NW Network News

VA NW Health Network Fall 2008

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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

A Look Back Before Looking Forward

As many of you know, I recently announced my retirement from VA service, effective January 3, 2009. When I began my career with the Veterans Administration (as a VACO payroll clerk in 1970) I could have never imagined what I would experience in the ensuing years – monumental advances in health care, immense changes in our organization and the places this job would take me. 39 years and 25 stations later, here are just a few of the highlights:

At the time of my first assignment, VA had approximately 151 facilities, and Dr. Oscar Auerbach, a pathologist at the East Orange, N.J., VA, had just linked cigarette smoking to lung cancer in a two-year study. That same year, a pilot project called the Hospital Based Home Care Program (HBHC) was tried at six VAs. In 1971, Dr. Valerija B. Raulinaitis was the first woman to be named Director of a VA hospital, and in 1973, VA assumed administration of the National Cemetery System when it was transferred by Congress from the Army. In 1977, VA's female employees outnumbered males for the first time, and in 1978, Little Rock initiated VA's first rural HBHC program in Hot Springs, Arkansas.

Around the time I entered VA's Medical Center Director Training program (1980), Federal policy on "contracting out" was defined by OMB Circular No. A-76; a study sent to Congress made recommendations for health care of former POWs and VA celebrated its 50 year anniversary. That same year, Dr. Yeogchi Wu and Harold Krick invented a removable cast that helped amputees heal faster and Post-Traumatic Stress Neurosis was reclassified into its own category with clearer guidelines for diagnosis and compensation.

In 1981, General Omar Bradley, head of VA from 1945-1947, who presided over the return to civilian life of nearly 13 million vets, died after 69 years on duty; the bacteriological agent responsible for Legionnaires' disease was brought under control at the Wadsworth, California VA, and our own Spokane's dietetic service was first in VA to receive the Ivy Award from *Restaurants and Institutions Magazine* for having food service operations and operators which "epitomize excellence." Forty-three vet centers were added to VA in 1981 (bringing the total number to 133) and VA sponsored the first National Veterans Wheelchair Games at the Richmond VAMC.

In 1982, I began the first of three Associate Medical Center Director assignments, the same year physicians at the Albuquerque VA temporarily reduced power to their beeper system to lessen interference on a frequency used to guide the Columbia space shuttle to a safe landing. In June 1983, VA adopted system-wide automated data processing for medical centers – the Decentralized Hospital Computer Program (DHCP) and in 1984, VA's Compensated Work Therapy Program expanded to 44 sites. Three years later, VA

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Message from the Network Director, continued >

and two design engineers were among the first winners of Presidential Awards for design of Seattle Foot, and on March 15, 1989, the Veterans Administration became the Department of Veterans Affairs after President Reagan signed legislation elevating VA to Cabinet level status.

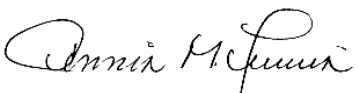
The 1990s brought more changes when VHA reorganized – regions were reduced from seven to four, and 27 medical district offices closed. That same year, VA facilities mobilized to support casualties of the Persian Gulf War and the Emergency Medical Preparedness Office was created, charged with VA-DoD contingency planning and coordination with the National Disaster Medical System. In 1991, a smoke-free policy was initiated at VA medical facilities and the Martinez, California VA Medical Center closed due to earthquake damage.

In 1995 VA's "Vision for Change" was implemented and, as a result of this major philosophy shift, four medical regions were replaced with 22 (now 21) Veterans Integrated Service Networks (VISNs), emphasizing patient-focused care and need-based resource allocation. The Veterans Health Care Eligibility Reform Act changed VHA from a hospital system to a health care system, and in 1996, VA's Under Secretary for Health, Dr. Keizer, introduced a "Prescription for Change" – guiding principles and strategic objectives underlying the transformation of the VA into what is now widely acknowledged as a model system, within the United States and throughout the world.

At the start of the 21st Century, I began what was to be my only Medical Center Director position (at the Hines VA) and in the ensuing eight years, the only constant has been change – from the impact of Operations Enduring and Iraqi Freedom and the resulting new generation of veterans, to the differing philosophies realized under the direction of four distinct Secretaries and two administrations. Y2K introduced CARES to the VA, and decisions from this massive undertaking will have lasting impacts at many VISN 20 facilities – most especially Walla Walla, whose recently approved OMB 300 application will dramatically enhance services for veterans in rural Washington State.

