

**HEALTHY
HEART
MONTH**



For Employees, Volunteers and Veterans of VA Roseburg and our Community Clinics

February 2012

VISN 20

Pioneering a Home Telehealth Pilot Project



Wear Red on
February 3rd!



Healthy Living
Tips



Best Wishes From
the Moon!

2012
National Salute
to Veteran Patients
You're Invited!

From The Director

Patient-Centered Care and Cultural Transformation



*Carol Bogedain, Director
VA Roseburg Healthcare System*

VHA is embarking on an entirely new approach to health care titled Patient Centered Care (PCC). This approach is patient-centered health and healing which requires a process that is proactive rather than reactive, and engages the patient at the center of their care. This concept applies to both internal and external customers. Therefore our patients and our employees all will benefit from moving in this positive direction.

VA Roseburg Healthcare System (VARHS) is the first VA facility in the Nation to implement the Full Cycle Implementation Plan for PCC. With the assistance from the Office of Patient Centered Care and Cultural Transformation (OPCCCT), VARHS will begin the Patient Centered Care transformation journey the week of March 5th. The journey includes visits with staff from the OPCCCT Team, Information Sessions with all staff, an organizational assessment consisting of internal and external stakeholder focus groups, and an engagement session with the leadership of the organization.

In the meantime, we have already begun our PCC transformation. Our organization has implemented impressive initiatives that align with PCC:

- The Women Veterans Health Program providing women's health primary care providers at the main facility and also has established the Women Veteran Liaison Program.
- Under the direction of the Women Veterans Health Program, a Family Waiting Area was created in Building Two, and another is in development in the Ambulatory Care Clinic.
- Chaplain Service provides Telechaplancy visits via telehealth technology. The visits reach out to Veterans who face transportation challenges.
- Prosthetic Service places prosthetic devices (e.g., canes, crutches, blood pressure monitors, etc) in areas where the patient's are being treated.
- The Patient Centered Care Program initiated the Ambassador Program to assist and guide Veterans visiting our facility. The Ambassadors work closely with the Patient Advocate to serve our Veterans.
- The Health Promotion and Disease Prevention Coordinator directs our M.O.V.E. Program that provides preventive and therapeutic medical nutrition therapy through diet education classes.
- North Bend CBOC has re-initiated the pain management groups and will be starting them in the near future and recently initiated a Veterans Art Show.
- Community Living Center (TCU & PCU) provides recreation, arts and crafts, regular live music, and other recreational opportunities such as shopping and visits to Wildlife Safari.

VARHS has the unparalleled opportunity to lead this change. The outcomes will be seen by increased satisfaction with our patients and employees, the increased efficiency of our system, and ultimately the improved health and lifestyles of our Veterans. We look forward to the time when every member of the health care team, every employee of VARHS, and every Veteran partnering with us in their care, embodies this approach.

Together we will transform VARHS into a system that partners with Veterans to not only deliver excellent medical care but to fully live their lives beyond what they have imagined. Leading this change at VARHS is an opportunity to lead this change for the VHA and our country.

Carol S. Bogedain, FACHE
Director

Pioneering Warfarin Management in Rural Veterans Receiving Home Telehealth

*Written by Jennifer Dunkle,
PGY-1 Pharmacy Practice Resident*

Managing anticoagulation therapy for Veterans who receive warfarin can be a complex and tedious process, both for patients and providers alike. Warfarin is commonly called a “blood thinner” and it works to prevent harmful blood clots from forming that may result from conditions such as atrial fibrillation, heart valve replacements, and a history of clots in the legs or the lungs. Warfarin also has a narrow therapeutic range. A small change in dose may make the difference between the potential for bleeding and the potential for a blood clot forming. As such, warfarin must be monitored on a regular basis to ensure safe and effective use of the medication.



The VA Roseburg Healthcare System draws a blood sample directly from the vein, a method called venipuncture, to obtain the PT/INR result. Anticoag Clinic policy requires Veterans to travel to the lab on the main campus or the community based outpatient clinics every two to four weeks for a new PT/INR test. So much travel can take a toll on rural Veterans, ranging from pure inconvenience, to decreasing quality of life, and may lead to greater noncompliance with keeping lab appointments. The

VA's commitment to designing Veteran-centric health care models, including Home Telehealth, allowed for the perfect platform to design a pilot project utilizing INR self-testing monitors for Veterans currently enrolled in the Home Telehealth program. This pilot project hopes to promote compliance with warfarin therapy by providing a more convenient means of INR testing, optimizing regimens to increase time within individual target INR ranges, and surveying patient satisfaction with testing at home.

The implementation of such a multifaceted undertaking began to take root in July 2011 when Pharmacy Residency Director, Dan Neal, asked if one of his new residents would like to be the frontrunner for a program involving patient self-testing of INR. The first priority was to establish a patient population in which a pilot project would be feasible. Veterans receiving Home Telehealth and who are also prescribed warfarin for chronic therapy were the ideal population to select, as they already have computer systems set up in their homes for data entry related to other chronic diseases. A team of professionals was also organized to discuss patient safety, the necessary steps for obtaining patient self-testing meters, the correlation of the meters with the laboratory, and the distribution of responsibility for monitoring and subsequent management of warfarin therapy.

Pharmacy resident Jennifer Dunkle has been heading up the project and working with the team to ensure the momentum for this groundbreaking program keeps

going strong. Since September, two different companies gave presentations on the pros and cons of their specific patient self-testing meters, and a company was selected for contract. Portland VA Medical Center's research and development department was contacted and determined the project met criteria for a quality assurance process, allowing for expedited approval of a resource request to move forward. And just this past week, lab has been performing correlation studies with blood samples from the self-testing meter and the venipuncture samples. The prosthetics department approved a grant for the purchase of 30 meters and test strips will be purchased through the pharmacy. The final step is gaining approval by the Executive Committee of the Medical Staff within the next week and setting up group appointments for patient education and training on the new meter. Patients who wish not to participate, or those who cannot demonstrate competency after training will not be able to acquire a self-testing meter.

The pilot project is ready to launch within the next two to three weeks. There is a feeling of excitement in the air with the near establishment of such a novel program, here locally and also some favorable attention nationally. Data will be collected through May 2012 and presented at the Western States Pharmacy Residency Conference in Monterey, California on May 23, 2012.

Find VA Roseburg on
facebook

Voluntary Service Sponsoring the..

