Employment benefits, over 18%

(22,135) were women

VA social workers and clinicians work with community and faith-based partners to conduct extensive outreach programs, clinical assessments, medical treatments, alcohol and drug abuse counseling as well as employment assistance. VA sponsors and supports national, regional and local homeless conferences and meetings, bringing together thousands of homeless providers and advocates to discuss community planning strategies in such areas as transitional housing, mental health and family services, education and employment opportunities for the homeless Veterans.

Surgical Robot Unveiled at VA Puget Sound

Contributed by Ken LeBlond, VA Puget Sound HCS

With much fanfare, the VA's first da Vinci surgical robot in the Pacific Northwest was displayed for Veterans and staff at the Seattle division on August 11th. The room was packed with curious onlookers as they watched the robot perform tasks while controlled by the surgical staff. Later on, staff and Veterans were able to test out the robot's abilities through dexterity games.

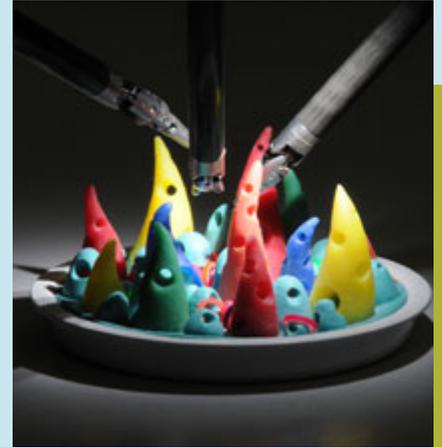
"The da Vinci robot puts us at the vanguard of patient care," said Dr. William Campbell, VA Puget Sound's Chief of Staff.

"This represents a great opportunity for patient care," added Dr. Roger Tatum, Acting Chief of Surgery. He noted the efficiency of the robot's skills that results in less time for patient recovery.

The da Vinci Surgical System, manufactured by Intuitive, is a human-controlled machine that allows more precise movements to be used during surgical procedures through a minimally invasive approach. This technology has led to improvements in patient outcomes by expediting recovery and decreasing blood loss.

"The robot's efficiency will help our Veterans get out of the hospital faster and back home to their loved ones," added VA Puget Sound Director David Elizalde.

Dr. Hunter Wessells, Chair of the Urology Department at the University of Washington School of Medicine added, "The fact that we have two control consoles means we are able to use the da Vinci robot to further the teaching mission of VA Puget Sound. It's really a trifecta achievement because one device serves three missions: patient care, research and teaching." This robot is only the 7th of its kind to be used by a VA Medical Center and the only one of its kind in the Pacific Northwest. Initially used in the urology department, the robot will soon expand into the otolaryngology field.



The human-controlled da Vinci robot manages dexterity tasks.

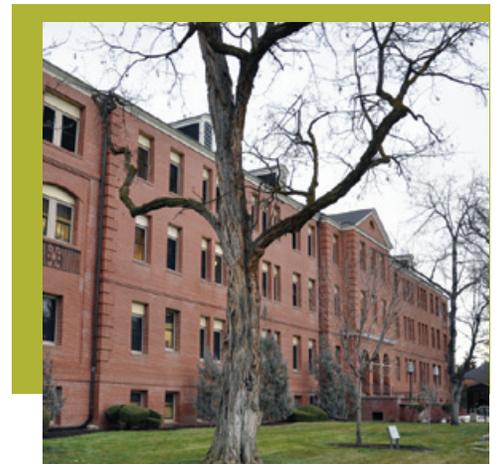
Boise Internal Medicine Residency: A University of Washington Sponsored Program

Contributed by Dr. Scott Smith, Boise VAMC

In 1977, the University of Washington (UW) Department of Internal Medicine began a Seattle-Boise residency track with residents spending their first and third years in Seattle and their second at the Boise VA. This was one of the nation's first primary care internal medicine programs. As of 2010, there were 223 graduates with 30% practicing in Idaho and 70% in the WWAMI (Washington, Wyoming, Alaska, Montana, Idaho) region.

Due to a number of issues, including a need for more physicians, it was evident that an extension was necessary. After exploring many options, it was determined that a second residency in the Department of Medicine, with all three years based in Boise, was the right choice. This is the first residency sponsored by UW, which is based outside of greater Seattle. Eight residents in each training year will spend approximately

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>Boise Internal Medicine Residency, continued >

Eight residents in each training year will spend approximately 70% of their time at Boise VAMC and 10% each at Saint Luke's Regional Health Care System, Saint Alphonsus Regional Health Care system, and "outside" rotations (including Seattle).

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The new program has several interesting features: A 50:50 mix of ward and outpatient experiences (unusual for internal medicine which is typically heavily based on inpatient experiences); required community-based rotations at offices around the state; a three-year integrated scholarship curriculum (research or quality improvement); a simulator and bedside ultrasound

curriculum that covers common inpatient problems; and a continuity clinic at a VA Center of Excellence in Primary Care Education that includes nurse practitioner students, pharmacy residents, and house staff from psychology and psychiatry working together at curriculum and practice.

VISN 20 is home to two of the nation's five VA Centers of Excellence in Primary Care Education (Seattle & Boise). The first cohort of interns began their training on July 1, 2011. The VA warmly welcomes these new trainees.

Awards and Recognitions

Dr. James E. Branahl, Medical Director of the Community Living Center at the Boise VA Medical Center, has been selected to receive the prestigious Marsha Goodwin-Beck Award for Excellence in Geriatric Clinical Care Delivery.

Seattle Met Magazine on the heels of **Seattle Magazine** has announced its list of "Top Doctors" for 2011. We are proud to announce that 24 doctors on that list are affiliated with VA Puget Sound and care for our Veterans.

Melissa Hutchinson will join Pamela Popplewell, both from VA Puget Sound Health Care System, on the Board of Directors for the American Association of Critical-Care Nurses. Hutchinson is a clinical nurse specialist in the medical intensive care unit and an adjunct faculty member at the University of Washington. She started her three-year term on July 1, 2011. Popplewell is the director of nursing for surgery and is currently completing a doctorate of nursing practice degree at the University of

Washington. Popplewell was elected to the board in 2010 and started her three-year term on July 1, 2010. The American Association of Critical-Care Nurses is the largest specialty nursing organization in the world, representing the interests of more than 500,000 nurses who are charged with the responsibility of caring for acutely and critically ill patients. The association is dedicated to providing our members with the knowledge and resources necessary to provide optimal care to critically ill patients.

Executive Recruitments and Vacancies

Hal Blair, Associate Director for the VA Alaska Health Care System (HCS), retired in June. Recruitment for his replacement is anticipated to begin soon. **John Wilson**, VISN 20 Contracting Logistic Officer is Acting until the position is filled.

DeWayne Hamlin, Director of the VAMC Boise accepted a position as Director of the VAMC Lexington, KY (VISN 9). His last day was June 17, 2011. Recruitment is in process. In the interim, **David Stockwell**, Deputy Director at the VAMC Portland will serve as Acting Director.

Carol Bogedain was appointed Director of the VA Roseburg HCS effective August 14, 2011. Ms. Bogedain was previously the Associate Director of the VAMC Salem, VI.

Sherri Bauch, Assistant Director of the VA Puget Sound HCS, has accepted a position in VHA's Office of Patient Care Services. Recruitment is currently underway for her replacement.

Sandy Nielsen, Director of the Spokane VAMC, has announced her plans to retire, effective November 3, 2011. Recruitment for her replacement is currently underway.

MaryAnn Curl was recently appointed to the position of Deputy VISN Chief Medical Officer. Dr. Curl was previously the Chief of Staff at the VAMC Asheville.