In 2002, I returned to where I began my career serving as the Assistant Deputy Under Secretary for Health for Operations and Management and the Acting DUSHOM in VACO, and my involvement in assisting with relief efforts to those impacted by Hurricanes Katrina, Rita and Wilma during this time is something I will long remember. In May 2005, I began my tenure as VISN 20's Network Director, on what was to be a short term detail, and the rest, as they say, is history.

Over the course of the last 40 years, the VA has grown to include over 240,000 employees providing care at 171 medical centers; more than 350 outpatient, community-based, and outreach clinics; 126 nursing home care units; and 35 domiciliaries. Our facilities now provide a broad spectrum of medical, surgical, and rehabilitative care, and we have seen hospitalization rates decrease dramatically with a shift in focus to outpatient care. Our veterans are now able to receive services closer to home than ever before, and in our own Network, we have developed an aggressive Rural Health Plan aimed at continuing this trend. In the last year alone, VISN 20 activated nine CBOCs and Outpatient Clinics, with five more scheduled in 2009. As I look back on these achievements and advances, it is with pride and gratitude for the experience of having been a VA employee. I wish you the best of luck in the coming years, and look forward to continuing great things for the veterans it has been my honor to serve.



Dennis M. Lewis, FACHE

New Appointments

Michal Wilson, MD
VISN Behavioral Health
Program Manager
Effective 11/7/08

Russell Lloyd
Associate Director,
Walla Walla
Effective 11/9/08

Pat Ozmet
HSS, VISN 20 Office of
Quality and Performance
Effective 11/24/08

Perry Danner
Associate Director,
Spokane
Effective 12/7/08

Margie King
Accreditation Coordinator
VISN 20 Office of
Quality and Performance
Effective 1/4/09

Justin Sivill
Executive Assistant to the CMO
Effective 10/15/08

Larry Hobson
HSS to the CMO
Effective 10/15/08

Charles (Chuck) Cain
Assistant CFO
Effective 11/2/08

Jacalyn Hardy
Designated Learning Officer
Effective 1/3/09

Recruitment Activities

Chiefs of Staff

Southern Oregon Rehabilitation Center & Clinics

VA Puget Sound HCS

VAMC Walla Walla

VISN Office

Patient Safety Officer

Energy Engineer

A Letter from your Chief Medical Officer

Dear Colleagues,

Our Goal

Our goal is simple: To provide excellent, patient-centered, integrated care.

We aspire to be the very best integrated network in the nation. To some clinical services this seems impossible, but not American Lake Urology - they took on the challenge. Their experience is proof positive: the goal is not only achievable, but can be done in just three months.

System Redesign Works for American Lake Urology Department and their Patients

– Contributed by Ken LeBlond

Faced with a long list of patients waiting to be seen, the Urology team at the American Lake division of VA Puget Sound decided that changes were necessary. They wanted to continue their high level of interpersonal customer service while treating patients efficiently and effectively.

Early on, they decided the changes must be done with the team in mind and with the patients at the center of their efforts. “We are all in this vehicle together and it is going to move forward whether we like it or not,” said Urology Nurse Jennifer Acselrod. “If change is inevitable, jump in the driver’s seat and steer it in a direction that will produce optimal results.”

Taking the wheel meant that numerous changes needed to occur not only within the organization but also with the staff. “It didn’t happen overnight,” says Urologist Paul Axford, MD. “Not only did we need to create a new, formal system to see patients, we also needed enthusiasm from the staff,” he added. They were fortunate to have that enthusiasm already.

Having the right staffing resources and organization was important. Once the team achieved having the right staff in the right role, the clinic’s wait list started dwindling. With the addition of the Nurse Coordinator to the team, the Physician’s Assistant, Phil Ingram, was able to dramatically increase the number of patients he saw per week, which in turn allowed the Urologist to maximize his surgery time.

Over the course of several months, the team was able to chip away at the waiting list until they were able to start seeing patients on a “same day” basis. Additionally, when a staff member is gone for whatever reason, other team members are trained to step in and assist whether it be through check-in or triaging patient needs. Since May of 2008, 95% of the patients that met consult criteria and who requested same day access were seen the same day as their originating primary care appointment.