ANNUAL NATIONAL SALUTE TO VETERAN PATIENTS

**VA Roseburg Healthcare System
Auditorium Building 16
Friday, February 17, 2012**

PUBLIC INVITED

10:00am-10:30am Opening Ceremony

10:30am-12:00pm Gift Distribution/Music

For Salute Program Volunteers

Lunch will be available between 12:00 and 1:00 pm

VETERAN PATIENTS

1:00pm-3:00pm Carnival

Over \$1000.00 in prizes and canteen books will be given
out to inpatients!!

REFRESHMENTS WILL BE SERVED

If you have any questions please contact:
Voluntary Services at ext. 44350 or 45311



Sponsored by:



Prosthetics and Sensory Aids Service Automobile Adaptive Equipment Program

The Prosthetics and Sensory Aids Service (P&SAS) benefits plan includes the Automobile Adaptive Equipment (AAE) program; permitting physically challenged Veterans to enter, exit, and/or operate a motor vehicle.

Automobile adaptive equipment prescribed for Veterans enrolled in the VA Roseburg Healthcare System (VARHS) may include scooter and wheelchair platform lifts, hand controls, lowered floors, raised roofs, and tie-down systems. The primary concern of the Department of Veterans Affairs (VA)

is the Veteran's safety, and other people on our nation's highways. The VA recognizes the National Mobility Equipment Dealers Association (NMEDA) as the organization committed to ensuring quality and professionalism in the manufacturing and installation of safe mobility equipment in vehicles for drivers and passengers with disabilities. NMEDA's Quality Assurance Program (QAP) is the only accreditation process for the adaptive equipment industry. A provider's QAP designation



Pictured: Michael Gardner shows off his Van's super technology by pushing a button that lowers the right side of the vehicle. He then flips a switch and the door opens and the ramp drops down. Mike swivels the driver's seat around to maneuver himself into the waiting wheel chair, and traverses the ramp. Once he is out of the vehicle, he pushes another button adjacent to the van door and the ramp flips up and the door closes. Amazing!

enhances vehicle modification and adaptive equipment installation that is consistent with the highest standards in the industry. The VARHS refers Veterans only to NMEDA dealers that have their QAP accreditation.

Mr. Michael Gardner is a 64 year old Veteran, non-service connected for paraplegia. Mr. Gardner's prosthetics benefit plan was limited to ingress/egress to his 2002 Dodge Grand Caravan. The AAE benefit included a

lowered mini-van conversion with 10" lowered floor and power kneel feature, automatic sliding door with power ramp, manual tie-down system and dual battery system. The ingress/egress van conversion VA benefit is designed for passenger use. However, since Mr. Gardner is an Oregon licensed driver, he was able to supplement the VA benefit with the purchase of hand controls, driver's power transfer seat base, and steering knob. As the owner of Home Helpers, a service driven company with 80 employees, Mr. Gardner is very active building his business. Home Helpers offers companion care and delegated nursing services that provides about 1,600 hours of service a week to 300 households in Douglas County. Having easy and safe access to his vehicle keeps Mr. Gardner on the road serving clients with Home Helpers.

For more information about other VA prosthetics benefits, contact P&SAS at Extension 44401

Or, Visit our internet website at:

<http://www.prosthetics.va.gov/>

WOMEN VETERANS HEALTH CARE

Heart disease is the #1 killer of
women veterans



take heart

Let VA help.

★ *You served, you deserve the best care anywhere.* ★

Womens Health



Will you recognize heart disease before it stops your heart? Although it is their most common health threat, too many women Veterans do not realize they have heart disease until it is too late. February is Healthy Heart Month and VA wants to raise awareness of heart disease in women. Heart disease is the leading cause of death in American women and women Veterans. It can lead to disability and significantly decrease quality of life. Learn about the connections between heart disease and high blood pressure, high cholesterol, physical inactivity, diabetes, and obesity. Visit www.womenshealth.va.gov to take steps toward a healthier heart.



Heart disease is the leading cause of death of American women and Women Veterans. It can also lead to disability and significantly decrease one's quality of life. Despite this, many women do not recognize heart disease as their leading health threat, and many women fail to make the connection between risk factors, such as high blood pressure and high cholesterol, and their personal risk of developing heart disease. African-American and Hispanic women in particular are at risk, with high rates of obesity, physical inactivity, high blood pressure, and diabetes.

Women are now the fastest growing subgroup of U.S. Veterans. The number of Women Veterans is expected to increase dramatically in the next 10 years, and VA health care is expected to be in high demand by the Women Veterans of Operation Enduring Freedom, Operation Iraqi Freedom and Operation New Dawn. The Department of Veterans Affairs understands the health care needs of Women Veterans and is committed to meeting these needs.

Wear Red February 3!

Radiology and Womens Health



ALSO from T-21 funds for Women Veterans Healthcare, THE MENTAL HEALTH BUILDING has a new FAMILY WAITING ROOM For ALL veterans AND THEIR FAMILIES complete with a TV, couches, and reading materials!

Thanks to a GROUP EFFORT from T-21 funds for Women Veterans Healthcare, and Radiology we have a new DEX SCANNER, (BONE DENSITY TESTING) For both Men and Women Veterans. We are Scheduling appointments NOW!



Kudos

Catch a Star

Making the Difference

Shining Star To-Night Shift TCU
I would like to commend the night shift on TCU for their fine ability to work as a team to provide quality and caring service to our Veterans. I can't list all the names here, but they are all OUTSTANDING!

Recognized by: Mary Boerigter, RN
Night Shift RNOD

Catch a Star

Making the Difference

Shining Star To: Jon Bean
Outstanding job in the mailroom helping me to get out an over abundance of mail. Could not have gotten it all done in time without him! THANK YOU!!!

Recognized by Dana Culver
Mail Room

Catch a Star

Making the Difference

Shining Star To: Justin Bewley
Justin has been helpful in facilitating care needs for Veterans on out of town consults as well in communication follow through and prompt action to get results!

Thank you Justin!
Recognized by: Paula Dodd, NP

New Employees

Londa R. Romig, Voucher Examiner,-- Business & Finance Service

James Lujan, Medical Support Assistant--. Mental Health, Eugene

Roel Arredondo, Pharmacist-- Pharmacy Service

Jennifer Morzenti, Readjustment Counseling Therapist-- Mental Health, Eugene

VA Roseburg Healthcare System WELCOMES YOU!

More Generosity and Recreation Therapy

Bowling with Dollars

Recently, the Bowlers to Veterans Link presented a check for \$7000.00 to the VA Roseburg Healthcare System Director, Carol Bogedain. The funds, earmarked for the Recreation Therapy service, will be used to provide entertainment for patients such as trips to go bowling, fishing excursions and other recreation therapy based activities. Wade Rhodes, Oregon Representative for the United States Bowling Congress, District 5, said, "The donation gives us a chance to give back to the Veterans. It's an awesome feeling and very special to me. The funds come to the VA at a good time. A lot of our soldiers are coming home."