One year ago, a veteran requesting a same day appointment would wait on average one month. Keeping with the vision of veteran-centric care, same day access now saves the veteran an extra trip thus saving time and expenses on gas and visit co-payments. “We have veterans coming in from all over western Washington,” said program support assistant Sue Couch, “and they really don’t need to be making extra trips.”

Photo caption: The American Lake Urology team at their daily “huddle”

From l to r: Sue Couch, Program Support Assistant, Jennifer Acselrod, Registered Nurse, Paul Axford, MD, and Phil Ingram, Physician Assistant. Not pictured: Javier Irizarry, Licensed Practical Nurse.

The Urology team’s success is in part owed to the larger “systems redesign” initiative going on across VISN 20. The basic concept of systems redesign is to implement critical changes in order to improve patient flow, match provider supply with patient demand, and to optimize the level of care provided to our patients. “Dr. Marre’s vision for a system redesign challenged the entire VISN to

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> From your Chief Medical Officer, continued >

accept the changes for a more efficient and effective work environment and integrate it to their specific clinics to see positive results" (i.e. increased clinic access), said Acselrod. "We took on the challenge".

Now that service demand is being met at the American Lake Urology department, patients who call for an appointment are given their choice of days and times to be seen instead of a date several weeks into the future. The Urology team stresses that communication between team members about their patients is crucial. For example, instead of following a pre-planned schedule of meetings where an agenda of issues could build up in between meetings, they meet together as needed to solve problems and plan for future needs.

Communication is just as critical. Besides giving the veterans control of their appointment times, the team follows up before their appointments. These contacts have helped to reduce their "no show" rates by almost 70%.

What is required to provide excellent, patient-centered integrated care?

1. Accepting that change is required
2. Working as a team
3. Keeping the veteran at the center of our work
4. Using a disciplined method "10 Key Changes" to guide the work of the team

Follow American Lake Urology's lead – ***jump into the driver's seat.***

Frank Marre, DO, MS, FAOCOPM
Chief Medical Officer

*See article on page six for additional systems redesign achievements

Quality Management

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

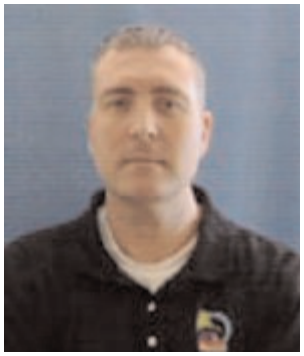
The VISN 20 Office of Quality and Performance (V20OQP) has been very busy these last few months, as have all of you. All of the VISN 20 Quality Managers attended training in Chicago for the new Joint Commission standards and scoring. We all had a chance to meet one evening and discuss the new Quality Management directive that is coming out as well as ideas for a core QM program at each facility and core competencies for all VISN 20 Quality Managers. We agreed that we could start with one defined core competency: CPHQ (Certified Professional in Health Care Quality) within the next two years.

Also at the meeting, it was announced that the V20OQP has finally filled the vacancy left by Larry Hobson with Patrick Ozment. Pat comes to us from the VA Alaska Health Care System with numerous skills in data analysis and display and a unique ability to turn data into information. He started his new job on Monday, November 24th. Please join me in extending a warm welcome to Pat Ozment, the new V20OQP Health Systems Specialist.

The next position filled is the V20OQP Accreditation Coordinator. I am pleased to announced that Margie King, currently the QMO in Anchorage, has accepted and will be arriving in the VISN office on January 4th.

As for accreditation, The Commission on Accreditation of Rehab Facilities (CARF) is conducting a triennial survey for the Portland Comprehensive Rehab Unit (CRU) and Compensated Work Therapy (CWT), both located in Vancouver during the first week of November. Additionally, Portland's Community Living Center (CLC), also located on the Vancouver campus, had its unannounced Long Term Care Institute (LTCI) survey during the last week of September. There were minor findings, but overall the surveyors were highly complimentary of the Vancouver CLC staff and processes they have in place to care for veterans in a long-term setting.

Coming up in FY09, the V20OQP will be instituting processes to streamline and standardize many functions. In fact, that is our new motto in V20OQP, STREAMLINE and STANDARDIZE. Happy first quarter FY09 to all of you.



Influenza Update

Influenza immunization is one of the most important preventive measures we can take to protect veterans. According to the Centers for Disease Control, 226,000 people are hospitalized and some 36,000 die from complications of influenza every year on average. Those who have a higher risk of death from influenza are usually older with multiple comborbidities. This is our veteran population.

This year, the VISN 20 Office of Quality and Performance has developed a Pilot Checklist for Influenza Immunizations. The list is based on best practices for influenza immunization success and outlines all the steps that should be taken to assure we reach as many veterans as possible with influenza immunizations. If you would like more information on how to optimize your immunizations efforts, please call the VISN 20 Office of Quality and Performance at (360) 619-5955.

Changes in Finance

– Contributed by Allen Bricker, VISN 20 CFO

At the October Tetrad, I asserted FY09 to be in a "year of transition" as VISN 20 moved from a FY08 record budget increase into an unknown FY2010. During this meeting, VISN and facility leadership discussed the need to see return on our increases in FTEE in the form of reduced purchased care and increased productivity and workload. We spoke of critically reviewing the impact of access points added in FY08, and discussed the need for sites to use FY09 as a year to prepare for a likely budget decrease in FY2010. In general, I encouraged FY09 to be one of downward trended costs in purchased care and FTEE, but with some room for needed operational changes. And then, quite unexpectedly, VA's budget was approved on time, and a lower than expected FY09 VERA was released. It's moments like these where we all apply two of the key competencies in the High Performance Development Model: flexibility/adaptability and creative thinking.

Consequently, my initial projection of having 12 months to "decelerate obligations" has been cut short – by 12 months. The overall increase to VERA was substantially less than originally anticipated as VA distributed nearly half of the FY09 budget increase to the various VACO Program Offices. As a result, sites are currently looking at a 4% increase over FY08. Initial analyses indicate that for most sites, the number of actual FTEE accessions through October will require sites to implement robust position management strategies and cost containment tactics to live within their budget allocations. Sites will need to consider return on investment for any new programs and also to work closely with program offices to obtain funding for new programs.

Additional changes are planned for FY09 in the areas of Rural Health and Priority 8s. Nationally, there is approximately $800 million to support these initiatives. The rules and policies on how these programs will be rolled out are still in development, but it's clear that VA's mission to care for those who have "borne the battle" will be expanding with the introduction of Priority 8 veterans and added access points.

Change in FY09 is not just limited to budget and VERA. Bob Dylan might have been thinking of VHA, when he sang "you better start swimmin' or you'll sink like a stone, for the times, they are a-changin." The FY09 Performance Plan promises even more oversight in the form of Part C and Mr. Feeley's Top 14. The FY08 Deloitte and Touché audits have not been formally released yet, but VHA is aware that we will receive another material weakness rating. A material weakness is a reportable condition in which the design/operation of our internal controls does not reduce the risk that employees in the normal course of duty could detect misstatements within a timely period. As this has been a repeated finding for several years, there is possibility of the finding being elevated should it repeat in FY09. Consequently, we expect increases in financial oversight immediately.

Within financial management, FY09 promises to deliver on many of the standardization initiatives that were discussed in FY08, including improvements in DSS reporting, budget variance reports, and common costing rules. FY09 will be a year where finance enriches its understanding of having a dual mission of strengthening internal controls and filling a more dynamic role in producing information that can assist sites in becoming more efficient and effective.

It's evident that 2009 will be a year of transition for VISN 20. Dylan told us we "better start swimmin'," but he didn't mention where or how, and it seems it always comes down to details. Admittedly, at this early point, the details and tactics for the year are still fluid and developing. However, we can and should enter the year with confidence, as our end of year outcomes are clear: VISN 20 will push to treat "one more veteran" at an "elite level of care." In doing so, we live up to the promise of our Abraham Lincoln and the mission of VHA.

VISN 20 Facilities Recognized

Portland & Alaska Receive National RCA Awards

In October, the National Center for Patient Safety awarded Portland a Gold level recognition in the RCA (Root Cause Analysis) Cornerstone Recognition program while Alaska was recognized with a Bronze. Criteria for such honors was as follows:

RCA BRONZE

Achieve annual minimum standard for the number of Individual RCAs and Aggregated Reviews completed within 45 Days.