The United States Bowling Congress has provided monetary donations for many years, and this year was the largest amount donated to date.

Thank you!



Voluntary Manager Bill Smith, Director Carol Bogedain, Wade Rhodes and Associate Director Steve Broskey

Recreation Therapy offers the same opportunity to all individuals with physical disability to continue or perhaps even begin an active lifestyle. To improve our Veteran's physical, cognitive, and/or social functioning, and to return the individual to as independent and active of a lifestyle as possible we design specific programs for each individual Veteran. Bowling is one such activity.

To individuals without a disability, bowling may not seem difficult or challenging to perform. However, for those with any level of disability, especially those who were extremely active prior to their injuries, finding an outlet for sports participation can be challenging. Bowling fits well for many and has the ability to improve their quality of life. In Recreation Therapy, we treat Veterans who often feel they can no longer participate in physical activities. This leads to depression and a feeling of uselessness, which can be a significant factor in the patient's progress toward wellness from their illness or disability.



Marlilyn Warren with patient Mike Smith

*Photo by
Karl Tanner*

Bowling offers our Veterans an opportunity to socialize and is considered to be a form of relaxation. It helps them with socialization, stress control and acts as a stimuli for their competitive natures as sportsmen. One author describes bowling this way: During these times of unrest in our country, when things just don't seem as they used to, where better than a bowling alley to capture a snapshot of America?

Down at one end of the bowling center there may be a mom and dad amongst a group of ponytail-wearing ten year old girls, or bowling next to our Veterans may be a

group of senior citizens taking turns easily knocking down ten pins. Often these fellow bowlers trade life stories and visit with our Veterans. The atmosphere is one of fun and camaraderie.

Where better to unwind and take part in a game challenging enough to be a sport? Bowling provides our patients an opportunity to meet some of our community members and have fun while challenging themselves and working toward healing and wellness.

Submitted by Karl Tanner, Recreation Therapy Assistant

Patient Centered Care

WHO ARE OUR CUSTOMER SERVICE REPRESENTATIVES?

Customer Service Representatives (CSR's) assist patients with their concerns when they visit our facility. At times patients will contact the Patient Advocate. While the Patient Advocate will discuss the issue with the patient, he is not able to assist with most issues (medication, travel/eligibility, change of provider, etc) the patient is referred to the point of contact (CSR) at the service where the concern (s) lies. As consumers of many services in can be frustrating when we are referred to numerous people to assist us. The point of contact at the service level is always the best person to assist our Veterans and provide Patient Centered Care.

When the Veteran is assisted by the staff member who is familiar with his/her care plan, the stress level is reduced and services are provided in a timely manner.

With Patient Centered Care, our Veterans are always encouraged to take an active role in their health care by asking questions of:

- Nurses
- Providers
- Social Workers· Pharmacy
- Customer Service Representative

If a Veteran or their family members have any concerns or comments they are encouraged to contact one of the Customer Service Representatives listed below.

SERVICE / LOCATION	LAST NAME	FIRST NAME	TELEPHONE EXT.
AMBULATORY CARE BROOKINGS CLINIC (Monday & Friday) CRESCENT CITY (Tuesday, Wednesday & Thursday)	ROGERS	CHRISTINE	541-412-1152 707-464-6293
AMBULATORY CARE EUGENE CLINIC	GREEN BROWN	MELISSA JULIE	47442 47561
AMBULATORY CARE NORTH BEND CLINIC	FRANKLIN CALDWELL TUCKER	KAREN BETHANY MELVIN	541 756-8038 / 42002 (541)756-8002 / 48032 (541)756-8025 /48025
AMBULATORY CARE ROSEBURG- SPECIALTY CLINIC	WOODSON TANNER	LORI DEBBIE	45755 44899
AMBULATORY CARE ROSEBURG- BLUE CLINIC	LITTLEFIELD GAGE	JESSICA KEELI	44936 44482
AMBULATORY CARE ROSEBURG-GOLD CLINIC	WRIGHT DOUGLAS	RENAE DERRICK	44116 44666
AMBULATORY CARE ROSEBURG- WHITE CLINIC	CLARIC PICKERING	MARSHA LIA	44315 44967
AMBULATORY CARE ROSEBURG- DERMATOLOGY	CHITWOOD	ELIZABETH	44297
BILLING	KILBY	LISA	541-440-1382
CHAPLAIN SERVICE	ELFADILI	TAMMY	40723
DENTAL	ROERISH	SHEILA	14052
FEE BASIS	CAMERON	PAM	45671
MENTAL HEALTH - OEF / OIF PROGRAM	MOODY	DARCIE	45412 /44662
MENTAL HEALTH - OUTPATIENT/INPATIENT	CARLSON	JAMIE	44157
OCCUPATIONAL & PHYSICAL THERAPY	BEST	JEAN	44384
SURGICAL & SPECIALTY / INPATIENT	WALLACE	LAURA	40204
OPTOMETRY	NAGY	MARY	45793
PHARMACY WHITE/GOLD CLINIC - BROOKINGS CLINIC	CARPENTER	CURT	41281
PHARMACY BLUE CLINIC - NORTH BEND CLINIC	MCDAVID	JANET	45091
PHARMACY EUGENE CLINIC	REUBEN SHANNON	STEVE CAROL	47421 47422
RADIOLOGY	LEE	KIMBERLY	44373
TRAVEL/ELIGIBILITY	PORTER	NANCY	44575

The goals of the Customer Service Program aligned with Patient Centered Care include:

1. To listen to a patients concerns and give excellent customer service.
2. Provide information to help meet the patient's needs.
3. Make sure patients concerns are heard and addressed.
4. Provide patients with a point of contact to help with your needs.

PATIENT CENTERED CARE PRINCIPLES:

We are committed to provide the 12 principles of Patient Centered Care:

- Honor the Veteran's expectations of safe, high quality, accessible care
- Enhance the quality of human interactions and therapeutic alliances
- Solicit and respect the Veteran's values, preferences, and needs, information and education
- Incorporate the nutritional, cultural and nurturing aspects of food
- Provide for physical comfort and Pain-management
- Ensure emotional and spiritual support
- Encourage involvement of family and friends
- Ensure that architectural layout and design are conducive to health and healing
- Introduce creative arts into the healing environment.
- Support and sustain an engaged work force as key to providing Veteran-centered care

Every staff member at the VA Roseburg Healthcare System is a Customer Service Representative and a Patient Advocate for our Veterans. To provide excellent Customer service we must all remember the following:

YOU ARE THIS ORGANIZATION

YOU are what people see when they arrive here.