RCA SILVER

1. Meet all Bronze criteria AND:
2. Each RCA used to satisfy the Bronze criteria has at least one series/string of an RC/CF statement in the action/outcome table with an intermediate or stronger action, a quantifiable outcome measure and management concurrence
3. Each required Aggregated Review used to satisfy the Bronze criteria has at least one series/string of an RC/CF statement in the action/outcome table with an intermediate or stronger action, a quantifiable outcome measure and management concurrence
4. For RCAs and Aggregated Reviews used to satisfy the Bronze criteria, all actions with outcome measure dates due between 10-1-07 and 8-31-08, had a rate of reporting of 100% in SPOT by 9-30-08

RCA GOLD

1. Meet all Silver criteria AND:
2. Complete additional and/or optional RCAs and/or Aggregated Reviews (other than the four required categories) within 45 days
3. All identifiers are absent in completed RCAs and Aggregated Reviews

Congratulations Portland and Alaska! Excellent work!

SORCC Receives SRD Champion Award and Carey Award

The FY08 VHA Systems Redesign Champion Award, in the Category of Western Outpatient Winner, was recently presented to the Diabetic Care Delivery Team at the Southern Oregon Rehabilitation Center and Clinics. Per VACO, SORCC's Diabetic Care Delivery Team has achieved a reputation for excellent leadership and outstanding quality in provision of personalized medical care. Their innovative practices improve patient education, clinical outcomes, compliance with care plans through personal involvement and ownership and excellent patient satisfaction. Congratulations and THANK YOU on behalf of all employees and the veterans that we proudly serve.

The SORCC has also received special recognition as an achievement winner of the Robert W. Carey Quality Award – the VA's top honor for quality achievement. The award recognizes medical centers' commitment to veterans, and focus on improvements in medical care, research, teaching and back-up support for the Department of Defense.

A panel of judges, including officials from public and private-sector organizations who are recognized as leaders in customer service and quality, selected the Minneapolis VA as their top winner, five other VA facilities as top-quality achievers, and four additional VA facilities, including SORCC as achievement winners.

The Robert W. Carey Quality Award, presented annually since 1992, is named for the director of the VA Regional Office and Insurance Center in Philadelphia who died in 1990. He led his office in initiating a total-quality management approach to serving veterans and their families. Today's Carey Awards follow the Malcolm Baldrige National Quality Award criteria, which provide a model for assessing quality transformation efforts. Recipients were honored in a ceremony October 31st in Washington, D.C.

Spokane Receives Two National Awards for Environmental Achievement

What does patient care have to do with the environment? More than you may think. An increasing number of health care facilities, including the VAMC Spokane, realize that by reducing the industry's environmental impact they are also creating a healthier environment for patients and staff.

In May, Spokane was honored with a Partner for Change Award at the Practice Greenhealth Environmental Excellence Awards. Practice Greenhealth Executive Director, Bob Jarboe, said, "The Partner for Change Award recognizes those facilities that are helping to create healthy, healing environments and are committed to eliminating mercury, and reducing waste and pollution. Going green is clearly the way of the future and the future is looking healthier all the time."

"Environmental Excellence Awards recognize success stories," said Jarboe. Spokane received the award for developing successful pollution prevention programs and has made quality patient care and the environment a priority. As a result, everyone will see long-term benefits. Their actions have led to some dramatic changes.

"The Spokand VA hospital sends 43 percent of their waste to recycling," says Todd Bennatt, the hospital's Green Environmental Management System Manager. "Just by recycling, we saved more than $18,000 last year. We're always evaluating our processes and trying to reduce any kind of packaging waste."

Spokane also has a program that looks at cutting waste at the level of purchasing. They try to find items light on packaging and heavy on recycled material. "It's basically become the way to do business in the future," Bennatt says.

The global environment is so big and so complicated; can one facility really make a difference? Every action counts. We may not think of ourselves as polluters, but health care generates thousands of tons of waste everyday – by some estimates about 15 pounds per patient per day. "Spokane has developed new policies to reduce our environmental impact and is continually monitoring our progress to improve our performance. Receiving this award is confirmation that we are on the right track," said Bennett.

The Practice Greenhealth Awards were presented in Pittsburgh in conjunction with CleanMed 2008, a global conference for environmental leaders in health care. In addition to supporting the awards, Practice Greenhealth, formerly Hospitals for a Healthy Environment (H2E), is a source of environmental solutions for the health care sector.