YOUR eyes are the eyes they look into when they're frightened and lonely.

YOUR voice is what people hear when they ride the elevator, when they try to sleep and when they try to forget their problems.

YOU are what they hear on their way to their appointments that could affect their destinies....And what they hear after their appointments.

YOUR comments are what people hear when you think they can't.

YOU are the intelligent and caring people hope they seek. All they know is what they see and hear and experience.

And so **we** have a stake in **YOUR** attitude and the collective attitude of everyone who works here.

We are **ALL** judged by **YOUR** performance.

We are the care that **YOU** give, the attention **YOU** pay, the courtesies **YOU** extend.

YOU are us...we are you

YOU are this organization

Submitted by Jackie Barnett, Patient Centered Care Program Coordinator



Mental Health

SERVICES

~Social Work Sightings~

Written by Jamie Carlson, LCSW

To see a group of social workers together in the same room for any amount of time is a rare event. However, in the fall of 2011, fifteen of them gathered for the annual social work retreat. The time was used for resource building, clarification of social work positions and team building. This year's retreat also featured 3 guest speakers who presented excellent information and helped with our social work licensure continuing education unit requirements.

The morning started with a meet and greet over a continental breakfast. Susan Harrison, LCSW (License Clinical Social Worker), provided information regarding her position as the new Veteran Justice Outreach (VJO) Coordinator. Susan talked about the details and duties of the coordinator position. A letter from the Under Secretary of Health, Department of Veterans Affairs, dated April 30th, 2009, states: *"The purpose of the VJO Initiative is to avoid the unnecessary criminalization of mental illness and extended incarceration among veterans by ensuring that eligible Veterans in contact with the criminal justice system have access to VA Medical, Mental Health and Substance Abuse treatment services"*. Susan Harrison welcomes all questions and appropriate referrals. She can be reached at the Behavioral Health Recovery and Integration Services office in Eugene, OR. Her office phone number is 541-242-0445.

David Strain, LCSW, spoke on the Patient Aligned Care Team (PACT) initiative and how it is becoming a primary focus for integrating medical and mental health treatment in the same clinic. Each team will consist of a physician, nurse, pharmacist, social worker and health technician

who coordinate with the Veteran his immediate and life-long health and wellness needs. The focus of the PACT team is to partner with Veterans in a team-based approach to their healthcare. The Veteran is not just the patient, but a vital member of that team in providing "whole-person" care. This personalized approach establishes not only treatment of episodic and chronic illness, but an emphasis on prevention and health promotion.

The first guest speaker for the event was Dr. Debby A. Phillips, PhD, APRN. Dr. Phillips is based out of our Eugene Clinic. Her topic encompassed **"PTSD and the Neurobiology of Trauma and Trauma Healing"**. Dr. Phillips has 30 years in the field of human violence as an Advanced Practice Registered Nurse (APRN), Eye Movement Desensitization and Reprocessing (EMDR) practitioner, researcher, and educator. Dr. Phillips has published numerous professional articles, book chapters, and encyclopedia entries related to human violence, causes, and sequelae. She also developed a community-wide Trauma Therapy program for survivors of human violence.

During a much needed break, social workers gathered over lunch and had a surprise visit from Chief of Mental Health, Sandra Llecholech, who shared appreciation for the hard work that social workers do on a daily basis that often goes unnoticed.

The second guest speaker was Dr. Linda Schmechel, Ph.D., Mental Health contracted Neuropsychologist. Dr. Schmechel, who rotates her schedule, was more than accommodating to meet our requests for her presentation. She spoke on the **"Intricacies of Working with Brain Injured Patients"**. Social workers increasingly work with perplexed

patients who are battling not only medical issues and PTSD issues, but brain injuries as well. Dr. Schmechel earned her Ph.D. in Clinical & Community Psychology at the University of Texas at Austin, including coursework in the School of Social Work. She later did a post-doctoral fellowship in Mental Health Law at the University of Nebraska; additional neuropsych training was in special seminars through University of North Carolina (Chapel Hill), University of Chicago, & University of California at San Diego. She was on the faculty of the Center on Children, Families, and the Law (U of Nebraska) for 25 years and has always done part-time teaching simultaneously with clinical work. Her major area of expertise is in Disability Evaluations and she has served as a state level consultant for the Social Security Disability program for 27 years.

Last, but not least, Roseburg VA's own retired mental health social worker, Ingrid Duvall, LCSW, closed out our retreat by stressing the importance of self-care. Ms. Duvall presented **"Personal Well-Being in the Face of Difficult Work: The importance of social worker self-care which affects both you and the needs of the veterans you serve"**. Ms. Duvall, LCSW has extensive experience in teaching the concepts of well-being, self-care and stress management to hundreds of clients and peers over the course of her professional career working with victims of trauma. She has been a LCSW since 1997, working for the National Center for PTSD Women's Trauma Recovery Program, Men's Residential Rehab Program, the Roseburg Veterans Administration Mental Health Outpatient Clinic, and in a private practice setting.

As this year's retreat came to a close, social workers were already gearing up for the next quarterly meeting where preparations will begin for Social Work Month activities to be held in March, 2012.

SPS - More than a Name Change



Written by:

Tracy Weistreich, PhD, RN,
NEA-BC, VHA-CM

Associate Director Patient Care
Services (Nurse Executive)

Service Network (VISN) 20. These site visits are quality performance checks to ensure we are following the manufacturer's recommendations for cleaning, sterilizing, or disinfecting RME items. One misconception is that only SPS employees perform the functions associated with cleaning RME. In fact, dentists, surgeons, nurses, physicians, nurse practitioners, and x-ray technicians may have direct responsibility for cleaning RME and complying with the Directives from Central Office. The site visits look at these areas and personnel as well as reviewing the practice of the SPS employees. As a facility, we have done exceptionally well with all the site visits to date and anticipate this trend continuing for the future.

Due to national changes in the requirements for the physical space in which SPS functions are performed, VARHS is undergoing two construction projects. One, the short term resolution of immediate concerns, is taking place currently and renovates the existing space with significant upgrades in equipment, instruments, and space to promote more efficient workflow and through-put. The second construction project due to start in a few years will relocate the entire department into new space that will allow all elements of SPS, which are spread throughout the building, into one area and expands the capability and volume of items which can be sterilized, disinfected, and cleaned. A future enhancement includes an

electronic real time locator system to allow for remote tracking of instruments throughout the facility.