Practice Greenhealth is the result of the merger of two leading organizations – H2E and the Green Guide for Health Care (GGHC) – with a new clean energy and energy efficiency program – Healthcare Clean Energy Exchange (HCEE). For more information on Practice Greenhealth, healthy initiatives, current trends, news and views, and other links to earth-friendly organizations, visit www.practicegreenhealth.org.

Also in May, Spokane accepted the "Partner for Change" award at the 2008 Environmental Excellence Awards Ceremony held in Pittsburgh, Pennsylvania. This award recognizes facilities that continuously improve and expand upon their mercury elimination, waste reduction, and pollution prevention programs. At a minimum, facilities applying for this award should be recycling 10% of their solid waste, have begun mercury elimination programs with a plan in place for total elimination, and have developed other successful pollution prevention programs.

Spokane is one of many VISN 20 facilities with aggressive conservation programs. Keep up the great work!

VISN 20 Welcomes Behavioral Health Program Manager

Michal Wilson is a Washington native who received his M.D. from the University of Washington School of Medicine in 1994. He completed a psychiatry residency through the University of Washington in the Advanced Clinician's Track with his training divided between facilities in Seattle and Spokane. He is a diplomat of the American Board of Psychiatry and Neurology and is licensed in the State of Washington. Prior to coming to the VA, Dr. Wilson practiced in both community mental health and in the private sector. His professional activities have included inpatient, outpatient and consultative psychiatry, administrative work, research and serving as the Chairman of a hospital ethics committee. In addition to these duties he was involved in resident and medical student education in Spokane under appointment as a Clinical Assistant Professor in the Department of Behavioral Sciences at the University of Washington. In 2005, Dr. Wilson moved to Wyoming and worked first as a staff psychiatrist and then as the Associate Chief of Staff for Mental Health Programs at the Sheridan VA Medical Center. The Mental Health Product Line in Sheridan consists of approximately 110 FTEEs and 130 patient beds encompassing inpatient, residential and domiciliary levels of care and the facility serves as the tertiary referral site for Mental Health within VISN 19. Dr. Wilson is married and has a son who just turned four. In his spare time he enjoys cooking, the arts, and a variety of outdoor pursuits.

Home Based Primary Care: A VISN Perspective

– Contributed by David Langenfeld and Ami Reno

As stated on page 1 in Mr. Lewis' message, Home Based Care was piloted in the VA in 1970, but for most of VISN 20, it is a new concept. HBPC is designed for veterans whose routine clinic-based care is becoming ineffective. Veterans with chronic medical conditions who have a hard time getting to the VA clinic for care, and who have needed repeated visits to the emergency room, urgent care, and/or have had multiple hospitalizations can benefit from the HBPC program.

The HBPC program provides primary care in the veteran's home. The treatment team includes a Physician, Physician Assistant or Nurse Practitioner, Psychologist, Registered Nurse, Physical Therapist, Occupational Therapist, Social Worker, Nutritionist, and Pharmacist. All services are available to veterans admitted to this program but not all may be necessary, and treatment is individualized to meet each veteran's needs. The HBPC program providers work together with the veteran and their family/care providers to develop a treatment plan to meet the medical, rehabilitation, and psychosocial needs of the veteran.

The goals are: keeping the patient's condition stable, providing symptom management, reducing the need for urgent care visits and hospitalization and helping the veteran remain as independent as possible in their environment. HBPC is available to all veterans receiving care that qualify for this service. The referral for HBPC services comes to the program from the patient's primary care provider. The HBPC team will evaluate the veteran/caregiver and the home environment for suitability for the home care program. If appropriate, the veteran will be offered services. Once admitted to the program, the HBPC physician becomes the patient's new primary provider. This transition of primary care is necessary because the HBPC program is designed to be a long-term primary care program for the patient and take the place of the clinic-based primary care model used by most veterans. Co-payments, based on annual income level and service connection rating, may be required. The HBPC staff will alert the veteran prior to admission if a co-payment is applicable.