The backbone of SPS, and the key behind the success of our site visits, safe patient care related to RME, and ongoing compliance with the Directive, is the employees who work in the department. The SPS staff have a great deal of pride in their work and it is reflected daily in the quality of their product, the positive interactions they have with internal customers (surgery, ambulatory care, dental, etc.), and in the findings from the quality reviews performed by internal and external reviewers. Their leader, Pat Sudds, has extensive clinical expertise (as a former LPN) and years of experience within SPS. Pat is certified as an International Association of Healthcare Central Service Materiel Management (IAHCSSM) instructor. Under her leadership, the department has grown to include a Lead, Robert Harden, with responsibility for ensuring employees within SPS remain competent to perform all the essential duties of the department, ensure accuracy of instrument and equipment supporting documentation throughout the facility, and providing training for employees outside SPS who have responsibility for cleaning RME. The newest addition is an administrative support assistant, Fred Suggs, who will assist with

Continued next page....



SPC Staff L to R: Pat Sudds, Kathleen Stanton, Fred Suggs, Glenna Farmer, Cindy Icenhower, Lynn White

On December 21, VA Central Office changed the name of the Sterile Processing and Distribution (SPD) department to Sterile Processing Services (SPS) to accurately reflect the focus of this department and more clearly define the separation of duties between SPS and Logistics at a national level. At the VA Roseburg Healthcare System (VARHS), SPS and Logistics have been organizationally separated for more than fifteen years and continue to work closely together in a collaborative way due to the many overlapping and complementary responsibilities. For VARHS, the changes over the last couple of years within SPS have been much bigger than a name change.

In 2009, VA Central Office published two Directives (2009-001 and 2009-004) that changed the practice, reporting structure, and oversight of the SPS department, realigning them directly under the Nurse Executive (Associate Director Patient Care Services) throughout the nation. This increased the visibility of the processes and more directly involved the Executive Leadership in the discussions facing SPS and the processing of Reusable Medical Equipment (RME). Oversight is provided by the VA Office of the Inspector General (OIG). This includes unannounced site visits at random intervals, internal quality monitoring in all areas where RME items (instruments and equipment) are cleaned, and random unannounced site visits by the regional office for Veteran Integrated

SPS Name Change....

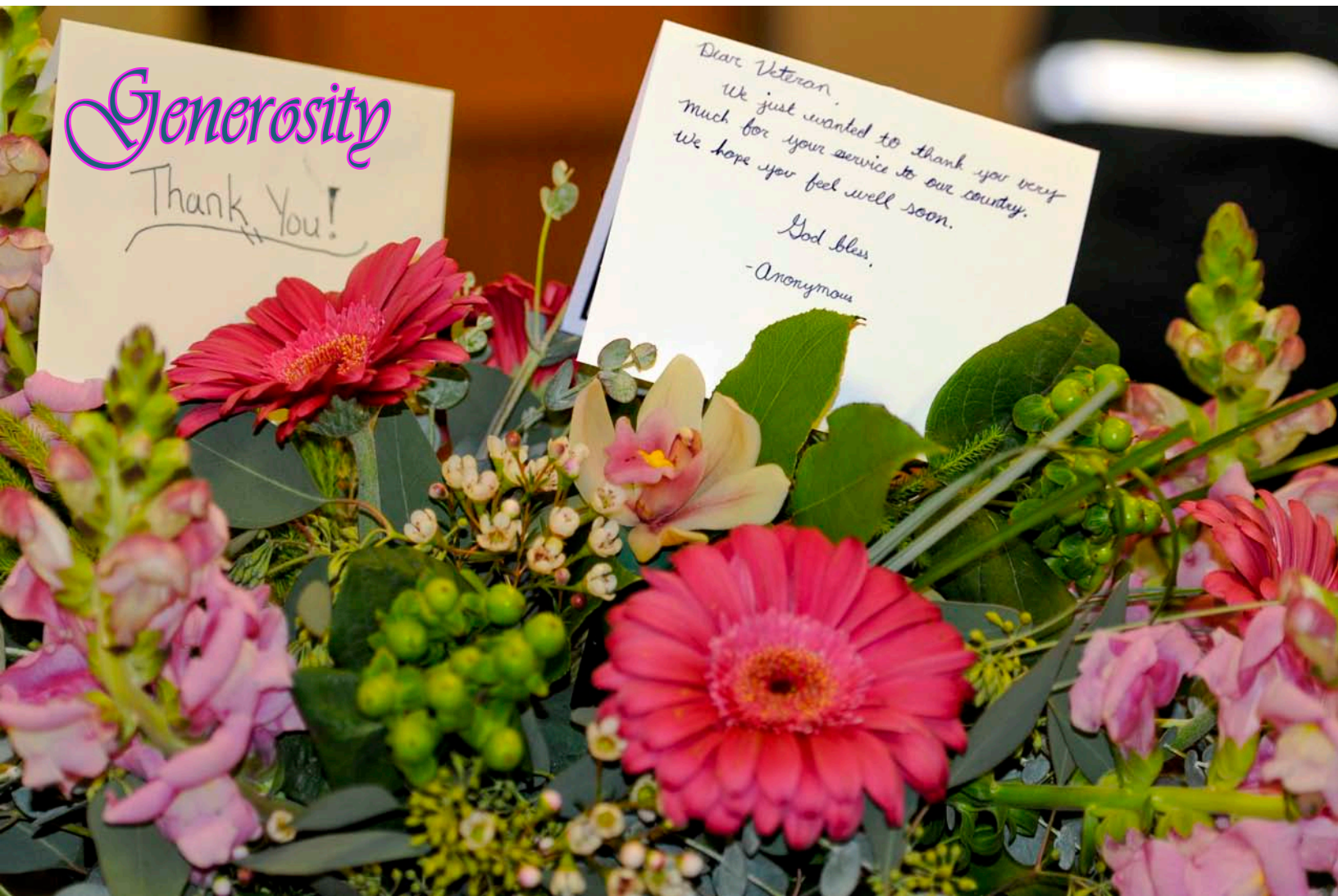
SERVICES

the administrative functions such as document control, document research, and managing the schedule for the SPS Chief. As the facility has grown clinical programs, the front line SPS employees have grown in number and skill set. The current SPS personnel who have been in the department more than 60 days are all certified Medical Supply Technicians and the two newest employees are working on their prerequisites to become certified within the next six months. The SPS employees have direct responsibility for cleaning, disinfecting, and sterilizing scopes, equipment, and instruments, for educating others about the RME regulations and process, and for ensuring the departments have adequate number and type of equipment and supplies necessary to perform direct care activities.

For SPS, the evolution has been more than just a name change.



The SPS Cart Washer is a state-of-the-art piece of equipment with doors on both sides. Roll in the cart from one side, sterilize, and remove cleaned scopes etc, from the other. Pictured: Lynne White through the Cart Washer door.



Generosity

Thank You!

*Dear Veteran,
We just wanted to thank you very
much for your service to our country.
We hope you feel well soon.*

God bless,

-Anonymous

Education News

Staff Education

Happy 2012 from the Education Department! We are here to assist you in meeting your education and training needs, so please contact us any time to help you find the right information to support your professional development.

Employee education requests are processed through the Education Department, using the **Education tab on NEWSWIRE**. On the left column, click on Document, click on Training Forms ~ How to Fill Out; click on attachment FY10 Training Request. After completing the Excel worksheet with all information, at the bottom of the page, ***click and print the 182, Training Request and Travel Estimate documents for approval signatures***. The Excel worksheet must be completed for all education and related education resource requests.

The Education Department supports Career Development for all employees. We are planning a new series of professional development classes that will include: ***Implementing Professional Communication skills in daily work, How to Write a Winning Resume, Delivering a Successful Performance Based Interview, and How to Dress for Success*** targeted at the GS1-5 level employees, but all employees are welcome to attend. Please watch **RELAY** and **NEWSWIRE** for class dates and times.

The Education Department is working with Nancy Chrisenberg and Kelly Machuca, Mentor master trainers, to promote more staff in becoming mentors. These mentors will then support employees pursuing career development changes. Please contact the Education Department for assistance in finding a Mentor.



Bill Smith (L) congratulates Art Winward

Recently, Voluntary Service honored Art Winward with a crystal sculpture for his dedication and devotion to our Veterans. He has been an extremely valuable volunteer for VA Roseburg Healthcare

System (VARHS) for the last seven years. Of those seven years, the past five have been as a VA Voluntary Service (VAVS) Representative of the Oregon State ELKS and the Roseburg ELKS. With Art's leadership, VARHS has received \$966,944.33 in contributions from the Elks and he has put in more than 2,700 hours of his own time! He has been an amazing asset to our Voluntary Service and to our Veterans.

Art is leaving us to move closer to his family. He will be missed!!!

**The need is constant.
The gratification is instant.
Give blood.**



redcrossblood.org
1-800-RED CROSS



United States Veterans Medical Center

BLOOD DRIVE

913 NW Garden Valley Blvd. - Auditorium
Roseburg

Thursday • February 2nd, 2012
10:30 AM – 4:30 PM

You can help save up to three lives with just one donation.

To schedule your appointment or for more information contact:

Bill Smith
(541) 440-1000 ext. 44350
William.Smith6@va.gov

Identification is required.

Facilities Management

Steam Line Update



The Roseburg VA currently has a campus wide construction project to replace all the steam distribution lines from the boiler plant to Buildings 1, 2, 16 and 17. The existing steam lines are nearly 80 years old and have passed their useful life. The purpose of the steam lines is to provide steam to the hospital buildings and is used for heating, domestic hot water and sterilization of medical equipment. The new steam lines will improve energy efficiency, reducing overall operation and maintenance costs.

The steam line construction started in the rose garden. The Contractor has taken every precaution to preserve the existing trees, rose bushes, and the memorial plaques and bricks, however some of these had to be removed to facilitate installation of the new steam lines. The location of the rose bushes was mapped and they are temporarily transplanted and will be replanted back in their original location. Any removed trees will be replaced in the same location with a new tree of the same species. The memorial bricks will not be affected by this project.

Also, the loud hammering noise is due to the contractor carving out existing bedrock to allow the lines to be installed at the proper depth.

Construction in the rose garden will be completed in approximately 2 months and the construction route will continue between Buildings 2 and 16 and end in front of Building 1.



CHAPLAIN'S NOTES

*MIKE GILLESPIE
TAMMIE ELFADILI*



Assessing Ethical Concerns

By Chaplain Mike Gillespie, IntegratedEthics Program Officer

Many situations in life have ethical aspects. We all have our own moral and ethical views that provide a framework, helping us to decide what is right and what is wrong. We learn these views in our families of origin, in schools, in our faith communities, in our cultures and professions, and from mentors and peers. We bring these views with us into the workplace. And in our day to day work, every so often our personal ethics alarm bell will go off. We feel that something “isn’t right.”

So, where do you go when your internal warning bells go off? Well, the first thing is to voice your concern in the setting where it occurs. Speak up check to see if your perception of the situation is accurate by asking questions and checking with others. If you are in a meeting raise your hand. If you question something that a colleague or a supervisor does, then ask him or her. It is also a good idea to check your perceptions for accuracy with others. Since all of us come from different families and backgrounds, each will have a somewhat different view of any particular situation.

Over the past few years, a number of our committees across our facility have included an agenda item for each meeting to invite people to comment on any ethics issues or concerns. This is a way to begin thinking in an ethical manner about committee business items, decisions and reports. If your committee is not already doing this, you might consider doing so. You can also include ethical checkpoints in your decision-making processes.

The VA National Center for Ethics in Healthcare has recently released a tool that can help people to think about how they deal with ethical issues as a group in our organization. The guide was written primarily for leaders, but I believe is informative for anyone who works in the VA. It is called the **Triage Tool for Ethics-Related Decisions**. The full diagram can be found on Newswire in the IntegratedEthics section under the “Services” tab. The direct link is

<http://vaww.roseburg.med.va.gov/C17/Ethics/Lists/News/DispForm.aspx?ID=2&Source=http%3A%2F%2Fvaww%2Eroseburg%2Emed%2Eva%2Egov%2FC17%2FEthics%2Fdefault%2Easpx>

For now I want to share a few questions from the tool that you can use to inform your ethical decisions and to ensure that fewer alarm bells go off. I encourage you to make these a part of your toolkit.

1. Do I have all the important facts relevant to this decision?
2. Have I involved everyone who should be part of this decision?
3. Can I provide a strong ethical justification for this decision?
 - a. Does this decision reflect organizational, professional, and social values?
 - b. Do the likely benefits of the decision outweigh any potential harms?
 - c. Will this decision keep the problem from recurring or establish a good precedent?
 - d. How would this decision look to someone outside the organization?