In VISN 20, Portland and Puget Sound lead the way with HBPC, with programs in place for many years, if not decades. As for the remaining six sites, most are already seeing patients and are in various stages of becoming officially sanctioned. Sanction is important because only after receiving official sanction can a program receive workload credit through the VERA system. In order for a HBPC program to be sanctioned, it must have all program staff positions filled or detailed to the program, policies and procedures must be in place, and equipment and vehicles must be available on site. The program director can then send a request for official sanction to VACO. Boise and White City are sanctioned, and have had mock surveys; the rest are well on the way. HBPC has been documented nationally to decrease bed days of care by 69%, to reduce net costs by 24% and also reduce fee basis and contract nursing home care costs. VISN 20 is excited to begin offering HBPC at every medical center. We anticipate that the new programs will lead to improved clinical outcomes for patients and will greatly enhance our current continuum of long-term care services.

Walla Walla VA Medical Center Home Base Primary Care Team

Left to right: RN, Karen McMichael; PSA, Eva Morales; HBPC Program Manager/RN, Kyle Garrison; Associate Chief Nurse, Danelle Laiblin; MSW, Steve Nelson; RN, Roy Sherman; RN, Johanna Fickett; Medical Center Director, Brian Westfield.

Not Pictured: HBPC Medical Director/MD, Delwyn Baker; ARNP, Eileen Bow; MSPT, Shawn Shugars; OTR/L, Jennifer Miller; RD, Mary Freeman.

2008 Disaster Relief Efforts

During this year's active hurricane season, 36 VISN employees were deployed to San Antonio, TX and Ruston, LA to assist those impacted by Hurricanes Ike and Gustav. Physicians, nurses, pharmacists, housekeeping aids, mental health and social workers are just some of the job titles of the dedicated staff who volunteered their time to help veterans impacted by this year's storms.

Employees were deployed, in at least two week intervals, sacrificing time away from family, friends and safe and comfortable living situations. The following is an excerpt from "The Shelter Chronicles," a story put together by Boise Physician Anne Palma. In five installments, Dr. Palma detailed her experiences in San Antonio as a DEMPS volunteer at the Federal Medical Shelter for Boise Staff:

Our shelter only occupies a tiny portion of the warehouse. Armed VA police staff both entrances which is especially important following a rape (or attempted rape) at the FEMA shelter which occupies the rest of the warehouse. Our tour of the FEMA shelter today took us through what can only be described as a sea of dark blue cots bearing the FEMA logo – imagine 4,000 souls camping out on low unpadded cots set up on a concrete floor. It is like nothing I have ever seen before. Several of the new staff have already been moved to tears.

The VA shelter itself was intended to be set up simply as a medical shelter – that is, custodial care, assisted living, etc. In fact, it has become a haven of last resort for all sorts of very sick people – one with renal failure in that corner, another with HIV disease and a fever in the other, a new mom with paraplegia and an adorable 2 week old baby over there…a man with benign tumors on his liver who requires a transplant (thank God he is a veteran and the San Antonio VA is going to take over his care), a renal transplant patient over there and in the other corner a woman two weeks overdue for her chemotherapy – her doctor's office flooded so, hmmm, how will we arrange this?

There have been a good handful of very large immobile patients requiring bariatric beds. One lady took an overdose of something last night and was unresponsive this AM but the local ER has already sent her back without psych evaluation – oh yes and this man gets chest pain frequently…there is a quadriplegic man who drops his BP in the upright position (as such folks often do) and so needs his wheelchair just so, and a lady who had diarrhea but refused to bathe since no one had ever seen her naked (the angelic nurses gained her confidence and bathed her in the decon tent set up outside the shelter) — did I mention yet that the shelter, being a warehouse, has NO RUNNING WATER?!?

I served in Waco three years ago following Hurricanes Rita and Katrina. The FMS at the Waco VA was a 5 star hotel compared to the FMS here in San Antonio. House staff might be interested to hear that as many as 50 patients have been admitted in one single shift, and that the heaviest admissions seem to come at night. One day recently a shelter in Houston simply closed its doors and placed its guests on a bus – the folks didn't even know where they were headed! They arrived after midnight at the FMS…

Dr. Palma's chronicles are fascinating reading and we thank her for sharing her story, as well as recognize all other employees for their willingness to go to work in uncertain conditions. Also to be commended are facility Directors and managers who made it possible to release valuable staff members from their regular duties. It is a proud feeling to be associated with people who are so dedicated to VA's Vision Statement, which reads as follows:

To be a patient-centered integrated health care organization for veterans providing excellence in health care, research and education; an organization where people choose to work; an active community partner and a ***backup for National emergencies****.*

FY08 a Record Collection Year

VISN 20 closed out FY08 at 114.5% of our MCCF collections goals, with four of our facilities in the top 20 for collections nationally!