I encourage you to use these questions in your committees and groups. You are also welcome to access our IntegratedEthics Program Coordinators and committee members, or simply to contact me- Mike Gillespie, Extension 44721

Models of Care

Submitted by Elizabeth Ruegg RN, BSN VARHS Health Promotions Disease Prevention Program Manager

February Healthy Living Tips

Strive for a healthy weight. If you need to lose weight, losing even a little will help. If you are of normal weight, maintain it. Staying in control of your weight helps you be healthy now and in the future.

- Maintaining a healthy weight means balancing the number of calories you eat with the calories your body uses or burns
- If you maintain your weight you are “in balance”, eating close to same number of calories that your body uses
- If you are gaining weight, you are eating more calories than your body is using
- Extra calories will be stored as fat, and you will gain weight
- If you are losing weight, you are eating fewer calories than you are using. Your body is using its fat storage cells for energy, so your weight is decreasing
- A safe weight loss is 1-2 pounds per week.
- If you lose as little as 5-10% of your current body weight, you can lower your risks for many disease.

What are the benefits of maintain a healthy weight?

- Greater energy and stamina
- Prevent or control many diseases and conditions

What can I do to maintain my healthy weight?

- Eat wisely and choose a variety of low calorie, nutritious foods
- Limit fats, cholesterol, added sugars, salt and alcohol
- Balancing calories in with calories out
- Regular physical activity
- Weigh yourself regularly

Chicken Rotini Salad with Rosemary

Serves: 4; 1 1/2 cups per serving **Description**

The combination of bright green spinach, rich red tomatoes, and shiny black olives makes this salad pop with color as well as taste.

Ingredients

- 4 ounces dried multigrain rotini
- 1 1/2 cups cubed cooked skinless chicken breasts, cooked without salt (about 7 1/2 ounces cooked) (see Cook’s Tip at end of recipe)
- 1 14-ounce can artichoke hearts, rinsed, drained, and coarsely chopped
- 1 cup grape tomatoes, halved (about 5 ounces)
- 1 cup fresh baby spinach (about 1 ounce)
- 1/3 cup finely chopped red onion
- 1 2.25-ounce can sliced black olives, drained
- 3 tablespoons red wine vinegar
- 1 tablespoon olive oil (extra-virgin preferred)
- 1/2 teaspoon dried rosemary, crushed
- 1/4 cup crumbled low-fat blue cheese



Cooking Instructions

In a stockpot or large saucepan, prepare the pasta using the package directions, omitting the salt and oil. Drain in a colander. Run under cold water to stop the cooking process and cool the pasta quickly.

Meanwhile, in a large bowl, stir together the remaining ingredients except the blue cheese.

Stir in the pasta. Gently fold in the blue cheese.

Cook’s Tip

It is so convenient to prepare extra chicken breasts to keep in the freezer for those hectic nights, but if you don’t have any available for this dish, discard all the visible fat from 10 ounces of skinless, boneless chicken breasts, then cut the chicken into bite-size pieces. Heat a small skillet over medium-high heat until hot. Remove the skillet from the burner and lightly spray with cooking spray (keeping far from a gas flame). Cook the chicken for 3 to 4 minutes, or until no longer pink in the center, stirring constantly.

Nutritional Analysis Per serving

Calories Per Serving--	296		
Total Fat	9.0g	Cholesterol	48mg
Protein	25g		
Saturated Fat	2.0g	Sodium	444mg
Trans Fat	0	Carbohydrates	29g
Polyunsaturated Fat	1.0g	Fiber	5g
Monounsaturated Fat	4.5g	Sugar	3g

More from Mental Health

Suicide Prevention

Obtaining help before a crisis happens, or in the midst of a crisis, can save your life or a loved one's life. Suicide is one such outcome of a crisis that is often preventable. The Department of Veterans Affairs has recognized the importance of offering help and promoting help-seeking. The question then becomes, what is that help going to look like? The answer is... what do you need? The VA Roseburg Suicide Prevention Team wants to stand by you, whether it is helping with mental health care, medical care, substance abuse treatment, housing resources, enrollment into VA services, connecting with community agencies and services, helping the Veteran to advocate for their own care, or just listening to their concerns. We work seamlessly with other national programs and receive referrals for follow-up from just about anywhere. Our team consists of a Program Coordinator and a Case Manager.



Accessing help sometimes begins with a call to the Veterans Crisis Line or by chat on the internet. The Veterans Crisis Line became available in the Fall of 2007. As of August 31, 2011, The Veterans Crisis Line had received 478,439 calls and had initiated 17,506 rescues to Veterans in distress. Responders have communicated with Veterans in more

than 4,000 online chats. This confidential service has evolved to include more than just suicidal crises but any kind of crisis that our Veterans may be facing. In fact, the Veterans Crisis Line began as a part of the National Suicide Prevention Hotline, with the option to press 1 for Veterans services. Just in the past year (2011), not only has the name changed to the "Veterans Crisis Line," but our outreach and educational materials have changed to emphasize self-empowerment and a broadened focus to include more than just suicidal crises.

When a person calls the Veterans National Crisis Line to speak with a VA Nurse or Social Worker, that caller is offered follow-up from VA Suicide Prevention Staff at the VA Healthcare System nearest to where they live or are at for the time being. The Crisis Line responder will communicate the Veteran's request for follow-up by making a call to the VA, sending a non-identifying referral email, and by entering the referral through a secure crisis center response database where the local VA Suicide Prevention Team can obtain information about the caller's concern and how to contact that individual. Sometimes the person calling the Veterans Crisis Line has a caring healthcare team to whom they have access during the day, yet when the night comes they may feel overwhelming emotional distress and need to talk to someone for support and perhaps ask for a rescue at a crucial life or death moment. If a rescue is needed, the Veterans Crisis Line staff will contact local emergency response teams and the Veteran can be safely transported to a nearby hospital. Every effort is made to ensure the Veteran's safety and privacy to provide caring and personalized local follow-up.

Many of the referrals that we receive from the Veterans Crisis Line follow a similar pattern to one call that we received recently. The Veteran is an OIF Veteran who had been home for less than 2 weeks and was already seen twice in local emergency rooms and been involved with the police at least once. The Veteran's family member called the Veterans Crisis Line and was referred to our team. Our case manager responded to the call and within 24 hours, the Veteran was enrolled in VA services (which he had not been previously), scheduled for an initial mental health appointment as well as with the post-deployment clinic to see a primary care provider and social worker, completed a safety plan with the Veteran, connected with VA homeless services, and referred to group therapy that he could attend the very next day. While not all referrals have such a positive outcome, the vast majority are able to connect with the services they need or get the support and encouragement that they were looking for.

Warning signs for suicide can be found at http://www.mentalhealth.va.gov/suicide_prevention/. Anyone in crisis, a Veteran, a Veteran's family member or friend, active-duty military or their family members or loved ones, can call (or chat with) the confidential Veterans Crisis Line 24 hours a day, 7 days a week. The number to call is 1-800-273-8255, press 1 for Veteran services; or by logging on to <http://veteranscrisisline.net/>. Remember, if you or someone you know is in crisis, "It's Your Call" and we can help!

VARHS

February Events: SAVE THE DATE!

Feb. 1- All Employee Meetings 7:30 am, 1:00pm and 3:30 pm in the Auditorium

Feb. 1- Years of Service Pin Awards at the 1:00 pm All Employee meeting

Feb. 2- Blood drive- (see ad page 16)

Feb. 3- Wear RED to support Healthy Heart Awareness

Feb. 17- VARHS celebrates the 2012 National Salute to Veteran Patients (See ad page 4)

Feb. 20- Holiday! Recognition of National President's Day for Federal Employees

VA Roseburg Canteen Service

Advanced Nurse Practitioners



Simply Delicious
Right Size Meals!

Luncheon One
• One Entree
• One Side Item
• Medium fountain beverage or bottled water
4.99

Luncheon Two
• One Entree
• Two Side Items
• Medium fountain beverage or bottled water
5.99

Sweet Choice Meal Available

VCS PatriotCafé



Most of you know that there are Nurse Practitioners (NPs) among us. About half of our Veteran-patients see Nurse Practitioners as their primary care providers. More than half of our Veteran-patients see Nurse Practitioners for mental health needs. On the "front lines" of medical care at VA Roseburg Healthcare System (including Eugene, North Bend, and Brookings clinics) Nurse Practitioners and Physicians see the same kinds of patients and share similar scopes of duties, working shoulder to shoulder.

Are you aware that there are many types of Advanced Practice Nurses (APNs) working at VA Roseburg Healthcare System (VARHS)? Types of APNs include Nurse Practitioners, Clinical Nurse Specialists, Certified Registered Nurse Anesthetists, and Certified Nurse Midwives. Within the realm of Nurse Practitioners, they specialize in family practice, acute



L to R: Catherine Brechtel, NP and Sue Stark, NP

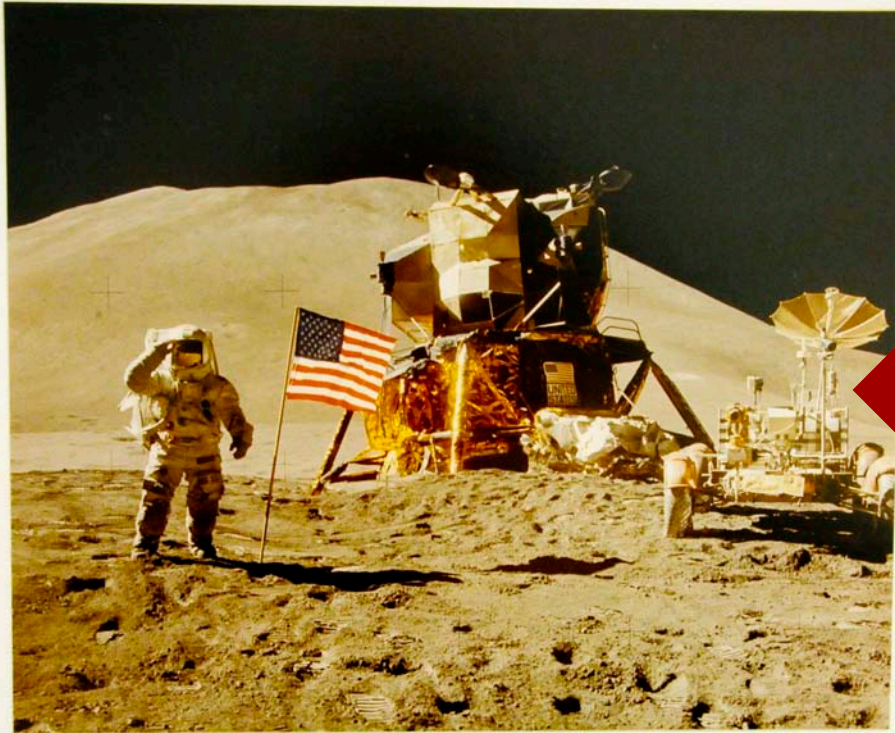
adult care, mental health, emergency care, occupational health, public health, and a host of other areas. APNs work in primary/ambulatory care, inpatient care, long term care, home based primary care, emergency care, acute inpatient care,

and a variety of other types of care delivery. VARHS has several APNs providing care in specialty clinics. The only local dermatology clinic we have is managed by an APN. APNs are the only anesthesiology providers we use. Until he retired recently, the only full time orthopedic provider we had for the past 5+ years was an APN. Hospitalist, Community Living Center, Protected Care Unit, Occupational Health, Compensation and Pension exams, and Deputy Nurse Executive are some of the roles and responsibilities of Advanced Practice Nurses in our healthcare system system.

For APNs, advanced practice also means advanced educational degree. APNs are prepared at the Masters level and some at the Doctoral level. Future graduating APNs will be required to have doctoral preparation by 2016. The VA requires all APNs to maintain national certification within their field. This includes the need for continuous learning and demonstrating that we are keeping current in our fields by completing 50 or more hours of continuing education per year. The APN Committee in the Roseburg system also prepares and presents an annual education day. APNs from outside the VA and APNs from neighboring VAs have received continuing education units by attending these conferences.

The APNs in the Roseburg Health System will continue to share our stories and educate you about our APNs. We look forward to serving you!

Best Wishes from the Moon!



VA MEDICAL CENTER IN ROSEBURG

MY VERY BEST WISHES FROM THE MOON

17 Nov 1982

Jim Irwin: Apollo 15
HIGH FLIGHT FO.

In 1982, VA Roseburg received this framed and signed photo from Jim Irwin, Astronaut from Apollo 15. How cool is that??

The mystery is the history behind how we actually ended up with it in the first place. Did Jim Irwin come to our campus and present it a previous director?

Was it mailed to us? Did someone who worked here have an influence on us receiving it?

How about a patient? Was one of our patients related to Mr. Irwin or knew him somehow to influence our receiving this signed photo?

The Public Affairs Office has done some research and so far we have not found the answer. If anyone has any insights about this photo please contact us. Thanks!

The content of this newsletter is provided to employees, volunteers and Veterans for information only. The information expressed in this publication does not necessarily reflect the opinions of, or include support of the Administration Boards, Editorial Staff, or Department of Veterans Affairs.



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