ALASKA	$12,861,595.13
BOISE	$10,430,155.46
PORTLAND	$21,881,612.59 #5 nationally
ROSEBURG	$8,214,241.36 #6 nationally
PUGET SOUND	$32,400,052.11 #20 nationally
SPOKANE	$7,916,014.87
WALLA WALLA	$4,733,213.76 #3 nationally
SORCC	$2,467,733.38
TOTAL	$100,904,618.66

Congratulations to all and keep up the good work – with 2009 promising to be a year of reduced budgets, your efforts in this area will be more important than ever before. Other notable FY08 achievements in the business realm include:

- VISN 20 executed all but $5,300 in expiring funds – one of the best performing Networks.
- VISN 20 closed the year with an $8,000,000 carryover – well within our target.

Thanks to Fiscal, Contracting, and all facility personnel for these outstanding achievements.

Wheel Chair Games Update

– Contributed by Sandy Smock

It is not very often that a person can experience a life-changing event, but for the Spokane VAMC staff that attended the 28th National Veterans Wheelchair Games located in Omaha, Nebraska in July, it was evident that no one was coming home the same.

These participating veterans had their own lives changed forever due to an unfortunate injury and have had to overcome personal battles within themselves to accomplish and even attend this annual international sports competition.

The Games can be best summed up by a quote given in the closing ceremonies, "The VAMC gave these veterans their lives back but the Games give these veterans their dreams back."

Evidence of determination and pride can be felt and seen in each moment of the Games. To watch these men and women condition, train and then compete is just part of the Game experience. The real thrill is to hear their individual stories and share their moments of personal glory each time they cross the finish line.

The Spokane team has the honor of hosting the 29th NVWG in July 2009. The next seven months will be a true test of organization, teamwork and communication. It will be VISN 20's challenge to make these Games the best possible.

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.

Fisher House Dedication

On September 10, 2008, Puget Sound hosted a dedication celebration for its long awaited Fisher House. The Fisher House™ program is a unique private-public partnership that supports America's military in their time of need. The program recognizes the special sacrifices of our men and women in uniform and the hardships of military service by meeting a humanitarian need beyond that normally provided by the Departments of Defense and Veterans Affairs.

The VA Puget Sound Fisher House provides, at no cost, a place where families can be near their loved ones as veterans recover from illness or injury at the Medical Center. With 16,800 square feet, VA Puget Sound's Fisher House includes 21 suites, each with a private bath. It's a home away from home for approximately 42 family members at any given time. All décor and furnishings reflect a comfortable and homey Northwest style. The house includes a family room, kitchen, dining room, community living room and shared laundry facilities. All the rooms are handicapped accessible.

Fisher Houses are built with funds provided through public and private organizations and individual contributions from the American public. In June 2007, the Fisher House Foundation committed $5 million to bring a Fisher House to VA Puget Sound's Seattle Division. The Friends of the VA Puget Sound Fisher House, a local non-profit group, was also formed to raise money in the local area that was applied against the costs for construction, furnishing, and landscaping.

Congratulations Puget Sound!

Suicide Prevention

Thank you for the tremendous work you have done in our attempt to get suicide awareness training complete for all of our staff. To date, over 35,000 staff members have been trained VA-wide (approximately 2,400 in VISN 20). This is a huge accomplishment considering the demands on your time and the stigma surrounding the topic! We need to keep persevering in order to satisfy the requirements in the Joshua Omvig Law as well as OIG recommendations. It is also the right thing to do, not only for our veterans, but also as a public health service for our employees, their families and communities.

Our goal now is to complete this training for the people identified at each site by the end of January. VACO will be asking for an ongoing report on the regular monthly report due to Jan Kemp, VA's Suicide Prevention Coordinator, due on the 10th of each month.

The Deputy Under Secretary for Health for Operations and Management has also suggested a CD for staff concerning suicide awareness and prevention for use after the training and for personal, family, and friend knowledge. Jan Kemp's office is working on that and will combine efforts with EES to make this available soon.